E-SOUVENIR

AGNIVESHA SAMBHASHA- 2026

A National Seminar for Ayurveda Researchers

Fostering Research and Innovation in Ayurveda

BOOK OF ABSTRACTS

ABSTRACT OF SELECTED PAPERS FOR ORAL

&

POSTER PRESENTATION

AGNIVESHA
SAMBHASHA • 2026
Fostering Research & Innovations in Ayurveda
January 23, 2026, Friday
DEPARTMENT OF KAYACHIKITSA • GJPIASR • C V M UNIVERSITY

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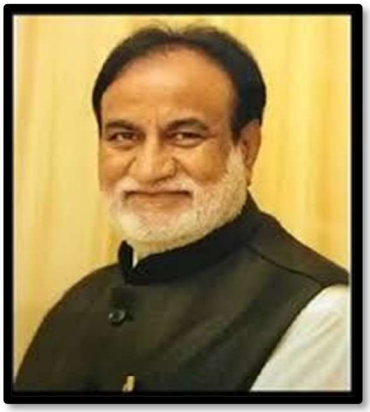

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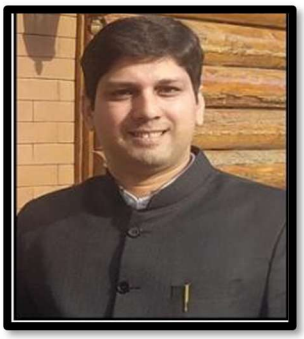

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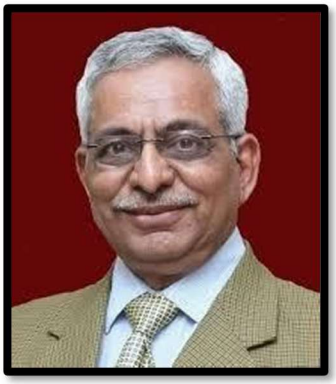

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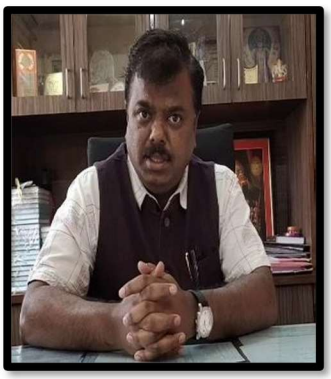

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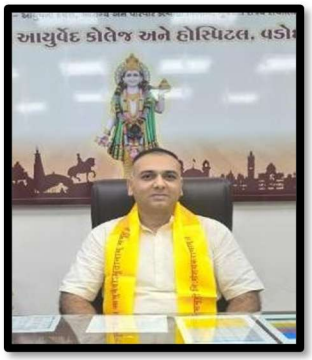

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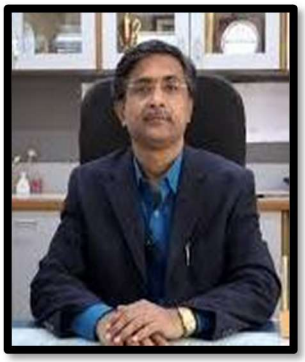

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चिकित्सा आंकलन और रेटिंग बोर्ड
भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग
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Medical Assessment and Rating Board
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D. O. No.- NCISM/PMARB/2026/01 **DATE: 05/Jan/2026**

::Message::

It gives me immense pleasure to learn that the Department of Kayachikitsa, G. J. Patel Institute of Ayurvedic Studies & Research, CVM University, Vallabh Vidyanagar, is organizing a National Seminar titled **"Agnivesha Sambhasha 2026"** on **23rd January 2026.**

Kayachikitsa, being the cornerstone of Ayurvedic clinical practice, plays a pivotal role in addressing the health challenges of the present era through its holistic, rational, and evidence-based approach. Academic platforms such as this national seminar are vital for fostering scholarly dialogue, encouraging research orientation, and integrating classical Ayurvedic wisdom with contemporary scientific advancements.

I am confident that **Agnivesha Sambhasha 2026** will serve as an effective forum for academicians, researchers, clinicians, and students to exchange ideas, deliberate upon emerging trends, and contribute meaningfully to the strengthening of Ayurvedic education, research, and healthcare delivery in the country.

I commend the organizing team for their dedicated efforts and thoughtful initiative. I extend my best wishes for the grand success of the seminar and hope it inspires meaningful academic outcomes and future collaborations.

With warm regards and best wishes,

Dr. Mukul Patel,
President, Medical Assessment and Rating Board,
National Commission for Indian System of Medicine,

MESSAGE FROM HON. CHAIRMAN

CVM UNIVERSITY
(Established under Gujarat Private Universities (Second Amendment) Act : 2019 Gujarat Act No. 20 of 2019)

Message

Dear Researchers, Academicians, and Students,

It gives me immense pleasure to witness the Department of Kayachikitsa at G. J. Patel Institute of Ayurvedic Studies & Research (GJPIASR) organizing the National Seminar, AGNIVESHA SAMBHASHA 2026. Since its inception in 2006, our institute has been committed to excellence in Ayurvedic education and clinical practice under the aegis of Charutar Vidya Mandal.

The theme of this seminar, "Fostering Research and Innovation in Ayurveda," is timely and essential. In an era where global healthcare is looking toward holistic solutions, it is our responsibility to bridge the gap between traditional wisdom and modern scientific methodology. By promoting an evidence-based approach, we ensure that the profound knowledge of Ayurveda is recognized and integrated into the modern scientific landscape.

This E-Souvenir is a testament to the dedication of our researchers and the innovative spirit of the participants. It captures the essence of diverse research areas, from Ayurgenomics to Network Pharmacology and Clinical Trials. I am confident that the exchange of ideas during this seminar will ignite new pathways for research that benefit humanity at large.

I congratulate the Organizing Committee, the Dean, and the Faculty of Ayurveda for their tireless efforts in bringing this premier platform to fruition. I also extend my best wishes to all the delegates and speakers. May this seminar be a significant milestone in your professional journey and in the advancement of Ayurvedic science.

Er. Bhikhubhai B. Patel
Hon. Chairman, Charutar Vidya Mandal (CVM)
President, CVM University

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MESSAGE FROM HON. SECRETARY

Message

It gives me immense pleasure to witness the Department of Kayachikitsa at the G. J. Patel Institute of Ayurvedic Studies & Research (GJPIASR) organizing Agnivesha Sambhasha 2026, a National Seminar dedicated to "Fostering Research and Innovation in Ayurveda". Since its inception in 2006 under the visionary aegis of Charutar Vidya Mandal (CVM), GJPIASR has remained steadfast in its commitment to excellence in Ayurvedic education and clinical practice.

As we navigate a modern era of healthcare, the integration of traditional wisdom with rigorous scientific methodology is more critical than ever.

This seminar serves as a vital bridge, bringing together eminent researchers and practitioners to promote an evidence-based approach to our ancient heritage.

The themes of this seminar ranging from Ayurgenomics and digital health to pragmatic clinical trials reflect our university's dedication to cutting-edge innovation. By providing a platform for researchers to present original work and establish collaborative networks, we are not only preserving Ayurveda but also evolving it for future generations.

I congratulate the Organizing Committee, the Dean, and the Department of Kayachikitsa for their efforts in hosting this prestigious event. I am confident that the insights shared within this e-souvenir and during the seminar will inspire significant advancements in the field of Ayurveda.

I wish all the delegates and participants a productive and enlightening experience.

20.01.26

Dr. S.G. Patel
Hon. Secretary,
CVM University.

MESSAGE FROM WORTHY- PROVOST

CVM UNIVERSITY
(Established under Gujarat Private Universities (Second Amendment) Act : 2019 Gujarat Act No. 20 of 2019)

Dt. 02/01/2026

Message

It gives me immense pleasure to convey my warm greetings and best wishes on the occasion of **Agnivesha Sambhasha 2026**, a premier one-day national seminar dedicated to advancing the frontiers of Ayurvedic research.

Ayurveda, one of the world's most ancient and holistic systems of medicine, has sustained human health for millennia through its profound understanding of life, nature, and healing. In the contemporary era, the true potential of Ayurveda can be fully realized when its rich traditional wisdom is thoughtfully integrated with modern scientific methodologies, rigorous research, and evidence-based validation. **Agnivesha Sambhasha 2026** is a commendable initiative in this direction, providing an intellectually vibrant platform for dialogue, discovery, and collaboration.

This national seminar brings together researchers, academicians, clinicians, and practitioners from across the country to share cutting-edge research, exchange innovative ideas, and explore new paradigms in Ayurvedic science. The participation of eminent speakers from prestigious research institutes will undoubtedly enrich deliberations and inspire young scholars to pursue excellence in research with integrity, curiosity, and scientific rigor.

At The CVM University, we strongly believe that universities must serve as catalysts for knowledge creation, interdisciplinary inquiry, and societal transformation. Platforms such as this seminar play a crucial role in nurturing a research-oriented mindset, fostering collaborative networks, and strengthening the bridge between classical Ayurvedic principles and contemporary healthcare challenges.

I am confident that the deliberations and outcomes of **Agnivesha Sambhasha 2026** will contribute meaningfully to the growth of evidence-based Ayurveda, enhance its global credibility, and inspire future generations to carry forward this invaluable heritage with innovation and responsibility.

I extend my heartfelt congratulations to the organizers, contributors, and participants for their dedication and vision. I wish the seminar great success and hope it becomes a source of lasting inspiration and impactful research in the field of Ayurveda.

With best wishes,

Prof. (Dr.) Indrajit Patel
Vice Chancellor (Provost)
The CVM University, Gujarat

MESSAGE FROM PRINCIPAL

Message from Principal

It gives me immense pleasure to extend my heartfelt greetings on the occasion of the One-Day National Seminar Agnivesha Sambhasha 2026 – A National Seminar for Ayurvedic Researchers: Fostering Research & Innovations in Ayurveda", organized by the Department of Kayachikitsa, G. J. Patel Institute of Ayurvedic Studies & Research (GJPIASR) & S.G.Patel Ayurveda Hospital & Maternity Home(S.G.P.A.H.M.H), The C.V.M. University.

Ayurveda, being a time-tested science of life, continues to evolve through systematic research and scientific validation. *Agnivesha Sambhasha 2026* is a commendable academic initiative aimed at providing a national platform for researchers, academicians, clinicians, and postgraduate & PhD Scholars to deliberate, share innovations, and explore emerging dimensions in Ayurvedic research, including clinical research, Ayurgenomics, and integration with modern scientific tools.

I have closely observed the sincere efforts, academic dedication, and meticulous planning of the Department of Kayachikitsa in conceptualizing and organizing this national seminar. Their commitment towards promoting quality research, evidence-based practice, and innovation in Ayurveda is truly commendable. The theme of the seminar aptly reflects the contemporary need to integrate classical Ayurvedic principles with modern scientific research methodologies which aligns with the motto ज्ञान - विज्ञान -प्रज्ञान.

Through my academic interactions and deliberations with the organizing team, I am confident that *Agnivesha Sambhasha 2026* will serve as a meaningful platform. I wholeheartedly congratulate the Department of Kayachikitsa for their dedicated efforts and extend my best wishes for the grand success of this scholarly endeavor. May the outcomes of this seminar contribute significantly to the advancement of Ayurvedic research and its global acceptance.

With best wishes,

Prof. Dr. Sarita S. Bhutada
Dean, Principal & Medical Superintendent
Chairperson – *Agnivesha Sambhasha 2026*
G. J. Patel Institute of Ayurvedic Studies & Research
New Vallabh Vidyanagar, Anand

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- **PG Scholars**: Drs. Harit, Prathmesh Pandey, Shreya Kariya, Vikram Patani, and Kushkumar.

CONTENTS

FOREWARD

Dear Colleagues, Researchers, and Scholars,

"न ह्येकस्मिन् शामरे शक्यः सर्वशामरार्वननश्चयः।"

(Indeed, the truth of all sciences cannot be determined by studying only one discipline.)

It is a moment of profound pride to present the E-Souvenir of Agnivesha Sambhasha 2026.

In the timeless tradition of Ayurveda, the Sambhasha has always been the crucible where raw knowledge is refined into clinical wisdom. As the foundation of our methodology, we remember:

"तद्विद्यसम्भाषा बुद्धिवर्धनानाम् श्रेष्ठतमा"

(Scholarly discussion among specialists is the foremost tool for the expansion of the intellect.)

As the Head of the Department of Kayachikitsa and Co-Chair of this seminar, I believe our mission today is to honor the legacy of Maharishi Agnivesha—not by merely reciting ancient verses, but by applying them with the rigors of modern science.

This E-Souvenir is a testament to the Yukti (logical application) of our delegates, creating a bridge between the Veda of life and the Vigyan of the 21st century.

Expert Perspectives & Discussion Highlights

We are privileged to feature insights from pioneers who are redefining our field:

* Dr. Bhavana Prasher (Ayurgenomics): Unlocking the molecular correlates of Prakriti for personalized, predictive medicine.

* Dr. Mandip Goyal (Global Clinical Standards): Establishing international benchmarks for "Ayurveda 3.0" via evidence-based protocols.

* Dr. Galib (Pharmacological Rigor): Strengthening regulatory vigilance and the role of network pharmacology.

* Dr. Nilkanth Faldu (Technological Frontiers): Integrating In-silico analysis, AI, and digital health tools into drug discovery.

A Call to Action

I extend my deepest gratitude to these eminent speakers and our patrons. To the readers and delegates: I urge you to treat these papers as seeds. Remember that a physician's learning never ends:

"कृत्समनो हि लोको बुद्धिितााचायवः"

(For the wise, the entire universe is a teacher.)

Let these insights germinate in your clinics and laboratories so that our "intellectual churning" translates into the ultimate goal of Lokahitakara:

"न मर्ारं नापि काारं अत एर िपषवभभः। प्रर्नतवतं हि भैषज्यं लोकानुग्रिकाङ्क्षया॥"

(Not for self-interest, nor for worldly desires, but out of compassion for all living beings, this science of medicine was established by the Great Seers.)

Let the fire of knowledge continue to burn bright.

Prof. (Vd.) Manchak V. Kendre
H.O.D, Department of Kayachikitsa &
Co-Chairperson,
Agnivesha Sambhasha- 2026,
GJPIASR, The CVM University,
New Vallabh Vidyanagar,
Anand, Gujarat.

Preface

It is my privilege to write preface for the first ever national seminar "*Agnivesha Sambhasha*' 2026" organized by our department of *Kayachikitsa*, G.J. Patel Institute of Ayurvedic Studies and Research, New Vallabh Vidyanagar. The theme of the seminar is focused on fostering research in *Ayurveda* and providing the innovative research minds a platform to present their research ideas. In the era of innovation and technological advances, Ayurvedic research field is growing at an exponentially higher speed with support of Ministry of AYUSH, Government of India. The global acceptance of *Ayurveda* is improving, yet demanding for more contemporary research evidences for the ancient wisdom. Being a department of Post Graduate and PhD Studies in *Kayachikitsa*, our team always stimulates scholars mind to think practically and make contemporary clinical applications of Ayurvedic concepts. This national seminar is one of the prime event, in the professional development of research scholars. The name, as indicates is based on the first ever research scholar of Ayurveda "*Agnivesha*", who had many questions to ask to Punarvasu Atreya and document all answers, discussion proceedings of scientific conferences held at various places in that era, in the form of "*Agnivesha tantra"*, that later became popular with the name "*Charak Samhita*". It is one of the foundational and most referred text of *Ayurveda*. The methods of asking questions, organizing discussions and deriving concrete conclusions are termed as "*Sambhasha*". So, the name of present seminar " *Agnivesha Sambhasha*" is a humble attempt to honour revered scholars and their discussions. The moto is to stimulate "*jnanagni*" among researchers and document the "*sara* (essence)" coming out of the discussions held in the event.

The selected speakers, are "the masters" in their own research field and they have contributed significantly to uplift Ayurveda science on global platform. Glimpses of their presentation are included in this souvenir. As the date of seminar was declared before four months, the post graduate scholars were invited for presenting their research works and ideas. We received an awesome response from the young budding scientists in the form of abstracts. We received more than 180 abstracts throwing a big challenge to scientific committee to decide about their content and relevance. The members of scientific committee thoroughly reviewed the abstracts and categorized into poster and oral presentations. The decision of selection in poster and paper was exclusively based on the most suitable form of the content to present in front of the scientific forum. All the abstracts, in oral and poster categories, carry equal importance in terms of scientific value and recognition in professional development. These abstracts are being released in this "E-Souvenir" for further propagation and wide circulation as reference manual to all those, who were not able to attend the national seminar. On behalf of the department of *Kayachikitsa*, we extend cordial thanks to all contributors and hope that this souvenir, will help all scientific community to read and refer. Gratitude and Sincere Greeting for wellbeing of all!

Prof. Dr. Yogesh S. Deole

Department of Kayachikitsa

It is a matter of great pleasure and pride to be associated with the **National Seminar "Agnivesha Sambhasha 2026"**, organized by the **Department of Kaya Chikitsa**, *Govindbhai Jorabhai Patel Ayurveda College and Research Centre, Anand*, under *The Charutar Vidya Mandal University*.

Ayurveda, the ancient science of life, continues to hold immense relevance in the present era through systematic research and scientific validation. Platforms such as national seminars play a crucial role in nurturing academic excellence, encouraging research aptitude among students, and fostering meaningful interaction between traditional Ayurvedic wisdom and contemporary scientific methodology.

This **e-Souvenir** is a scholarly compilation of selected **research papers and articles** presented by participants from various institutions across the country. The papers included in this publication have been carefully reviewed and selected based on their originality, scientific relevance, and contribution to the advancement of Ayurvedic research. I congratulate all the authors whose work has been published and appreciate their sincere efforts toward academic growth.

I sincerely acknowledge the dedication and hard work of the organizing committee, faculty members, reviewers, and volunteers who have contributed tirelessly to the successful organization of this seminar and the preparation of the e-Souvenir. I also extend my gratitude to the management for their constant support in promoting research-oriented academic activities.I am confident that this e-Souvenir will serve as a valuable academic resource for students, researchers, academicians, and clinicians, and will inspire further research in the field of Ayurveda.

I wish **Agnivesha Sambhasha 2026** a grand success and hope that it contributes significantly to strengthening evidence-based Ayurvedic practice and research.

सवे भवन्तु सुद्विनः सवे सन्तु द्वनरामयाः।

With best wishes,

Dr. Soumya E.A. - Associate Professor
Department Of Kayachikitsa

INVITED ARTICLES

Panchakarma in the Era of Non-Communicable Diseases: Bridging Classical Ayurvedic Wisdom with Pragmatic Evidence Generation

Author: Prof. (Dr.) Mandip R. Goyal,
H.O.D. (Kayachikitsa), Institute of Teaching and Research in Ayurveda, Jamnagar, Gujarat-361008

Introduction

Non-communicable diseases (NCDs), including diabetes mellitus, cardiovascular disorders, osteoarthritis, neurological conditions, and chronic inflammatory diseases, constitute a major global public health challenge.[1] These conditions are characterized by prolonged disease course, multi-system involvement, functional impairment, and frequent recurrence, leading to escalating healthcare costs and diminished quality of life. Conventional biomedical management, while effective in controlling acute manifestations, often remains limited in addressing the complex, systemic, and long-term nature of NCDs.[2] In this context, Ayurveda and particularly Panchakarma offer a holistic and integrative therapeutic framework that emphasizes correction of underlying pathophysiological processes, restoration of homeostasis, and promotion of sustained health.

Panchakarma and its relevance to NCD Pathophysiology

Panchakarma comprises a set of bio-purificatory interventions, including *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Basti* (therapeutic medicated enema), *Nasya* (nasal instillation of medicine), and supportive procedures, designed to eliminate vitiated *Doshas*, rekindle digestive and metabolic components (*Agni*), and restore tissue equilibrium. From the perspective of NCDs, disease evolution is frequently associated with metabolic dysregulation, chronic low-grade inflammation, neuro-endocrine imbalance, oxidative stress, and progressive tissue degeneration. These mechanisms closely parallel Ayurvedic concepts such as *Agnimandya* (diminished metabolic components), *Ama* accumulation, *Dosha Prakopa* (aggravation of *Dosha*), and *Dhatu Kshaya*. Panchakarma aims to intervene at these foundational levels, thereby offering potential benefits beyond symptomatic relief.

Rationale for pragmatic clinical trial designs

Conventional explanatory randomized controlled trials prioritize strict control of variables, narrow eligibility criteria, and uniform interventions to maximize internal validity.[3] However, such designs are often ill-suited to evaluating Panchakarma, which is inherently individualized and procedural. Pragmatic

clinical trials offer an alternative approach by evaluating effectiveness under real-world, routine clinical conditions. These designs accommodate broader eligibility, flexible intervention delivery, and patient-centered outcomes, [4] making them particularly appropriate for chronic NCDs and complex interventions such as Panchakarma.

In Panchakarma-focused pragmatic trials, Ayurvedic diagnostic assessments, including *Prakriti*, *Vikriti*, *Agni*, *Koshtha*, *Kala* and *Bala*, guide individualized treatment selection within predefined standard operating procedures. Comparators may include usual care or add-on therapy models, while outcomes extend beyond symptom scores to encompass functional capacity, quality of life, medication usage, and healthcare resource utilization.

Safety, standardization, and individualization

Ensuring patient safety is central to the responsible integration of Panchakarma into contemporary healthcare. Classical Ayurveda literature describes *Vyapat* (complications) arising from inappropriate patient selection, improper dosing, or procedural errors. Modern research frameworks necessitate systematic identification, monitoring, and reporting of adverse events. Standardization in Panchakarma should therefore focus on processes, such as patient screening, contraindication assessment, drug quality assurance, procedural steps, and monitoring protocols, while preserving scope for therapeutic individualization. This balanced approach supports both reproducibility and fidelity to Ayurvedic principles.

Long-term follow-up and the role of *Rasayana*

NCD management demands sustained therapeutic benefit rather than transient symptom control. In Ayurvedic practice, Panchakarma is traditionally followed by *Rasayana* therapy, which aims to stabilize the gains achieved through bio-purification, nourish tissues, enhance physiological resilience (*Bala*), and prevent relapse. Incorporating structured long-term follow-up at intervals such as 3, 6, and 12 months enables assessment of sustained outcomes, including symptom stability, functional maintenance, reduced recurrence, and diminished dependence on rescue medications. *Rasayana* thus represents a continuity-of-care strategy aligned with modern concepts of rehabilitation and secondary prevention.

Systematic reviews, meta-analyses, and evidence certainty

Systematic reviews examining Panchakarma-based interventions have been published for selected chronic conditions, including osteoarthritis, psoriasis, and neurological sequelae. [5] These reviews generally report

favorable trends in clinical outcomes; however, they consistently highlight substantial heterogeneity in interventions, outcome measures, and study quality. Consequently, quantitative meta-analysis is often infeasible, and narrative synthesis predominates. Risk-of-bias assessments frequently reveal methodological limitations such as small sample sizes, inadequate reporting of randomization and blinding, and limited documentation of safety outcomes.

Common methodological challenges

While pragmatic designs enhance external validity, they introduce challenges, including contamination between study groups, attrition during long-term follow-up, and lack of blinding for procedural interventions. These factors may dilute treatment effects and introduce bias. Transparent reporting, appropriate analytical strategies, and acknowledgement of these limitations are essential to ensure a credible interpretation of findings.

Way forward

Advancing Panchakarma research in the context of NCDs requires a strategic, methodologically sound roadmap. Key priorities include conducting multi centric pragmatic trials, harmonization of outcome measures, rigorous safety governance, and systematic long-term follow-up incorporating *Rasayana*-based interventions. Strengthening the quality of primary studies will, in turn, enhance the robustness of future systematic reviews and meta-analyses, facilitating evidence-informed policy integration.

Conclusion

Panchakarma represents a distinctive, system-oriented approach to the management of non-communicable diseases, addressing fundamental pathophysiological processes and supporting long-term health restoration. Pragmatic clinical trial designs, combined with standardized safety frameworks and rigorous evidence synthesis, offer a viable pathway to establish credible, policy-relevant evidence. By aligning classical Ayurvedic wisdom with contemporary research methodologies, Panchakarma can be meaningfully integrated into sustainable NCD care models.

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Integration of Ayurveda with Modern Science: Network Pharmacology, Reverse Pharmacology, Digital & AI-Enabled Health Research

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Introduction

Ayurveda, one of the world's most ancient and comprehensive systems of medicine, is fundamentally rooted in holistic principles of health, disease prevention, and personalized therapy. Rather than focusing on isolated symptoms or single molecular targets, Ayurveda emphasizes balance among body, mind, environment, and lifestyle. In the contemporary era, biomedical science is also undergoing a paradigm shift—from reductionist, single-target approaches toward systems biology, personalized medicine, and data-driven healthcare. This convergence creates a unique opportunity for meaningful integration of Ayurveda with modern scientific frameworks.

The integration of Ayurveda with network pharmacology, reverse pharmacology, digital health technologies, and artificial intelligence (AI) does not seek to "modernize" Ayurveda by dilution, but rather to scientifically articulate its intrinsic systems-level logic. Such integration can transform traditional experiential wisdom into globally acceptable, evidence-based, and innovation-driven healthcare solutions.

Network Pharmacology: A Systems Bridge to Ayurvedic Formulations

Conventional pharmacology has largely relied on the "one drug–one target–one disease" model. While effective for acute conditions, this approach often falls short in addressing chronic, multifactorial disorders such as metabolic syndromes, inflammatory diseases, neurodegeneration, and immune dysregulation. Network pharmacology offers a paradigm shift by studying how multiple bioactive compounds interact simultaneously with multiple molecular targets and biological pathways.

Ayurvedic formulations are inherently polyherbal and polypharmacological. Classical formulations are designed to act on multiple organs, pathways, and physiological systems, aiming to restore homeostasis rather than suppress isolated symptoms. Network pharmacology provides the scientific language to decode this complexity by constructing compound–target–pathway–disease networks using bioinformatics, systems biology, omics data, and computational modeling.

Through processes such as ADME (Absorption, Distribution, Metabolism, and Excretion) screening, target prediction, pathway enrichment analysis, and network construction, researchers can identify how Ayurvedic herbs modulate immunity, metabolism, inflammation, neuroendocrine function, and gut health at a systems level. Thus, network pharmacology does not alter the philosophy of Ayurveda; it validates and visualizes it through modern scientific tools.

Reverse Pharmacology: From Experience to Evidence

Reverse pharmacology represents another powerful alignment between Ayurveda and modern science. Unlike conventional forward pharmacology—which begins with molecular targets and proceeds through animal models to clinical trials—reverse pharmacology starts with long-standing human usage, clinical observations, and safety data, and then moves backward to experimental validation.

Ayurveda has been practicing this philosophy for centuries through systematic observation (Pratyaksha), inference (Anumana), and application (Yukti). Reverse pharmacology formalizes this traditional logic into a structured scientific pathway that meets contemporary regulatory and research standards.

The three-stage reverse pharmacology model begins with experiential evidence derived from documented traditional use and real-world clinical safety. This is followed by exploratory studies for dose optimization, biomarker identification, and preliminary mechanistic insights. Finally, experimental validation using in vitro, in vivo, and in silico models elucidates molecular targets and systems-level mechanisms.

This approach is particularly suitable for herbal drugs, nutraceuticals, and classical Ayurvedic formulations, where long-term safety and holistic outcomes are more relevant than short-term potency. Reverse pharmacology thus enables Ayurveda to transition from experience-based practice to evidence-rich traditional science.

Digital Health: Building the Foundational Infrastructure

Digital health serves as the foundational layer for integrating Ayurveda with modern healthcare systems. It encompasses electronic health records (EHRs), telemedicine, mobile health applications, wearable sensors, digital diagnostics, and health information systems. These technologies primarily focus on efficient data capture, storage, connectivity, and accessibility.

For Ayurveda, digital health enables systematic documentation of clinical practice, including Prakriti (constitution), Vikriti (disease state), dietary patterns, lifestyle interventions, therapeutic responses, and long-term outcomes. Digitization transforms traditionally narrative-based Ayurvedic knowledge into structured, analyzable datasets, which are essential for large-scale research, policy integration, and global acceptance.

Digital platforms also enhance outreach, continuity of care, and integration with public health systems, making Ayurveda more accessible without compromising its personalized nature.

Artificial Intelligence: Intelligence Layer for Ayurvedic Research

Artificial intelligence represents the advanced intelligence layer built upon digital health infrastructure. Unlike rule-based digital systems, AI is data-driven, adaptive, and capable of learning patterns beyond human analytical capacity. Machine learning, deep learning, natural language processing, and network analytics open unprecedented possibilities for Ayurvedic research and practice.

AI can assist in Prakriti phenotyping, predictive disease risk assessment, drug–target–pathway network modeling, and personalized treatment optimization. In drug discovery, AI-enabled network pharmacology

can identify synergistic herb–compound combinations and predict multi-target effects. In clinical research, AI can analyze longitudinal data to uncover subtle therapeutic patterns and outcome predictors.

Importantly, AI does not replace the physician or classical Ayurvedic wisdom; rather, it augments clinical decision-making by integrating complex datasets into actionable insights.

Microbiome, Systems Biology, and Ayurvedic Concepts

Emerging research on the human microbiome further strengthens the relevance of Ayurvedic systems thinking. The human body functions as a complex ecosystem of human cells and trillions of microbial cells that influence immunity, metabolism, neurobehavior, and endocrine regulation. Ayurvedic concepts such as Agni (digestive fire), Ama (metabolic toxins), and Dosha balance can be re-interpreted through the lens of microbiome-host interactions and systems biology.

Network pharmacology and AI-driven microbiome analysis provide a scientific framework to explore how Ayurvedic interventions modulate gut–brain–immune axes and restore systemic balance.

Conclusion

The integration of Ayurveda with network pharmacology, reverse pharmacology, digital health, and AI-enabled research represents not a convergence of opposites, but a reunion of complementary worldviews. Ayurveda offers holistic, experience-rich, and personalized healthcare wisdom, while modern science provides analytical rigor, computational power, and global scalability.

By embracing systems biology, evidence-based validation, and digital intelligence, Ayurveda can emerge as a scientifically articulated, innovation-driven, and globally relevant healthcare system for the 21st century. Such integration aligns perfectly with the vision of *Agnivesh Sambhasha 2026*, fostering research, innovation, and responsible translation of traditional knowledge into sustainable health solutions for humanity.

Standardization, Quality control, Safety and Toxicology of Herbo-mineral Formulation

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Herbo-mineral Formulations are alchemical preparations that combine herbs with specifically processed metals/minerals. These formulations are prized for treating complex, chronic conditions (e.g. autoimmune, neurological, and geriatric disorders) and are believed to be more potent than herbal-only remedies. However, their use (lead, mercury, arsenic) raises safety concerns. In recent decades, case reports and surveys have documented elevated Pb/As/Hg levels in some Ayurvedic products, often attributed to improper manufacturing or contamination. This has prompted calls for stringent standardisation, quality control and toxicological profiling. Importantly, the Ayurvedic canon itself prescribes elaborate processing, i.e., *Shodhana* and *Marana*, that detoxify raw metals before medicinal use. Thus, appreciation of Ayurvedic drug preparation is critical. Traditional *Bhasma pariksha* tests (*Varna*, *Varitara*, *Rekhapurnata*, *Unama*, etc.) assess the successful transformation of metals into safe, micron- or nanoparticulate oxides or sulphides.

Quality Control Approaches

Quality control of Herbo-minerals integrates Ayurvedic and pharmacopeial criteria. Physicochemical tests include loss on drying, total ash, acid-insoluble ash, and extractive values, which are basic WHO-recommended assays for herbal drugs. Monographs in the Ayurvedic Pharmacopoeia of India (API) prescribe specific tests and limits. Each API raw material entry (e.g. *Abhraka* (mica), *Manashila* (realgar), etc.) includes Identification (color, Streak, Hardness, cleavage, etc.), Assay or content (e.g. % oxide), Limit tests for heavy metals, and processing for *Shodhana*. For example, *Abhraka* (mica) monograph mandates Pb ≤45 ppm, As ≤3 ppm, Cd ≤2 ppm and explicitly requires *Shodhana* and not to be used without *Shodhana*. Classical *Bhasma Pariksha* remains a foundational QC. Each batch of *Bhasma* must pass *Varitara*, *Nischandrata*, and other rites before packaging. Modern laboratories sometimes simulate these: e.g., *Varitara* by sprinkling *Bhasma* on water; *Nischandrata* by examining samples under light. Indeed, these Ayurvedic tests have a scientific basis; they assess particle buoyancy, the absence of free metal, and pH neutrality (*Amla Pariksha*), among other parameters.

Instrumental QC: Contaminants are assayed by WHO-recommended methods. AAS/ICP quantify As, Pb, Hg, Cd in herbal/mineral matrices; HPLC/GC assess pesticide residues if relevant; microbial culture or PCR ensure freedom from pathogens. For Rasāyogas, both botanical and mineral components must be verified: HPTLC or HPLC can fingerprint key herbs, while XRD/SEM can confirm mineral transformations. Physical parameters, such as particle size distribution and specific surface area, may be measured to characterise nano-formulations. Together, these approaches ensure that Herbo-mineral drugs meet set identity and purity specifications, analogously to conventional pharmaceuticals.

Safety and Toxicology

Herbo-mineral safety revolves around heavy metals. While Ayurvedic processing aims to neutralise metal toxicity, improper manufacturing or intentional adulteration can leave dangerous residues. Ensuring the safety of Herbo-mineral drugs is paramount, given that many contain substances classified as toxic by modern criteria. Heavy metals (lead, mercury, arsenic, etc.) are well-known for their potential to cause organ damage, neurological impairment, and other adverse health effects when accumulated in the body. Chronic exposure to even low doses of heavy metals can lead to their build-up in soft tissues due to low excretion rates, interfering with biochemical processes and causing problems ranging from kidney dysfunction and hypertension to cognitive deficits and developmental abnormalities. Because of these hazards, contemporary medicine generally seeks to eliminate heavy metal exposure; indeed, WHO guidelines on herbal medicines specify that products should be free of hazardous contaminants, including heavy metals, pesticides, and pathogens. This stance creates a tension with traditional Herbo-mineral preparations, which intentionally include metals/minerals as ingredients. The critical question is whether these substances, after proper Ayurvedic processing, pose a significant toxicological risk.

From the traditional perspective, it is axiomatically believed that **"the poison is in the dose and form"** – that a properly purified and processed metal in minute dosage can act as a medicine rather than a toxin. Classical texts emphasise that toxicity arises not from the mere presence of a heavy metal but from its improper form or preparation. In fact, the age-old processing techniques were explicitly designed to detoxify and transform these materials. For example, mercury, a highly toxic element in its elemental or organic forms, is never used in its raw form in Ayurveda; instead, it is combined with sulphur and other agents and repeatedly processed to produce *Rasa Sindura*. Analysis shows that Rasa *Sindura* contains mercury predominantly as mercury sulfide (HgS, cinnabar) – a compound with very low gastrointestinal absorption and relatively low toxicity compared to soluble mercury salts. In essence, the Ayurvedic process immobilises mercury in a less absorbable form, thereby mitigating its toxic potential. Likewise,

Tamra Bhasma and *Swarna Bhasma* have been found under electron microscopy to consist of Microfine, nearly nano-sized particles. This fine particle size, coupled with the practice of co-administering the *Bhasma* with specific adjuvant substances (known as *Anupāna*, such as milk, ghee, or herbal juices), is thought to enhance the drug's therapeutic delivery while minimising local irritation or systemic toxicity. For instance, Ayurvedic texts recommend administering Tamra Bhasma along with *Guduchi* (*Tinospora cordifolia* Linn.) juice to protect the liver and promote safe metabolism. These traditional strategies reflect an empirical understanding of toxicology: by reducing particle size, altering chemical form, and using synergistic herbs, the net hazardous impact of heavy metals can be reduced. Modern pharmacokinetic studies lend some support to these claims, showing that when *Bhasmas* are properly prepared and administered at recommended doses, gross toxic effects (e.g., on the liver or kidneys) are often not observed. Animal toxicity studies of formulations such as *Abhraka Bhasma*, *Mandura Bhasma*, or *Swarna Bhasma* have generally reported no organ damage at therapeutic doses. Moreover, a few clinical trials have compared Herbo-mineral formulations with purely herbal ones and found not only comparable safety profiles but also greater efficacy in the Herbo-mineral group. Such findings suggest that, under controlled preparation and usage, the risk of heavy metal toxicity can be minimised.

Nevertheless, safety concerns remain very real if there is any lapse in quality or oversight. Toxicology experts point out that the margin of error is slim – a slight deviation in processing or an undetected impurity can introduce significant risk. When manufacturing shortcuts are taken (e.g., insufficient incineration cycles or skipped purification steps), the resulting product may contain bioavailable heavy metal fractions that can accumulate in the patient's body. Unfortunately, cases of heavy metal poisoning from Ayurvedic products typically trace back to such lapses in following the prescribed methods or to unethical practices like adding raw metal powders to save time. Quality control issues, such as adulteration, lack of batch testing, and poor traceability in ingredient sourcing, have been identified in some commercial preparations. These incidents justify regulators' caution and reinforce the need for traditional safety assurances to be backed by verifiable standards. This underscores that while proper processing can render metals relatively safe, one cannot assume all marketed products are properly processed. Continuous toxicological evaluation is needed, including acute and chronic toxicity studies in animals, as well as clinical monitoring for adverse effects in patients. Incorporating modern pharmacovigilance, systematic monitoring for adverse effects, into the practice of traditional medicine is essential for early detection of toxicity signals. In summary, the toxicology of Herbo-mineral drugs hinges on how well the principles of purification and standardisation are implemented. When performed

correctly, these preparations can be administered with a high degree of safety, based on both traditional experience and emerging scientific evidence; when performed poorly, they carry the same risks as heavy metal contamination. This dual reality necessitates stringent control and vigilance.

Standardisation: Pipeline and Bottlenecks

The production of a safe and effective *Bhasma* begins with quality raw materials. Classical texts emphasise the use of the correct metal/mineral (e.g., gold, copper, lead) and authentic herbs, since using inferior or adulterated starting materials can introduce impurities and toxic contaminants. *Shodhana* is the first crucial step in a series of purification procedures applied to raw minerals/metals to remove undesirable impurities and reduce their inherent toxicity. Traditional *Shodhana* methods involve processes such as heating metals to red heat and quenching in herbal liquids, or boiling and triturating with specific plant extracts, cow's urine, etc., multiple times. For example, raw mercury may be combined with sulfur and ground with herbal juices to form cinnabar (HgS), or metals like lead may be quenched in medicinal decoctions and substances like cow's milk to process them. These processes are believed to "detoxify" the metal by leaching out toxins and modifying its chemical form. In Ayurveda, it is well documented that if such purification is not performed (yielding an aśuddha, or impure, form), the metal can cause poisoning symptoms in the patient, underscoring the importance of this step. A major bottleneck here is the lack of standardisation in *Shodhana* protocols: different traditional texts prescribe varying ingredients, durations, and cycles, leading to inconsistent outcomes in manufacturers' hands. Even today, many manufacturers face challenges in sourcing high-purity raw metals and faithfully reproducing the prescribed purification steps, potentially impacting the safety of the final product.

Marana (Incineration) and Bhavana (Levigation): After purification, the material undergoes *Marana,* a process of repeated calcination/incineration to convert the metal or mineral into a fine oxide/sulfide form. The purified material is typically mixed with specific herbal pastes or decoctions, then ground thoroughly, and packed into sealed earthen crucibles (Sharava Samputa) and heated in a furnace or a pit fire (puta) to high temperatures. Upon cooling, the calcined material is again ground with fresh herbal juice, and the cycle is repeated multiple times until the metal is completely transformed into a fine ash. This labour-intensive procedure can involve dozens of calcination cycles. For instance, classical texts may require *Tamra Bhasma* (copper) to be calcined 8 to 16 times, or until certain tests are satisfied. Each cycle progressively reduces particle size and facilitates chemical reactions (such as oxidation or sulfurization) that attenuate the metal's toxicity. A key bottleneck at this stage is ensuring process consistency, achieving uniform temperature and complete reaction in each cycle. Traditional wood-fire pits (cow-dung *puta*) can

result in variable heating, whereas modern electric muffle furnaces provide more control, but the number of cycles needed can still vary depending on furnace conditions and batch size. Despite controlled temperature profiles in electric muffle furnaces, various studies have documented the preparation of Bhasma using the traditional method. Inadequate calcination cycles may leave partially converted metal behind; for example, a *Bhasma* that still exhibits a metallic sheen under sunlight indicates incomplete incineration and requires further processing. Manufacturers under time or cost pressures might be tempted to shorten the cycle count, risking an unsafe final product that contains residual free metal. Thus, the Marana stage's bottleneck is the need for rigorous adherence to repeated incineration until end-point criteria are met, which, in practice, relies on artisan skill and experience.

Bhasma Pariksha (Classical Quality Tests): Ayurveda describes several qualitative tests to determine whether a *Bhasma* is properly prepared. These ancient quality control tests are simple but insightful indicators of physico-chemical properties. For example, *Nishchandratva* – the absence of metallic lustre – is checked by inspecting the powder in sunlight (a well-prepared Bhasma should appear lusterless like ash, as any glitter would imply unincinerated metal). *Varitaratva*, the float test, involves sprinkling the powder on still water – a well-prepared *Bhasma* is so light and fine that it floats on water instead of sinking. A related test, *Unama*, places a rice grain on the floating powder; if the grain does not sink, it confirms the ultra-fineness and uniformity of the *Bhasma* layer. *Rekhāpūrṇatva* assesses fineness by rubbing a pinch of *Bhasma* between fingers – the particles should be smooth and fill the grooves of the fingerprints without leaving grit, indicating microscale size that aids absorption. Other tests include *Apūrnabhāva* and *Niruttha* – chemical assays in which mixing the *Bhasma* with reagents (such as silver foil) and heating should show no reformation of the base metal, confirming the irreversible transformation. These traditional tests collectively ensure that the *Bhasma* is finely divided, free of metallic sheen, stable, and likely free of toxic unreacted metal. However, a significant challenge is that many of these tests are qualitative and observer-dependent. Terms like "no metallic taste" (*Niswadu*) or "smooth like collyrium" (*Anjana*) are subjective, and passing the traditional tests does not quantify the actual composition or particle size distribution. Thus, while *Bhasma* Pariksha are invaluable quick checks – many still used by practitioners – they are insufficient alone for rigorous standardisation. Modern scientists have noted the need to complement these classical methods with analytical techniques to truly authenticate and characterise *Bhasmas*. In a nutshell, the standardisation pipeline from raw material selection, through *Shodhana*, *Marana*, and traditional testing, faces bottlenecks such as raw material variability, inconsistent

processing, subjective endpoint determination, and lack of quantitative metrics. Overcoming these requires bridging traditional wisdom with modern scientific validation at each step.

Modern methods complement this. X-ray diffraction (XRD) identifies crystalline phases and crystallite size. For example, XRD of Tamra Bhasma confirms covelline/covellite (CuS) and Cu_2O formation after incineration. Scanning/Transmission Electron Microscopy (SEM/TEM) reveal particle morphology and size (often in the nano to micrometre range). SEM images of Rajata (silver) and Vanga (tin) *Bhasma* show irregular nanoparticles agglomerated into clusters. Energy-dispersive X-ray (EDX) analysis (coupled with SEM) and ICP-MS/AES/AAS quantify elemental composition and trace heavy metals. Thus, ICP-MS of the finished Herbo- formulation can confirm the elemental percentages of Hg, Pb, and As. Spectroscopic methods (FTIR, Raman) probe chemical bonds and organic residues, whereas thermogravimetric analysis (TGA) assesses thermal stability. Advanced tools (e.g. dynamic light scattering, X-ray fluorescence) are also applied. Collectively, these modern assays create objective fingerprints for each Herbo-mineral. For instance, Red Sulphide of Mercury (*Rasa Sindura*) exhibits distinct XRD and FTIR signatures. Modern standards emphasise the batch-to-batch uniformity of these parameters, ensuring reproducibility of the alchemical process.

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ABSTRACTS

- ORAL PRESENTATION

AS26-OP-001

Integrative Ayurvedic Management in Parkinson's Disease: A Single Case Study

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ABSTRACT

Introduction: Parkinson's Disease (PD) is a chronic, progressive neurodegenerative disorder marked by resting tremors, bradykinesia, rigidity, and postural instability. These symptoms often worsen over time, limiting daily functioning and quality of life. Although conventional pharmacotherapy provides symptomatic relief, long-term use may lead to motor fluctuations and reduced efficacy. Integrative approaches such as Ayurveda may offer additional symptom control and functional improvement. **Methodology:** A 58-year-old male, diagnosed with Parkinson's disease 12 years ago, presented with worsening bilateral resting and action tremors (L>R), slowness of activities, rigidity, difficulty in turning in bed, bathing, wearing shoes, night-time muscle cramps, and mild low backache. He underwent a comprehensive Ayurvedic treatment with ayurveda interventions and internal medicines. After 39 days of treatment, the patient experienced significant reduction in tremors (L>R), improved mobility, reduced slowness during bathing and turning in bed, and decreased nocturnal muscle cramps. Parkinson's score improved progressively from 29/124 at admission to 24/124, and further to 20/124 at discharge. he continues oral medications on OPD basis maintaining stable health condition with minimal persisting concerns. **Result:** The integrated Ayurvedic regimen demonstrated beneficial effects on motor symptoms, rigidity, and daily functioning.

Panchakarma combined with *Rasayana* therapy appears to support neuromuscular stability and symptom modulation in chronic PD. **Discussion:** The patient's clinical improvements indicate that integrative Ayurvedic therapies may help reduce motor symptoms and enhance functional ability in chronic Parkinson's disease. While based on a single case, these findings suggest a supportive adjunctive role for Ayurveda alongside standard medical treatment. **Conclusion:** This case suggests that individualized Ayurvedic protocols may provide significant symptomatic relief and functional improvement in Parkinson's disease, offering a supportive role alongside conventional therapy.

Key words: Parkinson's Disease, rigidity, *Panchakarma*

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Non-Invasive Ayurvedic Management of Jalodara (Ascites Due to Liver Cirrhosis): A Single Case Study

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Abstract

Introduction: Jalodara is a severe type of Udara Roga described in Ayurveda, commonly correlated with ascites due to liver cirrhosis and portal hypertension. Conventional management primarily focuses on diuretics and repeated paracentesis, often offering only symptomatic relief. Ayurveda emphasizes Śodhana followed by Śamana Cikitsā to address the underlying Doṣa imbalance and impaired Agni. Methodology: A 53-year-old male with diagnosed liver cirrhosis, portal hypertension, and gross ascites was admitted with abdominal distension, heaviness, indigestion, and generalized weakness for one year. The patient had undergone paracentesis three times in the previous four months. Initial management included Dīpana–Pācana Cikitsā, followed by Virecana Karma during a four-week inpatient stay. Post-Śodhana, oral Ayurvedic formulations comprising Yakṛt-Udara Vikārahara dravyas, Agnivardhaka yogas, and Mutrala auṣadhas were administered along with a regulated Pathya-Āhāra. Outpatient follow-up was continued for four weeks. Results: Abdominal girth reduced from 95 cm at baseline to 77.5 cm by day 14. Marked improvement was observed in abdominal distension, heaviness, appetite, bowel habits, physical strength, and activity level. No paracentesis was required during the treatment or follow-up period. Discussion: Virecana Karma effectively eliminated aggravated Pitta and Kapha, improved Agni, and reduced fluid

accumulation. Subsequent Śamana Cikitsā helped maintain therapeutic benefits and prevented recurrence of ascites. Conclusion: Ayurvedic management with Virecana Karma followed by Śamana Cikitsā proved effective and non-invasive in managing Jalodara associated with liver cirrhosis, highlighting its potential role in integrative hepatology care.

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Multimodal Ayurvedic Intervention in Nephrotic Syndrome (Sandrameha): A single case report

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ABSTRACT

Introduction: Nephrotic syndrome is a chronic kidney disorder characterized by edema, hypoalbuminemia, proteinuria and dyslipidemia. Long-term conventional treatment is often associated with recurrence and adverse effects. In Ayurveda, the symptom complex of Nephrotic syndrome can be correlated with *Sandrameha*, described under *Prameha*, involving deranged *Kapha* and *Meda* along with *Mutravaha Srotas* dysfunction. **Brief case history:** A patient of age 18 years male had complaint of excessive frothy urine and bilateral pedal edema since 5 years and he was diagnosed as a case of NS. He had previously received conventional medical treatment without sustained improvement and sought Ayurvedic intervention for symptom relief and quality-of-life improvement**. Treatment:** The patient was managed with a multimodal Ayurvedic treatment protocol, including *Kati Swedana*, *Niruha Basti* with *Punarnavadi Kvatha*, *Vardhamana Pippali Rasayana*, and appropriate oral *Shamana Chikitsa*. The treatment was administered over a period of five months. **Result:** After 5 months of treatment, patient recovers symptomatically i.e. reduced pedal edema, absence of frothy urine along with magnificent

changes in the level of serum albumin in blood (2.4gm% to 3.4gm%), and Hb(12.8% to 14.3%). He is continuing oral medicine at OPD having improved quality of urine, good appetite with good body strength. **Conclusion:** This case report indicates that Ayurvedic multimodal therapy may be beneficial in the management of Nephrotic syndrome correlated with *Sandrameha*. The findings highlight the potential role of Ayurveda as a complementary approach.

Keywords: Nephrotic syndrome, Sandrameha, Vardhman pippali rasayana, basti therapy.

AS26-OP-004

Ayurgenomics: Prakriti phenotyping standards and the impact of Ayurveda interventions on omics/microbiome.

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Abstract

Introduction: Ayurveda emphasizes maintenance of health through understanding individual constitutional makeup (*Prakriti*), which governs physiological balance and lifestyle suitability. With advances in modern biological sciences, *Ayurgenomics* has emerged as an integrative field combining Ayurvedic principles with genomics and other omics sciences. It aims to correlate *Prakriti* types—*Vata, Pitta, and Kapha*—with variations at genomic, proteomic, metabolomic, epigenomic, and gut microbiome levels, thereby providing a scientific basis for personalized and preventive healthcare. **Aims and Objectives:** To review *Prakriti* phenotyping standards and the role of *Ahara–Vihara*–based Ayurvedic interventions in personalized health promotion through Ayurgenomics. **Materials and Methods:** A narrative review was conducted regarding **Ayurgenomics: Prakriti phenotyping standards** using classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with contemporary research articles retrieved from PubMed, Google Scholar, and the AYUSH Research Portal. Keywords including "Ayurgenomics," "*Prakriti,*" "*Ahara*," "*Vihara,*" "omics," and "microbiome" were

used in various combinations. **Results and Discussion:** Literature indicates that *Prakriti* is associated with distinct physiological, metabolic, genetic, and microbiome patterns influenced by geographical (*deshanupatini*), familial (*kulanupatini*), and ethnic (*jatiprasakta*) factors. *Prakriti*-based *Ahara* and *Vihara* interventions show potential to modulate gene expression, metabolic pathways, epigenetic regulation, and gut microbial composition. Ayurgenomics aligns with nutrigenomics and epigenetics, supporting Ayurveda's individualized dietary and lifestyle recommendations for health maintenance and longevity. **Conclusion:** Ayurgenomics provides a preventive and personalized health framework by integrating *Prakriti*-based *Ahara* and *Vihara* concepts with omics sciences. Standardization of *Prakriti* assessment and further systems biology research are essential for strengthening global acceptance and application of Ayurveda-informed personalized wellness strategies.

Keywords: Ayurgenomics, *Ahara Vihara*, Microbiome, *Prakriti,* Preventive Health.

AS26-OP-005

Ayurvedic management of Ulcerative Colitis: A Case study

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Abstract

Background: Ulcerative colitis (UC) is a chronic inflammatory bowel disease with a relapsing–remitting course, primarily affecting the rectum and potentially extending to the entire colon. Patients commonly present with frequent bowel movements, rectal bleeding, and mucus in stools. Conventional treatment includes corticosteroids, immunosuppressant, and biologic agents; however, long-term use may lead to adverse effects and incomplete remission. In refractory cases, surgery remains the definitive option. In *Ayurveda,* Ulcerative colitis may be correlated with *Raktatisara*. Management of *Raktaja Atisara* focuses on *Nidana Parivarjana*, *Dosha Shamana, Rakta Stambhana*, and *Agni Dipana*, adopting a holistic approach to restore digestive and systemic balance. Case Presentation: A 42-year-old female patient admitted to the P. D. Patel Ayurveda Hospital, Nadiad, with a confirmed diagnosis of ulcerative colitis

through colonoscopy. She had a history of the disease since past 12 years and was experiencing 8–10 times of loose stools per day containing blood and mucus. In stool examination occult blood was present. Despite prolonged conventional medical treatment. Intervention: The patient treated with Ayurvedic interventions, including *Piccha Basti* along with *Shamana Aushadhi* like *Kutaja Ghanvati, Musta Churna* and *Bola Vati* for a duration of 28 days treatment. Outcome: Gradual clinical improvement was observed during treatment. Stool frequency reduced to 2–3 times per day with normal consistency, and bleeding and mucus completely stopped. Laboratory investigations in stool occult blood absent. The patient continued oral A*yurvedi*c medications on an outpatient basis and maintained sustained symptomatic relief during follow-up. Conclusion: Although findings from a single case cannot be generalized, this report highlights the potential role of *Ayurveda* as a complementary approach in the management of ulcerative colitis.

Key words: Raktatisara, Ulcerative colitis*, Piccha Basti, Rakta Stambhana* Medicine.

AS26-OP-006

AYURVEDIC MANAGEMENT OF LIVER CIRRHOSIS COMPLICATED WITH ASCITES (JALODARA) - A CASE STUDY

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ABSTRACT:

Background: Ascites is the most common manifestation of advanced liver dysfunction and frequently complicates decompensated liver cirrhosis due to portal hypertension. Despite conventional interventions such as repeated paracentesis, recurrence of ascites remains common. In Ayurveda, ascites is described as *Jalodara* or *Dakodara*, a subtype of *Udara Roga*. Patients often seek Ayurvedic care after limited response to standard management. **Clinical findings:** Patient with liver cirrhosis-associated ascites was managed

with Ayurvedic interventions. A representative case was a 45-year-old male with a history of alcohol consumption and jaundice, presenting with *Kshudhāmandya* (loss of appetite), *Udara-vriddhi* (abdominal distension), *Mala-baddhata* (constipation), *Netra-pitata* (icterus), *Parshva-shoola* (bilateral flank pain), and *Sarvanga-daurbalya* (generalized weakness). **Intervention:** Treatment included *Vardhamana Pippali Rasayana* and *Mutrala Aushadha*, followed by *Virechana Karma*, and *Shamana Aushadhi* comprising *Punarnavadi Kvatha*, *Shveta Parpati*, *Bhringaraja Churna*, *Sharpunkha Churna*, *Bhumyamalaki Churna*, and *Kakamachi Churna*. **Outcome and follow-up:** At the time of discharge, patient showed moderate improvement in liver function parameters, urine output (600ml→1650ml), reduction in abdominal girth (114cm→80cm) and related symptoms. Almost complete resolution of ascites was observed within three months of follow-up, without recurrence during the observation period. **Conclusion:** The described Ayurvedic treatment protocol demonstrated potential safety and effectiveness as a complementary approach in liver cirrhosis complicated by ascites. These findings warrant further systematic evaluation through controlled clinical studies.

AS26-OP-007

Multimodal Ayurvedic Approach in the Management of Obesity (Sthoulya): A Case Study

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Abstract

Background: Lifestyle disorders are among the biggest health threats to populations living with unhealthy lifestyles. Obesity is one such disorder that creates numerous physical as well as mental health problems for the sufferer. Due to changing lifestyles, increased comfort, and altered dietary habits, many individuals

have completely transformed their way of living. Obesity is a growing health concern in both developed and developing countries. *Sthoulya* is described in Ayurveda as a *Santarpanajanya Vyadhi*, characterized by excessive accumulation of *Meda Dhatu* due to impaired *Agni*, *Kapha* predominance, and a sedentary lifestyle. Contemporary management often provides only symptomatic relief, whereas Ayurveda emphasizes correction of the root cause through *Shodhana*, *Shamana*, and lifestyle modification. **Case Study:** A 32-year-old female patient, working as a housewife, presented with complaints of progressive weight gain and lower back pain for the past 6–8 months. The patient had no major systemic illness. On the day of admission, her body weight was 92.6 kg. Based on clinical features, dietary history, and lifestyle assessment, the condition was diagnosed as *Sthoulya*. The patient was treated with *Shodhana* karma followed by other Panchakarma procedures such as *Udvartana* and *Basti*, along with *Shamana Aushadha* and *Yogasana*. After 5 weeks of treatment, the patient experienced complete relief from lower back pain, and her body weight reduced to 82.7 kg. The patient also reported a feeling of lightness in the body and improved energy levels. **Conclusion:** This case study demonstrates that Ayurvedic management, when applied with proper assessment of *Dosha*, *Dushya*, and *Agni*, is effective in the management of obesity. A holistic approach incorporating Panchakarma, *Shamana* therapy, and lifestyle modification can provide safe and sustainable results in obesity management.

AS26-OP-008

Ayurgenomics: Prakriti Phenotyping Standards And The Impact Of Ayurveda Interventions On Omics/Microbiome

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Abstract

Background: *Prakriti* is a fundamental concept of Ayurveda that describes an individual's inherent constitutional makeup and forms the foundation of personalized health care. Advances in molecular biology have led to the development of Ayurgenomics, which aims to correlate Prakriti with genetic, metabolic, and gut microbiome variations. Modern lifestyle-related disorders and inter-individual variability in disease susceptibility and treatment response highlight the need for integrative approaches. Standardization of Prakriti phenotyping and scientific evaluation of Ayurvedic interventions using omics and microbiome research can provide a comprehensive framework for personalized and preventive medicine. **Aims & Objectives:** To understand standardized Prakriti phenotyping methods and to evaluate the impact of Ayurvedic interventions on omics profiles and gut microbiome. **Material & Method:** This study is a narrative review conducted using classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, along with published research articles from electronic databases including PubMed, Google Scholar, AYUSH Research Portal, and Scopus regarding Ayurgenomics and Prakriti phenotyping standards. Keywords such as "Ayurgenomics," "Prakriti," "Omics," and "Microbiome" were used in various combinations with Boolean operators like "AND" and "OR". **Result & Discussion:** Evidence from recent studies suggests that individuals with different Prakriti types exhibit distinct gene expression patterns, metabolic profiles, immune responses, and gut microbiota composition. Ayurvedic interventions such as Ahara, Vihara, Dincharya, Ritucharya, herbal formulations, and Panchakarma therapies exhibit regulatory effects on molecular pathways related to metabolism, inflammation, oxidative stress, and microbial diversity. Standardized Prakriti phenotyping enhances reproducibility and supports biological validation of Ayurvedic principles. **Conclusion:** Ayurgenomics provides a scientific bridge between Ayurveda and modern systems biology. Establishing standardized Prakriti phenotyping and understanding the molecular and microbiome impact of Ayurvedic interventions can strengthen evidence-based personalized, predictive, and preventive healthcare.

Keywords: Ayurgenomics, Microbiome, Omics, Phenotyping, Prakriti

AS26-OP-009

Integrating Ayurgenomics And Gut Microbiome Profiling For Personalized Preventive Healthcare

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Abstract

Introduction: Preventive healthcare is moving toward personalized strategies based on genetics, environment, and lifestyle. Ayurveda's concept of *Prakriti* reflects individual genetic and phenotypic traits, supported by modern genomics. The gut microbiome further influences metabolism, immunity, and disease risk. Integrating Ayurgenomics with microbiome profiling offers a predictive and preventive healthcare approach.

Aims & Objective: To explore the integration of Ayurgenomics and gut microbiome profiling to develop personalized preventive healthcare strategies based on individual constitutional type and microbial diversity.

Material & Method: To conduct this review study, various Ayurvedic scriptures like Charak Samhita, Sushrut Samhita, Ashtang Hridaya, research papers and electronic databases like Google scholar, PubMed, Ayush research portal were used. The search terms such as 'Ayurgenomics, 'Gut microbiome' and '*Prakriti*' combined using Boolean operators like 'AND' and 'OR'.

Result & Discussion: *Prakriti*-based genomic and microbiome variations explain inter-individual differences in disease susceptibility and therapeutic responses. This approach emphasizes prevention over treatment by enabling early identification of health imbalances and customized interventions.Specific microbial taxa showed dominance in particular constitutional types, reflecting differences in metabolism, immunity, and inflammatory responses. Integration of genomic data with microbiome profiles enhanced the prediction of disease risk and response to dietary and lifestyle interventions. The findings support the relevance of Ayurgenomics-based stratification in preventive healthcare planning.

Conclusion: Integrating Ayurgenomics and gut microbiome profiling provides a comprehensive and personalized framework for preventive healthcare. By combining Prakriti assessment, genetic predisposition, and microbial diversity, this approach supports precision prevention, personalized

nutrition, and lifestyle modification. It holds significant potential for transforming preventive medicine into a predictive, preventive, and personalized healthcare system**.**

Keywords: Ayurgenomics*,* Gut microbiome*, Prakriti.*

AS26-OP-010

AYURVEDIC MANAGEMENT OF *SHITAPITTA* (URTICARIA) - A CASE STUDY

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Abstract

Background: *Shitapitta* is a *Vata-Pitta Pradhana Tridoshaja Tvak Vikara* described in Ayurvedic classics such as *Madhava Nidana* and *Bhavaprakasha*. It presents with *Varati-dashta-samsthana Shotha, Kandu, Toda, Raga,* and *Daha.* Clinically, it can be correlated with urticaria, a hypersensitivity disorder characterized by recurrent, transient wheals with erythema and pruritus. Conventional management is largely symptomatic and frequently associated with recurrence or long-term dependence on antihistamines.

Patient Information:
A 64-year-old male have a history of recurrent reddish wheal-like eruptions over the body for six months, associated with severe itching, burning sensation, pain, and disturbed sleep. Individual lesions subsided within 24 hours but recurred frequently. The patient was a known case of hypothyroidism since 8 year and was dependent on antihistamines for temporary relief. **Therapeutic Intervention:** Based on dosha predominance and chronicity, a *Shodhana-shamana* based treatment protocol was adopted. *Sodhana (Snehapana*, *Sarvanga Abhyanga*, and *Svedana*, followed by *Virechana karma*, *Niruha Basti* and *Raktamokshana)* and *Shamana (Manjishthadi Kvatha and Kaishora Guggulu, etc)* were administered. **Outcome:** After 35 days of IPD treatment VAS and DLQI scores showed substantial

improvement. Severity of pruritus (8→3), burning (6→2), and pain (5→1), while Dermatology Life Quality Index (DLQI) score was (14→6). Post-treatment, a marked reduction in wheal frequency, intensity of itching and burning, and duration of episodes was observed. Antihistamines were discontinued in tapering doses, with no recurrence noted during 3 months follow-up. **Conclusion:** This case suggests that integrative Ayurvedic management using *Shodhana* and *Shamana* therapies may offer sustained clinical improvement in recurrent *Shitapitta*. Further controlled studies with standardized assessment tools are warranted.

AS26-OP-011

Successful Ayurvedic Management Of Amavata

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ABSTRACT

Introduction: Amavata is a disease described in Ayurveda in which vitiation of Vata Dosha and accumulation of Ama take place in the joints. It closely simulates rheumatoid arthritis (RA) in its modern aspect. Rheumatoid arthritis is a chronic autoimmune disease in which the immune system mistakenly

attacks the body's own tissues, primarily the synovial lining of joints, causing inflammation, pain, swelling, stiffness, and progressive joint damage with deformity over time. **Clinical Findings:** A 32-year-old male patient presented with complaints of morning stiffness lasting 2–3 hours for the past 3 years and difficulty while walking for the last 3 years. He had right knee joint pain with swelling and stiffness for 3 years, right elbow joint pain and stiffness for 1.5 years, and pain in both wrist joints for 2 years. **Intervention:** The patient was treated with a combined Panchakarma and Shamana Chikitsa protocol. The treatment included Vardhaman Pippali Churna, Sarvanga Baspa Svedana with Nirgundi Patra, Valuka Swedana, Agnikarma at knee and elbow region, and Virechana Karma with Eranda Sneha. Shamana Chikitsa included Rasnapanchaka Kwatha, Simhanada Guggulu, Niruh Basti With Dashmoola Kwatha, Suddha Guggulu Lepa, Yogaraja Guggulu, and Shuddha Bhallataka Churna for internal administration. **Outcome:** His DAS 28 score B.T.- 6.85 and A.T.- 4.42. VAS Score for pain B.T.- 9 and A.T.- 5 and for stiffness B.T.- 8 and A.T.- 6. The patient experienced prolonged and promising improvement in signs and symptoms, with significant relief in pain, swelling, and stiffness, resulting in improvement in overall quality of life.

AS26-OP-012

Reverse Pharmacological Evaluation of *Jatipatradi Yoga* in Oral Premalignant Lesions :A Phytochemical Perspective

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Abstract

Abstract: Background: Oral premalignant lesions (OPLs) or conditions (OPCs) including oral leukoplakia,eruthroplakia, oral submucous fibrosis (OSMF), and epithelial dysplasia represent a critical stage in oral carcinogenesis. These conditions are characterized by chronic inflammation, oxidative stress,

altered epithelial differentiation, and progressive fibrotic or dysplastic changes, with a significant risk of malignant transformation. Conventional management remains limited due to recurrence, adverse effects, and lack of long-term preventive strategies. *Jatipatradi Yoga*, a classical Ayurvedic formulation indicated in *MukhaRoga*, specifically *SarvasaraMukhapaka* has been traditionally used for chronic inflammatory and ulcerative oral conditions. Reverse pharmacology provides a rational framework to scientifically validate such formulations by integrating traditional clinical experience with modern analytical evidence. **Objective:** To elucidate the reverse pharmacological basis of *Jatipatradi Yoga* in the management of oral premalignant lesions through phytochemical characterization using High Performance Thin Layer Chromatography (HPTLC).**Materials and Methods:** *Jatipatradi Yoga* was prepared according to *Yoga Ratnakara* and subjected to HPTLC analysis for phytochemical fingerprinting. Chromatography was performed on silica gel 60 F_{254} plates using ethyl acetate:methanol:water (5:3:2 v/v/v) as the mobile phase. Detection was carried out at 254 nm and 366 nm, with multiple sample application volumes (5–20 µL) to assess reproducibility and dose-dependent phytochemical expression. **Results:** HPTLC profiling revealed a consistent and reproducible chromatographic fingerprint with multiple well-resolved peaks at both 254 nm and 366 nm, indicating the presence of diverse bioactive phytoconstituents. The observed peaks suggest the presence of polyphenols, flavonoids, tannins, and other secondary metabolites known for anti-inflammatory, antioxidant, antifibrotic, and cytoprotective activities. The increase in peak intensity with higher application volumes reflects dose-dependent phytochemical availability, supporting formulation consistency and therapeutic relevance. **Discussion:** From a reverse pharmacology perspective, the traditional efficacy of *Jatipatradi Yoga* in *MukhaRoga* can be correlated with the pathophysiology of oral premalignant lesions. The identified phytochemical groups are known to modulate chronic inflammation, inhibit oxidative stress–induced epithelial damage, regulate abnormal keratinization, and potentially interfere with fibrotic and dysplastic pathways implicated in leukoplakia and OSMF. This multi-targeted action aligns with both Ayurvedic concepts of *Pitta-Raktadushti* and modern understanding of oral carcinogenesis. **Conclusion:** The reverse pharmacological evaluation supported by HPTLC fingerprinting provides scientific validation for the traditional use of *Jatipatradi Yoga* in oral premalignant lesions. The formulation demonstrates a promising phytochemical profile relevant to the prevention and management of leukoplakia, OSMF, and epithelial dysplasia. Further preclinical and clinical studies are warranted to establish mechanistic pathways and therapeutic efficacy.

Keywords:

Reverse Pharmacology, *Jatipatradi Yoga,* Oral Premalignant Lesions, Oral Leukoplakia, Oral Submucous Fibrosis, HPTLC, Epithelial Dysplasia

AS26-OP-013

Ayurgenomics Approach For Understanding COVID -19 Predisposition And Progression.

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Abstract:

Background: The clinical spectrum of Coronavirus Disease-2019 (COVID-19) ranges from asymptomatic infection to severe acute respiratory distress and multi-organ failure, suggesting a significant role of host-related factors in determining disease susceptibility and progression. Emerging biomedical evidence indicates that genetic variations in immuneregulatory and viral entry-related genes, such as human leukocyte antigen (HLA), angiotensin-converting enzyme (ACE/ACE2), and transmembrane protease serine-2 (TMPRSS-2), contribute to inter-individual variability in COVID-19 outcomes.

Ayurgenomics, provides a novel framework for understanding individual variability through the concept of Prakriti—the constitutional phenotype determined by the relative dominance of Vata, Pitta, and Kapha doshas. Prakriti-based stratification may offer a biologically meaningful model to predict susceptibility, disease severity, and therapeutic response.This review explores the potential of Ayurgenomics in elucidating genetic predisposition and immune variability in COVID-19 by correlating contemporary genomic findings with classical Ayurvedic constitutional concepts, thereby supporting personalized and

predictive healthcare strategies. **Aim and Objectives:** To explore the role of Ayurgenomics in understanding genetic predisposition, susceptibility, and progression of COVID-19 infection with special reference to Ayurvedic Prakriti classification. **Materials and Methods:** This study is based on a narrative review of published literature related to COVID19associated genetic polymorphisms such as HLA alleles, ACE/ACE2 (rs1799752, rs73635825), and TMPRSS-2 (rs12329760), along with reported Ayurgenomics studies correlating Prakriti phenotypes with genomic and immunological variations. Classical Ayurvedic texts and contemporary biomedical databases were referred for conceptual and scientific integration. **Results:** Available evidence suggests that specific genetic variants influencing immune response and viral entry may determine individual susceptibility and disease progression in COVID19. Ayurgenomics studies have demonstrated associations between Prakriti types and HLA-DR alleles, indicating differential immune responsiveness among individuals. The concept of Prakriti offers a biologically relevant phenotypic framework that may reflect underlying genetic and immunological diversity. Integrating Prakriti assessment with genetic markers could generate clinically testable hypotheses for risk prediction and therapeutic personalization in COVID-19. **Conclusion:** Ayurgenomics-based Prakriti screening holds promise as a complementary approach for identifying COVID-19prone and resistant populations. However, large-scale, well designed clinical studies are

required to validate correlations between Prakriti, genetic variants, and COVID-19 outcomes. **Keywords**: Ayurgenomics, COVID-19, Prakriti, personalised medicine.

AS26-OP-014

Pharmaceutical, Physicochemical, and Structural Analysis of *Swayamagni Bhasma* with Special Reference to XRD Characterization

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Abstract

Introduction: In the field of Rasashastra, the conversion of raw minerals and metals into biocompatible therapeutic agents is achieved through rigorous purification (*Shodhana*) and incineration (Marana). This

research examines *Swayamagni Rasa*, a specialized formulation from the Rasendra Sara Sangrah. Unlike traditional methods requiring external heat, this *"Niragni"* preparation relies on self-generated thermal energy to process iron (*Loha*) into a medicinal form. **Materials & Methods:** The manufacturing process involved both *Samanya* and *Vishesha Shodhana* of iron filings using a series of liquid media, including *Kanji, Takra, Gomutra*, *Tila Taila*, and *Kulattha Kwatha. Dviguna Kajjali* was synthesized via 96 hours of continuous trituration until it reached a lusterless state. The resulting compound underwent *Bhavana* (levigation) with *Kumari Swarasa* and was subsequently buried in a grain heap (*Dhanyarashi*) for a seven-day incubation period to ensure metabolic activation. Validation was conducted through classical *Bhasma Pariksha* and modern X-ray Diffraction (XRD) profiling. **Results:** Standardized Ayurvedic tests, such as *Rekhapurnata, Varitara, and Nischandratva*, verified the product's extreme fineness, buoyancy, and the total elimination of free metallic particles. XRD characterization displayed well-defined peaks, confirming a stable crystalline matrix. The analysis identified essential phases including iron oxides (Fe2O3, Fe3O4, FeO), stabilized mercuric sulfide (HgS), and various sulfur complexes. Physicochemical evaluation reported a total ash value of 96.6% and a mildly acidic pH of 4.4. **Discussion:** The findings confirm that the self-heating *Niragni* technique successfully transforms elemental iron into a safe, bioavailable, and therapeutically potent crystalline *Bhasma*. The identification of stabilized oxides and sulfides provides scientific evidence for its traditional application in managing hematological and metabolic conditions.

AS26-OP-015

Ayur-Nutrigenomics: Integrating Ayurvedic Constitutional Principles with Genomic Science for Personalized Nutrition – A Narrative Review

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Abstract:

Background rationale: Noncommunicable disease is considered as the leading cause of death and disability globally. Faulty diet habit is one of the major risk factors for NCDs. *Ahara* is considered one of the *Trayoupasthamba* which is essential for living. *Ahara* is found to have a major impact on maintaining one's health. Acharya Kashyapa mentioned *Ahara* as *Mahabheshaja*. Food is considered as the best medicine when it is taken in properly by adopting proper dietic rules otherwise it is similar to toxins. Nutrigenomics is a groundbreaking field that examines the interaction between nutrition and genes to develop personalized dietary recommendations. When combined with the ancient principles of Ayurveda, nutrigenomics provides a holistic approach to health and wellness, offering customized diet plans that cater to an individual's unique genetic and physiological profile. **Materials and method:** Authentic databases such as PubMed, Scopus, MEDLINE, Cochrane library etc. were searched using the acronym nutrigenomics and Ayurveda. Also, various authentic journals, articles were referred. **Discussion:** Over 2000 years before our Acharyas mentioned about *Ashtavidha Ahara Vidhivisheshaaayatana, AshtavidhaAhara Vidhivitana*, disease-specific *Pathya-Apathya.* However, everything in today's advanced world needs to be supported by empirical data from science. Ayurnutrigenomics is an emerging field of interest pervading Ayurveda systems biology, where the selection of a suitable dietary, therapeutic, and lifestyle regime is made on the basis of clinical assessment of an individual maintaining one's Prakriti. **Conclusion:** This Ayurveda-inspired concept of personalized nutrition is a novel concept of nutrigenomic research for developing personalized functional foods and nutraceuticals suitable for one's genetic makeup with the help of Ayurveda. Incorporation of genomics in ayurvedic dietary principles can give a shred of strong scientific evidence.

Keywords: Nutrition, dietic rules, nutrigenomics, Ayurveda, *Prakriti*

AS26-OP-016

Achara Rasayana: A Cognitive Approach In Geriatric Care

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Abstract:

Introduction: "शास्त्रशिष्टकृतव्यवहारः" is Achara. Achara means good conduct which are developed by understanding and following the Shastras (treatise). Proper observance and implication of Achara and Vichara is Achara Rasayana. Achara Rasayana is one among Nitya Rasayana (for use on a daily basis). Its practical implication not only increases the life span of individuals but also increases quality of life. It provides wellbeing and purity of mind. In older people, depressive symptoms are common, psychological adjustment to aging is complex, and associated chronic physical illness limits the use of antidepressants. Cognitive behavioral therapy (CBT) is an effective treatment for older people with depressive disorder and appears to be associated with its specific effects.Achara Rasayana is Ayurvedic strategy for regulating behavioral social conduct which ensures a healthy life in a healthy society.

Material and Method: Ayurvedic Samhitas, lexicons, and articles from peer-reviewed indexed journals were studied for the literature. Study is based on various Ayurvedic literatures, research papers and online articles available related to the topic. The literature is compiled, critically analyzed for their role as Achara Rasayana specially in geriatric care.

Result and Discussion: Achara Rasayana may act as a Rasayana (rejuvenating agent) in three ways -1. Improving the personality 2. In improving the social relationship 3. Improving physical health by enhancing psycho-neuro- immunity. If the body is stressed from any external or internal stimuli, the nervous system gets triggered and initiates a specific immune response to be activated, in return the emotional and mental wellbeing of the individual will be compromised from psychological responses occurring in the body.

Conclusion: Achara Rasayana may be understood as a culturally grounded,

non-pharmacological cognitive-behavioural approach in geriatric care.Its integration into holistic mental health models warrants further clinical research.

Keywords: Achara Rasayana, Geriatric Care, CBT

AS26-OP-017

Hidden Risks Of Excessive Supplement Use Among Gym-Goers: A Systematic Review Of Anatomical, Renal, Hepatic, And Metabolic Implications Of Creatine, Protein Powders, And Multivitamins With Ayurvedic Correlation

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Abstract

Background: Supplement use among recreational gym-goers has surged, with creatine, protein powders, and multivitamins most commonly consumed. While moderate intake can support performance, excessive and unsupervised use driven by marketing and gym culture may cause health risks. Ayurveda parallels these risks, linking excess intake to impaired *Agni* (digestion), *Ama* (toxins), *dosha* imbalance, and compromised *Mamsa dhatu*(muscle tissue).Methods: A systematic review was conducted across PubMed, Scopus, Web of Science, Embase, Cochrane Library, and Ayurvedic databases (DHARA, CCRAS) until December 2024. Eligible studies involved gym-goers/bodybuilders using creatine, protein powders, or multivitamins and reported renal, hepatic, gastrointestinal, cardiovascular, or musculoskeletal outcomes. PRISMA 2020 guidelines, Cochrane risk-of-bias tools, and GRADE methodology were applied. Ayurvedic correlations were sourced from classical texts on *Agni*, *Ama*, *dosha* imbalance, and *dhatu* formation. Results: From 127 studies, usage patterns showed protein intake >2.5 g/kg/day in 40–60% of users, excessive creatine in 25–35%, and indiscriminate multivitamin use in 50–70%. Documented risks included renal hyperfiltration, nephrolithiasis, and proteinuria; hepatic enz yme elevation and hepatotoxicity; gastrointestinal dysbiosis, permeability, and inflammation; cardiovascular changes including elevated TMAO and hypertension; and musculoskeletal dysfunction from metabolic imbalance. Ayurvedic interpretations aligned these outcomes with *Agni Mandya, Ama* accumulation, and disrupted

Dhatu Poshana, emphasizing intake matched to digestive capacity (≈1.2–1.5 g/kg/day for non-athletes).Discussion & Conclusion: Excessive supplementation poses significant anatomical and metabolic harm. Integrating biomedical evidence with Ayurvedic principles supports individualized, monitored consumption based on *Prakriti*, *Agni*, and training needs. Education should prioritize adequacy over excess, whole-food nutrition, and recognition of early warning signs.

Keywords: *Agni*; Creatine; Protein powder; multivitamins; renal health; liver health; gym-goers

AS26-OP-018

Network Pharmacology-Based Investigation of *Ayurvedic* Management in *Kaphaja Prameha* (Type 2 Diabetes Mellitus) w.s.r. of *Sunthi-Siddhajala*: A Case Report

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Abstract

Background: Diabetes mellitus (DM), correlated with *Prameha* in *Ayurveda*, affects approximately 77 million individuals in India, with 57% remaining undiagnosed. This metabolic disorder leads to multiorgan complications affecting the eye, kidney, and nervous system. **Objective:** To evaluate the clinical efficacy of *Ayurvedic* management in *Kaphaja Prameha* and explore the pharmacological mechanisms of *Sunthi-Siddhajala* through network pharmacology approach. **Methods:** A 47-year-old

male patient presenting with polyuria, polydipsia, and fatigue, with fasting blood glucose (FBG) 275 mg/dl and postprandial glucose (PPG) 454 mg/dl, was diagnosed with *Kaphaja Prameha*. He received Ayurvedic intervention including *Pathya Ahara* (dietary modifications), *Sunthi-Siddhajala* (ginger-infused water), and *Dhaatrinisha Churna* for 6 months. Network pharmacology analysis was conducted to identify active compounds, targets, and pathways focusing on *Sunthi-Siddhajala*. **Results:** Post-intervention, HbA1c reduced to 5.9% and mean blood glucose to 123 mg/dl, demonstrating significant glycaemic control. Network pharmacology revealed multiple bioactive compounds in *Sunthi* targeting insulin signalling, glucose metabolism, and inflammatory pathways. **Conclusion:** *Ayurvedic* management effectively controlled *Prameha* without contemporary medication, with network pharmacology providing mechanistic insights into the therapeutic action of *Sunthi-Siddhajala*.

Keywords: *Prameha*, Diabetes Mellitus, *Sunthi-Siddhajala,* Network Pharmacology, Ayurvedic Management, *Kaphaja Prameha, Zingiber officinale*

AS26-OP-019

A Case Report On Chronic Livedoid Vasculopathy: Management And Prevention Through *Siragatavata* Protocol.

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ABSTRACT

Background: Livedoid vasculopathy (LV) is a rare, chronic thrombotic microvascular disorder characterized by recurrent painful ulcerations of the lower extremities, leading to atrophic white scars (atrophie blanche). The condition poses significant diagnostic and therapeutic challenges in conventional medicine. Due to its rarity and variable presentation, diagnosis is often delayed.

Objective: To document the efficacy of Ayurvedic management in livedoid vasculopathy through the conceptual framework of *Siragatavata*.

Case Presentation: A 23-years-old female presented with bilateral multiple ulcers around ankle joints associated with pain, burning sensation, oozing, and perilesional discoloration for one year. Previously, the patient took conventional treatment at a Rheumatology clinic and got temporary relief but symptoms recurred after tapering. The patient was managed with Ayurvedic *Panchakarma* procedures which includes *snehana, swedana, vamana, virechana, basti,* others *nimbakalka lepa, jalauka avacharana* and internal medications which includes *manjisthadi kwatha, kaishore guggula* for one month.

Results: Pre-treatment assessment showed VAS (Visual Analogue Scale) score of 8 and DLQI (Dermatology Life Quality Index) score of 17. Post-treatment evaluation demonstrated significant improvement in pain, ulcer healing, and quality of life parameters. Regular follow-up revealed sustained improvement without recurrence.

Conclusion: This case demonstrates that appropriate Ayurvedic management based on Siragatavata principles can effectively manage livedoid vasculopathy, prevent complications like atrophie blanche and improves patient's quality of life.

Keywords: Livedoid vasculopathy, *Siragatavata*, *Panchakarma*, atrophie blanche, microvascular thrombosis, case report.

AS26-OP-020

Analysis of Ayurvedic Gandha Pariksha with Volatile Organic Compounds Detected by Electronic Nose Technology: A Review Article

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Abstract

Introduction: Kayachikitsa, the Ayurvedic branch dealing with the management of diseases affecting the whole body, emphasizes sensory-based diagnostic approaches, particularly Gandha Pariksha (olfactory assessment). In modern medicine, analysis of volatile organic compounds (VOCs) has emerged as a non-invasive diagnostic tool, where disease-specific metabolic changes are reflected as distinct odor profiles. Electronic nose (e-nose) technology enables objective detection of VOC patterns, offering a potential bridge between traditional Ayurvedic diagnostics and contemporary biomedical science. Methods: A review was conducted using classical Ayurvedic texts alongside biomedical literature published between 2000 and 2024. Databases including PubMed, Scopus, and Google Scholar were searched to identify studies related to VOC analysis, e-nose applications in General Medicine and Ayurvedic concepts of Doṣha and Gandha Pariksha. Correlations between doṣha-specific clinical features and VOC profiles detected through e-nose technology were systematically analyzed. Results: The review indicates that e-nose systems demonstrate high diagnostic accuracy in identifying VOC patterns associated with diseases such as IBD, IBS, Diabetes, Ascites, Liver Cirrhosis etc. Commonly detected VOCs include aldehydes, SCFAs, acetone, CHCA, heptanal etc, which are linked to metabolic processes such as oxidative stress, inflammation, fermentation, and catabolism. These VOC profiles show meaningful parallels with Ayurvedic diagnostic signs including durgandha srava (foul discharge), raga (inflammation), and sotha (swelling), reflecting underlying doṣha disturbances. Discussion:

E-nose–based VOC profiling provides an objective and quantifiable extension of Gandha

Pariksha, supporting the integration of Ayurvedic sensory diagnostics with modern analytical techniques. This approach may enhance early disease detection and personalized assessment in Kayachikitsa.

However, further large-scale and standardized studies are required to validate Doṣha-specific VOC signatures and establish their clinical applicability in integrative medicine.

Keywords :Kayachikitsa; Gandha Pariksha; Volatile Organic Compounds; Electronic Nose; Doṣha.

AS26-OP-021

Malavarodha (Functional Constipation) as an Associated Symptom: Insights from a Pragmatic Case Series

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Name of the Guide – Dr. Vaishali Deshpande

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Abstract:

INTRODUCTION-There is an estimated 22% human population affected from *Malavrodha* (Functional Constipation). In everyday clinical practice, ranging from localised or systemic disorders and conditions like musculoskeletal, neuromuscular, gastrointestinal etc. are treated following the *Chikitsa Siddhanta*. *Vata* is the propelling force behind other *Doshas, Dhatus and Malas* to move from one place to another. So, directly or indirectly *Vata* plays an important role in every disease pathogenesis and hence *Vaatanuloman Chikitsa* along with *Vyaadhipratyanik Chikitsa* is given as a treatment protocol. *Panchbhautik Chikitsa* tradition gives emphasis on *Panchmahabhutas* while diagnosing and treating a patient. Chincha Lavan Taila (Anuloman Taila) is a formulation based on *Panchbhautik Chikitsa* tradition. It is prepared using groundnut oil base and treating it with Chincha Kalka and *Saindhava Lavana* as per *Taila Siddhi* mentioned in Ayurveda. **MATERIALS AND METHODS**-Various patients visiting OPD and IPD of the *Kayachikitsa* department in whom Malavarodha (Functional Constipation) was found as one of the associated symptoms; fulfilling the Rome IV diagnostic criteria for Functional Constipation were considered for inclusion. While identifying the patients, their prescriptions were also taken into consideration. The patients having any one *Kalpas* like *Eranda Bhrishta Haritaki /Swadisht Virechan Vati /Gandharvhastaaditailam /Avipattikar Churna / Chinchalavan tailam* in their prescription were considered for inclusion. These patients were interacted, stool consistency was inquired using Bristol stool chart. Each Patient's narrative regarding clinical improvement was noted down and analyzed. **RESULTS-** Almost in all the cases inclusion of at least one Anuloman Kalpa was observed in prescription. It supports better clinical improvement in disease condition. Significant improvement was observed in patients taking

Chinchalavan tailam as compared to other *Anuloman dravyas*. **CONCLUSION** – Inclusion of *Sneha Anuloman Kalpa* in prescription gives better clinical outcome.

KEYWORDS – *Panchbhautik chikitsa, Malavarodha, Panchmahabhutas, Vyaadhipratyanik chikitsa.*

AS26-OP-022

A Scientometric Analysis of Global and Indian Research on Anemia using PubMed database [Years 2000 – 2025]

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ABSTRACT

Introduction

Anemia remains a major global public health problem affecting individuals across all age groups. It is associated with nutritional deficiencies, chronic diseases, infections, and metabolic disorders, leading to impaired physical capacity, reduced cognitive performance, adverse maternal and child health outcomes, and increased morbidity. Despite extensive clinical research and large-scale public health interventions, anemia continues to show a high prevalence worldwide, particularly in developing countries like India. Hence an attempt was made to present a Scientometric analysis of Anemia which includes Ayurvedic perspective also.

Materials and Methods

Publications from 2000 to 2025 were analysed, the data was collected using publication available in PubMed database and using simple search and advance search the keyword used Anemia, Anemia in India, Anemia in Ayurved*, Pandu*.

Results

A large volume of anemia-related publications was retrieved, with original research articles constituting the majority. The highest number of publications was observed during the last decade, indicating increased global awareness and research activity. Major themes included iron deficiency anemia, maternal and childhood anemia, anemia of chronic disease, diagnostic biomarkers, and therapeutic interventions. Ayurvedic literature predominantly focused on *Pandu Roga*, herbal formulations, *Rasayana* therapy, and nutritional management, highlighting an integrative approach toward anemia management.

Discussion and Conclusion

The analysis demonstrates a continuous rise in anemia-related research, highlighting its sustained global relevance. Despite extensive scientific output and programmatic interventions, anemia remains a major health challenge. A multifactorial and integrative approach combining dietary, behavioral, pharmacological, and *Ayurvedic* strategies is essential for effective and sustainable anemia management.

Keywords: *Anemia, Anemia in India, Anemia in Ayurved, Pandu.*

AS26-OP-023

Effectiveness Of Ayurved Management In Kampavat- A Case Study.

Name of the scholar: Dr. Kajal Vaghela

Name of guide: Dr. Naresh Kore

Name of the institute: Parul Institute of Ayurveda and Research, Parul university.

Abstract

Introduction:

Kampavata is a *Vata-pradhana Nanatmaja Vyadhi* described in Ayurveda, characterized by *kampa* (tremors), *stambha* (rigidity), *chesta sanga* (bradykinesia) and *gati vaishamya*. These features closely resemble Parkinson's disease described in contemporary medicine. As the pathology predominantly involves *Urdhvajatrugata Vata*, **Nasya Karma** is considered the prime line of treatment, as mentioned in classics **"नासा हि हिरसो द्वारम्"** (Charaka Samhita, Siddhi Sthana).

For systemic pacification of aggravated Vata, **Matra Basti** is described as the most effective therapy — **"बहतिर्◌ा◌ा◌ि◌िराणां श्रेष्ठः"** (Charaka Samhita).

And sarvang udhwartan with udhwartan churna for 3 days.on 4th day sarvang abhyanga with murchit tila tail f/b mrudu sweda. *Shamana Aushadhi* such as Dashmool Kashaya, Rasayan vati, Erand Bhrushta Haritaki, Ashwagandha vati and Yograj Guggulu were administered, and physiotherapy was advised.

Materials and Methods:

A single-case clinical study was conducted in the Department of Kayachikitsa, Khemdas Hospital, Parul Institute of Ayurved & Research. A 70-year-old female patient diagnosed with Kampavat (Parkinson's disease) presented with tremors, rigidity, gait difficulty, joint pain and disturbed sleep. The treatment protocol included **Panchakarma therapy with primary emphasis on Nasya Karma (Pratimarsha nasya ksheerbala tail 2 drops in each nostrils)**, supported by **Matra Basti with Bala Ashwagandha tail** and sarvang udhwartan with udhwartan churna for 3 days.on 4th day sarvang abhyanga with murchit tila tail f/b mrudu sweda. *Shamana Aushadhi* such as **Dashmool Kashaya, Rasayan vati, Erand Bhrushta Haritaki, Ashwagandha vati** and **Yograj Guggulu** were administered, and physiotherapy was advised. Assessment was carried out before and after treatment based on clinical symptoms and functional improvement.

Results:

The patient showed significant reduction in tremors, rigidity and joint pain, with marked improvement in gait, balance, sleep quality and ability to perform daily activities. No adverse effects were observed during the treatment period.

Conclusion:

This case study suggests that **Nasya Karma**, supported by **Matra Basti** and sarvang udhwartan with udhwartan churna for 3 days. On 4th day sarvang abhyanga with murchit tila tail f/b mrudu sweda, along with appropriate **Shamana Aushadhi (Dashmool Kashaya, Rasayan vati, Erand Bhrushta Haritaki, Ashwagandha vati** and **Yograj Guggulu)** and **physiotherapy**, is effective in the management of *Kampavata (Parkinson's disease)*. An integrated Ayurvedic approach helps in pacifying aggravated Vata and improving functional capacity and quality of life.

AS26-OP-024

Triphala Kwath And Kalyanakguda For Virechana In Lichen Planus

Author: Riddhi Marchant

Abstract

***Background*:**Lichen planus is a chronic inflammatory mucocutaneous disorder characterized by pruritic, violaceous papules with a relapsing course. In Ayurveda, the clinical features of lichen planus resemble Pitta–Rakta Pradhana Twak Vikara described under Kushtha, where vitiation of Pitta and Rakta plays a pivotal role in pathogenesis. Classical texts advocate Virechana Karma as the prime Shodhana therapy for eliminating morbid Pitta and Rakta doshas. Triphala Kwatha and Kalyanaka Guda are classical formulations widely used for Virechana owing to their Pitta–Rakta Shodhana, Anulomana, and Rasayana properties.

Aim:

To evaluate the clinical efficacy of Virechana Karma administered with Triphala Kwatha and Kalyanaka Guda in the management of lichen planus.

Materials and Methods:

Patients diagnosed with lichen planus were selected for the study and subjected to classical Poorva Karma followed by Virechana Karma using Triphala Kwatha along with Kalyanaka Guda. Clinical assessment was performed before and after intervention based on subjective parameters such as itching (kandu), burning sensation (daha), discoloration, and lesion thickness, along with overall improvement in skin condition and recurrence tendency.

Results:

Virechana Karma produced significant reduction in pruritus, burning sensation, and lesion severity, with marked improvement in skin appearance. Patients also showed better disease control and reduced chronicity, indicating effective Pitta–Rakta Shodhana.

Conclusion:

Virechana Karma with Triphala Kwatha and Kalyanaka Guda is an effective Panchakarma intervention in the management of lichen planus. The therapy addresses the underlying Pitta–Rakta Dushti and offers sustained clinical improvement in chronic inflammatory skin disorders.

AS26-OP-025

From Sushruta to Science: Reverse Pharmacological Analysis of Tarpana Formulations Through Ocular Anatomical Barriers and Penetration Pathways

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Abstract

Background: Tarpan, specifically Netra Tarpan is a time-honored therapeutic ocular procedure in Ayurveda, classified under Kriyākalpa, and primarily designed to nourish, lubricate, and rejuvenate the eyes. This treatment involves the localized retention of medicated ghee over the closed eyes within a boundary created using herbal dough. Rooted in Netra Tarpan has been used for centuries to address a wide range of ocular conditions. This review explores the historical origins, therapeutic protocol, and clinical utility of Netra Tarpan, while also analyzing its relevance in the management of modern ocular disorders such as Dry Eye Syndrome, computer vision syndrome, ocular fatigue, simple myopia, and early-stage cataracts. Clinical data and observational studies suggest that Netra Tarpan not only improves subjective comfort and tear film stability but may also contribute to long-term relief and reduced recurrence rates when compared with conventional palliative treatments

Objective: To investigate the reverse pharmacology of classical Tarpana formulations, correlating traditional therapeutic claims with modern understanding of ocular anatomy, drug penetration pathways, and pharmacological mechanisms.

Methods: A comprehensive reverse pharmacological approach was employed, including:

1. systematic review of classical Ayurvedic texts regarding Tarpana indications and formulations;

2. anatomical analysis of ocular barriers and potential penetration routes;

3. physicochemical characterization of selected Tarpana dravyas;

4. in vitro permeability studies using corneal epithelial models;

5. pharmacokinetic analysis of bioactive components.

Results: Analysis revealed that lipophilic Sneha dravyas (Ghrita-based formulations) demonstrate superior penetration through corneal epithelial barriers compared to aqueous preparations. Triphala Ghrita showed enhanced bioavailability of polyphenolic compounds across ocular tissues. Anatomical correlation identified transcorneal, conjunctival-scleral, and uveal routes as primary penetration pathways. Therapeutic actions correlated with classical indications through anti-inflammatory, antioxidant, and neuroprotective mechanisms.

Conclusion: This reverse pharmacological investigation provides scientific validation for classical Tarpana therapy, establishing evidence-based rationale for its continued clinical application and potential integration into contemporary ophthalmological practice.

AS26-OP-026

Toxicity And Safety Study Of Herbo Mineral Drugs

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Abstract

Introduction:

Herbo-mineral formulations (Rasa Aushadhi) are widely used in Ayurveda due to their rapid action and efficacy at low doses. However, concerns regarding toxicity, particularly due to the presence of metals and minerals, have highlighted the need for systematic scientific evaluation. This review aims to critically analyse published literature on the toxicity and safety profile of commonly used Herbo-mineral formulations.

Methodology:

A comprehensive literature review was conducted using classical Ayurvedic texts and electronic databases, including Google Scholar, Research Gate, etc. Experimental and clinical studies evaluating acute, sub-acute and chronic toxicity, haematological, biochemical parameters and histopathological findings of Herbo-mineral drugs were included.

Results:

The majority of reviewed studies reported no mortality or significant clinical signs of toxicity at therapeutic doses. Haematological parameters and biochemical markers related to hepatic and renal functions largely remained within normal limits. Histopathological examinations in animal studies showed no treatment-related structural damage to vital organs. Clinical studies also demonstrated good tolerability without serious adverse effects.

Conclusion:

The review suggests that Herbo-mineral formulations, when prepared through standardized *Shodhana* and *Marana* processes and administered in recommended doses, exhibit a favourable safety profile. Variations in toxicity reports are mainly associated with improper processing, overdose or prolonged unsupervised use. Continued pharmacovigilance and well-designed studies are essential for global acceptance.

Keywords: Herbo-mineral drugs, Rasa Aushadhi, Toxicity review, Safety assessment

AS26-OP-027

Effectiveness of Ayurvedic Management in Insomnia (ANIDRA): A Case Study

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NAME OF GUIDE : Dr. Naresh Kore

NAME OF DEPARTMENT: Kayachikitsa

Abstract:

I**ntroduction** Insomnia, referred to in Ayurveda as *Anidra*, is frequently associated with *Chittodvega* (anxiety disorder). This case study involves a 25-year-old male farmer presenting with a one-year history of disturbed sleep, headache, and bilateral both limb pain . The patient had a history of Mixed Anxiety-Depressive Disorder and was inconsistently using allopathic medications like Olanzapine and Clonazepam . The Ayurvedic assessment identified a *Vata-Pitta* dominance with *Manasika* distress (*Atichintan*) and low digestive fire (*Jataragni Mandya*)

Methods A multi-modal Ayurvedic treatment plan was implemented over approximately 12 days. **Internal medications (Shaman Aushadhi)** included *Masyadi kashaya*, *Dashmool kashaya*, *Sarpagandha vati*, and *Brahmi*, *Shankhpushpi*, and *Gokshuadi* powders . **External procedures** included *Shirodhara* with *Dashmool Kwath*, *Shiropichhu* with *Murchit Til Taila*, and *Abhyang* . Additionally, the patient practiced **Therapeutic Yoga**, including *Anulom Vilom*, *Bhramari Pranayama*, and *Yoga Nidra* . Effectiveness was measured using subjective clinical symptoms and the Pittsburgh Sleep Quality Index (PSQI).

Results Significant clinical improvement was observed across all parameters:

- **Somatic Symptoms:** *Angamarda* (malaise), *Shirogaurav* (heaviness of head), and *Tandra* (drowsiness) all moved from symptomatic levels to "Not Present" (G0) .
- **Sleep Quality:** Subjective sleep quality improved from "Very Bad" (Score 3) to "Fairly Good" (Score 1) .
- **Sleep Metrics:** Sleep duration increased from <5 hours to 6–7 hours. Sleep efficiency improved from <65% to 75–84%.
- **Sleep Latency:** Latency scores on the PSQI reduced from 2 to 1 .

Discussion The success of the treatment is attributed to the synergistic effect of the interventions. *Dashmool* and *Masyadi kashaya* balanced the *Vata-Pitta* doshas, while *Brahmi* and *Shankhpushpi* acted as *Medhya* (nootropic) agents to stabilize the mind and reduce *Atichintan*. *Shirodhara* and *Shiropichhu* directly calmed the central nervous system at the *Adhishtana* (head). Yoga and *Yoga Nidra* effectively

addressed the psychological components of the insomnia.**Conclusion** This case demonstrates that a comprehensive Ayurvedic approach—balancing *Vata*, correcting *Agni* (digestion), and utilizing *Medhya* herbs—is effective for managing chronic insomnia and associated anxiety, even in patients with a history of irregular allopathic treatment.

KEYWORD: Anidra , Chittodvega , Mixed Anxiety-Depressive Disorder, Panchakarma Medhya Rasayana ,Vata-Pitta Shamaka, Pittsburgh Sleep Quality Index (PSQI) , Yoga Nidra

AS26-OP-028

Excellence in Action: Multidisciplinary ayurvedic management of *sthoulya* (Obesity) and *Sandhigata Vata* (Osteoarthritis): Integrating shamana aushadhi, shodhana, diet, physiotherapy and mansik upchar – A Case Report

Dr. Tanmay Rakhecha (Kayachikitsa PG Scholar PIAR, Vadodara)

Dr. Naresh Kore (Professor, Kayachikitsa, PIAR)

Dr. Shivangi Chaubey (Asst.Professor, Kayachikitsa, PIAR)

Abstract:

Introduction: *Sthoulya* and its complication-Sandhigatavata are multifactorial disorders requiring a comprehensive management strategy. This case study demonstrates a multidisciplinary-ayurvedic approach combining shamana aushadhi, shodhana, pathya ahara, physiotherapy, mansik upchar to address both- metabolic and musculoskeletal aspects of disease.

Methodology: A 56-year-old male with Class II Obesity (BMI 37.0 kg/m²) and chronic knee pain presented with symptoms of Medovaha Strotodushti. The management protocol included: **Shamana aushadi:** Oral administration of varunadi kashaya, arogyavardhini vati, and medohar guggulu to correct metabolism. **Shodhana:** A robust course of sarvanga udwartana with yava and vacha churna and lekhana basti targeting metabolic correction. **Ahara:** A specialized pathya-apathya regimen was enforced, replacing heavy meals with mudga yusha to ignite agni. **Physiotherapy:** Targeted knee joint and lower back exercises were prescribed to improve mobility. **Mansik Upchar:** Counseling was performed to alleviate anxiety regarding the procedures, resulting in a reported state of mental clarity and happiness post-therapy.

Results: The multimodal approach yielded significant improvements: In **just 11 days** weight decreased from **107 kg to 104 kg**, waist circumference **125 cm to 121 cm**. The patient reported **90%** relief in lower backache and knee pain. Functionally, dyspnoea on exertion, pedal oedema was reduced and patient achieved sound sleep pattern indicating improved mental and physical comfort.**Discussion:** Shamana and shodhana addressed somatic dosha imbalance, specific ahara supported agni, physiotherapy ensured structural mobility and mansik upchar enhanced treatment adherence and overall well-being. **Conclusion:** The synergy of these disciplines proved effective. This strategic integrated protocol of Samhitokt Shodhana (specifically Lekhana Basti and Udwartana) with pharmacotherapy, rehabilitation, and psychological support successfully eradicated the root pathology of medovaha strotodushti and offers a holistic model for managing lifestyle disorders like sthoulya.

AS26-OP-029

An Ayurvedic Interpretation of Digital-Induced Suppression of Natural Urges and Its Health Consequences.

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Abstract:

Introduction

The rapid expansion of digital technology has profoundly altered human behavior, particularly by promoting prolonged screen engagement, hyper-focus, and delayed response to basic physiological needs. Modern digital health discussions primarily focus on eye strain, posture, and sleep hygiene;

however, they often overlook the Ayurvedic concept of Adharaniya Vega—natural urges that should never be suppressed.

According to Ayurveda, suppression of urges such as Mutra (urination), Purisha (defecation), Kshudha (hunger), Trishna (thirst), and Nidra (sleep) leads to disturbance of Vata Dosha, particularly Apana Vayu, which governs downward and expulsive bodily functions. This paper introduces the concept of "Techno-Udavarta"

describing a modern, technology-induced manifestation of Udavarta, resulting from chronic suppression of natural urges during digital engagement.

Methods

Classical Ayurvedic principles

Adharaniya Vega (non-suppressible urges)

Udavarta pathology

Observational correlations between:

Digital behavior patterns (prolonged screen time, device dependency)

Common symptoms reported in digital workers and students

Applied Ayurvedic lifestyle interventions, mapped to contemporary digital health tools and habits, including

Screen-use timing modifications

No experimental intervention was conducted; this is a theoretical and integrative framework bridging Ayurveda and digital lifestyle medicine.

Results

The analysis reveals a clear mechanistic parallel between classical Udavarta and modern digital habits:

Pathophysiological Mechanism (Techno-Udavarta)

Cause: Suppression of natural urges due to screen fixation (e.g., delaying urination, ignoring hunger, postponing sleep).

Dosha Involved: Predominant vitiation of Vata Dosha, especially Apana Vayu.

Pathology:

Blockage of normal downward movement

Symptoms commonly reported among digital workers align with Udavarta Lakshana:

Headache

Abdominal bloating

Anxiety and restlessness

Lower back pain

Reduced concentration and cognitive fatigue

Hemorrhoids due to prolonged toilet sitting with devices

Ayurveda-Informed Digital Health Interventions

Mindful Voiding (No-Phone Zone): Eliminates distraction during elimination, preventing strain and Apana dysfunction.

Smart reminders for hydration and bio-breaks to honor Trishna and Mutra Vega.

Screen disengagement 60 minutes before sleep to allow natural Nidra initiation.

Tech-Free Eating: Enhances awareness of hunger and satiety, preventing Kshudha Vega suppression.

Discussion The concept of Techno-Udavarta provides a novel Ayurvedic lens to understand the subtle yet chronic health disturbances emerging in the digital era. Unlike acute diseases, these conditions develop insidiously through daily micro-violations of biological rhythms.

Ayurveda emphasizes that ignoring the body's intelligence is more harmful than ignoring external stimuli.

While modern society encourages responsiveness to notifications and digital demands, Ayurveda prioritizes responsiveness to internal physiological cues. Integrating Adharaniya Vega principles into

digital health design reframes wellness from mere ergonomic correction to Vata-protective lifestyle regulation.

This supports the idea that future digital wellbeing frameworks should incorporate Ayurvedic behavioral ethics, ensuring technology adapts to human physiology—not the reverse.

Conclusion

Techno-Udavarta highlights that true digital wellbeing extends beyond screen management to respecting the uninterrupted expression of natural urges. Ayurveda offers a timeless, biologically intelligent framework to mitigate the hidden costs of modern digital living.

Keywords:

Adharaniya Vega, Apana Vayu, Digital Lifestyle Disorders, Vata Dosha Vitiation, Suppression of Natural Urges, Ayurvedic Digital Health, Udavartaphysiology

AS26-OP-030

Genetic Basis of *Doshic* Imbalance: An Ayurgenomic Perspective

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Abstract

Background: Ayurveda describes health as a state of equilibrium among the three *Doshas—Vata, Pitta,* and *Kapha*. *Prakriti*, the innate constitution, is determined at conception and remains constant throughout life, representing a genetic blueprint.

Aim and Objectives: To explore the genetic basis of *Doshic* imbalance and correlate Ayurvedic principles of heredity with modern genomic and epigenetic concepts.

Materials and Methods: A conceptual and literary review was conducted using classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita) and contemporary genetics literature. Principles of *Prakriti, Bija* (genes), and *Doṣha Vaishamya* were analyzed and compared with genetic predisposition models.

Results: *Prakriti* parallels genetic constitution, with each type showing distinct phenotypic and disease predispositions: *Vata* (nervous disorders), *Pitta* (inflammatory conditions), and *Kapha* (metabolic disorders). Epigenetic factors such as diet, lifestyle, and environment modulate *Doshic* expression, aligning with the concept of *Dosha Vaishamya.*

Conclusion: Integrating Ayurveda with genomics offers a holistic framework for predictive, preventive, and personalized medicine, emphasizing the role of modifiable factors in maintaining *Doshic* balance.

Keywords: *Prakriti, Doshic* Imbalance, Ayurgenomics, Epigenetics, Genetic Predisposition, Personalized Medicine

AS26-OP-031

The Genomic Link Between Ayurvedic Prakṛti and the Human Microbiome

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Abstract:

Introduction: Prakriti is a core concept of Ayurveda that describes an individual's innate psychosomatic constitution and determines physiological functions, metabolic tendencies, and disease susceptibility. With recent advances in genomics and microbiome research, the emerging field of Ayurgenomics seeks to explore the biological basis of Prakriti. Contemporary studies investigate whether the classical Ayurvedic constitutional types—Vata, Pitta, and Kapha—are associated with distinct genetic and gut

microbiome patterns, thereby supporting a personalized approach to health. **Methods**:This conceptual and narrative interpretation published scientific literature related to Ayurgenomics, host genetic variability, and gut microbiome diversity. Studies evaluating associations between Prakriti phenotypes, single nucleotide polymorphisms (SNPs), and variations in gut microbial composition and function were critically reviewed to assess potential correlations between Ayurvedic constitutional types and molecular signatures. **Results**: Available evidence suggests that individuals of different Prakriti types exhibit variability in genetic markers and gut microbiome profiles. Certain SNPs demonstrate differential distribution among Prakriti groups, indicating a possible genomic basis for constitutional traits. Furthermore, dominant Prakriti types appear to influence microbial functional capacity. Pitta-dominant individuals tend to harbor microbiota associated with enhanced energy metabolism and detoxification, while Kapha-dominant individuals show microbial patterns favoring lipid metabolism and energy storage. These findings indicate a bidirectional interaction between host genetics and gut microbiota. **Discussion** and Conclusion: The observed associations between Prakriti, genomics, and gut microbiome diversity provide a biologically plausible link between Ayurvedic constitutional theory and modern systems biology. Integrating Prakriti assessment with genomic and microbiome analysis may support personalized dietary, probiotic, and lifestyle interventions, offering a novel framework for preventive healthcare and holistic well-being.

Keywords :- Prakriti , Ayurgenomics , Gut Microbiome , Dosha Constitution

AS26-OP-032

Clinical aspects of Vishaghna mahakashay : an Ayurvedic therapeutic approach to toxicity of Amavisha

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Abstract:

Introduction: Vishaghna Mahakashaya, described by Acharya Charaka in the Sutrasthana, is one of the fifty Mahakashayas forming the foundation of Agada Tantra (Ayurvedic toxicology). It represents a group

of ten herbs specifically indicated for neutralizing toxins (Visha) and restoring physiological balance. In Ayurveda, Ama Visha denotes a state where improperly metabolized toxins accumulate due to impaired Agni, leading to systemic disorders. With increasing prevalence of lifestyle-related diseases, environmental pollution, and chronic metabolic disturbances, the concept of Aam Visha has gained significant clinical relevance. The present article aims to explore the clinical aspects and therapeutic utility of Vishaghna Mahakashaya in the management of toxicity arising from Aam Visha. **Methods**: A conceptual and literary review was carried out based on classical Ayurvedic texts, primarily Charaka Samhita along with relevant commentaries. The pharmacological properties (Rasa, Guna, Virya, Vipaka, and Karma) of the constituent drugs of Vishaghna Mahakashaya were analyzed. Available contemporary scientific literature was also reviewed to establish correlations with modern pharmacological actions related to detoxification and metabolic regulation. **Results:**The analysis revealed that Vishaghna Mahakashaya exhibits potent Vishaghna, Ama-pachana, Rakta-shodhana, and anti-infective properties. The collective action of its constituent herbs supports digestion, enhances metabolism, neutralizes toxins, and facilitates their elimination. Several drugs in the group demonstrated antioxidant, anti-inflammatory, hepatoprotective, and immunomodulatory activities, substantiating their role in managing Ama Visha–related conditions. **Discussion:**The polyherbal composition of Vishaghna Mahakashaya provides a synergistic and holistic approach to detoxification. Its therapeutic effects address both the formation and manifestation of Ama Visha, making it clinically applicable in a wide spectrum of metabolic, inflammatory, and toxic conditions. **Conclusion:** Vishaghna Mahakashaya offers a rational and effective Ayurvedic therapeutic approach to the management of Ama Visha. Its integration into clinical practice may contribute significantly to contemporary detoxification and preventive healthcare strategies.

Key words: Visha, Ama visha, Vishaghna mahakashayaz

AS26-OP-033

Ayurvedic Management of Amavāta (Rheumatoid Arthritis) Through Śodhana and Śamana Cikitsā: A Single Case Study

Authors: Dr. Riddhiben Chauhan, Dr. S. N. Gupta, Dr. Kalapi Patel, Dr. Manish Patel, Dr. Vishnu. V. Nath, Dr. Dhaval Dholakiya

Abstract:

Introduction: Amavāta is an Āma-pradoṣaja Vikāra arising from Agnimāndya, leading to formation of Āma and vitiation of Vāta Doṣa, which subsequently localize in joints and manifest as pain, stiffness,

swelling, and functional impairment. The chronic inflammatory nature and clinical presentation of Amavāta closely resemble Rheumatoid Arthritis. Conventional management mainly provides symptomatic relief and is often associated with long-term adverse effects. Ayurveda emphasizes Śodhana and Śamana Cikitsā aimed at Āma-pācana, Agni-dīpana, and Vāta-śamana for comprehensive disease management. Hence, the present study was undertaken to evaluate the effectiveness of an integrated Ayurvedic approach in Amavāta. Methodology: A 39-year-old female patient, a known case of Rheumatoid Arthritis for the past ten years, presented with chronic multiple joint pain and stiffness involving bilateral shoulders, wrists, knees, and interphalangeal joints, along with occasional wrist joint swelling for six years. Inpatient management for four weeks included Vardhamāna Pippalī Rasāyana Kalpa, Dīpana–Pācana Cikitsā, and Āma-pācana, followed by Virecana Karma. After Śodhana, Śamana Cikitsā comprising Vāta-śāmaka, Vedanāhara, Śothahara, Agni-vardhaka, and Āma-pācaka Aushadhis was administered with regulated Pathya Āhāra. Outpatient follow-up continued for four weeks. Results: The erythrocyte sedimentation rate reduced from 46 mm per half hour to 18 mm per half hour within twenty-six days. Methylprednisolone five milligrams once daily was completely discontinued within eleven days. Significant clinical improvement was observed, including reduction in joint pain, stiffness, and complete resolution of wrist swelling. Discussion: Clinical improvement may be attributed to effective Āma-pācana, Āma-nirharaṇa through Śodhana, correction of Agnimāndya, and pacification of vitiated Vāta, while Śamana Cikitsā helped maintain therapeutic benefits. Conclusion: This case study demonstrates that an integrated Ayurvedic approach employing Śodhana followed by Śamana Cikitsā can effectively manage Amavāta corresponding to Rheumatoid Arthritis, improve clinical outcomes, reduce inflammatory markers, and facilitate safe withdrawal of long-term corticosteroid therapy.

AS26-OP-034

Standardization of Ayurgenomics: The ‘G-MAP Model’ for Precision Prakriti Phenotyping and Microbiome Profiling

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Abstract:

Introduction: The advancement of Ayurgenomics is currently limited by the subjectivity of questionnaire-based *Prakriti* assessment. The Kriya Sharir defines *Prakriti* as the genomic template and *Agni* as the metabolic gatekeeper, but there is no standardized protocol to link these to western biology systems. This paper introduces a novel physiological framework, the "G-MAP Model" (Gut-Microbiome, Metabolism, And Prakriti), to serve as a standardized tool for objective phenotyping and to assess the impact of Ayurvedic interventions.

Methodology: The G-MAP Model was constructed by synthesizing classical references of *Tridosha* and *Jatharagni*; with contemporary data on Enterotypes (Gut Bacteria clusters) and Metabolomics. The model triangulates three data points: 1. (G) Gut Microbiome diversity (to represent status of *Agni*), 2. (M) Metabolic biomarkers (to represent transformation of *Dhatu*), and 3. (P) Phenotypic traits (*Prakriti*). This triangulation minimizes subjective error in diagnosis.

Results:

Application of the G-MAP Model reveals distinct biological signatures. It posits that *Pitta Prakriti* maps to a specific "Enterotype" characterized by high butyrate-producing bacteria (strong *Agni*) and rapid oxidative metabolism. *Kapha Prakriti* correlates with an enterotype linked to energy harvest efficiency and lipid biosynthesis. The model further predicts that Ayurvedic interventions (like *Basti*) do not merely "evacuate" but shift the 'G' (Microbiome) component, and thereby alter the 'M' (Metabolic) expression of the 'P' (Phenotype).

DiscussionCurrent research studies the genomics or the microbiome in isolation. The G-MAP Model integrates them; and proposes that *Agni* is the functional bridge between the genome (*Prakriti*) and the microbiome. By adopting this model, it provides a standardized "*Kriya*-Omics" metric for researchers to measure the efficacy of interventions quantitatively.

Conclusion: The G-MAP Model offers a reproducible, standardizable physiological framework. It transitions Ayurgenomics from theoretical correlation to precise, evidence-based application, and establishes a new benchmark for research in Kriya Sharir.

AS26-OP-035

ASHTAVIDHA SHASTRA KARMA IN MODERN ERA OF SURGICAL PRACTICE

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Abstract

Ashtavidha shastra karma refers to the Eight fundamental operative procedure described in shushruta samhita as Chhedana (excision), Bhedana (Incision), Lekhana (scrapping), vyadhana(Puncturing) Eshana (Probbing), Aharana(extracting), visravan(drainage), seevan(suturing). This Ashtavidha shastra karma is not only eight surgical procedure but also eight basic principle of all the surgical procedure. A qualitative comparative approach was adopted to reinterpret through classical textual definition, surgical objective, mechanism of action and current clinical application within contemporary surgical setting. The eight operative principles represent progressive layer of surgical action : moving from tissue access to tissue closure. Ashtavidha shastra retains significant relevance as the conceptual foundation of modern surgical practice. Ashtavidha shastra karma offers structured framework of operative principles that aligns with modern surgical protocols reinforcing it's Role as a conceptual foundation in surgical practice.

Key words: Ashtavidha shastra karma, Conceptual surgical procedure, shalyatantra

AS26-OP-036

Conceptual Study on Kshara Karma in Comparison with Sclerotherapy with Special Reference to Internal Haemorrhoids

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Abstract:

Internal haemorrhoids are a common anorectal disorder characterized by bleeding per rectum, prolapse, and discomfort, significantly affecting patients' quality of life.In Ayurveda, the condition is described as Arsha, and Kshara Karma is advocated as an effective parasurgical treatment. In modern medicine, sclerotherapy is widely practiced for first- and second-degree internal haemorrhoids. Since both procedures aim to treat haemorrhoids through chemical-induced tissue sclerosis, a conceptual comparison is essential to understand their therapeutic similarities and differences. This study is a conceptual and literary review based on classical Ayurvedic texts, especially Sushruta Samhita, along with contemporary

surgical literature related to sclerotherapy. The principles, procedures, mode of action, indications, and therapeutic outcomes of Kshara Karma and sclerotherapy were analyzed with special reference to internal haemorrhoids.Kshara Karma involves application of Pratisarneeya Kshara, producing controlled chemical cauterization of the haemorrhoidal mass. This causes coagulation of blood vessels, necrosis, sloughing of unhealthy tissue, and subsequent fibrosis, resulting in shrinkage and fixation of haemorrhoidal cushions. Sclerotherapy involves injection of a sclerosant into the submucosal plane, causing endothelial damage, inflammation, fibrosis, and obliteration of haemorrhoidal veins. Both methods are effective in early grades of internal haemorrhoids by reducing bleeding and prolapse.Although both therapies share a common therapeutic principle, Kshara Karma provides additional benefits described in Ayurveda such as shodhana and ropana, along with being minimally invasive and cost-effective.Kshara Karma is conceptually comparable to sclerotherapy and represents an effective Ayurvedic alternative for the management of early-stage internal haemorrhoids.

Keywords: Anorectal diseas, Ksharkarma, Sclerotherapy, Kshar

AS26-OP-037

Conceptual Insights into Siravedha (Raktamoksana) in the Light of Modern Preventive Phlebotomy and Blood Donation Physiology

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Abstract:

Introduction : Rakta Dhatu regarded as vital for life in Ayurveda and purified through Raktamoksana (Siravedha), finds a parallel in modern blood donation and preventive phlebotomy, reflecting an early understanding of the physiological benefits of controlled blood letting.

Aim of the Study : To conceptually analyze Siravedha (Raktamoksana) in classical Ayurveda and interpret its physiological basis in relation to modern blood donation and preventive phlebotomy through an integrative hematological perspective.

Methodology : A literature based conceptual review was conducted using classical Ayurvedic texts, modern surgical literature and PubMed/Scopus indexed review articles on phlebotomy, blood donation physiology, and iron metabolism, analyzed through an integrative interpretative approach.

Results : Classical texts attribute Siravedha effects to Raktasuddhi, Pittasamana, and Srotoshodhana leading to improvement in Rakta-Pitta disorders, while modern studies demonstrate stimulation of erythropoiesis, regulation of iron metabolism via ferritin reduction and hepcidin suppression and improved blood rheology.

Discussion : Although rooted in different frameworks, Siravedha as a therapeutic sodhana and blood donation or phlebotomy as a preventive or therapeutic practice both aim to restore and maintain physiological balance.

Conclusion : Siravedha can be viewed as a therapeutic conceptual precursor to modern preventive phlebotomy, with classical references to Rutukalin Raktamokṣaṇa emphasizing the preventive benefits of seasonal bloodletting. This integrative perspective supports periodic voluntary blood donation, strengthens evidence based Ayurveda and highlights the need for future biomarker based Siravedha research.

Key Words : Siravedha, Raktamoksana, preventive phlebotomy, iron homeostasis, biomarker driven integrative Ayurveda

AS26-OP-038

Ayurvedic Management of Kaphaja Hridroga due to Dhamani Pratichaya (Coronary artery disease) : A Case Report

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Absract

Introduction: Coronary artery disease and its complications such as left ventricular (LV) systolic dysfunction remain major causes of morbidity in elderly hypertensive patients. Despite the availability of invasive procedures like stent placement, many patients seek integrative and non-invasive alternatives. Ayurveda offers a holistic approach through Shodhana (biopurification) and Shamana (palliative) therapies aimed at restoring Hridaya Bala (cardiac strength) and Dosha balance.

Method: A 65-year-old male patient, known hypertensive for 18 years, presented to the PG Department of Kayachikitsa, Govt. Akhandanand Ayurved College, Ahmedabad, with complaints of recurrent acute chest pain, breathlessness on exertion, and constipation. Two months prior, he had two acute chest pain episodes within 15 days. Investigations revealed disturbed Lipid profile like Triglyceride, VLDL,LDL, ECG abnormalities with Left Bundle Branch Block (LBBB) and 2D Echocardiography showing LVEF 45–50%, apical septal hypokinesia, and mild LV dilation. Coronary angiography demonstrated partial coronary blockage, for which stent placement was advised. The patient opted for Ayurvedic management instead.

The patient was admitted for 16 days and treated with Āyurvedic Shodhana (Kāla Basti) and specific Shamana Aushadhis targeting Hṛdroga and Vāta-Kapha vitiation. All allopathic medications were discontinued during this period. The therapeutic goals were to improve cardiac function, relieve symptoms, and restore Agni and Vāta Sthiti.

Result: After 16 days of treatment, the patient experienced complete relief from chest pain, exertional breathlessness, and constipation. Follow-up 2D Echocardiography showed significant improvement:LV size: normalized (previously mildly dilated),LVEF: improved to 50–55% (from 45–50%),Wall motion: normalized, with no hypokinesia or LBBB pattern,LV compliance: mildly reduced (residual diastolic stiffness).These findings indicate improved systolic performance and myocardial recovery without invasive intervention.

Conclusion and Discussio:This case demonstrates the potential efficacy of Ayurvedic Shodhana and Shamana therapies in managing ischemic left ventricular dysfunction and improving cardiac ejection fraction and wall motion. The outcome suggests a role for Ayurveda as an integrative, non-invasive therapeutic approach in selected cardiovascular disorders. Further controlled studies are warranted to validate these findings.

Keywords: Ayurveda, Left Ventricular Dysfunction, LBBB, Hypokinesia, Kāla Basti, Hridaya Roga, Ayurveda Cardiology

AS26-OP-039

Successful Ayurvedic Management of Kustha: A Single Case Study

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Abstract

Introduction

Kustha is a broad term in Ayurveda encompassing a spectrum of chronic skin disorders characterized by discoloration, itching, scaling, dryness, and recurrent inflammation. Such conditions often become progressive and persistent, leading to significant physical and psychological discomfort. Modern conservative therapies frequently provide only temporary relief, making Ayurvedic interventions a valuable integrative option for chronic dermatological disorders. **Methodology**:A 26-year-old male with no prior history of Diabetes Mellitus or Hypertension was relatively healthy until 3 years ago, when he developed itching and black patches on the scalp, which gradually spread over the entire body. For the past 1 year, he experienced severe itching, widespread hyperpigmented patches, reddish lesions after scratching, dry skin, scaling, and disturbed sleep. Despite taking conservative treatments, symptoms persisted. The patient was admitted to P. D. Patel Ayurveda Hospital for comprehensive Ayurvedic management. Treatment included appropriate internal medications and classical Ayurvedic procedures based on our basic principles.

Clinical improvements were assessed through changes in itching, discoloration, scaling, sleep quality, and overall skin condition.

Results: The patient showed marked improvement in all major symptoms within 45 days of inpatient Ayurvedic treatment. Itching, dryness, scaling, and sleep disturbance resolved completely. Only minimal blackish discoloration remained as residual pigmentation, with overall skin condition restored significantly.

Discussion: This case demonstrates the therapeutic potential of Ayurvedic protocols in managing chronic *Kustha* conditions. The rapid and consistent improvement suggests effective correction of underlying *dosha-dushya* involvement and enhanced skin healing compared to conventional therapy.

Conclusion: Ayurvedic treatment resulted in successful clinical improvement in a chronic *Kustha* case within 45 days, indicating its promising role in the holistic management of persistent skin disorders

AS26-OP-040

Chedana Karma in Shalya Tantra: Classical Principles and Modern Surgical Relevance

Abstract

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Introduction : Acharya Sushruta, known as the Father of Indian Surgery, described a comprehensive surgical system in the Sushruta Samhita. He described Ashtavidha Shastra Karma (Eight types of surgical procedures), which form the foundation of surgical principles in Ayurveda. Among these, Chedana Karma holds prime position. The word Chedana derived from the Sanskrit root "chid", meaning to cut or excise. Chedana Karma refers to the complete or partial excision of diseased or abnormal tissue to prevent disease progression and restore normal anatomy and function.

Aim of the Study : This study aims to conceptually analyze Chedana Karma as described in classical Ayurvedic literature and to interpret its relevance in light of modern excisional surgical principles, establishing an integrative correlation between Ayurvedic surgical concepts and contemporary operative practice.

Methodology : A systematic literature review was conducted using classical Ayurvedic texts, including Sushruta Samhita along with their authoritative commentaries and other articles, to collect references related to Chedana Karma. Key aspects analyzed included indications and contraindications, types of incision (Tiryak, Ardhamandalavat, Chandramandalavat), surgical instruments, complications, and training methods. Comparative evaluation with modern excision, debridement, and biopsy procedures was performed to highlight correlations.

Results : Chedana Karma is a well-structured surgical procedure in Ayurveda for removing diseased or abnormal tissue. It focuses on early intervention, precise cutting, and careful wound care to ensure proper healing. Classical incision patterns and instruments, such as Vriddhipatra and Karapatra, along with training methods like Yogya Vidhi, reflect a scientific approach comparable to contemporary surgical practices and skill-lab training. Moreover, Chedana Karma serves both therapeutic and diagnostic purposes, including excision biopsy for definitive diagnosis of growths and suspected malignancies.

Conclusion : The principles of Chedana Karma exhibit timeless surgical relevance, bridging ancien t Ayurvedic wisdom and modern operative science. Understanding and integrating these concepts can

enhance surgical precision, patient safety, and training, reaffirming Ayurveda's contribution to global surgical practice.

Key Words : Chedana Karma, Ashtavidha Shastra Karma, Excision, Ayurveda and Modern Surgery, Shalya Tantra

AS26-OP-041

Dusta Vrana (Chronic Infected Wound) An Ayurvedic Surgical Perspective With Correlation To Modern Wound Management & Pathophysiology.

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Abstract:

Dusta Vrana, described extensively in the Brihattrayi with special emphasis by *Acharya Sushruta*, represents a chronic, infected, non-healing wound characterized by delayed repair, foul discharge, pain, discoloration, and tissue destruction. In contemporary surgical practice, chronic wounds such as diabetic ulcers, pressure sores, venous ulcers, and non-healing traumatic wounds remain a significant therapeutic challenge due to persistent inflammation, microbial colonization, impaired angiogenesis, and high recurrence rates. This paper presents a critical and integrative analysis of *Dusta Vrana* from an Ayurvedic perspective and correlates it with modern concepts of chronic wound pathophysiology and management. Ayurveda provides a comprehensive framework for understanding *Dusta Vrana* through *Nidana* (etiological factors), *Dosha–Dushya Sammurchana*, *Agni* dysfunction, *Srotorodha*, and impaired *Dhatu*

Poshana, which closely parallel modern mechanisms such as ischemia, infection, oxidative stress, and immune dysregulation. The classical descriptions of wound characteristics, prognostic indicators (*Sadhya–Asadhyata*), and stages of wound healing demonstrate remarkable conceptual similarity to present-day wound assessment parameters. *Sushruta's Shasti Upakrama* (sixty measures of wound management), including *Shodhana*, *Ropana*, *Lekhana, Kshalana, Bandhana*, and *Rasayana* therapy, reflect principles analogous to modern debridement, infection control, moisture balance, and tissue regeneration.

From a scholarly standpoint, Ayurvedic wound management emphasizes individualized, stagewise, and holistic intervention—addressing both local pathology and systemic derangements— offering a multidimensional advantage over symptomatic approaches alone. Integrating Ayurvedic surgical principles with modern wound care protocols may enhance healing outcomes, reduce recurrence, and lower socioeconomic burden. This paper substantiates the scientific relevance of Ayurvedic surgical wisdom in the management of chronic wounds and advocates its inclusion in evidence-based, integrative wound care models for contemporary clinical practice.

Key words : *Dusta Vrana*, Non healing ulcer, *Vrana shodhana – ropana.*

AS26-OP-042

Ayurvedic Management of Hyperuricemia-Induced Chronic Kidney Disease (Vrikkaroga)

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Abstract

Background: Chronic Kidney Disease is a progressive loss of renal function characterized by a declining Glomerular Filtration Rate and structural abnormalities. Hyperuricemia is an independent risk factor for CKD development and progression, often linked to hypertension and diabetes. While CKD is not

explicitly named in classical Ayurvedic texts, it can be understood through the lens of Vatarakta, Jwara , Mutraghata, and Vrikkaroga.

Objective: To evaluate the efficacy of a combined Ayurvedic treatment protocol involving Shamana and Shodhana therapies in managing a patient with hyperuricemia-induced CKD.

Case Description: A 42year-old male presented with a two-year history of weakness (Daurbalyanubhuti), burning micturition (Sadaha mutrapravritti), oliguria (Alpa mutrapravritti), amlodgara pravrutti , kati shoola, shira shoola (headache) and hypertension. Initial laboratory investigations revealed severe renal impairment: serum creatinine of 8.40 mg/dL, blood urea of 118.10mg/dL, and serum uric acid of 7.5 mg/dL. The condition was diagnosed as Vrikkaroga resulting from a pathology of Vatarakta (hyperuricemia).

Methodology: The treatment protocol integrated both Shodhana Chikitsa: Administered Mahamanjisthadi Ksheer Basti to regulate Apana Vayu and eliminate toxins (Malas) Shamana Chikitsa: Oral administration of siddha jala pana , Chandraprabha Vati, and other herbomineral formulations focusing on Deepana (appetizer), Pachana (digestive), and strotospdhana properties.

Results: Following the treatment protocol, significant clinical and laboratory improvements were observed:Serum Creatinine: Reduced from 8.40 mg/dL to 7.55 mg/dL.

Blood Urea: Reduced from 118.10mg/dL to 101.90 mg/dL.

Urine Output: Increased from an average of 600-700 ml/day to 1000-1200 ml/day..

Conclusion: Ayurvedic management through rationalized Shamana and Shodhana therapies can effectively check the progression of CKD and improve the quality of life in patients with hyperuricemia-induced renal dysfunction. This approach offers a potential alternative to delay or avoid invasive interventions like dialysis in the early to moderate stages of the disease.

AS26-OP-043

Vaginitis W.S.R. To Kaphaja Yonivyapth- A Case Study

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ABSTRACT

Vaginitis is an infectious disease of the vagina caused by a variety of organisms including bacteria, fungi, and protozoans. Vaginitis is characterized by bad odor, abnormal vaginal discharge, vulval itching and lower abdominal pain. The most prevalent vaginal infections are vaginal candidiasis, trichomoniasis and bacterial vaginosis. Female genitalia disorders are primarily explained in Ayurveda under the term "yonivyapad". Yonivyapad are classified according to dosha involvement such as Vataja, Pittaja, Kaphaja, Paripluta and Upapluta. This is a single case study who presented with chief complaints of smelly vaginal discharge, itching in the vulva associated with lower abdominal pain. Jatyaditailpichudharan, Triphalakwath, Haridra and Kankshiyoni dhawan were carried out for one week. Jatyaditaila characteristics include wound healing, Shodhan and Vedanasthapak properties, Triphalakwath is kaphashamaka and having the properties (guna-karma) such as astringent (kashayarasatmka).Haridra is antiseptic(roganunasaka).These properties helps in increasing local cell symptoms and prevent recurrence of symptom.

AS26-OP-044

Integrative Management of Suspected Loxoscelism (Recluse Spider Bite) in Urban India: A Case Report

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Abstract:

Background - Spider species of clinical significance vary geographically. While Loxosceles and Latrodectus species are well-documented in the Americas, Africa, and Australia, spider bites in India

remain inadequately reported and understudied. Consequently, there is a lack of standardized protocols for managing symptomatic bites in the Indian clinical context

Materials and Methods: Case Description**:** A patient from an urban area in India presented with severe inflammatory symptoms following a spider bite. Based on the clinical manifestation and the patient's identification via photographic evidence, a diagnosis of a Recluse spider bite was made. Initial management followed conventional protocols, including NSAIDs and antibiotics; however, improvement was limited. An Ayurvedic treatment regimen Patolakaturohinyadi Kshayam, Lodhradi Kashayam, Bilwadi Gulika, Dushivishari Agad and Avipattikara Churna was integrated into the patient's care.

Results - Following the introduction of Ayurvedic formulations, a significant improvement in clinical outcomes and wound healing was observed compared to the initial conventional therapy alone. This case highlights the challenges of diagnosing and managing spider bites in India due to scant clinical evidence.

Conclusion- It further suggests that an integrative approach, combining modern anti-inflammatory protocols with Ayurvedic medicine, may offer superior results in managing severe inflammatory responses in spider bites.

Keywords: Ayurved, Integrative Medicine, Loxoscelism, Recluse Spider Bite,

AS26-OP-047

Biotechnological Interpretation of CKD Progression by Hard Water Exposure through the Lens of *Shadkriya Kala* :- A Review

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Abstract:

Introduction: Chronic kidney disease (CKD) is a progressive disorder influenced by environmental, metabolic, and toxicological factors. Long-term consumption of hard water containing high levels of calcium, magnesium, and nephrotoxic heavy metals such as lead, cadmium, and arsenic has been associated with chronic and endemic nephropathies. These agents contribute to renal injury through

oxidative stress, inflammation, and fibrosis. *Shadkriya Kala*, the Ayurvedic doctrine describing six sequential stages of disease evolution, offers a dynamic framework for understanding CKD progression. This review interprets hard water–induced CKD through the lens of *Shadkriya Kala* using molecular and biotechnological correlates.

Methods: An integrative conceptual review was conducted, correlating each stage of *Shadkriya Kala* (*Sanchaya* to *Bheda*) with molecular events, biomarkers, and biotechnology-based diagnostic tools implicated in CKD pathogenesis. Classical *Ayurvedic* principles were mapped against contemporary biomedical evidence related to nephrotoxicity, oxidative stress, inflammation, and renal fibrosis.

Results: Early stages (*Sanchaya* and *Prakopa*) corresponded to mitochondrial dysfunction, reactive oxygen species generation, and cytokine upregulation. Intermediate stages *(Prasara* and *Sthanasamshraya)* aligned with renin–angiotensin system activation, tubular injury localization, and profibrotic signaling mediated by TGF-β1. Advanced stages *(Vyakti* and *Bheda*) reflected overt CKD, characterized by proteinuria, reduced eGFR, podocyte injury, epithelial–mesenchymal transition, and irreversible fibrosis. Stage-specific biomarkers and tools such as ELISA, cytokine profiling, immunohistochemistry, and transcriptomic analysis were identified.

Conclusion: Hard water–induced CKD progression closely parallels the *Shadkriya Kala* model at molecular and clinical levels, offering a translational framework for early detection and integrative nephrology research.

Keywords: *Shadkriya Kala*, Chronic Kidney Disease, Hard Water, Integrative Nephrology

AS26-OP-054

Re-Envisioning Ayurvedic Drug Standardization Through Digital Integration

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Abstract

Background: Ayurvedic drug discovery and standardization are traditionally guided by classical Ayurvedic literature and authoritative references such as the Ayurvedic Pharmacopoeia of India (API). Which provide fundamental parameters for drug identification and quality assessment. Although these standards exist, access to consolidated analytical data and the incorporation of advanced scientific techniques remain limited. Research outputs such as DNA authentication, chromatographic profiling, and molecular bioactivity studies are often generated independently by scholars and institutions, resulting in fragmented and underutilized data.

Objective: To propose a digitally integrated framework for Ayurvedic drug discovery and standardization that combines classical references, API-based parameters, and modern analytical techniques through a centralized digital platform.

Methodology/Framework: The proposed framework envisions the development of an open-access digital research portal, modelled conceptually on Shodhganga, enabling systematic storage and retrieval of standardized data. Baseline parameters described in API and authoritative reference books form the foundation of the portal, while advanced techniques such as DNA extraction and authentication, HPTLC fingerprinting, LC–MS profiling, identification of marker compounds, molecular target information, and in-vitro bioactivity assays, including antioxidant activity, are incorporated as expandable modules.

Results: As a proof of concept, a pilot portal titled ***AyuChrom*** (https://bit.ly/AyuChrom) has been developed, compiling HPTLC profiles with specific marker compounds of selected medicinal plants, searchable by botanical name and supported by classical Ayurvedic references. Correlation of classical Dravyaguna principles with digital analytical evidence strengthens scientific validation and regulatory acceptance.

Conclusion:

A digitally integrated framework that harmonizes classical Ayurvedic knowledge with modern analytical data offers a scalable pathway for evidence-based drug discovery, improved standardization, and global acceptance of Ayurvedic medicines.

Keywords: AyuChrom, Chromatographic profile, Digital integration, HPTLC, Standardization

AS26-OP-055

An Observation Study To Assess The Effect Of *Krishnathila* On Menopausal Rating Scale-A Pilot Study

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Abstract :

Background : Menopause is a normal transition of the female body.For many women ,this transition is accompanied by a group of uncomfortable and sometimes severe physiological symptoms.These symptoms are due to hormonal changes and imbalance occurring in the body.HRT is the common treatment advocated for postmenopausal symptoms.but it has got some adverse effects and is sometimes contraindicated.Therefor use of herbal drugs that have fewer or no side effects need to be investigated.

Aims and Objectives :This study aimed to investigate the influence of krishnathila rasayana on Menopausal Rating Scale.

Materials and Methods :This observational study was conducted in postmenopausal women of Kannur district.The selection of participants was made on camp basis,which was conducted in Govt.ayurveda college,kannur.MRS was assessed on the camp day and the 26 final participants were adviced to take 12g krishnathila daily in the morning time for 1 month .After 1 month post assessment of MRS was done again.

Results : Out of 11 parameters of MRS,6 parameters,i.e. Depression, Irritability, Anxiety , Hot flashes, Sleeping disorders and Urinary complaints showed significant improvement after krishnathila intake . The remaining 5,i.e.Exhaustion, Joint&Muscle complaints,Sexual problems and vaginal dryness showed only symptomatic improvement but no statistical significance.So in total krishnathila can be considered as an alternative therapy for managing the symptoms of MRS.

Conclusion:Krishnathila Rasayana is effective in reducing postmenopausal symptoms.
Key words : Krishnathila ,Postmenopausal women,,Menopausal Rating Scale.

AS26-OP-056

Gold boosted beginnings – A safe, immuno - neuro cognitive modulator *rasayana* for Indian infants: A probable public health game changer

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ABSTRACT

Introduction

Swarnaprashana, an Ayurvedic preparation of gold in the form of *bhasma* mixed with *ghrita* & *madhu* has been traditionally administered to newborns & infants to enhance immunity, vitality & brain development. Despite its cultural prevalence, rigorous evaluation of safety, immunomodulation & neurocognitive effects are being studied but limited, hindering its acceptance & integration into National child health care programs. Recently we came across few social media updates criticizing *Swarnaprashana* & other Ayurvedic newborn care regimens which prompted me to opt this topic for presentation. Hopefully this presentation can synthesize current clinical evidence on safety, immunological & neurocognitive outcomes of *Swarnaprashana* in infants and to assess its feasibility as a *rasayana* based intervention within the scope of National child health care programs.

Methods

A systematic review of peer reviewed studies of databases like PubMed, Scopus & the Indian trials registry was done along with the literary reviews available on *Swarnaprashana* & its effects.

Results & Discussion

Available data suggests that *Swarnaprashana* is safe, well tolerated and may confer modest immune benefits & neurocognitive support, aligning with its *rasayana* concept. Larger, multicenter RCTs are warranted to confirm efficacy, especially related to neurodevelopmental outcomes. Standardization of preparation, GMP – compliant manufacturing & integration with 2 existing medical infrastructure are recommended steps towards incorporating this as a national child health care program.

Keywords : Ayurveda for children, *Bala rasayana, Navajata shishu paricharya,* Safety of *Swarnaprashana, Swarnaprashana*

AS26-OP-057

A Multimodality Diligence Walk For The Cure - Diabetic Ulcer Case Study

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Abstract:

Diabetic foot ulcer (DFU) is the most typical and devastating complication of diabetes mellitus, with a poor prognosis, which affect 15% of diabetic patients during their lifetime. Diabetic ulcer has been a challenge to be tackled since there is deficiency of growth factors and impaired immunity, which can lead to amputation if timely intervention is not done. In *Susrutha Samhitha,* most scientific approach for the management of *Vrana* with *Shashti Upakrama's* with specific indication to *Madhumehaja Vrana* has been described.

AS26-OP-058

Tantrayukti: A Hermeneutic Tool in Ayurveda

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Abstract

Ayurveda is a classical medical science deeply rooted in Sanskrit literature, where knowledge is transmitted through concise aphoristic statements. The Samhitās are composed in a sutra style that demands precise interpretation for proper understanding and application. Tantrayukti, described in the classical Ayurvedic texts, are systematic methodological tools used for the construction, interpretation, and elucidation of scientific treatises. These devices play a crucial role in revealing explicit and implicit meanings, resolving ambiguities, and maintaining logical coherence within the text. In modern academic terminology, Tantrayukti can be equated with hermeneutics—the science of interpretation. This article explores Tantrayukti as an indigenous hermeneutic framework of Ayurveda, highlighting their necessity, scope, classification, and application in textual interpretation and fundamental research. Through classical references and conceptual analysis, the study establishes that Tantrayukti are indispensable for Samhitā adhyayana, preservation of doctrinal purity, and bridging traditional Ayurvedic knowledge with contemporary research methodology.

Keywords: Tantrayukti, Hermeneutics, Ayurveda, Samhitā Adhyayana, Fundamental Research

AS26-OP-063

Beyond the samhita's: Integrating AI and digital health frameworks in *Ayurveda*

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Abstract

The rapid advancement of artificial intelligence (AI) and digital health technologies has significantly transformed modern healthcare delivery by enhancing diagnostic accuracy, clinical efficiency, and patient-centered care. AI encompasses computational techniques such as machine learning, deep learning, natural language processing, and computer vision, which enable the analysis of complex and large-scale health data. Digital health, on the other hand, integrates electronic health records, telemedicine, mobile health applications, and remote monitoring systems to ensure continuity and accessibility of healthcare services.

In the context of Ayurveda, the integration of AI and digital health offers unique opportunities to strengthen both clinical practice and research. Digitization of classical Ayurvedic texts, electronic documentation of *Prakriti* assessment, *Roga–Rogi Pariksha*, and treatment outcomes can generate structured datasets suitable for AI-driven analysis. Such data can support personalized treatment planning, predictive disease modelling, and validation of traditional knowledge through evidence-based approaches. Digital health platforms also facilitate tele-Ayurveda services, enabling wider reach of Ayurvedic care, especially in rural and underserved regions.

The combined application of AI and digital health can further enhance drug standardization, pharmacovigilance of Ayurvedic formulations, and outcome-based research, thereby bridging traditional wisdom with contemporary scientific methodologies. However, ethical considerations, data privacy, clinical validation, and the need for practitioner training remain critical challenges. Overall, the responsible adoption of AI and digital health can significantly contribute to the modernization, global acceptance, and sustainable integration of Ayurveda within the evolving digital healthcare ecosystem.

Keywords:

Computational Ayurveda, AI, Pharmacological Modelling, Precision Medicine, Digital Health

AS26-OP-064

Advanced Analytical Chemical Approaches for Standardization and Quality Control of Medicinal Plants

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Abstract

Medicinal plants remain fundamental to traditional therapeutic systems and contribute substantially to pharmaceutical, nutraceutical, and cosmetic industries worldwide. Their clinical value, however, is highly dependent on consistent phytochemical composition and contaminant-free material. Achieving such consistency demands robust analytical strategies capable of identifying, characterizing, and quantifying complex mixtures of natural compounds. This article reviews state-of-the-art analytical chemistry tools employed in botanical authentication, metabolite profiling, marker-based quantification, and contaminant screening. Techniques such as UV–visible spectroscopy, IR, NMR, HPTLC, HPLC, LC–MS/MS, GC–MS, ICP-MS, Raman spectroscopy, stable isotope analysis, metabolomics, and chemometrics are highlighted alongside evolving regulatory standards. Advances involving high-resolution MS, multi-omics platforms, hyperspectral imaging, and artificial intelligence are discussed in relation to future global harmonization. Current limitations and challenges for precision phytochemistry are also examined.

Keywords: Analytical chemistry, Chromatography , LC–MS/MS, Metabolomics, Standardization, Quality control

AS26-OP-066

Role Of Modifed Ayurvedic Dosage Forms In Improving Patient Compliance

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Abstract

Patient compliance is a crucial determinant of therapeutic success, particularly in chronic diseases where long-term medication is required. In Ayurveda, despite proven efficacy, patient compliance is often challenged due to factors such as unpleasant taste, large dose volume, inconvenient dosage schedules, and traditional dosage forms that may not suit modern lifestyles. Modified Ayurvedic dosage forms have emerged as an effective approach to overcome these limitations while preserving the principles of classical

Ayurveda. Modification of dosage forms—such as converting churna into tablets or capsules, kwatha into granules, avaleha into palatable formulations, and taila/ghrita into soft gels or emulsions—enhances palatability, convenience, stability, and ease of administration. These modifications significantly improve patient acceptance, adherence to treatment, and overall therapeutic outcomes. Special population groups such as pediatric, geriatric, and chronically ill patients particularly benefit from such patient-friendly formulations. This abstract highlights the role of modified Ayurvedic dosage forms in improving patient compliance by addressing issues related to taste masking, dose accuracy, portability, and shelf life. It also emphasizes the need to balance traditional Ayurvedic concepts with modern pharmaceutical techniques to ensure safety, efficacy, and quality. Modified dosage forms thus represent a vital bridge between classical Ayurvedic wisdom and contemporary healthcare needs.

Keywords: Integrative Ayurveda, Modified Ayurvedic dosage forms, Palatability, Patient Compliance

AS26-OP-067

Ayurvedic Management of Amavata (Juvenile Idiopathic Arthritis): A Single Case Report.

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Abstract

Introduction-Juvenile Idiopathic Arthritis (JIA) is a chronic inflammatory disorder characterized by persistent joint pain, swelling, stiffness, and functional disability. In Ayurveda, the clinical features of JIA closely resemble *Āmavāta*, predominantly affecting the joints. Despite of advances in modern medicine,

long-term management of JIA remains challenging due to relapses and adverse effects. This case report highlights the effectiveness of Ayurvedic intervention in *Āmavāta* (JIA). **Case Presentation-** A 21-year-old male patient presented with lower backache for 2 years, left ankle joint pain with swelling for 5 years, and bilateral hip pain for 5 years. He was a known case of Juvenile Idiopathic Arthritis diagnosed in 2018. Laboratory investigations revealed HLA-B27 positive, elevated ESR (60 mm/hr), and positive CRP (15.3). Based on Ayurvedic clinical assessment the condition was diagnosed *Āmavāta.* The patient was treated with Ayurvedic management including *śodhana* and *śamana (Āmapācana,* external therapies, and dietary modifications) over a period of hospitalization from December 2024 to February 2025.**Results** Following completion of the treatment, the patient showed marked improvement in pain, swelling, stiffness, and functional mobility. Clinical symptoms reduced significantly, and overall, 80% relief was observed, Patient Performs their physical work independently. **Discussion** The treatment aimed at correcting impaired *Agni*, eliminating *Āma* and pacifying vitiated *vāta*, which forms the core pathogenesis of Amavata. The positive outcome supports the Ayurvedic approach in managing chronic inflammatory joint disorders such as JIA. **Conclusion** This case demonstrates that Ayurvedic treatment provides effective relief in *āmavāta*, Ayurvedic interventions can play significant role in controlling symptoms, Improvement in movements of joints and also Slowing disease progress.

Keywords: Juvenile Idiopathic Arthritis; *Āmavāta*; HLA B27, Autoimmune disease

AS26-OP-071

"Ayurvedic Management of Post-Traumatic External Abscess *(Vidradhi)* Of the Lower Limb: A Case Study"

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Abstract:

Bahya Vidradhi, particularly *Pada Vidradhi*, is described in *Ayurvedic* literature as an external abscess characterized by inflammatory swelling, pain, and suppuration. This case study reports the management of a 32-year-old male patient who presented with pain and swelling above the Right Thigh and was clinically diagnosed as *Bahya Pada Vidradhi* based on classical *Ayurvedic* criteria. A holistic *Ayurvedic* treatment protocol was implemented, comprising internal medications such as *Triphala Guggulu, Gandhaka Rasayana, Gokshuradi Guggulu, Punarnava Mandura,* and selected *Swarasa* preparations, along with surgical intervention in the form of incision and drainage to facilitate effective evacuation of purulent material. The patient was monitored over a period of 30 days. Marked clinical improvement was observed, with a significant reduction in pain intensity from a Visual Analog Scale (VAS) score of 8 to 2, gradual resolution of swelling, and complete drainage of pus. The wound demonstrated healthy granulation tissue and healed with fibrous scar formation. No adverse drug reactions or procedure-related complications were noted during the treatment period. The favorable clinical outcome suggests that an integrative *Ayurvedic* approach combining *Shodhana* (surgical intervention) and *Shamana* (internal medications) therapies can be effective in the management of external abscesses. This case underscores the continued relevance and clinical applicability of classical Ayurvedic principles in contemporary practice.

Keywords: *Bahya Vidradhi, Pada Vidradhi,* Abscess, *Triphala Guggulu, Gandhaka Rasayana, Ayurveda, Gokshuradi Guggulu, Punarnava Mandura.*

AS26-OP-072

Ayurvedic Cosmetology: A Holistic Approach Towards Global Healthcare

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ABSTRACT

Cosmetology, as an integral component of healthcare, extends beyond superficial beautification to encompass physical, mental, and social well-being. Modern cosmetic industries often rely on synthetic products, which may provide temporary effects but carry risks of long-term adverse reactions. Ayurveda, the ancient Indian system of medicine, offers a holistic, sustainable, and safe alternative by addressing beauty from within through the balance of *doshas*, nourishment of *dhatus*, and purification via *shodhana* therapies.

Ayurvedic cosmetology emphasizes preventive, promotive, and curative measures through *Dinacharya*, *Ritucharya*, and *Rasayana* therapy, thereby delaying premature aging and maintaining natural radiance. Formulations such as *Varnya Mahakashaya* (complexion enhancers), *Vayasthapan Mahakashaya* (anti-aging group), *Kumkumadi taila*, *Nilibhringaraj taila*, and herbal agents like *Santalum album*, *Rubia cordifolia*, *Glycyrrhiza glabra*, *Vetiveria zizanioides*, *Emblica officinalis*, and *Centella asiatica* have been documented for their efficacy in skin rejuvenation, anti-aging, hair health, and scar management. Moreover, *Panchakarma* therapies and *Garbhasamskara* highlight the preventive role of Ayurveda in establishing beauty from the embryonic stage. Unlike modern cosmetics, Ayurvedic cosmetology integrates natural herbs, minerals, oils, and regimens with minimal side effects while simultaneously enhancing mental peace through yoga and meditation, which influence skin health via stress reduction.

In the global context, the growing demand for safe, natural, and eco-friendly beauty solutions positions Ayurveda as an emerging aid in integrative dermatology and cosmetology. Thus, Ayurvedic cosmetology not only enriches individual aesthetics but also contributes significantly to global healthcare by promoting safe, affordable, and holistic solutions for beauty and wellness.

Keywords: *ayurvedic* cosmetology, *varnya mahakashaya*, *rasayana*, *dinacharya*, global healthcare

AS26-OP-077

Role of Ayurveda in the management of hypothyroidism: A single case study

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Abstract

Background: Hypothyroidism is a common condition with various causes and seen worldwide. Thyroid gland secretes two hormones Triiodothyronine(T3), Thyroxine(T4) TSH plays a major role in controlling the thyroid axis and serves as the most useful physiological marker of thyroid gland function. The prevalence of hypothyroidism in India is 11%, compared with only 2%-4.6% in the western population.

Aim: To evaluate the effect of *Ayurveda* intervention; *shodhana* and *shaman chikitsa* in management of hypothyroidism case.

Objectives: To evaluate the clinical efficacy and biochemical changes observed with *Ayurvedic* intervention in management of hypothyroidism.

Material & Methods: A 32 year old female patient who is not a known case of HTN or DM, but known case of Hypothyroidism, came in opd with complaint of weight gain, lethargy, hair fall, irregular menstrual cycle since 5 years, Initially treatment was planned and started with *Amapachana* and *Deepan*,followed by *shodhan chikitsa* with *SnehaPana* and *virechan.*

Result: After completion of *Amapachana*, *Deepana*, and *Shodhana Chikitsa* with *Snehapana* and *Virechana*, the patient showed significant clinical improvement. Before treatment of patient's TSH is 29.29 Miu/ml and after treatment TSH level reduced to 2.187Miu/ml. Reduced body weight, increased energy levels, decreased hair fall, and normalization of menstrual cycle were observed. Overall well-being improved, and the patient was discharged with oral medications and advised regular follow-up.

Conclusion: This case highlights the effectiveness of Ayurvedic management in hypothyroidism. Planned *Amapachana*, *Deepana*, followed by *Shodhana Chikitsa* with *Snehapana* and *Virechana* resulted in significant improvement in weight reduction and menstrual regularity, indicating correction of metabolic imbalance and improved overall health.

Keywords: - Hypothyroidism, shaman-shodhana chikitsa.

AS26-OP-087

A Case Series On The Management Of *Akalaj Jarā Janya Lakshana* With *Vayasthapana Gana Yapana Basti*

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ABSTRACT

Background: Premature ageing (*Akalaj Jara*) is becoming increasingly common due to modern lifestyle, often appearing as early fatigue, loss of vitality, and dull complexion. Stress, irregular diet, inadequate sleep, and environmental toxins further accelerate this process, leading to diminished quality of life at a younger age. While *Ayurveda* recommends *Rasayana* and *Vayasthapana* formulations for rejuvenation, their integration into *Yapana Basti,* a nourishing and age-sustaining therapy, has not been clinically documented

Objective: To evaluate the effect of incorporating *Vayasthapana Gana* into *Yapana Basti* for managing the features of premature ageing.

Methods: A case series was conducted on 5 patients presenting with signs of *Akalaj Jara*. Each received a single course of *Vayasthapana Gana Yapana Basti* administered daily over 7 days. The assessments were taken before the therapy, after the therapy, and another follow-up was done after 21 days. Clinical outcomes were assessed using both subjective *Ayurveda* parameters (Fatigue, Complexion, Joint mobility, Sleep, and Skin changes, etc.) and objective measures (Hand Grip strength, Foot Pressure, and Quality-of-life scores, etc.). Patient consent was obtained before intervention.

Results: Patients reported significant improvements in energy, skin texture, sleep quality, and mental clarity. Objective measures reflected increases in strength and overall vitality (*Bala* and *Ojas*). Quality-of-life scores improved consistently, and no adverse events were observed throughout the intervention.

Conclusion: This is the first clinical report of incorporating *Vayasthapana Gana* into *Yapana Basti* for premature ageing. The therapy demonstrated safety, tolerability, and promising efficacy in improving both subjective well-being and measurable health outcomes. This novel approach highlights the potential of integrating classical *Ayurveda* wisdom into modern preventive gerontology, offering a holistic and rejuvenating strategy for delaying early ageing.

Keywords: *Akalaj Jara,* Premature Ageing, *Vayasthapana Gana*, *Yapana Basti*, *Rasayana,* Rejuvenation

AS26-OP-094

"Preparation of Medhya Cookies and its Quality Control Assessment and Evaluation of its Sensory Acceptability with the reference of Taste Perception"

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Abstract

Stress is an important contributing factor to global obesity and significantly affects psychological health, leading to disturbances in physical and physiological functions. Ayurveda describes several drugs that are effective in managing conditions related to both mental and physical health. Medhya Cookies is a novel formulation containing commonly used Medhya drugs prescribed for conditions such as stress, anxiety, and sleeplessness. Although these drugs are effective therapeutically, their poor palatability in churna form limits regular consumption. Conversion of these drugs into a cookie form improves palatability and makes them suitable as a healthier alternative to junk foods, especially for individuals prone to stress-related binge eating.

Aim and Objectives:

The study aimed to develop a standardized unit operative procedure (UOP) for the preparation of Medhya Cookies and to evaluate the analytical parameters of raw drug churna, Medhya Cookies, and their sensory acceptability using the Hedonic scale.

Methodology:

The study was conducted in four phases: evaluation of analytical parameters of raw drugs, preparation of Medhya Cookies, evaluation of analytical parameters of the finished product, and assessment of sensory acceptability. Analytical evaluation of raw drugs and cookies was carried out as per the General Guidelines for Drug Development of Ayurvedic Formulations. Cookies were prepared under expert guidance from the Department of Food Processing Technology, with drug proportions finalized according to the Ayurvedic Pharmacopoeia of India. Nutritional parameters such as moisture, ash, fat, protein, and carbohydrate content were analyzed at recognized laboratories. Sensory acceptability was assessed using the Hedonic scale.

Results and Conclusion:

A standardized UOP was developed after seven trials. Sensory evaluation showed acceptable results across all age groups. The study concludes that Medhya Cookies can be suggested as a healthy alternative to junk food, particularly for individuals experiencing stress-induced binge eating.

AS26-OP-101

Understanding Lokapurusha-Samyavada in the background of One Health

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Abstract:

Background

According to W.H.O., 'One Health' is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes that the health of humans, domestic and wild animals, plants and the wider environment (including ecosystems) are closely linked and interdependent. By linking humans, animals and the environment, One Health can help to address the full spectrum of disease control – from prevention to detection, preparedness, response and management – and contribute to global health security.

Aim and Objectives

To understand Lokapurusha-Samyavada in the background of One Health

Materials and Methods

Concept of one health shall be tried to understand in the back drop of Ayurvedic classics w.s.r. to *Charaka Samhita*. Relevant references will be thoroughly analysed and interpreted under the roof of 'One Health'.

Results

Many valid points were able to find out from *Sadvritta* and *Janapadodhwamsa* which are relevant to the concept of 'One Health'.

Conclusion

Principles and Philosophy of *Ayurveda* always underline the healthy coexistence among the human beings, animals and ecosystem. Understanding *Lokapurusha-Samyavada* helps in betterment of quality of life in this world and to develop a disease-free community in accordance with the concept of 'One Health'.

Keywords: *Ayurveda, Lokapurusha-Samya, Satyabuddhi,* One Health

AS26-OP-102

Dooshi Visha in Agadatantra: An Ayurvedic Conceptual Framework for Understanding Chronic Low-Dose Toxicity

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Abstract

Background

Agadatantra describes *Dooshi Visha* as a latent and cumulative form of toxicity that persists in the body after partial detoxification or prolonged exposure to low-intensity poisons. Unlike acute or potent poisons, *Dooshi Visha* remains dormant for long periods and gradually produces disease when favorable conditions arise. In the contemporary context, continuous exposure to low-dose environmental pollutants, food contaminants, occupational chemicals, and lifestyle-related toxic substances has emerged as a significant public health concern. However, modern toxicology largely emphasizes acute toxicity models, with comparatively limited conceptual focus on latent and cumulative toxic states.

Objectives

The present paper aims to reinterpret the classical concept of *Dooshi Visha* as an Ayurvedic model for chronic low-dose toxicity and to examine its relevance in understanding cumulative toxin burden, delayed disease manifestation, and individual susceptibility.

Methodology

A narrative review of classical Ayurvedic texts with emphasis on Agadatantra sections was undertaken to extract descriptions related to *Dooshi Visha*, including its origin, pathogenesis, clinical features, and precipitating factors. These descriptions were conceptually examined alongside contemporary toxicological literature addressing chronic exposure, bioaccumulation, and delayed adverse health effects.

Key Findings / Results

The review indicates that *Dooshi Visha* closely parallels modern concepts of chronic low-dose toxicity, particularly with respect to delayed symptom onset, multisystem involvement, metabolic disturbances, and gradual weakening of host defense mechanisms. Ayurvedic concepts such as *Agni Dushti*, *Ojas Kshaya*, and sustained *Dosha* imbalance provide a coherent framework for understanding host–toxin interactions over extended periods. The emphasis on triggering factors (*Hetu*, *Kala*, *Desha*) further explains the episodic manifestation of disease seen in chronic toxic states.

Conclusion

Re-examining *Dooshi Visha* as a model for chronic low-dose toxicity highlights the continued relevance of Agadatantra in addressing present-day environmental and lifestyle-related toxic exposures. This conceptual framework offers valuable insights for preventive toxicology, long-term risk assessment, and integrative public health strategies. A clearer distinction between *Gara Visha* and *Dooshi Visha* can also guide future experimental and clinical research in Ayurvedic toxicology.

AS26-OP-109

Management of Kustha through Ayurveda- a Case series

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Absrtact

Psoriasis is one of the common diseases element among Skin disease. Due to widespread causes ranging from hereditary to faulty food habits, drug allergies and other predisposing factors. The main characteristic feature of the disease is red, dry, itchy and scaly patches of skin originate due Aggravation of Tridosha.Signs and symptoms of Kushtha described for psoriasis under the tvaka vikara are a like Kandu, Strava,Vaivarnyata, patches. In ayurveda our Acharya has mentioned different type of treatments according to dosha stages and disease involvement. Sodhnarth snehapana followed by Vamana karma,

Basti Karma, Nasya with samsaman aushdhi are equally effective in the management of kushtha. Patients for Kushtha are selected from the OPD of Matrushri Davalba Ayurveda Hospital (MDAH), Vadodara with irrespective of their age, sex, caste, religion, profession etc.In this Case Series 3 patients have been taken and given the above said shodhan chikitsa with Vaman karma and pathyadi niruha basti along with shaman chikitsa and assessed before and after treatment to see the effect of ayurvedic treatment in kushtha vyadhi. All the three cases are having involvement of mainly kapha and pitta pradhanta. All disease according to Ayurveda are due vitiated agni and ama is main factor for vitiation of agni. This drug does digestion of ama and Dipana does separation of dosha from dhatu. so procedure started 1st by admitting Dipana-pachana aushadh like chitrakadi vati & Eranda brustha respectively for 3days.A combination treatment approach of Shodhana and Shamana worked on Rasavaha & raktavaha strotas & vikruta Dosha, Lead to break the pathology of kustha.Snehpana of Panchtikta ghrita dravya being mainly tikta rasa pradhanta work on rasvaha & raktavaha strotas leads to betterment for skin ailment. Panchtikta ghrita is indicated in Srotosodhaka,Raktaprasadaka,Kusthghna and varnya.Vamana has been said treatment of choice for Kustha samprapti.So this was the attempt to compare the effect of Panchkarma management of Kustha Disease and to compare the difference of result in the Patient complain. This case series is documents evidence for Successful treatment of kustha through sodhana and shaman chikitsa.

Key Word: - Psoriasis treatment,Vaman,Virechana,Tvaka vikara chikitsa.

AS26-OP113

Chromatography- A Modern Tool for Standardisation of Ayurvedic Medications

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Abstract:

Background

In this era of global expansion and modernization of Ayurveda, standardisation of Ayurvedic medicines is crucial to ensure its quality, safety and efficacy. Ayurvedic medicines are complex and multicomponent in nature, making it difficult to be standardised using conventional methods of Ayurveda. Chromatography is an analytical tool used to scientifically validate Ayurvedic medicines through methods such as systematic separation and analysis of phytoconstituents. The basic technique of Chromatography is based on the differential distribution of components between stationary phase and mobile phase. In order to obtain characteristic chromatographic fingerprints of raw drugs or medicinal preparations, Chromatographic techniques such as Thin Layer Chromatography (TLC), High Performance Thin Layer Chromatography (HPTLC), High performance Liquid Chromatography (HPLC) and Gas Chromatography (GC) are used.

Aim and Objectives

Aim: To conduct a critical review on the role of chromatography as a modern analytical tool for the standardisation of Ayurvedic medicines based on published scientific literature in PubMed.

Objectives:

- ✓ To systematically review the previously published articles in scientific database PubMed related to Chromatographic analysis of Ayurvedic medicines.
- ✓ To summarise the utility of Chromatographic techniques for authentication, quality control and standardisation of Ayurvedic drugs and formulations.

Methodology

Literature search was conducted using databases PubMed based on published works on Chromatography for standardisation of various dosage forms of Ayurveda conducted in last year.

Results

Based on the review, it can be inferred that Chromatographic fingerprinting can be used as a tool for both identification and quantification of bioactive markers, which is advantageous for drug standardisation. Chromatography can be utilised as a central tool in phytochemical analysis of Ayurvedic medicines. Even though chromatography has several advantages, certain limitations are also associated with their application which needs to be considered.

Conclusion

Chromatographic techniques are used for fingerprinting, authentication and quantitative assessment of Ayurvedic medicines, thus ensuring quality, safety and batch-to-batch consistency.

Keywords: analytical parameters, chromatography, phytoconstituents, standardisation

AS26- OP 115

A Management Of Fistula-In-Ano With Ksharasutra-Multiple Opening: A Case Study

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ABSTRACT:

A fistula-in-ano is an abnormal hollow tract or cavity that is lined with granulation tissue and that connects a primary opening inside the anal canal. Fistula-in-Ano is a chronic inflammatory circumstance having a tubular structure with opening in the ano-rectal canal at one end and surface of perineum or perianal skin on the other end to a secondary opening in the perianal skin; secondary tracts may be multiple and can extend from the same primary opening. It should be differentiated from the following processes, which do not communicate with the anal canal. Any opening in perianal area with chronic pus discharge indicates fistulous tract. Prolonged sitting, unhygienic condition, obesity, repeated irritation due to hair may increase the risk of occurrence. In *Ayurveda* it is correlated with *Bhagandar* and *Acharya Sushruta* mentioned five types of *Bhagandar*. He had explained *Shastra karma* along with *Kshara karma* and *Bhesaja Chikitsa* for treatment. Here a case of fistula-in-ano in a 45 years male patient was examined in *Shalya* Out-patient department and treated with threading with *Ksharasutra*, considering it as an ideal procedure in treatment of *Bhagandar* as it cuts and curettes the unhealthy tissue present inside the fistulous tract and healing.

KEYWORDS: Bhagandar, Kshara sutra, fistula in ano, Nadivrana, Perianal Abscess.

AS26- OP 120

Human Cell Culture Models: An Emerging Necessity in Evidence-Based Panchakarma

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Abstract

Panchakarma is a specialized Ayurvedic detoxification and rejuvenation therapy aimed at eliminating Dosha-induced metabolic toxins harmful to the body and restoring physiological homeostasis. Actions & effects of Panchakarma therapies ultimately occur at the cellular and molecular level.

While Panchakarma procedures are being used since long times, their biological mechanisms are insufficiently explored through modern scientific models. Additionally, the metabolic activities described in terms of Dosha, Dhatu & Mala are extremely complex requiring more sophisticated explanation for educational purpose & precise & effective utility.

Human cell lines are a critical biological resource. These in-vitro studies have emerged as a powerful tool to explore cellular & metabolic activities in the recent years. Validation of Panchakarma therapies and formulations used for same, through human cell-line studies can open the doors for easy understanding of the concept as well as offer quantifiable and mechanistically explained models that can be accepted on global platforms.

Panchakarma procedures work through complex, interconnected and coordinated mechanisms. In vitro human cell-line studies can be greatly helpful even though not entirely fulfilling.

This review highlights the relevance, methodology, and scientific potential of using human cell lines to evaluate the detoxification, anti-inflammatory, immunomodulatory and Rasayana effects of Panchakarma.

Keywords: Panchakarma, In-vitro studies, human cell-line, detoxification, Rasayana

ABSTRACT

- POSTER

PRESENTATION

AS26-PP-001

Therapeutic Efficacy of Ayurvedic Protocols in Myasthenia Gravis : A Single Case Study

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ABSTRACT

Introduction: Myasthenia gravis (MG) is a chronic autoimmune neuromuscular disorder characterized by fluctuating muscle weakness and fatigability, often following a relapsing and remitting course. Current management mainly relies on immunosuppressive medications, acetylcholinesterase inhibitors, plasma exchange, and biological therapies, which may provide symptomatic relief but come with significant limitations and risk of adverse effects. Long-term treatment can lead to complications such as increased susceptibility to infections, steroid-related metabolic disturbances, and burden of frequent hospital procedures. Patients with Myasthenia Gravis commonly live with anxiety regarding disease progression, sudden exacerbations known as myasthenic crises, breathing difficulties requiring ventilatory support, and uncertainty about long-term drug safety and functional independence. In this Case Study, Ayurvedic treatment given to patient and results were highly significant. Case history: A 64-year-old male patient, known case of Type 2 Diabetes Mellitus and Hypertension since 10 years, Myasthenia Gravis and Dyslipidemia since 7 years, and Benign Prostatic Hyperplasia (BPH) since 8 years, visited our Ayurveda Hospital seeking integrative treatment support. He reported muscle fatigue and leg stiffness below the knee intermittently for the past 6 years, along with difficulty in raising his hands, walking, generalized body pain, and intermittent urinary stream due to BPH. Despite being on conventional medications, his symptoms persisted and affected daily activities, leading him to opt for Ayurvedic management in conjunction with allopathic therapy. He was admitted and treated with Ayurveda interventions and internal medicines. After 32 days of treatment, significant improvement was noted with marked reduction in

muscle weakness, leg stiffness, and generalized pain. He continues oral medication on OPD basis, maintaining stable health with minimal residual complaints. Outcome: Ayurvedic treatment provided substantial symptomatic relief within 32 days and led to complete cessation of overnight oxygen requirement, indicating its therapeutic promise in Myasthenia Gravis.

Key words: Myasthenia Gravis, Benign Prostatic hypertrophy, Ayurveda

AS26-PP-002

Therapeutic Efficacy of Ayurvedic Treatment Protocol in Diabetic Nephropathy: A Single Case Study

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ABSTRACT

Introduction: Diabetic Nephropathy (DN) is a progressive microvascular complication of Diabetes Mellitus, characterized by albuminuria, declining renal function, and increased risk of chronic kidney failure. It is one of the leading causes of end-stage renal disease globally. Conventional management includes glycemic control, antihypertensives, renoprotective agents, and dialysis when necessary, yet many patients continue to deteriorate. Ayurveda provides a holistic approach addressing *mutravaha srotas dushti*, metabolic imbalance, and progressive tissue depletion, aiming to slow renal decline and improve overall health. **Case history:** A 56-year-old male with a history of Diabetes Mellitus for 35 years, Hypertension for 10 years, and CKD for 4 years presented with breathlessness on exertion, generalized weakness

for 1 month, and radiating neck-to-hand pain for 10 days. He had discontinued long-term insulin (Lantus) 2 months earlier and had a history of NPDR diagnosed in 2023. The patient underwent 34 days of inpatient Ayurvedic treatment at P.D. Patel Ayurvedic Hospital, followed by OPD-based continuation. Therapy included Ayurvedic internal medicines and supportive procedures alongside essential allopathic medications. Clinical symptoms and renal function markers were monitored regularly. The patient required dialysis only once during the course of treatment. Blood glucose levels were effectively managed without restarting insulin. Serum creatinine reduced from 12.0 mg/dL (7/5/2025) to 7.4 mg/dL (2/6/2025) after 34 days. **Outcome:** Ayurvedic treatment demonstrated positive outcomes in Diabetic Nephropathy, leading to symptomatic relief and reduction in serum creatinine within 34 days, highlighting its role as a supportive integrative approach.

Key words: NPDR, Diabetic Nephropathy, *mutravaha srotas dushti*

AS26-PP-003

Ayurvedic management of cervical lymph node enlargement w.s.r to Kaphaja Granthi

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Abstract

A 15-year-old male patient presented with a painless, soft, and mobile swelling on the right lateral region of the neck, without any history of trauma, ulceration, or discharge. The swelling appeared following an episode of fever and cold that had resolved ten days earlier. The patient had experienced similar episodes three times within the past year, each occurring after upper respiratory tract infections. Based on clinical examination and history, the condition was diagnosed as cervical lymphadenopathy in modern medicine, commonly associated with viral infections such as cold and cough. In Ayurveda, this clinical picture can be correlated with Kaphaja Granthi, a condition manifested due to kapha vitiation leading to localized swelling.

Although surgical excision was advised by another physician, the patient's family opted for Ayurvedic management to avoid invasive procedures. The treatment plan consisted of Śhamana Aushadhi for dosha pacification, Virechana (therapeutic purgation) to eliminate vitiated doshas and restore systemic balance, and Lepa (topical medicated paste) to reduce local swelling and stiffness. The therapeutic approach was selected considering the recurrent nature of the complaint, chronic kapha predominance, and the absence of alarming features.

The patient showed steady clinical improvement, with a marked reduction in swelling during the course of treatment. Complete resolution was achieved without adverse effects. Follow-up for one year demonstrated no recurrence, indicating long-term effectiveness. This outcome suggests that Ayurvedic therapy can address the root cause of recurrent lymphadenopathy by correcting dosha imbalance rather than merely providing symptomatic relief.

This case underscores the importance of Ayurveda as a safe, non-invasive, and holistic approach in the management of lymph node enlargement. It highlights Ayurveda's potential to prevent recurrence, enhance tissue healing, and avoid unnecessary surgical interventions. Such documented cases can serve as a scientific foundation for future clinical research aimed at validating Ayurvedic protocols for lymphadenopathy and exploring integrative treatment strategies.

AS26-PP-004

A Case Report On Successful Management Of *Amavata* Using *Ayurvedic* Treatment

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Abstract

Background: Ankylosing Spondylitis (AS) is a long-term inflammatory disorder mainly affecting the spine and sacroiliac joints. Global prevalence rate of Ankylosing Spondylitis is 0.1 to 1.4% of general population. Although modern treatment helps control symptoms, long-term use often causes side effects. In *Ayurveda*, the features of AS closely resemble *Amavata*, a condition involving *Vata* and *Kapha* dosha with involvement of bones and joints.

Case Presentation: A 40-year-old male presented with low back and neck pain, severe morning stiffness, restricted spinal movements, and pain with swelling in both knees and ankles for two years. He also had difficulty in walking for one year. Investigations showed HLA-B27 positivity, raised ESR and CRP levels, and MRI findings suggestive of sacroiliitis with degenerative changes. The diagnosis of Ankylosing Spondylitis was confirmed using Modified New York Criteria.

Treatment and Outcome: The patient was treated with *Ayurvedic* treatments including *Deepana-Pachana, Virechana, Basti, Swedana, Jalaukavacharana*, and appropriate internal medicines. After two months of treatment, there was marked improvement in pain, stiffness, spinal mobility, daily activities, and inflammatory markers.

Conclusion: This case shows that *Ayurvedic* management is effective to improve symptoms and functional ability in Ankylosing Spondylitis.

AS26-PP-005

Ayurvedic Management Of Urethral Stricture- A Case Report

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ABSTRACT

Background: Urethral stricture is a pathological narrowing of the urethra caused by fibrosis of the urethral epithelium and surrounding corpus spongiosum, resulting in lower urinary tract symptoms such as dysuria, reduced urinary stream, straining, dribbling, and prolonged micturition. From an Ayurvedic perspective, these clinical features may be correlated with *Mutramarga Sankocha* **Patient information:**

A 65-year-old male patient with a known case of HTN and DM type 2 presented with dysuria, burning micturition, lower abdominal pain, and generalized weakness for 2 months . He was pre-diagnosed with multiple concentric strictures involving the bulbar and membranous urethra in January 2024 . **Intervention:** patient was treated for 35 days with *Shodhanartha Snehapana* followed by *Sarvanga Abhyanga* and *Svedana*, *Virechana karma, Niruha Basti* using *Punarnavadi Kvatha*, and *Uttarbasti* with *Bala Taila* and *Shamana Aushadha* includes *Varunadi Kvatha, Goksuradi Guggulu* were also given. **Outcome:** The patient showed clinically observable improvement in urinary symptoms, including reduced dysuria and burning micturition, along with improved urinary flow and voiding comfort. **Conclusion:** This case suggests that an Ayurvedic treatment approach incorporating *Shodhana* and *Shamana* therapy may provide great relief in urethral stricture.

AS26-PP-006

Ayurvedic Management Of Avascular Necrosis Of The Femoral Head: A Case Study

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Abstract

Background: Osteonecrosis, also known as avascular necrosis (AVN), is a degenerative bone disorder caused by interruption of the subchondral blood supply, leading to ischemia and necrosis of bone tissue.The condition commonly affects the femoral head and results in progressive pain, joint dysfunction, and functional disability. As per Ayurveda perspective, the pathology of AVN can be correlated with asthi kshaya resulting from vata dosha aggravation and vitiation of *asthi dhatu* and *sira*. Classical ayurvedic descriptions of *asthi kshaya* include symptoms such as *asthi shaithilya*, *nistoda*, *103aurbalya*, and *asthi shula*. **Case Presentation:** A 38-year-old female patient diagnosed with bilateral avascular necrosis of the femoral head was admitted to P.D. Patel Ayurveda Hospital, Nadiad. She presented with severe bilateral

hip pain, restricted range of motion, antalgic gait, and significant impairment in daily activities and quality of life. The baseline Harris Hip Score (HHS) was 72 out of 100. **Intervention:** The patient was managed with *shodhana chikitsa* followed by *brimhana chikitsa*. The treatment protocol included *snehapana*, *abhyanga*, *svedana*, *virechana*, *masha pinda sveda*, *niruha* basti with *pathyadi kvatha*, *jalaukavacharana*, and *matra basti* with *panchatikta ghrita* along with appropriate *shamana aushadhi*. **Outcome Measures:** Treatment outcomes were assessed using the Harris Hip Score and evaluation of hip joint range of motion before and after completion of therapy. **Results:** After treatment, the Harris Hip Score improved from 72 to 89. The patient experienced marked reduction in pain, improvement in gait, increased hip joint mobility and was able to walk without support. Overall a significant improvement in functional status and quality of life was observed. **Conclusion:** This case suggests that a structured Ayurvedic approach targeting *vata* aggravation and *asthi* dhatu may improve pain, mobility and function in avascular necrosis, indicating its potential as a conservative therapeutic option warranting further systematic clinical evaluation.

Keywords:

Avascular necrosis,*Asthi Kshaya*, *Panchakarma*, *Basti*, *Brimhana Chikitsa*, Harris Hip Score, Ayurveda

AS26-PP-007

Ayurvedic Approach in *Pakṣāghāta* with Clinical Correlation to Paraplegia: A Single Case Study

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Abstract:

Paraplegia is a neurological disorder marked by loss of voluntary movements and strength, mainly affecting the lower part of the body. Paraplegia most commonly occurs as a consequence of spinal cord injury and accounts for approximately 45–60% of all spinal cord injury cases, with an estimated prevalence ranging from about 120 to 500 per million population. When analyzed through the principles

of *Ayurveda*, the clinical presentation of paraplegia shows close similarity with *Pakshaghata*, a condition described under *vataja nanatmaja vyadhis. Pakshaghata* arises due to aggravation of vata dosa, leading to impairment of motor functions, speech disturbances, generalized weakness and restriction of movements.

The present study discusses the *ayurvedic* management of a patient presenting with complaints of weakness of the entire body, inability to walk and slurred speech, which were clinically correlated with *Pakshaghata*. Considering the dominance of *vata doṣa*, a treatment protocol emphasizing *vata-samana* and functional restoration was implemented. The patient was underwent *Panchakarma sodhana* therapy. *Basti* was administered as the principal panchakarma therapy due to its systemic action on *vata dosa*. Along with these procedures, suitable internal *Ayurvedic* medicines possessing *vata-hara, balya* and *rasayana* properties were given.

The Integrated *ayurvedic* approach aimed at improving motor functions, strength and overall quality of life. This discussion highlights the relevance of classical *ayurvedic* principles in understanding and managing paraplegia when correlated with *Pakshaghata*, demonstrating *ayurveda's* holistic therapeutic potential.

Keywords: *Pakshaghat*,*Basti*, Paraplegia

AS26-PP-008

Ayurvedic Management of Katigata Vata with Panchakarma and Shamana Chikitsa: A Case Study

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Abstract:

Background: Vata Vyadhi represents a group of chronic neurological disorders caused by long-standing aggravation of katigatVata Dosha, leading to Dhatukshaya and functional disability **Case Presentation**: A 29-year-old male presented with difficulty in walking, bilateral lower limb weakness for the past 8–10 years, with minimal relief from prolonged allopathic treatment. Neurological examination showed exaggerated deep tendon reflexes and restricted movements, while vital parameters were normal. Based on Ayurvedic assessment, the condition was diagnosed as KATIGAT VATA Vyadhi with chronic Vata Prakopa and Dhatukshaya.**Intervention**:The patient was managed with a comprehensive Ayurvedic protocol including,SNEHANA,SWEDANA,ABHYANGA,SNEHYUKTA MRUDU VIRECHANA,NIRUH BASTI,MATRA BASTI and Brimhana internal medications such as Ashwagandha Churna, Rasnadi Kwatha, and Dashamoola-based formulations, along with supported by Pathya-Apathya and lifestyle modifications.**Outcome**: Periodic assessment revealed significant improvement in gait, reduced exaggerated deep tendon reflexes, improved lower limb strength, and an overall functional improvement of approximately 40%.**Conclusion**: This case demonstrates that individualized Ayurvedic management focusing on Vata Shamana and Brimhana can offer meaningful functional improvement in chronic KATIGAT Vata Vyadhi.

AS26-PP-009

Role Of Multimodal Ayurvedic Therapy In The Management Of Parkinson's Disease (Kampavata): A Case Report

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ABSTRACT

Introduction: Parkinson's disease is a chronic, progressive neurodegenerative disorder affecting the central nervous system and motor functions, resulting in resting tremor, rigidity, bradykinesia, and postural instability. This condition can be correlated with *Kampavata* in Ayurveda. As conventional medical science has limitations in its management, traditional approaches offering the possibility of satisfactory outcomes are being explored.

Brief Case History: A 66-year-old female patient, a known case of hypertension, was diagnosed with Parkinson's disease six years ago. The disease manifested as tremors in the right hand, difficulty in walking, chronic insomnia, and severe backache. Despite prior allopathic interventions, no significant improvement was observed. After four weeks of comprehensive *Panchakarma* treatment, including *Abhyanga, Basti, Nasya*, and *Shiro Basti*, along with *Shamana Aushadhi*, the patient showed visible improvement. She was able to walk without any aid, with a significant reduction in right-hand tremors and back pain. The patient's sleep also improved markedly. Assessment using the Unified Parkinson's Disease Rating Scale (UPDRS) confirmed significant symptomatic improvement.

Conclusion: This case report illustrates the potential of Ayurvedic interventions, in effectively managing symptoms of Parkinson's disease. This case study is reported to reach to those 10 million people who are having Parkinson's and not aware of the more advantageous and less intrusive solutions in Ayurveda's toolbox.

AS26-PP-010

Reversing Obesity through Ayurveda: A Case Study in the Era of Lifestyle-Induced Disorders

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ABSTRACT

Introduction: Obesity, referred to as *Sthaulya* in Ayurveda, is an escalating global health concern. Ayurvedic diagnosis takes a holistic and personalized approach, carefully analysing an individual's unique physical and mental constitution. This includes assessing their *Prakrit* , *Vikriti* along with key lifestyle factors such as diet, daily habits, and environmental influences, offering a deeper understanding of the root causes behind the condition. **Case detail:** This is the case of a 30-year-old male corporate professional, whose desk-bound lifestyle and long hours of sitting have led to the development of *Sthaulya* (~obesity). **Methodology:** The patient initially underwent Lekhan *Basti* therapy, followed by *Shamana* treatment, Triphala Guggulu and varunadi kwath with a focus on addressing the imbalance in the *Medovaha Srotas* (~fat-carrying channels) also focussed treatment on Pathya ahar- vihar resulted in early improvement in *Sharira Bhaara Vriddhi*, Difficulty in walking and *Malabaddhata*. **Result:** Ayurvedic management using *Shodhana* and *Shamana* therapies resulted in improved BMI and a marked reduction in signs and symptoms. Clinical and lipid profile also showed positive changes in the patient's health parameters. **Conclusion:** Lifestyle-induced *Sthaulya* shares causes and symptoms with obesity but differs in approach. Modern treatments often lack comprehensiveness. This article presents successful management using combined *Shodhana* and *Shamana* therapies.

KEYWORDS:

Ayurveda, Obesity, *Sthaulya*, Lifestyle modifications.

AS26-PP-011

Ayurvedic management of VIPADIKA (palmoplantar psoriasis) : A single case study

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ABSTRACT

Background Vipadika, is a type of 109ecreas kustha in Ayurveda. According to Ashtang 109ecreas,Panipadsputana (Cracks over palms and soles), Tivra Vedana (severe Pain), Manda Kandu (MildItching), and Sarag Pidika (Red-colored Macule) are the symptoms of Vipadika. It can be correlated to palmoplantar psoriasis which is chronic inflammatory skin disorder characterized by erythematous plaques affecting palm and soles. Purpose- Vipadika have greater impact on personal and social life having difficulties in daily activities and mobility. As modern medicine have Greater reoccurrence rate there by ayurveda have a root cause treatment. Case presentation –A 40 year old male had complain of cracks, blood oozing out from bilateral palms and soles and black pigmentation associated with itching and burning. Intervention: A patient was admitted and treated with ayurvedic intervention including Shodhana-Virechana, Niruha basti and Jaloukavacharna, samana 109ecrease109s like manjisthadi kwatha, kaishor

guggulu, gandhaka rasayan, haridra khanda and Sinduradi malhar for local application. Outcome After 21 days treatment patient get relived from cracks and complete stop of blood oozing. Black pigmentation, itching also 110ecrease. A positive result shows effectives of ayurvedic management in signs and symptoms of vipadika. Conclusion Although Findings from single case cannot be generalized, this case highlights the potential role of Ayurveda as a complementary approach in the management of Vipadika.
Keywords: Vipadika, palmo-plantar psoriasis, basti

AS26-PP-012

Ayurvedic management of vatavyadhi with multiple system atrophy: A Case Report

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Abstract

Introduction: Vatavyadhi is a group of disorders described in Ayurveda caused by vitiation of Vata Dosha and characterized by neuromuscular dysfunction. Clinical manifestations such as stiffness, tremors, weakness, and impaired movements show resemblance to neurodegenerative disorders described in contemporary medicine. Ayurveda emphasizes Panchakarma and Shamana Chikitsa for Vata shamana and functional improvement.

Methodology: A 69-year-old male patient presented with difficulty in getting up from bed, difficulty in walking, turning in bed, tremors for one year, and stiffness for six months. MRI revealed cerebral and

cerebellar atrophic changes, and EEG suggested anterior horn cell involvement. Based on Ayurvedic assessment, the condition was diagnosed as Vatavyadhi.

Intervention**:** The patient was treated with a combination of Panchakarma procedures along with appropriate internal Ayurvedic medications aimed at Vata pacification and strengthening of neuromuscular functions.

Results: After completion of treatment, improvement was observed in stiffness, tremors, mobility, and daily activities. Overall functional ability and quality of life improved.

Conclusion: Ayurvedic management using Panchakarma and shaman chikitsa showed significant improvement in mobility, stiffness, tremors, and daily functioning in a patient with vatavyadhi correlating with probable Multiple System Atrophy. This suggests Ayurveda's potential supportive role in neurodegenerative disorders, which merits further validation through well-designed, systematic clinical studies

AS26-PP-013

A case report on successful management by Ayurveda of *Madhumeha* (With Reference DM-2)

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A case report on successful management by Ayurveda of *Madhumeha* (With Reference DM-2)

ABSTRACT

Diabetes Mellitus Type-2 (DM-2)is a chronic metabolic disorder marked by insulin resistance and relative insulin deficiency,leading to hyperglycaemia. According to Ayurveda DM-2 can be correlated with *Madhumeha*.*Madhumeha* arise primarily due to imbalance of *Kapha Dosha*, along with involvement of *Pitta* and *Vata* in later stage.although there is no complete care available in conventional medicine for DM-2.while in Ayurveda According to Charaka Acharya *Shodhana* and *Shamana chikitsa* along with *Pathya Ahara Vihara*.**Case report**:-A 50 Year Male patient was having symptoms like;weakness and tingling sensation in both legs.Required blood investigation for diabetes mellitus has been completed.**Management**:-We plan a treatment which includes *Snehana*,*Svedana* and *Virechana karma* followed by *Basti karma,*internal medication for 25 days.After completion of treatment patient is having significant result in 25 days.**Conclusion**:It can be concluded that ayurvedic treatment effectively benefited In DM-2 patient.

AS26-PP-014

Kampavata (Parkinson's Disease) treated with integrative Ayurvedic treatment : A single case narrative .

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Abstract :

Background: Parkinson's disease (PD) is a common age-related neurodegenerative disorder characterized by cardinal motor symptoms: rest tremor, rigidity, bradykinesia (slowness of movement), and gait/postural instability, often progressing over time . From an Ayurvedic perspective, the clinical manifestations of Parkinson's disease closely resemble *Kampavāta*, a condition described as a *Vāta*-dominant disorder. Ayurvedic management of *Kampavāta* focuses on restoring *Vāta* balance and improving functional capacity. **Case presentation**: Here is a case of a 63 year old female patient presented with complaints of reduced ability to perform routine activities, diminished response on the right side of the body, slurred speech and bilateral pedal edema, persisting for three years. The patient was a known case of Parkinson's disease with associated comorbidities of Type 2 Diabetes Mellitus for ten years and Ischemic Heart Disease for four years. The patient was receiving conventional medications including Pregabalin-based therapy. Based on detailed Ayurvedic clinical evaluation, the condition was diagnosed *Kampavata* . **Intervention** :The management included individualized internal Ayurvedic medicines along with *Shodhana* procedures , dietary regulation and lifestyle advice. The treatment protocol was designed considering disease chronicity, associated systemic conditions, and continuation of conventional medicine . **Outcome and follow-up**: Following the Ayurvedic intervention, gradual improvement was observed in motor performance, speech clarity, and functional ability. A reduction in bilateral pedal edema and improvement in overall well-being were also noted. No adverse events related to the Ayurvedic treatment were reported during the observation period. **Conclusion** : This case indicates that Ayurvedic management is effective in patients diagnosed with *Kampavāta* (Parkinson's disease), even in the presence of long-standing comorbidities.

Key Words : *Kampavata,* Parkinson's Disease, *Panchkarma* , *Vatavyadhi*

AS26-PP-015

Ayur-Nutrigenomics: Integrating Ayurvedic Constitutional Principles with Genomic Science for Personalized Nutrition – A Narrative Review

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Abstract

Background: Non-communicable diseases (NCDs) represent a major global health burden, with faulty dietary habits being a significant modifiable risk factor. NCDs contribute 63–66% of all deaths in India according to WHO / Global Burden of Disease. Ayurveda emphasizes *Ahara* as one of the *Trayopasthambha* and recognizes diet as *Mahabhesaja* when consumed according to individual constitution (*Prakriti*). Nutrigenomics, a modern scientific discipline, explores gene–nutrient interactions to develop personalized dietary strategies. The integration of these two systems has led to the emerging concept of Ayur-nutrigenomics. **Objective:** To review and critically analyze the conceptual framework and scientific relevance of Ayur-nutrigenomics in developing personalized dietary recommendations based on Ayurvedic Prakriti and genomic insights. **Materials and Methods:** A narrative review was conducted using authentic electronic databases including PubMed, Google Scholar etc. Keywords such as Nutrigenomics, Ayurveda, Ahara, and *Prakriti* were used. Classical Ayurvedic texts and peer-reviewed journals were also systematically reviewed. **Results:** Ayurveda has long advocated individualized dietary regimens through concepts such as *Ashtavidha Ahara Vidhi Visheshayatana*, *Pathya-Apathya*, and *Satmya*. Nutrigenomics provides molecular validation for these principles by identifying genetic variations influencing nutrient metabolism, inflammation, and disease susceptibility. The convergence of these disciplines enables constitution-specific, gene-responsive dietary planning. **Conclusion:** Ayur-nutrigenomics represents a promising integrative model for personalized nutrition by harmonizing ancient

Ayurvedic wisdom with modern genomic science. This approach may contribute to preventive healthcare, development of functional foods, and evidence-based personalized dietetics, warranting further empirical and clinical research.

Keywords: Ayurveda, Nutrigenomics, Personalized Nutrition, *Prakriti, Ahara*

AS26-PP-016

An Evidence Based Review of a Classical Polyherbal Medicine with Multitude of Health Benefits : *Balachatubhadra Churna*

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ABSTRACT

INTRODUCTION: *Balachaturbhadra Churna* is offers a multitude of health benefits and treat *Baala Roga*,which it has become so popular prescription by *Kaumarbhritya* practioners of *Ayurveda*. It is a combination of four drugs *Kanda* of *Musta*, *Phala* of *Pippali*, *Moola* of *Ativisha* and *Shring* of *Karkatshringi* particularly used in fever,diarrhoea,vomiting and cough.This combination was first mentioned in *Chakradatta* and has been in practice since a millennium.Thus,this review takes the approach to compile the classical references on *Balachaturbhadra Churna* as well as covers the pharmacological action of its ingredients.

MATERIAL AND METHODS: A systemic search on *Balachaturbhadra Churna* in *Ayurveda* classics and scientific publications were analysed.The compiled information was reviewed and discussed critically in this work.

RESULT: In present study, total 9 full-text published articles were identified through PubMed and Google Scholar using the Keyword "*Balachaturbhadra Churna*" and reviewed for drafting this

manuscript.*Balachaturbhadra churna* is mentioned in all classics with different name,while there are no major modifications in the indications and ingredients

DISCUSSION: Overall *Balachaturbhadra churna* predominantly *Katu-Tikta Rasa, Laghu-Ruksha* like *Guna* and properties like *Deepana, Pachana and Grahi*. Thus it can cure *Ama, Jwara, Trishna, Atisara, Kasa* and *Shvasa*. Drug dosage modification of this powder form into sugar syrup,*Avleha* and tablet will not only enhance the palatability but also efficacy of this formulation. All the experimental studies revealed the *Balachaturbhadra Churna* is having no toxic hazards at very higher dose levels.

CONCLUSION: This formulation is 1st mentioned in *Chakradatta* and then modified periodically by various authors. *Balachaturbhadra churna* is convincingly safe and potent compound formulation for management of pediatric illnesses.

KEYWORDS: Balachaturbhadra Churna, Musta, Ativisha, Pippali, Karkatsringi, Ayurveda

AS26-PP-017

DNA Barcoding: A Tool for the Authentication of Ayurvedic Medicinal Plants

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Abstract

DNA barcoding serves as a robust molecular tool for authenticating Ayurvedic medicinal plants at the genetic level. This process ensures their purity, safety, and effectiveness by overcoming the limitations of traditional identification methods. By detecting adulteration, substitution, and contamination, it enhances quality control and ensures the integrity of Ayurvedic medicine.

The method uses short, standardized genetic sequences—commonly ITS, matK, and rbcL to identify plant species. The rbcL + matK combination is internationally recommended by CBOL for land plants. Among these, the combination of rbcL and matK is most commonly used for Indian medicinal plants. Acting as molecular fingerprints, these unique DNA barcodes fulfill the principle of species-specific identification. The process involves extracting genomic DNA, amplifying standardized chloroplast

regions (like rbcL or matK) via PCR, and sequencing these fragments to identify species by matching them against a global reference library.

Several Ayurvedic medicinal plants, such as Ashwagandha, Tulsi, Neem, and Haritaki etc have been successfully authenticated using this technology. In India, the process costs approximately ₹1,500 to ₹5,000 per sample, covering the entire workflow from collection and extraction to final identification. Specialized services are provided by various government, private, and academic institutions, including the National Botanical Research Institute and the University of Delhi- provide specialized DNA barcoding services for medicinal plants. DNA barcode libraries such as BOLD GenBank and IBOL are reference databases of authenticated sequences used to identify unknown species by comparing them to known samples. The future of DNA barcode in Ayurvedic medicinal plants focuses on advancing in species authentication, conservation and industrial quality control. key areas of growth include integration with next generation sequencing (NGS) for drug discovery, supporting regulatory policies and documenting traditional knowledge to scale research and commercial applications.

Keywords: DNA Barcoding, Ayurvedic medicinal plants, matK and rbcL.

AS26-PP-018

Drug Safety Review Regarding Ayurvedic Single Herbal Drugs

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Abstract :

Introduction

Ayurvedic medicinal plants are extensively used due to their traditional acceptance and natural origin. However, classical Ayurvedic texts mention that improper use of herbal drugs can lead to adverse effects. With the increasing global use of Ayurveda, systematic evaluation of safety of herbal drug is necessary.

The present review aim to assess the safety profile of Ayurvedic single herbal drugs documented in standard reference literature.

Materials and Methods

A literature-based narrative review was conducted using Quality Standards of Ayurvedic Medicinal Plants, Volumes 1–10, published by CCRAS/ICMR. A total of 344 single herbal drugs of plant origin were included. Mineral, metallic, herbo-mineral drugs and compound formulations were excluded. Safety assessment of each drug was carried out based on classical Ayurvedic safety parameters including rasa, guṇa, vīrya, vipāka, prabhāva, tikṣṇatā, traditional usage pattern, dose considerations, and need for śodhana or medical supervision. Drugs were classified into safe and unsafe/caution categories.

Results

Out of 344 herbal drugs reviewed, 235 drugs were categorized as safe, having mṛdu to madhyama pharmacological action and a wide therapeutic margin. 107 drugs were classified as unsafe or requiring caution, due to their tikṣṇa nature, toxic potential, dose sensitivity, or need for shodhana and medical supervision.

Discussion

The findings indicate that although most Ayurvedic herbal drugs are relatively safe , many of them should be use with caution. This supports the classical Ayurvedic view that drug safety depends on rational selection and administration rather than natural origin alone.

Conclusion

Ayurvedic herbal drugs are safe when used judiciously; however, systematic safety classification is essential to prevent misuse and adverse effects.

Keywords: Ayurveda, Herbal Drug Safety, Pharmacovigilance, Quality Standards, Toxicity

AS26-PP-019

Pharmacodynamic Attributes of Dahahara Dravya in the Management of Pitta-Induced Dāha: A Review of Bhāvaprakāśa Nighaṇṭu

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Abstract:

Introduction: In Ayurveda, Pitta doṣa is responsible for heat, metabolism, and transformation within the body. Aggravation of Pitta leads to several pathological conditions, among which Dāha (burning sensation) is a prominent and distressing clinical feature. Dāha manifests due to vitiated Pitta along with disturbed Agni, affecting various Dravy and srotas, thereby compromising the quality of life. Classical Ayurvedic texts describe specific drugs possessing Dāha-hara (burning-alleviating) properties, which act by pacifying Pitta and reducing excessive internal heat.

Methods:A comprehensive literary review was conducted of the classical Ayurvedic text Bhāvaprakāśa Nighaṇṭu to identify drugs described with Dāha-hara activity. The selected Dravya were analyzed systematically based on their Rasapañcaka—rasa (taste), guṇa (qualities), vīrya (potency), vipāka (post-digestive effect), and doṣa karma—as well as their classical therapeutic indications. Relevant references were collected from different varga mentioned in the text.

Results: The review revealed that Dāha-hara Dravya are predominantly distributed in Harītakyādi varga, Guḍūcyādi varga, and Karpūrādi varga of Bhāvaprakāśa Nighaṇṭu. These drugs commonly exhibit Śīta vīrya (cooling potency), Madhura (sweet) and Tikta (bitter) rasa, and possess Pitta-śāmaka and Rakta-śodhaka properties. Such pharmacological attributes play a crucial role in mitigating burning sensation and correcting Pitta-induced pathological changes.

Discussion: The dominance of cooling, sweet, and bitter properties among Dāha-hara Dravya reflects a rational Ayurvedic therapeutic approach aimed at counteracting the heat and sharpness of aggravated Pitta. The findings highlight the classical understanding of Dāha management through herb-based modulation of doshic imbalance.

Conclusion: Bhāvaprakāśa Nighaṇṭu provides a systematic and comprehensive description of Dāha-hara Dravya. These classical insights form a strong theoretical foundation for further experimental and clinical studies exploring their potential in managing burning sensation and Pitta-related disorders.

Keywords: Bhāvaprakāśa Nighaṇṭu, Dāha, Dāha-hara Dravya

AS26-PP-020

Rasapañcaka-Based Evaluation of Kandughna Dravya Mentioned in Bhāvaprakāśa Nighaṇṭu: An Ayurvedic Review

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Abstract

Background:

Kandu (pruritus) is a common clinical manifestation described in Ayurveda, predominantly arising due to Kapha doṣa vitiation, often associated with Pitta aggravation and Rakta duṣṭi. It is frequently observed in various Ayurvedic dermatological disorders and significantly affects patients' quality of life.

Objective:

The present review aims to analyze and compile Kandughna (anti-pruritic) drugs described in Bhāvaprakāśa Nighaṇṭu based on classical Ayurvedic pharmacological principles.

Materials and Methods:A comprehensive literary review of Bhāvaprakāśa Nighaṇṭu, authored by Bhāvamiśra in the 16th century, was carried out. Drugs indicated for Kandu were critically analyzed according to Rasapañcaka parameters—Rasa, Guṇa, Vīrya, Vipāka, and Karma—to understand their mode of action in the management of pruritus.

Results:

The analysis revealed that most Kandughna drugs possess Laghu and Rūkṣa guṇa, Tikta and Kaṣāya rasa, Kapha-Pitta śāmaka properties, and Raktśodhana karma. These attributes contribute to the alleviation of itching by reducing Kapha dominance, correcting Rakta duṣṭi, and drying excessive secretions responsible for pruritic symptoms.

Conclusion:

Bhāvaprakāśa Nighaṇṭu serves as a valuable classical reference for identifying and understanding anti-pruritic drugs through Ayurvedic pharmacological concepts. The systematic and clinically oriented descriptions of Kandughna drugs provide a strong scientific basis for their rational application in contemporary Ayurvedic dermatological practice.

Keywords: Bhavaprakasha Nighantu, kandu , Kandughna Dravya

AS26-PP-021

Network Pharmacology Study of Punarnava as an anti- Inflammatory Drug (Boerhavia diffusa)

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ABSTRACT

Network pharmacology is an interdisciplinary field that integrates systems of biology, bioinformatics, and pharmacology to understand drug actions and interactions within complex biological networks. Unlike traditional pharmacology, which typically follows a "one-drug-one-target" model, network pharmacology views the body as a system of interconnected molecular interactions, focusing on a "multi-target, multi-pathway" approach to drug discovery.

AS26-PP-022

Conceptual analysis of *Suvarnaprashan* in Ayurvedic Classics

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ABSTRACT

INTRODUCTION .

Suvarnaprashan is one of the oldest traditions of India and described since Vedic era. Suvarnaprashan is considered special because it utilizes alpamatra, shighra-
kriya, and rasayana -dominant principles, making it suitable for pediatric administration when prepared and administered according to classical guidelines. To understand its benefits and dosage as per Ayurveda text is purpose of this article.

MATERIAL AND METHODS

This conceptual study was conducted through an narrative literary review of classical Ayurvedic texts including Brihattrayi,kashyapa samhita Rasatarangini, and other relevant online academic databases.

RESULTS

Classical Ayurvedic texts reveal that Suvarna Prasan is described as a Lehana procedure primarily indicated in infants and children. Kashyapa Samhita states that regular administration of Suvarna enhances Medha, Agni, Bala, and Varṇa, and protects the child from diseases.

DISCUSSION

Suvarnaprashan is a significant preventive pediatric intervention rooted in Ayurvedic principles. Ghrita acts as a *Yogavahi*, facilitating the absorption of Suvarna, while Madhu improves palatability and digestion. The conceptual analysis suggests that suvarnaprashan functions through *Agni deepana*, *Ojas vardhana*, and *Medhya karma*, thereby supporting physical and mental development.

CONCLUSION

Suvarnaprashan is effective immune modulator treatment which increases baby's strength, appetite, complexion, and health. Its standard dose should be 1.25 mg/kg body weight of standard suvarn bhasm mixed with uneven quantity of medicated ghee and honey and allow licking it at least on pushyanakshatra with chanting holy mantra.we should follow indication and contraindication of lehan as described by Aacharya Kashyap.

Keywords :suvarnprashan ,Ayurvedic immunity,rasayana,lehana , Ayurvedic immunization

AS26-PP-023

Systematic Review of Reverse Pharmacological Evidence for Udumbara Kwatha Basti in Ulcerative Colitis: Integrating Classical Basti Therapy with Pathya-Apathya for Sustained Remission

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Abstract:

Ulcerative Colitis is a chronic inflammatory bowel disease marked by relapsing episodes of bloody diarrhoea, abdominal pain, and urgency, significantly impairing quality of life. In Ayurveda, Ulcerative Colitis is comparable to *Raktatisara* and *Pittaja Atisara*, caused by vitiation of Pitta and Rakta affecting the intestinal tract. *Udumbara* (Ficus racemosa) *Kwatha Basti* is a classical Ayurvedic therapy aimed at direct colonic healing, yet its evidence-based validation through reverse pharmacology remains limited. **Objective**: To review reverse pharmacological evidence supporting the efficacy, mechanism, safety, and dietary integration (*Pathya-Apathya*) of *Udumbara Kwatha Basti* in Ulcerative Colitis. **Methods:** A systematic review of classical Ayurvedic texts and modern scientific databases was conducted up to December 2024. Studies on Udumbara phytochemistry, anti-inflammatory action, experimental and clinical evidence in Ulcerative Colitis and *Pathya-Apathya* guidelines were analyzed following PRISMA 2020 standards.

Results: Udumbara contains tannins, flavonoids, and triterpenes with proven anti-inflammatory, antioxidant, and wound-healing effects. *Udumbar Kwatha Basti* delivers localized action on colonic mucosa, resulting in significant symptom relief, mucosal healing, and remission maintenance. Clinical outcomes improve further when combined with appropriate *Pathya-Apathya*, which supports digestive strength and prevents disease flare-ups. **Conclusion:** Udumbara Kwatha Basti demonstrates strong reverse pharmacological justification as a safe and effective integrative therapy for Ulcerative Colitis. Its combined use with classical dietary and lifestyle measures offers a holistic approach aligned with modern disease mechanisms and traditional Ayurvedic principles.

Keywords: Ulcerative Colitis, Udumbara Kwatha Basti, Reverse Pharmacology, Raktatisara, Pathya-Apathya, Inflammatory Bowel Disease, Ayurveda, Systematic Review

AS26-PP-024

Gastrointestinal Structural And Functional Alterations Due To Chronic Antacid Use: A Narrative Review With Ayurvedic Correlation To Agni And Grahani Concepts

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ABSTRACT

Introduction: Antacids and acid-reducing medications, including proton pump inhibitors, are widely used for managing acidity, heartburn, and digestive discomfort. While these drugs are effective for short-term relief, prolonged and unsupervised use has raised concerns regarding their impact on the structure and function of the gastrointestinal tract. In Ayurveda, proper digestion depends on the balanced state of Agni (digestive fire) and the healthy functioning of digestive organs such as Amashaya and Grahani, which are central to nutrient absorption and metabolism. Methods: This narrative review analyzed published scientific literature from PubMed, Google Scholar, Scopus, and the Cochrane Library between 2000 and 2024, focusing on the long-term effects of antacid use on the gastrointestinal system. In parallel, classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya were examined to explore traditional explanations of digestive impairment and malabsorption. Results: Evidence indicates

that chronic antacid consumption results in decreased gastric acid secretion (hypochlorhydria), rebound acid hypersecretion, impaired protein digestion, and reduced absorption of key micronutrients such as calcium, iron, magnesium, and vitamin B12. Structural alterations in the gastric mucosa, imbalance in gut microbiota, and higher susceptibility to gastrointestinal infections have also been reported.

These disturbances closely correspond to Ayurvedic conditions like Agnimandya, Ajirna, Grahani Dosha, and Ama formation. Suppression of gastric acid parallels disruption of Agni, leading to incomplete digestion and poor tissue nourishment. Discussion and Conclusion: Long-term use of antacids can disturb gastrointestinal integrity and digestive efficiency, potentially resulting in chronic digestive disorders. Ayurveda emphasizes preserving Agni and addressing underlying causes rather than merely controlling symptoms. Integrating modern medical knowledge with Ayurvedic principles may offer a safer and more holistic approach to maintaining long-term digestive health.

KEYWORDS:

Chronic antacid use, Proton pump inhibitors, Hypochlorhydria, Gastrointestinal structural changes, Agni, Grahani Dosha, Malabsorption, Dysbiosis, Ayurvedic correlation, Integrative medicine

AS26-PP-025

A conceptual study of *Arsha*(piles): Etiological factors and their correlation with guna in Ayurveda

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Abstract:

Arsha(piles) is a common anorectal disorder described extensively in Ayurvedic classics and is considered one of the *Mahagada* due to its chronicity and impact on quality of life. The present conceptual study aims to analyse the etiological factors of *Arsha* mainly Mandagni and other correlation of Guna from an Ayurvedic perspective. Classical nidan such as *Mandagni Atisnigdha, Atiruksha, Atiguru, Vidahi ahara,etc. Mandagni* plays a central role in the pathogenesis of arsha by promoting aama formation, *purishvaha strotodusti, Apana vayu vaigunya* . Ultimately leading to constipation and

development of hemarroidal mass. These *guna* contribute to impaired *malapravrutti kashta*, *Gudavedna*, *Raktstrav*, *Guda rakta mamsa*. Understanding the *Nidana-Guna* correlation provides deeper insight into disease pathogenesis and aids in formulating precise preventive and therapeutic strategies based on *Nidan parivarjan* and *Guna pratyanik* treatment. This conceptual analysis reinforces the fundamental ayurvedic principle that disease manifestation is a consequence of sustained exposure to specific *Guna* and emphasizes the importance of correcting agni and aahar in the effective management and prevention of *Arsha*.

AS26-PP-026

"**Conservative *ayurveda* management of traumatic knee ligament injury using *jalaukavacarana* and external therapy : A Case Report"**

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Abstract

Traumatic injuries of the knee joint involving ligamentous structures commonly result in pain, swelling, instability, and functional limitation. Anterior cruciate ligament (ACL) injuries are frequently managed surgically in contemporary medical practice; however, *ayurveda* offers conservative therapeutic approaches aimed at pacifying aggravated *Vata* and promoting natural tissue healing. Such traumatic conditions can be correlated with *abhighataja sandhi vikara* and *snayu gata vata*, wherein sudden trauma leads to derangement of *vata dosa* associated with *rakta dusti*, resulting in *sula* (pain), *sotha* (swelling), *stambha* (stiffness), and restricted joint movements.the present case report highlights the *ayurveda* management of a traumatic knee ligament injury using *jalaukavacarana* and external therapies i.e. *lepa* and *pichu* along with oral medication from an *ayurveda* perspective, trauma to the knee joint causes vitiation of *vata* localized in *sandhi* and *snayu*, along with involvement of *rakta*, leading to inflammatory changes and functional impairment. The integrative application of parasurgical and external therapies resulted in marked reduction of pain and swelling, improvement in joint mobility, and restoration of functional stability. This case suggests that *ayurveda* conservative management may serve as a valuable non-surgical approach in selected cases of traumatic knee ligament injuries, warranting further systematic clinical evaluation.

AS26-PP-027

Critical Analysis and Probable Mode of Action of *Avipattikara Churna*: A Narrative Review

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ABSTRACT :

INTRODUCTION*: Avipattikar Churna* is a classical Ayurvedic polyherbal formulation widely used for the management of *Pittaja Vikara*, particularly in hyperacidity , indigestion, acid reflux, and constipation. It contains ingredients such as *Triphala, Trikatu, Musta, Vidanga*, Ela,*Patra, and Sharkara* which collectively help in balancing *Pitta* and pacifying aggravated *Pitta*. The formulation acts as a mild laxative, promotes proper bowel movement, and supports gastrointestinal and hepatic function. When used in appropriate dosage *Avipattikar Churna* is considered safe and effective for improving digestion and maintaining gastrointestinal health.

MATERIAL AND METHODS : References of *Avipatikar Churna* were collected from various available classical texts, some articles from various published journals were also reviewed in this work.

RESULTS : Total 7 Classical Texts and 7 Published Articles have been reviewed . In all this classical texts is having same ingredients and same method of preparation.

DISCUSSION: *Avipattikar Churna* is a well-established classical Ayurvedic formulation indicated mainly in *Amlapitta* and *Pittaja Vikara* . The formulation demonstrates a rational combination of drugs possessing *Deepana*, *Pachana, Pitta-Shamana*, and *Mridu Virechana* properties, thereby addressing both the etiology and pathogenesis of the disease. The presence of *Shunthi*, *Maricha,* and *Pippali* enhances *Agni* and facilitates the digestion of *Ama*, which plays a crucial role in the development of *Amlapitta*.

CONCLUSION :*Avipattikar Churna* is a effective, and time-tested Ayurvedic formulation for the management of *Amlapitta* and *Pittaja vikara*.

KEYWORDS : Ayurvedic Formulation-*Avipatikar Churna -Churna 129alpna -Amla pitta- Pittaja vikara*

AS26-PP-028

Fundamental principle-based approach to rational drug selection and safety using Samanya Vishesh Siddhant: Conceptual validation through the management of Hypertension.

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Abstract

Background:

In contemporary Ayurvedic practice, lack of principle-based drug selection often leads to irrational polypharmacy, posing challenges to standardization, safety, and reproducibility of therapeutic outcomes. Classical Ayurvedic fundamentals such as Samanya – Vishesh Siddhant provide a scientific framework for rational, minimal, and targeted use of herbal drugs. When applied appropriately, these principles can ensure safety, quality, and therapeutic precision in lifestyle disorders like Hypertension. Case study become the baseline data for successful the implementation of ayurvedic treatment.

Objective-

To evaluate the application of Samanya-Vishesh Siddhant as a fundamental tool for rational drug selection, safety, and therapeutic standardization, demonstrated through the management of a case of Hypertension using internal ayurvedic medication alone.

Methods:

The data generated from single case diagnosed with Hypertension and managed through internal Ayurvedic therapy. Based on detailed analysis of hetu, dosha, and guna predominance drug selection was carried out by applying Samanya–Vishesh Siddhant to achieve samprapti vighatana. A single classical herbal powder combination of Vidang and Musta was selected to maintain minimal drug usage, ensure

safety, and avoid unnecessary drug interactions. Lifestyle modifications were advised as supportive measures.

Results:

The subject showed noticeable improvement in general health, marked relief in symptoms such as shirahshool and shiro-gaurav. The blood pressure had significant reduction that which from 210/110 mmHg on first day to 126/82 mmHg within 12 days of treatment. Neither adverse drug reactions nor complications were reported, confirming the safety of the selected formulation.

Discussion:

The formulation was selected based on its rasapanchaka, guna karma, and established safety profile, making it suitable for internal administration. The use of a limited, well-understood combination supports principles of drug standardization, quality assurance, and reduced toxicological risk. The therapeutic response observed reflects the effective application of fundamental Ayurvedic principles rather than disease-specific symptomatic treatment.

Conclusion:

This study highlights the relevance of Samanya–Vishesh Siddhant as a fundamental scientific basis for rational drug selection, safety, and standardization in Ayurvedic therapeutics. The case demonstrates that principle-based, minimal drug usage can yield effective clinical outcomes while maintaining safety and quality. Such an approach holds potential for broader application in Ayurvedic drug research and practice.

Keywords:

Samanya–Vishesh Siddhant, rational drug selection, safety of herbal drugs, standardization principles, samprapti vighatana, Hypertension

AS26-PP-029

Efficacy of Aharaj Rajaswalacharya on Kashtartava wsr to Primary dysmenorrhea: A Pilot Study

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ABSTRACT

Introduction: Dysmenorrhea, characterized by painful menstrual cramps, significantly impacts the quality of life for many
women. It is broadly classified into two types — *primary dysmenorrhea* (also called *spasmodic dysmenorrhea*), which occurs
without underlying pelvic pathology, and *secondary or congestive dysmenorrhea*, which arises due to identifiable causes
such as endometriosis or pelvic inflammatory disease. The clinical presentation of *Kashtārtava* closely parallels that of
primary dysmenorrhea, as both are characterized by painful uterine contractions during menstruation without structural
abnormalities. Ayurvedic texts attribute this condition mainly to *Vāta* vitiation (particularly *Apāna Vāta*), leading to
spasmodic pain in the lower abdomen and pelvic region.

Methods: A cohort of 10 women aged 14-30 years with primary dysmenorrhea was selected for this study. Participants were
instructed to follow dietary modifications (*Havishyanna i.e., Shali,* ilk*, Yava, Ghrita* 30 gm TDS, as per *Ayurvedic* classics
during their menstrual phase for three consecutive cycles. Dietary modifications included intake of warm, easily digestible
foods, and avoidance of cold and heavy foods. Pain intensity was measured using a Visual Analog Scale (VAS) and WaLIDD
score before and after the intervention.

Results: Data analysis showed a marked reduction in the intensity of menstrual pain among participants. The mean VAS
score decreased from 6.8 (pre-intervention) to 2.3 (post-intervention) ($p < 0.01$). The mean WaLIDD score decreased from
6.5 (pre-intervention) to 1.6 (post- intervention) ($p < 0.01$). Additionally, participants reported relief in other menstrual
symptoms, such as bloating and fatigue.
Conclusion: Dietary modifications as per *Ayurvedic* classics show promise in managing Primary dysmenorrhea, providing
a natural and holistic approach to alleviate menstrual pain and associated symptoms. This pilot study lays the groundwork
for future research to explore and traditional dietary practices..
Keywords: *Ayurvedic Diet, Dysmenorrhea, Havishyanna, Rajaswalacharya, Udavartini Yonivyapad*

AS26-PP-030

Prasramsini Yoni Vyapada (Uterine Prolapse): A Case Report

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ABSTRACT

Background: Prasramsini Yoni Vyapada, described in Ayurvedic classics, is characterized by laxity and descent of the yoni due to vitiation of Vata associated with dhatu kṣhaya. Clinically, it can be correlated with uterine prolapse, a common gynecological disorder in multiparous women that significantly affects quality of life. Conventional management includes pelvic floor exercises, pessary application, or surgical correction, which may not be suitable for all patients.

Case Presentation: A 54-year-old multiparous woman (P4L4) presented with complaints of a mass protruding from the vagina, burning micturition, and difficulty in micturition for two years. Gynecological examination and POP-Q assessment confirmed a second-degree uterine prolapse with associated cystocoele. The patient was managed conservatively based on Ayurvedic principles.

Intervention: Treatment included Sthanika chikitsa such as Yoni Abhyanga, Yoni Swedana, and Yoni Pichu, along with appropriate internal shamana auṣadhi aimed at pacifying vitiated Vata and improving tissue tone and pelvic support.

Outcome: Post-treatment evaluation showed significant improvement in subjective symptoms, including vaginal discomfort and urinary complaints. Objective assessment using POP-Q parameters demonstrated improvement in pelvic support and reduction in the degree of prolapse and cystocoele. No adverse effects were observed during the treatment period.

Conclusion: This case suggests that Ayurvedic conservative management is a safe and effective non-surgical approach for managing Prasramsini Yoni Vyapada corresponding to early to moderate uterine prolapse, with improvement in both symptoms and anatomical support.

AS26-PP-031

An Integrative Ayurvedic Approach In The Management Of Paripluta Yoni Vyapad: A Case Report

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Abstract

Yoni Vyapada comprises around 70% of Gynaecological problems and is most commonly encountered in the practice of gynecology. Some of them cause painful coitus, dysmenorrhoea,etc., and Paripluta is one of them.Pitta and Vata Dusti are presumed to be the main causes of this disease. Particularly in developing countries, due to its broad impact on the economy and societies. Delayed management of PID may result in higher rates of miscarriage, chronic pelvic pain, STD, progressive organ damage, and long-term reproductive disability due to its recurrence. Introduction: A common infection of the reproductive tract in active women is Pelvic inflammatory disease. Multiple organisms such as Neisseria gonorrhoeae, and Chlamydia trachomatis can cause pelvic inflammatory disease, Mycoplasma hominis, non-hemolytic Streptococcus etc. In modern medicine, it is commonly treated with systemic antibiotic therapy but this infection does not get under control even after a reasonable course of broad-spectrum antibiotics are administered. Leaving this condition untreated results in hydrosalpinx, pelvic abscess, pelvic adhesions, infertility, dysmenorrhea, etc. This disease manifests with irregular, excessive vaginal bleeding, bilateral lower abdomen pain, abnormal vaginal discharge, dyspareunia, nausea, vomiting, fever, etc. In Ayurveda,

this painful condition can be compared to Paripluta Yoni Vyapada based on the clinical manifestations i.e., pain in the abdomen, tenderness, dyspareunia, abnormal vaginal discharge, fever, etc. Dosha is the masculine Vata associated with Pitta Dosha, in Paripluta Yoni Vyapada. There was tenderness in both quadrants of the abdomen during palpation of the lower abdomen in this patient. Per speculum examination revealed abnormal vaginal discharge which was purulent, congestion of the cervix, and tenderness in fornices especially on movement of the cervix. These are the classical clinical characteristics of Paripluta Yoni Vyapada.. Discussion: Because of the cardinal features of PID, i.e., pain in the lower abdomen, tenderness, dyspareunia, etc., it can be compared with Paripluta within an Ayurveda system. Because of Pitta's predominant status, the treatment with Vataja Vyadhi should be developed in conjunction with medicinal products containing Pitta-Vata-Hara's properties and this study Yoni Prakshalana, Yoni Pichu, Pushyanuga Churna, etc. have chosen a specific reference to Paripluta for PID management.

Conclusion: The case study of Ayurvedic management Paripluta Yoni Vyapada, with Sthanik Chikitsa and Shaman Chikitsa.

Keywords: *Ayurveda, Paripluta, Sthanik Chikitsa, Shaman Chikitsa, Yoni Vyapada, Yoni Prakshalana, Yoni Pichu*

AS26-PP-032

Analysis of Ayurvedic Interventions for the Management of Asrigadara: An Evidence-Based Case Study

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ABSTRACT

Asrigdara is a common presentation in gynecological practice.. Asrigdara means *Dirana*i'e. excessive excretion of *Asruk* i'e excessive or prolonged menstruation with or without inter- 134enstrual bleeding. *Asrigdhara* is one of the *Vikara* of *Raktavaha Srotas*. Abnormal patterns of menstrual bleeding have traditionally been described using terms such as menorrhagia metrorrhagia, polymenorrhagia, polymenorrhagia, oligomenorrhoea. Normal menstrual cycle interval is 28 days (21-35 days), menstrual flow duration 4-5 days and normal menstrual blood loss should be 35ml (20-80 ml). Any deviation in the above criteria comes under abnormal uterine bleeding, means excessive amount of bleeding or

increased duration of bleeding during menstruation or both termed as AUB. Excessive bleeding during menstruation can result in restriction of her daily activities and reduces her efficiency in society. If appropriate measures are not adopted than it can be a life threatening also due to excessive bleeding. Commonly used treatment for *Asrigdara* is only time bedding, which leads to recurrence of the condition. In modern medicine haemostatic, analgesic and hormonal therapies are advised for menorrhagia, which has limitations. Hence it is need of time to have an integrated and comprehensive therapeutic intervention in *Ayurveda* to prevent recurrence.**Aims and Objectives:** To establish the role of *Rakta stambhaka Chikitsa* and *Shaman Chikitsa* in *Asrigdhara*. **Materials and Methods:** It is a single case study done at the OPD of department of Prasuti Tantra and Stri Roga, Parul Ayurved Hospital. A case of *Asrigdara* treated with *Rakta stambhaka Chikitsa* and *Shaman Chikitsa* . **Results:** The treatment was effective in relieving all the symptoms of *Asrigdara*. **Conclusion:** The case report shows that *Ayurvedic* treatment is potent in management of *Asrigdara*. There are no adverse effect noted during and after the treatment. Hence it can be concluded that *Asrigdara* is effectively treated by using *Chikitsa Siddhanta* mentioned in *Ayurveda*.

Bleeding have traditionally been described using terms such as menorrhagia

KEYWORDS: *Asrigdara, Raktavaha Srotas*, Menorrhagia*, Raktasthambhaka Chikitsa, Shamana Chikitsa*

AS26-PP-033

Concept Of Prakruti In Ayugenomics: Review Of Phenotypic Standards And Genomic Associations

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Abstract

Introduction:

Prakruti is a fundamental concept of Ayurveda that describes the inherent constitutional makeup of an individual, determined at the time of conception and governed by the relative predominance of Vata, Pitta, and Kapha Doshas. It manifests as a stable set of phenotypic traits encompassing anatomical, physiological, metabolic, and psychological characteristics. The emerging field of Ayugenomics seeks to integrate traditional Ayurvedic concepts with modern genomics to establish a scientific foundation for individualized health care and precision medicine.

Methods:

This review analyzes classical Ayurvedic descriptions and contemporary scientific literature focusing on Prakruti-based phenotypic standards and their genomic associations. Emphasis is placed on the methods used for standardized Prakruti assessment, including structured questionnaires, clinical examinations, and validated phenotyping tools applied in genomic and molecular research.

Results:

Ayugenomics explores associations between Prakruti-specific phenotypes and genomic markers such as single nucleotide polymorphisms, gene expression profiles, and metabolic pathways. Distinct phenotypic patterns observed in Vata, Pitta, and Kapha Prakruti such as variations in metabolism, inflammatory responses, neurocognitive functions, and energy homeostasis correlate with differential genetic regulation. Pitta Prakruti is associated with enhanced metabolic activity and inflammatory responses, Kapha Prakruti with anabolic processes and lipid metabolism, and Vata Prakruti with variability, rapid responsiveness, and neural signaling instability. Standardized phenotypic assessment enables reliable population stratification and strengthens genotype phenotype correlations.

Discussion

The integration of standardized Prakruti phenotypic standards with genomic science provides a comprehensive framework for understanding inter-individual variability in health and disease. This convergence supports disease prediction, preventive strategies, personalized therapeutics, and optimization of drug response, establishing Ayugenomics as a promising paradigm for future personalized and integrative medicine.

AS26-PP-034

Understanding the Systemic Action of Basti Karma: An Integrative View of Enteric Neurobiology and Multi-Omics

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Abstract

Introduction: *Basti Karma* is described in Ayurveda as *Ardha Chikitsa* because of its strong systemic action, especially in balancing *Vata Dosha*. According to classical texts, *Pakvashaya* is the main site of *Vata*, indicating that therapies given through this route can affect the whole body. Modern science explains this through the Enteric Nervous System (ENS), which controls gut movement, secretion, immunity, and communication with the brain. Understanding *Basti* through ENS and multi-omics helps to explain its wide therapeutic action. **Methodology:** This is a conceptual study based on classical *Ayurvedic* texts and modern scientific knowledge related to the ENS and multi-omics fields such as epigenomics, transcriptomics, gut microbiome, and metabolomics. *Ayurvedic* concepts is correlated with systems biology to understand how *Basti* works at a deeper biological level. **Results:** Conceptually, *Basti* stimulates receptors in the colon, which activates ENS pathways. These pathways help to regulate gut movement, secretions, immune responses, and nerve signaling. From a multi-omics view, ENS activity influences gene regulation (epigenomics), gene expression (transcriptomics), gut microbial balance, and metabolic processes related to energy and immunity. The gut microbiome plays an important role in connecting gut activity with overall body regulation. **Discussion:** *Basti Karma* acts primarily through *Pakvashaya*, thereby influencing systemic physiological functions. Stimulation of the

Enteric Nervous System provides a neurobiological basis for classical concepts such as *Vata Anulomana* and *Srotoshodhana*. ENS modulation further impacts molecular, microbial, and metabolic networks, explaining the systemic and regulatory action of *Basti*. **Conclusion:** *Basti* can be understood as a gut-centered systemic therapy acting through the Enteric Nervous System and multi-omics pathways. This integrative approach connects *Ayurvedic* knowledge with modern science and supports the role of *Basti* in preventive and personalized *Ayurveda*.

Key words: *Basti Karma*; Enteric Nervous System; *Vata Dosha*; Gut Microbiome; Multi-Omics.

AS26-PP-035

Prakriti and Ayurgenomics on Basis of Personalized Medicine

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Abstract

Personalized medicine emphasizes individualized prevention and treatment based on genetic, environmental, and lifestyle variability. Ayurveda, an ancient system of medicine, has inherently advocated personalized healthcare through the concept of Prakriti. Prakriti refers to the unique psychosomatic constitution determined at the time of conception by the predominance of Vata, Pitta, and Kapha Doshas, which remains constant throughout life. It governs physical characteristics, psychological traits, disease susceptibility, and therapeutic responses. Ayu, as described in classical Ayurvedic texts, represents the integrated state of body, mind, senses, and soul, emphasizing holistic health and longevity.

Ayurgenomics is an emerging interdisciplinary field that integrates Ayurvedic Prakriti classification with modern genomics to explain inter-individual variations at the molecular level. This conceptual and

narrative review is based on classical Ayurvedic literature, particularly Charaka Samhita, along with contemporary scientific research related to personalized medicine and genomics. Various studies demonstrate associations between Prakriti types and genetic polymorphisms influencing immunity, metabolism, inflammation, and drug metabolism. These findings provide scientific validation to Ayurvedic principles of individualized healthcare. Integrating Prakriti-based assessment with modern personalized medicine offers a predictive, preventive, and participatory approach, enhancing disease prevention, health maintenance, and therapeutic efficacy.

Keywords: Ayurgenomics, Ayurveda, Disease Prevention, Personalized Medicine, Prakriti

AS26-PP-036

Ayurgenomics-Based Analysis of Gut Microbiome Variations in Relation to *Prakriti* Phenotypes

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Abstract

Background: Inter-individual variability in digestion, metabolism, immune response and disease susceptibility is explained in Ayurveda through *Prakriti*, an inherent constitutional phenotype governing *Agni, Kostha* and metabolic regulation. Recent advances in gut microbiome research highlight the role of host–microbe interactions in determining health and disease. Ayurgenomics integrates Ayurvedic principles with modern omics sciences to support personalized and preventive healthcare.

Methods: A comprehensive narrative review of literature was conducted using databases such as PubMed and PubMed Central. Studies related to *Prakriti* phenotyping, gut microbiome diversity, Ayurgenomics and Ayurveda-based dietary and therapeutic interventions were included and critically analyzed.

Results: Distinct gut microbiome patterns were observed across different *Prakriti* phenotypes. *Kapha Prakriti* demonstrated microbial profiles associated with metabolic efficiency and energy conservation. *Pitta Prakriti* showed enrichment of microbes related to digestion and inflammatory pathways, while *Vata Prakriti* exhibited greater microbial diversity and instability. Ayurveda-based interventions including *Prakriti*-specific diet, *Rasayana* therapy, *Panchakarma* and structured daily regimens *(Dinacharya)* were found to modulate gut microbiome composition and improve digestive function.

Discussion: The observed microbiome variations provide biological support for classical Ayurvedic descriptions of constitutional and digestive individuality. Integrating *Prakriti* phenotyping with microbiome science strengthens the conceptual framework of personalized medicine.

Conclusion: An Ayurgenomics-based approach bridges traditional Ayurvedic knowledge with modern microbiome research, reinforcing the role of Ayurveda in predictive, preventive and personalized healthcare.

Keywords: Ayurgenomics, *Prakriti* phenotype, Gut microbiome, *Agni, Kostha*, Microbial diversity, Personalized medicine, Ayurveda

AS26-PP-037

M health-Enabled Ayurveda: Integrating Wearable Technologies And Digital Health For Holistic Care And Data Analysis.

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Abstract

mHealth (Mobile Health) refers to the use of mobile devices and wireless technologies to support healthcare delivery, health monitoring, disease prevention, and health education.

Digital health tools such as electronic health records, wearable sensors, artificial intelligence, and telemedicine platforms enable systematic documentation of Ayurvedic parameters including *Prakriti*, *Vikriti*, lifestyle factors, and treatment responses. mHealth applications further enhance this integration by offering mobile-based tools for self-assessment, personalized diet and lifestyle recommendations, medication reminders, and remote consultations with Ayurvedic practitioners. These technologies support patient engagement and empower individuals to actively participate in preventive and promotive

healthcare, a core principle of Ayurveda. Key components of mHealth are Mobile applications (apps), SMS and voice services, Wearable devices, Wireless communication. Wearable devices are electronic technologies designed to be worn on the body that continuously or periodically monitor vital signs and health-related parameters. It includes Smartwatches, Fitness bands, Biosensors (skin patches, rings, smart clothing), HRV. Stress levels in mHealth are commonly assessed using Heart Rate Variability (HRV) and Electrodermal Activity (EDA), both of which reflect the activity of the autonomic nervous system (ANS). HRV is measured by smartwatches and fitness bands using photoplethysmography (PPG) or ECG-based sensors. EDA is measured using skin-contact sensors in wearables like wristbands or patches.

When integrated with Ayurvedic principles, wearable data can support-Assessment of lifestyle balance related to *Dosha* dynamics, Monitoring sleep (*Nidra*), activity (*Vyayama*), and stress (*Manasika bhava*), Personalized *Dinacharya* and *Rutucharya* recommendations, Preventive healthcare and long-term wellness tracking.

In public health, mHealth in Ayurveda promotes preventive healthcare by encouraging healthy lifestyle practices, early risk identification, and long-term behavior change. It also supports large-scale data collection for research, enabling outcome-based validation of Ayurvedic interventions and helping bridge Ayurveda with evidence-based medicine.

Overall, mHealth in Ayurveda serves as a powerful bridge between ancient wisdom and modern technology, enhancing accessibility, personalization, and global relevance of Ayurvedic healthcare.

AS26-PP-041

A Systematic Review on Effect of *Mamajjak*(Enicostemma littorale Blume) in Diabetes Mellitus

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ABSTRACT

Diabetes mellitus is a chronic metabolic disorder marked by persistent hyperglycaemia caused by impaired insulin secretion, insulin action, or both, and is associated with long-term microvascular and macrovascular complications. It is a major global health problem, with the World Health Organization reporting that more than 422 million people worldwide are affected, especially in low and middle income countries.

In *Ayurveda*, diabetes is correlated with *Prameha* and *Madhumeha*, which arise mainly due to *Kapha* predominance, *Medo-dushti*, *Kleda vriddhi*, and *Agnimandya*.*Mamajjak* (Enicostemma littorale Blume), a herb belonging to the family Gentianaceae, is well described in classical *Ayurvedic* texts for the management of *Prameha* and other metabolic disorders. It is characterized by *Tikta* and *Katu rasa*, *Laghu* and *Ruksha guna*, *Ushna virya*, and *Katu vipaka*, and is known for its *Kapha-Pitta shamaka*, *Deepana*, *Pachana*, *Lekhana*, and *Pramehaghna* actions. These properties help reduce excessive *Kleda* and *Meda* and support metabolic balance.

A systematic review was carried out to study its effect in diabetes.The research database like Research gate and Pubmed were searched with keywords like *Mamajjak*, Enicostemma littorale, Diabetes mellitus,*Madhumeha and Prameha*.Total 5 studies were found in the review.The observations and insights are presented in this review.

Modern phytochemical and pharmacological studies have identified active compounds such as swertiamarin, swertisin, oleic acid, and flavonoids in *Mamajjak*, which exhibit hypoglycaemic, antihyperlipidaemic, antioxidant, anti-inflammatory, and hepatoprotective effects. Experimental studies indicate that *Mamajjak* improves glucose control by enhancing insulin secretion and sensitivity, promoting pancreatic β-cell regeneration, regulating carbohydrate metabolic enzymes, and inhibiting α-amylase, α-glucosidase, DPP-IV, and SGLT2. Clinical and pharmacokinetic studies further support its safety and effectiveness as a complementary antidiabetic drug.Despite encouraging classical and experimental evidence, there is a need for well-designed clinical trials and standardization studies to establish the efficacy, safety, and therapeutic utility of *Mamajjak* in the management of Diabetes Mellitus.

Keywords: *Mamajjak*, Enicostemma littorale, Diabetes mellitus; *Madhumeha*; *Prameha*

AS26-PP-042

Perspective of Development of Urine Analysis Tool in Diagnosis of Prameha

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ABSTRACT

BACKGROUND

Prameha, mentioned in the ancient Ayurvedic texts is a group of diseases rather than a single illness that includes clinical symptoms characterized by *Prabhuta Aavil Mutrata* (excessive & turbid urine). Although several research studies have explored *Prameha*, this investigation uniquely emphasizes its diagnosis through urine analysis, grounded in classical Ayurvedic references from the *Charaka Samhita* and *Sushruta Samhita*. These ancient texts highlight the importance of specific urinary features (*Mutralakshana)* in understanding the onset, nature, and progression of the disease.

AIM & OBJECTIVES

To develop Ayurvedic diagnostic tool based on urine analysis for diagnosis and treatment of *Prameha.*

METHODOLOGY

A structured search was conducted in CTRI, Shodhganga, PubMed, and ARD Database using predefined keywords such as *Prameha, Mutra-Pariksha*, urine analysis. This review adopted a systematic narrative approach to evaluate existing evidence on *Mutra-Pariksha* and its diagnostic relevance in *Prameha*. Research on Prameha is the most widely documented, with 153 studies in CTRI, 59 in PubMed and 23 in the ARD database. In comparison Mutra Pariksha show minimal representation with only 4 studies each in CTRI and PubMed while Mutra Pariksha in Prameha has just 1 ongoing study in CTRI.

CONCLUSION

The development of a structured Ayurvedic urine analysis tool represents a novel approach that bridges classical diagnostic wisdom and scientific methodology. Such a validated diagnostic instrument may serve as a significant advancement in standardizing Ayurvedic diagnosis, enhancing research reproducibility, and supporting integrative clinical practice in *Prameha.* Developing a structured urine analysis tool grounded in these classical principles offers a promising approach to integrate traditional diagnostic wisdom with modern scientific frameworks. This perspective highlights the need to formalize Mutra Pariksha into a reliable tool for improving the early detection and clinical assessment of Prameha.

AS26-PP-043

Holistic approach of psoriasis through Ayurveda: A case report

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ABSTRACT

Background: Psoriasis is a non-infectious chronic inflammatory skin disorder, characterized by well-defined erythematous plaques with silvery scales, particularly affecting extensor surface, scalp and nails, and usually follow relapsing and remitting course. In an Ayurvedic perspective, this disease was compared with *Kushtha* a as a general Ayurvedic entity, as no specific *Kushtha* subtype could be precisely correlated. Most of the clinical signs and symptoms

exhibited mixed features resembling psoriasis, such as *mahavastu* (extensive lesions), *krushnaruna varna* (blackish-reddish discoloration), *kandu* (itching), *rukshata* (dryness) and *Toda* (Pain). **Clinical Findings:** A 41 -year -old male presented with chronic reddish plaques with dryness, itching and scaling on skin of hands and legs along with ayurvedic findings and positive auspitz sign. **Intervention:** Ayurvedic treatment commenced with *vamana karma*, *virechana karma*, *niruha basti*, *raktamokshana*, and internal medications like *kaishore guggulu*, *lelitak makshik* and *manjisthadi kwatha*. **Outcome:** In 4 weeks, improvement was noted in reddish brown discoloration, dryness, scaling and itching of skin with improvement in Pasi score from 16 to 4 at the time of discharge. **Conclusion:** The treatment aimed to alleviating symptoms, and enhancing overall well-being.

KEYWORDS:

- Psoriasis,
- inflammatory skin disorder,
- erythematous plaques,
- *Kustha*

AS26-PP-045

Assessment of Pulmonary Function After *Dhumapana* (Medicated Fume Inhalation) in a Healthy Individual: Case Report.

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Abstract

Introduction: *Dhumapana* (Medicated fume inhalation), an Ayurvedic therapeutic procedure involving the inhalation of medicated fumes. It is traditionally been used for boosting respiratory health and detoxification. According to the WHO's estimates , nearly 65 million people have moderate to severe COPD that accounts for 5% of deaths globally.

Patient information: This paper investigates the impact of *Dhumapana* (medicated fume inhalation) using *Devadarwadi Dhuma Varti* on pulmonary function in a 20-year-old healthy volunteer. The study

conducted at Khemdas Ayurved Hospital, Parul Institute of Ayurved and Research, Parul University, under the supervision of Dr. Dinesh Patil. Pulmonary function was assessed using forced vital capacity (FVC), forced expiratory volume in one second (FEV1), FEV1/FVC ratio, and peak expiratory flow rate (PEFR) over a 30-day period. This case study demonstrates that, regular practice of *Dhumapana* (medicated fume inhalation) with *Devdarwadi dhumavarti* enhance pulmonary function in healthy individuals, particularly by increasing lung capacity and improving expiratory control.

Result: The findings of this case study suggest that regular practice of *Dhumapana* with *Devdarwadi Dhuma Varti* may positively influence pulmonary function in healthy individuals. Improvements were particularly noted in lung capacity and expiratory control, indicating its potential role in maintaining respiratory health and preventing future respiratory disorders.

Conclusion : This case study demonstrates that,regular practice of *Dhumapana* (medicated fume inhalation) with *Devdarwadi dhuma varti* may enhance pulmonary function in healthy individuals, particularly by increasing lung capacity and improving expiratory control. While further studies with larger cohorts are needed to generalize these findings, the results offer promising evidence of the efficacy of this breathing technique in promoting respiratory health.

Key words: *, Dhumapana (medicated fume inhalation) , Devadarwadi Dhuma Varti*, Pulmonary function.

AS26-PP-046

Clinical management of Aamvat through ayurvedic principles: A single case study

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Abstract

Background

Amavata is a chronic inflammatory disorder caused by impaired Agni leading to Ama formation along with aggravated Vata, resulting in joint pain, stiffness, and swelling in both hands and wrist. It is clinically comparable to Rheumatoid Arthritis and significantly affects quality of life. Ayurveda emphasizes therapies such as Langhana, Swedana, Basti, and Shamana Chikitsa to achieve Ama pachana, Vata

shamana, and symptom relief. This case study highlights the practical application of these classical Ayurvedic interventions in the management of chronic Amavata.

Case presentation

A 49-year-old patient with a 1.5-year history of joint pain, stiffness, and swelling both hands and wrist. There was no history of diabetes mellitus or hypertension. Based on clinical features and classical Ayurvedic diagnostic parameters, the patient was diagnosed with Amavata. The patient was admitted to S. G. Patel Ayurvedic Hospital and Maternity on 16/12/2025.

Intervention

The patient was treated with an Ayurvedic regimen including Langhana, Swedana, Basti, and Shamana Chikitsa, aimed at Ama pachana, Vata shamana, and relief of joint pain, stiffness, and swelling.

Outcome

After treatment, the patient felt less joint pain and stiffness, swelling reduced on both hands and wrist and movement of the joints became easier.

Conclusion

Ayurvedic treatment with Langhana, Swedana, Basti, and Shamana Chikitsa was effective in reducing symptoms of chronic Amavata and improving the patient's quality of life.

Keywords

Amavata, Ayurveda, AmaVata, Langhana, Swedana, Basti, Shamana Chikits

AS26-PP-047

An Analytical Review of *Nidana* and *Samprapti* of *Khalitya* According to *Bruhattrayi*

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Abstract:

Ayurveda, an ancient system of medicine originating from the *Atharvaveda*, provides a detailed and holistic understanding of health and disease. ***Khalitya*** (hair loss) is described in classical *Ayurvedic* texts as a condition of increasing clinical and cosmetic concern in the present era. *Kartikacharya*, in the *Madhukosha* commentary on *Madhava Nidana*, first clearly differentiated ***Khalitya, Indralupta,*** **and** ***Ruhya,*** laying the foundation for their distinct clinical identities.

Objective: The present study aims to critically analyze ***Nidana*** **(etiology),** ***Rupa*** **(clinical features),** ***Samprapti*** **(pathogenesis), and** ***Chikitsa*** **(management)** of *Khalitya* and to establish its correlation with modern alopecia.

Materials and Methods: A critical literary review of classical *Ayurvedic* texts and relevant contemporary literature was undertaken to understand the etiopathogenesis and management of *Khalitya*.

Results: *Khalitya* is predominantly a ***Vata–Pitta Pradhana Vyadhi*****,** with the involvement of ***Kapha Dosha*** and ***Asthi Dhatu*****.** It may manifest independently or as a symptom of *Asthi Dhatu Dushti* and is categorized under ***Kshudra Roga*** by most *Acharyas*. Etiological factors such as ***Atilavana Sevana, Atikshara Sevana, Viruddha Ahara*****, and** ***Ati Atapa Sevana*** contribute to the disease process. In the pathogenesis, ***Agnimandya, Srotorodha***, and *Dosha Prakopa* play a significant role, leading to obstruction of hair follicles and gradual hair loss. Clinically, *Khalitya* presents as progressive thinning and loss of scalp hair and is commonly observed in individuals aged **18–40 years**, with a higher prevalence in males. In modern medicine, it closely correlates with **alopecia.**

Conclusion: *Khalitya* represents a multifactorial disorder with significant psychosocial impact. *Ayurvedic* principles offer a comprehensive understanding of its pathogenesis and provide scope for effective, long-lasting, and individualized management strategies, particularly in younger age groups.

Keywords: *Khalitya,* Alopecia, *Ayurveda, Asthi Dhatu, Kshudra Roga,* Hair Loss

AS26-PP-048

A Case Study Evaluating Quality of Life in Grudhrasi Managed Through Ayurveda

Dr.Rutvi Goswami , 1st year PG Scholar Panchakarma Department GJPIASR

Abstract:

Background:

Grudhrasi is a *Vataja Nanatmaja Vyadhi,* manifested as stiffness, aching and pricking pain in the gluteal region, hip and posterior thigh, knee, calf and soles occasionally with twitching. Its chronic and radiating nature restricts mobility, daily activities, and causes physical discomfort, adversely affecting quality of life. Therefore, assessing quality of life alongside clinical improvement is essential for evaluation of Grudhrasi.

Purpose:

The purpose of the present case study was to assess the effect of Ayurvedic management on the quality of life in a patient suffering from Grudhrasi, with the aim of evaluating changes in functional ability and overall well-being following treatment.

Method:

A 45-year-old female patient diagnosed with Grudhrasi was enrolled. The intervention included Bahirparimarjana treatments: Sarvanga Abhyanga and Patra Pinda Sweda, complemented by internal Shamana oral medications. Pre- and post-treatment assessment was performed using the SF-36 Health Survey, measuring eight health domains, including physical functioning, bodily pain, and mental health. The intervention was administered over a defined period.

Result:

After treatment, the patient showed marked reduction in pain, stiffness, and radiating symptoms. Functional mobility and daily activity performance improved, reflecting a positive change in overall quality of life. Post-treatment assessment demonstrated improvements across multiple domains, indicating better physical functioning and well-being.

Conclusion:

Ayurvedic management was effective in improving clinical features and quality of life in Grudhrasi. This case study highlights the relevance of quality-of-life assessment as an important outcome parameter in holistic Ayurvedic clinical practice.

Keyword: Ayurveda; Case study; Grudhrasi; Quality of Life

AS26-PP-049

Role Of *Viruddha Ahara* As A Causative Factor Of *Shwitra*: A Review Article

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ABSTRACT

INTRODUCTION: *Shwitra* is a chronic dermatological disorder described extensively in classical *ayurveda* literature and is correlated with vitiligo/leukoderma in modern medicine. It is classified under *mahakushtha* due to its chronic, deep-seated nature and involvement of all three *doshas*, with predominance of *pitta*. The disease pathogenesis involves vitiation of *doshas* along with *rakta, mamsa*

and *meda dhatus*, leading to hypopigmentation of the skin. *Ayurveda* emphasizes *viruddha ahara* (incompatible food intake) as a major etiological factor in the causation of *shwitra*.

AIM: To study the role of *viruddha ahara sevana* in the pathogenesis of *shwitra*.

MATERIALS AND METHODS: A qualitative review was carried out using classical *ayurveda* texts such as *charaka samhita* and *sushruta samhita*, along with contemporary scientific literature accessed through pubmed, scopus and google scholar.

RESULTS: The review reveals that regular intake of *viruddha ahara* disturbs *agni*, resulting in *ama* formation. *Ama*, along with vitiated *doshas*, obstructs *rasavaha* and *raktavaha srotas*, impairs *bhrajakapitta* and disrupts melanocyte function. Modern evidence also supports the role of oxidative stress and reduced antioxidant defense in melanocyte destruction.

CONCLUSION: *viruddha ahara* plays a significant role in the etiopathogenesis of *shwitra*. Avoidance of incompatible food, along with *shodhana, shamana* and *apunarbhava chikitsa* is essential for prevention and effective management of the disease.

KEYWORDS: *Ama, Shwitra, Viruddha ahara*, vitiligo

AS26-PP-050

METABOLIC MISFIRES AND THE SILENT BURDEN: ROLE AND MANAGEMENT OF AMA IN NON-COMMUNICABLE DISEASES.

Author: Khushi Trivedi, PG Scholar , Deparment of Kayachikitsa, G.J. Patel institute of ayurvedic studies & research-GJPIASR new v.v. nagar, anand, gujarat-388120, india

Abstract:

Non-communicable diseases (NCDs) have emerged as the main health concern in today's India, posing a complex challenge to current healthcare systems. The rise in NCDs is attributed by traditional medicine to a combination of genetic predispositions, lack of physical activity, and the influence of global social, political, economic, and cultural factors. A comprehensive and culturally varied approach may provide new and significant insights. This article explores the notable similarity between the contemporary understanding of metabolic waste—harmful byproducts resulting from inefficient cellular functions—and the ancient Ayurvedic concept of 'ama,' which signifies undigested, toxic materials. The accumulation of these substances, irrespective of their nomenclature, initiates a chain of cellular dysfunctions and sustained low-grade inflammation, which serves as a key driver for many NCDs. From a biomedical perspective, metabolic by-products like *Advanced Glycation End Products (AGEs)* and *Reactive Oxygen Species (ROS)* cause oxidative stress and tissue damage, both of which are essential precursors to conditions such

as Type 2 diabetes, cardiovascular issues, and autoimmune diseases. Similarly, Ayurvedic tradition claims that 'ama'—a thick, toxic substance resulting from a sluggish digestive process—blocks the body's channels (*Srotas*), impairs nutrient absorption, alters biochemical and immune responses, and ultimately leads to chronic conditions. By integrating these two viewpoints, this article contends that preventing NCDs should prioritize enhancing metabolic efficiency and detoxification of the body. In terms of treatment, the concept of eliminating internal "clogs" by converting them into forms that can be expelled through *Shodhana* and *Shaman* Chikitsa serves as a connecting link between various medical traditions. This unified framework also proposes a holistic and preventive health strategy, highlighting the vital importance of a balanced diet, stress management, and regular physical activity in mitigating the hidden effects of internal toxins and promoting long-term health.

key words: *ama*, noncommunicable diseases, metabolic waste, *shodhana*, *shamana*

AS26-PP-051

Redefining Integrative Healthcare: An Artificial Intelligence–Assisted Ayurvedic Personalized Decision (AIPD) Model for Future Medicine

Author: Sachin Kar , PG Scholar, Department of Shalya Tantra , G.J. Patel institute of ayurvedic studies & research-GJPIASR new v.v. nagar, anand, gujarat-388120, india

Abstract

Ayurveda is a holistic medical system inherently based on personalized, predictive, and preventive healthcare through the assessment of Prakriti, Dosha, Agni, and lifestyle factors. In contrast, modern biomedical systems, although technologically advanced, often rely on population-based protocols and reductionist approaches. Artificial Intelligence (AI) and digital health technologies have recently emerged as powerful tools for precision medicine; however, their integration with Ayurveda has largely remained superficial, risking oversimplification of classical concepts.

This paper proposes a novel and original conceptual framework, the Artificial Intelligence–Assisted Ayurvedic Personalized Decision (AIPD) Model, which redefines integrative healthcare by positioning Ayurveda as a guiding logical architecture for AI-enabled clinical decision-making. The AIPD model consists of four interlinked layers: (1) structured acquisition of Ayurvedic diagnostic parameters, (2) digital structuring and AI-based encoding of classical data, (3) predictive and personalized analytics for disease risk and prognosis, and (4) AI-supported clinical decision assistance for individualized Ahara, Vihara, Aushadhi, and Panchakarma planning.

The model emphasizes AI as *Anukarana Buddhi*—an assistive intelligence that supports, but does not replace, physician judgment—thereby preserving Ayurvedic epistemology and ethical principles. Integration of digital health tools such as electronic health records, tele-Ayurveda, mobile applications, and wearable devices further enables longitudinal monitoring, preventive care, and outcome documentation.

The AIPD model offers a philosophically grounded, ethically sound, and scientifically viable pathway for evidence-based integrative healthcare. By aligning ancient Ayurvedic wisdom with modern AI capabilities, this framework has the potential to redefine future medicine as truly personalized, preventive, participatory, and holistic.

Keywords: Ayurveda; Artificial Intelligence; Digital Health; Prakriti; Personalized Medicine; Integrative Healthcare

AS26-PP-052

Characterization of a synthetic Ayurvedic medication utilizing contemporary energy dispersive analysis of X-rays (EDAX) and X-ray diffraction (XRD) characterization techniques

Zarana Dhruv, U.G Scholar, G.J. Patel Institute of Ayurvedic Studies and Research, New Vallabh Vidyanagar-388121, Anand

Abstract

Introduction

The EDAX provides scientific validation of the mineral components and processing quality, determining the elemental composition of the *Ayurvedic* formulation. To verify the microstructure, phase composition, and purity of herbo-mineral formulations, XRD characterization and its comprehensive interpretation are crucial.

Methodology

It is possible to manufacture *Ayurvedic* medicines using conventional techniques. After that, the samples can be assessed using traditional *Ayurvedic* methods. To determine the elemental composition and crystalline phases, the EDAX and XRD results of the sample can be compared with databases, such as AMCSD, ICDD, and JCPDS.

Results

It is possible to verify the laboratory-synthesised *Ayurvedic* medication by observing changes in its elemental composition and crystallinity after each processing step. By enabling the accurate identification of primary and trace elements, the method facilitated the assessment of purity, safety, and compliance with conventional preparation processes.

Discussion and conclusion

Discussion on EDAX will aid in standardizing the formulation by confirming the expected elemental profile and detecting any undesired impurities. The EDAX approach will help strengthen the scientific basis and increase the credibility of *Ayurvedic* herbo-mineral remedies in contemporary research. By identifying the crystalline phases produced during each processing step, such as *Shodhana* and/or *Marana*, XRD can verify that the correct chemical transformations occurred during each intermediate stage. Traditional formulations are scientifically validated through EDAX and XRD, which helps them meet modern pharmacopeial requirements and ensure drug repeatability between batches. The microstructural parameters have been inferred for the most significant XRD peak/s, which have an impact on their effectiveness, metabolism, and absorption. The XRD analysis supports the efficacy, safety, and uniformity of the product.

AS26-PP-053

Ayurveda Management of *Parikartika* with *Matra Basti*

A Clinical Case Study

Author: Vijay Solanki , PG Scholar, Deparment of Shalya Tantra , G.J. Patel Institute of Ayurvedic Studies and Research, New Vallabh Vidyanagar-388121, Anand

Abstract

Introduction

Parikartika is an anorectal disorder described in *ayurveda* classics, characterized by cutting and burning pain in the *guda* region. clinically, it closely correlates with fissure-in-ano as described in modern medicine. the condition predominantly involves vitiation of *vata* and *pitta dosa* and commonly occurs due to constipation, local trauma, or as a complication of improper *virecana* or *basti karma*. classical *ayurveda* texts advocate *basti* therapy as the prime treatment for *vatika* disorders. among various types, *matra Basti* is considered safe, simple, and suitable for daily administration, even in debilitated patients.

Methods

A clinically diagnosed patient of *Parikartika* presenting with severe anal pain, burning sensation, and difficulty in defecation was selected for this study. the treatment protocol consisted of daily administration of *matra basti* using *yashtimadhu taila (or jatyadi taila / tila taila* according to *dosa* predominance) for a specified duration. assessment of therapeutic efficacy was done using subjective parameters, including severity of pain, burning sensation, presence of bleeding, and ease of defecation, recorded before and after treatment.

Results

The patient exhibited marked clinical improvement following *matra basti* therapy. there was a significant reduction in anal pain and burning sensation within a few days. progressive healing of the fissure and improvement in bowel habits were observed. no adverse effects were noted during the treatment period.

Discussion and Conclusion

Matra basti proved to be an effective and safe therapeutic modality in the management of *parikartika*. its *vata-samaka, snehana, & vrana-ropaka* properties aid in pain relief, fissure healing, and prevention of recurrence. this case study supports the classical *ayurveda* principle that *basti* is the best treatment for *vatika* disorders and highlights the clinical relevance of *matra basti* in anorectal conditions.

AS26-PP-054

Role Of Panchakarma And Shamana Chikitsa Avabahuka (Frozen Shoulder) - A Case Report

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Institute: G J Patel Institute of Ayurvedic studies and Research, New Vallabh Vidyanagar, Anand, Gujarat, India - 388120

ABSTRACT

Introduction :- Avabahuka, a vata-pradhana vyadhi described in Ayurvedic classics, is characterized by bahu shoola, Stambha, and restricted shoulder movements due to vitiation of vata dosha and depletion of Kapha dosha at the Amsa sandhi. It closely resembles *Frozen Shoulder* in contemporary medicine and commonly affects middle-aged individuals, leading to significant functional impairment. Ayurveda emphasizes a holistic approach targeting the root cause through Shodhana and Shamana Chikitsa.

Case Details :- A female pt. of 32yrs age came with presenting symptoms of shoulder pain, stiffness and restricted range of motion was managed with Ayurvedic interventions after few assessments and diagnosed as *Avabahuka*. The treatment protocol included external therapies such as Jambira pinda sweda, Amsa pichu with jaalaukavacharan and internal administration of vata-shamaka and brimhana formulations. Clinical assessment was done before and after treatment based on pain intensity, stiffness and shoulder mobility.

Result :- After completion of the treatment course, the patient showed marked reduction in pain and stiffness with significant improvement in the range of shoulder movements. No adverse effects were observed during the treatment period.

Discussion & Conclusion :- The improvement can be attributed to vata shamana, srotoshodhana and Musculo-skeletal nourishing effects of the therapies. This case demonstrates the effectiveness of Ayurvedic management of Panchakarma along with Shamana Chikitsa in management of Avabahuka, offering a safe and holistic treatment approach.

Keywords : Avabahuka, Panchakarma, Shamana Chikitsa, Frozen Shoulder, Vata vyadhi

AS26-PP-055

"Design, In-Vitro Evaluation and Formulation of Malatyadi Oil Incorporated Hydrogel for Anti-Hairfall Activity"

Author: Maitry Bharvada UG student, G.J. Patel Institute of Ayurvedic Studies and Research, New Vallabh Vidyanagar-388121, Anand

Introduction:- Transforming the classical Ayurvedic Malatyadi Taila into a modern hydrogel formulation bridges ancient therapeutic wisdom with contemporary cosmetic science to overcome the aesthetic limitations of traditional oils. While Malatyadi Taila contains potent Keshya (hair-promoting) ingredients like Malati, Karanja, and Chitraka to treat conditions such as Khalitya (hair fall), its oily and sticky texture often leads to poor patient compliance among modern consumers. By utilizing a biocompatible hydrogel—a solid polymer network infused with water—the formulation achieves superior spreadability, a non-greasy finish, and an enhanced delivery system that localizes active ingredients directly at the hair follicle. This transition not only improves the scalp's microenvironment by maintaining moisture and promoting angiogenesis for robust hair growth but also maximizes treatment efficacy through controlled drug penetration, making it a highly acceptable and convenient daily-use solution for addressing hair fall.


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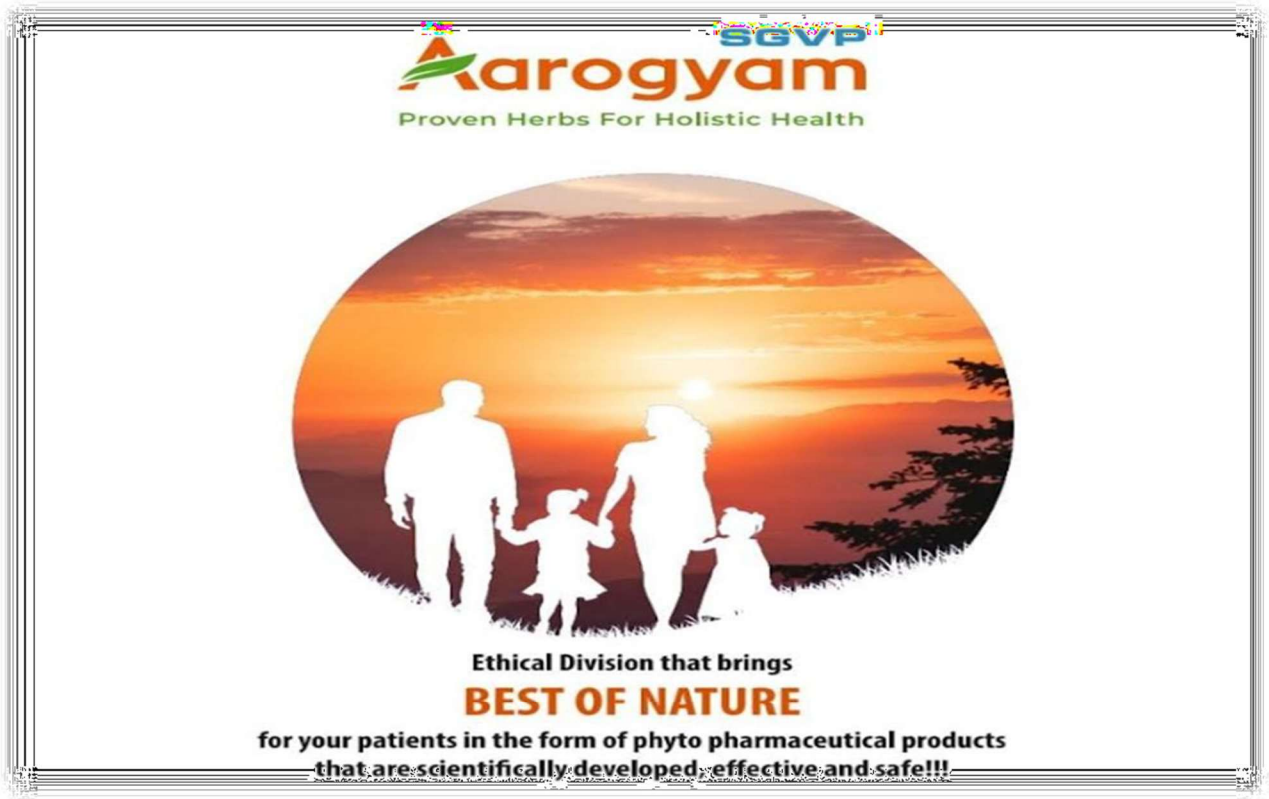
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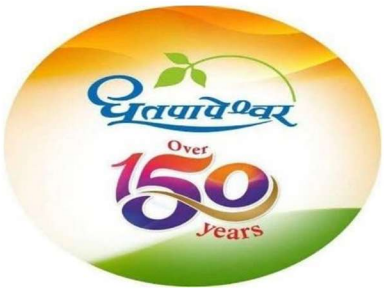
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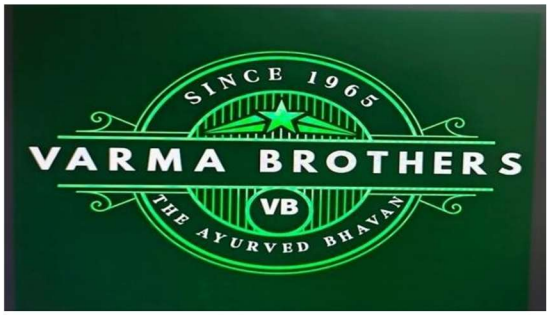
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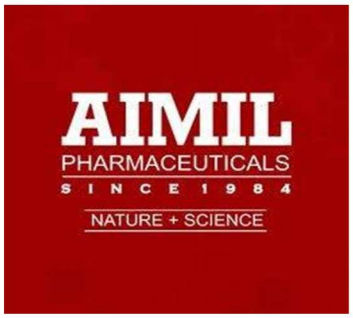
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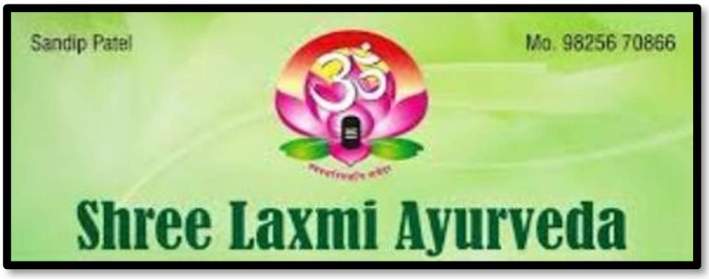
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Charutar Vidya Mandal University (CVMU)

A Beacon of Excellence in Gujarat

Introduction

Charutar Vidya Mandal University (CVMU), located in the serene town of Vallabh Vidyanagar, Anand District, Gujarat, India, stands as a testament to visionary education. Established in 2019 under the Gujarat Private Universities Act, CVMU is a private multi-faculty institution that integrates over 80 years of educational legacy from its parent body, Charutar Vidya Mandal (CVM). Spanning a vast 620-acre campus with 51 modern buildings and 100 state-of-the-art laboratories, it serves as a hub for holistic learning, research, and innovation. With a student body of approximately 22,000 and a dedicated faculty of 2,500, CVMU fosters an environment where academic rigor meets societal impact.

Historical Legacy

The roots of CVMU trace back to 1945, when Shri Bhaikaka, inspired by Sardar Vallabhbhai Patel—the Iron Man of India—founded Charutar Vidya Mandal to uplift rural Gujarat through education. Sardar Patel himself laid the foundation stone, envisioning a "living memorial" to empower the youth. Over decades, CVM evolved into a network of pioneering institutions, including engineering, pharmacy, and management colleges. In 2019, these were unified under CVMU, making it Gujarat's first university of its kind, blending tradition with contemporary global standards. This evolution reflects a commitment to values like integrity, excellence, and community service, embodied in its motto: "Learning for a Better Tomorrow."

Academic Programs and Faculties

CVMU offers a diverse array of over 150 undergraduate (UG), postgraduate (PG), and PhD programs across eight faculties, encompassing disciplines such as Engineering & Technology, Management, Pharmacy, Sciences, Arts, Commerce, Education, and Agriculture. Notable programs include B.Tech in AI & Data Science, MBA in Digital Business, and integrated M.Sc. in Biotechnology. The university emphasizes interdisciplinary learning, with 29 colleges under the Sir Shri Indravadan Foundation Institutes of Science & Gujarat Institute of Advanced Studies (SFIS & GIAS). Admissions are merit-based, with entrance exams like GUJCET for engineering and national tests like CAT for management; applications are facilitated through an online enquiry portal.

Facilities and Student Life

The sprawling campus is a self-contained ecosystem featuring world-class amenities: advanced labs, a central library with digital resources, hostels for 5,000 students, sports complexes, auditoriums, and innovation incubators. CVMU's Technology Business Incubator has nurtured 157 startups in the past three years, promoting entrepreneurship. Student life thrives through 10 alumni associations, cultural clubs, and events like the annual "CVMU Fest." Global collaborations with over 100 international universities enhance exchange programs, while robust placement cells tie up with 1,000 companies, boasting average packages of INR 4-6 LPA for fresh graduates.

Research, Innovation, and Achievements

Research is at CVMU's core, with initiatives in sustainable agriculture, AI, and healthcare. The university has secured grants from bodies like the Gujarat State Innovation and Research Foundation (GSIRF) and hosts centers for excellence in renewable energy and rural development. Recent milestones include signing MoUs for international partnerships, such as with the Academy of Economic Studies in Bucharest, and launching AI-driven skill development programs. CVMU's alumni network spans global leaders in industry and academia, underscoring its role in nation-building.

In essence, CVMU is more than an institution—it's a catalyst for transformative education, empowering the next generation to innovate and lead.

www.cvmu.edu.in.

G.J. Patel Institute of Ayurvedic Studies and Research (GJPIASR) & S.G. Patel Ayurveda Hospital & Maternity Home

Pillars of Traditional Healing in Gujarat

Introduction

Nestled in the heart of New Vallabh Vidyanagar, Anand District, Gujarat, the G.J. Patel Institute of Ayurvedic Studies and Research (GJPIASR) and the attached S.G. Patel Ayurveda Hospital & Maternity Home (SGPAHMH) form a dynamic duo dedicated to preserving and advancing Ayurvedic medicine. As a constituent unit of Charutar Vidya Mandal University (CVMU), these institutions blend ancient wisdom with modern infrastructure, offering education, research, and holistic healthcare. Established in 2005, GJPIASR is Gujarat's pioneering English-medium Ayurveda college, recognized by the National Commission for Indian System of Medicine (NCISM), Ministry of AYUSH. The hospital, NABH-accredited, emphasizes Panchakarma therapies and maternity care, serving thousands annually through OPD and IPD services.

Historical Legacy

Founded on April 27, 2005, under the visionary Charutar Vidya Mandal (CVM) legacy—rooted in 1945 by Shri Bhaikaka and inspired by Sardar Vallabhbhai Patel—GJPIASR was created to foster all-round excellence in Ayurveda. The motto, "Learning for a Better Tomorrow," drives its mission to integrate

traditional knowledge with contemporary research. The attached SGPAHMH, also established in 2005, was designed as a teaching hospital to provide hands-on clinical training, evolving into a 100-bed facility specializing in preventive and curative Ayurvedic practices. This synergy has positioned them as key contributors to Gujarat's AYUSH ecosystem.

Academic Programs and Clinical Services

GJPIASR offers a robust curriculum across 14 specialized departments, including Samhita Siddhanta & Sanskrit, Rachana Sharir, Kayachikitsa, Panchakarma, Shalya Tantra, Prasuti Tantra & Stree Roga, and Kaumarabhritya. Key programs include:

- **Undergraduate**: BAMS (Bachelor of Ayurvedic Medicine and Surgery) with 100 seats
- **Postgraduate**: MD/MS in Kayachikitsa, Panchakarma, and Shalya Tantra (6 seats each).
- **Diploma**: Panchakarma Technician Course.

Admissions are merit-based via NEET-UG for BAMS and AIAPGET for PG, with online inquiries at ayugjac.edu.in.

SGPAHMH complements this with comprehensive services:

- **OPD/IPD**: Daily consultations in general and specialized departments, handling diverse ailments from chronic diseases to maternity.
- **Special Treatments**: Advanced Panchakarma (e.g., Virechana, Basti), prenatal/postnatal care, and Balroga (pediatrics) via camps like Suvarnaprashana.
- **Maternity Home**: Focused on Garbhini Paricharya (antenatal care) and Sutika Paricharya (postnatal), integrating Ayurveda with safe delivery practices.

Facilities and Student/Patient Life

The Wi-Fi-enabled, 620-acre CVMU campus hosts state-of-the-art labs, a herbal garden, dissection halls, and a digital library. GJPIASR features 14 departmental museums and research centers, while SGPAHMH offers 100 beds, operation theaters, labor rooms, and Panchakarma suites. Hostel accommodations, sports facilities, and NSS activities enrich student life, with recent events like a Thalassemia screening camp, anaemia awareness and screening camps in schools and Suvarnaprashana drives. Patients praise the hospital's compassionate care.

Research, Innovation, and Achievements

Research thrives in areas like herbal formulations and Panchakarma efficacy, supported by NCISM grants. Milestones include an "A" grade in the 2024-25 National Assessment & Rating by NCISM-QCI, zero-

tolerance anti-ragging policies, and international collaborations. The hospital's NABH accreditation underscores quality, with vacancies for skilled staff to expand services.

In summary, GJPIASR and SGPAHMH embody Ayurveda's holistic ethos, nurturing healers and healing communities.

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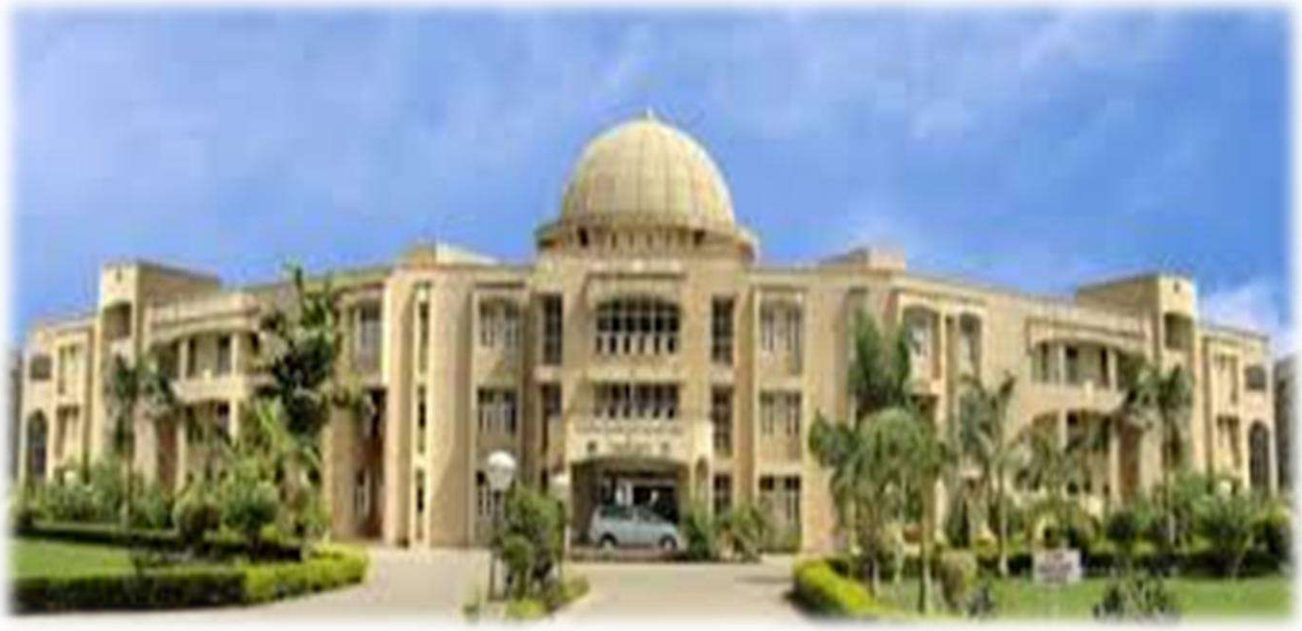
G.J. Patel Institute of Ayurvedic Studies and Research



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