

Honey significantly increases the C-peptide level which indicates possible stimulatory effect on diseased beta cells. Honey is having kaphahara, ruksha, kashaya properties and it removes excess medas as per Ayurveda classics.

EFFECT THROUGH THE CONTENTS OF THE BASTI

Short chain fatty acids present in most of the sneha used in basti improve barrier properties of the colonic mucosal layer, inhibiting inflammatory and adhesion irritants, contributing to immune functions.

They also stimulate gene expression of glucose transporters in the intestinal mucosa, regulating glucose absorption. Kalka gives proper viscosity to the basti that is beneficial for more retention thus increasing absorption of active principles. Kashaya is the active component of any basti which is composed of drugs that are effective in diabetes.

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PRINCIPLES & PRACTICE OF AYURVEDIC RHEUMATOLOGY

SP 32

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Introduction:

Rheumatology is the branch of medicine which mainly deals with joint disorders including articular and non-articular structures i.e. diseases of joints, muscles, bones, soft tissues which includes bursa, tendons & their

synovial sheath, entheses and fascia. Rheumatological conditions like Rheumatoid Arthritis, Osteo-arthritis, Gout, Ankylosing Spondylitis, Vertebral disc lesions, Frozen shoulder, Myopathies etc .Are common and of very poor therapeutic outcome, in spite of marked advancement in diagnostic tools and a broad spectrum therapies. Ayurveda very well accepts the involvement of the joints, bones, and soft tissues in the aetiopathogenesis of these conditions along with *Dhatu*s like *Rasa*, *Rakta*, *Mansa*, *Asthi* and *Majja* and also gives prime importance to *Upadhatus* like *Snayu*, *Sira*, *Kandara* in the disease profile. To bring Ayurveda into the mainstream of medicine, there are certain hurdles, which are still to be overcome.

- 1) A better analytical understanding of philosophical part of the subject.
- 2) A better knowledge of pharmacological properties of the drugs and procedures,
- 3) Standardization of the drug formulary and
- 4) Formulation of guidelines to clinical practice. Are the areas requiring further refining to cut the edge.

Pressures on Ayurvedic Physician :

- 1) To reproduce the results of claimed cures and this is often added with the logical explanations of pathologies and working principle of the interventions made.
- 2) To see the economic viability of the therapy.
- 3) To see its practical applicability in vulnerable groups of patients like those at extremes of ages, with pregnancy or with terminal illness. e. g .DM,HTN.

Physicians dealing with joint diseases never find themselves in comfortable position partly because of complexity of the pathology and partly because of poor understanding of drugs and diagnosis in rheumatology of Ayurveda. Very scarce literature is available to these physicians which can actually guide them in dealing with these patients who are already disappointed with the course of their illness and due to the failure of other systems in providing a sustainable relief to them. Apart from Ayurveda, arthritis patients are being helped through many other non pharmacological ways, which compliment to the drug therapy in palliating the symptoms and speeding the recovery.

Need of Study : Musculoskeletal diseases have been among the most baffling situations in medical practice remained unanswered in most part of modern medical practice in past few decades. Failure in reaching at a consoling solution has produced many new and tricky ways to evade the actual suffering of the patient and making himself responsible for his miseries. Theories of patient education , psychotherapy and a more stress upon the symptom palliation through involvement of various non pharmacological methods are the ways of respite to tired modern rheumatologist who despite of their inability to crack the nut are not ready to give up the challenge. Proclamation of a decade for bone and joint diseases between 2002-2011 by US president is the biggest evidence of this warrior ship which says us for not to give up till we reach at our targets.

Common Modes Of Therapy For Rheumatological Disorders In India

Type of therapy	Population receiving	Duration (month)	Response (%)
Ayurveda	55%	4.3	19
Homeopathy	55%	3.7	19
Allopathy	51%	7	87*
Unani	13%	3.6	23
Diet	25%	6.2	60
Other**	20%	1.2	28

* Receiving corticosteroids without any supervision and with severe side effects.

** Faith healings and various folk healings.

Which shows the commonly utilized modes of therapy for RA in India, brings our attention to the other side of coin. Despite of large inputs ,the out puts are not found very promising in current Ayurvedic rheumatology practice.

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Principal

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Reasons For Increasing No. of the Patients to Ayurveda;

1. Unavailability of potential therapy in conventional medicine.
2. Natural stable course of the disease.
3. Poor explanations and attentions to patients in conventional OPD.
4. Poor compliance of therapy due to cost or side effects resulting in poor responses.
5. Seasonal variations in disease/ symptom intensity causing confusion in understanding the effectiveness of the therapy.
6. Possible higher effectiveness of Ayurvedic therapy.

Special Condition Associated With Arthritis Patients Visiting Ayurvedic OPD.

- 1) Pre-diagnosed
- 2) Progressive nature of disease.
- 3) Associated complications.
- 4) Associated depression
- 4) Economically un stability
- 5) Reduced family support.
- 5) Previous trial of multiple therapies with unsatisfactory results.
- 6) Lack of faith in therapy
- 7) Believe in mystical cure.
- 8) Disregard the explanation about the disease.
- 9) Reluctant in compliance.
- 10) Disabled, require support of some one else to come for treatment.

Every condition specified above has a special meaning to arthritis patient and thus it need to be properly addressed. To deal with arthritis patients in general, an Ayurvedic physician is required to adopt a Four steps approach. These are. 1) Pre treatment work- up 2) Treatment work- up 3) Peri- treatment work- up 4) Post treatment work- up.

I) Pre-treatment work up : This begins with disease diagnosis from Ayurvedic point of view and ends up with the tailoring of the prescription as per the individual requirement .This constitute the most important part of the disease management in ayurveda as it forms the foundation of future out come. This work up is made up of following important steps.

1. Disease diagnosis
 2. Prognosis
 3. Psychological status of the patient.
 4. Coexisting illnesses evaluation.
- This constitute the most important determinant of the joint disease management on which final outcome of therapy hinges upon.

Diagnosis of the Disease:

Sthan-namanurupaishach lingaih sheshan vinirdishet |

Sarveshveteshu sansargam pittadyairupalakshayet || (Ma.Ni.22/76)

While making a diagnosis from Ayurvedic point of view, this is important to understand that the diseases described in Ayurveda are basically grouped as per their clinical presentation and the diseases of distant pathologies are often grouped together on the basis of their similarities in manifestations .The symptom identification and analysis can be utilized for the identification *Doshaja* and *Ama* influence in pathogenesis of a particular condition.

Ayurvedic Diagnosis & Their Modern Correlates with Differential Diagnosis.

	Age Yrs	History	Joint Involved	Systemic Presentation	JOINT PRESENTATION.	Investigation	Radiology	Diagnosis
1	30-40	Female, Insidious onset	Small hand its (MCP,PIP) Wrist, Ankle	Fever Anorexia Depression Anemia	Morning Stiffness Inflammation symmetry swelling Saruja Sandhisotha	RA factor ESR	Juxta articular, osteopenia, Erosion	Rheumatoid arthritis Amavata
2	35 On Wards	Insidious onset	DIP, 1 st MTP, Knee, Hip	NO	Deep dull pain No Inflammation Non symmetrical pain movement <i>Pravritischa savedana</i>	None	Reduced joint space, Osteophytes Artiscular sclerosis Deviated alignment	Osteoarthritis <i>Sandhivata</i>

3	30 On wards	Men, Acute Onset	1 st MTP, foot Ankle knee, <i>Sthanam karau padavan gulyam</i>	Fever Tophi <i>pidakodgama</i>	Intense pain Inflammation	Uric acid Synovial aspiration	Punched out erosion rabbit appearance in cortical bone	Gout Vata-rakta
4	Young adults	Men, insidious	Sacroiliac joints, lower spine Cephalic extension	Back Pain radiating down to thigh <i>Shirahpristha sroni stambha</i>	Stiffness pain in back joints Limitation of movements	ESR RA-Negative HLA B27	Sacroillitis fusion of vertebrae causing bamboo spine	Ankylosing Spondylitis <i>Dandaka</i>
5	30 on Wards	Men Insidious	Cervical spine	Neck pain radiating to arm, restricted movements, Depressed reflexes in arm	Neck joint pain Restricted Movements <i>Greevastambha</i>	None	Loss of curvature Calcification Osteophytes	Cervical Spondilosis <i>Manya-stambha</i>
6	Middle age and above	Acute or sub acute	Lower back lumbar spine	Pain radiating down to lower limb	Lumbar spine, Sacroiliac joint pain radiating down to thigh, calf and foot <i>Sphik purva katiprishthoru-janujangha padam karmat</i>	None	Degenerative changes Sacroilitis reduced disc space, lapping	Lumber disc disease, disease <i>Gridhrasi</i>
7		Trauma Infection	Knee Joint	knee	Soft cystic swelling at exam knee	Synovial fluid		Effusion in KJ. <i>Kroshutuka shirsha</i>
8		Trauma	TMJ		TMJ Arthritis/ dislocation	XR		TMJ dislocation <i>Hanugraha</i>
9		Acute onset	Ankle JT		Swelling & pain	XR		Ankle sprain <i>Vatkantak</i>
10		Trauma	Shoulder Elbow wrist	Neck/ hand	Pain on base of neck & whole hand Parasthesia, muscle atrophy			Thoracic outlet syndrome/ <i>BN Vishwachi</i>
11	Middle age and above		Fractures of vertebrae		Spine, hip & pelvis	Serum ionic calcium reduced BMD test	Deminer-# alization of vertebrae	Osteoporosis

	---			Bone pain & tenderness	Painful Proximal muscle weakness	Sr. AIP Increased Sr. calcium decreased		Osteomalacia Asthigat vat
12	Female bet 20-50			Fatigue numbness and headache	Chr. Musculoskeletal pain syndrome	---	---	Fibromyalgia Sarvanga-gata Vat
13	---	Congenital trauma			Pain, b/l Leg weakness, saddle area hypoesthesia Bowel/ bladder incontinence, impotence	MRI		Cauda equina syndrome/ LDD Guda-gat vat
14		trauma	Shoulder	Winging of scapula	Serratus ant. Rhomboids & Trapezius weakness	XR	Dislocation of joint	Atrophy of scapular stabilizers Ansa-shosha
15			Shoulder	Pain & Stiffness, disability	Sleep disturbance	MRI		Frozen shoulder Avabahuka.
16	Middle age		Hip joint	Pain, stiffness, heaviness in hip joint				Acute myopathy or Muscular Rheumatism Urusthambh

Prognosis :

This step usually comes under consideration ones we starts the treatment after proper analysis of the disease and this is usually done to presume the treatment response in a given condition as per the current understanding of the disease. In this context physician requires a more precise understanding of the prognosis in advance to initiation of therapy. This prognosis understood before hand in physician so as to rationalize the expectations of any therapeutic intervention.

Importance of prognosis; By knowing the prognosis of the disease the result expected from the therapeutic intervention may be more realistic and not merely based upon the unrealistic assumptions.

Presumed Reasons For Increasing No. of the Patients to Ayurveda :

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Every condition specified above has a special meaning to arthritis patient who are being attending Ayurvedic OPD.

Psychological status of the patient:

Depression is an important coexisting status to every chronic illness, especially where long sessions of therapy have remained unable to satisfy a patient regarding their benefits. Arthritis can add more to the feeling of depression in a patient who is getting disabled to his job or to the routine activities owing to his illness. People who have been more critical, irritable and less adjustive (Vata-Pitta Prakruti) are having increased possibilities of having immunological aberrations leading to autoimmune musculoskeletal diseases

Psychological Wellbeing: Individuals moods and detection of psychological disturbance can help in treatment formulations.

Disability: 5 to 8% of people report major disability from musculoskeletal disorders and arthritis. The distinctions between impairment, disability and handicap introduced by WHO are of value in considering what aspect of functioning is actually represented in an individual.

Coping: It is referred as the strategies individuals adopt in attempting to limit the impact of their illness these strategies may involve ways of thinking, behaving and feeling ones illness. the active coping strategies lead to lower levels of pain, stiffness and disability, reaction coupled with higher levels of psychological well-being.

Social Support: It refers to the process by which interpersonal relationship promote well-being and protect people from declines in health. Individuals with RA have more social contacts have been found to have lower levels of depressed mood and those who have partners have been found to show slower progression in their disability in comparison to individuals without partners.

Coexisting illness evaluation:

Arthritis can present as a consequence of some systemic illness or can generate some systemic illness in the course of its progress. there also exists a possibility of existence of more than one joint disease in the same individual or some other systemic disease with arthritis, which may cause confusion in making a diagnosis and can pose difficulties in its management.

II) Treatment Work Up :

1. Planning of the treatment
2. Assessment of the cost effectiveness of the treatment
3. Assessment of possible length of treatment
4. Monitoring the therapy

Basic Principles of treatment

The Ayurvedic approach to prevention and cure swings around two broad principles viz.

1. *Nidan parivarjan* .i.e. Elimination of the cause of the disease .
2. *Samprapati Vighatan*. I.e. Reversal of pathogenesis.

The Chronic disease is to be treated in a comprehensive manner, if a real cure is to be achieved. Ayurveda advocates two fold approach for cure .

1. *Samshamana*.—pacification or palliative management of disease by administration of drug, diet and lifestyle modifications.
2. *Samshodhan*—Curative detoxification of the body from organ to cellular level. This is an unique concept of ayurveda.

Non Pharmacological treatments;

1. Rest & exercise
2. Physical therapy
3. Panchakarma
4. Dietary modifications
5. Psychotherapy Patients education

Possible ways of dietary influence in arthritis

Sr.	Type of influence	Example and possible pathology
1.	Dietary deficiency	Bleeding in joint due to vit. C deficiency

2.	Dietary excess of calories	Obesity as a risk factor for osteoarthritis
3.	Diet promoting the inflammation	Non vegetarian diet causing increased inflammation
4.	Diet promoting immunological reaction	Rich protein diet may increase the chances of dietary allergy
5.	Diet reducing inflammation	Simple natural diet may reduce inflammation consumption of some specific oil can also reduce the inflammation
6.	Diet excess of triggers	Gout caused by excess of uric acid.

Dietary Recommendations - Ayurved View

Condition	Food to be avoided	Food recommended
R.A.	Food rich in kapha, Ama property (uncooked, cold oily heavy rich in madhur, amla and lavana taste)	Food properly cooked, non greasy light easily digestible and taken at the time of real hunger
O.A	Food promoting vata, raw, uncooked, preserved & denatured	Food promoting kapha with affinity to joint should be of low calorie value in obese people
A.S.	Food promoting vata & kapha	Food which may reduce Ama, Kapha & Vata.

LIFESTYLE MODIFICATION

1. Exercise
2. Joint Protections
3. Weight control
4. Heat and cold
5. Relaxation
6. Breathing Exercise
7. Distraction
8. Self-talk
9. Stress Reduction
10. Meditation

Pharmacological Treatment

External treatment ;

1. Application of analgesics
2. Application of tissue nourishing drugs
3. Internal treatment
4. Symptomatic therapy
5. Disease modifying therapy
6. Antipathogenic therapy

Internal application

1. **Guggul preparation ;** there are various guggulu preparations used in different joint conditions i.e. Amritadi guggulu ,Kaishor guggulu ,Mahayogaraja guggulu etc.
2. **Rasa Preparations;** various Ras preparations for e.g. Amavatari rasa, Vatagajankush rasa Vatvidhvansana rasa.etc.

Factors influencing the selection of therapy;

1. Chronic illness
2. Old aged patient.
3. Multisystem involvement
4. Coexisting illness
5. Concomitant and concealed use of other drugs and medicines.
6. High cost of treatment
7. Unpredictability of response.
8. Instable nature of disease,
9. Seasonal flair ups.

II) Peri-Treatment workup :

Starts with treatment and ends with its termination this actually is a practical observation of the therapy with its positive or negative effect on the patient. An evaluation for compliance of therapy is also required to be done during this workshop.

V) Post Treatment Workup

This is to see what actually happens in a patients after a said schedule of therapy a Physician responsibility does not ends up by writing a prescription and leaving this to the patients and there attendants to look for its compliance this constitutes following important steps.

Code of ethics in Ayu. Rheumatology practice :

Responsibility of Physician does not ends up with prescribing few medicines or some procedures to his

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