

A Compilation of Case Reports from Ayush Wellness Clinic, President's Estate, New Delhi, India

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Abstract

AYUSH Wellness Clinic was established in the President's Estate on July 25, 2015 with a view to ensure the accessibility and availability of AYUSH health care services to all officials of President's Secretariat and residents of President's Estate. The clinic established with the assistance of Ministry of AYUSH, has OPD level treatment facilities of all the streams of AYUSH (i.e., Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy). The current article is the compilation of some of the diseases (viz. Uterine leiomyomas, Nocturnal Enuresis, Renal calculi, Psoriasis, Cervical spondylosis, Osteoarthritis, Migraine, Benign Prostate Hypertrophy) managed successfully by AYUSH practitioners in this clinic. The patients of aforesaid mentioned diseases visited either of AYUSH streams in the clinic and were treated accordingly by the respective pathies. The therapies and investigations were performed as and wherever required. It is of the view that, the article will help to create awareness about the effectiveness of AYUSH system. It will emphasize the substantial role that AYUSH system can play towards strengthening of health care service and thus will help in propagation of AYUSH system for its better acceptance.

Keywords: AYUSH Wellness Clinic, Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homeopathy

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INTRODUCTION

AYUSH, the current official acronym (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) for what was earlier called Indian Systems of Medicine and Homeopathy (ISM&H) was practiced and have been successfully used to treat many diseases since time immemorial. It mainly focuses on holistic health and wellbeing of humans. A large section of the population is getting benefitted by this system. In today's scenario there is paradigm shift towards the acceptance of AYUSH system against conventional medicine system due to its holistic approach.

The Government has realized the significant role that Traditional systems can play in providing quality healthcare and medical care and is thus making efforts for the upliftment of these systems. In view of this, Rashtrapati

Bhawan with assistance of Ministry of AYUSH has established the AYUSH Wellness Clinic (AWC) in the President's Estate on 25th July, 2015 with aim to cater to the medical needs of the President, officials of President's Secretariat and residents of the President's Estate. All the five streams of AYUSH work under one roof with cross-referrals as and when needed.

Lack of scientific validation and convincing evidences of the effectiveness and safety of AYUSH therapies is another restraint in acceptance of AYUSH system by conventional fraternity. Various ailments which are chronic in nature respond better to alternative remedies. AYUSH system also has an upper edge over conventional system in management of age related disorders (Osteoarthritis), skin problems and musculo-skeletal diseases.

In present case reports we showcased the successful management of various diseases treated with AYUSH system of medicine with the help of assessment tools, investigation reports and photographs (wherever applicable) to validate our century old literature.

CASE REPORT 1

Unani Medicine in the Management of Uterine Leiomyomas

Uterine leiomyomas also known as uterine fibroid are benign monoclonal tumours arising from uterine smooth muscle cells and fibroblasts and is the most prevalent gynaecological tumour. Incidence of fibroid is estimated of 20–40% in women and it is the major cause of morbidity during their reproductive years [1]. There are multiple risk factors for developing fibroids, such as: early age at menarche, African ethnicity, age, obesity, hypertension, diabetes mellitus reduced fertility, frequent alcohol and caffeine consumption, consumption of red meat, previous pelvic inflammatory disease and genetics. Protective factors includes prolonged menstrual cycles, multiparity, prolonged use of oral contraceptives, late age at first birth, breast feeding, post menopause, smoking and vegetarian food [2]. Most common clinical presentation of uterine leiomyoma is abnormal uterine bleeding (AUB), 30% of women suffered from heavy menstrual bleeding. Pelvic pressure, bowel dysfunction, and bladder symptoms such as urinary frequency and urgency may be present with larger fibroids. Pelvic pain is rare with fibroids and usually signifies degeneration, torsion [3].

In Unani classical text, Uterine fibroids is discussed under the heading of *Salaat saleema* which means benign tumours According to Unani physicians *salaat* is formed by the viscous *balgham* (Phlegm) [4,5] and management can be done by *Munzije balgham* and *Muhallile Waram* (Resolvent) and *Qabiz Advia* (Astringent drugs) [6]. In conventional medicine treatment options include medical therapy, myomectomy, uterine artery embolization, myolysis and hysterectomy. Uterine fibroids are currently the most common indication for hysterectomy worldwide it is the second most common

surgery for women after Caesarean section [3]. Hysterectomy is associated with significant morbidity, mortality, and economic burden on the health care system [7]. This is the reason nowadays more and more people are opting for AYUSH system of medicine in Indian subcontinent.

Case

A married patient aged 45 years having one living child visited AYUSH Wellness Clinic Unani Department with chief complaints of heavy flow during menses and pain in lower abdomen before the expected date of periods and during menstruation since 3 years. Her menstrual periods last for 6 days and she was changing 2 to 3 pads per day moderately soaked on 1st day followed by 3 to 4 pads per day fully soaked with passage of small clots (of 1 rupee coin) on 2nd and 3rd day. She was changing 1–2 pads per day from 4–6th day lightly stained. Earlier she used to menstruate for 4 days and she was changing 2–3 pads per day with no history of passing clots or Dysmenorrhea. There was no past history of any medical or surgical illness. No history of benign and malignant tumours in her family. Patient has taken Hormonal therapy for 2 months 1 and ½ years back for the same complaints but got no relief. Patient was advised Hysterectomy by the Gynaecologist from the allopathic fraternity. As patient was not willing, she was interested to have Unani management.

Assessment

On physical examination, there was no sign of anaemia, malnutrition, and other systemic disease noted. Patient was obese with height 152 cm weighing 73 kg BMI 31 kg/m² waist circumference is 110 with blood pressure 130/80 mm Hg. Patient *mizaj* is *balghami* accessed on *mizaj* chart. On pelvic examination, Uterus was Retroverted, bulky, mobile and fornices free. She was advised to have her trans-abdominal Ultra-sonography of pelvis and Thyroid Profile, Coagulative profile to exclude any pelvic pathology as the causative factors of her gynaecological complaints. After Ultra-sonography it was observed that she had Multiple Uterine Fibroids. Patient was assessed on Pictoral

blood Assessment chart (PBAC) scoring was done at baseline and on every month during treatment for 26 weeks. Transabdominal Ultrasonography of pelvis was done at baseline, after 12 weeks and after completion of treatment i.e., 26 weeks.

Intervention

Patient was advised to take *Sharbate Anjabar* (IMPCL) 20 ml twice a day from 2nd to 5th day of cycle in every cycle. *Majoon Dabidulward* (IMPCL) 6 g twice a day along with *Itrifal Guddudi* (Hamdard) 6 g twice a day orally for rest of the month is advised for 6 months. Post treatment follow up was done for 2 months after every cycle.

Results

Ultrasonography is the only diagnostic tool which is being used for the confirmation of diagnosis of Uterine Leiomyomas [8]. Patient got relief in heavy flow and pain abdomen during menstruation. And after 3rd cycle, flow during periods becomes normal. PBAC Scoring was 140 at baseline, 94 after 12 weeks and 64 after 26 weeks of treatment, respectively. It was 64. Ultrasonography was repeated; it shows significant reduction in size of fibroids only one fibroid remains which measures 1.2 x 1 cm (Table 1). And there is no pain abdomen or heavy flow during menstruation after treatment. Patient was kept for follow-up for 8 weeks after every cycle. No adverse effect is noted. No recurrence of symptoms is noted.

Discussion

Leiomyomas of uterus grows under the influence of estrogen hormone and usually seen after the menarche, and tend to shrink after the menopause [8]. Uterine Leiomyomas are the most common benign gynecological tumor seen in reproductive life which results in various menstrual problems like menorrhagia, dysmenorrhea and Abnormal Uterine Bleeding (AUB). Medical management of this problem is possible with Unani medicine confirmed by Ultrasonography. Medicines which we have used have *Muhallile waram*, *munzije balgham* and *qabiz* property. *Qabiz* drugs cause shrinkage of swelling. Further studies can be done to draw the final conclusion.

CASE REPORT 2

Ayurvedic Management of *Shayyamu-trata* (Nocturnal Enuresis)

A female child aged 09 years visited with her mother at Ayurveda OPD of AYUSH Wellness Clinic, President Estate, New Delhi. She was suffering from nocturnal incontinence (bed wetting) since childhood. She took treatment for the same before, but it was not of much help.

Patient was full term normal delivery with all milestones achieved within normal duration. She seemed to be physically and emotionally normal but had a sense of embarrassment due to bedwetting habit. There was no family history of bed wetting. She had younger brother aged 6 years but was not having any such problem. Clinical observations revealed that her appetite and bowel movements (once or occasionally twice/day) were normal. There was no constipation. Micturation was normal during daytime without any wetting but bedwetting was present at night. Abdomen was soft, no tenderness and no organomegaly. Her sleep was also sound without any disturbance. Previously USG (whole abdomen), Urine (Routine/Microscopic) and Stool examination were already performed to rule out any structural abnormality or presence of UTI or worm infestation, but reports were found normal. She was also given intestinal de-worming medicines on regular basis.

Treatment Given (Table 2)

Treatment of *Shayyamu-trata* (Nocturnal enuresis) comprise of medicines and psychological assurance. Various studies have confirmed that both pharmacological and psychological treatment works synergistically and are more effective altogether [9].

Table 1: USG (Pelvis) Before and After Treatment.

USG report Before Treatment (on 10/06/2016)	USG report After Treatment (On 26/12/2016)
Uterus Bulky with multiple intramural fibroids. Largest Fibroid arising from anterior myometrium at the fundus body region measuring 5X6 cm. All the fibroids show cystic degeneration. No calcification is seen.	Uterus shows a fibroid of 1.2X1 cm arising from anterior wall of myometrium.

Table 2: Ayurvedic Medicines Given.

Medicines	Pharmacy	Dosage
<i>Agnitundi/Vishamusti vati</i>	IMPCL	1 tab twice a day with milk
<i>Vidangadi lauha</i>	IMPCL	2 tabs with luke warm water once a day
<i>Ashwagandharishta</i>	IMPCL	10 ml medicine + 10 ml of luke warm water (half an hour after meals) – twice a day
Tab Neo	<i>Charak</i>	01 tab with milk - twice a day

Psychotherapy[10]

- **Counseling** – Parents were advised that the problem of child should not be publicized to the others and make her feel embarrassed anytime. They need to assure the child that it is quite common and natural and most of the kids do wet the bed and this problem is just temporary.
- **Rewards dry nights** – Child should be encouraged whenever she does not wet the bed, this will boost her confidence.
- **Bladder control during daytime** - Whenever there is urge to micturate; she should hold the urine for as long as possible during day time only. Eventually, it helps to control her bladder better.
- **Restrict liquid intake 2–3 h before sleep** during evening hours. She was encouraged to go washroom before sleeping and after 3–4 h of sleep at night.

Results

There was not much relief in symptoms during first week of treatment. But after 15 days of treatment patient showed improvement in symptoms, as number of her dry nights in 2nd week increased from none to 3 days which increased further from 3 to 5 in 3rd consecutive week. After one month, she did not have any episode of bed wetting in 4th week. Her all medicines (except Vidangadi lauha) were continued for 15 more days.

Conclusion

In Ayurvedic classics, the brief description regarding *Shayyamutra* is found in *Sharangadhara* and *Vangasena Samhita* [11]. Ayurvedic medicines helps in improving the mental faculties as well as weak musculature of bladder especially sphincter tone and are

highly effective for managing this disorder since their combination works by dual action; control bladder urination and reduces mental and physical stress as well [12]. Therefore, Ayurvedic medicines along with therapy are safe and effective management for bedwetting.

CASE REPORT 3**Treatment of Urolithiasis through Siddha Medicine**

Urolithiasis is a very common disorder affecting mankind since ancient days. Prevalence of this disease is high among those living in tropical areas. It affects all the geographical, cultural, and racial groups. The lifetime risk is about 10 to 15% in the developed world, but can be as high as 20 to 25% in the Middle East [13]. Globally 1 to 15% people are affected by kidney stones at some point in their life [14]. Kidney stones have affected humans throughout history with descriptions of surgery to remove them dating from as early as 600 BC [15]. The treatment of urolithiasis for acute conditions needs hospitalisation and sometimes needs surgical intervention. Many herbal and herbo-mineral formulations have been described in Ancient Siddha texts for the treatment indications of Urolithiasis. This case report details of a 14 year old female with left renal calculi successfully treated by Siddha medicines. In Siddha Medicine, renal stone comes under *Neerinai Arukkal Noikal* i.e., diseases that reduce urinary output. Kidney stone is called as *Siruneeraga Karkal*, *Neeradaippu*, *Kalladaippu Noi*, *Neererivu*, *Asamari rogam* [16]. Siddha Classical text, *Yugi Vaithiya Chintamani* – 800 has classified *Kalladaippu* as follows:

1. *Vali Kalladaippu*
2. *Azhal Kalladaippu*
3. *Iya Kalladaippu*
4. *Thontha Kalladaippu*

Case Summary

A 14 years old female came with the complaint of single episode of acute left flank pain radiating to left lower quadrant lasting for 2 h which subsided after taking pain killer, her USG report revealed 5.4 mm calculus at the right VU junction with hydronephrosis. No complaints of fever, chills, nausea, vomiting and burning micturation. Her vital signs appear normal.

Previous History: There is no previous history of Urolithiasis.

Family History: There is no family history of Urolithiasis.

Personal History: Vegetarian, habits of eating high salt and high sugar, junk foods, Soft drinks. Her water intake is less than 1litre/day.

Menstrual History: Regular, 5/26 days, Flow – moderate, No H/O of white discharge, No H/O of dysmenorrhea, attained menarche at the of age 12.

Treatment Summary:

Internal Medicine:

Nerunjil Kudineer – 30 ml, twice a day.

The above decoction has been continued by the patient for 40 days

The patients were asked to follow the following dietary regimen and lifestyle modifications during the treatment and follow-up period.

1. Advised to drink water at least 2 litres/day.
2. Increase intake of dietary fibre, and green leafy vegetables.
3. Increase intake of foods with a high magnesium: calcium ratio (barley, bran, corn, buckwheat, rye, soy, oats, brown rice, banana, lima beans, and potato).
4. Daily walking for at least 30 min.
5. Reduce intake of high oxalate containing foods (black tea, cocoa, spinach, betel leaves, nuts).
6. Limit dairy products, especially milk fortified with vitamin D.
7. Avoid high sugar, salt and salt substitutes.
8. Avoid processed meats, tinned soups, snack foods, beverages.

Progress of Treatment

There is no recurrence of left flank pain, USG abdomen after treatment revealed no calculus in left kidney (Table 3).

Discussion

Tribulus terrestris (*Nerunjil*) has been reported to have an antioxidant, nephroprotective, diuretic, antilithiatic, antidiabetic, CNS stimulant and antifungal activities. *Tribulus terrestris* plays a vital role in dissolving stones of uric acid and cystine. Ethylene glycol induced urolithiasis in Wistar strain female albino rats treated with *Nerunjil kudineer* showed increased urinary output, decreased

serum urea and crystalluria on day 14, and a tendency for alkalization of urine compared with the ethylene glycol-treated animals, thus providing preliminary evidence for the clinical usefulness of this drug [17].

Conclusion

Nerunjil Kudineer plays a vital role for the treatment of Urolithiasis which is evident from this case report. Siddha medicines not only cure the disease but also prevent the recurrence of Urolithiasis in patients.

CASE REPORT 4

Clinical Impacts of Cupping Therapy in Psoriasis

Introduction

Psoriasis is an endless incendiary skin infection. It is portrayed by very much characterized red, textured plaques on the surfaces of the body [18]. Psoriasis introduction designs fluctuate in appearance and area. The basic sorts are plaque psoriasis, guttate psoriasis, scalp psoriasis, nail psoriasis, flexural psoriasis and psoriasis of palms and soles. Psoriasis is discovered everywhere throughout the world; be that as it may, there is a wide dissimilarity in its revealed event [19]. The occurrence rate of psoriasis in the US is assessed to be around 2%, and in India announced from 0.44 to 2.8% [20,21]. The cause of psoriasis is not known but the disease is thought to be a T-cell mediated inflammatory disorder and another theory is, psoriasis occur due to blockages of sweat glands pore due to which sweating does not occurs and such more toxins are collected beneath the skin [22]. There is no curative regimen for the clinical administration of

Table 3: USG (Abdomen) Before and After Treatment.

USG Abdomen dated on 27/01/2017	USG Abdomen dated on 29/03/2017
Right kidney is normal in size and corticomedullary differentiation. No calculus or hydronephrosis is seen. Left kidney appear normal in size and shows mild nephrosis with a 5.4 mm calculus at the right VU junction. Urinary bladder is normally distended. No calculus is seen.	Both kidneys are normal in size and corticomedullary differentiation. No calculus or hydronephrosis is seen.

psoriasis up 'til now. Around half of psoriasis patients utilize a few types of customary pharmaceutical including herbs utilized topically and orally [23].

Aim and objective

In this case aimed to evaluate the clinical efficacy of cupping therapy for psoriasis and objective of cupping therapy was *imala wa tanqiya e mawad*, improve subcutaneous blood flow circulation and autonomous nervous stimulation as well as sweat glands stimulation.

Methodology

The area chose for cupping therapy was sanitized by rubbing alcohol. After putting the cup manual suction was utilized to prohibit the air inside the cup. The cups were thumped to the skin for 5 to 7 min. Subsequent to expelling the cup, various superficial incisions were made on the skin utilizing sterile surgical blades. Again the cups were put on the skin for 5 to 7 min, to a point it was filled with capillary vessel blood. Finally cups were removed and anti-septic lotion was applied.

Discussion and Result

Patient aged 39 years, gender male experiencing psoriasis since 17 years, with

itching and plaques on skin. Overtimes he had attempted numerous creams, salves and steroids which gave him short term relief and inevitably side effects. He was informed 3 months treatment regarding Cupping Therapy with an interim of 15 days, add up to six sessions and additionally follow up for observation. The skin state was assessed by the measure of Psoriasis Area and Severity Index (PASI) score was taken on two events before_of treatment and after 3 months of treatment. (3 months after treatment). All examination was performed by same specialist without access to past convention or PASI scores [24]. Cupping therapy has the insusceptible modulatory impacts. Because of its capacity to balance the invulnerable framework, it was in this manner proposed that this part of measuring treatment can be utilized to regard other resistant related illnesses too.

Cupping therapy was started and after the first session, lesions and plaques started to disappeared and reduced both in size and number. Patient’s therapy was continued for six sessions PASI Score was 13.2 before treatment and reduced to 2.4 after treatment. Condition of the skin improved and began looking healthy as evident in photographs (Figure 1).



Fig 1: Showing Pre and Post Treatment Photographs.

Conclusion

This case puts some light on the viability of cupping therapy to treat psoriasis. This case exhibits the viability of cupping therapy in treating psoriasis. Notwithstanding, more research and trials are expected to completely illustrate the adequacy of this treatment for a wide range of psoriasis with shifting degrees of seriousness.

CASE REPORT 5

Management of Cervical Spondylosis through Yoga Therapy

Cervical spondylosis is a degenerative disorder of cervical spine. Even though degeneration is most commonly seen in people above 50 years but nowadays it can be noticed in younger generations as well. As the lifestyle of people becoming more sedentary they are at greater risk of degenerative disorders. In the cases of cervical spondylosis symptoms like pain and stiffness at nape of neck radiating to either of upper limbs with numbness in the fingers is noticed [25]. Sometimes there no pain only numbness in finger, headache, vertigo is noticed. This condition arises due to the excessive wear and tear in the cervical vertebrae and surrounding tissue. On radiological investigation osteophyte formation is seen at the cervical spinal column. These out growths may compress the nerve roots emerging from the spinal cord at that level and result in pain and various neurological features in the innervated area. In the present case of Cervical spondylosis has been treated with Yoga therapy- Asana and Pranayama.

Case Study

A 36 year old male shopkeeper came to our AYUSH Wellness Clinic in Yoga and Naturopathy OPD with the symptoms of pain at nape of neck radiating to bilateral shoulders and right supra scapular region since 6 months. Patient was experiencing the weakness in right upper limb on exertion. No history of HTN, DM, Asthma, allergies. Pain was assessed with the help of VISUAL PAIN ANALOG SCALE (VAS) [26] on first visit and patient follow up was taken after 21 days of therapy session.

Table 4: Treatment Protocol.

S. No.	Treatments given	Frequency	Duration(Time)
1.	Yoga Therapy	Daily	30 min

Yoga Therapy Prescribed (Table 4)

A combination of *asana*, *pranayama* and relaxation protocol was practiced by the patient for 21 day or 3 weeks. The following protocol comprising of *Tadasana*, *katichakrasana*, *Uttanpadasana*, *Pawanmuktasana*, *Shalabhasana*, *Bhujangasana*, *Shavasana* [27,28], *Nadi shodhana pranayama*, *Bhramari pranayama* [27] was prescribed to relieve back pain, increase muscle flexibility and strength *yoga nidra* [29].

Visual Analogue Scale representation in graph pre and post:

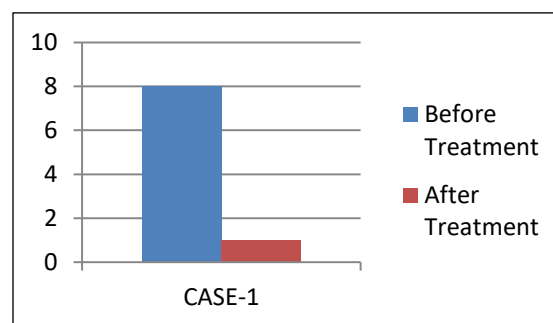


Fig 2: VAS Score Before and After Treatment.

Discussion

In the present case, a male patient with cervical spondylosis was treated through yoga therapy and marked improvement has been observed (Figure 2). There is marked reduction in pain and stiffness at nape of neck, weakness in the arm is completely recovered, visual analogue scale score pre and post treatment is found to be from 8 to 1, patient has shown marked reduction in pain due to which his day to day activities have improved remarkably. The results prove the effectiveness of Yoga asana and pranayama for management of cervical spondylosis.

CASE REPORT 6

Management of Knee Osteoarthritis through Yoga and Naturopathy

Osteoarthritis (OA), also known as degenerative arthritis or degenerative joint disease, is a group of overlapping distinct

diseases, which may have different etiologies but with similar biologic, morphologic, and clinical outcomes [30]. OA is considered to be the most common form of arthritis in a large number of people older than 50 years. This results in structural and functional failure of synovial joints. The clinical features of OA include joint pain, morning stiffness with limited activity, joint crepitus, restricted motion, peri-articular tenderness, bony swelling and functional disability. OA Knee is mostly associated with disability. Risk factors of OA of the knee are older age, females, obesity, osteoporosis, occupation, sports activities, previous trauma, muscle weakness or dysfunction and genetic factors [31]. In the present case of Osteoarthritis of Knees (OAK) has been treated with Yoga and Naturopathy.

Case Study

A 50 year old female homemaker came to our AYUSH Wellness Clinic, Yoga and Naturopathy OPD with the symptoms of pain and swelling around both the knees since past 1–2 years. Patient’s weight has been increasing since past few years gradually. No history of HTN, DM, Asthma, allergies etc. Assessment was done by examinations and x-ray to confirm. Pain was assessed with the help of VISUAL PAIN ANALOG SCALE (VAS) [32] on first visit and patient follow up

was taken after 26 days of therapy session (Table 5).

Assessment and Data Collection

Assessment of Osteoarthritis was done by Examinations and X-ray, VISUAL PAIN ANALOG SCALE (VAS) on first visit and patient follow up was done weekly, for the consecutive four weeks (Figure 3).

Dietary and Lifestyle Modifications

Patient is advised to avoid incompatible food items, junk/fast food, excessive oily-salty-spicy food. Patient is advised daily 1 h of Yoga (Table 6) and physical activities. Patient was suggested to maintain personal hygiene and regular healthy food habits. Patient was asked not to strain knees by remaining in any same posture, excessive walking or cycling and to use hot fomentation bag and knee cap at home.

Results

In this case study of Osteoarthritis, there is reduction in VAS, improvement in Range of Movement (ROM) has been observed. Therefore, effect of treatment has been observed separately. Yoga and Naturopathic treatments have been given for almost 26 days and improvements have been seen in the different parameters.

Table 5: Treatment Protocol.

S. No.	Treatments given	Frequency	Duration(Time)
1.	Pain-oil Potli around both knees	Daily	10 min
2.	Local Steam to bilateral knees	Daily	5 min
3.	Partial massage to bilateral legs	Daily	15–25 min
4.	Mustard Pack to both knees [33]	Weekly 3 times	20 min
5.	Yoga Therapy	Daily	30 min

Table 6: Yoga Therapy Prescribed [34].

1. Tadasana	2. Pavanmuktasana (with one leg)	3. Makrasana
4. Swastikasana	5. Januhastasana	6. Ekpadhastasana
7. Bhujangasana	8. Dwipadhastasana	9. Veerasana
10. Trikonasana	11. Virksasana	12. Reclining knee bent twist
13. Loosening exercises	14. Pranaymas: SAV, Anoloma Viloma, Kapalabhati, Bhastrika	15. Relaxation technique: IRT, QRT

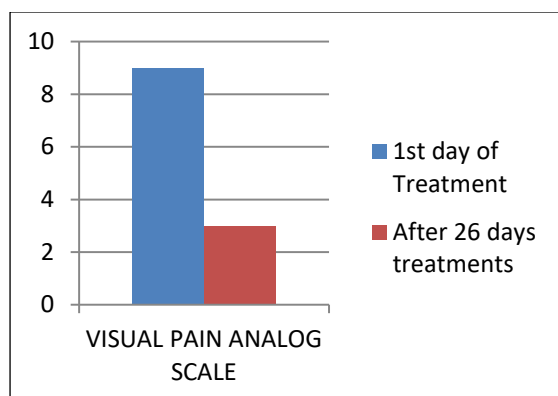


Fig. 3: VAS Score Before and After Treatment.
Discussion.

In the present case, a female patient with Osteoarthritis was treated through naturopathy and yoga and significant relief has been observed. The results prove the effectiveness of Yoga and Naturopathy remedies like Massage therapy, Mustard pack, Hydrotherapy, *Yogasanas* and *pranayamas* for treating OA and Overweight both. Overall, change in Lifestyle and healthy dietary habits also been effective in improving the overall quality of life of the patient.

Conclusion

Osteoarthritis is a condition in which there is difficulty in walking, sitting and daily activities. This condition can be prevented and can be improved by following Naturopathic therapies like Mustard pack, Hot fomentation to knees, Potli with pain oil massage around knees, Partial massage to legs, Local steam and few simple Yogic practices in daily life. Minimal alteration in the life style may give much relief from the OA of Knee joint in long run.

CASE REPORT 7

Homoeopathic Management of Chronic Migraine

Migraine is a common neurological disorder characterized by recurrent headache episodes with a variety of accompanying symptoms. As per the International Headache Society, chronic migraine is defined as headache on 15 or more days per month for more than 3 months. The condition is associated with acute episodes of two major subtypes: migraine with aura and migraine without aura. The headache lasts for 4–72 h duration, is of a pulsating quality, moderate to severe in intensity, usually unilateral location, and

aggravation with routine physical activity like climbing stairs or walking or avoidance of these activities. The occurrence of nausea and/or vomiting is mandatory during migraine and photophobia and phonophobia are also often present [35,36]. Vertigo or dizziness are common and reported by nearly 30–50% of the patients, at least occasionally [37]. Chronic migraine has a global prevalence of approximately 2% of adults [38]. In the conventional system- sedatives, analgesics and vaso-constrictors are used for treatment often in combination with potentially serious side effects [39].

Case Summary

A 28 year old female patient visited Homoeopathy OPD with complaint of episodes of left sided headache with nausea that was relieved by vomiting since last two years. The patient gave history of chronic dyspeptic symptoms with hyperacidity, sour belching, flatulence, sensation of fullness in abdomen since last two years. Her episodes of headache started along with dyspeptic symptoms. Allopathic treatment provided only temporary relief. The patient was lean and thin weighing 42 kg, with defective appetite, her BP was normal and she was not taking any other medicine. There was no family history of Migraine. On detailed case taking, the patient reported chilly thermal reaction, little desire to drink water but a liking for 4–5 cups of coffee in a day. She was constipated since as long as she can remember with hard stools and ineffectual urge to pass stools 3–4 times in a day. The HIT-6 (Headache Impact Test) score done at start of treatment was 70.

Treatment Prescribed

As per the totality of symptoms, individualization and with the help of Repertory, *Nux vomica* 200/1dose, next day morning empty stomach followed by *Rubrum Metallicum* 30/1 drachms four pills three times in a day for 7 days.

Assessment Criteria

The Headache Impact Test (HIT-6) which is a reliable determinant of the impact of migraine and disability associated with chronic migraine was used to assess the patient pre- and 6 months post-treatment. HIT measures the patient's level of head pain, social, work and

cognitive functioning, vitality and psychological distress. Each item is assessed a numeric value and totalled to provide an overall severity. The lowest possible score is 36 and the highest is 78. Four categories of headache severity within that range are - little or no impact (46 or less); some impact (50–55), substantial impact (56–59) and severe impact (60–78) [40].

Follow-up and Results

One dose of Nux vomica 200 was given every 7 days followed by Rubrum Metallicum 30/1 drachms four pills three times in a day. As the patient showed continued improvement, the same treatment protocol was followed further. The frequency and intensity of migraine episodes reduced considerably with improved quality of life within six months of treatment as evident in Figure 4.

CASE REPORT 8

Management of Benign Prostatic Hyperplasia (Bph) Through Homoeopathic Medicine

Introduction: Benign prostatic hyperplasia (BPH) is one of the most diagnosed disease affecting men of advancing age. By age 50 years, around half of men are determined to have BPH; by 80 years, 90% of men are diagnosed, and the most of prevalence happens among men ages 70 to 79 years. In BPH, a proliferation of cells leads to an increase in prostate size, urethral obstruction and lower urinary tract symptoms (LUTS) [41]. Clinically BPH is present in roughly 26% of the men in the fifth decade, 33% in the 6th decade, 41% in the seventh decade and 46% in the eighth decade of life and later[42]. Homeopathy is the second-most broadly utilized CAM in health services frameworks as per the World Health Organization [43]. Various studies on BPH in Homoeopathy suggest Lycopodium, Pulsatilla, Thuja, Calcarea Carb and Sulphur found useful [44].

Case Presentation

A sixty three years old male patient consulted in Homoeopathy OPD of AYUSH Wellness Clinic on date 06/09/17 for the treatment of urinary difficulties such as poor flow during micturation, urgency and hesitancy, nocturia and sensation of incomplete emptying after

micturation suffered for the last 3–4 years. Patient was also suffering from Grade-1 fatty liver for which he was not taking any treatment. Investigations also done to rule out any other major illness like Diabetes Mellitus, urethral stricture, recurrent urinary infection and neurologic bladder. Baseline assessment with International Prostatic Symptom Score (IPSS) was done and found 21/35 (severely symptomatic).

Personal/Family History: NIL

Mental generals: Patient is senior officer, generally industrious, domineering, dictatorial and cowardice in nature, always ordered to the family members and office worker.

Physical generals: Craves for sweets, desire for hot food and cold air, affected with both hot and cold weather.

Clinical findings: Ultrasonography of Prostate: (05/09/2017): Size 31.9×44.4×46.2 mm (Volume: 34.21 CC), enlarged in size, but normal in shape and echo texture. Pre void: 87.35CC and post void nil.

General Physical Examination: Height – 5’7”, Weight – 79 kg., Anaemia – Nil, Jaundice – Nil, Cyanosis –Nil, Pulse –78/min, Temperature 98.40° F, Respiratory rate - 16/min, BP -130/80 mm Hg.

Systemic Examination: NAD

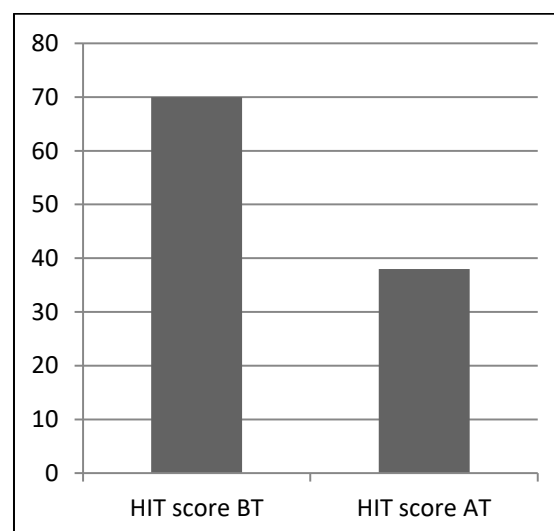


Fig. 4: HIT-6 Score Before and at 6 months of Treatment.

Selection of Remedy: Repertorisation done with Hompath software taking using complete repertory, Lycopodium 200/1 dose with Sabal serrulata mother tincture 10 drops mix in ½ cup of normal water once in a day was advised to take to the patient.

Follow-up and Results: Patient was advised to visit at every 15 days and second prescription was done with the thought of Kent’s 12 observations. Patient was followed up to approximately 6 months and during this period only one dose of Lycopodium was gives as in first visit and Sabal serrulata continued during the whole course of treatment as advised on first visit. Baseline IPSS was 21/35, at 3 month 13/35 and at 6 month 07/35. Ultrasonography of Prostate: 09/03/18 showed Grade-1 Prostatomegaly with volume 21 CC (Table 7).

DISCUSSION AND CONCLUSION

Present case report shows the positive result of homoeopathic medicine. Previous studies on BPH and case report already have shown the effectiveness of Lycopodium over enlarged prostate [42-45]. Sabal serrulata mother tincture also claimed in various literatures a very effective medicine for reducing the size of prostate⁴. Indication of Sabal serrulata have been given in literature as Prostatic trouble; enlargement, discharge of prostatic fluid [46]. Though the individual role of Lycopodium and Sabal serrulata in this case is still questionable as both the medicine administered simultaneously which not according to fundamentals of homoeopathy [47]. In this case patient was severely symptomatic as IPSS was 21/35 (Figure 5), only one dose of Lycopodium 200 was given on the basis of indication as patient was dominating, coward, craving fresh air, desire sweets, poor urinary stream with prostatic trouble. Sabal serrulata mother tincture was continuing through the whole course of treatment of 6 month. At baseline IPSS was 21/35 and volume of prostate was 34.21 CC and after 3 month follow-up patient improved as IPSS was 13/35 so no another dose of Lycopodium given and on 6th month follow-up IPSS was 07/35, Ultrasonography showed volume 21 CC which is much better than before and most of the symptoms improved though still under

category of mild prostatomegaly. Though the single case report is never conclusive for the longer result still this case shows the efficacy of homoeopathic medicine over the prostatic troubles.

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Conflict of Interest: None.

Table 7: Ultrasonography of Prostate: (Before and after treatment).

USG report Pre-treatment (05/09/2017)	USG report post treatment(09/03/18)
Size 31.9×44.4×46.2 mm (Volume: 34.21 CC), enlarged in size, but normal in shape and echo texture. Pre void: 87.35CC and post void nil.	USG showed Grade-1 Prostatomegaly with volume 21 CC.

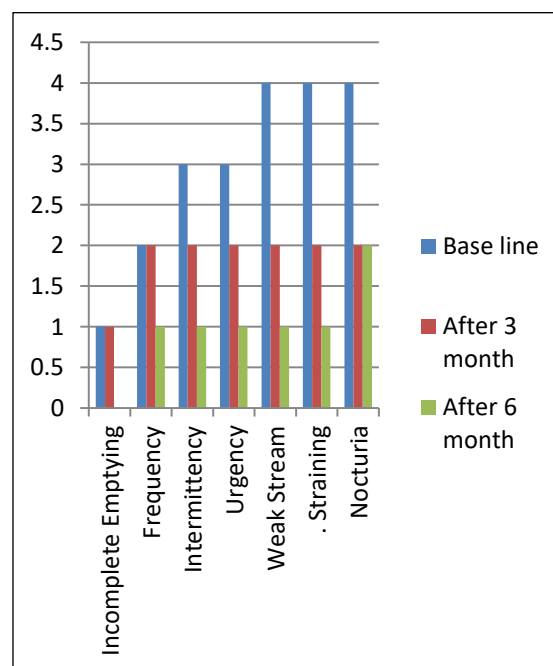


Fig. 5: IPSS at Baseline, at 3 month and at 6 month.

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