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Case Report

Case Reports of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy from AYUSH Wellness Clinic

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Abstract AYUSH Wellness Clinic (AWC) has been established with the collaboration of Rashtrapati Bhavan and Ministry of AYUSH, Government of India with the objective to deliver quality health services by all the five streams (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) and more than that integrated approach to those diseases which are challenging for the medical world, under one roof. AYUSH is distinctively suitable to bring cost effective and affordable healthcare systems to the general public. At, AWC Physicians are treating even those diseases where sometimes surgical intervention needed but keeping the fact that without compromising the health of the patients and basic fundamentals of the AYUSH like chronic diseases of Musculoskeletal, dermatological, cerebro-vascular and Gynecology system effectively. In Present Case reports all the five streams of AYUSH showing the glimpse of treatment of Musculoskeletal system (PIVD, OA & RA), dermatology (Athlete's Foot), cerebro-vascular (post stroke), Gynecology (Hirsutism and Acne caused by PCOD and Ovarian Cyst).
Keywords *AYUSH wellness clinic; AYUSH; Case reports; Rashtrapati Bhavan*

Introduction

As long as man exists, diseases occurred along with-it role of medicine also come in to the play. In the changing pattern of life style of human being there is also changing pattern of disease occurrence. In present scenario diseases which are not common in ancient times having larger impact on health in the present time. Due to this emergence prevalence of diseases increases in society and patients are seeking to the other side of medicine which is commonly known as complementary and alternative medicine (CAM). AYUSH is an acronym of medical systems that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy since ages. In India, Government of India separately formed the Ministry of AYUSH for the development AYUSH medicine into a main stream and its benefits to the stakeholders. Rashtrapati

Bhavan in collaboration with Ministry of AYUSH established the first AYUSH Wellness Clinic of India in the President's Estate where all the five streams of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) working under one roof.

Science always depends on evidence. For further development of AYUSH as well as the validation of old literature it is the necessity to work on evidence-based medicine. Present case reports from all the five streams of AYUSH are based on evidences and scientificity as far as possible with the assessment tools, investigation reports and photographs wherever applicable. These case reports are a little effort to show a causal relation of efficacy of AYUSH treatments.

1. Individualized Homoeopathic Treatment of Athlete's Foot: A Case Report[a]

Fungal infections of the skin and nails form the most numerous and widespread group of all mycoses (Havlickova et al., 2008). Tinea is common worldwide infection, it is estimated that more than 8 million office visits to primary care physicians are made annually for Tinea-related symptoms (Fausi et al., 2008). The three genera of dermatophytes are Trichophyton, Microsporum, Epidermophytes and among them *Trichophyton rubrum* is considered to be the most common dermatophyte in India (Kansara et al., 2016). Most of the major studies in India show that Tinea Corporis and Cruris are the most common Tinea infections (Panda and Verma, 2017). Tinea pedis is comparatively rare in India (Singh and Srivastava, 1994).

Homoeopathy claims a salutary treatment for the different variety of Tinea infections. In Homoeopathic literature, under the heading Ringworm several medicines suggested like Sepia, Tellurium, Lycopodium, Graphites, Kali Carbonicum, Bacillinum, Sulphur, Natrum Muriaticum etc. according to site, appearance, character and symptoms of lesions (Boericke, 2002).

Case

1.1. Complaints and Duration

A 48-year-old male labour by profession with the complaints of itchy, erythematous and white macerated skin in interdigital space of 4th and 5th finger of left foot since 2 years. He had applied several local ointments with transient relief.

Previous History: There is no history of previous illness.

Family History: Father suffered from DM and died 2 years back, mother suffering from Hypertension. No same kind of skin lesions mentioned in family history.

History of Medication: Only uses of local treatments for skin lesions.

Personal History: Addicted to tobacco chewing and Bidi smoker.

Physical generals: Appetite good and can tolerate hunger, Thirsty; 2-3 litres in a day, Tongue white coated posterior side, aggravation from rich food causes throat complaint with expectoration of thick white mucus. Sweaty foot, Affected with both extreme of temperature. Bowel and urine movements are regular.

[a]Dr. Ashish Kumar Dixit, Homoeopathic Consultant

Mental generals: Patient is of mild disposition, anxious about health and leaning towards sexual subjects though deficient in sexual acts. Anxious dreams

Provisional Diagnosis: Tinea Pedis

Treatment Prescribed: Considering totality of the patient the case repertorised and finally consulted with Materia Medica books, Kali Muriaticum 200/1 dose empty stomach early in the morning with Placebo 30/4 pills of 40 no. size three times in a day has been prescribed for 7 days.

Assessment Tool: For evaluation of Tinea Pedis Athlete's foot severity score (AFSS) has been used (Cohen et al., 2002).

Follow up and outcome: Follow ups done on every week using comparison of AFSS from base line and photographs taken on every visit.

Table 1: *Details of follow up visits with intervention following AFSS*

Treatment period	Athlete's foot severity score (AFSS)	Intervention
11/02/16 (Baseline)	05	Kali Muriaticum 200/1 dose, Placebo Three times/day
15/03/16	05	Kali Muriaticum 200/1 dose, Placebo Three times/day
03/04/16	04	Kali Muriaticum 200/1 dose, Placebo Three times/day
09/05/16	03	Placebo Three times/day
16/06/16	None (00)	---

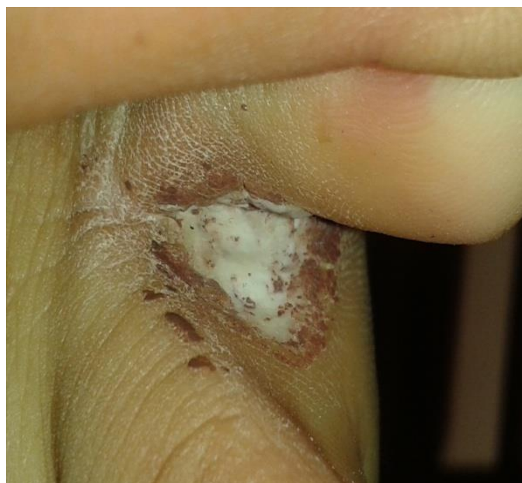

Photo - 1 on 11/02/2016

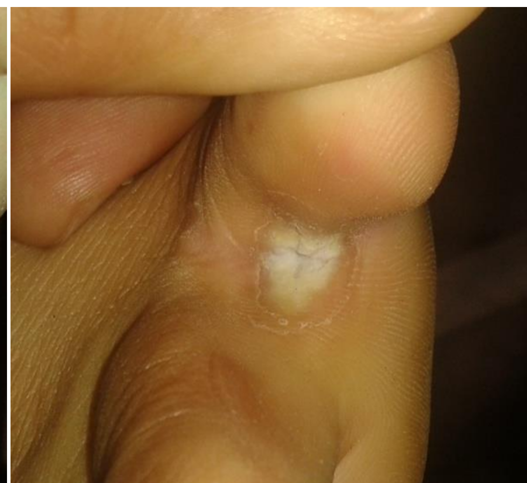

Photo - 2 on 03/04/2016

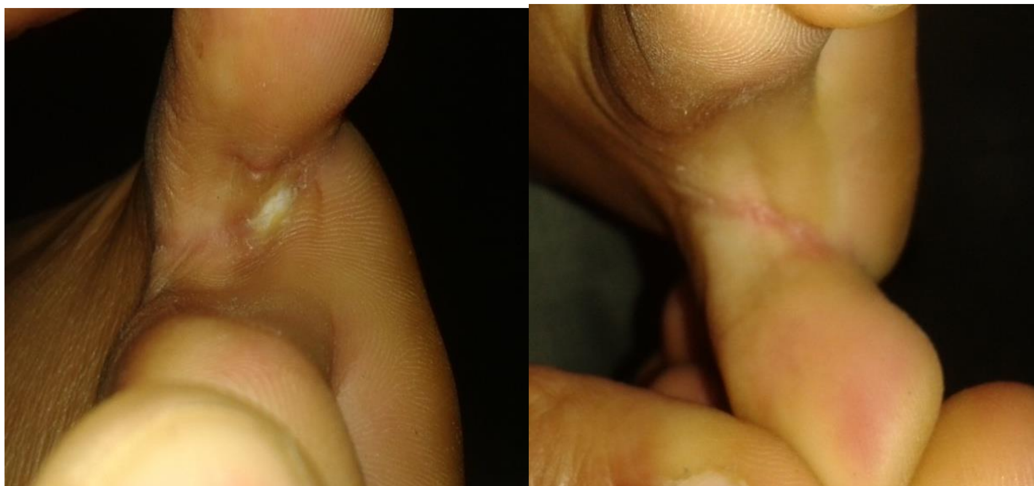

Photo - 3 on 09/05/2016

Photo - 4 on 16/06/2016

1.2. Discussion

Tinea Pedis also known as Athlete's foot though not common as compare to other Tinea (Cruris and corporis) is not much troublesome except of cosmetic value. Present case has been suffered from this disease since long time and tried various local treatments. Though repertorisation not suggested Kali Muriaticum (Calcarea carb. and Carbo veg were top repertorial result) for the case but consulting Materia Medica books and taking consideration of affinity to left side affection with characteristics of white phlegmatic expectoration, aggravation from rich food medicine this medicine has been selected leaving the top two medicines (Bogen, 2002). During the whole course of 4 months three doses of Kali Muriaticum 200 was prescribed on 11/02/16, 15/03/16 and 03/04/16 according to aphorism § 238 of 5th edition of Organon of Medicine and after that no medicine prescribed except Placebo which is continuously given three times in a day during the whole course (Hahnemann, 2002). On every visit gradual improvement followed (Table 1: AFSS-05 at baseline (Moderate severe) and on last visit AFSS-00). Photographs also had been taken for better comparison as shown in Photograph - 1, 2, 3 & 4.

1.3. Conclusion

This case highlights the usefulness of homoeopathy for treating Tinea Pedis infection effectively without any local use of ointment. However, the results from this single case report are by no means conclusive regarding the long-term clinical effectiveness of homeopathy for Tinea pedis. Well-designed studies are required for establishing effectiveness and efficacy of homoeopathy in treating the condition.

2. Case Study on Acne and Hirsutism Associated with Polycystic Ovarian Syndrome with Unani Management[b]

Lifestyle diseases are defined as diseases linked with the way people live their life and industrialization has given rise to various lifestyle disorders one of them is PCOS. Polycystic Ovarian Disease (PCOD) also known as Polycystic Ovary syndrome (PCOS), prevalence ranging from 2.2% to 26% world-wide and in Indian adolescents it is 9.13% mostly seen in adult women with age ranged from 18 to 45 years (Nidhi et al., 2011). Acne is a chronic inflammatory disease of pilosebaceous units and Hirsutism is presence of excessive terminal hair on androgen dependent areas of female's

body and is a common manifestation of hyperandrogenemia. PCOS is the most common disease which causes hyperandrogenemia in females. The polycystic ovary syndrome (PCOS) has the highest prevalence in acne. The PCOS is a heterogeneous condition, European Society for Human Reproduction and Embryology and the American Society for Reproductive Medicine (ESHRE/ASRM) has revised the criteria for diagnosis of PCOD to include two from three of the following criteria: oligo- and/or anovulation, hyperandrogenism (Acne, hirsutism, alopecia, acanthosis nigran) and polycystic ovaries (Begum et al., 2012). Muhammad Ibn Zakariya Razi a Unani Physician recorded amalgamation of signs associated with menstrual irregularities (oligomenorrhoea, amenorrhea and menorrhagia) including hirsutism, obesity, acne, hoarseness of voice and infertility, which are indicative of polycystic ovarian disease and hyperandrogenism (Razi, 2001).

When amenorrhea persisted for a long duration it causes alterations in internal environment of women's body and status of balance is disturbed, leading to formation of some unnecessary material which is being excreted through skin pores in the form of *busoore labnia* (acne) and also contribute in the growth of thick hair over the body (Firdose, 2016). In Unani system of medicine Principle of treatment (*Usoole ilaaj*) is by *Idrare haiz, tadeel e mizaj*, weight reduction and use of specific drugs (Khan, 2011). This case shows the successful management of Acne and Hirsutism of PCOS with Unani Medicine.

Case

In August 2017, a 23-year-old girl presented for acne, hirsutism and amenorrhea. The patient was the second child in the family. Her parents were of normal weight, and they both had hypertension and impaired glucose tolerance. Her mother had gestational diabetes mellitus during her pregnancies. One male sibling was healthy and of normal weight. The patient started out brake of acne since 1 year and excess hair growth over face chin and over body. Over the year, her weight gradually increased with marked increase in waist to hip ratio. Her height remained consistent Menarche occurred at the age of 13, her past menstrual cycle was regular comes in every 28 days and she bleeds for 5 days. Later on, she developed irregularity in menstrual cycle and soon thereafter she developed secondary amenorrhea.

2.1. Assessment

The patient was obese; her height was 160 cm weight 79 kg (body mass index (BMI) 31.6 kg/m^2 waist circumference 100 cm, and blood pressure 120/80. Her pubertal stage was Tanner B4 P5 (Tanner). Excess Hair growth of the patient is accessed on Modified Ferriman-Gallwey scale, scoring was done at baseline and every month during treatment and 1 month after treatment was over (Aswini and Jayapalan, 2017). Acne was accessed on Acne Global Severity Scale (Sultana, 2017) at baseline and every month during treatment and 1 month after treatment was over. Patient pre-treatment and post treatment photography was done. Patient temperament (*Mizaj*) was assessed at baseline and after treatment. Patient's *mizaj* was *balghami* at baseline.

2.2. Intervention

Patient was advised to take *Habbe Mudir* 2 tablets twice a day for 5 days patient got her periods on 2nd after taking medicine. After periods are over Patient was advised to take *Majoon Dabidulward* 5gms twice a day along with patient was advised to reduced weight for that *Arqe Zeera 40ml along with Safoof Muhazzil 3 gms twice a day* is advised. Patient was advised to take *Darchini (Cinnamon* powder) 3gms twice a day for 3 months (Anjun and Mubeen, 2013).

[b]Dr. Lubna Fatima, Unani Consultant

2.3. Results

There was marked reduction in acne and terminal hairs after 3 months of treatment with *Unani* Medicine. Acne global severity score was 31 at baseline after 1 month of treatment it was 25 after 2nd month and 3rd month of treatment it was 20 and 18 respectively and at follow-up (after 1 month) post treatment it was 11. Modified Ferriman Gallwey score was 17 at baseline after 1 month it was 17 after 2nd month it was 15 and after 3rd month it was 13 and at follow up visit it was 10. Remarkable change in acne and hirsutism before treatment and after treatment is seen in Figure 1 and 2 respectively.

Table 2: *Details of follow-up visits considering Acne Global Severity Score and Modified Ferriman Gallwey Score*

S. No.	Treatment Period	Acne Global Severity Score (For Acne)	Modified Ferriman Gallwey Score (For Hirsutism)
1	At Baseline	31	17
2	After 1st month	25	17
3	After 2nd month	20	15
4	After 3rd month	18	13
5	1st Follow-up	11	10

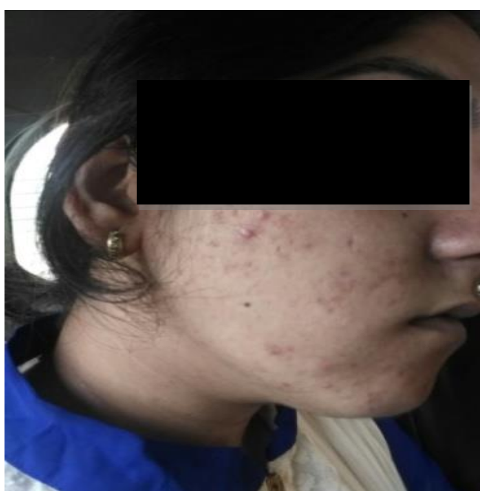

Figure 1: (Pre treatment) on August/17

Figure 2: (Post treatment) on December/17

2.4. Discussion

PCOD concept in Unani is mainly based on dominance of *khilte balgham (Phlegm). Sue mizaj Barid* (abnormal cold temperament) of liver may leads to abnormal formation of *Phlegm* which give rise to oligo-menorrhea, amenorrhea and obesity (Jurjini, 2010). Principle of treatment (Usoole-ilaj) is done by idrare haiz with the use of mudire haiz drugs (Emmenogogue drugs) *Tadeel mizaj* with use of *munzij wa mushil balgham* drugs Weight reduction and Specific drugs. In this case we have used compound drug *Habbe Mudir* for *idrare haiz* and for correction of liver temperament *Majoon Dabidulward,* and for Weight reduction *Arq zeera* and *safoof Muhazzil and specific drug Darchini* (Cinnamon powder) was used. Further Randomised control trial should be done to validate the effect of Unani medicine in PCOS.

3. Ayurvedic Management of Janu Sandhigata Vata (Osteoarthritis Knee): A Case Report[c]

A male patient aged 48 years (OPD no. 11012; Central Registration no. 82467) visited Ayurveda OPD of AYUSH Wellness Clinic, President's Estate, New Delhi with the following presenting complaints (since 02 months):

- Pain (*Shoola*) knee joints associated with difficulty in walking, climbing stairs, flexion and extension movements (*Akunchan-prasaran pravrittischavedana*) and standing after sitting for long duration
- Swelling (*Shotha - Vatapurnadrutisparsh*) over both knee joints
- Restricted movements of knee joints and

Patient was suffering from the some of the aforesaid symptoms viz. Mild Pain knee joints and discomfort in standing after prolonged sitting since 01 years but the complaints aggravated in last 02 months for which he had to take NSAIDs (approx. twice in 3 - 4 days) for pain. On examination, both the knee joints were warm to touch. Further examination of knee joints revealed swelling (Rt.>Lt.), crepitus was audible on movements in both joints (Rt.> Lt.), restricted movements and tenderness more in Right knee.

Table 3: *Personal history*

B.P.-130/80mm Hg	**Weight** - 82 kg	**Bowel** - Constipated	**Icterus/Pallor/Cyanosis** - Absent
Pulse - 72/min	**Height** - 165 cm	**Appetite** - Normal	**Addiction** - Nil
Temp. - Afebrile	**BMI** - 30.14 kg/m^2	**Micturition** - Normal	**No H/o** - DM/HTN/BA/TB

After thorough examination of the patient and in consideration of the lakshanas (signs and symptoms) found, the patient was diagnosed as a case of *Janu Sandhigata Vata* (w.s.r. Osteoarthritis knee) and accordingly the following treatment was planned based on Ayurvedic principles.

Table 4: *Treatment given (14 Days)*

	1st Week	**2nd Week**
Medicine/Therapy	**Dose & Duration**	**Dose & Duration**
Rasnaerandadi Kashaya	15 ml Twice Daily x 07 days	As before x 07 days
Yograja guggulu	2 Tab. Twice Daily with Lukewarm water x 07days	As before x 07 days
Kolakulathadi lepa churna mixed with Vinegar	Local application of warm paste in knee joint. Twice daily for 15 – 20 minutes and wiped off with towel soaked in lukewarm water x 03 days	–
Panchatikta guggulu ghritam	1 Tsf twice with luke warm water x 07days	As before x 07 days
Ashwagandha churna	-	1 Tsf twice with milk
Mahanarayan taila	10 ml Local application once daily (for Upshaya-Anupshaya i.e. to see if pain increases (Sama-avastha) or not (Nirama - avavstha) after oil application) x 02 days	_
Janu Vasti (with Mahanarayan Taila)	After swelling is reduced and application of Mahanarayana Tail does not aggravate the pain. In this case swelling subsided in 3 days	Continued for at least 14 days

All the medicines were IMPCL manufactured and were given to patients from the pharmacy of Clinic.

[c]Dr. Arun Kumar Bhadula, Dr. Ambika Dhiman, Ayurvedic Consultant

Patient was advised and instructed to avoid taking sour items (vinegar, Curd), Cold or refrigerated food/drinks, spicy (Chilies, pickles) and Oily stuff. Further, he was advised to avoid direct exposure to cold breeze and to drink luke warm water only.

Following parameters [for Pain (at rest), Swelling, and Pain (on movements)] were adopted for the assessment of efficacy of the treatment (Nayana, 2016):

Table 5: *Assessment parameters*

Pain		Swelling	
No pain	**0**	No Swelling	**0**
Mild pain bearable in nature	**1**	Mild (< 10% circumference of affected joint)	**1**
Moderate pain, but no difficulty in walking	**2**	Moderate (>10% circumference of affected joint)	**2**
Moderate pain with slight difficulty in walking	**3**	Severe (>20% circumference of affected joint)	**3**
Severe difficulty in walking, disturbs sleep, had to take analgesics	**4**		

Severity of Pain on movements		Visual Analogue Scale (Pain)
No Pain	**0**	0-10 VAS Numeric Pain Distress Scale
Pain without wincing of face	**1**	No pain — Moderate pain — Unbearable pain
Pain with wincing of face	**2**	
Restriction of flexion of joint	**3**	0 1 2 3 4 5 6 7 8 9 10

3.1. Observation and Result

After 04 days of treatment, patient reported to have slight relief in pain. Swelling was also reduced. Patient got considerable relief in next 10 days after the administration of Janu vasti. He was able to walk for longer distances without pain and didn't take any other medicines for pain during the treatment. Patient is still coming for follow up weekly. At present, he got relieved symptomatically and is very satisfied with the treatment.

Table 6: *Assessment chart of various Parameters (of Knee joints)*

S. No.		BT (Baseline)		AT (07 days)		AT (14 days)		Follow up	
		Rt.	Lt.	Rt.	Lt.	Rt.	Lt.	Rt.	Lt.
1.	**Pain**	4	2	3	1	2	1	1	0
2.	**Swelling**	2	1	1	0	0	0	0	0
3.	**Pain on movement**	3	2	3	2	1	1	1	1
4.	**VAS (Pain)**	8	7	5	5	3	3	1	1

BT – Before Treatment; AT – After Treatment

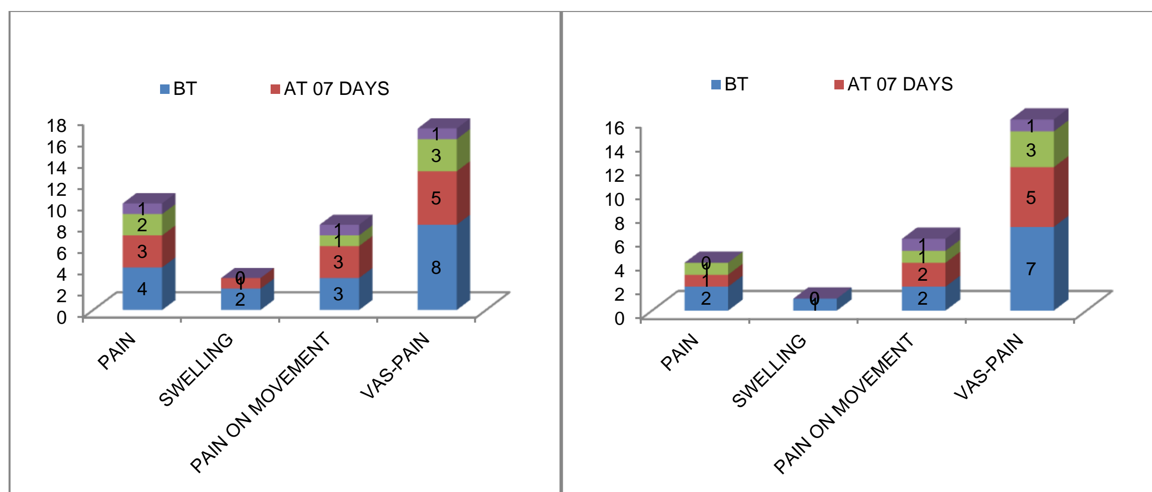

Figure 4: *Assessment of right and left knee joint*

3.2. Discussion

Sandhigatavata is one of the *Vata-Nanatmaja vikara* described in almost all Ayurvedic classics which is characterized by its cardinal features comprising of *Shoola* (joint pain), *Shotha* (swelling), Bag filled with water (*Vatapurna dritusparsha, Prasaarana-aakunchanayo pravruttischa vedana* (painful joint movement) (Shastri and Upadhaya, 2007). Osteoarthritis (OA) of modern medical science is considered to be its close equivalent (Sharma, 2013). Osteoarthritis is the 2nd most common rheumatologic problem with a prevalence of 22% to 39% in India. OA is more common in women than men. Nearly, 45% of women over the age of 65 years have symptoms while 70% of those over 65 years show radiological evidence of OA (Osteoarthritis). Out of various types of Osteoarthritis, OA knee being the most common form is also major cause of disability leading to poor quality of life (Sprangers, 2000).

Internal and external administration of Snehana (Oleation), swedana (sudation), Mridu virechana (purgation), upanaha (poultice) and lepa (topical application) are general line of treatment for *Sandhigata vata*. All the above medicines are being used for Vata disorders since time immemorial.

Further studies have revealed that, extract of the root powder of Ashwagandha (*Withania somnifera)* has been found to have chondro-protective effect on the damaged human osteoarthritic cartilage matrix in 50% of the patients and hence prevent further degeneration of bones and is also found to be beneficial in Osteoarthritis (Sumantran, 2007; Bhatt, 2007). *Panchtikta guggulu Ghrita, Mahanarayana Taila* and *Janu vasti* are mentioned for the management of *Sandhigata vata* in Ayurvedic texts and have also been proved efficacious in several studies (Kumar, 2017).

3.3. Conclusion

The present case report showed that Ayurvedic treatment provided highly significant relief in *Sandhigatavata* of the knee joint and external oleation therapies (like Januvasti in this case) are also equally important along with internal medication for better response. As *Sandhigatavata* is a degenerative in nature, therefore, repetitive use of rasayana (to combat degeneration) and oleation therapies is needed. Since, Ayurvedic treatment is safe and effective; therefore, it can be used time after time for the management of *Sandhigatavata*.

4. Treatment of Ovarian Cyst through Siddha Medicine - A Case Report[d]

Ovarian cyst is an emerging problem in present era (Asymptomatic Ovarian and Other Adnexal Cysts Imaged at US, 2010). Ovarian cyst, Uterine fibroids, Irregular menses are commonly seen in new era. Ovarian cysts are prevalent in 2% to 5% of Pre-pubertal girls, and 5% of ovarian cysts in young girls are found to be autonomous ovarian cysts (Miller et al., 1993; De Sousa and Andler, 20098; Lee, 2003). Gynecological malignant conditions account for approximately 3% of all types of cancer in children (Singhal, 2008). Siddha System of medicine is an ancient indigenous traditional Indian system of Medicine. In Siddha System of medicine ovarian cyst is referred as Sinaippaineerkatt (Venugopal, 1971). The treatment of ovarian cyst in Modern Science frequently requires surgical interventions. Siddha System of medicine has a wide range of medications for gynecological disorders. This case report details successful treatment of ovarian cyst through Siddha medicines.

Case Report

4.1. Complaints and duration

A 23-year-old married female came to AYUSH Wellness Clinic; Siddha Wing with the complaints of abdominal pain in the right lower quadrant since 5 months, Irregular periods, decreased interval of menstruation, weight gain since 8 months, on enquiry pain has no relation with intercourse.

Previous History: There is no history of previous illness.

Family History: There is no family history of female reproductive diseases.

Personal History: Vegetarian, habits of eating junk foods more, No history of Smoking, Alcoholism, Tobacco chewing.

Menstrual History: LMP – 18/02/2017, Cycle Length and frequency - 5/15, Using 5 pads/day, absence of post coital bleeding.

Obstetric history: $G_0P_1L_1A_0$

Pelvic Ultrasonography was done before and after the treatment

USG (Pelvis) before treatment dated on 02/03/2017

Uterus is normal in size and echotexture. Bilateral ovaries are bulky. Endometrial thickness is 6.7mm
Right ovary – Cyst of 48.2 × 37.5 mm is seen, left ovary - Multiple small follicles seen.

Treatment Summary

Bedhi Therapy: **Agasthiyar Kuzhambu – 130mg** O.D at early morning with ginger decoction one time.

Internal Medicines

Rasagandhi Mezhugu Cap – 1 b.d, after food.
Madhulai Manapaagu syrup – 5ml b.d, after food.
Kumari Legiyam – 5gm bd after food.

[d]Dr. L. Janani, Siddha Consultant

The above medicines have been continued by the patient for 40 days.

Progress of Treatment

First day – Bedhi Therapy
Second day – Oil Bath
Third day onwards – Internal Medicines
After 15 days of Treatment – abdominal pain has been reduced significantly.
After 40 days of Treatment – Menstrual cycle came on regular interval.
USG (Pelvis) after treatment dated on 04/05/2017

The Uterus is anteverted, normal in size and measures 7×5×4 cm. Endometrial thickness – 4mm There is no uterine or adnexal mass. The right ovary is larger in the left and shows prominent follicles. No cyst is seen in either of the ovaries in this study. No free fluid is seen.

4.2. Conclusion

From this case report it is clear that Siddha medicines play a vital role for treating ovarian cyst, by which a patient can be saved from surgical intervention.

5. Post Stroke Rehabilitation through Unani Treatment[e]

Stroke is a disease that affects the arteries leading to and within the brain. According to American Stroke Association it is the number fifth cause of death and a leading cause of disability in the United States. In India also, it is the leading cause of death and disability. In India estimated adjusted prevalence rate of stroke range, 84-262/100,000 in rural and 334-424/100,000 in urban areas. The incidence rate is 119-145/100,000 based on the recent population-based studies (Pandian, 2013). Risk Factor includes older age, High blood pressure and diabetes mellitus, cigarette smoking, prior cardiovascular disease (Wolf, 1991). Stroke is a disease of the brain, but it can affect the entire body. Stroke results in paralysis to one side of the body, called hemiplegia and related disability that is not as incapacitating as paralysis is one-sided weakness or hemiparesis. Stroke induced paralysis or weakness may affect only the face, an arm, or a leg or one entire side of the body and face. Quality of life of patients with cerebral stroke causes a significant deterioration of patient's functioning. The assessment of the Quality of Life could be the evaluator of squeals of stroke as an indicator of the effectiveness of the post–stroke rehabilitation (Opara and Jaracz, 2016).

In Unani system of medicine, cupping therapy is used with positive outcomes for patients who have suffered a stroke. Cupping therapy stimulates the organs directly under the site being cupped. It serves to regulate the function of organs by assisting in the elimination of waste products. In the incidence of post stroke disability, the elimination of excess and toxins is removed by way of bringing these toxins up to the surface of the skin. These toxins are then eliminated naturally through the skin surface or via small, superficial incisions made with a surgical blade or lancet device.

Case

A 66-year-old man attended Unani OPD of AYUSH Wellness Clinic with one-sided weakness (hemiparesis) on his left side, uncomfortable numbness, Pain often described as a mixture of sensations, including heat and cold, burning, tingling, numbness, sharp stabbing and underlying aching pain following a stroke. He was also having history of hypertension >15 years, diabetes with very poorly controlled blood sugar, alcoholic and tobacco chewing. This patient came for treatment

[e]Dr. Izharul Hasan, Unani Consultant

about 5 months after the stroke. At that time, he was also receiving anti-diabetic and antihypertensive treatment.

5.1. Intervention

This patient received about 5 cupping sessions (Wet cupping, Gliding cupping) as part of his rehabilitation program. Patient Quality of Life is assessed on Quality of Life scale (SF-12) (SF-12 Health Survey). SF-12 Questioner was assessed at baseline and after therapy sessions. He was about 70% improved overall after 5 cupping sessions of cupping therapy. He regained sensation and movement in the left affected arm, wrist, and leg. Cupping therapy helped clear up his weakness and helped stabilize his blood sugar.

5.2. Discussion

However, Cupping is not used as an isolated therapy in the treatment of post stroke disability. It is advisable holistic approach on all facets of lifestyle including diet, exercise and emotional health should be adopted. Following rehabilitation stroke, patient was advised of lifestyle changes that can help to prevent a further vascular event. These include smoking cessation, weight reduction, reducing dietary salt intake, taking regular exercise and avoiding excess alcohol. He was also considered for drug therapy, such as antiplatelets, statin and antihypertensives, to prevent further vascular events.

6. Treatment of PIVD through Naturopathy and Yoga[f]

An intervertebral disc is the cartilage structure present between the vertebral bodies which provides a cushion to the spinal column and works as the shock absorbers. A spinal disc herniation or prolapse is commonly referred to as a slipped disc, this can happen due to many factors like accidents, compressive injuries, lifestyle and work pattern of a person (Harrison's Manual of Medicine, 2016). In the present cases of intervertebral disc prolapse have been treated with Naturopathy Therapies like Potli, Massage and Yoga Therapy Asana and Pranayama.

6.1. Case Study-1

A 31-year-old male working in security services came to our AYUSH Wellness Clinic Yoga and Naturopathy OPD with the symptoms of Severe low-back pain radiating to B/L lower limbs with inability to do the usual daily activities and disturbed sleep since 3 years. No history of HTN, DM, Asthma, allergies etc.

Medical history: was diagnosed on MRI (20.1.17) as Sacralisation of L5 vertebra with Spina Bifida L5 &S1 vertebra. Disc degenerative disease with Posterocentral disc protrusion at L4-L5 level without any nerve root compression or secondary canal stenosis.

Assessment of PIVD was done by Examinations and MRI to confirm, VISUAL PAIN ANALOG SCALE (VAS) on first visit and patient follow up was done weekly, for the consecutive four weeks.

6.2. Case Study-2

A 29 years old male working in security services came to our AYUSH Wellness Clinic Yoga and Naturopathy OPD with the symptoms of severe low-back pain radiating to left leg associated with disturbed sleep and inability to do the usual daily activities since 4 yrs. No history of HTN, DM, Asthma, allergies etc.

[f] Dr. Divya Saraswat & Dr. Kanak Soni, Y&N Consultants

Medical history: was diagnosed on MRI (2.3.17) as Sacralisation of L4, L5 vertebra & Disc degenerative disease with Posterocentral disc protrusion at L4-L5 level without any nerve root compression or secondary canal stenosis.

Assessment of PIVD was done by examinations and MRI to confirm, Visual Pain Analog Scale (VAS) on first visit and patient follow up was done weekly, for the consecutive four weeks.

Table 7: *Treatment protocol*

S. No.	Treatments given	Frequency	Duration (Time)
1.	Pain oil mustard Potli to Low-back	Daily	10 mins
2.	Partial massage to sides of back & legs	Daily	15-25 mins
3.	Yoga Therapy	Daily	30 mins

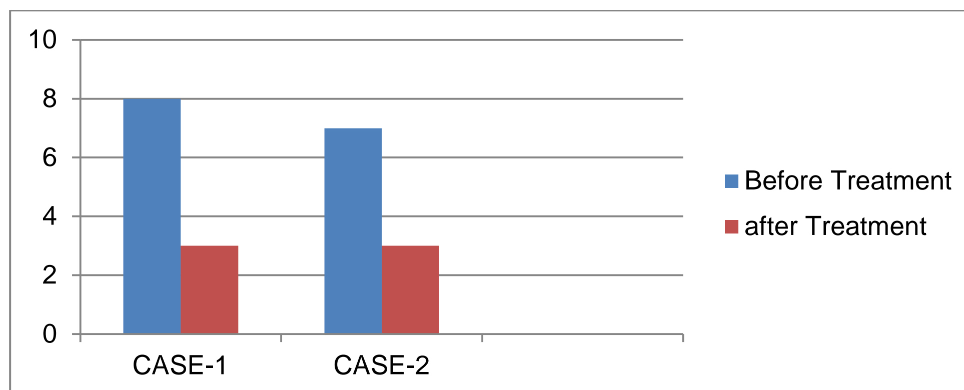

Figure 5: *Visual Analogue Scale representation in graph pre- and post*

Yoga Therapy Prescribed

Aim: to relieve back pain, increase muscle flexibility and strength. A combination of asana, pranayama and relaxation protocol was practiced by the patient. The protocol as follows: Tadasana, katichakrasana, Uttanpadasana, Pawanmuktasana, Shalabhasana, Bhujangasana, Shavasana, Nadishodhana pranayama, Yoga nidra (Saraswati Shivananda, 2013).

Yoga Nidra: Psychic sleep, it induces deep relaxation of body, mind and emotions (Saraswati Shivananda, 2013).

6.3. Discussion

In the present cases, male patients with PIVD treated through naturopathy and yoga therapies and in both cases significant improvement have been observed. There is marked reduction in pain, in case 1 visual analogue scale score pre and post treatment is found to be from 8 to 3 and in case 2 its from 7 to 3, both cases have shown marked reduction in pain due to which their day to day activities have improved remarkably. Sleep pattern has improved. The results prove the effectiveness of Yoga and Naturopathy remedies like Massage therapy, Potli, Yoga asana and pranayama for treating PIVD.

7. Treatment of Rheumatoid Arthritis through Homoeopathy[g]

Rheumatoid arthritis (RA) is an autoimmune disease destructive joint disease that affects the articular cartilages leading swelling and pain in and around joints and limited movement at the affected joint. If inflammation goes unchecked, it can damage cartilage, the elastic tissue that covers the ends of bones in a joint, as well as the bones themselves. Thus, in advanced cases, there is loss of cartilage, and the joint space between bones reduces and joints can become loose and unstable. Joint deformity also can occur making the patient disabled and dependent. The diagnosis of RA is made by the clinical signs and symptoms along with positive serological test (Shah, 2003; Rheumatoid Arthritis).

Case

A 51-year-old female patient presented with pains in bilateral wrist joints, and small joints of hands with swelling and stiffness since last 1 year with occasional pain in bilateral knee joints, right more than left. Her joint pains were aggravated by motion; better by rest and lying on painful side or pressure. The patient complained of general weakness, irritability, wants to be left alone. She was under antihypertensive treatment since last 4 years. She also gave history of chronic constipation with no inclination for stools for a day or two; hard stools, feels bowel evacuation is incomplete. There was family history of Hypertension and type II Diabetes in both her parents.

7.1. Treatment

Based on symptom presentation, the patient was referred for serological tests including Rheumatoid factor (Quantitative) and CRP (Quantitative) to confirm clinical diagnosis of Rheumatoid arthritis. Her test reports were positive for rheumatoid arthritis. Based on symptom totality of the patient, the case was individualized and repertorized. Bryonia 200 was prescribed to the patient five pills early morning empty stomach once a week followed by Rubrum met 30, five pills thrice a day for a week.

7.2. Follow-up and Result

As the patient reported symptomatic improvement, the same treatment protocol was followed up to 8 months with marked relief in all complaints. The patient is now being followed up with Rubrum met 30, five pills thrice a day since last 2 months with continued improvement. The serological tests were done before starting treatment and repeated 8 months after treatment; Rheumatoid factor (Quantitative) came to be within normal biological reference interval; CRP (Quantitative) was significantly reduced. The patient assessment before and 8 months after treatment is described in Table below:

Table 8: *Assessment before and 8 months after treatment*

Assessment criteria	Before treatment	8 Months After treatment
Pain (VAS scale)	9	3
Tenderness	Pain on light touch	Mild discomfort
Swelling	Obvious swelling at IPJ & MCPJ	No swelling
Rheumatoid factor (Quant.)	100 IU/ML	10 IU/ML
CRP (Quant.)	27.50 mg/L	12.41 mg/L

[g]Dr. Tushita Thakur, Homoeopathic Consultant

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Conflict of Interest

The authors declare no conflict of interest.

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