



December 2019

A R O G Y A C H I N T A N P A T R I K A

Editor's Desk



Ayurvedic practitioners have been extensively using Ayurvedic medicines in clinics as effective therapies and this is going on for hundreds of years. Results of the modern research studies have started demonstrating the scientific basis of Ayurvedic medicines' therapeutic effects at the level of molecular biology.

Ayurved considers the Tridanda (composite) of Satva, Atma and Sharir as the object of medical treatment. It is obvious that this is the best example of systems biology approach in maintenance of health and disease treatment.

स्वस्थस्य स्वास्थ्यरक्षणम्, आतुरस्य विकारप्रशमनम्।

According to Ayurved, Sharir is the composite of Doshas (functional elements), Dhatus (Structural elements) and Malas (Excretory products). Disease is disequilibrium of doshas i.e. functional elements. Deranged doshas further vitiate Dhatus and Malas.

Interactions and behavior of these components of Satva, Atma and Sharir (Dosha-Dhatu-Mala) are being studied in modern times on the basis of molecules, cells, organs, organisms, etc. and have formed the basis of systems biology.

Biological organisms are very complex, and their many parts interact in numerous ways. Thus, they can be considered generally as integrated systems. This "integrated systems" point of view of body-mind-spirit and all the associated approaches for the investigation of biological cells and organisms are collectively called systems biology.

Ayurvedic texts advise the practitioners to advocate the treatment of disease as:

रोगमादौ परीक्षेत ततोऽनन्तरमौषधम्।

ततः कर्म भिषक् पश्चात् ज्ञानपूर्वं समाचरेत्॥— चरक

Know the disease first: (System Biology)

दूष्यं देशं बलं कालमनलं प्रकृतिं वयः।

सत्त्वं सात्त्व्यं तथाहारं अवस्थाश्च पृथग्विधाः॥

then know its remedy: (Network Pharmacology)

किंचिद्रसेन कुरुते कर्म वीर्येण चापरम्।

द्रव्यं गुणेन पाकेन प्रभावेण च किंचन॥ च.सू.

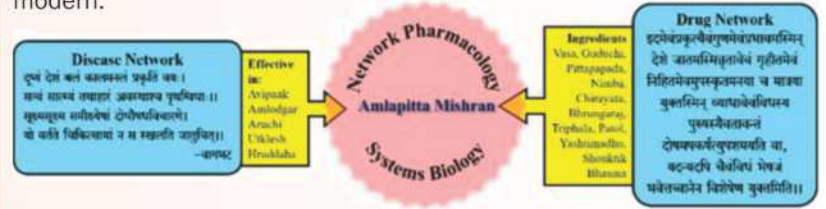
armed with this comprehensive knowledge, start the therapy:

सूक्ष्मसूक्ष्म समीक्ष्येषां दोषौषधविचारणे।

यो वर्तते चिकित्सायां न स स्खलति जातुचित्॥ वाग्भट

Doing thus, practitioner will not fail and will achieve definite success in treating the patients.

As shown in the figure below, Ayurved's approach towards the objective of positive health and disease-free-state is quite comprehensive and ever-modern.



Knowing Rasa-Virya-Vipak and Prabhav of medicines and their effects on body is part of Network pharmacology.

Such pharmacology network approach could be useful to rediscover the potential of traditional medicine, to obtain new drug leads from natural sources, to investigate unexplored molecular targets and to design experimental and clinical studies. The pharmacology network provides systems overview of pharma-omics of bioactives with newer insights to expedite drug discovery, clinical research and therapeutics. It further provides a comprehensive data-driven approach for natural product pharmacology where the whole is more than the sum of its parts.

Network Pharmacology is a new paradigm based on system/network biology and polypharmacology. It helps to understand drug interactions with different targets and diseases from a network point of view.

Conventional drug discovery follows the one gene-one target-one drug track; however, a multi-target, multi-ingredient formulation approach is the smarter approach. It is important to cover multiple targets of a syndrome (a condition characterized by a set of associated symptoms) or metabolic chain so that holistic management can be effectively achieved which is the Ayurvedic approach of treating disorders.

Therefore, Systems biology and Network Pharmacology has shifted the focus of a single target-new chemical entity as a drug, to one of a multiple-target, synergistic, formulation therapeutic approach.

All the above information builds our confidence and faith in recommended medicines for various conditions described in our textbooks. Hence, we should never forget the visionary statement of Acharya Vagbhata:

इदमागमसिद्धत्वात्प्रत्यक्षफलदर्शनात्।

मन्त्रवत्संप्रयोक्तव्यं न मीमांस्यं कथञ्चन॥

DR. MILIND PATIL

Advisor- Medical Services,

Vikram Division, Shree Dhootapapeshwar Ltd.



"Indeed, the human body is much more than the sum of its parts, and life relies upon this total function, not just on the function of individual body parts in isolation from the others." Guyton and Hall, Textbook of Medical Physiology, 12th Edition, 2011

While treating anemia in the elderly Don't forget the liver

Anemia is a very common condition in our country and is found in children, pregnant women, reproductive women and elderly population. Especially, elderly population suffers from Iron Deficiency Anemia (IDA). IDA in elderly population is the significant independent contributor to morbidity and mortality. Simple iron supplements fail to satisfactorily treat IDA in elderly persons. Therefore, there is a need for understanding IDA in elderly with different scientific thinking.

It is well known that aging as a biological process is responsible for chronic subclinical inflammation in elderly persons. Probably, aging results in excessive free radical generation - oxidative stress (ROS) - which leads to chronic inflammation and this chronic inflammation is a major cause of IDA in elderly people. Considering these factors, an integrated new therapeutic approach for elderly anemia is required which can address oxidative stress, associated chronic inflammation and iron deficiency per se.

As the elderly population increases, several anemias in elderly represents an emerging global health problem. Comparatively low hemoglobin concentration in old people was considered as normal but recently this widespread perception is changing. Because it has been observed that there is association between mortality in the elderly IDA even after excluding co-morbid conditions like heart disease, cancer, kidney disease, etc. Decreased physical performance, disability in daily living, cognitive impairment, depression, a diminished quality of life and increase in number of hospital admissions, are some of the major results of anemia in old people.

In Ayurved, Yakruta i.e. liver is considered as the root organ of Shonitavaha or Raktavaha Srotas:

शोणितवहानां स्रोतसां यकृन्मूलं प्लीहा च। - च. वि. ५/८

Probably there is a relation between anemia and the liver because Ayurved considers liver to be the root organ of hemopoietic system. Hepcidin, a peptide hormone, is responsible for iron homeostasis and is produced primarily in the liver. Hepcidin regulates the activity of the only known iron exporter, ferroportin-1, downregulation of which decreases iron in plasma and increases iron in stores. High serum levels of hepcidin are detected in patients with IDA.

Based on the physiology of erythropoiesis (blood formation) and the results of preclinical and clinical studies, the mechanisms by which process of inflammation, in particular proinflammatory cytokines, produce anemia are: (Figure 1)

1. Inflammation renders erythropoiesis ineffective by **inhibiting the proliferation and differentiation of erythroid precursors** and/or the downregulation of the biological response to EPO (EPO resistance), perhaps by **downregulating the EPO receptor**
2. Inflammation **reduces the amount of EPO production** that is normally determined by anemia-induced relative hypoxia
3. Inflammation causes the **upregulation of hepcidin synthesis** resulting in reduced intestinal iron absorption.
4. Inflammation **negatively affects erythrocyte survival**, which is not fully compensated for by increased erythropoiesis.

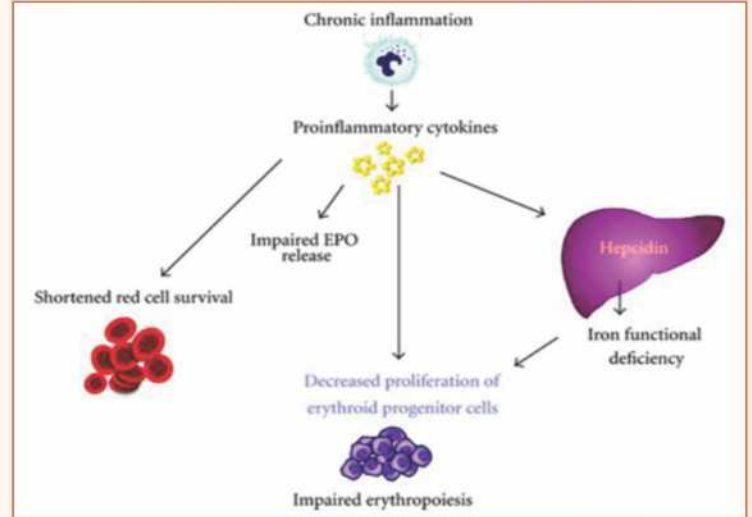


Figure 1: Pathogenesis of anaemia of inflammation in the elderly

The herbs such as Triphala, Trikatu and Trimad of the reputed anti-anemic formulations like Navayas Loha are probably responsible for reducing inflammation leading to reduction in hepcidin concentration. This results in increased iron absorption and increased erythropoiesis. Herbal part of hematinics do play erythropoietic enhancer role.

A bioinformatics study using molecular docking method, published in 'IOP Conf. Series: Materials Science and Engineering 333 (2018)' identified 3 (Miraxanthin-V, Liriodenine and Chitrane) phytochemicals as hepcidin antagonist.

Chitrane is a phytoconstituent of Chitrak (Plumbago zeylanica). It has been described as 'चित्रकोऽनिसमः' which is predominantly responsible for Rasadhatvagnivardhan. Hence, useful in treating anemia i.e. 'पाण्डुरोग' (रसवह स्रोतस् व्याधी).

Abhraloha Tablet is an excellent hematinic containing ingredients from Navayas Loha with Shatavari.

शतावरी...रसायनी...मेधाग्निपुष्टिदा...बल्या..अस्रशोथजित्।

Shatavari is rasayan, medhya, balya, raktadosha and shothanashak.

अल्परक्तोऽल्पमेदस्को निःसारः शिथिलेन्द्रियः।

पाण्डुरोगी तु सेवेत अग्निलोहं त्रिकत्रयैः॥

Abhraloha Tablet

Effective in :

Iron Deficiency Anaemia, Fatigue and Malaise in Anaemia, Depression due to Anaemia, Anaemia in Elderly, Anaemia during Pregnancy, Loss of Appetite, General Weakness and Convalescence, Poor academic performance due to Anaemia

Dosage & Anupan :

1 to 2 Tablets twice a day after food with milk or lukewarm water



Shree Dhootapapeshwar Standards
SDS Monograph No. 0700014
Abhraloha Tablets



Availability :
30 Tab.



Anti-AGEing: Madhumeha Kusumakar Rasa

The prevalence of diabetes is alarmingly increasing all over the world including India (Diabetes Research and Clinical Practice, Volume 138, April 2018). In 2017, there were 451 million (age 18–99 years) people estimated to suffer from diabetes causing approximately 5 million deaths worldwide. Another article suggests a worldwide failure to achieve glycaemic targets. (Diabetol Metab Syndr. 2013) This is because of accumulation of Advanced glycation end-products (AGEs). Faulty lifestyle and failure to comply with diabetic management leads to AGE generation.

AGEs are a biological consequence of sedentary lifestyle (आस्यासुखं स्वप्नसुखं) and over-nutrition (दधीनि ग्राम्यौदकानूपरसाः पयांसि) which significantly cause development of diabetes and its complications. Same is described by Acharya Charak ages ago:

आस्यासुखं स्वप्नसुखं दधीनि ग्राम्यौदकानूपरसाः पयांसि।

नवान्नपानं गुडवैकृतं च प्रमेहेहेतुः कफकृच्च सर्वम्॥ – च.चि. ६/४

Lifestyle choices such as smoking, exercise, diet, and dietary supplements affect total AGEs, leading to development of various diabetic complications. AGEs are a family of compounds that are formed due to hyperglycaemia or high levels of oxidative stress. They are toxic in nature and damage vital organs such as kidneys, retina, heart, nerves, etc.

According to Acharya Charak, in Prameha there is predominant vitiation of kapha dosha which results into increase in amount of kleda, kapha and meda-dhatu with other dushyas.

बहुद्रवः श्लेष्मा दोषविशेषः बह्वद्दं मेदो दूष्य-विशेषः॥ – च.चि. ४/६, ७

Further, Acharya Charak has added adjectives like बहु and अबद्ध in the shloka. These dushyas can be correlated with AGEs and their actions.

A series of reports described in 'Advanced glycation end products and risks for chronic diseases: intervening through lifestyle modification' demonstrated rise in circulating AGEs in people with diabetes and chronic kidney disease. AGEs are associated with a variety of diabetic complications such as decline in memory with age, pathophysiology of eye diseases, polycystic ovary syndrome, wound healing, cardiovascular disease, impaired bone health, periodontitis, erectile dysfunction, anaemia, peripheral neuropathy, peripheral artery disease, obstructive sleep apnoea, islet β -cell dysfunction, elevated cellular oxidative and inflammatory state, schizophrenia, Alzheimer's disease, and risk for metabolic syndrome. This list of diabetic complications obviously explains the dushya-sangraha of Prameha. Almost all body tissues and organs are involved in the pathogenesis of diabetes mellitus.

There are over 36 known AGEs but only about half of these have been identified in foods.

Western diets are high in AGEs. Concentrations of AGEs are lowest in carbohydrate foods with the lowest levels in milk, followed by vegetables and fruits. Beef, cereal and cheese were found to have the highest levels of AGEs followed by poultry, pork, fish and eggs. In addition, higher fat and aged cheese were found to have more AGEs than lower fat cheeses. (J Am Diet Assoc. 2010; Food Chem. 2012) This is the modern elaboration of the Prameha hetus described by Acharya Charak,

दधीनि ग्राम्यौदकानूपरसाः पयांसि ।

This is also explained by Yogratanakar as Apathya in Prameha

सैविरकं सुरासूक्तं तैलं क्षारं घृतं गुडम्।

अम्लैश्चुरसपिष्टान्नानूपमांसानि वर्जयेत्॥ – योगरत्नाकर

Hence, this ultimate goal of controlling the actions of AGEs in managing Prameha can be achieved, of course, with 'निदानपरिवर्जनम्'. This would enable us not only to control Prameha but also manage its complications as described by Acharya Charak.

Herbs like Curcuma longa (Haridra) and Emblica officinalis (Amalaki) exhibit anti-glycation activity. Their mode of action might be by regulating AGEs by either blocking/delaying its synthesis or enhancing degradation of existing AGEs. Acharya Vagbhata has rightly said 'मेहेषु धात्रीनिशे' (Effect of curcumin on the advanced glycation and cross-linking of collagen in diabetic rats. Biochem Pharmacol. 1998)

According to the chapter 'Diabetic cataract and role of anti-glycating phytochemicals' published in Handbook of Nutrition, Diet, and the Eye (Second Edition), 2019 foods or phyto-ingredients such as Emblica officinalis, Aegle marmelos (Bilva), Enicostemma littorale (Mamejaka), Curcumin (Haridra), etc. have shown promising potential in the control of lens damage occurring because of hyperglycaemia. Tinospora cordifolia (Guduchi) decreases blood glucose and brain lipid due to presence of berberine and starch. (New Look to Phytomedicine Advancements in Herbal Products as Novel Drug Leads, 2019)

Better diabetes management with earlier initiation and optimisation of antidiabetic regimens like Madhumeha Kusumakar Rasa may reduce the prevalence of vascular complications, improve the Quality of lives of people with diabetes and reduce the burden on healthcare systems.

मेहानामनुषङ्गिषु कान्तिश्रीबलवर्धनम् ।

मेहहरो रसः श्रेष्ठः प्रमेहिहितकारकः॥

Madhumeha Kusumakar Rasa

Effective in :

Madhumeha and related Upadrava

Madhumehajanya Netravikar,
Non-Healing wounds, Dourbalya,
Indriya Shaithilya

Dosage & Anupan :

1 to 2 Tablets once or
twice a day with cow's ghee,
lukewarm water or
as per condition of
the disease



Shree Dhootapageshwar Standards
SDS Monograph No. 1902614
Madhumeha Kusumakar Rasa



Availability :
30 Tab. (Blister pack)

Raktastambhak stops bleeding saves life

Raktastambhak[®] Tablets

Helps stop Bleeding

Acharya Sushrut says, 'रक्तं जीव इति स्थितिः।'. Blood does play a vital role in the body and life cannot exist without blood. We do find bleeding disorders in clinical practice very often. Commonly

Sci Rep. 2018 Jan 10;8(1):233.

Thrombin@Fe3O4 nanoparticles for use as a hemostatic agent in internal bleeding.

Shabanova EM, Drozdov AS, Fakhardo AF, Dudanov IP, Kovalchuk MS, Vinogradov VV.

Abstract

Bleeding remains one of the main causes of premature mortality at present, with internal bleeding being the most dangerous case.

In this paper, **magnetic hemostatic nanoparticles are shown for the first time to assist in minimally invasive treatment of internal bleeding, implying the introduction directly into the circulatory system followed by localization in the bleeding zone due to the application of an external magnetic field.** Nanoparticles were produced by entrapping human thrombin (THR) into a sol-gel derived magnetite matrix followed by grinding to sizes below 200 nm and subsequent colloidization. Prepared colloids show protrombotic activity and cause plasma coagulation in vitro experiments. We also show here using a model blood vessel that the THR@ferria composite does not cause systematic thrombosis due to low activity but being concentrated by an external magnetic field with simultaneous fibrinogen injection accelerates local hemostasis and stops the bleeding. For instance, a model vessel system with circulating blood at the puncture of the vessel wall and the application of a permanent magnetic field yielded a hemostasis time by a factor of 6.5 shorter than that observed for the control sample. Biocompatibility of composites was tested on HELF and HeLa cells and revealed no toxic effects.

prescribed herbs for treatment of bleeding disorders include Nagakeshar, Mocharasa, Laksha, Doorva, etc. Generally, Tikta, Sheeta and Kashaya medicines are recommended to treat bleeding disorders because these properties help stop bleeding.

Acharya Charak specifically mentions Gairik as hemostatic agent i.e. Raktastambhak in chapter 4 of Chikitsa Sthana shlok 79 'वैद्य... गैरिकाणां पानाच्छमं गच्छति रक्तपित्तम्।'

There is some scientific breakthrough regarding mode of action of iron oxide as a haemostatic agent. This is quite provocative and full of insights. Probably, we are on the right track of understanding the mode of mechanisms of Gairik as haemostatic. Combining Gairik with herbs like Nagakeshar, Mocharasa, Laksha, Doorva, etc. will be minimally invasive treatment of internal bleeding.

Biomaterials. 2010 Feb;31(4):741-7.

Enhancement of incisional wound healing by thrombin conjugated iron oxide nanoparticle.

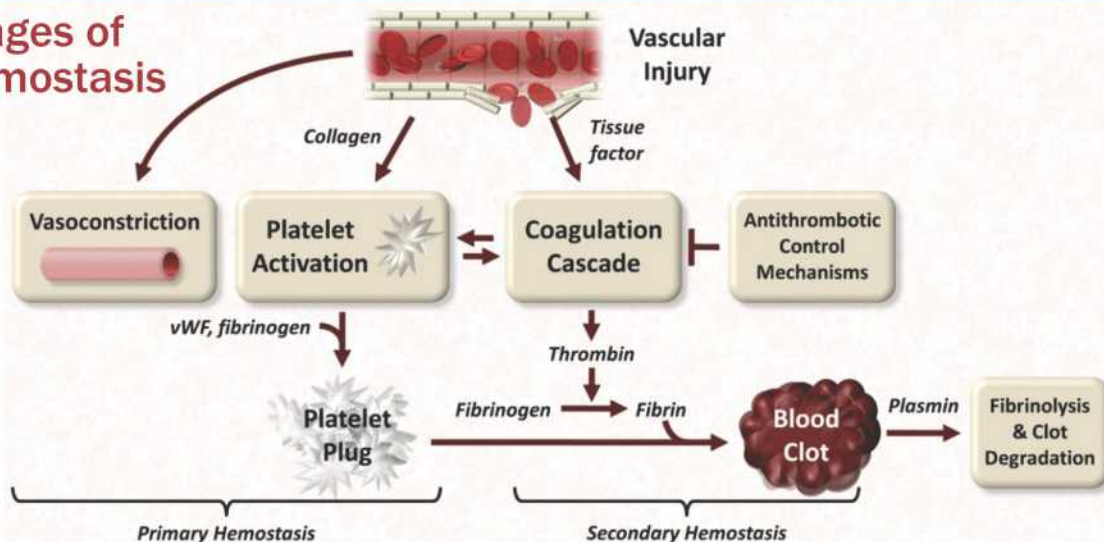
Ziv-Polat O, Topaz M, Brosh T, Margel S. MS, Vinogradov VV.




Abstract

Thrombin has been clinically used for topical hemostasis and wound management for more than six decades. The half-life of thrombin in human plasma is shorter than 15s due to close control by inhibitors. In order to stabilize the thrombin, it was bound to maghemite (gamma-Fe₂O₃) nanoparticles, as demonstrated in previous work. The aim of the present study was to examine the efficiency of the bound thrombin for wound healing applications compared to the free thrombin. For this purpose, incisional wounds on rat skin were treated with a mixture of fibrinogen, CaCl₂ solution and free or bound thrombin. The wounds' edges were then approximated by skin staples.

The control incisional wounds were closed with staples only. **In the course of 28 days of healing the highest values of skin tensile strength were observed following treatment with the bound thrombin.** Significantly lower values of tensile strength were observed following treatment with the free thrombin, and the lowest values were obtained following treatment with staples only. **The histological findings correlate with the mechanical strength measurements, which demonstrate the most advanced stages of healing following treatment with the bound thrombin.**

Stages of hemostasis



Ingredients	Images	Quantity	Properties
Nagakeshar Mesua ferrea		100 mg	अर्शस्यपयान्ति रक्तानि। (Useful in bleeding piles because of its hemostatic activity)
Shodhit Laksha Laccifer Lacca		100 mg	व्रणोरःक्षत गदापहा। (Wound healing)
Mocharasa Bombax malabaricum		100 mg	प्रदरं नाशयत्येव दुःसाध्यं च न संशय। (Useful in menorrhagia because of its hemostatic activity)
Shodhit Gairika Iron oxide		50 mg	रक्तपित्तप्रशमनं असृग्दरनाशनम्..व्रणरोपणम्। (Useful in menorrhagia because of its hemostatic and wound healing activity)
Processed in: Doorva Swarasa Cynodon dactylon		q.s	दूर्वा तु रक्तपित्तघ्नी। (Hemostatic)

Effective in

Indications	Duration
› Nasagata Raktasrav	1 week
› Sarakta Mootrapravrutti	1 week
› Raktapradar	Recommended for 3 weeks <ul style="list-style-type: none"> • 1st Week - Before expected day of Menstruation • 2nd Week - During Menstruation • 3rd Week - After Menstruation
› Gudagata Raktasrav related to: - Arsha, Parikartika, Gudagata Nadivrana	Till symptoms subside Recommended to continue thereafter for 2 weeks to prevent relapse

Dosage & Anupan

2 to 3 Tablets twice or thrice a day with Usheerasava, Chandanasava, Sheetasudha, cow milk, butter or honey

Availability : 60 Tab.



Shree Dhootapapeshwar Standards
SDS Monograph No. 0702604
Raktastambhak Tablets



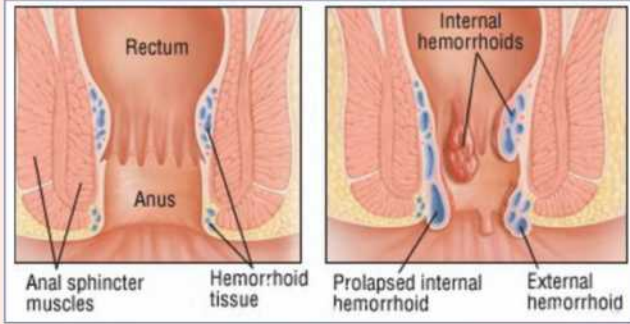
Bhaishajya Chikitsa for Arsha

Haemorrhoids is a very widespread and extremely troublesome disorder in the general population and has a negative impact on both social and professional life, reducing Quality of Life and representing a heavy economic burden.

अरिवत् प्राणिनो मांसकीलका विशसन्ति यत्।

Haemorrhoids are naturally occurring vascular cushions that lie under the distal rectal mucosa (anal canal).

सर्वेषां चार्शसामधिष्ठानं-मेदो मांसं त्वक् च। - च.चि. १४/६



They contribute approximately 15–20% of the resting anal pressure and ensure complete closure of the anal canal. However, in some patients they can also be the source of several bothersome perianal problems. When these vascular cushions become enlarged, inflamed, thrombosed or prolapsed they become symptomatic. The most common symptom is painless rectal bleeding.

Hemorrhoidal disease is one of the oldest and most common proctologic diseases that has been described and studied. We evolved to be humans, but evolution has its drawbacks-like haemorrhoids. Because of a standing posture, there is a gravitational pool on the blood vessels of the anal canal.

Even though hemorrhoidal disease is one of the most common diseases in the world, its true prevalence is unknown due to the embarrassment that patients feel which leads them to self-medicate instead of seeking the treatment. Symptomatic haemorrhoids have a prevalence ranging from 4.4% in the general population, to 36.4% in the population attending general practitioners and are known to have an increased prevalence during pregnancy and postpartum (Johanson and Sonnenberg, Gastroenterology 98:380–386, 1990). The cardinal features of this condition include anal pruritus, prolapse, bleeding and pain in the case of thrombosis.

Medical treatment of hemorrhoidal disease includes control and active treatment of hemorrhoidal symptoms and the treatment of the associated disorders like constipation.

According to Acharya Charak, there are 4 types of treatment available for Arsha: Shastra-karma, Kshar-karma, Agni-karma and Bhashaj Chikitsa. While Shastra-karma, Kshar-karma and Agni-karma are invasive, Bhashaj Chikitsa is non-invasive, safe and effective, if started early in the disease course.

तत्राहुरेके शस्त्रेण कर्तनं हितमर्शसाम्। दाहं क्षारेण चाप्यके, दाहमेके तथाऽग्निना॥
अस्त्येतद्भूतितन्त्रेण धीमता दृष्टकर्मणा। क्रियते त्रिविधं कर्म भ्रंशस्तत्र सुदारुणः॥

-च.चि. १४/३४

Bhashaj Chikitsa as prescribed in Charak Samhita recommends herbs for treatment of anorectal disorders because Bhashaj Chikitsa is easy to administer, without any complications and non-invasive.

यत्तु कर्म सुखोपायमल्पभ्रंशमदारुणम्।

तदर्शसां प्रवक्ष्यामि समूलानां निवृत्तये॥

Conventionally, medical therapy in modern medicine makes use of

flavonoids from herbal extracts. Flavonoids are a heterogeneous class of drugs with properties discussed below. This is available in various forms including tablet, suppository, cream and wipes. Bhashaj Chikitsa has a role in the control of acute symptoms by improving circulation and reducing inflammation.

Bhashaj Chikitsa is expected to:

1. Have venotonic properties
2. Increase vascular tone
3. Reduce venous capacity
4. Decrease capillary permeability
5. Facilitate lymphatic drainage
6. Have anti-inflammatory effects

Topical treatments in the forms of creams, ointments and suppositories are also helpful. They are based on analgesics, vasoconstrictors and barrier cream including several active ingredients.

Arsha Hita Tablet and Ointment is a dual treatment for piles which relieves burning and pain. Arsha Hita tablet contains shodhit Sarja (Shorea robusta), Arishtaka (Sapindus trifoliatus) and Soorana (Amorphophallus campanulatus) which are rich in flavonoids and exhibit analgesic and anti-inflammatory activities.

Arsha Hita ointment contains Tila taila (Sesamum indicum), shodhit Sarja (Shorea robusta), Bhimseni karpooora (Cinnamomum camphora) and Madhoochhishta (Bees wax) which are rich in flavonoids and exhibit analgesic and anti-inflammatory activities.

Phenolic content of Sesamum indicum seed (extract) the ingredient of Arsha Hita ointment exhibited free radical scavenging and antiatherogenic activities. (Food and Chemical Toxicology, Volume 47, Issue 10, October 2009)

Beeswax, an another ingredient of Arsha Hita ointment, does have anti-inflammatory and analgesic properties as shown in carrageenan-induced pleurisy and cotton pellet granuloma in rats. [Evaluation of anti-inflammatory and antinociceptive effects of D-002 (beeswax alcohols), J Nat Med (2011) 65:330–335]

Cinnamomum camphora is a flavonoid rich herb with its therapeutic use in haemorrhoids as analgesic and anti-inflammatory.

अर्शहिता सुखोपाया अल्पभ्रंशा त्वदारुणा।

सलेपेन च भवति समूलार्शनिवृत्तये॥

Arsha Hita Tablet and Ointment

Effective in :

Sarakta Arsha, Shushka Arsha, Abhyantar and Bahya Arsha, Sashoola Arsha, Gudashotha, Parikartika

Arsha Hita

Tablets

Dosage & Anupan

2 to 3 Tablets twice or thrice a day with Triphala Choorna, Abhayarishta or lukewarm water

Arsha Hita

Ointment

Direction for use

Apply before and after evacuation



Now with
Applicator



Shree Dhootapapeshwar Standards
SDS Monograph No. 0702564
Arsha Hita Tablets



Shree Dhootapapeshwar Standards
SDS Monograph No. 070257
Arsha Hita Ointment



Availability : 60 Tab.

Availability : 30 gm.

Shrink, Pacify and Mend (SPM) the enlarged Prostate

Benign Prostatic Hyperplasia (BPH) is considered as ageing related disorder just like greying of hairs. The prevalence of BPH rises markedly with increasing age. Autopsy studies reveal that 8%, 50% and 80% BPH is observed in the 4th, 6th and 9th decades of life, respectively based on histological studies. The prostate volume increases with age suggesting a prostate growth rate of 2.0–2.5% per year in older men.

Article published in Asian J Urol. 2017 Jul, states that there is a strong relationship of clinical BPH with metabolic syndrome, inflammation and erectile dysfunction, which are again aging related conditions.

Lower urinary tract symptoms (LUTS) and sexual functions have a tremendous impact on a man's quality of life (QoL) and the prevalence of both rises with advancing age. Large epidemiological surveys have found an association between LUTS and sexual dysfunction. The relationship between LUTS and various aspects of men's sexual health including erectile dysfunction (ED), ejaculatory dysfunction and libido is increasingly important to understand.

Both BPH/LUTS and sexual dysfunctions have been strongly associated with the metabolic syndrome (MetS) and may be valuable tools for addressing the patient's cardiovascular and general medical well-being. MetS is defined as a cluster of commonly co-existing conditions including hypertension, diabetes, abdominal obesity, elevated serum triglycerides and low serum high-density lipoprotein.

This knowledge provides us a better understanding of the complexities of the genitourinary system and may give insight into future treatment options.

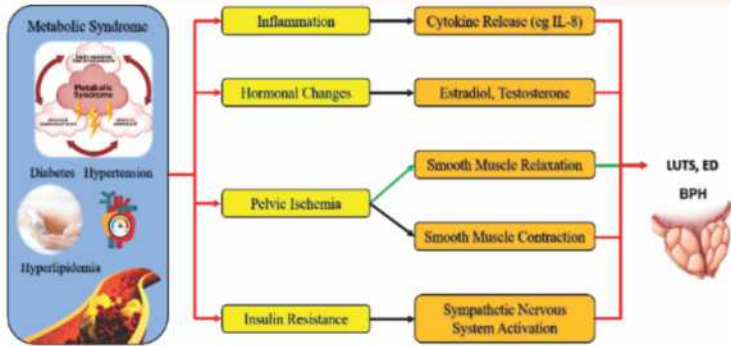


Figure 1: Proposed biochemical mechanism of the relationship between metabolic syndrome, diabetes, hyperlipidaemia and hypertension and BPH/ED.

Commonly prescribed anti-BPH modern medicines like tamsulosin and finasteride do have common adverse effects like loss of libido, erectile dysfunction, premature ejaculation, etc. Therefore, there is a need for natural, time-tested, safe and effective medicine for the treatment of BPH.

Rasayan chikitsa is unique anti-aging regimen described in Ayurved. Effects of rasayan on slowing aging process per se are proven by modern research as well.

Shilapravanga with mouktik containing herbs and minerals mentioned below, is a first choice of medicine useful in treatment

of BPH, Lower Urinary Tract Symptoms (LUTS) and improvement of sexual dysfunctions associated with Benign Prostatic Obstruction (BPO).

Ingredients	Properties
Shodhit Shilajatu	मूत्रलञ्च...विशेषेण योगवाही रसायनम्... (मूत्र)कृच्छ्रप्रशमनः...प्रमेहकरिकेशरी।
Praval Pishti	दीपनं पाचनं...वीर्यं विवर्धनम्।
Vanga Bhasma	देहस्य सौख्यं प्रबलेन्द्रियत्वं नरस्य पुष्टिं विदधाति नूनम्।
Mouktik Pishti	वृष्यमायुष्यं शिशिरं परम्...मेहरं मेध्यं...देह वीर्यबलबुद्धिवर्धनम्।
Suvarnama-kshik Bhasma	'वृष्यं रसायनम् ...वस्तिरूक्... मेह...शोध नाशयेत्।
Bhimseni Kapoor	कर्पूरः वृष्यः...मेदोनाशनः।
Vanshalochan	बृंहणी वृष्या बल्या (मूत्र)कृच्छ्रजित्।
Ela	मूत्रकृच्छ्रघ्नी।
Guduchi Satva	रसायनी...बल्याऽग्निदीपनीःमेहांश्च...वलीपलितनाशिनी।
Gokshur	बलकृद्बस्तिशोधन...दीपनो वृष्यःपुष्टिदश्च...प्रमेह... (मूत्र)कृच्छ्रनुत्।

Recent studies on Gokshur have shown significant lowering of IPSS (International Prostate Symptom Score) scores in the initial treatment of symptomatic BPH. (Clinical Therapeutics, Volume 33, Issue 12, December 2011, Pages 1943-1952)

Another study on Shilajatu has shown to significantly inhibit the elevation in prostate weight and exhibited protective effect against testosterone induced prostatic hyperplasia in rats. (International Journal of Science and Research, Volume 3 Issue 12, December 2014)

Shilapravanga with Mouktik is highly recommended for treating Benign Prostatic Hyperplasia and its associated LUTS and sexual dysfunctions.

शिलाप्रवंगस्तु वृष्यः प्रमेहगजकेशरी।

बलकृद्बस्तिशोधनः मूत्रकृच्छ्रहरः परम्॥

Shilapravanga with Mouktik

Effective in :

Prameha, Mootradaha, Mootrakruchchra, Premature ejaculation, Ashthila, Klaibya, Dourbalya, Ojakshaya

Complications of Prameha:

Burning sensation of Hands and Feet, Debility

Dosage & Anupan :

1 to 2 Tablets twice a day with milk or as directed by physician



Availability :
40 Tab., 100 Tab.



Fight flu with A-Flu-O-Cil Forte (AFCF)

According to a news 'Antibiotics increase chances of mild flu turning deadly' published in INDEPENDENT, 2nd July 2019, taking antibiotics at the first signs of illness can increase the chances of mild flu turning deadly.

Inappropriate use not only promotes antibiotic resistance and kills helpful gut bacteria but may also leave us more vulnerable to viruses because bacteria in the gut help prime the immune system to respond to early signs of viruses invading the lungs and suppress the infection. Gut bacteria ensure that anti-viral genes in the lung lining stay active and are ready to react as a first line of defence when flu emerges. Therefore, taking antibiotics for flu does have exactly contrary effect because it disturbs the gut microbiota which in fact has a protecting effect.

This report vindicates Ayurvedic viewpoint that in Jwar Chikitsa importance should always be given to Bala i.e. strong immunity-defence mechanisms.

In a general hospital, acute respiratory tract infections (RTI) prevail in 20-40% of outpatient and 12-35% of inpatients. Respiratory tract infections are the primary cause in 87.5% of respiratory infections. They include nasopharyngitis, pharyngitis, tonsillitis, otitis media, influenza, acute bronchiolitis, viral pneumonia and common colds. Majority of upper respiratory tract infections are caused by viruses in

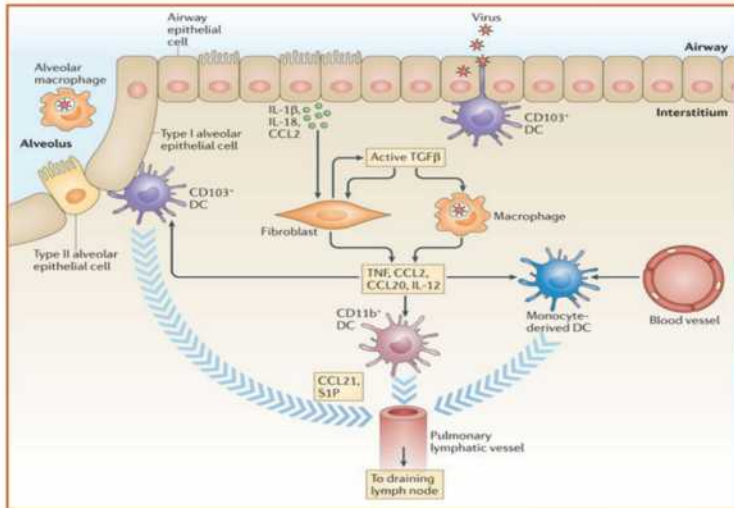


Figure 1: Regulating the adaptive immune response to respiratory virus infection

most circumstances and does not require antimicrobial agents unless complications like acute otitis media with effusion, tonsillitis, sinusitis and lower respiratory tract infection develop.

As shown in the above image, RTIs are detected by the infected epithelial cells. Virus is dealt by the immune cells. Various cytokines and chemokines produced in the process will have anti-viral activity.

Most RTIs are managed symptomatically with medications such as nasal decongestants, antipyretics/analgesics, antitussives or expectorants, which have shown no major improvements since long. Although they are generally well tolerated for short-term, but some medicines can have adverse effects.

The last decadal research has seen the emergence of immunomodulators as promising therapeutic agents in infectious diseases. Immunomodulatory regimens act as an adjuvant modality for control of diseases when antibiotic resistance has become a major tragedy.

According to Acharya Charak:

बलाधिष्ठानमारोग्यं यदर्थोऽयं क्रियाक्रमः। - च. चि. ३/१४१

overall health depends on the Bala, Oja, defence mechanisms of the body, therefore, especially in Jwar Chikitsa, immunity enhancement is objective of the therapy.

Man has faced viral infections for millennia and during the evolution, biology has developed certain and definite defence mechanisms to protect the organisms from infections. Similarly, for millennia, herbs are being used for treatment of these infections. Herbs prolong lifespan by modulating a complex network of evolutionarily conserved signalling pathways, strengthening the defence mechanisms and overcoming the infections.

According to available Ayurvedic literature, mild flu in host with strong immune system recovers without any complications.

A-Flu-O-Cil Forte (AFCF) is a rational combination of following ingredients:

Ingredients	Quantity	Properties
Tribhuvankeerti Rasa	160 mg	सर्वज्वरविनाशनी।
Sootashekhar Rasa	80 mg	पितादृते ज्वरो नास्ति।
Aq. Ext. of Maha-sudarshan Choorna	460 mg	ज्वरांश्च निखिलान हन्यान्नात्र कार्या विचारणा।

These ingredients act as immunity enhancer, anti-inflammatory, anti-viral, anti-microbial, therefore, help in management of Jwar.

Tribhuvankeerti Rasa contains minerals like Shodhit Hingul and Shodhit Tankan which are natural anti-viral and anti-microbials; whereas, herbal ingredients like Trikatu, Pipplimoola are immunomodulators and Jwarnashak; Shodhit Vatsnabh is Aamdoshnashak; all processed in Adrak, Tulsi, Dhattur Swarasa which are antioxidant and immunomodulatory.

Sootashekhar also contains above discussed ingredients like Vatsnabha, Tankan, Trikatu, Dhattur, etc. which support in functioning of Tribhuvankeerti Rasa.

AFCF should be the First Line of Drug or Drug of Choice for treating flu because it improves the immunity-the defence mechanism and pacifies the vitiated doshas. Both these activities will help body to overcome the viral attack.

A-Flu-O-Cil Forte

Effective in :

All types of Fever and associated conditions:

Seasonal flu, Acute Bronchitis (Respiratory Tract Infections), Cold, Bodyache, Headache, Pyrexia of unknown origin

Dosage & Anupan :

1 to 2 Tablets twice or thrice a day with Amrutarishta, Kanakasava, Drakshasava, lukewarm water or as per the condition of the disease



Shree Dhootapapeshwar Standards
SDS Monograph No. 0702544
A-Flu-O-Cil Forte



Availability :
10 Tab. (Blister pack)



१८७२ से आधुनिक सेवा

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