

SUCCESS STORY

An ongoing experience with Pontine Glioma (Special Panchakarma Department)

Name :- ABC Age/ Sex:- 14yrs, male
 Treating Physician :- Dr. K.R.Kohli

Chief Complaints:-

- ◆ Weakness in both Extremities
- ◆ Slurred speech
- ◆ Diplopia
- ◆ Redness of eyes
- ◆ Generalized weakness
- ◆ Headache on & off
- ◆ Squint

History :

Patient was absolutely asymptomatic till 26th June 2002. He started getting double vision with both eyes. After one week his left eye was squinted. Parents took him to neurologist who asked him to undergo *CT scan, which was normal*. He was advised to see ophthalmologist who gave some medication, but there was no relief. During that period patient suffered from tonsillitis which was treated by ENT surgeon. After few days he had difficulty in walking due to imbalance followed by right sided weakness. After that he started getting left. sided weakness, loss of appetite, nausea and came to Podar Hospital for further management.

Treatment Taken: -

Thirty sittings of radiation had already been given to the patient which were poorly tolerated. Hazardous symptoms of radiation were observed in-patient.

Investigation :

MRI study of Brain reveals a **large abnormal lesion (4.5×2.7×4.4 cms)** seen occupying whole of pons with pontine swelling causing indentation on floor of 4th ventricle with obliteration of pre pontine cistern anteriorly displacing basilar artery but encasing it. No hydrocephalus. Imaging morphology was suggestive of **PONTINE GLIOMA**.

Examination :

General examination	Wasting of muscles of Both extremities, Unable to Walk, Squint
Systemic examination	Respiratory and Cardiovascular system :- NAD Clinically P/A: Soft NAD, Bowel & Bladder Well control .
Central nervous system	Reflexes :- Both ankle and knee reflexes +++ Muscle Power :- Both upper and lower Extremities 2/5

Treatment advised

Hirak Bhasma 2 gm +
 Tamra Bhasma 2.5 gm +
 Chaturbhooja Ras 1 gm +
 Godanti 50 gm
 Kanchanar Guggul 250mg thrice a day
 Gokshur Ghanavati 500mg thrice a day
 Panchatikta Grita 2 tsf three times a day
 Kharjuradi Mantha 50 ml twice a day

(after giving Bhavana of
 Brahmi Swaras for 1 week)
 All divided into 100 doses
 1 dose twice daily

Panchakarma

Sarvanga Abhyanga Sweda -42 days
 Pindasweda-14 sittings
 Shirodhara-14 sittings
 Nasya- 22 sittings
 Basti -kala basti/ Panchatiktasiddha
 Ksheer basti
 Jalaukavacharan 2 Jalauka each time
 5 sittings

SUCCESS STORY

Clinical Findings

11-09-02	11-10-02	11-11-02	11-01-03
Weakness in both Extremities	Occasional cramps	Weakness reduced	Mild weakness
Slurred speech, difficult to be heard and understood	Speech improved	Improved	Speech near normal, although little low tone
Unable to stand and walk even a single step	Can stand for 5 minutes without support	Can walk with support	Can walk without support for 10-15 minutes
Wasting of muscles of Both extremities	No improvement	Marginal improvement	Marginal improvement
Extreme generalized weakness, not able to stand or walk	Marginal improvement	Marginal improvement	Gross improvement.
Headache and vomiting many times a day	Headache and vomiting very occasional.	No headache, no vomiting at all	No headache, no vomiting at all
Squint	No improvement	No improvement	Moderate improvement
Diplopia	No improvement	Mild improvement	Mild improvement
No appetite, only on few liquids and intake very poor.	Fluid intake improved, appetite better,	Intake of solids and liquids improved considerably.	Good intake of solids as well as liquids

LATEST MRI REPORT (Date: 20-1-03) Shows a stability in mass growth.

UPCOMING EVENTS

National Conference on Recent Advances in Ayurvedic Medicine (RAAM - 2003)

Place :- Faculty of Ayurved, Institute of Medical Sciences Banaras Hindu University, Varanasi - 221005

Date:- March 5-6, 2003

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The First International Online Seminar on Ayurveda

Place: Online Date:- Feb 8 & 9, 2003

Registration fee: Delegates GB 2.00 pounds payable online.

E-mail: seminar@unifiedherbal.com

Website: <http://www.unifiedherbal.com>

Oration & award function & intellectual conclave on ayurved

Place: New Delhi Date:- Feb 13, 2003

Ph: 91 22 24154611 Email: drnsbhatt@vsnl.com

LAURELS!!

Prof. G. S. Lavekar, previously Prof & Head of Shalya in Podar Ayurved Institute and then Dean of Government Ayurved College, Nanded has taken over as Director of Central Council of Research In Ayurved & Siddha (CCRAS) at New Delhi. He has done the Institute proud. **Congratulations!!**

Students equally contribute to the image building exercise

Ku. Pragnya Sabade has stood 3rd in Final BAMS in the Maharashtra University of Health Sciences University.

TRANSFERRED

Dr. Kodwani, Lecturer in Nidan Panchak has been recently transferred from Podar Ayurved Institute to his native town Nagpur: As it was a pleasant happening for him, deserves to be **congratulated!!**

Dr. Asati Lecturer in Nidan Panchak at Nagpur has been transferred to Podar Ayurved Institute from Government Ayurved College, Nagpur: **Heartiest Welcome!!**

DISEASE INFO

HRIDROGA

(An overview of Heart Diseases in Ayurved)

Vaidya P. S. Tathed

Diseases of the heart are one of the major killers. Among them what is known commonly as heart attack (myocardial infarct) is a leader, 6.3 million people die every year because of this ailment. Out of these 50% cases die without any medical help, not because it is not available at that point of time, but when the attack strikes a person as these deaths are within 10 minutes of the attack. Those who receive the medical aid, the medications, investigations and the appropriate procedures, go beyond the reach of the average Indian. Hence they seek the alternative to these procedures.

Ancient schools of Indian medicine have described these conditions in detail and have also suggested their management. The causes include physical and mental stress and strain, along with the trauma, both to the body and mind. Improperly following the regimens to be practiced in the daily and routine life and seasonal changes are also enumerated as causes of heart diseases.

The signs and symptoms of heart attack resemble Hridshool as described in Ayurvedic literature. The pathogenesis of this ailment reads as follows:

"कफ पित्तावरुद्धस्तु मारुतः रसमुच्छिन्ना
हृदिस्तं कुरुते शुभ्रम् उच्छ्वासावरोधक परम्"

Kapha and Pitta obstruct the flow of Rasa through the Dhamani. Dhamanis supplying Rasa to the musculature of the heart are thus obstructed by these doshas, out of which Kapha dosha has binding property which means that the cells flowing with Ras dhatu bind themselves and form a plug. The dhamanis supplying the heart are termed as 'Hridayabhigadhamani'. These 'Hridayabhigadhamani' itself might be diseased due to various reasons and 'Dhamanipratichaya' that is hardening of the wall of the Dhamani leads to loss of its elasticity which in turn reduces its pulsating nature. Because of the hardening of the walls of 'Hridayabhigadhamani' the intimal layer might get injured the flow of Ras Rakta.

The platelet cells in the blood aggregate at this injured and hardened part and Raktasakndana takes place. This might get dislodged and form an embolus to obstruct the flow in the Dhamani. If the hardened part of the Dhamani does not get injured, its lost elasticity hampers its pulsation which in turn hampers the flow of blood through that particular Dhamani. As the demand for more Ras Rakta increases during exercise or emotional states, this dhamani can not supply it causing a baby cry of the heart, for want of food. This condition is described as angina pectoris today. This expression also includes temporary spasms of the Hridayabhigadhamani.

Presentation of symptoms: Acute chest pain of various degrees depends on the underlying pathology which might cause just a catch like pain or squeezing type of pain or a feeling of some heavy object is placed on chest along with severe sweating. This pain is experienced in the inner aspect of the (Lt.) hand along with the chest or it might radiate to Lt. Shoulder, abdomen, right hand, neck or some times even in the Lt. Leg. Some Patient may not experience

pain in the middle of back. The patient is actually ill and his face might become paperwhite. It becomes difficult for him to breathe, pulse become very weak, BP also reduces. 15% to 20% of the patient especially diabetics do not experience pain but exhibit all other signs.

Patient presents with anxious and restless look, attempting to relieve pain by moving around in the bed. Depending on the underlying conditions, these patients are advised stress test and angiography to find out the condition of the arteries and that of the affected part of the heart. If three or more out of 5 arteries of the heart show severe block, patients are usually advised to undergo bypass surgery.

50 patients of acute Hridshool (MI), 456 patients of Angina, were studied in the dept of Kayachikitsa of M. A. Podar Hospital over a period of 10 Yrs. Patients of Acute Hridshool were treated with Brihatvatichintamani 60 mg and Mrigashringa Bhasma 125mg in honey given every 5 minutes for first 1 to 2 hour of acute attack and every 15 minutes after their pulse & BP changes & ECG improved. Continuous monitoring of these parameters suggest that this combination improves the general condition e.g. pulse rate & BP of these patients. There is an improvement in irregularity of pulse in an hour to two hours, depending on the severity of the attack. Once the general condition, pulse rate & BP settles, this combination along with Laxmivilasras (Naradiya) 2 tablets three times a day and Arjunaristha 30 ml 3 to 4 times a day is given as long term medication. It seems that mortality complications & frequency of attack reduces considerably. The patients are advised to take Laxmivilas & Arjunaristha for a long term for about 16 months after the attack.

Patients of Angina Pectoris are also treated, on the same lines with same medications given 3 to 4 times a day depending on the severity of the condition. During acute attack Brihatvatichintamani is given frequently as already mentioned in Hridshool. However the patients of unstable angina are advised to undergo modern management.

Small numbers of patients who have undergone Bypass surgery and developed blocks within coronary arteries again and are advised re-bypass but were not willing to undergo surgery were also treated with the same medications. Their breathlessness and chest pain on trivial exertion like walking on even surface for about 3 to 5 times considerably improved after about a month of medication. After about 2 months they can climb one staircase at normal pace. After about 6 months they can climb the stairs of railway station as normal individuals. 18 such patients are followed for 7 to 13 years now.

It would be worth while to mention here that Laxmivilas Ras (Naradiya) originally advocated, as medication of sinusitis is good mood elevator. It has been now proved beyond doubts that the general condition morbidity & mortality of the post MI Patients improves considerably, if they try to have positive thoughts as ancient scholars have mentioned "vishadoroga vardhananam".

Blood circulation in Ayurved

व्यानेन रसधातुर्हि विक्षेपोचितकर्मणा |

युगपत्सर्वतोऽजस्रं देहे विक्षिप्यते सदा || च .चि . १५/ ३६

Rasa Dhatu is always, continuously, and simultaneously circulated through out the body by means of prakrut vyan vayu.