

Case Studies:

Management of Rheumatoid Arthritis (RA)

Keywords - Rheumatoid Arthritis (RA), RA Factor Titre - parameter to assess the severity of disease

Case History

Mrs. SC, age 38, with complaint of RA since 11 years was admitted for 21 days. She had taken all the possible treatments like allopathy, ayurveda, and homeopathy but there was no relief. One of her friends suggested visiting the Nisargopachar Ashram for treatment.

This condition is an auto-immune disorder where the body recognizes joints of our body as invaders (foreign body) and starts fighting with the own self. The symptoms are severe pain, swelling and morning stiffness in joints which gradually leads to deformed joints, further hampering day-to-day activities, making the person bedridden. She was taking strong pain killers and steroids since 7 years which relieved the pain temporarily but later even after taking the medicines, the symptoms kept on worsening.

Treatment

The goals included relieving the pain, reducing the swelling and stiffness, and ultimately making her independent. To achieve this goal, treatment like fasting, acupuncture, physiotherapy, massage, yoga, hydrotherapy and natural diet were systematically given.

Sr. No.	Treatments	Details	Results
1.	Yoga Therapy	Customized disease specific Yoga session with special techniques like Mind Sound Resonance technique (MSRT) and Pranic Energizing Technique (PET)	Helped in removing stress from deeper levels of consciousness and gradually made her more positive
2.	Acupuncture with electro stimulation	30 minutes daily	Reduction in pain by 100%
3.	Full immersion bath	Normal temperature with epsom salt for 15 minutes every alternate day	Relief from pain and stiffness soon after the bath
4.	Steam Bath	In cabinet for 10 minutes, on alternate days	Gave soothing effect to entire body and relieved pain and muscle spasm
5.	Massage therapy	Full body massage and derivative massage around the swollen joints for 45 minutes daily	Physical, mental relaxation and reduction in swelling. Helped to maintain normal range of movement and contour of joints

6.	Prayer and meditation	45 minutes daily	Played a key role in controlling the auto-immunity mediated cellular damage and enhancing higher level of physical awareness
7.	Fasting	Consumption of only honey with water and tender coconut water for 11 days	Played a vital role in treatment of RA by detoxifying the entire body and facilitating self healing mechanism
8.	Diet	Natural soothing diet - low fat, low salt diet with boiled vegetables and fresh fruits	Helpful in maintaining the nutritional level in the body to avoid further damage to the joints in the body
9.	Physiotherapy	Specific stretching exercises	Before the treatment, blood test showed RA Factor positive and at the end of treatment, it was negative

Advanced Yoga therapy daily for 30 minutes followed by other therapies and fasting helped in cleansing the body. A diet rich in natural food, especially during the days of fasting, helped a lot.

At the time of discharge, the patient was overwhelmed with the results as she had thought she would have to suffer for the rest of her life. She was determined to follow all the dietary and lifestyle modifications suggested in order to overcome RA.

Follow Up Advice

Main emphasis was given on continuing with the exercise and following the do's and don'ts about the diet. Certain home remedies and basic treatments were advised to maintain good health. It was also suggested to keep dry and warm during rainy and winter seasons to prevent aggravation of her condition.

Reported by Dr. Abhishek Devikar

Juvenile Diabetes (Childhood Diabetes)

Ms. Saili, age 19, was admitted with complaint of uncontrolled juvenile diabetes since 5 years. She had been taking insulin since then.

Treatment

She was given the following treatment during her stay:

Massage- Coconut oil	Daily	45 min
Enema	Alternate days	
Full tub bath	Alternate days	20 min
Hip bath	Alternate days	20 min
Abdomen pack	Daily	30 min

Gastro hepatic pack	Daily	20 min
Disease specific yoga	Daily	45 min
Walking	Daily	40 min

Diet Therapy:

5 am	Methi seeds soaked overnight in water	¼ tsp	Daily
7 am	Tulsi kadha with milk	200 ml	Daily
8 am	Bottle gourd juice	200 ml	Daily
9 am	Neem leaves juice	40 ml	Daily
10.30 am	Raw Diet (cucumber+carrot+cabbage+tomato+sprouts) or Normal diet - Finger millet (<i>Nachani</i>) <i>Bhakri</i> +vegetable +soup+chutney	100 gm	Alternate days
12 noon	Tender coconut water	1	Daily
3 pm	Tulsi kadha+milk	200 ml	Daily
5.30 pm	I <i>Nachani</i> <i>Bhakri</i> +Vegetable+Soup+Chutney		Daily

Her blood sugar level was monitored on a daily basis and her insulin level was tapered down accordingly. At the end of 21 days, her insulin level in comparison to the time of admission was as follows:

Parameters	On Admission	After 21 days
Fasting Blood Sugar	356	109
Post Prandial	418	148
Medicines		
ACT RAPID	14-14-14	10-10
INSULTARD	15-0-15	5-0

With regular diet control and yoga her blood sugar level was brought down to normal. Insulin was also tapered down from 72 units to 25 units a day.

She was advised to follow the diet prescribed at the ashram along with yoga and treatments like gastro hepatic pack (application of hot fomentation bag on the abdomen and cold pack on the back at home. A telephonic follow up after two weeks revealed that the patient was following the diet and yoga protocol strictly and her blood sugar levels were FBS 132 and PPBS 189.

She was asked to come for a follow up for 21 days after six months.

Reported by Dr. Ameya Devikar

Add-on Management of Nephropathy (Protein loss through urine)

Case History

Mr. AKD, age 26, came with an incidental finding of proteinuria (loss of proteins in urine), fatigue and increase in blood pressure since one month. Investigations showed that H.B.I was normal with high leucocyte count, but differential count was not normal.

Treatment

He was given herbal tea and bottle gourd juice. He was prescribed cooked yam (suran) or sprouts, mung soup, chutney. Evening meals included finger millet (*Nachani*) roti, vegetable, chutney and soup. Dairy products were restricted.

Treatment included aenema, mud pack, kidney pack and cold hip bath. He was on steroids (Deflacort) and antihypertensive medicine. He experienced positive feeling after treatment. Although medicines are effective in reducing protein loss, his weight came down from 77 kg to 68 kg and the swelling on the face and legs had reduced significantly. Blood pressure was under control. Feeling of well-being indicated recovery with modification in diet.

Dates	Parameters							
	Weight	Pulse	Blood Pressure	Hb.	WBC	Urea	Creatinine	Urinary Protein
15.3.2014	71	80	130/90	15.1	15100	27	1.01	6831
19.3.2014	68	70	116/70					Swelling
24.3.2014	65	66	110/70					
28.3.2014	65	80	120/80	14.8	11000	22	1.1	5489
26.7.2014	66				4600			1600

Renal function parameters like urea and creatinine were normal except loss of albumin in the urine (4+) in 24 hours. Urinary protein loss was 6,831 mg at the time of admission which came down to 5,489. WBC count came down from 15,100 to 11,000. Follow up after four months showed normal WBC count, mm and urinary proteins 1600 in 24 hours.

Comment: Add-on therapy in chronic conditions is effective in improving general condition and laboratory parameters.

Reported by Dr. R.V. Nisal

Insulin Dependent Diabetes Mellitus

Case History

Mrs. RS, age 59, was admitted to the ashram for 45 days with history of Type 2 diabetes mellitus for which she was on insulin for 16 years. She was also suffering from hypertension since 8 years and hypothyroidism since 20 years.

She was prescribed the following medicines while taking admission at the Ashram:

Insulin Mixtard 30 HM, insulin Actrapid HM, tab. Janumet, tab. Minipress XL, tab.clopitab -A, Eltroxin -100 mcg.

Treatments:

The treatments included the following:

1. Massage
2. Enema (every alternate day)
3. Mud Pack on abdomen (daily)
4. Steam bath (every alternate day)
5. Hip Bath (every alternate day)
6. Cold Spinal Bath (every alternate day)
7. Gastro Hepatic Pack (daily)
8. Hot foot bath (daily)

Diet:

5 am	Soaked Methi seeds and its water	½ tsp + water	Daily
7 am	Tulsi kadha with milk	100 ml kadha+ 50 ml milk	Daily
8 am	Bottle gourd juice	200 ml	Daily
9 am	Bitter gourd juice	40 ml	Daily
11 am	Normal diet (<i>Nachani</i> roti (1)+cooked vegetable+vegetable soup+chutney)		Daily
3 pm	Tulsi kadha with milk	100 ml kadha + 50 ml milk	Daily
6 pm	Vegetable+Chutney+Cooked vegetable		Daily
8 pm	Papaya	100 gm	Daily

Medication: Her medication was tapered down and her insulin injection was stopped. Her minimum dosage of medicine was maintained. Her discomfort reduced considerably.

Laboratory investigation: Her blood sugar readings were as follows:

	On admission	On discharge
Fasting blood sugar	195	106
PP blood sugar	295	131

She was given a follow up chart for home along with exercises and yoga schedule and a diet comprising of fruits, vegetables and salads.

She was also advised to avoid sweets, refined flour products and non-vegetarian food while reducing intake of salt and spices. She was also advised to walk everyday for 3 to 5 km.

Reported by Dr. Kushan Shah

Management of Delayed Milestone

Case History

Master A, age 8, was admitted for 10 days with complaint of spasticity in the right upper limb and right lower limb, weakness in all the four limbs, difficulty in walking, frequent fall while walking, difficulty of grip, imbalance and non-coordination since birth.

Treatment

During his stay, he was kept on normal diet and physiotherapy was started from the first day.

Physiotherapy treatment for 10 days:

- Passive stretching of all muscles to improve flexibility
- Strengthening exercise to improve muscular strength
- Active resisted exercise to improve muscle power
- Joint approximation technique for proper weight bearing on each joint while walking
- Proprioception and neurological facilitation technique (PNF)
- Balance exercise to improve balance while walking
- Coordination exercise to improve coordination while holding an object, while walking, eating, playing, etc.
- Gait training to improve walking pattern
- Cycling

Along with the above treatments, Acupuncture and Massage therapy were also provided.

At the end of 10 days, the strength gained to hold an object had improved, Coordination had improved and frequency of fall had reduced. Walking pattern had also improved. A follow up programme was given at the time of discharge.

Reported by Dr. Gauri Shah

Management of Migraine

Migraine is a condition with recurrent attacks of headache with varied intensity, frequency and duration. It is commonly unilateral and associated with anorexia, nausea and vomiting.

Case History

Mrs. SK, age 47, a housewife from urban area, came with history of diabetes mellitus and hypertension since two years.

Type 2 diabetes characterized by lack of insulin which controls blood sugar level. She also had cervical spondylosis, osteoarthritis of the knees and irritable bowel syndrome. She had pain during walking and could not walk much.

Treatment

During her stay, the following treatments were given:

- Massage – *til* oil
- Mud therapy – Abdomen
- Mud packs on eyes
- Gastro hepatic packs
- Local steam to neck and knees

Supportive treatments of Physiotherapy like traction and nerve stimulation were also given to her. Following diabetic diet was prescribed:

Methi – 1 teaspoon Water – 150 ml

Fresh turmeric juice in the morning

Finger millet (*Nachani*) *Bhakri*, vegetables and buttermilk during lunch and dinner.

Observed the following readings

	On Admission	On Discharge
Weight	57.2	55.0
Pulse	60	68
B.P.	130/80	130/80
BSL (F)	133	115
BSL (PP)	143	98

Result: She discontinued Metformin 250 mg for diabetes and Aten 25 mg for hypertension. She could also walk up to 2 km.

Reported by Dr. Hema Arya

Management of Intervertebral Disc Prolapse (IVDP) and Lumbar Spondylosis with Sciatica

Keywords- Intervertebral Disc Prolapse (IVDP)-Protrusion of the disc between the two spinal vertebrae; Lumbar spondylosis - Degeneration or osteoarthritis of Lumbar spine, Sciatica-Pain in the lower back radiating to the lower limbs.

History

Mr. AT, age 40, was admitted for 21 days with complaints of IVDP and Lumbar spondylosis with sciatica since 8 years. This condition is characterized by severe lower back pain radiating to the lower limbs. The pain is intense in nature which ceases one's mobility completely making the person bedridden. His pain aggravated on standing and walking as the body weight put pressure over the protruded disc which in turn compressed the nerves, causing severe pain. He was taking strong pain killers since 4 years which relieved the pain temporarily but caused terrible hyperacidity and

digestive discomfort and lately, even the medicines seemed to have become ineffective. One of his neighbours being aware about the kind of treatment and scope of Naturopathy guided him to the Nisargopachar Ashram.

Treatment

The management of this case included complete bed rest, acupuncture, physiotherapy, massage, hydrotherapy and natural diet. The goal was to relieve the nerve compression, muscle spasm, manage pain and strengthen the back muscles.

Sr. No.	Treatments	Details	Results
1.	Yoga	Customized disease specific Yoga session	Improved flexibility, reducing stiffness and muscle spasm
2.	Acupuncture with Electrostimulation	30 minutes daily	Reduction in pain by 99%
3.	Full immersion bath	Normal temperature for 15 minutes every alternate day	Experienced relief from nervous irritation
4.	Steam Bath	For 10 minutes in a cabinet on alternate days	Helped in reducing the pain and muscle spasm
5.	Massage Therapy	Full body massage along the Acupressure points for 45 minutes daily	Physical and mental relaxation along with strengthening of muscles could be achieved
6.	Physiotherapy	Ultrasound, interferential therapy and Lumbar traction for 10 days.	Played a vital role in setting right the prolapsed disc in place and decompressing sciatic nerve
7.	Exercise	Specific stretching and strengthening exercises	Key treatment modality in relieving muscle spasm and muscle strengthening
8.	Diet	Natural constructive diet - high protein and ample fruits and vegetables	Important aspect in reducing degenerative changes and maintaining muscular integrity
9.	Prayer	30 minutes daily	Change in his walking pattern and mental outlook was evident.
10.	Meditation	45 minutes	Gave confidence of overcoming disability and starting life afresh

Physiotherapy treatments like Ultrasound, Interferential therapy and lumbar traction were administered for 10 days which helped in correcting neurological disorder. Ergonomic changes like use of rolled towel instead of pillow and use of hard bed rather than mattress were helpful.

By following the treatments at the Ashram, pain reduced by 99%. Stiffness and immobility problems were completely resolved. Exercise helped him to strengthen the back muscles and prevent further worsening of his condition. The practice of Meditation gave confidence to overcome the disability and start life afresh. He decided to continue meditation even after going back home. The treatments which looked like a distant

dream before taking treatments at Ashram helped him significantly without undergoing surgery.

Follow Up Advice

Stretching and strengthening of lower back and lower limbs graduating with mild weights were advised twice daily. He was advised to avoid forward bending, weight lifting and sitting on floor for the next two weeks. Posture correction and ergonomic principles (a specified programme to minimize physical effort and discomfort and hence maximize efficiency) were explained in detail to avoid any complications. He was also advised to gradually resume normal activities. A natural diet programme which included high protein diet, with ample fruits and vegetables was recommended for proper healing, growth, repair of lumbar spine and adjacent structures.

Reported by Dr. Abhishek Devikar

Management of Gynecological Problems

Case History

Mrs. P.G.W. age 34, an IT professional came with complaints of overweight, acne on the face, recurrent abortions and leucorrhoea (white discharge) after MTP a month back. She had undergone MTP for foetal developmental anomaly twice earlier. She also suffered from food allergy. She was on hormonal therapy for secondary infertility for quite a long time. Her weight increased due to hormonal therapy, contraceptive pills and a sedentary job. She came for nature cure.

Treatment

She agreed to observe fasting on water and lime and honey water for six days. She experienced detoxification symptoms like heavy coating on the tongue, weight loss and feeling of well-being. For the next four days, she was given juices and fruits. Treatment included neutral hip bath and neem water vaginal douche.

She took rest during fasting. At the time of discharge from the ashram, she had lost 7 kg and was feeling energetic. The acne on her face disappeared and there was no vaginal discharge. Follow up after 4 months showed that she was maintaining her weight and menstrual cycle without any gynecological complaint. Instead of hormones, she is on herbal medicines like *Shatawari* (asparagus) and *Aloe vera*.

Date	Wt.	Pulse	B.P.	Treatment / findings
10-2-14	74.3	88	130/80	Stop omipause, withdraw/ leucorrhoea
11-2-14				Neutral hip bath of neem
14-2-14	71.6	84	130/80	Water fasting
26-2-14	68.3	96	110/80	Vaginal discharge much less, Acne less
27-2-14	69	72	110/70	No leucorrhoea
24-7-14				Maintaining weight and following all instructions.

Comments- In case of gynaecological complaint and infertility, fasting, fruit diet for detoxification and use of herbs like *Shatawari* (asparagus) are effective.

Cerebral Ataxia (Lack of Control on Body Balancing)

Case History

Mrs. AH, age 48, was admitted with history of cerebral ataxia since 2 - 3 years. She complained of loss of balance during walking. She had lost her self-confidence due to the disease and was also suffering from depression. She was unable to walk even a few steps without support.

Treatment

She was given the following treatments during her stay:

Massage (Nirgudi oil)	Daily	45 min
Enema	Weekly twice	
Mud packs	Daily	15 min
Steam bath	Alternate days	10 min
Tub bath with exercises	Alternate days	15-20 min
Exercise therapy	Daily	30 min
Acupuncture (scalp needling)	Daily	45 min
Yoga	Daily	30 min
Meditation	Alternate days	45 min

Diet

5 am	almonds soaked overnight in water	5	Daily
7 am	Tulsi kadha with milk and jaggery	200 ml	Daily
8am	Carrot juice	200 ml	Daily
9 am	Tulsi leaf juice	40 ml	Daily
10.30am	Normal diet (one Jowar Bhakri +Vegetable +Soup+Chutney)		Daily
12 pm	Tender coconut water	1	Daily
3 pm	Tulsi kadha with milk	200 ml	Daily
5.30 pm	1 Jowar Bhakri+Vegetable+Soup+Chutney Fruits - papaya or sapota		Alternate days Daily

Yoga therapy included special techniques like

- Mind Sound Resonance Technique (MSRT): Includes a series of mantra chanting along with om kara and relaxation techniques.

- Self Management of Excessive Tension (SMET): Includes a series of Asanas and relaxation techniques which have to be performed very slowly and with complete awareness. The set of asanas are arranged in such a way that it brings alternate contractions and relaxation of different muscle groups.
- Pranayamas like anulomviloma (alternate nostril breathing) and Brahmari.

Exercise therapy included a series of balancing exercises, Proprioceptive Neuromuscular facilitation technique (PNF) and Frenkel's exercises.

At the end of 24 days, she could walk without support for 1 km. There was considerable improvement in the balance. She developed confidence and a positive outlook toward life.

She was advised to continue yoga and exercises at home.

Reported by Dr. Ameya Devikar

Bell's Palsy (Facial Paralysis)

Case History

Mr. RP, age 50, was admitted with complaint of right side Bell's Palsy (paralysis of facial muscles) since four months, hypertension and varicose veins with dermatitis. On admission, he was unable to close his eyes and his speech was slurred.

Medicines on admission were: Tab. Felicita, Tab. Evionlc, Tab Amlodep AT

Treatment

He was advised the following treatments:

1. Massage therapy with *dashmool nirgudi* oil except on the legs.
2. Steam bath with cloth wrapped on the legs.
3. Enema every alternative day.
4. Mud pack on abdomen.
5. Spinal bath every alternate day
6. Lapet (Bandage with cotton tape) on both legs every alternate day.
7. Acupuncture
8. Exercises for facial muscle

Diet: Constructive, Soothing diet comprising of salads, fruits and juices

Days	Morning Diet	Evening Diet
First two days	Normal Diet (One <i>Nachani</i> Roti / Jowar Roti +Cooked Vegetable+ Vegetable Soup+Chutney)	Fruit Diet
Next nine days	Fruit Diet	Fruit Diet

Next four days	Fruits + Soup	Fruits + Soup
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At the end of 15 days, he was able to close his eyes and his speech had also improved. His condition improved up to 80%.

His antihypertensive medications were tapered down from the seventh day and he was able to discontinue them at the time of discharge. He was given a diet chart and facial muscle exercise therapy programme to be followed at home. The diet prescribed was low sodium and low fat diet.

Reported by Dr. Kushan Shah

Type 2 Diabetes mellitus

Case History

Mrs. SM, age 62, was admitted with complaint of uncontrolled diabetes since 20 years. She had been taking medication and insulin.

She was given the following treatment during her stay:

Massage - Coconut oil	Daily	45 min
Enema	Alternate days	
Full tub bath	Alternate days	20 min
Hip bath	Alternate days	20 min
Abdomen pack	Daily	30 min
Gastro hepatic pack	Daily	20 min
Disease specific yoga	Daily	45 min
Walking	Daily	40 min
Diet Therapy		

Diet Therapy:

5 am	Methi seeds soaked overnight in water	1/4tsp	Daily
7 am	Tulsi Kadha with milk	200ml	Daily
8 am	Bottle gourd juice	200ml	Daily
9 am	Neem leaves juice	40ml	Daily
10.30 am	Raw Diet (cucumber+carrot+cabbage+tomato+sprouts) or Normal diet (<i>Nachani Bhakri</i> (1)+Vegetable+Soup+Chutney)	100gm	Alternate days
12 noon	Tender coconut water	1	Daily
3 pm	Tulsi kadha+milk	200ml	Daily
5.30 pm	1 <i>Nachani Bhakri</i> +Vegetable+Soup+Chutney	Daily	

Her blood sugar level was monitored on a daily basis and her insulin level was tapered down accordingly.

On admission and at the end of 17 days, her insulin level was as follows:

Parameters	On Admission	After 17 days
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Fasting Blood Sugar	246	123
Post Pandrial	265	162
Medicines	Humulin 34-34-30 Lantus 0-26 Glycomet 1-1-1 650	Stopped 1-0-1

With regular diet control and yoga, her blood sugar level became normal. Insulin was also tapered down from 124 units a day to 20 units a day.

She was advised to follow the diet at home along with yoga and treatment like gastro hepatic pack (application of hot fomentation bag on the abdomen and cold pack on the back).

Reported by Dr. Ameya Devikar

Management of Gastro-Esophageal Reflux Disorder and Menopausal Syndrome

Keywords: Gastro-Esophageal Reflux Disorder (Abnormal movement of gastric contents in the mouth); Menopausal Syndrome (collective symptoms like hot flushes, weakness, giddiness and mood fluctuations due to hormonal fluctuations)

History

Mrs. VB, age 49, an Information Technology professional was admitted for 21 days with complaint of Gastro-Esophageal Reflux Disorder (GERD) and Menopausal Syndrome (MS) since one year. Management of GERD often includes proton pump inhibitors like pantoprazole. Management of MS includes Hormonal replacement therapy (HRT).

Treatment

As the patient wanted to improve her health condition through yoga and naturopathy instead of opting for conventional treatment, the goal of the treatment at the Ashram was to reduce excessive gastric acid secretion, restore normal food habits and reduce hormonal fluctuations through natural diet, yoga and treatments such as application of mud pack, enema, hip bath, spinal bath and meditation.

Sr. No.	Treatments	Details	Results
1.	Yoga	Customized disease specific yoga session	Considerable reduction in stress level
2.	Mud Pack	Mud pack application on the abdomen for 20 minutes daily	Controlled hyperacidity even after stopping medication
3.	Enema	Alternate days, normal temperature	Weight reduced by 5 kg
4.	Hip bath	Alternate days, Normal temperature for 10	Frequency of reflex of abdominal contents reduced by 90%

		minutes	
5.	Spinal Bath	Normal temperature; 10 minutes on alternate days	Helped in calming down excessive nervous tension
6.	Massage	Full body massage for 45 minutes daily	Relaxation and rejuvenation of entire body reduced the mood swings
7.	Self Management of excessive tension (SMET)	For 30 minutes on alternate days	Gave self confidence to manage stress and stay healthy
8.	Meditation	15 minutes daily	Acquired positive attitude
9.	Diet	Low fat, low salt diet	Weight loss, better digestion

Combination of the above treatments showed excellent results in terms of reduced frequency of reflux of gastric contents, hyperacidity and stress even after stopping the medicines completely. Weight reduction by 5 kg, made the patient more relaxed while helping her to change her attitude towards her health problems and turn optimistic about the future.

Follow Up Advice

The patient was advised a comprehensive diet and treatment programme for next 3 months followed by a review.

Reported by Dr. Abhishek Devikar

Management of Hypothyroidism

Case History

Mrs. SPB, age 37, was admitted to the ashram with complaints of Hypothyroidism and obesity since two years. She also complained of chronic constipation, gas formation, hyperacidity and lethargy.

Treatment

The main aims of the treatment for hypothyroidism are:

1. To heal the thyroid gland which is involved in a wide range of functions in the body, like respiration, metabolism, reproduction, temperature regulation, etc.
2. To increase the overall metabolism in the body with diet, yoga, exercise and specific pranayama

Medication at the time of admission: Thyronorm 150 1 – 0 – 0.

Treatment and Activities during her stay:

1. Dynamic yoga including Surya namaskara
2. 10 minutes of Suryanadi pranayam (Right nostril breathing) every morning

3. 5 minutes of anuloma viloma pranayam every morning
4. Neutral throat pack
5. Cold abdomen pack
6. Neutral hip bath
7. Steam bath
8. Massage
9. Mud pack on abdomen

Diet:

Timing	Days 1 and 8	Days 2-7
7-7.30 am	Tulsi-ginger-lemon grass kadha	Tulsi-ginger-lemon grass kadha
9 am	Carrot juice (200 ml)	Carrot juice (200ml)
12-12.30 pm	1 Jowar roti, boiled vegetables (1bowl), chutney, soup (1 bowl)	Mix veg salad+ sprouts + Palak/ Lettuce + Coriander leaves + Methi and alfalfa sprouts
3-3.30 pm	Coconut water	Coconut water
6-6.30 pm	1 bowl salad+1bowl of papaya and 2 figs or 1 guava+2 fresh figs	1 bowl of papaya and 2 figs or 1 guava+ 2 fresh figs OR 250-300 gm watermelon

Modifications made in medication:

1st day of admission:	Thyronorm 100	1 - 0 - 0
On discharge (after checking thyroid profile)	Thyronorm 50	1 - 0 - 0
After 1 month of diet at home	Thyronorm 25	1 - 0 - 0

The patient was given a follow up diet and treatment follow-up of four months which she followed rigorously.

Positive results after the treatment:

1. Objective changes:

Parameters	Latest previous report	Report on discharge	Report after 1 month of diet at home	Normal values
Serum T3 (ng/ml)	0.82	0.63	0.63	0.53-1.59
Serum T4 (ng/ml)	3.65	6.4	6.5	4.8-11.7
Serum TSH (IU/ml)	26.94	3.58	2.0	0.4-4
Dosage of Thyronorm taken	150	100	25	-
Weight	83.4 (on admission)	80.5	79	-

Patient is now maintaining a normal thyroid function with 25 mcg of Thyronorm

2. Subjective changes:

The patient is now experiencing regular bowel movements. Her stamina has improved and there are no complaints of gas or acidity on discharge.

Reported by Dr. Urvisha Ashar

Management of Fibromyalgia

(collection of symptoms such as chronic muscle pain, fatigue, sleep problems, and painful tender points or trigger points)

Keywords: Fibromyalgia

History

Mr. AP, age 67, with complaint of Fibromyalgia since 10 years was admitted for 21 days. This condition is characterized by chronic muscle pain, fatigue, sleep problems, and painful tender points or trigger points. He experienced lack of energy and poor memory which disturbed his day to day routine. He had tried other systems of medicine but as there was no improvement, he thought of trying Naturopathy.

Treatment

The management of this challenging case included massage, yoga, acupuncture, physiotherapy, hydrotherapy and healthy diet. The goal was to manage pain, improve the energy levels, and inculcate healthy habits to maintain good health.

Sr. No.	Treatments	Details	Results
1.	Yoga	Customized disease specific Yoga	Improved flexibility and reduced stiffness
2.	Mind Sound Resonance Technique (MSRT)	An advanced yoga technique given daily for 45 minutes	Considerably reduced stress and ensured positive outlook towards life
3.	Acupuncture	30 minutes daily	Reduction in pain by 95%
4.	Neurotherapy	25 minutes daily	Pressure over specific points induced lightness in the body
5.	Full immersion bath	In ambient temperature for 15 minutes every alternate day	Felt fresh and energetic following the bath
6.	Neutral Spinal Bath	Lukewarm spinal bath for 10 minutes on alternate days	Helped in reducing tiredness and exhaustion which earlier persisted throughout the day
7.	Massage	Full body massage for 45 minutes daily	Satisfied with the treatments, could carry on day to day activities without any discomfort
8.	Exercise therapy	Specific stretching and strengthening	

		exercises	
9.	Diet	Natural nutritious diet	Continues the healthy diet learnt at the Ashram
10.	Prayer	30 minutes daily	Developed positive attitude
11.	Meditation	45 minutes alternate days	Helped him to maintain a relaxed state of mind

Customized disease specific yoga therapy with advanced Yoga Technique like Mind Sound Resonance Technique and other therapies for 10 days and a diet rich in natural food, made his outlook towards life much more positive, while the pain was almost nil. Yoga and exercises helped him in carrying out day to day activities with ease. He felt energized and fresh following the practice of Mind Sound Resonance Technique which he wanted to continue even after going home.

Follow Up Advice

Low Impact Exercises like Stretching and light aerobic exercises with graduated Isometric exercises (including contraction of muscles without moving the entire limb) should be performed on a daily basis. A natural diet rich in protein, micro-nutrients like Zinc, Magnesium, and antioxidants was prescribed at the time of discharge.

Reported by Dr. Abhishek Devikar

Osteoarthritis of Ankle joint

Case History

Mrs. S, age 32, was admitted with a history of osteoarthritis of ankle joint since last five years. She complained of pain and stiffness in the ankle joints and difficulty in walking. She also had difficulty in standing for long. The pain scale read 8 on 10 at the time of admission. Her X ray showed arthritic changes in the ankle joints.

Treatment

She was prescribed the following treatment during her stay:

Massage (<i>Dashmool Nirgudi</i>) oil	Daily	45 min
Enema	Weekly twice	Normal water
Mud packs	Daily	15 min
Steam bath	Alternate days	10 min

Local steam to ankle joint	Daily	5 min
Epsom salt pack on ankle	Daily	30 min
Acupuncture	Daily	45 min
Ultra sound	Daily	10 min
Ankle exercises	Daily	15 min
Yoga	Daily	30 min
Meditation	Alternate days	45 min

Diet

5 am	Almonds soaked overnight in water	5	Daily
7 am	Tulsi kadha with milk and jaggery	200 ml	Daily
8 am	Carrot juice	200 ml	Daily
10.30 am	Normal diet (<i>Jowar Bhakri</i> (1) + Vegetable + Soup + Chutney)		For first 3 days and last 2 days
12 noon	Tender coconut water	1	Daily
3 pm	Tulsi kadha+milk	200 ml	Daily Daily
5.30 pm	<i>Jowar Bhakri</i> (1) + Vegetable + Soup + Chutney/Fruits like papaya or sapota		First day and last day
	Fruits like papaya and pomegranate		5 days

* After 3 days of above diet, she was given fruit diet such as papaya, pomegranate and apple for 7 days followed by fasting on tender coconut water and lemon and honey water for 5 days.

Yoga therapy included the following:

- Sukhama vyayamas which comprise of joint movements along with the breathing
- Pranayamas such as anulom viloma (alternate nostril breathing), Surya bedhana (right nostril breathing) and Brahmari
- Meditation
- Prayer and Bhajan

At the end of her stay, the pain analogue scale read 3 on 10 and her stiffness had reduced considerably. She could walk freely without any support. She was asked to continue exercises after returning home.

Reported by Dr. Ameya Devikar

Management of Irritable Bowel Syndrome

Case History

Mr. AHK, age 24, came to the ashram with complaint of lower abdomen pain, gas formation after intake of food, severe indigestion, burping and lack of strength. He was underweight with watery motions and constipation in alternation. He also complained of frequent sneezing and cold. He came from a poor family and could not earn his livelihood due to ill-health. On admission, his weight was 49.4 kg. The reports of all the investigations carried out by his doctor including gastroscopy and biopsy, were normal, but he could not get any relief.

Treatment

He was advised to stay at the Ashram for 40 days. Initially, he was prescribed a diet consisting of juices like carrot, milk gourd, wheat grass and fruits - mainly papaya and apple along with vegetable soups for lunch and dinner. The treatment prescribed during his stay was only complete rest. After a few days of fruit diet, when he started feeling better, he was given a diet consisting of boiled vegetables, *jowar bhakri*, soup and soothing juices.

He gradually regained his appetite. His digestion improved and there were no complaints of gas formation, loose motions, burping or sneezing. He also regained his strength to walk long distances without any sign of fatigue.

He continued the prescribed diet after returning home, gained weight (currently his weight is 55 kg) and he also found a suitable job.

Reported by Dr. Jaya Jaiswal

Bronchial Asthma

Case History

Mr. BC, age 40, was admitted for 15 days with bronchial asthma. He was not taking any medication and was not able to walk even 1 km.

Clinical examination revealed Ronchi

Treatment

Nature cure daily treatments during the stay included the following:

1. Massage
2. Enema
3. Steam bath
4. Asthma bath
5. Local steam over chest
6. Chest Pack
7. Hand and foot bath (alternate day)
8. Facial Steam

Diet and Fasting therapy

Days	Morning Diet	Evening Diet
First two days	Normal Diet (One <i>Nachani</i> Roti+Cooked Vegetable+Vegetable Soup+Chutney)	Fruit Diet
Next two days	Fruit Diet for the entire day	
Next three days	Water Fasting for the entire day	
Next 8 days	Fruit Diet for the entire day	

He was also practicing special kriyas like 'Vamana' four times a day on every alternate day.

Discharge summary:

At the time of discharge, the patient felt much better and was able to breathe easily. Bronchial spasm had reduced and he was able to walk 3 to 4 km everyday. He was given a follow up chart for home along with breathing exercise and yoga schedules. He was advised a diet comprising of fruits, vegetables and soup and asked to avoid sweets, non-vegetarian food, spices and dairy products. He was also advised to walk 2 km everyday.

Comment: Short term stay in clean environment and short fasting with supportive measures is effective in Bronchial asthma.

Reported by Dr. Kushan Shah

Management of Cervical Spondylosis (CS)

Case History

Dr. B, age 32, was admitted with history of Cervical Spondylosis with radiculopathy since one year. She came with a complaint of severe pain in the neck which radiated to her left arm, tingling, numb sensation in this arm and swelling on the neck. All movements of the neck were painful. She has been taking allopathic medicines for a long time which provided only temporary relief.

Treatment

During her stay of 15 days, following physiotherapy treatment was started from the first day itself:

- Cervical Traction: Helped to relieve nerve compression
- Transcutaneous Electrical Nerve Stimulation (TENS): Helped in reducing pain
- Short Wave Diathermy: Decreased pain and muscle spasm
- Acupuncture: Helped in reducing pain

After 5 days, Exercise Therapy was also introduced started along with above treatments. These included active neck exercise and isometric neck strengthening exercise.

Other treatments given:

Daily Massage
Full Body Steam Bath - daily
Enema- every alternate day
Mud Pack every alternate day
Local Steam everyday on neck and back

The following diet was prescribed:

Normal diet for first three days
Juice diet for next three days
Fasting with coconut water and lemon honey water for next three days
Water Fasting for next three days followed by fruit diet on the remaining three days.

At the end of 15 days, her pain and swelling reduced significantly and she was able to perform all movements of the neck without experiencing any pain. She had learnt to perform these exercises at home after her discharge.

Reported by Dr. Gauri Shah

Natural Management of Renal stones in association with Dyslipidemia (Abnormal cholesterol, triglyceride)

Case History

Mrs. SVG, age 37, was admitted to the Ashram with complaint of unbearable pain in the entire abdomen and low back pain radiating to the abdomen. She was obese and had a large belly. Her lipid profile revealed that she had raised cholesterol and triglyceride. She was not under any medication. The findings of her medical reports were as follows:

Ultrasonography:

1. Right renal non obstructing calculus (stone) measuring 4.3mm
2. Mildly bulky uterus with a small fibroid
3. Diffuse hepatomegaly with fatty changes

X-Ray (lumbosacral) - Paraspinal muscle spasm, partial sacralisation of L5, osteophytes from L3 to L5 i.e., Degenerative osteoarthritis of lumbar spine.

She stayed in the ashram for a duration of 15 days.

Treatments prescribed:

1. Mud pack on abdomen
2. Enema only during fasting
3. Warm hip bath
4. Neutral abdomen pack
5. Kidney pack and Gastro hepatic pack alternatively
6. Alternate hot fomentation and ice bag application on abdomen
7. Massage

Treatment

Days 1-3	Fruit diet
Day 4	Exclusive juice diet
Day 5	Fasting on coconut water and lemon honey water
Day 6-10 (five days)	Water fasting
Day 11	Fasting on coconut water and lemon honey water
Day 12 and 13	Fruit diet
Day 14 and 15	Boiled vegetables and soup for lunch and dinner

Juices prescribed: *Dudhi*, carrot, amla and turmeric, sweet lime

Fruits prescribed: Watermelon, muskmelon, papaya, grapes, fresh figs

Note: Milk and milk products were not allowed.

Follow-up diet was given for a month and the patient was called after a month.

Positive results after the treatment:

A) Objective changes:

1. Improvement in Body weight and Lipid Profile

Parameters	On Admission	On Discharge
Body weight (kg)	69	62
S. Cholesterol	260	217
Triglyceride	186	96
LDL	184	160
HDL	39	38
VLDL	37	19

2. Ultrasonography showed absence of renal stone, 1 month after discharge when the patient came for follow-up.

B) Subjective changes:

There was 98% relief in abdominal pain. Low back pain occurred only occasionally. Her abdomen was less protuberant now. She was also happy to have lost 7 kg in 15 days.

Reported by Dr. Urvisha Ashar

Osteochondrosis of Hip joint with Psoriasis

Case History

Mr. KP, age 32, was admitted with a history of osteochondrosis of hip joint since last one year and psoriasis on both the legs since last four years. He also had a complaint of hip joint stiffness, reduce ranged of motion, pain and was not able to walk straight.

Treatment

The goal of the treatment was to reduce the pain, improve his range of motion and reduce his psoriasis condition.

The following treatments were given:

1. Massage therapy with *Nirgudi* oil except on the legs
2. Enema every alternate day
3. Full body steam bath with cloth wrapped around both the legs, every alternate day for 2 to 3 minutes
4. Full body mud bath twice a week
5. Neem water bath daily
6. Local steam on hip joint
7. Hip bath thrice a week
8. Physiotherapy: Exercise therapy and Interferential Therapy (IFT)
9. Neuro therapy for a week

Diet:

As a part of the treatment, he was given a soothing and constructive diet and eliminative diet.

Days	Morning Diet	Evening Diet
First 3 Days	Normal Diet (One Jowar Roti+Cooked Vegetable+Vegetable Soup+Chutney)	Fruit Diet
Next 9 Days	Juice Diet	Juice Diet

At the end of ten days, he could walk straight and his stiffness reduced by 50%. His range of motion improved upto 80% and there was pain relief upto 50%. The psoriatic condition also improved by 30%.

He was given a follow up chart for home along with exercise therapy and yoga schedule. The diet included fruits, vegetables and soup. He was advised to avoid sweets, non-vegetarian food, spices and dairy products. He was also advised to walk 2 km everyday.

Reported by Dr. Kushan Shah

Management of Elephantiasis (Elephant Foot)

Case History

Mrs. SD, age 46, came to the ashram with complaint of elephantiasis and obesity. She was suffering from elephantiasis since the last 15-16 years. Her left leg was swollen massively with diffused patches of pigmentation. She also complained of itching, numbness and tingling sensation on the same leg. She had been told by all the doctors she had consulted that her disease was incurable and hence, she had lost hope of any cure.

Treatment

She visited the ashram twice at an interval of six months and stayed for 10 days during each stay. During her stay, she was initially given a diet consisting of juices like carrot, milk gourd, turmeric and amla for breakfast. The lunch comprised of *jowar bhakri*, boiled vegetables and vegetable soups on the first day of her stay. Thereafter, she was on a soothing diet consisting of these juices while lunch comprised of fresh fruits mainly watermelon, muskmelon, papaya. She was advised to take tender coconut water after an interval of three hours after lunch. She was allowed to eat raw cucumber in place of coconut water. The treatment included upward massage, enema, steam bath and epsom salt pack on the affected leg. She was also advised light yoga, prayer and meditation to ease emotional stress.

Most importantly, after discharge, she followed the advised diet rigidly after returning home which consisted of the same juices twice a day, cooked diet for lunch and adequate quantity of fruits for dinner.

Following are the positive changes which took place after long-term naturopathy treatment:

1. Physical changes:

	Knee ©	Mid-calf ©	Ankle ©	Foot ©	Weight in kg
1-7-13	52	50	58	46	87.6
3-2-14	46	45	47	38	83.6
5-8-14	40	36	32	26	

Note: © refers to circumference in cm

2. Subjective changes:

The patient was able to walk more effectively and faster. There was reduction in tingling sensation and numbness. Her toes had become freer and the space between them could be visible.

Reported by Dr. Jaya Jaiswal

Management of Osteo-Arthritis

Case History

Mrs. PP, age 64 from Surat, was admitted with a complaint of severe osteo-arthritis. She had severe pain in both the knees, walked with great difficulty and bending of the knees was extremely painful. Her orthopedic surgeon had suggested total knee replacement surgery. The pain analogue scale read 8 point which indicated severe pain.

Treatment

She underwent the following physiotherapy treatment from the first day and was treated with wax therapy for 5 days.

The other treatments included:

Daily Massage
Daily Full Body Steam Bath
Enema every alternate day
Abdominal mud pack every alternate day
Local body steam on the knees everyday

She was prescribed normal diet.

Physiotherapy was continued for 10 days. On the third day, she experienced 50% relief in pain. With this development, the following Exercise programme was given:

- Isometric Quadriceps exercise
- Ankle-toe movement
- Straight leg raised in supine position
- Straight leg raised while lying on the side
- Knee Flexion (90 degree) - Extension exercise (while sitting)

Along with the above treatment, preventive measures advised included avoiding excessive bending of the knees, kneeling, sitting cross legged which were strictly followed by her. On the day of discharge, the pain analogue scale read 0 thereby indicating absence of pain. Exercise therapy helped in improving the range of joint movement and strength of the muscles.

Reported by Dr. Gauri Shah

Management of Knee Pain

Case History

Mrs. BD, age 60, from Rajkot, was admitted with a complaint of severe knee pain, history of Chikungunya five years ago and difficulty in walking and getting up from a chair. The pain analogue scale read 8 on a scale of 10 points which indicated severe pain.

Treatment

She attended physiotherapy sessions daily and wax therapy was started immediately for both the knees, continuously for 5 days. Other treatments given during her stay at the Ashram:

Massage – daily

Full Body Steam Bath – daily

Enema- every alternate day

Abdominal mud pack - every alternate day

Local body steam on knees - everyday

On the third day, the following Exercise programme was advised:

- Isometric Quadriceps exercise
- Ankle-toe movement
- Straight leg raise in supine
- Straight leg raise in lying on the side posture
- Knee Flexion (90 degree)
- Extension exercise (while sitting)

Diet

The patient was on normal diet during the course of treatment.

After 5 days, she was able to walk without experiencing any pain. On the day of discharge, the pain analogue scale read 1 thereby indicating minimal pain.

Exercise therapy helped in improving the range of movement of the joints and muscle strength.

Reported by Dr. Gauri Shah

Management in Urticaria

Case History

Ms. SD, age 54 yrs from rural area came with the complaint of rashes and itching all over the body since 8 years. She was diagnosed with Urticaria, known as hives. Urticaria manifests itself as red itchy raised area of the skin that appears in varying shapes and sizes. It lasts for some hours. It flares up suddenly. Hive is caused by some allergic reactions.

She had a history of constipation also along with Urticaria. She was on Atarax (anti-allergic) tablet when itching and rashes occurred. The medicine reduced itching immediately.

Treatment

Her treatment was spread over 7 days. Full body mud application, neem water bath. For her stress and peace of mind, yoga, prayer and meditation were advised.

Eliminative diet such as fruits (figs, mangoes, guava and juices of carrot, Bottle gourd and neem were given to her. Coconut water and Neera also had a soothing effect.

Result: At the beginning of the treatment, her weight was 57 kg which came down to 55.8 kg; Pulse rate was 76 beats per min and later 70 and her blood pressure was 120/80 which was 110/60mm at the time of discharge. Before discharge, she was kept on constructive diet and enjoyed freedom from her anti-allergic medicine. She was advised normal diet at the time of discharge.

Reported by Dr. Hema Arya

Growing Incidences of Gout and Hyperurecemia

Gout is derived from the Latin word "gutta", meaning drop, as it was believed that poison falling in drops into the affected joints caused gout. Gout is one of the oldest known and most common forms of arthritis affecting people above 40 years of age. Hyperuricemia is the initial stage of gout. However, not everybody with high serum uric acid will develop gout. Gout is an inflammatory response to monosodium urate (MSU) and monohydrate crystal deposition in the joints due to alteration in urate metabolism. Acute attack of Gout causes a characteristic painful inflammation of one or more joints of the extremities or nodules in soft tissues called tophi.



Most cases of gout are characterized by the sudden onset of severe acute pain in a single joint, mostly in the toe. The affected joint becomes dusky red, hot, swollen and extremely tender. About 75% have first attack on the big toe and 90% patients experience acute attack on the big toe. In 3-14% cases, the first attack occurs in multiple joints. The order of involvement is step by step - ankles, heels, knees, wrists, fingers and elbows. Shoulders, hips, spine and sacroiliac joints are rarely involved. The arthritis remits completely within a few days with or without therapy and then recurs with increasing frequency in coming days.

Earlier, it was the disease of only the affluent (who could afford the purine-rich foods and drinks linked to gout risk), this "disease of kings" has rapidly become a disease of every person. Gout develops in men more than women (10:1) and seldom occurs in

premenopausal women. The incidence of gout has increased doubly in last two decades because of multiple factors like increased longevity, increased prevalence of hypertension and frequent use of diuretics, more use of low-dose aspirin, epidemic of obesity and metabolic syndrome, dietary trends, increased alcohol consumption, increased chronic kidney disease (CKD) and major organ transplantation. An association of hyperuricemia with obesity, metabolic syndrome, dyslipidemia and diabetes has been found recently.

Latest Research on Gout:

- A study from Vellore revealed that 15.8% of the affected patients are less than 30 years of age; Urban Indian population is involved more than the rural population due to increased prevalence of metabolic syndrome in younger population.
- Another Indian study (by Mishra *et al*) showed a correlation with metabolic syndrome which was due to high caloric diet, sedentary habits, consumption of alcohol and greater prevalence of obesity.
- The disease has been found to be associated with Cardiovascular diseases (CVDs) and their risk factors, Multiple Sclerosis (MS) and the inefficiency of renal function.
- A large community-based study has identified a high prevalence of gout in patients with Type 2 diabetes and Impaired Fasting Glucaemia (IFG)/Impaired Glucose Tolerance (IGT), affecting one in five men. It was also identified that several diabetes-specific factors including low HbA1c and lack of hypoglycaemic medication are associated with gout. These findings are consistent with previous research that has demonstrated an inverse relationship between serum urate and HbA1c in the general population, particularly in men.

Reported by Dr. Abhishek Devikar

Emerging Cervical and Lumbar Spondylosis in Society

Spondylosis can occur in the cervical spine (neck), thoracic spine (upper and mid back), or lumbar spine (low back). Lumbar spondylosis and cervical spondylosis are the most common forms.

Cervical spondylosis is a degenerative disorder of neck bones due to abnormal wear and tear of the bone cartilage. This might lead to gradual compression of one or more nerve roots. It results in changes in sensation in arm, pain in neck and arm and weakness of upper limb muscles.

Lumbar spondylosis means degenerative changes such as osteoarthritis of vertebral joints and degenerating intervertebral discs (degenerative disc disease) in the low back.

With change in lifestyle, more people are inclined to desk work and computer usage. Thus, cervical and lumbar spondylosis are emerging as widespread problems in society especially in young adults. It may be occur due to stress, wrong posture, lack of physical activity, pressure at work place and unhealthy food habits. IT professionals, who

remain confined to the desk or in front of the computer for hours together in a fixed posture are the main victims.

Naturopathy, Yoga and Physical therapies offer very effective treatment for spondylosis, but therapies alone are not the permanent solution. One should continue practicing back and neck exercises. This is necessary to maintain the integrity of affected muscles and joints. Analysis of data of last one year shows that an average stay of 2-3 weeks at the ashram for treatment gives 60-80% relief in pain and stiffness.

Reported by Dr. Kushan Shah