

CHAPTER 11
AYURVEDIC
ROGA NIDANA EVUM VIKRITI VIGYANA

Doctoral Theses

01. GUPTA (Dr. Neelam)
Randomised Controlled Clinical Trial to Evaluate the Effect of Sunthi Dhanyak Sadhita Jala and Ushnodaka as Compared to Normal Water Along with Comprehensive Ayurvedic Lifestyle Intervention on Weight Among Individuals with Prameha Purvaroop (Prediabetes).
Supervisors: Prof. Dr. Anand More and Dr. Shalini Rai
Th 28539

Abstract

The chronic health condition known as prediabetes (Prameha purvaroop) can be reversed by losing weight, but lifestyle changes alone are not always sufficient to sustain weight loss due to its limitations to perform consistently. The study aimed to assess the effect of Sunthi (Zingiber officinale Rosace) - dhanyaka (Coriander sativum Linn.) sadhita jala and Ushnodaka as Paan (beverage) along with and over comprehensive Ayurvedic lifestyle intervention in possible role of preventing or delaying the conversion of prediabetes to type2 diabetes. Methods- In a single centric, controlled randomised open-label three- arm trial, participants with prediabetes (HbA1C 5.7-6.4%) were randomly allocated to Sunthi dhanyaka sadhita jala (SD) or Ushnodaka (UD) or normal water (NW) throughout the day along with comprehensive Ayurvedic life style (8h regular night sleep i.e. Swabhavika nidra and 30 minutes of early morning brisk walking i.e. Chankramana). The primary endpoint was weight and BMI and secondary outcome was HbA1C. Intention to treat approach was applied for analysis. Results- Oral administration of Sunthi dhanyaka sadhita jala or Ushnodaka e along with life style modifications has demonstrated the potential to be advantageous for reducing weight, and BMI (p-value ≤ 0.0001) in prediabetic participants. All the three interventions were effective in reducing HbA1C (p value ≤ 0.019 , 0.05 and 0.017 respectively) with no adverse effects. Conclusion- Sunthi dhanyaka sadhita jala or Ushnodaka reduces the weight, BMI and HbA1C could be used with Ayurvedic changes in lifestyle, to prevent or delay diabetes in participants with prediabetes and were cost effective and safe.

Contents

1. Introduction 2 Disease Review (Conceptual study) 3. Drug Review 4. Clinical Study 5. Discussion. 6. Conclusion, Limitations, Recommendations, Future Scope & SWOT Analysis. Bibliography. Annexures.

02. Dr. MANJUSHA (P)

Case Control Study on the Role of Manasa Bhava in the Etiopathogenesis of Psoriasis.

Supervisors: Dr. Shalini Rai and Prof. Dr. Anand More
Th 28545

Abstract

Psoriasis, a chronic inflammatory skin disorder affecting 2-4% of the global population, has significant psychosomatic influences. Ayurveda highlights the mind-body connection, suggesting that manasa bhava (mental states) and Satva Sarata (mental strength) influence disease predisposition. This study examines the etiopathological role of manasa bhava in Kushtha and evaluates Satva Sarata and Triguna in psoriasis patients compared to healthy controls. A case-control study was conducted at AIIA, New Delhi, involving 100 psoriasis patients and 100 healthy controls (ages 18-60). Validated tools, including the MEKQ, HAM-A, BEIS-10, and serum cortisol/epinephrine levels, were used to assess psychological parameters. The MEKQ evaluated Krodha (anger), Soka (grief), Bhaya (fear), and Sadhu Ninda (disrespect towards righteousness), categorizing participants by severity. Statistical analysis showed significant associations between MEKQ scores and anxiety levels ($p < 0.0001$), Satva Sarata ($p = 0.0401$), and Triguna ($p = 0.0265$). High MEKQ scores correlated with elevated cortisol levels, indicating increased stress responses. Patients with low Satva Sarata and predominant Tamas-Rajas attributes were more susceptible to severe psoriasis. Emotional intelligence (BEIS-10) inversely correlated with psoriasis severity, highlighting its role in stress resilience. These findings affirm the Ayurvedic perspective that manasa bhava imbalance influences Kushtha (psoriasis) manifestation. The study underscores the need for Satvavajaya Chikitsa, Yoga Nidra, and Pranayama as integrative therapies. Future research should explore personalized psychotherapeutic interventions to enhance emotional resilience in psoriasis management.

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1. Introduction 2. Conceptual study 3. Methodology 4. Observation and Results 5. Discussion. 6. Summary and Conclusion Bibliography. Appendix. Annexures.