



Government of India
Ministry of AYUSH



E - SOUVENIR



National Seminar on Integrative Approach for Management of Cancer

12th to 13th February, 2020

at

Scope complex auditorium, CGO Complex, Pragati Vihar, New Delhi, 110003

Organized by

All India Institute of Ayurveda (AIIA)
An Autonomous Institute under the Ministry of AYUSH

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Jivaneeyam

Rejuvenating target cells

It is observed that more than 70 percent of people seeking conventional cancer treatment are also taking traditional medicines or AYUSH medicines one or the other way. Parallel to this, practitioners of Ayurveda are claiming significant results in the prevention and management of different types of cancers in various parts of the country.

Evidences show significant role of AYUSH medicines in Cancer Management right from the stand-alone treatment to adjuvant therapy & combating the complications arising out of chemotherapy and radiotherapy. Considering the need of integration in cancer management, Centre for Integrative Oncology (CIO) of AIIA under Ministry of AYUSH, has organised two days National Seminar “Jivaneeyam, on integrative approach for management of cancer” on 12th and 13th of February 2020.

Renowned, experienced experts and physicians will be sharing their experiences which will help in developing integrated cancer management protocol. Brain storming sessions and discussions will be conducted among academicians, practitioners and researchers of Cancer care.

Event Objectives

- Preparing specialized Cancer Management integrative protocol of Ayurveda and conventional medicine
- Knowledge sharing by experts in Cancer Care and management with their clinical experiences and success stories supported with evidences.
- Creating public awareness about the prevention and Management of Cancer through Ayurveda



MESSAGES



श्रीपाद नाईक
SHRIPAD NAIK

राज्य मंत्री (स्वतंत्र प्रभार)
आयुर्वेद, योग व प्राकृतिक चिकित्सा, यूनानी, सिद्ध,
सोवा-रिग्पा एवं होम्योपैथी-(आयुष) मंत्रालय एवं रक्षा राज्य मंत्री
भारत सरकार
MINISTER OF STATE (INDEPENDENT CHARGE) FOR
AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA,
SOWA-RIGPA, HOMOEOPATHY-(AYUSH) &
MINISTER OF STATE FOR DEFENCE
GOVERNMENT OF INDIA



February, 2020

MESSAGE

The burden of cancer in low- and middle-income countries is large and growing. By contrast, resources to control cancer and cancer management have not increased proportionately. Most populations in lack access to effective cancer prevention, treatment, and palliation.

In this regard, I am pleased to know that as a joint venture of All India Institute of Ayurveda (AIIA), New Delhi and National Institute of Cancer Prevention and Research (NICPR) Noida, Centre for Integrative Oncology (CIO) is going to organise a National Seminar *Jeevaniyam* 2020 on "Integrative approach for Management of cancer" from 12-02-2020 to 13-02-2020 with an intention of integrative practice in the field of cancer prevention and management on occasion of World Cancer Day 2020. This seminar will surely help to pave the path for integrative models for cancer research and to explore the trend of understanding principles of practice in cancer management through integrative approach.

I want to congratulate the entire team for organization of this much needed seminar. This seminar will provide an up-to-date review of the effectiveness and feasibility of interventions for cancers that impose high disease burdens worldwide.

The tide has been turned against cancer and armed with evidence and bolstered. This seminar is intended to spur that effort.

This seminar will bring the practitioners, academicians, researchers, post graduate scholars together on a common platform to discuss the various updates in the specialty and the outcome would help in the future policy planning for impactful and cost effective management of Cancer management.

I wish all success for the seminar

(Shripad Naik)

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वैद्य राजेश कोटेचा
Vaidya Rajesh Kotecha



सचिव

भारत सरकार

आयुर्वेद, योग व प्राकृतिक चिकित्सा

यूनानी, सिद्ध, सोवा रिग्पा एवं होम्योपैथी (आयुष) मंत्रालय

आयुष भवन, 'बी' ब्लॉक, जी.पी.ओ. कॉम्प्लेक्स,

आई.एन.ए. नई दिल्ली-110023

SECRETARY

GOVERNMENT OF INDIA

MINISTRY OF AYURVEDA, YOGA & NATUROPATHY

UNANI, SIDDHA, SOWA-RIGPA AND HOMOEOPATHY (AYUSH)

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MESSAGE

I am glad to know that All India Institute of Ayurveda, AIIA is organising Jivaneeyam 2020 a National Seminar on Integrative approach towards Management of Cancer on 12th and 13th February, 2020 at SCOPE Complex Auditorium, New Delhi. Centre for Integrative Oncology (CIO), a joint venture of ICMR-NICPR and AIIA has taken an initiative to develop integrative protocol in the management of cancer through Ayurveda and conventional medicine, considering the need of integration in cancer management.

Integrative management of cancer is a combination of traditional medicine (TM) with conventional cancer treatment modalities to manage symptoms, control side effects and improve the state of mental wellbeing. The ancient Indian medicinal approach in cancer treatment and management has a wide array of Ayurveda herbs and practices. There is an increasing demand for traditional and natural medicine throughout the world. Evidences show significant role of AYUSH system of medicine right from stand-alone treatment to managing symptoms and side effects arising out of chemotherapy and radiotherapy as an adjuvant therapy. The conventional oncologic surgeons and physicians should be aware of the role of traditional medicine that are available in Indian subcontinent and provide a treatment that focuses on the physical and mental state of wellness in combating cancer.

The inputs practising Ayurveda and conventional medicine for cancer are participating in this event which aimed to develop most needed integrative protocol for the management of cancer. This will be helpful for further researches and teaching. Researchers, PG/PhD scholars, Faculty of Ayurveda and conventional medicine, scientists will be benefited from the outcome of the Seminar. This will become a worthy step in taking Ayurveda practice step ahead in research and management of cancer.

I wish great success and best wishes to the team of AIIA in this regard.

(Signature)

(Rajesh Kotecha)

New Delhi
6th February, 2020

प्रमोद कुमार पाठक
PRAMOD KUMAR PATHAK
अपर सचिव
ADDITIONAL SECRETARY



भारत सरकार
आयुर्वेद, योग व प्राकृतिक चिकित्सा
यूनानी, सिद्ध, सोवा-रिग्पा एवं
होम्योपैथी (आयुष) मंत्रालय

GOVERNMENT OF INDIA
MINISTRY OF AYURVEDA, YOGA & NATUROPATHY
UNANI, SIDDHA, SOWA-RIGPA &
HOMOEOPATHY (AYUSH)

MESSAGE


It gives me immense pleasure to know that the National Seminar *Jeevaniyam* 2020 on “Integrative approach for Management of cancer” (on 12-13 February, 2020) will be organized at All India Institute of Ayurveda, New Delhi. I hope that the initiatives taken towards combating Cancer will serve as a model for rest of the country.

2. The word ‘Cancer’ itself creates fear and anxiety in the mind of a person. One of its reasons being that despite the conventional treatments available, the mortality rate still remains high.

3. Cancer treatment involves the use of chemotherapy drugs and radiotherapy. Side effects may be acute ((occurring within few weeks after therapy), intermediate or later (occurring months or year after the therapy). Due to inadequacy of most of the radioprotectors and chemoprotectors in controlling the side effects of conventional cancer therapy, Ayurveda have attracted the attention of researchers and medical practitioners recently for reduction in side effects. In Ayurveda, each herb contains multiple active principles that often operate synergistically producing therapeutic benefits and lowering the risks of adverse effects. It avoids the need for supplemental therapy to manage cancer cachexia. It is important to raise awareness and encourage implementation of Ayurvedic therapies for combating cancer and suggest an integrated approach in tumor management and treatment.

4. I hope this seminar will be an ideal platform to launch such a coordinated effort by clinicians, researchers and all the other participants to exchange views, ideas, and their experiences. This Seminar will give a momentum to cancer treatment and research in integration with Ayurveda and conventional medicine and ultimately will lead to improvement in cancer patient care in India.

5. I take this opportunity to compliment Dr. Tanuja Nesari, Director, AIIA, the Organizing Committee and wish the Seminar a grand success.


(P.K. Pathak)

New Delhi
7th February, 2020



आखिल भारतीय आयुर्वेद संस्थान
ALL INDIA INSTITUTE OF AYURVEDA (AIIA)
(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)
(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

प्रो. तनुजा मनोज नेसरी
Prof. Tanuja Manoj Nesari
निदेशक/Director

MASSEGE

Ayurveda the science of life is a comprehensive system of health care of great antiquity based on experimental knowledge and grown with perpetual additions. The principles and practices of Ayurveda are still alive and helping the mankind for better survival and management of various ailments. If we look into the pattern, mortality and morbidity of various disease of the globe then it is evident that non communicable diseases like Diabetes, hypertension and Cancer are in rise. Further recent years have shown significant increase in Cancer worldwide. Cancer is the second leading cause of death globally, and is responsible for an estimated 9.6 million deaths in 2018. Globally, about 1 in 6 deaths is due to cancer. The economic impact of cancer is significant and is increasing. Between 30-50% of cancers can currently be prevented by avoiding risk factors and implementing existing evidence-based prevention strategies. The cancer burden can also be reduced through early detection of cancer and effective management of patients through integrative approach of various health care systems. Determining the goals of treatment and palliative care is an important first step, health services should be integrated and people-centred. The primary goal is generally to cure cancer or to considerably prolong life. Improving the patient's quality of life is also an important goal. However conventional medicine is growing and working continuously for better management of Cancer but unwanted side effects and poor quality of life after conventional treatment exposure need development of more effective and better management strategies for Cancer. This can be achieved by supportive or palliative care and psychosocial support and by real integration of conventional medicine with other healthcare systems i.e AYUSH. Emphasising the importance of integration in 2017, the World Health Assembly passed the resolution *Cancer Prevention and Control through an Integrated Approach* (WHA70.12) urges governments and WHO to accelerate action to achieve the targets specified in the *Global Action Plan* and *2030 UN Agenda for Sustainable Development* to reduce premature mortality from cancer. Keeping this fact in mind on occasion of world Cancer day 2020 and as an activity of Centre for Integrative Oncology(CIO), All India Institute of Ayurveda, New Delhi (AIIA) has organised a **National seminar and workshop on integrative approach for management of cancer, Jivaneeyam 2020** from 10th to 13th Feb 2020. The entire Seminar and workshop is sponsored by Ministry of AYUSH. In the present seminar renowned and successful practitioners, academicians & scientists Prof. Shripad Banavali, Head department of Medical and Paediatric oncology, Tata Memorial Hospital, Mumbai, Prof. Ravi Mehrotra, CEO, ICRC-ICMR, New Delhi, Prof. Anurag Srivastava, Head, Department of Surgery, AIIMS, New Delhi, Prof. Sadanand Sardeshmukh, Integrated Cancer Treatment and Research Centre, Wagoli, Pune, Dr Showket Hussain, Scientist D, Division of Molecular Oncology, NICPR, Noida and experts from other prestigious institutes and organizations are brought to one platform. Brain storming session and discussions are planned on the integrative management of cancer by rational use of screened treatment strategies including Rasayana therapies, Panchakarma etc. In this as a zest of the entire event full papers and selected abstracts are compiled in this seminar proceeding.



This is an excellent effort done by the organising team to identify the gap areas and management strategies for successful integrative management of Cancer. I heartily congratulate the team for this novel work.

The undersigned acknowledges the excellent cooperation and grant provided by the Ministry of AYUSH, Govt. of India for conduction of **National seminar on integrative approach for management of cancer, Jivaneeyam 2020**.

I am sure that the deliberations and discussions of the **Jeevaneeyam 2020** will surely help researchers and practitioners for successful Cancer management. I wish great success of the seminar.

Dated : 07.02.2020

(Prof. Tanuja Manoj Nesari)
Director,

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Gautampuri, Mathura Road, New Delhi-110044
ई-मेल/E-Mail : director@aiia.gov.in दूरभाष/Phone : 011-26950401/402

PROLOGUE



Dr V G Huddar



Dr Shivani Ghildiyal



Dr Richa Tripathi

We on behalf of Director, AIIA staff and organizing committee welcome you all to “Jivaneeyam 2020” National seminar on Integrative approach towards management of cancer.

As per 2018 estimates of GLOBOCAN cancer incidence in India is rising continuously. From 28 types of cancers were increased to 36 types in 2018. Showing the growing burden. Cancer mortality in India has doubled from 1990 to 2016. India’s cancer incidence is estimated at 1.15 million new patients in 2018 and is predicted to almost double as a result of demographic changes alone by 2040.

Management including combating side effects of conventional therapy of cancer has become the real challenge for present medical practice. About the conditions like cancer and its management has been mentioned in ancient Ayurveda literature. Now it’s the time to explore the hidden potentials of Ayurveda medicines with scientific backgrounds.

At this juncture joining hands towards the management of cancer, identifying the strength and weaknesses of each other system of medicine with integration is the need of hour. With this background “Jivaneeyam 2020” National seminar has been conceived. All the experts in the field of cancer management through Ayurveda from different parts of the country are invited for the seminar. Integrative Protocol to prepare for major cancerous conditions is the main objective of the seminar. The seminar is one of the effective reflections of its scientific, academic, and social contribution. Information about the seminar was sent through website of AIIA and public media. Online registration method was followed looking to the convenience of registration. Nearly 180 PG & PhD scholars, scientists, practitioners, Research officers of different institutions have registered for the seminar. Abstracts and full papers from delegates were received in considerable number and out of those 25 paper presentations and 20 poster presentations selected for presentation in seminar by the scientific committee. The abstracts submitted in the conference could be a good marker of Ayurveda research. It can be indicative of the quality, quantity and the areas of research being carried out. It can also serve as a source for identifying strengths and opportunities for exploring collaborative research.

Let us together infuse new enthusiasm in young and veteran Ayurveda educationists, scientists, clinicians to make Ayurveda relevant, dynamic and most sought after discipline. We whole heartedly appreciate all the endeavours of our colleagues and scholars from around the world who helped us to make this event more effective and possible.

Dr V G Huddar
Chief Organizing Secretary

Dr Shivani Ghildiyal
Organising Secretary

Dr Richa Tripathi
Organising Secretary

PATRONS

CHIEF PATRON



Shri Shripad Yesso Naik
Hon'ble Minister of State (Independent
Charge), Ministry of AYUSH & Minister
of State for Defence, Government of India

PATRON



Vd. Rajesh Kotecha
Secretary, Ministry of AYUSH,
New Delhi

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- ❖ Prof. Shalini Singh, Director, NICPR (ICMR), UP
- ❖ Prof. Ravi Mehrotra, CEO, ICMR-ICRC, ND
- ❖ Prof. Anurag Agrawal, Director, CSIR-IGIB, ND
- ❖ Prof. Shiv Kumar Sarin, Director, ILBS, ND
- ❖ Dr. A Raghu, Joint Advisor Ayurveda, MoA

ORGANIZING COMMITTEE

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Prof. Tanuja Nesari,
Director, AIIA

Chief Organizing Secretary



Dr V G Huddar



Dr Shivani Ghildiyal

Organizing Secretaries



Dr Richa Tripathi

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Chairman



Prof. P K Prajapati



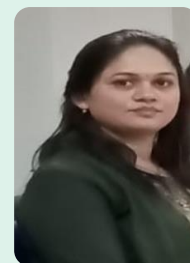
Dr Santosh Kumar Bhatted



Dr Meenakshi Pathak



Ms Richa Adhikari



Dr Tejashwini

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Dr Kamini Dhiman



Dr Shalini Rai



Dr Rahul Sherkhane



Dr Pramod Yadav



Mr Ajay Shankar Shukla

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Dr Deepak Bhati

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Dr Pankaj Kundal



Dr. Shivani Ghildiyal



Mrs. Jyoti Arora

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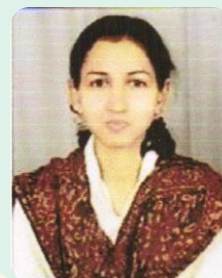
Prof. Mahehs Vyas



Dr Sisir Mandal



Dr Prashant D



Dr Divya Kajaria

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Chairman



Dr R K Yadava



Mr Rohit



Mr A K Bajaj



Dr. Bhargava Bhide

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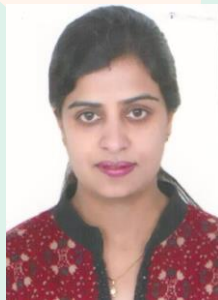
Chairman



Prof Anil Kumar



Dr. Arun Mahapatra



Dr Alka Kapoor



Dr Raju Singh



Mr Man Singh



RESOURCE PERSONS OF WORKSHOP & SEMINAR

Resource Persons of the Pre-Seminar workshop held on 10th & 11th Feb 2020 for Developing Integrated Protocol of Management of Cancer



Vd Balendu Prakash,
Founder Director, VPC
Cancer Research Foundation,
Uttarakhand



Prof. G Srinivasa Acharya,
Principal, SDM College of
Ayurveda, Udipi, Karnataka



Prof. Niranjan Rao, Head,
Dept of Panchakarma SDM
College of Ayurveda, Udipi



Dr Rambha Pandey, Assoc.
Prof. IRCH-AIIMS New
Delhi



Dr Vineeta Deshmukh, Deputy
Director, Integrated Cancer
Treatment and Research Center,
Wagholi, Pune, Maharashtra



Dr C D Sahadevan, Consultant,
Iddukki, Kerala



Prof. Durgatosh Pandey,
Head, Surgical Oncology,
Homi Bhabha Cancer
Hospital, Varanasi



Prof. Gopikrishna
Maddikera, SJG Ayurvedic
Medical College, Koppal,
Karnataka



Dr Nidhi Gupta, AIIMS,
New Delhi



Dr Gaurang Joshi, Director,
Atharva Multispeciality
Ayurveda Hospital, Cancer
Research Center, Rajkot,
Gujarat



Dr Rajagopal, Chief
Consultant, SKV Ayurveda
Clinic, Kollam Kerala



Dr Yogesh Bendale, Chief
consultant, Rasayu cancer
care clinic, Pune,
Maharashtra



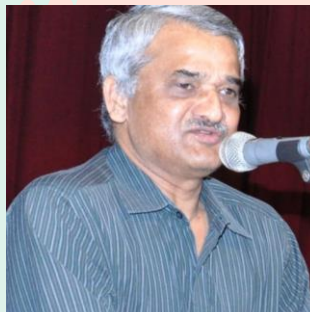
Prof. Anita Dhar, Dept of
Surgery, AIIMS, New Delhi



Vd Tapan Kumar, Director,
Research Ayurveda, SGVP
Holistic Hospital,
Ahmadabad, Gujarat



Dr Suresh Rao, Mangalore
Institute of Oncology,
Mangalore, Karnataka

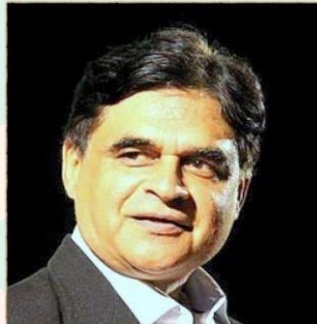


Dr Ravishankar B, Former
Director, SDM Centre for
Research in Ayurveda,
Udupi, Karnataka

Resource Persons of Seminar



Dr. Anurag Shrivastava, Prof
& Head, Dept of Surgery,
AIIMS, New Delhi



Prof Ravi Mehrotra
CEO, ICRC-ICMR, New
Delhi, Former Director,
NICPR-ICMR – Noida.



Dr Shripad Banavali
Prof. & Head, Dept. of Medical
& Pediatric Oncology, Tata
Memorial Hospital, Mumbai,
Maharashtra



Dr Dilip Ghosh
Director, Nutriconnect,
Sydney. Adjunct- Industry
Fellow, NICM, Western



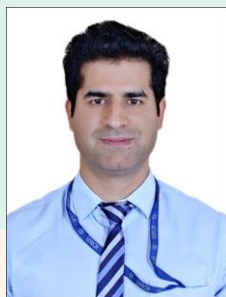
Vd Balendu Prakash,
Founder Director, VPC
Cancer Research Foundation,
Uttarakhand



Dr Dilip Gadgil
Consultant, Niramaya
Ayurvedic Research &
Consultancy Pvt Ltd. Pune,
Maharashtra.



Dr Pankaj Wanjarkhedekar
Consultant, Deenanath
Mangeshkar Hospital &
Research Centre, Pune,
Maharashtra



Dr. Showket Hussain
Scientist D, Division of
Molecular Oncology and
Head, Division of Cellular
and Molecular Diagnostics,
NICPR-ICMR, Noida



Prof. Alpana Sharma
Department of Biochemistry,
AIIMS, New Delhi



Prof. Savita Yadav
Department of Biophysics,
AIIMS, New Delhi



Dr Manohar Gundeti
Research Officer In-charge,
(RRAP) Central Ayurveda
Research Institute for



Dr Gopikrishna Maddikera
Professor & HOD, Dept of
Rasashastra & Bhaishajya
Kalpana, S.J.G Ayurvedic
Medical College & P.G
Centre, Koppal, Karnataka



Dr. Ashok Sharma
Associate Professor,
Department of Biochemistry,
AIIMS, New Delhi

Glimpses of AIIA

The First Ever All India Institute of Ayurveda (AIIA), set up along the lines of AIIMS, was dedicated to the Nation by the Honorable Prime Minister, Shri Narendra Modi on 2nd Ayurveda Day on 17th October, 2017 at New Delhi. Set up as an apex institute under the Ministry of AYUSH, AIIA is bringing synergy between the traditional wisdom of Ayurveda and modern diagnostic tools and technology. AIIA has also been awarded with NABH Accreditation, therefore becoming the first Ayurveda Hospital in Public Sector to be conferred with NABH accreditation in July, 2017, indicating the quality patient services it is rendering.

AIIA is first of its kind in the country to make use of tools & technology of modern science and modern medicine for scientific validation of fundamental principles and for undertaking R&D, quality control & standardization and safety evaluation of Ayurveda medicines. Interdisciplinary Clinical research and human resource development programs of the institute is helping in capacity building in addressing unmet needs of Ayurveda sector. The Institute initially set-up as an Autonomous registered body of Ministry of AYUSH (Registration No. S-E/93/Distt. South-EAST/2013) fully funded by the Central Government with the objective of raising it to the status of National Importance in next 10 years. All India Institute of Ayurveda, New Delhi, strives hard to improve health status and expand preventive, promotive, curative, palliative and rehabilitative services to large sectors of the society. The clinical services for out patients were initiated in 2014 whereas the academic session commenced from 2016.

AIIA received the approval from Ministry of AYUSH, for the 2nd phase construction including the Residential Quarters for Staff, Hostels for the scholars, Auditorium, International Guest House, State of Art Library, Sports Complex, Pharmacy, Panchakarma Unit etc.

Vision: “To be an Outstanding Center of Excellence for Ayurveda Tertiary Health Care and set highest standards of Education, Research and Patient Care through Ayurveda for the benefit of humanity”

Mission: Our mission is to be a role model by setting up benchmarks for Postgraduate and Post-Doctoral Education in Ayurveda, bringing Ayurveda Health care of highest standards within the reach of every individual at National and International Level and to undertake interdisciplinary research focused on validation of Ancient Wisdom of Ayurveda using modern tools and technology.

Objectives:

- To provide postgraduate/doctoral and post-doctoral teaching, research facilities and quality patient care services under the Ayurveda system of medicine.
- To act as a referral hospital and a “Centre of Excellence” to set highest standards of education, research, patient care and also function as a model center for international collaboration.

- To act as a model institution to show the strength, efficacy and popularity of Ayurveda. The institute will be used for promoting Ayurveda in India and abroad.
- To provide the services in specialties like Panchakarma, Kayachikitsa, Vata-Vyadhi, Rasayana, Kayakalpa, Twacha roga (Skin disorders), Vajikaran, Shalya Tantra, Kshar evam Anushastra Karma (Jalauka and Rakta Mokshan, Agni Karma etc.), Marma Chikitsa, Vrikka roga (Nephrology), Mutra roga (Urology), Shalkya (Eye, ENT and Dental disorders), Stri Roga and Prasuti Tantra, Bal Roga, Rog Nidan, Lifestyle and Metabolic disorders, Yoga and Swastha Vritta, Ahara Bidhi Vigyan (Dietetics), Ayurvedic Pharmacy, Fundamental Principles of Ayurveda and their application in a set up that combines the ancient tradition of Ayurveda along with the Advantages of biomedicine, current management & information technology tools.
- To impart interdisciplinary post-graduate- doctoral and post-doctoral teaching, training and research in all Ayurvedic specialties and also health and hospital management programmes. It will have all necessary infrastructure to cater to secondary and tertiary level health care facilities for diagnosis and treatment in collaboration with national and international institutions.
- To give highest priority to explore and explain the scientific basis of various aspects of Ayurveda through collaborative, inter-disciplinary research. In this direction the required infrastructure would be developed with the help of various R&D institutions including Central Council for Research in Ayurveda and Siddha (CCRAS), Indian Council of Medical Research (ICMR), Council for Scientific and Industrial Research (CSIR), National Institute for Pharmaceutical Education and Research (NIPER) and other national level institutes. Human resources and infrastructure of participating institutions will be utilized in conducting project-based research programmes on need specific clinical and drug studies.
- To develop model teaching tools, demonstration modules of teaching in Postgraduate/ Doctoral and Post –doctoral Ayurveda Medical education in all branches so as to demonstrate high standards of education for use in Ayurvedic institutions.

In pursuance of Vision, Mission and Objectives, AIIA has undertaken initiatives in the following areas during the year 2017-18:

a) **Hospital Services and wellbeing:**

- In order to achieve the goal of establishing a State-of-art tertiary care hospital with facilities for clinical research, various Ayurveda Splecialized wings including Panchakarma, Yoga, Diet plan etc. were developed supported with modern laboratory investigations.
- AIIA became the first Institute of Ayurveda under Public sector to become NABH accredited.
- AIIA is also providing OPD & IPD services in 14 specialized areas of Ayurevda along with integration of other AYUSH healthcare services.

- AIIA provides public health outreach programmes through health camps, patient awareness lectures etc. During year 2017-18, 10 (ten) such outreach programmes were conducted by AIIA on thrust areas.
- Approximately 242331 patients in the OPD and 662 patients in IPD were benefitted with Holistic Ayurveda treatment in year 2017-18.
- Various days like International Yoga Day, Cancer Day, Diabetes Day, Asthama Day, Nutrition week, Swachchhata Pakhwada etc. were celebrated with great zeal. Free medical camps, awareness lectures etc. were organized to mark the celebration of these days.
- IEC material and booklets viz. 'Delicacies for Diabetes', 'Common painful conditions and its management through Ayurveda' etc. for patient and public awareness were published by AIIA.

b) Quality Education:

- At present MD/MS courses in 11 specialties are being offered with intake capacity of 84 seats per year. These courses are affiliated to Delhi University. During the year 2017-18, 111 post graduate scholars were admitted including two batches.
- AIIA also conducts short term skill development Certificate courses viz.
 - Panchakarma Technician Course. First batch of Panchakarma Technician Course completed with 100% placement and second batch is ongoing training
 - Foundation course in Yoga Science for wellness. A batch of 40 candidates completed the training of one-month Foundation course in Yoga Sciences and Wellness organized in collaboration with MDIYN.
 - Certificate course in Hospital Management. Institute has launched the 6 months Certificate Course in Hospital management from mid-January 2018 onwards
- For streamlining the admission process in Postgraduate courses (MD/MS) in AYUSH systems, AIIA was mandated by Ministry of AYUSH to conduct and supervise 'All India AYUSH Post Graduate Entrance Test (AIAPGET)' - the first centralized National level Online entrance examination for qualifying PG Entrance in all AYUSH courses. AIIA successfully conducted AIAPGET Exam which was attended by approx. 25,000 students at around 104 centres across the nation
- AIIA also coordinated HACKATHON activity as entrusted by Ministry of AYUSH
- In this financial year, AIIA also established language lab, National Pharmacovigilance Coordination Centre for ASU&H drugs etc.
- Certain National Protocols for the Management of Diabetes & its Complications, Ante Natal Care were developed by AIIA through conducting

brainstorming workshops, Conference, Symposium etc. involving experts from all over the country.

- Various CMEs for other Government Organizations like Rashriya Ayurveda Vidyapeeth. Drug Regulatory board, CME for students of European Academy of Ayurveda, Birstein, Germany were also conducted by AIIA in year 2017-18

c) **Quality Research:**

- AIIA has a separate division namely Translational Research for fostering Quality Research. In all, 111 Research proposals are being supervised by this division in the year 2017-18.
- The Translational Research Division has constituted the **Instituional Review Board (IRB)** and **Institutional Ethics Committee (IEC)** as per the WHO & AYUSH Guidelines.
- In the year 2017, the IEC developed the Standard Operating Procedures (SOPs) for the functioning of IEC and the same has been uploaded on Institute Website. Adhering to these guidelines the Research proposals are approved and supervised.
- To standardize the efficacy and safety measures so as to ensure supply good quality medicine AIIA has developed the Quality Control Laboratories as Central Research Laboratory equipped with preliminary QC instruments and sophisticated equipments viz.
 - TLC kit
 - HPTLC System
 - HPLC system
 - AAS etc.
- In addition to this, collaborative Researches are ongoing viz.
 - ‘Development and Validation of Pralriti Questionnaire/Scale’ with Central Council of Research in Ayurveda Sciences (CCRAS)
 - App for identification of Medicinal Plant by APP with Ministry of HRD/ Ministry of AYUSH under the Hackathon – 2017
 - Games for propogating AYUSH systems of medicines with Ministry of HRD/ Ministry of AYUSH under the Hackathon – 2017
 - Online portal for the submission and real time tracking of grant applications with Ministry of HRD/ Ministry of AYUSH under the Hackathon – 2017
 - Conversion of Ancient Ayurveda measurements into ISI Standards with Ministry of HRD/ Ministry of AYUSH under the Hackathon - 2017

d) **Publications:**

- In this financial year, with a view of fostering research through Quality Publications, the publication division of AIIA has taken some concrete steps like releasing of Ayurveda Case Reports (AyuCaRe), an exclusive journal for Case Reports, first of its kind in field of Ayurveda for promoting documentation of case studies

- Besides this, for providing uniform guidelines in management of diseases through Ayurveda, AIIA has released Standard Treatment Guidelines for Diabetes.
 - AIIA also publishes the IEC material for creating health awareness in the public, for which ‘Delicacies for Diabetes’, ‘Common painful conditions and its management through Ayurveda’ etc. were published in the year 2017-18.
 - In the year 2017-18, around 53 Research articles are published by faculty and scholars in different scientific journals.
- e) **Collaboration initiatives:** It is a matter of pride to report that to promote collaborative research with various R&D institutions at National & International level, several MOU has also been signed between AIIA and premiere institutions during the year 2017-18 viz.
- a. Morarji Desai National Institute of Yoga (MDNIY) for promoting Yoga related activities
 - b. National Cancer Institute, AIIMS, New Delhi for collaborative research and Integrative management of the cancer patients.
 - c. European Academy of Ayurveda, Birstein, Germany
 - d. GL Bajaj Institute of Technology and Management, Greater Noida
- f) **International Cooperation:** In the year 2017-18, around 11 faculty members were deputed / invited at premiere organizations for visiting various countries for establishing International Collaboration & promotion of Ayurveda across the globe. Similarly, distinguished Diplomats & dignitaries of around 10 countries including delegation from NIH, USA , WHO delegates, BIMSTEC delegation, Mauritius delegation, Visit of Dr. Jorge Berra, Argentina, Korean delegation, US Delegation comprising of Dr. Tej Pareek, Dr Sandeep Agarwal, Prof. Sharon Milligan, African Delegation from 11 countries (30 delegates), Visit & CME of European Academy of Ayurveda, Germany and many others visited AIIA for demonstration of Strengths of Ayurveda.

Important milestones of 2017-18:

1. **Dedication of AIIA to nation by Hon'ble Prime Minister, Shri Narendra Modi:** All India Institute of Ayurveda (AIIA) has the vision to be an outstanding center of excellence for Ayurveda tertiary health care, Education and Research for the benefit of humanity. The institute was formally inaugurated and dedicated for service to nation by **Hon'ble Prime Minister of India, Shri Narendra Modi on the occasion of 2nd Ayurveda Day** celebrated on **Dhanwantari Jayanti (17th October, 2017)**.



The Inauguration ceremony was witnessed by Minister of State (I/c) Shri Shripad Yesso Naik, Ministry of AYUSH, Padmashree Vaidya Rajesh Kotecha, Secretary, Ministry of AYUSH and was graced by many other dignitaries from Ministry of AYUSH, various Government Authorities, Research Councils and more than 2500 Ayurveda practitioners, academicians, researchers and general public gathered all across India. On this occasion, a thematic exhibition of herbs useful for Pain Management, was also inaugurated by Hon'ble Prime Minister. . In his address, Prime Minister Narendra Modi appreciated the efforts of Ministry of AYUSH in envisioning AIIA as “Centre of Excellence” in AYUSH and wished for the prosperity of AIIA for its cause.

2. **NABH Accreditation:** To provide quality service to the patients visiting AIIA hospital and to acquaint all the staff of AIIA hospital to comply with the quality practice as well as to maintain the continuous quality improvement with emphasis on safety and infection control measures in Hospital, AIIA initiated the procedure for NABH accreditation. In its 2nd year of its establishment itself, AIIA became the first Ayurvedic Government Hospital to get the Coveted status of NABH Accreditation and was granted the NABH accreditation certification on 06th July 2017.



3. **Approval & Sanction of the second phase construction:** In the current financial year, AIIA was given the approval of the second phase of its and approx. 220 crores are sanctioned to accomplish the 2nd phase construction. Total constructed area would be approx. 60966 sq.m. The construction plan has the following salient features
 - Phase II, AIIA, Sarita Vihar would comprise of eight blocks and 3 level basement
 - An auditorium with state of the art facilities having 500 seating capacity
 - AYUSH Sports Complex
 - Pharmacy Unit
 - State of Art Central Library
 - Panchakarma Wing
 - International Guest House
 - Residential Complex
 - Boy's and girl's hostel etc.

4. **Center of Integrative Oncology (CIO) and launch of weblink:** As a joint venture of All India Institute of Ayurveda (AIIA) and National Institute of Cancer Prevention and Research (NICPR), Center of Integrative Oncology (CIO) has been established with an intention of integrative practice in the field of cancer prevention and management. MoU has been signed between AIIA & NICPR in the year 2016. During the celebration of the “Cancer Awareness Week”, the website link of CIO was launched by Director, AIIA in Feb, 2018 .



5. **Establishment of National Pharmacovigilance Coordination Centre:** Considering negligible number of adverse reactions to ASU & H Drugs in the National Pharmacovigilance Program in India; Ministry of AYUSH initiated a National Level Pharmacovigilance Program for ASU & H drugs with an objective of developing culture of ADR reporting, documentation and analysis for further regulatory action. Ministry of AYUSH has designated All India Institute of Ayurveda, New Delhi as a National Pharmacovigilance Coordination Centre in March, 2018
6. **Journal of Ayurveda Case Reports (AyuCaRe):** An exclusive journal for Ayurveda Case Reports is being published by All India Institute of Ayurveda. It invites Case Reports from clinical specialties and provides opportunities for students, researchers and faculty of Ayurveda and allied medical sciences to be part of it. This initiative is expected to play a pivotal role in researches, further generating evidence bases for the claims and principles of Ayurveda and allied sciences in a systematic way. Two issues of AyuCaRe have been published and third issue is in pipeline.



Other achievements:

Foreign visits by Faculty members: AIIA takes the pride that during the year 2017-18, around 11 faculty members were depute/invited for visiting various countries for establishing International Collaboration & promotion of Ayurveda across the globe.

1. Prof. Abhimanyu Kumar visited Chicago from 22-28 April, 2017 and Germany in 8-10 September, 2017 and participated in the European Academy of Ayurveda Annual Conference, and delivered a guest lecture deputed by the Ministry of AYUSH, Government of India
2. Prof. Tanuja Nesari visited European Academy of Ayurveda, Birstein, Germany, 8-10 September, 2017 to attend 19th International Ayurveda Symposium



3. Ministry of AYUSH, Govt. of India deputed Prof. PK Prajapati to participate in "4th Scientific Conference on Yoga and Ayurveda" being organized by Sulislaw Institute of Yoga and Ayurveda in collaboration with Indian Embassy at Poland from 23rd to 25th June, 2017.



- Prof. Manjusha R delivered Key note address in SALAKYA SANDIPANI -2017, Sri Lanka, Recent advances in Salakaya Tantra, International Conferrence on Salakaya Tantra 2017, 3rd International conference of TAS-India organized by Gampaha Wockramarachchi Ayurveda Institute, University of Kelaniya, Sri Lanka with the collaboration of The Association of Salaki - India, on 16th and 17th September 2017.
4. Prof. Sujata Kadam visited Sri Lanka for participating in SALAKYA SANDIPANI - 2017, Sri Lanka, Recent advances in Salakaya Tantra, International Conferrence on Salakaya Tantra 2017 on 16th and 17th September 2017
 5. Dr. Rajagopala S: Visited Austria (Graz Medical University, Graz) in the month of Sept - October, 2017 and participated in a Symposia on Ayurveda and delivered a guest lecture, deputed by the Ministry of AYUSH, Government of India

6. Dr. Galib attended a business seminar and bilateral meetings on 'AYURVEDA' during 27 - 28 March, 2018 in Kyiv to discuss possibilities of bilateral cooperation for the promotion of Ayurveda trade, educational courses and profession in Ukraine. Discussions were made with Ukranian Chamber of Commerce and Industry (UCCI), Kyiv to explore possibilities of import and registration of Ayurveda products in Ukraine. Discussions were also made with KYIV Medical University for possibility of initiating short term Ayurveda courses and possibilities of establishing an Ayurveda Chair at KYIV Medical University or to have an MoU with Ministry of AYUSH.
7. Dr. Shiva Kumar Harti was deputed from Ministry of AYUSH, New Delhi as a speaker at 'Festival of India, Bangkok, Thailand' Sept 23rd & Sept 24th, 2017.
8. Dr. Mangalagowri V Rao visited Morocco as an expert in AYUSH for celebration of Ayurveda Week at Casablanca and Rabat, Morocco, from 27th February to 2nd March 2018. Conducted Dietetics workshop for Moroccans and delivered lectures on Dietetic and culinary practices in Ayurveda for prevention and management of diseases and Ayurveda care for pregnancy to the University students, officials and common public at Casablanca and Rabat, Morocco.
9. Dr. VG Huddar visited Srilanka from 16 – 19 July 2017 during International Day of Yoga 2017 as an Ayurveda expert in Colombo.
10. Dr. Prasanth D visited Reunion Island, France on 16 – 27 June 2017 for providing Ayurveda consultation and delivering awareness lectures.
11. Dr. Mahapatra Arun Kumar visited Tajikistan for Propagation of Ayurveda in the month of February, 2018 and participated in programs for propagation of Ayurveda and delivered guest lectures, Organized by Ministry of AYUSH, Government of India.

Important milestones of 2018-19:

Visit by foreign delegations to AIIA: In the short duration of its establishment, AIIA is attracting International visitors & is on the verge of becoming a Hub for Medical Tourism in Ayurveda. The following delegations visited AIIA during the year 2017-18

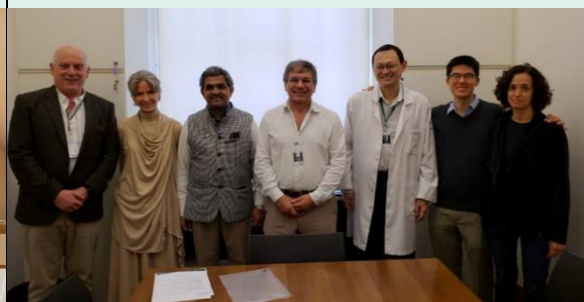
1. Visit of delegation from NIH, USA visit, 7th July, 2017
2. Visit of WHO delegates, 11th October, 2017
3. BIMSTEC delegation visit, 25th October, 2017
4. Visit of Mauritius delegation, 3rd November, 2017
5. Visit by foreign delegates of Aarogya, 6th December, 2017
6. Visit of Dr. Jorge Berra, Argentina, 6th December, 2017
7. Visit of Korean delegation, 20th December, 2017
8. Visit of US Delegation on 5th Jan, 2018 comprising of Dr. Tej Pareek, Dr Sandeep Agarwal, Prof. Sharon Milligan
9. Visit of African Delegation from 11 countries (30 delegates), 13th Feb, 2018
10. Visit & CME of European Academy of Ayurveda, Germany during 14th – 19th Feb, 2018.

AIIA official foreign visit:

- a) Prof. Tanuja Manoj Nesari, Director participated in 20th International Ayurveda Symposium at European Academy of Ayurveda (EAA), Bristein, Germany from 14th-18th September, 2018.
- b) Dr. Rajagopals S., Associate Professor visited Brazil as visiting faculty deputed by the Ministry of AYUSH, Government of India from 05th to 14th November, 2018. During the period he participated in a series of seminars/Symposia/workshops and meeting with faculty of Mind-body medicine center of Medical School of Sao Paulo University, Future Vision Institute on Ayurveda and public health. He delivered lectures ‘Ayurveda pediatrics and massage – Shantala’ at the Dept. of Pediatrics, University Hospital Sao Paulo and also at Pediatrics department, Federal University of Paraná Medical School in Curitiba, Paraná, Brazil. He delivered an invited lecture at the ‘Latin American Ayurvedic Congress’, and ‘II International Forum for Health Promotion’ in São Paulo during his visit.
- c) Prof. Tanuja Manoj Nesari, Director participated in 3rd US-India Health Dialogue, USA during 18th-20th March, 2019.



Prof. Tanuja Manoj Nesari at 20th International Ayurveda Symposium at European Academy of Ayurveda (EAA), Bristein, Germany



Dr. Rajagopals S., with delegates of Collaboration in Ayurveda at Sao Paulo, Brazil

MoU:

- An MoU was signed between AIIA & CSIR- Institute of Genomics & Integrative Biology (CSIR-IGIB), New Delhi on Collaboration Research under the Center of Excellence scheme of the Ministry of AYUSH on 25th April, 2018.
- MoU signed between AIIA & IIT Delhi on Collaboration in the field of Research & Development and Academic in Ayurveda on 17th July, 2018.
- MoU signed between AIIA & Spaulding Rehabilitation Hospital, USA, Boston on the establishment of an Academic Collaboration in Ayurveda on 28th March, 2019.
- MoU signed between AIIA, New Delhi and The Medical University of Graz, Graz, Austria on Cooperation and Collaboration in the field of Ayurveda on 26th September, 2018.

Foreign Delegation visit to AIIA:

- A Taiwanese delegation visited AIIA on 25th April, 2018
- Six-member delegation from ARRC-CHU, Reunion Island, French Republic visited AIIA on 23rd July, 2018.
- Five-member delegation from Japan visited AIIA on 20th September, 2018.
- Hosted visit of WHO delegates on 29th September 2018
- AIIA hosted visit of International delegates of 2nd BRICS Nurses Forum on 10th October 2018
- Two-member delegation from Mauritius visited AIIA on 09th October, 2018.
- A six member Bhutanese team had visited All India Institute of Ayurveda, New Delhi on 26th November 2018 for institutional linkage and collaboration in the area of traditional medicine
- Twenty member delegation from Vietnam on Traditional Medicine visited AIIA on 10th December, 2018.

		
<p>Delegation of 2nd BRICS Nurses Forum at AIIA</p>	<p>WHO delegation at AIIA</p>	<p>Bhutanese delegation at AIIA</p>

ABOUT CENTER FOR INTEGRATIVE ONCOLOGY(CIO)



PREFACE

As a joint venture of All India Institute of Ayurveda (AIIA) and National Institute of Cancer Prevention and Research (NICPR), Center of Integrative Oncology (CIO) has been established with a intention of integrative practice in the field of cancer prevention and management. MoU has been signed between AIIA & NICPR with the following agendas. The status of work done as per agendas is as follows.

ACTIVITIES:

Guest lectures by AIIA faculty in Workshop conducted at AIIMS on 3rd November 2017

Inauguration of Integrated Cancer Care Unit 25th April 2018

Statistics:

- ☐ Total patients in last 18 months – 410
- ☐ Major Cancerous conditions
- ☐ Lung cancer – 30
- ☐ Oral cancer - 22
- ☐ Hepatic carcinoma = 20
- ☐ Leukemia - 17
- ☐ Other cancers seen are
- ☐ Renal carcinoma
- ☐ Ca Esophagus
- ☐ Glioblastoma brain
- ☐ Pitutary adenoma
- ☐ Leukaemia
- ☐ Acoustic neuroma
- ☐ Ca Prostate
- ☐ Sarcoma
- ☐ Multiple myeloma
- ☐ Many other





World cancer day
4th Feb 2018

Cancer awareness week

Event Report

On the eve of World cancer day 2018, awareness program to patients and guest lectures to PG scholars and faculty were conducted between 5th to 9th Feb 2018.

ORGANISING COMMITTEE

Chief patrons

Prof. ~~Yd. Taruna Nairi~~
Director, AIIA, New Delhi

Prof. ~~Yd. P K Prasad~~
Dean, AIIA, New Delhi

Prof. Dr. Sanjay Gupta
Medical ~~Superintendent~~

Organizing secretary
~~Dr. V G Huddar~~
Coordinator, CIO

Co-organizing secretary
~~Dr. Shwani Gidwal~~
Co-coordinator, CIO

Event coordinators
~~Dr. Shalini Rai~~
~~Dr. Pramod~~
~~Dr. Rahul Sherkhane~~

CENTER FOR INTEGRATIVE ONCOLOGY (CIO)

Joint venture of AIIA, NICPR (ICMR) & AIIMS

ॐ एकीकृत कैंसर विज्ञान केन्द्र
CENTRE FOR INTEGRATIVE ONCOLOGY
ALL INDIA INSTITUTE OF AYURVEDA

in collaboration with

NATIONAL INSTITUTE OF CANCER PREVENTION & RESEARCH
Indian Council of Medical Research (NICPR – ICMR), Noida, UP

NATIONAL CANCER INSTITUTE
All India Institute of Medical Sciences, New Delhi

Logos of AIIA, NICPR, and AIIMS are displayed at the bottom.

Want to insert a picture from your files or add a shape, text box, or table? You got it! On the Insert tab of the ribbon, just tap the option you need.

IMAGE GALLERY OF CANCER AWARENESS WEEK

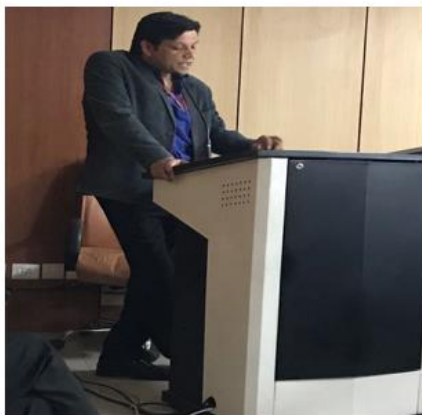
Inaugural function, Address by director, Skit by students



Public Awareness lectures on Cancer



Scientific sessions





एकीकृत कैंसर विज्ञान केंद्र
अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली



द्वारा आयोजित

कैंसर जागरूकता सप्ताह

३ - ९ फरवरी २०१८

रोगियों के लिए विशेष कार्यक्रम

- कैंसर सम्बंधित जानकारी हेतु व्याख्यान
- बच्चेदानी के मुँह के कैंसर की निःशुल्क जांच



Agenda of collaboration – NICPR

- Awarding research fellowships every year
- Collaborative research projects
- Develop center of excellence
- Formation of steering committee and scientific advisory committee – jointly constituted by the Ministry of AYUSH and Dept of health research, ministry of Health and F.W
- Conducting international conferences
- Data collection from Network For AYUSH Cancer Care (NFACC), developed by AIIA.

Agenda of collaboration – AIIMS

- Combined conference
- Combined integrative oncology clinic
- Collaborative research products
- Journal of integrative oncology
- Research and observer fellowship program
- One week cancer curriculum for AYUSH practitioners

Collaborative research projects

- “A clinical study to evaluate the effect of ayurveda intervention and add on effect of rajyoga meditation in breast cancer”
- Practitioners & practice trend of cancer management through Ayurveda: A cross sectional study
- “Evaluation of add on effect of Vardhamana Pippali Rasayana and yoga intervention over conventional therapy in breast cancer: an exploratory study”
- “Development of clinical validation of synergistic effect of Vardhamana Pippali Rasayana along with conventional treatment after unraveling its complex molecular mechanism of action in Breast cancer: From Experimental model to Clinical trial”.
- “Evaluation of add on effect of vardhamana pippali rasayana and yoga intervention over conventional therapy in lung cancer; an exploratory study”

Regional coordinators:

Sl. No	Regional coordinators	State coordinators	State
1	Dr S K Gupta Professor & HOD, Dept of Shalya	Dr Pankaj Kundal Asst. Prof. Dept of Shalakya	Jammu & Kashmir, Himachalpradesh
2		Dr. Vyasadeva Mahanta Assoc. Prof. Dept of Shalya	Panjab
3		Dr Shivani Gildiyal Asst. Prof. Dept of Dravyaguna	Uttarakhand, Lakshadweep, Andaman & Nicobar
4	Dr P K Prajapati Professor & HOD, Dept of RSBK	Dr. Kamini Dhiman Assoc. Prof. Dept of SRPT	Delhi
5		Dr. Rama kant Yadav Assoc. Prof. Dept of Kayachikitsa	Uttarpradesh
6		Dr. Santosh Kumar Bhatted Assoc. Prof. & HOD Dept of Panchakarma	Rajasthan
7		Dr Divya Kajaria Asst. Prof. Dept of Kayachikitsa	Haryana
8	Dr Mahesh Vyas Professor & HOD, Dept of Samhita	Dr. Galib Assoc. Prof. Dept of RSBK	Gujarat
9		Dr Shalini Rai Asst. Prof. Dept of Roganidana	Madhyapradesh
10		Dr. Deepak Bhati CMO	Chattisgarh, Daman & Diu
11		Dr Narayan Bavalatti Asst. Prof. Dept of Shalakya	Tripura, Mizhoram, Manipur, Nagaland
12	Dr Tanuja Nesari Professor & HOD, Dept of Dravyaguna	Dr Rahul Sherkhane Asst. Prof. Dept of Shalya	Maharashtra
13		Dr Shivakumar Harti Asst. Prof. Dept of Swasthavritta	Karnataka, Goa
14		Dr. Rajagopala S. Assoc. Prof. Dept of Koumarabhritya	Andhrapradesh
15		Dr. Mangalagowri V. Rao Assoc. Prof. Dept of Swasthavritta	Telangana
16	Dr Manjusha Professor & HOD, Dept of Shalakya	Dr Minakshi Asst. Prof. Dept of SRPT	Tamilnadu
17		Dr Prashant D Asst. Prof. Dept of Panchakarma	Kerala
18		Dr. Raju Singh MO, Blood bank	Assam, Puducherry, Meghalaya
19		Dr Meera Bhojani Asst. Prof. Dept of Samhita	Aunachalpradesh, Sikkim
20	Dr Sujata Kadam Professor & HOD, Dept of SRPT	Dr Arunkumar Asst. Prof. Dept of Koumarabhritya	Orissa
21		Dr Pramod Yadav Asst. Prof. Dept of RSBK	Jharkhand, Westbengal
22		Dr Rajaram Mahto Asst. Prof. Dept of Kayachikitsa	Bihar

Workshop at AIIMS:

Faculty from different department delivered lectures on different aspects of cancer prevention and management of cancer through Ayurveda



PROGRAM SCHEDULE

Day 1 (12.02.2020)

Venue: Scope complex auditorium, CGO complex, New Delhi

Registration 9.00 am to 10.00 am	
INAUGURAL CEREMONY 10.00 am to 11.00 am	
Lord Dhanwantari Vandana, lighting of lamp and welcome of guest	10.00 am – 10.10 am
Welcome address and opening remarks: Prof Tanuja Nesari , Director, All India Institute of Ayurveda, New Delhi.	10.10 am to 10.15 am
Summary of workshop: Dr V G Huddar , Chief Organizing Secretary, Jivaneeyam 2020.	10.15 am to 10.20 am
Address by: Dr Shalini Singh , Director, ICMR-NICPR, Noida, UP	10.20 am to 10.25 am
Address by Dr Bhushan Patawardhan , Vice- Chairman, University Grants Commission (UGC), New Delhi	10.25 am to 10.30 am
Address by Vd. Rajesh Kotecha , Secretary, Ministry of AYUSH, New Delhi.	10.30 am to 10.35 am
Release of Booklet and IEC materials	10.35 am to 10.45 am
Presidential address: Shri Shripad Yesso Naik Hon'ble Minister of State (Independent Charge), Ministry of AYUSH & Minister of State for Defence, Government of India.	10.45 am to 10.55 am
Vote of Thanks – Dr Mahesh Vyas , Dean, PhD studies, AIIA, New Delhi.	10.55 am to 11.00 am
Tea break - 11.00 am to 11.15 am	

Scientific Sessions

Topic	Speaker	Time schedule
Session 1 Scope of Integration in Cancer Management with Ayurveda		11.15 am to 1.30 pm
Chairperson – Dr Shalini Singh , Director, ICMR-NICPR, Noida, UP. Co-chairpersons – Prof Sujata Kadam , AIIA, Dr Vineeta Deshmukh , Wagholi Pune. Moderator – Dr Arun Mahapatra , AIIA Rapporteur: Dr Pankaj Kundal , AIIA		
Key note Speaker: Potential areas and scope of integration in cancer management with Ayurveda	Dr. Anurag Shrivastava Prof & Head, Dept of Surgery, AIIMS, New Delhi	11.15 am to 11.40 pm
Speaker: Working Model of Integrative Management of Cancer at TATA Cancer Hospital, Mumbai.	Dr Shripad Banavali Prof. & Head, Dept. of Medical & Pediatric Oncology, Tata Memorial Hospital, Mumbai, Maharashtra	11.40 pm to 12.00 pm
Speaker: Sharing Clinical experience in integrative approaches towards management of cancer	Prof Sadanand Sardeshmukh Integrated Cancer treatment & Research center, Wagholi, Pune, Maharashtra	12.00 pm to 12.20 pm
Speaker: Spectrum of Integration in Oncology	Dr Pankaj Wanjarkhedekar Consultant, Deenanath Mangeshkar Hospital & Research Centre, Pune, Maharashtra	12.20 pm to 12.40 pm
Paper presentations	6 Presentations – 5+2 mins each	12.40 pm to 1.25 pm
Comments by Chairperson/Co-Chairperson		1.25 pm to 1.30 pm
Networking and Lunch break – 1.30 pm to 2.00 pm		
Session 2 Lead and Integration with Basic sciences and Ayurveda		2.00 pm to 3.40 pm

Chairperson – Prof. Maqsood Siddiqi Chairman, Cancer foundation of India, Former Director CNCI & Bose Institute, Kolkatta. Co-chairpersons – Prof Anand More, AIIA, Dr Ramakant Yadava, AIIA, Dr Vyasdev Mahanta, AIIA Moderators – Dr Meenakshi Pathak, AIIA Rapporteur: Dr Bhargav Vijay Bhide, AIIA		
Key note speaker: Ayurvedic herbal extracts and their integration in Myeloma management	Prof. Alpna Sharma Department of Biochemistry, AIIMS, New Delhi	2.00 pm to 2.20 pm
Speaker: Characterization of proteins form medicinal plant and scope in management of cancer	Prof. Savita Yadav Department of Biophysics, AIIMS, New Delhi	2.20 pm to 2.40 pm
Speaker: Integrative impact of genomics, epigenomics and personalized physical activity on the quality of life in breast cancer"	Dr. Showket Hussain Scientist D, Division of Molecular Oncology and Head, Division of Cellular and Molecular Diagnostics, NICPR-ICMR, Noida	2.40 pm to 3.00 pm
Paper presentations	5 presentations- 5+2 mins each	3.00 pm to 3.35 pm
Comments by Chairperson/Co-Chairperson		3.35 pm to 3.40 pm
Tea break		3.40 pm to 3.55 pm
Panel discussion – Challenges and scope of integration– Chairperson: Dr Manoj Nesari, Advisor (Ayurveda), Ministry of AYUSH, Govt of India, New Delhi Co-chairperson: Dr Ishwar Basavaraddi, Director, Morarji Desai National Institute of Yoga, New Delhi. Experts: Dr Shalini Singh, Prof. Maqsood Siddiqui, Prof Anurag Shrivastava, Dr Raghavedra rao - Director, CCRYN, New Delhi, Prof. Alpna Sharma, Prof. Savita Yadav, Dr Shripad Banavali, Dr Balendu Prakash, , Dr Pankaj Wanjarkhedekar and Cancer survivor.		
Cultural programs		4.30 pm to 5.30 pm

Day 2 (13.02.2020)

Topic	Speaker	Time schedule
Session 3 Updates and scope of research in Integrative Oncology		9.30 am to 11.45 am
Chairperson – Dr D C Katoch, Advisor(Ayurveda), Ministry of AYUSH, Govt of India, New Delhi Co-chairpersons - Dr Rajagopala, AIIA, Dr Santosh Kumar Bhatted, AIIA Moderators – Dr Shivakumar Harti, AIIA Rapporteur: Dr Divya Kajaria, AIIA		
Key note speaker: Importance of research in integrative management of cancer. Scope at national and International forum.	Prof Ravi Mehrotra CEO, ICRC-ICMR, New Delhi, Former Director, ICMR-NICPR– Noida.	9.30 am to 10.00 am
Speaker: Research on medicinal plants in cancer care – An evidence based approach	Dr Dilip Ghosh Director, Nutriconnect, Sydney. Adjunct-Industry Fellow, NICM, Western Sydney University.	10.00 am to 10.20 am
Speaker: Potential areas and scope of integrative research in Ovarian cancer management	Dr. Ashok Sharma Associate Professor, Department of Biochemistry, AIIMS, New Delhi	10.20 am to 10.40 am
Speaker: Updates about activities taken up by CCRAS in the field of cancer management and research	Dr Manohar Gundeti Research Officer In-charge, (RRAP) Central Ayurveda Research Institute for Cancer, CCRAS, Mumbai, Maharashtra	10.40 am to 11.00 am
Paper presentations	6 presentations – 5+2 mins each	11.00 am to 11.40 pm
Comments by Chairperson/Co-Chairperson		11.40 am to 11.45 am
Tea break - 11.45 am to 12.00 pm		
Session 4		12.00 pm to 1.50 pm

Evidenced based clinical practice – Role of Herbal/Herbo-mineral preparations and Shodhana chikitsa in prevention & management of cancer		
Chairperson: Prof P K Prajapati, AIIA Co-chairpersons: Dr Galib, AIIA, Dr Sisir Mandal, AIIA Moderator: Dr Pramod Yadav, AIIA Rapporteur: Dr Raja Ram Mahto, AIIA		
Key note speaker: Prevention of pancreatic cancer by managing chronic pancreatitis through Rasa Chikitsa	Vd. Balendu Prakash Founder Director, VCP Cancer research foundation, Uttarakhand	12.00 pm to 12.30 pm
Speaker: Clinical experiences with case stories in management of cancer through Ayurveda	Dr Dilip Gadgil Consultant, Niramaya Ayurvedic Research & Consultancy Pvt Ltd. Pune, Maharashtra.	12.30 pm to 12.50 pm
Speaker: Role of Rasoushadhis in cancer practice with clinical evidences	Dr Gopikrishna Maddikera Professor & HOD, Dept of Rasashastra & Bhaishajya Kalpana, S.J.G Ayurvedic Medical College & P.G Centre, Koppal, Karnataka	12.50 pm to 1.10 pm
Paper presentations	5 presentations, 5+2 mins each	1.10 pm to 1.45 pm
Comments by Chairperson/Co-Chairperson		1.45 pm to 1.50 pm
Lunch break - 1.50 pm to 2.30 pm		
Session 5 - Summary of Pre seminar workshop		2.30 pm to 3.25 pm
Chairperson – Dr Manjusha Rajagopala, AIIA Co-chairperson – Dr Kamini Dhiman, AIIA, Prof Medha Kulakarni, AIIA Moderator – Dr Prashant D, Asst. Prof. Dept of Panchakarma, AIIA, Delhi. Rapporteur: Dr Rahul Sherkhane, AIIA		
Integrative protocol prepared in workshop (10 min each) – 5 presentations	Rapporteur/Moderator of each group	2.30 pm to 3.20 pm
Comments by Chairperson/Co-Chairperson		3.20 pm to 3.25 pm
Session 6 Public awareness and traditional practices in cancer management Public interaction with experts		3.25 pm to 4.00 pm
Chairperson – Dr Umesh Tagade, AIIA Co-chairperson - Prof Anil Kumar, AIIA Moderator – Dr Meera Bhojani, AIIA Rapporteurs - Dr Tejashwini, AIIA, Miss Jyoti Arora, AIIA		
Sharing experiences from traditional practitioner – Shri Shri Krishnanand Swamiji – Krishnagiri, Basareddypalli village, Telangana.		3.25 pm to 3.35 pm
Sharing experiences from traditional practitioner – Mr Hamsaraj Choudhary – Rajasthan		3.35 pm to 3.45 pm
Interaction with public/Comments by Chair/Co-chairperson		3.45 pm to 4.00 pm
Panel discussion – Summary and Way forward Chairperson: Prof. K S Dhiman, Director General, Central Council for Research in Ayurveda in Ayurveda sciences, New Delhi. Co-chairpersons: Prof Ravi Mehrotra, CEO, ICRC-ICMR, New Delhi, Dr Raghu, Joint Advisor (Ayurveda), Ministry of AYUSH, New Delhi. Experts: Vd Balendu Prakash, Dr Dilip Gadgil, Dr Dilip Ghosh and others. Moderator: Dr V G Huddar, AIIA, New Delhi.		4.00 pm to 4.30 pm
Valedictory Prize distribution for paper/poster presentations followed by vote of thanks		4.30 pm to 5.00 pm
Welcome: Prof Tanuja Nesari, Director, AIIA, New Delhi. Chief Guest: Shri Pramod Kumar Pathak, Additional secretary, Ministry of AYUSH, Govt of India Guest of Honour: Shri Dharmendra S Gangwar, Additional Secretary & Finance Advisor, Ministry of Health and Family Welfare, Govt of India Vote of Thanks: Prof Sujata Kadam, Dean PG studies, AIIA, New Delhi		4.30 pm to 5.00 pm

SCHEDULE OF ORAL PRESENTATIONS

SESSION 1

“SCOPE OF INTEGRATION IN CANCER MANAGEMENT WITH AYURVEDA”

Sr. No.	Title	Name Of Presenter
1.	Evaluation Of Management Of Stress In Cancer Patients Through Shirodhara W.S.R. To Cancer Metastasis And Stress Hormones.	Dr. Kavita
2.	Forestalling Prostate Cancer: By Ayurvedic Management Of Prostatitis	Dr. Malavika G
3.	Role Of Kalpa Chikitsa In The Management Of Lynch Syndrome- A Case Report	Dr. Pooja Sharma
4.	A Comparative Casestudy To Assess The Effect Of Draksha-Guduchyadi Kavala In Oral Side Effects Of Radiotherapy In Non-Metastatic Squamous Cell Carcinoma Of Head And Neck”	Dr. Saniya C K
5.	Need For Awareness Of Organic Or Natural Food Among Medical Practitioners.	Vd. Sushrut Dilip Gadgil
6.	Integrated Approach In Cancer Management By Apollo Totalhealthatthavanampallemandal Of Chittoor District In Andhra Pradesh.	Dr. Vishal Dessai

SESSION 2

“LEAD & INTEGRATION WITH BASIC SCIENCES & AYURVEDA IN CANCER MANAGEMENT”

Sr. No.	Title	Name Of Presenter
1.	Psychological Healing In Oncology – In Purview Of Epigenetics	Dr. Akanksha Sharma
2.	Evaluation Of Deepan Karma Of “Lavan Adrak” Through Ph And Chromatography And Its Role In Prevention Of Cancer W.S.R Gastrointestinal Cancer	Dr. Ankita
3.	Curcumin And 2-Dg Amalgamation Inhibits Anchorageindependent Growth Of Malignant Glioma Cells	Dr. Kavita Peter & Dr. Puneet Gandhi
4.	In Vitro Anticancer Study Of Various Extracts Of Eclipta Alba Hassk. On Hepatic Cancer Cell Line (Hepg2)	Dr. Mangal Suresh Tathe
5.	In Vivo Anticancer Activity And Toxicity Of Ayurveda Compound W.S.R. To Leukemia	Dr. Monika Sharma
6.	Deciphering The Anticancer Potential And The Mechanism Of Action Of Cissampelos Pareira (L.) Poir. (Patha) Extract On Human And Animal Derived Cancer Cell Lines Using Proteomics As A Tool.	Dr. Shraddha Bharsakale
7.	Exploring The Mechanism Of Action Of Balanites Aegyptiaca (L.) Del, (Ingudi) Extract On Human And Animal Derived Cancer Cell Lines Using Cell Based Assays And Proteomic Tools.	Dr. Shridhar V Chougule

SESSION 3

“UPDATE & SCOPE OF RESEARCH IN INTEGRATIVE ONCOLOGY”

Sr. No.	Title	Name Of Presenter
1.	Possible Role Of Kavala, Gandoosha In Oral Cancer Lesions At Various Stages	Dr. Amrish P. Dedge
2.	Assessment Of Dehaprakriti In Mamsarbuda (Myoma) In Purview Of Predictive And Preventive Medicine – A Cross Sectional Study	Dr. Bibhu Prasad Naik
3.	Role Of Kamala (Nelumbo Nucifera) In Prevention And Management Of Garbhashaya Arbuda With Special Reference To Uterine Cancer	Dr. Priyankahajare
4.	Ayurvedic Management Of Oral (Palate) Carcinoma: A Case Study	Dr. Priyanka Katru
5.	Role Of Yastimadhu Ghrita Pratisarana In Management Of Oral Cancer	Dr Ravindra Bhati,
6.	Abiding Ayurveda Principles in Cancer Pain Management: A Case Series.	Dr. Santosh F. Patil
7.	Ayurveda And Palliative Care: Scopes And Opportunity	Dr. Vikas Nariyal

SESSION 4:

“EVIDENCE BASED CLINICAL PRACTICE IN PREVENTION & MANAGEMENT OF CANCER”

Sr. No.	Title	Name Of Presenter
1.	Effect Of Ayurveda Treatment In Breast Cancer As A Palliative Care: A Case Study	Dr. Amit Awadhiya
2.	Survival Outcome in The Patients with Advanced Hepato-Celluar Carcinoma Treated with Ayurveda Medication: Case Series	Dr. Ashok Kumar Panda
3.	Genital Lichen Sclerosus Et Atrophicus - A Pre Malignant Lesion In Post Menopausal Age Group - A Case Report	Dr Charu Sharma
4.	Ayurvedic Management of Lung Carcinoma: A Case Study	Dr. Manoj Kumar Patel
5.	Role of Ayurveda In Management Of Multiple Myeloma: A Case Study	Dr Peeyush Kaushik
6.	Role Of Ayurveda In Hodgkins Lymphoma -A Case Report	Dr. Seema Gupta
7.	Mid Brain Tumor Management Through Ayurveda: A Case Study	Dr.Sonam Donden



INVITED ARTICLES



INVITED ARTICLES

A Comparative case study on complete Remission of pediatric Acute Myeloid Leukemia M5b and adult Myelo dysplastic syndrome with Precision Ayurvedic therapy

Dr. Rajagopal K. Chief Consultant, SKV Ayurveda Clinic, Kollam Kerala

Abstract

Acute myeloid leukemia M5b is a type of pediatric AML accounting for 1-3% of primary childhood AML. Here we aim to do a comparative study of precision Ayurvedic therapy in pediatric AML-M5b and adult Myelo dysplastic syndrome. The subject is a 8 week old baby showing Nausea, paleness and reddish firm rashes on skin. Diagnosis was made on the basis of peripheral blood smear, immunophenotyping with flow cytometry and clinical symptoms. Chemotherapy and stem cell transplant were excluded because of the age and physical condition of the baby. The child was managed with Ayurvedic regime within 7 days of diagnosis.

The second subject is a 48 years old male from Gwahati Assam. Showing symptoms of paleness, fatigue breathlessness during exertion and erection problems. Diagnosis was made as MDS on the basis of peripheral smear, Bone marrow biopsy and chromosomal studies. The patient was not responding to any conventional standard Allopathic therapies with progressive worsening of refractive Cytopenia. The subject was started with Ayurvedic therapy one year after diagnosis.

In this research article we aim to discuss pediatric AML M5b and adult MDS managed to complete remission by Ayurvedic regime. Both patients have completed over 5 years of complete remission from their respective conditions. Here we elaborate the treatment modalities used to manage these deadly conditions and highlight the necessary scientific literature.

Key Words: Acute Myeloid Leukemia Myelo dysplastic Syndrome Promonocytic Leukemia, Refractive Cytopenia, Blast cells

INTRODUCTION

Acute myeloid leukemia (AML) is the most common Leukemia in adults. It accounts for 3-5 cases per 100000 people per year. AML in contrast accounts for less than 10% cases of acute Leukemia in children less than 10 years of age. A significant increase in AML incidence has occurred over the past 10 years. AML comprises a type of hematologic malignancies with clonal proliferation of myeloid precursors with reduced capacity to differentiate into more mature cellular elements. As a results of mutations in precursor cells immature Leukemia cells called blasts are produced in the bone marrow which enter into peripheral blood and occasionally other body tissues. When the percentage of blasts in the bone marrow and peripheral blood is above 20-30% the condition is considered as Acute Leukemia. A major difference between the WHO and French American British (FAB) classification is the blast cutoff for a diagnosis of AML as opposed to Myelo dysplastic syndromes (MDS), it is 20% in the WHO classification and 30% in the FAB system. Because of the Leukemic blasts cells normal hematopoiesis is hindered resulting with a variable reduction in the production of normal white blood cells, Red blood cells and platelets. This results in reduced immunity, Anemia and hemorrhagic tendencies. This reduction of the blood elements is named Cytopenia. In AML and MDS Cytopenia cannot be improved by treatment, the cytopenia not responding to any medication is termed as Refractive cytopenia. However, in Acute Leukemia a large increase in WBC count is common, this Leukocytosis is caused by the circulation of immature Myeloid blasts in peripheral blood, they are dysfunctional mutated cells in circulation. The un-differentiated Myeloid cells show chromosomal abnormalities in about 55% of AML. Translocations are used for disease classification. The French American British classification sub types AML based on morphology and cytochemical staining and immunophenotyping by flow cytometry. Typer (M0, M1, M2, M3) are granulocytic with different stages of maturation. M4 is

granulocytic and monocytic where as M5 is predominantly monocytic. M6 is Erythro Leukemia and M7 is Megakaryocyte Leukemia.

In AML-M5 the patient must have greater than 20% blasts in bone marrow, and of these, greater than 80% must be of the monocytic lineage. A further sub classification M5a and M5b is made depending on whether the monocytes cells are predominantly monoblastic (80%) (acute monoblastic Leukemia) or a mixture of mono blasts and promonocytes (<80% blasts) (acute promonocytic Leukemia). The immune Phenotyping by flow cytometry revealed the 8-week old patient had promonocytic features. Immunophenotypically, M5AML variably express myeloid (CD13, CD33) and monocytic (CD11b, CD11c) markers. Cells may aberrantly express BCell marker CD20 and the NK marker CD56. Monoblasts may be positive for CD34, Fever, anorexia, weightloss, Hepato Splenomegaly are common with AML. Bleeding associated with coagulopathy may occur in M5. Infiltration of the gingivae, skin, soft tissues or the meninges with Leukemia blasts at diagnosis is characteristic of the Monocytic subjects and those with 11q23 chromosomal abnormalities gum hypertrophy and skin infiltration or nodular (leukemia cuti) is common in M5 subjects. High WBC count, blasts count in circulation, Refractive anemia and refractive thrombocytopenia along with poor patient health conditions in monocytic subtypes are associated with a lower complete remission rate and shorter survival time.

Myelo dysplastic Syndromes (MDS) are a heterogeneous group of hematological disorders broadly characterized by cytopenia associated with a dysmorphic (abnormal appearing) and usually cellular bone marrow. This consequently results in ineffective blood cell production. MDS is a relatively common form of bone marrow failure with reported incidence rates of 35100 per million persons in general population and 120-500 per million elderly. MDS is rare in children but monocytic Leukemia can be seen.

In both AML and MDS mutation in the hematopoietic precursor cells results in ineffective production of blood components. In AML percentage of Leukemia blasts cells has to be above 20-30%. Whereas in MDS percentage of blasts is very low. Both conditions usually become severe because of refractive cytopenia. Refractory cytopenia with Multilineage dysplasia (RCMD) is a subtype of MDS in world health organization classification of MDS. It is characterized by cytopenias, less than 5% blasts and dysplasia. It constitutes 24% cases of MDS and about 11% of RCMD progress to AML. Because of this MDS is often considered a preLeukemic condition. The bone marrow is usually normal or hyper cellular, but in 20% of cases it is sufficiently hypo cellular to be confused with aplasia. Dyserythropoietic changes and ringed sideroblasts in erythroid lineage are seen, Megaloblastic nuclei associated with defective hemoglobinization in the erythroid lineage are common. Most patients die as a result of complications of pancytopenia and not due to Leukemic transformation. Precipitous worsening of pancytopenia, acquisition of new chromosomal abnormalities and increase in the number of blasts are all poor prognostic factors. The outlook in therapy related MDS is very poor and most patients progress within a few months to refractory AML. Anemia, Thrombocytopenia (Reduced platelets) Leucopenia (reduced WBC) are seen in bone marrow neoplasms like AML, chronic Myeloid Leukemia, MDS etc. WBC count may be raised in Leukemia due to influx of blast cells in blood. Severe paleness of skin, weakness, reduced blood production, fever and deterioration of immune system are consistent with the deadly disease 'Pandu' described in Ayurveda.

The term 'Pandu' means white color or pale nature. Any hemato physiological condition resulting in severe paleness of body is defined as 'Pandu' by Susrutha. Susrutha points out that body becomes affected by Pandu because of severe blood loss on due to the complications of Arbuda (arbudapeeda). All pandu conditions are considered caused by vitiation of all 3 doshas vata, Pitha and Kapha. But due to relative dominance it is considered a Pithika disease. According to symptoms and causative factors it is classified into 5.

Due to excess intake of acidic foods, alcohol, salts, other inflammatory habits and foods overtime causes changes in the body owing to recurrent inflammations. This causes vitiation of doshas in the body especially pitha dosha. Due to reduced metabolic fire and blocked channels in the body, the aggravated pitha is initiated and carried by vata to different parts of the body resulting in paleness, yellowness in skin, eyes etc. This condition in which paleness is seen predominantly is called pandu. Pita is synonymous to fire and has yellowish red properties. But in pandu due to increased vitiation of other doshas. The fire element in pitha becomes relatively reduced due to increase in water and space elements. As a result of this pitha vikrithi (change) it obtains paleness and this affects all the 5 types of pitha in the body. Chakrapani considers this change in pitha the cause of paleness. Pandu caused by vitiation of all the 3 doshas are considered deadly as they cause destruction of dhathus (body elements) reduces ojas (immunity), reduces blood production resulting in sequential complications like hemorrhage, fever, dyspnea, cough and eventually death

Case presentation

The subject is a 8 week old baby boy with no previous familial history of any malignant involvement. He started developing low grade fever with firm rashes on the skin, minimal scalp hair, restlessness, not taking food properly and fatigued. On routine blood check up his WBC count was seen very high 1.6 lakhs (5000-10000 normal) with peripheral blast cells. The subject was taken to Regional Cancer Center in Trivandrum. Diagnosis was made based on physical symptoms, peripheral blood smear and flow cytometry for Immuno phenotyping tumor markers. Peripheral smear and blood count revealed Haemoglobin 8.7% (12-16 normal), WBC – 268500 (5000-10000 normal) Blasts – 86%, platelets – 150000 (15000 – 400000) Neutrophils– 1% (65-75% normal). As it is clear from the blood picture patient was entering blast crisis. As a result, WBC count increased from 160000 to 268500 in a span of 3 days and blast cells were rising rapidly. The blasts cells mainly promonocytes with abundant cytoplasm, indented nucleic and immature chromatin, indented nuclei and immature chromatin. 5% of blasts were weakly peroxidase positive. Flow cytometry revealed cells were positive for Myeloid markers CD13, CD14, CD33, CD64, CD11c. The blasts co express CD56 (dim), other markers CD34 and HLA DR were positive. This confirmed the diagnosis as Acute Myeloid Leukemia FAB type AMLM5B (promonocytic Leukemia). The biochemical parameters such as uric acid, bilirubin, creatinine, liver enzymes were normal. Serum LDH was raised to 8240 (313-618 normal). The health and hematological condition of the subject was severely compromised. Chemotherapy or SCT (Stem cell transplant) could not be done because of the age and health conditions. Subject was discharged after diagnosis from Regional Cancer Center. The body developed reddish hard mass all over body called Leukemia cuti and swollen gums due to Leukemic infiltrates characteristic of monocytic Leukemia. Ayurvedic treatment was initiated 6 days after diagnosis.

The therapy was started with the following regime of medicines.

Drug	Dose
1. Drakshadi Kashaya	8 ml twice daily
2. Thikthaka grithm	1g
3. Chyavanaprash	1g
4. Loha Bhasma	50mg
5. Abraka Bhasma	50 mg
6. Swarnamakshika bhasma	50 mg
	(Thrice Daily with honey)

Results

The following changes in blood picture and physical symptoms were observed and recorded

Blood parameters	Before Starting Medication	15 days after Medication	40 days after Medication	At 2 years of remission
Haemoglobin %	8.4%	8.7 %	10.2%	13.3%
WBC Count	268500	13200	13200	11000
Platelets	151000	290000	360000	432000
% Blast cells	86%	10%	Not detected	Not detected (ND)
Netrophils	1%	20%	24%	32%

After 15 days of starting Ayurvedic medication blast cell percentage in peripheral circulation showed drastic reduction from 86% to 10% All the blood parameters WBC, Hemoglobin and platelet count showed progressive improvement. This shows progressive improvement in refractive cytopenia, improved hematopoiesis and the rise in Neutrophil level from 1% to 20% suggested improvement in immunity. The physical symptoms like rashes of Leukemia cuti completely vanished after 30days, the child was feeding properly and his overall health improved drastically. The child entered complete remission from diasease at 40 days of therapy. All medicines were continued for 5 years except for bhasma preparations which were stopped at 3 years. Now the child Is 7 years old free from any signs of relapse, healthy and energetic.

Case II

The subject is a 48-year-old man from Guahati Assam with no familial history of any hematological or malignant involvement. The subject has a history of malaria attack twice in four years, he was treated with chloroquine on both instances. One year after second malarial attack he developed paleness edema severe fatigue, breathlessness with physical exertion and crection problems, mild Hepato spleno Megally. Following blood examination revealed extremely low counts of Hemoglobin – 6% (normal 13-18%), platelets – 10,000 (normal 1.5 – 5 lakhs) and WBC count – 1000 -2000 (normal 5000-10000). Due to persisting cytopenias bone marrow biopsy was done in Gwahati Medical College, later he was referred to Tata Medical College and Christian Medical College Vellore. Bone marrows biopsy was done in all these 3 institutions revealed scanty moderately hypo cellular marrow with absent megakaryocytes. Predominantly erythroid precursors are seen which are megaloblastic in maturation with 1% blasts. These features were suggestive of Myelo dysplastic syndrome. Refractory cytopenia with multi lineage hypo cellularity was seen with less than 5% blasts. The biochemical parameters such as uric acid, bilirubin, creatinine liver enzymes were normal. Due to seuere Refractive cytopenia subject was given regular blood transfusions from the time of diagnosis. Initially one-two transfusions were done but in 6-8 months the number of transfusions was increased to 8-10 per month. The subject was not responsive to any Allopathic medications and refractive cytopenia worsened over the course of one year. Stem cell transplant was advised by Christian medical college Vellore but was given only 10% chance of success owing to his health, financial and hematological condition it was ruled out. One year after diagnosis the subject was having 10 transfusions per month. He was started with precise Ayurvedic medication one year after diagnosis.

Medication

Medication	Dosage
1. Kalyanakam Kashayam	15 ml twice daily, before food
2. Kalyanaka grithm 3. Hareethaki Choornam 4. Gandeera Rasayanam	5gm each Thrice daily
5. Loha Bhasma 6. Abraka Bhasma 7. Swarnamakshika bhasma	100mg each thrice daily with honey
8. Chandraprabha Vati	1 tab BID with Kashaya

Results

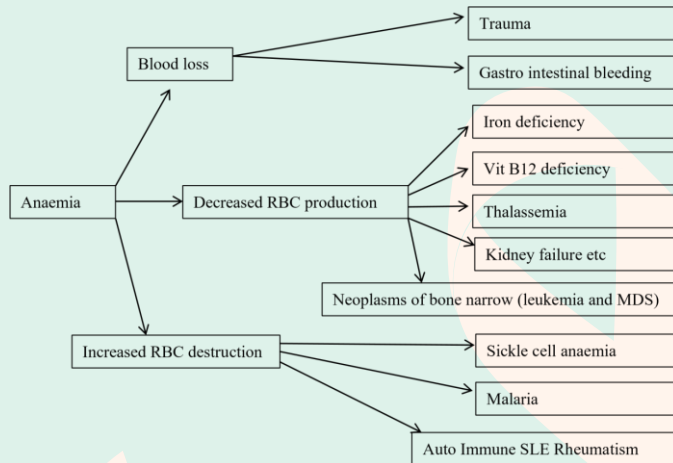
The following changes in blood parameters and physical conditions were noted after medications.

Blood parameters	Before Starting Medication	30 days after starting Medication	3 months after starting Medication	2 years after starting medication
Haemoglobin %	6.5%	8.9 %	12.4%	14.7%
WBC Count	1000	3000	4000	5000
Platelets count	18000	40000	70000	140000
Blast cells	1%	ND	Nd	ND
No. of blood transfusion per month	8-10 per month	Nil	Nil	Nil

After one month of medication all blood parameters showed improvement cytopenias were improved drastically. The subject was managed by 8-10 blood transfusions per month before starting medicines. Since starting medications blood transfusion was never again needed. All the blood parameters were progressively improving. His paleness reduced, fatigue edema and crection problems were better after 30 days. Anxiety issues were better after improvement in hematological parameters cytopenia was completely resolved in 2 years. With 2 years of medication all his counts and physical conditions were normal. The medicines were continued for 3 years continuously and stopped thereafter. At 5 years the subject is fully stable even after 2 years of medication free period.

Discussion

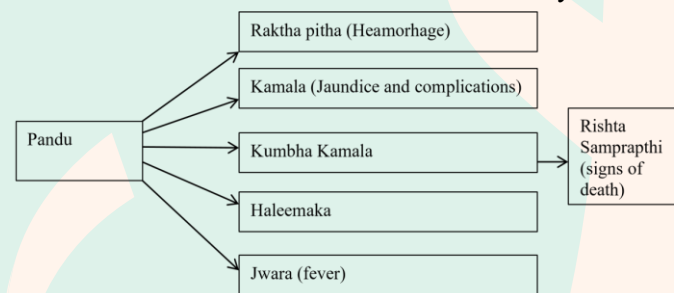
A neoplasm is a type of abnormal and excessive growth called neoplasia of tissue. This abnormal growth usually forms a mass. Some neoplasms do not form a tumor (swelling or mass) these includes leukemia and carcinoma in situ. Tumor is also not synonymous with cancer. While cancer by definition is malignant, a tumor can be benign or malignant. Bone marrow neoplasm is the unusual growth of marrow tissue. This overgrowth are associated with a genetic disorder, immunogenic, mutation and radiation exposure. In Myeloid leukemia abnormal cancerous white cells (WBC) are produced in excess in bone marrow. In Myelo dysplastic Syndrome prior to abnormal growth of tissue as neoplasia cells often undergo abnormal pattern of growth called dysplasia in the bonemarrow. Both these conditions, inhibits the production of other essential components RBC, WBC and Platelets. They develop severe anaemia, infections and bleeding.



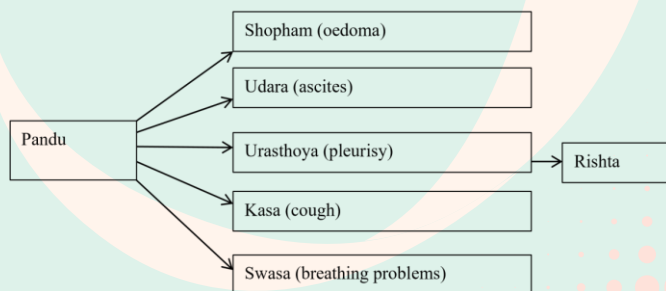
Anaemia is a decrease in the total amount of Red blood cells or a lowered ability of the blood to carry oxygen. Anaemia is caused by 3 main reasons. Anaemia along with Thrombocytopaenia (reduced platelets), Leucopenia (Reduced WBC) are seen in Neoplasms of bone marrow, WBC count may be raised in Leukemia due to influx of cancerous blast cells in blood. Severe paleness of skin, weakness, reduced blood production and deterioration of immune system are consistent with the deadly disease 'pandu' described in Ayurveda

The Enigma of Pandu - The term pandu means white colour or pale nature. Any hemato physiological condition resulting in severe paleness of body is defined as 'pandu' by Susrutha. While describing Raktaja Arbuda (which is essentially a bleeding tumor) Susrutha points out that body becomes afflicted by Pandu because of severe blood loss and due to the complications of Arbuda (arbuda peeda). All Pandu conditions are considered caused by vitiation of all 3 doshas vata Pitha & kapha. But due to relative dominance it is considered a pithika disease. According to symptoms and causative factors it is classified into 5.

Pandu Samprapthi - Samprapthi is a Sanskrit technical term translating to 'pathogenesis'. It is the complete attainment or acquisition of pathological route of a disease. The cracking of disease samprapthi of an individual patient is the primary goal for starting Individualized precision therapy. Due to excess intake of acidic foods, Alcohol, Salts, other inflammatory habits and foods overtime causes changes in the body owing to recurrent inflammations. This process causes vitiation of doshas in the body especially pitha dosha. Due to reduced metabolic fire and blocked channels in the body. The aggravated pitha is initiated and carried by vata to different parts of the body resulting in paleness, yellowness in skin eyes etc. This condition in which paleness is seen predominantly is called 'pandu'. Pitha is synonymous to fire and has yellowish — red properties. But in pandu due to increased vitiation of other doshas. The fire element in pitha becomes relatively reduced due to increase in water and space elements. As a result of this pitha vikrithi (change) it obtains paleness and this affects all the 5 types of Pitha in the body. Chakrapani considers this change in pitha the cause of paleness. The changes in the basic elements of Panchabhoota air, Water, Fire, earth and Space affects the composition and nature of body and universe. **Complications Succeeding Pandu** - When Pandu roga (disease) become severe it results in deterioration of health immune system and deficient blood production succeeding this



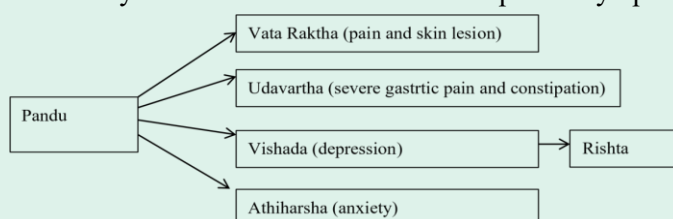
Kapha Upadrava



Vata Upadrava

complications like Raktha Pitha (haemorrhagic conditions) in which Pandu being a Pitha predominant disease undergoes further Pitha vitiation leading to increased pitha in blood which in turn makes it less viscous, thus reducing the clotting capacity of blood. This condition can be seen with existing Hepato-splenomegally in leukemias and will result in Internal haemorrhage, bleeding through orifices and finally death, showing signs of Tridoshaja Raktha Pitha.

Pandu Tridosha Rakthapitha (bleeding disorder) Rishta (signs of death) - These complications may be seen together in a patient. It is of utmost importance that the physician can predict the path of the disease by keen observation of individual patient symptoms, triggering factors, genetics and existing



complications. Each patient develops a separate pathway, the physician who can predict this pathway from the above factors can give apt treatment before manifesting to next stage. This is the

primary goal of individualized precision medicine.

In Ayurveda, treatment is based on individual's state of health, his signs and symptoms and the strength of pathogenesis pathway and manifestation of disease in that particular individual. Two main type therapies namely, Shodhana (purifying therapy) and Shamana (pacifying therapy). Shodhana therapy which includes various procedure of panchakarma is done in comparatively healthy individuals. In cancer patients whose health immunity are severely compromised along with other complications only Shamana therapy is possible. By this we aim at reducing the severity of the disease and its complications. Prevent influx of other diseases by improving immunity along with the maintenance and healing of normal body hemostasis.

Pandu is disease of Pitha dosha predominance. The symptoms are consistent with reduced metabolism reduced blood production and loss of Immunity. In Ayurveda Pitha and Raktha (blood) are considered relatively proportional (Asraya - Ashrayi bandha) as Pitha is formed from Raktha yet in Pandu, Pitha is vitiated and Raktha is reduced which is a paradox. Why is this happening? Blood (Raktha) is formed from food broken down by Metabolic fire (agni). The Rasa (food) is broken into nourishment part (sara) of wasteful part (Kitta). Due to reduced Metabolic fire Raktha Sara is reduced and Raktha Mala is formed in abundance. As a result of this, blood nourishment is reduced and causes reduction in blood whereas the wasteful part is increased resulting in increased Pitha which is formed from Raktha Mala. Treatment is aimed at empowering the metabolic fire (agni) pacifying the vitiated pitha and kapha doshas also routing the normal movement of vata in the body. In order to improve immunity and health Rasayana (rejuvenation therapy) drugs are included in treatment.

In this subject Myelo dysplastic syndrome (MDS) tiredness, Hepato splenomegally, dyspnea and erection problems. His Haemoglobin 4-6% (normal 13-18%), Platelets - 40,000(normal 1.5 - 5 lakhs) and WBC count - 1000-2000 (normal (5000-10000)). He had severe anaemia thrombocytopenia and was doing blood transfusions at 8-10 per month. Because of the presence of dyspnea, oedema and hepato-splenomegally his pathogenesis pathway was predominantly Kapha dominated.

Pandu Oedema (Shopha) Urasthoya (pleurisy) Swasa (dysnoea) Rishta - This essentially means his treatment has to be increasing Agni and pacifying kapha dosha. Even though he had very low platelet count petichae, purpura or other hemorrhagic symptoms (Raktha Pitha) were absent. Because of these reasons kalyanaka grthm which is a primary choice medicine in Pandu and unmada (Mental disorders) was used for its immunological, metabolic and anti oedematous action. It is a wonder drug used in many diseases including erection and infertility issues and is seen in many cases to improve haemopoiesis (blood formation), 2.5 gm of the medicine was given with 2.5 Terminalia chebula powder hour before food twice daily. The dosage and choice of ghee has to be precise in cancer patient because due to reduced digestive fire it can result in worsening of symptoms. Trial and error is not advisable in a cancer patient as an error may result in ending a family's hope forever. Along with this Kalyanakam Kashayam was given with Chandraprabha tablet. As for Rasayana drug gandeera Rasayana (said in Sahasrayoga text) was used. Along with purified bhasmas of Abhraka and iron were used.

Whereas for the 2-month baby who was suffering from an extremely aggressive and deadly form of Leukemia (AML M5B) showed redish hard mass all over body called Leukemia cuti. He was weak and his gums Swollen red. It is common in AML M5B the patient can bleed from mouth and other orifices. Rayyan was showing such signs along with deteriorating blood picture. His WBC count shot up from 1.2 lakh to 2.5 lakhs in two days, blast cell count was

86%. Another worrying factor was severe neutropenia 1% (normal 60-75%) any slight infection and baby won't survive further. The baby literally had few more days to hold on. He was given Thiktaka grithm ¼ teaspoon (1g) with ¼ tsp Chyvanaprash thrice daily. This case pandu had undergone

Pathogenesis transformation to tridosha Raktha Pitha and related complications. As a result of vitiations of vata and Pitha dosha the condition was worsening quickly to Rishta.

Pandu Rakthapitha Ristha (Haemorrhagic)- It is for pacifying bleeding and to reboot haemopoiesis the former drugs were used. Thiktaka grithm is an excellent medicine for pandu and Rakthapitha along with its anti inflammatory action. Chyavanaprash is the medicine of gods. It purifies Vata-Raktha, improves metabolic fire rejuvenates organ and tissue formation in children (balanama Anga Vardhanam). The chyavanaprash made from indigenous Amla (emblica officianalis) and organic ingredients under fire burnt with medicinal- woods prepared with precise traditional methods under watchful eyes is of a different pedigree and potency. Drakshadi kwatha 8 ml. was given twice daily. Also 50 mg of Iron, Abhraka (mica), Swarnamakshika bhasmas with honey. All the drugs of choice were precisely included to both patients in accordance to textual references and individual patient conditions. The entire process is elaborate and beyond the scope of this article.

Medicine was given to both patient's and was advised to take blood tests after 10 days. Both patients had no other medical options left in the world both were dying. All cancer patients are advised to practise mindfulness by Yoga or pramayama and individual diet habit modifications according to their climate, food and social upbringing are mandatory.

Both these cases are literally incurable by any medicines anywhere in the world and yet how did this happen? There are 2 theories that explain this process.

1. Immune Theory - The Immune system reboots and rejuvenated by medicine food regime starts clearing off cancer cells. The immune system is our primary and only weapon against cancer in the years to come. That is the sole reason oncology is visioning towards targeted immune, therapy. Susrutha when he describes the treatment regime for Arbuda. Suggests, One should better the health and Immune system (bala) of the patient as that bala (Immune system) itself will clear the disease from its roots —" Tad rakshitam Vyadhi balam Nihanthi".

2. Extra Medullary hemopoiesis - According to modern Embryology blood formation takes place in the liver and Spleen of the embryo between 2-7 months of fetus life. After birth Haemopoetic stem cells are transferred to bone marrow where blood formation is continued in adult life. But during diseases affecting the bone marrow like Neoplasms, blood production is altered. To counter this, the body starts producing blood components from hematopoietic stem cells present in liver - spleen, lungs and kidneys. This process is pronounced in diseases like Myelofibrosis and can result in pleurisy and other complications due to blood production in lungs. These healthy hematopoietic stem cells get transported to the bone marrow by blood which can potentially regenerate and reboot the system. When Susrutha explains organogenesis in fetus he notes that

Yakrit (liver)	Pleeha (Spleen)	-	Raktha (blood)
	Vrukka (kidneys)	-	Medas, Raktha (blood)
	Phuphusa (lungs)		Shonitha Phena (blood froth)

Susrutha states-liver, spleen, kidneys and lungs during organogenesis are closely related to Raktha (blood) in their development and formation. When the body gets cleared of blasts by immune system along with healthy stem cells present in circulation the chances of rebooting haemopoiesis become greater. The chance of this happening in a newborn are higher because of his undeveloped immune system. All the medicines and regimes of therapy are aimed at bringing this natural hemostasis in body. Standardized medicine was introduced to accommodate and minimize clinical error in 3rd world countries. In diseases caused by microbes like bacteria and viruses, 100 cases can be tested and treated with a single drug. This is effective in community medicine. But in diseases of Auto Immune

origin each individual cause, symptoms and pathogenesis vary accordingly. We cannot treat -everyone who has-Rheumatism with-same drug and regime. Individual complications like diabetes, Piles, thyroid co-exist often and every individual has to be treated as a separate entity or system. This type of approach in which individual genetics, habits and, pathogenesis are precisely noted in treatment, diet- habit modifications done according to individual specifications is called precision medicine. Modern world has entered into precision medicine in Auto Immune related diseases in the past decade, but in India it will take time to establish it. Ayurveda has been a pioneer in Precision medicine based on individual patient specifications since 5000 yrs. Ayurveda is a "Sidhantha" means something that is proved over time by several experimentations and established over cause- effect relationship. Here individual symptoms of subjects were noted, their pathogenesis pathway assessed (samprapthi) and in accordance to that, Individual medicine and diet- habit regimes were done. A sidhanta is known and understood by the effect it produces. Here the effect of Ayurveda sidhanta is the life of the subjects.

Ayurveda is a way of life, its primary aim is to give vitality and longevity without diseases. A true purpose of life, physically active life style and healthy diet are key to prevent diseases especially cancers. A low calorie vegetarian diet is the best anti inflammatory diet possible. Processed meat used in burger, pepperoni, pizza, Sausages are classified as group I carcinogen by WHO. Tobacco, asbestos and Plutonium are the other group I carcinogens. 'Yes, you heard that correct "plutonium" and "tobacco" are as cancerous as processed meat. Chicken, Beef, Mutton all meats have dead meat bacterial toxins that trigger a cascade of Inflammation. In fact, chicken when cooked has greater amounts of carcinogen Heterocyclic amines than beef and is in par with cholesterol content in beef. Each 50g portion of processed meat daily increases the risk of colorectal cancer by 18 %. One serving of meat per day increases risk of diabetes by 51 percent based on harward research paper. It is the gluten, meat and dairy that kill you. Going on vegetarian diet and cassein free can infact reverse Autoimmune pathology and even reverse mutation. Yes you heard it right healthy diet, changes gut microbe structure which can actually correct mutations and Auto immunity. Food alone has capacity to reverse mutations, imagine the potential results when we involve mindfulness and physical activity the possibilities of prevention and cure become endless when supplemented with rejuvenating Ayurvedic therapy. In cancer care our primary goal is prevention, then comes curing and palliation. Ayurveda has endless possibilities in Auto immune diseases and oncology. The plant cannabis has huge role to play in further improving cancer care and palliation. It is a wonder drug used in Ayurveda for thousands of years. It is used as a sedative, pain relief, immune system booster for anxiety, nausea related to chemotherapy and dozens of other uses. The opiates and morphine use by modern medicine sustains its palliative care. Let me assure you my friends when medical marijuana is legalized for oncology and chronic illness, Ayurveda will be a pioneer in global oncology care. The formulations like "madanakameswari" said in sahasrayoga text in which cannabis is a main ingredient known for its aphrodesiac properties is a great pain reliever and has anticancer immune modulating properties and will be a major player in Leukemia related complications. This is just a tip of the iceberg, imagine the many traditional formulations with cannabis, have to offer. This has to be of prime importance in political, humanitarian and medical level. All India Institute of medical science, Ayush department and the best Ayurveda oncologists should join hands for research, on the subject of Curative and palliative care by Ayurveda supplemented with medical marijuana use. This is future, India have the potential might of unmountable traditional knowledge that can be supplemented by modern methods. Ayurveda is based on individual's system, pathogenesis undergoes in accordance to the overall health and disease condition which is understood by the effects they produce according to Ayurveda Sidhantha In the years to come India will epitomize global oncology care, at the helm of prevention and care will be Ayurveda. When this is perceived in reality we are gonna see a renaissance of incredible beauty.

CONCLUSION

Mechanisms of origin and cellular immunology of AML and MDS are yet to be elucidated with complete certainty. They are heterogeneous conditions and can present in varied ways. It is only after

the nosologic limits of these entities are fully delineated that strict criteria can be laid out for their management. Individualized therapy can be expected to provide significant relief in patients. The benefit of standardized protocol medicine is minimal in immune system related malignant conditions. So the new approach of precision medicine which take into account individualistic genes, environment and habits are the way forward. Both subjects 8-week old baby with AML M5B and 49 years old with MDS were successfully managed with precision Ayurveda therapy. Refractive Cytopenia were corrected, blast cell percentage in circulation were reduced and all physical symptoms were improved. Complete remission was seen in AML M5B and MDS. No signs of relapse are noted in both cases for over 7 years in the former and 5 years with the latter. Both subjects continue to be healthy even after stopping medication for over 2 years. Ayurveda in its full essence aims at this precision approach in healing.



ABSTRACTS OF ORAL PRESENTATIONS

SESSION 1

THEME: “SCOPE OF INTEGRATION IN CANCER MANAGEMENT WITH AYURVEDA”

1. Evaluation of Management of Stress in Cancer Patients through *Shirodhara* W.S.R. to Cancer Metastasis and stress Hormones.

Dr. Kavita*Dr. Santosh Kumar Bhatted**

***Pg. Scholar**Associate Professor** (Department of *Panchakarma*, All India Institute of Ayurveda)

ABSTRACT - The psychosocial factors on the development and progression of cancer has been a longstanding hypothesis since ancient times. In fact, epidemiological and clinical studies over past 30 years have provided strong evidence for links between chronic stress, depression, social isolation and cancer progression. By contrast, there is only limited intervention for managing behavioral factors in cancer progression. The major cause of death in cancer is metastasis that is resistant to conventional therapy. The outcome of cancer metastasis depends on multiple interactions between metastatic cells and homeostatic environment of the body. Epinephrine Norepinephrine Cortisol Catecholamine's are known to be elevated in individuals with stress. The physiological stress response is thought to be one of the likely mediators in cancer progression, Hypothalamic Pituitary Adrenal (HPA) axis is considered to be the main neurophysiological mechanism of *Shirodhara*, the tactile stimulation of skin or hair follicles innervated by Trigeminal cranial nerve stimulate the thalamus and provide the subject an altered state of consciousness and a relief from anxiety, stress and depression. Other route from the principal nucleus to the reticular formation and posterior region of thalamus, which is Centre of autonomic nervous system, would be possible. This provides changes in autonomic nervous balance, *Shirodhara* can be treated as a good option to prevent stress and maintain homeostasis.

KEY WORDS – Homeostasis, Metastasis, *Shirodhara*, Hypothalamus Pituitary Adrenal axis.

2. FORESTALLING PROSTATE CANCER: BY AYURVEDIC MANAGEMENT OF PROSTATITIS

Dr Malavika G* Dr T Thomas**

***MS(Ay) Scholar, **Professor and HOD, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Puthur**

Abstract

The present era researches and advancements in the field of Medical Oncology emphasizes in the prevention of cancer rather than its management. Prostate cancer is estimated to be 20% out of the total cancer cases reported among men in India. The exact cause for carcinogenesis/ oncogenesis/tumorogenesis is unknown. Rudolf Virchow was the first to find a positive association between inflammation and cancer in 1863. Recent studies conducted, demonstrated that there is a significant positive relation between prostatitis and prostate cancer, which indicate that inflammatory mediators promotes prostatic carcinogenesis via multiple signaling pathways. This study reviewed available literatures of the above-mentioned studies and correlated the mentioned parameters with the concepts of *Ayurveda*, to draw probable correlations such as *Mutraghata* and its *dosha-dushya* involvement. A retrospective study was also conducted among 5 reported cases of Prostate cancer in Department of *Salyatantra*, Sree Narayana Institute of *Ayurvedic* Studies and Research (SNIASR) during the year 2018-2019 that helped in substantiating the hypothesis of previous studies. A survey among 10 eminent physicians in the field of treatment of Prostatitis and Prostate cancer was conducted, to compile effective management protocols in Prostatitis. Thus, the study puts forward a management protocol for Chronic Prostatitis that can act as a preventive modality in the progression of Prostate Cancer. **Keywords:** Chronic Prostatitis, Prostate Cancer, *Mutraghata*

3. Role of *Kalpa Chikitsa* in the management of lynch syndrome- a case report

Dr Pooja Sharma, PG Scholar, All India institute of Ayurveda

Abstract:

Background-Lynch syndrome (hereditary non-polyposis colorectal cancer) is an autosomal dominant condition and it is caused by germline mutations in the DNA mismatch repair genes.

Case presentation -A 28-year-old male was diagnosed with lynch syndrome in 2016. Patient was operated 3 times followed by chemotherapy. In 2019, he was diagnosed with adenocarcinoma and advised for surgery. But despite of getting surgery patient prefer to take Ayurvedic consultation considering his miserable condition after previous surgeries. Decided to give the kalpa method of therapy prescribed in Ayurveda for rejuvenation and overall improvement of health.

Result-After the 15 days of treatment with Kalpa chikitsa, the patient showed significant improvement in quality of life ($p < 0.001$ for SPF) and CT abdomen showed reduction in circumferential thickening from 2.8cm to 1.5 cm (~ 50% improvement) with no worsening complications.

Conclusion - Although the pathogenesis cannot be done revert back to the normalcy as the patient already had resection of total colon, but it can be concluded that with the help of Ayurveda, appearance of complications can be delayed and quality of life can be improving in such patients.

Key-words: Lynch syndrome, *Madhuyasti Ksheerpaka*, *kalpa chikitsa*

4. “A Comparative case study to assess the effect of Draksha-guduchyadi kavala in oral side effects of Radiotherapy in non-metastatic Squamous Cell Carcinoma of Head and Neck”

(Dr Saniya C K¹, Dr Mangalagowri V Rao², Dr Sunil Choudhary³, Dr Om Prakash Singh⁴)

Abstract

Introduction-Annually around 5.5 lakhs new cases of head and neck cancers are reported worldwide. Early stage management modality of HNSCC involves surgery, followed by Radiotherapy (RT) or Chemo-Radiation, depending on the histopathological findings, which can provide a better functional outcome. But usually RT may result in poor quality of life with side effects like mucositis, xerostomia, pharyngitis, laryngitis, pain etc. **Methods**-A comparative case study was done, comprising of 4 patients undergoing RT and 2 patients each were randomly allocated into the study group and control group. The control group was given Sodium bicarbonate- salt solution mouth wash from the first day of radiation and were asked to perform 10 gargles a day throughout the RT and for 1.5 months thereafter. The study group were given the Draksha-guduchyadi yoga for kavala in the same manner and their effect were compared for the variables i.e. oral mucositis, xerostomia, laryngitis, pharyngitis by Radiotherapy Oncology Group Grading (RTOG grading) scale and pain assessment was done by VAS scale. **Result**-After assessing the scoring of 5 variables, the reduction in mucositis, xerostomia, laryngitis, pharyngitis, pain and improvement in quality of life were significant in the study group compared to the control group.

Conclusion-The Draksha-guduchyadi kavala yoga is helpful in reducing the complications of RT without any side effects and also enhances the general quality of life. Therefore, the kavala is a better alternative for oral side effects of RT, compared to the existing remedies.

Keywords: Kavala, mouth wash, mucositis, xerostomia, laryngitis, pharyngitis, pain, quality of life.

5. Need for awareness of organic or natural food among medical practitioners.

Vd. Sushrut Dilip Gadgil, PG scholar Swasthavritta TAMV, Pune; Guide – Vd. Mihir S. Hajarnavis

Many technological advances are being done in different fields of science, agriculture, medicine etc. The most dangerous and harmful diseases like cancer, diabetes are increasing in the population. The society and the medical professionals are not aware about the causes of these diseases and they and their close relatives are susceptible to these diseases. So there is a dire need to educate medical professionals even from Ayurvedic stream, for natural food to maintain health. The food hybridization and the use of chemical fertilizers and pesticides are done since almost fifty years in the world. About fifty years ago there was natural, healthy, organic food available everywhere. As the science advanced and many inventions and researches were done in the fields of agriculture lot of efforts were taken to increase crop yield by unnatural way. Genetic mutations, biotechnological use are some examples of this. The crops were made such that they will not have further reproductive capacity or fertilizing capacity. The farmers also were encouraged to farm such genetically modified seeds to yield more and to have more money. Thus the basic need of mankind that is the food got vitiated by these chemical fertilizers and pesticides. To overcome these hazardous food effects Subhash Palekar has started an aggressive step against unnatural farming. He has motivated many farmers from Maharashtra to have natural farming only. Thus need of awareness about organic or natural food for the medical practitioners will be explained in the paper presentation.

6. Title: Integrated approach in Cancer Management by Apollo Total Health at Thavanampallemandal of Chittoor district in Andhra Pradesh.

1. Dr. Vishal Dessai, BAMS, MPH. 2. Dr. S. Rajagopal, MD (KC), Dip. In Yoga. 3. Dr. M. Gyathri, BAMS. 4. Dr. Subbanna J. MD (Community medicine), DNB. 5. Dr. Mandeep Sing, MD (Community medicine).

Introduction: Apollo with its 72 hospitals, 11000 beds across the country with more than 80000 health professional committed to delivery world class care closer to every individual. Apollo in light of the growing prevalence of non-communicable disease –diabetes, heart diseases, cancer and stroke have stepped up efforts in preventive healthcare recently by introducing Apollo Pro Health powered by AI for assessment of risk factors in cancer management in one hand and on otherhand with Apollo Total Health- an integrated cancer management model under CSR initiative for rural population at ThavanampalleMandal of Chittoor District in Andhra Pradesh. **Objective:** To identify and provide health services to the patients with several types of cancer, at an early and treatable stage when the disease is largely asymptomatic and treatable through an integrated approach. **Method:** All women across Thavanampallemandal between age group of 30 – 70 years will undergo screening for cervix, oral and breast cancer within specified period of time. Between August – December 2019, 974 women of age group of 30 to 70 years undergone screening for cervix cancers through mobile clinics team which includes health professionals from Allopathic and AYUSH. Pap smear, Colposcopy and Biopsy were the diagnostic procedure used while screening the women for cervix cancer. Other investigation such as blood sugar, Hemoglobin and blood pressure also done. **Outcome:** Out of 974 women who had undergone screening for cervix cancer, 7 found to be in pre cancer stage, 12 cellulitis whereas 3 confirmed cases of cervix cancer. All 22 cases were treated with an integrated approach of allopath and AYUSH. In case of Ayurveda, patients undergone Shaman Chikitsa, Shodhan Chikitsa– Yoni Basti and lifestyle modification through yoga.

Affiliation: Total Health (A CSR initiative of Apollo Hospitals Enterprises Limited), Aragonda, Chittoor, Andhra Pradesh.

SESSION 2

“LEAD & INTEGRATION WITH BASIC SCIENCES & AYURVEDA IN CANCER MANAGEMENT”

1. Psychological Healing in Oncology – In Purview of Epigenetics

Dr. Sharma Akanksha1, Dr. Sabharwal Pooja22

1. PG Scholar, PG Department of Rachana Sharir, CBPACS, New Delhi; 2. Assistant Professor (MD, PhD), PG Department of Rachana Sharir, CBPACS New Delhi.

Abstract: Cancer is a disease which manifests not only at physical level but at psychological level also. Stress is one of the major cause as well as major symptom after manifestation of this dreadful disease. Previous studies have revealed that stress can trigger the causation of cancer by changing the genetic expression. Considering the impact of stress as one of the major cause and as major symptom and aggravating factor, non-pharmacological interventions to heal the subtle body is of equal importance as pharmacological interventions. These non pharmacological interventions for example- *Prana* healing, *Aura* cleansing, *Chakra* healing & various other forms of bioenergetics medicine are of great potential for the psychological healing in oncology. Stress can damage the *Aura*, causing gaps and interrupting *Prana*, the life-force. Patient will be treated with various unconventional therapies to control the defect in brain controlling mechanism through the stimulation of *Chakras* known as “Psychoneurotherapy”. **Method-** Meta-Analysis; **Aim & Objective-** To describe briefly the continuum of ecology- biology-genetic and energetic process of life and their application in Oncology. **Conclusion-** Thus, it can be concluded that the application of *Shadchakra pranic* healing as a noninvasive, non pharmacological intervention in reduction of stress, which is cause itself, & one of the major symptom of cancer is of great potential in oncology. **Keywords-** Cancer, Chakras healing, Bioenergetic Medicine

2. Evaluation of Deepan karma of “Lavan Adrak” through pH and Chromatography and its Role in Prevention of Cancer w.s.r Gastrointestinal Cancer

Dr. Ankita Dr. Shivakumar Harti** Dr. Medha Kulkarni****

PG Scholar, **Assistant Professor *Professor; Department of Swasthivritta, All India Institute of Ayurveda, Sarita Vihar, New Delhi Email: drankita712@gmail.com*

BACKGROUND: Dietary habits are directly related with increased incidence of cancer worldwide, due their negative effect (Mandaagni) on metabolism. Adrak (*Zinziber officinalis* Rose.), a tropical and subtropical cultivated plant, derived from Zingerberaceae family and has been used worldwide as spice, dietary supplement and traditional medicine. As per Classical text “Lavan Adrak” (Ginger and rock salt) is prescribed before meal, to improve the taste sensation & to enhance Appetite, due to its Deepan karma but the evidences for the same are not available. pH value and Drug profile has to be generated to establish the deepan karma of lavanadrak. Cancer can be prevented with prolonged use of lavanadrak before meal as its increase the metabolism. **OBJECTIVE:** This study has been conducted to evaluate and pH and HPTLC of lavanadrak and establishing its Deepan karma for prevention of Cancer. **METHODOLOGY:** Sample of Adrak and lavan (Rock salt) was purchased from local market. Both the sample subjected to pH analysis and HPTLC in single and with combination in the Laboratory of AIIA as per API guidelines. **RESULTS:** Detailed finding will be presented in Scientific Session. **KEYWORDS:** Deepan karma, Lavan Adrak, Chromatography, Gastrointestinal Cancer

3. CURCUMIN AND 2-DG AMALGAMATION INHIBITS ANCHORAGE-INDEPENDENT GROWTH OF MALIGNANT GLIOMA CELLS

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^aResearch Scholar, ^bProf. and Head, Deptt. of Biotechnology, ^cProf. and Head, Department of Research, Bhopal Memorial Hospital and Research Centre, Bhopal

Objective: Glial stem-cells (GSCs) and glial stem-like cells (GSLCs) are a major hurdle in glioblastoma (GB) therapy because of the inherent resistance mechanism. Efforts to mitigate resistance and relapse have led to the development of combination therapy to induce tumor and stem-cell death and have the potential to improve cancer therapeutics. The current initiative was to investigate the anti-stemness effect of the natural polyphenol curcumin (CUR); in combination with 2-deoxyglucose (2DG), a glucose analog and glycolytic inhibitor, on human GB cells. **Methods:** U-87 GB tumor cells were treated singularly with CUR, 2-DG, and CUR plus 2-DG for 48hr. Cell cycle inhibition was assessed by flow cytometry to look for distribution of cells in different phases of division on treatment. The tumorigenicity of the cells was evaluated by clonogenic assay and soft agar assay for the anchorage dependent and anchorage independent clone forming capacity, respectively. **Results:** Earlier, we have established that the combination of 2-DG and Cur is synergistic for inhibition of proliferation and cell migration. The combination arrested the cells in G2/M phase and also inhibited the anchorage independent and anchorage dependent clone forming capacity which is characteristic of GSCs. **Conclusion:** This novel combination exhibited the potential to inhibit GSCs responsible for relapse and resistance. The study suggests that tailor-made combination using established drugs can target multiple signaling molecules to yield optimal therapeutic outcome and is the right approach to address resistance in GB.

4. IN VITRO ANTICANCER STUDY OF VARIOUS EXTRACTS OF ECLIPTA ALBA Hassk. ON HEPATIC CANCER CELL LINE (HepG2)

Dr. Tathe Mangal Suresh¹, Dr. Kulkarni D.V.^{2*}, Dr. Harke Sanjay Ningappa³

1. PG Scholar (Dravyaguna), 2. Professor and Head of Department, (Dravyaguna), 3. Director, MGM'S institute of biosciences and technology, Aurangabad, Maharashtra 431001

ABSTRACT:

Synthetic anticancer drugs, apart from their high cost are well acknowledged for their unwarranted side effects. We studied the effects of four different extracts of *Bhringraj* - *Eclipta alba* Hassk., in the hepatic cancer cell line – (HepG2). Apart from the studies for the phytochemical analysis, TLC, HPLC analysis to test active chemical components in the ethanol, methanol, aqueous and petroleum-ether extracts of *Bhringraj*, we have evaluated these extracts for their activities against HepG2. We have used the Sulforhodamine B (SRB) assay for the investigation of cytotoxicity produced by the different extracts of *Bhringraj* in HepG2 cell line, as it is the most preferred and cost-effective method of screening. After the evaluation of the percentage of cell growth and cell viability values from the SRB assay, it was revealed that the percentage of growth inhibition were 79.33%, 77.36%, 68.74% and 55.06% for ethanol, methanol, aqueous and petroleum ether respectively. From the analysis of the results, we have reached to a conclusion that the ethanol extract of *Eclipta alba* Hassk. is in possession of highly significant anti-cancer activity in comparison to other three extracts of *Eclipta alba* Hassk.

KEY WORDS- Ethanol, Methanol, *Eclipta alba* Hassk., Srb assay, HepG2 cell line.

5. In vivo anticancer activity and toxicity of Ayurveda compound W.S.R. to leukemia

Dr. Monika Sharma, Ph. D Scholar, Department of Agad Tantra, National Institute of Ayurveda, Jaipur, Rajasthan, India

Introduction: A disease caused by an uncontrolled division of abnormal cells in any tissue of any organ of the body is called cancer. There are various types of cancers on the basis of primary abnormal growth in tissues. Leukemia is a type of cancer of blood, which is caused by the rapid production of abnormal white blood cells. In Ayurveda, the reference of the cancer and blood cancer is found indirectly under the heading of Arbuda (cancer) and Rakta Arbuda (leukemia), respectively. In Ayurveda, there are so many herbo-mineral drugs that are useful in treating cancer. **Aims and Objectives:** 1. To study the in vivo anticancer (blood cancer) activity of Ayurveda compound. 2. To compare the toxicity of Ayurveda compound with injection/tablet arsenic trioxide. 3. To evaluate, elaborate, and discuss the etiology of leukemia as per Ayurveda. **Materials and Methods:** An in vivo study was conducted in Institute of Biomedical and Industrial Research. The in vivo anti-leukemic effect was carried out by using benzene-induced (carcinogen) model in Swiss albino mice and the acute toxicity study was conducted according to fixed single-dose toxicity. The herbo-mineral drugs have been prepared by using purified arsenic (arsenic trioxide), Vinca rosea, and Urtica indica to study in vivo anti-leukemic effect and toxicity. This study was conducted according to Organisation for Economic Co-operation and Development Guidelines 423 and the antileukemic activity was carried out by benzene-induced leukemia in albino mice after animal ethical clearance. **Result:** The highest dose of the test drug (2000 mg/kg) in the acute toxicity study shows minimal adverse effect of toxicity on liver and no adverse effect was found on kidney and spleen. The result was found better in study group 1 having myelocytic leukemia than study group 2 having lymphocytic leukemia. **Conclusion:** The effect of study drug shows good antileukemic activity, although standard drug was found better than study drug. Overall, the study was found safe and effective on blood cancer. **Keywords:** Ayurveda compound, lymphocytic leukemia, myelocytic leukemia, Rakta arbuda

6. Deciphering the anticancer potential and the mechanism of action of *Cissampelos pareira* (L.) Poir. (Patha) extract on human and animal derived cancer cell lines using proteomics as a tool.

Shraddha Bharsakale, Shridhar Chougule, Sudesh Gaidhani, Sangeeta Sangvikar and Sharad Pawar. Regional Ayurveda Institute for Fundamental Research (CCRAS), Pune-411038.

ABSTRACT

Among the various plants attributed for possessing anti-cancer potential, *Patha* has been reported to be used in the management of *Gulma* (~Abdominal tumor/swelling) in *Bhavprakash nighantu*. In the present study, anticancer potential and the mechanism of action of *Cissampelos pareira* (L.) Poir. (*Patha*) hydroalcoholic extract on human and animal derived cancer cell lines was deciphered through proteomics as a tool. Cancer cell lines viz., Breast Cancer-MCF7, Liver Cancer-Chang Liver, Cervical Cancer-HeLa, Pancreatic Cancer-RIN5F and Mesenchymal Stem cells-MSC were treated with different concentrations of extracts. To decipher the anticancer potential of extracts various *in vitro* assays viz., MTT cytotoxicity assay, glycation assay, DNA fragmentation assay and Multi-caspase analysis were employed. Further, proteome level analysis was conducted in order to probe into the mechanism of action of plant extract on cancer cell lines. Proteome extraction was carried out for untreated and treated samples in RIN5F cell line, and quantified samples were subjected to in-solution digestion prior to MS analysis. Out of four cancer cell lines, the extract has shown potent anticancer activity against RIN5F with IC₅₀ value being at 37.5 µg/ml, whereas no cytotoxicity was observed in MSC normal control cell line, indicative of selective cytotoxicity against pancreatic cancer. DNA fragmentation assay and Multi-caspase analysis resulted in affirmation of mode of action of plant extracts via apoptosis induction. The proteomic analysis yielded the evidence of probable mode of action i.e. the apoptotic pathway activation mediated by p53 upregulation in pancreatic cancer cell line.

7. Exploring the mechanism of action of *Balanites aegyptiaca* (L.) Del, (Ingudi) extract on human and animal derived cancer cell lines using cell based assays and proteomic tools.

Shridhar Chougule, Shraddha Bharsakale, Sudesh Gaidhani, Sangeeta Sangvikar and Sharad Pawar
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ABSTRACT

Many plants are known to have anticancer effects according to ancient Ayurvedic text. They are known to reduce the proliferation of cells and the size of tumor after treatment. However, their mode of pharmacological action is yet to be elucidated. The present study has explored the mechanism of action of *Balanites aegyptiaca* (L.) Del, (Ingudi) hydroalcoholic extract on human and animal derived cancer cell lines using cell based assays and proteomic tools. Cancer cell lines viz., Breast Cancer-MCF7, Liver Cancer-Chang Liver, Cervical Cancer-HeLa, Pancreatic Cancer-RIN5F and Mesenchymal Stem cells- MSC (normal control) were treated with different concentrations of extract. The cytotoxic activity was analyzed by using MTT cytotoxicity assay. The cytotoxic activity was ensured with cell death via apoptotic pathway, using two methods viz., DNA fragmentation assay and Multi-caspase analysis. In order to decrypt the molecular mechanism of action of plant extract on cancerous cell line, proteome level analysis was mandatory. Thus, proteome extraction was carried out for untreated and treated samples, and quantified samples were subjected to in-solution digestion prior to LCMS analysis. The extract has shown anticancer activity against all the cell lines used under the study (IC₅₀ values being 30µg/ml for MCF7, 30µg/ml for Chang Liver, 60µg/ml for HeLa, 30µg/ml for RIN5F). DNA fragmentation assay and Multi-caspase analysis resulted in affirmation of mode of action of plant extracts is via apoptosis induction. The proteomic analysis yielded the evidence of probable mode of action i.e. the apoptotic pathway activation mediated by p53 upregulation.

SESSION 3

“UPDATE & SCOPE OF RESEARCH IN INTEGRATIVE ONCOLOGY”

1. POSSIBLE ROLE OF *KAVALA*, *GANDOOSHA* IN ORAL CANCER LESIONS AT VARIOUS STAGES.

Dr. Amrisha P. Dedge, Research Officer (Ay.), CCRAS, Ministry of AYUSH.

ABSTRACT

Introduction- As per Globocan 2018 data, oral cancer is the most common cancer in India amongst men and the second most common cancer in India amongst women (16.1 % and 10.4 % of all cancers respectively). *Kavala*, *Gandoosha* procedures mentioned in Ayurveda can contribute at various levels in management of oral cancer and oral lesions. **Methods-** A comprehensive literature review of *Kavala*, *Gandoosha* procedures from classics and published research evidences is performed. **Discussion-** *Kaval*, *gandoosha* can be introduced with integrative approach at various levels like primary prevention in susceptible population, secondary prevention in remission cases, management of active lesions, management of precancerous lesions like OSMF, treatment hazards like radiation induced oral mucositis, lesions of left out cases for pain management and palliative care etc. Classical medicinal regimes like decoction, medicated oils, ghees, honey, milk can be used according to symptoms and *dosha* specificity of lesion. Along with appropriate classical formulations as per the indications, evidence based drugs like *Curcuma longa*, *Tinospora cordifolia*, *Withania somifera*, *Aloe vera*, honey, *Semicarpus anacardium* can be used for *Kavala*, *gandoosha*. Subjective (like EORTC scoring) and objective assessment (imaging, histopathological evaluation) will be the standard treatment outcomes to assess efficacy. Case studies, case series followed by pilot studies may provide further directions for well designed clinical trials with integrative approach. **Keywords-** *Kavala*, *Gandoosha*, Integrative oncology.

2. ASSESSMENT OF DEHAPRAKRITI IN MAMSARBUDA (MYOMA) IN PURVIEW OF PREDICTIVE AND PREVENTIVE MEDICINE – A CROSS SECTIONAL STUDY

Dr. Bibhu Prasad Naik¹, Prof. (Dr.) M.B. Gaur², Dr. Pooja Sabharwal³

1: PG Scholar, Dept. of Kriya Sharir, CBPACS, New Delhi; 2: H.O.D., Dept. of Kriya Sharir, CBPACS, New Delhi; 3: Asst. Prof., Dept. of Rachana Sharir, CBPACS, New Delhi

ABSTRACT

Introduction: Cancer is the second leading cause of death globally and is estimated to account for 9.6 million deaths in 2018. Most of the theories that have been offered regarding the causes of cancer fall into one of the following categories. 1. Embryonic 2. Bio-chemical 3. Infectious agents & 4. Genetic. *Ayurveda* can play a big role in the last causative factor, namely genetic. A person's health depends on his 'constitution' by which he is born and the way in which he adapts himself to his environment. Constitution explains his achievements in 'Health' and defeats in 'Disease'. **Aims:** To study the *Dehaprakriti* in subjects of *Mamsarbuda* (Myoma). **Study design:** In this overall study, clinically diagnosed 30 patients of *Mamsarbuda* (Myoma) were selected for the purpose of cross sectional study. **Result:** Among 30 *Mamsarbuda* (Myoma) patients 53% were found *Kapha-Vataja*, followed by 37% *Pitta-Kaphaja* and 10% were *Vata-Pittaja*. **Conclusion:** It is observed that *Kapha-Vataja Prakriti* are more prone to develop *Mamsarbuda* (Myoma). **KEYWORDS:** *Mamsarbuda*, *Dehaprakriti*

3. ROLE OF KAMALA (NELUMBO NUCIFERA) IN PREVENTION AND MANAGEMENT OF GARBHASHAYA ARBUDA WITH SPECIAL REFERENCE TO UTERINE CANCER

Dr. Priyanka Hajare*, Dr. K. Bharathi** *M.S Final Year Scholar **HOD & Professor

Prasuti tantra & Stri roga dept, National Institute of Ayurveda, Jaipur

ABSTRACT- “*Arbuda*” is a disease which grows very fast and causes either destruction of local tissues or body part or even death. In India, uterine cancer ranks 3rd among genital malignancy next to cervix and ovary. Uterine cancer differentiated into 2 types on the basis of their site of origin. One is endometrial cancer, most common form of uterine cancer and accounts for 95% of all the cases. Second is Uterine sarcoma (*mamsaja arbuda*), initiates in other tissues or muscles of uterus and accounts for 5% of all uterine cancer cases. The symptoms of uterine cancer includes- excessive and prolonged menstrual bleeding, watery-sticky foul smell discharge per vagina, bleeding after coitus and pain in lower abdomen. So in order to combat these problems of women, *Ayurveda* has the potential in prevention as well as in management of *garbhashaya arbuda*. *Kamala* (*Nelumbo nucifera* Gaertn.) helps in vitiation of *pitta dosha* and has cooling effect by *sheeta veerya*. It helps in blood clotting, thus stops excessive and prolonged menstrual bleeding. As well as it acts as haemostatic agent due to *madhura* and *kashaya rasa*. Presence of tannin shows coagulation property; presence of iron shows haematinic property. *Acharya Vagbhata* mentioned it as *rasayana*, hence it promotes strength, virility and intellect. *Kamala* seeds contain polyphenols, flavonoids, hyperin. These effectively scavenge free radicals and maintain the balance of reactive oxygen metabolism at cellular level as well as delay ageing of a uterine cell. Neferine has anti-cancer activities. It inhibits cancer cell proliferation by inducing apoptosis. *Kamala* is also useful in heat created due to chemotherapy and radiotherapy.

KEYWORDS- *Visha nasnama*, Ascorbic acid, *Sangrahika*, *Raktaja arbuda*, Uterine fibroid.

4. Ayurvedic management of Oral (palate) Carcinoma: A Case study

Dr. Priyanka Katru¹ Dr. Sharad. M. Porte²

¹PG scholar Deptt of Agad tantra, NIA ; ²Asst. Prof & Incharge Cancer Consultation Unit NIA- Jaipur

Abstract:

Introduction: Oropharyngeal cancer is the 11th most common cancer worldwide. In India, 20 per 100000 populations are affected by oral cancer which accounts for about 30% of all types of cancer. *Ayurveda* is a holistic science which have solutions for most of the diseases. *Acharya sushruta* have described *Taluarbud* in *mukhroga* which can be clinically correlated with palate cancer. **Aims and objectives:** To evaluate the effect of *Ayurvedic* medicine on oral (palate) cancer. **Material and methods:** Patient of palate cancer presented in cancer consultation and treatment unit NIA- Jaipur treated with *Ayurvedic* medicines. **Result and conclusion:** Here we are representing a case of palate cancer of a 38 years old male patient came to the cancer consultation and treatment unit NIA with complaints of non-healing ulcerative growth over upper left palate, the CECT report suggestive of heterogeneous enhancing soft tissue density mass lesion measuring approx. 17x11x11mm involving the anterior aspect of left hard palate with bony erosion and brush smear suggestive of squamous cell carcinoma, who was managed successfully with *Ayurvedic* formulations like *raktaprasadakhima*, *lavanbhaskarchuran*, *sarjikkshar*, *yashtimadhuchuran*, *jatyadighruta*, *jeharmohrapishti*, *keharvapishti*, *vaikrantbhasma*, *mukhtashukti*, *suvarnmalinivasantras*, *drakshaavleha*, *gomutra* and *godugdha* with *haldi*. After 2 months of treatment CECT report suggestive of significant reduction in the size of the lesion measuring approx 11x9mm. Patient is still undergoing treatment and has been improved clinically. **Keywords:** cancer, oral carcinoma, palate carcinoma, *taluarbuda*, *arbuda*.

5. ROLE OF YASTIMADHU GHRITA PRATISARANA IN MANAGEMENT OF ORAL CANCER

***Dr Ravindra Bhati **Dr Manindra Kumar Vyas ***Dr Monika Das**

PG Scholar **Professor & HOD Panchakarma *Associate Prof. Department of Panchakarma, Shubhdeep Ayurved Medical College & Hospital-PG institute, Indore, M.P.*

ABSTRACT: - Oral cancer is the Sixth most common malignancy in the world. According to *Ayurveda*, 65 varieties of oral diseases can arise in seven anatomic locations. *Ayurveda* recommends some daily use therapeutic procedures for the prevention of and maintenance of oral health. These include: *Pratisarana*, *Dhavani* (Brushing), *Jivha Lekhana* (Tongue scrapping) and *Gandoosha* (gargling) or oil pulling and tissue regeneration therapies. Some of the scientifically proven beneficial effects of these procedures are *Pratisarana* with *Yashtimadhu Ghritha* significantly reduced intensity of radiation and chemotherapy induced mucositis. *Yashtimadhu* has *madhura rasa*, *sheeta virya*, *madhura vipaka* and is *vata-pitta shamaka* property. *Yashtimadhu* has *vrana shodhana* and *vrana ropana* properties that help for healing of the wound of oral cancer. *Ghritha* has a soothing property and form a thin film layer over them and that allows early epithelialization of wound. *Yashtimadhu* is anti-ulcerogenic and anti-inflammatory in property. Licochalcone A is a flavonoid found in liquorice root (*Glycyrrhiza glabra*). It is known for anti-microbial activity and reported ability to inhibit cancer cell proliferation. Glycyrrhetic acid has proved to have anti-inflammatory effect similar to glucocorticoid and mineralocorticoids.

KEYWORDS: Licochalcone A, *Vrana*, Mucositis, Regeneration.

6. ABIDING AYURVEDA PRINCIPLES IN CANCER PAIN MANAGEMENT: A CASE SERIES.

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Pain management in cancer is always a taxing phenomenon as 43.3 % patients remain undertreated in spite of updated guidelines. A systematic review says that patient experience pain at different phases like during treatment (59%), after curative treatment (33%), advanced stage (64%) and in survivors (5-10%). Pain interferes in daily activities of patients to compromise quality of life and succumb emotionally. Pain could be due to visceral, neuropathic or treatment induced, Opioids remain as last stay with their own limitations requiring rescue. Integrated oncology says pain is multidimensional requiring multidisciplinary approach. We report five cases of head and neck cancer having pain and generalised weakness as major complaints, associated with oral mucositis, reduced appetite and sleep after receiving conventional treatment. They were managed with *ghrita* preparations by *shamanasneha*, *bastichikitsa* and *raktamokshana*. It was noteworthy to understand that VAS score of pain comes down with *shamanasnehapana* and *raktamokshana*. *Yaapanabasti* helps to improve generalised weakness. *Ayurveda* can not only pace up the convalescence time but improve global wellbeing of patient. **Key words:** Cancer pain, Ghee, *Ayurveda*, Quality of life and Side effects.

7. AYURVEDA AND PALLIATIVE CARE: SCOPES AND OPPORTUNITY

Dr. Vikas Nariyal¹, Dr. Priyanka Sharma²

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ABSTRACT

Incurable and debilitating disease are often associated with many suffering. Sufferings like pain, nausea, vomiting, ulcers, limb paralysis, anxiety, depression etc. make life unbearable not only to person but also for family. These sufferings have gross impact on social, financial, emotional and spiritual issues. Families often get financially ruined; losing their homes, going to debt, all these because high treatment costs add to the problem and sometimes the sufferer is family's wage-earner. Palliative care is an approach that is focused on people living with serious illness irrespective of the diagnosis or prognosis. Its motive is to improve quality of life of a patient and their family through early identification, correct assessment and treatment of pain and other suffering, whether physical, psychosocial or spiritual. According to World Health Organization (WHO) palliative care fact sheet (February 2018), every year an estimated 40 million people are in need of palliative care, 78% of whom live in low- and middle-income countries. Although country specific data is not available, this also reflects need and concern disproportionate for palliative care in India. In December 2015, the Kerala government roped in Ayurveda doctors to offer palliative care to patients suffering from long-term illnesses who required home visits. How Ayurveda health care provider treated bed sores of 75 years old bed ridden diabetic female patient with Triphla-quath gives boost to Ayurveda professionals for looking further scopes and opportunities in palliative care. No system is perfect in providing health care needs. We have to spotlight best of each system to fulfill lacunae. As popularly said: "strength in unity" fits true here. For beneficence of terminally ill person, all systems have to come forward and agree with that integration is proven best for patient care. This article is written in an attempt to explore such scopes and opportunities in Ayurveda for delivering palliative care nationwide.

Key words: Ayurveda, Palliative Care, Scopes, Opportunity

SESSION 4

“EVIDENCE BASED CLINICAL PRACTICE IN PREVENTION & MANAGEMENT OF CANCER”

1. EFFECT OF AYURVEDA TREATMENT IN BREAST CANCER AS A PALLIATIVE CARE: A CASE STUDY

Dr. Amit Awadhiya, PG Scholar, IPGT AND RA GAU JAMNAGAR

Introduction - Breast cancer is the most common cancer in women and second most common cancer overall worldwide and India, where advance stages at diagnosis and rising incidence and mortality rate. At that time care of breast survivals got difficult. Chemotherapy is only option as conservative treatment in modern sciences. Through Ayurveda palliative care of those survival may increase the quality of life of survival and life span also. By virechana and local application of Jatyadi tail followed by Panchavalkal Kwatha parishek may reduce infection and improve quality of life.

Case presentation: A 61year female patient with Know case of ductal carcinoma of right breast with open wound came with complain of pain at right breast with frequent bleeding tendency. Other complain were foul smell from pus discharge and bleeding also, loss of appetite and loss of sleep, pain aggravating during walk. After taking detail history treatment was started. In treatment virechana planed with regular local application of Jatyadi tail followed by Panchvalkala Kwatha and rakta stambhaka yoga used when bleeding occure. After two cycle of virechana assessment was done on the basis of RECIST criteria and Karnofsky performance scale. **Result and Conclusion** – after treatment symptomatic relief in pain, bleeding tendency, foul smell, itching, loss of appetite and loss of sleep. RECIST criteria shows stable disease and Karnofsky performance scale shows result 50 to 80.

Keyword- Ayurveda treatment, Breast cancer prevalence, need of alternative treatment.

2. Survival outcome of the patients with advanced hepato-celluar carcinoma treated with Ayurveda medication: Case series

Ashok Kumar Panda, Research Officer (Ayurveda), CCRAS, Bhubaneswar, Odisha.

Ayurveda focuses on correcting the internal disequilibrium responsible for tumor development and progression. Arbuda and grandhi terms used in Ayurveda can be correlated for cancer and tumor respectfully. Hypothesis -The aim of this study was to investigate if use of Ayurvedic formulation with modification, adjuvant to Conventional Therapy or alone, might prolong survival for patients with intermediate-advanced HCC. Method-The HCC patient of advance stage (stage C & D as per Barcelona liver cancer staging system) were explained about the limitation of our treatment and diseases process. The survival time was measured by Kaplan -meier method. Hepatocellular carcinoma (HCC) patients were retrospectively enrolled to evaluate treatment response, survival, and tolerability following administration of Lokanath rasa 250 mg twice daily before food along with katuki, chieta, punnava, and guguchi churna 20 gram were administrated to all advanced HCC patients.

Observation & Results: Twelve patients were enrolled where seven patients were female and five were male. Eight patients were diagnosed as primary HCC whereas four were secondary. Nine patients had jaundice along with ascites. Ten patients had more than two tumors in liver. Abdominal pain , anorexia , fullness of abdomen are the common symptom of all 12 patients. Eleven patients received conventional treatment and one patient was freshly diagnosed by our hospital. Five patients were used alcohol and nicotine. Five patients had hepatitis B positive and three patients have cirrhosis. All patients have elevated SGOT and SGPT level. Eleven patient's alfa fetoprotein rose. Extra hepatic lesion observed three cases. Five patients survived upto six months whereas four patients survived 13 months, two patients survived more than 18 months and one patient survived more than five years.

Conclusion - Ayurveda medication in advanced hcc showed more survival outcome and remission of HCC than predicted outcome. More control clinical trials are encouraged and recommendation

3. GENITAL LICHEN SCLEROSUS ET ATROPHICUS - A PRE MALIGNANT LESION IN POST MENOPAUSAL AGE GROUP - A CASE REPORT.

Dr Charu Sharma, PG Scholar, All India Institute of Ayurveda, New Delhi

Background: Lichen sclerosis (LS) is a benign, progressive, inflammatory disease characterized by epithelial thinning. In cases of vulvar LS, the risk of developing squamous cell carcinoma (SCC) increases. In addition, differentiated vulvar intraepithelial neoplasia is a precursor lesion of SCC and is frequently associated with LS. **Case presentation:** A 55-year-old woman is post menopausal age group, came with a complaint of irritation in Vulvar region since 2.5 months along with dyspareunia. On Vulvar examination, the clinical picture confirmed the diagnosis of lichen sclerosis. Cytology examination reported prominent bandlike inflammatory infiltrate in the sample. Oral as well as local treatment was given for 21 days followed by oral treatment only for 7 more days. The lesions were resolved, pigmentation was restored and the presenting complaints also resolved. Though the atrophic changes remained as such. The cytology reports were normal. **Keywords:** Lichen sclerosis; leukoplakia; cytology; vulva

4. AYURVEDIC MANAGEMENT OF LUNG CARCINOMA: A CASE STUDY

*Dr. Manoj Kumar Patel¹ Dr. Sharad.M.Porter²: ¹PG scholar Deptt of Swasthavritta&Yoga, NIA- Jaipur
²Asso. Prof & Incharge Cancer Consultation Unit NIA- Jaipur*

Introduction- Lung cancer is the one of the most common carcinoma and cause for death. Lung cancer mainly originates from the tissues of the lung, usually from the cell lining the air passage. There are two main types of lung cancer one is small cell lung carcinoma and another is non- small cell lung cancer. Small cell carcinoma is slightly more common in man as compare to women. Because all small cell carcinoma is due to cigarette smoking only and it is most aggressive form of lung cancer. According to the GLOBOCAN 2012 report, lung cancer in India was 70,275 in all ages and both sexes.

Aim and objectives- To evaluate the effect of *Ayurvedic* medicine on Lung carcinoma.

Material and Method- Patient of lung cancer presented in cancer consultation and treatment unit NIA- Jaipur, who managed with *Ayurvedic* formulations

Result and Conclusion- A 65 years old male patient was presented to cancer consultant and treatment unit NIA, Jaipur with complaints of breathing difficulty, burning sensation, mild chest pain, loss of sleep, fatigue, cough with expectorant, shoulder pain with headache. CECT of patient reveals that approx measuring 43x41x40 mm size soft tissue density mass showing contrast enhancement, speculated margin of lower lobe of left lung close abutting to the major fissure and demoplastic reaction- likely neoplastic, who was successfully managed with *Ayurvedic* formulations like *Arbudahara kashaya Gokshuru churna, Ashwaghanda churma, suvarna basantmaliti, hirak bhasma, Abhraka, bhasma, pushkarmula churna, tankan bhasma*. After giving 8 months of treatment patient responded well to treatment and MRI reports reveals that, the lobulated mass lesion measuring approx 38x39x38 mm seen in left lower lobe, lesion is not limited by major fissure. Patient is still under observation and improved clinically.

Keywords: Cancer, Lung carcinoma, *Arbudahara kashaya, suvarna basantmaliti*.

5. ROLE OF AYURVEDA IN MANAGEMENT OF MULTIPLE MYELOMA: A CASE STUDY

Dr Peeyush Kaushik MD, Fellowship scholar, Ayurveda Oncology, KAHER's Shri B M Kankanawadi Ayurveda Mahavidyalaya, Belagavi, Karnataka-590003

Introduction

Multiple myeloma which represents 1.8 % newly diagnosed cancer cases is relatively uncommon¹, which affects the plasma cells, leading to proliferation and accumulation of defective immunoglobulins in bone marrow and later infiltrating to other organs².

Case study

In the present study a 60-year-old male patient diagnosed with Multiple myeloma in January, 2017 visited Abhaya cancer OPD in June, 2017. Rasayana management of this patient was planned as per the symptoms and dhatu involvement. He was treated with various Rasayu herbomineral formulations that chiefly composed of Hiraka bhasma, swarna bhasma, sutshekhar rasa, Rajat bhasma, mouktik, loha, Makshik bhasma and some other compounds. The aim of the treatment was to improve the QOL of the patient with symptomatic reform. Though “Vyadhipratyanik Chikitsa” was not the primary goal however it was kept on check and results were obtained in the scope of disease stability. During the treatment, the patient's liver and kidney profile was also followed up to check the safety of the drugs used and it was markedly reported to be stable during the whole follow up period of 30 months. The tumor marker profile including β 2microglobulin, IgG, IgM, IgA, κ free light chain, γ free light chain and κ/γ ratio were tested every 3-6 months.

Results and Discussion - During the course of follow up his symptoms were regularly checked to corroborate his quality of life (QOL) and ECOG was consistently observed to get the precise idea of life style improvement. As per patient he was satisfied with his life and felt comfortable in pursuing his job and routine activities. Though some age related symptoms occur occasionally but overall improvement in this patient is remarkable. Multiple herbomineral formulations were used for a long duration but no damage to any vital organ (has been observed which indicates the safety and efficacy of herbomineral preparations in chronic disease management. A combination of oral cyclophosphamide, dexamethasone, and bortezomib in 50 patients with relapsed/refractory MM has been reported to achieve ORR in 88% of patients, with a median event-free survival of 10 months and median overall survival not yet reached⁶. The subject was refractory to bortezomib, that makes the OS to be 15.2 months but the subject followed up for 30 months of event free survival with very good QOL and ECOG 0. All of his complains has subsided with occasional episodes of body ache and sleep disturbances that can be attributed to season change and Paricharya. His liver and kidney profile was stable throughout the follow up period so it can be concluded that herbomineral preparations are safe to use in multiple myeloma cases. At the time of his first consultation he had very high levels of β 2 microglobulins but during the course of medication the levels fluctuated as were the symptoms but stayed on lower side also other tumor markers like Kappa free light chain and Lambda free light chain immunoglobulin were within limits.

Conclusion

The present study outcomes indicate towards an encouraging and valuable role of Ayurveda therapy in the management of refractory Multiple Myeloma. More work should be done to evaluate the actual efficacy and significance acquired by adopting Ayurveda line of treatment instead of conventional methods in such cases and to establish a standard Ayurvedic protocol for the management of all three stages of Multiple Myeloma.

6. TITLE: ROLE OF AYURVEDA IN HOGKINS LYMPHOMA -A CASE REPORT

Dr. Seema Gupta, PG scholar, Deptt of Kaumarbhritya, All India Institute of Ayurveda, New Delhi

Hodgkin lymphoma is a lymphoreticular neoplasm primarily of B cell lineage that involves lymph nodes and lymphatic system. The incidence ranges from 5-7/100000 population, the condition is uncommon below the age of 5 years and exhibits three distinct forms in developing countries. There is male preponderance in child affected below 7 years of age, with equal sex distribution beyond 12 years of age. A male patient having Hodgkin's lymphoma having nonreducing cervical lymph node enlargement treated with Ayurvedic medicine got remarkable reduction in the nodular enlargement and disease came to non active state. Prolonged study is required for more improvement and results.

7. MID BRAIN TUMOR MANAGEMENT THROUGH AYURVEDA: A CASE STUDY.

Dr.Sonam Donden¹ Dr.Sharad porte²

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Introduction: Brain tumors are the abnormal growth of cell in brain. Not all brain tumors are cancerous they may be benign also. Brain tumors are mainly categorized under two different types Primary & Secondary. Primary tumors are those which develop in brain cells only and then metastasize whereas secondary tumors are those which develop anywhere in body and then metastasize. This comes under most common type of brain tumor. Incidence of brain tumors in India ranges from 5 to 10 per 100,000 Population with remarkable increasing trend. CNS tumors are also the 2nd most common tumor in children. Our classical texts have holistic approach to fight various diseases even if it does not have any direct reference regarding brain tumor. **Aim and objectives-** To assess the effect of *Ayurvedic* therapeutic formulations on mid brain tumor. **Material and Method-** Patient of Brain tumor presented in cancer consultation and treatment unit NIA-Jaipur, who managed with *Ayurvedic* formulations. **Result and conclusion-** A 70 years old male patient came to cancer consultation unit NIA Jaipur with complaints like severe headache, insomnia, neck stiffness, nausea, vomiting, indigestion, memory loss, confusion and numbness of feet. MRI reports reveals peripherally enhancing T2-/FLAIR hypointense lesion seen in mid brain & upper part of pons region side with surrounding edema. Raised choline peak is seen in on spectroscopy? **Neoplastic Etiology** with chronic small vessel Ischemic Changes. Patient was successfully managed with *Ayurvedic* formulations like *Arbudaharakashya*, *Punarnavakwath*, *Punarnavamandoora*, *Smritisagarrasa*, *Bhritavatachintamani rasa*, *Muktapisthi*, *Jeharmorapishti*, *Sutashekhararsa*. *Abhyanga*, *Snehana*, *Shirodhara*, *Nasya with vachataila and Shdabindutaila*. After 4 months of treatment MRI reports reveals compared with previous scans, there is no residual/recurrent in right half of mid brain on present MRI. Age related cerebral and cerebellar atrophy seen. Patient is still under observation and has been improved clinically.

Keywords-Mid brain cancer, Ayurvedic formulations, Brain tumor.



POSTER PRESENTATIONS



POSTER PRESENTATIONS

1. Fundamental principles of management of Vyadhi's as explained in Ayurved Samhita's w.s.r Cancer and its management

Dr Aishwarya Ashish Joglekar, PG Scholar, AIIA, New Delhi

Introduction: Cancer is the second most commonly occurring Non communicable disease in the world after Ischemic heart disease (IHD), With recent advances in the fields of chemotherapy and radiation the longevity of life of cancer survivors has improved a bit however the quality of life is compromised to greater extent. Integrative approach to management of cancer can help in enhancing both the longevity and quality, thus it can be concluded that the fundamental principles ayurveda can help in diagnosis, prognosis and management of cancer. **Aim:** To study and apply the fundamental principles of management of Vyadhi's as explained in Ayurved Samhita's w.s.r Cancer and its management **Objectives:** 1) To study the fundamental modalities of treatment and diagnosis of Vyadhi's as explained in Ayurved Samhita's in context of Cancer 2) To study the treatment modalities of Cancer according to the Conventional medicine 3) To derive integrative approach to cancer in order to enhance the longevity and quality of life of cancer patients. **Methods:** Study of fundamental principles of disease management in context of cancer will be done from the Charak, Sushrut and Vagbhat Samhita's

- 1) Study of Cancer, Diagnosis and management according to the Conventional medicine will be done.
- 2) Comparative study of the advantages and disadvantages of conventional and alternate medicine (here ayurveda) will be done
- 3) An integrative approach will be derived in order to improve the quality of life of patients of cancer

2. CANNABIS SATIVA IN THE MANAGEMENT OF CANCER

Dr Kajal Kashyap, PG Scholar, AIIA, New Delhi

ABSTRACT

Introduction: The side effect of anti-cancer chemotherapy is of prime concern now-a-days despite efficient and improved treatment techniques. Loss of appetite, nausea, vomiting, skin/nail and GIT problems are the most common side effect which degrades the quality of life of cancer patients. **Methods:** Review of literature has been conducted from Ayurvedic texts and published papers to help relieve these side effects. **Results:** It has been found in ayurvedic literature that Vijaya (bhanga) has excellent therapeutic potential which helps in the management of these symptoms. Contemporary review also suggests that cannabis sativa suppresses chemotherapy induced vomiting, increases appetite and strengthen GIT.

3. IMPACT OF MATRIJA EVUM RASAJA BHAVA (MATERNAL & NUTRITIONAL FACTORS) FOR THE CAUSATION OF CHILDHOOD CARCINOMA IN PURVIEW OF EPIGENETICS

Bhardwaj Priyanka 1 Sabharwal Pooja 2 MD Scholar, PG Department of Rachana Sharir, Ch. Brahm Prakash Ayurved Sansthan, New Delhi 2 Assistant Professor

According to Indian Cancer Society, around 50,000 adolescents and children are diagnosed with Cancer every year. In addition, childhood cancer is the ninth biggest cause of illness in childhood and accounts for the sixth largest contributor to the global burden of Cancer. The main reason of childhood Cancer is unknown; however, risk factors include genetic, environmental, and exogenous factors such as diet, weight etc of both mother (during pregnancy) and the child. It is well mentioned in classical texts that there is a huge impact of maternal and nutritional factors (Matrija & Rasaja bhava) in prevalence of diseases in childhood and adult life. Prenatal and Antenatal period may show teratogenic effects on developing embryo on exposure to toxins, alcohol, non vegetarian diet etc. which changes the “gene expression”. Also, Shodhana and Rasayana sevana by the desired couple before conception also provided significant effect on delivering healthy progeny. **METHOD:** A systematic review **CONCLUSION:** There is a huge impact of nutritional and maternal factors which may alter the intra uterine environment with capacity to change genetic expression of the developing embryo leading to the manifestation of childhood carcinoma. **KEYWORDS:** Cancer, Matrija bhava, Rasaja bhava, Epigenetics

4. THERAPEUTIC POTENTIAL OF MARMA (VITAL POINTS IN AYURVEDA) FOR CANCER PAIN MANAGEMENT – A SYSTEMIC REVIEW

Dr. Jagjeet Singh, Dr. Pooja Sabharwal, CBPACS, Delhi

Cancer is the most vulnerable threat now days to the society. For cancer usually everyone choose pharmacological interventions like chemotherapy, radiotherapy, immunotherapy, surgery, medicine. But these pharmacological treatments do not always meet patient needs and may produce difficult side effects. In Cancer most threatful condition is pain and usually the analgesics which are given for pain management cause more side effects. So non pharmacological treatment (intervention) may provide more relief like acupuncture, oleation, touch healing etc. Most of the cancer hospitals now days have separate unit to render such kind of non- pharmacological services to cancer patients for pain management. One of the non pharmacological approaches in Ayurveda is Marma therapy. These Marma therapies can help in reducing pain by providing mild pressure over vital points. As these vital points related to chakras and nadis which help in transferring prana over whole body. There is no direct mention of Marma therapeutic use in Ayurvedic literature but now day an effective therapy evolved i.e Marma therapy. Marma therapy is based on the utilization of 107 points in the body which are considered as access points to body, mind and consciousness. Marma points can be used to balance the tridosha and triguna. In Ayurveda, the traditional medicine of India, these pressure points may be called as Marma, meaning “vulnerable or sensitive zones”. Such points can be used specifically for treating disease or generally for promoting health and longevity. **Method** A systematic review. **Conclusion** By offering treatment to cancer patients with intervention of Marma therapy may reduce the global burden of cancer treatment expenses. The further methodology related to intervention of Marma therapy will be discussed in full paper. **Key words:** Cancer, pain, Marma therapy

5. Scope of Palliative Care for Cancer Through Panchakarma

Dr. Latika, PG Scholar, AIIA

Introduction: Palliative care is a treatment that seeks to relieve suffering in patients. Cancer being a major illness and a leading cause of death worldwide the scope of Palliative care is too large. In modern medicine the line of treatment adopted for cancer is Chemotherapy and radiotherapy which are highly proved to have side effects. Those most commonly include nausea, vomiting, diarrhoea, alopecia, constipation, Sleep disturbance, anorexia, Fatigue etc. These arrays of side effects have a devastating effect on the quality of life of cancer survivors. It is moral responsibility of health care system to provide or make possible effort for betterment of terminally ill cancer patients. Ayurvedic principles has an immense contribution in various chronic disease in bettering the quality of life especially Panchakarma Therapies. Here, in this study Panchakarma procedures were reviewed in the context of their applicability in palliative care in cancer to improve quality of life. **Materials and Method:** Various Ayurveda classical literature and modern literature along with published authentic sources from Internet were reviewed thoroughly to derive conclusions. **Discussion:** Palliative care through panchakarma in cancer is non-invasive and considered to be the best, since the side effects are reduced or eradicated. Need of the hour is to raise awareness and encourage implementation of Palliative care through external therapies (Panchakarma) for combating cancer and its side effects. **Result:** This review shows a good prospect of palliative care in cancer through Ayurveda with special reference to Panchakarma Therapies.

6. Role of Satvavajaya Chikitsa with special reference to Yoga in Cancer Care: A Review of the Evidence-based Research

Dr Monika , PG Scholar, AIIA

Cancer is one of the most feared diseases. Starting from the diagnosis of cancer, its progression (i.e., metastasis to bone and organs), adverse effects of its treatment (chemotherapy, radiation, and surgery), and diagnostic procedures (biopsies and radiological diagnostic scans) can cause physical, psychological, and emotional problems affecting patients' quality of life (QOL). To cope with cancer and its treatment-related side effects and toxicities, people are increasingly using complementary and alternative medicine (CAM). Consequently, integrative oncology, which combines conventional therapies and evidence-based CAM practices, is an emerging discipline in cancer care. The use of yoga as a CAM is proving to be beneficial and increasingly gaining popularity. Satvavajaya Chikitsa (Ayurvedic psychotherapy) is a nonpharmacological approach aimed at control of mind and restraining it from unwholesome Artha (objects) or stressors. Withdrawal of the mind from unwholesome objects is known as Sattvavajaya Chikitsa or it is a treatment by Self Control. Charaka defines it as a mind controlling therapy in which a stress has been laid on restraining of mind from unwholesome objects. Thus, it includes all the methods of Manonigraha and Astanga Yoga (Yogic techniques) too. Indian philosophy portrays Astanga Yoga as a primary tool to control mind; hence it can be used as Satvavajaya Chikitsa. A systemic review was done using free electronic databases PUBMED, google scholar ,scopus with key word yoga ,cancer care The retrieved article were evaluated for their suitability .The matter was evaluated and analyzed critically on the prevalence of yoga's use in cancer patients so that oncologists, researchers, and the patients are aware of the evidence supporting the use of this relatively safe modality in cancer care. **Key words:** Yoga ,cancer care, quality of life

7. MULTIMODAL AYURVEDIC APPROACH IN THE MANAGEMENT OF CENTRAL NEUROCYTOMA – A CASE REPORT.

Dr Mythri H S 1 , PG Scholar, AIIA

Central Neurocytomas (CN) are rare, benign neoplasms of the central nervous system, comprising 0.25-0.5% of brain tumours, often located in the lateral ventricles. Typically, benign, though atypical variants have been reported and believed to have potential for malignant transformation. The combined overall annual incidence is 0.032. Peak incidence is found at 20-34 years of age, with higher incidence in Korea, India, and Japan. The symptoms of CN can be well correlated with Vatavyadhi especially due to Pittavrita Prana and Pranavrita Vyana pathologies. The main goal of management of CN are gross total resection, adjuvant radiosurgery and radiotherapy. However, these treatment types may cause different side effects, and chemotherapy-based regimens appear to have reached a therapeutic plateau. Therefore, this rare case of CN which was managed by multimodal Ayurvedic therapies is being reported here. A 37-year-old male approached the OPD of AIIA with the complaints of severe headache with heaviness in head, dizziness, nausea and forgetfulness in day to day activities, along with ocular complaints like heaviness in eyes, blurred vision and diplopia for 45 days. For which patient was diagnosed as Central Neurocytoma with punctate calcification and lateral ventriculomegaly through CECT Head. On the basis of features patient was diagnosed with Pittavrita Prana Vatavyadhi after considering Rogi-Roga Pariksha. Patient was treated on the line of Pittaghna and Maruta avirodhi chikitsa with combination of herbal and herbo-mineral oral medications along with panchakarma, netra kriyakalpa and athyahara. Pre and post therapy assessment were done based on Karnofsky performance scale, NANO scale, MMSE and HVLt- revised scale. Post therapy assessment showed notable improvement in disease symptoms. **KEY WORDS:** Central Neurocytoma, Punctate calcification, Avrita Vatavyadi, Karnofsky performance scale, Panchakarma

8. Cancer Risk factor for life : Role of Life Style

**Dr.Suman Gihar, PG Scholar, AIIA.*

Development of Cancer is appreciated by unhealthy Lifestyle pattern and habits. The risk factor for cancer is numerous but life style is a preliminary stage of it for the prevalence purpose. We can reduce the threat of Cancer by enhancing and modified Lifestyle pattern. Ayurveda emphasized a special diet and life style pattern for every healthy as well as diseased person. They are like take healthy foods and fresh one, regular exercise (Yoga and Pranayama), oil application locally as well as orally, Day regimens, Night regimens, season's regimens etc. This article is all about the how the Ayurveda focus about life style and habits in Life Style Disorders like Cancer. The global cancer burden is estimated to have risen to 18.1 million new cases and 9.6 million deaths in 2018. One in 5 men and one in 6 women worldwide develop cancer during their lifetime, and one in 8 men and one in 11 women die from the disease. In 2018, cancer took more than seven lakh lives in India. These are excluding the two million more who continue to live and suffer from the deadly disease. According to the estimates by the Indian Council Medical Research (ICMR), the death toll is expected to rise to 8.8 lakh by 2020. This data shows all about the severity of Cancer but we still have a hope of life to the our cultural and spiritual and off course the ancient Science of giving the gift of health to both Healthy and diseased one by the lightening of Ayurveda.

Key words - Risk factor, Day regimen, season regimen.

9. ROLE OF PANCHAKARMA IN INTEGRATED CANCER REHABILITATION

Dr. Uttamram Yadav, PG Scholar, AIIA

Cancer diagnosis, including careful clinical and pathological assessments, is the first step to cancer management. Once a diagnosis is confirmed, it is necessary to determine the cancer stage, where the main goals are to aid in the choice of therapy, to determine prognosis, and to design treatment protocols. Cancer is the second leading cause of death globally, and is responsible for an estimated 9.6 million deaths in 2018. Globally, about 1 in 6 deaths is due to cancer. The combined modality therapy has been responsible for improved survival rates in number of different forms of cancer. Treatment of cancer ranges from the use of powerful chemicals, bursts of radiation to complete removal of tumour and surrounding tissue. Each treatment type brings a certain level of risk, pain and disability to the patient, but malignant cells when left untreated inevitably choke off vital organs and circulation. In that consequence, Ayurveda can offer a lot of relief to patients through natural treatments

10. Prevent Cancer with Samshodhana, A new vision with old sight

Dr Nisha Singh *Assistant professor, Ankerite Ayurvedic Medical College and Hospital, lucknow*

Our body is a perfect combination of cells each assigned to do its work and die at certain period of time. Beside our various efforts like proper Dinacharya, Ritu charya Ahara and Vihar they go through various problems. Kala Viparya, Pagyan Apradha and Asatmya-Indriyarthasanyoga are the other modalities which interfere with normal physiology and derange it. Cancer is one such killer whose cause is unknown in 80% cases. It can start in any body part with an abnormal growth of cells which tend to proliferate in an uncontrolled way and, in some cases, to metastasize (spread). So our Acharya's had given solution for that also i.e. Shodhan chikitsa. Timely Expulsion of toxins and purification of body can lead to healthy life. The benefits include, Mala-paham (expulsion of waste/toxins), Roga-haram (treats diseases), Bala- Varna Prasadnam (rejuvenate body) and Chirayau Prapti (extends healthy life span). Key words - Viparya, Pagyan Apradha and Asatmya-Indriyarthasanyoga, Mala-paham, Roga-haram, Bala- Varna Prasadnam Chirayau Prapti

11. FACTORS FOR THE CAUSATION OF CHILDHOOD LEUKEMIA IN PURVIEW OF EPIGENETICS

Dr. Neha Diwedi, CBPACS

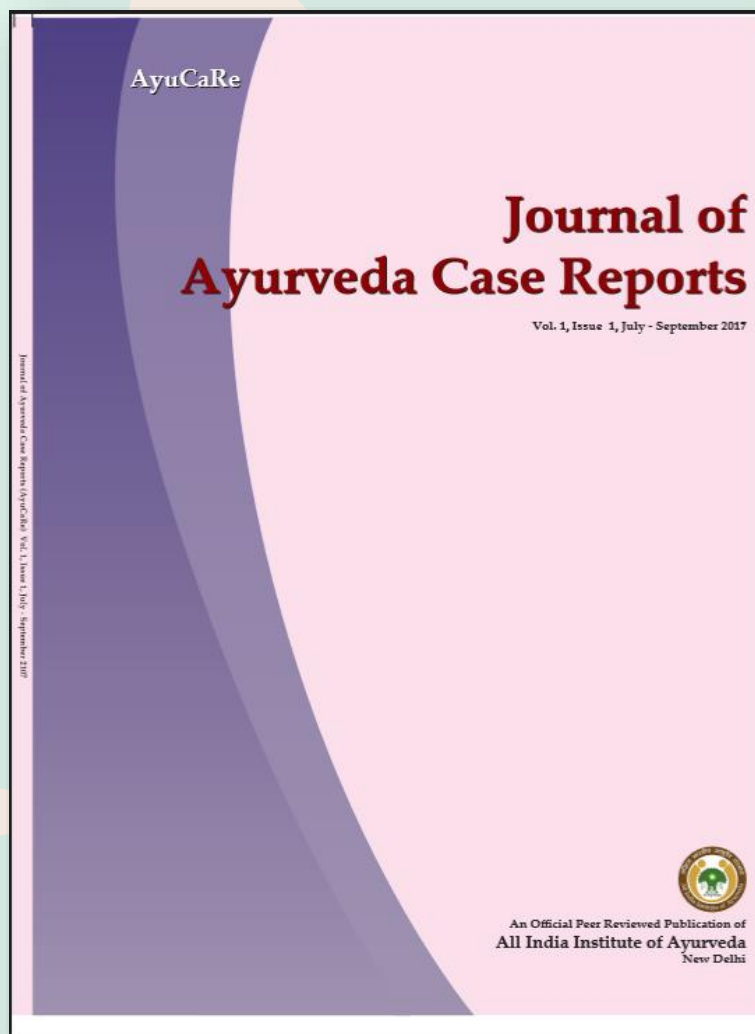
Introduction:- Ayurveda have enumerated a number of factors, which together lay the physiological and physical make-up of an individual. The combination and quality of these procreative factors and the state of Doshas in Shukra and Artavaat the time of conception determines the physical, temperamental, psychological and spiritual composition of progeny. These six procreative factors (Shad Garbhakarabhavas i.e; Matrija, Pitrija, Rasaja, Atmaja, Satmyaja, and Sattvaja) have the influence on changes on the individual caused by modification of gene expression rather than alteration of the genetic code itself (epigenetics). Each procreative factor is assigned with a certain organogenesis, functional, psychological phenomenon, to develop in the progeny, during its intrauterine life. Ayurveda says any lag on the part of these six procreative factors may cause to physical and psychological defects. The causes of childhood leukemia as the most common malignancy in children are vastly unknown. Leukemia is a type of malignant neoplasm, having malignant clonal expansion of immature myeloid or lymphoid blast cells characterized by increase in circulating WBCs. **Aim:-** To evaluate the role of these six procreative factors for causation of childhood leukemia. **Method:-** A Systematic review. **Conclusion:-** Ayurvedic classical literature related to genetics and epigenetics advocates that six procreative factors are responsible for manifestation of childhood diseases like childhood leukemia. **Key Words:-** Shadgarbhakarbhav, Leukemia, Epigenetics.

12. COMPLEMENTING CANCER TREATMENT THROUGH WAY OF LIFE-AYURVEDA

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“He, who constantly thinks, examine, introspect that how his day and night are passing will never become a victim of sorrow.” Today, Cancer forcing us to revisit this teaching of Vagbhatacharya and to redirect our focus from mere Cancer cure to its prevention, rehabilitation and Apunarbhav chikitsa. Ayurveda: the way of life, where emphasis is given not only to physical aspect of life but to know and acquire skills to live and lead the life qualitatively. Rasayana and its role in healthy & diseased persons, Yoga and Vedic philosophical aspects, Apuarbhava chikitsa with various herbs and herbomineral compounds, Aaharkalpana & vihar nirदेश are general guidelines to be followed by healthy and diseased individuals. This holistic approach of Ayurveda potentially helps to reduce morbidity of Cancer. Further, while rehabilitating cancer patient onus is on society to enable them to lead a dignified and socially accepted life without any undue fear and pressure, without any stigma attached. We, AYUSH and Modern medicine can work together to overcome this challenging role of cancer treatment, as a teamwork. Because coming together is beginning, keeping together is progress, but working together is definitely lead us to success.

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Prince Charles at Rashtrapti bhavan
planting a Champa sapling



Marathon on Ayurveda Day



MoU with Lal Bahadur Shastri National
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MoU with & The FiZ Frankfurt Biotechnology
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Ayurveda Day 2019 with High Commission of
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