



Sanjeevani Ayurveda Foundation

NEWSLETTER

ISSUE 2

JULY 2005

EDITORIAL

On the 11th of April an Ayurvedic outpatient clinic was inaugurated at the Institute of Child Health (ICH), Chennai by the Tamilnadu Health Minister. After this inauguration the Minister released the first issue of the Sanjeevani Foundation Newsletter. The ICH is a premier institution of the Government which serves the poor of Chennai and its suburbs. The majority of children who come to the ICH suffer from respiratory diseases.

The first issue of the Sanjeevani Newsletter with episiotomy as the focus, was widely distributed. It was sent to several Government institutions in Tamilnadu, heads of various health departments, individual medical practitioners (allopathic and Siddha/Ayurveda) and many NGO's involved in health-related work. The response we have received has been very encouraging. A distinguished Ayurvedic physician from Kerala, Vaidyamadam Rishikumaran Namboodiri has written to say that the Ayurvedic approach to childbirth should be re-established and that it would be good if the Governments came forward to put an end to unnecessary interventions like episiotomy.

A part of the Newsletter was translated into Tamil and discussed in a conference of Village Health Nurses (VHN) of Tamilnadu held in Chennai on the 26th of May. There was an overwhelming response from the VHN representatives in favour of conducting childbirth without episiotomy. There are about 10,000 VHNs all over Tamilnadu. In general the VHNs do not practice episiotomy while conducting childbirth. The Tamil daily newspaper Dinamalar, on 12th June, carried an extract on episiotomy from our Newsletter.

This issue of the Newsletter focusses on respiratory diseases. It is based on our experience in dealing with a large number of patients with respiratory ailments over the years. The number of people suffering from respiratory diseases is said to be increasing, particularly in the urban areas of our country. However, there is a lot of misinformation in the media about these diseases, their causes and treatment. For example, in the last two years, there has been a major campaign in our newspapers in connection with World Asthma Day. But the information given about Asthma was completely one-sided. It represented only the point of view of the Allopathic system. This issue of the Newsletter describes the Ayurvedic approach to respiratory diseases and

takes a critical look at the Modern approach to these diseases. There is also a case study of a child as an illustration of these two different approaches.

RESPIRATORY DISEASES - THE AYURVEDIC APPROACH

A large number of people, children as well as adults, who suffer from respiratory diseases are increasingly resorting to Ayurvedic treatment. They suffer from one or more of the following conditions: cold, cough, running nose, sore throat, congestion of lungs accompanied by fever, heaviness of the head, difficulty in breathing and wheezing. Practically all of them come to Ayurveda after they have been through several rounds of Allopathic treatment without any cure. Ayurveda has a lot to offer in the treatment of respiratory diseases.

Diseases of the respiratory system are of various kinds. In some there is difficulty in breathing. These are called Svaasa Roga. In others there may be cough (Kaasa) or running nose/blocked nose (Peenasa). Of these Svaasa Roga is of five types. Asthma is one of them. Similarly Kaasa (cough) is also of five types. Generally, both Svaasa and Kaasa have similar causative factors. In Svaasa Roga, the kapha (phlegm) obstructs the passages of Vayu (breath). The Vayu thus obstructed causes the difficulty in breathing which is characteristic of this disease.

One of the principles of Ayurvedic treatment is, if one wants freedom from any disease, then one must give up the factors which caused the disease in the first place.

The factors which give rise to all types of respiratory diseases have to do with food, regimen and environment.

FOOD: Foods which aggravate Kapha and Vayu are particularly important causative factors. For example, excessively sweet or sour food increases Kapha. Food items like curd increase Kapha and also block fine channels in the body. Regular intake of food which is very heavy to digest, food which causes indigestion, excessively oily food, heavy meat and fish preparations, or excessively nourishing food- these are also important causative factors. Excessively dry food (without any oil content), cold food and drink, tubers, mixing hot and cold food, food which causes distention of the abdomen, and irregular eating habits - these factors increase Vayu

and lead to obstruction in throat and chest, giving rise to difficulty in breathing.

ENVIRONMENT AND REGIMEN: There are many environmental factors that can trigger off a respiratory disease. Exposure to dust, smoke, wind, sun and cold water are some of them. Often people experience respiratory problems if they severely exert themselves or play some vigorous game. This is because any physical exertion aggravates Vayu. Suppression of natural urges, (for example the urge to cough and to vomit), can also give rise to respiratory diseases. Emaciation due to lack of nourishment is another important causative factor.

There are several other factors which can also lead to respiratory problems. For instance, Physical debility, injury to vital parts, excessive evacuation in diseases like diarrhoea and vomiting, chest injury, bleeding diseases, anemia, poisoning, fever and wasting give rise to Svaasa Roga.

In order to prevent an attack, the patient should keep away from those foods and activities which are harmful to them. When the disease is still in its initial stages, it is possible to cure the disease with Ayurvedic treatment. Usually respiratory diseases including Asthma peak during spring. This is because Kapha which accumulates in the body during the cold winter, is aggravated with the onset of warm weather in spring (March 15 - May 15). It is not just a coincidence that the World Asthma Day falls at the end of spring.

A large number of oral medicines are used in curing respiratory diseases. There are innumerable medicines in the form of choornam (powder), lehyam (paste), ghritam (ghee), kashayam (decoction), asavam/arishtam (fermented preparations), gutika (tablet), bhasma etc. which are very effective. Medicines such as Thaleesadi Choornam and Sitophaladi Choornam are widely used and very popular. Not only is there a wide choice of medicines but each individual medicine can also be used in a variety of conditions. For example, Thaleesadi Choornam is useful in breathing disorders, cough, heart disease, chronic digestive disorders, anemia, consumption, enlargement of spleen, fevers, vomiting, diarrhea, colic pain, lack of appetite and lack of taste for food. The ingredients of all these preparations are substances like pepper, cinnamon, ginger, cardamom etc. There are many herbs like Vasa (Adathodai in Tamil) which are very effective medicines widely used by ordinary people.

All the medicines used in respiratory diseases have the property of increasing the power of digestion and boosting the immunity of the body. These medicines are safe even for the new born. They can also be safely administered to pregnant women.

When guided properly about changes in diet and regimen along with medication, patients can completely overcome the problem. In general, if the disease has not

reached severity, it can be eliminated. Even a chronic patient of asthma can be helped to control the disease with diet and medication without any side effects.

Inducing vomiting (Vamanam) and purgation (Virechanam) are effective treatments used in the cure of respiratory diseases. These are undertaken in a systematic manner following certain procedures. These cleansing therapies bring out and eliminate the Kapha, which obstructs the movement of Vayu. When Vayu moves about freely, the patient starts to breathe normally. In chronic patients cleansing helps to control the disease and maintain health.

The most important fact about respiratory diseases including asthma which everyone must know is that they become incurable only when they are allowed to become chronic.

If handled in the initial stages by Ayurveda and other Indian systems of medicine, respiratory ailments are curable. This is a message that must reach every parent with an asthmatic child.

HONEY

Honey is the most common medicinal substance used in Respiratory diseases. Choornams (powders) are usually mixed in honey and administered. Honey is also used as an ingredient in many medicinal preparations.

Honey is the best medicinal substance in controlling Kapha (phlegm). It is a very popular vehicle in the administration of Ayurvedic medicines particularly in respiratory diseases where Kapha is predominant. Honey is known as a "Yoga Vaahi". A Yoga Vaahi is a substance which when mixed with other medicinal substances, enhances their properties. Besides respiratory diseases, honey can also be used as a medicine in treating poisons, hiccups, bleeding diseases, diabetes, skin diseases, worms, vomiting, cough and diarrhea. Honey helps in cleansing, healing and joining wounds and cuts. It is good for the eyes and vision.

However, certain restrictions have to be observed while using honey. Honey should never be heated. Honey should not be added to substances which are hot in temperature. Sometimes people take honey with hot water or tea or hot lemon juice. This should never be done because honey, in contact with heat, becomes toxic. Honey should not be taken in so large a quantity as to cause indigestion, because indigestion caused by honey is very difficult to treat.

ASANA AND PRANAYAMA

A regular practice of Yoga Asanas and Pranayama plays a vital role in the treatment and cure of respiratory diseases. It also helps in maintaining good health.

Regulated inhalation and exhalation and retention of breath in specific asanas and pranayama, are very effective in treating respiratory diseases. When the patient has difficulty in breathing, sound is used as a substitute for exhalation.

The choice of Asana and Pranayama depends on the condition and strength of the patient. In the beginning, a simple practice of Yoga asanas is designed to suit the individual. As the condition of the patient improves, the practice is intensified. In diseases like Asthma, the practice of Asana and Pranayama helps to establish good breathing and helps in the reduction of accumulated Kapha (phlegm). A regular practice gradually improves physical strength and endurance. Along with regulated diet and Ayurvedic medication, Yoga practice brings about a complete cure in respiratory diseases.

ASTHMA - THE MODERN APPROACH

In the last couple of years, the celebration of World Asthma Day (the first Tuesday of the month of May) calling for awareness about asthma and related respiratory diseases, has been given wide publicity. Last year a leading child-trust hospital went to the extent of involving a film star in order to attract attention. There has been a spate of articles and advertisements published in newspapers about the management of asthma. Newspaper articles informed us that "Asthma can be controlled but not cured" and that "uninterrupted (steroid) inhaler therapy is essential for gaining good control over asthma". Once the incurability of asthma is accepted, then the talk is all about how best the disease can be managed or kept under control. Asthma patients were advised to use inhalers even when there were no symptoms.

This whole campaign was aimed at pediatricians, parents of children who suffered from asthma and youth, since it was believed that "an important concern in asthma management is the gap in awareness about the benefits of inhaler therapy for asthma control". A survey had revealed that 10 percent of the respondents did not use inhalers at all under the impression that it led to steroid addiction and was bad for the heart. Apparently, there is a lot of concern among patients, and particularly among parents of asthmatic children about the long-term side-effects of steroid drugs. Pediatricians were educated about the "safe" use of steroid-inhaler drugs. Parents and pediatricians who feared addiction to steroid drugs were repeatedly reassured by being told that addiction after all is a pharmacological property of these drugs. Imposing restrictions on food took a back seat as it was felt that only a negligible number suffered as a result of ingested food. Things reached such a ridiculous level that children on inhalers were encouraged to eat even ice creams.

The latest medical advance seems to be that of progressing from oral drugs to inhaled drugs, since oral steroids were causing numerous side-effects such as weakening of bones, ulcers, increased diabetic tendency, susceptibility to infection, suppression of growth, muscle tremor and so on. The shift to inhaled steroids is projected as a great advance, since it is said to be relatively safe as smaller doses are taken in. Also long-term use of inhaled steroids is advocated as a preventive.

Generally, for all respiratory diseases the line of treatment seems to consist of administering drugs for a symptomatic relief without treating the fundamental cause. Children reporting with symptoms like nasal block, running nose, cough, fever, congestion and wheezing are administered a combination of drugs consisting of antibiotics, anti-histamines, cough suppressants, and broncho-dilators. For difficulty in breathing, inhaler therapy is recommended. Children who have had frequent episodes are sometimes treated long-term for "primary complex" without getting any relief. It is quite common to find children who have been through six to eight courses of antibiotics in a year. As the fundamental causes remain untreated, the episodes become frequent and the disease becomes chronic leading to a more serious condition. This leads to a greater dependence on drugs. Apparently, there is no effective treatment to break this cycle. For many, what could have been an easily curable childhood condition becomes a life-long suffering. It is no wonder that a respiratory disease like Asthma is said to be "the commonest long-term childhood disease".

The drugs used in the treatment of respiratory diseases have major side-effects. For example, Promethazine an anti-histamine given even to children (see Karuna - Case Study), has a whole host of side-effects, from drowsiness to convulsions and hallucinations. All Antibiotics have side-effects, the more common ones being nausea, diarrhea, or rashes. Occasionally antibiotics can have severe allergic reactions causing even breathing difficulty. The use of antibiotics results in weakening of immunity and power of digestion. This situation has led to some Doctors in the West suggesting that there be a ban on the use of antibiotics on children.

An extreme example of this line of treatment is the case of a six month-old infant who had been prescribed antibiotics and a nebulizer to control wheezing and chest congestion. The parents, agitated by this prescription brought the infant to the Ayurveda centre. What this infant needed for a cure was a change in diet and simple medicines like Thaleesadi choornam, which the family could safely administer. The child who is now one and a half years old has not had a second episode since then.

In the absence of a line of treatment which offers a cure to respiratory diseases, the only beneficiaries seem to be the pharmaceutical companies. For instance, the entire

asthma-inhaler campaign seemed to advocate solutions offered by pharmaceutical companies. For patients who could afford it, a screening tool, a peak-flow meter to check the velocity of air flow and volume of air expelled, was recommended. A well-known multinational company advertised during the campaign, "we pioneered inhalation therapy in India ... we export millions of asthma inhalers across the globe. All in all, when it comes to asthma, we have always been at the forefront". It is not difficult to guess who stands to benefit by this approach to management of respiratory diseases.

KARUNA - A CASE STUDY

Karuna came to the Ayurveda centre after about four years of Allopathic treatment for a persistent cough. Karuna who is now six and a half years old, suffered from cough as an infant. The cough bothered him in the early hours of the day. When he was two and a half years old, the cough became persistent during the day also. Based on the symptoms like clear running nose, cough in the early hours of the day, cough predominantly during winter season etc., the child was diagnosed as suffering from "allergy cough" by a pediatrician. Several rounds of visits to various ENT specialists took place and a number of blood tests were carried out. All the tests confirmed the above condition and at just three years of age, Karuna was prescribed Phenergan, (Promethazine) an anti-histamine with a cough syrup. Added to this, Karuna took regular doses of antibiotics during winter. Karuna was also given Hetrazan in the winter. After two weeks of taking Hetrazan, Karuna developed severe stomach pain. Hetrazan was discontinued and three months later he started citirizine, an anti-histamine drug. Citirizine was frequently administered to suppress his cough. But his stomach pain continued to bother him and there was no relief from the cough as well. Meanwhile, he developed other complications. Karuna started having problems with his digestion. He developed sour belchings and for this problem he was given antacids. He also developed an urge to pass urine frequently. His teachers in school noticed this and informed the parents. By this time Karuna had been suffering from stomach pain for more than three and a half years. His parents were becoming quite anxious about his health. Karuna's cough which started during infancy as a minor problem had gradually progressed to a more serious condition. Not only was the original problem not getting cured but the drugs seemed to be creating newer and newer problems in the child. There appeared no relief through the treatment and now, the side effects of the drugs also started bothering the child. Although the parents were highly educated, they were not aware of the problems caused by the drug side-effects.

The worried parents shifted Karuna to Ayurveda as suggested by a friend. At that time Karuna was taking

antacids to tackle his sour belchings and citirizine to control his cough. He also continued to have persistent stomach pain and urinary incontinence. Right at the beginning of Ayurvedic treatment, all his allopathic drugs were stopped. As a first step in the treatment, Karuna's diet was regulated. Curd, cold foods, fruit juices and all other foods which had been aggravating his condition, were removed from his diet. Consumption of sweets was restricted. He was prescribed medicines like Thaleesadi Choornam which are commonly used in treating respiratory ailments. He took the medicines without any difficulty and responded to them very quickly. By the end of one week his respiratory problem came under control. Following this, he was treated specifically for his urinary problem and the chronic stomach pain. By the end of the second week Karuna had been completely cured of both these complaints. Karuna continued his medication for two more weeks. This was eight months ago and Karuna has been keeping good health since then.

EPISIOTOMY - A PERSPECTIVE

In the USA, nationwide figures estimate that episiotomies were performed in 39% of vaginal deliveries in 1997, down from 65% in 1979. The number of episiotomies began to decrease in the United States in the 1980s when studies started raising questions about their value.

In the Netherlands, episiotomies are performed in only 8% of births.

Episiotomy rates varied appreciably throughout regions and hospitals in the United Kingdom, ranging from 26 to 67 per cent.

An article in the Journal of the American Medical Association noted that: (1) "Outcomes with spontaneous tears, if they happen, are better than with episiotomy" and (2) "Women are more likely to suffer the most severe types of tears, from the vagina into the rectum, when they have an episiotomy".

(Data gathered from the Net)

EDITORIAL TEAM: Dr.P.L.T.Girija, T.M.Mukundan, Lakshmi Ranganathan, Dr.T.M.Srinivasan

63, Kamaraj Avenue, 1st Street
Adayar, Chennai - 600 020.

Tel : 24414244, 24405106

E-mail : sanjeevanifoundation@gmail.com