ISSN 3093-5989

2nd International Symposium on Ayurveda, Unani and Siddha Medicine

"Preserving Heritage Through Quality Research"

ISAUS 2025

17|18 OCTOBER 2025

Abstracts

Postgraduate Institute of Indigenous Medicine
University of Colombo

2nd International Symposium on Ayurveda, Unani & Siddha Medicine, Postgraduate Institute of Indigenous Medicine, University of Colombo

(ISAUS 2025)

"Preserving Heritage through Quality Research"

Abstracts

Postgraduate Institute of Indigenous Medicine
University of Colombo
Sri Lanka

2nd International Symposium on Ayurveda, Unani & Siddha Medicine (ISAUS PGIIM 2025)

Programme Book Designed by: Mr. D.G.R.L.Gunarathna

Published By: Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka

Contact Details
Tel: 0112681257
Email: arspgiim@pgiimed.cmb.ac.lk
Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.

Vision

To be a center of excellence, producing Ayurveda, Unani, Siddha and traditional health specialists of high professional standards, to meet health needs of the country and contribute to regional and world health in a responsive manner.

Mission

To produce specialists who possess knowledge and skills in Ayurveda, Unani, Siddha and traditional medicine with sound clinical and research competence in order to provide optimum humane health care to the people of Sri Lanka, the region and the world.

Organizing Committee of the 2nd International Symposium on Ayurveda, Unani and Siddha Medicine, Postgraduate Institute of Indigenous Medicine, University of Colombo (ISAUS PGIIM -2025)

Director/Symposium Chair	
Professor S.M.S. Samarakoon	Director/Symposium Chair Postgraduate Institute of Indigenous Medicine
Coordinator of the Symposium	
Mr. D.G.R.L. Gunarathna	Assistant Librarian
Administrative Officers	
Mrs. Gayani De Silva (Acting)	Senior Assistant Registrar
Ms. M.N. Anushika	Senior Assistant Bursar

Advisory Committee

Prof. S.M.S. Samarakoon	Director/Symposium Chair**,** Postgraduate Institute of Indigenous Medicine
Prof. S.P. Molligoda	Chairperson, Board of Study in Ayurveda Medicine
Prof. M.S.M. Shiffa	Chairperson, Board of Study in Unani Medicine
Prof. N. Varnakulendran	Chairperson, Board of Study in Siddha Medicine
Dr. H.L.M.G. Sajeewani	Secretary, Board of Study in Ayurveda Medicin
Prof. M.U.Z.N. Farzana	Secretary, Board of Study in Unani Medicine
Dr. Rakulini Sujeevan	Secretary, Board of Study in Siddha Medicine

Scientific and Editorial Committee

Dr. I.A.M. Leena	Chairperson, Specialty Board of Kaumarabhrithya
Dr. E.D.T.P. Gunarathne	Chairperson, Specialty Board of Kayachikitsa
Prof. K.P.K.R.Karunagoda	Chairperson, Specialty Board of Prasutitantra Streeroga
Dr. P.G.T.P. Kumara	Chairperson, Specialty Board of Shalyatantra
Prof. S.K.M.K.Herapathdeniya	Chairperson, Specialty Board of Bhaisajyakalpana & Rasashastra

Dr. K.G. Surangi	Chairperson, Specialty Board of Shalakyatantra
Dr. M.C.M. Mahees	Chairperson, Specialty Board of Moaijat
Prof. N. Fahamiya	Chairperson, Specialty Board of Ilmul Advia
Dr. S. Ushakanthan	Chairperson, Specialty Board of Gunapadam
Dr. (Ms). S. Varnakulendran	Chairperson, Specialty Board of Marutuwam
Dr. O.T.M.R.K.S.B. Kalawana	Secretary, Specialty Board of Kaumarabhritya
Dr. M.R.S. Peiris	Secretary, Specialty Board of Kayachikitsa
Dr. Y.A.U.D. Karunarathna	Secretary, Specialty Board of Prasutitantra Streeroga
Dr. K.K.V.S.Peshala	Secretary, Specialty Board of Shalyatantra
Dr. U.R.S.R.K. Senarathna	Secretary, Specialty Board of Bhaisajyakalpana & Rasashastra
Dr. L.D.R. De Silva	Secretary, Specialty Board of Shalakyatantra
Dr. (Mrs) F.N.M.Nizamdeen	Secretary, Specialty Board of Moaijat
Dr.B.I.Nihara	Secretary, Specialty Board of Ilmul Advia
Dr. S. Kanagasundaram	Secretary, Specialty Board of Gunapadam
Dr. (Mrs.) B. Uthayanan	Secretary, Specialty Board of Marutuwam

Inauguration Committee

Professor S.M.S. Samarakoon	Director/Symposium Chair, Postgraduate Institute of Indigenous Medicine
Mr. D.G.R.L. Gunarathna	Assistant Librarian
Mrs. Gayani De Silva	Senior Assistant Registrar (Acting)
Ms. M.N. Anushika	Senior Assistant Bursar
Ms. J.A.N.V. Jayasuriya	Management Assistant
Ms. L.L.H.T. Alwis	Management Assistant
Ms. S.V. Sinduja	Management Assistant
Ms. J.M.D.M. Jayasundara	Management Assistant
Ms. A.D.W. Jayamini	Management Assistant
Ms. D.P.T.P.Diyunugala	Management Assistant
Mr. M.A.I.C. Munasinghe	Technical Officer
Mr. K.G. Sajitha Dilanka	Works Aide

Content

Message from the Vice Chancellor, University of Colombo

It is with great pleasure that I extend my heartfelt congratulations to the Postgraduate Institute of Indigenous Medicine (PGIIM) on its second Annual Research Symposium "International Symposium on Ayurveda, Unani, and Siddha (ISAUS 2025)" scheduled to be held on the 17th and 18th of October 2025.

This year's theme, "Preserving Heritage through Quality Research," appropriately reflects the mission of the institute to safeguard the rich traditions in indigenous medicine through evidence-based research and scholarly engagement. I commend the Director and the Organizing Committee for their vision and dedication to creating this vital platform that bridges ancestral wisdom with modern scientific knowledge.

The symposium offers a valuable opportunity for researchers, practitioners, and academics to exchange knowledge, explore innovative approaches, and foster meaningful collaborations in Ayurveda, Unani, Siddha, and other traditional healing systems. By advancing high-quality research in these fields, we not only enhance healthcare outcomes but also honour and preserve the cultural legacy embedded in indigenous medical practices.

I trust that the insights shared during this symposium will inspire impactful research, deepen interdisciplinary understanding, and contribute to the sustainable integration of traditional medicine into modern healthcare systems. I extend my best wishes to all participants and look forward to the continued growth and success of PGIIM in its journey to promote indigenous medicine through scholarly excellence.

Professor Indika Mahesh Karunathilake
Vice Chancellor
University of Colombo

Message from the Director/Symposium Chair of Postgraduate Institute of Indigenous Medicine

The Postgraduate Institute of Indigenous Medicine (PGIIM) is the premier institution in Sri Lanka for postgraduate education in traditional medicine, functioning under the University of Colombo. PGIIM offers MD programs across all three major traditional medical systems; Ayurveda, Siddha, and Unani with qualifications recognized as equivalent to a doctoral degree under the Sri Lanka Qualifications Framework (SLQF). Currently, PGIIM conducts five MD programs in Ayurveda and one MD program in Unani Medicine, with plans underway to launch six more MD programs soon.

In its continued commitment to fostering research and knowledge dissemination, PGIIM has organized its International Symposium on Ayurveda, Unani, and Siddha Medicine (ISAUS 2025) for the second consecutive year. Building on the success of the inaugural symposium held last year, this year's event is themed: "Preserving Heritage Through Quality Research" a timely and critical focus in the Sri Lankan context. The symposium features four key thematic areas: Clinical Research on Traditional Medicine, Health Promotion through Traditional Medicine, Health and Wellness Tourism through Traditional Medicine, and Traditional Medicine-Based Nutraceuticals and Pharmaceuticals. More than 50 research papers are scheduled for presentation during the scientific sessions, reflecting the growing academic interest and rigorous scholarship in this field. The event is further enriched by the presence of eminent scholars and renowned physicians, who will deliver keynote addresses and share their valuable insights.

As the Director of PGIIM and Chair of the Symposium, I am honored to extend a warm welcome to researchers, scientists in Indigenous Medicine and allied disciplines, and delegates from India and beyond to this valuable academic gathering. Your participation will undoubtedly contribute to the advancement of traditional medicine not only in Sri Lanka, but across the region.

Professor S.M.S. Samarakoon
Director / Symposium Chair

Introduction to the Guest of Honour

It is with great pride and respect that we welcome Prof. (Dr.) Pradeep Kumar Bharadwaj, an eminent academician, administrator, and visionary leader in the field of Ayurveda, as the Guest of Honour for the 2nd International Symposium on Ayurveda, Unani, and Siddha (ISAUS) 2025, organized by the Postgraduate Institute of Indigenous Medicine, University of Colombo.

Prof. Bharadwaj currently serves as the Chancellor of Himalayiyi University, Dehradun, and as Chairman of Himalayiye Ayurveda, Yoga Evam Prakratik Chikitsa Sansthan, Dehradun. With an illustrious career spanning over three decades, he has held several distinguished positions including Professor of Shalya Tantra (Surgery) at Banaras Hindu University, Director/Dean at Himalayiye Ayurvedic Medical College & Hospital, Dehradun, Principal & Superintendent at Rishikul Government Post-Graduate Ayurvedic College & Hospital, Haridwar, and Dean, Faculty of Ayurveda at H.N.B. Garhwal University, Srinagar. Academically accomplished, Prof. Bharadwaj holds a Ph.D. in Ayurveda from Dr. S.R. Rajasthan Ayurveda University, Jodhpur, an M.D. in Ayurveda from Banaras Hindu University, Varanasi, and a B.A.M.M.S. from Lucknow University, along with a B.Sc. from Meerut University. He brings with him more than 20 years of administrative and research experience, and over 35 years of teaching expertise at UG, PG, and doctoral levels. He has guided more than 30 MD/MS scholars, five postgraduate diploma holders, and four Ph.D. candidates, and has published over 35 research papers in reputed national and international journals. His contributions have been recognized with several honours, including the Saraswat Samaj Seva Samman, Honour of Fellowship by All India Sharir Research Institute, the Vaidya Shiromani Award, and the Ayurveda Martand Award. His deep commitment to Ayurveda education, research, and patient care continues to inspire generations of scholars and practitioners worldwide.

We are honoured to have Prof. (Dr.) Pradeep Kumar Bharadwaj grace ISAUS 2025 as our esteemed Guest of Honour.

Prof. Pradeep Kumar Bharadwaj
Chancellor
Sparsh Himalaya University, Dehradun, Uttarakhand (India)

ABSTRACT OF THE GUEST OF HONOUR SPEECH

An overview of importance of Shalya Tantra its heritage and significance in the Present era of quality research

Prof. Pradeep Kumar Bharadwaj

Chancellor, Sparsh Himalaya University, Dehradun, Uttarakhand, India

Distinguished colleagues, respected organizers, and dear participants, It is both an honor and a privilege to join you at this important gathering dedicated to the advancement of Ayurveda and *Shalya Tantra*. Ayurveda, as we all know, is not merely a medical system—it is a timeless science of life that has guided human well-being for thousands of years. Among its eight distinguished branches, *Shalya Tantra*, the surgical discipline, has always held a unique place. From trauma management and wound healing to reconstructive procedures, obstetrics, and innovations such as *Kshara Sutra* and leech therapy, it demonstrates the remarkable depth of knowledge our forebears possessed. History reminds us that during the Vedic period, the Ashwini Kumaras were celebrated for their surgical skills, and later, modern institutions such as BHU pioneered postgraduate training and research that gave *Shalya Tantra* its rightful recognition in society. Today, we proudly acknowledge the contributions of great teachers and researchers whose work has transformed ancient wisdom into practical, evidence-based science. Yet, we must also recognize the pressing need of our time: **research in Ayurveda is no longer optional it is essential.** Rigorous, interdisciplinary, and ethically grounded research validates traditional practices, ensures safety and efficacy, and adapts our knowledge to address contemporary challenges such as diabetes, cancer, and lifestyle-related disorders. It is through research that Ayurveda gains global credibility, fosters innovation, and secures its integration into modern healthcare systems. As we look forward, let us remember that our responsibility is twofold: to preserve the profound heritage of Ayurveda and to advance it with scientific rigor for the benefit of future generations. Together, we can ensure that *Shalya Tantra* and Ayurveda continue to serve humanity with wisdom, compassion, and relevance. Thank you.

Keywords: *Shalya Tantra**,** Ayurveda Heritage, Surgical Discipline**,** Evidence-based Research, Integrative Healthcare*

Introduction to the Keynote Speaker -I

It is great honor to introduce Senior Professor P.A. Paranagama, an eminent academic and researcher, who currently serves as the Dean of the Faculty of Graduate Studies, University of Kelaniya. Professor Paranagama holds a BSc and an MPhil in Chemistry from the University of Kelaniya and earned her PhD in Chemistry from the University of Glasgow, United Kingdom.

A distinguished scholar, Professor Paranagama's pioneering research has greatly advanced the fields of natural product chemistry and indigenous medicine. Her expertise spans the development of value-added products from indigenous medicine, isolation and characterization of bioactive compounds from endolichenic fungi, value addition of essential oils and spices, and the development of bio pesticides for agricultural pest control in Sri Lanka. She has also made significant contributions to understanding the mode of action of bio pesticides, which has strengthened sustainable agricultural practices.

Professor Paranagama has an impressive record of academic leadership. She has served as the Dean of the College of Chemical Sciences at the Institute of Chemistry Ceylon in 2016, and from 2018 to 2023, as the Director of Indigenous Medicine at the University of Colombo. Since 2012, she has also held the prestigious position of Chair of Chemistry at the Department of Chemistry, University of Kelaniya.

With her remarkable blend of academic excellence, leadership, and innovative research, Senior Professor P.A. Paranagama continues to inspire both the academic community and the wider scientific world. We are privileged to welcome her today as our Keynote Speaker.

Senior Professor (Chair) Priyani Asoka Paranagama
Dean – Faculty of Graduate Studies, University of Kelaniya

ABSTRACT OF THE KEYNOTE SPEECH

Bridging the Gap between Traditional Medicine and Modern Science In Sri Lanka

Senior Professor (Chair) Priyani Asoka Paranagama
Dean, Faculty of Graduate Studies, University of Kelaniya

Indigenous medicine has served as a foundation of healthcare across the world, particularly in regions enriched with long-standing ethnomedical traditions. Systems such as Ayurveda, Unani, and Siddha have relied on herbal formulations for centuries, offering proven remedies for a variety of ailments. While this traditional knowledge has shown immense therapeutic value, integrating it into modern healthcare frameworks requires improvements in product quality and bioactivity to guarantee safety, efficacy, and reproducibility.

Ongoing research is dedicated to establishing systematic methods for strengthening indigenous medicinal products. These efforts focus on standardization, scientific validation, and innovative formulation strategies. Key priorities include identifying bioactive compounds from underutilized medicinal plants, refining extraction techniques to enhance yield, and applying robust quality control tools like chromatographic and spectroscopic analyses. Emerging technologies including nanotechnology and targeted drug delivery are also being explored to increase the bioavailability and therapeutic effectiveness of herbal preparations.

Equally important is the preservation of traditional knowledge, ensuring that modern science complements rather than replaces these practices. Sustainability is emphasized through the responsible sourcing of raw materials, minimizing variability across production batches, and aligning with international regulatory requirements. Practical demonstrations, such as poly herbal formulations and poly herbal mineral formulations showcase how process optimization can significantly improve antioxidant, anti-inflammatory, antidiabetic and anti-acetylcholine esterase activities. By harmonizing ancient wisdom with contemporary science, this work aspires to strengthen the global credibility and acceptance of indigenous medicine as a reliable healthcare option. Enhancing product quality and bioactivity not only bolsters consumer trust but also supports the economic advancement of local communities engaged in cultivating and processing medicinal plants. Ultimately, these initiatives highlight the potential of indigenous medicine to provide sustainable solutions to both present and future health challenges worldwide.

***Keywords**: Indigenous Medicine, polyherbal formula, Polyherbal mineral formula, Bioactivities*

Introduction to the Keynote Speaker -II

Dr. L.P.A. Karunathilake, DAMS (Hon) from the University of Colombo, obtained his MD in Ayurveda (Shalya) from Banaras Hindu University, India, and his PhD in Ayurveda (Shalya) from Gujarat Ayurveda University, India. He has held several senior academic and administrative positions, including Senior Lecturer (Grade I) at the Institute of Indigenous Medicine (IIM), University of Colombo, Senior Consultant Surgeon at the Ayurveda Teaching Hospital, Borella, and Additional Director (Postgraduate) of the IIM. He has also served as Head of the Ayurveda Section, the Department of Shalya Shalakya, and the Department of Shareera Rachana, while contributing as a visiting lecturer at Gampaha Wickramarachchi University. His leadership extended beyond academia as President of the Teachers' Association at IIM, Chairman of the Ayurveda Teaching Hospital Committee appointed by the Ministry of Indigenous Medicine, Director of the Consumer Affairs Authority under the Ministry of Trade and Marketing Development, and member of the Sri Lanka Export Development Board promoting Ayurveda services abroad. Dr. Karunathilake has supervised several postgraduate candidates, including PhD, MPhil, and MD researchers, and guided MBBS electives at the University of Colombo. He has been internationally recognized with prestigious honors such as the *National Susrutha Rathna Award* (India, 2008), inclusion in the *Millennium Register of Sri Lankan Personalities* (2006), and the *Twentieth Century Award for Achievement* from the International Biographical Centre, Cambridge. His global academic contributions include invited lectures at Kaushalya Bharati (Bengaluru, 2025), Shalyacon (Hyderabad, 2024), Gujarat Ayurveda University, and international forums in Germany, Sweden, Australia, and England. His research focuses on Ayurveda applications in surgery, oral cancer prognosis, diuretic trials comparing modern and Ayurvedic medicines, and water purification methods. He has published widely and authored the book *Ayurveda Shalya Vaidya Upakarana*. Through his academic, clinical, and research excellence, Dr. Karunathilake has significantly advanced Ayurveda and indigenous medicine, earning recognition both nationally and internationally.

Dr. L.P.A. Karunathilake
Former-Additional Director-(Postgraduate) - Institute of Indigenous Medicine-UoC
Former-Head of the Ayurveda section - Institute of Indigenous Medicine-UoC

ABSTRACT OF THE KEYNOTE SPEECH

Responsibility on Sri Lankan Ayurveda institution in Ayurveda Research Studies

Dr. L.P.A. Karunathilake

Former-Additional Director-(Postgraduate) - Institute of Indigenous Medicine-University of Colombo
Former-Head of the Ayurveda section - Institute of Indigenous Medicine-University of Colombo

Ayurveda, one of the world oldest system of medicine, is deeply rooted in observation, experimentation, and continues refinement. Ayurveda aspects to be known to the commencement of a project in medical field. Areas of research works needed today from Ayurveda. Today Sri Lanka Ayurveda Medical system has special and important responsibilities and involvement to prove Ayurveda fundamentals and its truth to the nation.

It needs urgently to prove and show some important areas of believes, lifestyle followings, mental health preserving activities through real Ayurveda based research studies.

There was some research studies conducted in past with the collaboration of western medical professionals. This keynote will discuss was Ayurveda medical science having knowledge of research fundamentals? Was there research in Ayurveda medical system since its inception?

Is Ayurveda medical science followed modernization since its original founder's time?

Timely need of research studies related Ayurveda will also be discussed.

The essential aspects to be considered when commencing Ayurveda related research projects, outline the current gaps, and highlight the areas where Ayurveda can make unique and impactful contributions. The call today is not merely to preserve a tradition, but to advance it through scientific inquiry, ensuring that Ayurveda continues to serve humanity with authenticity, credibility and relevance.

List of Abstracts

Review of Ayurveda interventions in the management of Menopausal Symptoms a systemic review

M. K. G. C. M. Manike[1] , H. L. M. G. Sajeewani[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2]*Bandaranayake Memorial Ayurveda Research Institute (BMARI), Sri Lanka*

Menopause, defined as the permanent cessation of menstruation, is a universal physiological transition that typically occurs between the ages of 45 and 55. In Ayurveda, the concept of Rajonivrittijanya Lakshana corresponds to menopausal symptoms. A comprehensive literature search initially identified 117 articles across multiple databases (PubMed, ResearchGate, DHARA, CCRAS). After removing duplicates, 90 articles remained for title and abstract screening. Of these, 78 were excluded as they were not randomized controlled trials (RCTs) or did not evaluate Ayurveda-based interventions. Twelve RCTs met the inclusion criteria, investigating a variety of Ayurvedic herbs and formulations. Women aged 40–60 years participated in these clinical studies. Shatavari emerged as the most commonly used herbal intervention, while Shirodhara and Nasya were employed as external Panchakarma therapies. The results demonstrated significant improvements in somatic symptoms (e.g., hot flashes, night sweats, sleep disturbances) and psychological symptoms (e.g., anxiety, depression, mood swings) compared to conventional treatments. Additionally, improvements in hormonal balance and overall quality of life were observed, with minimal adverse effects. This systematic review supports the efficacy and safety of Ayurveda interventions in managing menopausal symptoms. Further research is warranted to optimize treatment protocols and clarify mechanisms of action.

Keywords: *Menopausal symptoms, Shathawari ,Shirodhara, Nasya*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Herbal food supplement as a natural diabetic controller: testing its functional properties with clinical evaluation

H.R.D.N. Dasanayaka[1] , B.W.V.V. Bokanda[2] , S.S. Darvin[2]

[1]*Faculty of Livestock, Fisheries and Nutrition, Wayamba University of Sri Lanka,*
[2]*Beam Hela Osu Lanka (pvt) ltd, Sri Lanka*

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively utilise the insulin produced by the pancreas. One such illness and cause of death in Sri Lanka is diabetes mellitus and its associated complications. However, today, most diabetic patients consume oral hypoglycaemic medication daily as part of their treatment and prevention. These chemical-based medicines maintain blood sugar levels in diabetic patients but can still cause some side effects. This research focuses on a herbal food supplement prepared by incorporating natural hypoglycaemic ingredients, and its pharmacological effects were tested using 30 randomly selected individuals between 30-60 years for clinical evaluation. The study was conducted to assess the effectiveness of a herbal food supplement in controlling the progression of both type 1 and type 2 diabetes mellitus and its related complications. The supplement is formulated as a capsule containing 450mg of dry powdered Jawa Plum (Syzygium cumini), Fenugreek (Trigonella foenum-graecum), and Avaram senna (Semma auriculata). These ingredients have been traditionally used for their antidiabetic properties, which are believed to be due to hypoglycaemic and insulin-mimetic bioactive compounds. The primary parameter for the clinical trial was the change in HbA1c (glycated haemoglobin) levels before and after three months of capsule consumption. HbA1c is the standard measure of long-term glycaemic control, with a normal range between 4% and 5.6%. Paired t-tests were used for data analysis, revealing p-values less than 0.05, indicating a significant decrease in HbA1c levels among the participants. These results support traditional knowledge about the substances used in the supplement, and statistical analysis demonstrates a positive effect in controlling blood sugar levels in diabetics.

Keywords: *Diabetes mellitus; hypoglycaemic drugs; Jawa Plum: Fenugreek; Avaram senna*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Successful Ayurveda Management of Female Subfertility with PCOD: A Case Study

P. D. P. Deepanie Jayasumana[1] , K. P. K. R. Karunagoda[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2] *Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

This case study reports the successful Ayurveda management of subfertility in a 26-year-old G2P0C0 female with a six-year history of irregular menstruation and five years of unsuccessful conception despite allopathy treatment. The patient had two complete miscarriages, at 8 weeks in 2018 and at 11 weeks in 2021, and had never used contraceptives. Menstrual history included menarche at 15 years, normal volume and colour, absence of clots or odor, but intermittent spotting and scanty bleeding during the first two days of menstruation, accompanied by moderate lower abdominal pain in the preceding year. She presented with clinical features of PCOD with low follicular maturity, confirmed by D12-TVS on 04th December 2023. Hysterosalpingography in January 2024 showed normal tubal patency, and her husband's semen analysis was normal, ruling out male factor infertility. An individualized Ayurveda treatment protocol was implemented over eight weeks in three phases. The initial two-week outpatient phase focused on *Ama pachana* and *Agni deepana* using *Pranadajamoda* decoction, *Chandraprabhavati*, *Avipaththikara choorna*, and *Manibadra choorna*. The subsequent four-week inpatient phase included internal medications such as *Punarnavashtaka* decoction, *Kanchanara Guggulu*, *Gokshura Guggulu*, *Arogyawardhani Vati*, *Hingvashtaka choorna*, *Guduchi choorna*, and *Dhatri choorna*. Local therapies comprised *Nadi Sweda* with *Sarshapadi* oil and Nikadi pottani, *Yoga Vasti* (8 days of *Anuvasana* with *Nirgundyadi* oil and *Niruha Vasti* with *Kaluduru–Shatapushpa* decoction), and abdominal applications of *Dashanga Lepa*. Further Panchakarma procedures included *Shirodhara*, *Nasya* (*Nirgundyadi* oil and *Nuga Karati*), and *Yoni Sheka* with *Panchavalkala* decoction and lastly *Tharpana* treatment with *Shathavari gopakanya* decoction and *Pushpadhanwa rasa* for 2 weeks. Following the treatment, the patient conceived naturally in September 2024 reported with matured follicles and delivered a healthy infant via normal vaginal delivery in June 2025. No adverse drug reactions were reported. This case illustrates the potential of comprehensive, individualized Ayurveda interventions in enhancing reproductive health through systemic detoxification, hormonal regulation, and reproductive tissue rejuvenation in female subfertility with PCOD.

Keywords; *Subfertility, Ayurveda management, PCOD, Case study*

Post-Marketing Surveillance Study Of *Rath Handun* Care Body Lotion By Bilesma Natural Pvt Ltd.

E. M. S. H. Edirisinghe[1], M. A. P. H. Silva[2]

[1,2] *Bilesma Natural (Pvt) Ltd, Sri Lanka*

This post-marketing surveillance (PMS) study assessed the real-world effectiveness, sensory attributes, and consumer acceptance of Bilesma Natural Pvt. Ltd.'s proprietary Ayurvedic blended formulation, *Rath Handun* Care Body Lotion, focused on its real-world use. The lotion is meant for daily use and supports hydration, soothing, and hyperpigmentation management. While quality and efficacy were evaluated during product development, this study aimed to confirm these claims during normal use. A non-interventional observational approach was taken with 203 participants aged 18-45 years who used the lotion for 4-6 weeks. Participants were recruited through an online platform and completed structured questionnaires. Effectiveness (e.g., hydration, dryness, hyperpigmentation), and user experience (fragrance, texture, absorption, after-feel) were all evaluated. Improvement in hydration, dryness, hyperpigmentation, satisfaction, and other quantitative metrics were calculated using basic statistical techniques available in Microsoft Excel. Findings showed that 69.95% of respondents reported strong positive maintenance of skin hydration, and 74% noted marked improvement in dryness. Sensory evaluations indicated high acceptance, with 81% rating ease of application as very easy, 76% reporting easy absorption, 72% describing fragrance as pleasant, and 79% perceiving the after-feel as smooth. Overall, 82% were satisfied or very satisfied with the product, 85% indicated definite intent to repurchase, and 87% were likely to recommend it. These results suggest that the lotion demonstrates strong consumer satisfaction and favorable performance under real-world usage conditions, supporting its potential for continued market success.

Keywords: *Post-Marketing Surveillance, Ayurvedic Body Lotion, Skin Hydration, Consumer Acceptance , Hyperpigmentation Management*

Review of *Madhukadi charmalepa* on the management of Hyperandrogenism features in Polycystic Ovarian Syndrome(PCOS)

B. S. Samarawickrama[1], K. P. K. R. Karunagoda[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

Polycystic ovarian syndrome (PCOS) is a metabolic, reproductive, and psychological disorder affecting 6–20% of reproductive-age women worldwide. Hirsutism, Acne, and Acanthosis nigricans are common hyperandrogenism features of PCOS that mainly affect the mental status in young women. In Ayurveda, we can correlate it with *Arthawaksya* according to *Charakacharya* and *Pushpagni Jathaharani* according to *Haritha Samhitha*. This comprehensive review analyses the pharmacological properties of the ingredient of *Madhukadi Charmalepa*, a traditional Ayurvedic formulation used at the National Ayurveda Hospital, Borella, in hyperandrogenic features of PCOS. *Nelumbo nucifera, Terminalia chebula, Santalum album, Coscinium fenestratum, Glycyrrhiza glabra, Curcuma zedoaria* and bee honey are components of *Madhukadi charmalepa.* This comprehensive study was conducted, and relevant literature was sourced from PubMed, Google Scholar, and Ayurvedic classical texts, with inclusion criteria focusing on research from 2015 to June 2025. The ingredients exhibit potent pharmacological properties such as anti-inflammatory, antioxidant, anti-acne, anti-androgenic, and skin rejuvenating effects. Specific actions like the estrogenic and androgen-suppressing properties, wound healing, collagen-enhancing effect, and antimicrobial activity contribute to alleviating PCOS related dermatological symptoms. Ayurvedic attributes such as *Tridoshaghna, Kusthaghna, Varnya,* and *Rasayana* further support the formulation's efficacy in reducing hyperandrogenism symptoms. According to the findings of the review, the ingredient of the *Madukadi Charmalepa* contains the potential ability to act against the hyperandrogenic features of the face in PCOS cases. A clinical study is suggested to prove its significant action scientifically.

Keywords: *Madukadi charmalepa, pharmacological properties, PCOS, Hyperandrogenism, Ayurveda properties*

Efficacy of *Sahachara* Oil *Kati Pichu* and *Sinhasya Dantee Kashaya* for *Gridhrasi* with Evidence Based Management- A Case Series

B.G.M. K. Rajakaruna [1*], N.D.N. Jayawardhane [2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

Among eighty types of *Vata Vyadhi* mentioned in Ayurveda authentics *Gridhrasi* is a pain predominant most prevailing health problem which is quite significant as more than 75% of the world's population. It is badly hindrance to the day today life of working population. The word "*Gridhrasi"* suggests the abnormagait of patient, similar to vulture due to the effect of the *Gridhrasi Nadi*. Signs and symptoms of *Gridhrasi* closely enumerated with the symptoms of sciatica which is described in Allopathic Medicine. Most of the conventional systems of medicines have short term pain relief treatments or the surgical interventions which has more after effects and high cost. In Ayurveda, it has various treatment modalities for the *Gridhrasi* disease based on the holistic approach. Among them V*ata shamana* or Vata pacification treatment has focused on the normalization of *Gati* and*Gundhana Kriya* which help to reduce the pain as well as the abnormal gait of the patient. The present Study was conducted to evaluate the efficacy of specific Ayurveda treatment protocol for five *Gridhrasi* patients. In this study *Sinhasya danthi* decoction given internally and *Sahachara* oil applied externally as *pichu* for two weeks.Assessment was done before stat the treatment after 7th day of treatment and at the End (after 14th days) of the treatment. Straight Leg Raising Test (SLRT), Movements of lumbar sacral region and Visual Analog Scale (VAS) of pain used as assessment criteria.Lumbar sacral x-ray was taken for diagnosis purpose. At the end of the treatment reduced clinical features could observe;such as increased their SLRT angle, improve themovements of lumba sacral region, decreased the VAS scale of pain and increased the quality of life. The results indicate a positive pathway for future treatment strategies for *Gridhrasi*.

Keywords: *Sinhasya dantee decoction, Sahachara oil, Gridrasi, Kati Pichu , Vata Shamana*

Ethno-Medicinal Survey on Acute Wound Treatment in Indigenous Community in Dambana

K.H.M.C.D Herath[1], B.M.S. Amarajeewa[1]

[1]*Leafy Ayuur Ayurveda Medical Center, Kesbewa. Sri Lanka*
[1]*Faculty of Indigenous Medicine, University of Colombo. Sri Lanka*

Sri Lanka possesses a unique indigenous medical system known as *Deshiya Vedakama*, rooted in centuries-old traditions passed down through generations. Within this context, the Dambana indigenous community stands out for its distinctive ethnomedicinal practices, especially in the treatment of acute wounds. This study explores the traditional wound healing methods practiced by the Veddas of Dambana, aiming to identify medicinal plants used and evaluate the uniqueness of their healing system. Data were collected through structured interviews with indigenous practitioners in Dambana and its suburbs. Approximately thirty plant species were documented, each identified by their Sinhala and scientific names, and categorized according to their healing properties— *Vranashodhana* (wound cleaning), *Vranaropana* (wound healing), and hemostatic (bleeding control) actions. Notably, three plants—**Gadabo (Tridax procumbens), Kaheyyan (species unidentified), and Gongotu (Streblus asper)**—were found to be exclusive to the Dambana community's medical repertoire, not widely used in mainstream Ayurveda. The findings reveal that the Dambana healing system is deeply tied to nature and cultural heritage. It is transmitted orally within the community and guarded with strict confidentiality, often resistant to external inquiry. However, due to environmental degradation, modernization, and diminishing interest among younger generations, this invaluable knowledge faces the risk of disappearance. The study underscores the importance of recognizing, documenting, and protecting such indigenous knowledge systems. Further pharmacological research into the unique plant species identified may provide insights for integrative wound healing therapies. Building trust and preserving the lifestyle and environment of the Dambana Native community are vital to safeguarding their medicinal legacy.

Keywords*:Ethnomedicine, acute wound, Dambana Native Community, traditional medicine, medicinal plants.*

Comparative Clinical Efficacy of Dry Cupping and Wet Cupping Therapy in the Management of Sciatica

A.R. Rashida

Faculty of Graduate Studies, Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka.

Sciatica is a major health and socio-economic problem in contemporary society and interferes with a person's everyday activities and lowers their quality of life. It is "pain in lower back and hip caused by irritation or compression of the sciatic nerve. It is treated by NSAIDs and spinal surgery. In Ayurveda sciatica is related to Gudrasi. Bloodletting is effective treatment. In Unani, it is refered to Irq-un-Nasa. Hijamah (wet cupping) is one of recommended treatment. The aim of Hijamah is extraction of harmful substances from body, to divert or evacuate materials from the diseased part to return to its natural position by creating negative pressure in cups by heat or by special suction apparatus. In order to validate scientifically, Wet cupping therapy and Dry cupping therapy were selected to evaluate their efficacy comparatively in the management of Sciatica by a simple randomized, comparative clinical study. 60 diagnosed cases of Sciatica from surgery clinic of Ayurveda Hospital Narammala, aged between 20 to 60 years of either gender fulfilling the inclusion criteria were selected and after obtaining voluntary informed consent randomly allocated into two groups A and B of 30 patients each. Group A was treated by Wet Cupping and Group B by Dry Cupping therapy. Cupping therapy was performed on selected points as per criteria for four visits at an interval of 15 days between each session in both groups. Clinical observations including estimation of pain, pricking sensation, stiffness and straight leg raising test were assessed before and after the treatments. According to the comparison under Mann Whitney U test pain, pricking sensation, stiffness and straight leg raising test were more significant in Group A than Group B ($p<0.05$). The study has revealed that Wet Cupping therapy was more effective than Dry Cupping therapy in the management of Sciatica.

Keywords: *Hijamah; Irq-un-Nasa; Sciatica; Gudrasi; Cupping*

Clinical effect of Marham-e-Mazoo in the management of Hemorrhoid

H.Z.J. Firdawuz

Faculty of Graduate Studies, Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka

Hemorrhoids are very common anorectal conditions seen in ano-rectal OPD. It is specialized highly vascular cushions of thick sub mucosa, containing blood vessels, smooth muscles, elastic and connective tissue. In Ayurveda, it can be well correlated with Arshas and in Unani medicine it's known as Bawasir. In modern medical science, many procedures are described for management of hemorrhoids, of which hemorrhoidectomy is commonly preferred by surgeons, but after sometime of excision there is great possibility of reappearance of the disease. Because of inefficient medical management and high denying rate for surgical intervention, there is a need of an alternative treatment approach. Unani classical literature is replete with anti-hemorrhoidal drugs, but scientific evidence is lacking. Therefore, Marham-e-Mazoo having potent anti-hemorrhoidal actions were selected to evaluate their effectivness in the management of hemorrhoid. Patients were selected from Ayurveda Base hospital Doluwa, Sri Lanka. This research was conducted on 40 patients. They were randomly divided into two groups. Group A was used as a test group and patients were asked to apply Marhame-e- mazoo twice daily with internal medicine. Group B was used as control group with only internal medicine. This was a clinical study of 28 days and follow up to six weeks. Anal pain, prolapse of pile mass, itching, bleeding and bowl habits were assessed before and after the treatments. According to Wilcoxon rank test, there were statistically extremely significant effect on anal pain, prolapse of pile mass, bowel habits, itching and bleeding in group A than group B ($p<0.05$). According to the comparison under Mann Whitney U test there were statistically significant difference between two groups after treatment on anal pain, prolapse of pile mass and bleeding ($p<0.05$). The study revealed that Unani pharmacopeia drug Marham-e-Mazoo is very effective, safe and cost-effective drug for the managment of hemorrhoids.

Keywords: *Haemorrhoids, Unani, Arshas, Bawaseer, Marham-e-Mazoo.*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

A review of Pharmacodynamic and Pharmacological Potentials of *Ksheerabala Taila* used in *Nanathmaja Vata Vyadi.*

D.K.P.P. Dissanayake[1] , R.D.H. kulathunga[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

Ksheerabala Taila (KbT) is one of the most widely used formulations in the management of *Vata Vyadhi*, including *Pakshagata, Gridhrasi, Sandhigata Vata, Kampa Vata, and Ardita.* It is administered in various therapeutic modalities such as *Snehana*, *Shiro Pichu*, *Shirodhara*, *Matra Vasti*, *Shiro Vasti*, and *Nasya*. The preparation methods and therapeutic indications describe in the the *Sahasrayogam Thaila Prakaranaya.* It is prepared by processing *Bala* (*Sida cordifoilia*), cow's milk (*Ksheera*) and sesame oil (*Tila Taila*). This review aims to explore its pharmacodynamic and pharmacological potentials based on classical knowledge. A literature survey was conducted using Ayurvedic texts such as *Sahasrayogam, Charaka Samhita, Sushruta Samhita, Bhavaprakasha* and modern databases such as research gait, google scholar. *Bala* has *Vedanastapana* and *Shothahara* properties. *Tila Taila* possesses S*nehana, Vedanastapana, Sandhaniya, Vrana Shodana, Vrana Ropana* and *Keshya* properties. *Cow's milk* exhibits *Snehana, Sandhaniya, Ropana* and *Bala wardhana* qualities. KbT predominantly exhibits *Madhura Rasa* (100 %), *Guru* and *Snigdha Guna* (33.3 %), *Picchila guna (*22.2 %*)*, *Shita Virya* (66.6 %), *Ushna Virya* (33.3 %), *Madhura Vipaka* (100 %) properties. These combined qualities present to its *Vata* pacifying action and the combination of these three ingredients makes KbT to pacify all eighty *Nanatmaja Vata Vyadhi*. Pharmacologically, *Bala* shows analgesic, anti-inflammatory, and neuro protective effects; *Tila Taila* contains antioxidants and essential fatty acids aiding tissue repair. *Ksheera* provides proteins, calcium, and growth factors. Further scientific evaluation and clinical trials are needed to validate its efficacy, standardize its preparation, and ensure its safety in therapeutic practice.

Keywords: *Ksheerabala Taila, Vata Vyadhi, Ayurveda, Pharmacodynamic, Pharmacological potential*

An Observational Study on the Management of Patcha Vatham – A Case Series

Jancy Sahayam[1], B. Uthayanan[2]

[1]*Faculty of Siddha Medicine, Trincomalee Campus, Eastern University, Sri Lanka*
[2] *Faculty of Siddha Medicine, Trincomalee Campus, Eastern University, Sri Lanka*

Hemiplegia (Patcha Vatham) is a major neurological disorder that leads to long-term disability and dependence. In Sri Lanka, limited access to affordable rehabilitation highlights the need for alternative approaches. This study was undertaken to evaluate the clinical effectiveness of Siddha therapeutic interventions in the management of Patcha Vatham. This observational case series study was conducted to evaluate the clinical effectiveness of Siddha therapeutic interventions in the management of Patcha Vatham. The study was carried out over three months (June to August 2024) at the Siddha Teaching Hospital, Konesapuri, and Base Ayurvedic Hospital, Kappalthurai. A total of ten patients who fulfilled the predefined inclusion and exclusion criteria were enrolled after obtaining informed written consent. Patients were assessed using the Siddha diagnostic tool Envagai Thervu, alongside modern clinical evaluation methods including the Modified Ashworth Scale for muscle tone, the Medical Research Council (MRC) Muscle Strength Scale for muscle power, and reflex grading for deep tendon responses. Cranial nerve involvement, speech, coordination, and sensation were evaluated using a standardised numerical scoring system. The treatment protocol included Siddha internal medicines along with external therapies and limb-specific exercises. Data were collected through structured case report forms and analysed using ANOVA in Minitab. Post-treatment results showed significant clinical improvement: 80% of patients demonstrated an improvement in muscle power, with a mean increase of 2 points on the MRC scale; 80% showed a reduction in spasticity (≥1 point decrease on the Ashworth Scale); and 60–70% showed improvement in speech and cranial nerve function. These findings suggest the potential of Siddha medicine in promoting functional recovery in Patcha Vatham. Further studies with larger sample sizes and control groups are recommended to validate and expand upon these outcomes.

Keywords: *Patcha Vatham, Siddha medicine, hemiplegia, nerve function, coordination*

In-vitro Evaluation of Alpha-Amylase Inhibitory Activity of Selected Siddha Herbal Formulations for Potential Antidiabetic Properties.

T.Soruban[1], V.Sathiyaseelan[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2]Faculty of Siddha Medicine, University of Jaffna, *Sri Lanka*

Diabetes mellitus is a chronic metabolic disorder characterized by hyperglycemia due to insulin resistance or deficiency. One therapeutic approach for managing postprandial hyperglycemia involves inhibiting carbohydrate-digesting enzymes such as α-amylase. Siddha medicine, an ancient traditional system practiced in Sri Lanka and India, describes several herbal formulations for managing diabetes, referred to as "*Mathumegam*." The present study aims to evaluate the in-vitro α-amylase inhibitory activity of four Siddha single herbal formulations: *Keezhanelli Chooranam* (KNC), *Kadalranji Chooranam* (KRC), *Sathavari Chooranam* (SVC), and *Nilappanam Kizhanku Chooranam* (NKC). Raw drugs were collected, authenticated, and processed into *Chooranam* (powdered form) according to standard Siddha procedures. The in-vitro α-amylase inhibition assay was conducted at concentrations ranging from 62.5 to 1000 µg/mL. Percentage inhibition and IC_{50} values were calculated to determine enzyme inhibitory potential. All formulations exhibited concentration-dependent inhibition of α-amylase. KNC demonstrated the highest inhibitory activity with an IC_{50} value of 271.54 µg/mL, followed by SVC (488.32 µg/mL), KRC (639.89 µg/mL), and NKC (1504.92 µg/mL). Among the tested formulations, *Keezhanelli Chooranam* (KNC) showed the strongest α-amylase inhibitory activity, suggesting significant potential for antidiabetic application. These findings support the traditional use of these herbs in Siddha medicine for diabetes management and warrant further pharmacological and clinical investigations.

Keywords: *Antidiabetic activity, α-amylase inhibition, Keezhanelli Chooranam, Kadalranji Chooranam, Sathavari Chooranam, Nilappanam Kizhanku Chooranam*

From Waste to Wellness: Validating Unani Medicine's Holistic Principles through the Antimicrobial Efficacy of Fruit and Vegetable Discards

H.A.A.Masha[1] , M.U.Z.N.Farzana[2]
[1,2] Faculty of Indigenous Medicine, University of Colombo, Sri Lanka.

Unani medicine is founded on the principle of holistic and efficient utilization of natural resources such as vegetables and fruits. Despite this historical wisdom, a systematic synthesis of modern scientific evidence validating the antimicrobial properties of these specific wastes in the context of Unani principles is lacking. This review aims to bridge that gap by exploring the antimicrobial potential of commonly discarded plant parts and correlating these findings with Unani medical system, thereby providing a scientific foundation for a traditional holistic approach. A systematic comprehensive review was conducted following PRISMA guidelines. Electronic databases (PubMed, Science Direct, Google Scholar) were searched for peer-reviewed articles published between 2012 and 2024 using keywords including "vegetable and fruit waste," "antimicrobial activity," "Unani medicine," and specific plant names. After screening, a total of 28 articles met the inclusion criteria, which encompassed studies on the phytochemical and pharmacological properties of plant waste parts. Data regarding extraction methods, phytochemicals, antimicrobial efficacy, and mechanisms of action were extracted and synthesized. The review conclusively demonstrated that discarded plant parts (e.g. potato (*Aaloo*), mango (*Aam*) peel, banana(*kela*) peel, bottle gourd (*kaddu*)peel, cauliflower (*Phool hobi*) stem) are rich sources of potent antimicrobial bioactive compounds, including polyphenols, flavonoids, alkaloids, and tannins. These compounds exhibited broad-spectrum activity against key food-borne pathogens (*Staphylococcus aureus, Escherichia coli, Salmonella typhi, Candida spp.*) through mechanisms such as cell wall damage, inhibition of protein synthesis, and disruption of microbial membranes. Crucially, these scientific findings show a strong correlation with Unani therapeutic concepts. The anti-putrefactive and astringent (*Daf-e-Ta'affun, Qabiz*) properties align with treating infectious diarrhea and gastrointestinal infections. The ulcer-repellent and skin-strengthening (*Daf-e-Quruh, Muqawwi-e-Jild*) effects validate their use for topical applications against boils and wounds. This synthesis validates Unani medicine by showing that plant wastes possess strong antimicrobial properties, aligning with principles like *Taqliyul Akhlat* (purification of humors). Integrating traditional wisdom with modern science offers a sustainable approach to develop eco-friendly nutraceuticals and functional foods, turning waste into wellness. Future studies should standardize extracts and conduct in-vivo trials for practical application.

Keywords: *Vegetable and fruit waste, Antimicrobial activity, Unani medicine, Bioactive compounds.*

Efficacy of Majoon e Gheekawar in the Treatment of *Waja ul Mafasil Rukbah* (Knee Osteoarthritis): A Pilot Study

B.M. Rishad[1] , M. Shiffa[2], N. Fahamiya[3]

[1]Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.
[23]Faculty of Indigenous Medicine, University of Colombo, Sri Lanka.

Waja ul Mafasil Rukbah, a term for knee osteoarthritis (KOA) in Unani medicine, is a leading cause of mobility limitation among the elderly. According to Unani principles, KOA pathology stems from an imbalance of humoral temperament and the accumulation of morbid matter in the joints. The primary goal of treatment is to restore balance and eliminate these morbid materials. This study investigates the effectiveness of Majoon e Gheekawar, a traditional Unani compound formulation, for treating KOA. The formulation consists of Maghz-e-Gheekawar (pulp of *Aloe vera*), Sheer-e-Gao (cow's milk), and Qand Safaid (sugar). In this pilot study, six patients with KOA were administered 5g of Majoon e Gheekawar orally twice daily for four weeks. The primary outcomes—pain, function, and mobility were assessed using the Knee injury and Osteoarthritis Outcome Score (KOOS), Visual Analogue Scale (VAS), active and passive range of motion, and the 10-meter walking test. Paired t-tests were used to compare pre- and post-treatment data. Significant improvements were observed across all outcome measures. The mean KOOS pain score decreased from 29.0±2.76 to 13.17±2.14 ($p<0.001$), and the total KOOS score improved from 138.0±7.8 to 64.0±8.10 ($p<0.001$). Significant improvements were also found in VAS scores, active and passive range of motion, and walking time when compared to pre treatment data. This study demonstrates that oral administration of Majoon e Gheekawar significantly relieves the symptoms of knee osteoarthritis. These promising results provide a strong basis for further research into this traditional Unani formulation as a potential treatment for KOA.

Keywords: *Knee Osteoarthritis, KOOS, Majoon e Gheekawar, Waja ul Mafasil Rukbah*

Evaluation of the efficacy of Ayurveda formulations in the management of non-alcoholic fatty liver disease – a randomized clinical trial

K.P.D.C Perera[1], R.D.H Kulatunga[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[2] *Faculty of Indigenous Medicine, University of Colombo, Sri Lanka.*

Non-alcoholic fatty liver disease (NAFLD) is a common hepatic disorder, often linked to obesity and metabolic syndrome, ranging from simple steatosis to nonalcoholic steatohepatitis (NASH), which can progress to cirrhosis and hepatocellular carcinoma. The study has been focused on evaluating the efficacy of two Ayurveda formulations, *Phalatrikadi Kvatha* combined with either *Triphala Guggulu* or *Arogyavardhana Vati* for NAFLD management and Seventy-two patients were recruited to the study. They were randomly assigned to Group A (*Phalatrikadi Kvatha* with *Triphala Guggulu*) or Group B (*Phalatrikadi Kvatha* with *Arogyavardhana Vati*). Evaluations included clinical histories, anthropometric measurements hematological, biochemical and ultrasound imaging. The cohort was predominantly aged 61-70 years (53.1%) and) female, with the majority diagnosed with Grade II fatty liver (65.6%). Abdominal discomfort was the most frequent symptom (46.9%). Post-treatment, both groups showed significant symptom relief. Group A had a mean BMI reduction of 0.69±0.39, while Group B showed a reduction of 0.53±0.36 ($p > 0.05$). Liver function tests revealed a decrease in AST/SGOT levels for Group A (9.54±3.46) and Group B (9.61±4.08), though the difference was not significant ($p > 0.05$). However, ALT/SGPT levels showed a substantial reduction in Group B (37.60±14.83) compared to Group A (11.36±7.71) ($p < 0.05$). Additional improvements were seen in GGT, ALP, serum albumin, and bilirubin levels, though these changes were not statistically significant ($p > 0.05$). Serum creatinine levels showed mild reduction, with ultrasound imaging showing no significant change in liver echogenicity and parenchymal thickness. Both Ayurveda treatments were effective, with Group B demonstrating superior improvements in liver function, especially in ALT/SGPT levels, supporting the efficacy of these interventions for managing NAFLD.

Keywords: *NAFLD, Ayurveda, Phalatrikadi Kvatha, Triphala Guggulu, Arogyavardhana Vati*

Development and Clinical Evaluation of an Herbal Food Supplement for Regulating Blood Cholesterol level

M.D.S. Wanasinghe[1], B.W.G.V. V. Bokanda[2] and S.S. Darvin[2]

[1]*Faculty of Livestock, Wayamba University of Sri Lanka, Sri Lanka*
[2]*Beam Hela Osu Lanka (pvt)ltd, Miriswatta, Avissawella,Sri Lanka*

This study was focused on development and evaluation an herbal capsule that supports blood cholesterol regulate by using Cinnamon *(Cinnamomum verum*), Curry leaves *(Murrya koenigii (L.) Spreng)*, and Garlic (*Allium sativum*). According to the previous researches, these herbal materials have different active components which aid in regulating blood cholesterol level. There are, S-allyl cysteine and allicin, which are found in garlic, help lower LDL oxidation and cholesterol synthesis. Mahanimbine and quercetin, two carbazole alkaloids found in curry leaves, reduce triglycerides and total cholesterol while preventing oxidative stress. Cinnamon's polyphenols and cinnamonaldehyde improve lipid metabolism and increase HDL levels. These bioactive substances cooperate to support cardiovascular health by reducing total cholesterol, LDL, and triglycerides. Maintaining healthy cholesterol levels, specifically total cholesterol below 200 mg/dL, LDL below 100 mg/dL, and HDL above 50 mg/dL is important for cardiovascular health. Standardized drying and powder-blending methods were used to prepare the formulation, which was then encapsulated in a sanitary environment. Initially, forty adults were randomly chosen and checked their lipid profiles. Then, thirty adults with hypercholesterolemia (total cholesterol >200 mg/dL) participated in 8week clinical trial. The two (250mg) capsules at once, twice a day after the meals was given to the participants. After two-month lipid profiles were checked. Total cholesterol, LDL cholesterol, and triglycerides all were decreased in the treatment group, but HDL cholesterol level was increased compared to initial levels. And also, no negative side effects were reported, and the supplement was well tolerated. According to these results, the herbal capsule is a secure and effective dietary supplement for maintaining normal cholesterol levels, decreased upper cholesterol levels and also promoting cardiovascular health.

Keywords: *Blood Cholesterol level, Cinnamon (Cinnamomum verum), Curry leaves (Murraya koenigii), and Garlic (Allium sativum)*

Acknowledgement: *This study was funded by Beam Hela Osu Lanka (Pvt.) Ltd.*

Effect of Ayurveda Drug Regimen in the Management of Arsha

M.R.L.M.Bandara[1*] ,W.A.A.P.Wicramanayake[2]

[1]*Provincial Ayurveda Hospital, Pallekele, Sri Lanka.*
[2]*Provincial Ayurveda Hospital, Pallekele, Sri Lanka.*

In Ayurveda medicine, *Arsha* refers to a condition similar to haemorrhoids, involving swollen and inflamed veins around the anal region. It is typically associated with an imbalance of *doshas*, impaired digestion, and chronic constipation. Ayurveda management emphasizes addressing the root cause, restoring the *dosha's* imbalance, and supporting natural healing. This case report involves a 42-year-old male who complained of a protruding anal mass for four days, along with mild to moderate pain and a burning sensation during defecation. He had a history of chronic constipation for five years with frequent straining. For the past three years, he experienced occasional rectal bleeding and a prolapsing mass during bowel movements, which previously retracted on its own. However, five days before the presentation, the mass became irreducible. On examination, external haemorrhoids were found at the 3 and 7 O'clock positions. The treatment included the external application of a paste made from *Lunuwila* (*Bacopa monnieri*) and fried in sesame oil. Internal medications prescribed were *Dhanyapanchaka Kashaya*, *Pippalyadyasava*, *Avipattikara Churna*, *Dhatri Churna*, *Navaratna Kalka*, and sitz baths using *Panchavalkala* decoction. This therapeutic approach aimed to correct the *Agni*, reduce inflammation, promote easy bowel movements, and encourage tissue repair. The patient's response was monitored by observing the size and reducibility of the mass. Manual reduction was achieved by the second day. By day five, no visible mass remained. After ten days, only a minor burning sensation during defecation was reported. On the twelfth day, the patient was symptom-free and discharged without any complaints. This case highlights the successful use of *Lunuwila*-based Ayurveda treatment in managing external haemorrhoids effectively.

Keywords: *Arsha, Haemorrhoids, Lunuwila paste*

A Review of the Pharmacological and Therapeutic Potential of *Sulugulu Yavaguva* in the Management of Premenstrual Syndrome (PMS)

P.S.R. Perera[1] , K.P.K.R. Karunagoda[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[2] *Faculty of Indigenous Medicine, University of Colombo, Sri Lanka.*

Premenstrual syndrome (PMS) is a condition which occur during luteal phase of the menstrual cycle in cyclic manner which experience by 47.8% of women in reproductive age. The traditional gruel preparation named Sulugulu yaguva contained 11 spices which is in the process of testing the efficacy on PMS by a clinical trial. This study is aimed on study its pharmacological and medicinal values could be effective in controlling PMS. The pharmacological properties and medicinal properties of the ingredients of the selected formula was collected from the peer review and science citation indexed articles published in English between years 2015 to 2025. Certain studies claimed the efficacy of some of the ingredients of the study formulae. *Zingiber Officinalae, cucuma longa, Foeniculum vulgare, Foeniculum vulgare* was proven the oxidative stress reduction, reduce anxiety and depression, improve physical and mental behavior in PMS. Anti-inflammatory, anti-oxidant and immunomodulatory properties of other ingredients also may beneficial of managing PMS. Further, studies worked on Ayurveda aspect, proved the action of those herbs on *Samprapthi Vighatana* of PMS. Vatanulomana property of *Carun carvi, Asafetida ferula, Trachyspermum ammi would make significant support to control PMS related symptoms.* Considering the vitiation of doshas Sulugulu yavagu has Vata and Pitta Shamana actions which could make the balance in *Ritu vathita kala*. More over *Shulahara, Garbhasha Shotahara* property of *Carun carvi*; *Rakta shodana* of *Carcuma longa, Deepana, Amapachana* of fenugreek also may play important role. With this study it was proved the medicinal and pharmacological properties of the ingredients of Sulugulu Yagu contained potential ability on controlling PMS related symptoms. After analyzing the data of the clinical trial on this formula the efficacy may prove scientifically.

Keywords: *Sulugulu yaguva, pharmacological and therapeutic effects, Premenstrual Syndrome*

Review of the therapeutic effects of Ayurveda and complementary medicine in Colorectal carcinoma.

B.M.S Amarajeewa[1], L.D.C Sandun[2], D.H.I.S Weerasinghe[3]

[1]Faculty of Indigenous Medicine, University of Colombo, Sri Lanka.
[2]Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.
[3]Institute of Biochemistry, Molecular Biology and Biotechnology, University of Colombo, Sri Lanka.

Colorectal carcinoma (CRC) is the third most common type of cancer and the second leading cause of cancer-related deaths globally. Disparities in CRC epidemiology exist among populations, likely due to variations in exposure to lifestyle and environmental factors associated with CRC. Primary prevention involves identifying and mitigating modifiable risk factors, such as alcohol consumption, tobacco use, and unhealthy dietary components, while concurrently promoting protective factors like physical activity. Colorectal cancer (CRC) is a condition that exclusively affects the colon or rectum, resulting from the abnormal proliferation of glandular epithelial cells within the colon. There are three main types of colorectal cancer: sporadic, hereditary, and colitis-associated. Approximately 20% of CRC cases are linked to genetic factors, with research indicating a threefold increased risk of cancer among first-degree relatives of CRC patients. The main objective was to review the therapeutic effects of Ayurveda and complementary medicine on CRC. A comprehensive review of studies from January 2005 to August 2025 was conducted on PubMed, Scopus, and Web of Science. Combining Ayurveda with systems like TCM and Korean medicine may offer additional treatment options. Evidence suggests these methods can influence gene expression, signaling pathways, and immune function and reduce treatment side effects. Herbal remedies and traditional therapies may alleviate symptoms, improve quality of life, and sometimes cause tumor regression when combined with conventional treatments. Ayurvedic therapies, including Rasayana and herbs like *Catharanthus roseus*, show potential for long-term management and recovery. However, most research is anecdotal; rigorous clinical trials are needed to confirm safety and effectiveness. Future studies should integrate traditional and modern medicine for a comprehensive approach to CRC treatment.

Keywords: *Colorectal Carcinoma, Arbuda, Ayurveda, Complementary Medicine, Herbal Therapy*

Diuretic activity of *Neerchurukku chooranam* (NCC) in Wistar albino rats

Dr. P. Kavery[1*], Dr. V. Shyamala[2]

[1]*Base Ayurvedic Hospital, Kappalthurai, Trincomalee.Sri Lanka*
[2]*Siddha Teaching Hospital, Koneshapuri, Trincomalee. Sri Lanka*

Neerchurukku Chooranam (*NCC*) is an Internal medicine comes under the Chooranam types of Medicines which is used in Siddha and Traditional medicine for *Neerchurukku*, *Vellai*, *Neerkaddu* and *Neeraddaippu*. It is mentioned in the *Noikalukku Siddha Parikaram* Part-II. Ingredients of *Neerchurukku Chooranam* is Padikarm (Aluminium potassium sulphate), Nellivattal (*Phyllumthus emblica* Linn.) and Kalkandu. Aim of the study is to develop evidence-based support for the effect of *Neerchurukku Chooranam* (Internal) in the management of *Neerchurukku* (UTI). It is an in-vivo pharmacological study conducted at Government Siddha Medical College and Hospital. final concluded as; Results showed that single dose administration of NCC as 200 and 400 mg/Kg and standard Furosemide (10 mg/kg) have increased the urinary output along with an increase in concentration of Sodium, Potassium and Chloride ions in urine. *NCC* 400 mg/Kg produced a greater diuretic activity which is comparable to that of standard Furosemide (10 mg/kg). In traditional medicine the plant is used for its diuretic activity. Thus our study supports and justifies the rationale behind the folklore use of *NCC* for its diuretic activity.

Keywords: *Neerchurukku Chooranam, Neerchurukku, Urinary Tract Infection, Diuretic action*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Unani Therapeutic Approach in the Management of Spongiotic Dermatitis: A Case Report

MS Shihana[1,*] , MLU Salma[2]

[2]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[2]*Faculty of Indigenous Medicine, University of Colombo, , Sri Lanka*

Spongiosis refers to the accumulation of edema fluid in the keratinocytes which in some cases may progress to the formation of cysts or bullae. The type of spongiotic reaction is characterized by changes in the epidermis associated with accumulation of intracellular edema. Unani medicine has enormous potential in treating chronic and recurring skin conditions like *Nare Farsi* (Eczema). According to Unani medicine, *Nare farsi* results from excessive production of abnormal *safra* mixed with abnormal *sauda or saudae muhtarika*. The aim of this case study is to evaluate the effect of combined Unani formulations in the management of Spongiotic dermatitis. A 69-year-old patient presented at the OPD of the NAHSL with a three year history of recurrent fluid-filled lesions on the hands and feet. Clinical examination revealed bullae and erosion of stone flakes on plantar surfaces of hand and foot. Microscopic finding showed a hyperkeratotic epidermis and focal intraepidermal bulla lesions containing polymorphs and scattered lymphocytes. The papillary tissue and superficial dermis showed capillaries surrounded by lymphocytes and polymorphs. Patient was treated with *Majoone Dabeedul vard*, *Ithripale Shahathra*, and *Habbe Musaffie khoon* Internally. *Roghane Khas* was applied externally. Outcome was assessed using both subjective and objective parameters. Significant improvement in the fluid-filled lesions, with a marked reduction in vesicles and bullae on the hands and feet were observed. Liver function test showed stabilization of previously elevated AST and ALT levels. This case highlights the value of Unani formulation in the management of Spongiotic dermatitis and further clinical studies are required to validate these findings.

Keywords: *Spogiotic dermatitis, Nare Farsi, Majoone Dabeedul Vard, Liver function test*

Pharmaceutical Preparation and Analytical Standardization of *Kungiliya Parpam* (KP): A Single-Herbal Siddha Formulation

Shomesh. V[1], Ketheeswaran. A[2], Soruban. T[3], Sathiyaseelan. V[4]

[1]*Department of Ayurveda, Western Province, Sri lanka*
[2] *Siddha District Hospital, Jaffna, Sri Lanka*
[3]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[4]*Faculty of Siddha Medicine, University of Jaffna, Sri Lanka*

The Siddha system of medicine, one of the oldest traditional healing practices in Sri Lanka and India, emphasizes the use of herbal, mineral, and animal-derived preparations for therapeutic purposes. *Kungiliya Parpam* (KP), a single-herbal formulation derived from the resin *Kungiliyam* (*Shorea robusta*), is traditionally used to treat conditions like leucorrhoea (*Vellei*), painful micturition (*Neererivu*), and dysentery (*Seethabedhi*). This study aimed to standardize of preparation and evaluate the physicochemical, organoleptic, morphological, and elemental properties of KP according to PLIM (Pharmacopeial Laboratory for Indian Medicine) guidelines. The drug was prepared using tender coconut water and underwent several cycles of purification and calcination before being powdered. Organoleptic evaluation showed KP to be whitish in colour, odourless, soft in texture, and non-free flowing. Siddha-specific tests confirmed its fineness, absence of taste, buoyancy on water, and lack of luster, indicating purity and adherence to traditional quality markers. SEM analysis revealed uniformly fine particles with sizes ranging from 5 to 10 µm, consistent with expected *Parpam* texture. Physicochemical parameters including pH (8.1), low moisture content (0.23%), high total ash (91.54%), and absence of acid-insoluble ash further confirmed purity and shelf stability. ICP-OES analysis showed the absence of toxic heavy metals such as arsenic, mercury, cadmium, and lead, and detected therapeutically relevant trace elements like calcium, potassium, iron, and zinc. The study validates KP as a safe, standardized Siddha preparation with potential therapeutic applications, supporting its integration into contemporary herbal practice.

Keywords*:* *Kungiliya Parpam*, *Shorea robusta*, Siddha medicine, Single-herbal formulation, Standardization,

Awareness and Associated Risk Factors of Hypertension Among Adult Patients Attending National Ayurvedic Teaching Hospital, Borella, Sri Lanka.

S. Anojan[1], M.U.Z.N. Farzana[1]

[1]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

Hypertension is a major public health problem that affects approximately 26% of adult population worldwide. It is a significant risk factor for cardiovascular diseases, stroke and renal failure, and causes about 7.1 million deaths per year worldwide. The prevalence of hypertension is suggested to be increasing worldwide, particularly in developing countries due to nutritional transition and westernization. Moreover, lack of awareness regarding the disease status increases incidence of complications and mortality. Although modifiable through lifestyle interventions and medical management, hypertension accounts for approximately 32% of stroke cases in Sri Lanka. The study aimed to determine the awareness of hypertension status and risk factors among adult patients attending National Ayurveda Hospital, Borella. After receiving the ethical clearance from Faculty of Indigenous Medicine this hospital-based cross-sectional design study conducted between December 2023 to January, 2024. A field-tested, structured questionnaire was used to collect information on demographics, awareness and risk factors for hypertension. Descriptive statistics was used to calculate percentage of participants who were classified to be aware of their hypertension status, with the total hypertensive participants as the denominator. Percentage calculation was used to test the association between significant variables and hypertension. Of the 159(53%) study participants who were hypertensive, 73(46.2%) were not aware of their hypertension status. The age above 40 years, marital status, smoking, BMI were independent predictors of hypertension. However, increasing level of education was inversely related to hypertension. In conclusion, the high proportion unaware of their hypertension status could lead to delay in treatment initiation which ultimately increases complications arising from the disease. All the identified risk factors except age are modifiable through lifestyle change interventions. Therefore there is need for the health care workers to hold regular health education to increase awareness of hypertension status and promote healthy lifestyle.

Keywords: *Hypertension, Lifestyle, Risk factors, Smoking.*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Ayurvedic Intervention in Autoimmune Disorders; A Holistic Approach to Immune Modulation and Disease Management

D.H.I.S. Weerasinghe [1], L.D.C. Sandun[2]

[1]*Institute of Biochemistry, Molecular Biology and Biotechnology, University of Colombo, Sri Lanka*

[2]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*

Autoimmune disorders depict a root global health challenge, characterized by an abnormal immune response that attacks the body's own tissues, resulting from chronic inflammation and damage. Allopathic treatments primarily use immunosuppressive drugs that relieve symptoms but often cause serious side effects and seldom target the underlying cause of immune imbalance. In this phase, Ayurveda—the traditional medical system of India—plays an important role in a holistic approach to understanding and managing autoimmune illnesses through personalized, multiple strategies and therapies. This study focuses on Ayurvedic strategies and approaches for autoimmune disorders, depicting how basic concepts such as Ama (toxins), Agni (digestive fire), Dosha imbalance, and Vyadhikshamatva (immune resistance) are combined into novel immunology. Also, Ayurvedic treatment procedures such as herbal formulations, Panchakarma detoxification, rejuvenation methodologies, and diet and lifestyle modifications, uplift their potential to elevate immunological health, reduce inflammation, and boost overall balance. Herbs such as Ashwagandha (Withania somnifera), Guduchi (Tinospora cordifolia), Turmeric (Curcuma longa), and Guggulu (Commiphora mukul) are specified for their distinct roles in enriching immunity, contributing to antioxidant properties, and curtailing inflammation. Evolving evidence from clinical trials and preliminary studies suggests these herbs can influence the body's cytokine levels, regulate T-cell responses, and support a healthy gut microbiome—main factors in the enhancement of autoimmune diseases. The review emphasizes the hardships in standardizing Ayurvedic treatments and points out the need for scientific validation. It researches the possibility of expanding integrative methodologies that merge Ayurvedic knowledge with novel medicinal knowledge. By bridging Ayurveda and immunology, it facilitates a step toward holistic, patient-oriented care for autoimmune diseases, stressing prevention, personalized strategies, and long-term health to build stability.

Keywords*: Autoimmune disorders, Ayurveda, Herbs, integrated medicines*

Probable Pharmacological Mechanisms of Hepatoprotective Action of Atalantia ceylanica (Arn.) Oliv (Yakinaran) Leaves: An Integrative Perspective from ModernPharmacology and Ayurveda

BADT Niroshani[1] , KB Panara[2] , MB Nariya[3]

[1]*Bandaranayake Memorial Ayurveda Research Institute, Sri Lanka.*
[2]*Department of Dravyaguna, ITRA, Jamnagar, India.*
[3]*Pharmacology department, ITRA, Jamnagar, India.*

Atalantia ceylanica (Arn.) Oliv., commonly known as Yakinaran in Sinhala, is a medicinal plant extensively used in Sri Lankan traditional medicine to treat a range of ailments, notably liver disorders. Despite its ethnomedical relevance, the pharmacological basis for its hepatoprotective action remains underexplored. This study aims to elucidate the probablemechanisms of hepatoprotection by Yakinaran leaves through an integrative lens combining modern pharmacology and Ayurvedic principles. The in vivo study conducted using paracetamol-induced hepatotoxicity models revealed significant hepatoprotective effects of A. ceylanica leaf preparations—Swarasa (ACS) andChurna (ACC)—as evidenced by improvements in biochemical parameters such as total and direct bilirubin, alkaline phosphatase, and IL-1β. Although the effects on IL-1β and GLDH were less pronounced compared to the standard drug silymarin, both ACS and ACC groups demonstrated comparable efficacy in mitigating liver damage. Non-significant positive trends in total cholesterol, uric acid, creatinine, SGPT, SGOT, GGT, and GLDH further support the hepatoprotective potential. Histopathological observations corroborated these findings with notable cytoarchitectural preservation in treated groups. The reduction in bilirubin and alkaline phosphatase levels suggests prevention of bile flow obstruction, likely due to anti-inflammatory properties. Additionally, mild choleretic activity inferred from indirect bilirubin trends indicates enhanced bile production and detoxification. Previous in vitro studies have attributed the hepatoprotective activity of the plant extract to itsradical scavenging capacity, which is primarily due to its richness in phenolic compounds, including flavonoids. From an Ayurvedic perspective, A. ceylanica leaves exhibit Madhura (sweet), Kashaya (astringent), and Tikta (bitter) Rasa as determined by the conducted Rasa nirdharana study (Pharmacodynamic Taste Assessment). These Rasas are traditionally associated with detoxification, reduction of inflammation, and restoration of tissue integrity. Madhura and Kashaya Rasa contribute to immunity enhancement and disease prevention, aligning with the observed biochemical and histological outcomes. This integrative analysis underscores the hepatoprotective potential of A. ceylanica leaves, offering a promising avenue for developing plant-based liver therapeutics that harmonize traditional wisdom with modern science.

Keywords: *Yakinaran, Atalantia ceylanica (Arn.) Oliv., hepatoprotective activity, Sri Lankan traditional medicine, liver disorders*

Management of Melasma through *Ayurveda* – A Case study

S.M.M.W. Kumari[1], R.L.Y.U.Rathnayake[2], D.R.K Elikewala[3]

[1]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*
[2]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*
[3]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

Melasma or *Vyanga* is a skin condition characterized by the presence of hyper pigmented patches on the face and back area. In *Ayurveda*, this skin disease known as *Vyanga* is categorized under "*Kshudra Rogas*" due to vitiation of *Pitta*, *Vata* and *Rakta Dosh*a. The study was conducted to find out the effectiveness of *Ayurveda* management in *Vyanga.* The major signs and symptoms were blackish pigmentation without pain and itching on face and back area. A 16 years old male patient having blackish pigmentation without pain and itching on face and back area for the past 4 months presented at the OPD, Ayurveda Hospital Pallekele, Sri Lanka was enrolled in the study. According to the patient, no any other complaints and not related with his family history. He has taken Allopathic treatment and then before 28 days he got registered in the present study for further management. The consent was taken and signs and symptoms were recorded. The investigations were done and data were collected based on available clinical facilities. The treatment regimen includes internal medicines like *Nawakarshaka Kashaya, Manibadhra Choorna, Kaishoora Guggulu* followed by the *Lodhradi Lepa* and *Raktha Chandanadhi Lepa* with *Pinda* oil application and *Pancha Walkala Pariseka Sweda* on the face and back area externally for 28 days. *Vata-Pitta-Rakta* pacifying treatment protocol was planned according to the principles of the management. Reduction of the signs and symptoms were assessed using Melasma Area Severity Index (MASI) and Melasma Quality of Life Scale (MELASQOL).The patient had relief in most of the all the sign and symptoms after 28 days of treatment. It was observed that excellent improvement in Melasma Area Severity Index (MASI) from grade 3 to 1 and also Melasma Quality of Life Scale from grade 7 to 1. All therapies like *Pariseka Sweda, Lepa* as a combined treatment, pacify the vitiated *Vata Pitta-Rakta Dosha* in the body and thus provide glow to the skin. The drugs used orally are having additional effect in relieving the all signs and symptoms of the disease. This case study demonstrates the effectiveness of *Ayurveda* in the management of *Vyanga*. The clinical trial should be planned in the future with a larger sample size to generalize the findings.

Keywords: *Melasma, Vyanga, Lepa, Pariseka Sweda*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Clinical Effect of *Matravasti* with *Granthikadi* oil in the Management of *Pakshaghata* (Hemiplegia) – Case Series

D.N.D.P. Saparamadu[1] S.M.S. Samarakoon[2]

[1 2]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*

Pakshagata, or hemiplegia, is the commonest manifestation of a stroke with a neurological deficit affecting the face, limbs, and trunk on one side or either side of the body which greatly impacts the quality of life of the patient. The study has been focused on managing the *Pakshaghata* based on the treatment principles mentioned in Ayurveda. The fifty to seventy years-old male and female5 patients of *Pakshaghata* presented with weakness, numbness, and heaviness in the right or left upper and lower limbs and was reported to the I.P.D., Department of *Kayachikitsa*, National Ayurveda Hospital, Borella. Patients were treated with *Snehana*, *Swedana* followed by *Matravasti* for 21 days combined with *Granthikadi* oil *Abhyanga*. The assessment was made according to the National Institute of Health Stroke Scale (NIH-SS). Visual field, facial palsy , mortor arm, motor leg, limb ataxia ,sensory functions, dysarthria and extinction. Overall, NIH-SS decreased Case 01 reduced moderate stroke to minor, case 02 reduced moderate to minor, case 03 reduced minor stroke to no stoke, case 04 moderate stroke to minor stroke, case no 05 reduced moderate stroke to minor. Sensory and motor functions were improved significantly which concluded that *Matravasti* with *Granthikadi* oil is effective on *Pakshagata*.

Keywords: *Pakshaghata , Hemiplegia, Matravasti, Granthikadi oil*

Bridging Biodiversity, Siddha Medicine, and Eco-Cultural Wellness: Vedukkunaari Aathi Lingeswarar Temple Hill as a Model for Sustainable Tourism

T.Sharsaayini[1], V.Gumuthagini[1], S.Viviyan[2] , N. Navaluxmy[2]

[12]Department of *Gunapadam*, University of Jaffna, Sri Lanka.

Health and Wellness tourism, which integrates travel with preventive and curative medicine, is expanding rapidly worldwide. Traditional systems such as Ayurveda, Siddha, Unani, and Yoga play a central role, offering holistic, non-surgical wellness solutions. Sri Lanka, with its rich biodiversity and heritage of ancient medicine, has strong potential to emerge as a leading destination in this sector. The *Vedukkunaari Aathi Lingeswarar* Temple Hill in Northern Sri Lanka represents a unique site where cultural, ecological, and medicinal values converge, making it ideal for ethno-pharmacological research and sustainable wellbeing tourism. This study documented and investigated the medicinal plant flora of Temple Hill, focusing on their botanical identity, morphology, medicinal uses, and relevance to Siddha principles. Ecological surveys were conducted using 20 randomized belt transects (500 m² each) across dry forest, wetland, and agricultural habitats. Data on species identity, abundance, growth form, perennially, ecological status, and folk medicinal uses were collected. Quantitative analyses examined frequency distributions and relative abundances, while Siddha-based assessment evaluated therapeutic properties. Results showed that Malvaceae (12.5%), Euphorbiaceae (9.7%), and Amaranthaceae (8.3%) were the most represented families. Trees and shrub-trees comprised over 60% of species, with perennials dominating (66.67%). Leaves (23.55%) and roots (16.60%) were the most utilized plant parts. Siddha analysis revealed predominance of bitter (36.5%) and astringent (29.9%) tastes, heating potency (61%), and pungent post-absorptive effects (70%), aligning with detoxification and metabolic balance principles. Therapeutically, species were used for gastrointestinal (27.78%), integumentary (13.43%), respiratory (11.11%), nervous (10.65%), and musculoskeletal (10.19%) disorders. *Vedukkunaari Aathi Lingeswarar* Temple Hill exemplifies the integration of biodiversity and traditional medicine, positioning Sri Lanka to promote sustainable wellness tourism while conserving heritage and supporting local livelihoods. Future work should include climate-linked ecological modeling, pharmacological validation, and socio-economic assessments to strengthen connections between biodiversity, traditional medicine, and sustainable development.

Keywords: *Health and wellness tourism, Medicinal plants, Siddha Medicine, Vedukkunaari Aathi Lingeswarar Temple Hill, Biodiversity conservation*

Efficacy of Topical Application of Paste Mentioned in Thalpthe Pillium for *Avasadana Karama* -A Case Study

HGSG Wijesiriwardhana[1], KKVS Peshala[2] BMS Amarajeewa[2,] RND Pathirana[1] WAAP Wicramanayake[3],

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, sri Lanka*
[2]*Faculty of Indigenous Medicine, University of Colombo, sri Lanka*
[3]*Pallekele Provincial Ayurveda hospital, Sri Lanka*

Non-healing ulcers are defined as, ulcers that persist despite appropriate treatment and do not proceed towards healing in a defined time period. Wound healing is a very dynamic and complex process. It is divided into 5 stages in which granulation tissue formation, angiogenesis and synthesis of collagen occurs in the proliferative phase. On the basis of clinical features, chronic non-healing ulcers can be considered as *Dushtavrana* in Ayurveda. Different types of *Vrana* and sixty types of treatment modalities are well explained in Susrutha Samhitha. *Avasadana Karma* is indicated in non-healing ulcers with hypergranulation tissues / wounds raised beyond the skin level. It is the procedure for reducing the overgrowth of tissue located at the wound base using drugs that promote necrotization or scraping of hypergranulated tissues. Thalpathe piliyam which is a collection of Ola leaf book drug remedies mentioned some of drug recipes for *Avasadana karma.* This study designed to assess the effectiveness of *Avasadana Karma* of a chronic a wound.

In the present study, a 60 year old male patient visited the IPD with chronic non healing ulcer was selected for *Avasadana karma*. 5cm x 2cmx 1cm elavated fleshy mass was present in the middle of the wound which hampered approximation of wound edges beyond the mass. Patient was not fit for instrumantal excision due to his age and low haemoglobin levels. Daily dressing was done with paste mentioned in thalapathe pillium which contain Goraka Fruit(10g) paste, Tamarind Leave paste(10g) and purified copper sulphate powder. It was observed the tissue contacted with paste was necrotized by next day.Necrrotized tissue was removed manuály using surgical insruments. The study was done for a period of 30 days The dimensions and attributes of the ulcer was systematically measured on Weekly and the result was assessed. Elavated mass like fleshy growth was completelt removed and woud bed was cleaned after2-3 days .mentioned drugs having tissue necrotizing property.

The result shows that topical application of *paste* is effective in *Avasadana karama* – stimulation of necrotize hypergranulation tissue formation of *Dushta vrana*.

Keywords: *Avasadana karama, hypergranulation, Dushta vrana, Traditional Formula,*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Integrative Ayurveda Treatment Protocol for *Uttana Vatarakta*: A Clinical Case Report with Symptomatic Outcomes

K.K.A. Nilani[1] R.D.H. Kulathunga[2] E.D.T.P. Gunaratna[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

Uttana Vatarakta, a superficial manifestation of *Vatarakta*, resembles stasis dermatitis with vascular involvement and arises due to the vitiation of *Vata* and *Rakta doshas*. The aim of this observational case study was to evaluate the effectiveness of a comprehensive Ayurvedic treatment regimen in managing the clinical symptoms of *Uttana Vatarakta* in a single patient. A 36-year-old female presenting with severe itching, burning sensation, pricking pain, oozing, and skin discoloration over both lower limbs for three months was selected for the study. She underwent a 45-day individualized Ayurvedic treatment protocol, including internal medications such as *Vasa Guduchi Kashaya, Panchamooli Laghu Draksha Kashaya,* and *Panchatikta Ghrita,* along with external therapies such as *Abhyanga, Seka*, and *Upanaha Sweda* using *Pinda Taila* and *Neelyadi Taila.* Symptom assessment was conducted using the Visual Analogue Scale (VAS), Pruritus Severity Scale (PSS), oozing scores, and photographic documentation. Results showed 100% relief in pain, burning, and oozing; 89% in itching; and 80% improvement in skin discoloration. These results suggest that the integrated approach demonstrated significant efficacy, emphasizing the potential of classical Ayurvedic management in chronic dermatological conditions recommending further studies with larger sample sizes.

Keywords: *Vatarakta, Ayurveda, Itching, static dermatitis*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Evaluation of management of GI symptom in cancer patients on Ayurveda Treatment

R. K.N. Priyangika[1,2], Amol. S. Kadu[1], Sharad M Porte[1]

[1]*Department of Agada Tantra, National Institute of Ayurveda (Deemed University) Jaipur, India*

[2] *Ministry of Health, Department of Ayurveda, Sri Lanka*

Backgrround: Gastro-intestinal (GI) symptoms occur frequently in cancer patients and have a significant impact on their quality of life. Management of symptoms is challengeable, hence effective reprieve of symptoms is crucial in patient's satisfaction and family as well. Objectives: To evaluate the effectiveness of treatment of GI symptoms of cancer patients after three months of Ayurveda medicine Material and Methods: Study was conducted as strict anonymity record -based descriptive survey with pre- defined criteria for data collection among cancer patients that suffering from GI symptoms at NIA Hospital. Survey was conducted using patients' medical records of pre diagnosed cancer patients and completed Ayurveda treatment for 3 months between July 2023 to December 2024. 123 medical records were selected randomly and data were collected by using a structured data extraction sheet. Descriptive statistics and paired t test were introduced to assess treatment effectiveness. Exception letter was obtained for ethical issue. Results and Finding: Mean age was found 57.8 years with 46% male: 54% female. 37% were received chemotherapy, 53.13% received combined therapy (chemoradiotherapy) rest was other treatments. GI tract cancers were most common (n= 50, 40.6%) 28.4% (n=35) were head and neck cancer, 24.3 %(n=30) was breast cancer and 6.9% was others. Three treatment modalities were found:52.8%, (n=65), 24.3% (n = 30), 22.7% (n=28) modality I, II and III respectively. At baseline the mean GSRS total score was 3.83 with SD=0.86 that showing moderate to severe GI symptoms and after 3 months of treatments the mean score of GSRS was reduced up to 2.01 with SD=0.68 Paired t test revealed a statistically significant reduction of GI symptoms score from baseline to after 3 months of treatments. ($t=8.42$, $p<0.001$) Conclusion: These findings highlight the importance of receiving Ayurveda treatment to manage GI complications in cancer patients. However, randomized trials in large scale are recommended to validate the findings.

Keywords: *cancer, Ayurveda treatment, treatment modalities, GI symptoms*

Biochemical Analysis of Siddha Poly Herbal Drug *Uththaamani Nei*

Nithyapriya Sivaram

Faculty of Siddha Medicine, University of Jaffna.

Siddha system classified Paediatric illness as *Agakaarananoigal* due to the deeds of parents (hereditary birth defects) and *Purakaarananoigal* due to external factors (acquired disease). *Seriya Maantham* is one of the *Agakaarana noigal commonest* Gastro Intestinal Tract problem which leads to improper digestion and absorption. *Seriya Maantham* is specially correlates with Gastro Enteritis. In Siddha Paediatrics *Nei is* commonly used as Internal medicine. A poly herbal preparation (*Uththaamani Nei*) which is used for treating all types of *Maantham*. Hence in this study researchers have selected a Siddha drug preparation *"Uththmaani nei"* (internal) as an Interventional drug on two times; morning and evening towards the cases of *Seriya Maantham*. This study was carried from January 2021 to April 2022. All the ingredients were purified according to the methods described in Siddha Classical Literature and purified and made into fine powder and then mixed together and bottled up. Five grams of the drug was weighed accurately and placed in a 250 ml clean beakerthen 50 ml of distilled water is added and dissolved well. Then it is boiled well for about 10 minutes. It is cooled and filtered in a 100 ml volumetric flask and then it is made to 100 ml with distilled water. This fluid is taken for analysis. Biochemical analysis of the trial drug *Uththaamani nei* was analysed in biochemistry laboratory of Government Siddha Medical College and Hospital, Palayamkottai. According to the result, the trial drug *Uththaamani Nei contains* Sulphate, Chloride, Starch, Ferrous iron and unsaturated compound. The mode of action of the trial drug is reduced the abdominal distension, subside the temperature and vomiting due to the presence of above biochemical properties. Further, comprehensive pharmacological analysis is needed to evaluate its potency and the drug has its own potency to undergo further research.

Keywords: *Seriya Maantham, Uththmaani nei,* Gastroenteritis.

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

A Case Study on the Effectiveness of Siddha External Therapy in the Management of *Thandagavatham*

Sasvatha Sivapathis[1], Balamanohary Uthayanan[2]

[12] *Faculty of Siddha Medicine, Trincomalee Campus, Eastern University, Sri Lanka.*

Thandagavatham (Lumbar Spondylosis / Spondylolisthesis) classified under *Vatha* diseases in Siddha medicine, is a degenerative disorder affecting the lumbar spine. Once considered an ailment of the elderly, it now impacts nearly 266 million people worldwide, causing pain, restricted mobility, and poor quality of life. Conventional treatments often provide only temporary relief, whereas Siddha treatment modalities aim at holistic management through internal and external therapies. The study was conducted to assess the clinical presentation of *Thandagavatham*, evaluate improvement in symptoms using Siddha and modern parameters, determine the efficacy of selected Siddha treatment modalities such as *Ennai seelai, Thokkanam, Puravalaiyam, Vedhu,* and *Varmam,* and quantify the *thailam* used in external treatments. A 65-year-old female patient with severe low back pain for one year, radiating to both lower limbs, and difficulty in walking, bending, and prolonged standing was enrolled. She had a baseline VAS score of 10/10 with markedly restricted and painful range of motion. Diagnosis of Thandagavatham was made based on Siddha principles and supported by MRI and modern clinical parameters. Internal medicines included *Aamanaku ver kudineer* 60 ml, *Mudakku chooranam* 2 g, and *Thripala chooranam* 2 g, administered twice daily for 21 days along with dietary regulations *Pathyapathyam*. External therapies consisted of *Ennai seelai* with *Melugu thailam* and *Katpoorathi thailam, Puravalaiyam, Thokkanam, Vedhu,* and *Varmam* at selected points. A total of 1090 ml of *thylam* was used during the treatment course. Marked improvement was observed in pain reduction, mobility, and overall functional capacity. VAS scores decreased significantly, and range of motion improved. The patient reported relief from radiating pain, improved walking ability, and reduced stiffness. The Siddha modalities, by stimulating local blood flow, reducing inflammation, and restoring *Vatha* balance, contributed to symptomatic relief and enhanced quality of life. This case study highlights the efficacy of Siddha treatment modalities in the holistic management of *Thandagavatham*. Internal medicines combined with external therapies including *Ennai seelai, Puravalaiyam, Thokkanam, Vedhu,* and *Varmam* demonstrated significant symptomatic improvement and functional recovery, underscoring the potential role of Siddha medicine in managing degenerative lumbar conditions.

Keywords**:** *Thandagavatham, Ennai seelai, puravalaiyam, thokkanam, vedhu.*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Literature Review on Medicinal value of Agnimantha in Management of Obesity (Atisthaulya)

L. M. S. P. H. De Silva[1], K. I. W. K. Somarathna[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[2]*Faculty of Indigenous medicine, University of Colombo.*

Obesity or Sthaulya/Atisthaulya in Ayurveda is a growing global health issue requiring drug-free reward-based therapeutic measures [1,2]. Agnimantha (*Premna serratifolia L.*) churna is amongst the Ayurvedic classical medicines with claimed weight control efficacy [11]. To critically review the published literature on the effectiveness of Agnimantha churna in obesity treatment, taking into account traditional applications and contemporary research findings. Systematic literature search was conducted through diverse databases including PubMed, Ayurvedic classical literature, and research databases. Research studies comparing the anti-obesity effect of Agnimantha churna, its phytochemical profile, and clinical applications were included. Literature provides overwhelming evidence for the therapeutic effectiveness of Agnimantha churna in the treatment of obesity through various mechanisms such as metabolic improvement, lipid control, and inflammation modulation [12,13,14]. Clinical trials depict significant reductions in body weight, BMI, and anthropometric values [1,6]. Agnimantha churna is effective for the treatment of obesity with good safety, justifying its classical use in Atisthaulya chikitsa [6,9].

Keywords- *Agnimantha churna, obesity, Sthaulya, Atisthaulya, Premna serratifolia, Ayurveda, weight management*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Characterization of a Five-Medicinal-Plants Bark Powder Extract: Physicochemical, Phytochemical, and Biochemical Analysis

Rakulini Sugeevan[1]

[1]*Faculty of Siddha Medicine, University of Jaffna, Sri Lanka*

The study analyses bark extracts from five medicinal plants, *Ficus benghalensis, Ficus religiosa, Ficus racemosa, Ficus tinctoria,* and *Eugenia jambolana*, which are used in traditional healing systems like Siddha and Ayurveda for managing conditions like diabetes, diarrhea, inflammation, and microbial infections. Therefore, this study aims to investigate the physicochemical properties, phytochemical composition, and biochemical profile of the bark extracts, focusing on their presence of primary and secondary metabolites and heavy metal safety. The samples of bark extract of five medicinal plants, were prepared by using hot infusion (S1), Soxhlet extraction (S2), Decoction (S3), and Cold infusion (S4) methods and analysed physiochemical, biochemical and phytochemical parameters. In this study, four liquid samples from a powdered bark mixture were analysed for physicochemical properties, including a clear to slightly turbid appearance, light to dark brown colour, bitterness, astringent taste, pleasant odour, and pH values ranged between 5.9 and 6.2, indicating a mildly acidic nature. The phytochemical screening revealed a rich phytochemical profile with alkaloids, flavonoids, tannins, phenols, terpenoids, glycosides, and steroids, supporting therapeutic potential in traditional medicine formulations. Alkaloids were found in high concentrations across all samples, ranging from 162.16 ± 0.28 µg/ml in S4 to 203.33 ± 1.15 µg/ml in S2, indicating their strong presence. Heavy metal analysis confirmed the absence of toxic elements like lead, cadmium, arsenic, and mercury. Further in-vitro and clinical studies are important to evaluate the effectiveness of the above-mentioned siddha drug.

Keywords: *physiochemical, phytochemical, biochemical, Ficus benghalensis, Ficus religiosa, Ficus racemosa, Ficus tinctoria, Eugenia jambolana*

Evaluation of Effect of *Koladi Upanaha Sweda* in *Janu Sandhigata Vata* (Knee Osteoarthritis)

M.I.J. Jayakody[1] R. D. H. Kulatunga[2], E. D. T.P. Gunaratne[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[2]*Faculty of Indigenous medicine, University of Colombo, Sri Lanka.*

Osteoarthritis (OA) is a degenerative joint disease characterized by the progressive degradation of cartilage and bone in the joints, causing pain, stiffness, and reduced mobility. In Ayurveda, this condition is referred to as *Janu Sandhigatavata*, knee OA is particularly prevalent and affects millions globally. *Upanaha Sweda* is one among the modality of *Swedana karma* used widely in the management of *Janu Sandhigatavata*, which is found to be helpful clinically. This, randomized, single-blind clinical study evaluated the efficacy of *Koladi Upanaha Sweda* for managing symptoms of *Janu Sandhigatavata*. The study aimed to assess its effects on pain, Swelling, Stiffness, Crepitus and Range of movement in patients with knee OA with different contact time. Ethical clearance was taken prior to the study. Sixty patients with primary knee OA, aged 40-70 were randomly assigned to two groups. In Group A, treated with *Koladi Upanaha* with retained 12 hours on skin and Group B received the same treatment, but the retained for 3 hours on the skin daily over 14 consecutive days. Both subjective and objective parameters were used to evaluate the treatment based on clinical observations before and after the intervention. Data were analyzed using the Wilcoxon Signed-Rank Test and Mann-Whitney U Test. Total results were assessed on the basis of percentage improvement in the clinical features. It was observed that patients of Group A showed better results as compared to Group B. In Group A, patients showed complete remission in Pain, Stiffness, Crepitus and Range of Movement. Patients showed maximum improvement in Swelling. In Group B, Patient showed complete remission in Pain, maximum remission in Stiffness, moderate improvement in Swelling and Crepitus and mild improvement in Range of Movement. This study offers evidence for the use of *Koladi Upanaha Sweda* as a complementary treatment for knee OA, with recommendations for further research to validate the long-term benefits.

Keywords *– Koladi, Sandhigatavata, Upanaha*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Analyzing the efficacy of *Amritadya Guggulu* and *Bhramaree Pranayama* on Hyperlipidemia

A.B. Dharmarathna [1] , K.C. Perera [2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[2]*Jayalath Medical Centre, Mulleriyawa New Town, Sri Lanka*

Disproportionately high lipid concentration in blood is a characteristic of Hyperlipidemia which was mentioned as *Medo Roga* in Ayurveda. Physiological stress is cause of Hyperlipidemia and *Bhramari Pranayama* produces a relaxed state in mind. Hyperlipidemia increases a person's risk of developing hypertension. Objective was to analyze the efficacy of *Amritadya Guggulu* (AG) and practice of *Bhramaree Pranayama* in hyperlipidemic patients. Study was Randomized, clinical study with 8-week treatment and 3 months follow up periods. Ethical Clearence Approved by Institute of Indigenous Medicine, University of Colombo. Total of forty-four hyperlipidemic patients with Total Cholesterol (TC) >240mg/dl, both genders, aged between 30 to 79 years, were randomly selected from outdoor patient department of *Swastavritta* clinic, National Ayurveda Teaching Hospital, Borella. Selected patients treated with AG powder and practice of *Bhramaree Pranayama*. All the symptoms showed p-values of less than 0.05, indicating strong statistical evidence of improvement. Thirst, Hunger, Hyperhidrosis, Body Odor, Body Strength, Sexual Performance and Breathing Difficulty all have p-values <0.001, showing highly significant improvements. There was significant reduction in TC ($p<0.01$), LDL ($p<0.05$) and Risk Ratio ($P<0.05$) and VLDL ($P<0.05$) after the treatment. Statistically significant reduction in Body Mass Index (BMI) ($p<0.01$), weight ($p<0.01$) systolic blood pressure ($p<0.01$), diastolic blood pressure ($p<0.05$) before and after the treatment. After the treatment Kidney function (SGOT, SGPT), Serum Creatinine, GFR showing no significant change ($p >0.05$). Present study was concluded as *Amrithadya Guggulu* and *Bhramaree Pranayama* was significantly effective in Hypolipidemia.

Keywords: *Amrithadya Guggulu , Bhramaree Pranayama, Hyperlipidemia, Lipid profile, Medo roga*

Issues and Challenges Related to the Ayurveda Wellness Tourism Development in Sri Lanka: Perspective of Ayurveda Health Professionals

M.V.S.E. Dharmapala[1] ,W.K. A.C. Gnanapala[2]

[1]Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.
[2]Department of Tourism Management, Sabaragamuwa University of Sri Lanka

Ayurveda Wellness Tourism (AWT) is gaining global recognition as travelers increasingly seek effective solutions for health concerns and illness prevention. Rooted in traditional Ayurvedic principles, AWT emphasizes a holistic connection with nature, offering restoration and rejuvenation through a tranquil and cost-effective alternative to Western medicine, particularly in response to modern sedentary lifestyles. Sri Lanka, with its tropical climate, rich natural resources, and well-established Ayurvedic system, has significant potential to position itself as a leading AWT destination. While tourism remains a major contributor to Sri Lanka's GDP, the wellness segment remains underdeveloped. Ensuring high standards of treatment and service delivery, alongside adherence to international regulations, is vital for sustainable growth. This study investigates the challenges and opportunities for AWT in Sri Lanka, with insights drawn from interviews with 21 Ayurvedic practitioners. Key issues identified include limited government support, shortages of qualified personnel, and inconsistent regulatory practices. The findings highlight the urgent need for a comprehensive national strategy tailored to Sri Lanka's unique context. Strengthening the regulatory framework, enhancing professionalism, and fostering effective information sharing are crucial for realizing the full potential of Ayurveda Wellness Tourism in the country.

Keywords: *Ayurveda Wellness Tourism, Ayurveda Treatment Regulatory Framework, Healthcare standard, Health and Well-being*

Evaluation of the Rapid Healing Potential of the Sri Lankan Traditional Formula *'Bath Ithirena Handi Behetha'* in Calcaneus Fracture Management: A Case Study

H.K.R. Weerakoon

Ayurveda Research Hospital for Prevention of Kidney Diseases, Sri Lanka.

Calcaneus fractures are associated with prolonged recovery and significant impairment, posing considerable challenges in orthopedic practice. This case study evaluates the rapid healing efficacy of the Sri Lankan traditional formula "bath ithirena handi behetha" in a 21-year-old male who presented two days post-injury. The intervention utilized a topical application of Isachne globosa (Bata Dalla), Curcuma longa (turmeric), and salt to the fracture site for 45 minutes. Pre-treatment clinical assessment included radiographic imaging, pain evaluation using a visual analog scale (VAS), and ankle circumference measurement via the Figure-of-eight technique. The initial pain score was 8/10, and the affected ankle exhibited a circumference of 26.2 cm, denoting a 4 cm increase compared to the contralateral normal ankle (22.2 cm). Post-intervention, the pain score decreased markedly to 3/10, and ankle circumference reduced to 24 cm, indicating significant edema resolution. Radiological evaluation revealed early bone callus formation relative to baseline imaging. Notably, the patient demonstrated early functional recovery, regaining partial weight-bearing and ambulation within 6 hours of treatment. These findings suggest that the traditional formula may promote rapid tissue recovery, pain alleviation, and reduction in edema, complementing its purported anti-inflammatory and regenerative properties. While the single-patient design limits broader inference, the observed outcomes warrant further investigation with larger cohorts and comparative methodologies to substantiate therapeutic efficacy and elucidate underlying mechanisms. The study emphasizes the potential value of indigenous medicinal resources in modern fracture management, particularly within resource-constrained healthcare environments.

Keywords: *calcaneus fracture, rapid healing, Isachne globosa, fracture management, Sri Lankan indigenous formula*

Immersive Village Tourism and Its Impact on Perceptions of Sri Lankan Traditional Medicine

H.K.R. Weerakoon[1], Kelum Manamperi[2]

[1]*Ayurveda Hospital for Prevention of Kidney Diseases, Sri Lanka*
[2] *Department of Ayurveda, Uva Province, Sri Lanka*

This study quantitatively examines how immersive village tourism experiences influence tourist perceptions of Sri Lankan traditional medicine. A cross-sectional, mixed-methods survey was conducted among 124 participants (62 international and 62 domestic tourists; ages 18–65, median age 32; 53% female, 47% male), before and after participation in Wadi Village's indigenous medicine program. The intervention included live demonstrations, interactive sessions with practitioners, and practical workshops on Ayurvedic and folk healing traditions. Quantitative measures assessed changes in intention to seek traditional treatments, perception of credibility, and willingness to recommend indigenous therapies. After the Wadi Village experience, the proportion of tourists intending to use traditional medicine increased from 38% (95% CI: 30–47%) to 63% (95% CI: 54–71%), a statistically significant improvement ($p < 0.01$). Positive perceptions of the credibility of indigenous medicine rose from 54% to 89% among international visitors ($p < 0.001$). Interactions with healers were cited by 74% of respondents as the chief influence on perceptions. Additionally, local wellness service providers reported a 24% year-on-year increase in bookings for Ayurveda-based therapies associated with immersive tourism offerings.

These findings suggest that incorporating indigenous medicine demonstrations into national tourism programs could increase cultural engagement and support rural economies. Further research is recommended to assess long-term impacts and optimize program design for diverse tourist populations.

Keywords: *Immersive village, Traditional medicine, Wellness tourism*

Physicochemical and Phytochemical Analysis of Majoon e Gheekawar Herbal Formulation

B.M. Rishad[1] , M. Shiffa[2], N. Fahamiya[3]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*
[2 3]*Faculty of Indigenous Medicine, University of Colombo, Sri Lanka.*

Majoone Gheekawar (MG) is a Unani herbal formulation mentioned in the National Formulary of Unani Medicine (NFUM), India, which has been used for centuries in the Unani system of medicine. The drug is known for its pharmacological actions such as *Mohallile Waram* (anti-inflammatory), *Muqawwie A'asab* (nerve stimulant), laxative, diuretic, antioxidant, *Musaffie Khoon* (blood purifier), *Mushile Akhlat* (evacuation of morbid materials), liver stimulant, and immune modulator. These diverse properties make MG a valuable option for addressing various health conditions. WHO guidelines emphasize that standardization is a critical first step before any experiment claiming safety and efficacy, particularly for herbal medicines. Considering the above facts and the effectiveness of MG, this study was aimed at establishing the physicochemical and phytochemical standards for this herbal formulation. This formulation contains three ingredients, such as *Maghze Gheekawar* (*Aloe vera* pulp), *Sheere Gao* (cow's milk), and *Qand Safaid* (sugar). In this study, ingredients were purchased from a local market, and MG was prepared according to NFUM. The physiochemical evaluation was carried out according to WHO guidelines for quality control for herbal medicine, such as organoleptic parameters, loss on drying, pH, extractive values, ash values, and preliminary phytochemical analysis. MG is a light brown semi-solid preparation with a milky smell and sweet taste. The results of physicochemical analysis revealed that loss on drying is 15.5 ± 0.26%; the pH of 1% and 10% solutions are 5.4 and 5.6, respectively. Also, the total ash value is 2.8±0.32%, and acid-insoluble ash is 1.2±0.2%. The aqueous extractive value is 75 ±0.2%, while the methanolic extractive value is 45 ±0.42%. Further, qualitative phytochemical analysis revealed that the aqueous extract contains carbohydrates, glycosides, phenolic compounds, flavonoids, proteins, and amino acids. In conclusion, the physicochemical and phytochemical results of MG as established in this study could be used as a standard reference for future studies.

Keywords: *Majoon e Gheekawar, Unani Medicine, Physicochemical,Phytochemical*

A comparative clinical study on the efficacy of *Rasna Panchaka* and *Rasna Saptaka Kwatha* with *Murungadi Lepa* (local application) in the management of *Amavata* (Rheumatoid Arthritis)

A.M. M. Paranagama[1] , S.M.S. Samarakoon[2]

[1 2]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.*

Amavata is a chronic inflammatory disorder described in Ayurveda that causes significant impairment in daily functioning due to intense joint pain and stiffness. The present study aims to evaluate the efficacy of *Rasna Panchaka Kwatha* and *Rasna Saptaka Kwatha* with *Murungadi Lepa* in the management of *Amavata*. Based on the clinical characteristics, this disease can be correlated with Rheumatoid Arthritis (RA) as described in contemporary medicine. This study was conducted as a randomized, single-blind, parallel-group, comparative clinical trial on 60 patients diagnosed with *Amavata*, admitted to the Inpatient Department (IPD) of National Ayurveda Teaching Hospital, Borella. Assessment done based on assessment criteria applied in the study " (Sajjanar, 2018). The patients were randomly allocated into two groups of 30 each. Group A received *Rasna Panchaka Kwatha* (120 ml) and Group B received *Rasna Saptaka Kwatha* (120 ml), both along with topical application of *Murungadi Lepa* twice daily for 14 days.. After the intervention, when comparing the Post data of Group A with Group B it was observed that subjective parameters like Sandi shoola, Sandi shotha, Sandi sthabdata, Aruchi, Thrushna, and Jawara, were statistically highly significant ($p<0.001$) except Angamarda, Alasya, Apaka, Bahumutratatha, and Nidra Viparya, which were significant with $p <0.05$ and objective parameters observed that the improvement of the mean values that the Rh factor is highly significant ($p<0.001$) except ESR, CRP, and Hb count were insignificant which is >0.05. In the overall improvement of both Group A and B, it has been observed that the majority of the subjective parameters have markedly improvement followed by the intervention of Rasnadi Sapthakaya along with Murungadi lepa..The combination of Kwatha and Murungadi Lepa demonstrated promising results and may be integrated into the Amavata management protocol for better patient outcomes.

Keywords: *Amavata, Murungadi Lepa, Rheumatoid Arthritis, Rasna Panchaka Kwatha, Rasna Saptaka Kwatha*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Nirgundi Lashunam Shigru Kashaya in the Management of *Avabahuka* (Frozen Shoulder): A Single Case Study

R. M. Peiris[1] , S. M. S. Samarakoon[2]

[1, 2] *Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*

Avabahuka is a type of *Vatavyadhi* caused by vitiated *Vata Dosha* and associated with *Kapha Dosha*. It closely resembles frozen shoulder and significantly affects the quality of life of the patient. This case study focuses on the management of *Avabhahuka* using *Nirgundi Lashunam Shigru Kashaya*, as mentioned in traditional text *Sarasamkshepaya*. A 59-year-old female presented to the National Ayurveda Hospital, Sri Lanka, with right shoulder pain (*Shoola*), stiffness (*Sthabdhata*), and restricted movements (*Bahupraspanditahara*) for one month. This clinical condition was diagnosed as *Avabahuka*. The treatment duration was 14 days, during which she was administered *Nirgundi Lashunam Shigru Kashaya*, 120 ml twice daily before meals. Assessment included both subjective and objective parameters. The range of movement was assessed by using a goniometer, whereas functional ability was assessed using the Shoulder Pain and Disability Index (SPADI). Initial investigations revealed an ESR of 68/mmh and mild degeneration of the acromioclavicular (AC) joint on X -ray. Following the treatment; the patient experienced complete pain relief, significant reduction in stiffness, improved shoulder function without support. The range of motion improved, with flexion increasing 100° to 180°, extension 15° to 50°, abduction 100° to 180° and both internal and external rotation 15° to 90°. SPADI score showed marked improvement, with pain reduced from 76% to 16%, disability from 87.5% to 16.25%, and the total score from 83% to 15.38%. ESR was reduced to 37/mmh, indicating a decrease in inflammatory activity and no change observed in the X -ray findings. In view this case suggests that *Nirgundi Lashunam Shigru Kashaya* is effective in the management of *Avabhahuka* . Further clinical studies with larger samples are recommended to validate these findings.

Keywords: *Avabhahuka, Frozen shoulder, Nirgundi Lashunam Shigru Kashaya*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

Study the Effect of *Bilwadi Panchamula* along with *Suryanamaskara Asana* in the Secondary Prevention of Obesity (*Athisthaulya)*

B L Edirisinghe[1] , W M S S K Kulathunga[2]

[1]*Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka*
[2] *Faculty of Indigenous Medicine University of Colombo, Sri Lanka*

Acharaya Charaka described the *Athisthaulya* reference to *Nanathmaja vikara of Kapha*. It is described as that the person who over obese due to excessive increases of fat and muscles, having pendulous buttocks, abdomen and breast and suffers from deficient metabolism and energy was called as *Sthaulya* in Modern medicine which is obesity. it has revealed that globally, there are more than 1 billion overweight adults and 300 million of them are obese. In Sri Lanka, the prevalence of overweight and obesity is high among adults. This study aimed to assess the efficacy of *Bilawadhi Panchamula* along with *Suryanamaskara asana* in the secondary prevention of Obesity (*Athisthaulya*). The clinical study was based on prospective randomized study carried out among the 45 patients with duration of one year. They were given the *Bilwadi Panchamula* decoction with bee honey for twice a day along with practicing *Suryanamaskaraya*. The ERC approval has being obtained from FIM in 2022. The assessment was done by using means Weight, Body mass index, waist circumference ad mid upper arm circumference as objective parameters. Data was statistically analyzed by using spss version 2022. It was observed that objective parameters from the pre-test to the post-test have been markedly reduced by presenting the p-value is less than 0.001 which is statistically highly significant in the variables of obesity. The Total cholesterol level also improved with statistically highly significantly ($p<0.001$). In subjective parameters, it was observed markedly improvement of the mean value of *sphik chalata, sthana chalata, udara chalata,* movements of cheek, movement of the thigh, *ayasena swasa*, *alpa vyayama*, *swedadhikya, nidradhikya, ati pipasa, daha, Kshudra swasa* and *Janusandhi shoola.* Also, t values were higher than the critical value and these objective parameters of *Athisthaulya were* statistically highly significant ($p < 0.001$)

Keywords: *Athisthaulya, Bilwadhi Panchamula, Suryanamasakaraya*

A Comparative Clinical Study on the Effect of Guda Haritaki and Amurta Choorna in the Management of Panduroga (Iron Deficiency Anemia)

S.K.P. Waidyarathna[1], S.M.S. Samarakoon[2]

[1,2]*Post Graduate Institute of Indigenous Medicine, University of Colombo*

Panduroga is one of the prevalent types of nutritional disorder. It is a Pitta predominant disease characterized by reduction of the complexion, strength, unctuousness and Ojas in the body. It can be correlated with anemia based on its signs and symptoms. Iron deficiency anemia is a condition of reduction in the hemoglobin or red blood cells concentration of the peripheral blood in relation to age and sex. Classical texts recommend Guda Haritaki and Amurta Choorna for Panduroga. The main objective of the study to comparatively evaluate the effect of Guda Haritaki and Amurta Choorna on Panduroga. The study was conducted at OPD of National Ayurveda Teaching Hospital Borella. Data were collected from 60 patients of age between 20-70 years in either sex respectively. 30 patients of Group A was treated with Guda Haritaki and 30 patients of group B was treated with Amruta choorna were given twice a day for 90 days. The assessment was based on subjective parameters and objective parameters. Data were analyzed by using SPSS statistical software. Effect of Guda Haritaki and Amurta Choorna were highly significant ($p<0.000$) in both groups. Comparative effect between group A and group B was statistically insignificant ($P>0.05$). The overall effect of therapy indicate that markedly improved 66.7% in Group A and 60% of Group B. Haritaki is having Agni Deepana, Ama Pachana and Anulomana properties and Guda has Agni Deepana and Ashruk Prasadana properties. . In the present study, Guda Haritaki showed more significant results than Amurta Choorna due to enhanced bioavailability of nutritious in Guda Haritaki.

Keywords: *Panduroga, Iron deficiency anemia, Guda Haritaki, Amurta Choorna*

2nd International Symposium on Ayurveda, Unani and Siddha Medicine (ISAUS PGIIM 2025), Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka | ISSN:3093-5970(Printed) | Web: https://pgiimed.cmb.ac.lk/isaus-2025/

A comparative clinical study on the Effect of *Agnimantha Shilajit Yoga* and *Bilvadi Yoga* in the management of *Sthaulya* w.s.r. to Overweight and Obesity

K K I Eranga[1], K G C Dissanayake[2]

[1] Postgraduate Institute of Indigenous Medicine University of Colombo, Sri Lanka
[2]Faculty of Indigenous Medicine, Gampaha Wickramarachchi,University of Indigenous Medicine, Sri Lanka

Obesity (*Sthaulya*) is a chronic lifestyle disorder described in Ayurveda as a condition associated with *Medo Dhatu Vruddhi* and *Srotorodha*. This randomized clinical trial aimed to evaluate and compare the efficacy of *Agnimantha Shilajit Yoga* (AS) and *Bilvadi Yoga* (BY) in the management of obesity. Sixty clinically diagnosed patients were randomly allocated into two groups: Group A received AS (0.5g twice daily), and Group B received BY (5g twice daily with 10 mL honey). The duration of treatment in both groups was 12 weeks with follow-up for 2 months after the completion of the treatment. Both groups were assessed on subjective and objective parameters over the treatment period. The study population was predominantly male (53.34%), aged between 36-47 years (51.70%), mostly married (85%), with a preference for spicy food (50%), *Krura Koṣta* (63.35%), *Viṣamagni* (88.30%), and a mixed diet (95%). Group A showed statistically significant improvement in subjective symptoms such as reduction in pendulous body movements, heaviness, excessive perspiration, thirst, and hunger ($p < 0.001$). Objective parameters such as body mass index - BMI Decreased from 3.60 to 2.00 ($p < 0.001$), indicating a marked reduction in weight status. Lipid profile (Mean value of total cholesterol reduced from 244.68 to 189.04), liver enzymes (AST, ALT, ALP), creatinine levels, waist and hip circumferences also improved significantly ($p < 0.001$). Group B demonstrated notable reductions in localized adiposity, including mean value of thigh circumference (from 57.56 to 54.50 cm) and mean value of arm circumference (from 34.86 to 31.46 cm) ($p < 0.001$), though improvements in other parameters were less pronounced compared to Group A. Intergroup comparison revealed that AS was significantly more effective in most essential obesity-related parameters, while BY was more effective in targeted fat reduction. Both formulations were found to be effective in managing obesity, but AS demonstrated a broader and more comprehensive efficacy in the Ayurvedic management of *Sthaulya*.

Keywords: *Sthaulya, Obesity, Overweight, Agnimantha shilajit yoga, Bilvadi yoga*

Study the efficacy of Ayurveda management on Vatala Yoni Vyapad w.s.r. Endometriosis – a single case study

U P P Wijethunge [1], K P K R Karunagoda [2], Y A U D Karunarathne [3]

[1] *Postgraduate Institute of Indigenous Medicine University of Colombo, Sri Lanka*
[2] *Faculty of Indigenous Medicine, University of Colombo, Sri Lanka*

Endometriosis is a condition of the ectopic implantation of endometrial glands and stroma outside of the uterus which is characterized with dysmenorrhea. 10 % of reproductive aged female affected with Endometriosis in world-wide. Dysmenorrhoea means painful menstruation, whereas in secondary dysmenorrhea is associated with underlying pathology in female reproductive system such as fibroid, endometriosis, Cyst, Adenomyosis etc. Among the *Vimshathi Yoni Vyapadas* which described by *acharayas* in Ayurveda, *Vatala Yoni vyapad* is one of them. Stiffness, pricking pain in vagina, pain in groins and flanks etc. are the *lakshanas* which are mentioned in literature. Menstrual pain mentioned in Ayurveda literature as *Kashtartava. Vatala yoni vyapad* can be caused by *Prathiloma Gati* of Vitiated *Apana Vayu* which is a state of *Vyadhi Samkara avastha* of *Udavarthini Yoni vyapad*. We are aimed to evaluate the Ayurveda management approach on Endometriosis, through a single case study. A 33-year-old *Vata Prakruti* female with severe dysmenorrhea (WaLIDD score 10) and other symptoms. BP 120/70mmhg, pulse rate 68/ min, BMI 18.44 Kg/$m^{2.}$ She was treated with oral medications and external treaments by *Ama pachana, Agni deepana, Mrudu Shodhana, Vatanulomana* at OPD level for 28 days, *Pancha karma* procedures as *Matra Basti* and *Udara pattu, Nadi sweda* as *Sthanika chikitsa* in IPD for 5 days and *Shamana karma* for 14 days at OPD. Advised to follow *Pathya Ahara* and *Viharana* accordingly. Vitals and menstrual pattern were observed on corresponding menstrual cycles. Assessment done by using WaLIDD scoring method before and after the treatment. After completion of treatment protocol with in due time period the WaLLID score which was 10 before the treatment, reduced to 3 by 70 % and Ultrasound report proved that complete disappearing of Right-side ovarian cyst (Endometrioma). It proved that Ayurveda has successful treatment protocols for resolving *Vatala Yoni vyapad w.s.r.* Endometriosis by *Samprapti vighatana* according to principles.

Keywords: *Vatala Yoni vyapad, Kashtartava,* Dysmenorrhoea, Endometriosis

ISSN 3093-5989

Postgraduate Institute of Indigenous Medicine
5th Floor, National Ayurveda Hospital
Colombo
https://pgiimed.cmb.ac.lk/

Designed By PGIIM
Printed By Colombo University Press

2nd International Symposium on Ayurveda, Unani and Siddha Medicine

"Preserving Heritage Through Quality Research"