

# WHEN *allopathy* MEETS *alternatives*

THE INSTITUTE OF APPLIED DERMATOLOGY IS INTEGRATING DIFFERENT SYSTEMS OF MEDICINE TO PROVIDE RELIEF TO VICTIMS OF ELEPHANTIASIS

by **Jamuna Rangachari**

One of the hallmarks of the coming age is integrated medicine, which would avail of the best of allopathic and alternative therapies in pursuit of a cure. That this approach can produce brilliant results is illustrated by the pioneering efforts of Dr SR Narahari of the Institute of Applied Dermatology. Applying both streams of medicine on a number of skin ailments including lymphatic filariasis (elephantiasis), by capitalising on the strengths of each while not compromising on the key principles of any, Dr Narahari

has achieved ground-breaking results and has left behind a trail of grateful patients.

“Absolutely amazing,” was Dr Ashok Mehta’s response, when he saw TGK Menon’s improvement in lymphoedema after treatment at IAD. Initially sceptical, Dr Mehta, the director of BSES hospital in Mumbai has gone on record vouching for the efficacy of this treatment.

“We never thought a treatment for this crippling disease would be possible,” says Savlekar from Pune, whose wife, now 67, was



Baseline 15/09/2008

After 50 days 04/11/2008

struggling with elephantiasis for 30 years until she came to know of Dr Narahari's centre. After a stay at Kasargod, she is now able to function normally and attend to her regular routine.

Sandhya Limaye from Mumbai was suffering for nearly eight years from this ailment. Antibiotics were of no use, neither was homoeopathy. IAD miraculously brought the ailment under control.

### The methodology

Dr Narahari, chief dermatologist, is one of the founders of this Institute, whose continued efforts have hastened the process of collaborative work in the field of medicine.

Following a systematic and scientific approach, a team of biomedical, ayurvedic and yoga experts examines the patient. They assess the patient and pathology from all three perspectives. The status of the limb and skin are recorded photographically, and baseline limb volume is measured.

Dosha constitution and specific pathological imbalances are determined to select herbalised oils and solutions for administration. Patients attend two counselling sessions (baseline and admission counselling) before the treatment commences. A counsellor spends at least one hour-long session with each patient educating him – about the need for devoting at least 1 ½ hours daily for the treatment for the rest of his life.

Lymph drainage is effected by a combination of yoga exercises and Indian Manual Lymph Drainage (IMLD). Nine yoga exercises (asanas) and six special breathing techniques (pranayamas) are practised before IMLD, and eight asanas and six pranayamas afterwards. IMLD involves inguinal and popliteal lymph node drainage, followed by non-oil massage (unmardhana), and then oil massage in the opposite direction of hair growth (udhwarthana). Choice of oil is patient specific and depends on dosha imbalance (vikriti--local skin pathology). This herbalised oil is prepared by boiling sesame oil with the paste of Nalpamara as described in traditional texts.

Patients with hardened limbs receive ayurvedic heat treatment of the affected limb (ekanga swedana) during the initial 14 days of hospitalisation. In this medically supervised procedure herbalised steam is passed through a pipe directly to the area concerned (nadi sweda) and an additional layer of oil used for massage (udhwarthana) is applied over the area before spraying the herbalised steam.

Finally, using the practices of lymphology and physiotherapy, long stretch compression bandages are applied, followed by post-IMLD yoga. This is a modification to the ayurvedic system as compression bandages, soap and water wash, antibiotics and anti fungals were not



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used traditionally in ayurvedic medicine for lymphoedema.

### **Lifestyle changes**

On returning home, patients are advised to perform these procedures in the above sequence daily and observe certain dietary restrictions.

During the two weeks initial treatment, the patient and a family member is trained in all details of home treatment. “Involving another family member encourages him or her to feel involved in the loved one’s recovery – it improves patient concordance in the lengthy procedures and reintegrates patients with their family and friends, helping resolve many social issues of the disease,” says Dr Narahari, integrating the emotional aspects as well.

### **OVERALL PROCEDURE**

- Two weeks initial treatment with training as either outpatient or inpatient as appropriate.
- Oral medications / diet restrictions for the initial six months.
- Yoga, compression and massage to be continued for life.

As is usual with ayurvedic prescriptions, patients have to observe dietary restrictions while on medication. In general, the restricted dietary items are the ones slow to digest (guru ahara), sour items (amla), non-vegetarian food, milk and milk products.

### **The journey**

“To me essentially it is the patients and learning from their problems and experiences that showed the way forward in integrative treatment. Patients need relief no matter which system of medicine they take,” says the doc-

## THE FOUNDER



The centre established by Dr Narahari – The Institute of Applied Dermatology ([www.indi-andermatology.org](http://www.indi-andermatology.org)) is in Kasargod, Kerala, where doctors have developed an integrated approach for the treatment of lymphoedema (lymphatic filariasis).

As a dermatologist, trained in western biomedical practice, the doctor is involved in clinical research in the role as patient-oriented researcher, as well as hands-on care and helps colleagues to arrive at the best possible judgments during their 'integrative management' of dermatoses where treatment modalities from biomedicine, Ayurveda and yoga are combined.

tor, who rues the fact that doctors have compartmentalised systems of medicine without paying heed to this key principle.

The seed for this initiative was sown in mid 1990. Ten allopathic doctors, including Dr Narahari, whose expertise ranged from being family general practitioners, consultant private practitioners to pharmacologists and medical college professors shared the common thought that treatment of chronic illness is inadequate in any one given system of medicine.

As skin diseases do not usually present any medical emergencies, Institute of Applied Dermatology came into existence with the encouragement of late Prof S A Dahanukar, Department of Pharmacology, KEM hospital, Mumbai, who at that time had already worked with ayurvedic system of medicine.

As a dermatologist and a believer in the principle of integration, Dr Narahari took keen interest in carrying forward the mission. For over five years, the main challenge was mutual orientation of allopathy and ayurveda and homeopathy based on each system's

philosophy and method of treatment.

Battling scepticism, arranging for funds and operating within the legal framework that does not provide for integration, battling human resource issues like attrition were also difficult. Determinedly pursuing his mission, however, the doctor and his team continued their work mostly paying from their own income from medical practice for seed money and initial expenses.

With this came support and recognition. "I want to emphasise in the beginning that it is teamwork although I steered the idea of integrating more than one system of medicine," he says. He is deeply appreciative of Prof Terence J Ryan, emeritus professor of dermatology, Oxford University Medical School, UK who mentored the whole programme of developing integrative treatment for lymphatic filariasis. Still, challenges remain.

### The way ahead

"Why can't agencies such as Medclaim recognise this as a valid form of treatment?" asks Limaye who accompanied his wife to Kasargod. "This is not a major factor for me, but could be a deterrent for many," he points out and hopes the day when integrative medicine is given due credence arrives soon.

Fortunately, research in Kasargod continues in lymphatic filariasis (elephantiasis), secondary lymphoedema due to cancer surgery, congenital lymphoedema, vitiligo (leucoderma), Lichen planus, warts (*verruca vulgaris*), psoriasis, chronic urticaria, certain connective tissue disorders, sexual dysfunctions, and HIV/AIDS.

Considering his record of accomplishment, more breakthroughs, and due recognition in the mainstream do not seem improbable.

*We welcome your comments and suggestions on this article. Mail us at [editor@lifepositive.net](mailto:editor@lifepositive.net)*