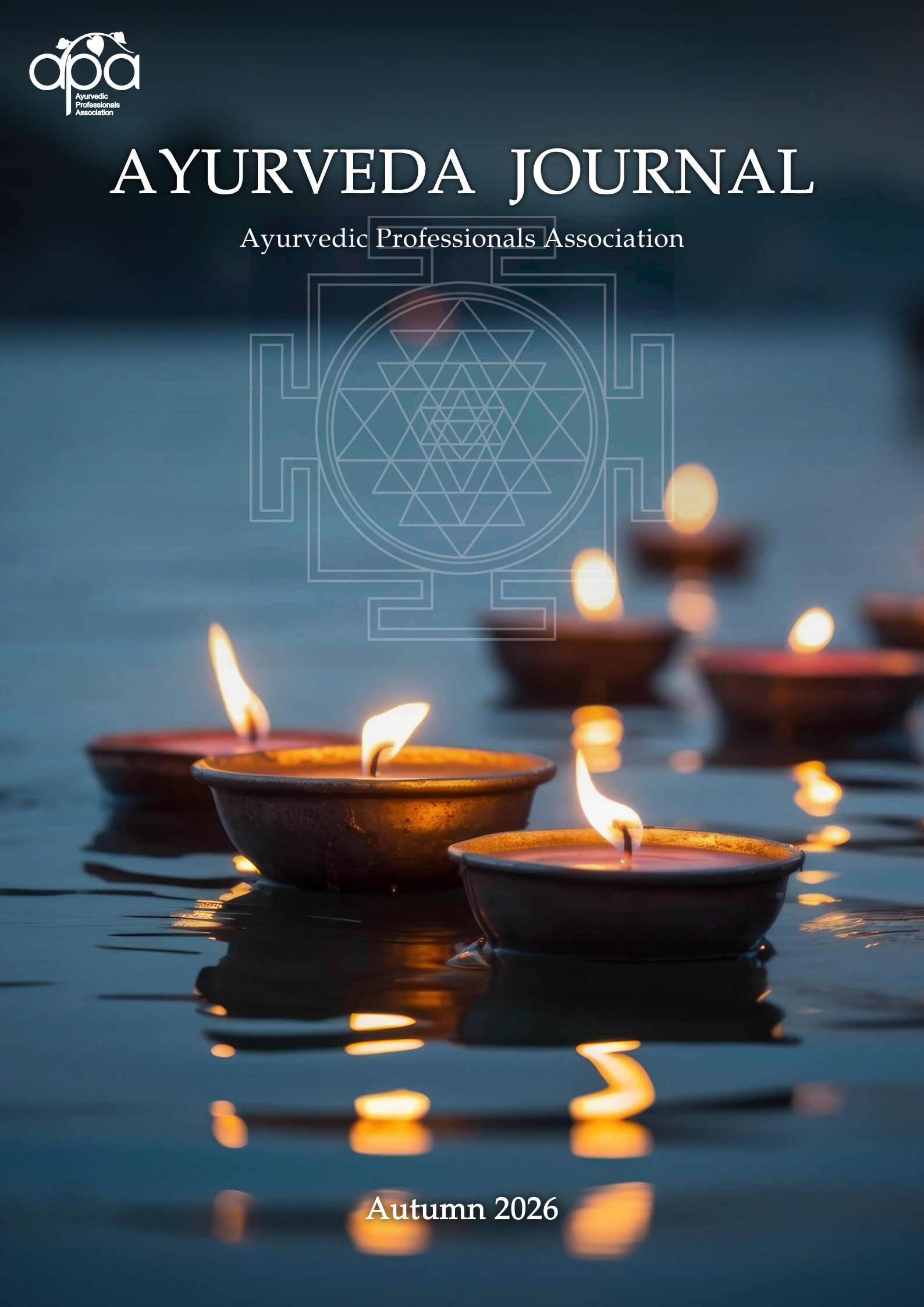
AYURVEDA JOURNAL

Ayurvedic Professionals Association



Autumn 2026

Letter From The Guest Editor

Dear APA Family,
by the time this reaches you, our evenings have begun to draw in, the light softening as nature turns inward. The body registers these subtle seasonal shifts long before the mind catches up.

This has been a season marked by celestial rhythm, with a total solar eclipse and a lunar eclipse occurring in a single month. While modern astronomy views this as mere mechanics, Vedic tradition sees it as a rare window where Rahu and Ketu obscure the luminaries, bringing subconscious dimensions forward for reflection and inner transformation. Growing up between Kashi and Lucknow, I remember my grandmother pausing her daily routines during eclipse hours to sit in Dhyaan - a practice rooted not in fear, but in deep respect for a cosmic hinge point. We now approach another such hinge: the Autumn Equinox on 23 September. In Ayurveda, this seasonal junction (Ritu Sandhi) invites us to honour natural rhythms over rigidity, slowing our pace and nourishing our digestion as the doshas fluctuate. That spirit of alignment shapes this autumn edition.

Inside, we explore transforming the fiery Pitta imbalance of anger, creating supportive living spaces through Vastu Shastra, sustainable Panchakarma breakthroughs in autoimmune care, and classical uses of Valmika Mrittika. As practitioners holding space for others, I invite you to take a moment for yourselves - and read this edition slowly, the way autumn is meant to arrive.

Dr (Ayu) Akanksha Bhardwaj, BAMS, MBA
APA UK Committee

Journal Contents

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The Pulse of the APA - Embracing Autumn, Renewal and New Beginnings

by Dr. Kanchan Sharma (President)

September brings a gentle change in rhythm. As summer gives way to autumn, nature reminds us that change is an invitation to pause, reflect, renew and look ahead with fresh perspective.

For the APA, Autumn is also a time of renewal as we open our membership renewal in early October. I hope you will continue to walk alongside us. Our strength lies not only in what we achieve, but in the relationships we nurture, the knowledge we share and the sense of belonging we create within our Ayurvedic community.

As we look towards the year ahead, our vision is simple — to support our members, strengthen our profession and create meaningful opportunities for Ayurveda to grow in the UK. We want to bring you high-quality CPD opportunities, connect you with respected practitioners and teachers from around the world, and create more opportunities for engagement in research within the UK.

We also hope to strengthen our relationships with course providers with in UK helping Ayurvedic knowledge remain accessible and sustainable while always respecting the essence, integrity and wisdom of Ayurveda.

Most importantly, we want the APA to be a place where every member feels included and supported — whether you are a student, practitioner, therapist, educator or course provider. We want to hear about your aspirations and support your endeavours wherever we can.

There are several exciting projects taking shape, which we look forward to sharing in the New Year.

Planning for AyurFest 2027 will soon begin, and we would love to hear from members interested in becoming a planner, sponsor, participant or exhibitor.

There are also many ways to give back to our community. If you would like to contribute through to the APA please do get in touch. I would genuinely love to hear from you and will be in touch personally.

Our Ethics and Education Committees are also growing, and we warmly welcome members who would like to contribute their experience and ideas and join us.

As seasons turn and new light appears, may wisdom deepen through the years. Rooted in tradition, open to the new, may Ayurveda flourish through all we do.

Thank you for being part of the APA. Let us continue to build an association that listens, connects and creates opportunities for all its members.

I look forward to hearing from you and to all that we can create together in the year ahead.

With warm wishes for a beautiful and fulfilling autumn,

Dr. (Ayu) Kanchan Sharma
President, Ayurvedic Professionals Association

https://apa.uk.com
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Anger and the Body: The Fire Within

by Kate Siraj (BSc Ayurveda, MChem Oxon)

Anger is the flame that sheds light on the boundary between yes and no. It is not a flaw; it is not a "negative emotion". It is a messenger which tells us that something needs protection, a boundary needs placing or that justice needs to be defended.

Ancient Vedic texts, along with those of **Ayurveda** and Yoga, describe anger as a cause of disease and mental disturbance. This has often been taken too literally, misinterpreted as a directive to avoid feeling anger altogether. But the deeper teaching, I believe, is not to repress or disconnect from anger, nor to stifle it until it festers in the psyche and body. Anger itself isn't the problem; it's our disconnection from it, or our disproportionate reaction to it, that causes harm.

What is anger, really?

Anger has a bad reputation but what is it really? Anger is a natural, intelligent response to boundary violation, injustice, or unmet needs. For example, when someone repeatedly interrupts me when I'm speaking, a spark of irritation may arise. This spark of anger is saying, "This isn't right, I deserve to be heard". When my child came home from school once having experienced bullying, I felt a surge of protective anger. This anger is saying "This should not be happening, my child needs protection".

Anger is not the problem, it's what we do with it

When anger arises, we tend to do one of two things (often unconsciously): repress it or dramatise it.

Repression, denial: the sealed pressure cooker

In many cultures, including here in the UK with the stiff upper lip attitude, expression of anger is frowned upon. If we express anger as children, we are often reprimanded, ignored, punished or told to be 'good'. While girls often receive this message more explicitly, the culture as a whole tends to discourage emotional expression.

Anger and the Body: The Fire Within

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For those of us who grew up in spiritual or religious families, this can be a strong message. We must be calm, forgiving, rational and considered at all times and not express any 'irrational' emotions. I was brought up surrounded by the philosophy of Advaita Vedanta, which brought so many gifts but also the burden of rejecting emotions. "Rise above it", "Don't feel that", "Your nature is divine, you don't need to feel these things"; spiritualise it away. So for many years, on being interrupted when speaking, I'd stuff down the anger, pretend it didn't exist. If I ignore it, it will go away, was my thinking.

Effectively, functional anger (noticing and processing the natural arising of anger) is put in shadow, repressed and denied. "I don't do anger". This builds the pressure in the sealed pressure cooker which leads to angry outbursts happening whether you want to or not, at times which may surprise you. The anger being in shadow, now has control of you rather than you being in control of it.

Reactive dramatisation: the unattended bonfire

Another pattern is reacting to every spark of anger without pause. This reactive dramatisation is not the raw signal of anger itself, but a reactive pattern that can obscure its true message. This may show up as outsized reactions to small triggers, because the message taken on carries something much older and weightier. For example, when someone criticises me, even very gently, it can feel like another cut in a thousand cuts of being regularly criticised as a child and the reaction far outweighs the current trigger. There can be a prominent sense of "It's their fault", where the finger is always pointed out.

In many cases, dramatised anger acts as a shield, deflecting attention from more vulnerable emotions like fear or grief. Boys are often given the message that they shouldn't cry and must be strong, so these emotions get transmuted to anger. Think of this as cross-wiring.

This can also be a cultural behaviour, where fiery expression is rewarded. This can be just as unhealthy for us as the repression cultivated by other cultures.

In this way, anger becomes a habit, a repetitive behaviour, a fire that feeds on itself to grow and grow. You have lost control of the unattended bonfire.

What is the cost of these anger habits?

Both of these reactions to anger leave you without control of the anger and it starts to take its toll on the body.

The **sealed pressure cooker** without release can eventually explode or can corrode the pot from within. This is the cost of "I don't do anger." It doesn't disappear. It goes underground, deep into the mind and body.

The **unattended bonfire** burns hot, fast and wide, scorching everything nearby. Small gusts (a comment, a look) sends it roaring but when the smoke clears, the real issue is still untouched.

Anger held or rampaging in the body increases pitta (hot and intense)**[1]** and has a damaging effect on the blood tissue**[2]**. The Ayurvedic classics refer to diseases that are specifically born of anger**[3]** such as bleeding disorders**[4]** and blood/liver disorders such as anaemia, jaundice, hepatitis**[5]**, loss of ojas (vitality, immunity)**[6]**, gout**[7]**, loss of appetite**[8]**, excessive thirst**[9]** and some types of fever**[10]**

Anger and the Body: The Fire Within

by Kate Siraj (BSc Ayurveda, MChem Oxon)

Body symptoms when anger is not healthily processed

Increased pitta**[11]** (whether from unprocessed anger or from other causes**[12]**) and contaminated blood**[13]** can also create symptoms such as skin diseases including leprosy, herpes, pimples, ring worm, dermatitis, vitiligo, urticaria (hives), ulcers, abscesses, burning sensations, hyperacidity, loose bowel movements, abdominal growths, migraines, insomnia, fainting and an inflamed anus, penis or mouth.

All in all, not processing our anger can have far reaching effects on the body. Do you suffer from any of these?

What do we do about anger then?

To avoid the reactive rage and bodily symptoms that come from suppressing or overdramatising our anger, we can make sure we are working with our anger, making it functional anger. Anger is a messenger, what is it telling you?

When my son experienced the bullying incident, I felt the flame of anger. A suppressing response could have been to swallow the anger down, tell myself there was nothing to see here and that things would work themselves out. A reactive response could have been to go on the attack to the bully and his parents, with an unconscious intent to cause harm as harm had been caused. Luckily, this time, I sat with the anger, felt it's power and used it to be very clear about what I wanted to happen now in response to the bullying. Having felt the heat of the flame, I had the energy to get over the reluctance to talk to those I needed to talk to and make a clear message and request.

In the moment

- When you feel anger, pause and name it. Welcome it. "I feel heat rising. Something feels off. I'm angry". Check in with your body: "Where do I feel heat or pressure in my body?"

- Ask yourself questions to see what the message is: "What boundary is being crossed?" "What truth wants to be spoken?"
- Reflect on "What vulnerability is this touching in me?", "What can I own here versus what is actually unjust?"
- Taking all this into consideration, the anger is named and clean and ready to be expressed with intention. Speak the truth without the theatrics. I think there is something about my grandmother's "count to 10" advice after all!

Deeper work

If you "don't do anger", reflect on: "Do I have a pattern of not expressing anger?" "Where have I learned this?" "What's the risk for me to express clean, healthy anger?" "What am I really angry about, deep down?"

If you're "always angry", reflect on: "What vulnerability is my anger protecting?" "Could my anger actually be sadness or fear?" "What am I really angry about, deep down?"

When you're away from the anger trigger, in a safe space, try using your voice and your body to really express the anger. Follow the thread of it, where does it lead? Is there something your body wants to do to express the extent of anger? I've been known to do this pounding on the sofa and found that when I thought I was angry at one of my children not listening to me, deeper down I was just angry at feeling like for my whole life I wasn't allowed to be me, to be seen and heard as just me, no-one else, not an idealised version of who I could be.

This can be hard by yourself. Consider doing some Shadow Work to help unpick and express these deeper feelings. Shadow Work is where we can safely do on purpose what we often do my mistake. It's like a laboratory for trying out new things. In this case, it would be safely and clearly expressing anger at some deep injustices.

Ayurvedic tools for cooling the effects on anger on the body

As well as the emotional work, we can cool the fires of anger in the body with familiar Ayurvedic tools. These can support us as we journey into the deeper realms.

- **Cooling foods:** coconut, green leafy vegetables, juicy fruits and vegetables (e.g. cucumber), coriander
- **Lifestyle:** Shitali pranayama, moon bathing, spending time by water
- **Herbs:** brahmi, guduchi, shatavari, amalaki, rose

Anger is our ally

Where we may have feared or indulged our anger, we can find ways to befriend it and listen to what it's telling us. We can view it as a compass pointing towards integrity, clarify and transformation. We can stop banishing it to the basement or letting it run amok and find it is our ally.

Get in touch if you need any help processing anger, it's one of my favourite things to do!

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References:

[1] Sushruta Samhita Sutra Sthana 20/21

[2] Sushruta Samhita Uttara Sthana 45/3-4

[3] Krodha Janya Vyadhi

[4] E,g, bleeding from the mouth, nose, anus, urethra, vagina: Sushruta Samhita Uttara Sthana 45/3-4

[5] Charaka Samhita Chikitsa Sthana 16/7

[6] Astanga Hrdayam Sutra Sthana 11/39-40

[7] Madhava Nidanam 23/1-4

[8] Charaka Samhita Chikitsa Sthana 26/124

[9] Charaka Samhita Chikitsa Sthana 22/4

[10] Charaka Samhita Chikitsa Sthana 3/114-128

[11] Charaka Samhita Sutra Sthana 12/8 (V), 20/9-11 (V); Sushruta Samhita Sutra Sthana 21/18, 21/27, 21/32, 35/24-25; Astanga Hrdaya Sutra Sthana 11/5-16, 12/49-53; Astanga Samgraha Sutra Sthana 19/16-24; Madhava Nidanam Amlapitta; Bhava Prakasha 1 3/111

[12] Excess sour, salty and pungent food, excess exposure to heat, alcohol, excessive fermented foods and fasting.

[13] Charaka Samhita Sutra Sthana 28/11-12

Panchakarma in Rheumatoid Arthritis Management: A Sustainable Approach Beyond Steroid-Related Complications

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Prof Dr Gopesh Mangal, *HOD, Department of Panchkarma, National Institute of Ayurveda, Jaipur, India*

Abstract

Rheumatoid Arthritis (RA) is a systemic, progressive autoimmune disorder that presents a substantial global health burden. In contemporary medicine, long-term therapeutic regimens rely heavily on corticosteroids and Disease-Modifying Antirheumatic Drugs (DMARDs). While these interventions provide rapid anti-inflammatory control, their prolonged administration induces significant systemic deterioration, including osteoporosis, metabolic dysregulation, and immune suppression. Ayurveda offers a specialized paradigm by conceptualizing RA under the spectrum of Amavata, a pathology driven by metabolic toxins (Ama) and physiological dysregulation (Vata Dosha). This article explores the therapeutic potential of Panchakarma as a sustainable, disease-modifying global opportunity. We present a comprehensive case analysis of a 63-year-old female patient diagnosed with chronic Amavata (Rheumatoid Arthritis) who achieved significant clinical remission through structured internal medications and specialized external Panchakarma interventions (Dhanyamla Dhara, Valuka Sweda, and Vaitarana Basti), assessed via standard diagnostic and European Alliance of Associations for Rheumatology (EULAR) criteria.

Introduction

Rheumatoid Arthritis is characterized as a chronic inflammatory autoimmune disease targeting the synovial membrane, leading to symmetrical polyarthritis, articular cartilage destruction, and eventual bone erosion. Conversely, Ayurvedic classical literature provides a systemic, bio-metabolic understanding of this presentation under the nomenclature of Amavata. The clinical description was first systematically delineated in the 8th century by Acharya Madhavakara in the treatise Madhava Nidana.

The etiological factors (Nidana) of Amavata are rooted in lifestyle and dietary discrepancies, classically defined as when individuals with low metabolic or digestive fire (Mandagni) indulge in incompatible dietary habits (Viruddha Ahara) or antagonistic physical lifestyles (Viruddha Vihaara), such as exercising immediately after meals. The ingested food remains incompletely digested, yielding a toxic, antigenic metabolic intermediate known as Ama. Simultaneously, Vata Dosha becomes vitiated due to tissue depletion or structural strain. The aggravated Vata acts as a kinetic force, driving the heavy, sticky, un-metabolized Ama into the systemic circulation (Dhamanis) and micro-channels (Srotas). This toxic complex undergoes localization (Dosha-Dushya Sammurchana) within the anatomical joint spaces (Sandhi Sthana), which are rich in Sleshma (synovial environment). The resulting cascade creates a dense blockage of body channels (Srotorodha), triggering intense joint pain (Sandhi Shoola), localized edema (Sandhi Shotha), extreme morning stiffness (Stambha), and system-wide constitutional features including anorexia (Anannabhilasha / Aruchi) and low-grade pyrexia (Jwara).

The Hazard of Steroid Reliance

Steroids play a major role in modern treatment techniques to quickly reduce articular pain and immunological activity, but this obscures the fundamental need for bio-cleaning. Corticosteroid dependence eventually results in the loss of bone density, suppression of adrenal function, fragility of the skin and soft tissues, and deterioration of structural integrity. Panchakarma offers a globally practical substitute that emphasizes bio-purification (Shodhana). Rather than merely suppressing downstream inflammatory markers, it targets the foundational pathology by processing and expelling the circulating Ama, restoring metabolic balance (Agni), and regulating immunophysiology.

Chief Complaints & History of Present Illness

A 63-year-old female presented with a 3-year history of crippling joint problems:

- **Articular Symptoms:** Symmetrical polyarticular joint pain (Sandhi Shoola) affecting multiple joints and specifically immobilizing both knee joints. Severe discomfort, localized joint swelling (Sandhi Shotha), and tenderness (Sparsha Asahatvam).
- **Functional Impairment:** Severe morning stiffness (Gatrastambha / Stambha) lasting for a long duration in the early morning and requiring external physical assistance for minimal walking.
- **Systemic Features:** Recurrent feverish feelings (Jwara), chronic exhaustion, and pervasive anorexia (Anannabhilasha / Aruchi).
- **Past & Medical History:** Traumatic fall 5 years prior and chronic articular issues. Three-year history of intensive Allopathic medications, including high-dose corticosteroid therapies and analgesics, which failed to arrest disease progression and left her with significant gastrointestinal discomfort and tissue fragility.
- **Dietary Assessment:** Frequent consumption of incompatible foods (Viruddha Ahara), fast food, and irregular eating schedules (Vishamashana), directly validating the classical etiology of Agnimandya and subsequent Ama accumulation.

Diagnostic Assessment

1. Classical Ayurvedic Examination (Asta-Vidha & Dasha-Vidha Pareeksha)

- **Nadi (Pulse):** Manduka Gati (indicating Kapha-Vata dominance mixed with Ama).
- **Jihwa (Tongue):** Highly Coated (Sama Jihwa), confirming the profound presence of systemic undigested endotoxins.
- **Mala (Stool):** Sa-Ama / Vibandha (sticky, constipated bowel habits).
- **Agni (Digestive Fire):** Mandagni (severely subdued metabolic state).
- **Srotas Involved:** Annavaha, Udakavaha, Rasavaha, Raktavaha, and Majjavaha Srotas presenting acute manifestations of blockage (Srotorodha).

2. Objective Laboratory & Biomarker Analysis (Pre- vs Post-Intervention)

Biomarker	Baseline (BT - Before Treatment)	Outcome (AT - After Treatment)
Haemoglobin (Hb)	10.0 g/dL	10.9 g/dL
Erythrocyte Sedimentation Rate (ESR)	110 mm/hr	70 mm/hr
C-Reactive Protein (CRP)	42.51 mg/L	30.7 mg/L
Rheumatoid Factor (RA Factor)	187.03 IU/mL	100 IU/mL

Therapeutic Intervention Matrix

1. Internal Medications Regimen (Abhyantara Shamana)

- **Yogaraja Guggulu**
  - **Dosage & Frequency:** 2 tablets, twice daily.
  - **Anupana & Timing:** Dashamoola Kwatha (40 mL) / Before meals.
  - **Therapeutic Action:** Pacifies Vata, targets joint pain, reduces swelling, and strengthens bone tissues.
- **Combined Powder Regimen** (Avipattikara Churna + Ajamodadi Churna + Shankha Bhasma)
  - **Dosage & Frequency:** 3 g + 3 g + 500 mg, twice daily.
  - **Anupana & Timing:** Warm water / Before meals.
  - **Therapeutic Action:** Corrects gut metabolism, neutralises gastric acidity, and digests systemic Ama.

- **Haritaki Churna**
  - **Dosage & Frequency:** 5 g.
  - **Anupana & Timing:** Warm water / At bedtime.
  - **Therapeutic Action:** Promotes downward movement of digestive energy (Vatanulomana) and prevents constipation.
- **Tab. R Compound & Cap. Urico D**
  - **Dosage & Frequency:** 2 tablets & 1 capsule, twice daily.
  - **Anupana & Timing:** Warm water / After meals.
  - **Therapeutic Action:** Supplements systemic anti-inflammatory action and improves joint mobility.

2. External Procedures & Panchakarma Matrix (Bahya & Shodhana Karma)

- **Dhanyamla Dhara** (Days 1–5)
  - **Therapeutic Protocol:** Continuous pouring of warm, fermented medicinal cereal liquid over the body.
  - **Clinical Mechanism:** Liquefies stubborn, sticky systemic Ama and clears micro-channel blockages (Srotorodha).
- **Nitya Virechana (Kostha Shodhana)** (Days 1–5)
  - **Therapeutic Protocol:** Triphala Kwatha (50 mL) mixed with Gandharvahastadi Eranda Taila (20 mL).
  - **Clinical Mechanism:** Expels liquefied toxic waste via the digestive tract; castor oil directly treats the roots of Amavata.
- **Janu Dhara** (Days 6–7)
  - **Therapeutic Protocol:** Rhythmic pouring of warm Dashamoola Kwatha specifically over both knee joints.
  - **Clinical Mechanism:** Reduces localized joint inflammation, alleviates pain, and relieves severe knee stiffness.
- **Valuka Sweda** (Days 6–7)
  - **Therapeutic Protocol:** Localized dry heat application using heated sand boluses (Pottali).
  - **Clinical Mechanism:** Dries up accumulated joint fluid and reduces edema without adding aggravating moisture.
- **Vaitarana Basti (Niruha / Decoction Enema)** (Days 8–22, Alternating Days)
  - **Therapeutic Protocol:** Classically prepared with rock salt, jaggery, tamarind, cow's urine (Gomutra), and castor oil.
  - **Clinical Mechanism:** Scrapes deeply embedded toxins from tissue spaces and safely eliminates them via the colon.
- **Brihat Saindhavadi Taila Basti (Anuvasana Basti)** (Days 8–22, Alternating Days)
  - **Therapeutic Protocol:** Retention enema using warm medicated Brihat Saindhavadi Taila.
  - **Clinical Mechanism:** Lubricates the skeletal framework, prevents bone degeneration, and pacifies Vata.

Clinical Outcome Assessment

Assessment Parameter (EULAR / Classical)	Before Treatment	After Treatment
Joint Pain & Swelling (Sandhi Shoola & Shotha)	Severe, symmetrical pain and localized swelling across multiple joints for 3 years.	Marked regression of joint inflammation; swelling completely resolved.
Morning Stiffness (Gatrastambha / Stambha)	Debilitating, widespread stiffness throughout the entire body, heavily pronounced in the mornings.	Stiffness relieved, allowing normal, flexible range of motion early in the day.
Functional Mobility (Cheshta Hani)	Severe physical restriction; inability to walk or ambulate without external support.	Regained independent, stable, and comfortable walking without physical assistance.

Appetite & Digestion (Anannabhilasha / Aruchi / Mandagni)	Chronic anorexia (Anannabhilasha / Aruchi) driven by completely subdued digestive fire.	Complete restoration of healthy appetite; digestion normalized and bowel movements clear.
Feverish Feeling (Jwara)	Persistent subjective feverish sensation, indicating active systemic immune response.	Completely resolved; patient remained stable with regular baseline vitals.

Discussion & Conclusion

Panchakarma's management of rheumatoid arthritis fills a significant void in the field of rheumatology worldwide. Long-term structural tissue depletion, joint instability, and systemic toxicity are all consequences of prolonged corticosteroid use, which frequently conceals clinical symptoms. By emphasizing metabolic repair, Ayurvedic treatments provide an alternate route. Procedures such as Dhanyamla Dhara and Valuka Sweda eliminate metabolic poisons (Ama Pachana) and cleanse channel blockages (Srotorodha) without the negative consequences of pharmaceutical immune suppression.

Vaitarana Basti's action is key to this clinical achievement. The systemic immune response is intimately associated with the gut microbiome and enteric nervous system. Gomutra and Eranda Taila, two components of Vaitarana Basti, have an osmotic impact on the colon. This reduces pro-inflammatory cytokines like TNF-alpha and IL-6, breaks down autoimmune immune complexes, and aids in the removal of accumulated metabolic waste. Alternating this with Brihat Saindhavadi Taila provides essential lubrication to the musculoskeletal system, which helps reverse joint friction, promotes tissue regeneration, and halts bone erosion.

Conclusion

This case demonstrates that a well-structured Panchakarma protocol can effectively manage seropositive Rheumatoid Arthritis, leading to significant clinical recovery. By correcting metabolic function and clearing systemic channels, Panchakarma addresses the root causes of the condition rather than simply suppressing symptoms. This approach offers a safe, sustainable, and effective option for global rheumatology, helping patients reduce or avoid the risks associated with long-term steroid dependency.

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APA Webinar September 2026

Ayurvedic Professionals Association

APA WEBINAR

AUTOIMMUNE CONDITIONS ACCORDING TO AYURVEDA

BY DR KRUSHNA NARAM

Tuesday, 29th September 2026
6 pm - 7.30 pm (BST)

Click here to book: https://tinyurl.com/3f8x276k

About the speaker:

Dr Krushna Naram carries forward a 2,500-year-old lineage of healing, originating with Jivaka, the personal physician of Buddha. This sacred tradition, passed down through generations of masters, integrates pulse diagnosis, herbal remedies, and lifestyle guidance to address chronic and critical health challenges.

Trained by his parents—renowned healers with the ability to precisely diagnose through pulse touch—Dr. Naram began learning this art as an infant. Today, he has conducted over 30,000 pulse consultations in 12 countries and 35 cities, helping over 8,000 individuals each month and transforming the lives of more than 1.5 million people globally.

Guided by teachings from Himalayan masters and his family, Dr Naram's mission is to preserve and share this timeless knowledge, empowering people worldwide to reclaim their health.

He is the next evolving leader of Ayushakti Group, offering healthcare services and products through the use of Ancient and Authentic Ayurveda principles and practices. Ayurveda has been one of the oldest and most effective ways of treating any health issue by removing toxins from within, and Ayushakti has been offering these solutions to transform people's lives and make this planet a happy and healthy one. Dr Krushna aims to lead this vision with great potency and continue the legacy beyond.

APA Webinar November 2026

Ayurvedic Professionals Association

APA WEBINAR

"Principles and practice of Panchakarma with an emphasis on the treatment of Vicharchika"

by Karin Lakshmi Guenthoer

Saturday, 28th November 2026
9.30 am - 11 am (GMT)

Click here to book: https://tinyurl.com/5e8vj67j

About the speaker:

Karin is the founder and director of **Lakshmi Ayurveda Academy**, where she teaches classical Ayurveda and leads the clinic's development. She heads the academy's Ayurvedic Lifestyle Consultant Course featuring hands-on clinical practice and is preparing for the launch of an Ayurvedic Practitioner Course in 2027.

Her international career as a healthcare professional has seen her work previously as a clinical nurse across a range of fields, including travel health medicine, flight and aviation medicine, emergency care, high-dependency care, and communicable disease prevention. Her extensive travels through Africa, the U.K., India, and Nepal enriched her clinical practice and deepened her desire to study Ayurvedic medicine.

Karin's journey into Ayurveda began with a four-year Bachelor of Ayurvedic Medicine and internship at Manipal University, where she graduated with honours. She then undertook her practicum at Alvas College in Moodbidri, Karnataka, under the expert guidance of Dr Aithal, whose mentorship continues to be a cornerstone of her professional growth.

Karin had the opportunity to complete her practicum at Ayurcare, a private practice operated by Dr Gautham, a well-known Ayurvedic physician in Mangalore, Karnataka. An inspiration, a delight and a privilege to work with, Dr Gautham was an incredible source of information and guidance.

People With Non-Communicable Diseases Using Ayurveda: A UK-Based Qualitative Study

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ABSTRACT

Introduction

Non-communicable diseases (NCDs) are a leading cause of morbidity and mortality in the United Kingdom, placing significant pressure on the National Health Service (NHS). Despite the growing popularity of Ayurveda for managing NCDs, little is known about its use among people with these conditions in the United Kingdom. This study explored the experiences and perspectives of people with NCDs who use Ayurveda to manage their conditions in the United Kingdom.

Methods

Twenty qualitative semi-structured interviews were conducted with UK-based adults with NCDs. Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis.

Findings

Three key themes were identified. First, participants chose Ayurveda due to its alignment with personal values like natural, holistic healing and dissatisfaction with Western medicine, particularly side effects and impersonal care. Second, they reported positive experiences with Ayurvedic treatment, including personalised consultations, diverse treatment options and improved health outcomes. Third, participants highlighted challenges in sustaining Ayurvedic care, such as concerns over product safety, difficulty following complex regimens, limited medicine availability and financial barriers—especially since treatments are not covered by the NHS.

Conclusion

People living with NCDs described Ayurveda as a more natural and philosophically congruent healing system, reflecting their cultural and personal perspectives. Despite structural and financial challenges, they considered it a relevant option for managing their conditions. These findings suggest that Ayurveda continues to hold significance as a complementary approach to NCD management in the United Kingdom.

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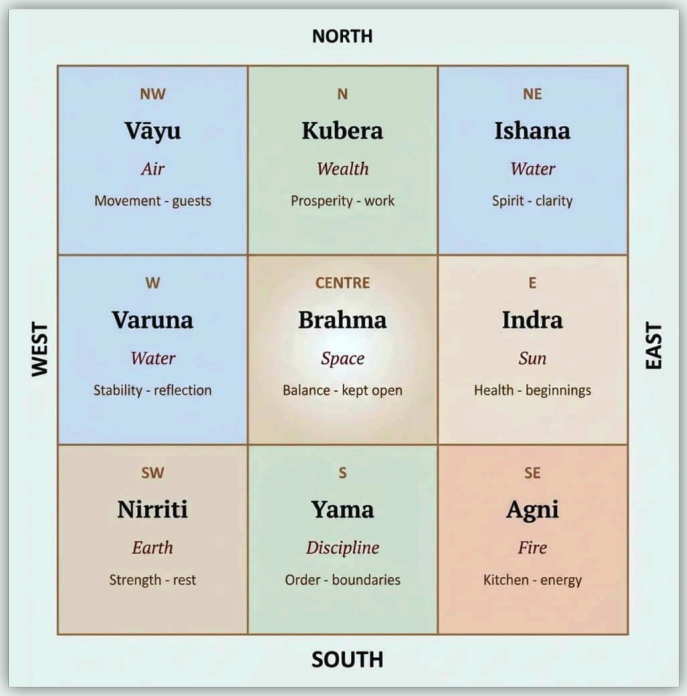
Living Dwellings, Living Bodies

Vastu Shastra and the Seasonal Architecture of Health

by Dr. Akanksha Bhardwaj BAMS, MBA



Pīṭha Mandala - 3x3 Matrix

On Wednesday 23 September 2026, the Autumn Equinox brings day and night into near perfect balance across the UK. Since 2025 this date has also carried a second significance: India's Ministry of AYUSH fixed it as International Ayurveda Day, chosen deliberately to align with the equinox. In Ayurveda this threshold between seasons is known as Ṛtu Sandhi, a junction where the Doṣas shift and the body calls for gentle re-calibration. Yet we rarely extend that same care to the structure that shelters us. In a recent conversation with Andrew Mason on spatial energetics reaffirmed the principle I return to often in my practice: true preventative health requires bringing our internal physical space into complete harmony with our external living space.

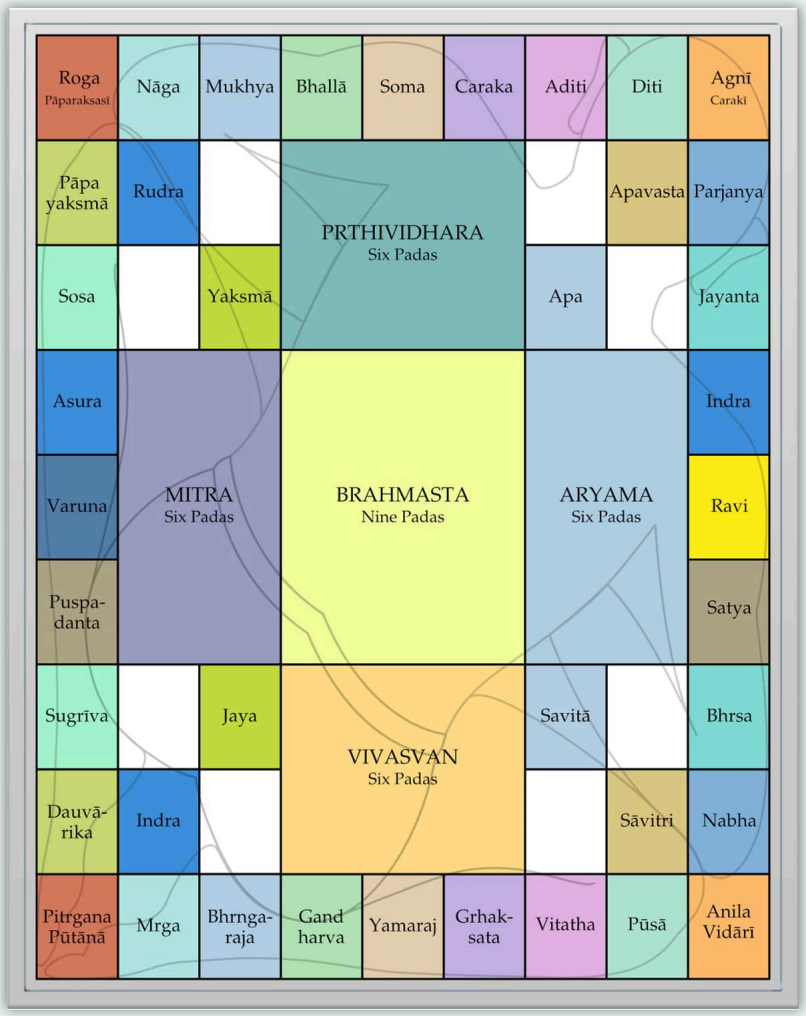
The living body of the house

In classical Vedic thought, a dwelling is never a static shell of brick and timber. It is imagined as Vastu Purusha, a cosmic being whose body the house itself becomes, in much the same way Ayurveda reads the human body as its own subtle architecture. The foundational treatises, Varāhamihira's sixth-century Bṛhat Saṁhitā, the Dravidian Mayamatam, and Raja Bhoja's eleventh-century Samarāṅgaṇa Sūtradhāra, describe 32 sacred grid geometries, ranging from a single square to a 32x32 matrix of 1,024 padas.

Two grids anchor the tradition, the Mandūka Mandala, an 8x8 grid of 64 padas, belongs to temple architecture. The Paramaśāyika Mandala, 9x9 and 81 padas, grounds the home. Its central 9 form the Brahma-sthāna, presided over by Brahma among 45 devatās who together hold the space in balance.

Elemental architecture for modern homes

Most contemporary practice draws on the simpler Pīṭha Mandala, a 3x3 matrix that maps 9 zones to the five great elements, the Pañcamahābhūta. These are the very elements Ayurveda tracks moving



Paramaśāyika Mandala, 9x9 and 81 Padas

through the body's own channels, the Srotāṁsi, carrying prana and nourishment to every tissue.

Kept clear, the northeast supports a settled mind. The southeast, ruled by fire, is the natural home of the hearth, echoing Jāṭharāgni, the digestive fire within. The southwest, heaviest and most earthbound, favours the main bedroom and steadies rest. And the Brahma-sthāna at the centre, kept open like a healthy channel, lets prāṇa move through the home as freely as breath moves through the body.

As the equinox holds its brief and exact balance before the light recedes, autumn is a fitting season to bring that same discipline home. Clearing the centre, honouring the hearth, and grounding the bedroom are not superstitions. They are a structural form of preventative health, treating the home as a living extension of the body it shelters.

https://www.drakankshabhardwaj.com/

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Choosing Software for an Ayurvedic Practice: What UK GDPR Actually Requires

by Thomas Thijs, Waleria Schuele and Jeroen Hendriks

An Ayurvedic practice holds some of the most personal information a person will ever share: prakriti and vikriti, pulse and tongue findings, photographs, diet and daily routine, medical history, medications, consultation notes and treatment plans. Under UK GDPR, health information is a 'special category' data, which means it receives a higher level of protection than ordinary personal information.

There is no single feature or certificate that makes software 'GDPR compliant'. Good software helps you see where patient information goes, limits who can access it and how it is reused, and keeps you in control. Bad software makes those questions hard to answer.

This article explains, in plain terms, what UK GDPR asks of you when software handles patient health data, and how to tell software that is genuinely built around data protection from software that simply claims to be 'GDPR compliant'.

1. What UK GDPR asks for when software holds health data

- Get consent right. You need a lawful basis to use health data. Ayurveda is not a statutorily regulated profession in the UK, so you usually cannot rely on the 'provision of healthcare' basis that registered clinicians use. Clear, explicit consent is normally the safest footing. The patient should specifically agree, know what you collect and why, and be able to withdraw consent later, which your software should let you honour. Keep a record that consent was given.

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- Collect only what is necessary. Information should be adequate, relevant and limited to what the care actually needs. Software should not gather extra health detail simply because it can, and neither should you.
- Be clear about how data is used. Patients should understand what is collected, why and who receives it. You should also know whether a supplier uses patient information for its own purposes, such as analytics, product development or training an AI model.
- Protect the information. UK GDPR requires appropriate technical and organisational security. For health data that normally means controlled access, sensible authentication, backups and safeguards against loss or unauthorised access. Rather than asking whether software is 'secure', ask what controls actually exist.
- Know where the data goes. Cloud software often involves hosting providers, email services, analytics tools or AI providers. You should know where patient data is stored, which other companies process it, and whether it leaves the UK. This matters especially in Ayurveda: many practitioners trained in India or use tools built there, and sending patient data outside the UK is allowed but not automatic; it needs a proper safeguard.
- Have a proper processor agreement. Where a supplier processes patient information on your behalf, you need a written contract (a data processing agreement under Article 28) covering confidentiality, security, sub-processors, help with patient requests, and what happens to the data when you leave.
- Keep data only as long as necessary. UK GDPR sets no single retention period for health records; you decide an appropriate one from your professional, insurance and legal duties. The right to deletion is real but not absolute, so software should let you retain, correct, export or delete individual records as appropriate, rather than forcing all-or-nothing.

1. Good software versus software that only says 'GDPR compliant'

You do not need to become a data protection specialist. Three simple tests cover most of it: control, limitation and accountability.

- You stay in control. You should be able to get complete patient records out, in a readable format, both to answer a patient's access request and to move to another supplier without losing them. If leaving the software means losing practical access to your records, you are not fully in control.
- Access and use are limited. Sensitive information should be reachable only where necessary. A supplier should be able to explain who can see patient records, in what circumstances, and whether access is controlled and logged. The same applies to AI: it may help with admin such as structuring an intake or drafting a summary, but you should know

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exactly what patient data reaches it and what happens to that data.

- The supplier can show its working. Transparency is one of the clearest signs of a well-designed system. A supplier handling health data should be able to describe its processing chain, name its sub-processors and provide the paperwork. Instead of asking 'Are you GDPR compliant?', ask 'Can you show me how you handle health data?' The quality of the answer usually tells you more than the claim.

Questions to ask before choosing software

1. What health information does the system collect, and why?
2. Where is patient data stored (is any of it outside the UK?), and which other companies process it?
3. Do you provide an Article 28 data processing agreement?
4. Who can access patient records, and how is that access controlled and logged?
5. Can I export, correct, retain and delete individual patient records when appropriate?
6. If AI is used, what patient information reaches the AI provider, and what is it used for?

About the authors: **Thomas Thijs** is the founder of MyDosha, an intake and record-keeping platform for Ayurvedic practitioners; the questions above are written to be asked of relevant to any software, MyDosha included.

The article was prepared with input from **Waleria Schuele, LL.M.**, a legal advisor, and **Jeroen Hendriks**, Data Protection Officer under Article 37 GDPR. It provides practical guidance only and does not constitute legal advice. For the legal basis your own practice should rely on, take advice on your specific circumstances.

Valmika Mrttika (termite cement) in Ayurveda

by Andrew Mason

Termite hill (Sri Lanka)

Introduction to the 'Clay Castles'

In this article we explore the curiosity of termite cement, and its use in healing in traditional South Asian Medicine, as well as role as a supporting element in Rasa Shastra (Vedic Alchemy).

During my time in Sri Lanka, whilst preparing Ayurvedic medicines, I worked in a small, privately owned pharmacy, well off the beaten track. The workshop itself was a converted outhouse, next to a large rural residential property, which was adjacent to a disused coconut plantation. Far from being unused ground, the old plantation served as a treasure trove, full of wonderful medical herbs, all just growing wild.

Dotted about the plantation were a number of termite hills (see image above). These Castles of Clay were fascinating to observe but were additionally a resource, as the old abandoned nests were readily plundered for their cement to service a number of jobs around the pharmacy. Notably, ground cement, mixed with water, resulted in a strong durable clay than could be use to kilns outside the factory. These were used to burn firewood to heat oil, or calcine herbs and minerals to be used in their Ayurvedic medicines.

I too found myself regularly utilising this material, as termite clay made an excellent seal for my crucibles, which were then calcined in the preparation of various alchemical medicines. Over time I came to really appreciate this rather abundant and versatile material, and was later not surprised to learn how this (and other variations of it) had an equally useful application as a medicine in its own right.

Valmika Mrttika (termite cement) in Ayurveda

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Abandoned coconut plantation (Sri Lanka)

The following article explores some of these applications and how they continue to be applied in India and Sri Lanka.

A hidden wonder - in plain sight

One lesser talked about and yet, natural material used in Ayurveda is Valmika Mrttika, a rough translation of which means medicinal earth.

Within both Ayurvedic and Deshiya Chikitsa (indigenous Sri Lanka) medicine, these specialised forms of earth hold a quiet, yet elevated position within these healing traditions. If one knows how to use it, this clay is almost magical. In Sinhalese, it is known as Humbas Mati, humbas=termite, and matti=clay.

Colloquially, we also refer to this material as 'termite cement,' which is in truth, a bio-reinforced, mineral-rich composite, created by the humble termite as their building paste to construct their intricate castles of clay. This pliable mixture is prepared by mixing subsoil particles with organic matter ie: depending upon species, soil particles are also passed through their gut and mixed with digested plant matter, faecal and salivary secretions. Over centuries of clinical observation, healers recognised that this subterranean material possessed remarkable drawing, cooling, and heat-stabilising properties. Far from being simple dirt, termite cement became a cornerstone of both external human therapies and complex metallurgical alchemy.

Termite Cement Composition

The true dynamic power of their cement lies in its unique micro-structural assemblage. The base ingredients are harvested by the subterranean termite, which selects finest subsoil clay fractions such as Kaolinite, Illite and Smectite, intermixed with various grades of sand, which comprise about 10-40% of the mixture*. The end result is a paste with exceptionally dense particle packing, as well as a high cation-exchange capacity (or CEC) - you might think of the materials magnetic fuel tank.

That is to say, soil particles and organic matter typically carry a negative electrostatic charge, but, because opposites attract, the negatively charged clay binds positively to the nutrient ions in humus. This in effect helps hold it all together as well as adding a level of natural water proofing, thereby preventing the clay from washing away during the monsoons. In addition, the compact cement is not entirely impenetrable, as its surface remains partially open to other forms of chemical exchange, these include metallic bonding, as well as the neutralisation of both acid and alkaline exudates. Given time (and not be disturbed), these tiny

Valmika Mrttika (termite cement) in Ayurveda

by Andrew Mason

Panca Mrttrika (five soils)

mineral grains, glued by salivary glycoproteins and muco-polysaccharides, eventually 'cure' into a super durable, water-resistant, and breathable building material, just like cement. Here is a rough break down of the composite, which contains a potent blend of active elements.

- Silicon dioxide (SiO2) provides an absorbent, high-surface-area substrate.
- Iron oxides (Fe2O3) and (FeO), lend thermal stability.
- Aluminium oxide (Al203), provides astringency.
- Calcium (Ca2+), Magnesium (Mg2+), and Potassium ions (K+), which all help establish an osmotic (absorbent) gradient.
- Digestive Humic and Fulvic acids, which contain native soil microflora.

*Note: Kaolinite is regarded as a fixed composition, it has a single ideal formula. In contrast, Illite and Smectite belong to a variable mineral group, where chemical substitution occur. This is usually the addition of aluminium, which may replace silicon, iron or magnesium. This whole group of minerals is represented by a general chemical formula of Al2Si2O5(OH)4.

Termite Cement in Ayurvedic Alchemy (Rasa Shastra)

Valmika Mrittika plays a vital role in Rasa Shastra, that branch of Ayurvedic medicine which is dedicated to converting toxic, indigestible materials ie: minerals, metals and gemstones, into safe medicinal powders and ash, known as Pisti's and Bhasma's.

Within this discipline, termite cement appears as an ingredient in Panca Mrttika or five purifying earths. The other ingredient include: brick powder, red ochre, salt (usually rock salt), and potash.

During some of the more intense metal processing techniques, such as cupellation and leeching, the inclusion of termite cement into Panca Mrttika, acts as chemical fluxing agent, heat-buffer and detoxifier. When the noble metals: Svarna (gold) and Rajata (sliver) or the base metals Loha (iron) and Tamra (copper) are processed, their metallic foils are pasted with a mixture of termite cement

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Traditional healer uses Humbas Matti to aid in bone fracture repair

and citrus juice. These foils are then sealed into flattened crucibles and given Putapaka ie: roasted in earthen pits.

The combined refractory nature of silica, alumina, iron oxides and organic humic acids, within a close clay crucible*, shields the foil from direct heat (often in excess of 900c), but still allows this natural composite to strip away any unwanted trace impurities from the metal. The low oxygen, high-heat environment of a Puta also breaks down the metallic bonds, the end result of which leaves the metal foils as soft, bio-assimilate, nano-sized oxides.

*Note: due to termite clay's excellent heat resistance and elasticity, it is mixed with water and pasted onto natural fibre, and wrapped around the joints of the crucibles within the Puta, prior to cooking. When dry, it helps preventing toxic vapours escaping during the heating process, yet hardens enough to keep the crucibles sealed until broken open after the heat processing.

Medicinal Application

Valmika Mrittika can be applied topically as Lepa (medicinal paste), or it can be used as a fine dry powder in a technique known as Utsadana (dry massage). It is also a popular remedy used to treat Urustambha*, a condition characterised by severe stiffness, heaviness, and fat accumulation in the thighs and lower limbs. Here, the high astringency of the clay helps to reduce morbid fluid (Kapha) congestion.

* Neuromuscular weakness of the lower limbs.

The clay applied as a paste is also deployed to treat inflammatory skin conditions like acne, skin lesions, or when ground with herbal juices such as Bhringaraj or Neem, the resulting paste can reduce swelling, quell itching, and even be effective against insect bites and some reptile venom's.

Not all termites are created equally

Traditional healers have long recognised that local geology and colour variation play a significant part in the veracity of some cements. Just like other medicinal materials favoured in Ayurveda, its location, scent and colour can play a significant role in its efficacy.

Valmika Mrttika (termite cement) in Ayurveda

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Generally, termite cement is categorised by colour ie: Krishna, Rakta, Pita and Swetha. Here are the general indications of each.

- ***Krishna Valmika Mrittika*** (black). Bone setting in fracture, deep oedema caused by toxic bites and stings. It possesses a high cation-exchange capacity, as well as osmotic drawing power. Can be used in Pattu (heavy poultices) over fractures and dislocated joints. Useful for Shotha (severe swelling), as well as stings and venomous bites.
- ***Rakta Valmika Mrittika*** (red). Raktapitta (internal bleeding) bleeding ulcers. Excellent for high temperature alchemical reduction. Rich in astringent iron compounds (Gaireka), acting as a powerful Stambhana (hemostatic). Can also be used in alchemical roasting (Putapaka), due to its extreme thermal stability.
- ***Pita Valmika Mrittika*** (yellow). Good for eczema and skin lesions, fungal patches and non-bleeding ulcers: The yellow variety is good for weeping skin conditions (Kustha). It is best for sensitive skin and mild tissue toning, as it causes less skin irritation.
- ***Swetha Valmika Mrittika*** (white). Useful for Acne and general cosmetic packs, useful for excess sebum control. Kaolin-rich white termite clay acts as a pore purifier and natural oil absorbent. It draws out excess sebum and impurities from acne-prone skin, brightens and cools the complexion.

Note: Green/brown variety. This colour variation is caused by the presence of either ferrous iron, water logging or rich anaerobic subsoils. An olive hue can be due to ferrous iron compounds or active microflora and chlorophyll traces. The best guidance for categorisation is to fully sun-dry and re-examine. If dark charcoal when dry categorise it as Krishna variety. If yellow-tan or khaki, categorise it as Pita.

Humbas Mati in Sri Lankan Bone-Setting

Krishna Valmika Mrittika (black termite cement), finds its most sophisticated application in Deshiya Chikitsa, a specialised branch of Sri Lankan indigenous medicine dedicated to orthopaedic trauma, fracture repair, and/or joint dislocation.

Locally this black variety is also known as Geripus/ Mumbas Mati. This is the clay extracted from the inner core of active termite mounds. It also a staple ingredient in a number of specialised Pattu and Mallum poultices.

Bone-setters in Sri Lanka rarely apply a fixed cast to a fractured limb, particularly if oedema is present. Instead, Humbas Mati is ground finely and levigated, before mixing it with herbal decoctions like ash plantain, camphor leaf or Neem. This forms a thick, cooling paste which can be easily applied to the site of trauma. The paste acts as a slow-release vehicle, drawing out deep-tissue fluids via osmosis, whilst dissipating localised heat, and relieving pain.

First the practitioner manually realigns bone. Then fresh paste is slathered all over the area. This is then covered with banana or castor leaves, and bound firmly with wooden splints. As the clay dries, it hardens into a rigid, breathable shell that stabilises bone alignment, while continuously diffusing calcium, magnesium, and silica into the surrounding skin. These essential trace elements help to stimulate early osteogenesis.

Valmika Mrttika (termite cement) in Ayurveda

by Andrew Mason

Black termite cement - the most potent variety

Modern Use: Contemporary Medical Practice

Use of termite cement varies widely, and depends greatly on accessibly. In the modern Ayurvedic clinic, Valmika Mrittika use is relatively uncommon. This is due largely to strict regulatory standardisation, heavy-metal safety guidelines, and modern industrial hygiene requires of mass-market over-the-counter formulations. There are still some specialised Naturopathic mud-therapies where termite and turmeric clay remains an option for joint decongestion, detoxification and/or acute management of bites and stings. In addition, there are still traditional rural practices using South Indian traditions it remains a vital tool in the physicians Medi-aid toolbox. In Sri Lanka, traditional Veda Mahathmayas orthopaedic physicians, continue to rely on termite cement as an essential non-invasive, holistic fracture recovery technique.

In Summary:

Termite cement remains a powerful therapeutic ingredient in Ayurvedic medicine. Where used, it can give exceptional results. I found it an invaluable material in the alchemical pharmacy, but alas - in the UK, termite mounds are far and few between.

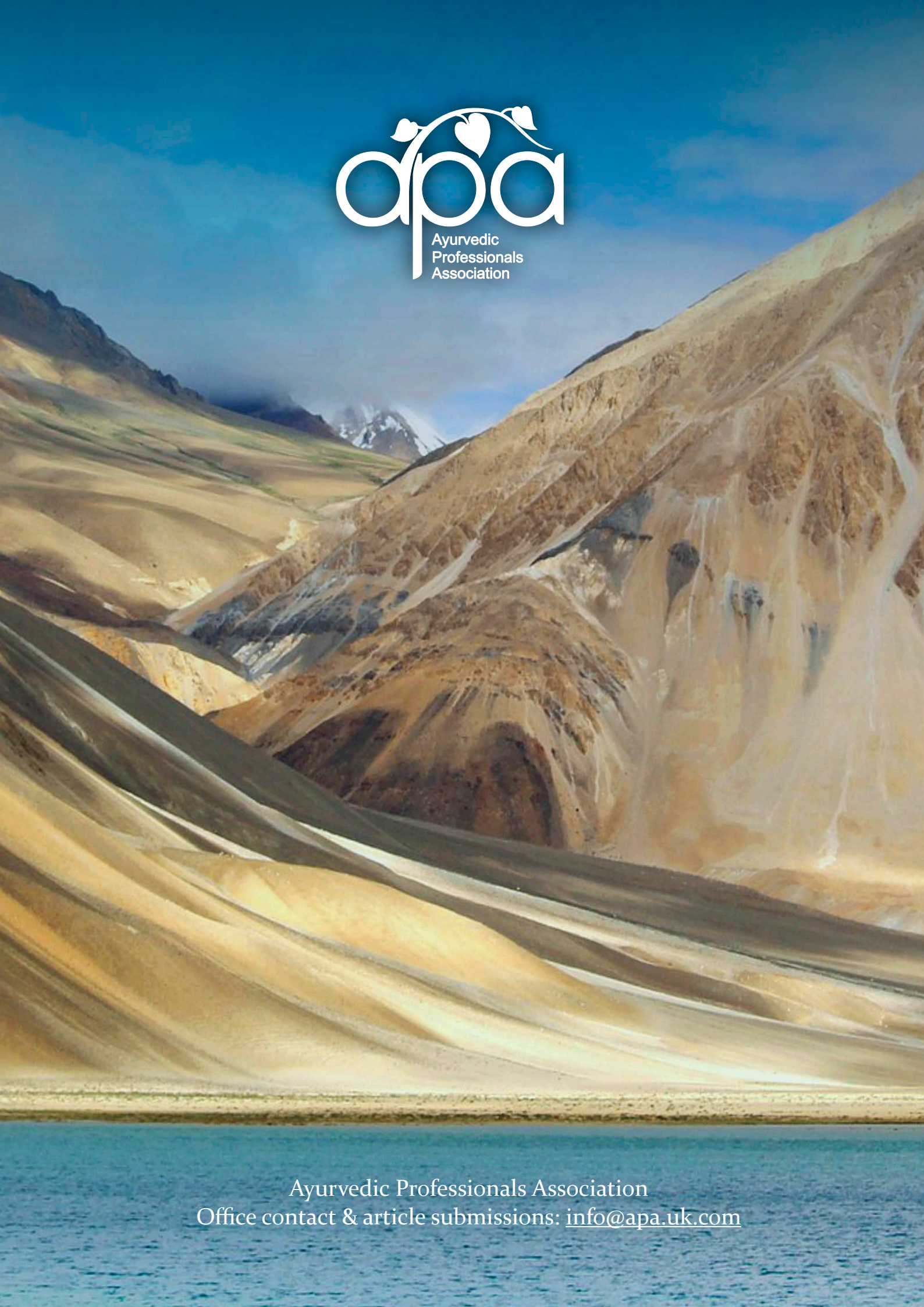
Similarities - Ant Soil?

Why ant soil sort of works - as an alternative

Just like termites, some northern ant species ie: Formica Wood Ants or Mound-building Field Ants also enrich their nest soil with exchangeable cations, organic matter, and nitrogen. This gives their ant soil a significantly higher CEC and water resistance, than the surrounding soil. Their elevated fine-organic content and ion density similarly allow ant soil to exert a mild osmotic drawing effect, when applied topically. This does indeed make it useful as an impromptu drawing poultice, for insect stings, and fluid build-up. In addition, Northern ant nests are heavily laden with decomposing organic matter, such as natural resins, formic acid residues, and other humic substances, which can help bind trace minerals and neutralise toxins.

That being said, there are also key differences why ant soil falls short of the medicinal power of termite cement. For instance, ants construct their nest primarily through physical excavation and organic stacking, this is things like pine needles, stacked into a type of thatching, rather than salivary clay cementing.

Also, ants typically process topsoil and organic detritus, rather than deep dense subsoil clay's and so, ant soil lacks the deep rich healing properties of termite clay. For this reason, ant soil lacks structural rigidity. In addition, the presence of the organic thatch, causes their soil to carbonise at high temperatures, rather than acting as a heat buffer refractory. Termite clay also tends to be pH neutral, whereas ant soil is frequently acidic.



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