The First International Research Seminar on Ayurveda (2014), Birstein, Germany

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The International Ayurveda Research Seminar (IRSA) aims at establishing Ayurveda as an acknowledged medical system on a global scale. In addition, it intends to conduct systematic research activities to promote the comprehension of Ayurvedic concepts and therapies, so as to encourage the integration of Ayurveda into modern medical practice.

A total of 150 delegates representing 19 countries attended the IRSA which was held on 14th and 15th of September 2014. A major outcome of IRSA 2014 has been the establishment of an IRSA Research Network of individuals and institutions across the globe to promote, initiate and coordinate research activities in line with the White Paper for Ayurveda Research, which is being finalized for publication. About 50 researchers along with at least 10 major international institutions agreed to participate in the IRSA Network. The members of the network formed interest groups in order to develop research projects on selected topics.

In order to encourage the development of integrative medicine, the European Academy of Ayurveda hosted the 1st IRSA. Following an initiative by Ram Manohar MD (Ayu) (India) and Antonio Morandi MD (Italy), 50 renowned doctors and scientists formed a think tank for setting future directions in Ayurvedic research on a global scale. Among them were Prof. Martin Mittwede PhD. (European Academy of Ayurveda, Germany), Prof. Horst Przuntek MD (Ruhr University of Bochum/EvK Hospital Hattingen, Germany), Prof. Paolo Robert di Sarsina MD (Director of the Committee for Coordination and Consensus in CAM, Italy), Prof. Antonella delle Fave MD (University of Milan, Italy), Prof. Valdis Pirags (University of Latvia/Pauls Stradins Clinical University Hospital, Latvia), Prof. Torkel Falkenberg MD (Karolinska Institute, Stockholm, Sweden).

However, the seminar is not merely a platform for professional exchange. It also intends to create new strategies for the successful treatment of chronic diseases, which are constantly on the rise in Western countries. Below, we intend to capture the highlights of the conference.

The thematic discussion on “Mental Health in Ayurveda” explored the Western and Indian approaches to mental health. Several meeting points of these two approaches were identified in the course of the deliberations, to initiate dialogues between practitioners of the two systems and to integrate perspectives on Mental Health in Ayurveda and Indian tradition into the mainstream. Prof. Antonella delle Fave (University of Milan, Italy), Dr. Matthijs Cornellison (Indian Psychology Institute, Puducherry, India), Dr. Abhimanyu Kumar (Director of Central Council for Research in Ayurveda, India) delivered talks in this session chaired by Dr. Antonio Morandi (Director, Ayurvedic Point, Italy). This session was made lively by intense discussions.

Thought provoking lectures were given by Prof. Torkel Falkenberg (Karolinska Institute, Stockholm, Sweden), Prof. Bernard Uehleke (Charite Medical University, Berlin, Germany) and Prof. Martin Mittwede (Rosenberg European Academy of Ayurveda, Germany) during the special IRSA evening session on “Discovering Ayurveda and Traditional Systems of Medicine – Intercultural Perspectives” chaired by Dr. Vanitha Muralikumar (President, Central Council of Indian Medicine, India).

The assembly of renowned scientists was supported by representatives of the Indian Government, Dr. Vanitha Muralikumar and Dr. Manoj Nesari (Advisor, Department of AYUSH, Ministry for Health and Family Welfare, New Delhi, India). The experts agreed to intensify research activities for proving the effectiveness of the Ayurvedic medicine. More than 50,000 scientific studies on Ayurvedic medicine already exist. Another common objective is to increase the knowledge...
on concepts of alternative medicine such as Ayurveda, Traditional Chinese Medicine, and Traditional European Medicine, in order to apply it for the well-being of patients.

Modern Biomedicine is both technology oriented and reductionist in outlook. Hence, there is a risk of losing the holistic view of the body system. For this reason, naturopathy is well accepted by patients (83% according to a survey from the Allensbach Institute). More than 48% of the German population have already experienced treatments involving alternative medicine.

At the closure of the conference, junior scientist Sriranjini Jaideep was awarded a research prize for her study “Effect of Ayurveda on recovery in paksaghata (stroke) - a clinical and electrophysiological assessment.” Out of 150 abstracts submitted, a committee of experts assessed her study to be the best. Authors of six abstracts were shortlisted to make a presentation during IRSA 2014 of which the best paper was awarded. All the six authors were fully sponsored to attend IRSA 2014 to present the results of their research.

Researchers from India, Europe and other parts of the world are invited to submit abstracts of their trials on Ayurvedic medicine. The most promising approaches will be selected for an oral presentation to an audience of international peers in IRSA 2015. This year, travel grant will be offered for the authors of the best three abstracts. There will also be an opportunity for other authors to present their work as posters during the seminar.

The IRSA is organized by European Academy of Ayurveda with the academic partnership of AVP Research Foundation, India; Ayurvedic Point, Italy, Unnimooss Foundation, India; Associazione per la Medicina Centrata sulia Persona, Italy; University of California, San Francisco, CA, USA; University of Milan, Bicocca, Italy; Fundacion de Salud Ayurveda Prema, Argentina; Gujarat Ayurved University, Gujarat, India; VEAT, Europe and OSMESA, Italy.

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There are no conflicts of interest.

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ABSTRACTS SELECTED FOR PRESENTATION DURING THE FIRST INTERNATIONAL RESEARCH SEMINAR ON AYURVEDA

Effect of Ayurveda on recovery In paksaghāta (stroke): A clinical and electrophysiological assessment


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Background: Ayurveda classifies cerebrovascular diseases as paksaghāta and implicates vātadoṣa in the pathogenesis. This study intends to assess the effect of Ayurveda treatment on aspects of aberrant vātadoṣa including motor recovery, cardiac autonomic functions and cortical excitability and corticospinal integrity in patients of paksaghāta.

Methods: This study was conducted at the National Institute of Mental Health and Neuroscience, Bengaluru with ethical approval. Fifty patients of paksaghāta (ischemic stroke in the middle cerebral artery territory) (mean age 39.26 ± 9.88 years; male 43, female 7) were recruited within 1 month of ictus with signed informed consent. All patients received standard allopathic medications as advised by a neurologist. In addition, patients were randomized to receive conventional physiotherapy (Group I) or Ayurveda treatment (Group II) consisting of Abhyanga (methodical massage with Balāśvagandhātaila) and Bāspasveda (steam therapy), Mātrāvasti (with Balāśvagandhātaila) and oral medicines of Aṣṭavargakaṣāya 15 ml TID with 15 ml warm water and Kṣirabalašārā 15 ml BD. The TMS measures did not show any significant changes in both the groups of patients.

Results: Patients in Group II showed statistically significant improvement in clinical variables (mRS $F = 70.970$, NIHSS $F = 153.422$, BI $F = 171.461$, PRS $F = 134.352$, $P < 0.001$). The improvement was comparable with patients in Group I. In addition, patients in Group II showed statistically significant improvement in the cardiac autonomic parameters (standard deviation of normal to normal intervals $F = 8.16, P = 0.007$, total power $F = 9.73, P = 0.004$), low frequency LF power $F = 13.51, P = 0.001$). We have shown preliminary data that adjuvant Ayurveda treatment, as used in the current study, aids motor recovery and modulates cardiac autonomic activity in paksaghāta patients. However, further studies using a larger sample and with long-term follow-up are warranted.

Conclusion: We have shown preliminary data that adjuvant Ayurveda treatment, as used in the current study, aids motor recovery and modulates cardiac autonomic activity in paksaghāta patients. However, further studies using a larger sample and with long-term follow-up are warranted.

An observational study to explore the dhātugata-avasthā in breast carcinoma

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Background: Cancer ranks first among the developing challenges to the field of medicine, with an increasing burden of mortality and morbidity rates. Breast cancer remains the leading cause of death and morbidity in females across the world. With a change in lifestyle and exposure to environmental carcinogens, the risk factors of breast cancer increase by the day. Ayurveda, assessed were resting motor threshold and central motor conduction time. Statistical analysis was performed using SPSS. Chi-square and Fisher exact test were used to find the significance of categorical data comparison between two groups of patients. $2 \times 2$ repeated measures analysis of variance was used to find the significance of study parameters within and between the two groups of patients.

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being a socially responsible medical system, cannot stay back from the emerging challenges in today’s healthcare scenario. Ayurveda describes several stana rogas (diseases of the breast) but complete descriptions of breast cancer and its metastatic stages are not available. Dhātugatāvasthā (progressive affliction and involvement of the various tissues of the body) explains the extension of samprāpti (pathogenesis) from the initial site of disease manifestation to the deeper dhātu (tissues, structural elements). The possibility of dhātugatāvasthā in breast cancer, which often begins as a localized disease but culminates in systemic metastases, has to be explored.

Methods: An observational study was conducted among 50 female patients, diagnosed with breast cancer (all stages of the disease), prior to administration of any therapeutic interventions at Malabar Cancer Center, Kannur, Kerala, India.

Results: Painless lump over the breast, nipple retraction, and Peau d’orange were among the commonest clinical features observed. Loss of appetite, loss of weight, ulceration and fungus infection were observed in patients with advanced breast carcinoma. The nature of doṣa duṣṭī (derangement of doṣa) was observed to be different among different stages of the progress of the disease. Vāta is invariably present in all the stages of the disease with kapha predominating the initial stage, followed by pitta and ultimately vāta characterized by depletion of the tissues. The kośṭhagati (movement in the internal disease pathways) of the doṣas result in the metastasis to the two kośthāṅgas (internal organs), yakṛt (liver) and pupphusa (lungs), while shākhā gati (movement in the peripheral disease pathway) of the doṣas results in the metastasis to the asthi dhātu (bone tissue), whereas the marma asthi-sandhi gati (movement in the central disease pathway) leads to the metastasis of doṣas to śīras (head). Assessment of dhātu duṣṭī (derangement of tissues, structural elements) considering the dhātu vrddhi (genetic material), resulting in the dhātu uṛddhi (increase, decrease, and derangement of the dhātu). From this viewpoint, it can be inferred that there is successive involvement of the tissues as the disease progresses, eventually leading to the affliction of the bijābhīgāvayava (genetic material), resulting in the genetic predisposition of progeny to breast carcinoma. The tissues and srotas (micro channels) involved in the earlier stages are rasa, rakta, māṃsa and medas, while in the advanced stages asthi, majjā, śukra are also affected. This approach helps to map the progressive and successive involvement of the tissues in breast carcinoma.

Conclusion: The progressive affliction and involvement of the tissues in breast cancer can be studied on the basis of the symptoms of diseases caused by the increase, decrease, and derangement of the dhātu. From this viewpoint, it can be inferred that there is successive involvement of the tissues as the disease progresses, eventually leading to the affliction of the bijābhīgāvayava (genetic material), resulting in the genetic predisposition of progeny to breast carcinoma. The tissues and srotas (micro channels) involved in the earlier stages are rasa, rakta, māṃsa and medas, while in the advanced stages asthi, majjā, śukra are also affected. This approach helps to map the progressive and successive involvement of the tissues in breast carcinoma.

Certain autonomic responses in healthy individuals may have some association with constitutional types defined in Ayurveda

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Background: According to Ayurveda, an individual can be classified into any one of the seven constitutional types (prakṛti) depending on the dominance of one, two, or three doṣas. A “doṣa” is representative of those fundamental mechanisms that are responsible for homeostasis, and thus, health. In the recent years, there have been several efforts to see whether certain physiological, hematological or biochemical parameters have any association with the constitutional types. The objective of this study was to see if the results of certain autonomic function tests vary according to prakṛti of an individual.
Methods: We conducted this study in healthy volunteers of both genders belonging to the age group 17–35 years after obtaining their written consent. The prakṛti of these volunteers was assessed on the basis of a validated questionnaire and also by the traditional method of interviewing. After confirming that the primary dosa ascertained by both these methods matched, 106 volunteers were shortlisted and grouped into three (vāta, pitta and kapha) on the basis of primary dosa and were subjected to various autonomic function tests such as cold pressor test, standing-to-lying ratio, Valsalva ratio and pupillary responses such as pupil cycle time and pupil size measurement in light and dark. The results were analyzed by applying suitable statistical tests.

Results: The results of several autonomic function tests correlated linearly with the primary dosa expressed in an individual. In particular, people with kapha as the most dominant dosa showed a tendency to have higher parasympathetic activity with respect to their cardiovascular reactivity. More specifically, the sympathetic activity in the vāta group was found to be relatively higher than that in kapha group in the cold pressor test. In the tests such as standing-to-lying ratio and pupil diameter, the sympathetic activity was found to be relatively higher in vāta and pitta groups than that in kapha group. Pupil cycle time, however, indicated that individuals in kapha group had relatively higher sympathetic activity. This could be indicative of a negative correlation between cardiac parasympathetic activity and pupillary parasympathetic activity, as has been proposed in a few earlier studies.

Conclusion: Certain autonomic function tests related to cardiovascular reactivity and pupillary responses may have an association with the dominant dosa expressed in an individual. As a corollary, it may be useful to explore the possibility of employing these tests to identify the primary dosa in an individual. Further, the present model of grouping people depending on their “primary dosa” may be a useful option to explore, while investigating various aspects of their prakṛti.

Correlation of a gut therapy protocol (āma cikitsā) in changes of āma and behavioral symptoms of autistic babies

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Background: The relation between gut problems and behavioral disorders in autistic babies are being discussed since long, especially after the publication of Andrew Wakefield’s article in Lancet. Āma (defect in the bioconversion of either food or any biological material in a metabolism) is a unique concept, which is the root cause of all diseases as per the principles of Ayurveda. The clinical features mentioned in Ayurveda texts for āma are common among autistic babies. Basic reasons behind the manifestation of āma symptoms in autistic babies are dysbiosis, yeast growth, nutritional deficiency, enzyme deficiency, essential fatty acid deficiency, gastroesophageal reflux disease, indigestion, inflammatory bowel, chronic constipation, and their cascades. Leaky gut syndrome is the most discussed pathogenesis among them. According to Ayurveda, behavioral disorders and other clinical features of autism have conspicuous connection with gut functions (āma) because both mind and gut functions are governed by a single physiological entity (Rasa dhātu, which is often translated as chyle). The Ayurvedic understanding of Autism in the backdrop of the connection between mind and gut functions has not been reported before.

Methods: A retrospective analysis was performed on the basis of records of 40 autistic babies who had undergone the treatment at Ayurveda Centre for Autism and Learning Disability Management - a functional subset of Department of Ayurveda Paediatrics of Vaidyaratnam. P.S. Varier Ayurveda College Hospital, Kottakkal, Kerala, India. The case sheets of Rett syndrome and Childhood Disintegrative Disorder were excluded from analysis. In all cases, an initial gut therapy for 3 months was done as a part of autism intervention protocol. The Ayurvedic gut therapy protocol (AGTP) consists of oral administration of several polyherbal compound drugs according to the norms of Ayurveda. AGTP also includes an Ayurveda dietetics and food regimen prescribed to be followed by the autistic babies during treatment. Analysis of gut disorders (abdominal pain, diarrhea, bloating, constipation, lack of appetite and increased tiredness) and behavioral disorders (sensory dysfunction, stereotypy, crankiness, spontaneous crying and disordered sleep) before and after the gut therapy were done using t-test. The correlation between the changes in gut symptoms and behavioral disorders was analyzed.

Results: Significant changes were observed in most of the gut problems (abdominal pain \( P < 0.001 \), bloating, constipation and lack of appetite \( P < 0.05 \)) and in a few behavioral problems (stereotypy and crankiness \( P < 0.05 \)).
The correlation coefficient obtained between the changes in gut disorders and behavioral disorders was +0.898.

**Conclusion:** AGTP (āma cikitsā) may have a significant effect in the behavioral and gut disorders in autistic babies. The change observed in behavioral, and gut disorders after an Ayurveda gut therapy protocol in autistic babies showed a positive correlation.

**Development and psychometric analysis of Ayurveda assessment scale for anxiety**

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**Background:** Scarcity and poor quality of complementary medicine research including Ayurveda in psychiatry are primarily due to lack of proper assessment scales that capture the epistemological approaches of the underlying knowledge systems. Assessment scales based on Ayurveda guidelines that fulfill the current psychometric parameters is imperative to take Ayurvedic psychiatry forward.

**Materials and Methods:** Descriptions of udvega (anxiety), mano doṣa (faults of the mind) and vāta vikṛti (derangement of vāta) were thoroughly screened from Ayurveda treatises. These were compared with manifestations of Anxiety disorders (generalized anxiety disorder [GAD] and social phobia). A panel of Ayurveda experts and a psychiatrist thoroughly evaluated each item and a semi-structured scale containing 18 items with suitable anchor points was developed. This Ayurveda assessment scale for anxiety (AAA) was subjected to following psychometric evaluations:

1. Assessment of reliability and validity: 62 subjects of either sex in the age group of 20–55 years age group were recruited in the study, among which 31 patients of GAD with co morbid generalized social phobia meeting Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV TR) criteria were recruited from psychiatry outpatient department, National Institute of Mental Health and Neurosciences (NIMHANS) Bengaluru, Karnataka, India. Other 31 were age and sex matched healthy subjects enrolled from NIMHANS campus, Bengaluru, Karnataka, India. Two independent Ayurveda experts evaluated both patients and healthy subjects through AAA, Hamilton Anxiety Rating Scale (HARS) and Becks Anxiety Inventory (BAI). Internal consistency analysis was through Cronbach’s alpha and split half tests. Inter-rater agreement was assessed through Cohen’s kappa, the correlation between the AAA, HARS and BAI was calculated using Pearson’s correlation coefficient r, set at 5% (P < 0.05).

2. Assessment of sensitivity to treatment-induced change: 72 patients of either sex in the 20–55 years age group diagnosed as GAD with comorbid generalized social phobia (DSM IV TR criteria), participated in the randomized controlled clinical trial¹. They were randomly divided into three treatment groups: Group I (n = 24) and Group II (n = 24) received Mānasamitra Vataka tablets (100 mg twice daily for 30 days). Group II, in addition to Mānasamitra Vataka, underwent Śirodhārā using Brahmi tailam for the first 7 days. Group III (n = 24) received clonazepam 0.75 mg daily in the divided dose for 30 days. The assessment of this study was done using the HARS, BAI, Beck Depression Inventory, AAA and Clinical Global Impression scales. Assessments were through Repeated measures ANOVA and effect size calculation.

**Results:** Reliability assessment showed that Inter-rater agreement was good to very good (Cohen’s κ > 0.60) in most of the items (16 items). Correlation of AAA with HARS and BAI was significant (P < 0.001). Scales recorded significant difference when compared between patients and healthy subjects (P < 0.001). Internal consistency assessed with Cronbach’s alpha was 0.74 and split half reliability of AAA was (Pearson correlation) 0.58 at P = 0.001. The sensitivity to treatment-induced change showed that all three intervention groups showed significant improvement within their group. HARS, BAI and AAA showed large effect

¹ Clinical efficacy of Mānasamitra Vataka (An Ayurveda Medication) on generalized anxiety disorder with co-morbid generalized social phobia: A randomized controlled study. The Journal of Alternative and Complementary Medicine, Vol. 18, No. 6, June 2012: 612-621. (Data of Ayurveda Assessment scale for Anxiety (AAA) is not published/reported earlier in any of the forums and is being done for the 1st time).
size (above 0.5) in all the three groups. Hence, AAA could capture the change on 15th and 30th day of an intervention similar to HARS and BAI.

**Conclusion:** This is the first study which aimed to develop comprehensively and evaluate the psychometric properties of assessment scale on Ayurveda in Anxiety disorders. Psychometric properties such as inter-rater reliability, validity (criteria, convergent, divergent, and face) and sensitivity to change were promising. However, this needs further assessments such as test–retest reliability and large multicentric studies.

**Formation and validation of questionnaire to assess Jāṭharāgni**

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**Background:** Jāṭharāgni (the digestive factor) is of prime importance in the maintenance of health as well as the causation of diseases. Food which is consumed by the person shares the major responsibility for maintaining health or manifesting diseases. The relation between food and health is mediated by Jāṭharāgni. There are four different states of Jāṭharāgni viz. Mandāgni (weak digestive capacity), Viṣamāgni (erratic digestive capacity), Tikṣṇāgni (strong digestive capacity), and Samāgni (normal digestive capacity). Samāgni is said to be the normal state and maintains the health of an individual. All the other states are considered as abnormal.

**Objectives:** The study was undertaken to frame and validate a questionnaire to assess the state of Jāṭharāgni.

**Materials and Methods:** A qualitative research that involved interview method and cluster sampling method. A total of 500 volunteers of either gender in two groups viz. apparently healthy and unhealthy, were assessed for the state of their Jāṭharāgni.

**Result:** The internal consistency of the questionnaire using Cronbach’s alpha was 0.916. The internal consistency of Viṣamāgni domain was 0.909; Tikṣṇāgni domain was 0.873; Mandāgni domain was 0.894; and Samāgni domain was 0.876.

**Conclusion:** The normalcy and changes in Jāṭharāgni are indicative of the health or ill health. The assessment of various statuses of Jāṭharāgni can be made by assessing specific symptoms related to various systems, specially the digestive system. The internal consistency of the questionnaire was 0.909 which is indicative of the excellent internal consistency of the questionnaire. The lacuna of the lack of a tool to assess state of Jāṭharāgni in Ayurveda is filled by this questionnaire. The validated and standardized questionnaire for the assessment of the state of Jāṭharāgni will prove to be a useful tool for the clinicians of Ayurveda.