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22nd Jan 2017 at Kolhapur, Maharashtra

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Powered by Maharashtra Council of Indian Medicine

Sunday, 22nd Jan. 2017 8.00 a.m. to 5.00 p.m.

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Program Schedule

8.00 am. to 9.00 am	REGISTRATION & BREAKFAST
9.00 am. to 11.00 am	Common Gynaecological Problems and its ayurvedic management. Speaker: Dr. S. Gopakumar Associate Professor, Govt. Ayurveda college, Panyaram, Kannur, Kerala.
11.00 am. to 11.30 am	INAUGURATION
11.30 am to 12.15 p.m.	Recent Advances in Gynaec Malignancy Speaker Dr. Rakesh Neve M.S. (D.N.B.) Onco surgeon., Cancer Surgeon- Ruby Hall Clinic & Sterling Hospital, Pune.
12.15 p.m. to 1.00 p.m.	Importance of Fetal Medicine in Today's Obstetrics Practice. Dr. Sachin Dagade Fetal Medicine Specialist, Navale Hospital, Pune.
1.00 p.m. to 2.00 p.m.	LUNCH BREAK / PAPER PRESENTATION
2.00 p.m. to 2.45 p.m.	National Programs for Mother & Child Health Care Dr. M. S. Ghorpade HOD, Dept. of Prasuti & Striroga, SSAM Hadapsar.
2.45 p.m. to 3.30 p.m.	Advanced Physiotherapy - Menarche to Menopause Dr. Amogh R. Risbood (B.P.T., M.P.T. Sports physiotherapy, Mumbai.) Consulting Sports physiotherapist Director Ampura Health Care Pvt. Ltd.
3.30 p.m. to 4.15 p.m.	Clinical aspects of Ayurvediya GarbhaSanskar Dr. Rupali Mahadik Consulting Ayurvedic Gynecologist, Amrutvel Women's Clinic Kharghar.
4.15 p.m. to 5.00 p.m.	Valedictory Function

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STUDY OF HETUS OF SHUKRA DUSHTI (MALE INFERTILITY)

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Article

ABSTRACT:

Ayurveda is a holistic system of life i.e. true healing of any condition, *prakrutisthapan* means to restore the mind, body and spirit to their naturally balanced state. *Ayurveda* has its different branches in which *prasutitantra* and *stree rog* is more important. According to *Ayurveda* reproductive health depends on *purush* and *stree*. In *Ayurvedic* texts it is described that *purush beej* united with *stree shonith*, she gets conceived and reproduce a new life. *Shukra* and *Shonith* are prerequisites for reproducing a healthy progeny. *Ayurveda* has explained the abnormalities in these primordial cells, thousands of years ago which can damage fertility and also explain its abnormality in *shukra dhatu* due to affection of various *doshas*. Due to the various *doshas* and changing lifestyle *shukra* is *dushta* and gives a birth to male infertility.

Key Words: *Prakrutisthapan, Purushbeej, Streeshonith, Sukradushti, Doshas*

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INTRODUCTION

In Ancient era *stree-rog* & *prasutitantra* is one of the most important branches of *Ayurveda* in which all the information about *stree* & *purush* sharir is described. It also describes the different diseases related to women reproductive system. Now a day's infertility is the major cause in females & males due to which they do not produce a new life. In *Ayurveda* and modern science both the males and females are responsible for infertility in which males are 30% responsible for infertility. In *charak* & *sushrut samhita* *purush beej* i.e. *shukra* is the main factor of *purush* sharir which reproduce the new life if any problem or disability of *Beeja* to regenerate the new life it leads to *purush* infertility. In *charaksamhita* it is elaborated that *shukra, shonitha* & *jiva, sanyog* give birth to new life i.e. in reproduction *shukra* is the main because of that it describes firstly in giving birth to new life so if *shukra* is *dushta* it totally fails the reproductive cycle.

AIM: To study the *hetus* of *shukra dushti*.

Infertility: - Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.

Male Infertility in Ayurvedic Lens:-

Ativyavayat: - Over indulgence in sexual activity.

Vyayamat: - Over exertion, it may include any kind of physical exertion or strenuous mental efforts.

Avyayamat: - Over relaxation, laziness or spending very leisure life.

Asatmyanam chasevanat:- Eating over spicy, salted, sour, frozen foods, foods with low nutrition and lack of hygiene, also behavioural habits like sleeping very late at night, hectic lifestyle leads to disparity of *rakta* & *pittadosha*, ultimately causing *shukrakshaya* i.e. deficit in *shukradhatu* qualitatively & quantitatively.

Akala: - It means at inappropriate time i.e. before desirable age specifically before age of 16 in females and 18 in males or beyond the age of 65-70 where the body faces generalized debility. Another aspect explains having intercourse very frequently and many times in a day also leads to debility of *shukradhatu*.

Ayonau:- Indulging into sex in other than natural ways i.e. masturbation, oral or anal sex etc.

Maithunam Na cha Gachataha: - Suppression of sexual urge.

Narinam Arasaudnyata: Having intercourse with undesirable partner. The other essential causes are fear, stress, sorrow, tight clothing, working in hot environment for long duration & Smoking & Alcohol consumption. Trauma to genital organs generalized debility, muscle weakness and stress can result in erectile dysfunction. *Ayurveda* based on the *tridoshas* theory. This *tridosha* theory has widely been used to understand not just physiology of the body but also pathology. The pathological conditions of *shukra* have been elaborated under *shukradushti*. The *shukra* is *dushta* by *tridoshas* & causes male infertility, this *shukradushti* is of 8 different types as given below:

CHARAK	
DOSHA	SHUKRADUSHTI
Vatta	Phenil, Tanu, Rooksha
Pitta	Vivarna, Puti
Kapha	Picchila
RaktadiDhatu	Respective dhatu samsrushta
Vatakapha	Avasadi

SUSHRUTA	
DOSHA	SHUKRADUSHTI
Vatta	Vataja
Pitta	Pittaja
Kapha	Kaphaja
Rakta	Kunapgangdhi
Sleshmavata	Granthibhuta
Pitta sleshma	Putipuya
Pitta vata	Ksheena
Sannipata	Mutrapurishgandhi

Modern Aspect of Male Infertility:-

- 1- Defective spermatogenesis
- 2- Obstruction of the efferent duct system
- 3- Failure to deposit sperm high in vagina.
- 4- Errors in the seminal fluid.

1) Defective spermatogenesis:-

- a) Congenital:-** Un-descended testis: - The hormone secretion remains unaffected, but the Spermatogenesis is depressed. Vas deferens is absent in about 1-2% of Infertile male. Kartagener syndrome:-There is loss of ciliary function & sperm activity. Hypospadias: - causes failure to deposit sperm high in vagina.
- b) Thermal factor:-** The scrotal temperature is raised in conditions such as varicocele, big hydrocele, filariasis.
- c) Infection:-** Mumps orchitis after puberty may permanently damage Spermatogenesis. Bronchiectasis, Bacterial or viral infection. T. mycoplasma or Chlamydia trachomatis.
- d) General factors:-** Chronic diseases, malnutrition or heavy smoking, Alcohol consumption.
- e) Endocrine:-** Kaumann's syndrome-Testicular failure due to Gonadotropin deficiency. Sertoli-cell-only-syndrome-FSH level is raised in Idiopathic testicular failure with germ cell hypoplasia Hyperprolactinaemia.
- f) Genetic:-** Common chromosomal abnormality in azoospermic male is klinefelter's syndrome

(47xxy). Gene deletion has been detected in the long arm of Y chromosome (yq) for patients with severe oligospermia.

- g) Iatrogenic:-** Radiation, cytotoxic drugs, nitroferanation, cimetidin, B-blockers, antihypertensive, anticonvulsant, anti depressant drugs are likely to hinder spermatogenesis.

2) Obstruction of efferent duct system :-

The efferent ducts may be obstructed by infection like tubercular gonococcal or by surgical trauma following vasectomy. In young's syndrome there is epididymal obstruction & bronchiectasis.

3) Failure to deposit sperm high in vagina:-

- Erectile dysfunction
- Ejaculatory defect
- Hypospadias
- Sperm abnormality

4) Errors in the seminal fluid:-

- unusually high or low volume of ejaculation
- Low fructose content
- High prostaglandin content
- Undue viscosity.

CONCLUSION

Fertility depends on both male and female & from references it is obtained that male are 30% responsible for infertility due to changing lifestyle and various doshas.

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HETUS (CAUSES) AND PREVENTION OF PRE-ECLAMPSIA AYURVEDA AND MODERN VIEW

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Article

ABSTRACT:

Pre-eclampsia, eclampsia are the result of pregnancy induced hypertension (PIH) which the most common complication during pregnancy after 20 weeks of gestation. It contributes significantly to maternal and peri-natal morbidity and mortality. So it makes every physicians approach towards these life threatening criteria's to prevent it up to the maximum possible levels. It results in to safe mother hood and healthy child and decreasing the maternal mortality rate (MMR) and prevention of these conditions are described in Ayurveda under "Garbhajanya Vishamayatta", and "Masanumasik Paricharya" also described in Ayurveda.

Key Words: Pre-eclampsia, pregnancy induced hypertension, *Garbhajanya Vishamayatta*

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INTRODUCTION

Pregnancy is a very wonderful & fulfilling experience & a pride of a woman but complications during pregnancy make it difficult & harrowing experience. Pre-eclampsia which is a sign and symptom for PIH is a life threatening criteria for mother as well as for child & it becomes today's most causative factor for maternal & peri-natal morbidity & mortality. Ayurvedic diagnostic approach is mainly based on symptomatology and above mentioned criteria is described under '*Garbhajanya Vishamayatta*' in *Ayurveda*. Patient may appear with the symptoms given below-

1. *Shopha* [Inflammation]
2. *Paadshoth* [Pedal oedema]
3. *Mutraalpata* [Oligouria]

If not prevented or treated properly it may leads into-

1. *Aakshepa* [Convulsion]
2. *Sangyanash* [Coma]

In Ayurveda classics during pregnancy '*Masanumasik Paricharya*' is described in details which is very efficient in preventing the development of PIH as well as pre-eclampsia. Cardinal symptoms of PIH like oedema [*shoph*] are mentioned under the heading of '*Garbhopadravas*', *Kashyap* has also included *shoph* in the list of features denoting '*Arishta lakshanas*'¹ that is having bad prognosis.

Nidan [Probably etiology] ²

According to Ayurveda each *Vyadhi* is the resultant of *Doshaprakop*. the primitive cause in the vitiation of *doshas* is the *Ahitsevan* of *Aahar* & *Vihar*. With these reference *Vata Pitta Prakopak Nidan* significantly

enhances the incidence of PIH which then may results into pre-eclampsia.

SAMPRAPTI

All *Nidana* leads to *Tridoshdushti*, among them predominantly *Vata Vridhi* and *Vatadushti*. This *Dushta Vata* circulates in *Ras-Raktvahastrotas* where *Dosh Dushya Sammurchhana* takes place after this *Vyadhi* appears with all its signs & symptoms. due to *Vatadushti Ruksh, Khara* and *Sheeta Guna* vitiated *Vata* increases the *Kathinya* and *Sankoch* of *Vahinis*. This leads into narrowing of the *Vahinis*. According to modern also, vasospasm is basic patho-physiology of pre-eclampsia.

Ayurvedas Point of View According to Various Acharyas

1. *Aacharya Sushrut* and *Vagbhata* have described '*Viperitendriyarth*' [abnormal functions of sense organs] in the *Asadhya Lakshanas* of *Mudhagarbha*³ Visual disturbances are common with sever pre-eclampsia, blindness is rare with pre-eclampsia alone. It follows eclamptic convulsions in woman. Thus *viperitendriyarth* can correlate with visual disturbances.
2. *Aacharya Sushrut, Charak* & *Vagbhata* have also mentioned the condition of '*Garbhashosh*' in different manners.⁴ IUGR is the very common finding in woman with moderate or severe pre-eclampsia. IUGR is fetal measurement 2-4 weeks less than expected for gestational age.
3. *Aacharya Vagabhata* described that if pregnant lady keeps on faulty life style then according to

Nidana vitiation of *Dosha* occurs & woman suffers from different problems.⁵

- This description exactly match with the description of endothelial activation and generalised vasospasm by pressure substances which are released into maternal circulation due to hypoxia because of defective placentation, which then results into pre-eclampsia.
- Kashyap* has described specific treatment for 'Aakshepak and Apatantraka' in Garbhini. *Aakshepak* [convulsions], *Shvasa* [Dysponia] and *Bhrama* [Giddiness] which are present in eclampsia.⁶
- Kashyap* has described management of fever, dysponea, jaundice, anuria, abdominal pain etc. which are considered as ominous features of eclampsia. He also even described the condition in which instrumental delivery is indicated.⁷

Prevention

In Ayurveda '*Masanumasic Paricharia*' [which is to be followed] and '*Garbhopaghatakara Bhavas*' [which is to be avoided] are describes in classics for preventing disorders. *Aacharya Vagbhata* while describing the importance of '*Masanumasic Paricharia*' has mentioned that by if *Kukshi* ,Sacral region , flanks becomes soft, *Vayu* moves in its right path & faeces, urine & placenta are expelled out easily by their respective passage⁸. In modern calcium, zinc, magnesium, antioxidants, folic acid, vit. E & C supplementations are said as preventive factors. Herbs in Ayurveda are helpful as in preventing manner they are as follows;

- Garlic [*Allium sativum*]
- Punarnava* [*Boerhavia diffusa*]
- Gokshur* [*Tribulus trresteries*]
- Jatamansi*[*Nordostachis jatamansi*]
- Bramhi* [*Centella asiatica*] Etc. can be given. Other activities such as walk, meditation, deep breathing etc. are also helpful.⁹

Pre-eclampsia [*Purv -Garbhakshepak* or *Purvakalic vishamayata*], Eclampsia [*Garbhakshepak*] a common syndrome of unknown etiology is commonly dangerous to mother and the child. According to *Ayurveda* '*Masanumasic Parichariya*' and '*Garbhopghatkar Bavas*' should be strictly followed by pregnant woman to prevent these disorders. In modern antenatal checkup

regular *Mutraparikshan* [urine for albumin] & *Raktbharman* [Blood pressure monitoring] is necessary to prevent above disorders.

DISCUSSION

Diseases like PIH, Pre-eclampsia, eclampsia etc are mentioned by various *Aacharya's* under "*Garbhvyapad*", or "*Garbhopdarawas*", all these are prevented by "*Masanumasic parichariya*" and also by avoiding "*Garbhopghatkar Bhavas*". *Ayurvedic* diagnostic approach is totally based on the signs and symptoms present in the patients. But in modern view pre-eclampsia is resultant of PIH and hypertension is diagnosed with the help of sphygmomanometer and proteinuria is diagnosed by urine routine investigation by the physician. After that the physician should prevent pre-eclampsia after giving some medications during antenatal care after monitoring above investigations.

CONCLUSION

According to *Ayurveda* "*Masanumasic Parichariya*" and "*Garbhopghatkar Bhavas*" should be strictly followed by pregnant women to prevent this disorder. In modern antenatal checkup, regular *Mutraparikshan* (urine for albumin) and *Raktbharman* (blood pressure monitoring) is necessary to prevent these above disorder.

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REVIEW ARTICLE

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PANCHAKARMA MANAGEMENT IN VANDHYATVA

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Article

ABSTRACT:

Description of *Vandhyatva* is available in most of the *Ayurvedic* classics, with *nidan panchak* and *chikitsa*. In this study, efforts have been made to study the effect of *uttarabasti* and *virechana* on *vandhyatva*. In *Ayurveda panchakarma* is prescribed for radical cure of the disease *uttarabasti* is one of the *panchakarma* indicated for infertility, hence it is adopted in the present study. Among the three *doshas vata* plays a major role in physiology and pathology of reproductive tract and *basti* is considered to be the best treatment for *vataja* disorder and *virechana* lowers the *ushna guna* of *pitta* and increase *sheeta guna* which is beneficial for *shukra dhatu* formation.

Key Words: Vandhyatva, Uttarabasti, Virechana

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INTRODUCCION:

The most disappointing feeling for a woman is, if she could not be a mother and same with man that he could not be a father. In present days lifestyle is very stressful, unhealthy and unhygienic due to unawareness, hectic and fast running schedule. *Ayurveda* defines that *vandhyatva* primarily refers to the biological inability of a woman of reproductive age to contribute to conception or *vandhyatvais* the failure to conceive within one or two years of regular unprotected coitus. Treatment is available in modern science have good results but has many side effects and treatment is very expensive. So it is a need to find out solution which is accurate and cost effective. In *samhitas* management of *vandhyatva* is fully explored, there are many reference had been written about *vandhyatva* and its management. According to *ayurvedic* classics infertility is failure to achieve a child rather than pregnancy as *garbhastrava* (repeated abortions) and *mrutvatsa* (having repeated still births) is also include in types of infertility. Important factors of constituents of *garbha* are 1) *rutu*- fertile period 2) *kshetra*- reproductive organ 3) *ambu*- nutritive fluids 4) *beeja*- ovum. Also healthy psychological status, normal functioning of *vata*, *shadbhava* (six factors- mother, father, *atma*, *satva*, *satmya*, *rasa*), any abnormality in these factor causes infertility.

MATERIALS AND METHODS

All the references regarding *panchakarma chikitsa*, explained for the *vandhyatva* were collected from the *ayurvedic* scriptures. Those references were analyzed

and summarized. *Uttarabasti* described in *Charaka samhita sidhhisthana*. *Acharya* says, *Uttarabasti* is beneficial for infertility. *Virechana* is also gives good result in Infertility.

Vandhyatva - *Ayurvedic* view

- In *ayurvedic* classics six types of *vandhyatva* are noted,
 - 1) *garbhakoshbhanga* (injury to uterus) 2) *kakvandhya* (one child sterility), 3) *anapathya* (no child), 4) *garbhastravi* (repeated abortion), 5) *mrutavatsa* (repeated still births), 6) *balakshya* (loss of strength). Prognosis of infertility is depends on the cause, in *beejadosh* is incurable, *anapathya* and *kakavandhya* can be treatable.
 - *Nidan* for *vandhyatva* is, 1) *Mithyaaaharvihar*, 2) *Aartavadushti* 3) *Mata pita beejadushti* 4) *Purvajanmakritpapakarma*.

Modern etiological factors are responsible to produce infertility- early and late marriage, excess use of cosmetics, tight clothing and mobile, smoking and alcoholism, improper hygiene of genital organ, stressful life, excess use of NSAIDs, excess use of antibiotics, nutrition less and fatty food.

Ayurvedic aspect of treating infertility- in *samhitas* both *shodhan* and shaman *chikitsa* are mentioned, here we will see *shodhanchikitsa* that is *panchakarma*. BASTI- reproductive organ present in *katipradesh* which is a *sthana* of *apanvayu*. Action of *basti* is predominantly on *vataadosha* and *pakvashaya*. *Garbhashaya* is made up of

vayu and *akashmahabhuta*. *Sneha* in *basti* acts a catalyst in absorption of other drugs medicinal properties. Since *basti* is targeted at regulating the *apanvayu*, it facilitates timely release of ovum and also good quality production of sperm.

Uttarabasti- The term *uttarabasti* is composed of two words, *uttar* and *basti*, the *basti* which is given through *uttaramarga*. After *shodhana* of woman *uttarabasti* should be given during *aartavakala* (bleeding phase), *rutukala* (follicular phase or just after menses) as orifices of uterus remain open in this period. *Uttarabasti* has very important role in treatment of infertility as it has directly effects on reproductive organs. It is found from various studies that, it increases receptivity of genital tract to entre of sperms. *Uttarabasti* relieves tubal block by lysis of adhesion and relieves obstruction.

Uttarabasti is given through the vaginal orifice. This *basti* helps in expelling the morbid *doshas* from the *garbhashaya*. This *basti* helps in eradicating the morbidity and diseases related to the female genital system. By the cleansing action of *Uttarabasti* in the uterus and other genital passage, the process of menstruation and sexual function will be restored. The organs will be clean and sterile and will get rid of inflammation, irritation, stagnation and infections. *Uttarabasti*, is a boon for those who are suffering from suborn diseases of genital system. It fortifies the concerned organs, cures the diseases; enhance immunity and keeps organ clean, healthy and sterile. It helps in preparing the uterus for conception and begetting healthy children. The *Uttarabasti* is a gift of Ayurveda for those who are suffering from infertility and impotence. Various *Bastidravyas* for Different Diseases
Tubal block-*shatavarighritauttarabasti*

Menstrual irregularity-*phalaghrita*, *shatavarighrita*
Un-ovulatory cycle- *phalaghrita*, *shatavarighrita*

PCOD-*phalaghrita*, *dashamula* tail and *devadarvyadi kwth*

Miscarriage- *bala tail*, *guduchyadi tail*, *udumbaradi tail*
Obesity- *lekhaniyabasti*, *yapanabasti*

Virechana- It is main *chikitsa* for vitiated *pitta dosha*, *virechana* decreases the *ushna guna* of *pitta* and increases *sheeta guna* required for formation of *shukradhatu*. Impaired *agni* by *vikrit pitta* also corrected by *virechana*. Among these *panchakarma*, *virechana* mainly aims at eliminating the vitiated *pitta dosha*, while describing the therapeutic measures for *klaibya* in details; *acharya charaka* stated that after giving proper oleation and fomentation, patient should be given *virechana* with *sneha*.

Dravya- *mahatiktakghrita*, *trivrit avaleha*.

CONCLUSION:

Basti gives the strength to the organ of reproductive system and also facilitating entry of sperm and *virechana* lowers the *ushna guna* of *pitta* and increase *sheeta guna* which is beneficial for *shukra dhatu* formation. In this way *panchakarma* treatment is useful for *vandhyatwa*.

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AYURVEDIC APPROACH TO REPRODUCTIVE HEALTH

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Article

ABSTRACT:

According to *Maharishi, Ayurveda* conception takes place due to healthy Sperm, a healthy Ovum & healthy Uterus. For both male & female reproductive health depends on the health of the *Shukra* dhatu or reproductive tissue. In female *shukra* tissue creates the Ovum as part of the monthly cycle & in male the semen is formed due to sexual stimulation. The *Ayurvedic* ideal goes far beyond merely conceiving. Instead the emphasis is on creating a child who is mentally, physically, emotionally & spiritually healthy – a wise and well – rounded child who will contribute to society & become an enlightened citizen. Due to reproductive health disturbed, so that the chances of infertility are more & also seen the disease of genital organ. In short Reproductive health means absence of reproductive disease as well as Infertility. Infertility develops due to Abnormalities of *Aartava*, because it became seed-less (non-ovulation) & incompetent to produce Progeny. The current study focus on the importance of reproductive health of male & female, as per *ayurvedic* line.

Key Words: *Shukra dhatu*, infertility, ovulation, reproductive health

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INTRODUCTION

WHO defined, health is more than absence of illness. Reproductive health also represents a state of complete physical, mental & social well-being and not merely the absence of reproductive disease or infertility. Reproductive health involves all of the reproductive processes, function and system at all stages of human life. Reproductive health maintain by the classical formation of *Shukra* (Sperm) & *Aartava* (ovum). According to Ayurveda *Shukra* dhatu depends on the health of all the other *dhatu* in the body. First 6 dhatus being raw material for formation of the reproductive *dhatu*, they must be in healthy state for formation of healthy reproductive tissue (*dhatu*). The *Shukra dhatu* itself is created as part of a long chain of metabolic transformations, starting with the digestion of food & including the transformation of food to nutrient fluid (*Rasa*), blood (*Rakta*), muscle (*Mamsa*), fat (*Meda*), bone (*Asthi*), bone marrow (*Majja*) & finally to *Shukra dhatu*. Reproductive health was a specialization from the time Ayurveda came into existence. Though *vajikarana chikitsa* is specially mentioned for male infertility, lot of importance is also given to women's reproductive health. In Ayurveda, the discussion about the maintenance of the pregnancy till parturition and post partural measures, enabling a couple to conceive is given. So for the maintenance of reproductive health, treatment approach can be classified into,

1. Increasing the potency of the male i.e. treatment of premature ejaculation, erectile dysfunction.
2. Treatment of conditions like oligospermia, asthenozoospermia in the male and fibroids, hormonal disorders like PCOS in female.
3. *Pumsavana vidhi* for having progeny of choice of sex.
4. Contraception- for spacing between two childbirth

As per *Ayurveda*, the 4 contents of *Gharbhotpadak samagri* needful for procreation are given as,

- 1) *Beeja- Shukra & aartava* are the basic elements
- 2) *Kshetra-* The fertilization of ovum & its implantation takes place at *garbhashaya* (uterus)
- 3) *Ambu- Rasa & rakta* from mother nourishes the fetus.
- 4) *Ritu(kala)- Ritu* signifies the proper period for reproduction and fertilization.

AIM

- 1) To study the importance of Reproductive health.
- 2) To find out the factors involved in male & female infertility & its treatment as per *ayurvedic* line.

MATERIAL & METHODS

- This article based on review of *Ayurvedic Samhitas* & *ayurvedic* journals regarding finding out the causes of infertility (male & female).

- Material related to Contraception or *Pumasavana vidhi* from ancient *Samhitas*.

Female infertility in *ayurveda*

Infertility occurs due to some wrong diet & lifestyle and reasons such as diet, smoking, obesity, infection, medical condition, stress, hormonal imbalance etc. Among many causes of infertility the anovulation is very common problem in approximately 40% cases of female infertility. Women's chances of having a baby decreased rapidly every year after the age of 30. Therefore big importance is given to the examination of *ayu (kala)* in *ayurvedic* texts.

Causes of female infertility

- 1) Structural or functional abnormalities related with *ritu* (fertile period), *kshetra* (reproductive organs), *beeja*(sperms & ovum), *ambu*(proper nutrient fluid) can cause infertility.
- 2) Coitus with *atibala*, *vidhha*, chronically ill, hungry, afflicted with *kshudhadi manasik vyapattis*, or in hump back (*nubja*) & lateral posture (*parshwa sthiti*) is futile, semen falling over *samirana nadi* i.e. in outer part of yoni also fails to impregnate the women.
- 3) Due to non-acceptance of *beeja* or *garbha* by vitiated yoni in various yoni vyapad & destruction of *beeja* in *aartava dushti* the conception does not takes place
- 4) *Bhela* says that due to *beeja dushti* of mother or father, non consumption of congenial *rasas*, *vegavrodha*, the women either delivers abnormal child or become infertile.
- 5) *Kasyapa* says that *sphalit mutratwa* can cause infertility.
- 6) *Harit* has included childhood, *Gharbha kosha bhanga* (injury to uterus or prolapsed uterus), loss of *dhatu* in the causes of infertility.

Treatment of female infertility:-

According to *charak*, Enema is said to be beneficial for infertility, large number of recipes to be beneficial in infertility to be used as enema. *Kasyapa* says that oleation, sudation, emesis, purgation, cleansing & nutritive enemas as well as strength.

- 1) *Narayan tail*, *shatapushpa tail*, *lashun tail*, *bala tail* should be used for *pana*, *nasya*, *abhyang* & *basti*.
- 2) Use of *baladya*, *chandanadya*, *drakshadya*, *khandakadya* & *punarnavadya* powders.
- 3) Use of lakshmana or 8 leaf buds of vata with milk prescribed under *pumasavana* is also beneficial for infertile women.(According to *Arundatta*)
- 4) *Phalaghrita*, *kamdeva ghrita*, *shita kalyanaka ghrita*, *paniy kalyanaka ghrita*, *shatavaryadi ghrita*, *jivaniya ganasadhit* *kshir sarpi*, can be given.
- 5) *Vang bhasma*, *trivang bhasma*, *dashamularishta* with *ghrita* & *madhu*.

Contraceptive methods for female in *Ayurveda*:-

In *bhaishajya ratnavali* the contraceptive measures are described 1st time in the *ayurvedic* era. Some of the measures are given as follow,

1. Local:- *pichu* of *saindhava* or *til tailam*, application of *dhatura* root powder at vagina.

2. Oral:- a) *Pippali*, *tankana*, *vidang choorna* mixed with milk in equal quantity should be given. b) *Purana guda* in the dose of 30 to 40 gm daily. c) *Japa pushpa choorna* with kanji should be given for 3 days. d) *kalka* of *patha* with water.

Garbhastrava & *Garbhotpatajanya* herbs:-

Langali, *japa* have been described as abortifacient in older literature. These herbs causing uterine contraction more & more induce abortion (*garbhotpata*).

Concept Of *Pumasavana Vidhi*

Pumasavana vidhi is described to have child of specific sex. It is indicated till the sex of child will not confirm. In this method black gram is administered in the nostrils of female with *dadhi* or juice of banyan tree at *pushyanakshatra*. The left nostril is used for male child & the right nostril is used for female. Drug advocated for *Pumasavana karma* & *Garbha sthapaka* drug, good no. of oil & *ghritas* are also said to be beneficial for infertility.

Male infertility in *Ayurveda*

Shukra dhatu is formed as an essence (*sara bhaga*) of all previous 6 *dhatu*s. Therefore its quality is influenced by quality of prier *dhatu*s. Vitiation of *shukra dhatu* leads to the diseases of reproductive system including infertility. *Acharya charak* has described the 4 main causes of male infertility,

- 1) *Bijopaghat*- structural or qualitative abnormalities in the sperm.
- 2) *Shukra sanchay*- less amount of seminal fluid.
- 3) *Dhwajopaghat*- erectile dysfunction & ejaculatory defect.
- 4) *Jara*- old age.

Acharya sushrut has described abnormality of semen as,

- 1) *Kshina*
- 2) *Alpa*
- 3) *Dushta*
- 4) *Vishushka*

It also explained about the importance of psychological component in fertility.

Treatment of male infertility:-

Various medications are advised to treat these causes which include,

- 1) *Shukra janana dravya*:- *kakoli*, *mudgaparni*, *mashaparni*, *shatavari* etc.
- 2) *Shukra shodhan dravya*:- *kushtha*, *ela*, *katphala*, *ushir*.
- 3) *Shukra vardhak dravya*:- *dugdha*, *kolilaksha*, *vidarikanda*.
- 4) *Rasayana* & *vajikarana chikitsa*.

CONCLUSION

Most of study of Reproductive health is based on the ancient *Ayurved samhitas*. Due to disturbed Reproductive health, chances of infertility are more. *Ayurvedic* health care is perfect solution for reproductive health so that the chances of infertility are reduce. *Ayurveda* has formulated tonics, health care supplement & other *ayurvedic* health product for reproductive health. *Ayurvedic* treatment is very useful for infertility.

Ayurveda mentioned many herbs for infertility, *pumasavana vidhi*, contraception, *Garbhstrava* & *Garbhapata* karma.

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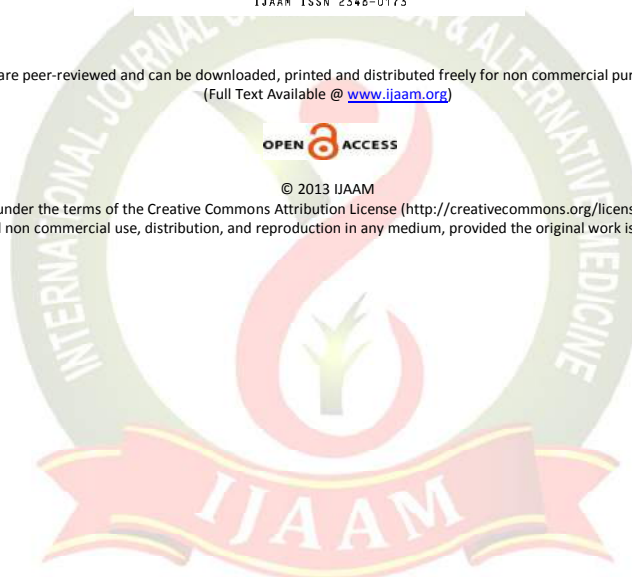


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**CONCEPTUAL STUDY ON SOMAROGA DIFFERENTIATING FROM
LEUCORRHOEA**

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Article

ABSTRACT:

In ayurveda only sharangdhar samhita bhavprakash samhita yogratnakr samhita have mentioned somroga it means woman passes clear fluid through the urinary passage in excessive quantity when etiopathogenesis occurs the fluid (soma) present inside the body it oozed out as comparing to leucorrhoea. its disease of female genital tract in which vaginal discharge present in profuse quantity with itching sensation or pain in lower abdomen it occurs due to increase in activity of endocervical gland when oestrogen level increase.

Key Words: Somaroga, Leucorrhoea, Endocervical gland, clear fluid

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INTRODUCTION

There is difference of opinion regarding exact interpretation of somaroga majority accept It as white discharge per-vaginal or leucorrhoea on the basis of arguments that somaroga occurs only to the women ,except this reference no other description of shweta-pradar (leucorrhoea). The mention of urinary meatus instead of vaginal orifice has come due to anatomical closeness of both these apertures somaroga & swet-pradar (leucorrhoea)

Definition:-

The fluid maintaining the body is termed as soma, as in this disease the amount of this fluid or 'Soma' is decreased, hence it is called somaroga.

Etiopathogenesis:-

Due to excessive coitus, grief & exercise magical spell use of purgative and toxic substance. The fluid situated in various parts of the body of women get irritant and discharge. These fluid oozing out from their normal places, proceed to words urinary passage.

Clinical Features:-

In this somaroga the women passes through the urinary passage clear pure cold ,smell less pain lesswhite fluid in excessive quantity due to excessive weakness can't hold the urge of passing it Restlessness, her head becomes

weak ,Suffer from dryness of mouth ,palate ,Unconsciousness, yawning, delirium & dry skin ,Never get satisfied with lickables, eatables and drinkable.

Types: It's of only one type.

Treatment:-

- 1 For retaining the soma - use ripe fruit of banana and fruit juice of dhatri with sugar and honey is very good.
- 2 Use of powdered masa ,madhuka and vidarikand mixed with sugar, honey with milk in the morning is very effective.
- 3 Kdalikanda ghrita daily in the morning hours in one karsh.
- 4 Vangeshwar rasa.
- 5 Seeds of amalaki made as a paste with water and consumed adding honey and sugar cures Swetpradar with in three day.
- 6 Nagakesara macerated with buttermilk consumed for three day the patient taking food with buttermilk only cures swetpradar.

Complication:-

Complication of somaroga is mutratrisra with the lapse of time when somaroga becomes chronic and the women passes excessive quantity of urine repeatedly in association with other clinical features of somaroga ,then it is known as mutratisar , the women also has loss of strength and energy.

Leucorrhoea according to modern view:

Vaginal discharge is quite normal and healthy phenomenon in female to an extent. The discharge is actually a fluid from of the entire worm out and dead cellin the vaginal track. The discharge is profuse in quantity non-purulent, may be with itching sensationor pain in lower abdomen, fatigue etc.

Definition:-

Leucorrhoea is strictly defined as an excessive normal vaginal discharge.

Criteria for leucorrhoea:-

1. The excess secretion is evident from persistent vulval moistness or staining of the undergarment (brownish yellow on drying) or need to wear a vulval pad.
2. It is non-purulent and non-offensive.
3. It is non-irritant and never causes pruritus.

Pathophysiology:-

Physiologic basis involved in normal vaginal secretion is dependent on the endogenous oestrogen level with rising oestrogen glands secretory activity. Mucoïd secrtion in small amount is normal but if it secreted in excess, it pours out at the vulva.

Causes:-**Physiological cause:-**

- A) During puberty – as increases level of oestrogen
- B) During menstrual cycle-around ovulation and premenstrual phase
- C) Pregnancy
- D) During sexual excitement – secretion from bartholin gland

Cervical cause (cervical leucorrhoea):- Excessive secretion pours out at the vulva from non infective cervical lesion like in case of chronic cervicitis.

Vaginal causes (vaginal leucorrhoea):-

Increase vaginal secretion is associated with pelvic congestion E.g.- chronic pelvic inflammation, uterine prolapse .

Diagnosis:-

- 1 general examination may reveal ill health
- 2 vulval inspection revels –white or creamy discharge ,non evidence of pruritus
- 3 Bimanual speculum examination either negative pathology ,or associated pelvic
- 4 Microscopic examination for detection of pus cell

Treatment:-

1. Improvement of general health
2. Cervical factor - surgical treatment E.g. electrocautery, cryosurgery
3. Pill users may have to stop pill temporarily if the symptoms is very much annoying.
4. Local hygiene has to be maintained.

DISCUSSION

Sharangadhara, yogaratnakar & bhavprakash only have mention somaroga in there samhita somaroga nothing but clear pure cold smell less &painless fluid which women passes through urinary passage in excessive quantity in this disease as etiopathogenesis occurs then fluid(soma) present inside the body it oozed out through the urinary passage &complication of this disease is result in to mutratisara ,but in leucorrhoea women passes excessive normal vaginal discharge &its pathophysiology depends on oestrogen level as oestrogen level increase it result in to increase in vaginal discharge. It is in profuse quantity non-purulent, non-offensive according to ayurveda causes of somaroga like excessive coitus, grief &exercise it is near about same with causes of physiological leucorrhoea.Ayurvedic treatment of somaroga it start with treatment for retaining soma &treatment leucorrhoea is start with improving the general health. In this way we can differentiate somaroga from leucorrhoea in its causes etiopathogenesis and symptom's.

CONCLUSION

There are different opinion regarding to somaroga & leucorrhoea is only due to anatomical closeness of urinary & vaginal opening .But there are difference in their causes & etiopathogenesis symptoms etc. only excessive coitus,grief these causes of somroga is near about same with physiological leucorrhoea.Mutratisara is complication occurs in somaroga but as per treatment part in above both diseases mention that improve general health of women.

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AN IMPACT OF LIFESTYLE ON HEMORROIDS

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Article

ABSTRACT:

Life style disorders are caused by change in life style pattern unhealthy diet and daily regimen. These diseases are considered as the results of Mithya Aahar and Vihara. Long term sitting job, daily travelling for long distance, engaged in driving or absence of any kind of physical exercise may result in overfilling of haemorrhoidal veins. According to Charak consuming diet in improper way is the main cause of this disease. Agnimandhya plays a vital role in etiopathogenesis of Ano-rectal disorders. These factors arise due to busy lifestyle and irregular diet. Some of conservative management such as Seitz bath, laxative, ointments, and suppository analgesics are quite beneficial. Code and conducts of diet and lifestyle is also a part of treatment of Ano-rectal disorder. Living with haemorrhoids can significantly impact your day-to-day life. Every day, routine activity like going to the toilet, travelling to work and surviving an entire day in office can seem like challenge because of the constant pain, discomfort and not to mention, anal itching. Without consumption of healthy fibrous diet and changing in life style, the treatment of these diseases is very difficult. Due to ignorance of basic principle of healthy life the person has to suffer so many life style disorders.

Key Words: Lifestyle disorder, Ano-rectal disorder, Hemorrhoids.

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INTRODUCTION

It is a great matter of pride for old generation to talk about their lifestyle, how better their food was, how better physically active they were. In the advancement of technology related to simplify living standards, there is a new breed of disease has developed which is known as life style disease. As a name Life style disorders are related to our lifestyle. In the recent years, India has managed to control communicable diseases such as malaria, cholera and polio. However, the nation now has to deal disease which is associated to sedentary urban lifestyle. Urban youths are prone to life style disorder due to increased alcohol consumption and smoking.¹ According to Ayurveda, main etiological factors of disease is *Heena Mithya* and *Ati yoga of kala arth* and *karma* means all the disease can be considered as the result of *Mithya Aahar* and *Vihar*.²

Industrialization is the most responsible factor for Lifestyle diseases. These are different from other diseases as they are preventable and can be lowered only with changes in diet, lifestyle and environment. Life style disorders like hypertension, heart disease, stroke, obesity, diabetes, tobacco induced cancers, chronic bronchitis, emphysema and premature mortality.³ Due to sedentary life style, heavy consumption of alcohol, and suppression of natural urges a person suffers from

digestive disorders. Due to this person gets *Agnimandhya* (less digestive power), loss of appetite, loss of weight etc. *Agnimandhya* is a responsible factor for *constipation* and some other Anorectal disease.

Prevalence of Haemorrhoids

Globally, 10% people and 14% of India's urban population suffer from an inability to pass stools for more than three times in a week. Hemorrhoids, ulcers, abdominal pain, anal fissures and fistula are some of the known medical conditions produced by constipation.⁴ A sedentary lifestyle combined with an increase in the consumption of fatty food and alcohol is to blame in cases of obesity, diabetes, hypertension etc. Hence, this is a burning issue in society because lifestyle which we are adopting now a day's itself is a disease and it can be prevented by improving lifestyle.

Causes of lifestyle disorders

Irregular diet, Lack of adequate exercise, inadequate posture, Disturbance in biological clock, Environmental factors and Addiction etc. are the major causes for lifestyle disorders.

Etiology of hemorrhoids

According to Charak samhita, Acharya Charak has described list of dietetic factors, therapeutic abuses,

habits and mechanical factors in two groups. First group consists mainly of dietetic ingredients leads to accumulation of mala and second group leads to vitiation of *Apana vayu* which is normally responsible for physiological function of *Guda* (Anal region) and plays major role in formation of haemorrhoids⁵ According to Acharya Sushruta, 1) Balvad vighrah (Strenuous work), 2) Shok (Anger or sorrowful emotions), 3) Adhyashan (Improper food consumption) , 4) Stri prasang (Sexual indulgence), 5) Utkatasan (Squatting posture), 6) long drive (Vehicle riding) , 7) Veg dharan (Suppression of normal urge) and 8) Mandagni (Diminished Appetite) are the causes for haemorrhoids.⁶

Pathogenesis

According to Sushruta the pathogenesis starts from vitiation of *Doshas* in single, double, or combined of two or three along with *Rakta Dosha* and transfers downwards through main *Dhamani* or channel to reach *Guda* and affects *Gudavali* produces arshas in individual suffering from *mandagni* or poor digestion. This growth further increase in size due to friction of clothes wood and contact with cold water.⁷ In modern point of view deficiency of fiber food, dietary habits, hereditary, constipation sedentary work and anal sphincter over activity causes congestion and engorgement of vessels of haemorrhoidal plexus which leads to laxity of anal coucous, which causes hemorrhoids.⁸

Management

Out of three *Upastambha* i.e. *Ahaar*, *Swapna* and *Brahmacharya*; first *Ahaar* has been given more importance and concerned to be the best in Ayurveda. As *Charak* says sinfull acts and unwholesome diet are the two important factors for the causation of disease. In the absence of these factors individual becomes free from all disease.⁹

Dietary and behavioural modifications are typically among the first line of treatment recommendation made to patient with most Ano-rectal disorders including a hemorrhoid which includes increasing dietary fiber, the avoidance of straining or minimizing time on the toilet during defecation, and using soothing Seitz baths several times per day.

What to do for preventing hemorrhoids

- Don't fight to any urges specially *appetite* and *thirst* because this will be responsible for *vitiation of vata* and which will leads to *Agnimandhya* and further disease.
- Processed food, cold drinks baked food, dairy products, deep fried food, spicy food, excess use of salt, refined grains, any preserved food should be avoid in daily consumption which disturbs digestive system and causes constipation.

Principles related to food habits

Food is only responsible factors for the growth and maintenance of the body. Due to this great significance it is regarded as *Bhramha*. One should not take food in improper ways, improper place and time also. One should take warm delicious and unctuous food it gets digested without any difficulty.¹⁰ As explained in *Asth Ahaar Vidhi*

Vishesayatan one should take food in a prescribed manner with due regards to his own self. It said that he alone is a good physician who knows specific nature of Rasas Drugs Doshas and Disease as well as habitat time and physical constitution.¹¹

रसान् द्रव्याणि.....शरीरं च स नो भिश्क्.....च.
वि. १.२६

Incompatible food¹²

- Fish with milk
- Meat with honey sugar candy milk and germinated grains
- Milk after radish garlic
- Wheat with *tila taila*
- Hot drink after alcohol
- Milk with salt
- Chicken with curd
- Fish with jeggary
- Milk followed by fruits
- Radish with jeggary
- Intake of hot water followed by honey

Quantitative Ahara – Dietetics

According to *Charak Acharya* one should eat in proper quantity which depends upon the power of digestion including metabolism. This varies according to season as well as age of individual.¹³

Anti haemorrhoidal diet plan

- Increase crude fiber intake –high fiber diet not only helps in boosting digestion but also helps to prevent constipation, ultimately help to prevent to hemorrhoids.
- Oats, flaxseed, peas, beans, apples, carrots, barley, berries are excellent source of fibers
- Diet which is easily digestible and balancing in all factors mixed with fruits leafy vegetables and fleshy fruit salad is recommended in this disorder.
- Fruits which are rich in vit-c, raspberries, pears, apples and banana must be taken more.
- Plenty of fluid intake in daily life because adequate hydration is a key for functioning of fibers and healthy bowel movement which prevent constipation.
- Natural probiotic like curd should be used regular.
- Eat less spicy and fried food.
- Reduce the consumption of meat and dairy product as they are high source of saturated fat.
- Avoid a Diet which is high in refined carbs due to inflammatory effect.

Foods advised in haemorrhoids¹⁴

- BLUBERRIES – Good source of soluble and insoluble fibers so beneficial to prevent constipation
- SPINACH – One of the best vegetable for entire digestive system. And it is more beneficial in processed food consumers due to rich in magnesium compound.
- BEETS - It is rich in fibers and helps to restore bowel movement so it is great way to prevent constipation and hemorrhoid.

- PAPAAYA – It is a Nutritional Power house and most effective in constipation.
- OATS – Excellent source of soluble fibers which have ability to make stool bulky and softer so prevent constipation.
- BARLEY – Fibers of barley increases bulk and shortens the transit time of fecal matter so it decreases the risk of constipation and hemorrhoids.

Life style to prevent hemorrhoids

- Early morning wake up.
- Drink enough water and go for morning walk.
- Get plenty of exercise because it helps to keep colon more regular.
- Develop Good bowel habits and allow yourself to defecate without straining.
- Toilet seats are not designed for long term sitting so don't bring a book to kill time in toilet, it can lead to straining and pressure can produce hemorrhoids.
- Reduce long term standing and sitting both are causes of hemorrhoids.
- Sound sleep, milk before bed, Regular physical exercise should be done.
- Smoking, long term riding and wine stimulate hemorrhoids attack hence, should be avoided.

CONCLUSION

Lifestyle disorders are new breed of endemic disease which is related to our poor habit and behaviour and difficult to exclude from society. There are many disorders which are associated to life style among them hemorrhoids is common disorder. Due to lack of fibrous and balanced diet it causes constipation and others Gastrointestinal complication. Constipation and loss of appetite is responsible factors for the origin of hemorrhoids. General Principle to avoid all disease is to avoid such factors which are responsible in the development of any disease. *Mandagni* is the primary etiological factor, therefore, measures viable to improve *Agni* and regulate bowel habits would prevent development of hemorrhoids, so by improving lifestyle, regularized food and bowel habits reducing addiction i.e.

smoking, alcohol consumption, Avoiding long term improper sitting posture can reduce the chance of this disease.

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REVIEW ARTICLE

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A LITERARY REVIEW OF KSHAR KALPANA

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ABSTRACT:

Ayurvedic medicines are widely use in health-care in developed and developing countries. Mainly natural products are used in ayurvedic medicines in the various forms. The classifications of this medicines widely distributed in different categories of dosage forms in ayurvedic pharmaceuticals. Kshar kalpana is one of them. Kshar are the substances obtained from the ashes of drugs of animals, plants, minerals products. Kshar kalpana is the dosage form alkaline substance. In sushruta samhita acharya sushrut explained one chapter of kshar kalpana. Using kshar karma many surgical procedures are avoided. Kshar are used in two forms externally and internally. External application in the form of kshar sutra which used in Arshas, Nadi vrana, Bhagandara. The internal use of kshar mostly in Mutrashmari.

Key Words: Kshar, Kshar Sutra Ayurvedic Pharmaceuticals

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INTRODUCTION

Ayurveda utilizes different forms of herbs, animals, minerals in therapeutics. Kshara is one among such forms. Rasa shastra and bhaishajya kalpana the pharmaceutical branch of Ayurveda has described use of these resources in a very planned and descriptive manner by formulating various medicines to treat human diseases. Kshara is the alkaline substances obtained from ash of one or more plants, animals and minerals products. Kshara therapy not only minimizes complication but also reduces recurrence of diseases kshar has the top most places in the surgical and para-surgical measures. It can be used externally and internally also. According to acharya sushruta and vagbhata ksharas are considered to be superior among shastras and anushatras. Beacause ksharas can be used where shastrachikitsa and surgeries contraindicated e.g. marmasthana, for women and children are those who are afraid of surgery. Kshara karma is more suitable with kshara application bleeding can be reduced and chances of recurrences of the disease are very rare.

MATERIALS AND METHODS

Classification of kshara: - kshara are classified on the basis of their mode of application.

- 1) Pratisarniya kshara (external use)
- 2) Paneeya kshara(Internal use)

Pratisarniya kshara been further sub classified according to its potential in to

- 1) Mridu(mild)
- 2)Madhyam(moderate)
- 3) Tikshana(intense)

On the basis of origin-

- Vanaspatijanya: - obtained from the ashes of plants.
- Pranjanya: - obtained from the animal sources (ashes) e.g. shankha ,kapardika, pravala etc.
- Khanija janya: - obtained from the mineral origin e.g. tankan, sarjikshar, surya kshara etc.

Methods of Preparations of Kshara by Different Acharyas

In sushruta samhitas for increasing and decreasing the strength of kshara, some methods other than the general method were descriebed through sanskara- vishesh and gunantaradhan (modification of properties). Acharya sushruta in sutra sthana descriebed the special procedure for the preparation of kshara which is not " Ek-aushadh kshara" but a kshara kalpa in which by the samyoga of ksharas (combination of alkali), agni(fire intensiy), kala(time), yukti (procedure), and sanskara, changes can be brought.

According to sharangdhara samhita, (Sh.Sm.M. 11/102-103), dried part of plants which exude milky sap are turn in ash by fire. The ash obtained is dissolved in four times of water in the pot made up of mud and kept overnight. Next day morning the clear supernatant water is decanted out into a clean vessel and boiled till all the water evaporates which leaves a fine white powder at the bottom, which is known as kshara.

According to Rasa tarangini (R.T. 14/59-61), the plants containing kshara are dried and burnt into ash form. The ash thus obtained is dissolved in four times of water and rubbed with hands properly and contents are filtered with three folded cloth. This filtered liquid is boiled till total water content gets evaporated. Finally, kshara is obtained in greyish white powder form.

Properties of Kshara

Sr. No.	Charak Samhita (sutra sthana 27/366)	Sushruta Samhita (sutra Sthana11/16)	Ashtanga Hridaya (sutra sthana24)	Rasa Tarangani (14/62-63)
1	Tikshna	Nati-Tikshna	Natitiksna	Tikshna
2	Ushna	Natimridu	Natimridu	Atyanta Usna
3	Laghu	Sighrakari	Sita	-
4	Ruksha	Slaksna	Natiruksha	Krimighna
5	Kledi	Picchila	Picchila	Pachaka
6	Darana	Abhishyandi	Avisyandi	Dahaka
7	Lekhana	Sita	Sukhanirvapy	Shodhana
8	Dipana	Shikari	Sighragani	Dahaka
9	Chhedana	-	Slaksna	Mutrala
10	-	-	-	Ropana

Description of Kshara Sutra by Different Acharyas –

Kshara application in form of kshara sutra in anorectal diseases has become common practice in ayurvedic surgical parlance. Vagbhatta has described to use thread smeared with kshara in the treatment of nadi. Chakradutta has referred to a medicated thread coated with snuhi ksheera and haridra churna in treatment of arsha. In Rasa Tarangini sufficient descriptions regarding the way of coatings, the numbers of coatings are described in this book.

Modern Concepts

Kshara are alkaline substances which are of two kinds

- 1) Natural
- 2) Artificial

- Natural are minerals includes calcium, potassium and sodium in different combinations.
- Artificial are those prepared by the ashes of certain plants like yava, apamarga etc.

Percentage of Na, K & Ph values of different ksharas below the table

Sr. No	Kshara name	pH value	Na value	K value
1	Kadali kshara	10 to 11	15 to 20 %	8 to 10%
2	Kalyana kshara	9 to 9.5	10 to 13%	3 to 6%
3	Mulaka kshara	9 to 10.5	10 to 15 %	30 to 40%
4	Apamarga kshara	9 to 11	19 to 24 %	24 to 27%
5	Arka lavan	9 to 10.5	13 to 18%	10 to 15 %
6	Vajra kshara	7.2 to 8	8 to 12 %	7 to 9 %
7	Vasa kshara	9 to 10.2	2 to 4%	28 to 34%
8	Yava kshara	8 to 11	12 to 15 %	20 to 25%
9	Palash kshara	10 to 11.5	-	35 to 40%
10	Abhya lavan	5 to 7.5	19 to 24 %	10 to 13%

DISCUSSION

Various Kalpanas are explained in Rasshastra & Bhaishajya Kalpana. Kshar is one of them. Kshar kalpana widely explained in Ayurvedic texts by different acharyas. It is mentioned in the classics, that the diseases which are difficult to treat can be cured easily by Kshara due to Lekhana property. Vrana Shodhana and Ropana properties of Kshar are helpful in the healing of Vrana. In Rasshastra Kshara (Ayurvedic pharmaceuticals) plays important role in procedures such as Marna, Jarana, Shodhana etc. because of its alkalinity

in nature, these substance helpful to remove unwanted materials.

CONCLUSION

Kshara kalpana is used to cure various diseases. Kshara is the form of drug which used externally as well as internally; externally used to cure diseases like kushta and various skin diseases. Internally use for to cure mutrashmari. Kshara sutra is play one of the important role in surgical procedures for the treatment of fistula and arshas. In the fistula kshara sutra plays important

role in healing process and avoids infections. Thus kshara have therapeutic as well as pharmaceutical importance as both are the basic parts of Ayurvedic medicines.

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MANAGEMENT OF ARTAVAKSHYA ACCORDING TO MODERN AND
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Article

ABSTRACT:

Woman's health is primary factor to be consider for wellbeing of family, society and culture. Any physical, physiological disorder disturbs her life. Physiological changes and development occurs right from birth but markedly during the reproductive period. Changes in life style of woman, increases the physical and emotional stress; leads to many gynecological problems. Among, most common menstrual problem is *Artavakshaya*. According to modern science various treatment are available for this, like hormonal therapy, surgical intervention; but they are cost effective and have side effects. Where as in Ayurveda many *Acharyas* have mentioned about *Artavkshaya* and It's treatment with easily available drugs. Therefore this article is summarized to know about *Artavakshaya* and it's *Chikista*.

Key Words: *Artavakshaya*,

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INTRODUCTION:

Woman's health is the primary factor to be considered for wellbeing of family, society and culture. Physiological changes and development occurs right from birth but markedly during the reproductive period. Change in life-style of woman, increases the physical and emotional stress, Irregular dietary habits, leads to many gynaecological problems. Among all gynaecological problems, the most common one is menstrual problem that is *Artavkshya*. *Artvakshya* may further leads to disability for conception which lead to infertility. Prevalence of menstrual disorder like menstrual irregularity and dysmenorrhea was 11.9% and 78.2% According modern treatment the hormonal treatment which has a good therapeutic utility, but has many side effects. Rather than hormonal treatment from contemporary science *Ayurvedic* remedies are more useful in the treatment of *Artavakshya*. Therefore there is increasing demand to address the problem from view of *Ayurvedic* medicine which gives better relief without causing any harms. Many formulations have been documented in *Ayurveda* and which are effective. In modern medicine

Hypomenorrhoea /Oligomenorrhoea is treated by oral contraceptive pills etc. Long term use of these causes side effects like hepatotoxicity, nephrotoxicity, headache, dizziness, vertigo, depression, skin rashes etc. From previous works .It is well proved that this health hazard can be well managed with certain *Ayurvedic* therapies. Present study is aimed at finding out a method of treatment, which will impart a permanent cure without any side effect. Many methods are available in the classics both *Shodhana* and *Shamana*. Hence, in this study a special treatment methodology of *Ayurveda* is being taken

Artavkshya Defination-

क्षीणार्तवनाम आर्तवस्या स्वप्रमाणाहानि ॥

Artvakshaya is less bleeding from it's normal menstrual periods. It is also one of the *Artava Doshas*. It is a disease, which is has cardinal symptoms like irregular, scanty and painful periods.

आर्तवक्षये यथोचित कालादर्शनमल्पता वा योनिवेदनाच्च ॥

(सु. सु १५/१०)

According to Modern science lakshana of Artavkshya can be co-related with certain menstrual disorder as follows-

- Irregular menses as Yathochitakalaadarshanam,
- Hypomenorrhoea as Alpata hypomenorrhoea, also known as short or scanty periods.
- Dysmenorrhoea as Yonivedana

Nidana of Artavkshya :

The Samnya Nidana of Kshaya or Dosha, Dhatu and Upadhatus are being given here to understand the aetiopathology in production of this disease also. There are Ativyayam, Anashana, Atichinta, Asatmya Ahara Sevana, Atapasevana, Bhaya, Manahsantapa, Atimadirapan, Prajagarana, Atisamsodhana, Vegavidharana, Vriddhavastha, Adanakala and Bhutopghata.

(1) Aharajanya Hetu :

(a) Vata vitiating hetu :

- (i) According to Rasa - Atikatu, Tikta, Kashaya, Rasa predominant Ahara.
- (ii) According to Guna - Excessive intake of Sheeta, Laghu, Ruksha Ahara.
- (iii) According to Dravya - Excessive intake of Koddalaka, Mudga, Shyamaka, Ati Shushkashaka etc.
- (iv) According to Pramana : Abhojana, Laghubhojana

(b) Pitta vitiating hetu :

- (i) According to Rasa - Atikatu, Amla, Lavana Rasa predominant Ahara
- (ii) According to Guna - Excessive intake of Ushna, Vidahi Ahara.
- (iii) According to Dravya - Excessive intake of Kshara, Kurchika, Dadhi, Takra, Kanjisevana etc.

(c) Kapha Vitiating hetu :

- (i) According to Rasa - Atimadhura, Lavana Rasa predominant
- (ii) According to Guna - Excessive intake of Abhishyandi, Guru, Picchila Ahara.
- (iii) According to Dravya : Excessive intake of Pista, Ikshu, Masha, Audaka, Mamsa, Anupa Mamsa etc.
- (iv) According to Pramana - Ati Bhojana, Adhyashana

Viharajanya Hetu :

(a) Vata Vitiating hetu :

- (i) Ati Vyavaya
- (ii) Ati Vyayama
- (iii) Ati Prajagarana
- (iv) Vega Dharasna etc.

(b) Pitta vitiating hetu :

- (i) Ayusha, Atapasevana, Agni, Dhuma Sevana etc.

(c) Kapha vitiating hetu :

- (i) Divaswapa, Alasya etc

(3) Manashika Hetu :

(a) Vata vitiating hetu :

- (i) Chinta
- (ii) Shoka
- (iii) Bhaya etc.

(b) Pitta vitiating hetu :

- (i) Krodha
- (ii) Irshya etc.

(4) Anya Hetu :

(a) Vata vitiating hetu : Ati Ashrika Shravana, Ragati Karshana, Dhaturkshaya etc.

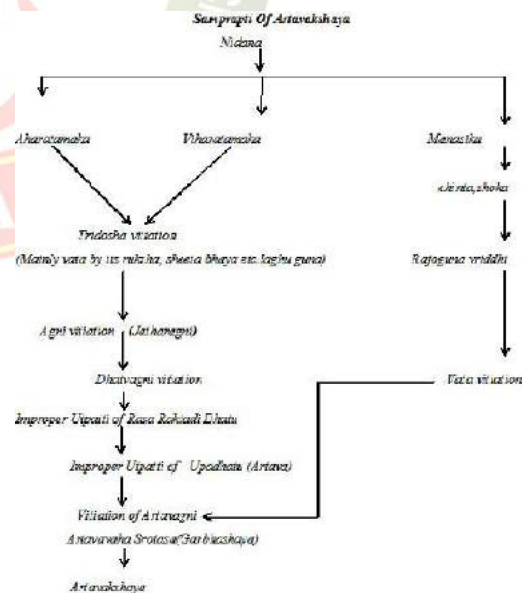
(b) Kapha vitiating hetu : Ati santarpana, sthaulya.

(Cha.Su. 12,17 ; Ni. 1 ; Chi. 6, 28; Su.Su. 6,21 ; A.S.Ni. 1 ; A.S.Sa. 19)

(5) Abhigata Janya Hetu :

This condition is described by Sushruta in Su. Sa. 9/22 in clinical features of 'vedha' of Artavavaha Srotas 'Vedha' means to get injury or trauma. So any type of injury or trauma of Artavavaha Srotas may lead to Artavakshaya.

SAMPRAPTI: Shown in Fig 1



Samprapti Ghatak:

- **Dosha :** Vata (Apana and Vyana)
Pitta (Ranjak)
Kapha (Kledaka)
- **Dushya :** Rasa, Rakta
- **Updhatu :** Artava

- **Agni** : *Jatharagnimandhya;*
Dhatvagnimandhya,
Artavagni.
- **Srotas** : *Rasavaha, Artavavaha*
- **Srotodusti** : *Kshayajanya and Avrodhjanya*
- **Adhithana** : *Garbhashaya*

Sadhyasadhyata (Prognosis) :

In Ayurvedic classics, there is no description about prognosis of *Artavakshaya*, but prognosis of *Kshinartava* described in *Astartava Dusti*. *Sushruta* says that *Kunapa Gandhi, Granthibhuta, Kshina* and *Mutrapurisha Gandhi* disorder are incurable (Su. Sa. 2/5 ; Dal.Tika.). *Vagabhatta II* says that only *Mutrapurisha Gandhi* is incurable. All others can be cured with great difficulty (A.H.Sa. 1/12).

Ayurvedic Management For Artavkshaya:-A). *Nidan parivarjanm.*

B). Main principles:

तत्र संशोधनमाग्नेयानां च द्रव्याणां विधिवदुपयोग ॥

(सु.सं.सु. १५/१२)

- Sushruta* has mentioned *Artavkshaya* should be treated by *Sanshodhana* (purifying measures) and *Aagneyeya Dravya (shaman)*
- The *Samsodhana* therapy particularly the *Uttarabasti*.
- For *Artavkshaya Anuvasana Basti* should be given. (Ka.Si. 7/11)

-The use of *Swayoni Vardhaka Dravyas* i.e. having the same seat of origin on basis of *Dravya, Guna* and *Karma*

-The drugs capable of increasing the *Rakta* (menstrual blood) should be used

-As *vata* is main causative factor of all *yonivyapadas*, so it should be treated first. *Vata* is also *pravartaka* of other *doshas*, so regulation of *vata dosha* may have indirect effect on other *dosha*. Menstrual blood flow is under the control of *Apana Vayu*. Vitiation of *Apana Vayu* may cause *Artavkshaya*.

- For *Apana vayu* treatment should be *Agnideepaka, Grahi, Vata anulomana* and *pakvashaya shuddhikara* (Ch. Chi.28/243)

-Unctuous, hot, sour and salty articles should be used for the relief from menstrual disorders due to *Vata*. Sweet, cold and astringent substances or the purification of *pitta* and hot, dry and astringent for *Kapha*. (A.H.Sh. 1/12)

-*Ghrta* is *Tridosha shamaka* because of *snigdha guna* it is *vata shamaka*, sheeta guna it is *pitta shamaka* and because of *sanskara guna* it is *kapha shamaka* (Ka. Ki. 2/42) Different Acharyas have mentioned different drugs for the treatment of *Anartava* or *Artavakshaya*, these are :

Sthanika Chikitsa (Local Treatment)

No	Name of Preparation	Name of Yoga	Reference
1	Basti	Anuvasana Basti - Shatavaryadi Uttar Basti- Taila of Jivaniyadijana dravyas Shatpushpa Taila	Ch. Si. 12/18 Ch. Shi. 30/102 Ka.Kalpa. Shatpushpa Shatavari Kalpa
2	Varti	Ikswaku-bij, Danti, Chapala, Madanaphala, Guda, Surabija, Yavashuka, Snuhikshira in form of Varti	Bha. Pra. Chi. 70/22-24 Yog. Rat. Yo. Vya. Chi.2.

Abhyantara Chikitsa (Oral Treatment)

No	Name of Preparation	Name of Yoga	Reference
1	Kwatha	Tila, Karvi, Guda in form of decoction <i>Krishna Tila Kwath with Guda</i> Mishreya Methikamuli, Garjara, Shatpushpa etc. in form of Decoction	Bha. Pra. Ch. 70/22-24. Yog.Ratnakar. Yonivyapada Chikitsa Adhyaya In Harihar Samhita
2	Churna	Shatpushpa Kalpa	Ka. Shatpushpa Shatavarikalpa
3	Vati	Rajah Pravartini Vati Rituvati Vati Kanya Lohadi Vadi Boladi Vati Nastapushpantaka Rasa	Bhai Ra. 67/58-60 Rasoddhara Tantra Rasoddhara Tantra Rasoddhara Tantra Bhai Rat. 67/51-59
4	Modaka	Aswathamuladi Modaka Agashti Haritaki Modama	Bhel Chi. - 4 H.S.Tru. Sthana 9/63-66

5	Taila	Shutpushpa Taila	Ka.Shutpushpa Shatavari Kalpa
6	Ghrita	Phala Ghrita Brihata Shatavari Ghrita Kumar Kalyana Ghrita Shitakalyana Ghrita Kalyanaka Ghrita Maha Kalyanaka Ghrita	Bha. Pra. Chi. 70/54-56,58,61 Yog.Rat.Yo Vya. Chi.2 Ch. Chi. 30-36 - 64A.S Utt.39/55 A.H.utt.34/36-39 Bhai Rat 67/92-108 Yo Rat Prada Chi.2. A.S.Utt. 9/19 A.S.Utt. 9/20

C) Ayurvedic Diet**1. Samshamana Therapy-**

- Agnideepana, Amapachana, Anulomana

2. Sattvavjaya Chikitsa-counselling and

Reassurance

Pathyapathya-**Pathya-Fish, Kulattha, Kanji, Takra, Tila, Tashun etc**
all pittavardhak Dravyas**Aparthya-ahara vihar which aggravating vata and**
kapha**CONCLUSION**

According to Ayurveda, the main Principle of Artvakshya is shodhan, Agnivardhana, Vatanuloman. For which drugs are easily available and they are cost effective. Where as treatment given by modern science is costly and have side

effects, therefore Ayurvedic remedies can be used as first line of treatment in Artavkshaya.

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RESEARCH ARTICLE

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COMPARATIVE STUDY OF THE EFFECT OF KASHMARTKUTAJ
GHRIT UTTARBASSTI AND INDRIYAW CHURNA IN ASRUJA
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ABSTRACT:

In India highest estimated number of maternal deaths is approximately 20% due to pre-existing anaemia. Excessive vaginal bleeding is a common gynaecological complaint worldwide leading to anaemia due to ignorance of early stage. So here an attempt is made to treat Asruja yonivyapad (vaginal bleeding) by an ayurvedic remedy i.e. Kashmarikutaj ghrita uttarbasti and Indrayava churna orally and comparison with Indrayava churna orally as a control. For this study 60 patients were taken randomly dividing in two groups and comparison done. After statistical evaluation it is found that research drug is more effective than control group.

Key Words: Asruja, Menorrhagia, Kashmarikutaj ghrita, Uttarbasti, Indrayava churna

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INTRODUCTION:

Sushrutacharya, one of the main acharyas of ayurved classics has told as blood is basic component for sustenance of body so it should be protected from flowing outside the body. [1] So there is really need to hurry the treatment. Management of this excessive bleeding is a challenging job for a gynaecologist. There are different modalities in the management ranging from hormonal manipulation to hysterectomy. Curettage or ergot type drug has been doubtful. Hysterectomy is inappropriate in women who wish to retain fertility and

womanhood. So in clinical practice there is a need for adequate treatment to prevent anaemia and diminish the individual discomfort caused by a heavy blood loss. Due to excessive use of pittakar ahar, vihar, the rakta get vitiated by pitta by that it excessively comes out through vagina is called Asruja. [2] It is also called Raktayoni. For the treatment of *Raktayoni*, Charaka has told *Kashmari Kutaja Ghrita Uttarbasti*. [3]

MATERIAL AND METHODS

Drug review [4]

Sr. no	Name	Rasa	Virya	Vipak	Guna	Karma
1	Kashmari	Tikta,kashaya Madhur	Shita	Katu	Guru	Raktapittashamak Garbhasthapak
2	Kutaj	Tikta,Kashaya	Shita	Katu	Laghu Ruksha	Kaphapittashamak Stambhak
3	Indrayava	Tikta,Kashaya	Shita	Katu	Laghu Ruksha	Kaphapittashamak Stambhak
4	Ghrita	Madhur	Shita	Madhur	Snighdha Guru	Vatapittashamak

STUDY DESIGN

Group of patient:

A) Trial group

- Uttarbasti: Uttarbasti of kutaj kashmari ghrita about 40 ml was given for 6 days.3 days with increasing in quantity then 3 days again after gap of 3 days. Uttarbasti was given for 3 cycles.

- Paryushit jal paan:Indrayava churna 2.5 gm with dwiguna sita 5gm give orally for 2 times a day for 5 days for 3 cycles.

- B) Control group:** Paryushit jal paan: Indrayava churna 2.5 gm with dwiguna sita 5gm give orally for 2 times a day for 5 days for 3 cycles.

Inclusive criteria:

1. Married woman
2. Woman having previous regular/irregular menstrual cycle.
3. Woman who have excessive bleeding through vagina irrespective of menstrual cycle.
4. Age group of 18-50 yr patients.

Exclusive criteria:

1. Pelvic pathology like uterine fibroid, polyp, ovarian tumor, CA of genital organs
2. Having medical illness and systemic and endocrine disease like DM, TB etc
3. IUCD induced menorrhagia, postmenopausal bleeding
4. Blood disorders like thrombocytopenia, purpura etc
5. Hb% less than 6 gm%.

Assessment Criteria:

➤ **Objective parameter:**

1. Hb%- At starting day of treatment of cycle was considered.
2. No. of pads changed per day of treatment of cycle was considered
3. No. of days of PV bleeding per cycle
4. Total no. of pads changed per cycle.

1) HB%

HB%	Impression	Grade
6-7	Severe	+++
7-8	Moderate	++
8-10	Mild	+
Above	Normal	0

2) Number of pads changing/day in a cycle

No. of pads	Impression	Grade
5 or more	Severe	+++
3-4	Moderate	++
2-3	Mild	+
1-2	Normal	0

3) Number of days of bleeding/cycle

Number of days bleeding	Impression	Grade
More than 10	Severe	+++
7-10	Moderate	++
5-7	Mild	+
3-5	Normal	0

➤ **Subjective parameter:**

- 1)Yonidaha
- 2)Trishna
- 3)Daurbalya
- 4)Katishula
- 5) Bhram
- 6)Adhodarshul
- 7)Pindakodweshta
- 8)Anannabhilasha
- 9)Arati

all these parameters graded under Severe - +++, Moderate - ++, Mild - +, Normal - 0

OBSERVATIONS

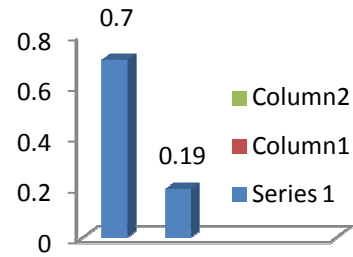
Statistical analysis :

1) Hb %

The effect on Hb% in experimental group and control group

Unpaired t test:

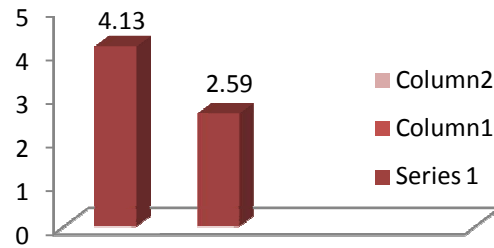
Groups	Mean diff.	S.D.	S.E.	T	P
Experimental	0.7	0.035	0.3	1.7	P<0.05
Control	0.19	1.60			



2) Number of pads changing/day.

Unpaired t test:

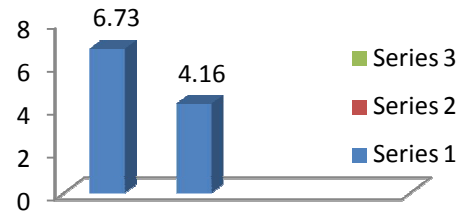
Groups	Mean diff.	S.D.	S.E.	T	P
Trail	0.7	0.035	0.3	1.7	P<0.05
Control	0.19	1.60			



3) Number of days of bleeding/cycle

Unpaired t test:

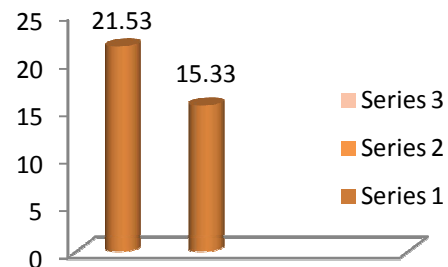
Groups	Mean diff.	S.D.	S.E.	T	P
Trail	6.73	3.8	1.21	2.12	P<0.05
Control	4.16	8.5			



4) Total no. of pads changed per cycle.

Unpaired t test:

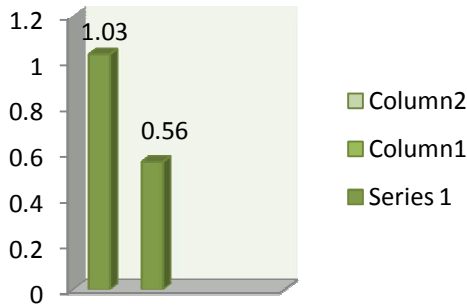
Groups	Mean diff.	S.D.	S.E.	T	P
Trial	6.73	3.8	1.21	2.12	P<0.05
Control	4.16	8.5			



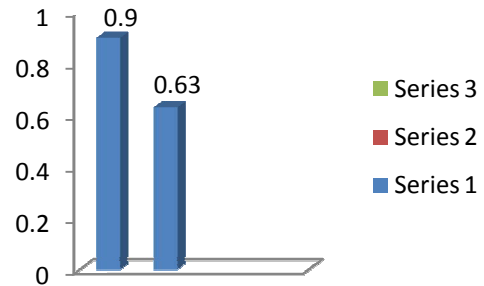
5) Yonidaha

Unpaired t test:

Groups	Mean diff.	S.D.	S.E.	T	P
Trial	1.03	1.09	0.28	2.132	P<0.05
Control	0.56	0.99			



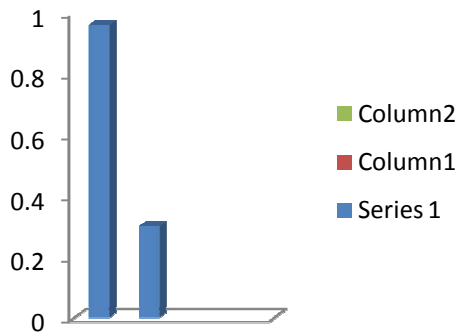
Groups	Mean diff.	S.D.	S.E.	T	P
Trial	0.9	0.8	0.28	2.035	P<0.05
Control	0.63	1.37			



6) Trishna

Unpaired t test:

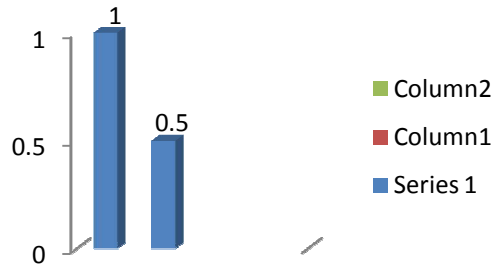
Groups	Mean diff.	S.D.	S.E.	T	P
Experimental	0.96	1.14	0.31	2	P<0.05
Control	0.33	1.3			



9) Pindikodweshtan :

Unpaired t test:

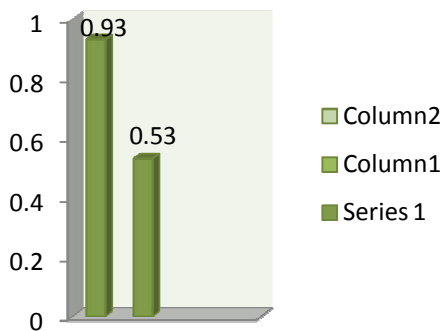
Groups	Mean diff.	S.D.	S.E.	T	P
Trial	1	1.3	0.244	2.04	P<0.05
Control	0.5	1.03			



7) Doorbalya

Unpaired t test:

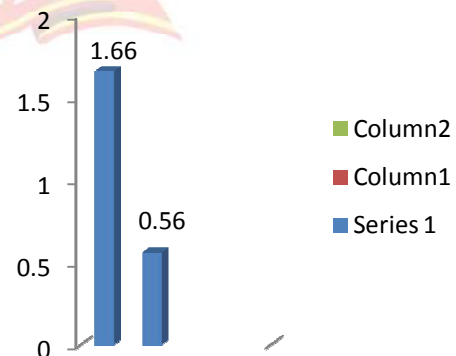
Groups	Mean diff.	S.D.	S.E.	T	P
Trial	0.93	1.09	0.28	2.035	P<0.05
Control	0.53	1.12			



10) Bhram

Unpaired t test:

Groups	Mean diff.	S.D.	S.E.	T	P
Experimental	1.66	0.8	0.02	30	P<0.05
Control	0.56	0.85			



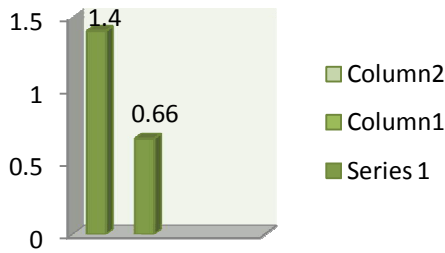
8) Katishul :

Unpaired t test:

11) Anannabhilasha

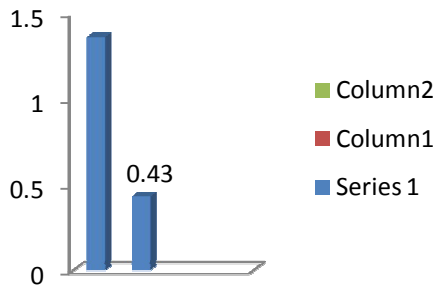
Unpaired t test:

Groups	Mean diff.	S.D.	S.E.	T	P
Trial	1.4	1.13	0.26	3.30	P<0.05
Control	0.66	1.04			



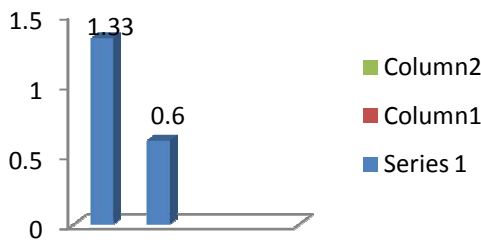
12) Adhodarshul
Unpaired t test:

Groups	Mean diff.	S.D.	S.E.	T	P
Trial	1.36	1.01	0.29	5.471	P<0.05
Control	0.433	1.9			



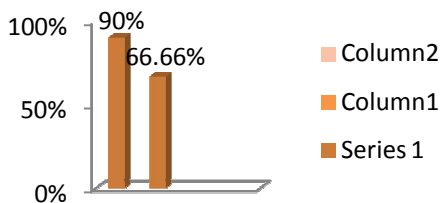
13) Arati
Unpaired t test:

Groups	Mean diff.	S.D.	S.E.	T	P
Experimental	1.33	1.73	0.71	4.2	P<0.05
Control	0.6	0.8			



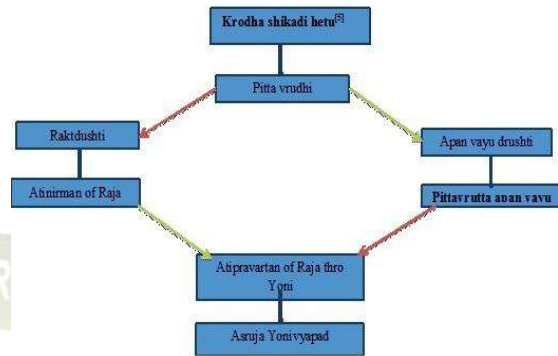
On applying unpaired t test for all the parameters in both groups p <0.05, so it proves that drug of experimental group is more effective than the control group.

Overall Result

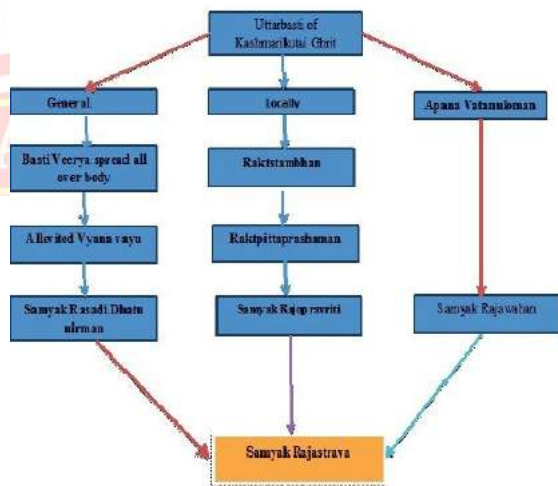


DISCUSSION

Due to excessive use of substances capable of aggravating rakta and pitta, rakta situated in reproductive organs get vitiated by pitta and then there is atipravartana of this vitiated rakta through yonimarga and even after achievement of conception there is atipravartana known as Asruja. Under the description of avrittavata all the acharyas has noted atipravartana of raja come under pittavritta apan vayu. On basis of above discussion samprapti can be shown as



Tikta and madhur rasa of kutaj kashmari ghrita works as raktapitta shamak. Raktastambhana and pitta shaman kriya both acts locally by which it leads to samyak rajapravritti. With pittashamana aavrana of pitta on apan vayu nullifies uttarbsti itself does vatanulomana so avritta apana comes to its original status. So atipravartan kriya is normalized leading to samyak rajovahan.



Clinical Discussion

60 patients of Asruja Yonivyapad were selected for comparative study. These were divided into 2 group i.e. 30 patients in each, one was experimental group and other for control group by random selection method. It is found more in 28-36 age group, field worker, mix diet. and patient having mental stress. Follow up of patients were recorded for 3 cycle by subjective and objective

parameters like katishul, bhrama, trishna, adhodharshul, etc. and duration of flow, type of blood flow etc.

CONCLUSION

The study concluded that in experimental group 90% patients have got effective upshaya where as in control group 66.66 % patients have get upshaya. Pathya strictly followed by patients gave support to the treatment. Many further researches can be done on large scale in well-equipped centers. Duration of treatment can be increased.

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REVIEW ARTICLE

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RUTUCHAKRA AND MENSTRUAL PHYSIOLOGY

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Article

ABSTRACT:

Menstruation is essential phenomenon for reproduction which is governed by a systematic coordination of specific reproductive hormones. Hypothalamus, pituitary gland, ovary and uterus plays their respective roles in the formation of ovum, endometrium and trophoblastic changes during pregnancy. Ayurved descriptions state this concept under titles of *artav*, *raj*, *rakta*, *pushpa*, *shonit* etc. There is strong relation between ayurved concepts and modern description of hormone. Clinical cases of hormonal imbalance and abnormal *aartav* are seen frequently in practice. Correction of these disorders becoming more complicated with modern medicinal methods. Almost all Ayurved texts called *Samhita* has been described basic concepts of menstrual, embryological, obstetrical and gynecological aspects in their various parts called *sthanas* and *adhyayas* i.e. chapters. Preventive and therapeutic aspects described in the ancient time may helpfully maintain balance between stress and basic need of body. *Kashyapa Samhita* is the major contributory book for description of obstetrics, gynecology and pediatrics but references from *Charaka*, *Sushruta* and *Vagbhata Samhita about rutuchakra* are of also having significant importance. By reviewing this data we can surely contribute essential facts in the field of gynecology and obstetrics. Looking for solution in cases of hormonal imbalance is much needed and reviewing our ancient references will help in the treatment procedure.

Key Words: *Aartva, Raj, Rutuchakra, Puspa, Rakta*, hormone

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INTRODUCTION

Menstruation is an essential and functional phenomenon in the life of a female offspring. Her life cannot be complete without existence of menstrual physiology at certain period of life. Being a very prime and systematic event in the process of reproductive physiology of female system, it retain as important milestone of different stages of life. These events are very important amongst HPO (Hypothalamus Pituitary Ovarian) axis in the formation of an ovum and development of an environment in favor of pregnancy. Recently increased numbers of clinical cases of hormonal imbalance are seen in routine practice. It is concerned with menstrual disorders, infertility and gestational physiology. Menstrual disorders and infertility are not un common in today's practice and becoming challenging issues to treat. We must have a very clear, scientific, social and basic approach towards such pathologies to minimize clinical course in aspects of cost effective management and surgical interference. Psychological and social aspects of these topics need a drastic attention to bring happiness in life of patients. It is essential to reverse the concept of modernization of human life to bring back it to nature. Ayurveda, the most ancient and simplest form

of life could show the path of further journey in aspects of physical, social and mental well being of human life.

AIM AND OBJECTIVES

1. To review complete ancient literature of menstruation special concern to *raj* and *Artava*.
2. To review all references related to menstrual disorders and its pathological significance.
3. To correlate relation between modern and ancient descriptions amongst various events of *rutuchakra*.
4. To find out new parameters to treat menstrual diseases diagnosed by modern investigations with help of textual Ayurved concepts.

Material

Classical texts which were available in the library of Government Ayurved College were reviewed.

Methodology

Collection, review and interpretation of data is done systematically to elaborate ancients descriptions with current modern views.

DISCUSSION ON LITERATURE

Stree Sharir (Anatomy of female reproductive system): Female reproductive system is made up of *yoni, garbhashaya, and artavvahi strotas*

1. Yoni^[1]: It is shell conch (*shankha nabhi*) like structure having three circular compartments called *avartas* one around another. Meaning of these compartments should be considered as three parts of entire female reproductive system. In texts, explanation of first, second and third *aavarta* is not mentioned clearly. While explaining the meaning of three *Aavartas* it seems to be three layer coating of vaginal canal^[2] which exclude *Garbhashaya*. *Garbha* lies in the uterus and according to texts *Garbhashaya* is place of *garbha*. Hence we can understand uterus as third *aavarta*. Suitable explanation of three *avartas* should be as follows.^[3]

a) First *avarta* contain tubular, hollow structure made up of fibro muscular tissues which is organ of collection of *shukra* and outlet for menstrual and products of conception. It resembles with organ vagina in modern texts.

b) Second *aavarta* refers to *garbhashaya mukha* or cervix which is connecting part lies between first and third *aavarta*.

c) Third *aavarta* is most important and extensively described part of *yoni* which contains *garbhashaya*^[4] i.e. bed for fetus. It clearly denotes uterus and endometrium.

2) *Garbhashaya* i.e. uterus, is defined as the organ which is internally coated with *jarayu*.^[4] Though *Vagbhata* states meaning of *jarayu* as placenta^[5] but term *apara* is more correct term for placenta. Hence *jarayu* resembles with amnion and chorion which is attached internally (*Parivitam*) to uterus.^[4] As uterus plays its significant role during gestational period it has been described in the texts according to it. *Garbhashaya* is also called as *dhara* or *kukshi*. *Garbhashaya* is like mouth of *rohiat* fish^[4] and it is internally a hollow structure.^[6] It lies in between gall bladder and intestine^[7], situated below pubic part, either side to urinary bladder.^[8] This description seems to be more correct considering gestational period where uterus has maximum size and distention.

3) *Artav vaha strotas*: *Strotas* are structurally very minute channels typically designed for secretion, absorption, storage and transportation of basic and essential body contents. *Strotas* designed for process of menstruation and ovum formation is called as *aartav vah strotas*. It is made up of *garbhasaya* and *aartav vahi dhamanya* (vessels carrying *aartava*).^[9] *Artava* has two meanings i.e. Menstrual blood and ovum. Uterus is *mulsthana* of *artava* while conduction of ovum through oviducts can be taken in consideration. Other opinions considers uterine arteries as *artva vah strotas* but it can not be co relate with entire description of *artava*. Also there is difference in vascular blood and menstrual blood hence uterine artery is not place of *aartav strotas*. This way function of *aartav vaha strotas* can be understood.

Physiology of menstruation:

***Aartav*:** It derived from cyclic menstrual phenomenon lasting for 3-5 days^{[10],[11]} which starts after completion of twelve years and ceases at age of fifty year^[12]. *Aartava* also called as *shonita, raja, pushpa, Aasruka, lohita, beej* and *rakta*.^{[13],[14]} *Pushpa* is analogues term for both ovum and visible blood derived from endometrial shedding. *Pushpa* is of two types, *antapushpa* (internal) and *bahipushpa* (external). Hence *Antapushpa* is ovum and *bahipushpa* is menstrual blood. It is also described as existence of *drushta aartavam*^[14] on 12th day of cycle or up to 16th day of cycle. It indicates term *drushtartavam* refers ovum and *adrushtartavam* is term for primordial follicles which is prior stage of ovulation.

***Artav formation*:** *Aartava* is generated from *rasa dhatu*^[10]. *Rasa* and *stanya* are two *upadhatus* of *rasa dhatu* produced during conversion of *rasa* into *rakta*. *Rasa* is basic element of body lies in heart and its existence can be expressed at skin. A well hydrated skin luster shows presence of best quality *ras dhatu* in the body. *Rasa* cannot be separated from *rakta* hence lymph, hormones, plasma are to be considered as *rasa dhatu*. As softness and smoothness of skin in females depends upon estrogens,^[15] existence of estrogen inside circulatory blood can be understood. Entire phenomenon of menstruation depends upon hormonal interplay amongst HPO axis. Though the description of hormones not separately found in ayurved texts its existence can be correlated with *rasa dhatu*.

Shuddha aartav lakshan (Features of normal menstruation)^{[11],[10],[16]}

Shuddha or normal *artava* is appears between age limit of twelve years to fifty years. It expressed every month and lasts for three to five days. It is cyclic in nature, slightly painless with flow is not scanty or not heavy. *Artava* is slightly blackish colored and having slight different odor from vascular blood. It can be easily separated from cloth after washing it with simple water. The amount of blood loss varies in individuals, as per texts its amount is four *anjali* i.e. 640 ml. This amount is quite more as per modern texts. *charaka* explained the amount as not scanty or not too heavy.

Drushtartava (Ovulation):^[14]

Almost all texts accept ovulation period from 12th day to 16th day of cycle. This is scientifically proved with the help of modern diagnostic technology and aids. This period is called as *prashasta rutukala* which is most favorable for fertilization. After fertilization *bahipushpa* or external menstrual flow does not seen and *aartava* turns towards upward direction and converts in to *apara* or placenta. Some considers *Drushtartava* as menstrual blood but is clearly mentioned in the texts that appearance of *drushtartava* is on 12th day to 6th day of cycle which more suggestive of ovulation.

Aartav Nishkraman (Menstruation):^[17]

Endometrium is innermost layer of the uterus made up of basal and functional layers. Functional layer is under direct influence of hormones specially estrogens and progesterone. The growth and regeneration occurred with increasing level of estrogens secreted from

developing follicles. Growth of endometrium continued till ovulation and after the appearance of progesterone it convert into secretory phase. Maturation of endometrium is occurred by progesterone so enough to host products of conception. Failure of conception leads to fall down of progesterone and shedding occurs resulting in menstruation. These changes are explained by *wagbhata* stating, every month well developed and processed *aartav* sheds out from destroyed vessels of uterus and non odorous slightly blackish *artava* expelled through *yonimukha*. This is *vata prakopa* period and symptoms like *constipation,agnimandya* and *pindikodweshthan* i.e.leg cramp seen in some cases.

Rutumati:^[18] A lady who got her season of fertilization is called as *Rutumati*. It starts from completion of menstrual phase and ends after ovulation. This concept is accepted by all ayurved texts with almost same description. Signs of *rutumati* include charming and glowing face with shyness and confused state of mind. She is highly excited and anxious to listen lovable stories. She feels attraction towards male partners. She feels flickering sensations in shoulders, buttocks, breasts,

near umbilicus and lower abdomen .This description shows effect of estrogen after menstrual period and that of progesteron after ovulation. Modern texts divide menstrual cycle from incidence of ovulation into proliferative and secretory phase. In ayurved texts *rutumati* phase starts from last day of menstruation to degeneration of ovum in body. Estrogens are essential for bone health in women .During peak levels of estrogens some effects seen on the musculoskeletal structures especially in shoulders, pelvis and thighs. Vibratory or flickering movements at shoulders, pelvic organs and above naval in *rutumati* state indicates changes in estrogens. Also glowing skin is effect of lowering down levels of testosterone in female blood after rise in estrogens. Though ancient texts have not mentioned names of hormones or concept of HPO axis but signs described in the texts denote hormonal changes in the body. Evidence of such signs can be useful for assessment of periovulatory period in clinical practice. This period contain mixed symptoms of *vat prakopa* in early days and *kapha prakopa* in later days. Also it is period of *pitta sanchaya* which converts to *pitta prakopa* in next few days.

Table no.1.showing correlation between menstrual hormones, symptoms and doshavastha

Harmones	FSH high LH dormant	Estrogens at peak LH began to rise		LH surge Progesteron comes in act			Progesteron at peak FSH inactive Estrogen under controle LH declines						Progesteron Declines FSH rises																	
Signs And Symptoms	Loss of appetite Constipation Leg cramp nausea	Mastalgia Disappears	Glow over skin Excitement Raised energy level Affinity towards male Rise in bbt			Flickering At shoulders ,buttuks ,breasts Umbilicus			Evidence of acne Heaviness in body Slight wt gain Vaginal secretions decreases Internal os began to close						Mastalgia Lower abd havyness Vaginal dryness															
Dosh Avastha	Vat Prakop		Kapha chaya Vat prasham		Kaphaprakop Pitta chaya			Pitta prakop Kaphaprasham						Vat chaya Pitta prasham																
Days Of cycle	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Ayurved Phases	rajkal		Rutukal						Rutuvyatit kal																					
Modern Phases	Menstrual		Preovulatory Proliferative Regenerative						Post ovulatory Secretory Luteal																					

Rutuvyatit kala : (Post ovulatory changes)^[19]

Sushruta (sharir 3/9) states that yoni gets constricted after expiry of *prashasta rutukla* like way a lotus gets shrunken after some time period. This description shows effect of progesteron on smooth muscles and genital organs after ovulation. Gradual closure of internal os and cessation of secretions from cervical and uterine glands is seen after appearance of progesteron into blood. Women feels heaviness in breasts,dullness in pelvis, indigestion. Luteal phase resembles with this description with high dominance of progesteron .This is

period of *pitta prakopa* and *vat sanchaya*. Symptoms like mastalgia and acne over face are indicative signs.

Rajaswala charya : (Lifestyle for menstruating women)^[20].

Any women should be very much cautious about her food, hygiene and sexual life during her menstrual period. She should use simple grass made mattress to sleep on ground. She must eat very less food in unbroken earthen pot. She should avoid all types of cosmetics and must stay away from her husband to avoid all types of physical attractions and sexual desires.

She should not take bath and should not wash her *yonis* to avoid diseases. She should not do heavy duties like lifting weight and exercise. This advice strictly refers to her health issue and physical status. Her appetite loss, strength loss and disturbed mind is taken in consideration about food and exercise.

Duties of women during *rutukala*:^[21]

Women anxious for pregnancy should meet her husband by taking proper bath and wearing ornaments and with cosmetic measures. Her mind should be free from all worries and she must meet her husband with full of love and eager. These descriptions states importance of stress free mind and affection towards partner is very much essential aspect to have conception. Stress is found to be very strong reason of infertility in cases and which leads in ovulatory disturbances.

Applied Physio – Anatomy:

1) **Strotoviddha**:^[22] *Stabbing* or penetrating injury to *aartavvahi* stoats may lead to infertility, dysparunia and *artavnash*. This reference shows existence of systematic channels for *aartava* and ovum. Any accidental or surgical trauma to *aartav vaha srotas* may lead to infertility.

2) **Aartavkshay**:^[23] Insufficient *aartav* causes failure of menses / ovulation at appropriate time and pain in *yonis*. It means *aartav kshay* can be a cause of sub fertility.

3) **Causes of aartavkshaya**:^[24] Over use of *shaman-shodhan* chikitsa, suppression of physiological activities, consumption of unsuitable food, mental stress, heavy work, starvation, excessive coital act leads to deficiency of basic elements of body. This is very much informative and basic reference stating causes of *aartav kshaya*.

4) **Artavnash**:^[25] Vitiated *doshas* causes obstruction of *aartav* /ovum path and leads to destruction of it.

5) **Yonivyapad**:^[26] Twenty types of *yonis* disorders are present. faulty lifestyle and defected *aartav* are its causative factors.

6) **Arajaska yonivyapad**:^[27] Lady who lacks *aartava* is found with thin body structure and is without beautiful look. This is estrogen deficit or anovulatory condition. Skin luster of female depends upon estrogen levels and also *aartav* production is depends upon estrogens.

7) **Udavarta**:^[28] Women with this *yonivyapad* is having tendency of dysmenorrhoea and her *aartava* is difficultly shed off. She feels pain free after complete escape of *artava*. It is condition of irregular shedding of endometrium.

8) **Shandhi**:^[29] Women with this *yonivyapad* is having faulty ovum and fails to get pregnancy. This women is with lack of breast development and hates male partner. She is hardly curable and should not be treated for her cause. It can be considered as premature ovarian failure or congenital absence of ovaries.

Artava Is Indicative of Hormones:

We don't find direct description of hormones in ancient texts. The incidences and symptoms given below are highly indicative of presence of reproductive and feminine hormones in female body.

- Hormones and *Artava* are in close relationship with vascular blood. As hormones directly secreted in blood and *aartav* is derived from *rasa* while conversion of *rasa* into *rakta*.
- Both *aartava* and hormones are not active in childhood and their work starts at arrival of puberty and continues till menopause.^[30]
- Development of secondary sex characters (development of genital organs, breast and general growth etc) is depend upon *aartav* and hormones. This growth and development seen gradually as age advances.^[31]
- Aartava* is responsible for formation of *apara* (placenta), indicates existence of hormone in blood in form of *aartava*.^[31]
- Symptoms shown by *rutumati* are highly indicative of presence of estrogen and progesterone during *rutukala*.
- Aartavkshaya* is state of estrogen deficiency.

CONCLUSION

Reviewing modern and ayurved literature regarding menstruation we can understand role of hormones in process of menstruation. The causes responsible for disturbance in hormonal regulation can easily understood. Hence we can notice the following information by above references which is to be used in clinical practice.

- Yoni* concept states complete female reproductive system which contains *aartavvahi* stoats.
- Production of normal *aartav* is essential for women health and reproduction. *shuddha aartava* creates changes of estrogen and progesterone in different phases of menstrual cycle.
- Various causes including stress and strain leads to disturb hormonal rhythm and results in faulty or non production of *aartava*.
- Yonivyapad* like *arajaska, shandhi* and conditions like *aartavnash, aartavkshay* should be strictly considered as hormonal imbalance.
- Hormonal imbalance should be treated for psychological factors and cases of *aartav dushti* should make stress and strain free for their wellbeing.
- There is strong relation between dosha and various stages of menstruation. Hence menstrual disorders can be treated according to *dosh lakshana* as well as *dosh sthiti*.

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AN OVERVIEW OF AMLAPITTA FROM AYURVEDIC SAMHITAS

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Article

ABSTRACT:

Amlapitta is a very commonly occurring disorder today due to the changing lifestyle of the people. *Amlapitta* is not mentioned in the *Brihatrayis*, but it finds mention in other *samhitas* such as *Kashyapa*, *Yogratnakar*, *Bhavprakash*, *Vangasen*, *Gadanigraha*, *Madhav-Nidaan*. The etiology, pathogenesis, treatment, dos and donts are given in detail in these *samhitas*. Emesis is described as the main treatment of *Amlapitta*. Use of *tiktarasa* has also been advocated in the treatment of *Amlapitta*. *Kashyap* has advised change of place to pacify *Amlapitta*, if other treatment modalities fail. The present review is intended to explore all the details of *Amlapitta* from various *samhitas*, so as to understand the disease in more detail and its management.

Key Words: *Amlapitta*, *Kashyap*, *Vangasen*, *Yogratnakar*, *Gadanigraha*, treatment

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INTRODUCTION

21st century is full of stress requiring more speed and accuracy. In today's world of competition, the life style, diet pattern and behavioral pattern of people has changed. Junk food, spicy and fermented foods, irregular meal times, late working hours, deadlines and stress have become a part and parcel of daily life. All these factors which can be co-related according to Ayurveda as *Mithya Aahar-Vihar* give rise to a number of diseases, *Amlapitta* being one of them. *Amlapitta* is the gastrointestinal disorder described in Ayurveda which closely resembles acid peptic disorders, gastritis/hyperacidity, G.E.R.D., in modern science. In Ayurveda, *MithyaAahar-Vihar* is said to be the main cause of *Amlapitta*. 'Hurry', 'Worry', & 'Curry' are the three main reasons for this disease. Indiscriminate use of several therapeutic agents like N.S.A.I.D.s, steroids and addiction to smoking, alcohol, tea, coffee are chiefly associated with this disease.

Amlapitta, has been referred to in *CharakSamhita* as milk is said to be beneficial in *Amlapitta*.¹ It is included as a symptom of *ajirna* (indigestion).² *Chakrapani*, commenting on the above verses says that its features are quoted from other classics which are indigestion, exertion, nausea, bitter and acidic eructation, heaviness, burning sensation in throat and cardiac region, dislike for food etc. These features are identical to those described in *MadhavNidaan*. The disease *amlak*^{3,4} is

included amongst the diseases of only pitta and also in prodromal features of *Grahani*.⁵

AIMS AND OBJECTIVES

- To study *Amlapittavyadhi* from various *Samhitas*.
- To study the treatment protocols of *Amlapitta* from various *Samhitas*.

MATERIALS AND METHODS

The classical Ayurvedic texts such as *KashyapSamhita*, *Bhavprakash*, *Vangasen*, *Yogratnakar*, *MadhavNidaan*, *Harit* and *Gadanigraha* were referred to obtain a detailed description of *Amlapitta*.

Etiological factors of *Amlapitta*

Eating of contrary articles (*viruddhaashan*), eating before digestion of previously eaten food (*ajirnaashan*), presence of unmetabolised and undigested food (*aama*), improperly fermented wines and milk, eating heavy meals, suppression of natural urges, excessive use of very hot, unctuous, dry, sour and liquids, preparations of sugarcane and kulatha, repeatedly day sleeping after eating again and again. ⁶ Eating spoiled, very sour, foods causing burning sensation and other such foods and drinks which cause an increase in pitta.⁷ Same etiological factors are mentioned in *Bhavprakash*⁸, *Vangasen*⁹, *Yogratnakar*¹⁰, *Gadanigraha*¹¹.

Samprapti-

Due to the etiological factors, *vatadidoshas* get aggravated. These aggravated doshas cause mildness of

body fire (*kayagni*) ; thus due to attainment of mildness of both fires (*kayagni* and *mandagni*), whatsoever is eaten or drunk by an ignorant person, gets burnt (*vidagdha*). This *vidagdha* stays in the stomach (*aamashaya*). Due to greed and poor control over diet, whatsoever the person eats, the same gets vitiated causing pitta dushti in dravarooapat *aamashaya* which develops into *Amlapitta*¹². This condition is explained by an example –just as when milk is poured into a container containing curd attains sourness and gets inspissated; in the same way, repeatedly eaten food gets improperly burnt and causes acidity of *aaharrasa* of stomach¹³.

Types of Amlapitta

Two types of *amlapitta* are described by the *Acharyas*, *Urdhwaga*^{14,15,16,17} and *Adhoga*.^{18,19,20,21}

Lakshan of Urdhwaga Amlapitta¹⁴- Vomiting of green, yellow, blue, black, slightly red or bright red coloured very sour materials, resembling mutton wash, very sticky, thin, followed by kapha; vomiting occurring during digestion of food or even on empty stomach, with bitter or sour taste occasionally, belching of similar nature, burning sensation in the throat, chest, upper abdomen, headache, burning sensation in the palms and soles, feeling of great heat, loss of appetite, fever of kaphapittaja type, appearance of rash, itching on the skin.

Lakshan of Adhoga Amlapitta²⁰- Thirst, burning sensation, fainting, giddiness, delusion, downward movements of different kinds (of diarrhoea) and occasional oppression in the chest, rashes on the skin, poor digestion, horripilations, perspiration and yellowish skin are the symptoms of *Adhoga Amlapitta*

Amlapitta according to *doshas*-

According to *doshas*^{22,23,24,25,26}, *amlapitta* is classified as *vataj*, *kaphaja*, *vaat-kaphaja*.

Vataja Amlapitta²⁷- Tremors, delirium, fainting, feeling of pins and needles, weakness, pain, darkness before eyes, giddiness, delusion, horripilation are the symptoms caused by *vata*.

Kaphaja Amlapitta²⁸- expectoration of thick phlegm, heaviness, loss of appetite, feels cold and weak, vomiting sensation, coated tongue, burning sensation, itching of the skin are the symptoms caused by *kapha*.

Vata-kaphaja Amlapitta²⁹- appearance of both the above symptoms together is seen in *amlapitta* in which both *vata* and *kapha* are associated.

Kapha-pittaj Amlapitta^{30,31,32,33} has also been described in the *samhitas*. Its symptoms are- eructations having bitter, sour and pungent tastes, burning sensation in the chest, upper abdomen and throat, giddiness, fainting, loss of appetite, vomiting, lassitude, headache, salivation, sweet taste in the mouth are the symptoms of *amlapitta* caused by *kapha* and *pitta* together³².

Treatment of Amlapitta-

In *Amlapitta*, emesis followed by mild purgation should be given.³⁴ Vomiting should be induced by using *Patol*, *Nimba*, *Vasa*, *Madanphal*, Honey and Rock salt.^{35,36,37} Purgation is given by the powder of *Trivutta*, Honey and *Triphala* juice.^{38,39,40}

In upward (*Urdhwaga Amlapitta*) emesis is to be given and in downward (*Adhoga Amlapitta*) purgation is to be given.^{41,42} After emesis and purgative, proper oleation therapy must be done and then the patient is given oil based enema therapy.^{43,44}

Vangasen says that after been given emesis for two days, the patient should do *kavala* (movement of liquid held in the mouth to its full capacity)⁴⁵

If purification by emesis does not pacify the doshas, application of cool pastes and blood letting should be done.⁴⁶

If *Amlapitta* disease is chronic then liquid based enema is to be given. Also, according to the doshas diet and medicines are to be given to the patient.^{47,48}

Patient of *Amlapitta* who feels his body burning like a fire for him purification methods are the wholesome treatment as such a case cannot pacify without purification.^{49,50,51} *Adhoga Amlapitta* should be treated in the same way as *paittik grahani* disorder. Digestives and appetisers should be given as per need.⁵² *Vangasen* mentions that the diet (food and drinks) of a patient of *Amlapitta* should mainly consist of bitters (*Tikya rasa*).^{53,54} Whether *Amlapitta* is acute or chronic, it should be treated by emesis.^{55,56}

Various medicinal preparations have also been mentioned in the texts such as-

*Bhoonimbadi*⁵⁷

*Patoladi*⁵⁸

*Vasak*⁵⁹

*Aladichurna*⁶⁰

*Avipattikar churna*⁶¹

Drakshadi gutika^{62,63}

*Abhayadya avaleha*⁶⁴

*Khandpippali avleha*⁶⁵

Khandkushmand avleha^{66,67,68}

Narikelkhand paak^{69,70,71}

Brihatnarikelkhand paak^{72,73}

*Shatavari ghrita*⁷⁴

*Maharayan ghrita*⁷⁵

*Drakshadi ghrita*⁷⁶

*Leelavilas ras*⁷⁷

*Rasamrut ras*⁷⁸

*Sootshekhar ras*⁷⁹

Sadhya-Asadhyata

Amlapitta disease is curable if it is of acute origin. It is manageable if it becomes chronic. If dietary regulations are not followed it becomes difficult to treat.⁸⁰

Pathya-Apathya

Pathya- Old rice, *mgda*, *masura*, *yava*, *godhum*, *sharkara*, *madhu*, *harenu*, cow's ghee, cow milk, meat of wild

animals and birds, all bitter and light vegetables, first boiled and then cooled water, foods that do not cause burning sensation.^{81,82}

Apathya- All the causative factors are to be avoided.⁸³

Complications and prognosis of *Amlapitta*

Patient of *Amlapitta* having (association of) fever, diarrhoea, anaemic look, colic, oedema, anorexia and giddiness etc complications do not get cured.⁸⁴

DISCUSSION

Amlapitta is a worrisome disease considering today's unhealthy lifestyle. If not treated in time it can lead to other problems such as gastric ulcers, cancer of the stomach etc.

In *Ayurveda*, scattered references of *Amlapitta* can be found in the *Brihatrayi* Details regarding *amlapitta* are found in other *samhitas* like *Kashyap*, *Yogratnakar*, *Vangasen*, *Gadanigrah*, *Madhav-Nidaan*. *MadhavNidaan* has described two types of *Amlapitta*- *Urdhwaga* and *Adhoga*. *Amlapitta* according to doshas has also been described. *Vaman* is the main treatment described for *Amlapitta* followed by *deepan*, *pachan*. In *KashyapSamhita* it is also advised to change the place if *Amlapitta* does not get pacified.⁸⁵

CONCLUSION

The main texts of *Ayurveda*, the *Brihatrayi* do not mention *Amlapitta*, detailed description of *Amlapitta* is given in other *samhitas*. Etiology, signs and symptoms, pathogenesis, treatment, diet etc have all been described in detail by *Yogratnakar*, *Kashyap*, *Vangasen*. Be it acute or chronic, emesis is the treatment of choice for *Amlapitta*. Use of *raktamokshan*, *anuvasan*, *aasthapan* has also been advocated. *Bhavprakash* mentions that if a person regularly consumes a diet mixed with *Amlakij* juice, then it pacifies *Amlapitta*, vomiting, loss of taste, burning sensation etc.⁸⁶ The use of bitter taste has been advised for the treatment of *Amlapitta*. *Kashyap Samhita* also advises change of place to pacify *Amlapitta* if the other treatment modalities fail. This is a unique advice mentioned in *Kashyap Samhita*.

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APPLICATION OF KSHARSUTRA IN YONIARSHA

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ABSTRACT:

Ksharsutra therapy is described in *Ayurveda*. It is one of the treatment forms on *Arsha*. It is used in *Gudgat Arsha*, *Nadivrana*, *Bhagandara* as well as in *Yoniarasha* as mentioned in *Ayurved Samhita*. (*Sushruat*, *Ashatanga Sangraha*, *Ashatanga Hridaya*, & *Harit Samhita*). According to *Sushrutacharya*, soft, muscular, umbrella shaped sprouts (*arsha*), spreading or wide, deep rooted and protuberant *yoniarsha* are treated with *kshar*. *Yoniarsha* is developed due to *Garbhabhransh*, *Garbhapidan*, *Vishamprasuti* and vitiated *vatadi dosha*. This *Arsha* is found in *Tryavartayoni* i.e. in vulval, cervical & vaginal regions. According to modern science, *Arsha* may be co-related with polyp. In women, polyps arise from uterus or cervix. Most of the polyps are elongated, unctuous or slippery with blood stained discharge or bleeding which is treated by surgical intervention. So, to avoid the surgical treatment, *Ksharsutra* is most convenient treatment for *Yoniarasha*. *Kshar* is better than *Shashtra* and *Anushastra* because of its *Chedan*, *Bhedan*, *Lekhan* & *Tridoshaghna* properties according to *Ayurved*. Hence, *Ksharsutra* helps in natural cutting, healing and it removes extra growth by ischemic necrosis of the tissue. So *Ksharsutra* therapy is used for the treatment of *yoniarsha*.

Key Words: *Yoniarsha*, *Ksharsutra*, Polyp

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INTRODUCTION

If we consider prevalence of *Arsha* we found that most of the women are affected by the *Yoniarsha* (polyp). In day to day life working women usually don't have much time to look after health. She ignores proper life style during *Ritucharya*, Antenatal care, Post natal care. Due to this etiology there is vitiation of *vatadi dosha* & also *twaka, mansa, meda, rakta dhatu dushti* [2]. Aggravated *doshas* reach *tryavarta yoni* & produce soft, wide deep rooted, protuberant, umbrella shaped muscular sprouts which is called as *Yoniarsha*. [3],[4],[5],[6]. According to Modern science, polyp means there is local proliferation of cervical mucosa or endometrial glands arising from cervix & uterus. Most polyps are elongated with unctuous, blood stained discharge. So there is only surgical treatment like polypectomy. But to avoid surgical procedure *Ksharsutra* were used to remove the *Yoniarsha* (Polyp). *Kshar* is better than *Shashtra* & *Anushastra* because of its *chedan*, *bhedan* & *lekhan karma* [7] which helps in cutting & healing [8]. Also it destroys & removes the extra growth of the affected area. Hence it is most effective non-surgical treatment to remove the *Yoniarsha* by *Ksharsutra*.

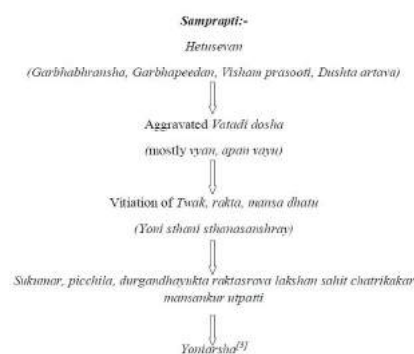
AIM & OBJECTIVES

To study the Effect of *Ksharsutra* in *Yoniarsha*

MATERIAL & METHODS

Type of study - clinical study.

We found many reference in *Sushruta*, *Ashatanga sangraha*, *Ashatanga Hridaya*, & *Harita sanhita* regarding *Ksharsutra* application. *Ksharsutra karma* is used as one of the best treatment in *Arsha*. It is safe, sure & effective method of treatment to treat *arsha*.



Sign & Symptoms:-

- Single /multiple umbrella shaped muscular sprouts in any part of *tryavarta yoni* (vulva, vagina, cervix).

- 2) Unctuous.
- 3) Blood stained discharge /bleeding.
- 4) Foul smell may or may not be present.
- 5) P/V Spotting after coitus.

SOP for Ksharsutra:-

Ksharsutra is collected in good condition which was prepared by coating of *Snuhiksbeer*(*Euphorbia nerifolia*), *Apamarg kshar*(*Achyranthus aspera*) & *Haridra churn*(*Curcuma longa*) on cotton barber thread no.20 at Shalyatantra Department, Govt. Ayurved collage, Nanded. *Ksharsutra* was prepared by method as described in Chakradatta. For preparation of *ksharsutra* barber thread size 20 no., *Snuhikshir* & *Apamarg kshar wrer* used. First the thread is tied in cabinet (*ksharsutra* preparation stand) then with the help of gauze piece collected *sunhikshir* applied on the thread. There were 11 coatings of *sunhikshir* applied. Then by same procedure 7 coatings of *apamarg kshar* and *sunhikshir* applied. Last 3 coatings of *Hridra churn* and *sunhikshir* were applied. By this way total 21 coatings were completed. These threads were dried in *ksharsutra* drying oven by using ultra violet rays, which was then sterilized & ready to use, now known as *Ksharsutra*.^{[9],[10],[11]}. This *Ksharsutra* was used for the treatment of *Yoniarsha*. *Sunhi kshir* is laxative, strong purgative & removes *Ama, kapha, vata*. It also acts as local anaesthetic.^[13]

Apamarg kshar is Astringent, *Arshoghna, chedan, bhedan, lekhan* of *manns & meda*.^[12]
Haridra is anti-inflammatory, analgesic, antioxidant, wound healing, stimulates antibiotic & bacteriostatic action.^[14]

Procedure for Ksharsutra ligation:-
Poorvakarma

Investigations:
Serological: HIV, HBsAg, VDRL
BT, CT, CBC, BSL, URINE microscopic
Written Informed Consent was taken.

Pradhankarma- Patient kept in lithotomy position then vulval & vaginal part cleaned and painted with Betadine solution. Draping were done with sterile cotton sheets. *Yoniarsha*, position was observed whether in vulval, vaginal, cervical region. It caught with the help of Babcock's forceps. Then *Ksharsutra* tied to *arsha* at the base. 4 knots applied. Extra thread (*ksharsutra*) cut. Again all area cleaned with betadine.

Paschatkarma Follow up was taken every 4 days for inspection and *Ksharsutra* changed. After 5- 10 days *yoniarsha* shrunked in size and fallen off by ischemic necrosis.

OBSERVATIONS

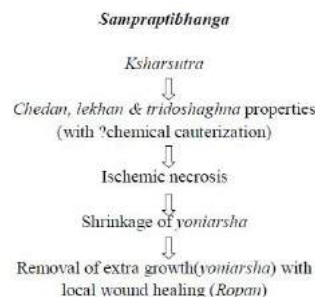
3 cases of *yoniarsha* at different sites were treated by *ksharsutra* ligation at Govt. Ayurved Hospital, Nanded

	Case 1	Case 2	Case 3
Age	32 years	31 years	38 years
Menstrual History	Regular/Medium/Painless	Regular/Medium/Painless	Regular/Heavy/Painless
Obstetric History	3 para FTND @Hospital	2 para FTND @Hospital	4 para FTND @Home
Sign & Symptoms	Small growth at vulval region Itching	Cystic swelling at inner side of labia itching	Something comes out of vagina during defecation Excessive PV bleeding
Examination	Small, soft, muscular growth at upper side of vulva Size~ 2*1 cm	Soft, muscular, slippery growth at inner right side of labia Size~ 3*2 cm	Large, slippery, pedunculated, growth from external os of cervix Size ~ 8*6 cm Blood stained discharge
Type Of <i>Yoniarsha</i>	Vulval	Vaginal	Cervical
<i>Ksharsutra</i> application	F ₀ tied on 1 st day F ₁ 4 th day size decreased; <i>Ksharsutra</i> changed F ₂ 6 th day <i>Yoniarsha</i> fallen off by necrosis with no bleeding signs size~ 0.5*0.3 cm	F ₀ tied on 1 st day F ₁ 4 th day size decreased with partial cutting; <i>Ksharsutra</i> changed F ₂ 5 th day <i>Yoniarsha</i> fallen off by necrosis with no bleeding signs size~ 0.7*0.3 cm	F ₀ tied on 1 st day F ₁ 4 th day size decreased with blackish discoloration <i>Ksharsutra</i> changed F ₂ 8 th day size further decreased, blackish discoloration; <i>Ksharsutra</i> changed. F ₃ 9 th day <i>Yoniarsha</i> fallen off by necrosis with no bleeding signs size~ 4*3 cm

Advantages of ksharsutra therapy over surgical intervention

1. Hospitalization is not necessary.
2. Anaesthesia is not required.
3. No bleeding as compared to surgery (polypectomy).
4. No pain.

It is simple, safe, cost effective procedure.



RESULTS

Ksharsutra were applied on vulval, vaginal, cervical types of *yoniarsha* in OPD at Govt. Ayurved College &

Hospital, Nanded. Following results were observed after the *Ksharsutra* therapy.

Site of <i>yoniarsha</i>	Size of <i>yoniarsha</i>	
	B. T.	A. T. i.e. after fall
Vulval	2*1 cm	0.5*0.3 cm
Vaginal	3*2 cm	0.7*0.3 cm
Cervical	8*6 cm	4*3 cm

DISCUSSION

According to Ayurveda the pathogenesis of *yoniarsha* involves *vatadi doshas* mostly *vyan* & *apan vayu*, also *twaka*, *manns*, & *rakta dhatu*.

Kshar has its specific action i.e. *chedan*, *bhedan*, *lekhan*. It slowly & gradually cut & heal affected area. And also

having properties to destroy & removes the extra growth like *yoniarsha* by ischemic necrosis. It is found that vaginal and valva arsha get down within 5 days as cervical takes 7 to days.

CONCLUSION

Application of *Ksharsutra* found most effective & safe treatment modality. It removes the extra growth i.e. muscular sprouts in *yoni*. It helps in cutting & healing by ischemic necrosis of *yoniarsha*. It controls infection by microbicidal action. It helps in ischemic necrosis. There is chemical cauterization and mechanical strangulation of the blood supply. So it removes the *yoniarsha* safely.



Ksharsutra drying Oven



Vaginal Yoniarsha (Polyp)



Ksharsutra Ligation



After fall of yoniarsha



Single Cervical yoniarsha (Polyp)



Muiple Cervical yoniarsha (Polyp)



Vulval yoniarsha (Polyp)



Large fallen Cervical yoniarsha (Polyp) with Ischemic necrosis after Ksharsutra ligation

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-----क्षारानिशस्त्रसाध्यानां तु विधानमुच्यमानमुपधारय ॥
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देशमुपदिशन्त्यर्शसां शिश्नमपत्यपथं सर्वेषां चार्शसामधिष्ठानं मेदोमांसं
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REVIEW ARTICLE

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ANCIENT USE OF METALS – A LITERARY STUDY

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Article

ABSTRACT:

In present developed era of machineries and vehicles, we use different *Dhatu* (metals) in day to day life. But use of these metals was started from Ancient time. Description of these metals was seen in our ancient literature like *Veda, Puran* etc. In our *ayurveda samhita* metals was described in detail. In *ayurveda* different types of *Sanskar* on *dravya* was described. *Bhaajan* (*patra*) *Sanskar* is one of these *Sanskar*. In *Ayurvedic Samhita*, process of medicine preparation explains in detail such as, which vessel was used in medicine preparation for which process. E.g. *Lauha patra* should be use in preparation of *Ras parpati*. Different books of *ayurveda* holds ample of references regarding the use of metals for different purposes like food cooking, surgical instruments, which are summarized in current article.

Key Words: *Ayurveda*, Metals, *Sanskar*

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INTRODUCTION:-

Mineralogical point of view the number of metals found in nature throughout the world is innumerable. Use of metals is continued from ancient era to present developed era. In early period if human development after *Pashan Yug*, in *Kasya Yug* and in *Lauha Yug*, metals like *tamra, kasya* and *lauha* was used for many purposes. This use of metals was great achievement of human being. Description of metals is also available in *Veda* and *Puran*. *Suvarna, Rajat, Tamra, Lauha, Rag, Sisa* was described *Yajurveda*. (18/13). In *Atharvaveda, Lauhadi* metals was compared with *Sharir dhatu*. In *Ayurveda* classics like *Charak sanhita* and *Ashtanghriday* description of 8 metals was found at different places. Detail information about metals was found in *Ras Grantha*.

Sanskaro hi gunantardhanammucchayate |
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In *Charak Vimansthan* different *Sanskar* on *dravya* was described. *Sanskar* is the process by which we can develop desire properties in drug, food and in medicines. Also with the help of *Sanskar* we can enhance the existing properties of drug and minimize the unwanted effect. *Sanskar*, the process is performed by different ways like *toya snnikarsh* i.e. *Jala sanskar, Bhavana sanskar, Kala* and *Patra (Bhaajan) sanskar*. *Bhaajan* (*patra*) is one of the aspect of *Sanskar*. Different metals are used for different vessels. All this vessels are having specific properties which play an important role in *Sanskar*. Day to day we utilize different metals for different uses like ornaments, cooking, medicine preparation, instruments for surgery etc.

This paper attempts to screen *Ayurvedic* classics for references emphasizing the utilization of metals for medicinal and other purposes. *Ayurvedic literatures* was referred and found that metals are used for medicinal and non-medicinal purposes.

AIM:-

To review the use of metals for their different purpose explained in *Ayurvedic literatures*.

OBJECTIVES:-

- 1) To collect related literary data of different uses of metals.
- 2) To collect related literary data of uses of metals in food preparation.
- 3) To collect related literary data of uses of metals in medicine preparation.
- 4) To collect related literary data of uses of metals for surgical purpose.
- 5) To collect related literary data of uses of metals explain in *Dincharya*.

MATERIAL AND METHODS:-

This article includes concept of *Sanskar* (*bhaajan* i.e. *patra sanskar*) and use of different metals for different purpose, and references is collected through different *Ayurved granthas*. Use of metals in food preparation:-

Food	Metal used	Referances
Ghrit	Lauha	KMK 2/14
Meat	Suvarna , Rajat	KMK 2/15
Meat after process	Lauha , Wood	KMK 2/15
Milk after heating	Mrutikka patra	KMK 1 2/16
Raga , Shadav, Sattaka	Sptatik, Vaidurya	KMK 2/17
For Cooking process	Lauha	KMK 2/9-10

For Cooking process	Bronze	KMK 2/11
For Cooking process	Suvarna Rajat	KMK 1 2/12
Bhojan patra	Suvarna Rajat	KMK 6/3
Other vessels	Bronze	KMK 6/4

Uses of metals in medicine preparation:-

Medicine	Metal	Reference
Dashamularishta	Suvarna ,Rajat	Sha.sam.
kushmandavaleha	Tamra	Sha.sa.madhya.8/24
Rasparpati	1) Lauha	R.T. 6/136
	2) Tamra	Ras.yog.sa
Lauhparpati	Lauha	R.R.S. 20/34
Tamraparpati	1) Tamra	R.R.S. 13/82
	2) Lauha	Y.R.(kas)
Swarnaparpati	Lauha	B.R.(Grahani)
Saraswatarisht	Suvarna	B.R.
Kumaripak	Lauha	Ras.yog.sa
Khandakadyalauha	Tamra	Ras.yog.sa
Lauharasayan	Tamra	Ras.yog.sa
Bhallatak tail patan	Lauha	Su.Chi.1/92
Chyavanprash	Tamra	Ch.Chi.1

Use of metals for surgical process :-

Instruments	Metal	Reference
Needles	Suvarna ,Rajat,	Cha.sha.8/34
Agnikarmashalaka	1) Suvarna,Rajat, Tamra etc	Su.su.12/4
	2) Suvarna ,Tamra	Cha.Chi. visarpa
Yantra, Shastra	Lauha	Su.su.7/7
Arshayantra	Suvarna,Rajat,Tamra	Su.chi.6/11
Nabhinal chhedan	Lauha	Sha.sam.purva.6/25

Use of metals in Dincharya:-

Instruments	Metals	References
Anjanshalaka	Naag	Sha.sa.uttar.13/16
	Suvarna,Rajat,Tamra	Su.uttar 18
Dhumneta	Suvarna,Rajat etc	Cha.su.5/51
javhanirlekhan	Suvarna,Rajat,Tamra	Cha.su.5/74
Bastineta	Suvarna,Rajat,Tamra	
	kansya	Cha.chi.3/7

DISCUSSION:-

In *Ayurvedic Sanhitas* there is detail information about all the minute things such as process done, vessels used etc. about cooking and medicine preparation. Different *sanskar* described in *Ayurveda*, *Bhaajan (patra) sanskar* is one of the *Sanskar*. In *Bhaajan sanskar* vessels used for processing of food and medicine can affect the properties of food and medicine.

- It may enhance the existing properties. E.g. *Bramhi Ghrit* kept in vessels of Gold and Silver helps to improve its *Medhya* property.
- It may change the properties. e.g. *goghrit* kept 10 days in *Kansya patra* turns in to *Visha*.
- *Yaccha tamramaye siddham na rucchyam twamlapittakrutam (KMK 2/11)* Food cooked in some vessels may lead to some diseases. e.g. food cooked in copper made vessels causes anorexia and hyperacidity.

- Specific vessels are used during medicine preparation to prevent its effect on vessels. e.g. *Bhallatak avaleha* is described to be kept in Glass vessels *Bhallatak is ushn, tikshna*. Hence affect the metal vessel. e.g. *Aasav, arishta* are acidic in nature, it may damage the metal vessels in which are kept. due to this *aasav, arishta* are kept in wooden containers. But in *araswatarishta* and *Dashmularishta* there is a special reference of use of *Suvarna* and *Rajat*
- *Pacchelaue chakshuarshovikarnut (KMK 2/10)* Food regimen prepared in *Lauha patra* becomes effective in alleviating Ophthalmic diseases and haemorrhoids.

CONCLUSION:-

Various types of food regimens, medicines should be kept in different metal vessels, in accordance to the directions specified in our *ayurvedic literatures*. This provision of keeping /preservation of food, medicine in prepared/processed form should be followed up and this preparation in regard to food regimen, medicine and favourable vessels becomes wholesome for alleviation of various diseases and for enhancing the properties of medicines. But the deviation in keeping the food item, medicines in the vessels other than prescribed containers is liable to cause various diseases and alter their properties of medicines.

ABBREVIATIONS:-

- Ch. Su. - Charak samhita sutrasthan.
Sha.Sam. - Sharangdhar samhita.
R.T. - Ras tarangini.
R.R.S - Ras Ratna Samucchaya.
B.R. - Bhaishajya Ratnavali.
Su. Chi. - Sushrut Chikitsasthan.
Ra.Yo.Sa - Ras yog sagar
KMK - Kshemkutuhal
Su.Chi. - Sushrut chikitsasthan
Su.Su. - Sushrut Sutrasthan
Y.R. - Yog ratnakar
Ch.Vi. - Charak vimansthan

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REVIEW ARTICLE

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**CONCEPTUAL STUDY OF DRUG COLLECTION W.S.R. TO SEASON
AND IT'S PARTS**

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Article

ABSTRACT:

We need best potency drug to treat the disease. To get the best potency drug should be prepare from quality raw material. The preparation of drug is starts with collection of drug. In ayurvedic literature there are many factors describe to collect the drug like person should perform the prayer before collection of drug, should be neat and clean, should wear white dress, should think of bhumi, virya, season. There is also change in quality of active principle according season in plants, due to impact of sunrays, moon rays and also the impact of nakshatras. As from above all mention thing which are taken in consideration by ayurvedic acharyas said that specific part of drug should be collected in specific season.

Key Words: Drug , Collection , Season

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INTRODUCTION

Ayurveda means science of life. It's main aim are to maintain health of healthy people and to make disease person disease free (cure the disease). In Ayurveda to cure the disease there are following four factors are not only required but they should be of best quality

1. Vaidya (doctor)
2. Paricharak (Nursing staff)
3. Rugna (Patient)
4. Aushadhi (Medicine)

To fulfil the forth factor i.e. aushadhi as of best quality ayurvedic acharya describe the ras, guna, virya, vipak, prabhava and some physiological factors of drug. They also explain the collection drug according to bhumi (place), virya (active principle), ritu (season), purpose. In this study we consider only collection of parts of drug according to season as described in ayurvedic literature.

MATERIALS AND METHODS

Charaka mention the procedure to collect the drug as person who wants to collect the raw drug material should perform the prayer, should be neat and clean, should wear white dress, should fasting over night, should collect the drug with facing east or north.⁽¹⁾ charaka also metion that drug which will be collect should have in it's full form of physical property, ras, guna, virya and should be produce in it's proper time of irruption should be collected.⁽¹⁾

Ayurvedic acharyas like charaka, sushruta, raja nighantukara mention that the specific parts of the drug should collect in specific season of year as following^(1,2,4)

Parts Used	Charaka	Su	Raj
Roots	Greesma, Sisru	Pravrit	Sisira
Tender Leaves	Varsha, Vasant	-	Greesma
Branetes	Varsha, Vasant	-	-
Flowers	As per Ritu	-	Vasant
Bark	Sarad Ritu	Sharad	-
Latex	Sarad Ritu	Hemant	-
Sap- Wood	Hemant	Vasant	-
Fruit	As per Ritu	Greesma	Vasant
Tubers/ Rhizomes	Sarad Ritu	-	Hemant
Leaves	-	Varsha	Sisira
Whole Plant	-	-	Sarad Ritu

Sharangdhar explain the collection of drug according to season and it's pharmaceutical action as follow⁽³⁾

Pharmaceutical- action	SEASON
Veerachan	Vasant ritu
Vaman	Vasant ritu
For all other perpose	Sharad ritu

Modern view about collection of plant parts⁽⁶⁾

Roots: Roots of annuals are usually not collected but in case where the whole plant is used , the roots of annual plant along with aerial part of the plant are collected. The biennials and perennials are generally collected in autumn of first year growth or in spring before the

beginning of second year growth. This is because the roots are storage organ for the plants and accumulate active principle during summer.

Leaves: they are collected throughout the whole growing period. Young leaves contain highest quality of active principle, but they should be free from disease, insect etc.

Tubers/Bulb: These should be collected during flowering period because this aid in identification of species. It is notable that deep digging is avoided during collection of underground parts.

Herbage: The aerial or top parts of the plant are collected with flowers or fruit bearing stem. In case of herbage, seasonal study must be conducted to pinpoint the period when optimum active principle are present in plant. The care should be taken during the collection that mature branches of the stem must be harvested and never remove all branches of the plant.

Flower: Flowers or whole inflorescences are gathered at the start of the flowering period and leave some floral parts on the plants to facilitate natural regeneration.

Fruits And Seeds: Fruits and seeds are collected when they are fully matured. In case of cultivated crops which are harvested by machine, this is done just before they are fully ripe so that fruits do not crumble or seeds fallout in the field.

Bark : It is collected either in spring when the trees and shrub begin to bud or in autumn after they have shed their leaves. This is the time of year when the flow of sap is at its maximum and bark radially detached. It is important to strip the bark longitudinally and not all over the circumference to the trunk.

DISCUSSION

"Samskaro gunantarathana ch.v.1/29"

Charaka told that there is always change in quality due samskara. Kala also one of the samskara mention by charaka.

"Kalarthakarmanam yogo hinmithyamamatratraka Samyagyogcha vidhyayo rogarogaikaranam" Ah.su.1/19

Astanga hrudya also told that if we take proper food in proper season makes us healthy and if we take proper food in improper season then it causes diseases.

"Shanadivardhayavasthach kalo bheshajyogkrut" Ah.su.1/24
He also explain that shanadi kala also have effect on medicine. seasons can be include in kala as per commentary of hemandry on ashtag hrudya.

Ex. 1) when any dhanyas are used as navanam then it's properties are guru and abhishandi. When purandhanya is use then its property changes to laghu and anabhishandi. Here kala also perform its work as smaskara by gunatardhana.

2) charaka also explain Which water should be take in specific ritu (season) Modern research also explain that there is change in quality of drug according to season

Ex.1) some articals on brahmi conclude that shoot of bhrami having highest saponin contain during rainy season.

CONCLUSION

In the management of any disease we use the drug as a weapon to target the specific disease. For that drug should have best quality which can achive with the best quality of raw material use to form the drug. This best quality of raw drug can obtain only when we collect it in it's proper season of collection as per mention in ayurvedic literature.

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REVIEW ARTICLE

Scientific Journal Impact Factor 5.733 (2015) by InnoSpace Sci. Res., Morocco
Index Copernicus Value (2015) – 80.04PREGNANCY INDUCED HYPERTENSION AND ANAESTHETIC
CONSIDERATION IN SUCH SITUATIONSPrathamesh Pramod Shetye^{1*}, Laxmi Narhare²

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Article

ABSTRACT:

To evaluate the mechanism of pregnancy induced hypertension and to understand the pathophysiology of this disorder. Also here we are going to consider the anaesthetic assessment during pregnancy induced hypertension and also we are going to review the various effects of such aesthetic management on particular patients suffering from pregnancy induced hypertension and also we are going to consider the various side effects of such aesthetic treatment for particular patients suffering from pregnancy induced hypertension. The exact cause of pregnancy induced hypertension is yet to be elucidated but it appears that in this disorder there are abnormalities in production and also in effect of circulating vasoconstricting and vasodilating substances. This is particularly happened because of widespread endothelial damage. So here we are going to consider the exact pathophysiology causative for the abnormal changes in these hormonal levels which produce generalized arteriolar vasoreactivity (spasm) and also produce retention of salt and water which is responsible to altered coagulation profile of the patient. Also here we are going to review and study the categories of pregnancy induced hypertension which are described by the American college of Obstetrician and Gynaecologist. And also going to consider the frequency of pregnancy induced hypertension in particular age groups of women and also in the particular week of gestation. Here also we are going to understand the prevalence of pregnancy induced hypertension in foreign countries like USA and England.

Key Words: Pre-eclampsia, Proteinuria, Oliguria, Intubation, Laryngoscopy, Vasoconstriction, Vasodilatation, Colloids, Crystalloids, Subarachnoid-block.

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INTRODUCTION

American college of Obstetrician and Gynaecologist have classified pregnancy induced hypertension into four categories.

- Pre-eclampsia/ Pregnancy induced hypertension
- Chronic hypertension
- Superimposed pre eclampsia
- Transient gestational hypertension.

Out of these four categories pre-eclampsia remains the most frequent, most serious and least understood among all other types of this disorder.

Frequency of pregnancy induced hypertension is 5 times higher particularly in the mothers of less than 20 years of age group. Pregnancy induced hypertension is usually occurs after 20th week of gestation (may appear earlier in trophoblastic diseases). The prevalence of pregnancy induced hypertension is 2.5% to 7% of all pregnancies in USA and accounts for at least 20% to 40% maternal mortality recorded in USA and England.

AIM AND OBJECTIVES

Here we are going to study the mechanism of pregnancy induced hypertension and pathophysiological symptoms of this disorders. we are going to consider the anaesthetic consideration and also their effect & side effects during pregnancy induced hypertension.

Pregnancy induced hypertension can be mild hypertension, moderate hypertension or severe hypertension. So according to these various conditions here we are going to evaluate the various clinical symptoms of pregnancy induced hypertension and also we are going to consider the anaesthetic management during particular conditions like mild condition, moderate condition and severe condition of pregnancy induced hypertension. Also here we are going to study that what points should one keep in mind particularly regarding cardiovascular system while assessing the patient of pregnancy induced hypertension. Also we are going to review the important aspects regarding anaesthetic management of patients of pregnancy induced hypertension like laryngeal oedema and coagulopathy. Here we are going to consider that investigation plays important role for diagnosis and very helpful for managing the required line of treatments for particular conditions in pregnancy induced hypertension. So we are going to consider the particular investigations helpful in pregnancy induced hypertension.

Pathophysiology

The cause of this multisystemic disorder (Pregnancy induced hypertension) is yet to be elucidated

But in pregnancy induced hypertension it appears that there are abnormalities in production as well as in the effect of circulating vasoconstriction (angiotensin and thromboxane) and vasodilating (PGE₂; Prostacyclin and EDRF) substances due to widespread endothelial damage.

Abnormal changes in these hormonal levels produces generalized arteriolar vasoreactivity (spasm), retention of salt and water and these situations causes alteration of the coagulation profile of the patient.

Pregnancy induced hypertension/ Pre-eclampsia is manifested by;

- a) Hypertension
- b) Proteinuria
- c) Oedema

Pregnancy induced hypertension can be mild, moderate & severe.

In severe case of pregnancy induced hypertension more than one of the following must exist;

- a) SBP > 160 mmHg, DBP > 110 mmHg, MBP > 120 mmHg
- b) Proteinuria in excess of 5gm/24hrs
- c) Oliguria < 500ml/24hrs
- d) Headache, visual disturbance, cerebral disturbance.
- e) Epigastric pain
- d) HELLP syndrome (haemolysis elevated liver enzymes low platelets)

Therapeutic Management

One should keep in mind the following points while assessing the patients of pregnancy induced hypertension.

a) Cardiovascular system

The volume depletion may lead to an exaggeration of the response to aortic caval compression therefore left uterine displacement must be employed.

Urine output is necessary before the conduction of regional anaesthesia or general anaesthesia.

Volume loading should be done with caution as these patients have leaking capillaries, decreased oncotic pressure and reduced ventricular compliance.

The colloidal solution (plasma protein fraction/Albumin 5%) seems to be a preferable choice in severe pregnancy induced hypertension.

Crystalloid fluids should be without dextrose. A balanced crystalloid solution or 0.9% NaCl solution up to volume load of 500ml to 1000ml is well tolerated.

b) Laryngeal Oedema

Retention of sodium & water and exaggerate effect of normal pregnancy hormones lead to the difficulties in intubation and postoperative air management due to development of laryngeal oedema in pre eclamptic patients.

c) Coagulopathy

In severe pregnancy induced hypertension coagulation disorders might be markedly present.

At admission it is necessary to obtain complete blood picture with platelets count.

Evaluation of PT, APTT & Fibrinogen is necessary if platelets count falling under 100000 per mm cube.

Anaesthetic Recommendation

Regional anaesthesia is relatively contraindicated if significant coagulation disorder exist with a platelet count falling under 100000 mm cube, a prolong bleeding time or an abnormal TEG.

Epidural is contraindicated when platelets are less than 50000 mm cube.

There is yet no clear guidelines for acceptable safe limits but a level of platelets > 100000 mm cube or BT < 10min. is commonly used.

General anaesthesia can cause difficulties airway maintenance also cause excessive & aggregated response to laryngoscopy and endotracheal intubation.

Also in general anaesthesia there is also a risk of interaction of anaesthetic drug with drug used by obstetrician particularly magnesium sulphate.

Subarachnoid block for higher level is not widely recommended due to rapid onset of sympathetic block and risk of severe hypotension.

DISCUSSION

The use of continuous lumbar epidural analgesia in severe pregnancy induced hypertension whose convulsions are under control is widely accepted and recommended unless contraindicated due to gross coagulation abnormalities or marked untreated type volemia or maternal septicemia.

Properly conducted epidural analgesia for labour and delivery decreases maternal oxygen requirement also prevents hyperventilation.

It also appears to protect against eclamptic convulsions and stabilizes the blood pressure at modestly lower levels and chances of pulmonary aspiration are minimum.

These protective effects are not seen during general anaesthesia rather general anaesthesia may cause difficulties in airway management and also have aggregated response to laryngoscopy.

In subarachnoid block there is a risk of severe hypotension which can be prevented by using epidural analgesia.

CONCLUSION

From all above we can conclude that properly conducted regional anaesthesia is very useful for labour and delivery unless contraindicated due to marked untreated type volume or maternal septicemia.

Especially use of continuous lumbar epidural analgesia in severe pregnancy induced hypertension whose convulsions are under control is widely accepted and also very useful.

But regional anaesthesia should be contraindicated if significant coagulation disorder exists.

Epidural analgesia should contra indicated when platelets are less than 50000 mm cube.

The colloidal solution (Plasma protein fraction/Albumin 5%) seems to be a preferable choice in severe pregnancy induced hypertension.

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CASE REPORT

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A CASE STUDY OF AAMVATA TREATED WITH AYURVEDIC
TREATMENTSaniya Ashpak Shaikh^{1*}, Jayshree N. Tongaonkar²

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Article

ABSTRACT:

Meaning of 'Ama' describe as unripe and undigested. Ama disturbs fuction of Kayagni. Due to hypofunctioning of *Ushma (Agni)*, the *annarasa* undergoes fermentation and or putrification (*dushta*). In the present study, patienr of *aamvata* was registered in O.P.D. The treatment schedule was oral medication with *Panchkarma*. In this clinical study, the patient showed improvement with 75% within 15 days.No adverse drug reactions was found in this study.

Key Words: *Aamvata,Erand sneha,vaitaran basti,Hingu trigon taila,Valuka-pottali sweda.*

2. H.O.D. Dept. of Kayachikitsa, Ayurved College, Hadapsar, Pune

INTRODUCTION

Aamvata is painful multiple joint involvement, chronic systemic disease. Rheumatoid arthritis is a chronic progressive auto-immune arthropathy characterized by involvement of joints with few clinical symptoms. According to clinical features, the disease *Aamvata* is closely resembled with the Rheumatoid Arthritis. So many *Ayurvedic* medicines has been described in the classical books of treatment of *Aamvata*. The suitable effective treatment of this disease is not available in modern medicine till now.

CASE REPORT-

A 30yr Female patient presented with following symptoms;

- 1) Pain and swelling over left wrist joint,
- 2) Morning stiffness in phalanges of both upper limbs
- 3) Pain in shoulders with restricted movements.
- 4) Pain in ankles with swelling tenderness,
- 5) Bodyache,
- 6) Impaired digestive system.

All the above symptoms are aggravated since 15 days. Hence, she came to our hospital.

Past History- No history of any major medical illness.

History of present illness- The patient was normal before 1 month. Later she started with bodyache and joint pain, on and off, swelling over joints. These symptoms progressed with joint stiffness, restricted movements.

O/E-Swelling, tenderness noticed over the affected joints and the local temperature was raised at the site.

During admission, routine investigation such as haemogram, urine routine, H.I.V., HBsAg, BUL, Serum Creatinine, serum Uric acid level, R.A.Factor, CRP, ASO titre. Of these investigations- RA factor and CRP was positive. Other investigations were within normal limits.

Plan for treatment-

The patient was advised *Simhanad Guggul* 1 gram orally, thrice a day with lukewarm water. *Erand sneha* 10ml orally at bedtime. *Vaitaran Basti* and *Hingutriguna Taila Basti* alternate day, both after meals. *Ruksha swedan* with *valuka-pottali*. *Shatapusha Lepa* was applied locally over affected joints, mixed with warm water, twice a day.

Instructions given to the patient-
Avoid-Cold drinks, Ice-cream, curd, banana, coconut, alcohol. Use lukewarm water for bathing and drinking.

Parameters for assessment-

Following parameters had been taken for assessment of the clinical study:

- 1) Assessment on clinical features- The relief of the clinical features was assessed on the basis of

clinical features of *Aamvata* (R.A.) described in *Ayurvedic* classics. *Sandhi shula* (Joint pain); *sandhi shotha* (joint swelling); *sandhi sthabdatha* (joint stiffness); *sandhi sparshasahatva* (joint tenderness), *angamarda* (bodyache), *agni-daurbalya* (impaired digestive capacity) were selected for assessment of clinical features and the scoring pattern was adopted separately for the assessment of those clinical features.

2) Assessment on overall effect of the therapy

The overall effect of the therapy was assessed with the help of criteria collected. Results of the clinical study were evaluated into four groups as follows;

- Complete Remission-100% relief.
- Major improvement-75% relief.
- Minor improvement-50% relief
- No-improvement-25% relief.

Observations-

Effect of the therapy are given below-

- Sandhishul*- 25 % relief
- Sandhishoth*- 40% relief
- Sandhi stabdhata*-35 % relief
- Sandhi sparshasahatva*- 60% relief
- Angamarda*-35% relief
- Agni daurbalya*-60 % relief

DISCUSSION-

Simhanad Guggulu contains *deepan*, *aampachan*, *shothaghna*, *vednasthapaka*, *jwaraghna*, *balya* and *aamvata hara* etc.

Erand sneha- *Yogratnkar* says- *Erand sneha* is medicine for *aamvata*. Properties like *aam shodhan*, *shothhar*, *vednasthapan*, *deepan*, *bhedan*, and *angamarda-prashaman*.

Hingutriguna taila- Contents of *Hingutriguna taila* has properties like *deepan*, *pachan*, *anuloman*, *shul-prashamana*, *shothhar*, *vednasthapan*, *krumighna*, which leads to *samprapti-bhang*. Having properties of *ushna*,

tikshna disintegrates the undigested food residue (*aam*). Due to the rejuvenating property, the drug rejuvenates cells and maintains cellular integrity, and thereby prevents erosion of bones and modifies the process of disease. Due to *ruksha*, *laghu* properties, they dry up the excess fluid accumulation in the joints and tissues.

Vaitaran Basti- Is useful in long standing pain and stiffness of joint. It also acts as *jwaranghna*, *shothhar*, *shulhar*. The content of *Vaitaran basti* has properties as *vireshan*, *deepan* and *pachan*. The qualities of *vaitaran basti* can be considered as *laghu*, *ruksha*, *ushna*, *tikshna*. Majority of the drugs having *vaat-kapha shamak* action. The *tikshna guna* of *basti* helps in overcoming the *strotodushti* resulting due to '*sanga*', due to *laghu*, *ushna*, *tikshna* and *ruksha guna* of *Vaitaran basti dravya*.

Swedan- *Swedan* causes *aam-pachan* and decreases *strotorodh*, hence *ruksha swedan* is advised with the help of *valuka-pottali*.

Shatapushpa lepa- It contains *shothhar* and *vednasthapak* actions.

CONCLUSION-

It can be concluded that the *Aamvata* looks similar to Rheumatoid Arthritis in its clinical appearance. *Ayurvedic* treatment was effective in the management of *Aamvata* in the resent clinical study and it happened due to combined effect of *Simhanad Guggulu*, *Eranda sneha*, *basti*, *Shatpushpa lepa* and *valuka-pottali swed*. No complications had been observed in this clinical study and such a kind of research work may be designed in future for more confirmation to provide the better *Ayurvedic* treatment for the management of *Aamvata*.

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A CLINICAL STUDY ON ARTAVA KSHAYA WITH AN INDIGENOUS
COMPOUND W.S.R TO OLIGOHYPOMENORRHOEAManisha Nagnath Khandade^{1*}, Surekha J. Dewaikar², Alka Sethi³

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Article

ABSTRACT:

The reproductive era starts with the menarche and is terminated by the menopause giving scope for great deal of ill-health due to disturbance of the delicately balanced cyclic activity of hormones. *Artava kshaya* occurs due to involvement of *vata kapha*, which can be attributed to *margaavarodha* of *artavavaha strotas*. Use of *Agneya dravyas* not only relieves the *kapha* which does *avarana* to *apanavata* but increases the quantity of *artava*. So an indigenous compound containing *Jyotish Rajika, Ugra, Asana* is used due to its *artavajanan* property.

Key Words: *Artavakshaya, Artava, Oligohypomenorrhoea*

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INTRODUCTION

Menstruation is the visible manifestation cyclic physiologic uterine bleeding due to shedding of endometrium and it is the major stage of puberty in girls. Once the menstruation starts, it continues cyclically at intervals of 21-35 days with mean of 28 days. But due to changed lifestyle, the physical and emotional stress increases which alters the physiology and ends with the disruption of H-P-O axis and it may lead to many gynecological problems. Among all gynecological problems, the most common one is menstrual irregularities either in form of Menorrhagia, Oligomenorrhoea, Hypomenorrhoea, Metrorrhagia. About 30% women in their reproductive life suffer from irregular periods. *Acharaya Sushruta* has explained about *Artav kshaya* features specifically as delayed and scanty menstruation associated with pain in vagina. i.e. *Yathochitakal Adarshanam* (delayed menstruation) and *ALAPATVAM* (scanty menstruation)^[1]. It can be correlated to Oligomenorrhoea and Hypomenorrhoea by their signs & symptoms. Menstrual bleeding occurring more than 35 days apart which remains constant at that frequency is Oligomenorrhoea. When menstrual bleeding is unduly scanty and lasts for less than 2 days is called Hypomenorrhoea.^[2]

Objective of Study - To evaluate the efficacy of indigenous compound in the management of *Artav kshaya*.

STUDY DESIGN:

- 30 patients were selected by a simple randomised method for the study with a single group, are treated with indigenous compound given by *Yogratnakara*.
- Dose: 3-6 gms in divided doses.
- *Anupana: Ushana jala*.
- Route: orally
- Duration: 3 consecutive cycle
- Follow up: after each cycle

Selection Criteria

Inclusion Criteria:-

- Patients age between 18 to 35 yrs
- Infrequent menses at interval longer than 35 days.
- Spotting, bleeding less than 2 day.

Exclusion Criteria:

- Patients on oral contraceptive pills or any hormonal treatment.
- Lactating women.
- Patients having any systemic disorders like Tuberculosis, HIV etc.

Materials: (Drug Review) ⁽³⁾Drugs from the yoga given by *Yogaratanakar*:

S.no	Drugs	Botanical name	Family	Rasa	Guna	Virya	Vipaka	Karma
1.	Jyotismati	Celastrus panniculatus	Celestraceae	Katu, tikta	Tiksna	Usna	Katu	Kapha-vatahara ,artavajanana
2.	Rajika	Brassica juncea	Cruciferae	Katu	Tiksna laghu	Usna	Katu	Kapha-vatahara, Raktautejak
3.	Ugra	Trachyspermum ammi	Umbliferae	Katu,tikta	Laghu,ruksh	Usna	Katu	Kaphavathara, garbhashaya utejaka
4.	Asna	Pterocarpus marsupium	Fabaceae	Ksaya tikta	Laghu ruksh	Sita	Katu	Rakta shodaka yonidosh hara

Assessment Criteria:**Subjective Parameters:**

- Irregular cycles.
- Scanty bleeding

Objective Parameters:

- No. of pads used per day.
- Duration of Inter menstrual period.
- Interval of menstrual phase.

Scoring System**1) Duration of menstrual flow:**

- 4-7 days - Grade 0
- 3 days - Grade 1
- 2 days - Grade 2
- 1day -Grade 3

2) Quantity of menstrual blood:

- 3 or more pads / day - Grade 0
- 2 pads/ day - Grade 1
- 1 pad / day - Grade 2
- Spotting - Grade 3

3) Interval between 2 cycles :

- 28 - 35 days - Grade 0
- 36 - 40 days - Grade 1
- 41 - 50 days - Grade 2
- >50 days - Grade 3

4) Yoni vedana:

- No pain - Grade 0
- Mild pain - Grade 1
- Moderate pain - Grade 2
- Severe pain - Grade 3
- Unbearable pain - Grade 4

OBSERVATIONS

The present study was carried out in total 30 patients, selected by a simple randomized method for the study with a single group; all the selected patients are thoroughly examined, diagnosed and selected based on inclusion and exclusion criteria. The assignment revealed the following statistics.

TABLE NO 2: EFFECTIVENESS OF TRIAL GROUP

SIGNS & SYMPTOMS	B.T. Mean ± S.D	Follow Up	A.T. Mean ± S.D	T- Value	P- Value	Effectiveness %	Remark
Duration of menstruation	2.56± 0.50	AT1	2.1±0.66	6.2	<0.001	18.18	HS
		AT2	1.7±0.65	12.89	<0.001	33.76	HS
		AT3	0.9±0.7	30.9	<0.001	64.93	HS
Amount of bleeding	2.3± 0.46	AT1	1.6±0.49	12.6	>0.05	30.43	NS
		AT2	1.3±0.46	24.1	<0.001	43.47	HS
		AT3	0.76±0.62	29	<0.001	66.66	HS
Interval of bleeding	2.5± 0.50	AT1	1.7±0.59	19.8	<0.001	32	HS
		AT2	1.4±0.49	14.9	<0.001	45.33	HS
		AT3	0.9±0.54	38.5	<0.001	64	HS
Yoni vedana	2.26± 0.69	AT1	1.6±0.66	10	<0.001	27.9	HS
		AT2	1.2±0.63	18.7	<0.001	44.1	HS
		AT3	1.1±1.9	3.52	<0.001	51.4	HS

1. Effect of Drug on Duration Of Menstruation -

Comparison between BT and AT Trial group. The mean score of the symptom which was 2.56 ± 0.50 before treatment, reduced to 2.1±0.66 after first follow up, after second follow up it is reduced to 1.7±0.65, after third follow up the mean score of duration of menstruation was reduced to 0.9±0.71. When these values were statistically analyzed, it showed that the drug was highly significantly effective with p value < 0.001.

2. Effect of Drug on the Amount of Bleeding -

Comparison between BT and AT Trial group The mean score of the symptom which was 2.3±0.46 before treatment reduced to 1.6±0.49 after first

follow up, after second follow up it is reduced to 1.3±0.46, after third follow up the mean score of amount of bleeding was reduced to 0.76±0.62. When these values were statistically analyzed, it showed that the drug was significantly effective with p value < 0.001.

3. Effect of Drug on Interval Of Bleeding -

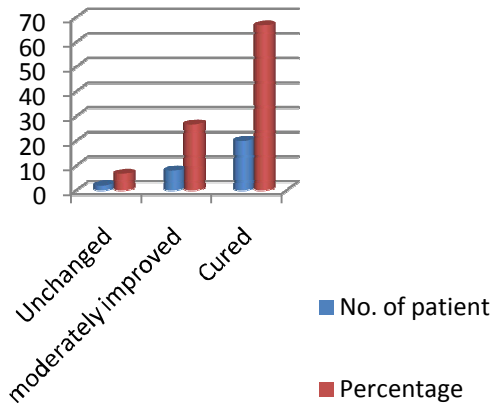
Comparison between BT and AT Trial group The mean score of the symptom which was 2.5±0.50 before treatment reduced to 1.7±0.59 after first follow up, after second follow up it is reduced to 1.4±0.49, after third follow up the mean score of interval of bleeding was reduced to 0.9±0.54. When these values were statistically analyzed, it showed

that the drug was significantly effective with p value < 0.001.

4. **Effect of Drug on Yoni Vedana** -Comparison between BT and AT Trial group The mean score of the symptom which was 2.26 ± 0.69 before treatment reduced to 1.6 ± 0.66 after first follow up, after second follow up it is reduced to 1.2 ± 0.63 , after third follow up the mean score of yoni vedana was reduced to 1.1 ± 1.9 . When these values were statistically analyzed, it showed that the drug was significantly effective with p value < 0.001.

TABLE NO 3: OVER ALL RESULT

Result	No. of patients	Percentage %
No change	2	6.67
Moderate improved	8	26.66
Cured	20	66.67



Graph No. 1

The above table shows that 66.67% patients completely cured, moderate improvement was seen in 26.67% patients and unfortunately no change was seen in 6.67% of patients.

DISCUSSION

Menstrual disorder is one among such condition. Due to nutritional deficiency, lifestyle stressors, hormonal

imbalance creates an ideal nidus for menstrual disorder. *Artavakshaya* included one among the *artavadusti*, formed from *rasadhatu* in the form of *upadhatu*, where the *kshaya* of the same becomes the major etiological factor. The present study shows that, *Agneya dravya upayoga* helps in reducing the symptoms, The change seen in study was because all the drugs are *deepana*, *pachana*, *vatakaphahara* and *pittavardhaka*, due to this there will be *amapachana* which finally helps in increase in production of *Artava*. This is a preliminary hypothesis to evaluate the possible mode of action of indigenous drug in *Artavakshaya*. Further studies are waited for new direction.

CONCLUSION

1. *Artavakshaya* occurs due to involvement of *vata* and *kapha*, which can be attributed to *margaavarodha* of *artavavaha strotas*.
2. Use of *Agneya dravyas* not only relieves the *kapha* which does *avarana* to *apanavata* but also increases the quantity of *artava*. As *agneya dravyas* have *ushna veerya*, it maintains the normalcy of *ruksha & sheeta guna* of *vata*, *snigdha* and *pichhila guna* of *kapha*.
3. For further evaluation, study should be carried out in large scale in the well equipped centres.

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CONCEPT OF LEHANA IN BALROGA- A REVIEW

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Article

ABSTRACT:

Concept of Lehana in children is important feature of Kashyapa Samhita. Lehana enhances intellectual power longevity, immunity and strength of baby. So it will protect baby from different diseases and promotes growth by providing micronutrients. Different Acharyas explained different types of Lehana yogas. Among these suvarna prashana is one of the best and more practicing Lehana yoga. Other Lehana yogas are also important as these are herbal, immunomodulator, protect health of healthy baby and prevent the diseases. It is beneficial as good as vaccines and also in non vaccine preventable disease.

Key Words: Lehana, Immunoenhancer, Suvarna prashana

INTRODUCTION

The aim of ayurveda is maintenance of health of healthy person and curing the diseased person. To achieve this goal, ayurveda has given us different medicinal formulations. Lehana is one among them which is mainly used in children. Now a day in all over world the spread of infectious diseases is tremendously increased and to get protection from this, efforts are made. According to modern medicine the vaccination is the best way for protection from these infectious diseases. Infectious diseases are caused due to different types of microorganism. To protect the body from these microorganism one should need immunity. This immunity is enhanced by vaccination. This concept is according to modern medicine but ayurvedic science told that when there is dosha-vaishamya (vitiation of dosha) then only disease is produced in the body. So maintaining healthy status, dosha should be in normalized form. To keep these doshas in normalized form in children ayurveda has explained the concept of Lehan.

Definition of Lehana

Lehana means the act of licking, tasting or lapping with the tongue (Dictionary-M.Monier Williams). The medicine for lehana is in semisolid form so one can eat it by lapping with the tongue. According to shargdhara, when extract, decoction etc. of drugs are made dense

with the help of mild fire and which can be licked by tongue, the prepared drug is known as Rasa-Kriya or Leha Kalpana .Lord Kashyapa has shown the importance of electuaries in caring of the children with specific indication and contraindications, when giving the answer of questions of his novice. According to him, pleasure and unhappiness of children, both are dependent on the lehana (electuaries)¹.

Purpose of Lehana

The purpose of these Lehana is to enhance body growth, intellect, immunity and understanding. The primary purpose of the recipes mentioned by the Kashyapa is to fulfill the nutritional requirements (Probably micro nutrients and energy providing substance) of infants and result in enhancing the intellect and immunity. In other words these Lehana supplementary foods for infants which fulfill the indication criteria and complements required micronutrients and energy providing substance-fat (butter oil) and responsible to optimize the growth, intellect, immunity and understanding of the children. For this purpose specific preparations have been given.

Dosage Schedule for Lehana²

Principle for the dosage determination in accordance to the age of the baby is not clearly mentioned in lehana adhyaya of Kashyapa samhita. Dose can be increased on

monthly basis as the baby grows. Kashyapa has not mentioned the dose for any drug or compound but the dose schedule has been described in chapter of lehana, therefore, the description of doses schedule should be considered in reference to lehana (electuaries) and for the lehana compounds where no specific dose is mentioned for the children. According to Kashyapa, drugs (Lehana) should be given or prescribed to the newborn child in quantity equal to Vidanga fruit with honey and butter oil (Sarpi). This dose should be increased every month as the baby grows but not more than the Amalaka fruit.

Indication Of Lehana³

The following are the condition in which Lehana (electuaries) should be given to the children.

A. Conditions In Mother

1. No production of breast milk in mother or Dhatri (wet nurse).
2. Production of breast milk in small amount i.e. not sufficient for infants.
3. Prasuta (parturient mother) or wet nurse having vitiated breast milk.
4. Mother having birth of baby with difficulty or baby delivered abnormally (Difficult/prolonged labour).
5. Mother suffering from acute disease (Severe disease).

B. Condition In Children

1. Infant suffering with Vatika or Paittika disorder but not the Kapha disorder.
2. Baby does not get satisfaction after taking milk or having hunger cry even after frequent Breast milk feeding.
3. Infant has insomnia in the night and takes food (milk) too much.
4. Baby passes urine and stool in small amount.
5. Baby has voracious appetite (due to increased digestive power).
6. Baby has soft body organs, lean and thin in spite of healthy.
7. Baby passes stool after three days.

CONTRAINDICATIONS FOR LEHANA⁴

Infant, who has

1. Weak digestive capacity
2. Excessive sleep
3. Excessive stool and urine
4. Less body stature (swalpo)
5. Stout body
6. Not alive mother
7. Indigestion
8. Guru(produces heaviness or not easily digestible) breast milk
9. All types of Rasa consuming mother
10. Disease of head and neck
11. Aama roga
12. Fever
13. Diarrhea
14. Jaundice
15. Shotha (edema)
16. Anemia
17. Hridroga (heart disease)
18. Respiratory diseases (swasa kasa)

19. Guda (Anal disease) Vasti (urinary disorder) Udara (Abdominal disorder)roga
20. Aanaaha (flatulence)
21. Ganda (enlarge thyroid Goiter)
22. Visarpa (Erysipelas)
23. Vomitting,anorexia or alasaka disease
24. All graha disorder

Contraindication for Lehana is mentioned mainly for the Kaphaja disorder. If digestive fire is reduced due to any reason including diseases, Leha substance should not be given to the children.

Method Of Gold Licking

Kashyapa Samhita⁵

The gold should be rubbed excessively (to and fro) with little water on the washed rock by keeping face towards east then churned or stir in round with honey and butter oil, and should be licked to infant.

Gold feeding by this method will enhance the intellect, thirteen types of agni (digestive power at intestinal, bhuta and dhatu level) and body-strength. Ingestion of this is responsible for long life, auspicious, virtuous and aphrodisiac enhances complexion and eradicates Graha Roga. Gold licking for a month will make the infant very intelligent and free from the disease and if it is given for six months, infant becomes Shrutadhara (retains whatever he hears).

Sushruta Samhita⁶

In Jat karma Sanskara, there is explanation regarding Suvarna prashana. Madhu and Ghrita (unequal quantity) mixed together with Aanat churna (suvarna) and give Lehana to child.

Different Lehana

Sushrut samhita

Sushrut has mentioned different electuaries or lickable substance for the baby surviving on milk, milk and solid food, and on solid food. These electuaries can cause disease Free State, strength, intellect and longevity in Shishu (children including infants)

1. For milk feeder⁷:

Constituent: Siddharthaka, Vacha, Mamsi (Jatamamsi), Payasya, Apamarga, Shatavari, Saariva, Brahmi, Pippali, Haridra, Kushta, and Saindhava.

Preparation method: with all these ingredients, Sarpi (butter oil) should be prepared.

Dose: not mentioned by author, may be given orally in accordance to Kashyapa Samhita.

2. For Milk solid food feeder⁸

Constituents: Madhuka, Vacha, Pippali, Chitraka, and Triphala.

Preparation method: with all these ingredients, Sarpi (butter oil) should be prepared.

Dose: not mentioned by author, may be given orally in accordance to Kashyapa Samhita.

3. For solid food feeder⁹:

Constituents: Vrihat Panchmula, Laghu panchamula, Kshira, Tagara, Bhadraradu, Maduka, Vidanga, Draksha, Ridhi and Brahmi.

Dose: not mentioned by author, may be given orally in accordance to Kashyapa Samhita.

Other Lehana¹⁰

1. Well prepared powder (Bhasma) of gold and Vacha should be licked with honey and butter oil.
2. Well prepared powder of gold, Matsyaksha and Shankhpushpi should be licked with honey and butter oil.
3. Well prepared powder of Arkapushpi, Gold and Vacha should be licked with honey and butter oil.
4. Well prepared powder of gold, Kaidarya and Shweta-Durva, should be licked with honey and butter oil.

All these four recipes licked by children will enhance intellect, strength and wisdom.

Kashyapa Samhita

1. For enhancing or producing intellect in children any one out of Brahmi, Mandukparni, Triphala, Chitraka, Vacha, Shatapushpa, Shatavari, Danti, Nagbala, and Trivrita should be licked with honey and butter oil. For the same purpose, Kalyanaka, Panchagavya and Brahmi Ghrita should be used¹¹.
2. For increasing intellect, longevity and body strength, baby may be given Samanaga, Triphala, Brahmi, Bala-dwaya and Chitraka with honey and butter oil¹².
3. Ghrita prepared with Kushtha, Vatankura, Gauri (white Sarshap), Pippali, Triphala, Vacha, rock salt is good for generating intelligence¹³.
4. **Abhaya Ghrita¹⁴**: A child, who fed Abhaya Ghrita, does not suffer from Pisacha, Rakshasa, Yaksha and Matrikas. Abhaya Ghrita includes; Brahmi, Sidharthaka, Kushtha, Rock salt, Sariva, Vacha, and Pippali. Ingredients of Abhaya ghrita are similar to Ashtamangal ghrita (Y.R.) Shishu Kalyanaka ghrita (A.H.) and Brahmi Ghrita (A.S.)
5. **Samavardhana Ghrita¹⁵**: Samavardhana Ghrita should be used always with honey for the rapid child growth, prevention from diseases, early achievements of crawls and walks, as well as to get normal activity in lame, dumb, deaf, and idiot children. Ingredients of this ghrita are Khadir, Prishnaparni, Syandana, rock salt, Bala-dwaya and Kebuka prepared with milk and ghrita (butter oil).

Ashtanga Samgraha

According to ashtanga samgraha, few Lehana have been described to enhance the intellect, memory retention, longevity, nourishment of dhatu (Pushti) and wisdom in children, while the other Lehana are described their use in specific season to provide the nutrition which help in combating the problem occur in specific season by keeping the physical – doshas in equilibrium.

A. Season specific Lehanas

1. **During Sheeta and Vasanta Ritu¹⁶** (cold and sprig season): The kumar should be licked the medicated Ghrita (butter oil) prepared from the decoction of drugs Aravadhadi-gana (chapter 16 of sushruta) mixed with the drug Vatasakadi – Gana.
2. **During Grishma ritu¹⁷** : (summer season) the child should take milk treated with the decoction of Jeevaniya gana in the morning for the hima i.e. cold because, in summer season baby becomes tired due to exposure of Vata (hot air), sun light

(excessive heat) and excessive sweating . Saktu (prepared from Yava) mixed with excess of Ghrita (butter oil) and Mishri (specific type of sugar) should also be given to child. Avoid Pitaka (Mantha) to give in children during this season.

Who does not take excess of water or accustomed to ghee (butter oil) should lick the Ghrita made with decoction of Kakoli, Sharkara (type of sugar) Meda, Tuga, Yashti and Jeevaka. Baby should also be smeared with the paste of Kutannata or other drugs, having the cold property, on the forehead or head.

3. **During Varsha ritu¹⁸** (Rainy seasons): however, the name of Varsha ritu has not been given the original shlok, but the drug and serial for the description of drugs for the Lehana suggest that this preparation may be given in varsha ritu. Medicated Sarpi (butter oil) should be licked to shishu (infant) prepared from the decoction of drugs of Vidaryadi Gana and paste of Rasa, Sarala, Varshabhhu, Hingu, Saindhava salt and Daru (Deodara).

4. **During ghanatyaya ritu¹⁹** (Sharad or Autumn Season): ingredients: Processed Ksheera –Ghrita (butter oil) with Prapaundarika, Madhuka, Supyaparni-dwaya, Duralabha, Priyala Majja, Kakoli, Vidarikanda, Katphala, Amrita, Draksha, Ajash ringi, Dugdika, Ksheerashukla, Hayahvaya, Shringi, Madhuka-Kusuma, Meda, Rishabhaka, Jeevaka should be licked to the infants in Autumn Season.

B. Physical and mental growth enhancing and protective (immunoenhancing) lehanas**1. Saraswata ghrita²⁰ :**

Ingredients and method : Triphala, Lakshmana, Annanata, Samanga, Sariva, Vacha, Brahmi, Patha, Dwi-vrihati, dwi-Sthira, Dwi-punarnava, Sahadeva, Khevali, Payasya, Girikarnika should be used for the decoction prepared in Toyakumbhe (Wells water) with Kalka (paste) of Palasha, Kaunti, Vacha, Kushta, Krishna, Sarshapa, and Sandhava. Prepared the medicated butter oil in Pusya – Nakshatra with gold mixed with the milk of disease free cow how have beautiful calve. This compound is useful to combat the effect of poison and protective.

2. Licking in small amount of Vacha and gold with honey along with butter for one year is excellent for increasing intelligence, speech (talking capacity in all aspect) and protection²¹.

3. Vayastha, Pippali, Kushtha, Haridra, Sariva, Vacha, Kaidarya powder mixed with equal amount of powder Brahmi licked with butter oil for one year result in free from grey coloured hairs, sickness, confers strength, increase memory, longevity, and maintain young state. These recipes may be given to the wet nurse in every morning along with her child²².

Ashtanga Hridaya**1. Ashtanga Ghrita²³**

Ingredients and method: Vacha, Bakuchi, Mandukparni, Shankha –pushpi, Shatawari, Brahmi, Soma, Amrita take paste of one

pala of each drug and boil in four times milk and one Prastha of ghrita.

Effect: ingestion of this leha will result in longevity, enhances speech, intellect, memory and wisdom in children.

2. Saraswata Ghrita²⁴

Ingredients: Abhaya, Vyosha, Patha, Shigru, and rock salt – processed in goat milk. Use of this Ghrita result in enhancing the speech, intellect, memory and metabolic energy at Bhuta and dhatu level (cellular and molecular level)

3. Four gold preparations

1. swarna, white Vacha and kushtha
2. swarna and Arka- Pushpa
3. Swarna, Matsyaksha and Shankhapushpi
4. Swarna, Kaidarya, Vacha

All the above recipes should be licked by mixing in honey and butter oil for one year. This will result in excess of intellect, strength and complexion.

CONCLUSION:

Suvarna is important content of Lehana yoga by different Acharyas. As it enhances intellectual power, strength and immunity. We do not have sufficient convincing research data to prove this property of gold in front of the scientific community. Modern science believes that elemental gold as well as majority of its compounds are not absorbed from the GI tract. So it is the need to have a long term prospective multicentre research to test whether the claims of Ayurveda Acharyas were true or not. If proven the mode of action should be traced out. So the hypothesis for further study regarding Lehana yoga gold will be the presence of gold and its compounds in the GI tract of humans along with the biological materials like herbal drugs may influence the different biochemical activities occurring in the body of baby. Also the comprehensive clinical trials of Ayurvedic polyherbal Lehana formulations should be done to prove their mode of action as immunity enhancer, strength promoter etc.

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REVIEW ARTICLE

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ARTAVKSHAYA AN AYURVEDIC VIEW

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Article

ABSTRACT:

In the modern world, the Life style, food habit and just for Munden desires have increased stress, strain and restlessness which have resultantly expanded the spared of menstrual disorders. Artava dusti is very important amongs gynaecological problems. Ratio of Menstrual disorder is rising in gynaecological practice which precursor of infertility and other problems, so it requires more attention. Menstrual disorder effect on mental state of women. Many Menstrual disorder i.e secondary amenorrhoea, oligomenorrhoea, require counselling with appropriate treatment. Modern medical science gives Hormonal Treatment for Menstrual disorders which have many side effects if continued for long time. So, in contemporary era it is very important to provide a particular etiopathology and treatment for "Artavakshaya".

Key Words: Artavakshaya, Artava dusti, Ayurveda

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INTRODUCTION

Mother is the most sacred and beautiful word in the world but the tragedy is that all women are not Mother. The prerequisite of the title 'Mother' is to have offspring. In this universe only females have been vested the power of creation next to the Almighty God. This is why Women are considered as reflection of the God in this world. But the root of the importance of women lies in their capacity of creation. This is the reason why the question of fertility is most important for women. Ayurvedic classic mention that Artavadusti is one of the causative factors for infertility. The word Artava had two meanings one Antah Pushpa and second Bahir Pushpa. Both Antah and Bahir Pushpa are inter-related. Bahir Pushpa is outward manifestation of appropriate work of Antah Pushpa which is necessary for conception. Artavakshaya is not separately described as disease anywhere in Ayurvedic classic, of course, this doesnot desecrate Artavakshaya. Because, Acharya Charaka has quoted in Charaka Nidana Sthana - one that symptoms of a disease themselves also constitute as a disease. But sometime, because of their subordinate nature they are only symptoms and not disease.

Definition of Artava

Artava means monthly vaginal bleeding. Here word 'Rutu bhavam' indicates the particular time. That is monthly menstrual blood flow.

Artava Utpatti Hetu

According to 'Karya karana vada' every 'Karya' has it's 'Karana'. In other words we can say every action in this Universe has it's reason. If we aggregate the different opinion of our Acharyas then we can reveal following 'Hetu' i.e Factors for 'Artava Utpatti'. (1) Kala (2) Dhatu paripurata (3) Karma (4) Swabhava (5) Vayu

(1) Kala

Kala is considered in two aspects Nityaga and Avasthika. Nityaga depends on 'Rutu Chakra' as natural phenomena i.e. Shishiradi Rutu kala. While Avasthika depends on the age phenomina of 'Jataka' that means Vayavastha i.e Balyavastha, Yuvavastha, and Vriddhavastha. In Ayurvedic classics, there is a description of Artavadarshan and Artava Nivrutti Kala.

(2) Dhatuparipurata

According to Kashyapa, Artava is present in body since childhood but when body elements gets mature then it becomes visible in yoni.

Acharya Bhel also believes that Dhatuparipurata is one causative Factor of 'Artava Pravritti'. (Bhe.Sam.Sa.5/6)•

(3) Karma

According to Kashyapa as the fire located within the wood can not be noticed without specific efforts, similarly Artava requires specific efforts for their gross appearance.

(4) Swabhava

Acharya Bhavaprakash says monthly blood flow is instinctive phenomena but Swabhava do have effects on

it due to which interval of menstruation is being maintained. (B.Pra.Pu. 3/1)

(5) Vayu

Acharya Sushrut described Apana and Vyan Vayu responsible for Artava Utpatti (Su.Ni. 1/19).

Function of Apana Vayu:-

Apana Vayu helps extermination of Artava as a mala. (Ch.Su.12/8) Dalhana opines that expulsion of Artava at proper time is basic function of Apana Vayu.

Artava utpatti

Artava is a upadhatu of "Rasa" and some Acharyas, also consider a updhatu of "Rakta". If we think on utpatti of Artava the main two factors 'Rasa' and 'Rakta' directly effects on the process. That means Rakta reaching uterus and coming out for three days in every month is called 'Artava'. In short, blood accumulated in uterus, then discharged as 'Artava'. Here this quotation may be misinterpreted with 'Rakta' which is responsible for 'Artava utapatti' but author has previously described that Rasa Prasad bhaga is responsible for formation of Artava. Actually both these descriptions are identical, because 'Rakta' either Dhatu or menstrual blood is always derived from Rasa, thus it appears that Sushruta etc. have mentioned the earlier stage of 'Raja' formation while Vagabhata - I has narrated later stage. The point has been clarified by chakrapani that during the process of formation, the Artava is saumya due to influence of Rasa, while at the time of its excretion due to specific changes it assumes Agenya character.

Rutu Chakra (Menstrual Cycle)

Rutu chakra kala is description about all phases of Menstrual cycle. Entire period of one month is divided in three -

- 1) **Raja srava kala** - 3 to 5 days (Menstruation)
- 2) **Rutukala** - 12 or 16 days (proliferative phase including ovulation)
- 3) **Rutu vyatitakala** - 9 or 13 days (postovulatory phase or secretary phase)

(1) Rajah Srava Kala

Rajah Srava kala means duration of menstruation. Intermenstrual period has been given as of one month by all the writers. Acharya charaka says duration of menstruation is five days While Vagabhata and Bhavamishra says three days for duration, Bhavamishra has further said that if flow is excessive it lasts for three days.

(2) Rutu Kala

Rutu Kala means highly fertile period because Ovulation occurs in this period. Rutu Kala is more important for conception. It is known Fruit bearing trees have special season for production of fruit Like wise 'Rutu Kala' is a most suitable period for achievement of conception. Acharya Sushruta opines that duration of Rutu Kala is 12 days in regular menstruation. Actually 'Rutu Kala' means appropriate time for conception. Acharya Vagabhata gives same opinion as Sushruta. Acharya Kashyapa have very different point of view than others. He gives

different duration of Rutukala for different cast (Ka.Sa.Jati)
12 Days - Brahmin ,11 Days - Kshatriya ,10 Days - Vaishya ,9 Days - Kshudra

(3) Rutu Vyatit Kala

Rutu Vyatit Kala means the Period coming after Rutu Kala which has less chance for conception. Acharya Sushruta says as lotus flower closes after sun-set, similarly after Rutu Kala the Yoni of woman gets constricted and does not accept

Status of Dosha during Phases of Menstrual Cycle

(1) Rajah Srava Kala

Rajah Srava Kala is mainly influenced by 'Vata'.

(2) Rutu Kala

Rutu Kala starts with establishment of 'Navin Raja'. Thus this stage is dominated by Kapha.

(3) Rutu Vyatita Kala

Rutu Vyatita Kala coming after Ovulation and in this period 'Purana Raja' lies in Garbhashaya. That is why this stage is governed by Pitta.

Artavakshaya as Disease

It is known that disease is a combination of sign and symptoms. According to Acharya Charaka Symptoms of a disease themselves also constitute a disease but some time because of their subordinate nature, they are only symptoms and not the disease Acharya Sushrut give the same opinion in Sutrasthan 31/4.

Thus in the same way Following Symptoms are likely to be found in Artavakshaya.

- **Yathochit kale Adarshanam**

- **Yoni Vedana.**

- **Alpata**

Vyadhi is known by 'Nidana Panchaka'. Vyadhi i.e Disease process is final outcome of Nidana Sevana, Khavaigunya, Srotorodha, Dosha Dushya dusti and Sammurchhana. These all Factors play key role in vyadhi Utpatti. Here, In Artavakshaya. 'Nidana panchaka' is playing part.

Nidana

Nidana means causative or etiological Factors of a disease. Nidana is first step of Nidanapanchaka towards Vyadhiutpatti. Artava is Considered as Updhatu. Consideration of Samanya nidana, which causes effects on Dhatu and Updhatu Kshaya, is also effects on Artava. And give rises to Artavakshaya. Vagabhata denote that Kshaya of Updhatu depends upon the Kshaya of Purva dhatu. While Sushruta has stated that the only Rasa Kshaya is also one of the causative factor of Dhatukshaya. Artava is mainly considered as a Updhatu of 'Rasa'. In this regard, statement of Acharya Sushruta that's Rasa Kshaya is causative factor of Dhatukshaya is very important because Rasa Kshaya is directly responsible for 'Artava Kshaya'.

To grasp Nidana properly one should emphasize on following points.

- (1) Aharaja Hetu
- (2) Viharaja Hetu
- (3) Manasika Hetu
- (4) Anya Hetu

(5) Abhigata Janya Hetu

Purvarupa

Purvarupa of Artavakshaya is not described in Ayurvedic classics.

Rupa

Vyaktavastha of Vyadhi is known as 'Rupa'. In Artavakshaya- Menstruation is delayed; Menstrual blood is scanty and associated with pain in Vagina.

In consideration of this definition following symptoms can be taken as Rupa.

(I) Yathochit Kale Adarshanam.

Yathochit Kala means proper time of appearance of Artava. Adarshanam means Artava does not appear at relevant time or it is delayed or disappeared. Following interpretation are considered for the word "Yathochit Kala Adarshanam" -

(1) Onset of menstruation is known as 'Menarche'. The first menstruation occurs between 11-15 years of age. Delayed menarche may be considered as one type of 'Artavakshaya'. It may be present due to various factors.

(2) Yathochit Kale Adarshanam can also be interpreted with duration of menstrual cycle. Normal range of Duration is 3 to 7 days. If Duration of menstruation is less than normal, it is considered as 'Artavakshaya'.

(3) Normal interval between two menstrual cycles is one month. We can interpret irregularity of interval as 'Yathochit Kale Adarshanam'. In broad spectrum Absence of menstruation for long time is also considered as irregularity of interval i.e. 'Artavakshaya'

(II) Alpata

According to shabdakalpadrum 'Alpa' means 'Kshudrapramana' Menstrual blood is reduced in volume.

(III) Yoni Vedana

Vitiation of Vata causes Yonivedana. Artava pravritti is basic function of Apana Vayu. Due to 'Artavakshaya' vitiation of vata occurs that causes 'Yoni vedana'. Yoni Vedana means spastic, Radiating and Infrequent Pain during menstruation.

Samprapti

Due to Nidana Sevana dosha gets vitiated, these vitiated Dosha Spread in body and due to vitiation of Dosha, Dushya and Mala also get vitiated these all process is known as 'Samprapti'. That means vitiation of 'Vatakapha' and 'Pittakapha' is mainly seen.

Sadhyasadhya

In Ayurvedic classics, there is no description about prognosis of Artavakshaya but prognosis of Kshinartava is described in Astartava Dusti. Here, Artavakshaya is synonyms of Kshinartava, so we can take it. Sushruta says that Kunapa-gandhi, Granthi-bhuta, Putipuya, Kshina and Mutrapurishagandhi disorder are incurable (Su. Sa. 2/5, Dal. Tika.) Vagabhata - I, corroborating Sushruta has accepted kshinartava dusti as curable one (A. S. Sa. 1/25).

Chikitsa

Chikitsa is nothing but 'Samprapti Vighatana' Chikitsa mainly divided into two segments.

(1) Shamana or Abhyantra

(2) Samshodhana or Sthanika

Both these types of chikitsa works on vitiated dosha and dhatus and established physiology of sharira. Here the disease 'Artavakshaya' has vitiation of 'Vata Pitta' and 'Vata Kapha' and Rasa & Rakta Dhatu Kshaya. Vitiation of dosha and dhatu is also depends upon Agnimandhya. All above points do have effect on chikitsa of Artavakshaya.

Acharya Charaka described all gynaecological disorder in Chikitsa sthana so, in form of 'Yoni Vyapada' Yoni does not spoiled without Vata, so first of all the treatment must be 'Vatashamaka'. 'Vayu' is also pravartaka of other doshas, so regulation of Vata dosha may have indirect effect on other dosha. Acharya Sushruta described 'Artavakshaya' in Sutra sthana - 15 The 'Artavakshaya' should be treated by the use of purifying measures and Agneya substance.

Dalhana says that for purification, only emetics should be used not the purgatives, because purgation reduces Pitta, which in turn decreases 'Artava' while emesis removes saumya substances, resulting into relative increase in Agneya constituents of the body consequently 'Artava' also increase.

Acharya Sushruta also described 'Artava Shuddi Chikitsa' in SharirSthan -2- 'Shukra Shonita Shuddhi' Sharir where he his mention. Which is also useful in treatment of 'Artavakshaya'

Acharya Kashyapa says Artavakshaya is Anuvasana Sadhya Vyadhi.

Acharya Vagabhata -I - II, Recommend Pitta Vriddhi Kara and Rakta Vriddhi Kara Chikitsa (A.Sam.Sa.1/13. Indu Tika), (A. H. Sa 1/13)

The opinion of all Acharyas as quoted above, can be summarised in brief as follows -

- ⇒ The Samshodhana Therapy Particularly the Uttarbasti
- ⇒ The use of 'Agneya Dravyas' are recommended.
- ⇒ The use of Swayoni Vardhaka Dravyas.
- ⇒ The Drugs Capable of Increasing the Rakta (Menstrual Blood) should be used.

Abhyantara Chikitsa (Oral Treatment)

Name of Yoga

- 1. Kwatha-** Tila, Karvi, Guda, in Form of Decoction - Krishna Tila Kwath with Guda, Mishreya Methikamuli, Garjara, Shatpushpa Etc. in Form Decoction
- 2. Churna-** Shatpushpa Ka-shatpushpashatavari Kal.
- 3. Vati-** Rajah Pravartini Vati, Rituvari Vati, Kanyalohadi Vati, Boladivati, Nastapushpantaka Rasa
- 4. Modaka-** Aswathamuladi Modaka, Agashti Haritaki Modaka
- 5. Ghrita-** Phala Ghrita, Brihata Shatavari Ghrita, Kumar Kalyana Ghrita, Shitakalyana Ghrita, Maha Kalyanaka Ghrita

Sthanika Chikitsa

- 1. Basti -** Anuvasana Basti, ShatavaryadiUttarBasti, Taila of Jivaniyadigana Dravyas, Shatpushpa Taila,

ArkapushpaTail ,Uttarbasti ,Ka.Kalpa-shatpushpa,
Shatarvari Kalpa.

2. Varti- Ikswaku-Bija, Danti, Chapala, Madana Phala,
Guda,Surabija, Yavashuka,
Snuhikshira in Form of Varti

Shodhana Chikitsa -As ailment is Samshodhana Sadhya,
Uttarbasti become more effective.

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CLINICAL STUDY OF PIPPALIMULA (*Piper longum*) AND VACHA (*Acorus calamus*) KALKA WITH ERANDA (*Ricinus communis*) TAILA LEPA IN VILAMBIT AAVI

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Article

ABSTRACT:

Delivery of fetus through vagina is a normal process and special event in women life. Few women face various issues in labour and one of the causes is *Vilambit Prasava*. 3 p's are essential for normal labour i.e. power, passage, passenger. Out of the 3, abnormality in any one can cause issues in labour. Issues related to 'Power' cause *Vilambit prasava*. Ayurveda give very effective management for *Vilambit prasava*. This study is focussed on *Vilambit Prasava* due to *Vilambit Aavi*. *Vacha*, *Krishna* and *Eranda Taila* have oxytocic properties which accelerate contractions and gives great results.

Key Words: Vilambit Prasava, Vilambit Aavi, Vacha, Krishna, Eranda Taila

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INTRODUCTION:

Reproduction is normal & natural event in every mammal. As delivery is normal process, it is special event in women life. It is estimated that worldwide in per year, more than 5, 00,000 women die because of complications of pregnancy & child birth. At least 7 million women who survive childbirth suffer serious health problems & further 50 million women suffer adverse health consequences after child birth. The overwhelming majority of these deaths & complications occur in developing countries. These are various problems with *Prasava* due to which the women die or face major pains. In *Ayurvedic* texts there is special *Paricharya* & its importance for these phases e.g. *Garbhini Paricharya*, *Prasava Paricharya*, *Sutika Paricharya*. The importance of *Garbhini Paricharya* is *Anupghataya*, *Paripuruatwaya* & *SukhaPrasavaya*. Because *Ayurveda* gives importance to 'shreyas Praja' not only *Praja*. With these *Paricharya's* they also mentioned interventions for abnormal events. In certain conditions *Prasava* will be *Vilambit* & *Vilambit Aavi* is the one of the cause of the *Vilambit Prasava* (prolonged labour). *Acharya Kashyapa* has mentioned that the woman having normally situated fetus, dilatation of *garbhaashayamukha* and the presence of *Aavi*, along with *Graahishula* need to be proper to deliver the fetus.¹ *Vilambit Aavi* causes *Vilambit Prasava*, due to

which maternal & fetal distress occurs. Power is one of the three P's i.e. power, Passage, Passenger on which labour depends. If remaining two P's (Passage, Passenger) are normal but the power is insufficient then the *Prasava* will be prolonged *Prasava*. *Power* means *Aavi* is responsible for initiation and maintenance of labour. For *sukhaPrasava* there is one reference in *Yogaratanakara* i.e. Lepa of *Krushna* and *Vacha choorna* with water and mixed with castor oil apply over umbilicus. So decided to study this drug & seen its effect on prolonged labour (*vilambit Prasava*).

AIM:

To assess the role of *Pippalimula* (*Piper longum*) and *Vacha* (*Acorus calamus*) kalka with *Eranda* (*Ricinus communis*) taila lepa on *Vilambit Aavi* clinically.

OBJECTIVES:-

1. Conceptual study of *Prakrut Prasava*, *Vilambit Aavi* and *Vilambit Prasava* will be done from *Ayurvedic* as well as advanced literature.
2. Detailed study of *Pippalimula*, *Vacha* and *Eranda taila* will be done.
3. Relation of *lepa* with intensity of *Aavi* will be studied.
4. Patients of *Vilambit Aavi* will be enrolled.
5. *Lepa* will be applied.
6. After application of *lepa*, labour will be

monitored.

7. Adverse effects will be studied and appropriate intervention will be done.

MATERIALS AND METHODS:

Patients

Patients were selected by as per inclusive criteria and treated with lepa of *Pippalimula* and *Vacha kalka* with *Eranda taila*. Effect of it on *Vilambit Aavi* observed.

Drugs

- *Pippalimula*
- *Vacha*
- *Eranda Taila*

Drug was authenticated from recognised institute.

Methodology

● Place of work:

Diagnosed *Vilambit Prasava* patients due to *Vilambit Aavi* were selected from I.P.D.[labour room]. Clinical trials were performed in Stree Rog and Prasuti Tantra IPD.

● Patients:

Sample size:- 30 Patient
Age Group:- 19 to 30 Years

Inclusion Criterion:-

Full term intrapartum patients having *Vilambit Prasava* due to *Vilambit Aavi* irrespective of age, religion and occupation.

- With adequate pelvis.
- With normal lie.
- With vertex presentation.
- With normal FHS.
- With good maternal condition.
- Multipara, primipara.

Exclusion Criterion:-

- Preterm labour.
- CPD.

- Previous LSCS.
- Foetal distress.
 - Maternal distress.
 - Garbhopadrava.
 - Garbhavyapad.
 - Prolonged labour caused by other factor than Prolonged aavi.

Withdrawal Criterion:-

Treatment stopped if patient developed any adverse effect like maternal distress or fetal distress, local skin allergies. If patient refuses to continue with the treatment.

Drug Preparation:-

An authentic sample of *Pippalimula* and *Vacha* were collected from market.

1. It was dried & *sukshma choorna* was prepared by using mesh 80.
2. Fresh *lepa* made each time before use with the help of *Jal* and *Erandataila*.

Form-Semisolid paste

Route of Administration:- External application (*Lepa*)

Site :- *Nabhi aasmantpradeshi*. (diameter approx. 30cm)

Thickness of *Lepa*:- 1/4th angul of patient (approx. 3 to 4mm).

Drug Application:-

➤ *Kala*:

Whenever signs of *vilambit aavi* seen, *lepa* of *Pippalimula* and *vacha* with *Eranda taila* applied on *Nabhi Aasamant Pradesh*. After specific signs of drying of previous *lepa* replaced by next one. This process continued till achievement and maintenance of proper contractions according to stage i.e. 3/10min lasting for 40-45 sec and labour progress.

➤ *Dose*:

Drug quantity for single *lepa* of diameter approx. 30 with thickness of *lepa* 3 to 4 mm.

Quantity

<i>Pippalimulachoorna</i>	20grams
<i>Vachachoorna</i>	20grams
<i>Jal</i>	40ml
<i>Erandataila</i>	30ml

Drug was prepared according to Ayurvedic texts.

Observation and result

1) Religion wise-

Out of 30 patients all are from Hindu religion [100%].

2) Education wise-

Out of 30 patients were divided into four groups. Maximum patients in secondary education group were 17 [56.7%]. 8 patients were in higher secondary group [26.7%]. 1 patient in Diploma group [3.3%]. And 4 patients were graduate [13.3%].

3) Occupation wise-

Out of 30 patients in trial group maximum number of patients were found in House wife group, followed by teacher and service women group. They were 27 [90%], 2 [6.7%], 1 [3.3%] in numbers and percentage respectively.

4) Age wise-

As per inclusion criteria selected patients were having age between 19 to 30 yrs and distributed in 2 groups. Out of 30 patients in trial group maximum number of patients found in age group 19 to 24 yrs were 23 [76.7%], in 25 to 30 yrs group were 7

patients [23.3%] in numbers and percentage respectively.

5) Parity wise-

Out of 30 patients divided into 3 groups. Maximum number of patients primipara were 17[56.7%], 9 patients were 2nd para [30%], and 4 patients were 3rd para [13.3%] in numbers and percentage respectively.

6) Height wise-

30 patients were classified in 2 groups. Maximum patients found in 148 to 155 cm group were 24[80%], 6 patients found in 156 to 160 cm [20%] in numbers and percentage respectively.

7) Weight wise-

Out of 30 patients maximum number of patients found in group 52 to 61 kgs were 16 [53.3%], 9 patients were in 42 to 51 kgs [30%], and in 62 to 71 kgs group were 5 [16.7%] in numbers and percentage respectively.

8) Hb% wise-

30 patients were classified in 2 groups 9 to 11 and 11 to 14. Patients were 18 in 9 to 11

[60%], 12 were in 11 to 14 [40%] in numbers and percentage respectively.

Statistical Analysis:

Statistical analysis was done on the following attributes:

1. Time for mild to moderate contractions (hrs)
2. Time for moderate to strong contractions (hrs)
3. Time for change in frequency of contractions (hrs)
4. Total time of delivery (hrs)
5. BISHOP SCORE

One Sample T Test:

The mean tendency of data for the following variables was assessed using the One-sample T test:

1. Time for mild to moderate contractions (hrs)
2. Time for moderate to strong contractions (hrs)
3. Time for change in frequency of contractions (hrs)
4. Total time of delivery (hrs)

RESULTS:

One-Sample Test						
	Test Value = 0					
	t	df	P-value	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Time for Mild to Moderate contraction hr		29	.007	2.167	1.89	2.45
Moderate to Strong contraction hr	9.225	29	.039	3.000	2.33	3.67
Time for Change in Frequency of contraction hr	11.986	29	.009	2.067	1.71	2.42
Total Time of delivery hr	13.113	29	.010	7.133	6.02	8.25

Inference:

It is seen that for all the variables assessed by the one-sample T test report a significant P-value (P<0.05). Thus, the null hypothesis can be confidently rejected and the alternative hypothesis can be accepted.

Bishop Score:

All the clinical parameters used in this study are of non-parametric, ordinal nature. As a result, a non-parametric alternative for One Way ANOVA i.e. the Friedman Test is applied to study the efficacy of the treatment for each clinical parameter.

Descriptive Statistics:

Measure	N	Mean	Std. Deviation	Minimum	Maximum
Bishop Score BT	14	5.29	1.069	4	7
Bishop Score AT4	14	9.86	1.562	7	12
Bishop Score AT8	14	11.71	1.267	9	13

The Friedman test was used to test the hypothesis for each individual clinical parameter as well as the final Bishop Score calculated based on these parameters. Thus, the tendency of each individual parameter as well as all parameters together (in the form of Bishop Score) was compared.

Friedman Test:

The Friedman test is the non-parametric alternative to the one-way ANOVA with repeated measures. It is used to test for differences between groups when the dependent variable being measured is ordinal. It can also be used for continuous data that has violated the assumptions necessary to run the one-way ANOVA with repeated measures.

Freidman Test:

Bishop Score			
N	Chi-Square	df	P-value
14	27.111	2	.0000013

Inference:

The mean & standard deviation of values for all patients observed for each time-point shows that the mean and deviation values increased over the period of treatment. Also, it can be confidently inferred from the Friedman Test results, that the P-value is significant. Hence, the Null hypothesis is rejected and Alternative hypothesis is accepted.

DISCUSSION:

30 patients were selected for clinical trial. Out of 30, 28 patients had normal vaginal delivery and 2 patients required LSCS. All 30 patient had respond to treatment in minimum 4 hours. Out of 2 patients 1 LSCS done for fetal distress and other for APH with failure of progress due to short cord with a loop of cord around neck. The results were derived after execution of statistical The P-values for each clinical parameter can be summarised as below:

Clinical Parameter	P-value	Inference	Conclusion
Dilatation (cm)	.000028	Accept alternative hypothesis.	Effective
Effacement %	.000061	Accept alternative hypothesis.	Highly Effective
Station	.000028	Accept alternative hypothesis.	Effective
Consistency	.0000087	Accept alternative hypothesis.	Highly Effective
Position	.00014	Accept alternative hypothesis.	Effective
Bishop Score	.0000013	Accept alternative hypothesis.	Highly Effective

Based on the P-values and mean tendencies of each variable as well as the Bishop score, it can be concluded that *Pippalimula* (*Piper longum*) and *Vacha* (*Acorus calamus*) *kalka* with *Eranda* (*Ricinus communis*) *taila lepa* is highly effective for treating *Vilambit Aavi*.

Hypothesis of drug action

As study included the *Vilambit prasava* causes due to *Vilambit Aavi*. Hypothesis is drawn for the action of drug on *Vilambit Aavi*.

Pippalimula:

Pippalimula is a *Ushna Veeryatmaka* and *Kapha- Vata shamaka*. In *Ayurvedic* classics, reference of *Garbhashaya sankochak Karya* is found. Due to *Vatashamak guna* it brings *Pratiloma gati* of *Apan Vayu* becomes *Anuloma*.

The crude extract and its hexane fraction exhibited 100 and 86% efficacy respectively (day 1-7 post-coitum schedule). On the other hand, 1-butanol soluble, 1-butanol insoluble and chloroform fractions were inactive. As the studies were further evaluated, the action seems to be similar in cases for myometrial contraction required for the expulsion of fetus at term.

Vacha:

Vacha is a *Ushna Veeryatmaka* and *Kapha- Vata shamaka* Its *Garbhashaya sankochak Karya* reference

techniques. The effect of study has been presented as follows

Effect on parameters

Parameters used

1. Time for mild to moderate contraction in Hrs
2. Time for moderate to strong contraction in Hrs
3. Time for change in frequency of contraction in Hr
4. Total time of delivery in Hrs

Interpretation from one sample T-test results are drawn that for all the variables assessed by the one sample T test report is a significant P-value(P<0.05).

5.BISHOPS score:

Interpretation from one way ANOVA test results was drawn that there is a significant difference in BISHOPS score before and after application of *Lepa* to the patients. All the parameters into the consideration it was seen that there was significant difference in change in intensity, frequency and duration of contractions and BISHOPS score.

is also found in *Ayurvedic* classics. Due to *Vatashamak guna* it brings *Pratiloma gati* of *Apan Vayu* becomes *Anuloma*. Calamus root contains high levels of essential oils with decadienal, ca-tyophyllene, humulene, curcumene and B-asarone and bitter agents such as acorone, neoacorone, acorine, tanning agents and mucilage. The essential oil of *Acorus Calamusvar-americanus* is devoid of B-Asarone. Plants from Indian contain especially high concentrations of asarone. These all are oxytocic in nature which accelerates the contractility of the muscles. It is also known to increase the receptors of oxytocin in the myometrium.

Eranda Taila:

In *Ayurveda*, *Taila* is explained as *Shreshtha Vataghna*. *Eranda taila* is used for *Anuloman*. Its *Vatashamak guna* brings *Pratiloma gati* of *Apan Vayu* becomes *Anuloma*. The effects of castor oil are mediated by ricinoleic acid. Ricinoleic acid is a hydroxylated fatty acid released from castor oil. Ricinoleic acid meditates the pharmacological effects of castor oil on uterus by specially activating the EP-3 (E-prostanoid 3) receptor. When applied locally it stimulates the nerve pathway resulting in delivery. The contractile response is initiated through the alpha- receptors of the post ganglionic nerve fibres in and around the cervix.

CONCLUSION:

At the end of clinical study was concluded that *Pippalimula* and *Vacha kalka* with *Eranda taila lepa* in *Vilambit Aavi* are as follows-

- *Pippalimula* and *Vacha kalka* with *Eranda taila lepa* is effective in *Vilambit Prasava* due to *Vilambit Aavi*.
- It was enhanced intensity, frequency and duration of contractions which helps to accelerate the labour.
- It helps to increase the chance of normal delivery with to bring down the rate of LSCS.
- Significant changes seen on BISHOPS score.
- No major adverse effect seen on labour process and on vital parameters.
- No significant changes observed on puerperal events.

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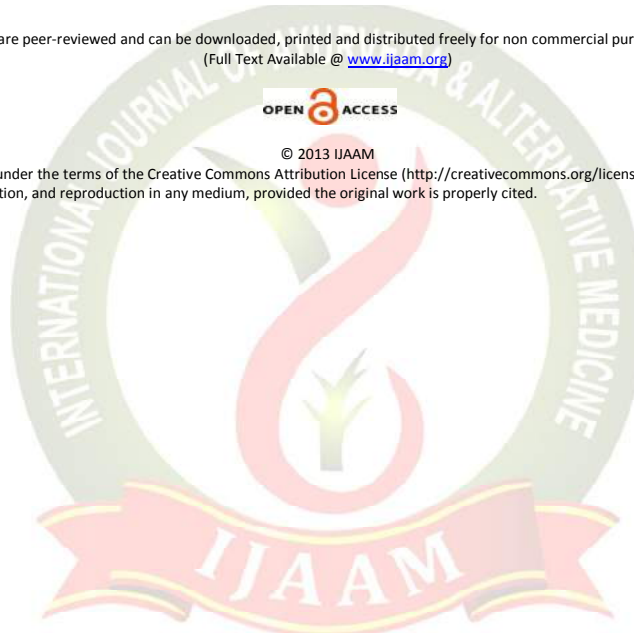
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RESEARCH ARTICLE

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PHYSICO-CHEMICAL ANALYSIS AND ANTIPYRETIC ACTIVITY
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Article

ABSTRACT:

Number of antipyretic drugs has been mentioned in Ayurvedic texts, out of which Anandbhairva Rasa explained in Rasendrasara Sangraha which is indicated in Jeerana Jwara. Therefore Anandbhairva Rasa is expected to have antipyretic activity apart from its other physiological activities. An attempt was made to provide standards for standardization and scientific data for Jwaraghana property. Analytical study of Anandbhairav Rasa was carried out by ICPAES, HPTLC and anti-pyretic activity by yeast induced hyperpyrexia in albino rats. For comparison there were standard (paracetamol) and control (propylene glycol) groups. The result is Anandbhairav Rasa not only acts as antipyretic but has additional properties like antioxidant, rejuvenating and maintains the metabolism of body where as Paracetamol may act only as antipyretic.

Key Words: Paracetamol, Anandbhairav Rasa, anti-pyretic activity, ICPAES, HPTLC

INTRODUCTION

In Ayurvedic science, many classical texts have given prime importance to Jwara. In Rasendrasarsangraha Anandbhairav Rasa a herbomineral product is mentioned as antipyretic medicine¹. Jwara is one amongst the Ashtaumahagada and is considered the king of all diseases. Jwara is the disease which is marked by arrest of flow of perspiration, increased heat, and pain all over the body and by a sense of numbness in the limbs². In modern pathology pyrexia is defined as the disease in which obstruction to perspiration, increasing of body temp. exist concurrently. Pyrexia is symptom or condition which is found in many infections and parasitic disease³. Many modern antipyretic medicines like Aspirin, Paracetamol, and Nimusulide are used by practitioners having side effects like dyspepsia, ulceration, hepatotoxicity, and haemorrhage in G.I. tract, epigastric distress, heart burns which make the physicians to look for a safe, effective antipyretic medicine⁴. This leads to growth and demand of Ayurvedic medicines. Now a days because of urbanization, busy schedule etc. the physicians are mainly dependant on the medicine available in the market. But the factors like non availability of raw material, urbanization and deforestation resulted in the manufacture of substandard drug or spurious medicine. The Ayurvedic theories may be true in every aspect but it is the need of the day to prove these theories with scientific data and statistical validation.

Objectives:-

1. To assess the antipyretic activity of Anandbhairav Rasa by yeast induced hyperpyrexia in male albino rats.
2. To establish standards for standardization of Anandbhairav Rasa and to provide safe and economic antipyretic drug.

MATERIAL AND METHODS

Materials :

1. Anandbhairav rasa (Test Drug)
2. Paracetamol (Standard drug)
3. Propylene Glycol (Control)
4. Albino rats (Wister strain)
5. Baker's yeast (to induce pyrexia)
6. Normal saline 0.9% (to prepare yeast solution)

Equipments and Glasswares:

1. Digital tele thermometer (to record the rectal temperature of albino rats)
2. Glass beakers
3. 18 G Needles
4. Tuberculin syringe
5. Disposable syringe
6. Stop watch
7. Hand gloves
8. Glass rod

Method:

1. Healthy adult male albino rats (Wister strain) of 90-120 days old, weighing from 150-200 gms was taken for experimental study.
2. The animals were maintained under strict laboratory condition with controlled environment of temperature, humidity, light and dark cycles.
3. They were fed with balanced pellet diet as prescribed by CFTRI, Mysore (Central Food Technological Research Institute), and water ad libitum.
4. Maximum number i.e. 5-6 animals per cage were maintained. Animals under different groups of experiments were caged separately.
5. The animals were selected from central animal house of AV Samiti's Ayurveda Mahavidyalaya, Bijapur, considering inclusive and exclusive criteria.

Experimental Protocol:**Sample Size:**

18 Albino rats were taken for the experimental study, distributed 6 in each group. Three groups were taken for antipyretic study.

Inclusive and exclusive criteria:**Inclusive criteria:**

1. Adult healthy male albino rats.
2. Albino rats weighing 150-200 gms.
3. Albino rats between 90-120 days.

Exclusive Criteria:

1. Unhealthy Albino rats.
2. Weight range below 150 gms and above 200 gms.
3. Female Albino rats.
4. Albino rats of age below 90 days and above 120 days.

Dosage and mode of drug administration :

Animal dose = Human dose x 0.018⁵.

1. Anandbhairav rasa (4.50 mg/200gm rat)
2. Paracetamol (9 mg/200 gm rat)⁶
3. Propylene Glycol (0.5ml)⁷

Anti-Pyretic study (On yeast induced pyrexia in Albino rats)⁸**Study group :**

Test Group - 4.50 mg Anandbhairav rasa

Standard group - 9 mg Paracetamol

Control Group - 0.5ml Propylene Glycol

Method:

1. The animals were starved for 24 hrs and water ad libitum.
2. The digital tele thermometer cord was lubricated with borax glycerin and initial

temperatures of the chosen animals were recorded.

3. Preparation of 15% yeast solution

For 15 gm of freeze dried baker's yeast (Prestige yeast manufactured by SAF yeast Co. Ltd., Mumbai). 100 ml of 0.9% normal saline was added and triturated though roughly made homogenous solution. Every time fresh yeast solution was prepared and used.

4. Induction of pyrexia

Pyrexia was induced by the parenteral administration of 2 ml of yeast solution at the nape.

5. The medicines (test drug, standard drug and control) were administered, after 18 hrs of administration of Baker's yeast.

Table No. 41: Showing the Drug schedule

Group	Noof Animals	Drug	Dose per 200 gm rats
Test	6	Anandbhairav rasa with Propylene Glycol	4.50 mg
Standard	6	Paracetamol	9 mg
Control	6	Propylene Glycol	0.5 ml

6. The rectal temperatures were noted using tele thermometer at 30 mins intervals up to 60 mins and then at 1 hr interval up to 5 hrs and then every 3rd hr. up to 9th hr.

OBSERVATIONS AND RESULTS

After the administration of bakers's yeast, all the albino rats were closely observed for their behaviour and symptoms.

- ❖ In all rats increase in temperature was noted after 18 hours of yeast administration.
- ❖ Rats were less active after 6 hour.
- ❖ All the rats were facing downwards after 12 hours.
- ❖ Shivering was observed in most of the rats after 15 hours.
- ❖ Fur erected was noted after 19 hours.

All these symptoms found in albino rats confirm that those were suffering from hyperpyrexia.

- ❖ Albino rats were active at 3rd hour after the administration of Anandbhairav Rasa.
- ❖ Albino rats were irritant after the administration of Paracetamol.

All the results are tabulated.

Physiochemical analysis of Anandbhairav rasa:-

Anandbhairav Rasa was brownish red in colour, pleasant odour, hard but having smooth surface and pungent in taste.

- Percentage solubility of Anandbhairav Rasa was 60% in D.W. & acetone (in 80:20 proportions).
- Ash value of Anandbhairav Rasa 19.2%, acid insoluble ash 1.6%, water insoluble ash 4.8%,

moisture content 0.6% and specific gravity 1% were noted.

- Anandbhairav Rasa was slight acidic in nature & its pH was 6.06.
- Pharmaceutical standards like Uniformity in weight of Anandbhairav Rasa pill was 124mg ± 1.2 mg, diameter of pill 5.3mm ± 0.1mm. Hardness 4.5kg, Friability 0%.Disintegration time in D.W. was 22.4 min and in acid media 22.7, alkaline media 19.2 min. respectively. Dissolution time in D.W. was 19 min. and in acid and alkaline media it was 19.25 min. and 21.20 min. respectively.
- Elemental analysis of Anandbhairav Rasa showed presence of sodium, Mercury, Calcium, Sulphur, Iron, Arsenic, and Phosphorus. Whereas Tin, Bismuth, and Lead were not detected. (means less than 0.1 ppm to 1 ppm)
- Chromatographic scan shows the presence of aconite, piperine and zingiol in sample .
- Phytochemical constituents like Tannin, Flavonoids, Proteins, and Alkaloids were present in Herbal & herbomineral ingredients of AnandbhairavRasa.

DISCUSSION

Experimental study on albino rats was carried out, to assess the antipyretic activity. The statistical analysis was carried out by unpaired “t” test. From study it was noted that antipyretic activity of Anandbhairav was found to be more or less similar compared to standard drug. It was found to be highly significant compared to that of control group. Though it has more or less similar antipyretic activity between Anandbhairav rasa & Paracetamol, Anandbhairav Rasa may exhibit better therapeutic properties due to presence of elements like Fe, Na, P, and Ca & Phytochemical constituents like Alkaloids, Flavonoids, Tannins and Proteins. Fe (Iron) which helps in normalizing metabolic activity which has been disturbed during hyperpyrexia condition. The

elements like Na (Sodium) & P (Phosphorus) maintains the normal electrolyte balance which is needed during Pyrexia. Presence of Calcium gives strength to the cells & tissues which helps in normalizing metabolic activity & these components also helps in normalizing the different biochemical reactions of the body. Phytochemical constituents like Flavonoids possess the antioxidant property. From the HPTLC analysis it was observed that Aconite present in Vatsnabha, Piperine present in Pippali, Zingiol present in shunti, Piperidine present in Maricha these components might have contributed for the antipyretic action of Anandbhairav Rasa. Antipyretic activity of Anandbhairav Rasa may be mainly due to agneedeepaka, Amapachak, Swedajanaka & jwaraghna properties in the ingredients of Anandbhairav Rasa.

CONCLUSION

Anandbhairav Rasa (test drug) has shown significant antipyretic activity from 1st hr. 5th hr. of drug administration and further gradual increase in temperature was noted from 6th hr. to 9th hr. Paracetamol (standard drug) has shown significant antipyretic activity from 1st hr. to 5th hr. of drug administration. After that sudden rise in temperature was noted from 6th hr. to 9th hr. In test group gradual increase of temperature was noted from 6th hr. to 9th hr. whereas in standard group sudden rise in temperature was noted from 6th hr. to 9th hr. Propylene glycol (control group) shown no significant antipyretic activity throughout the study. Anandbhairav Rasa contains the elements like Na, S, Hg, Fe, P, Ca and phytochemical constituents like Alkaloids, Flavonoids, Tannins, Proteins and active components like Aconite, piperine, piperidine, zingiol which may exhibit to reduce the elevated body temperature.

Rats were active and healthy in test group due to presence of chemicals and phytoconstituents in Anandbhairav Rasa. This study has given scope for further experimental and clinical study too.

Table no1 shows Anti-pyretic activities of Test group, Standard group and Control group (Mean ± S.D.) (n=6)

Group	Before inducing pyrexia (temp in °F)	After inducing pyrexia (temp in °F)	Before drug Administration 0 min Mean ± S.D.	After drug administration (rectal temp in °F)							
				30 min	60 min	120 min	180 min	4 th hr	5 th hr	6 th hr	9 th hr
Test group	97.4 ± 0.034	100.92 ± 0.024	100.92 ± 0.03224	100.05 ± 0.1819	99.39 ± 0.6084	98.398 ± 0.33048	97.23 ± 0.08854	97.41 ± 0.23954	97.49 ± 0.3016	98.38 ± 0.1977	99.54 ± 0.16248
Standard group	97.4 ± 0.030	101.17 ± 0.0118	101.17 ± 0.01183	100.942 ± 0.01612	98.79 ± 0.01732	98.16 ± 0.02049	97.30 ± 0.01414	96.63 ± 0.01673	96.49 ± 0.01673	100.05 ± 0.02049	100.75 ± 0.0397
Control Group	97.4 ± 0.033	101.08 ± 0.0141	101.08 ± 0.0141	101.08 ± 0.0063	101.08 ± 0.01949	101.12 ± 0.0141	101.12 ± 0.0148	101.17 ± 0.00894	101.45 ± 0.0228	102.03 ± 0.01949	102.38 ± 0.0214

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REVIEW ARTICLE

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AYURVEDIC ASPECT OF INFERTILITY

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Article

ABSTRACT:

Motherhood is the most precious gift to women and it's a desire of every woman. Infertility is defined as failure to conceive within one or more year of regular, unprotected intercourse. In modern text, Infertility is elaborated according to causes, investigations and treatment. Treatment of Infertility mainly includes hormonal therapy and invasive procedures. Today people are more interested in alternative therapy rather than surgical and hormonal interference. According to Ayurveda, Nidan Parivarjan is the key to success i.e. causative factors of the disease should be treated first to cure the disease. This review study is to understand the element according to Ayurvedic ethics. While considering Ayurvedic aspect of Infertility, we can correlate Infertility with Vandhyatva. Vandhyatva is the word which includes all the literature review from Ayurvedic classics regarding inability to conceive. Vandhyatva as a disease is not described in any Ayurvedic classics except Harita Samhita, but its the only symptom. Failure to achieve pregnancy has been referred under various conditions i.e. 1) coitus in abnormal postures 2) due to diseases of Yoni and abnormalities of Aartava. In Sushrut Samhita, Vandhya Yoni was described among 20 Yoni vyapad. Charak and Vagbhatta referred Vandhya due to abnormality of bijansh. Under description of Jataharini Kashyap has mentioned Pushpagni having useless menstruation and certain characterised with repeated expulsions of foetuses of different periods. Harit has mentioned six types of vandhyas. To get complete picture of this condition and its treatment the matter from all related granthas recapitulated here. In this paper effort has been made to enlighten literature available in our granthas related to vandhyatva and ultimately Infertility by Nirukti, Hetu and Chikitsa Siddhant.

Key Words: Infertility, Vandhyatva, Vandh

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INTRODUCTION:

Reproduction is basic fundamental right of everyone irrespective of caste, religion, social, economic & educational status. Infertility is defined as failure to conceive within one or more year of regular unprotected coitus. This is a common disorder about 10% of female aged 18-44 years. Male is responsible about 30%, female about 30-40% and both are responsible in about 10%, while 10% is unexplained. There are various causative factors mentioned in female like uterine factor, ovarian factors, cervical, hormonal and systemic factors. While treating infertility, in modern science, there is hormonal treatment and surgical intervention is needed in most of the cases i.e. in tubal block, some invasive procedure like hysteroscopic cannulation, tubal anastomosis is required. In ovulatory cycles hormonal tablets and injections are given which has side effects. This study is an attempt to understand the ailments according to Ayurvedic samhitas and evaluate the concept of Infertility in all ways for better perspectives and management. It is very essential to go through the description of conception, causes of infertility and treatment of Infertility according to Ayurvedic texts. This is an effort to elaborate the concept of infertility according to Ayurveda.

AIM:

Literary review of Infertility from Ayurvedic texts.

OBJECTIVES:

1. To compile all the references of Infertility according to Ayurveda.
2. To study Ayurvedic concept of Infertility according to hetu, samprapti and chikitsa.
3. To implement Ayurvedic concept of Infertility for management.

MATERIAL AND METHODS:

This is a literary & conceptual article, so Ayurvedic texts are used. The references related with Vandhyatva are compiled & analysed from various samhitas like Charak Samhita, Sushrut Samhita, Kashyap Samhita, Harit Samhita, Ashtang Hridaya, Bhel samhita. While considering an Ayurvedic aspect of Infertility, we can correlate Infertility with Vandhyatva. Vandhyatva as a disease, is not described in Ayurvedic samhita except Harita Samhita, but it's a only symptom of various causes. Before discussing the causes, lets go through the physiology of conceptions.

Rutu, Kshetra, Ambu & Beej are the chief factor of conception.⁴

- **Rutu** is the most fertile period dominated by Kapha dosha, which is 12 days after menstrual phase.
- **Kshetra** is the place where implementation of the embryo takes place. Avyapanna Yoni : Garbhashaya works as field. We can also add Artavahi Dhamanya i.e. fallopian tubes as a Kshetra, because fertilization takes of in fallopian tube only.
- **Ambu** is the nutrition produced from the diet which is consumed by a woman, responsible for growth of fetus.
- **Beeja** includes stree-beeja & purusha-beeja i.e. ovum & sperms. Shuddha 'Shukra - artava' stresses on healthiness of both.

According to modern science, Beeja denotes ovulation and normal semen Analysis. Also 'Soumansya' ¹ i.e. normalcy of psychology, Shadbhavas ² (mother, father, atma, satva, satmya, rasa) are the essential factors for healthy conception described in the texts. Kashyapa explained that fertilized ovum gets encircled by blood as soon as it enters uterus.⁸

Definition of Vandhyatva / Infertility

In Sushrut Samhita, Vandhya is a woman who has lost her Artava i.e. menstruation Vagbhata & Charak explained that the congenital under development or deformity in streebija is the cause of Vandhya. ^{2,11} Bhela stated that Vata is responsible for Vandhya. ⁹ All these opinions can be summarised as the disorders of doshas during intra or extra uterine life of a female, affect her genital tract & Vandhyatva results. Definition of Sushruta can be interpreted as loss of ovulation means sterility. Harita has described 6 types of Vandhya ¹⁰

- 1) Balya- Garbhakoshtabhang & Dhatukshya
 - Give rise to infertility
 - Balya means delayed puberty
 - Garbhakoshtabhang means injury to the uterus.
 - Dhatukshya means general emaciation due to underdevelopment
- 2) Kakvandhya - means infertility with one child
- 3) Anapatya means the one who never conceive i.e. primary infertility.
- 4) Garbhastravi means repeated abortions.
- 5) Mrutvatsa means a case with still births.
- 6) Balakshaya due to Dhatukshaya.

Aacharya Charak has mentioned 3 types of vandhyatva.

- a) Vandhya b) Saprja c) Apraja ²

Hetu (Etiology)

Disturbed mental state of woman may lead to Infertility.¹ Damage to Artav-vaha strotas causes sterility. ⁴ Female who use to take good diet, have good behaviour & whose uterus & body is healthy are fertile while those with opposite are sterile. Diseases of Aartav i.e. Artav Dushti described by Sushrut and Vagbhata leads to Vandhyatva. ⁹ Diseases of genital tract i.e. Yoni vyapadas affects uterine, cervical or vaginal receptivity to spermatozoa hence the lady does not conceive. Conception does not occur due to disorder of mother & father. ¹¹

The general causes can be classified as follows

- 1) Disorders of factors of conception
 - a) Disorder of Rutukal - It is affected by Vata or Pitta predominance

- b) Disorder of Kshetra - Disorder of female genital tract
 - c) Disorder of Ambu - Garbha stravi or mrutvatsa types may results due to inadequate ahar rasa consume by a pregnant lady.
 - d) Disorders of Beeja - Artav dushti & Shukra dushti affect fertility. In female Beeja dushti is considered as failure to produce ova
- 2) Disorders of physiology of conception :
 - a) Difficulties regarding maithun - Asamyak maithun Maithunasahatva

Various conditions associated with Vandhyatva

- 1) **Rajo dushti** ⁴- It either affects genital tract or affects the artavavaha strotas causing either failure of (i) entry of sperm (ii) production of Ova capable of fertilization or (iii) nidation.
- 2) **Yonivyapad** ⁵ - When Yoni is affected by various types of diseases genital tract can not receive the sperms, hence Infertility results. Here are those which got specific relation to Infertility
 - a) Asruja : Excessive bleeding due to which after conception also, nidation cannot occur, so it is called Apraja.
 - b) Arajaska : Amenorrhoea is main character due to diseased endometrium.
 - c) Shushka Yonivyapad : Nastartava is the symptom described by Adhamalla.
 - d) Suchimukhi Yonivyapad: Due to congenital defect presence of dyspareunia.
 - e) Antarmukhi Yonivyapad: Representing acute flexion of Uterus.
 - f) Vamini : Shukra alongwith Raja is vomited out by female genital tract on 6th or 7th night due to action of Vata.
 - g) Putraghni Yonivyapad : Conception takes place due to vitiated Vata ultimatum is abortion or still birth.
- 3) Yoni Arsha ¹² - Arsha (Polyp) affects the genital tract as well as Ovum.
- 4) Medovridhi ¹ - Charak described that obesity gives rise to dyspareunia with other symptoms.
- 5) Under description of Jataharini, Kashyap has mentioned Pushpaghni having useless menstruation and characterized with expulsion of fetuses of different period.
- 6) General conditions affecting menstruation may cause infertility for example Rajayakshama, Shosha, Pandu.

Prognosis:

It depends upon its specific causes such as infertility due to incurable diseases of yoni or aartava will automatically incurable. Vandhya described by Charaka is incurable. Apraja and Saprja described by charak and pushpaghni, durdhara and kalaratri jatharini described by kashyap samhita are curable. Anapatya, kakvandhya, garbhastavi, mrutvatsa, due to balakshaya are curable. Vandhya due to garbhakoshtabhang is incurable.

Treatment:

- Reassurance and proper counselling
- Optimism
- Correction of coital difficulties.
- Correction of general ill health.
- The basic principle of Ayurvedic science is to eradicate the cause, so after doing thorough investigations of the couple find out the cause of infertility and treat the same.

- Treatment of specific causes like Yoni Vyapad, Yoni Arsha, Shukra & Artav dushti should be treated. ⁵
- Balavardhak and Brihan chikitsa with medicated ghee & oils. This is indicated in atony of uterus & underdeveloped uterus. ¹⁵
- Shodhan Karma- Snehan, Swedan, Vaman, Virechan. Asthapan and Anuvasan basti.
- Sarvdahik shodhan helps to regulate physiology of body and sthanik shodhan helps to treat the local cause at tryavarta yoni. Ayurvedic texts stress on medicinal shodhan which helps to establish "Avyapanna Yoni." From modern point of view, this method may be indicated in 1) disorder of nidation 2) uterine hostility 3) unovulatory cycles.
- Use of Pittashamak drugs is used to induce proper Rutukal. It can be indicated to regulate ovulation & to increase receptivity of uterus, cervix & vagina.
- Yoni Dhavan with trifala decoction or dashmul decoction.

- Yoni Pichu with Bala oil or Jatyadi oil in yonivyapadas where due to congetion dyspareunia is present.
- Basti Chikitsa :yogabasti and uttarbasti are given. This helps to remove local disorder to increase receptivity of genital tract for entry to sperm to remove obstruction in the passage

Uttarbasti is given in Rutukal. For uttarbasti, medicated ghril or decoction can be used. Due to suppression of vayu by use of uttarbasti, the yoni retains garbha quickly.

- While using kshar- tail uttarbasti, don't forget to take care of cilia.
- Lekhaniya dravyas can be used in the patients of irregular menses due to PCODs.
- To strengthen the uterine cavity, balya dravyas can be used.
- Garbhasthapak Aushadhi s is also given to the patients.

Medicines to be used

• Jivaniya ganasiddha ghril	• Laxmanarishta	• Bala oil
• Chavanprash	• Phaalaghril	• Lashun ghril
• Shatavari	• Kashmaryadi ghril	• Yograj guggul
• Ashwagandha	• Shatavari ghril	• Maharasnadi kwath
• Bruhatshatavari ghril	• Sahchar oil	• Dashmularishta
• Shitkalyanak ghril	• Kshar oil	

Pathyapathya:

Lashun, milk, meat, katutumbi, bhrihatidwaya, devdali should be consumed more. Kacchar, suran, amla, kanji, articles producing burning sensation and pungent things are contraindicated.

DISCUSSION

While going through Ayurvedic concept of Infertility we can correlate Vandhyatva with Infertility according to definition, types, causative factors & treatment. Considering etiological factors Ayurvedacharyas had given a deeper thinking to the subject as compared to modern science. Ayurveda insists on Rutukal as the main factor of conception, hence intercourse in the periods other than Rutukal is ineffective in terms of conception. Etiology explained by Ayurvedic texts i.e. important factors of conceptions resembles with etiology by modern science. To summerise the disorders of Artava, diseases of female genital tract, abnormalities & injuries are the causes of infertility. Like Infertility in modern science, Ayurveda also mentioned Primary and secondary Infertility in the form of Sapraja Vandhya & Apraja Vandhya and also Anapatya & kakvandhya. Treatment of Infertility described in Ayurvedic texts can be more useful & non invasive, expenditure effective other than modern medicine. The local & systemic shodhan treatment is the key to success. Uttarbasti is a non invasive method to correct disorder of tubal factor & to give strength to uterus for proper nidation. It can be also used for inducing proper ovulation.

CONCLUSION:

Ayurveda has explored the view for Infertility. It is the modest attempt to understand the relevance of Ayurvedic concept of Infertility. This study will be the illuminating pathway for future clinical research.

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HYPERTENSION - MODE OF ACTION OF AYURVEDIC
MEDICINES – A CONCEPTUAL REVIEWSwanand A. Joshi^{1*}, N. J. Trivedi²

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Article

ABSTRACT:

Changing life style of twenty first century gives a gift of huge number of non-communicable life style disorders like Hypertension (HTN). Though there is increased drift in prevalence of HTN globally, incidence in developing countries like India is quiet alarmingly high. There are many proprietary medicines as well as classical medicines available to counter the condition. With respect to the mode of actions of these medicines one can presume their functions as immediate acting, intermediate acting and long acting drugs. Simultaneously fundamental principle of Ayurveda treatment is of *Hetu Pratyanyika*, *Vyadhi Pratyanyika* and *Ubhaya Pratyanyika Chikitsa*. So categorization of Ayurveda anti-hypertensive medicines with Ayurveda fundamentals and their mode of action are useful to make drug selection easy and in appropriate manner for instant symptomatic relief and long standing better outcome too. This article is an attempt to explore such new dimension in Ayurveda antihypertensive drugs in Ayurveda and medical research.

Key Words: Ayurveda, Antihypertensive, Hypertension (HTN)

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INTRODUCTION:

With the change in centuries, the world underwent drastic changes in the lifestyle. The development and changes prevailed physical disabilities and diseases, physically as well as mentally. Some diseases disappeared with the vast and wide range of research whereas some diseases evolved and were reassessed. It is well known that when the systolic pressure rises above 140 mm of Hg and diastolic pressure above 90mm of Hg the term or condition is known as Hypertension (HTN). It is one of the leading diseasing conditions found in the today's society. Apart from that HTN is one of the leading causes for heart diseases and cerebrovascular accidents. In the rural areas it is found in the 25% of the population out of which only 25% are aware of their illness. Despite the knowledge, only 25% people are on anti-hypertensive medication. In greater literate society i.e. urban areas, the percentage is slightly more. 33% people are suffering of which 42% people are aware and 38% population is under medical surveillance. Overall 1/10th of the rural and 1/5th of urban hypertensive population are under control¹. It gives a clear indication about availability and necessity of research in the wide field of hypertension. In Ayurveda, system of Indian medicine direct reference of HTN is not available, but several disease or pathological conditions having similarities with that of HTN has been explained. With that consideration, different medications are explained in Ayurveda and are very useful to control the blood

pressure. Ayurveda principle of treatments are *Hetu Pratyanyika* (treatment according to etiological or causative factors), *Vyadhi Pratyanyika* (disease specific treatment) and *Ubhaya Pratyanyika* (Both cause and disease specific treatment) *Chikitsa (Ashtang sam. Su. 12/04)*. Therefore for any Ayurveda labelled entity resembling with that of HTN has also been treated as *Hetu, Vyadi or Ubhaya Pratyanyika Chikitsa*. According to certain allopathic physiological principle line of treatment of HTN, treatment has been categorized as Short acting treatment (use of antihypertensive drugs controlling BP immediately or within few minutes per say), Intermediate acting (use of combination of antihypertensive drugs which controls BP over a period of hours to days), long acting treatment (use of antihypertensive drugs controlling BP over a period of months). If one observed the mechanism of drug action of antihypertensive drugs, it is very clear that, Ayurveda medicines too act like that of allopathic antihypertensive drugs. As there is alarmingly increase in the prevalence of disease and there is very little awareness among the Indian society about the seriousness of clinical condition most of the patients reach to OPD in critically raised level of BP. Therefore as an emergency rescue, categorization of Ayurveda remedies as short and long acting antihypertensive agent is very essential and important need of the hour. Categorization of Ayurveda antihypertensive drugs will opens the newer dimension in the field of medical research and also there will be a

systematic protocol based Ayurveda treatment guidelines for HTN can be explored in upcoming future. This article is an attempt to highlight the role of such categorization and protocol based guidelines.

AIM AND OBJECTIVES:

1. To evaluate and validate the Ayurveda management for Hypertension.
2. To put forward a concept about managing hypertension by instant, intermediate and long standing effects of drugs and Ayurveda therapies.

Need and significance:

There is number of medicines (Classical as well as proprietary) and Ayurveda *Karma* procedures available that claims to control elevated blood pressure. But none of them is specifically indicated concerning their action over either acute control or long term control condition. With the above concept it can be much precise and easier for physicians to choose whether to opt for internal medication or any Ayurveda *Panchakarma* procedure or *Yoga* or even to approach with an integrated method in controlling hypertension. As per the prevalence rate, scope for research in this field may prove a turning point in the management of HTN.

Materials and methods:

Globally there are numerous numbers of research works carried out in evaluation as well as management of hypertension both in allopath and Ayurved system of medicine. It is now well known that the aetiology of HTN is conceived by physical and mental factors. These two factors are very well described in the ancient and modern texts of Ayurveda as well as allopath system of medicine. All these texts and the research works by variety of scholars will be thoroughly referred. All the available website providing authentic information and knowledge will also be involved to enhance the quality of article. Classical Ayurveda text as well as reference books, Ayurveda Journal, magazines, e-books, and different ancient literatures were screened for this work.

Hypertension and Ayurveda:

The emergency of management of any disease varies according to the severity of disease. According to allopath system of medicine, dysfunction of autonomic nervous system, genetic variation in sodium reabsorption by kidneys, genetic dysfunction of renin angiotensin system and impaired vascular response are considered as the causative factors for hypertension.ⁱⁱ Though HTN is a very well understood condition in allopath, there is no specific ayurvedic terminology that accurately correlates with hypertension. Multiple symptoms and practical experiences from patients can be compared to references from classical texts. The terms like *Raktagata Vata*, *Siragata Vata*, *Pittavrutta Vata*, *Pittavrutta Udana*, *Rasa Bhara*, *Dhamani Pratichaya* are some classical terms used for description of HTN by Ayurveda scholars. Some experts explained HTN as *Dhamani Prapurana*, *Vyana Bala*, *Rakta Vega Vriddhi*, *Rudhira Mada*ⁱⁱⁱ etc. Different nomenclature by different authors or scholars is due to different

presentation, different etiological factors and difference in the involvement of *Dosha*.

Aetio-pathology of hypertension:

From the previous research works it can be said that there are 3 major factors that can be considered to have role in the aetiology of hypertension. They are

1. Diet factors (*Aahara*)
2. Life style factors (*Vihara*) and
3. Psychological factors (*Manasa Karma*).

Aaharaja Hetu is the causative factors related to dietary intake of individuals. *Ati-lavana sevana* causes imbalance in sodium level ultimately compromising renin angiotensin system. Other factor *ati-madya pana* elevates the *raja-tamo guna*. It affects the functions of *manas*, vitiates *vyana vata* and causes hypertension. The causative factors in form of habits are the *viharaja hetu* that includes day time sleeping, irregular diet schedule, excessive fasting (multiple times in a week) and sedentary life style that again leads to *vata vriddhi*. The vitiated *Vata* in *vimarga-gamana* state may vitiate the functions of *pitta* as well as *kapha*, as its direction cannot be controlled or predicted. One of the other most important factor that is *manas* factors include *mitthya yoga* of *manasa karma* consisting excessive thinking, anxiety, stress, fear etc. All these habits can be noted in today's life style that may ultimately lead to excessive stress and causing hypertension.

OBSERVATION AND DISCUSSION:

Quality of life is getting outlaw day by day not only in the case of food stuffs but also in method of living as mentioned earlier in the text. Now-a-days, most of the society neither has a proper waking up schedule nor has well scheduled dietary routine. According to definition of *Abhyasa*, repetition, recitation and revision will lead to its ultimate impact (patanjali yogasutra). In the same way when these irregularities are repeatedly practised, they results in form of physical as well as psychological diseases. It is well known that circulation is continuous process with repeated movement of blood in circulatory system. Repeatedly following faulty life style gives rise to ailments in the quality as well as quantity of blood and vasculature. These changes take some days to years of time to get manifestation as clinical symptoms or disease like HTN in the body of subject demanding medical care or attention hence, HTN is well known as silent killer as it remains mostly undetected till blood pressure is measured. Secondly in most of the instances disease manifestation is in very acute manner with high rise in systolic as well as diastolic BP accompanying with secondary complication like brain haemorrhage or CVA. Therefore, in the allopath system of medicine the anti-hypertensive drugs are differentiated as short acting and long acting drugs. The short acting is mostly used to lower down blood pressure in acute conditions like high risk blood pressure and pre stroke symptoms. The physiology of hypertension states that hypertension is controlled by body itself in two different ways that is acute and long term control^{iv}. In the same way from medicinal point of view too HTN is controlled with the use of either short acting antihypertensive drugs or long acting antihypertensive drugs. Table 1 suggest the mode of action of short acting antihypertensive or instant BP

controlling drugs is through action on alpha-beta adrenergic receptors and nervous control, while that of long acting antihypertensive drugs are through action on renal system and platelet aggregation prevention factors and local tissue hormones.

Management of hypertension according to allopath:

In the allopathic system of treatment first risk factor is taken into consideration. According to risk factors treatment can be described as

Low/medium risk:

- Life style modification
- Reassessment of condition
- Medication if there is no change in the condition.

High/very high risk:

Simultaneously life style modification as well as drug therapy is initiated. In life style modification body weight management, physical exercise, stopping smoking and alcohol habits is included along with dietary changes as low sodium intake, higher veg and fruit intake as well as lowered fat content diet is advised. Ayurvedic drugs and treatment modalities like *Kupi Pakwa Kalpa*, *Swarna Kalpa*, *Rasa Kalpa* have potential to act in the same way with their *Sukshma*, *Vyavayi Guna* and control the raised blood pressure levels. Other forms of treatment as *Nasya*, *Shirodhara* acts directly on nervous system and *Manasa* and gives instant results. It can be assumed that these modalities can be utilised in acute, intermediate and long term control of hypertension. This concept can play a vital role in proper utilisation of ayurvedic remedies in the management of hypertension globally.

Management of hypertension according to Ayurveda:

As HTN cannot be exactly co-related with any condition described in Ayurveda, treatment always varies considering state of disease, involvement of particular *Dosha* and considering specific *Hetu*. Thus the treatment can be initiated in 3 ways

Type	Treatment is done with respect to
<i>Hetu pratyaynik</i>	<i>Hetu</i> (specific etiology)
<i>Vyadhi pratyaynik</i>	specific pathogenesis
<i>Ubhay pratyaynik</i>	Combination of above mentioned.

Integrated approach with the below mentioned treatment modalities should be encouraged in today's scenario to get maximum result.

1. Samshamana Chikitsa:

The drugs, like *Sarpagandha*, *Jatamansi*, *Punarnava*, *Gokshura*, *Brahmi*, *Shankhapushpi*, *Ashwagandha* taken in single drug form or in combination, have been proven effective in management of hypertension. Different researches had proven their mode of actions, viz. *Sarpagandha* has antiadrenergic and anxiolytic property. *Ashwagandha* is anxiolytic, rejuvenating & *Hridaya* in property. *Gokshura* & *Punarnava* both are used for centuries as diuretic in various disorders like *Shotha* (*Anasraca*), *Jalodar* (*Ascites*) & *Mutra Rogas* (urinary diseases). *Shankhapushpi* & *Bramhi* have potent *Medhya*

& anxiolytic properties. All these drugs can be used in treating chronic hypertension as their action is physio-psychological that may gradually act on the body and useful for long term control of blood pressure^v.

2. **Samshodhana:** Main components of *Shodhana Chikitsa* are *Nasya*, *Virechana* and *Basti*. *Vamana* is chief procedure in out casting vitiated *Kapha*. Moreover *Vamana* is considered as a *Hetu* for *Hrudroga*^{vi}. So *Vamana* can be recommended only in few cases where it is extremely necessary.

A. **Nasya:** As per the Ayurveda concept *Nasa* or nostril is considered as gate way to brain, the drugs administered through this route will act immediately on the cranial nerves and pituitary gland through the middle cephalic fossa^{vii}. The Middle Cephalic fossa is the region, which, in connection with ethmoid and sphenoidal sinuses. The sphenoidal sinus is inferiorly in connection with the Naso-pharynx and posterior with the brain stem. In such a way when medicines with *Medhya*, *Kaphaghna* with *Snigdha* (Oil, Ghee) medium are introduced from this route, they act instantly on the crania and instant effects are observed with the synchronization and harmony between body systems to control the blood pressure.

B. **Virechana:** *Virechana* is the main treatment for *Pitta Dosh*. The symptoms of hypertension as shiroshula, angamarda, angadaha resembles to the symptoms given in Charaka Samhita under the heading of *Rakta Dushtijanya Viakara*^{viii}. Considering the *hetu* as *Pitta-Dustikara* and symptoms as *Pitta Dushtijanya*, *Sadhya Virechana* can be the management for long term control as purification of body and drainage of vitiated *Dosha* from body takes very long time to get vitiate again.

C. **Basti:** stress, excessive thinking ultimately leads to *Vata* vitiation/*Vruddhi*. *Basti Chikitsa* not only works on *Vata Sthana* but regulates the functions of *Vata Dosh* all over the body and gives strength to body to withstand again the vitiated and *Vimargaga Vayu*.

D. **Palliative measures:** Other palliative modalities include *Shirodhara* with *Takra*, *Jala* (water) and medicinal decoctions. *Vata* affects the mind inducing fear, crowd of thoughts, stress whereas *Pitta Dosh* produces anger, irritation, frustration when they are vitiated. The liquids used for shirodhara acts on these vitiated doshas to subside diseased symptoms. It nourishes the body tissues and pacifies the *Doshas* through the application of the liquid to the forehead, scalp ultimately stimulating the nervous system. The person experiences unexplainable relaxation which provides complete rest to mind, allows one to overcome stress related conditions like hypertension. ix When the mind relaxes ultimately *raja tamo guna* gets deprived and resulting in improved *satva guna* and ultimately there is control over thoughts with drops down in stress level and helps to control hypertension.

Nidana Parivarjana: *Sushrut Samhita* elaborated that any disease is difficult to treat until its causative factor is not stopped. Thus as seen earlier discarding salts in regular diet will bring sodium levels in the blood to

equilibrium. Avoiding *madyapana* will improve psychological status with respect to functions of *manas*. In addition to effect on *Manasa* effect it helps to prevent the vitiation of *Kapha* and *Pitta Dosh* due to control over *Lavana* and *Amla Rasa*.

Yoga Chikitsa: *Yoga Chikitsa* includes *Pranayama*, *Asana* and meditation i.e. *Dhyana*. Among the *Pranayama*, *Bhramari* and *Anuloma Viloma Pranayama* have implemented considerable role in lowering down the raised blood pressure levels. *Asana* is technical practise of variety of exercise posture. To counter hypertension *Shavasana*, *shalabhasana*, *ardhamatsyendrasana* can be useful. Yoga cleansing practices like *Shatkarma* and *Uddiyana Bandha* is also helpful to alleviates the raised blood pressure. *Dhyana* is supposed to sooth the mind and therefore can be helpful in the management of hypertension. All these measures are found to give mental peace and drops down the level of excitement reducing the adrenal discharge affecting cardiac contraction and peripheral resistance ultimately there is control of blood pressure from cerebral cortex or central nervous system with neuro-endocrinal harmony. With due respect to the all these observations considering the management of hypertension according to allopath, etiological factors and available treatment modalities of Ayurveda one can infer some new considerations regarding ayurvedic management. From this discussion it can be inferred and summarised that, one can categorized the Ayurveda antihypertensive drugs in systematic manner for easy applicability -

- **Immediate acting Ayurveda antihypertensive drugs** - *Sarpagandha Vati* or *Rasagandha Vati* as well as *Swarna Kalpa* like *Swarna Sutashekhara Rasa*, *Hemagarbha Pottali* etc.
- **Intermediate acting Ayurveda antihypertensive drugs:** Use of local applications and herbal as well as herbomineral preparations like *Prabhakara Vati*. Mostly acting on CNS aetiology improves cardiac strength improves the vascular response also improves the quality of blood (**Rakta Prasadana**).
- **Long acting Ayurveda antihypertensive drugs:** Use of purification process like *Virechana*, *Basti* etc. followed by *Rasayana* therapy (including *Medhya Rasayana*) or rejuvenation therapy. Ultimately establish control and restoration of body function towards normalcy which is helpful for health and longevity.

CONCLUSION:

Every drug and its method of administration act separately on human body with its specific property. Like the drugs with *Sukshma*, *Vyavayi* and *Vikasi Guna* can penetrate deeper to cellular level. In the same way if the drugs, well known for controlling hypertension in Ayurveda can be used in a specific way as instantly acting, intermediately acting as well as long acting and judicious use of those drugs on Ayurveda fundamentals of *Hetu Pratyayika*, *Vyadhi Pratyayika* and *Hetu Vyadhi Pratyayika* treatment is effective tool to treat the hypertension and it is a new dimension of Ayurveda

treatment and can explore new research areas for scientist.

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CONCEPTUAL STUDY OF LEUCORRHOEA IN AYURVEDA WITH
HOME REMEDIESShweta M. Askar^{1*}, Manda S. Ghorpade²

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Article

ABSTRACT:

Leucorrhoea is a condition in which female suffers from white discharge from vagina. It may be sticky, semi liquid or watery. Now a day there is some abnormalities in manner and characteristics of vaginal discharge which requires medical attention. When it is yellowish or foul, smelling then there must be some pathological defects. The white discharge is nothing but the mucous shedding from the uterus and other genital parts. It is normal body defence mechanism to maintain the vaginal pH. According to Ayurveda it is mainly due to vitiation of *Kaphadosha* it is having whitish colour, *pichhilata* and sometimes *kanduta* in nature, therefore it is known as '*Shwetapradara*'

Key Words: Leucorrhoea, unhygienic toilet habits, diet, home remedies

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INTRODUCTION

Leucorrhoea is commonly known as white discharge. It is female disease of the genital tract, in which a white discharge is seen from the vagina, even its Sanskrit name, *Shwetpradara* is made-up of two words- '*shweta*' means 'white' and '*pradara*' means 'discharge', *Kapha dosha* is the humour that maintains the proper balance of the fluid contents in the body with respect of atmospheric balance outside. Vitiation in the *Kapha dosha* may cause fluids from the human body to seep into the outside world. This is exactly what happens in *Shwetpradara*. Hence, it can be clearly seen why Ayurveda labels *Shwetpradara* or Leucorrhoea as *Kapha dosha* disorder. *kapha* can be considered as main causative *dosha* in *shwetpradara* vitiation of *vata* occurs chiefly by its *chala* and *sheeta guna*. *Kapha*, aggravated due to its own vitiating factors influence or vitiates *Rasadhatu* of reproductive system.

Definition of Leucorrhoea (*Shwetapradara*)

Leucorrhoea is simply defined as white discharge from the female vaginal tract. The discharge could be a smooth flow, or it could be sticky and lumpy. In most women the nature of the discharge changes as their age advances or if they travel a lot. Vaginal discharge is quite a normal and healthy, phenomenon in female to an extent. The discharge is actually a fluid form of all the worn out and dead cell in the vaginal tract, along with other toxic materials that are eliminated continuously from the vagina in a healthy woman, such discharges are in colour but if the discharge darkens in colour then it require medical attention. Though *Shwetpradara*

literally means 'white discharge', the medical condition refers to the serious condition where there is some abnormality in the manor of the discharge. The following are the situation when *shweta pradara* needs to be treated-

- The discharge is very profuse and is difficult to stop even with sanitary pads.
- The discharge is not pure white, but is grey white, yellow or green, brown or rusty in colour
- There is an itching in the vagina following discharge.

Leucorrhoea (*Shwetapradara*) in Ayurvedic Review

Shwetapradara is a symptom, not a disease. Due to excessive indulgence of dietetic and behavioural regimen capable of vitiating *Vata*, *Pitta*, and *Kapha*, produce their specific symptoms. When a pregnant woman consumes diet or indulges in mode of life capable of vitiating *Kapha* and suppresses desire of vomiting and inspiration then vitiating *vata* withholding *kapha* produces yellowish vaginal discharge associated with pricking pain or else white mucoidal discharge. When woman having predominance of *pitta* withholds her natural urge of sneezing and eructation at the time of coitus, the vitiating *pitta*, getting mixed with *Vata* produces abnormalities.

In Ayurvedic literature, no separate chapter is allotted concerning *Shwetapradara*, The word *Shwetapradara* has not described in *Brihatrayee*" i.e. *Charak samhita*, *Sushrut samhita*, *Bhavprakash*, and *Yogratnakar*. For white vaginal discharge the word *Shwetpradara* or *Yonostrava* has described in *Sharagdhar samhita*,

Bhavprakash and Yogratnaka. In commentary on *Charak samhita*, *Chakrapani* has explained the word *pandura-asrigdara* as *Shwetapradara* (Leucorrhoea) in this commentary. *Sushruta* has described physiological discharge of woman during sexual act. *Shwetapradara* or Leucorrhoea is a symptoms which is found in all *Yonivyapadas* (Gynaecological disorders) those are arising due to vitiation of *Kapha* and *Vatkapha* (*Atyananda, Karnini, Acharana, Aticharana, Shleshmala, Upapluta, Prastrasini*). As *Kapha Dosha* is *aashray* of *Rasadhatu* so diseases caused due to *Rasavahstrotasduшти* have symptom of *Shwetastrava*.

Causes of Leucorrhoea (Shwetapradara)

There are varieties of reasons due to which Leucorrhoea can occur in woman. The following are some of the well known causes-

- 1. Fungal infection-** A fungus much like the yeast, can causes infection of vaginal tract, leading to leucorrhoea, when the women is infected by fungus, then the discharge is in thick and white accompanied by an itching sensation. This kind of discharge is called as vaginal thrush.
- 2. Sexually transmitted diseases-**Some sexually transmitted diseases can cause Leucorrhoea in women. The most popular of such sexually transmitted diseases is trichomoniasis. Such discharge is greenish or yellow.
- 3. Unhygienic toilet habits-** Sharing toilet articles, especially in public toilets, can causes infection of

the vagina, resulting into Leucorrhoea. These are also observed by personal forgetfulness such as forgetting to remove a tampon or diaphragm. Woman who rely a lot on vaginal medication are often victims of Leucorrhoea.

- 4. Cervical problems-**Two kinds of problem with the cervix, the cervical erosion and the cervical polyp, can cause leucorrhoea. Such Leucorrhoea is generally more profuse following sexual intercourse.
- 5. Pelvic inflammatory diseases-** Problem with the pelvis such as PID can cause Leucorrhoea. The pelvis can get inflamed due to an infection.
- 6. Disease condition-**Women who suffer from diseases such as tuberculosis or anaemia may have heavy discharges from their vaginas. These are observed more commonly in women who have poor resistance to diseases live on a frugal diet.
- 7. Stress and tensions-**A t least some part of Leucorrhoea might be psychometric .Woman who live under severe stress and worries develop Leucorrhoea.

Types of Leucorrhoea (Shwetpradara)

The different types of leucorrhoea are classified on the basis of the colour of their discharges and their causes. The following table summarizes these types of leucorrhoea.

Types of Leucorrhoea	Caused By	Colour of Discharge
Infectious Leucorrhoea	Infection by fungus	Thick & accompanied by an itchy sensation
Sexually transmitted Leucorrhoea	Sexually transmitted diseases such as trichomoniasis	Yellowish or greenish discharge
Cervical Leucorrhoea	Erosion or formation of polyp in the cervix	Brown or Rusty discharge resembling blood.
Pelvic Leucorrhoea	Complications with the pelvic such as the infectious pelvic inflammatory disease	Whitish discharge with a pain in the lumber (lower back) region
Stress related Leucorrhoea	Mental stresses and tensions	Profuse Whitish discharge

Pathophysiology:-

The aetiology of vaginal discharge could be physiological or pathological. The vagina is lined by squamous epithelium which contain no glands. It is always kept moist in the healthy state by a thin vaginal secretions. This thin covering is an admixture of secretions from the endometrial glands, cervical glands and Bartholin’s glands, desquamated vaginal epithelial cells and lactic acid. The amount of the normal vaginal secretion is increased during pregnancy, in patients on hormonal contraceptives, at ovulation period and in the premenstrual phase of the menstrual cycle .The physiological increase in vaginal secretion is termed Leucorrhoea and if such secretions is examined microscopically there will be very few or no leucocytes present and no pathogen isolated or cultured. The vaginal environment consists of a complex interrelationship among the endogenous microflora, metabolic products of the microflora and the host , oestrogen and the PH level-the vaginal ecosystem. The microflora is made up of numerous micro organisms such as yeast , gram-positive and gram-negative aerobic and facultative and obligate anaerobic bacteria. Disruption in the equilibrium of the vaginal ecosystem leads to vaginitis and pathological

vaginal discharge. The following may cause the disruption:

- Antibiotics
- Hormones
- Contraceptive preparation
- Douches
- Vaginal medications
- Sexual intercourse
- STD’s
- Stress

Oestrogens increase the glycogen content of the vaginal epithelium. Glycogen is metabolised to glucose and subsequently to lactic acid mainly by lactobacilli. Lactic acid is responsible for the low PH of the vagina (less than 4.5) that provides some natural defence against exogenous organism to pathological levels. Therefore, before puberty and menopause, when the amount of oestrogens available is small, the natural defence mechanism is poor. During a menstrual period, after an abortion and in the early puerperium the vaginal PH is raised and the natural defence mechanism at these periods is poor hence the high rate of infection during these periods. Pathological causes of vaginal discharge can be of infective or non-infective origine.

Symptoms of Leucorrhoea [Shwetapradara]

The most prominent symptoms of leucorrhoea is an abnormality in the general state of the discharge from the vagina. The discharge could be any of the following-

- Darker in colour than usual, mostly yellow, green, or brown
- White but profuse in quantity
- Discharge is accompanied by an itchy sensation or a pain in the lower abdomen.

Complications Due to Leucorrhoea (Shwetapradara)

Leucorrhoea is quite a common place problem if is nipped in the bud. At this slightest hint of any abnormality in the discharge, one must consult a doctor. Treatment done in time checks the problem within a couple of days. One more time to be kept in mind is that no type of self medication must be done in the case of Leucorrhoea. There are creams, ointments and pills available in the market, but they should be used only the supervision of a qualified gynaecologist. Some women are allergic to certain kinds of medicines use in leucorrhoea. This could cause further infections and complicate the issues hence it is better to be safe than sorry.

Transmission of Leucorrhoea [Shwetapradara]

Leucorrhoea that is transmitted by the yeast like fungus is very easily transferrable from one woman to another. This could happen when clothes of infected women come in contact with the clothes of healthy women. For this reason it is very important to clean the innerwear yourself with a good quality detergent which has bactericidal and fungicidal properties. Leucorrhoea can also be the outcome of unsafe sexual contact. A man with unclean genitals can infect the genitals of the women, thus causing Leucorrhoea in her.

Prevention of Leucorrhoea [Shweta Pradara]

There are many precautions that a women must take in order to prevent Leucorrhoea. Some of these important guidelines are as follows-

Genital hygiene is of almost important. Wash your genital in every bath. Run water freely over the fold of the vulva and the anus. After the bath dry the reasons with a clean. Drink plenty of water which helps in flushing out of the toxins from the body. Be very particular about how you clean the anal area after defecation.

Diet for Preventing Leucorrhoea [Shwetapradara]

Leucorrhoea can be prevented by streamlining the diet. Streamlining means removing some harmful foods and adding some which are beneficial. Since Leucorrhoea is a cough dosha disease, the diet must be streamlined in order to balance cough dosha. The following is an ideal diet for a women suffering for Leucorrhoea.

- Sugar must be avoided is there is a profuse discharge this also applies to all sugary foods such as sweets custards, ice creams and puddings.
- Mushrooms must be avoided as they are fungi themselves. Some mushroom can cause contaminations.
- Hot and spicy foods make things more complicated for the Agni that is the digestive fire of the body. Hence they must be minimized in the diet.
- Alcohol must be totally avoided.
- Instead, fresh curds must become an integral part of the diet. Curd helps the easy digestion of the food. Curd content lactic acids, which can reduce the discharge, also it has a cooling effect on the women body.

Ayurvedic Treatment for Leucorrhoea [Shwetapradara]

There are several herbs for the prevention and treatment of Shwetapradara. Some with their actions on the human body are Ashoka, Babool, vata, heeng etc. Some specially prepared Ayurvedic mixtures are useful in the treatment of leucorrhoea. *Pushyamruga choorna* mixed with *ashokrishtha* and taken twice daily with milk reduces the effects of *Shwetapradara*. *Odumber* (*Ficus religiosa*), *lodhra* (*Symplocos racemosa*), *Amla* (*Phyllanthus emblica*), *Yashtimadhu* (*Glycyrrhiza glabra*), *Mocha rasa* (*Bombax malabarica*) and *Naagakesara* (*Mesua ferra*) are some more herbs that are used in making Ayurvedic preparations for the treatment of *Shwetapradara*.

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**CONCEPT OF KRISHNAMANDAL AND ITS CLINICAL
SIGNIFICANCE IN AYURVEDA**

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Article

ABSTRACT:

The science of diseases of the parts above clavicles, Shalakya tantra i.e. Ophthalmology, Orodendistry and emerged as a separate branch of medicine. Right from the very beginning of the ancient healing art, Ayurveda which is peculiarity in itself. Acharya Sushruta described netra sharira according to nidana and chikitsa in to three types of distinct parts called mandala, patala and sandhi. Mandala are 5 in number and patala, sandhi are 6 in number. Out of 5 Mandalas krishnamandala is one of them. The main objective of this literary research paper is to find out proper correlation of krishnamandala diseases those mentioned in modern ophthalmology. For the present Article all the classical Ayurveda texts, research papers, modern ophthalmology books and journals were searched to get the references. Sign and symptom of krishnamandala complement diseases of cornea described in modern ophthalmology.

Key Words: Netra mandala, Krishna mandala, modern ophthalmology

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INTRODUCTION

Shalakya tantra is an importance branch of Ayurveda which deals with diseases manifesting above clavicle region. Acharya nimi is considered as an authentic person related to this branch. Sushruta is the only person to explain Ayurvedic ophthalmology, ENT and Dentistry in systematic manner. Acharya Susruta has mentioned 76 types of eye diseases (1) and 94 eye diseases in Ashtang Sangrha and Asthang Hridaya (2) on the basis of videha tantra Charaka has casually described according to dosha while vagbhata, bhavprahasha (3) sharangdhara (4) samhita etc. In First 19 chapters of Sushrut samhita uttartastra are described ophthalmological diseases. Acharya Susruta precisely described about netra sharir in first chapter of uttartastra. Classification of ocular disorders are classifies as Sandigata(5) varmagata (6) (eye lid disease), shuklagata(7) (diseases of sclera and conjunctiva), krishnagata(8) (cornea diseases), sarvagata (9) (diseases affecting all the part of eye), Drishtigat(10) (diseases affecting of lens) in ocular therapeutics -kriya kalpa vigyan(11) are mentioned in Ayurvedic ophthalmology.

The classification given in the Ayurvedic text is sequential and systematic as it encompasses the modern system of disease classification with its relevance guided on different structure of eye ball. Sushruta described 5 types of mandala as follow.

1. Pakshma andal
2. Vartmamandal
3. Suklamandal
4. Krishnamandal
5. Drishtimandal

Krishna mandal is the portion which lies in the centre of suklamandal. It is about 1/3rd of the visible portion of the eyeball and is purely transparent. But the underlying pigmented portion-krishnapatala(iris) is seen through this transparent area and it seems to be black in colour. The krishnamandla is the anterior most transparent portion of the eye which attracts light rays in to the eye. It lies in the central 1/3rd of the visible area of suklamandal. It seems to be black in colour, due to the reflection of the underlying pigmented structure, krishnapatala. It is an elliptical structure with smooth shining surface.

Applied Anatomy of krishnamandal(12):

Clinically the krishnamandal can be divided in to three layers.

1) The external protective layer consists of an external epithelial layer and a basement layer known as Bowman's membrane.

2) Middle functional layer consist of 90% of the tissue cells of krishnamandal. This layer is also known as substantia propria.

Internal Membranous layer consists of a membrane known as descendents membrane and an internal lining known as endothelial layer.

Clinical anatomy of Krishna mandala(13).

Panchbhhtas-Among the panchabhootas,vayu is predominant in krishnamandal. It is to be noted that the external vayu also has direct influence on krishnamandal because light rays travel

through the external atmospheric vayu before reaching the eye. If vayu is normal the light rays will travel parallel. If there is smoke, humidity etc, light rays will be reflected and krishnamandal receives reflected rays instead of parallel rays.

Doshas-Among the three doshas vata is predominant in this mandala.

Nutrition-Due to avascularity of structure raktadhatu is not directly involved in nutrition. Instead, rasadhatu is more involved. the nutrition is gained mainly from three sources.

I. Intra ocular fluids

II. Oxygen from atmospheric air.

III. Tear film also has a role in maintaining the functions of krishnamandal.

Diseases of Krishnamandal(14)

Table no. 1 Diseases of krushnagata roga as per Sushruta And A.H:A.S

Sr. no.	According Sushruta	Sr. no.	According A.H and A.S
1	Savranashukra/Savranshukla	1	Kshatashukra
2	Avranshukra	2	Shudha shukra
3	Ajakajata	3	Ajakajata
4	Akshipakataya	4	sirashukra
5	Tivurvedna (pakatyayajanya)		

MATERIALS AND METHOD

This is conceptual study so extensive literary review of different text of Ayurveda and the mention the concept of Krishna mandal correlate to corneal disorder described in modern ophthalmology.

AIM: To establish the clinical correlation between diseases of the krishnamandala to mentioned modern ophthalmology diseases of cornea.

DISCUSSION

Diseases of Krishnamandal correlated to Modern Ophthalmology:

1) Savarna Shukra (15):

Here the wound or abrasion turns to an ulcer. There is localised necrosis in the anterior layer of the krishnamandal. The tissue cells are partly disintegrated and cast off and partly adhered to the surface of the ulcer. Usually the epithelium is desquamated over an area considerably larger than the ulcer itself. However the epithelium rapidly advances towards the ulcer, grows over its edge and sometimes even over the purulent infiltration which forms the floor. The ulcer is saucer shaped and the walls project above the normal surface owing to swelling. The surrounding area is packed with lymphocytes and seen as a grey zone of infiltration.

Signs and Symptoms:

- Characteristic saucer shaped ulcer in the affected area.
- Redness of suklamandala
- Oedema of krishnamandal
- Lacrimation -Due to inflammatory changes temperature is raised and so watering is hot.
- Pain- It is due to high sensitivity. Here pitta is the predominant dosha.

Pathogenesis:

Ulcer is created due o truma by tip of needle or pitta prakopain krishnamandal,predominant of dosha is raktadhatu.

Modern Correlation:

Savarna shukla is correlated to corneal ulcer white dot or spot is observed in cornea.

Corneal ulcer (16) (keratitis) are classified in modern ophthalmology are as follow:

A) Superficial Keratitis

1. Infective keratitis

- Bacterial
- Fungal
- Acanthamoeba
- Viral

2. Non- infective keratitis

- i) Central-
- ii) Peripheral

iii) Deep keratitis

2) Avarna Suklam:

In this stage the ulcer gets subsided. By the end of vascularisation everything is prepared for healing or cicatrization. It is carried out by the formation of fibrous tissue. The new fibers are not arranged regularly as in normal lamellae so that they refract the light irregularly. The scar is therefore more or less opaque. In most cases the opacity is white in colour. As the inflammation subsides predominance of pitta diminishes and kapha comes to the scene the seetha, guru, sthira and snigdha gunas are increased and manifests as opacity.

Signs and Symptoms:

- Pain will be very less or nil
- Prominent white dense area is seen in the place of ulcer.
- Visual impairment varies according to the site and nature of the opacity.

Pathogenesis:

When abhishanda is ignored as a complication or separately this disease is precipitate.

Modern Correlation:

Avarna shukla is correlated to corneal opacity this stage generated if corneal ulcer not cured on time.

Opacities of Krishnamandal (Cornea):

It is seen that almost all the diseases of krishnamandal ends in opacities and this interferes with vision. The prognosis of the disease (opacity) depends upon mainly two factors.

Opacities are classified into three groups:

- I. Mild opacity (Nebula)
- II. Moderate opacity (macula)
- III. Severe opacity (Leucoma)

I. mild opacity (nebula):

Here the external epithelial layer or protective layer is only involved in the ulcer. The scar tissue which replaces the destroyed cells usually fills in the gap exactly to keep the surface level.

II. Moderate opacity (Macula):

Here the ulcers are deep and they invade the middle functional layer also. They precipitate a thick white dense opacity. This opacity blocks the light rays reaching that area.

III. Severe opacity (leucoma)

Here the opacity will be very dense and white. A strictly localised dense leucoma will not interfere seriously with vision if it is not covering the optical zone.

3) Ajakajata:

It is seen that in the course of healing process, tissue cells from the ulcerated area is cast out. So if the ulcer has been deep, loss of tissue may lead to a marked thinning of krishnamandal at the site.

So there is a tendency to bulge out remain permanently as an ectatic sicca or escemetocle.

When krishnamandal is thin perforation of an ulcer is usually caused by some sudden exertion on the part of the patient such as coughing, sneezing, straining at stool etc. Any such exertion causes a sudden rise in I.O.P and the weak floor of the ulcer unable to support the sudden strain gives way.

Signs and Symptoms:

- A greyish black semicircle protrusion is seen above the krishnamandal.
- Gross cosmetic disfigurement of the eye.
- Redness of suklamandal
- Severe pain
- Lacrimation
- Total blindness

Pathogenesis:

A fatty mass/pitta oval lump resembling a pebble of goats excreta come out tearing Krishna manadal (cornea). Dosha predominant rakta and Dushya is rakta, meda.

Modern Correlation:

Ajakajata is correlated to iris prolapsed or perforated corneal ulcer in modern ophthalmology.

4) Akshipakatya:

This is another complication of savarna sukla. It is often associated with inflammation of sonithapatalam owing to the diffusion of toxins elaborated by the endothelial cells in to the inner eye. So inflammation of iris and ciliary body may be resulted. Sometimes inflammation may be severe so that the out pouring of leucocytes, exudates may gravitate in to the bottom of anterior chamber.

Signs and Symptoms:

- The krishnamandalam gradually turns white.
- Shape of the white coloured area resembles the spread of the cloud.
- Intolerable pain.
- Redness and oedema of the suklamandalam.
- Vision is lost considerably.

Pathogenesis:

Aksipakatya is caused due to akshikopa (abhishanda) entire krishnamandalam

becomes white coloured. dosha predominance tridosha.

Modern Correlation:

Aksipakatyā is correlate in modern ophthalmology panophthalmitis.

5) Sirasuklam:

This stage when blood vessels grow in ulcer from sukla-krishna sandhi, near the ulcer. This is to supply the proteins, to restore the loss of substance. They also supply antibodies and play an important role in combating bacterial infection. In normal case after healing the ulcer, these vessels disintegrate and get absorbed by tissue.

Sometimes the vessels overstep the utility. It means the vessels may be large and huge in number invading the tissue deeply and so the cells may be destroyed. Since the vessels are large it may not get absorbed and disappeared. The presence of vessels worsens the condition.

Signs and Symptoms:

- Pain due to rich supply of ophthalmic nerve.
- Photophobia
- Congestion of vessels
- Oedema of the krishnamandalam
- Lacrimation – reflex tear formation
- Cilliary congestion

Pathogenesis:

Krishnamandal is occupied by tandra red coloured sira, warm or cool and thin or dense bleeding occurs without any apparent reason. Doha predominant sannipatak and rakta.

Modern Correlation:

Sirasukra is correlate in modern ophthalmology corneal vascularisation.

6) Tivavedna/Pakatyajana:

In pakatyajana features are compressively vitiated tridosha which is manifested as white opacified cornea with unbearable pain.

Signs and Symptoms:

- Lacimation
- Blur vision
- Redness over shuklamandal
- Pain

Pathogenesis:

Entire krishnamandal turns white all of sudden and appears like white cloud occupying the sky. Ashtang-Sangrha mentions that drushtimandal (pupil) also acquirer white colour. All these

features occurred due to over ripening/supuration i.e. pakatyā and the condition is called as tivra vedna. Predominance of dosha tridosha and rakta.

Modern Correlation:

Tivra vedna/pakatyajana is correlated to Hypopion.

Above mentioned Krishnamandal diseases are mentioned in modern ophthalmology.

CONCLUSION

In concept of krishnagata roga classification and description in Ayurvedic texts are sequential and progressive in nature viz. All the six types of eye diseases are mentioned above these diseases are correlated to modern ophthalmology these diseases and Clinical features are all most same mentioned in classical ayurvedic text. In modern system diseases of cornea are classified into four types: Ulcerative keratitis, Non ulcerative Keratitis, corneal Dystrophies and corneal degeneration. The last two condition although have lacking significant similar pathology in Ayurvedic text.

Savarna shukla are correlative to corneal ulcer or ulcerative keratitis in this condition neovascularisation which is having appearance like coral and characteristics as described by Acharya Sushruta this disease are not curare at time the next condition was blindness.

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REVIEW ARTICLE

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HOLISTIC APPROACH OF PAIN MANAGEMENT WITH SPECIAL REFERENCE TO MANSA-ASTHI-MAJJAGATA VATA (MUSCULOSKELETAL PAIN) BY BAHYA SNEHAN KARMA ALONG WITH PHYSIOTHERAPY : A CONCEPTUAL STUDY

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Article

ABSTRACT:

Since last 20 years, research has clearly established connection between certain job tasks, musculoskeletal pain (*mansa-asthi-majjagata vata vyadhi*) problems are developed. In the fast motion people are altering life style, they don't take proper meal at proper time, eating fast food, late night working shifts, travelling, improper sitting habit which are leading to *vitiation of doshas*. According to modern science, function of the muscles and bone get disturbed so musculoskeletal pain will be started. According to Ayurveda *vayu* and *asthi* (bone) complies with *ashrya-ashrayi sambhandha*. *Vitiated vata* diminishes the function of *mansa-asthi-majja dhatu* so *Ruja* (pain) this symptom is seen¹. The main symptom of *mansa-asthi-majjagata vata vyadhi* (musculoskeletal diseases) is *Ruja* (pain)^{2,3}. According to *Aacharya Charka* the best treatment for *mansa-asthi-majjagata vata vyadhi* is *Bahya snehan* (oleation)⁴. Oil has property to reduce the pain (*vata shaman*)⁵. As early as 18th century doctors noted that workers who required to maintain body positions for long periods of time developed musculoskeletal problems. In the Physiotherapy the best treatment for musculoskeletal pain is various types of exercises and some new techniques. It helps to reduce the pain⁷. (Techniques like IFT, SWD)^{8,9}. These techniques can be compared with *Swedan karma* i.e hot fomentation. The function of these techniques is electrical activity produces in the cellular level structure due to this muscles get relaxed and pain get reduced. Therefore we can say that the combination of *Bahya snehana karma* and physiotherapy gives better result for the pain management of *mansa-asthi-majjagata vata* (Musculoskeletal pain)⁷.

Key Words: *Bahya snehan karma*, Physiotherapy, *Ruja* (pain), *mansa-asthi-majjagata vata* (Musculoskeletal pain)

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INTRODUCTION:

According to Ayurveda, *Samhitas* there are 80 types of *Vatavyadhi* mentioned one of them is *mansa-asthi-majjagata vata vyadhi* (musculoskeletal diseases). *Vitiated vata* diminishes the function of *mansa-asthi-dhatu* so *ruja* (pain) this symptom is seen. The principal symptom of it is constant *Ruja* (pain)^{2,3}. There is need of *Snehana* (Oleation) as *snehana* reduces *vata dosha*. According to *Aacharya Charka*, the best treatment for *mansa-asthi-dhatu* is *Bahya snehan* (oleation)⁴. Massage therapy is useful for Vagal stimulation due to this gate control of pain. In *Abnhyag* process there is increase in peripheral circulation and vasodilation which is responsible to increase more oxygenated blood to the muscles and helps to produce energy in fatigue muscles as well as removal of waste products from the body. Thus *abhyang* help to improve *Agni* and *Dhatupushti*. Oil has property to reduce the pain (*vata shaman*)⁵. In the Physiotherapy the best treatment for musculoskeletal pain is various type of exercises and advance techniques. It helps to reduce the pain. (Techniques like IFT, SWD)^{8,9}. These techniques can be compared with *Swedan karma* i.e hot fomentation. Therefore we can say that the combination of *Bahya snehana karma* and physiotherapy gives better result for the pain

management of *mansa-asthi-gata vata* (Musculoskeletal pain)⁷.

MATERIALS AND METHODS

All classical texts available in the library, various references regarding *Shehan karma* and *Masa-asthi-gata vata* from ancient Ayurvedic texts are studied and applied as basic principles to create the foundation for concept of Holistic approach of *Snehan karma* along with Physiotherapy in Musculoskeletal pain.

Causes (Hetu) of Musculoskeletal Pain:

Static work: musculoskeletal effort required to hold a certain position, even a comfortable one. Example: 1) sit & work at computers 2) Sports 3) Road side work 4) Industrial work etc.

Sign and Symptoms (Roopa): According to Ayurveda^{2,3};

1. Mansamedogat vata Lakshana²
2. Asthimajjagat Vata Lakshana³

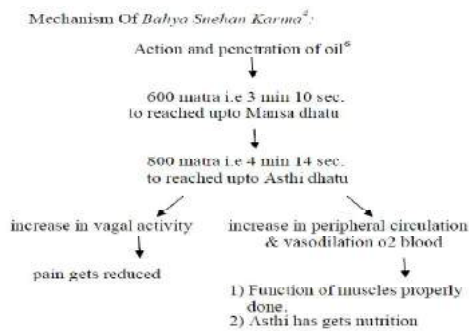
Sign and Symptoms (Roopa) of Pain: According to Modern:

- Tightness

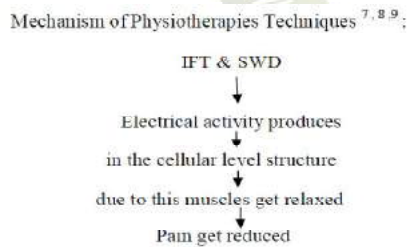
- Stiffness
- Discomfort
- Soreness
- Burning
- Tingling
- Coldness
- Numbness

DISCUSSION

From all sign and symptoms (according to Ayurveda and according to Modern) the main symptom is "Pain". So, the Pain management with special reference to *mansa-asthi-gata vata* (musculoskeletal pain) by *Snehan karma*, According to *Aacharya charka*, the best treatment for *mansa-asthi-gata vata* is *bahya snehan* (oleation). Oil has property to reduce the pain (*vata shaman*)⁵



In the Physiotherapy the best treatment for musculoskeletal pain is various types of exercises and some new techniques it help to reduce the pain. (Techniques like IFT, SWD). These techniques can be compared with *Swedan karma* i.e hot fomentation.



CONCLUSIONS

The Holistic study of *snehan karma* and Physiotherapy gives better result for the pain management. Ultimately our aim is peasants give quick result in musculoskeletal pain.

ACKNOWLEDGMENT

I am very thankful to my guide to Dr. Maya Gokhale, professor and HOD of Panchakarma department for their valuable guidance. Also my special thanks to Dr. Vandana Avhad, reader of Panchakarma department, and Vd. Swati Chorghade, lecturer of my department for their valuable co-operation and support. I am also thankful to my institute MAM's Sumatibhai Shah Ayurved Mahavidyalaya And Hospital Sane Guruji Arogya Kendra, Hadapsar, Pune where I got this opportunity to study this case.

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RESEARCH ARTICLE

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ROLE OF TILA TAILA PARISHEKA IN MANAGEMENT OF
KATIGRAHA WITH SPECIAL REFERENCE TO LUMBAGOMayuri Vinayak Kulkarni^{1*}, Santosh B. Mahadik², Deepak kumar Parida³

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Article

ABSTRACT:

In developed countries Katigraha (Lumbago) is most common medical cause of inability to work. It is mostly due to abnormality of joints and ligaments in the lumber spine. In katigraha shoola and restricted movement present which disturb daily routine work of an individual common on age group of 20 to 50. In katigraha mainly vitiation of vata dosha will be present. For shaman of vata dosha ushna guna of parisheka and snigdha guna of tail are helpful in katigraha. Parishekha relieves stiffness of katipradesh and increases locomotor activities. Parisheka is one of the type of swedana chikitsa in panchkarma in parisheka swed medicated liquid is to be poured over the desire part of whole body. Parisheka swedana with tail provides benefits of both snehana and swedana together.

Key Words: Panchkarma, Katigraha, Low Back Pain, Parisheka Swedan

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INTRODUCTION

Katigraha is mentioned one among the 80 nanatmaj vata vyadhi by Acharya Charak. As in katigraha shoola and restricted movements present in kati pradesh. The Lumbago prevalence rate is from 6.25 to 92% with increase of prevalence with age and sex. Lumbago is more common in heavy manual workers occupation that involves heavy lifting and twisting. The modern medicine which are available for Lumbago are not very effective, cannot be used for long term management. Because there local, systematic side effects and toxicity. Relieving pain and stiffness and improving physical functions are important goal of present day therapy. Using Panchkarma therapy slow down the pain and stiffness. In Parisheka sukoshna Ksheerabala tail is poured over affected part while administrating on kati pradesh. In general line of treatment of vata vyadhi PARISHEKA KARMA is said by acharya charak (Charak Chikista Sthan 28/104) and TILA TAILA is recommended for vatashamak by Charak Sutrasthan 27/30. So parisheka in Tila Tail selected for present study which can be easil done in all patients and less harmful.

AIM

To Study the role of tila taila parisheka in management of katigraha w. s. r. to lumbago

OBJECTIVES

- To study in etiopathogenesis of katigraha according to ayurveda and modern.

- To review the efficacy of Parisheka with Tila taila in katigraha.

Lakshana:-

वायुकटयाश्रितः शुद्धः सामो वाजनयेदुजम्।
कटीग्रहः स एवोक्तः पंगु सक्तश्चोद्वयोर्वधात्

(भावाप्रकाश २६/५४)

The lakshana of katigraha:- 1) Vedana – pain 2)
Sthabdhata – stiffness

Samprapti :-

Due to vatvardhak nidan sevan vata get aggravated. Shuddha and sama vata enters into katipradesh produces shool and stabdhata in katipradesh and produces katigraha.

Drug and Treatment Review :-

According to shushrut, parisheka sweda having action of shoolhara and sandiprasad. There is no specific taila is described for katigraha. As katigraha comes under vata vyadhi. Tila taila mention in charak sutrasthan chapter 27/30 will be used. Tila taila is vata shamak. It has gunas like snigdha, ushna, madhura, vatanashak thats why used in katigraha.

MATERIALS AND METHODS

Materials:-

- 1) Patient
- 2) Tila taila taken from GMP approved pharmacy
- 3) Equipments- abhangya table, gas, match box, cotton cloth.

4) Capsule Placebo

Methods:-

Selection of Patients:-

- Patient subjected to clinical trials will be selected from Panchkarma OPD & IPD of our Institute.
- Written consent will be taken from each patient after giving them detailed information about treatment.
- Clinical history of each patient will be taken in special prepared case Performa.

Criteria for selection of patient will be as follow:-

Inclusion criteria:-

- Patients diagnosed as katigraha will be selected for study.
- Patient of age group between 30-50 years irrespective of sex, religion, & socio-economic status will be selected for study.
- Patient who are fit for parisheka will be included.
- Patient who will give written consent will be included.

Exclusion Criteria:-

- Chronicity more than 6 months will be excluded.
- Patient who are having low backache due to any Infections, Cancerous, Congenital, Viscerogenic, Ligament rupture, Hernia, Diabetes, Cardiac disease, Gout, severe Neurological disorders, Chemotherapy, & Major operatives procedures, Tuberculosis, HIV, etc. will be excluded.
- Backache due to prolapsed disc will be excluded.
- Pregnant woman & lactating mother will be excluded.
- Patient who were receiving other medicine from outside will be excluded.
- Patient with any anatomical deformity will be excluded.

Investigations:-

- 1) CBC
- 2) ESR
- 3) Urine Routine
- 4) X-ray of lumbo-sacral spine Anterio-posterior and lateral view is taken if there is any necessity.

The above investigation will be done only before starting treatment.

Subjective Parameters:-

- 1) Kati shoola (Pain)
- 2) Kati stabdhata (Stiffness)

Objective Parametes:-

- 1) Walking Time. (to walk 25 feet)
- 2) SLR function (straight leg rising test)

Criteria of Assessment:-

The improvement in the patient will be assessed mainly on basis of all signs and symptoms are given scoring pattern depending upon their severity as below.

- 1) Assessment Of Kati Shoola (Pain):-
 - No pain - 0

- Bearable pain occasionally faded away without medicine - 1
- Severe pain recurring continuously sever sometimes at peak always disturb daily routine - 2
- Severe intolerable pain, daily routine activity not possible, disturbed night sleep, may not subside even medicine - 3

2) Assessment Of Stabdhatta (Stiffness):-

- No stiffness - 0
- Mild stiffness [1-15min] - At morning - 1
- Moderate stiffness[1/2 hr to 1 hr] - At morning - 2
- Severe stiffness [whole day] - 3

For this purpose patient will be advised to walk 25 feet distance on plain surface. Time taken will be recorded by stop watch in seconds.

Walking time will be noted:-

Days	Walking time	Distance
Day 1 before treatment		
Day 7 after treatment		
Day 14 follow up		

[Follow up- patient will be advised for follow up after one week of treatment.]

3) Assessment of Slr Function:-

- Able to raise leg up to 70 to 90 degree - 0
- Able to raise leg up to 60 degree - 1
- Able to raise leg 40 degree with moderate pain - 2
- Unable to raise leg up to 40 degree with severe pain - 3

METHODOLOGY

Minimum 30 patients will be selected after scrutinized for treatment. The study will be conducted on single experimental group of 30 patients will be treated with sthanik abhyang on katipradesh followed by parisheka with tila taila for 7 days. Along with oral drug capsule placebo with laja churna for 7 days.

Procedure:-

Procedure	Parisheka
Drug	Tila taila
Route of administration	Kati Pradesh
Duration	30 minutes once a day 7 days treatment
Kala	Morning before food
Cotton cloth	

Pradhan Karma:-

Selected patients will be subjected to sthanik abhangya on kati Pradesh with tila taila. After abhangya sukoshna taila will be poured from height of 12 anguli about 9

inches over kati Pradesh with help of cotton cloth for 30 minutes.

Pashchat Karma:-

After the above said procedure patient will be asked to take bath with warm water. Patient will be advice to take Laghu, Usna and Anaabhishtyandi aahar during course of treatment. Patient should take rest for 15 minutes in room. Hot water for drinking and bathing, sleep early and eat warm, easily digestible food to obtain maximum results.

Advice:-

During the treatment period patient is advice not to lift weight. There is no specific regimen has been advised to follow in samhitas, a person can take any type of food and may continue routine work.

Period for Changing The Liquids:-

Approx 2 liter oil will be required for 1 patent Oil should be chang on every 3rd day reused on 7th days.

Period of Study:-

1st follow up – on 7th day (i.e. on last day of procedure)
2nd follow up – on 14th day (one week after 1st follow up)

After completion of parisheka karma patient will be advised to come OPD for follow up after 7 days. At that time capsule placebo 500mg. 1tds fill with Lajachurna will be given to the patient with hot water.

Thirty patients of katigraha of age group 20 to 50 years irrespective of sex religion and socioeconomic status were included for the study. Patients having systemic disorders which might interfere with the treatment and those having traumatic conditions were not part of study.

RESULTS

The study shows significant improvement in restricted movement after administration of parisheka with tila taila.

CONCLUSION

The administration of tila taila parisheka has significant results in the management of the symptoms of restricted movement in the patient of lumbago.

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CASE REPORT

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EFFECT OF UTTARABASTI IN CASE OF INFERTILITY: A
SINGLE CASE STUDYSonal G. Raval^{1*}, Madhu M.², Ranjana Ingale³

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Article

ABSTRACT:

In present era women face many problem during their reproductive period, most common is hormonal imbalance. PCOD is one of the diseases caused due to hormonal imbalance which in turn causes infertility. In this mainly adolescence are affected with increased weight gain during puberty. Mainly lifestyle of woman is very important cause for hormonal imbalance. Most women give importance to it only when it affects her fertility or to an extent the physical appearance. So there is a need of alternate management of infertility related to PCOD in *Ayurveda*. Here is a patient of 25 year old with primary infertility since last 5 yrs. Her active marriage life was 7 years. "Granthibhuta artavadushti" which can be correlated with PCOD in this patient. In present case of PCOD associated Infertility, *Uttarabasti* with *Phalaghrita* was adopted along with other oral medications. *Uttarabasti* on 7th to 9th day of menses with 10ml *Phalaghrita* for 3 consecutive menstrual cycles and after 3 month follow up patient was conceived. These treatment is highly beneficial in increasing the conception rate hence a curing the anovulatory infertility due to PCOD.

Key Words: PCOD, Infertility, *Granthibhuta aartvadashti*, *Uttarabasti*, *Phalaghrita*

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INTRODUCTION

In present era women face many problem during their reproductive period, most common is hormonal imbalance. PCOD is one of the diseases caused due to hormonal imbalance which in turn causes infertility. Polycystic ovarian disease is androgen excess and chronic anovulation disorders that affect about 20% reproductive women in world wide. Prevalence of PCOD is more in the young age. In these adolescence mainly associated with increased weight gain during puberty. Most women give importance to it only when it affects her fertility or to an extent the physical appearance. The polycystic ovary should be considered as a sign, rather than a disease. Etiology of PCOD is multi factorial. Mainly lifestyle of woman is very affected for hormonal imbalance. According to modern science OC pills is medicine for regulate the menses, but many side effect of this hormonal therapy and not bearable by some females. Ovarian drilling like procedure is not affordable by all patients. So there is a need of alternate management of infertility related to PCOD in *Ayurveda*. According to *Ayurveda*, PCOD is

a condition which simulates many conditions like *Kaphaja granthi*, *Anartava*, *Vandhya*, and *Granthibhuta aartva*. In *Ayurveda* vitiated *dosha* is main cause for irregularity of the body function. In present case of PCOD associated Infertility, *Uttarabasti* with *Phalaghrita* was adopted along with other oral medications.

MATERIAL AND METHOD

A 25 year old female patient of infertility due to PCOD was selected.

Drug :

1. *Uttarabasti* - 3 cycles - *Uttarabasti* was given with 10ml of *Phalaghrita*
2. *Varunadi Kashay* 50ml after food, twice in a day
3. *Kanchnar Guggulu* 2 tab after food, three time in a day.
4. *Phalaghrita* 2 tsf with warm milk, at morning.

CASE STUDY

A Hindu married, 25 year old patient visited the outpatient department (OP) of the Parul Ayurveda Hospital, Limda, Vadodara with OPD no. 16003477

on 2nd February 2016 for the complains of Unable to conceive since 5years. History of present illness revealed that patient is with primary infertility since last 5 yrs. Her active marriage life was 7 years. Her menstrual cycle was irregular with 25-30 days intervals 4-5days periods associated with painful menses. She has no any related family history. Husband's semen count and other investigations were normal. She was anxious for child so she consulted many gynaecologists and she took medicines as per their advice but no result found. So she attending the OPD & IPD of Parul Ayurveda hospital, Limda, Vadodara for better treatment, and then she was investigated and diagnosed for PCOD and infertility due to anovulation. In search of medicine, her all sign and symptom based on kapha and vata dusti so *Uttarabasti* with *phalaghrita* was planned. Internally *Varunadi Kashay* 50ml after food twice a day, *Kanchnar Gugglu* 2tab after food three times a day, And *Phalaghrita* 2 tsf with warm milk at early morning. Patient was instructed to avoid oily food, fermented and bakery item, cold, salty, sour, spicy food item in diet and to take rest & avoid stress full life style. For *uttarabasti* of *Phalaghrita* was prepared by the standard method.

Uttarabasti: on 7th to 9th day of menses with 10ml *Phalaghrita* for 3 consecutive menstrual cycles and follow up with oral medication. In 1st follow up, on 12th day pelvic ultra sonography is done to note the improvement. Endometrial thickness was 6mm & 7*7mm follicle in right ovary and 6*6mm in left ovary is noted in the study. After the 3rd month follow up she was conceived.

RESULTS

Uttarabasti having a major role in the treatment of genito-urinary diseases. *Phalaghrita* is a nutritious tonic which is endocrine stimulant. Patient had regular menses after 3cycle of *uttarabasti*. Simultaneously *vata* and *kapha samana* was done by *Varunadi Kashay*, *Kanchnar Gugglu*, *Phalaghrita*. PCOD pathogenesis was broken by this medicine and resulting regulating menses with help of *uttarabasti*. After completion of treatment for 3 months, patient was conceived.

DISCUSSION & CONCLUSION:

Mode of action of *Uttarabasti* - Anovulation is the main symptom of PCOD due to vitiated *vata* and *kapha dosha*. *Phalaghrita uttarabasti* gives strength to uterus, cures internal dryness prevents abortion and promote fertility. So *uttarabasti* is a best boon of Ayurveda for those who are suffering from Infertility. PCOD is most common cause of anovulatory infertility caused due to improper life style, modernization. Mainly the life style diseases are based on daily food habits like over eating of junk foods, fast food, chemically colored, soft drinks, flavoured food, and bakery items & over dieting. Over use of vehicles, house hold machineries, over stressed & worried life, disturbed biological clock, these type of life style mainly noted worldwide. In female PCOD is significant factor for in fertility. "*Granthibhuta artava dushti*" which can be correlated with PCOD in this patient. *Granthibhuta aartava dusti* is characterized by clotted appearance of *artava* associated with pain & unctuousness due to *vata* and *kapha*. According to Ayurveda *Vata* and *Kapha* doshas, *Rasa*, *Medas* and *Artava dhatu*, & *Rasa*, *Rakta* and *Aartavavaha strotas* are involved. In this condition pathology is Sanga in the pelvic cavity. *Phalaghrita Uttarabasti* regulates the normal phenomena of *Vata Dosha (Aapan vayu)*, having nutritive role and improve the blood circulation, hnce highly effective in case of infertility, which help to improve menstruation. *Varunadi Kashay* ingredients are more beneficial to clear the channels and also helpful to reduces the size of the cyst. *Kanchnar guggulu* having *kapha* reducing property also help to clear the obstruction. These all medicines promotes healthy digestion for maintaining the hormonal balance. The treatment modality of *Uttarabasti* with *Phalaghrita* and oral medications are highly beneficial in increasing the conception rate hence a curing the anovulatory infertility due to PCOD.

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SUTIKA PARICHARYA (POST NATAL CARE)-OPPORTUNITY TO
SAVE MOTHERS THROUGH AYURVEDADivyakumari J. Solanki^{1*}, Rita Makim²

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Article

ABSTRACT:

Ayurveda gives importance for the care of woman at every phase of her life especially when it comes to antenatal and postnatal care. Motherhood is a special and joyous moment in every woman's life. The lady after such a difficult process of *prasava* must be advised certain mode of life which helps to regain her lost vitality and help her back to pre-pregnant state is called *Sutika Paricharya*. This paper highlights on various major components of *Sutika Paricharya* such as *Sutika kala* (Puerperal duration), *Vihara* (Life style), *Aahara* (Normal diet in puerperium) and *Ausadha* (medicine). In our classics certain things like *Udaravestna*, *Abhyanga*, *Udvartana*, *Pariseka*, *Dhupana*, *Yonimardana*, *Snehan*, *Yavagu sevana with Panchkola*, *Bala taila*, *Vidarigandhadi Dravya prayoga*, *Sasti shali Kullatha prayoga* etc are mentioned. Which have properties like formation of the *Dhatu* (rejuvenation), increasing *agni* (increase digestive power), *Vatashaman* (Supperation of *vata*), *brimhan* and proper excretion of vitiated *dosha*. Do's and don'ts for puerperium described in classics reduce the rate of complication of puerperium. The main achievements of *Sutika Paricharya* are extraction of vitiated *dosha*, rejuvenation of tissue, produce lactation, prevention of complication and reduce maternal death. This article is effort to restore the maternal health through critical and scientific review of *sutika paricharya*.

Key Words: *Sutika paricharya*, post natal care, Puerperium

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INTRODUCTION:

Since the times of *manusmriti* (3500-5000 bc), the old magnum opus on anthroposophy in india, a special status has been given to woman in society, because a woman is like a piece of fertile land, acts as the carrier of human race. *Ayurveda* is known for its curative and preventive potential¹. *Ashtanga Ayurveda* deals with eight branches of *Ayurveda*. *Prasutitantra & Striroga* is not incorporated in *Ashtanga Ayurveda* but references of *Prasutitantra & Stri Roga* are found under the heading of *Kaumarbharitya* which is one of the eight branches of *Astanga Ayurveda*². *Ayurveda* has always given importance to care the *stree* (female) at every phase of her life in respect of *Rajaswala paricharya* (menstrual care), *Garbhini paricharya* (Antenatal care) and *Sutika paricharya* (Post natal care). *Acharya Kashyapa* says that her one foot is situated in this *loka* and other in *Yama loka during labour*³. If the pot becomes unstable, the oil spills. So, if proper care is not taken during postnatal period,

her health deteriorates and many diseases can occur.

In *Ayurveda*, the term *sutika* (puerperal woman) means a woman who has just given birth to a child followed by expulsion of the placenta⁴. Only after the expulsion of the placenta the lady is called as the *sutika* and the period is termed as *sutika kala*. Puerperium is a period following child birth during which the body tissues especially the pelvic organ reverts back to the pre-pregnant state both anatomically & physiologically⁵. This period is used to make the woman stable and to educate her to take care of the baby. These days are critical phase in the lives of mothers and new-borns. After delivery woman becomes weak and empty bodied due to unsteadiness and decrease of all *dhatu* (*dhatukshya*), labour pains, excretion of *Kleda* (moisture) and *rakta* (blood). *Mithyaaharvihar* and *Mithyaachar* (inappropriate intake of food, physical and mental behaviour) in this period

definitely results in incurable diseases and death⁶. After following proper puerperal care woman regain all the lost things and reaches pre-pregnancy state. In this health conscious era, with proper care, a *sutika* would gain the mental, emotional and spiritual health. In this review, special life style suggested by *Ayurveda* called *Sutika Paricharya* is discussed in detail to maintain the health of the delivered woman.

Why Sutika Paricharya?

Health of mother in puerperium period is more important and *sutika* must be given more attention to prevent many complications during that period. In puerperium, many complications can occur as it is said in *Ayurveda* about 74 types of diseases can happen in this period if not managed properly⁸. If proper care not taken during this period that will lead to maternal mortality. So, care of a mother before pregnancy, during pregnancy and during

puerperium must be given for safe motherhood and healthy childhood.

AIM AND OBJECTIVE

1. Prevention of sepsis and infection.
2. To relieve the exhaustion of labour.
3. To heal laceration in the external genital organs.
4. To support the involution process.
5. Initiation of breast feeding and Restore maternal health, vigour and vitality⁷.

Sutika Kala (Duration of Postnatal Care): This is a phase of regaining the lost strength and attaining pre pregnant state for the woman after the strenuous and lengthy process of the child bearing and labour by regulating the diets and mode of life and undergoing specific procedures and medications.

Table 1: Duration of *sutika kala* according to various text

Ayurveda classic text	Sutika kala (duration of puerperium)
Charak Samhita	Has not given any definite duration or specific regimen for sutika ¹⁰
Sushruta Samhita	1 ½ month or until she gets her first menstrual cycle after labour and in a case of <i>mudha garbha</i> 4 months' period can be considered as <i>sutika kala</i> ¹¹
Astang Hridaya and Astang Sangraha	Same as Sushruta Samhita, i.e. 1 ½ month ^{12,13}
Kashyapa Samhita	6 months-all <i>dhatu</i> s will resume to their original state by this time ⁴
Bhavaprakasha Samhita	Same as Sushruta Samhita, in addition he has cited that following subsidence of complications and aggravation of <i>doshas</i> , the woman should give up specific mode of life following 4 months ¹⁴
Yoga ratnakara	Same as Bhavaprakasha Samhita ¹⁵

Kashyapa samhita, *Bhavaprakasha samhita* and *Yoga ratnakara* describe *visista pathya palan* upto 1 month.

Sutika Paricharya (Regimen for postnatal woman):

Amulet for sutika (puerperal women): The puerperal woman should tie amulet of *Trivrita* (*Operculina turpethum*) over her head¹⁶.

Table 2: *Sutika paricharya* according to various text

Samhita	Ahara and ausadha (diet and medication)	Therapies for sutika
Charak Samhita	- <i>Sarpi</i> , <i>Taila</i> , <i>Vasa</i> or <i>Majja</i> with <i>pippali</i> (<i>Piper longum</i>), <i>pippali moola</i> (root of <i>Piper longum</i>), <i>chavya</i> (<i>Piper retrofractum</i>), <i>chitraka</i> (<i>Plumbago zeylanica</i>) and <i>Shringavera</i> (<i>Zingiber officinale</i>) <i>churna</i> . - <i>Susnidha Yavagu Aapyayana</i> (Liquid gruel of rice) medicated with <i>pippali</i> (<i>Piper longum</i>), <i>pippali mool</i> (<i>Piper longum</i> 's root), <i>chavya</i> (<i>Piper retrofractum</i>), <i>chitraka</i> (<i>Plumbago zeylanica</i>), <i>sunthi</i> (<i>Zingiber officinale</i>) and <i>ghrit</i> for 5-7 days <i>Anupana-ushna jala</i> for 5 or 7 nights. - Use of <i>brimhan gana</i> drugs From 6th or 8th day. Above regimen is for <i>Jangala desha</i>	- <i>Snehana</i> (internal and external both) - <i>Abhyanga</i> (Massage) with <i>taila</i> and <i>ghrit</i> (oil and Ghee) - <i>Udarveshtana</i> (Abdominal tightening) with clean cloth - <i>Parishechana</i> (Hot water pouring) ¹⁷
Sushrut Samhita	- <i>Vatahara ausadha siddha kwath</i> (<i>Bhadradaru</i> etc) for oral - If <i>dosha</i> remains- <i>Pippali</i> (<i>Piper longum</i>), <i>pippali moola</i> (root of <i>Piper longum</i>), <i>hastipippali</i> , <i>chitraka</i> (<i>Plumbago zeylanica</i>) and <i>shringavera</i> (<i>Zingiber officinale</i>) <i>churna</i> . <i>Anupana-ushna gudodaka</i> (warm jaggery water) for 2 or 3 days - <i>Sneha yavagu</i> or <i>kshira yavagu</i> saturated with drugs of <i>Vidarigandhadi</i> (<i>Desmodium gangetium</i> etc.) <i>gana</i> Form 3 rd or 4 th to 6 th or 7 th days. - Meat soup of wild animal saturated with <i>yava</i> (<i>Vulgaris sativus</i>), <i>kola</i> (<i>Ziziphus mauritiana</i>), <i>kulattha</i> (<i>Dolichos biflorus</i>) with cooked <i>Shali</i> rice	- <i>Abhyanga</i> (Massage -with <i>bala taila</i>) - <i>Parisinchana</i> (with <i>vatahara dravya siddha kwath</i> -hot water pouring) - <i>Dushta shonit shuddhi</i> (Purification of Blood) ¹⁸

	From 7 th or 8 th day of <i>sutika kala</i> - <i>Yava,kola,kulattha sidhha Snehayavagu</i> (Rice Gruel medicated with group of drugs starting from <i>Hordeum vulgare, Ziziphus jujube, Dolichous biflorus.</i>)with <i>Snigdha Jangalrasa</i> (Non veg.Soup)	
<i>Astang Sangraha (Vrudha Vagbhata)</i>	- <i>Sneha</i> with <i>panchakola</i> (<i>Piper longum</i> ,root of <i>Piper longum, Piper retrofractum, Plumbago zeylanica</i> and <i>Zingiber officinale churna</i> or <i>sneha</i> with <i>yavani</i> (<i>Trachyspermum ammi</i>), <i>upakunchika</i> (<i>Nigella sativa</i>), <i>chavya</i> (<i>Piper retrofractum</i>), <i>chitraka</i> (<i>Plumbago zeylanica</i>), <i>Vyosha</i> (<i>Zingiber officinale, Piper nigrum,Piper longum</i>) and <i>Saindhava</i> for whole day. -The women unfit for the use of oily material should be given decoction of either <i>laghu pachmula</i> or herbs which alleviate <i>vata</i> . -Liquid <i>yavagu</i> prepared with either milk or <i>vidaryadi gana</i> (<i>Pueraria tuberosa</i> etc.) Drugs For 3, 5 or 7 days. -Light diet with soup of <i>Yava</i> (<i>Vulgaris sativus</i>), <i>kola</i> (<i>Ziziphus mauritiana</i>) and <i>Kullattha</i> (<i>Dolichos biflorus</i>) From 4 th , 6 th or 8 th day to 12 th day. -Meat soup of wild animals, agreeable diet From 13 th day to <i>sutika Kala</i> - <i>Jeevaniya, Brimhaniya, Madhur, Vatahara siddha ausadha upchar</i> - <i>Hridya Annapana</i> (Consumption Nutritious, Sweet and pleasant diet)	- <i>Abhyanga</i> (Massage) with <i>Bala taila</i> - <i>Snehpana</i> (Consumption of fats) - <i>Udarveshtana</i> (Abdominal tightening) -prevent vitiation of <i>vata</i> - <i>Udvartana</i> (Massage with dry herbal powder) - <i>Parisechan</i> (hot water pouring) - <i>Avghahan</i> (sudation with medicated liquid) ¹⁹
<i>Astang Hridaya (Vagbhata)</i>	- <i>Panchakola</i> (<i>Piper longum, Piper longum's root, Piper retrofractum, Plumbago zeylanica, and Zingiber officinale</i>) <i>siddha peya</i> for first 3 days along with <i>usna gudodaka</i> and <i>Vatoghna Aushadha Sadhit Peya</i> (liquid diet medicated with herbs useful in decreasing <i>vata dosha</i> and <i>rakta suddhi</i>) - <i>Vidaryadigana</i> (<i>Pueraria tuberosa</i> etc.) <i>kwatha siddha sneha yukta yavagu</i> or <i>kshira yavagu</i> from 4 th - 7 th day - After that gradually <i>brimhana</i> diet from 8 to 12 th day, after 12 th day <i>Pishitsevan</i> (meat soup) should be used.	- <i>Yoni mardan</i> (Vaginal massage) - <i>Abhyanga</i> (Massage) with <i>ghrit</i> or <i>taila</i> (Ghee or oil) - <i>Snehapana</i> (Consumption of fats) - <i>Dushtshonitashudhi</i> (Purification of Blood) - <i>Udarveshtana</i> (Abdominal tightening) ²⁰
<i>Kashyap Samhita</i>	- <i>Pippali, nagar yukta</i> and <i>saindhava rahita alpasneha yukta yavagu</i> for first 3 or 5 days(Low fat and without salt Rice Gruel medicated with <i>piper longum</i> and <i>zingiber officinalis</i>) - Then <i>sasneha lavana yavagu</i> (Rice Gruel containing fat and salt) -Then <i>sasneha-lavana-amla yukta kulattha</i> (<i>Dolichos biflorus</i>) <i>yush</i> with meat soup of wild animals and <i>ghritabhrishta</i> (fried with ghee) <i>Kushmanda</i> (<i>Benincasa hispida</i>), and <i>moolaka</i> (<i>Raphanus sativus</i>). - <i>Snehapana</i> according to <i>satmya</i> . <i>Anupana-Manda</i> for 3 or 5 days (the clear supernatant water in which rice is boiled)	- <i>Aashwasana</i> (Psychological Reassurance) - <i>Sanvahana</i> (Gental massage) Massage of back, pressure of abdomen and flanks - <i>Udarveshtana</i> (Abdominal tightening) - <i>Yoni Snehana</i> (Vaginal oiling)And <i>YoniSwedan</i> (Vaginal sudation)- Sitting over a small chair covered with leather bag filled with hot <i>bala</i> (<i>Sida cordifolia</i>) <i>taila</i> ,then sudation in the <i>yonis</i> with oil prepared with <i>priyangu</i> (<i>Callicarpa macrophylla</i>) etc. - <i>Snana</i> (Bath) Hot water bath after proper sudation - <i>Dhupana</i> (Medicated fumigation with <i>kushtha</i> (<i>Saussurea lappa</i>), <i>guggulu</i> (<i>Commiphora mukul</i>) and <i>agaru</i> (<i>Aquilaria agallocha</i>) mixed with <i>ghrit</i> etc - <i>Udarmardana</i> (abdominal massage) ²¹
<i>Harita Samhita</i>	-Decoction of available drugs out of <i>lodhra</i> (<i>Symplocos racemosa</i>), <i>arjuna</i> (<i>Terminalia arjuna</i>), <i>kadamba</i> (<i>Anthocephalus indicus</i>), <i>devadaru</i> (<i>Cedrus deodara</i>), <i>bijaka</i> (<i>Pterocarpus marsupium</i>) and <i>Karkandhu</i> (a variety of <i>Ziziphus mauritiana</i>)- for <i>sonita suddhi</i> -1 st day fasting should be done -Then <i>nagara</i> (<i>Zingiber officinale</i>) and <i>haritaki</i> (<i>Terminalia chebula</i>) <i>churna</i> with <i>Jaggery</i> on 2nd day morning. - <i>Ushna kulattha</i> (<i>Dolichos biflorus</i>) <i>yush</i> on 2nd day afternoon - <i>Panchkola</i> (<i>Piper longum, root of Piper longum, Piper retrofractum, Plumbago zeylanica, Zingiber officinale</i>) <i>yavagu</i> on 3rd day(Rice gruel with <i>panchkola</i>)	- <i>Yoni taila purana</i> (vaginal filling with oil) - <i>Abhyanga</i> (Massage) And <i>swedana</i> (sudation) with hot water ²²

	- <i>Chaturjataka</i> (<i>Cinnamomum zeylanicum, Elettaria cardamomum</i> , leaves of <i>Cinnamomum zeylanicum, Mesua ferrea</i>) mixed <i>yavagu</i> on 4th day -Cooked rice of <i>shali</i> or <i>shastika</i> on 5 th day. -Follow this up to 10 to 15 day - <i>Mangalvachan</i> on 12 th day	
<i>Bhavprakash Samhita</i>	Mainly describe does and dongs in short - <i>Hitaahar vihar sevan</i> - <i>Snigdha, pathya</i> and <i>alpa bhojan</i>	- <i>Swedana</i> (sudation) - <i>Abhyanga</i> (massage) ²³
<i>Yogaratanakar</i>	-Vaginal canal should be pressed to avoid the entry of air. Other Same as <i>Bhavprakash Samhita</i> ²⁴	

According to kashyapa Paricharya according to sex of child:

After proper digestion of *sneha yavagu* (rice gruel) prepared with *dipaniya* drugs for 5 to 7 days, then *manda* (scum of boiled rice) For mail *Ghrit* and for female *taila* should be used by mother²⁵.

Bath of post natal woman: *Vagbhata* has described that on auspicious period of 10th or 12th day, according to customs of family, the bathing ceremony of post natal women should be performed²⁶. *Ashtanga hridaya* has mentioned '*sutikotthana*' (coming out of the house) in its place of bath²⁷.

Contraindication and don't for *Sutika*

1. *Maithuna* (sexual intercourse).
2. *Krodha, mansika paritap, vyamam* (Physical and mental stress, anger etc.)
3. Cold water, cold wind and cold things etc.
4. There is contraindication of *Panchkarma* for *Sutika*-use of *asthapan basti*, *siravedha*, *nasya*, *virechan* and *swedan* are contraindicated.
5. Only *Sarangdhar* advised *swedana* and use of *bala taila* following delivery

(a) Due to administration of *Asthapana Basti*- the *ama dosha* of *sutika* would be increased²⁸.

(b) Due to *nasya karma*- emaciation, anorexia, body ache would be created in *sutika*²⁹.

Acc to modern Postnatal Care

Postnatal Check Up, Detection of risk at earlier stage & its management, Treatment of Minor Ailments, Treatment of anaemia, Health & nutrition education, Postnatal Exercise, First hour- important for PPH, Avoid strenuous activities for 6 weeks, 8-10 hours sleep, Needs 300 calories more, Care of stitches if any, Care of nipples and areola, motivate mother for contraception all these are advised⁷.

DISCUSSION

Aim of puerperium is to maintain maternal and infant health preventing any complication and to establish infant feeding. During *Sutika kala* (puerperium) *vata* is vitiated and that period the alleviation of *vata* should be the first aim. We should use all modes of life and dietetics which pacify the vitiated *vata*. The drugs and therapies which are advised during this period have below properties.

Table 3: Effect of therapies and drugs used for *sutika*

Therapies and drugs	Effect
<i>Ashwasana</i> (Reassurance)	Important to avoid puerperial psychological disorders like the baby blues, postpartum depression, birth related post traumatic birth disorder and rare condition called postpartum psychosis ³⁰
<i>Udarveshtana</i> (Abdominal tightening)	Wrapping the abdomen with long and clean cloth, which in turn help abdomen to retrieve its normal position and there is no accumulation of <i>vata</i> in vacant sites. It also gives back support ¹⁸ .
<i>Abhayanga/ snehana</i> (massage)	<i>Abhayanga</i> help to restraint vitiated <i>vata</i> , spiralling the abdominal muscles and expulsion of remnant doshas. <i>Abhayang</i> reduces oedema and swelling. Lymphatic massage relives sore muscles. Strengthens lungs, intestine and vital organs for proper functioning. Improve skin tone, blood circulation, soothes nerves and pulse to function properly ³¹ .
<i>Udvartana</i> (Massage with powdered drug)	It is one type of passive exercise. This can be considered as Midway this will provide benefits of exercise devoid of active movements of her body part. Because exercise is contraindicated in pregnancy.
<i>Pariseka</i> (Hot fomentation of yoni)	It helps in relieving pain and inflammation due to local tear during labour or due to episiotomy and helps in early healing. It acts as <i>vedanahara</i> and <i>kledahara</i> . It also removes abnormal blood clots accumulated in uterine cavity after the delivery of <i>Garbha</i> excreted properly and <i>Vata Dosha</i> also subsides.
<i>Dhupan or rakshoghna karma</i> (antiseptic fumigation)	Burning several medicinal plants which would keep the air unpolluted, in view of protect certain micro-organisms present in the polluted atmosphere, and also from certain supernatural forces ³² .
<i>Swedana</i>	Since <i>Swedana</i> have property of <i>vatashamana</i> , disinfectant etc. hence it is beneficial during

(fomentation)	<i>sutika kala</i> where <i>vata</i> is vitiated.
<i>Yoni mardan</i> <i>/abhyang/swedan</i> (Vaginal massage and fomentation)	It facilitates proper drainage of Lochia i.e. vaginal secretions; pacifies <i>Apana Vayu</i> and tones up vagina. Also help in healing, prevent prolapse and laxity.
<i>Dushtshonitsuddhi</i>	Purification and excretion of vitiated blood with use of <i>ushna, tikshna, Raktasodhaka dravya</i>
<i>Manda, Peya, Yavagu</i>	<i>Balya</i> (strengthen the body), <i>Tarpana</i> (nutritious), <i>dhatuposhana</i> (Nutrition of <i>dhatu</i> s) & <i>vatanashana</i> (pacify the vitiated <i>vata</i>) properties which are helpful in regaining lost nutrients ³³ .
<i>Bala taila</i>	Strengthen the muscles, ligaments, joints and tendons of the whole body, it also helps in smoothening the skin and relieving pain
<i>Panchakola</i>	Improves digestion and also do <i>garbhashaya shodhan</i> . The drugs have properties like anti-inflammatory, potent Immuno- modulator, anti-bacterial activity, mild laxative action, diuretic, liver stimulant, increase uterine stimulation, blood cleansing and rejuvenating properties ³⁴
<i>Guda</i> (Jaggery)	Supports digestive power, prevent constipation, blood purifier, boost immunity and balances <i>vata</i> ³⁵
<i>Kulattha</i>	Cleanses abnormal blood through uterus, decrease <i>kleda</i> , rich source of iron
<i>Shali, shasti</i>	<i>Laghu</i> and easy to digest, gives lost nutrients, increase lactation ³⁶
<i>Chaturjatak</i>	Improves digestive power and give pleasant smell to food
<i>Taila and ghrit</i>	Strengthen digestive system, increase immunity, anti-inflammatory, balances <i>vata</i> and helpful in evading cold infection ³⁷
<i>Mansa rasa</i>	Meat is an excellent source of iron, Vitamins, essential amino acids and trace elements ³⁸
<i>Jivaniya, Brimhaniya and Madhura dravya</i>	Anabolic property and helpful to recover maternal system from stress and strain of labour and help in galactogenesis and enhance the property of maternal milk ³⁹
<i>Vidari Gandhadi dravya</i>	<i>Rasayan, Vajikarana</i> , promotes lactation ⁴⁰

CONCLUSION

Sutika kala is a critical period for women. If proper care not taken it will lead to maternal mortality. In *sutika kala*, there is mainly vitiation of *vata*, therefore it is most advisable to do *vatashaman* by *ahar, vihar, ausadha* and different therapies advised by different acharyas in *Sutika paricharya* is effectively increases the proper formation of the *Dhatu*s (rejuvenation), increasing *agni* (deepen-increase *agni*), *brimhan* (Increase mass) and do proper excretion of *mala, mutra and dustashonita*. All this does rejuvenation of mothers body. So, For healthy motherhood it is necessary to follow *sutika paricharya* which improves quality life and disease free healthy life with new born baby.

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CONCEPTUAL STUDY OF AJMODADI CHURNA IN GARBHINI AGNIMANDYA

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Article

ABSTRACT:

Every woman has the innate desire to experience the joys of motherhood. Ayurveda has aim to produce 'Supraja' (healthy progeny) and not just Praja (Progeny). Female is the centre of human life circle, hence women needs healthy conditions during pregnancy. In this physiological process mother experiences certain problems, Agnimandya is one of them. If neglected it may complicate events of pregnancy. In the present conceptual study Ajmodadi churna has been discussed to treat garbhini agnimandya. Ajmodadi churna explained by Yogratnakar consists of ajmoda, sunthi, pippali, jeerak and it should be taken with madhu, puran guda. All these drugs have agni deepan properties. So, if 3 gms of ajmodadi churna is given with madhu and puran guda twice daily after food in morning and night for 7 days will help in Agni deepan. Ajmodadi churna is safe and effective and devoid complications. So, it may be concluded that Ajmodadi churna can bring the best result in Garbhini Agnimandya.

Key Words: Agnimandya, Garbhini, Ajmodadi churna, Supraja

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INTRODUCTION

In the present era, due to disturbed, faulty lifestyle, stress, work load women are not able to follow garbhini paricharya. This circumstance frequently leads toward irregular and bad habits of ahar, vihar with uppression of natural urges like kshudha which leads to many digestion related problems, and agnimandya is the leading among all. Agnimandya i.e. agni is not stimulated at all. This state mainly caused due to the vata and kapha dosha. Among the 13 types of agni, jatharagni is the most important therefore, mandagni should be treated properly in order to prevent the progress of the disease to other disorders of Ama (End product of improper digestion and metabolism). As the foetus rely on mother for nutrition, Garbhini agnimandya if not treated will lead to low birth wt, delayed fetal growth, miscarriage etc. In the present conceptual study the effect of Ajmodadi churna in garbhini agnimandya is discussed. Ajmodadi churna is explained by Yogratnakar consists of ajmoda, sunthi, pippali, jeerak and it should be taken with madhu and purana guda. All

these drugs has agnideepan properties. So, here ajmodadi churna is taken for the conceptual study.

AIMS AND OBJECTIVES

- To study the state of agnimandya
- To study garbhini agnimandya
- To study ajmodadi churna for treating Garbhini Agnimandya

MATERIALS AND METHODS

- Literary information about the study has compiled from ayurvedic texts.
- Various publications, text books, research papers have considered to collect the literary material.

DRUG

Medicines should be taken in churna form. 3 gms of Ajmodadi churna should be given with madhu and puran guda twice daily before food in morning and night for seven days.

Ingredients of Ajmodadi churna

Sanskrita Name	Latin Name	Part used	Ratio
Ajmoda	Carum roxburghianum	Seeds	1
Sunthi	Zinziber officinale	Rhizome	1
Pippali	Piper longum	Fruit	1
Jeerak	Cuminum cyminum	Seeds	1

Garbhini Agnimandya

Maximum patients have a habit of *Vegavidharana* (*Kshudha Vega* mainly) *Vegavidharana* is prone to *Vata Prakopa*, which is mainly responsible for vitiation of agni. Ayurveda has aim to produce normal and healthy child. Hence, Ayurveda has advised garbhini paricharya (antenatal regimen) for comfortable and healthy pregnancy. If a woman doesn't follows garbhini-paricharya (antenatal regimen), that mother may face some complication or disorders. It may affect the baby also. Kashyapa, Harita, and Sharangdhara have explained about the complications in pregnancy due to foetus. Though Agnimandya is not mentioned here, still it has its own importance. In practice pregnant woman faces agnimandya more. Garbhini agnimandya patient may also suffer from associated symptoms like kshudhalpata, amlodgar, ajeerna, aruchi.

Properties of Ingredients Of Ajmodadi Churna

- **Ajmoda** (Carum roxburghianum)-carminative, appetizer, analgesic and anthelmintic. It is used in loss of appetite, flatulence, stomachache.
- **Shunthi** (Zingiber Officinalis) contains laghu and snigdha - properties; katu - taste; madhuravipaka and ushnaveerya. It helps in alleviating vata-kapha and pitta. It is appetizer and digestive, hence acts as amapachaka (digests ama).
- **Pippali** (Piper longum Linn.) acquires laghu, snigdha and tikshna - properties, katu - taste, madhura - vipaka and anushna-sheetaveerya. Hence it balances kapha-vata. It is appetizer, carminative. Pippali is effective in the disorders which are caused by vibandha and vitiated vata-kapha doshas viz. anorexia, loss of appetite, indigestion.
- **Jeerak** (Cuminum cyminum) It is palatable, appetizer, carminative. It is used in disorders caused by disturbance in agni like anorexia, indigestion, flatulence.

Thus as a whole this recipe if given with madhu and puran guda breaks dosha-dushya complex in agnimandya in pregnancy and helps to restore health which is ultimately useful for proper nourishment of foetus as well as mother.

Probable Mode of Action

As ajmoda, shunthi and pippali are Deepaniya and jeerak is pachak (carminative) helps to break dosha-dushya complex. All of the herbs from this recipe acts on digestive system. *Ajmodadi churna* have the *Katu Rasa* dominancy which is *Agnidipana Rasa*. *Pachana* is one of the properties of the *ajmodadi churna*. As by *Katu Rasa*, the entire aspect drug shows the effect on the *Mandagni*. Hence Agni get improved. As *ajmodadi churna* is given with madhu and puran guda it became palatable by pregnant women. Agnimandya state mainly caused due to the vata and kapha dosha. The katu rasa will do kaphashaman

DISCUSSION

Maximum of the patients were habituated with *Vishamashana*. As per *Acharya Sushruta*, these are the most important factors in creating the *Agnimandya*. Maximum patients are taking *Alpabhojana* as well as *Asuchibhojana*. *Alpabhojana* which further leads to vitiation of *Vata* and *Ashuchibhojana* influences the mental status of the individual. Maximum patients have a habit of *Vegavidharana* (*Kshudha Vega* mainly) *Vegavidharana* is prone to *Vata Prakopa*, which is mainly responsible for vitiation of agni. Woman has got the divine status in the world. "God could not be everywhere, so he created mothers." This famous proverb clearly signifies the importance of motherhood. Women have the unmatched role in creation, preservation, nutrition of foetus. Ayurveda has aim to produce 'supraja' (healthy progeny) and not just 'praja' (progeny). The aim of any parent is to bear and nurture a healthy, capable child who can face the pressures of our increasingly complex lifestyles. For this creation of healthy progeny, woman has to go from series of changes like *sagarbhaavastha* (antenatal phase), *prasavaavastha* (labour phase) and *suitikaavastha* (post natal phase). In antenatal phase, her condition is very delicate, i.e. she is on borderline of prakriti (health) and vikriti (disease). Hence her regimen in antenatal phase should be aimed to health of both mother and foetus. Ayurveda has advised garbhini paricharya (antenatal regimen) for comfortable and healthy pregnancy. Thus she can easily be accustomed to anatomical and

physiological changes during antenatal phase. Pregnancy is a natural and happy stage in her life. Healthy motherhood and creation of healthy progeny are the two aims of pregnancy. Ayurveda classics have stated the antenatal care methods. It states the rules about diet and behaviour during pregnancy. Improper or unbalanced diet is responsible for various congenital abnormalities in the developing foetus. A balanced diet is one that balances the three doshas and nourishes the seven dhatus (body tissues). The purpose of antenatal care is not to treat the disease but to prevent it. Pregnancy demands special care and dietary regimen. If a woman doesn't follow garbhini-paricharya (antenatal regimen), that mother may face some complication or disorders. It may affect the baby also. Kashyapa, Harita, and Sharangdhara have explained about the complications in pregnancy due to foetus. Though Agnimandya is not mentioned here, still it has its own importance. In practice pregnant woman faces agnimandya more. Hence, Ajmodadi churna will be more effective in agnimandya in pregnancy and can be used widely in the treatment.

CONCLUSION

So, It can be concluded that ajmodadi churna will give good result on agnimandya in pregnancy and also helpful in reducing Kshudhalpata (Diminished appetite), Amlodgar (Sour eruction), Ajeerna (Indigestion), Aruchi (Loss of taste). As well this drug will give good result on agni (digestive power) and nourishment of pregnant woman without any side effects to foetus and pregnant woman.

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STUDY OF THE EFFECT OF PALSHADI NIRUHA BASTI IN UDAVARTA
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Article

ABSTRACT:

Urdhavgamana of rajasa is udavartini. Normal downward movement of rajas is obstructed and it moves in reverse direction. On the basis of the symptom of udavarta yonivyapada described by *charaka*, i.e. great difficulty at the beginning of menstruation and immediate relief of pain following discharge of menstrual blood, is the identical symptom of primary/ Spasmodic dysmenorrhoea. 30 patients of Udavarta Yonivyapada were treated by Palshadi Niruha Basti. The result of the study was statistically significant in reliving chief complaints of Udavarta Yonivyapada.

Key Words: Urdhavgamana, Rajasa, udavarta yonivyapada, Menstruation, primary/ Spasmodic dysmenorrhoea

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INTRODUCTION

The menstruation is considered as a landmark of homeostatic condition of reproductive system. The same menstruation can create hell situation, if it is associated with unbearable pain as we are observing in cases of *udavarta yonivyapad*. Vata is responsible for pain. It is evident by the saying that no *yonivyapad* occurs without morbid vata dosha. Apana vayu has given prime importance in Gynaecological disorders. Normal menstruation is the function of Apana vayu, therefore painful menstruation is considered as Apanavata dushti. According to Ayurvedic view, normal artava or menstruation is should not be associated with any sort of discomfort as pain, burning sensation etc. Hence painful menstruation is a variation from normalcy, which needs medical attention. In Ayurveda, Basti is considered as paramoushadha for the management of vata. It is the treatment modality indicated in all types of Yonivyapada. 8 palas of Palasha should be added with 2 kamsas (128 palas) of water, and boiled till the liquid is reduced to half adhaka (32 palas). To this decoction, the paste of one pala each of vacha and magadhika and two palas of shatahva along with rock salt, honey and oil should be added. This recipe should be used for niruha.

It promotes strength and complexion. It cures Anaha (constipation), parshvamaya (pain in the sides of chest), yoni dosha (gynecic diseases), gulma (phantom tumour) and udavartha (upward movement of wind in the abdomen).

MATERIALS AND METHODS

A) Conceptual Study

➤ Literary Study-

Relevant medical books, important publication and internet was used.

➤ Drug Study-

Palash, Vacha, Pippali, Shatava Tila taila text from *Ayurveda* and modern point of view.

B) Clinical Study

1) Place of Work:

I.P.D. and O.P.D. patients of *Sane Gurugi Arogya Kendra*, Malwadi, Hadapsar, Pune.

2) Standardization of Drug:

Authentication and standardization of drugs done from Kashibai Nawale Pharmacy, Pune.

3) Administration of Drug:

Anuvasan basti of *Tila taila*- 60 ml (Soon after taking food)

Niruha basti- 480 ml (Empty stomach)

Route of administration: Rectal root

Basti pratyagaman kaal was noted.

Duration - *Basti* is given for 8 days for 2 cycle and observation made after 5th day of menstrual cycle for 2 cycles consecutively.

➤ **Study design :-**

Sample size: 30 patient of *udavarta* voniyapada selected irrespective of occupation, religion, age and prakruti.

Selection of Patients:

➤ **Inclusive criteria:-**

Patients suffering from *udavarta* voniyapad i.e.

- 1) Age group 15 -40yr.
- 2) *Sakashta raja pravrutti*.
- 3) *Ubhaypadashul, Hrulhas. Katishul*.
- 4) *Rajapravrutti purva udarshul and rajopravutti uparantupsham*.
- 5) Patients having history of regular menstrual cycle.

➤ **Exclusion Criteria:-**

- 1) Pelvic inflammatory disease.
- 2) Any abnormalities seen in USG.
- 3) Patient taking Hormonal therapy.
- 4) Patient with IUCD and on contraception pills.
- 5) Congenital anomalies of reproductive system.
- 6) Antenatal and postnatal patients.

➤ **Withdrawal Criteria:-**

- 1) If patient develops any side effects.
- 2) Patient refuses to continue treatment.
- 3) If there are unbearable aggravation of symptoms itself.

➤ **Informed consent:** The subject undergoing this study was informed about the nature and purpose of study and written consent from each patient was taken.

➤ **Diagnostic Criteria:-**

- 1) Clinical examination.
- 2) USG (Pelvis)
- 3) Haemogram

METHODOLOGY

- 30 apparently patient with *udavarta* voniyapada were selected irrespective of their age, socio-economic status and religion.
- Written informed consent of the patients was taken prior to the case taking.
- Detailed case history of the patients was taken with help of specially designed case record proforma which is attached in the appendix.
- *Palashadi niruha vyatasat tila taila anuvasan basti* given for 8 days, before 8 to 10 days of expected date of menstruation. The observations will be made after every 5th day

of menstrual cycle and conclusion made as per the observations for two consecutive cycles.

- The findings of each patient were recorded in the case proforma
- Collection of all data and references was done.
- With the help of all this references and data observations are made and conclusions are drawn.

DISCUSSION

For the *Vataja Yonivyapad Snehana, Swedana, Basti* etc. *Vatahara Chikitsa* is explained by our *Acharyas*. *Basti* is one of the line of treatment of the *Udavarta Yonivyapada*. *Palashadi Niruha Basti* contains *Palash, Vacha, Pippali, Shatava* possess *Vatanulomana* quality and act as *Vatanulomaka* on *Udavarta* and helps in the expulsion of *raja* without *vedana* from *Yoni*. *Palashadi Niruha Basti* is having *Tridoshahara, Balya, Vrushya* properties and maintains the patency to normal flow of *Arthava* and also helps in relieving pain. *Palashadi Niruha Basti* mainly indicated in *Yonidosha, Anaha, Parshwa Amaya, Gulma, Udavarta*. In the *Phalasaruthi* of the *Palashadi Niruha Basti, Udavarta and Yonidosha* are explained as an indication.

Discussion on assessment criteria

Vedana: The within-group comparison of *Vedana* for the patient group reports a significant P-value. So, *Palashadi Niruha Basti* is effective in *Udavarta Yonivyapada* for *Vedana*.

Raja Srava Praman: *Palashadi Niruha Basti* is effective in *Udavarta Yonivyapada* for *Raja Srava Praman*. *Hrulhas*: *Palashadi Niruha Basti* is effective in *Udavarta Yonivyapada* for *Hrulhas*.

Katishoola: *Palashadi Niruha Basti* is effective in *Udavarta Yonivyapada* for *Katishoola*.

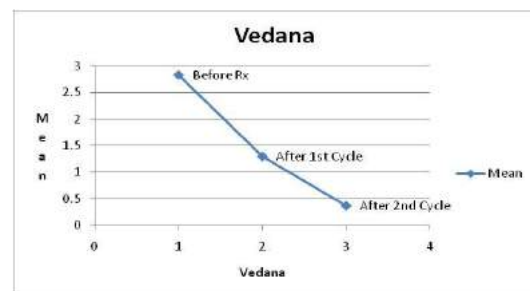
Discussion on results:

Palashadi Niruha Basti provided relief in all the cardinal features of *Udavarta Yonivyapada* as most of parameters were statistically significant.

RESULTS AND CONCLUSION:

Vedana:

Group	N	Chi-Square	df	P-value
Patient Group	30	54.389	2	1.54 x 10 ⁻¹²



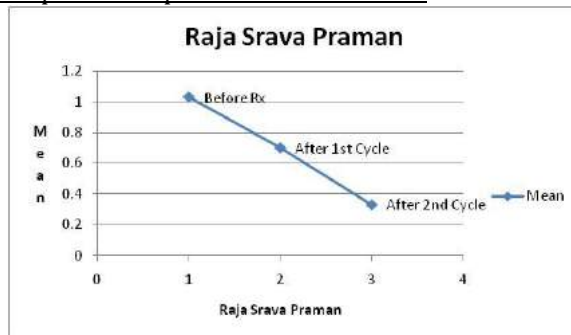
The within-group comparison of Vedana for the patient group reports a significant P-value(1.54×10^{-12}). Thus, it can be concluded that Alternative hyposthesis can be accepted and the null hypothesis be rejected indicating that Palashadi Niruha Basti is effective in Udavarta Yonivyapada for vedana.

Raja Srava Praman:

Results:

Group	N	Chi-Square	df	P-value
Patient Group	30	18.690	2	0.00008

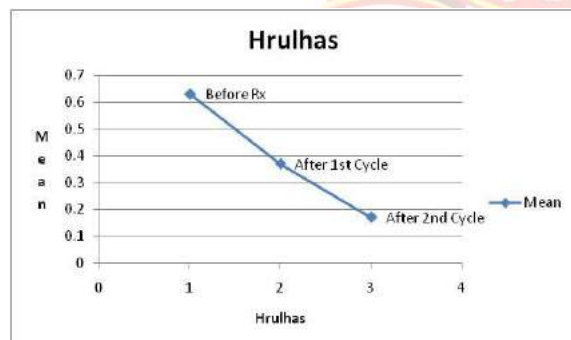
Graphical comparison of mean values:



The within-group comparison of Raja Srava Praman for the patient group reports a significant P-value(0.00008). Thus, it can be concluded that Alternative hyposthesis can be accepted and the null hypothesis be rejected indicating that Palashadi Niruha Basti is effective in Udavarta Yonivyapada for raja srava praman.

Srava:

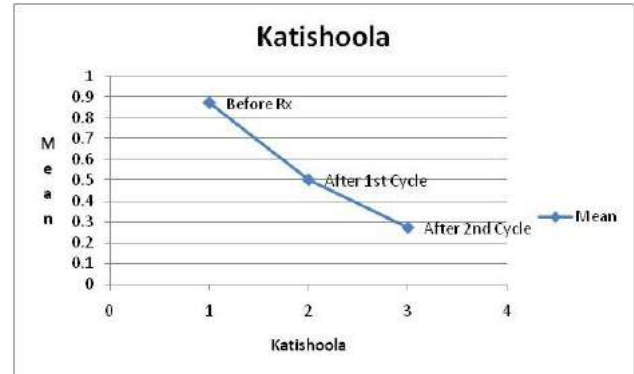
Group	N	Chi-Square	df	P-value
Patient Group	30	21.143	2	0.00002



The within-group comparison of Hrulhas for the patient group reports a significant P-value(0.00002). Thus, it can be concluded that Alternative hyposthesis can be accepted and the null hypothesis be rejected indicating that Palashadi Niruha Basti is effective in Udavarta Yonivyapada for hrulhas.

Visphot:

Group	N	Chi-Square	df	P-value
Patient Group	30	27.444	2	1.09×10^{-06}



The within-group comparison of Katishoola for the patient group reports a significant P-value(1.09×10^{-06}). Thus, it can be concluded that Alternative hyposthesis can be accepted and the null hypothesis be rejected indicating that Palashadi Niruha Basti is effective in Udavarta Yonivyapada for katishoola.

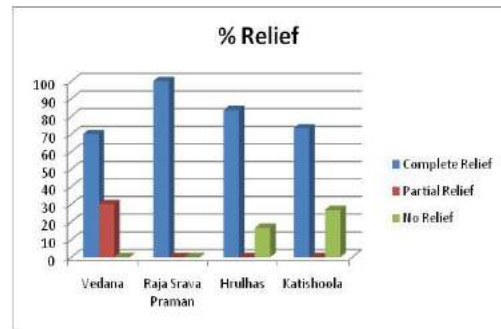
Symptom-wise % relief:

Percentage relief was calculated for each symptom (as per the scale used) based on the following assumptions of relief:

1. *Vedana* – Since Visual Analog Scale is used for recording observations for *Vedana*, it was considered that patients with 0 score were considered to have no pain, with 1 and 2 score were considered to have mild and moderate pain respectively and with 3 and 4 score were considered to have severe and agonizing pain. Hence, patients with zero vedana score were considered to have attained relief.
2. *Raja Srava Praman* – For *Raja Srava Praman*, score 0 and 1 was specified for less than normal and normal raja srava praman respectively, score 2 for moderate raja srava praman and score 3 and 4 for severe and agonizing raja srava praman respectively. Hence, patients with zero and one raja srava praman score were considered to have attained relief.
3. *Hrulhas* – Absent was the relief state for Hrulhas and present was considered to be the no relief state for Hrulhas.
4. *Katishoola* - Absent was the relief state for Katishoola and present was considered to be the no relief state for Katishoola.

Based on these criteria, the percentage relief was as follows:

%Relief	Complete Relief	Partial Relief	No Relief
Vedana	70	30	0
Raja Srava Praman	100	0	0
Hrulhas	83.33	0	16.67
Katishoola	73.33	0	26.67



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CONCEPTUAL STUDY ON NASYA KARMA

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Article

ABSTRACT:

The aim of Ayurveda is to maintain swastha of healthy person and destroy disease of diseased person. Ayurved is a science which helps to achieve longevity. Nasya karma is one procedure among panchkarma. Panchkarma therapy is process which destroys root cause for the disease and makes balance of tridoshas. Nasya karma is the procedure in which nasal administration of medicine. The nasya is doorway to the shira (brain). Through nasya karma the doshas or dushti in sinus, throat, nose or head are eliminated through nearest possible opening that is nose. Day by day increasing stressful life and improper sleeping, excessive use of computer, also excessive travelling, excessive use of oral medicine, food habits, mental stress, depression many peoples are suffering from shirogata and nasagata rogas. So to get relief by modern medicine is not possible. Nasya karma in panchkarma have important role to subside the disease and destroy root cause for doshas.

Key Words: Panchkarma, Nasya karma, Nasaroga, Shiroroga, Shirovirechan

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INTRODUCTION

Mainly panchkarma is five type of procedures vaman, Virechan, Nasya, Basti, Raktmoshan also include the snehan karma, swedan karma, Abhyang karma. Snehan and swedan are purvakarma of panchkarma. vaman, Virechan, Nasya, Basti, Raktmoshan are the pradhankarma of panchkarma. Nasya karma is a process in which medicated oil, ghruta and liquid is administered through Nasal root. Nose is the gateway of the head so it is highly effective in curing the disease which are present in shirapradesh. Also beneficial in the udhwajatrugat rogas. In generally nidana for shirorogas are through nasal root. In nasya karma the medicated drug goes to the head and cleanses the channels of head and nose. It keeps the eye, nose and ear healthy. It is also beneficial in khalitya, palitya. Nasya works on kapha dosha. Nasya karma removes route cause and pull out the dosha which are aggravated through nasal root.

In our stressful life and increased use of excessive modern medicine, irregular food habits, pain killer, mental stress, excessive travelling, excessive cold drink, depression the most people are suffering from shirogata and nasarogas. Also there is limitation in modern medicine and lots of side effect to know importance of nasya and to cure disease of diseased person and maintain health of healthy person is need of present day. So I have selected this topic for study.

AIM AND OBJECTIVE

- To study the concept of Nasya karma and its importance.
- To study the concept of Nasya Karma in Samhitas.

MATERIALS AND METHODS

Brahtrayi (charak samhita, sushruta samhita, astang Hridaya). Journals and articles on nasya and other ayurvedic books.

Review of Literature:

According to different acharyas the nasya karma and its importance as follows.

Acharya charak stated the drugs which are useful in shirovirechan (**charak sutrasthan 2/3, 4, 5, 6**)

Apamarga, pipali, marich shigaru, vidanga, sarshapa, tumberu, ajaganda, ela, harenuka, prutweeka, surasa, shweta, kutherika, phaninjaka, shirishbeeja, lashuna haridra, lavandvyam, Jyotishmati, nagar.

Indication:

Gaurav- heaviness in head

Shrishool- Head ache

Pinas- rhinitis

Krimiroga,

Nasaroga

Apsmar

Loss of sensation of smell

Acharay charak explain about time and benefits of nasya karma in **charak sutrasthan 5/56**

Time:

Pravrit (rainy season)

Sharad (autum)

Vasant (spring)

When sky is free of clouds every year one should go under Nasya Karma with Anu Tail.

Benefits of Nasya Karma:

The person who undergo nasya karma in proper manner and proper time with suitable drugs which never suffer from disease of nose, ear, eyes. The hairs are not fall and become white. Manyastambha, shirshool, Ardit, Hanustamha, Pineesa, Adharvabhedak shirokampa in this condition Nasya Karma used.

Types of Nasya:

- In siddhisthan acharya charak describe types of nasya (charak siddhisthan 9/89,90,91,92,)
- 1) Navan Nasya 2) Avapidan Nasya 3) Dhamapan Nasya 4) Dhoom 5) pratimarsh Nasya
 - Navan Nasya
 - 1) snehan Nasya
 - 2) shodhan Nasya
 - Avapidan Nasya
 - 1) Shodhan
 - 2) Stambhana
 - Dhoom Nasya -
 - 1) Prayogik
 - 2) snchik
 - 3) Vairechanik
 - Pratimarsh Nasya -
 - 1) snechan
 - 2) Virechan

According to Karmukata:

- 1) Rechan Nasya 2) Tarpan Nasya 3) Shaman Nasya.

According Acharya Vaghhata

In Ashtang Hrudaya Sutrasthan Nasya Adhaya (A.Hri -20) explains the procedure in which the herbal medicine is given through nasal route. The nasa is the doorway of head.

Types of Nasya- (Ashtang Hrudaya Sutrasthan 20/20)

- 1) Virechan Nasya
- 2) Bruhan Nasya
- 3) Shaman Nasya

According to Matra 2 types-(A.Hri.20/7)

- 1) Marsh Nasya
- 2) Pratimarsh Nasya

Indications-

- 1) Virechan Nasya - Shirasthith Kaphadosha, shirshool, Netraroga, Galganda, Krimiroga, Granthi
- 2) Bruhan Nasya - Vatajanit shool, Suryavart, Swarakshaya, Nasashosh, Vaksang, Avabahuk.
- 3) Shaman Nasya - Vyang, Keshdosha, Khudra roga.

Nasya Matra-

- 1) Marsha Nasya-
Uttam matra - 10 drops
Madhyam matra - 8 drops
Hin Matra - 6 drops
- 2) Pratimarsha Nasya - 1 drop

Acharya Sushruta -

Sushruta explains (SU.CHI 40/20) 2 major types of nasya and 5 sub types of nasya karma.

- 1) Shirovirechan Nasya
- 2) Snehan Nasya

Indications of Snehan Nasya -

- 1) Shoonyashirasa
- 2) Drishtiprasadak
- 3) Vatajshiroroga
- 4) Dantakesh Smashrupaata
- 5) Karnashoola, Karnakshweda
- 6) Timira, Swaropghata
- 7) Akala Vali palit

Indication of Shirovirechan Nasya -

- 1) Shirogaurava
- 2) Shirashoola
- 3) Peenasa
- 4) Aradhavbhedak
- 5) Krimi
- 6) Pratishaya
- 7) Kaphajshiroroga

Indication for Pradhamun Nasya:

Vishpeedit, Chetan Vikriti

Matra for Nasya:

- 1) Uttam - 8 Bindu
- 2) Madhyam - 6 Bindu
- 3) Heen - 4 Bindu

CONCLUSION

As Nose is the gate way of the Head and Nasya Karma is treatment for all shiroroga and Nasaroga. So everyone should know about that and be careful for their health

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CONTEMPORARY STUDY OF GARBHOPAGHATAKARA BHAVAS
IN PREGNANCYAsmita Maroti Rathod^{1*}, Veena A Patil²

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Article

ABSTRACT:

Aahara (specific dietary regimen), *vihara* (physical activities) which are contraindicated during pregnancy are known as *Garbhopaghatakara Bhavas*. In women's life, *Sagrbhavastha* (pregnancy) is a special event and good care during pregnancy is important for the health of the mother and the development of the unborn baby. So, *Ayurveda* has given great emphasis on the *garbhini paricharya*. According to *Ayurvedic* perspective, *garbhini paricharya* (antenatal care) recommends *aahara* (specific dietary regimen), *vihara* (physical activities) and modifications in psychological behaviour. It mainly involves providing prophylactic treatments, regular periodic checkups, nutritional supplementation and suggesting do's and don't in pregnancy. So, any negligence or deprivation in nourishment may affect physical and mental growth of foetus. If the *garbhini* should not follow proper *garbhini paricharya* and she is exposed to *Garbhopaghatakara Bhavas*, it may lead to *garbhavasrava* (abortion), *garbha-shosha* (intra-uterine growth retardation), *akala prasava* (premature labour) etc. Also, *garbhopaghatakara bhavas* may cause congenital anomalies in foetus. So, it is important that *Garbhopaghatakara Bhavas* should be avoided which are harmful to foetus.

Key Words: *Garbhopaghatakara Bhavas*, *Sagrbhavastha*, *Garbhini Paricharya*, *Garbhavasrava*, *Garbha-shosha*.

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INTRODUCTION

Pregnancy is beautiful moments in women's life as she is taking care for it since ninth month. *Aacharya Charaka* says that the *garbhini* has to be managed very cautiously like one carrying a vessel full of oil without agitating it.^[1] So, *Ayurveda* places an enormous emphasis on the importance of *garbhini paricharya*. *Garbhini paricharya* means caring for the pregnant woman in the form of *aahara* (specific dietary regimen), *vihara* (physical activities), *ushada* (medications) and *paramarsh* (counselling) and preparing her mentally and physically for *sukha prasava*. During pregnancy, foetus starts to get nutrition from mother through placenta. So, *Ayurveda* suggests avoiding some dietetics and mode of life which are contraindicated during pregnancy and harmful to *garbha* known as *Garbhopaghatakara bhava*. If *garbhini* is exposed to *Garbhopaghatakara bhavas* may cause complication like *garbhavasrava* (abortion), *garbha-shosha* (intra-uterine growth retardation), *garbha antah-kukshi nasha* (intra-uterine death), *akala prasava* (premature

labour).^[2] Wellbeing of *garbha* can be achieved only through of the wellness of *garbhini* and wellness of the *garbhini* is maintained through proper *garbhini paricharya* and avoiding *Garbhopaghatakara Bhavas* right from the confirmation of pregnancy.

MATERIALS AND METHODS

Classical text books, various journals, published articles, internet on *Garbhopaghatakara Bhavas* were studied and used as materials to highlight the subjects.

Garbhopaghatakara Bhava :

The term *Garbhopaghatakara Bhava* is compound of two separate words *garbha* and *opaghatakara bhava*. It means the factors which are *ghatkara* (harmful) to *garbha* (foetus) known as *Garbhopaghatakara Bhava*. It can be classified according to different criteria:

- 1] *Aahara* (Specific dietary Regimen)
- 2] *Vihara* (physical activities)

- 3] Mansika Bhava (Psychological & emotional activities)
4] Aushadhi (Medication)

1] Aahara (specific dietary regimen) :

Healthy body tissues depend directly on essential nutrients in food. Essence of aahara (food) taken by the mother is divided into 3 parts – one part nourishes her body, the other parts promotes her breast milk and the third nourishes the foetus.^[3] So, in *garbhini paricharya*, there are specific food regimen prescribed for pregnant women throughout nine months. The aahara (food) should be *hridyam, dravam, madhurprayam, snigdham, deepaniyam, & samskritam*.^[4]

Different *aacharyas* mentioned *aahara* (food) as *garbhopaghatakara bhava* : *Aacharya Charaka* says that *garbhini* should avoid *ushna, theekshana, guru padharth sevana, madhakara aahara sevana, madya sevana*.^[5] *Theekshna padhartha sevana* contains chemical and nitrates which works adversely with RBC and thereby reducing its oxygen carrying role leading reduced utero-placental flow.^[6] *Sushruta* has mentioned that *garbhini* should avoid *sushka paryushita, kuthila, klinna anna*.^[7] *Shushka, ruksha, paryushita anna sevana* i.e. inadequate calorie intake before pregnancy appears to magnify the effect of malnutrition during pregnancy and also it is associated with low birth weight in infant's leads to an impaired foetal growth. *Vagbhata* has mentioned *vishtambhi bhojana* (hard to digest food) should avoid in pregnancy.^[8] *Harita* described that *dvidala anna sevana* (pulses), *vidahi, guru, amla padharth, mrittika, suranakanda, lasuna, palandu ushna dugdha prayoga* are contraindicated in pregnancy.^[9] *Vidahi anna-sevana* i.e. caffeine found in the beverages like tea, coffee and chocolates acts as stimulants and should be avoided in pregnancy. Caffeine crosses the placenta and enters the foetal circulation and there by leads to adverse effect.^[10] *Kashyapa* has mentioned that *lasuna* (garlic) *prayoga* is contraindicated in pregnancy^[11] Also, over eating is one of the causes for pregnancy toxemia. ^[12] *Aacharya Charaka* has mentioned *rasas* as *garbhopaghatakara bhava* which affects on foetus. ^[13] *Madhura nitya* - if *garbhini* using *madhura* (sweet) *padharth* constantly, foetus suffering from *prameha* (diabetes), *atisthula* (obese), *muka* (dumb). There is direct relationship between the level of maternal glucose and macrosomia (>Kg). The carbohydrate surplus available to foetus leads to increased insulin secretion and foetal hyper insulinemia (diabetes).^[14]

Amla nitya- if *garbhini* using sour things constantly then foetus suffering from *raktapitta* (internal haemorrhage), *tvak roga, akshi roga* (diseases of skin and eyes). *Lavana nitya* - if *garbhini* using salt constantly, foetus suffering from *seeghra valipalita* (early wrinkling), *khalitya* (greying of hair) and baldness, also, excessive consumption of salt leads to water accumulation, precipitates HTN and PET.^[15]

Katuka nitya - if *garbhini* using *katu* (bitter) *padarth* constantly, foetus suffering from *shosha* (emaciation), *alpa shukra* (less quantity of sperm) *anapatya* (infertile). *Katuka nitya* contains irritants, chemicals, nitrates which work adversely with RBC and thereby reducing its O₂ carrying role leading reduced utero-placental flow.^[16]

Tikta nitya -if *garbhini* using *tikta* (pungent) *padarth* constantly, foetus suffering from *shosha, balaheenatva, daurbalya* (weak). *Kashay nitya* - if *garbhini* using *kashay* (astringent) *padarth* constantly, foetus suffering *shyama vrana, anaha* (flatulence), *udavartha* (eructation). *Aacharya Charaka* described that specific *dravyas* as *garbhopaghatakara bhava* which produced disease characters in foetus.^[17]

Madya Nityatva - daily alcoholic consumption by *garbhini* may cause *trishnalu* (excessive thirst), *alpa-smiriti* (short memory), *anavasthita - chittata* (fickle mindedness) in foetus.

Godha mamsa priyatva - If pregnant women use inguna meat it causes *ashmari, sharkarashmari, shanairmeha* (renal calculi and urinary problems) in foetus. *Varaha mamsa priyatva* - If pregnant women use pork meat it causes *raktanksha* (red eyes), *ati purusha roma* (rough body hair) in foetus. *Matsya mamsa priyatva*- daily consumption of fish by pregnant women causes *chira nimesha, stabdhaksha* (fixed eyes or delayed blinking of eyelids) etc in foetus. Fish in increased quantity can also be unsafe because of mercury levels affect the baby's brain & CNS.^[18]

2] Vihara (physical activities) :

Regular light exercise is important to maintain fitness and prepare the body for labour and birth. Different *Aacharyas* described *vihara* (physical activities) as *Garbhopaghatakara Bhavas* which affect on foetus *Aacharya Sushruta* has mentioned that *garbhini* should avoid *maithuna* (coitus), *yayama* (exercise), *diva swapna, ratri - jagarana* (awakening in night), *kukkutasana, vegadharana, yana, avarohana*.^[19]

Aacharya Charaka described that *garbhini* should avoid *uccha bhashna*, *avarohana*, *vega-dharana*, *vyayama*, *vyavaya*, *kupa-prapata*, *kupa-avalokana*, *rakta-vastra dharana*(red garments) for the protection from the effect of god etc. [20]

Vagbhata has mentioned that *garbhini* should avoid *apriya -avolokana*, *apriya shravana*, *udavartanaa*, *bhara vahana*, *guru pravarana*, *udvega*, *uttana shayana* before eighth month. [21]

Kashyapa has given different types of contraindications i.e, she should not looking at declining moon, setting sun, being exposed to solar or lunar eclipse, excitement, excessive laughing, wearing tight garments etc. [22,23]

Harita has mentioned that *garbhini* should avoid *vyayama*, *maithuna*, sitting or sleeping very soft bed, going to river bank, temple or garden. [24] *Yog-Rognakara* has contraindicated *maithuna*, *yayama*. [25]

Vyavaya i.e. sex during pregnancy carries threat for abortion or premature delivery. It may increase intrauterine pressure causing miscarriage or premature labour. *Yana* – Travel as a whole should be obtained by the pregnant lady but if inevitable should be strictly avoided in first and third trimester.

Kukkutasana & Vishamasana – Prolonged squatting and abnormal postures may influence placental and uterine blood flow and even through the uterine muscles are largely under hormonal control, may cause uterine contraction and vasoconstriction. Increases intrauterine pressure causes miscarriage or pre-mature labour. *Vegodharana* – leads to hypothalamic irritability leading to hormonal aberrations. *Ratri-jagarana & ati-diva svapna* – leads to alterations of circadian rhythm causing hypothalamic dysfunction and hormonal aberration. [26]

3] Mansika Bhava (Psychological & emotional activities) :

Garbhini should be provided with pleasing environment and supported with positive thinking. she should avoided any type of mental stress. Stress or negative emotional status disrupts the normal hypo-thalamo-pituitary axis by excessive production of stress hormones and also leads to depressed immunological condition that may cause abortion. [27] *Aacharya Charaka* mentioned that *mansika bhava* (psychological & emotional activities) causes *gabha vikruti*. If *garbhini* is *kalahasheela* (pugnacious) then *santana* should be

apasmara(epileptic). If *garbhini* is *vyavayasheela* (over indulgence in sex) then she giving birth to *aalasya*(lazy) *santana*. *Shoka-nitya* (always distressed or grieved) *garbhini* giving birth to *bhiru*, *apachita*, *alpayusha* (short lived) *santana*. If *garbhini* is *swapnasheela* (over sleepy) then *santana* should be *nidralu* (sleepy), *mukha* (ignorant), *alpagani*(less digestive power). [28]

4] Aushadhi (Medication):

As far as possible, medication should be avoided during the first three months of pregnancy. Only symptomatic treatment with very mild herbs and suitable diet should be prescribed. Much of *aushadhi* should be *deepana* (agni promoting) plant medicines and species which increases appetite and digestive power. *Aacharya Charaka* advised to avoid *theekshna aushadha prayoga* in *garbhini*. [29]

Several substances are absolutely contraindicated in pregnancy such as *kumari* (aloe vera), *vacha* (calamus root) etc. and substances like garlic and hing. Radiation, maternal infection, chemicals and drugs like teratogens which are the agents that act during embryonic or foetal development to produced a permanent alteration of form or function. These agents must cross the placenta and may result in abortion, intrauterine death, intrauterine growth retardation, functional defects and malformation. Radiation to the developing foetus can have catastrophic effect. Genetically adverse mutation may occur following radiation of gonads, resulting in congenital malformations & a genetic risk to the population. Maternal Infections like cytomegalovirus, toxoplasmosis, rubella, smallpox, herpes either latent or overt in the first trimester produces congenital malformation of the foetus. [30] Chemicals - cocaine : it is topical anaesthetic, local vasoconstrictor and CNS stimulant. Adverse outcomes are due to its vaso-constrictive effects leading to placental abruption and risk of vascular disruption in the foetus leading to abortion or still birth. Tobacco - it is associated with risk of tubal pregnancy, because it alters the tubal motility and ciliary activity. Nicotine produces changes in the foetal central circulation because of placenta abruption & reduced utero-placental blood flow. Due to the combined effects of carbon monoxide & nicotine, it is also associated with high risk of growth restriction. [31] Drugs: Medications prescribed for the treatment of chronic maternal conditions can impair foetal growth either by acting on the directly or less commonly by decreasing utero-placental blood flow. Drugs such as aminoglycosides-like streptomycin cause foetal

cranial nerve damage when given for protracted periods. Sulfonamides- These agent readily cross the placenta & complete for bilirubin binding sites & may be associated with hyperbilirubimia Fungicides – causes conjoined twins. Antiviral-Pregnant ladies exposed to Ribavirin may give birth to child with hydrocephalus & limb abnormalities. Also, analgesics like aspirin, anticonvulsants, tetracyclines, warfarin, ACE inhibitors, isomtreinoin, carbamazepine, valproic acid, methotrexate etc. are some drugs which cause birth defect. [32]

Different *Acharyas* described *panchkarma* (detoxifying procedure) should not be advocated, except *vasti*(enema) in the eight and ninth month of pregnancy. *Acharyas* says that *panchkarma* is contraindicated in *garbhini* that cause *garbha vikruti*. *Acharya Kashyapa* says that in pregnant women *nasya prayoga* is avoided it causes *garbhsrava* (abortion) or difficient body part. [33] Also, *dhumapaana* is contraindicated in *garbhini* it causes crooked, blind, weak cognitive and sensory organs and discoloration. [34] *Acharya Vagbhata* described that due to *shirovirechan vyanga*(deformity), *vikalendriyatva*, *unmada* and *apasmara* will be produced. [35] *Kashyapa* described that *asthapana* and *anuvastana vasti* in pregnant woman causes *garbhsrava*(abortion)or *heenanga* in foetus. [36]

DISCUSSION

If *garbhini* is unable to maintain *aahara*, *vihara*, *manshika bhava*, *aushadhi* that means instructed *garbhini paricharya* and inevitably and continuously being subjected to *Garbhopaghatakara bhavas vatadi doshas* are vitiated and may cause *garbhsrava* or *garbha vikriti*. So it is important that *Garbhopaghatakara bhavas* are avoided from the confirmation of pregnancy.

CONCLUSION

On the above basis, it is concluded that the tremendous growth of a baby from the moment of conception to the time of birth depends entirely on nourishment from the mother. So, *Ayurveda* enumerates various *Garbhopaghatakara bhavas* which affect the *garbha* and may cause so many complications. By adopting such measures we can protect foetus during pregnancy. Thus, *Ayurveda* play an important role to avoid such *Garbhopaghatakara bhavas* and prevent pregnancy.

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A STUDY OF AETIOPATHOGENESIS OF BAHUPITTA KAMALA WITH REFERENCE TO AYURVEDA AND MODERN SCIENCE

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Article

ABSTRACT:

Kamala means where the desire or different type of requirement of body and mind that is specially regarding the diet, physical movements and the psychological desires of body and mind are abolished. Ayurveda consists Kamala (Jaundice) as a disorder of raktavahastrotas. Yakrit (Liver) and Pleeha (Spleen) are moolsthana of raktavahastrotas. Vitiated Pitta is the main causative factor in the pathogenesis of kamala. In Bahupitta Kamala the symptoms mainly yellow colour of urine, faeces, eyes, skin; burning sensation in body etc. are described which are also described by modern physiology in bilirubinemia i. e excessive bilirubin in blood seen in Hepatocellular jaundice.

Key Words: Raktavahastrotas, Bahupitta Kamala, Hepatocellular jaundice

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INTRODUCTION

Ayurveda is one of the most ancient scientific sciences. Ayurved is not a science dealing with drugs only, "it is more a way of life" and describes method for promotion, prolongation and maintenance of positive health. It emphasise the importance of a specific daily routine dinacharya and seasonal regiment of rutucharya along with diet, drug, physical and mental health. For maintaining good health we must take wholesome diet and follow dinacharya and rutucharaya. Ayurveda consists Kamala (Jaundice) as a disorder of raktavahastrotas. Yakrit (Liver) and Pleeha (Spleen) are moolsthana of raktavahastrotas. Vitiated Pitta is the main causative factor in the pathogenesis of kamala. Kamala means where the desire or different type of requirement of body and mind that is specially regarding the diet, physical movements and the psychological desires of body and mind are abolished. In all ayurvedic texts, kamala is said to be the prawardhan awastha of panduvyadhi. The man suffering from panduvyadhi, who takes pitta prokopaka dravyas (aaharvihar) in more quantity, due to this, pitta gets vitiated, which burns Rakta and Mansa dhatu and creates Kamala Vyadhi. According to modern science Hepatocellular Jaundice results due to inability of liver to transport bilirubin into bile, due to parenchymal liver disease. The most common causes of Jaundice may be infective hepatitis, alcoholic liver disease, drugs etc. The common causes all over the world for chronic liver disease are infection with hepatitis B virus, hepatitis C virus and alcohol abuse.

Kamala in Ayurvedic and Modern View

In Atharveda, kamala is known by name Harima, it is so because here all the body becomes Haridravarna (yellowish). In Charaka chikitsasthana¹ kamala is described as prawardhan awastha of panduvyadhi, where he says a man suffering from panduvyadhi takes in more quantity pitta prokopaka aahar- vihar, due to this pitta get vitiated which vitiates Rakta and Mansa dhatu and creates Kamala Vyadhi. According to this pitta is main dosha in the main samprapti of panduvyadhi and are taken as hetus of kamala vyadhi. So we can state hetus of panduvyadhias; Amla (sour food, fermented food), Kshara and Lavan rasa pradhanaaahar (papad, pickles), Virudhaaahar (fast food), Tikshna (spicy food), Astamyaahar (Pawta, udid (lentil), Tilacha pend and tila tail (products made of sesame) etc; Roaming in hot sunlight, diwaswap, ativyayam (Ch), Ativyayama (Su) and vegvidharan, Mithyayoga of vamandi panchakarma etc; Kaama, Chinta, Bhaya, Krodha, Shokh, etc. Acharya Charak² and Harita considered the disease as a type of second stage of Panduroga. Acharaya Vagbhata³ considered it as a separate disease. Sushrutacharya⁴ described kamala as one of the type of panduvyadhi, or can appear at the end of other disease or it can appear at the end of panduvyadhi. Dalhanacharya (Su. ut. 44/11 Dalhantika) described kamala can occur due to Amayante- due to Ama, Pandurogante- at the end of panduvyadhi, Anya rogante - at the end of other disease. Kamala has been classified as Koshtashrita (Bahupitta Kamala) and Shakhshrita (Rudhapata Kamala)⁵. In modern science jaundice is classified in three types: Haemolytic (Due to lysis of RBC's and Excess Bilirubin

Production), Hepatocellular (Damage to Liver tissues), Obstructive (Obstruction to Common Bile Duct)⁶. Kumbhkamala is mentioned by acharya Chakrapani as a bheda of Koshtaashrita kamala, in which patient may present with condition of oedema associated with ascites and bleeding tendencies. In panduvyadhi pitta pradhan vatadi dosha vitiates raktadhatu and develops looseness in dhtaus and heaviness of body. Prakrutvarna of body becomes vaikrut (decolourisation). Rakta and mamsadhatukshaya are seen more prominently and panduvyadhi occurs (develops). Due to this dosh-dushyapradushana the prakrutbala, varna, sneha which are the gunas of Rasa, Apamahabhut and oja are suppressed. There is no prakrut uttapatti of other dhatus as there is dushti of adhyaa dhatu i. e. rasa dhatu, so body becomes nisar and alpamedkshaya. At this stage if pandurogi takes more pitta vardhakaahaar, the increase pitta vitiates rakta and mamsa dhatu, the ushna, tikshnaguna of pitta produce daha in rakta and mamsadhatuand due to dhatwanagnimandya there is more production of Malswaroop pittacausing Bahupitta Kamala. Along with this nisar rasa-rakta, excess malswaroop pitta spread all over body and produces the lakshanas (symptoms), as netra, mukh, nakh, mala, mutra pitta varna(yellowish colourization of eyes, face, nails,skin), Daha(Burning sensation), Aruchi(Anorexia), Hatendriya(weakness of Sensory organs), Daurbalya(General Weakness), Sadan(Bodyache), Aruchi (Anorexia), Trishna (Excessive Thirst), Agnimandya (Inability to digest), Balakshaya, Jwara (Fever), Bhrama (Giddiness), Chardi (Vomitting).

Samprapti Ghatak:

1) Dosha - Pitta 2)Dushya - Rasa, Rakta, Mamsa 3) Udbhavastha - Koshta4) Adhisthana - Twak, Purish, Netra, Mutra, Nakh5) Sanchayasthan - Rasa-rakta6) Strotas - Rasavaha, Raktavaha7) Rogmarga - Abhyanatar8)Strodushtilaxan - Atipravrutti, vimargagamana9) Sadhyasadhyatwa - Kashtasadhya. According to modern science Bahupitta kamala can be correlated to Hepatocellular Jaundice. In Haemolytic Jaundice there is more RBC destruction. From the view signs and symptoms, we can correlate with hepatocellular jaundice. Here Hepatocellular Jaundice results due to inability of liver to transport bilirubin into bile, due to parenchymal liver disease. Bilirubin transports across the heaptocytes may be impact at any point between uptake of unconjugated bilirubin into the

self and transport of conjugated bilirubin into canaculi. In addition, swelling of cells and oedema resulting from the disease itself may cause obstruction of the biliary canaliculi. In hepatocellular jaundice the concentration in the blood of both unconjugated and conjugated increases perhaps because of the variable way in which bilirubin transfer is disturbed.

CONCLUSION

The general properties of pitta may compare to digestive fluid. Qualities such as sara, drava, tikshna may pertain to all pittas (specially to pachaka pitta). As regards colour, consistency, smell of pitta such as shuklarunvarja, ishatsneha, it appear that they are more familiar to bile secreted by liver. Also the reference made by Charak and Vagbhata for pitta as mala of raktadhatu or vikruti of rakta both because of its intimate coexistence and capacity to impair the integrity of rakta, also because of the fact that pitta and rakta possess nearly identical smell and colour. In addition the locations of these two factors are same i.e. Yakrut and Pleeha. From this, it may state that raktadhatu is the seat of pitta. The two bile pigments are also the waste product or the malas of rakta dhatu and pitta, are stated to have identical colour of malaswaroop pitta. Therefore the correlation of pitta and rakta, in Ayurvedic classics, may represent of normal relationship that exists between blood and some of important constituents of bile. The Rupa (Symptoms) and the Samprapti (Pathogenesis) studied in reference to Ayurveda and Modern sciences are not contradictory to each other but equivalent to each other in understanding various causes and hence it could be helpful for the management also.

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**CONCEPT OF DHOOPAN AND RAKSHA KARMA IN BALROG- A
REVIEW**

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Article

ABSTRACT:

The concept of Dhoopan & Raksha Karma was explained by many acharyas in Ayurveda. These both will protect baby from infections, Graha badha, prevents mental disorder, prevents infection in postnatal period, reduces intensity of manifested diseases, and also cures disease. The different Dhoopan yogas explained by Acharya Kashyapa contains ingredient from herbal and animal origin. Also for raksha karma the rakshoghna drugs which are herbal and animal origin, chanting of mantras etc were used. All these will protective in function. So the baby can live healthy and disease free life by use of these things. Dhoopana and raksha karma will explain the intelligence of ayurvedic ancient acharyas and their level of thinking as like modern scientists who had searched different techniques of sterilization, disinfection and disease prevention.

Key Words: Dhoopana, Rakshakarma, Rakshoghna dravyas, Dhoopan kalpas

INTRODUCTION

The immunity that is strength of body to protect from infections has very important role in children; because children have less immunity than adults to fight against agents of infectious diseases. Also children are more prone to get infected. The fact is that, to protect the child from these infections is the main goal of ayurveda. So in ayurveda acharyas explain dhoopan and raksha karma. In ancient time babies were protected from agantuja vyadhis, bhoobadha, grahabadha by using Dhoopana and raksha karma. The Acharya Charak, Sushrut, Vagbhata & Kashyapa had explained Dhoopana and Raksha Karma briefly. That was used for navjat shishu paricharya. Acharya Kashyapa explains 40 dhoopas in dhupa kalpa adhyaya, 1st chapter of kalpasthana. For both Dhoopana and Raksha karma, the drugs were used of herbal and animal origin. This paper will explain the brief information regarding Dhoopana and raksha karma dravyas, processes and ancient method of protection of child from diseases according to different acharyas.

Dhoopan Karma

According to Charaka¹

Bed, seating clothes, bed sheets and covering which are to be used for the child should be soft, light weight neat and clean, as well as treated with good fragrance. This should be free from the sweat originated organisms and dirty with urine and stool. It is better to avoid the use of

such cloths. If it is not possible to do this, wash such cloths properly, fumigate properly and dry in sunlight before use for the children. All the cloths, bed, bed sheets and covering should be fumigated with Yava, Sarshap, Atasi, Hingu, Guggulu, Vacha, Chorak, Vayastha, Golomi, Jatila, Ashoka, Rohini, Sarpa- nirmohi mixed with butter oil.

According to Sushruta²

A newborn child should be wrapped in soft linen and placed on the bed covered with soft linen sheets and fumigation with Rakshoghna drugs should be carried out.

According to Ashtang Sangraha³

Cradle bed, bedsheets and coverings should be cleaned, washed, wrinkle free, soft and fumigate with Rakshoghna drugs.

According to Ahtang Hridaya⁴

Mix meat of crow with Trivrutta and by using this fumigates cloths of child.

According to Arogya Raksha Kalpadruma

Kumaragara should be fumigated. The horns, hooves of Krishna, Saralu, Laya, Avi-dears, and Gandaka along with Gajihva and Sveta Sarshapa (white mustard) are taken in equal amount, powdered adequately, then added or

mixed in butter oil and heat. The fumes generated from this recipes after heating results in ambient air purification. In this way it protects the child.

According to Kashyapa⁵

In Kashyapa Samhita, kalpa Sthana 1st chapter he explained Dhoop kalpa adhaya. In that he gives 40 formulae. According to him Dhoopana is specific and sure treatment for various infective (Graha) disorder. Our old sages obtained them from Agni to save their children from these attacks. The drugs used may be Sthavara or Jangama in origin. They should be collected in Piety during Pushyami; perform Swasti Vaachana, BaliKarma and powdered four pious Kanyaas and stored. Dhoopana with a particular set of (combination) drugs is always followed by another set of drugs as Anudhoopana. This is followed by Pratidhoopana with one of the below given set of drugs. Probably this is to cover the whole spectrum of infective organism, whose identity and sensitivity is not known in curative medicine.

1. Drugs used for Dhoopana⁶(these are natural polymers)

These includes [a particular set of combination as given in text (Kashyapa) with Ghee]:

1. Herbal Origin: Guggulu, kusta, Karanja, Kaarpaasa, Vachaa, Sweta Sarshapa, Hingu, Bhallataka, Sarjarasa, (two) Haridra, Laakshaa, Tagara, Bilwa, Devdaru and flowers of Tulsi.
2. Animal origins :
 - Hairs of goat, cow, monkey, horse, donkey, camel. And feathers of Crow, Ulooka, Bhaaga, Peacock etc.
 - Nails of four legged animals: horse, elephant, donkey, etc.
 - Litre of eagle, bat, dog.
 - Horns of goat
 - Sarpa nirmoka
 - Milk and urine of goat, ass, etc.
 - Ghee of cow.
- a) Bhadramakara Dhoopa is considered best as broad spectrum to cover Pisaacha, Yasksha, Gandharva, Bhoota, Skanda etc.
- b) Dashanga Dhoopa for various Grahaas and upagrahaas.
- c) Arista Dhoopa : with leaves, flowers, fruits, bark and root of Nimba.

2. Anudhoopana

For anudhoopana we do not get references from Kashyapa. Drugs with another set of combination from above list may be used.

3. Pratidhoopana⁷

One of the following may be used for pratidhoopana:

- a) Gokshura, Vaseeka, Haridra (two), Paripelavam, Vachaa, Bharangi with Ghee.
- b) Hairs of monkey, egg shell, Vachaa, Yaava and Siddhaardhaka with ghee.
- c) Neem leaves, Vachaa, Laksha, and Sarshapa, with urine of donkey and Ghee.

Dhoopana appears to have definite curative role in different infections. A newborn is daily given dhoopana

after bath as a preventive measure to ward off infections with Rakshoghana Dravyas.

Raksha Karma

According to Charaka⁸

In charaka Samhita the protective measures for the newborn child have been described in detail. He explained to hang the branches of Adani, Khadir, Karkandhu, Peelu and Parushaka around the Sutikagara (the place where mother and child both reside after birth). Scatter yellow Mustard Aatasi and rice particle in all the palces of sutikagara. Before naming ceremony, do "Tandula Bali-Home" twice in a day i.e. morning and evening. Keep the Musla (pestle) obliquely at the entry door or door sill. Drugs like Vachaa, Kushta, Silky cloths, Hingu, Sarshap, Lashuna particle, rice particle, and other protective drugs such as Guggulu etc. medicine hanged at the door around the neck of son and mother after making Pottali of these drugs. These drugs should also be tied with the pots, water containing pitcher and bed which are in use of mother. The same should be done on the side doors too. Keep the fire always on by putting the dry wood of Kana -kantaka (Ingudi) and Tinduka wood in the internal part of Sutikagara. The skilled females with good heart and who are engaged for the care of mother during the puerperal should be awakened for 10 to 12 days after the birth of baby i.e. the baby should not be kept alone. The Sutikagara should be fulfilled with gifts (by donation), auspicious recitations, blessing, praises, playing of music and musical instruments, foods and drinks, along with loyal, devoted and delighted persons. For the fate of mother and welfare of child, the person having knowledge of Atharva veda should do 'Shantipatha or Home' in morning and evening both time.

According to Sushruta⁹

In Sushruta Samhita, the description about the protective measure has also been mentioned. He described that the neonate should be wrapped in a soft cloth and keep the baby on the bed covered with soft cloths for sleep. Fanning with twigs of Peelu, Badari, Nimba, and Parushaka, application of tampon impregnated with oil over the scalp (head) and fumigation with Rakshoghana drugs should be carried out. These Rakshoghana drugs should be tied over the hand, feet, head and neck. The Tila, Atasi, Sarshap, and Kana (pieces of rice) should be strewed all over the Sutikagara. The fire should be burn in the given space.

According to Ashtang Sangraha¹⁰

Vagbhat has also supported the view of Charaka. He has added new drugs like Vidari along with Adari. Vagbhat has also advised the use of protective measures on the sixth night after birth according to him, the Raksha karma should also be done by offering sacrifices etc. During this process all the members should be awaken happily.

According to Ashtang Hridaya¹¹

The baby should be adorned or tied with auspicious Mani (amulet), prepared from the rhinoceros horn and other alive animals. The drugs such as Brahmi, Aindri, Jevakadi (Ashtavaraga) should also tied on the body

specially Vachaa on the hands, neck and Murdha (head). Use of these drugs and amulet are responsible for the protection, longevity, intellect and also health promotion for newborn child.

CONCLUSION

The concept of Grahabadha and Bhootabadha can be correlated with impact of unknown causes, infections, psychiatric disorders on health. The ancient ayurvedic acharyas were as intelligent as today's scientists as they think that there is something which pollutes the air in environment and they given the name "Kotisastrayutpadma sankhya" this is bacteria and viruses according to scientists. For protection from these, the raksha karma and dhoopan karma had great importance. Protective measures for the newborn baby are taken to increase humoral immunity and clean the environment, as well as to prevent the infection. But now there is need of evidence based study about the topic that how these drugs will acts as antiseptic,

antibacterial or antiviral. So this will be the hypothesis for further study.

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GARBHINI PARICHARYA – A REVIEW OF AYURVEDIC CONCEPT OF ANTENATAL CARE AND ITS IMPORTANCE

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Article

ABSTRACT:

Garbhini paricharya is ancient antenatal care mentioned in *ayurvedic* texts. It comprises of Do's & Don'ts, *ahara*, *vihara* & medicines given to a women during her pregnancy. The aim of *garbhini paricharya* was to make a women and her fetus healthy and prepare her body for normal delivery. The current advances in antenatal care give emphasis on thorough antenatal screening and appropriate measures are taken to prevent any complications. Through practice of *garbhini paricharya*, the same objective of normal pregnancy with delivery of a healthy baby from a healthy mother can be achieved.

Key Words: *Garbhini paricharya*, antenatal care, *ahara*, *vihara*

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INTRODUCTION

It is a dream of every couple to have a healthy baby. *Ayurveda* advocated a regime for pregnant woman in form of *Garbhini Paricharya* in order to achieve the aim of *Supraja*. *Garbhini Paricharya* means antenatal care in form of advice given to pregnant women for her daily activities. It comprises of Do's & Don'ts, *ahara*, *vihara* & medicines given monthly for prevention of abortion in cases of habitual abortions.

AIM AND OBJECTIVE

To discuss and elaborate *garbhini paricharya* with special reference to antenatal care.

Literary study:

Ahara (Diet):

The eatables or drinkables are consumed by pregnant woman becomes congenial to the fetus. The diet should be taken considering place of living, time or season and digestive capacity.

- Pregnant women should avoid food which is heavy to digest, stale, very hot and pungent in taste.
- Meat, alcoholic, drinks and smoking should be strictly avoided.
- The advice on nutrition for promotion and development of fetus as mentioned by various *aacharyas* is mentioned below

Table 1 : Month wise dietary regime in pregnancy according to various *aacharyas*.

MONTH	CHARAK	SHUSHRUT	ASHTANG SANGRAHA	ASHTANG HRUDAYA	HARIT	BHEL
FIRST	Sheet Ksheer & Satmya Bhojan	Madhur, Ksheer, Drav aahar	Shidha Ksheer. First 12 days shaliparni, palash sidha ghrut followed by suvarna rajat sidha shital jal	-	Yashtimadhu, parushak, madhukpushpa with sarpi or madhu & sugar & milk	-
SECOND	Madhur aushadhi siddha	Madhur, Ksheer, Drav aahar	Madhur aushadhi siddha ksheer	-	Kakoli siddha madhur sarpi	-

	<i>ksheer</i>					
THIRD	<i>Madhu sarpi sidha ksheer</i>	<i>Madhur, Ksheer, Drav aahar</i>	<i>Madhu sarpi ksheer</i>	-	<i>ksheer</i>	-
FOURTH	<i>Ksheer with 10gms navneet</i>	<i>Shahtishali odun with dadhi, ksheer navneet sidha jangal maus</i>	<i>Ksheer with 10gms navneet</i>	-	<i>Sanskarit odun</i>	<i>Ksheer with navneet</i>
FIFTH	<i>Ksheer & grith</i>	<i>Shahtishali odun with ksheer, ksheer sarpi sidha jangal maus</i>	<i>Ksheer & grith</i>	-	<i>Payasa</i>	<i>Ksheer and yavagu.</i>
SIXTH	<i>Madhur aushadhi siddha ksheer sarpi</i>	<i>Gokshur sidha ksheer / yavagu</i>	<i>Madhur aushadhi siddha ksheer sarpi</i>	-	<i>Madhur dadhi</i>	<i>Ksheer & grith</i>
SEVENTH	<i>Madhur aushadhi siddha ksheer sarpi</i>	<i>Vidarigandhadi sidha sarpi</i>	<i>Madhur aushadhi siddha ksheer sarpi</i>	-	<i>Gruth Khand prayog</i>	-
EIGHTH	<i>Ksheer yavagu & sarpi</i>	<i>asthapan & anuvasan basti</i>	<i>Ksheer yavagu & sarpi. asthapan & anuvasan basti</i>	<i>Grith yukta ksheer yavagu, Madhur varg sidha anuvasan basti, Niruh basti</i>	<i>Gruth purak ana</i>	-
NINETH	<i>Madhur aushadhi siddha tail anuvasan & yoni Pichu</i>	<i>Snigdha yavagu, jangal mausras</i>	<i>Madhur aushadhi tail yoni Pichu</i>	<i>Sneh yukta mausras, Sneh yukta yavagu, pichu</i>	<i>Vividha ana</i>	<i>Kadamb mash tail basti. Anuvasan basti. Yavagupa n.</i>

Vihara (Conduct):

It includes advice on day to day lifestyles, permissible activities, and dress code, social and religious activities. Pregnant women desirous of producing a healthy, good looking baby should give up non-congenial mode of life and protect her by doing good conduct. Heavy exercise which is stressful and sexual intercourse should be avoided. Travel in a carriage or uneven roads are prohibited. She should spend time in meditation. *Shusruta* has advised that the women from the very first day of pregnancy should remain in high spirits, pious, decorated with ornaments, wear clean white garments and perform religious rites.

DISCUSSION

During the first trimester, nature tries to continue the pregnancy and nurturing the *garbhashaya* by *rasa* and *rakta dhatu*. The embryo gets nourishment directly by percolation (*upsnehan*). Hence more *jaleeya* (liquid) substances such as juicy fruits, coconut water, milk, and so on are advocated. From the fourth to the seventh month, drugs, which give strength to the uterine muscles and nourishment to the embryo, are advised e.g. *Ashwagandha*, *Kraunch beej* and *Guduchi*. They help to prevent IUGR. Nourishment starts through

the umbilical cord by the *kedar kulya* method. The diet should be one of rice, milk, butter and gee.

From the seventh month onwards, there should be less fat, less salt and less water in the diet, rice *kanji* with a little ghee is advocated. After the completion of the seventh month, herbs, which are mild diuretics and urinary antiseptics such as *Gokshuru* and *Sariva*, are advocated. In eighth and ninth month basti and yoni pichu are advocated to soften the pelvic floor muscle and ease vaginal delivery.

Benefits of Garbhini Paricharya:

Garbhini Paricharya ultimately results in increasing birth weight of babies, decreasing number of operative deliveries and causing more pregnancies to continue till term or near term. *Garbhini paricharya* results in healthy mother, enable her to withstand strain of labour, deliver a healthy baby without any complications.

CONCLUSION

Ayurvedic principles through the concept of *garbhini paichara* improve the physical and psychological condition of the pregnant woman and make her body suitable for *sukha prasava*. It also results in development of healthy fetus.

Integrating *Garbhini Paricharya* into modern antenatal care and national reproductive and child health programme can improve overall fetal outcome and average birth weights. This will ultimately lead to *Supraja* i.e. healthy citizens and reduce the burden of middle age diseases e.g. D.M., H.T and atherosclerotic cardiovascular diseases. It will also reduce the cases of recurrent pregnancy loss.

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REVIEW ARTICLE

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A LITERARY REVIEW OF DIFFERENT GUGGULU PAKA
PROCEDURES w.s.r to TRIPHALA GUGGULUAmit Gaikwad^{1*}, Chondikar Shailaja²

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Article

ABSTRACT:

The Ayurvedic medicines are gaining, increasing popularity worldwide for the treatment of various diseases, in health-care. Mainly the search is based on phytochemical & Pharmacological analysis of herbal & herbal products. Natural products are used in ayurvedic medicines in the various forms. The classification of this medicines widely distributed in different categories of dosage forms in ayurvedic pharmaceuticals. Guggulu Kalpana is one of them. Guggulu(Commiphora Wightii) is the resin form Exudate of Indian Bellidium. Shodhana Detoxifies the natural raw form guggulu & make usful in further Preparations of guggulu. Three Guggulu Paka Procedures i.e; Nirman Vidhi has been Described which are Somapaka, Suryapaka, Analapaka. These paka procedures increase potency of Guggulu and its preparations. Triphala Guggulu is one of the Guggulu kalpa, which acts on various diseases mentioned in Ayurved Granthas.

Key Words: Guggulu, paka Procedures, Tripala Guggulu.

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INTRODUCTION

Ayurveda utilizes different forms of herbs, minerals in therapeutics in the form of Vati, Churna, Avaleha, etc. Vati Kalpana is (VATI KALPANA-S.S M.K. 7/ 1-3) upkalpana (outcome) of Kalka Kalpana among the five fundamental preparations of Ayurveda Pharmaceutical Science. Use of Ayurveda formulations in the form of vati is Easy because of Administration, accuracy of dose, no chance of adulteration. Vati Kalpana or Vati (tablets) or Gutika (pills) or Guggulu (guggulu kalpana) or Varti (long oval shaped locally administrations of drugs in form- varti) are various forms of preparations of vati. Out of these Guggulu kalpana consists of the drugs, churna, bhasmas which are mixed with Guggulu to make guggulu formulations.

Guggulu is an Exudate of plant Indian Bellidium. In Ayurved Granthas and texts more than 700 Guggulu Kalpana has been described. Guggulu is well known drug since Vedic period. It is so peculiar because of its property of absorbing the principles of drugs and preserves it for longer period without losing its own property after shodhana. Guggulu has been used in treating many kinds of diseases like Vata Vyadhi, Medorog,

Sandhigat Vyadhi, Skin diseases, etc. Guggulu used as Vati with Many Other Ingredients to cure various diseases & to maintain health of healthy one. To prepare kalpa of guggulu Three Guggulu Paka Procedures i.e. Nirman Vidhi has been described in Ayurveda texts. Though it is mentioned in texts Paka Procedures increases Therapeutic properties of drugd containing Guggulu, Three types of Guggulu Paka Kalpana/ procedures has been described in Granthas i.e; Somapaka, Suryapaka, Analapaka. These paka procedures increase potency of Guggulu and its preparations. This paper throughs a light on Preparation of guggulu Kalpas with Paka Procedures to increase its efficacy.

MATERIALS & METHODS

1). Materials –

A) Guggulu Shodhana-

Name of ingredients	Wt.
Ashudhha Guggulu	3 kg
Triphala Kasaya / kwatha	1 ½ kg

B) Triphala Guggulu preparation- Reference – S.S.(M.K) 7/8

Name of ingredients	Wt.
Haritaki	25 gm
Bibhitaki	25 gm
Amalaki	25 gm
Pippali	25 gm
Shudhha Guggulu	125 gm

2). Methods-

A) Guggulu Shodhana-

Shodhana Procedures:

It is very useful to do Shodhana procedures because Shodhana is a process by which purifies body tissue and fit. Shodhana of Guggulu will also increases specific properties of Guggulu by detoxification & reducing side effects. Pure (shodit) Guggulu gets identification or characteristics like pure guggulu Burns in fire, Melts in Sunlight, has No foul Smell & it is Golden in colour also it gives milky Emulsion when Dissolved in Lukewarm Water.

Different Liquid Media Used For Shodhana of Guggulu:

1. Guduchi Kwatha
2. Triphala Kwatha
3. Godugdha
4. Pancha Tikta Kwatha
5. DashaMoola Kwatha
6. Nimba patra kwatha with Haridra Churna
7. Gomutra
8. Water
9. Goghrita
10. Vasa patra Swarasa, Kwatha, etc.

These liquid Medias increase Action of Guggulu & its use in specific diseases eg. Shodhana in Gomutra increases Mutral activity of Guggulu. Triphala Kwatha, Dash moola Kwatha shodit Guggulu acts on Vat Vyadhis. Goghrita Shodhit Guggulu is uses as Rasayana, etc.

There Are Four Different Shodhana Procedures explained in classics:

1. Dissolve In Liquid & Filtering

Procedure- Ashodit Guggulu, Make Smaller pieces of raw guggulu after removing visible physical impurities. Boil Triphala Kasaya over fire & Poured Guggulu in Kasaya continue fire until all Guggulu gets dissolved. Discard Impurities & then Boiled dissolved Guggulu solution(Liquid) on fire upto a Thicker Consistency till a mass is formed then Add adequate amount of ghee Until it turns Waxy-Shodhit Guggulu

2. Swedana (Boiling in Liquid)Ref- Ras Tarangini, 24/579-580

Procedures- Guggulu is to be bounded in cloth & boiled in specified media, till max portion of guggulu enters into liquid. After cooling, collect the sediment part i.e. Shodhit Guggulu.

3. Swedana & Frying In Ghee Ref- Anand kanda.

Procedures- Small pieces of guggulu are to be fried in cows ghee & dissolved in specified liquid in Dolayantra.

4. Dipping In Ghee- Ref- Dipika tika on S.S. M.K. 7/70-81

Procedures- Guggulu is to be immersed in ghee for 7 nights.

B). Triphala Guggulu preparation by three different Paka procedures:

1]. Somapaki Triphala Guggulu- (Reference- B.B.R- 568)

Procedure- Triphala + Guggulu Add Sneha (Ghee) apply Kuttana method then make Vati

2]. Suryapaki Triphala Guggulu-(Reference- B.B.R- 401, V.S- Adityapaka)

Procedure- Triphala + Guggulu + Pippali. Add Dashamul Kwatha. Manthan. After manthan Dry in Sun. Same procedure with 7 bhavana of Dashamul Kwatha has to be done. After 7 bhavanas make Guggulu Vati

3]. Analapaki Triphala Guggulu-(Reference- B.B.R- 136, B.P)

Procedure- Guggulu + Pippali. Kuttana. Add Water and Boil water till 1/4th portion Remains (Paka). Then add Triphala churna in it & make Vati.

DISCUSSIONS

Various Kalpanas are explained in Rasashastra & Bhaishajya Kalpana. Out of these Guggulu is widely used in various diseases & also used as Rasayana. Though it is explained in granthas that Sanskar increases the Efficacy, Potency of herbal Preparations & also make these drugs in a manner to use with single or in combination forms. Paka Procedures (Nirman vidhi) is a Sanskar to Guggulu & Its Formulations like Loha has explained various Nirman vidhi or procedures. These paka procedures are helpful to increase pharmacological actions of Guggulu & also preserve Volatile Substances containing in Guggulu formulations. Out of these procedures Small Ingredient Guggulu kalpas can be made easily with kuttan method i.e; Soma Paka eg. Triphala Guggulu & Guggulu kalpas containing majority of drugs can me made easily with Suryapaki Method Ex. Yogaraj Guggulu, & Definitely The various Guggulu kalpas made with these three paka procedures may also

increases the palatability, disintegration time of Guggulu, increases the Principal property of drug, Action of Drug. And also the Triphala Guggulu made with this three Paka procedures also increase the drug action in compare to drug Prepared with regular preparation method

CONCLUSION

Different Procedures during the formations adopted to increase the potency and minimize the dose & duration of formulations. In this research paper three different paka i.e. soma, surya, anala paki are reviewed from different class ayurvedic literature which can conclude that different paka are useful according to ingredients of the Guggulu kalpa. Probably the pharmacological action, Property, Dose of Triphala Guggulu prepared by these methods can be confirmed after Analysing (Physiochemical Analysis) the Drug.

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CRITICAL ANALYSIS OF GARBHASTHAPANA GANA DRAVYAS

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Article

ABSTRACT:

Ayurveda, an oldest science of life is known for its curative and preventive potential. *Ashtangaayurveda* deals with eight branches of *Ayurvedic* treatment. *Prasutitantra & Striroga* is not incorporated in *Ashtanga Ayurveda* but references of *Prasutitantra & striroga* are found under the heading of *Kaumarbhritya*. Since the times of *Manusmriti* (3500-5000 BC), the old magnum opus on anthroposophy in India, a special status has been given to woman in society, because a woman is like a piece of fertile land, acts as the carrier of human race. So it is the need of hour to take care about the women health. In present era women are facing problem in conceiving due to changed lifestyle. In *Ayurveda* under *chikitsachatuspada*, *acharya* has given second place to *dravya*. There are many medicinal plants in universe, and it is made easy to use by categorizing them by the *Acharya Charaka* under different *ganas*. So here in the present article effort will be made to scientifically analysis of *Garbhasthapana* gana drugs.

Key Words: *Garbhasthapana Gana*

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INTRODUCTION

Ayurveda is a science in which both the preventive and curative aspects of treatment has been explained. In *Ayurveda* there are many *samhitas* among them *Aharaka* is said to be superior for the *chikitsa* purpose. Role of drugs in disease management needs no special emphasis, as *Ayurvedic* classics have already placed it high second under the *chikitsa chatuspada*. In *Ayurvedic* classics drugs and their karmas are described widely, the action of these drugs being explained by *rasapanchaka*. i.e. *rasa*, *guna*, *virya*, *vipaka* and *prabhava*. Rate of infertility as well as abortion is increasing day by

day so there is a need to prevent it and *Ayurveda* has wide scope in the prevention aspect.

In *charaka samhita*, *Acharya Charaka* has classified drugs under the heading of *ganas* according to their similarity of action. In *bhesaja chatuska*, in the 4th chapter, fifty *ganas* are given; one of them is "*Garbhasthapana gana*". In *Astanga Sangraha* the same drugs are said to be "*Prajasthapana gana*". *Garbhasthapana gana* drugs include *Aindri*, *Brahmi*, *Durva*, *Durvabhed*, *Guduci*, *Haritaki*, *Katarohini*, *Bala*, *Priyangu* details of those areas follow.

(1) Aindri :

Aindri is a drug with Latin Name *Bacopa Monnieri* from the Family *Scrophulariaceae*.

Gana : *Balya*, *Prajasthapana (Ca)*



RASPANCHAKA
Rasa : *Kasaya*, *Tikta*
Guna : *Laghu*
Virya : *Sita*
Vipaka : *Madhura*
karma: *Rasayana*, *Medhya*, *Svarya*, *Smrtiprada*
Dosagnata : *Vata-Pitta*

Panchanga are used which has Alkaloids like - *Bramhin* and *Harpestin*, *Heorsaponin*, *Betulic stigmasterol*.

(2) Brahmi :

Brahmi is a drug with Latin Name Centella Asiatica from the family Umbelliferae.

Gana : Tiktascanda, Prajasthapana, Vayasthapana (Ca.) Tiktavarga (Su.)



RASPANCHAKA
Rasa : Kasaya, Tikta
Guna : Laghu
Virya : Sita
Vipaka : Madhura
Karma : Dipana Medhya, Hradya
Dosaghnata : Vata-Pitta

Pancanga are used which has Chemicals like : Hydrocotyline alkaloids, Asiaticoside, Thankaniside, Bruhmuside, Bramhinoside Bramhitic Acid.

(3 & 4) Durva Dwaya :

Durva is a drug with Latin Name Cynodon Dactylon from the Family Graminae.

Gana : Prajasthapana, Varnya (Ca.)



RASPANCHAKA
Rasa : Tikta, Kasaya, Madhura
Guna : Laghu.
Virya : Sita
Vipaka : Madhura
Karma : Prajananakara, Trptikara, Trsnahara, Garbhasravahara.
Dosaghnata : Kapha Pitta

Pancanga are used which has Chemicals like Green Durva contains, Protein 10.47%, carbohydrate 36.16% in 400gm.

(5) Amalaki :

Amalaki is a drug with Latin Name Emblica Officinalis and from the Family Euphorbiaceal

Gana : Vayasthapana, Virecanopaga, Prajasthapana (Ca.), Triphala, Parusakadi (Su.)



RASPANCHAKA
Rasa : Amlapradhana Lavanvarjita Pancarasa
Gana : Guru Ruksa, Sita
Virya : Sita
Vipaka : Madhura
Karma : Vrsya, Rasayana, Caksusya, Sarvadosahara
Dosaghnata : Tridosa

Fruit is used and has Chemical constitution like Gallic acid, Tannic acid, Albumin, Cellulose, Calcium and Vit. C.

(6) Guduchi :

Guduchi is a drug with Latin Name Tinospora Cordifolia and from the Family Menispermaceae

Gana : Vayasthapana, Stanyasodhana, Dahaprasamana, Trsnanigrahana, Trptijanaka (Ca.)

Guducyadi, Patoladi, Arghvadadi, Kakolyadi, Vallipancamula (Su.)



RASPANCHAKA
Rasa : Tikta, Katu, Kasaya
Guna : Guru, Snigdha.
Virya : Usna
Vipaka : Madhura
Karma : Rasayana, Balya, Dipana, Sangrahana, Vrsya
Dosaghnata : Tridosa

Stem is used and has Chemical constitution like Berberin, Giloin, Oil, starch.

(7) Haritaki :

Haritaki is a drug with Latin Name Terminalia Chebula and from the Family Combretaceae

Gana : Prajasthapana, Jvarghna, Kusthagna, Kasagna Arsogna (Ca.)Triphala, Amalakyadi, Parusakadi (Su.)



RASPANCHAKA
Rasa : Kasayapradhana Lavanvarjita Pancarasa
Guna : Laghu, Ruksha
Virya : Usna
Vipaka : Madhura
Karma : Rasayana, Medhya, Brhana, Vayasthapana, Vrsya, Dipana, Anulomana, Caksusya.
Dosagnata : Tridosa

Fruit is used and has Chemicals like Tannin, Cebhulagic acid, Chebulinic acid, 18 amino acid.

(8) Katurohini :

Katurohini is a drug with Latin Name Picrorrhiza Kurroa and from the Family Scrophulariaceae

Gana : Bhedaniya, Lekhaniya, Stanyasodhana, Katuscanda (Ca.) Patoladi, Pippalyadi, Mustadi (Sa.)



RASPANCHAKA
Rasa : Katu, Tikta
Guna : Ruksha, Laghu
Virya : Sita
Vipaka : Katu
Karma : Bhedana, Dipana, Hrdya.
Dosagnata : Kapha-Pitta

panchangas are used and it has Chemicals like Picrorrhizin, Kutkin, D Manitol, Bunilic acid

(9) Bala :

Bala is a drug with Latin Name Sida Cordifolia and from the Family Malvaceae.

Gana : Balya, Brhaniya, Prajasthapana, Madhuraskanda(Ca.)Vatasamsamana (Su.)



RASPANCHAKA
Rasa : Madhura
Guna : Snigdha
Virya : Sita
Vipaka : Madhura
Karma : Balya, Vrsya, Rasayana, Raktapittahara,
Dosagnata : Vata Pitta

Panchanga are used and it has Chemical constitution Ephidrin, Mucin, Potassium Nitrate Sangrahana, Grahi.

(10)Priyangu:

Priyangu is a drug with Latin Name Callicarpa macrophylla Vahl.and from the Family VERBENACEAE

Gana : Prajasthapana(Ca.)Mutra virajaniya,purish sangrahaniya



RASPANCHAKA
Rasa : Tikta , Kasaya, Madhura
Guna : Guru,Ruksha
Virya : Sita
Vipaka : Katu
Karma: kapha pita hara,Mutravirajaniya,purish sangrahaniya.
Dosagnata : Kapha Pitta hara

Mula ,Tvak,Puspa,Phala are used and it has Chemicals like Calliterpenone, Calliterpenone monoacetate, isopropylidencalliterpenone.

DISCUSSION AND CONCLUSION

Here almost all the drugs are having properties like Tikta, Kasaya rasa which helps in the rakta satambhana

so if Garbhavdhatakara bhavasa has caused any injury or bleeding then it will help to stop Abortion. Again these drugs are having Sita virya which helps in blood

coagulation. These drugs can be used in the form of oral medication and Uttarbasti. *Agnimandya*, leads to production of *Ama* at the tissue level, vitiation of Vata, *Srotorodha*, *Avarana* of Vata by *Kapha*, *Dhatuksaya* causing *posana abhava*, may be the major events in the pathogenesis of *Vandhyatva*. While considering *Rasa*, *Virya*, *Vipaka*, *guna* and *Dosaghnata* combined the compound has *kasaya* and *Tikta rasa*, *Sitavirya*, *Madhura Vipaka* and *Dipana*, *Tridosaghna* property. *Chakrapani* tells that due to properties of the *Garbhasthapana gana dravya* it will help in the abortion control as well as Infertility. Drugs can be administered by variety of routes. The choice of appropriate route depends on many factors. The main aim should be facilitating the drug approach at the site of action. But Mainly Drugs are administered by two routes (1) Oral route (2) Intrauterine route.

(1) Oral route:

It is a most convenient and commonest mode of drug administration. The drugs in *Prajasthapana gana* i.e. *Mandukaparni*, *Brahmi*, *Amalaki*, *Guduci*, *Haritaki*, *Bala* are *Rasayana* drugs. These drugs are beneficial for all *Dhatu* by improving strength of all *Dhatu*s including *rasa* and its *upadhatu*. May be formation of *Bija* is improved by proper nourishment. *Durva* is the best drug for *Prajanan sansthana* and mentioned as a *Prajananakara* and *Garbhasravahara* means it may help in fertility by proper formation of *Bija* and nourishment of *Kshetra* (*prajananakara*). The *Katuki* may help in establishing the fertility acting through its *Bhedana karma*. *Tridosasamaka* property of drugs along with *Madhura vipaka* causes *Vata samana*. *Dipana* property may act as

Agnidipaka correcting the *Agnimandya*. The *kasaya* and *madhura rasa*, *sitavirya* may increase the Muscular strength of reproductive system (*Yoni* and Endometrium). These drugs combined provide with *Posana* and *Bramhana* of the *Yoni* and Endometrium. Thus enhance the follicular growth by increasing the blood supply and regularising the function of *Bijotsarga* by *tridosasamaka* property and increases endometrial thickness which helps in the proper implantation.

Intrauterine route:

By this route the medicated *Ghrta* or *Taila* is administered in uterine cavity through vagina. Due to *Suksma guna*, *sneha* enters the micro channels (*srotas*). The *sneha* medicated by *Prajasthapana gana* drugs possessing the properties of drugs act as carrier for entry into the micro channels. The Mucosal layer of Cervix, Uterus (Endometrium) and Fallopian tube is supplied with blood vessels and lymphatic spaces. Thus Drug administration this route is not restricted for local action but may have systemic action as well. *Snigdha guna* of *sneha* causes *vata samana* which is the main *Samprapti ghataka*. Its *madhurya* and *shaitya* act as a *pittasamaka* it works in the *Samprapti vighatana*.

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REVIEW ARTICLE

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**REVIEW OF LEPA KALPANA W.S.R. TO SHARANGDHAR
SAMHITA**

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Article

ABSTRACT:

Human physic receives the drug in two ways .i.e one through direct routes (through apertures of body) and another through the whole surface of body. Absorption of drugs through body surface deserves special care for its optimum delivery. Ayurvedic lepa do exit from the time immemorial from vedas to samhitas and in practice in a concurrent era too. This review article is the sincere attempt to summarize all the facts regarding lepa kalpana as stated in sharangdhar samhita. It includes its exploration in terms of therapeutics and cosmeceutics. In the preparation of ayurvedic medicines especially in lepa kalpana, it is like value addition in its pharmaceuticals and therapeutic characteristics. The market of ayurvedic cosmeceuticals is enhancing day by day. People believe in safety and efficacy of ayurvedic topical applications.

Key Words: Lepa, fine paste, therapeutics, ayurvedic, sharangdhar samhita

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INTRODUCTION

Every fine morning, all across India we witness advertisements claiming fairness, glow and pimple free skin and many more clearly violating norms. It is more painful when all these unethical, immoral and illegal activities are under the umbrella of ayurvedic medicines. Ayurveda has explained in detail about the usage of different types of medicines for treatment of diseases. The science has given importance to the usage of external route of medicine. It includes kalka, lepa and malahara i.e different types of paste. Fortunately i perceived an idea to write an authentic review article on lepa kalpana w.s.r. to sharangdhar samhita. Our aim is to sensitize every common people about the goodness of ayurvedic lepa kalpana and to prevent exploitation of misbranded and adulterated lepa available in market in the name of ayurvedic medicines. Here we elaborate different types of lepa, ingredients used, methodology and indications as stated according to sharangdhar samhita. Sharangdhar samhita consist of 32 chapters along with 2600 verses. The pratham khanda(1st section) contains 7 chapters and 585 verses, the madhyam khanda(2nd section) comprises of 12 chapters and 1261 verses and the utara khanda(3rd section) has 13 chapters and 682 verses. In this article we shall discuss in detail about lepa kalpana stated by acharya w.s.r. to sharangdhar samhita which originated from the concept of simplification of ayurvedic treatises. Acharya

sharangdhar had classified lepa into three categories as doshagna, vishagna and varnya lepa. Sharangdharacharya had mentioned some interesting lepas such as kitaghna lepa, suryavartahar lepa, ardhavabhedakahara lepa, yoni sankochaka lepa, yonidravaka lepa, linga vriddhikara lepa, stana vriddhikara lepa and vashikaran lepas. The nomenclature of lepas depends on either the prime ingredient in lepa (langlyadi lepa), total content in lepa (dashang lepa) or as per disease it cures (shvitrahar lepa). Acharya sharangdhar also mentioned various ingredients of plants, mineral, marine and animal origin such as dhatura, postadana, shankha, hingula, swarnamakshika and parada. In sharangdhar samhita total 91 lepas in the separate chapter are mentioned in utara khanda. In this article an attempt is made to review lepa kalpana as per sharangdhar samhita.

AIM AND OBJECTIVES

1. To review lepa kalpana through sharangdhar samhita.
2. To evaluate in detail different types of lepa as per sharangdhar samhita.
3. To study lepas as per disease it cures.

MATERIALS AND METHODS

Different Kind of Lepa's as per Doshas and Vyadhis according to Sharangdhar –

- i. Doshaghna lepa
- ii. Vishaghna lepa
- iii. Varnya lepa
- iv. Kitaghna lepa
- v. Suryavartaha lepa
- vi. Ardhavabhedakahara lepa
- vii. Darunakahara lepa
- viii. Indraluptahara lepa
- ix. Palit lepa
- x. Romashatan lepa
- xi. Shvitrahara lepa
- xii. Sidhmahara lepa
- xiii. Yonisankochaka lepa
- xiv. Yonidravaka lepa
- xv. Linga vriddhikar lepa
- xvi. Stana vriddhikar lepa
- xvii. Vashikaran lepa

Doshaghna Lepa: Punarnava, daru, sunthi, siddhartha and shigru made into paste with ricewash and applied relieves all kinds of shotha(oedema).

Dahanashan Lepa: Paste of marrow of vibhitaki fruit relieves burning sensation of skin.

Dashang Lepa: Shirish, yashtimadhu, tagara, raktachandan, ela, jatamamsi, the two nishas, kushtha and valaka are made into paste with water and one fifth part of ghee added and applied over the skin. Dashang lepa is effective in visarpa, visha, visphota, shotha and dushta vrana.

Vishaghna Lepa: A fine paste of tila with goat's milk and butter or a paste of black clay will be effective against oedema caused by contact of bhallataka.

Kitaghna Lepa: Langli, ativisha, alabu, jalini and seeds of mulaka are made into fine paste with sour gruel and applied; it is effective against insect stings.

Varnya Lepa: Raktacandan, manjishtha, lodhra, kushtha, priyangu, vatankura and masura is a good application for vyanga(pigmented patches over face, acne) and confers fair complexion to the face. Ripened leaves of vata, malati, raktachandan, kushta, kaliyaka and lodhra made into a paste removes pimples, black spots, patches on face, etc.

Arunshikahara Lepa: Old tila from which oil has been taken out and excreta of the cock made into paste with cows urine and applied destroys arunshikas (pustules on the head).

Darunakahara Lepa: Priyala beej, madhuka, kushta, masha and saindhava made into a paste with honey and applied to the scalp removes darunaka.

Indraluptahara Lepa: Gokshura, flowers of tila with equal parts of honey and ghee applied to scalp promotes growth of hairs.

Juice of roots of gunja or juice of brihati with honey relieves indralupta.

Palit Lepa: Triphala, leaves of nilika, loha and bhringraja all in equal parts are made into a fine paste with sheeps urine and applied makes hairs black.

Romashatan Lepa: Two parts of powder of shankha, one part of haritala, half part of manashila and one part of swarjika made into a paste with water and applied to shaved head prevents hair growth within about seven applications making the head resemble that of a monk.

Shvitrahara Lepa: Suvarnapushpi, kasisa, vidanga, manashila, gorochan and saindhava made into a fine paste and applied over affected area cures shvitra (leucoderma).

Sidhmahara Lepa: Dhatri, sarjarasa, yavakshara made into paste and applied along with souvira(sour gruel) cures sidhma.

Netrarogahara Lepa: Haritaki, saindhava, gairika and rasanjana in equal parts and made into fine paste with water and applied over the eyelids cures all diseases of eyes.

Kanduhara lepa: Seeds of prapunnata, bakuchi, sarshapa, tila, kushta, the two nishas and musta in equal parts and made into fine pastewith butter milk and applied over the skin cures skin disease like dadru, kandu and vicharchika.

Visarpahara Lepa: Rasna, nilotpala, daru, chandan, madhuka and bala are made into fine paste with ghrita and kshira and applied an affected area cures vataja visarpa. Mrunala, chandana, lodhra, ushira, kamalotpala, sariva, amalaki and pathya made in fine paste and applied relieves pittaja visarpa. Triphala, padmaka, ushira, samanga, karvira, nalamula and ananta made into fine paste and applied relieves sleshma visarpa.

Vatarakta and Raktapittahara Lepa: Jatamamsi, sarjarasa, lodhra, madhuka, harenuka, murva, nilotpala, Padma and shirishakusuma are mixed with shatadhouta ghrita and applied is effective in application in vatarakta and raktapitta.

Shirashulahara Lepa: Kushta made into a fine paste with rice wash and applied to the head mixed with little eranda taila relieves vataja shirashula. Chandana, ushira, yashti, bala, vyaghranakha and utpala are made into a paste with milk and applied over the head cures pittaja shirashula. Sunthi, kushta, prapunnata, devakashta and rohisha are together made into a paste with gomutra and applied warm over the head with a little quantity of oil is effective in kaphaja shirashula. Sariva, kushta, madhuka, vacha, Krishna, utpala are made into fine paste with ricewash and applied with little oil cures suryavarta(migrane) and ardhavabheda(hemicrania). Vari, nilotpala, durva, black tila and punarnava forms an effective application in cases of shankhaka, anantavata, and all other types of shirorti.

Vranashothahara Lepa: Roots of bijapura, himstra, devadaru, mahoushadhi, rasna and agnimantha are made into a paste and applied relieves vataj shotha. Madhuka, chandan, murva, roots of nala, padmaka,

ushira, valaka and Padma are made into a paste is useful in pittaja shotha. Krishna, old oil cake of tila, bark of shigru, sikata, and shiva are made into a paste with gomutra and applied warm is effective in cases of kaphashotha. The two nishas, two chandanans, shiva, durva, punarnava, ushira, padmaka, lodhra, gairika and rasanjana is an effective paste in agantuja shotha and raktaja shotha.

Darana Lepa: Chirabilva, agnika, danti, chitraka, hayamaraka, excreta of pigeon, crow and hawk are made into paste and applied also helps in bursting of abscess.

Vrana Shodhaka Lepa: Tila, saindhava, yashti, and leaves of nimba, the two nishas and trivrita are made into a paste and mixed with ghee and applied to wounds acts as a good cleanser.

Vrana Pachaka Lepa: A paste prepared of roots of shana, seeds of shigru, tila, sarshapa, vacha, kinva and atasi is efficacious in helping suppuration.

Vrana Ropaka Lepa: Leaves of nimba, tila, danti, trivritta, saindhava and makshika are made into a paste and applied to bad ulcers cleanse them and help healing.

Udar Shoola Lepa: Madanaphala and tikta together made into a paste with rice wash and applied warm over the umbilical region relieves abdominal pain.

Galagandahara Lepa: Nichula, shigrubija and dashamulas are made into a paste and applied warm helps in bursting vataja galaganda. Devadaru and vishala are made as a pradeha acts on kaphaja galaganda(scrofula).

Apachighna Lepa: Sarshapa, leaves of arishta and bhallataka are burnt together, an ash thus obtained is mixed with goats urine and applied over apache (goiter) it helps to reduce them.

Sarshapa, seeds of shigru, shana, atasi, yava, mulaka seeds are made into a fine paste with sour buttermilk and applied over gandamala(multiple scrofula), arbuda(cancer), ganda(adenoma) helps their reduction.

Grudhrasi Shulahara Lepa: Such of the parts of the body which have severe pain are incised slightly with a sharp knife and a paste of gunja is applied warm as a pradeha. This method is beneficial in cases of apabahuka, vishvachi, grudhrasi and many other kinds of vata diseases causing pain.

Lepa Effective in Shlipada: Dhattura, eranda, nirgundi, varshabahu, shigru and sarshapa are made into a paste and applied is effective in shlipada however old it might be.

Lepa in Kuranda: Ajaji, hapusha, kushta, eranda and badara are made into paste with sour ricewash and is useful in kuranda(hydrocele).

Upadamsha Lepa: Paste of roots of karvira applied over bad ulcers of the penis helps them to heal. Ashes of triphala and honey applied over ulcers of upadamsha helps them to heal.

Agnidagdha Lepa: In cases of burns, a paste of tugakshiri, plaksha, chandana, gairika, amrita and goghrua mixed well made into paste and applied over the skin helps to heal the ulcers due to burns.

Yonisankochaka Lepa: Palasha and udumbara phala are made into a paste with taila and honey and applied into vagina helps it to become narrow.

Linga Vriddhikara Lepa: Marich, saindhava, Krishna, tagara, brihatiphala, apamarga, tila, kushtha, yava, masha, sarshapa and ashvagandha are all made into a paste and applied with honey often helps to increase the size of the penis, breast, shoulders and ears.

Yonidravaka Lepa: A little quantity of parada is placed into a mortar, juice of leaves of indravavuni is added and rubbed for some time with paste made from roots of re variety of karavira. This paste applied over the penis of men makes the vagina of women to become moist during coitus.

Sweda Dourgandhya Nashak Lepa: Powders of tambulapatra, kushta and shiva are made into a fine paste with water and applied removes the bad odour of perspiration.

Vashikaran Lepa: Vacha, souvarchala, kushta, the two rajanis and maricha are made into fine paste and applied, it acts as a vashikaran.

Types of Lepa:

This is further described as per the technique of application of lepa as follows,

1. Pralepa: It is that which is applied cold, thin and which dries quickly.
2. Pradeha: It is applied warm, thick and remains moist for a long time.

Rules for Application Of Lepa:

The ayurvedic manoeuvre suggests that the lepa, i.e. the topical formulation should be gently rubbed in an upward or reverse direction of hairs over the skin. This method of rubbing increases the skin temperature which might be hastening the philosebaceous uptake and skin permeation of drug in topical formulation. Never allow the lepa to get dry. Lepa should not be applied at night coz the heat of body comes out through the skin pores at night normally; if medicinal applications are done at night the skin pores get blocked and obstruct the transfer of body heat. But in cases of apakva shotha, gambhira shotha and shotha arising from rakta and shlesha applications can be made even at night. Stale lepa should not be used. Avoid application on and on. All these rules are addressed for proper absorption and avoiding any ill effects of lepa.

Thickness of Lepa:

One fourth, one third and half angulis is the thickness of lepa respectively for doshaghna, vishaghna and varnya lepas. They are effective so long as they are moist and once they dry up they will harm the skin.

Shelf Life Period of Lepa:

If a lepa contains vegetable drugs, it should be used within 24 hours, otherwise the drugs get decomposed and the application may harm the skin. If lepa is made up of mineral and metallic drugs, the drugs themselves do not have any expiry period. Hence it depend totally upon the base with which the drugs are mixed to form a lepa. Because, except siktha, ghrita and tail all other ayurvedic bases have the propensity to go rancid within 24 hours. Rule 161B of drugs and cosmetics rule, 1945 said that shelf life period of lepa churna is one year, lepa malahar is two years and lepa guti is three years.

Different Dosage Forms of Lepa:

Kalka	Valmik
Lepa guti	Shwittra
Varti	Shwittra
Kshara	Palash kshara
Mashi	Shwittra
Churna	Shiroroga

ADDITIVES USED IN LEPA:

Bases	Siktha, castor oil
Chelating agents	Nimbu
Tragacanth	Methika
Anti oxidants	Rakta chandan, masoor, haridra
Penetration enhancers	Gomutra, takra, sura, kanji
Aromatics	Jati, chandana, ela, kamal
Emollients	Sarshap, champaka, kumari

DISCUSSION

An analytical interpretation of all information available in sharangdhar samhita regarding lepa kalpa right from ingredients to indication are establishing richness of subject on the basis of academic and clinical acumen. Acharya have had emphasized each and every detail for best therapeutic effect. The ayurvedic skin care products which are used externally (topically) in the form of packs, oils, herbal powders, pastes, etc. are classified on the basis of temperature, duration and thickness. The ayurvedic bases for lepa kalpa are not inert substances,

but they are therapeutically active too. Various flowers such as jati, kamal and ketaki are added to the lepa gives fragrance to the lepa. Many ayurvedic plant acts as emollients such as a preservative in lepa such as haridra and karvellaka. The main disadvantage of transdermal drug delivery is poor penetration of compounds into human skin. The main barrier of skin is located within its uppermost layer several approaches have been developed to weaken the skin barrier. The penetration enhancer like gomutra is also used in many lepa. Gomutra contains urea which is potent penetration enhancer. Modern pharmaceuticals is exploring many ointments, liniments, lotions, gels, cream paste, etc. Ayurveda too is not lagging behind they had developed the lepa in the form of churna, kalka, rasakriya, mashi, kshara, etc. Various bases are mentioned in Ayurveda they are taila, ghrita, shatadhauta ghrita.

CONCLUSIONS

Ayurveda had reached the zenith of knowledge in the samhita kala regarding the applications of lepa kalpa for therapeutic and cosmeceutics purposes. As skin is the vital and sensitive part of body, people are more conscious towards skin problems. In day to day life, it is noticed that beauty has very much importance in personal as well as social facet. More over in contemporary era here are tremendous opportunities for further advancement of lepa kalpa for much better therapeutic and cosmeceutic purposes by adopting current science and technology.

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CASE REPORT

Scientific Journal Impact Factor 5.733 (2015) by InnoSpace Sci. Res., Morocco
Index Copernicus Value (2015) – 80.04MANAGEMENT OF ANURJATA JANITA PRATISHYAYA
(ALLERGIC RHINITIS) WITH VACHA TAILA NASYA:
A CASE REPORTDeepika Dinkar Kotkar^{1*}, Vandana Anil Avhad²

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Article

ABSTRACT:

Background- *Nasya* is indicated in *Pratishyaya Chikitsa*. Objective- To study the role of *Vacha taila Nasya* in *Pratishyaya*. Materials and Methods- This is the case report of *Pratishyaya* (Allergic Rhinitis), where 34 years old female having symptoms of *Nasa avarodha* (Nasal obstruction), *Nasa strava* (Watery nasal discharge), *Kshavathu* (Sneezing), *Shiraha shoola* (Headache), *Kantha shushkata* (Dryness of throat). However, these symptoms are more related with symptoms of Allergic Rhinitis. Management- *Vacha Taila Nasya* 4 *Bindu* in each nostrils given to the patient. Result and Conclusion- Vital signs and symptoms of *Pratishyaya* (Allergic Rhinitis) such as *Nasa avarodha*, *Nasa strava*, *Kshavathu*, *Shiraha shoola*, *Kantha shushkata* were studied before and after the treatment. The result of the study indicated that the patient bestowed with highly significant relief in almost all the signs and symptoms in improving Visual Analogue Scale.

Key Words: *Pratishyaya*, Allergic Rhinitis, *Vacha taila*, *Nasya*

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INTRODUCTION

Allergic Rhinitis is an atopic disease. Atopic allergy is a type-1 hypersensitivity reaction which produces IgE antibodies to allergens viz. pollen, dust, etc¹. In Ayurveda concept of allergy is explained under "*Asatmyaja Vyadhi*", while its effects are explained in context of Hereditary, *Viruddhaahara*, *Dushivisha* and *Ritu sandhi*². The disorder of *Nasa* has been described widely by all the *Acharyas*. *Acharya Sushruta* has described 31 *Nasagata rogas*³. Among them *Pratishyaya* is one of the most important disease. On the basis of signs and symptoms, the disease *Vataja Pratishyaya* can be compared to allergic rhinitis in modern medicine characterized by sudden and frequent attacks of sneezing, nasal obstruction with watery nasal discharge, dryness of throat and headache⁴. *Pratishyaya* is the disease condition in which *Vata* and *Kapha dosha dushti* was observed⁵. Allergies are an abnormal immune reaction produced when the body comes in contact with allergens dust, pollens then Histamine is produced in the body which releases into the blood stream and produces symptoms like sneezing, itching, rashes, excess mucus production etc⁷. The treatment modalities adopted are antihistamines, antibiotics, sublingual tablets, allergy shots,

electro-cautry, sub mucosal diathermy and turbinectomy⁸. With all these treatment the patients get temporary relief and chances of recurrence are more. Therefore to find out an effective simple treatment which can overcome the symptoms of allergic rhinitis and prevent its further recurrence by enhancing the body immunity, so from the repeated advocacy by *Acharya Sushruta*, *Acharya Charaka* and other ancient *Acharyas* of *Ayurveda*, it has been decided that *Vacha Taila Nasya* in the management of *Pratishyaya*⁹. *Vacha* is mentioned under the heading of *nasya dravya* in *Sushruta Samhita* and *Charaka Samhita*¹⁰. *Pratishyaya* have *Vata+Kapha dushti*. *Nasa avarodha* is mainly due to *Vata* and *Kapha doshas*. *Ushna-Tikshana chikitsa* is useful to reduce *Nasa avarodha*, *Nasa strava*. *Nasya* is best treatment for '*Urdhvajatrugata Vyadhi*'¹¹. Therefore in this case *Pratishyaya* is managed with *Vacha taila Nasya*¹².

CASE REPORT

A 34 years old female presented with complains of *Nasa avarodha* (Nasal obstruction), *Nasa strava* (watery nasal discharge), *Shiraha shoola* (headache) and *Kanthashushkata* (dryness of throat) since 4 years. She received allopathy

treatment on and off but never got any relief. Whenever these symptoms gradually increased, she had used Otrivin nasal drop 3-4 times in a day. After using this drop, above symptoms were decreased and she got relief. But this effect is temporary. Thus she opted for *Ayurvedic* treatment if any. After taking complete case history, this case was managed with *Nasya karma*, one of the *Panchakarma* therapy.

MATERIALS AND METHODS

Table 1 Material and Methods

<i>Karma</i>	<i>Nasya</i>
Route of administration	Nasal(<i>Nasya</i>)
Drug for <i>Nasya</i>	<i>Vacha taila</i> of Rasamruta Pharmacy (in-house pharmacy)
Dose	4 Bindu in each nostrils ¹³ (according to <i>Rugna bala</i> and <i>Vyadhi bala</i>)
Duration	7 days
<i>Nasya kala</i>	Morning ²¹

Table 2 Properties of *Vacha*¹⁴

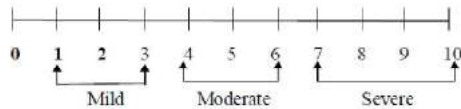
	<i>Vacha</i>
Latin Name	<i>Acorus calamus</i> Linn.
Family	Aracea
Part used	<i>Bhoomika Kanda</i>
Guna	Laghu, Tikshna, Ruksha
Rasa	Tikta, Katu
Vipaka	Katu
Virya	Ushna
Doshaghata	Vataghata, Pittakara
Prabhava	Medhya

Subjective parameters- *Nasa avarodha*, *Nasa strava*, *Kshavathu*, *Kanthashushkata*, *Shiraha shoala*.

Consent- Written consent of the patient willing to take this treatment was taken before the treatment.

Criteria for Assessment-

- 1) VAS¹⁵- For *Nasa avarodha*, *Nasa strava*, *Kshavathu*, *Kanthashushkata*, *Shiraha shoala*.



0 – No any complaints

1 to 3- mild

4 to 6- moderate

7 to 10-severe

Though VAS is used most often for pain, it can be used for the assessment of symptoms like *Nasa avarodha* (Nasal obstruction), *Nasa strava* (Nasal watery discharge), etc.^{16,17}

OBSERVATION

Table 3 After and Before Treatment

Symptoms	Before treatment (According to VAS)	After treatment (According to VAS)
<i>Nasa avarodha</i>	10	4
<i>Nasa strava</i>	10	4
<i>Shiraha shola</i>	9	3
<i>Kantha shushkata</i>	8	3
<i>Kshavathu</i>	10	4

RESULTS

After 7 days of *Nasya Karma* above table 3 showed significant effects in *Pratishyaya*. Frequency of using Otrivin nasal drop had decreased. Before treatment, patient had to use this drop for 3-4 times in a day but after the treatment, patient was using this drop for a single time in a day mostly at night. Thus *Vacha Taila Nasya* has significant therapeutic value in *Pratishyaya* (allergic rhinitis).

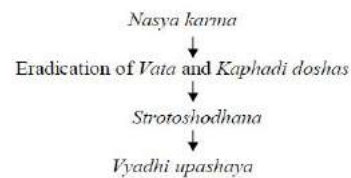
DISCUSSION-

Pratishyaya is considered as the most important disease as if it is neglected or not treated properly leads to many complications. So, it should be treated in time.

Samprapti (pathogenesis)¹⁸



Samprapti bhanga (break down of pathogenesis)-



Mode of action of *Nasya Karma*-

Pratishyaya is a *Vata-Kaphaja vyadhi*. The symptoms of *Pratishyaya* include *Nasa avarodha*, *Nasa strava*, *Shiraha shoala*, *Kanthashushkata*, *kshavathu*, These

are mainly *Kaphaja* symptoms. So the treatment should be aimed on relieving *avarodha* by pacifying *Kapha dosha* and *shoola, strava, shushkata* of *Vata dosha* should be controlled by pacing *Vata dosha*. *Nasya karma* is one of the *Panchakarma* procedure which acts as *Shodhana* of 'Urdhwajatrugata vyadhi'. It is unique procedure mentioned in classic especially in the management of *Nasarogas* and *Shirorogas*. It not only clears the local pathology but also acts as the sense of smell. Locally *Nasya* may acts as *Stravahara, Shothahara*. *Strotoshodhana* regenerates nasal mucus membrane. The pre *nasya* management (*Pradhana karma*) like *Snehana-Swedana* pacifies *Vata dosha*. The main procedure (*Pradhana karma*) i.e. installation of medicine into nose acts as *Strotoshodhana* and it is away of *Vyadhipratyanika chikitsa*. The post *nasya* management (*Paschata karma*) like *Kavala, Gandoosha, Dhoomapana* act as *Shleshmahara, Stravahara*. Systemically *Vacha taila* is installed in nose may stimulate certain centers which control these symptoms and controls neurologic dysfunctioning to release pain (headache).

Mode of action of Vacha taila-

The ingredients of *Vacha taila* such as *Vacha, Shathi, Daruharidra, Haridra, devdaru, Shunthi, Haritaki, Ativisha, Musta, Indrayava, Sarshapa taila, Chakramarda* are *Tikshana, Ushna, Rooksha* in properties. *Tikshana guna* acts as *Kaphanissaraka, Strotoshodhaka* and *Avarodhahara*. The *Rooksha guna* of this drug acts as *Stravahara*. The *Ushna virya* helps in pacifying *Vata* and *Kapha dosha*. *Taila* which is *Sukshama* has the ability to penetrate into *Sukshama strotasa* to relieve *Avarodha* and in also acts as *tridosha shamaka*. The antibacterial property of *Shunthi, Haridra* help in prevention of secondary infection. The *Rasayana* property of *Haritaki* helps to revitalizes *Sleshmavarna Kala* of *nasa*. *Shunthi, Vacha, Sairshapa* are having volatile oil. These are rich in lipids and proteins which stimulate olfactory bulb in the brain and there by relieves anosmia¹⁹. After 7 days of *Vacha taila nasya*, patient is told to continue *Vacha taila pratimarsha nasya - 2 bindu*²⁰ 2 times in a day (morning and evening) for suppuration of all signs and symptoms of *Pratishyaya*. This study if carried out on large sample size can come out with concrete conclusion with the help of appropriate statistics.

CONCLUSION

Vacha Taila Nasya Karma has significant therapeutic value in *Pratishyaya* (Allergic rhinitis).

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RESEARCH ARTICLE

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**Delonix regia: PROMISING NATURAL BIODEGRADABLE
POLYMER FOR DEVELOPMENT OF COLON TARGETED DRUG
DELIVERY**Baviskar Rahul D.^{1*}, Sharayu Kore², Baviskar Kiran D.³***Corresponding Author**

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Article

ABSTRACT:

The work was mainly focused to develop colon targeted drug delivery using microbial sensitive polymer. Two microbial polymers were selected for targeting to colon, *DelonixRegia* and Chitosan. It was found that the gallactomannan present in the polymer was degraded by microbial flora in the colon and thus releases the drug in the colon. Therefore, this natural polymer may be used as promising polymer for pulsatile drug delivery system which releases the drug at colonic site after a predetermined lag time. In case of inflammatory bowel disease NSAID is co-administered with antiulcer drug. Therefore the work was started with concept with development of multidrug tablet targeted to colon using microbial sensitive polymer. During experiment work two separate formulations of both selected drug Ibuprofen and Nizatidine were developed. It was found that both formulations were successfully developed for targeting to colon. The *Delonix regia* a novel polymer was found to be most effective than chitosan, When it was compared with another natural polymer chitosan. It was also found that the release of drug was lowered in pre-colonic environment only if coating of finally compressed tablet was done. When polymers were used as binder solution for wet granulation and in powder from no significant results were noticed in preventing drug release in upper tract. Therefore coating is most essential for development of colon targeting tablet. But the most important outcome of the study was that availability of natural economical class of novel polymer for targeted drug delivery to colon rather than Eudragit. The combined formulation of both drug Ibuprofen and Nizatidine can be also developed in future.

Key Words: *Delonixregia*, Colon targeted drug delivery, Biodegradable polymer, Sustained release

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INTRODUCTION

Delonix regia belongs to family fabaceae. It is natural polymer obtained from seeds of *Delonix regia* and selected for development of colon targeted drug delivery. The microflora of colon is in the range of 10¹¹-10¹² CFU/ml, consisting mainly of anaerobic bacteria, e.g. Bacteroides, Bifidobacteria, Eubacteria, Clostridia, Enterococci, Ruminococcus, Enterobacteria, etc. Due to the presence of the biodegradable enzymes only in the colon, the use of biodegradable polymers for colon-specific drug delivery system found to be more site specific approach as compared to other techniques. Biodegradable polymers shield the drug from the environments of stomach and small intestine and are able to deliver drug to colon. The shield of biodegradable polymers get absorbed by microorganisms or degraded by enzyme.^{1,7} Oral controlled release formulations for the small intestine and colon have received considerable attention in the past two decades for a variety of reasons. The colon is a site where both local and systemic delivery of drugs can take place. Local delivery allows topical treatment of inflammatory bowel diseases (ulcerative colitis & chrons disease) colon cancer,

irritable bowel syndrome. These delivery systems when taken orally, allow drugs to release from the delivery system once the delivery system arrives into the colon. Whenever drug is directly targeted to colon treatment found to be more effective, thereby reducing the systemic side effects. Colon targeted drug delivery would ensure direct treatment at the site of disease thereby lowering the dose & reducing side effects as well. Along with restricted therapy, the colon can also be utilized as a portal for the entry of drugs into the systemic circulation. Those molecules which are poorly degraded or absorbed in upper gut, such as peptides and proteins, may be better absorbed from the more benign environment of the colon. Overall free fluid in colon is less as compared to small intestine. In such instances, the drug may be required to be delivered in a presolubilized form should be delivered to the proximal colon, as a fluid gradient exists in the colon with more free water present in the proximal colon than in the distal colon.^{2,3,4} NSAID are most commonly used for treating IBD. Physicians always prescribe anti-ulcer drug along with NSAID. Therefore it is more beneficial to take a tablet having both drugs for targeting to colon. It

is beneficial for patient from both psychological and economical point of view. It reduces cost and dose of drug as well.^{5,6}

AIM& OBJECTIVE

1. To demonstrate the use of as natural polymer for targeting to colon.
2. To provide effective drug therapy for treatment of Inflammatory Bowel Diseases.

MATERIALS & METHOD

The Ibuprofen was received as a gift sample from Vadnere Laboratories Pharmaceutical Division, Jalgaon. Nizatidine was obtained as gift sample from Dr. Reddy's Laboratory, Hyderabad. Natural polymer was obtained from seeds of plant.

Isolation of Natural Polymer

The seeds of plant *Delonix regia* were collected and boiled in distilled water for 5 hrs. Then seed coat was removed and mesosperm was boiled in distilled water to

get viscous mass. The Viscous mass was dried completely in oven and after drying the dried polymer was sent to size reduction using pulverizer. The polymer was converted to completely powder form by size reduction using pulverizer. The 3.5 gm of finely powder polymer was then boiled in 100 ml of distilled water to get viscous solution. This viscous mass was used to form wet granules. The concentration was determined by preliminary studies.

Formulation of Ibuprofen Tablet:

The tablet was formulated using wet granulation technique. All ingredients were weighed passed through pulverizer. The solution of chitosan and *Delonix regia* was used as binder solution for formulation of granules. The same binder solution was used for coating of finally compressed tablet. All granules were mixed with lubricant magnesium stearate and finally compressed into tablets using eight station tablet machine (Karnavati, Ahmadabad, India).

Table 1: Formulation code for colon targeted ibuprofen tablet

Ingredients	F1	F2	F3	F4	F5
Ibuprofen	250	250	250	250	250
Microcrystalline cellulose	40	40	40	40	40
Chitosan (powder)	50	50	50		
Delonix regia	50	50	50	50	50
Lactose					
Magnesium Stearate	3	3	3	3	3
Delonix regia (Binding solution in % conc.)	3	-	-	3	
Chitosan (binding solution in % conc.)		3	-		3
Lactose	107	107	107	157	157
Total	500	500	500	500	500

Formulation of Nizatidine Tablet

The tablet was formulated using wet granulation technique. All ingredients were weighed passed through pulverizer. The solution of chitosan and was used as binder solution for formulation of granules. The same

binder solution was used for coating of finally compressed tablet. All granules were mixed with lubricant magnesium state and finally compressed into tablets using a eight station tablet machine (Karnavati, Ahmadabad, India).

Table 2: Formulation code for colon targeted nizatidine tablet

Ingredients	F1	F2	F3	F4	F5
Nizatidine	150	150	150	150	150
Microcrystalline cellulose	40	40	40	40	40
Chitosan (powder)	50	50	50		
Delonix regia	50	50	50	50	50
Lactose					
Magnesium Stearate	3	3	3	3	3
(Binding solution in % conc.)	3	-	-	3	-
Chitosan (binding solution in % conc.)	-	3	-	-	3
Lactose	107	107	107	157	157
Total	400	400	400	400	400

Coating of Tablet:

The polymer solution was sprayed onto the core tablets in a conventional coating pan. Fixed numbers of tablets were coated each time by atomizing the polymeric coating solution through coating gun. The coating pan operated at fixed RPM (35) for all polymeric solution. The coating solution was applied when the tablet bed in the coating pan reached up to 60°C.

Evaluation of Colon Targeted Tablet:

Prepared sustained release tablet was evaluated for official parameters like, thickness, hardness, and weight

variation, lag time of coating tablets and content uniformity and In-vitro dissolution studies.

In Vitro Release Study:

In vitro dissolution studies were carried out using USP type I dissolution apparatus I (basket method; Electrolab India Pvt. Ltd., Mumbai, India) in 900ml medium at 37±0.5 °C at a rotation speed of 100rpm. To mimic gastric pH conditions, test was carried out in 0.1N hydrochloric acid (pH 1.2) for 2 hr. Simulated intestinal fluid pH 6.8 for 3 hr and simulated colonic fluid pH 7.4. The buffer system having pH 6.8 and pH 7.4 was selected

to simulate the condition in small intestine and colon. 5ml sample was withdrawn every 1h, filtered through and immediately replaced by fresh dissolution medium. All the samples for dissolution were filtered through filter paper and analyzed immediately after the completion of dissolution test by UV-Visible spectrophotometer (Shimadzu UV-1700, UV-visible

scanning spectrophotometer, Japan). Nizatidine released in 0.1N HCl was estimated at max 314 nm.

RESULTS

After evaluation of prepared tablet all the results for official parameters like, thickness, hardness, weight variation, and disintegration time are given in following table for each formulation.

Table 3: Results for evaluation of compressed Ibuprofen tablet

Formulation	Weight Variation (%) (M±SD)	Hardness (kg/cm ²) (M±SD)	Thickness (mm) (M±SD)	Friability (%) (M±SD)	Disintegration time in sec.
F1	415.7	4.86	4.1	0.38	120
F2	411.2	4.88	4.2	0.41	122
F3	419.8	5.10	4.5	0.36	134
F4	399.5	4.99	4.1	0.43	141
F5	405.2	5.05	4.3	0.42	140

Table 4: Results for evaluation of compressed Nizatidine tablet

Formulation	Weight Variation (%) (M±SD)	Hardness (kg/cm ²) (M±SD)	Thickness (mm) (M±SD)	Friability (%) (M±SD)	Disintegration time in sec.
B1	421.3	4.77	3.8	0.40	138
B2	412.2	5.2	3.9	0.42	120
B3	402.2	4.80	4.2	0.39	142
B4	402.2	5.22	4.1	0.44	144
B5	403.4	4.78	4.2	0.42	145

Table 5: Drug release profile for ibuprofen tablet

Time in hrs	F1	F2	F3	F4	F5
0	0.00	0.00	0.00	0.00	0.00
1	0.00	0.00	0.00	0.00	0.00
2	1.80	2.00	1.95	1.90	2.10
3	7.37	8.41	7.88	8.10	8.12
4	22.31	24.84	24.90	22.98	24.83
5	33.31	35.33	36.78	34.87	35.72
6	49.17	48.90	50.92	48.17	50.22
7	62.22	63.33	63.73	63.13	64.11
8	75.12	76.89	77.81	77.19	78.12
9	85.12	89.7	87.81	86.18	88.19

Table 6: Drug release profile for Nizatidine

Time in hrs	B1	B2	B3	B4	B5
0	0.00	0.00	0.00	0.00	0.00
1	0.00	0.00	0.00	0.00	0.00
2	0.90	1.10	1.25	1.40	1.98
3	4.57	5.12	5.89	4.89	5.11
4	11.17	12.18	13.89	12.37	12.86
5	24.37	26.13	28.29	26.98	27.20
6	37.18	39.12	41.12	40.39	39.17
7	51.15	53.14	54.73	52.88	53.99
8	62.23	64.22	64.77	63.29	64.19
9	74.87	77.21	79.12	74.91	75.18

From the drug dissolution study in case of both ibuprofen and nizatidine, it was clear that very low amount of drug was released in stomach or intestine during first 4 to 5 hrs. The *Delonix regia* & chitosan were used for coating in two different formulations F 3 & B3. From the drug release study it was found that drug release was significant less when it was used as coating polymer as compared to chitosan. When polymers were used in powder form as excipients or as coating solution in preparation of granules then drug release was not lowered significantly in pre-colonic environment. If polymers were used as final coating solution for compressed tablet then significant control was found for drug release in pre-colonic environment. The drug release was found to be very low about 2% during first

hour. The drug release was found to be lower for F1, B1 as compared to F2, B2 and also lower for F4, B4 than F5, B5 which clears the effectiveness of *Delonix regia* over the chitosan as coating polymer.

DISCUSSION

It was clear from the drug dissolution data that percent release of drug in pre-colonic environment was successfully prevented by coating with chitosan polymer. When formulations developed separately with two different natural polymers, from the comparative drug release study it was found that it would be more resistant to acidic pH with low swelling property which protects drug release significantly over chitosan in pre-colonic environment. Therefore it was found to be novel

natural biodegradable polymer for targeting drug to colon.

CONCLUSION

The work was mainly focused to develop colon targeted drug delivery using microbial sensitive polymer. Two microbial polymers were selected for targeting to colon, and Chitosan. It was found that the gallactomannan present in the polymer was degraded by microbial flora in the colon and thus releases the drug in the colon. Therefore, this natural polymer may be used as promising polymer for pulsatile drug delivery system which will release the drug after pr-determined lag time at colonic site. But the most important outcome of the study was that availability of natural economical class of novel polymer for targeted drug delivery to colon rather than Eudragit. Till now Eudragit was most commonly used for coating the formulation, but now another alternative was made available. The combined formulation of both drug Ibuprofen and Nizatidine can be also developed. Due to limitation of time span and other difficulties such combined formulation is not yet developed, because during the work most of the time was spent in selection of natural polymer, isolation of polymer, pulverization i.e. preparation of polymer in dry

powder from, Selection of concentration of coating solution. The possible multi drug tablet targeted to colon can also be developed in future.

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CONCEPT OF MOODHAGARBHA W. S. R. TO OBSTRUCTED LABOUR

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Article

ABSTRACT:

Vayu or *Vata* is chief responsible factor for each and every body actions according to *Ayurveda*. Out of that, *Apana vayu* is responsible for expulsion of foetus i. e. *Garbha nishkramankriya*. Vitiating or abnormality of this *Apana vayu* gives rise to complication known as *Moodhagarbha*. Obstructed labour described in modern obstetrics is similar life threatening condition to foetus as well as mother. The extraction of obstructed foetus needs surgical management. Similarly in the management of *Moodhagarbha*, *Shalyachikitsa* is been highlighted. In present article, the concept of *Moodhagarbha* is reviewed from various Ayurvedic texts and elaboration is made in view of its practical application.

Key Words: *Moodhagarbha*, Obstructed labour, *Garbhanishkraman*

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INTRODUCTION

Prasutitantra and *striroga* was included in broad concept of *Kaumarbhutyatantra* in ancient times. [1] *Ayurveda* being very practical science, there are various clinical topics are described in it which is related to *Prasutitantra* i. e. Obstetrics. *Moodhagarbha* was firstly described by *Acharya Sushruta* because of its need of surgical intervention. Literally *Moodha* is derived from verb *Muh* meaning to become unconscious or stupefied. *Bhavaprakasha* means obstructed movement by *Moodhagarbha* (*Ruddhagati*). [2] *Madhukosha* meaning is the same but the word coined is *vyasaktagati*[3]. *Dalhanacharya* said *Moodha* means stupefied (*sammoodha*). [4] Whereas *Acharya Indu* said unconscious (*moorcchitam*). [5]

Moodhagarbha is one of the complications of the labour due to abnormal position of the foetus. *Moodhagarbha* can become life threatening to foetus as well as mother. It requires skillful surgical intervention for good prognosis. The purpose of *Shalyatantra* has stated in its definition also contains extraction of obstructed foetus. [6] *Ayurveda* has described etiology, detailed classification and treatment of this important

clinical topic. An attempt has been made to study the Ayurvedic concept of *Moodhagarbha* and obstructed labour in modern obstetrics.

AIM

The aim of this article is to elaborate the concept of *Moodhagarbha* w. s. r. to obstructed labour.

MATERIAL AND METHODS

Review of Ayurvedic compendia along with some important Ayurvedic texts was done. *Sushrutacharya* first described *Moodhagarbha*. Description of *Moodhagarbha* also found in *Ashtang Hridaya*, *Madhav Nidana*, *Bhavaprakasha*, *Yogratnakar* and *Harita Samhita*.

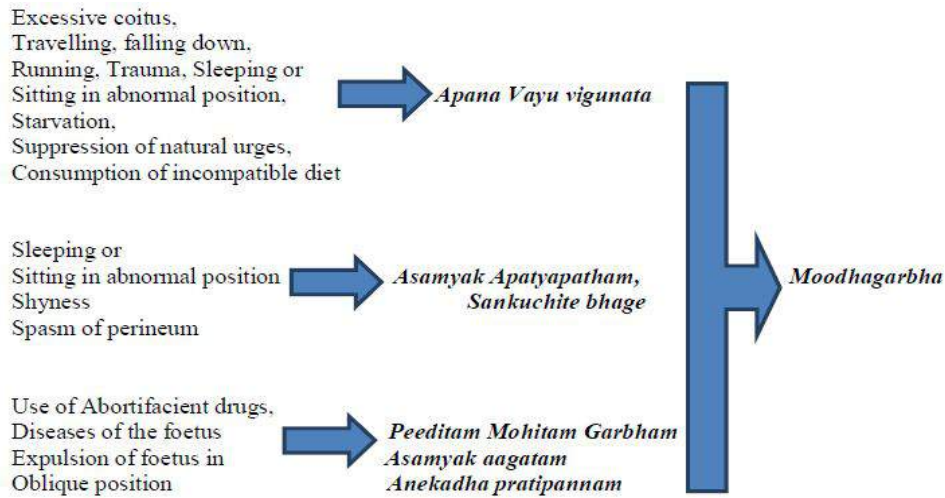
DISCUSSION

Definition of *Moodhagarbha*

According to *Sushrutacharya*, the fully grown, oversized foetus which comes abnormally into the birth canal and due to abnormality of *Apana vayu* is unable to come out and becomes stupefied is known as *Moodhagarbha*. [7]

Vagbhatacharya said that the foetus whenever reaches an abnormal passage, coming in different

positions and is unable to expel and get distressed is known as *Moodhagarbha*.^[8]
Causes and Etiopathology^{[7], [9]}



Definition of Obstructed labour^[10]

The term obstructed labour indicates a failure to progress the labour process due to mechanical problems—a mismatch between the size of the presenting part of the foetus and the mother's pelvis, pathological enlargement of the foetal head, malpresentations, malpositions such as occipito-posterior position of the foetal head and with ineffective uterine contractions.

Etiology

Labour is considered obstructed when the progress of labour comes to a standstill with the presenting part impacted in the pelvis and when without external assistance, spontaneous vaginal delivery is impossible^[11]. Etiology of obstructed labour can be summarized as faults in power, passage and passenger.^[12]

Table No. 1: Inclusion of etiology of obstructed labour in concept of *Moodhagarbha*.^{[7], [8], [9], [12]}

Faults in power	Abnormal or insufficient uterine contractions and poor maternal efforts	<i>Viguna Apana</i> or <i>viguna vayu</i>
Faults in passage	Contracted pelvis Soft tissue obstruction	<i>Asamyak Apatyapatha Sankuchite bhage</i>
Faults in passenger	Malpresentations and Malpositions Foetal Macrosomia	<i>Sarvavayava sampoorna, Vivruddham, Asamyak aagamam, Anekadha pratipannam Garbham Garbhavyatha</i>

1) Faults in power

It includes abnormalities related to uterine contractility and maternal efforts because the combined force of uterine contractions and that of abdominal muscles propels the foetus forward.^[13]

Abnormal Uterine contractions

Two types:

Hypotonic Inertia- The uterine contractions are infrequent, weak and of short duration.

Hypertonic Inertia- The uterine contractions are irregular and more painful. Low cervical dilatation i. e. cervical dystocia is the main cause for delay in labour in both the above types. *Yonisamvruti* or *Yonisamvarana* were the terms probably used for cervical dystocia

which may had been considered as *Asadhya*^{[14], [15]}

Inadequate Maternal Expulsive Efforts

Improper diet may hamper general health of mother which influences uterine contractility. *Ahara vaishamya* is mentioned as one of the causes of *Moodhagarbha*.

2) Faults in passage

a) Contracted pelvis

The most frequent cause of obstructed labour is cephalopelvic disproportion. Any contraction of the pelvic diameters causes obstructed labour.

b) Soft tissue obstructions

Due to cervical fibroid, impacted ovarian cysts, cervical stenosis, vaginal atresia.

3) Faults in passenger

The foetus may be large in relation to the maternal pelvic brim such as in Diabetic women.

Table No. 2: Classification of Moodhagarbha ^[16]

Type	Description	Modern Obstetrics
Keela	Both hands, feet and head upwards. Obstructed as wedge.	Extended or Frank Breech
Pratikhura	Both hands, feet and head in pelvis with obstruction of body (opposite of <i>Keela</i>)	Exaggerated flexion of foetus in transverse lie with vertex presentation and prolapse of hands and legs
Beejaka	One arm comes out along with head.	Compound presentation (vertex with hand) or hand prolapse in vertex presentation
Parigha	Foetus obstructs the passage just like a rod.	Transverse lie

Table No. 3: Gatis of Moodhagarbha ^[17]

Vagbhata	Sushruta	Modern correlation
<i>Urdhwa</i> (Head is at fundus)	1) Both legs in pelvis 2) Only one leg in pelvis 3) Buttocks are in pelvis 4) One leg from vagina and other from anus	Footling presentation and frank (extended) Breech
<i>Tiryak</i> (Transverse lie)	1) Transverse lie 2) Transverse lie with head on one side	Transverse lie
<i>Nyubja</i> (Head in pelvis)	1) Both hands along with head 2) Both hands and legs along with head	Compound presentation

Treatment of Moodhagarbha

Surgery is advised for *Moodhagarbha* in *Ayurveda*. Surgical procedures should only be done by the surgeons who have seen practical work ^[18]. *Ayurveda* has emphasized that no negligence or delay in management of dead *Moodhagarbha*

should be made ^[19]. Besides surgical procedures, various manipulations like pulling upwards, dragging downwards, rotation, straightening etc. are described for *Moodhagarbha Shalyoddharana*. (i. e. extraction of obstructed foetus)

Table No. 4: Treatment given by Sushrutacharya in Moodhagarbha Chikitsa ^[20]

Procedure	Description or modern correlation
<i>Utkarshana</i>	Pulling the foetus upwards
<i>Apakarshana</i>	Dragging the foetus downwards
<i>Sthanapavartana</i>	Rotation or External Cephalic Version (ECV)
<i>Udvaartana</i>	Internal Podalic Version (IPV)
<i>Utkartana</i>	Cutting a body part (of dead foetus or maternal perineum i. e. episiotomy)
<i>Bhedana</i>	Perforation of abdomen in dead foetus
<i>Chedana</i>	Excision (Craniotomy)
<i>Peedana</i>	Compression or Perineal support
<i>Rujukarana</i>	Straightening
<i>Darana</i>	Incision

Consent of guardian should be obtained before doing surgical intervention ^[20]. Various surgical instruments were used extraction of dead foetus in *Ayurveda* like *Mandalagra*, *Anguli shastra*, *Vrudhipatra*, *Shanku* etc. Finally when all possible efforts were not successful *Acharyas* advised to cut open the abdomen and deliver the baby ^[21] i. e. laparotomy or caesarean section.

CONCLUSION

Prasutitantra, one of the important branches of *Ayurveda* deals with antenatal and intranatal care. *Moodhagarbha* is the obstruction of labour due to various reasons resulting in obstructed movement of foetus complicating normal delivery. Whenever the normal process of labour gets obstructed the management is important in view of risks associated with mother and foetus. *Acharyas* have made thorough elaboration regarding management of obstructed labour. Different

extraction manipulations along with surgical procedures have explained in *samhitas* which in

today's era also used with the help of advanced technology but the concept or theme being same.



Keela (Frank breech)



Pratikhura (Footling presentation)



Beejaka (Compound presentation)



Parigha (Transverse lie)

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AYURVEDIC & MODERN PERSPECTIVE OF SEMEN ANALYSIS

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Article

ABSTRACT:

Infertility affects about 8% to 12% of the world's population and conception depends on the fertility potential of both the male and female partner. The male is directly responsible in about 30% to 40%, the female in about 40% to 55% cases and both are responsible in about 10% cases. Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently. In India one out of ten couples suffers from infertility. For evaluation of male infertility we have to do a semen analysis which evaluates sperm count, motility and morphological changes. Ayurveda also emphasized on the importance of semen examination in the diagnosis of infertility.

Key Words: Male infertility, Semen analysis, Conception

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INTRODUCTION:-

Semen analysis is the cornerstone of testing for male infertility problems. This test provides important information about the quality and quantity of the sperm. Shukra is considered as a supreme dhatu of the body, formed as a sarabhaga of all prier dhatus. The dushti of shukradhatu leads to male infertility or sexual dysfunction. Semen analysis i.e. Retas parikshan is the first step in investigation and the important diagnostic tool in the management of infertility. Retas parikshan is based on understanding the shukradushti by assessing involvement of dosha and physical characteristics of retas (semen).

The factors responsible for fertility are:-

- 1) Healthy spermatozoa should be deposited high in the vagina at or near the cervix.
- 2) The spermatozoa should undergo changes and acquire motility.
- 3) The motile spermatozoa should ascend through the cervix into the uterine cavity and the fallopian tubes.
- 4) There should be ovulation.
- 5) The fallopian tube should be patent.

AIM

- 1) To study importance of semen analysis as per Ayurvedic and modern view.
- 2) To find the cause of infertility on the basis of semen analysis.

MATERIALS & METHODS

- The present article is related with the normal qualitative and quantitative parameters of the sperm & detection of sperm abnormalities on observation of seminal fluid.
- This article based on the review of ayurvedic texts, the previous work done and the ayurvedic journals regarding the examination of semen.

Modern perspective:

Causes of infertility in the male:-

- 1) Defective spermatogenesis.
- 2) Obstruction of efferent duct system.
- 3) Failure to deposit sperm high in the vagina.
- 4) Errors in the seminal fluid.

Of these, errors in the seminal fluid can be assessed on the basis of laboratory investigations. These errors may be unusually high or low volume of ejaculate, low fructose content or undue viscosity.

Seminal fluid analysis is the important and first step in investigation because, if some gross abnormalities are detected the couple should be counseled for the need of assisted reproductive technology.

Normal semen values suggested by WHO are given as,

- Volume – 2ml or more
- PH – 7.2 – 7.8
- Sperm concentration – 20 million / ml or more
- Motility – 50% or more progressive forward motility

- Leucocytes – less than 1 million / ml
- Viability – 75 % or more living
- Morphology – 15% or more normal form
- Sperm agglutination - < 2 (scale 0-3)

Pathological findings on observation,

- Absence of fructose may suggest a problem with the seminal vesicle.
- Unusual semen color indicates sexually transmitted infections such as gonorrhoea and chlamydia, genital surgery or injury to sex organs. Deep yellow color or greenish appearance may be due to medication. Brown semen is mainly a result of infection and inflammation of genitals. Brownish red colored ejaculate is due presence of blood in semen.
- Acidic (lower pH) ejaculate may indicate one or both seminal vesicles are blocked. A basic ejaculate may be due to infection.
- A high level of WBCs in semen indicate infection, called as leucospermia.
- Low volume semen indicate partial or complete blockage of seminal vesicles or its absence.

Abnormalities with sperm -

1. Aspermia – Failure of emission of semen.
2. Oligospermia / oligozoospermia – Sperm count is less than 20 million per ml
3. Polyzoospermia – Count is less than 350 million / ml.
4. Azoospermia – No sperm in the semen.
5. Asthenozoospermia – Reduced sperm motility.
6. Necrozoospermia – Sperm is dead or motionless.
7. Teratozoospermia - > 70% Sperms with abnormal morphology.

Immunological tests;-

Two types of antibodies have been described – sperm agglutination & sperm immobilizing, the later is probably related to infertility. The antibodies are produced following infection (Orchitis), trauma and vasectomy. These antibodies can be detected from the serum by sperm immobilizing test.

View of Ayurveda:-

The qualities of shuddha shukra are given as,

1. Sphatikabha – The normal color of shukra is like alum i.e. greyish white. Any deviation from this color suggests shukradushti.
2. Dravam – The semen sample should liquefy within 30 min. This is the consistency of semen. The coagulated form of semen which doesn't liquefy and settles at the bottom in the water suggest shukradushti.
3. Snigdham – The semen sample which is devoid of snigdhatva dries soon on the slide indicating dryness. The increased alkalinity causes dryness.
4. Madhuram – The sweet taste is due to presence of fructose in seminal plasma.
5. Madhugandhi – Smells like honey.
6. Bahu – Bahu means in abundant amount.
7. Avidahi – It does not produce burning sensation during its ejaculation.

The examination of retas has been explained by Charak under 8 factors, where as Sushruta has described the different dushtilakshanas or doshas of retas. These doshas are given as,

1. Phenila i.e. frothy
2. Puti i.e. bad smelling or putrid
3. Tanu i.e. thinness
4. Picchila i.e. sticky
5. Ruksha i.e. dryness
6. Anya dhatu samsrishta i.e; presence of other cells
7. Vivarna i.e. abnormal in color
8. Avasadi i.e. semiliquified or sedimented

The role of tridoshas is very important to decide the above features. The first three doshas i.e. phenila, tanu and ruksha are caused due vitiated vatadosha which further vitiates the retas. This type of retas difficult to ejaculate and it is very less in quantity (volume) and the men can be infertile.

The puti and vivarna are caused due to vitiation of shukra by pitta dosha. Any kind of injury to shukravahastrotas by trauma, excessive indulgence in sexual activity lead to puti gandhatva i.e. bad smelling shukra. The picchila dosha is caused due to vitiated kapha. Avasadi shukradushti is caused by vegavarodha due to obstruction in the path of retas by vata. Therefore retas is ejaculated with difficulty.

How shukradoshas can cause infertility?

1. Phenila – It means frothy. Froth is formed when the surface tension is less. The surfactants are responsible for lowering the surface tension. When these surfactants are present in semen, they destroy sperm structural membrane which results in sperm death. Therefore frothy character indicates presence of surfactants.
2. Tanu – Tanu means dryness. Sperm concentration decides whether the semen is thin or thick. If the sperm count is greater, the density of semen is more. By counting the no. of semen we ascertain the thinness or thickness. When the sperm count is less than 20million/ml, it is considered as tanu retas dosha.
3. Ruksha – It means dryness. If semen attains this dushti. It exerts high osmotic pressure over sperms. When the pH of sperm is >8.5 it can be considered as ruksha kind of retodushti.
4. Vivarna – The normal color of retas is like alum (sphatikabh). The discoloration semen is called as vivarnata. (black, red, yellow or milky white)
5. Puti – Puti refers to putrid or bad smell. The inflammatory changes at genital region suggesting infection may lead to putrid smell.
6. Picchila – It means viscous or stickiness.
7. Anyadhatu samsrishta – Presence of macrophages, gelatinous bodies, antisperm antibodies and other non spermatozoal cells in semen can be considered as anyadhatu samsrishta.(examined by PAP smear, Agglutination)
8. Avasadi – Avasadi means sedimentation. If semen sample won't disperse in water, may be called as avasadi.

CONCLUSION:-

Thus, from the study of above shukra dushti lakshanas we can examine the semen quality and it is quite easy to select proper drug for the management of infertility.

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REVIEW ARTICLE

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A CONCEPTUAL STUDY ON PALASH PATRA WITH MILK IN GARBHINI PARICHARYA FOR THE PREVENTION OF GARBHA SHOSH W.S.R. INTRA UTERINE GROWTH RETARDATION

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Article

ABSTRACT:

Child birth is the happiest moment for mother and to get a healthy and prosperous child is dream of every couple but with the increase incidence of IUGR i.e *Garbha shosh* in developing countries this goal is difficult to achieve. IUGR has no any proper management so it is always better to prevent then to treat it. In the code of conduct i.e *Garbhini paricharya*, *acharya's* has mentioned various medications for healthy and prosperous pregnancy as well as for the fetus. *Palash patra* with milk is one of the medicines adviced in *Bhavaprakas* to prevent *Garbha shosh* like symptom and to get a *Viryavant* i.e healthy progeny. Hence an attempt is made through this article to highlight the importance of *Palash patra* with milk in *Garbhini paricharya* to prevent *Garbha shosh*.

Key Words: IUGR, *Garbha shosh*, *Garbhini paricharya*, *Palash patra*, *Viryavant praja*

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INTRODUCTION

IUGR is defined as babies with birth low weight for a gestational age. In *Ayurveda* term "*Garbhashosh*" is also defined as *Vatabhipanna garbha*. In this term it can be defined as underdevelop or undernourish fetus. The incidence of IUGR varies from region to region and even in the same region it varies in different sub-population. In India according to recent UNICEF survey the incidence of IUGR is 25-30% and according to WHO report at 2003 , it is estimated that yearly incidence of IUGR could be 50% per year by 2020. Healthy progeny is necessary for the successful sustence of mankind, by looking at the incidence of intra uterine growth retardation is a serious issue it must be prevented. *Ayurveda* is basically a preventive medical science and it advocates concepts of the *Garbhini paricharya*, montly diet, physical activities and medication during pregnancy have their own effect on the fetus. The *Ayurveda acharyas* knows the importance of *Garbhini paricharya* which have their significant effect for healthy and safe pregnancy with proper development of fetus. Concept of fetal wellbeing has gained importance in recent era, but concept of *Supraja* (healthy progeny) is prime concern of *Ayurveda* and *Garbini paricharya* since time. The *Garbhini paricharya* comprise the consumption of various medications, in *Bhavprakash Madhyamkhand Yonirog adhikar Palash patra* with milk is recommended during pregnancy to enhance growth of fetus to prevent *Garbha shosh* like symptoms and to get *Viryavant praja* i.e healthy progeny.

AIM

To study concept of *palash patra* with milk in *garbhini paricharya* for the prevention of *garbha shosh*.

OBJECTIVE

- To study the concept of *palash patra* with mik in *garbhini paricharya* and find its probable mode of action.
- To review the detailed Literature on *Palash*.
- To review the Literature on *Garbhini Paricharya* and *Garbha Shosh*.
- To review the literature on Intra Uterine Growth Retardation.
- Propose new concept for clinical study.

MATERIALS

Classical texts-
Bhavaprakash .
Bhavaprakash Nighantu.
Charak Samhita.

DISCUSSION

Ayurveda considers food to be the best source of nourishment as well as medication for the pregnant woman. The nine monthly diet is singularly unique to *Ayurveda*. It ensures the health of mother as well as fetus. It is necessary to follow *garbhini paricharya* for a *garbhini* to give birth of healthy fetus. This *garbhini paricharya* includes the special *aahar* and *vihar* for a *garbhini* which is mentioned month wise. Describing the benefits of this dietetic regimen prescribed for the

woman having normal development of fetus, *Charaka* says that by this woman remains healthy and delivers the child possessing good health, energy and strength, voice, compactness and much superior to other family members. *Ayurveda* since ages appreciates the importance of 'suprajanan' i.e. the science of grooming the process of development of fetus. To overcome and avoid all problem coming across in this process *Ayurveda* advice various medication. Due to non-availability of proper diet to the fetus or vaginal discharges after conception the fetus suffers from *shos*. This fetus attains its proper growth or maturity after years. *Vatta* is also said to be a cause for dryness of fetus. The upwards moving *vatta* dries *rasadi* channels of the fetus, thus it suffers from *vatta* disorders. Because of that *rasa* either flows slowly or does not flow in the *rasavahanadi strotus* of fetus thus fetus develops very slowly. We can correlate this with intrauterine growth retardation which is also known as 'intrauterine growth restriction' or 'fetal growth restriction' this refers to poor growth of a fetus. The causes can be many, but most often involve poor maternal nutrition. IUGR can result in a baby being small for Gestational Age. There are two major categories of IUGR symmetrical and asymmetrical. Some conditions are associated with symmetrical and asymmetrical both. If the cause of IUGR is extrinsic to the fetus uteroplacental transfer of oxygen and nutrient to the fetus is decreased. If the cause of IUGR is intrinsic to the fetus growth is restricted due to genetic factors or as a sequel of infection. This causes a reduction in the fetus stores of glycogen and lipids. So prevention of this condition is very important to avoid *garbha shosh*. One leaf of *plash* pest mix with milk and give it to pregnant lady to drink she will defiantly have *viryavant* Putra as said in

Bhavaprakash(chikitsa prakaran 70)

Palash is *Deepaniya*, *Virusha*, *Sara*, *Ushana*, *Shingdha* .. etc as said in *Bhavaprakash(nighantu 49,50)*

Palash –

Latine name- *Butea monosperma* (Lam.) Kuntze.

Gana – Rodhradi.

Kula – Leguminosae.

Guna – Shingdha, Laghu.

Rasa –Katu, Tikta,Kashaya.

Vipak –Katu.

Virya – Ushana.

Doshakarma –Kapha-Vata shamak.

Chemical composition –kinotannic acid.

Galic acid 80%, Pulasonin.

As per the reference of *Bhavprakash*; *Palash patra kalka* with milk is advised for consumption during pregnancy for healthy progeny i.e *Viryavant praja*.The main content is *Palash* which is *kapha vata shamak* and *ushana virya*, with the help of this qualities it will inhibit the process of *Garbha shosh* as its *samprapti* is initiated with *vata prakopa*. *Palash* is *snigdha* in *guna* which will help to nourish the intra uterine fetus to achieve the aim of *Supraja*. *Palash patra kalka* is advised to take with cow milk which is *rasayan*, *bruhan* and *balvrudhikar*, which will definitely help to improve the health of fetus. In *Garbhini paricharya Acharyas* have advised to take milk to improve the overall health of mother as well as fetus and avoid many complications occurring because of poor diet during pregnancy. *Palash patra* with milk will synergically act as *garbha poshak* , *bruhaniya* which will help to prevent *Garbha shosh* and may act to fulfil the development of the fetus as well as overall wellbeing of mother.

CONCLUSION

Ancient *Ayurvedic* scholars were much aware about the need of maternal care during pregnancy. *Garbhini paricharya* prescribed during *samhita* period not only has close resemblance with ante natal care but also had take almost care of future progeny. Hence for prevention of *Garbh shosh* like disorders also taken care to enhance the health of new born. *Palash patra* with milk is one of the best *Ayurvedic* preparation available for prevention of *Garbha shosh* which is also a non-steroidal, non-toxic , cost effective and also easily available. Further clinical study with *palash patra* can be carried out for more evaluation.

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RESEARCH ARTICLE

Scientific Journal Impact Factor 5.733 (2015) by InnoSpace Sci. Res., Morocco
Index Copernicus Value (2015) – 80.04THE EFFECT OF DHATRINISHA IN THE MANAGEMENT OF
DIABETES MELLITUS TYPE 2 (MADHUMEHA)Kavita Rajender Verma^{1*}, Yogesh Tukaram Kotangale²,
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Article

ABSTRACT:

Diabetes Mellitus is a multifaceted metabolic disorder characterized by common feature of chronic hyperglycemia with disturbance of carbohydrate, fat and protein metabolism. Diabetic population is increasing and alarming with many complications. Various types of treatment modalities are available in modern science but there is no satisfying results gain today because of side effects of Antidiabetic drugs after their long term use. It is one of the few condition where in serious research is one with not much positive outcome. In Ayurveda, *Dhatrinisha* is mentioned by *Aacharya Vagbhata*. It contains *Haridra (Curcuma Longa)* and *Amalika (Embelica Officinalis)*. These both drugs are *Tridoshaghna, Medoghna, Rasayana* due to their properties (*Ras, Guna, Veerya, Vipaka*) and it results in decreasing peripheral resistance to insulin and improve insulin sensitivity and decrease in symptoms like *Bahumutrata, Kshudhavridhi, Atipipasa, Hastapaadta Daah, Daurbalya*. This article provides the therapeutic applications of *Haridra* and *Amalaki* in the treatment of *Diabetes Mellitus*

Key Words: Madhumeha, Haridra, Amalaki, Diabetes Mellitus

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INTRODUCTION:

Diabetes is a metabolic cum vascular syndrome of multiple etiologies. It is characterized by chronic hyperglycemia with disturbance in carbohydrate and fat metabolism which is resulting from the basic defect is insulin secretion, insulin action or both. In Ayurveda, Diabetes Mellitus can be correlated with *Madhumeha*. It is chronic and distressing disease, where there is involvement of *Tridosha* and *Dhatu*. The features of *Madhumeha* mentioned in Ayurveda can be compared with *NIDDM (Non-Insulin Dependent Diabetes Mellitus)*. The long term effects of Diabetes include damage, dysfunction or failure of various organs. The long term effects include progressive development of retinopathy with potential blindness, neuropathy, that may lead to renal failure, neuropathy, with risk of foot ulcers, amputation, Charcot joints and autonomic disorders including sexual dysfunction. The total number of people with Diabetes is predicted to rise above 552 million by 2030 and additional 396 million people are at risk⁽¹⁾. India leads the world with largest number of diabetic subjects earning distinction of being termed the (Diabetes capital of the world). It is only the 21st century that diabetes has been considered a chronic and heterogeneous disorder. Ayurveda offers comprehensive safe and effective approaches to manage such conditions. There is wide number of herbal drugs are mentioned in Ayurvedic texts in treatment of

Madhumeha. Among many herbs known for their antidiabetic properties, *Haridra (Turmeric -Curcuma longa Linn)* and *Amalaki (Embelica officinalis)* both of them have anti hypoglycemic activities⁽²⁾, hypocholesteremic⁽³⁾, neuroprotective⁽⁴⁾ properties. This article provides the therapeutic applications of *Haridra* and *Amalaki* in the treatment of *Diabetes Mellitus*.

Samprapti of Madhumeha: Due to excessive intake of madhur, guru, snigdha aahara and atinidra, the kapha and pitta gets provoked and meda gets vitiated. Kapha increase its liquidity (*Bahudravata*) and quantity. It spreads in the body quickly because of sharir shaithilya. When Kapha spreads in body, it first gets mixed with Meda which has lack of compactness of Meda (*Samhanana Hani*) and excessive in quantity. Meda gets vitiated due to similarity in quality of Kapha. Then it comes in contact with Kleda and Mamsa and increase excessive quantity of both in body. Vitiating of Mamsa causes Carbuncles (*Pidaka*) and increase in quantity of Kleda causes abnormality in urine (*Bahumutrata, Avilmutrata*). Vata also obstructed by them in its course affect the oja and carries it to in Basti and then *Madhumeha* develops. ⁽⁵⁾

Amalaki :-

Sanskrit names : Shriphala, Sheeta, Kayastha, Amruta, Dhatrika
Name: Indian goose berry
Latin name : Embelica officinalis
Properties of Amalaki:
Guna : Laghu, Sheeta, Ruksha
Rasa : Pancharasatmak (Lavanavrjit)
Vipak : Madhura
Veery: Sheet
Dosha: Tridoshaghna (Kaphaghna, vatanashak, pittanashaka)
Actions: Anulomana, Balya, Hridya, Dahaprashamana, Pramehaghna, Jwaraghna, Rasayana.
Swaras : 10-15 ml.
Choorna: 3-6 gm

Haridra:-
Sanskrit names: Nisha, Harita, Krimighna.
English name: Turmeric
Latin name : Curcuma longa.
Properties of Haridra-
Guna: Laghu, Ruksha
Rasa: Katu, Tikta
Vipaka: Katu.
Veerya : Ushna
Dosha: Kapha Vaat Shaman
Actions: Raktaprasadan, Vranaropna, Mutrasanghrahani, Shothahara.
Swaras: 10-15ml.
Choorna: 2-4 gm.

Different formulations of Dhatriinsha (Amalaki and Haridra):

Sr.No.	Name of Formulation	Mode of Administration	References
1.	Haridra mixed with Amalaki juice	Orally	Charak Samhita chikitsasthana 6/26,
2.	Haridra mixed with Amalaki juice with Honey	Orally	Sushuta Samhita chikitsasthan 11/8
3.	Haridra churna mixed with Amalaki churna	Orally	Ashtang Hruday Uttartantra 40/48
4.	Haridradi Kashaya	Orally	Charak Samhita chikitsasthana 6/27

DISCUSSION:-

Dhatriinsha were consider as the best medicine for the treatment of Diabetes Mellitus in Asthanga Hridaya.⁽⁶⁾ In Aavaranjanya samprapti, when avaran of vitiated dhatu and doshas causes obstruction in normal pathway of vata (Strotorodha) and is cause provocation of vata. Amalaki and Haridra both reduce vitiation of dhatus and provocation of kapha-pitta and destroy avarana of obstructed vata and causes cleansing of channels

(strotoshodhana) by their laghu and ruksha guna. Acharyas have mainly emphasized on vitiation of kapha dosha and meda .Meda has been described to be the most important dushya of this disease. So, Dhatriinsha is not has only hypoglycemic effect but it also works at the level of dhatwagni to counteract Kapha dosha and Meda dhatu for correcting metabolism and insulin resistance. Dhatriinsha by their Rasayana property help in recover dhatukshya and ojakshya.



CONCLUSION:

It can be concluded that Dhatriinsha has a lot of potential as a medicinal usage in Madhumeha (NIDDM). These has active constituent of that exhibited various pharmacological activities which are helpful to manage DM. Ancient Acharayas have already mentioned the use of Dhatriinsha in management of Madhumeha (NIDDM) thousands year back. These are proved to be effective in prevention of Diabetes Mellitus and in delaying the progression of pathology. So, there is large scope to explore its immune potential in the management of Diabetes Mellitus which are need of hours.

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CASE REPORT

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**STUDY OF ACTION OF DHUPAN WITH LOCAL APPLICATION OF
JATYADI TAILA IN EPISIOTOMY WOUND**

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Article

ABSTRACT:

Dhupan is well known for its Rakshogna property & Jatyadi Taila had proved action on Vrana Ropana (wound healing). Healing is the natural process and the entire wound healer drugs only increases this natural process more or less, depending upon the formulations. Jatyadi Taila provides an ideal mean to shorten the time of healing i. e. Rapid Healing. Episiotomy is one of the most common procedures performed on a woman during labour. In labour episiotomy plays a major role by decreasing the severe tears that can be difficult to repair. But there are high chances of infection due to faeces, urine & local infections. In addition warmth & humidity of perineal region increases colonization of microbes. Dhupan with Jatyadi Taila on episiotomy had a significant effect on wound healing of episiotomy. All patients are selected randomly irrespective of age, parity, mode of labour, mode of delivery, Hb%. Result - Statistical analysis showed highly significant result at the level of $p < 0.001$ in the symptoms of Vedana, Raktasrava, Kathinya, Stava, Akrti. Conclusion -To achieve the main goal of wound healing it is necessary to remove the maximum local Drushti. By the virtue of Rakshoghna, Shodhana, & Ropana properties of Dhupana & Jatyadi Taila the local Drushi is ceased. Here is no relation of age, religion, mode of labour, type of delivery was found with effect of Dhupan with Jatyadi Taila in episiotomy wound. Key words- Dhupn, Jatyadi Tail, episiotomy.

Key Words: Dhupan, Jatyadi Taila, Episiotomy

INTRODUCTION:

Though time has gone so far and science has developed new milestones, vaginal delivery is still the prime topic in obstetrics over centuries and it will remain.

The main peculiarities about vaginal delivery in human are:

1. In human head is larger in proportion to the whole body at birth and if is the commonest presenting part and the engaging diameter of birth canal hardly allows the head for passage
2. Head compresses the perineum with great force during uterine contractions and perineum cannot offer to stand against such a great compressive force. It lacerates, many a times it gets torn if actively not interfered. That is why the woman actually needs the active manipulation and management during the process of vaginal delivery.

In this process, the main surgical intervention is Episiotomy. An episiotomy can decrease trauma to the vaginal tissue and expedite delivery of the baby when delivery is necessary quickly. Repair of surgical incision of episiotomy is easier than spontaneous and irregular or extensive tare.

Episiotomy wound is sutured immediately after delivery under local anesthesia.

But there are naturally high chances of infection because of.

- 1) Faeces through anus.
- 2) Urine through urethral opening.
- 3) Outside infection.

Following condition favor the colonization of microbes and hamper healing.

- 1) Warmth
- 2) Humidity.

Infection in episiotomy wound leads to gaping of wound, rarely fistula or septicemia. Hence it is necessary to take precautions and medications for the promotion of episiotomy wound healing and inhibition of microbial infection.

Dhupan is well known as it is described as having Rakshoghna property. And Charaka has described Dhupan as a potent healer. Kashyap has prescribed Dhupan Chikitsa for every Sutika. It definitely has got some certain effective role in wound healing. Ancient Indian Surgery deals with various types of wound management in great detail. Acharya Sushruta, the father of Shalya Tantra has incorporated two chapters in

Chikitsa Sthana for this topic by considering its importance in the field of Surgery. Non-healing of wound creates the problems in Surgical Practice. Even though healing is natural phenomena various factors cause hindrance in healing. Achieving better wound healing with minimum scar formation and controlling pain are the prime concern of every Surgeon. Sushruta has explained 60 measures for wound management and Vrana Ropana is one amongst them. Almost all, the Acharyas have explained different formulations having Vrana Shodhana and Vrana Ropana properties. On this background the present study of Dhupan with Jatyadi Taila local application in Episiotomy wound was conducted.

MATERIALS AND METHOD

Study design:

- Simple Random method.

- 30 patients of episiotomy selected randomly.

Procedure:

Dhupan was given by the specially prepared seat for the same.

Red hot coal was taken in the earthen pot, Dhupan Dravyas poured into that coal & episiotomy wound is fumigated for about 10 minutes.

Around 10 gm of each drug each time was taken; all ingredients will be taken in same quantity. Adequate quantity of Goghruata was added in that preparation.

Then after cleaning wound local application of Jatyadi Taila was done.

Dhupan was given to every patient -

- For 10 minutes each
- Twice a day
- For 7 days
- Jatyadi tail applied twice a day.

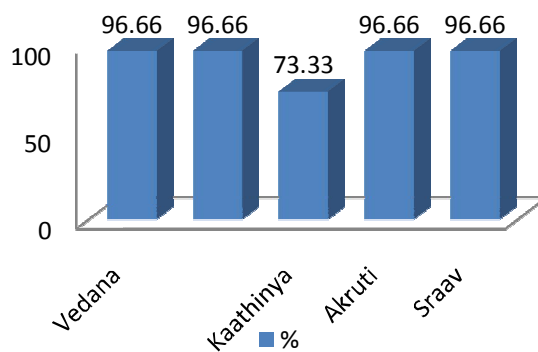
Table 1: Drugs for Dhupan

Name of Drug	Guggulu	Nimb	Vidanga	Shatpushpa
Latin name	Commiphora mukul Engl.	Azardirachta indicaA. juss	Embelia ribes Burm	Anethum sowa Kurz
Family	Burseraceae	Meliaceae	Myrsinaceae	Umbelliferae
Rasa	Katu, Tikta	Tikta	Katu, Tikta	Katu
Guna	Laghu, Ruksha	Ruksha	Laghu, Ruksha	Laghu, Tikshna
Virya	Ushna	Sheeta	Ushna	Ushna
Vipaka	Katu	Katu	Katu	Katu

OBSERVATION & RESULT

Table 2: Effects of Dhupan with Jatyadi Taila local application on episiotomy wound -

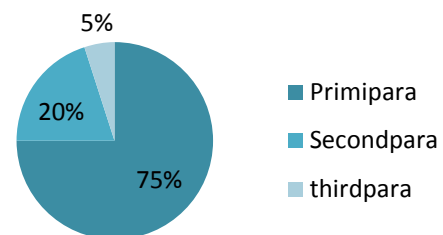
Symptoms	Mean Score		Mean Decrease	%	SD	SE	't'	P
	BT	AT						
Vedana	3	0.03	2.97	96.66	0.56	0.1	22.62	<0.0001
RaktaSrava	0.4	0.03	0.37	96.66	0.44	0.08	3.61	<0.0001
Kaathinya	1.8	0.26	1.54	73.33	0.36	0.05	13.36	<0.0001
Akruti	2.3	0.03	2.27	96.66	0.48	0.09	19.34	<0.0001
Sraav	1.16	0.03	1.13	96.66	0.19	0.03	17.95	<0.0001



According to type of Parity -

Table 3: Distribution of 30 patients according to Parity:

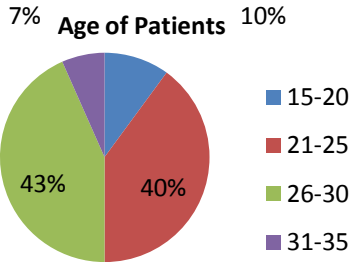
Type of Parity	No. of Patients
Primipara	22
Secondpara	8
Thirdpara	2



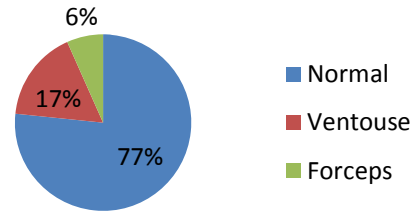
Age No. of Patients -

Table 4: Distribution of 30 patients according to Age :

Age of Patients	No. of Patients
15-20	3
21-25	12
26-30	13
31-35	2



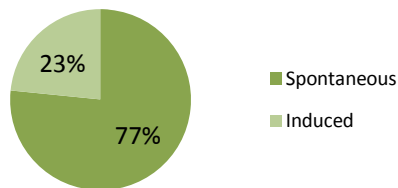
No. of Patients



According to type of Labour -

Table 5: Distribution of 30 patients according to Labour:

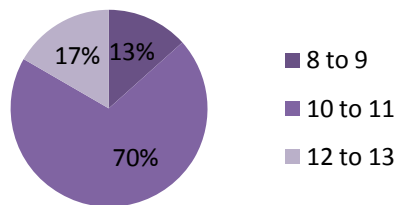
Mode of Labour	No. of Patients
Spontaneous	23
Induced	7



According to Hb% in gram -

Distribution of 30 patients according to Hb% in gram

Hb% in gram	No. of Patients
8 - 9	4
10 - 11	21
12 - 13	5



According to mode of Delivery -

Distribution of 30 patients according to mode Delivery

Mode of Delivery	No. of Patients
Normal	23
Ventouse	5
Forceps	2

DISCUSSION

As the patients of episiotomy were randomly selected, the study of the parity, mode of labor, and type of delivery was a retrograde study. And further data was obtained as an observational study. Episiotomy is a routine procedure performed in Prasava Paricharya at many hospitals. It has got certain benefits which were simultaneously observed during the study. If timely performed, it causes less trauma to perineum, allows easy passage for the head of the fetus, and allows the doctor to reconstruct the anatomy with ease. The material used for suturing it was catgut 1 (absorbable) for mucosa and muscle and skin. This primary intended wound heals faster than the one left un-sutured. Sraava was taken as the assessment criterion. Appearance of Sraava in the wound might be due to inflammatory changes or due to infection. But Sraava was almost absent in all wounds throughout the treatment. As Vaidyakruta Vranai.e episiotomy was initially Shudha Vrana, it remained Shudha throughout the treatment. During the study, Vedana criterion was found to be prime in the management of post-episiotomy recovery. The pain was disturbing, throbbing and continuous. Those who underwent assisted vaginal delivery experienced more pain as compared with those who were normally delivered. This pain experienced by the patients affected them and hampered their puerperal recovery, including delayed ambulation, avoiding for micturition and defecation. Even feeding to their newborns affected due to this pain.

Actually the pain observed has 2 components behind it-

1. Actual inflammation.
2. Tension on the skin put on by the sutures.

Gradual regression was observed in expression of both the components as days passed with Dhupan & Jatyadi Taila treatment. All patients actually felt much better just after Dhupan but subsequently experienced pain as time passed. So it was "fell good" event for every patient during their daily routine as they started believing that Dhupan gives them instant relief from pain from their experiences. Dhupan is Ruksha, Ushna as explained by Ayurvedic literature. It would have helped as Rakshoghna i.e. antiseptic or antimicrobial in episiotomy wound. It may have hampered the growth of microbes by reducing microbial colonization by creating humidity-free environment at wound site. And it acted as analgesic by Vata shaman property of Ruksha Guna. Jatyadi Taila is Ruksha, Laghu, Ushna property it acts as Vrana Ropak. Jatyadi Taila provides an ideal mean to shorter the time of healing i. e. Rapid Healing. Actually it was decided that

wound sabs will be taken for assessment of bacterial load before and after treatment but as it was conducted in few initial cases the study was not cost effective and was not conclusive for this study as per pathologists opinion, hence it was abandoned for the next study with permission of guide.

Ultimately Dhupan & Jatyadi Taila has supported the process of healing.

CONCLUSIONS

1. Textual references emphasize on the Rakshoghna property of Dhupan and Ropana property of Jatyadi Taila.
2. Textual references state that episiotomy heals better even with the proper maintenance of hygiene. But some state that there is need of antimicrobials, esp. in prolonged labor, assisted deliveries, and anemic patients, and those from the lower socio-economic class.
3. There is no relation of age, religion; mode of labor, type of delivery was found with effect of Dhupan on episiotomy wound.
4. Though the dimensions of episiotomy wounds were different, no difference was observed in the action of Dhupan & Jatyadi Taila in episiotomy wound with respect to greater and smaller dimension.
5. Sraava is not very useful as assessment criterion for further study in episiotomy.
6. The pain factor can be managed effectively with Dhupan & Jatyadi Taila in the patients of episiotomy wound.
7. No difference was observed in the action of Dhupan with Jatyadi Taila respect to Hb%.
8. There were no any adverse effects of Dhupan was observed, rather it assures comfort for the patients.

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**REVIEW OF IMPORTANCE OF VARTMAGATA ROGA IN
AYURVEDA i.e. DISEASES OF EYE LID**

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Article

ABSTRACT:

In 21st century practioners prefer modern parameters to evaluate the cause of disease and recommend treatment without knowing the root of cause of disease. Hence the literature review of vartmagata roga as per ayurveda is much more important. In shalakyatantra diseases of vartmagata have been given the utmost importance. Acharya Sushruta has described these diseases after sandhigata roga whereas Ashtanga Hrudaya started his chapter of shalaky tantra with these diseases. Sushrut offered elaborated study in Uttaantantra chapter 3, 8,11,13,14,15,16,19 and Ashtang Hrudaya offered in Uttantantra chapter 8,9 chief function of Vartma is unmesha-nimesha. This protects the eye from dust, smoke and external injury. Vyana vayu is responsible for the act of unmesha-nimesha. Vitiation of apana vayu is responsible for hardness of eye lid, both these suggestions prove to be important for the management of diseases. In daily practice, a practitioner finds many patients related to Vartmagata sandhi, so the study of these diseases is much more important. Vartmagata diseases according to ayurveda can be correlated with the diseases of eye lid in modern medical science.

Key Words: Vartmagata, unmesha-nimesh, eye lid

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INTRODUCTION:

Branch of Ayurveda science offering detailed information about the hetu, pathogenesis, diagnosis and management of diseases of organs situated above the shoulder i.e. eye, nose, neck, throat, mouth and head along with information about the instrument SHALAKA and its surgical application is given, is collectively known as Shalaky Tantra. Netra is given utmost importance among the entire sense organ because eye is the organ of visual sensation. Its loss of function leads to serious disability of man by keeping him in darkness. The life without eye sight is valueless. Here it is very important to protect the vision from all kind of eye diseases. In shalakyatantra diseases of vatamagata have been given the utmost importance. Acharya Sushruta has described these diseases after sandhigata roga whereas Ashtanga Hrudaya started his chapter of shalaky tantra with these diseases. Sushrut offered elaborated study in Uttaantantra chapter 3,8,11,13,14,15,16,19 and Ashtang Hrudaya offered in Uttantantra chapter 8,9 chief function of Vartma is unmesha-nimesha. This protects the eye from dust, smoke and external injury. Vyana vayu is responsible for the act of unmesha-nimesha. Vitiation of apana vayu is responsible for hardness of eye lid, both these suggestions prove to be important for the management of diseases. In daily practice, a practitioner finds many patients related to Vartmagata sandhi, so the study of these diseases is much more important.

Vartmagata diseases according to ayurveda can be correlated with the diseases of eye lid in modern medical science. Many of netra roga are taking place because of vartmagata vyadhis, so Acharya sushruta has advised to treat these diseases as early as possible to avoid further complications. These complications are developed of Shuklagat roga, krushnagata roga. Sarvagata roga Drushtigat roga. Hence review of Vartmagata roga is important.

Aim and Objective:

To study review of Vartmagata roga according to Ayurveda and their treatment.

Materials:

Various types of Samhita granthas are used for literary review of vartmagata roga as per Ayurveda and for review of diseases of eye lid as per modern medical science textbooks are preferred.

Literary Study:

The science of Ayurveda believes in a through examination to find out the root cause of the ailment of the diseases. Brief review of vartmagata roga is as follows

- A. Sankhya Samprapti:** Sushrut, Yogaratanakar, Bhavaprakasha-21, A.H. /A. S. Madhavanidana, Sharangdhara-24, Out of 21 diseases described

by Sushruta, Ashtanga-Hruday mentioned 14 with minor differences vartmasharkara is titled as vartmasikata; pakshparodha is used for pakshamakopa. In addition following 7 diseases are described in Ashtanga-Hruday-

1. Kruchchronmil
2. Pittotklishta
3. Kaphotklishta
4. Raktotklishta
5. Kukunaka
6. Alaji
7. Pakshmashta

Bahvaprakasha and Yogaratanakara mentioned one extra, 'Kunchana'. Hence all diseases together count 31 from all compendia.

B. Samanya Samprapti of Vartmagata diseases:

When one or more dosha vitiated, enters the vartma through sira and more vitiated causes vrudhi of mansa and rakta. Thus it generate various diseases of vartma. The swelling is called 'pidka' when mansa increased medodhatu.

Sadhyasadhyatva:

Asadhya- Shonitarsha (S.U.1.36); vatahavartma (S.U.1.29); nimesha and kunchana yapya- pakshmakopa (S.U.1.39); All the rest are sadhya.

C. Classification of diseases of vartma in view point of chikitsa:

- a. Lekhya 9 Sushruta + 6 A.H.
- b. Bhedya 3 Sushruta + 1A.H.
- c. Chhedya 3 Sushruta
- d. Other kind of chikitsa 5 Sushruta
- e. Asadhya 4 Sushruta

Lekhana, bhedana, Chhedana are most important surgical measures being commonly used in vartmaroga. Following is the classification in accordance with surgical procedures:

a. Lekhya vyadhi

1. Utsangini (chhedana, bhedana, lekha)-tridoshaja
2. Kumbhika (Chhedana, lekha)-tridoshaja
3. Vartmasharkara (chhedana, lekha)-tridoshaja
4. Pothaki (prachhana, lekha)-kaphaja
5. Bhalavartma (prachana, lekha)-tridosha ja
6. Utklishtavartma-tridoshaja
7. Klishtavartma (prachana, lekha)-raktaja
8. Pittotklishta-pittaja
9. Raktotklishta-raktaja
10. Kaphotklishta-kaphaja
11. Shlishtavarma (A.H.)-tridoshaja
12. Vartmakardama-tridoshaja
13. Shyvavartma-tridosha
14. Vartmavabandhaka (prachana, lekha)-tridoshaja
15. Kukunaka (A.H.)tridoshaja.

b. Bhedya vyadhi

1. Anjananamika-raktaja
2. Lagana-kaphaja
3. Bisavartma-tridoshaja
4. Alaji-tridoshaja

c. Chhedya vyadhi

1. Arbuda-tridoshaja
2. Arshovartma-tridoshaja
3. Shushkarsha-tridoshaja

d. Other kind of chikitsa

Praklinnavartma, aklinnavartma, pakshmakopa, pakshmashta and kruchhronmil are treated in different ways

e. Asadhya

1. Shonitarsha-raktaja
2. Vatahavartma-vataja
3. Kunchana (Y.R.)-tridoshaja
4. Nimesha-vataja

Classification as per vitiating Dosha:

Vataja3; pittaja2; kaphaja 4; raktaja 4; and tridoshaja 18 Besides above, all the 31 diseases are classified in following manner by the author for better grasping and easy understanding

Pidika/Granthiyukta Vartmaroga-12	Shophayukta Vartmaroga-12	Vikrutijanya/upadravayukta Vartmaroga-7
	Inflammatory edema	Deformity/malfunctioning of lids
1. Utsangini-lekha	1.Utklishtavartma-lekha	1. Aklinnavartma-anjana
2. Anjanansika-bhedya	2. Klishtavartma-lekha	2. Pakshmakopa
3. Lagana-bhedya	3. Pittotklishta-lekha	3. Pakshmashta-kuttsna/raktamokshana
4. Kumbhika-lekha	4. Raktotklishta-lekha	4. Kruchhronmil-sadhya
5. Alaji-bhedya	5. Kaphotklishta-lekha	5. Vatahavartma-asadhya
6. Shonitarsha-asadhya	6. Vartmakardama-lekha	6. Kunchana-asadhya
7. Arbuda-chhedya	7. Shyvavartma-lekha	7. Nimesha-asadhya
8. Arshovartma-chhedya	8. Praklinnavartma-vedhya	
	9. Bisvartma-bhedya	
9. Ahushkarsh-chhedya	10.Kukunaka-lekha	
10. Vartmasharkara-lekha	Non inflammatory edema	
11. Bhalavartma-lekha	11.Vartmavabandhaka-lekha	
	12. Shlishtavartma-lekha	

DISCUSSION

While reviewing the literature it is observed that through study of Vartmagata roga is important in both preventive and curative aspect. As we know in the ophthalmic practice Vartmagata diseases are important. If these diseases are in primary status then it is easy to treat but when it become chronic it is difficult to treat. While reviewing the literature of ayurveda, it is found that the vartmagata rogas are described according to their chikitsa. Classification as per vitiating doshas. So

we can know the causes of the vartmagata roga which is much important for differential diagnosis and also treatment of the diseases. As per ancient texts, the diseases of vartma are the origin of many other ocular disorders, so with the help of this study we can treat and avoid the complications happening due to Vartmagata diseases. 31 eye diseases are mentioned together from all compendia. Out of these vataja 3, pittaja 2, raktaja4, kaphaja4, and tridoshaja 18 diseases are described. Lekhya diseases are 15 (out of which 10 are tridoshaja),

bhedya4, chhedya3, aushadhisadhya 5 and asadhya 4 diseases are described. In samprapti chief dushya is mansa and rakta. This is the reason behind indicating lekhana and raktmokshana in many diseases. Ashtanga-Hrydaya hada dvised bhedana with vrihimukha shastra followed by pidana and then to perform lekhanakarma in case of hard and elevated pidika (with pus). Clinically this is a precious statement and seems practical as sheer lekhanakarma is not likely to bring relief in patients. Sushrut had suggested prachhankarma, chhedanakarma or bhedanakarma before lekhanakarma. In short one must diagnose the details of disease and then should decide the line of treatment.

A. Pidika/granthiyukta vartmaroga- Features of arshovartma, shushkarsha, vartmasharkara and pothaki can be considered as four different stages of trachoma.

B. Shophayukta vartmaroga (edimatus lid) – If diseases are studied from utklishavartma to kukunaka, it will be obvious that various diseases bear certain similarity. In modern 'Acute purulent conjunctivitis' shows different stages that can be considered as parallel to these 10 diseases.

C. Vikrutijanya/updravyukta vartmaroga – Pakshmakopa disease shows the features of introversion of lid hair, in pakshamashata the hair falls. In rest of diseases due to vataprakopa the nimesh and unmesh i.e. closing and opening of lid is disturbed.

CONCLUSION:

In modern era concept of our ancient science proves its effectiveness. Classification of diseases of vartma in view point of chikitsa and vitating dosha to examine and

diagnose patient. Study of literature review is much more important for differential diagnosis and the treatment of Vartgata rogas. Also we can co-relate the vartgata roga in Ayurveda with the disease of eye lid in modern medical science. Also if patient is not willing for surgical treatment for the diseases of vartmagata sandhi, we can prefer conservative treatment as mentioned in Ayurveda.

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GARBHINI PARICHARYA: A BOON FOR MOTHERHOOD

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Article

ABSTRACT:

Ayurveda places an enormous emphasis on the importance of caring for the mother before, during, and after pregnancy. For a woman reproductive period is of great importance. Becoming mother is a beautiful dream of every woman. Pregnancy is the most energetic and challenging phase in a woman's life. It brings about emotional and physiological changes as well as poses extra demands on the body. Every woman should be ensured with a gestation period of minimal complications, a safe delivery and with a healthy offspring. Systematic supervision of a woman during pregnancy is called *Garbhini paricharya* (antenatal care). The proper *Garbhini paricharya* would result in the proper the health of the mother, growth and development of the foetus, its delivery, thus her ability to withstand the strain of labour and have an eventless post-natal phase. Diet and activities performed by *Garbhini* during the period of pregnancy, reflect on the *Garbha*. *Garbhini paricharya* have described monthly *Ahara* (dietary regimen), *Vihara* (living style) for whole pregnancy, *manidharan* (amulet), medicated specific water for bathing for pregnant woman etc. All of these advices are done with the aim to ensure easy labour at proper time & desired, excellent, healthy child from healthy mother. *Garbhasthapaka dravyas* are beneficial for the foetus. Dietetics and lifestyle which are contraindicated during pregnancy are known as *Garbhopaghatakara bhavas*. *Garbhopaghatakara bhavas* should be avoided. This article is giving to highlight the importance *garbhini paricharya*.

Key Words: *Garbhini Paricharya*, Antenatal care, *Garbhopaghatakara bhava*, *Garbhasthapaka dravyas*

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INTRODUCTION

Since the times of *manusmriti* (3500-5000 bc), the old magnum opus on anthroposophy in india, a special status has been given to woman in society, because a woman is like a piece of fertile land, acts as the carrier of human race. *Ayurveda* is known for curative and preventive potential. *Ashtanga Ayurveda* has eight branches of *Ayurveda*. *Prasutitantra & Stri roga* is not mentioned in *Ashtanga Ayurveda* but references of *Prasutitantra & Stri Roga* are found in the heading of *Kaumarbhritya* which is one of the eight branches of *Astanga Ayurveda*. *Ayurveda* gives importance to care the *stree* at every phase of her life in *Rajswala paricharya* (menstrual care), *Garbhini paricharya* (Antenatal care) and *Sutika paricharya* (Post natal care). *Garbhini Paricharya* leading caring for the pregnant woman for her *ahara* (diet), *vihar* (life style), *ausadha* (medications), *paramarsha* (counselling) and preparing her for *sukha prasava*, both physically and mentally. *Acharya Kasyapa* says that what-so- ever eatables or drinkables are consumed by the pregnant woman, same become congenial to the foetus. So *Garbhini* should take

care of her diet and never be neglected. Prevalence of maternal deaths is more in developing countries. Responsible factors are complication of unsafe abortion (19 %), pregnancy induced hypertension (17%), infection (11%), obstructed labour (11%). Majority 80% of foetal death occurs in antepartum period due to causes like chronic foetal hypoxia, IUGR, Maternal complication like PIH, Sepsis, foetal congenital malformations. Antenatal care plays important role in conquering these obstacles. Under heading of *Garbhini paricharya* these mains points are include:

- 1) Foetal normal growth and development and protection
- 2) Without any complication, conduct normal delivery. So in our classics *Garbhini Paricharya* have great importance.

Garbhini paricharya:

Garbhini means Pregnant Women & *Paricharya* means Regimen. In this *Paricharya* mainly three points are included:

- a. *Masanumasika pathya* (month wise dietary regimen)

- b. *Garbhasthapaka dravyas* (Substances beneficial for healthy pregnancy)
- c. *Garbhopaghathakara bhavas* (Activities which are harmful)

Masanumasika Pathya (month wise dietary regimen):

Foetus gets nutrition from mother through placenta. For healthy foetus proper nutrition is important. According to growth and development of foetus, requirement of nutrition is varies. So the dietetic requirements of the mother also changes month wise. *Acharyas* have given detailed first to ninth month wise dietetic regimen known as *masanumashika paricharya*. By following these dietetic regimens, the *Garbhini* remains healthy. She delivers a well-built child having good health, energy, strength, complexion and voice.

According to *Acharya Vagbhatta*, the *Garbhini paricharya* is needed for:

1. Softening of *Garbhadharini kukshi*(abdomen),*kati*(sacral region),*parshva*(flanks) and *pristha*(back).
2. To promote strength and complexion of woman, softening of skin and nails & Normalization of the urine and stool.
3. *Vata anulomana*- *Anulomana* (Downward movement) of *vata* , for the normal delivery of a healthy child with excellent qualities in proper time without any complication.

Garbhasthapaka dravyas (Substances beneficial for Healthy pregnancy):

Garbha sthapaka dravyas is needed for maintenance of proper health, growth & development of the mother as well as foetus. These *dravyas* also use for prevention and treatment of the abortion. *Prajastapana gana* and *garbhasthapaka ausadha* are used for these purpose. *Braahmi* (*Centella asiatica*) *Aindri* (*Bacopa monnieri*), *Vatyapushpi* (*Sida cardifolia*) ,*Satavirya* (*Asparagus racemosus*), *Sahashravirya* (*Cynodon dactylon*), *Amogha* (*Stereospermum suaveolens*), *Avyatha*(*Tinospora cardifolia*), *Shiva* (*Terminalia chebula*), *Arista* (*Picrorhiza kurroa*), *Vishwasenkanta* (*Callicarpa macrophylla*) are *dravyas* of *Garbha sthapaka Gana*. These should be taken orally with milk and ghee. In *pushya nakshatra*, cold decoction bath of these drugs should be given. These should be kept in close contact with the mother and used as amulets around the right arm and on the head. Drugs of the *jeevaneeya gana* also used for these propose. *Acharya Kashyapa* mention that amulet of *trivrit* (*Operculina Tharpethum*) should be tied in the waist of *Garbhini*.

Garbhopaghathakara bhavas (Activities which are harmful):

Garbhopaghatha kara bhavas are harmful to the *Garbha* (foetus). These cause some congenital defects in the child. Also cause adverse effect in conducive to the birth of a healthy child, with all the good qualities. These can be divided in two different heading: *ahara* (diet) and *vihara* (behavior).

DISCUSSION

Diet taken by *Garbhini* serves these purposes: (1) Nourishment of her own body and foetus, (2) Nourishment of breast for formation of milk.

First Trimester care- *Vata* is responsible for cell division. In first trimester, embryogenesis occurs. The imbalance in *vata dosha* may hamper normal functions and growth of *Garbha*. *Ghritha*, *ksheera*, *madhur dravyas* all are well known for *vata shaman*. Use of sweet and cold liquid diet and milk will provide required nourishment and prevent dehydration. The drugs of *madhura* group giving anabolic effect which will help in maintenance of proper health of mother and foetus. *Garbhini paricharya* considers milk an ideal constituent of diet for *Garbhini* because it is a main source of calcium, lactose and butter fat and also sufficient to cope with the constipation.

Second trimester-Fourth month onwards muscular tissue of foetus grows. It requires more proteins which are supplied by use of meat soup. By the end of second trimester, in sixth month most of women suffer from oedema of feet and other complications of water retention. For these *Gokshura* (*Tribulus Terrestris*), a good diuretic, is used.

Third trimester-The drugs of *prithakaparnyadi* group are also give diuretic, anabolic effect, relieve emaciation and suppress *pitta and kapha*, so their regular use in 7th month might be help in maintaining health of both. Most of women complain constipation in late pregnancy because of the pressure of engaged head in pelvis over the bowel and rectum. For that use of *basti* (enema) in eighth month will be very helpful. Besides this it may also affect the autonomous nervous system governing myometrium and helps in regulating their function during labour.

CONCLUSION:

Pregnancy and child birth are nature's gift. For getting fruitful outcome, *Acharya* described *Garbhini Paricharya* from conception to delivery. If proper *Garbhini Paricharya* is not maintained during pregnancy; it may result in many complications to mother as well as to foetus and leading to difficult *prasava*. *Garbhsthapaka* drugs are used to counteract any etiology of abortion and for maintain healthy pregnancy. To avoid congenital abnormality and other complication *Garbhoupghatkar bhava* should be avoided. *An Ayurvedic principle through the concept of garbhini paricharya* is to improve the physical and psychological condition of the *Garbhini* and make their body suitable for *sukha prasava*. So, by having these types of benefits of *Garbhini paricharya*, proper *Garbhini Paricharya* should be followed throughout pregnancy.

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Table 1- Garbhini Paricharya in different samhitas

Month	Charak Samhita	Sushrut Samhita	Astang sangraha	Harita Samhita
1	Anupasamskrita ksheera (Non medicated plain milk)	Madhura, sheeta drava ahara (Sweet, cold and liquid diet)	Upsanskrit ksheera (medicated milk) -1 st 12 days-Ghrit extracted from milk and medicated with saliparni and palasha Water boiled with gold or silver and cooled be taken as after drink	Yastimadhu, parushak, madhuka pusa with navneeta (butter), madhu (honey) and madhur dravya misrit ksheera (sweetened milk)
2	Madhur ausadha siddha ksheera (Milk medicated with sweet drugs)	Same as 1 st month	Same as charak Samhita	Kakoli siddha dugdha
3	Madhu sarpi siddha ksheera (milk with honey and ghee)	Same as 1 st month And cooked sasti rice with milk	Same as charak Samhita	Krushara
4	Butter extracted from milk-1 aksha matra	Shasti rice with curd, pleasant food mixed with milk and butter and meat of wild animals	Ksheera with navneeta (milk with butter)-aksha matra	Medicated cooked rice
5	Ksheera sarpi (ghrit extracted from milk)	Shasti rice with milk, jangala mansa and food mixed with milk and ghrita	Same as charak Samhita	Payasa (rice cooked with milk and sweetened)
6	Madhur ausadha siddha ksheera sarpi	Ghrit or yavagu medicated with gokshura	Same as charak Samhita	Madhur dadhi (Sweetened curd)
7	Same as 6 th month	Pruthakparyanadi siddha ghrita	Same as charak Samhita	Ghritakhand (sweet dish)
8	Ksheera Yavagu mixed with ghrita	Asthapana basti with decoction of badari mixed with bala, atibala satapuspa, palala, milk, curd, mastu, oil, salt, honey and ghrita. -Asthapan basti is followed by Anuvasana basti of oil medicated with milk and madhura drugs	Ksheera Yavagu mixed with ghrita -Asthapana basti with decoction of badari mixed with palala, dugdha, dadhi, mastu, oil, salt, mad anphala, honey and ghee - anuvasana basti with oil medicated with Madura drugs	Ghritapuraka (sweet)
9	Anuvasana basti with oil prepared with drugs of Madhura (sweet) group, vaginal tampon of this oil	Unctuous gruels and meat-soup of wild animals up to the period of delivery	Same as charak Samhita	Vividhanna (different varieties of cereals)

Table 2-Garbhopaghathakara bhavas according to different samhitas

S.N	Samhita	Garbhopghatkar bhavas
1	Charak samhita	Pungent drugs, Exercise, Coitus
2	Sushruta samhita	Coitus, Exercise, Excessive satiation, Excessive emaciation, Sleeping in day and awakening in night, Grief, Riding on vehicle, fear, Squatting, Oleation, Bloodletting, Suppression of natural urges etc.
3	Astang samgraha	Pungent drugs, Exercise, Coitus, Emaciation, trauma, night awakening, day sleeping, Suppression of natural urges, Indigestion, prolonged stay in hot sun or near fire, fasting, Anger, grief, fear, terror, squatting, looking or hearing disliked things etc.
4	Astang hridaya	Excessive coitus, Exercise, carrying heavy weight, covering herself with heavy sheet, untimely sleep, squatting, grief, anger, excitement, suppression of natural urges, fasting, excessive walking, use of pungent, heavy, hot, hardly digestible food, use of red garment, wine and meat, sleeping in supine position, bloodletting, purifying measures and enemas etc
5.	Kashyap samhita	Erect or flexed posture for long, shaking, excessive laughing, and trauma, cold water, garlic, looking declining moon, setting sun, seeing solar or lunar eclipse, misbehave with guests, misbehave behaviour with beggars, perform oblation of ghrita in burning fire for pacification, oppose full ewer, ghrita, garland, and pot filled with curd or ghrita, tie anything from thread or rope, wear tight garments etc

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REPRODUCTIVE DEPRESSION (UNMAD) AND AYURVEDIC MANAGEMENT

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Article

ABSTRACT:

Reproductive Depression is found in the premenstrual, post natal and in the menopausal transitional phase. It occurs due to hormonal changes of endocrinal etiology. The main managerial approaches are Psychotherapy, Hormone Replacement Therapy and the Antidepressant therapy. However; there are some special treatment considerations for depression in women. Hormone fluctuations related to the reproductive cycle can have a profound influence on a woman's mood. In light of this possibility, physician should always look for links between psychological symptoms and the female reproductive cycle. Besides are the limitations of the therapy with the adverse effects of the hormone therapy as well as the psychiatric medication for the affected. Here the alternative system is having a definite role to perform. In Ayurvedic texts Rajokshaya has been described by Sushruta alongwith the clinical features of kshayas of all the dhatus, updhatus thus it appears to be the description of deficiency of artava which is an updhatu, in other words it is the description of oestrogen deficiency. And this rajokshaya i.e. low oestrogen phase has found in these three stages of life in which female has to face the difficult mood changes and depression i.e. reproductive depression. For that Ayurvedic treatment stated for Unmad awastha in charaka is found to be effective which is going to be discussed in the paper.

Key Words: Reproductive depression, Oestrogen, Unmad

INTRODUCTION

Premenstrual depression is characterized by numerous mood, somatic & behavioural symptoms that occur during the luteal phase of most menstrual cycles and subsides soon after onset of menses. Symptoms like irritability, anger, internal tension, and mood swings, physical symptoms like breast tenderness, pain and swelling, appetite changes (predominantly food cravings), abdominal bloating, fatigue and lethargy, sleep disturbances headache, joint pain, and muscle stiffness occur in premenstrual depression. Serotonin dysregulation is most and commonest cause of this condition. Disturbances in cortical GABA neuronal function and modulation by neuro active steroids have been associated for premenstrual depression. GABA levels are decreased in women with premenstrual depression during the late luteal phase compared with normal women. Behavioral & social factors like smoking, alcohol consumption, caffeine intake, dietary patterns and use of an oral contraceptive which are found to be responsible for depression.

Postnatal Depression- The postnatal depression is dangerous for both the mother and the child. It occurs

10% of healthy women and can last for months or years and it is different from 'baby blues', which can occur in the week after delivery. It is usually treated with antidepressant drugs, psychotherapy or admission to mother and baby units. Prolonged breast feeding produces more severe and prolonged depression due to lower levels of estrogen found after child birth.

Climacteric Depression - Symptoms like hot flushes, insomnia, social embarrassment, headaches, dyspareunia, cystitis, loss of libido are responsible for this depression. These are oestrogen deficiency symptoms and can be treated with Hormone Replacement Therapy (HRT).

Menopausal Transition - This is the depression which occurs 3-4 years before menopause in the absence of the usual symptoms of flushes or vaginal dryness. It is responsive to estrogens only.

Reproductive depression and hormones - Estrogen is the first choice of therapy in pre-menopausal and postnatal depression, as it suppresses ovulation. Studies show that oral estrogen are not as effective as

transdermal and implants form of estrogens. Transdermal oestrogens are preferable because of their low risk of coagulopathy. The regimen would be oestradiol patches 200µg twice weekly or oestradiol gels 2g daily throughout the month.

Ayurvedic view of Reproductive Depression

Etiology - These are multiple and varied. The various, physical as well as the psychological factors contribute significantly to the condition. The factors includes kala, prakriti of the individual, dietary factors, depletion in the dhatus or dhatukshaya, status of the reproductive organs, psychological factors etc. These all factor are responsible for making changes in the physiology of the affected either alone or as a combination. The main causative factor for this disorder is vata dosha. The association of Vayu in causation of most of the gynaecological disorders has been described in ancient texts. Vayu plays an important role in producing this disease As there is vata dosha prominence in premenstrual phase, postnatally also there is vataprakoawastha due to dhatukshaya present in sutikawastha and in the climacteric stage due to dhatukshaya. There is vatprakopa in all the three depression phases occurring in reproductive life due to dhatukshaya i.e. rajokshaya (oestrogen deficiency) and due to some vatavruddhikara reasons the vata get vitiated and got entered into the manovaha strotasa thus buddhi and smruti has got lost for some period due to hridayushti and all the symptoms of unmad has occurred slowly which mimics depression symptom. Clinical features we can observe premenstrually, postnatally and in perimenopausal stage of reproductive life of women. The premenstrual symptoms of depression like anxiety, aggression, loss of energy, loss of libido, behavioral changes, abdominal bloating, headaches, mastalgia, mood changes, etc and postnatal depression symptoms like loss of memory, baby blues, etc. and perimenopausal depression symptoms due to oestrogen deficiency causing hot flushes, insomnia, social embarrassment, headaches etc together in the form of depression syndrome has been mentioned in the Unmad chikitsa adhyaya in the Charak sutrasthana in the ancient era. In Ayurveda Charakachrya stated in Unmad chikitsa adhyaya in sutrasthana ,symptoms of unmada like bhay, tama, udwega, shosh, durbalata, suicidal attempt ,anorexia, bhram, aruchi, klanti and if all these symptoms remains for longer time these are called as purvrupa of Unmad . These all depression symptoms are same as which are found in Reproductive Depression occurring in all the three premenstrual, postnatal and perimenopausal phases of women's life. Overlooking the seriousness of the reproductive depression the only treatment stated in modern medicine is Oestrogen as study shows that reproductive depression usually responds well to oestrogens. As there is risk of venous thromboembolism while usage of oral estrogen treatment there is an alternative of transdermal oestrogen therapy. Along with that some antidepressants are used by psychiatrist to treat reproductive depression. With this history of side effects of modern therapy taking in consideration alternative treatment described in ancient text by Charakachrya in Unmadchikitsa like ashwasan,

satvavajay chikitsa, snehan, swedan, vaman, virechan, basti according to the condition of dosha, prakriti, kala and awastha of the disease is found to be very effective. Along with the panchkarma chikitsa acharyas had described ushna, tikshna, vatanashak dravya like rason, vacha, kushtha, jatamansi, brahmi, hingu etc and medhya rasayan, puran ghrita in the treatment of unmad, apsamar bhrama murccha chikitsa. Also there is good role of the rasayanas like Triphala, medhya rasayanam. The drug is to be selected as per the condition of the patient. Among the procedures, nasya with ksheerabala taila is ideal as the drug is Vatha pittahara as well as indriya prasadan. Shirodhara with jatamansi kwatha seems to be really effective as well as economical. If Vatha seems to be dominating, siropichu with is to be done. If pitta seems dominating, sirolepa with triphala churna shows result. If the Kaphaja symptoms are dominating, pradhmana and also takradhara should be done. Various ahar dravya like mudga, atasi, jirak, ajamoda, til, godhum, jaiphal, lavang, khajur, kushmanda, lashun which are getting used daily and regularly in the kitchen found to be helpful throughout the entire reproductive life of a women. Dietary regulation is having a significant role in the management of conditions like depression. Use of ghritha in the diet is beneficial. Fruits such as banana, dates, goose berry, citrus fruit, leafy vegetables, fish, soya bean, green gram etc. which are acting like phytoestrogens are recommended. Plenty of water intake and proper exercise is advised alongwith. The yogasanas in a selected mode is also having a role to play in the management. Relaxation techniques, breathing exercises and meditation can also be practiced accordingly. The exercises such as Pelvic floor exercise, walking, swimming, skipping, body stretching etc. is too important to be advised and practiced. Chittavrutti nirodh i.e. Yog which is very essential in the treatment of depression. Ayurveda has given various yogasanas like vajrasana, padmasana, shavasana, pranayama, dhyana, dharna and Samadhi which creates balanced state of mind as well as body and thus found to be very useful in creating concentration of mind which is lost in the reproductive depression.

DISCUSSION

The excess of depression occurs at times of hormonal fluctuation such as in the premenstrual, postnatal or menopausal transition periods. Reproductive depression such as PMS is often misdiagnosed as bipolar disorder and thus treated incorrectly. Poorly treated postnatal depression is often the start of severe depression made worse by the use of multiple ineffective antidepressant drugs. Reproductive depression usually responds well to oestrogens. The whole reproductive life of a women starts from rajodarshan, rituchakra, garbhini and sutikawastha and ends by rajonivrutti starting from 12 yrs till 50 yrs of age as texted in Ayurveda. These are the important events in a women's reproductive life. Hence the intervention is a must if there are associated symptoms causing distress to the life of the female mental and physical health. These treatments explained above as per the Ayurvedic viewpoint are aimed at not only to clear this depression state but also to check the quality of life of every women suffering from the

depression according the stage of reproduction. Shodhana, shamanadravya along with yoga, counselling, ashwasan and satwavajay chikitsa are aimed in this regard and also found effective n fruitful.

CONCLUSION

To ease the reproduction related depression Ayurvedic management has the major role instead of hormone therapy as our ancient texts has mentioned the general treatment in Unmadapasmar chikitsa. Management should be planned to the individual patient's needs and preferences. Also follow up should be taken to observe physical and emotional changes. The fundamentals of Ayurveda have much potential in health care of Indians. The above facts prompted us the future validate the beneficial role of Ayurvedic formulations in the reproductive depression.

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IUGR AND ITS AYURVEDIC MANAGEMENT

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Article

ABSTRACT:

Aim of obstetrics is healthy mother and healthy fetus . Infant's birth weight is one of the most important factor affecting neonatal morbidity and mortality. Main causes of LBW babies are mainly prematurity and Intra uterine growth restriction. IUGR causes many anti-partum, intra-partum and post partum complications in fetus such as oligohydramnios, acidosis, RDS etc. By Ayurvedic point of view IUGR is included in *Garbhavyapada* like *Upavishtaka* ,*Nagodara* , *Garbhakshaya* , *Garbhashosha* etc. *Ayurveda* has many natural formulations which are devoid of side-effects & offers holistic medicine in management of *IUGR*. According to *Ayurveda* two management principles are described for IUGR first *garbha vridhdhikar* and second is *tikshna chikitsa* for *garbhapatana*

Key Words: *Upavishtaka* , *Nagodara* , *Garbhakshaya* , *Garbhashosha* , *IUGR* , *Garbhavyapad*

INTRODUCTION

Pregnancy is an important milestone in life of a woman. Propagation of species through reproduction is one of the most basic instincts of any living being. However in case of human species, only reproduction in numbers is not considered to be important. According to *Ayurveda*; the ancient life science "healthy progeny" (*Su-praja*) is the aim. Various factors contribute towards the birth of healthy neonate. Infant birth weight is one such factor playing important role in neonatal mortality and morbidity. Prematurity and IUGR are important factors causing LBW babies. These newborns are unique because of their peculiar and increased risk of immediate and long term complication, which include oligohydromnios, increased risk for RDS, acidosis, neonatal encephalopathy, hypoglycemia etc. Long term complications include neurological deficit in the form of learning disabilities, speech defects, minimal brain dysfunction, decreased attention span etc. In pregnancy sometimes due to *Mithya-ahar-vihar*, over exertion, stress & malnutrition, women suffer from various problems. These are *Yonigatastrav*, *Udarshoola* or growth of foetus get retarded etc. Timely diagnosis and management of IUGR is very important in routine obstetric practice. If IUGR is identified and appropriate treatment given perinatal mortality can be reduced. There are so many Ayurvedic formulations which are very effective for IUGR.

Definition of IUGR:

"IUGR (Intra Uterine Growth Restriction) is said when babies weight appear to be small than expected-

Specially, if their weight is below the 10th percentile for their gestational age."

Etiological factors of IUGR includes foetal factors like chromosomal Abnormalities, congenital malformations, infections, uteroplacental insufficiency, multiple pregnancies and maternal factors like malnutrition, Various maternal diseases like PIH, chronic hypertension, gestational diabetes mellitus, sickle cell Anaemia, etc, Smoking, Alcohol, Narcotics and other drug abuse.

Types of IUGR:

IUGR is broadly divided into two groups-

- 1) Symmetrical IUGR
- 2) Asymmetrical IUGR

From which Asymmetrical IUGR is uncomplicated and can cure with good prognosis.

INVESTIGATIONS:

1. Serial ultrasonography
2. Uterine artery Doppler
3. Umbilical artery Doppler
4. Middle cerebral artery Doppler

There are no effective conservative treatment of IUGR. Though bed rest, protein supplements, low dose aspirin are described as conservative management.

To study the IUGR in Ayurvedic point of view we just have to see-

- 1) What is Garbh-Poshana?
- 2) Correlation of IUGR with Garbhini Vyadhi.

- 3) Nidan Panchakam of IUGR.
- 4) Chikitsa of IUGR.

1. GARBH POSHAN:

According to *Charak Samhita* AHAR RASA of *Garbhini* used for 3 purposes –

- a) *Swa Sharir Poshana*
- b) *Stanya Poshana*
- c) *Garbha Poshana*

As by *Sushruta Garbha-Poshana* is done by following ways-

<p>1. Asanjatsar garbha (upto 4 month)</p> <p>↓</p> <p>By Tiryakkgat Rasawahi Dhamanya</p>	<p>2. Sanjatsar garbh (more than 4 month)</p> <p>↓</p> <p>By Garbh Nabhi Nadi</p>
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1. Correlation of IUGR with Garbhini Vyadhi

In *Ayurvedic* text, Various disorder affecting foetal health such as *Garbhasrava-Garbhata*, *Upvistaka*, *Nagodara*, *Garbha-shosha*, *garbhakshaya*, *Leengarbha*, *Mritgarbha* are also described in depth along with their treatment. Among these *Upvistaka*, *Nagodara*, *Garbhashosha*, *Garbhakshaya* can be correlate with IUGR.

Upvistaka:- *Acharya Charaka* stated that *Upvistaka* is bleeding or other type of discharges per vaginum occurs in pregnant female having *Sanjatsara garbha*, the fetus cant grow properly and stay in uterus for very long period. *Acharya Vagbhata* further added presence of *sphuarna* or fetal movement and no *kukshi vivardhana* as symptoms of *Upvistaka*.

Garbhashosha:- According to *Acharya Charaka*, due to improper nourishment to the fetus, the fetus suffers from „*Shosha*” and attain its growth after years. *Acharya Sushruta* further added „*Manda –spandana*” or reduced fetal movements as a symptom.

Nagodara:- *Acharya Charaka* described that *Nagodara* is due to the fasting, eating stale food and using *Vata* vriddhikar factors by pregnant woman due to which her fetus gets desiccated and does not grow properly and remains in uterus for a long period and does not show any fetal movement. *Acharya Vagbhata* told symptoms like *parihyamana garbha* and „*chirat spandana*”.

2. Nidan Panchak:

- i. **Hetu (Etiological factor)** – i.e. *Garbhoghathkar bhavas*
 - a. **Ahara-** *Tikshna*, *Ushna*, *Guru*, *Vishatmbhi bhojana*, *Madya Mans sevan*, *Upavas etc.*
 - b. **Vihara-** *Uttan Shayan*, *Kathin-Utkat asana*, *vyavay*, *vyayam*, *Akal Jagaran*, *Shok*, *Krodh*, *Bhay*, *Udwega*, *Veg vidharan etc.*
 - c. **Aushadhi-** *Vamana*, *virechana*, *Rakta-mokshana*, *tikshna aushadhi*, *Ashtam maas purva basti karma etc.*

Samprapti (Patho physiology)



Other *Garbhini-vyadhi* given previously also has same patho physiology with some minor changes.

ii. Purvarupa-

- a. *Yonigat srava* – vaginal discharge
- b. *Pushpa Darshanam* – vaginal bleeding
- c. *Kwachit Satatam Alpa Aartav parisrava*- i. e. repeated spotting

iii. Rupa (Sign and symptoms) - *Garbho vriddhim na prapnoti* – intra uterine foetal growth retardation

iv. Upadrava (Complications)- *Antarmrit Garbh*- Intra uterine foetal death

3. Chikitsa (Treatment):

In treatment *Acharyas* described *Brihaniya - Jeevaniya*, *Madhur aushadhi siddha ghrita sevan*, *Ksheer Mansarasa*, *Ama garbha sevan*, *Ksheer basti* and *Vatahar chikitsa*. *Acharyas* also described use of *Tikshna dravya* or *Aparapataniya dravya* for *patina*. That means if fetal growth does not occur with above treatment, then termination of pregnancy should be done with the help of *Tikshna* and *Aparapataniya dravya*. And if no any intervention done at this stage, fetus shows s/o acidosis and further intra uterine death. which is stated as *leengarbha* and then „*antarmrit garbha*”.

Treatment of IUGR can be seen by following ways-

a. Garbhini Paricharya-

Hrudya, *Drava*, *Madhur*, *Snigdha*, *Deepaneeya*, *Susanskruta*, *Laghu bhojan*

b. Upvistak And Nagodar Chikitsa-

- a. *Vacha Ghritam*, *Guggulwadi Ghritam*, *Mahapaishachik Ghritam*
- b. *Jivaneeya - Bruhaneey siddha ghritam*
- c. *Dugdha*, *Mansarasa*
- d. *Amagarbha*

Specific Treatment:

a. Vatadhikya-

1. *Saindhav yukt Ksheer basti*
2. *Vidaryadi siddha Ghrit Anuvasana*

b. Pittadhikya-

1. *Yashtimadhu + Vidari Siddha Kshirpan*
2. *Aja Sarpi – Aja ksheer – jeevaniya Gana siddha yavagu*

c. Kaphadhikya-

1. *Mans sevan*

2.Accha Surapan

Garbha Kshaya Chikitsa:

From 8th month – *Ksheer basti & Medyanna prayoga*
Some Ayurvedic preparation which are used in IUGR-

- *Madhu malini Vasanta*
- *Laghu malini Vasanta*
- *Suvarn malini Vasanta*
- *Garbhapala rasa*
- *Masanumasik Vati*
- *Kashmari Yashtimadhu Ghrit*
- *Masha –Mudga Yusha*
- *Lakshadi taila Abhyanga*
- *Yashtimadhu Vidari Siddha Ksheer basti*
- *Vidaryadi Gana Ksheer basti / Ksheer pana*
-

Pathyapathya:**a. Ahar-**

1. *Hrudya, Drava, Madhur, Snigdha, Deepaneeya, Susanskruta, Laghu bhojan.*
2. *Navaneet, Ghrit, Ksheer, Rasala, Madhu, Sharkara.*
3. *Shali-Shashtik dhanya, Mudga, Godhum, Lajasaktav.*
4. *Dhatri, Draksha, madhur - aml - sheet dravya.*

b. Vihar-

1. *Kasturi – Chandan – Mala – Karpur anulepan.*
2. *Abhyang, Chandrika snanam, Mrudu shayya.*

c. Aushadhi- Jeevaneeya, Santarpak.**CONCLUSION**

Upavishtaka, Garbhashosha, Nagodara, Leenagarbha are considered as different stages of IUGR. According to Ayurveda there are two principles of treatment for *Upavishtaka and Nagodara*. First is conservative management which is advised in milder forms of IUGR while *Tikshna chikitsa* is used for termination of pregnancy in severe forms of IUGR.

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**CONCEPTUAL STUDY OF SHATAVARI IN MINIMIZING THE
RISK OF POSTMENOPAUSAL OSTEOPOROSIS**

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Article

ABSTRACT:

The state of women health is indeed completely tied up with the culture in which she lives, her position in it, as well as the way she lives her life as an individual. During her span of existence, she undergoes different changes in her psyche and body. The alterations in her body during puberty, reproductive, menopausal and postmenopausal stages, create affinity towards different diseases. With increasing life expectancy, women spends one third of her lifetime under postmenopausal period. Many reports say that, the postmenopausal period is associated with significant increase in the incidence of age related medical conditions like cardiovascular diseases and osteoporosis. Postmenopausal Osteoporosis is a condition of major health importance because of its association with fractures. Postmenopausal osteoporosis is a condition unique in women, where there is excess decline in asthi dhatu. Ayurvedic literatures, Recent articles from journals and research data from modern literature have a lot to explain about the disease. Shatavari is the well-known herb used for promotion of women health at different stages of her life, the effect of shatavari in preventing bone loss in menopausal and post menopausal women and hence minimizing the risk of postmenopausal osteoporosis is seen.

Key Words: Postmenopausal, Postmenopausal Osteoporosis, Ayurvedic Literatures, Shatavari

INTRODUCTION

Osteoporosis is a disease that weakens bones, increasing the risk of sudden & unexpected fractures. Literally meaning "porous bone" osteoporosis results in an increased loss of bone mass & strength. Postmenopausal Osteoporosis generally develops after menopause, when estrogen levels drop precipitously. These changes lead to bone loss, usually in the trabecular bone inside the hard cortical bone. Shatavari is a Rasayana herb and it is widely accepted as female rejuvenative. Since hundreds of years, shatavari has been used as anti ageing as well as women's tonic.

According to Ayurvedic literatures, due to svabhava i.e. asamhanana etc. streekara bhava as mentioned earlier and in presence of Sahaja hetu - beeja dusti, pitruj bhava dushti; asthi sthana vaigunya is already present in women. Vataj ahara vihara sevana and lack of intake of Snigdha, ksheerdravya etc during lifetime and especially in old age leads to vata prakopa. Here commenting on srotamsi riktani, chakrapani explains it as sneha varjitani, which is present in jara awastha due to vata vriddhi and kapha kshaya. In jarawastha, agnibala declines affecting poshana of Sarva dhatu. Therefore nirmana of rasadi dhatu decreases. There is no

formation of new dhatu and kshaya continues due to vata prakopa. Vata dosha with its khara, sheeta, ruksha, parusha and chala properties, spreads in body (prasara). Vitiated vayu lodges itself in asthi dhatu as vaigunya in asthi dhatu was present since beginning and also as asthi is seat of vata. In this sthanasamsraya awastha, asthigata vata produces rachanatmaka and kriyatmaka vikriti in asthi. Because of khara, ruksha, chala etc. guna, vata starts shoshana (kshaya) of sthaya asthi dhatu. This in turn hampers functions of asthi dhatu and manifests as sandhi shaithilya etc. Postmenopausal osteoporosis is regarded as a condition, which is manifested due to estrogen deficiency in women. Shatavari contains steroidal saponins and isoflavones as chemical constituents that fall under group of phytoestrogens. Phytoestrogens are weak natural estrogens that provide estrogenic activity in body.

Shatavari exhibits highly significant increase in serum calcium and highly significant decrease in levels of urine calcium. This indicates that shatavari enhances bone formation as well as decreases bone resorption. Shatavari acts on both ways and balances bone remodelling and hence can prevent bone loss and help in increasing bone mass.

DISCUSSION

The probable mode of action of Shatavari on asthi Saushirya can be explained on the basis of its Rasa Panchaka.

Rasa:

Tikta : Tikta rasa by its Khara and Soshana properties, which is similar to asthi dhatu when used with kshira is asthi vriddhikara. (A. Hr. Su. 11/31)

Madhura : Madhura rasa is vata shamaka and prithvi mahabhuta dominant. This helps in minimizing asthi kshaya.

Guna:

Guru : Guru guna is again prithivi mahabhoota dominant and hence can be thought to be acting at the level of asthi dhatu poshana.

Snigdha : Tikta rasa along with Snigdha guna is again asthi vriddhi kara. (A. Hr.Su. 11/31)

Both these properties are vata shamaka hence prevents kshaya of asthi dhatu.

Vipaka :

Madhura vipaka acts by virtue of prithvi dominant mahabhoutik constitution.

Prabhava :

Shatavari Possesses Rasayana Prabhava. Rasayana promotes qualities of all dhatu. This is achieved by improving digestion and metabolism, leading to enriched nutritional status at the level of dhatus. Rasayana increases endurance and sustaining capacity of individuals by promoting deha bala. These all properties of Rasayana herbs delays aging phenomena. Anti oxidant, immunomodulating and adaptogenic effects of Shatavari are well known.

The main mechanism of action of Shatavari as Rasayana is at the level of nutrition of Ahara rasa; promoting nutrition of all dhatus. Hence, Shatavari promotes asthi Poshana and prevents asthi kshaya in old age by counteracting the vitiation of vata. Inhibiting the tissue depletion (dhatukshaya), maintaining the qualities of tissues (Prashastha dhatus), enhancing the strength (bala) and promoting digestion and metabolism. (Jathargni and dhatvagni).

Pathyapathya :**Pathya :**

Ahara : 1. Diet rich in milk and milk products to reach the target of at least 600 to 800 mgs per day of calcium.

2. Green leafy vegetables like spinach, cabbage etc. containing calcium.

3. Soya bean in the form of flour for everyday consumption.

Vihara :

1. Weight bearing exercises like brisk walking, climbing stairs was advised.

2. Exercises increasing the mobility of all the joints.

Apathya :**Ahara :**

1. Excessive spicy, fermented, pungent food were told to be avoided.

2. Excess of protein in diet.

3. Coffee, tea and cold drinks.

Vihara :

1. Avoid Mental stress, worries.

CONCLUSION

In this modern era, concept of our ancient ayurvedic science proves its effectiveness. As explained by Charaka Acharya, Asthi Kshaya is a condition of kshaya of asthi dhatu & it can be compared to osteoporosis in contemporary era. As discussed above, Shatavari proves to have good effects on Asthi Kshayatmaka lakshan. Having this conceptual study done on Shatavari in minimizing risk of post menopausal osteoporosis, further study can be proved clinically too.

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RESEARCH ARTICLE

Scientific Journal Impact Factor 5.733 (2015) by InnoSpace Sci. Res., Morocco
Index Copernicus Value (2015) – 80.04EFFECTIVENESS OF SHAMANA SNEHAPANA IN
OSTEOARTHRITIS (OA)Smita Chandrakant Pujari^{1*}, Bhushan Appaso Kale

ABSTRACT:

A clinical trial was conducted to evaluate the effectiveness of *shamana snehapana* in comparison with *matrabasti* in osteoarthritis. The study design was randomized controlled open clinical trial with concurrent control with sample size 30. Assessment of Osteoarthritis after treatment showed highly significant results both clinically and statistically in Group A than Group B. Pain, stiffness and difficulty experienced during physical function reduced significantly. There was considerable increase in range of movement also. Thus, *Shamana snehapana* was found to be effective on Osteoarthritis.

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Article

Key Words: *shamana snehapana*, *matrabasti*, osteoarthritis

INTRODUCTION

Osteoarthritis is a common degenerative joint disorder particularly seen in elderly. It is one of the most common musculoskeletal problems in the world. It is age related as well as a lifestyle disorder. Knee and hip are principal large joints usually affected by Osteoarthritis. Almost all persons by age 40 have some pathologic change in weight bearing joint. 25% female and 16% males have symptomatic Osteoarthritis. Overweight and faulty physical activities are the main factors which leads the person to be a victim of the disease, but now a days due to change in life style, younger age groups are also affected. Due to its high prevalence, it is a major disease of modern age. So the relevance of study is global.

Osteoarthritis can well be correlated with *Sandhigatavata* mentioned in Ayurveda. It is described under *Vatavyadhi* in all Brihattrayi. *Sandhigatavata* is one such clinical entity among *Vatavyadhis* which affects the locomotion of senior citizens of this world in which *dhatukshaya* is prime factor which is characterized by certain symptoms like joint stiffness, joint pain, swelling and difficulty of joint movement etc. In Ashtanga Hrudaya, *Snehana* is mentioned as one of the main treatments of *Sandhigata vata*. Moreover in *asthidhatugata vata*, *bahya-abhyantara sneha* is mentioned as treatment. *Snehana* and *Bastikarma* occupies important place in treating *Vatavyadhis*.

Aim and objective

Effectiveness of *Shamana Snehapana* in comparison with *Matrabasti*

Materials and methods

Selection of patients:- Patient selected from the outpatient unit of Panchakarma department Govt. Ayurveda College, Trippunithura acc. to convenience sampling method and inclusion and exclusion criteria and admitted in the in-patient unit during study period.

Group A: 15 patients were subjected to *Shamana snehapana* with *Dhanwantaram Tailam Mezhupakam*

Group B: 15 patients were subjected to *Matrabasti* with *Dhanwantaram Tailam Mezhupakam*

Inclusion Criteria

1. Diagnosed cases of OA on the basis of clinical signs and symptoms.
2. Snehapana arha
3. Snehabasti arha
4. Age group from 40-70 yrs.
5. Patients of both sex
6. Patients without any joint deformity because of OA.
7. With written consent from the patient.

Exclusion Criteria

1. Diagnosed disorders of bone and joint like rheumatoid arthritis, malignancy, gout, trauma, T.B. and other connective tissue disorders like SLE.
2. Patients with inflammatory swelling of joint
3. Unwilling patient.

Diagnostic Criteria

At least 5 of the following 9 clinical features in any of the following joints- knee, hip, spine, hands & feet (Ref: American College of Rheumatology)

a) Clinical features

1. Pain in the affected joint
2. Age: > 40 yrs
3. Morning Stiffness: < 30 min
4. Bony tenderness
5. Crepitus
6. Gelling (inactivity pain & stiffness)
7. No palpable warmth
8. Radiological evidence of OA
9. ESR < 40 mm/hr

b) Radiology

1. Joint space loss
2. Osteophyte formation
3. Sub chondral bone thickening or
4. Cyst formation

Radiological Assessment – X-ray (knee joint) standing AP view and lateral view was carried out in patients to ascertain the diagnosis, severity and to assess the differential diagnosis.

Research Intervention

A. Poorvakarma – both groups were subjected to prior *Deepana & pachana* – 3 days

1. *Gandharvahastadi kashaya* - 90 ml BD
2. *Vaishwanara choorna* - 10 gm BD with hot water

B. Pradhana Karma**1. Group A – Shamana Snehapana**

Poorvakarma – Patients were advised to take *mridu bhojana* at night prior to *shamana Snehapana*. Because on the day of *Snehapana*, the food of the previous day must have to undergo digestion and patient must feel hunger (i.e. *Bubhukshita*). Then only the patient is prepared for *shamana snehapana*.

Pradhanakarma – Next day morning i.e. on the day of *Shamana snehapana* after elimination of routine urges, *jeerna ahara lakshana* assessed. Then on the 1st day patient is advised to take 25 – 30 ml of *Dhanwantaram taila mezhupakam* inbetween 7am to 9am with a fresh mind, enthusiasm, courage, by praying God. Then on the consecutive days, dose is gradually increased upto 60 ml and thereafter patient is advised to take constant dose of 60 ml till *vyadhishamana* or maximum 2 weeks.

Paschatakarma – *Ushnodaka* was advised to take as *Anupana*. The patient was kept under keen observation till the “*Sneha jeerna lakshanas*” appears. The patients were advised to follow strictly the rules and regulations of *Pathyapathya* as explained in *Snehapana vidhi adhyaya*. Then assessment was done just after treatment i.e. on 15th day and follow up was taken on the 30th day from the day of commencing the treatment protocol.

Group B – Matrabasti

Poorvakarma – Patient was given the *Sthanika mridu abhyanga* and *swedana* prior to the *pradhanakarma*. The *abhyanga* was done with *Murcchita Tila taila*. Then

advised to have *laghu & alpa ahara* followed by short walk. Encouraged to pass his natural urges previously, and asked the patient to lay down on table suitable to his height, in left lateral position.

Pradhanakarma – Matrabasti was administered by using sterilized 100 ml of glicerine syringe. A quantity of 60 ml *Dhanwantaram tailam mezhupakam* was injected through the rectum. The method of administration of *bastidravaya* was strictly followed as per classics. After the *basti*, the patient was made to lie on supine posture just after (5 to 10 min) and gentle tapping was made on his buttocks, legs were lifted up, hips were tapped thrice and made pressure over abdomen. Asked to wet for 10min in supine posture, the same procedure was repeated upto *vyadhishamana* or maximum 2 weeks and it was conducted at 2 pm.

Paschatkarma – The time of administration, the time of retention and any complications present were recorded in case sheet proforma. Patient is advised to take *laghu ahara* and rest. Assessment was done just after treatment i.e. on 15th day and during follow up i.e. on 30th day from the day of commencing the treatment protocol.

Assessment

The patients were assessed based on the assessment criteria at the following stages in case of subjective criteria.

- Before the intervention i.e. on 0th day
- Just after the treatment i.e. on 15th day
- During follow up i.e. on 30th day

Total effect of therapy on Group A

Total effect of therapy	No. of patients	%
Complete Remission	3	20
Marked Improvement	6	40
Moderate Improvement	4	26.66
Mild Improvement	2	13.34
No Improvement	0	0

Total effect of therapy on Group B

Total effect of therapy	No. of patients	%
Complete Remission	1	6.67
Marked Improvement	2	13.33
Moderate Improvement	7	46.66
Mild Improvement	5	33.34
No Improvement	0	0

DISCUSSION

Sandhigata vata vis-à-vis Osteoarthritis - *Sandhigata vata* is the most common joint disorder worldwide. It is a disorder caused by the localization of the vitiated *Vata dosha* in the *asthi-sandhi's* of the body. It is one among the *Vatavyadhi's* described by all the acharyas of Ayurveda. It comes under the various *Gatavata's* explained in *Vatavyadhi prakarana*. *Asthi dhatu* is the *ashraya sthana* of *Vata dosha*, and *Vata vrudhhi* results in *Asthi kshaya*. In *Sandhigata Vata* both these features can be seen. It is characterized by the symptoms pertaining to the *asthi-sandhi's* like *sandhi shoola*, *sandhi shophya* etc.

Osteoarthritis (OA) is a disease coming under the arthritis group of diseases described by the modern

science, which is almost identical to *Sandhigata vata* in etiology, pathology and clinical features. OA is a slowly progressive degenerative disease of joints which shows a strong association with aging and is a major cause of pain and disability in the elderly. Risk factors outlined for OA varies with joint sites. OA of the knee joints is the most common form of OA; hence the present study was designed on management of OA of Knee Joint (*Janu Sandhigata Vata*).

Selection of suitable *Sneha* is very important to get the desired therapeutic results. The pharmacodynamics of the drug is dependent on its physico-chemical properties, which include *rasa, guna, virya, vipaka, karma* and *prabhava*. Here both *vata* and *kapha dosha's* are involved in the pathology, action of drug on one *dosha* should not be contradictory to other. So the ideal choice is *taila*, which is praised as the *agrya shamanoushada* for *vata* and *kapha*.

Even though *taila* possesses *snigdha, ushna, tikshna* property, *madhura rasa & madhura vipaka* it simultaneously pacifies *vata* and maintains normal level of *sleshaka kapha*. *Vatashamana* directly affects on *kaphavruddhi*. It simultaneously acts as *santarpana* and *apatarpana*. With the help of *sukshma, vyavayi, vishada* and *tikshna guna* it does *strotoshodhana* and results in proper circulation, transformation and absorption of *rasadi dhatu*. With the help of *tikshna guna* it penetrates at the deeper level and naturally it corrects the *asthi-majjavaha strotodushti* and helps in breakdown of *samprapti*.

By virtue of *madhura rasa, brumhana* and *prinana* property it nourishes *vata & sleshaka kapha*. Simultaneously it provides strength to the surrounding structures like muscles, ligaments and bones at the level of knee joint with the help of *balya, dardhya, sthira* and *mardavakara* property. By *picchila* and *guru guna* it provides nourishment to the *sleshaka kapha* i.e. synovial fluid and enhances the gliding movements by decreasing friction in between bony surfaces and results in ease of range of movement of knee joint. Also acharyas told one more important property of *taila* as "*sanskarat sarvarogajit*" means after processing with different drugs there will be change in the properties of *taila* and it becomes capable of pacifying diseases because after *sanskara, dravya* acts as *doshashamaka*, there is enhancement in the potency and *swabhavika gunas*.

The drug selected for the study is *Dhanwantaram tailam mezhupakam*, in which *taila* is processed with different drugs like *bala, dashamula, goksheera* etc by which there is enhancement in the *swabhavika gunas* of *taila*. Salient property of which is *sarva vata vikaraharam*. Moreover, it is specially indicated for *marmasthihata*. In *Sandhigata vata*, main pathology is in *Janusandhi* and *Janu* (knee joint) has been considered as *sandhimarma* by Acharya Susruta and Vagbhata. So, in that view also *Dhanwantaram tailam mezhupakam* will be the best drug of choice in this disease. In classics *chikkanapaka / madhyamapaka* is mentioned for the use of *pana* and *basti*. So, in the present study *madhyamapaka* is used for both *shamana snehapana* and *matrabasti*.

Discussion on Response to the Treatment

Joint pain, stiffness and difficulty in physical function are the main symptom of Osteoarthritis. Sushrutacharya quoted that "*vatadrute nasti ruja*" which means *vatadosha* is the main responsible factor in producing pain. The main intervention used for the treatment is in the form of *sneha*, which is having exactly opposite qualities to *vatadosha*. So, it overcomes on *vatadosha* and helps in decreasing pain.

Discussion on overall effect of the treatment

Assessment of response was done on the basis of subjective and objective parameters after recording the baseline pre and post treatment data as mentioned in methodology. The statistical analysis of the subjective and objective parameters was made for overall assessment of therapy. It was found to be comparatively more effective in maximum parameters taken for assessment both statistically and clinically in majority of the patients from Group A than Group B except in alleviation of pain on weight bearing, bending to the floor, putting on / off socks/panty/stockings, rising from bed and getting in/out of toilet. Out of 15 patients from Group A, 3 patients (20%) has shown complete remission, 6 patients (40%) has shown marked improvement. In 4 patients (26.66%) moderate improvement was found and 2 patients (13.34%) showed mild improvement. No patient remains unimproved. While in case of Group B Out of 15 patients, 1 patient (6.67%) has shown complete remission, 2 patients (13.33%) has shown marked improvement, 7 patients (46.66%) has shown moderate improvement. 5 patients (33.34%) has shown mild improvement. No patient remains unimproved. However considering overall results, we can say that *Shamana snehapana* is comparatively effective than *matrabasti* in osteoarthritis.

CONCLUSION

Following points can be concluded on the basis of observation, results and thorough discussion in the present context.

- This study is mainly taken to evaluate the comparative procedural effectiveness of *shamana snehapana* and *Matrabasti*.
- Osteoarthritis is the most common form of the arthritis. Its high prevalence, especially in the older age groups and higher rate of disability due to the disease makes it a leading problem in elderly.
- Knee joint involvement is maximum compared to other joints.
- The signs and symptoms of Osteoarthritis are similar with *sandhigata vata* with combination of *lakshanas* of *asthigata vata* and *majjagata vata*.
- *Sandhigata Vata* comes under *Vata vyadhi* which commonly associated with the *Vardhakya* and *Dhatu kshaya* is a prominent feature in its manifestation.
- It is commonly found in between 40-70 age groups and in the present study it was observed that

females are more prone towards manifestation of disease.

- From the present study it may be concluded in general that *Sandhigata vata* is gradual in onset, more in menopausal women, *vatakaphaja prakruti*.
- Derangement of *vata dosha* especially *Vyanavayu* is the prime pathology in *Sandhigata vata*. The vitiation can occur either due to *dhatukshaya* or *avarana*. When *prakupita vata* enters *kaphasthana*

inside *sandhi*, there will be derangement in the normal function of *sleshaka kapha* also. Thus *vata* and *kapha* are the main doshas involved in pathology of *Sandhigata vata*.

- Majority of the drugs in *Dhanwantaram tailam mezhupakam* are having *vatakaphahara* property.
- Overall the group A (*shamana snehapana*) is more effective clinically and statistically than group B (*Matrabasti*) in maximum the parameters.

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CASE REPORT

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A CASE STUDY OF RAKTAPRADAR

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Article

ABSTRACT:

Female reproductive system has a great importance and any diseases related to this system will seriously affect woman's health and happiness; and also proves to be of great discomfort. Raktapradar is one of the gynecological problem associated with severe bleeding may be accompanied with menstruation or may not be. Ayurvedic texts have described a variety of treatment options in the management of Raktapradar. Despite of wide treatment options for its management which have multiplied over the recent years, yet considering the factors such as age, parity and wishes of the patient with regard to contraception, future pregnancy etc, which is non hormonal, non surgical, effective and without any adverse effects is needed. Ashok kshirpak mentioned in Bhavprakash in the management of Raktapradar, is easily available, easy to consume and it is cost effective also. This article describes the case report of a 28 years old woman who was complaining of Raktapradar. In the present study it is observed that Ashok Kshirpak has provided significant relief in all the symptoms of Raktapradar.

Key Words: Raktapradar, Ashok Kshirpak

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INTRODUCTION

Due to alteration of food habits and changing life styles incidence of excessive and irregular uterine bleeding is increasing day by day. Various reports suggests that 30-50% of women in reproductive age group suffer from excessive and irregular uterine bleeding by various causative factors. 28% of female population consider their menstruation excessive and plan their social activities around the menstrual cycle. 10% of women employees need to take off from the work because of excessive menstrual loss. Over 75000 hysterectomies are now carried out due to menstrual disturbances only.

Raktapradar means heavy vaginal bleeding during or before or after menstrual period. According to Modern aspect Raktapradar is correlated to Menorrhagia. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. In Ayurvedic text the etiological factors of Raktapradar have been mentioned. The management and prevention of Raktapradara also found in Ayurveda. For the management of Raktapradara various herbal, polyherbal, minerals and herbo minerals drugs have been suggested in Ayurveda. Hence this research article will highlight, about menorrhagia with special reference to Raktapradara. Heavy uterine bleeding is managed with medical therapy which has lots of side

effects and if unsuccessful is followed by surgical intervention. Due to limitation of medical therapy as well as surgical therapy of modern science, it becomes a necessity of time to find out an effective harmless therapy to manage condition. Many preparations have been mentioned in our text for treatment of Raktapradar. All these medications have certain common fundamental principles.

On the light of above present study has been selected. The woman who consumes excessive salty, sour, heavy, katu, vidahi and unctuous substances, meat of domestic, aquatic and fatty animals, curd, sukta, mastu and wine, aggravated vayu, withholding the rakta vitiated due to above causes increases its amount and then reaching raja carrying vessels of the uterus, immediately increases the amount of raja is due to its mixture with increased blood. This increase in menstrual blood is due to relatively more increase of rasa. Excessive blood is discharged hence it is known as Raktapradar.

In pathogenesis of Raktapradar, pitta and vatta doshas, rasa and rakta dhatu and agnimandya are main responsible factors. Ashoka drug is katu, tikta, kashaya rasatmak, pittakapha shamak, rakta shodhak, rakta stambhak. These entire factors are responsible to

control bleeding. Hence to overcome all this problem this study was conducted.

AIM AND OBJECTIVES

Aim- To study the efficacy of Ashok valkal kshirpak in Raktapradar

Objectives- 1. To study the action of Ashok Valkal Kshirpak on Raktapradar

2. To carry out a comprehensive literary study of Raktapradar

Review of Literature

Definition Raktapradar according to Ayurveda

According to Charak due to Pradirana (excessive excretion) of Raja (menstrual blood), it is named as Pradar and since, there is excessive excretion of Asruk (menstrual blood) hence, it is known as Raktapradar. According to Sushruta the Raktapradar means heavy vaginal bleeding during or before or after menstrual period.

Definition of Raktapradar according to Morden

Menorrhagia is Greek word, men means menses and rrhagia means burst forth. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. It is generally caused by conditions affecting the uterus or its vascularity, rather than any

disturbance of function of the hypothalamic- pituitary-ovarian axis.

General aetiology and pathogenesis according to Ayurveda

Charak says that women who consumes excessive salty, sour, heavy, Katu, Vidahi (producing burning) and unctuous substances, meat of fatty domestic and aquatic animals, Krsara, (oil made of rice and pulses), Mastu (curd water) and wine, her aggravated Vayu, withholding the Rakta (blood) vitiated due to above causes increases its amount and then reaching Raja carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of Raja (Artava or menstrual blood), in others words the increase in amount of raja is due to relative more increase of rasa (plasma contents). Because of increase in the amount of blood the acharyas named it as Raktapradar. Bhel opinions that if body blood goes to abnormal passage, the woman suffers from Pradar. Madhava nidana, Bhavprakasa and yogratnakar have mentioned that use of incompatible diet and wine, eating before the previous meal is digested, indigestion, abortion, excessive coitus, riding, walking, grief, emaciation, weight lifting, trauma and day-sleeping are the causes of Raktapradar.

S.N.	General causes	Pelvic causes	Contraceptive use	Hormonal / DUB
1.	Blood dyscrasia	PID, pelvic adhesions	IUCD	Ovulatory-irregular ripening or irregular shedding
2.	Coagulopathy	Adenomyosis	Post- tubal sterilization	An ovulatory-Resting endometrium
3.	Thyroid dysfunction	Feminizing tumour or the ovary	Progestogen-only pills	Metropathiahaemorrhagia
4.	Genital TB	Endometriosis		
5.		Pelvic congestion		
6.		Uterine fibroid		

Clinical features of Raktapradar according to Ayurveda

Charak has described the only symptom i.e. presence of excessive bleeding during menstruation. Sushruta says, that when same menstruation comes in excess amount, for prolonged period and /or even without normal period of menstruation (during menstruation in excessive amount and for prolonged period, but in inter menstrual period even scanty and for a short duration), and different from the features of normal menstrual blood is known as Raktapradar. All types of Raktapradar have association of body ache and pain.

Dalhana has described clinical features of Raktapradar as burning sensation in lower portion of groin, pelvic region, beck region of kidney and flanks and severe pain in uterus. Explaining about the repetition of clinical features has said that physicians accepting these clinical features.

Vagbhtata says that excessive bleeding during menstrual or inter menstrual period is known as Raktapradar, Pradara or Raktayoni. Madhava nidana, Bhavprakasa and Yogratnakar have mentioned that in all types of Raktapradar body ache and pain are present.

Clinical features of menorrhagia according to Modern

A normal menstrual blood loss is 50ml to 80ml, and does not exceed 100ml. In menorrhagia, the menstrual cycle is unaltered but the duration and quantity of the menstrual loss are increased. Menorrhagia is essentially a symptom and not in itself a disease.

Causes of abnormal uterine bleeding Abnormal

uterine bleeding can have many causes. They include the following Pregnancy, Miscarriage, Adenomyosis, use of some birth control methods, such as an intrauterine device (IUD) or birth control pills, Infection of the uterus or cervix, fibroids, Problems with blood clotting, Polyps, Endometrial hyperplasia, Certain types of cancers such as, cancer of uterus, cervix, vagina, polycystic ovarian syndrome.

Drug Review

Latin Name: *Saraca asoca*

Family: Legumes

Subfamily: Caesalpiniaceae.

Regional name:

Hindi: Asoka

Telugu: Asokamu

Kannada: Asokada

Tamil: Asokam
Malayalam: Asokam
Sanskrit: Asokah

Chemical composition:

The Ashoka tree's dried bark contains tannins, sterol, catechol, and other organic calcium compounds. The powdered bark of the tree also contains Aluminum, strontium, calcium, iron, magnesium, phosphate, potassium, sodium, and silica

Therapeutic Uses of Ashoka Herb:

The Ashoka tree has many health benefits and has long been used in traditional Indian medicine as a key ingredient in various therapies and cures. Some of the therapeutic uses of the Ashoka herb.

- One of the uses of the Ashoka herb is in the treatment of menstrual disorders associated with excessive bleeding, congestion, and pain. Use of the benefits of the Ashoka herb when there is dysmenorrhoea, abdominal pain, and uterine spasms. The Ashoka herb benefits the endometrium and uterine muscles and this makes it effective as a uterine tonic for irregular menstrual cycles and miscarriage. It is also effectively used in Ayurveda for clearing congestion from the Medas Dhatus and Mamsa, especially when there may be leucorrhoea, endometriosis, cysts, and fibroids from excess kapha and ama in the Artava Srotas.
- The Ashoka herb also has a nourishing effect on the circulatory system, thereby making it an effective remedy in arrhythmia and cardiac weakness.
- The Ashoka herb also helps in encouraging urine flow and thus helps in treating conditions that cause painful urination.

This is the main herb recommended for women to relieve them from gynaecological problems. It keeps women energetic and youthful with its anti-depressant properties. Hence it is used as the best medicine for women since ages. In short Ashoka tree is widely used to heal several health issues.

MATERIAL AND METHODS

A 28 years of old female patient of Raktapradar was selected.

Ashok Valkal Kshirpak

The trial drug was selected from Bhavaprakash samhita madhyam khanda streerog adhikar 68/14 Ashok valkal kshirpak was given 40 ml twice a day; prepared by classical method.

CASE STUDY

A 28 years old female patient approached to Y.M.T Ayurvedic Hospital Kharghar on 18th feb 2016 with complaints of heavy bleeding since last 10 days and weakness with bodyache. Her marital status was 2 yrs. She is anxious for child. Her menstrual cycle was regular. First she consulted other pathy and went on to take all treatment as per advised with no relief. The

modern treatment was not only able to eradicate her pathology from its root but also worsened the situation by adding symptoms like hyperacidity and vertigo etc. The patient belongs to high socio-economic class having junk food (virudhha aahar) and sedentary habits, which helps to aggravate the disease.

In general examination Wt- 58kg, Ht- 5'2"
Menses are regular. Painful menses. LMP – 8 feb 2016
Last to last menstrual period was 6 jan 2016
P- 78/min , BP- 120/70 mmof Hg.
Blood investigation-
Hb- 11.6 gm%, T3, T4, TSH- Normal

In search of a medicine, who complete all the sign and symptoms successfully. Patient was instructed to avoid salty, sour, fermented and heavy food items in diet and simultaneously to maintain stress free lifestyle. Patient had regular menses with normal bleeding next cycle and follow up done for next 3 cycles.

OBSERVATION AND RESULT

The patient had bleeding from 10 days before treatment. After treatment patient was comfortable and all the signs and symptoms successfully. Patient had regular menses with normal bleeding in next cycle and follow up done for next 3 cycles.

DISCUSSION

At this study of Raktapradar it has been found that various authors have been described the Raktapradar in detail. After studying different samhitas the main chikista for Raktapradar is raktastambhan as sakshat raktadhatu is lost per vaginally so it is to be preserved. The drug Ashoka is best raktastambhan and raktashodhak. It is effective on Raktapradar chikista. After studying modern aspect, we may conclude that the disease Raktapradar is analogous to menorrhagia. Conventional allopathy treatment which is totally hormonal treatment. As long as the treatment is continued, the diseases controlled but it again recurs when hormonal treatment is discontinued and finally hysterectomy is advised. So there is no perfect medical treatment for this troublesome disease. From this case study, We found Saraca Asoka gave raktastambhak effect and symptoms of lower abdominal pain were reduced.

CONCLUSION

The entire work entitled "A case study of Raktapradar." can be concluded as below

- Raktapradar is commonly seen in society as a dominant problem, occurring in female as yonibhashaya vikar.
- Raktapradar is caused by vitiated pitta and vata in association with rakta and line of treatment should be rakta stambhak along with vatashaman.
- Raktapradar can be correlated with menorrhagia of modern.
- Raktastambhan and vedanaprashman effect were observed after treatment.

- Ashok valkal kshirpak is good raktastambhak yog for Raktapradar.
- Ashok valkal kshirpak effectively reduces quantity of per vaginal bleeding due to pittashaman, raktasangrahan, raktastambhan properties.
- It can be used in Atyartava.
- It is also noted that trial drug Ashok kshirpak was palatable for patient.
- Trial drug Ashok valkal kshirpak act by specific prabhav i.e. Rakstastambhak (Haemostatic activity) etc. which bring improvement in Raktapradar by its action on vata and influence on vascular structure of female reproductive system. Good response of trial drug in the management of Raktapradar, opens a new

chapter for further research work with larger sample and long duration of follow up.

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UNDERSTANDING OF RUTU IN RELATION WITH FERTILITY

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Article

ABSTRACT:

Recreation is the physiological event but in present era due to many known and unknown factors it becomes major health issue. In human reproductive function female bears major part viz. 3 times more than the male. She has Rutu, Kshetra, Ambu as well as Stree Beeja. Again continuation of pregnancy till delivery and live birth is a counter part of it. Classics describes essential component for fertilization / Garbhotpatti are rutu, kshetra, ambu as well as beeja. Rutu means female Rajahsamay. Rutu ends with Shuddha Kshetra nirmitti, channeling of poshkaambu (nutrition) and stree beejottpatti. Means all components prepared in Rutu only. Regimens advice for Rutu (Rajaswala and Rutu Kala) is highly useful scientific guidelines for present era also. Diet plays important role in formation of Rutu. Rutu dosha varies according to causes.

Key Words: Fertility – Rutu - Diet - Gunavichar – Rutu Dosha

INTRODUCTION

Recreation is the specialty of live (sajeev). Female bears major parts of fertility viz Rutu, Kshetra, Ambu as well as Stree Beeja. Along with that bearing foetus for nine months she proves as a active partner in fertility. Maharishi sushruta¹ highlighted conception (garbhotpatti) through upamapramana of Ankurotpatti. Rutu, Kshetra, Ambu and beeja are essential components of reproduction. If all factors are equally good, fate of conception is sure. Although social scenario has changed but above saying is really true for time; fertility is coined by ayurveda has not been limited upto pregnancy (implantation) but also fulfill growth of foetus and child birth. So in Charaka² sapraja and apraja vandhyatwa as well as six types of vandhyatwa has been described by Harita³ which highlights fertility is related to age and potency (bala) Intra uterine profile also. Present clinical evaluation for fertility indicates as “One has to check for essential factors for fertility before conception only.”

Rutu

Rutu literally means season, favorable season for fertility⁴. Like other animals in physiological cycle of reproduction, human also bears “fertility span”. In healthy female in good reproductive age, she bears regular/ monthly “Rutukala”⁵ which is referred as apatyajanana or visheshajnanana samarthyakala⁶. It means potential time for conception ---garbha grahan yogya kal⁷. It is declared as; the time concurrently starts from menstruation till first twelve or sixteen nights⁸. It is also quoted if she takes daily ghruta(ghee), ksheer(milk)⁹, etc like fertility diet and sometimes without menstruation¹⁰ also rutukala is feasible. In

healthy stree or kapha prakruti stree rutukala is for complete month.¹¹ Kashyap¹² highlighted according to varnabheda rutukala changes. It means diet of a female directly changes rutukal or samarthyata of artava for fertility. Practically this is a favorable period for fertilization start after cessation of menstruation till ovulation.

Ongoing changes or milestone events in rutukala are menstruation i.e purana rajahpravartana¹³ which leads to yoni garbhashaya shuddhi¹⁴. Previous monthly grown artava (endometrium) sheds off and it starts being replaced by nutan artava¹⁵ through proliferation of basal layer. New development starts which is very much healthy and pure. So repairing of garbhashayadi kshetra starts. Along with this span strotas gets good nourishment. Ambu the ahaarpaakaja rasadhātu-it also helps to mature healthy beeja (avyapanna beejnirmitti)¹⁶. Strotas stays under the influence of Kapha dosh so moistening, lubrication, wetness, snigdhta, ghanta¹⁷ present in all sthanas of strotas. Naturally vagina, cervix, uterus all avarta of yoni become wet, mrudu, snigdha which helps for reception of sperm entry and continue till garbhavapana. Modern parallence exactly describes it in same way. Different hormonal fluids which start repairing and regeneration of endometrium and allied tissue. Again chemical environment like - pH, gaseous changes which are gradually ascending. Body fluid secretions, sexual arousal¹⁸, mood elevation, prasannata or sumansatta of female as well as oestrous increases by hormone as well as pheromones. Utero-cervical and vaginal fluid becomes sperm friendly. It reaches to peak and end

results in rupture or liberation of ovum (streebeejotpatti). So rutukala starts from clearance of kshetra, nourishment of artava as well as garbhashhaya and completed by stree-beejotpatti. Means, topographical preparations of the female reproductive system is completely ready for garbhada and garbhavapana.

Vikruti Vichara- Physiology may alter due to many reasons like ahaar, vihaar, maansika vaishamyata etc. Due to vaishamyata in ahaar as well vikrut strotas, agni, sharir bhava vikruti takes place. If same theory is applied for rutu specially for female reproductive system; vikruti of rutu denotes vikruti in rajahsrava or menstruation faults and insults.

Kala (Cycle) Matra:-

- If vatadushti janya kshyatamaka hetu samprapti occurs it leads to aniyamitta, alpa, sakashta, kshina artava takes place, which clinically proves hypoformation of Artava or failure to growth of it.
- If avarodhatamaka kaphavataja samprapti occurs this is presented as aniyamitta as well as anartava ultimately it inhibits fertility. It turns out subfertility or blighted conceptus or missed abortion or implantation defects.
- If pittarasaaraktaja dushtija samprapti takes place it leads to atimaatra atikaalina rajah or aniyantaritta rajahsrava which clinically proves hypertrophy, oedematous or hyperplastic artava. It impacts on fertility as early abortion, total infertility etc.

Pattern (Rhythm):- Intermittent of abnormal patterns, rutukala differs with wide range as atishigra (poly menorrhoea or metrorrhagia) or ativilaabhita yathochitta kalaadarshanam etc where season for fertility is unexpressive.

Swaroopo:- Consisting of flow changes with different vikrutis of doshas in varna, gandha and swaroopo Eg:- In vatadushita rutukala alpa, ruksha, sashoola, grathita etc. Ultimately yonigarbhashhaya shuddhi is not possible.

Environment in kshetra:- Chemical changes in secretions, in temperature gradient, hormonal domination, humidity and gaseous components or environment in yoni changes due to different visha, shashtra, kshara, agni, aushadikarma. If yoni is dushta due to different yonivyapads like diseases rutu also differs especially qualitatively.

Agnimandyata:- If dhatvagni mandyata or strotas vikruti takes place it reflects in vrudhha sharir bhava. On otherside dhatvagni vrudhhi presents as kshaya of sharir bhava which produces avrodhatamaka and kshayatamaka rutu dosha¹⁹.

So vikruti of rutu may be of any reason it does abnormality in garbha vardhana-vrudhhi-poshana etc.

Ahara Hetu Vichara:- Ahara does major role in changing physiology viz,

Guna vichara:- If female indulges madhura, sheeta, bhrunhaniya ahara it helps to increase prakruta rasa dhatu. That rasa will do tarpana, apyayan of strotas, or female taking routinely or mainly ushna, tikshna, katu rasa ahara it produces ushna, katu, tikta bhuyeeshta rasa – ultimately it abnormally increases matra (quantity) of artava which leads to ayartava etc. That tikshna ushna rasa will not nourish growing artava (endometrium and ovum also), so chances of fertilization will be minimal.

Matravat:- If lady takes too less quantity ahara or upavas, langhana (fashion funda of zero figure) and expects for progeny, it is big question mark for the same. Because formation of rasadi bhava which leads upto artavotpatti, garbhhotpatti will be negligible. Or lady eating varamvar/ frequently she will be over nourishment through apachit rasadi nirmiti, srotorodha via agnimandyata.

Pattern/ timing:- Lady following improper food timings like ratrijagrana annasevan -- or fluctuation in timings leads to damage in sukshma pachana leads to asarata of dhatu.

Viruddhahara:- Norms are set for eating patterns like annapana vidhi. If female eats virudhanna which ultimately produces inassimilable toxins (visha) for all dhatu. It definitely changes the configuration of dhatu. Improper quantity and quality of rasa will lead to direct failure for conception.

Nutshell, Diet plays important role in the formation of all component of garbha. More precisely it directs rutukala in terms of sampannta of it. It helps to produce prakrut rasadi dhatus nothing but helps to produce all hormones, pheromones as well as proliferation of endometrium and growth of follicles. Maintaining of chemical equilibrium in cavity is also related to diet. It helps in microcirculation of components required for fertility. So it is exactly true what classics highlighted ghruta kshira nitya seva. Micronutrient of pure ghee (go ghruta) and milk enhances fertility. It maintains pH of all body fluids including uterine and endometrium. Likewise vikruti of strotas and agni also affects fertility. e.g. vyadhigrasata affects fertility through dosha dhatu vaishamyata. Tivra dhatawagni mandyata leads to vrudhhi of apachita kleda bhuyeeshta rasadi dhatus which develop rasadhatujanit medovrudhhi. Same way tivra dhatawagni vrudhhi leads to kshaya of rasa rakta with specially affecting to menstrual flow, ovum etc.

Regimen for rutukalin lady:- As reference of sushrut, rutu starts from 1st day of menstruation. One has to consider both rajah and rutu kalah. Specific paricharya for rajah kalina stree (rajahswalah – menstruating lady)¹⁹ is described as well as specific norms are set for lady who is willing for conception (rutumati paricharya)²⁰. Ahara, vihara, prakruti, manobhav are helpful for conception. Physiologically unwanted purana rajah in letting out through the apana force in rajah kala. So ahara vihara described is useful for rajah pravartan. Second major work is “plan for selective preparation of rasajanita beejotpatti”. For that yoni must be clean enough for reception of garbha/ progeny which will

implant soon. Normalcy of nutrition of reproductive system as well as all systemic repairs have to be there which ends with proper beejotpatti. All events starts simultaneously in menstruating/ elimination timing only. So use of specific laghu ahara and ghrutadi sneh is advised. Rest, abstain from strenuous work, stimulating abyanga, anulepa, makeups(shrungar) , over exertion, panchakarma is totally avoided during this time. It helps to reduce overstimulation of vayu specially vyana vayu. Obviously micro circulation will be good. Intercourse which causes damage to the female system as well disease causing factor for male partner also must be avoided during menstrual flow. Anyhow fertilization does not takes place during menstruation cycle.

Beejotpatti starts (in ovary) similarly in early days of menses and ends mid-cycle. So delicate days of beejanirmitti if sharir dosha dhatu (fluids and hormones) are normal enough then prakrut beejotpatti is the result. For that grooming beea potentially changing qualities (sanskara) are important. Extra exaggerated activities like atinidra, ativachalata, klesha and other raga, lobhadi manoveg shall be avoided.

Fertility enhancer:- For reception of pu-beeja(sperm/fertilization/garbhadan) and implantation (garbhavapana) rutukalina stree specific paricharya is advised. Female must be healthy enough by

physiologically and psychologically too. She must be eagerly anxious for progeny. So her mood, temperament shall be happy and calm. She shall be devoid of any manasik veg like raga, krodha etc. Mental peace is essentially receptive for conception. It balances hormones of higher centre as well as pheromones. Neurotransmitters will be properly set through responsive mature mindset. She must be attractive and neat for garbhadan, so it add rati priti(sexual arousal) towards her and process of garbhadan will be smooth. Keeping in view may be shrungar(attractive make-up) advisable in those time period.

Chikitsa vichaar:- To retain fertility one has to consider different components. Each case of vandhyatwa differs in many ways. Multifactorial system works for fertility. Coming to common platform care for RUTU-KSHETRA-AMBU-BEEJA is ultimate.

CONCLUSION

Concise meaning of Rutu is season favourable for fertility where topography of Kshetra, uninterrupted Ambu (nirmitti and vahan) i.e supply of nutrients, formation of beea is maintained. So dushtikara hetu and chikitsa shall be considered on sharir bhava and that is obvious in reproduction. Ultimate goal of treatment is the "Cure of the Disease."

Rutu Doshha

Artava kala-matra	Kshayatamaka samprapti	Kshinartava,alpartava,anartava, nashtartava. Hypomeno,hypoplasia.	Vruddhyatamaka samprapti.	Vruddhi, shopha, Atyartava, Pradara, Hypertrophy, Hyperplasia.
Interval Pattern Swaropa	Doshika samsarga	Implantation Defect, Blited Ovum,Premature Failure. Vividha varna,gandha,dosha. Ruksha,alpa,grathita,sashoola srava.		Repeated Abortions. Atidrava,brushoshana, styana.
Chemical changes	Visha,shastra, kshara, agni etc. Eg: I.U.C.D chemicals,drugs	Different Yonivyapada----- Vandhyatava.	Networking	Kshetra, Ambu, beejadosha.

Clinical Data

Patients with different sets of symptoms related reproductive faults eg:- subfertility,atyartava,pradara or frankly known diagnosis of hormonal imbalance are considered as rutu dosha here and treated with.

Results- Shodhan

Set of pts.	Symptoms presented	Panchkarma	Aushadhi	Results (selective criteria)
Set-1	<ul style="list-style-type: none"> Aniyamitta rajah due to kapha bhuyishtha avarodhhatamaka samprapt,i Medovruddhi 	1. Vaman (20 pts):- Panchtiktaa ghrutpanottar vaman with yashti kwatha. (madanfal+dugdha)	Rasapachak aushadhi ³⁰ in rasayana kala	<ul style="list-style-type: none"> prolactin drops by 74.8%le restoration of reproductive function ovulation regularization of menstruation. Oestrogen 1116.2
Set-2	<ul style="list-style-type: none"> Atyartava pitta bhuyishtha. 	2. Virechan:- Panchtiktaa 3. ghrutpanottar virechan with		<ul style="list-style-type: none"> T.S.H normal 12.75%le.

		trivruta trifala--- icchabhedi		
Set-3	<ul style="list-style-type: none"> With premature ovarian failure due to vatapittadushuti janya kshayatamaka samprapti 	<p>4. Basti(14pts.): -sarvanga snehana,swedana with ksheer bala taila paschat basti with brumhana oil. Brumhana nasya-2-2 drops/ nostril.</p>	<ul style="list-style-type: none"> Liq. Kumariasav - 10 ml with luke warm water in apana kala. Liq. Dashmularis htha-10 ml with lukewarm water in apana kala. Siddha makardhwaj a rasayanakal e withghruta 	<ul style="list-style-type: none"> Started normal menstruation (regular nearby). Ovulation F.S.H reduced 77.82 %.

Shamanoushadhi

Samprapti vichar	Chikitsa	Parinama
<ul style="list-style-type: none"> Aniyamitta rajah of avarodhatamaka samprapti. 	<ul style="list-style-type: none"> Avarodhatamaka- 1. liq. Dashmularishtha in apana kala. 2. Chandraprabha 3. Yograja guggulu 	<ul style="list-style-type: none"> Increases blood flow. Menstrual flow regular (Ashoola, Agrathita).
<ul style="list-style-type: none"> dhatu kshayatamaka 	<ul style="list-style-type: none"> Kshayatamaka- 1.Mahayograja guggulu 2.Gairik and yashti in rasayana kala 3. Liq. Kumariasava 	<ul style="list-style-type: none"> Menstrual flow normal (Matra and kala). Endometrial thickness increases.
<ul style="list-style-type: none"> Atirajah srava(matrawat) Akaala rajah srava eg- pradara,atyartava, 	<ul style="list-style-type: none"> Atirajah srava(matrawat)- Akaala rajah srava- Rasapachak in apana kala. Kalinga, patola,katuki . (ch.chi jwara) 	<ul style="list-style-type: none"> Endometrial thickness decreases. Relieves signs and symptoms.

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**STUDY OF ETIOPATHOGENESIS AND TREATMENT OF
ASCITES DUE TO LIVER CIRRHOSIS**

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Article

ABSTRACT:

Ascites refers to accumulation of fluid in the peritoneal cavity. Most common causes of Ascites are liver cirrhosis, severe liver disease, Tuberculosis or metastatic cancer. Rare causes include Meig's Syndrome, vasculitis, Hypothyroidism, renal dialysis. Paracentesis helps to diagnose whether the ascetic fluid is transudate or exudate. Ascites due to cirrhosis of liver is transudative. Ascites in patients with cirrhosis is the result of portal hypertension and renal salt and water retention. Oral diuretics forms the major treatment of ascites. Fluid restriction and salt restriction is necessary for the treatment of ascites. Spironolactone and Frusemide are the drugs of choice for treatment of ascites. Ascites not responding to large doses of diuretics needs large-volume paracentesis

Key Words: Ascites, liver cirrhosis, paracentesis, diuretics

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INTRODUCTION-

Ascites refers to accumulation of free fluid in the abdominal cavity. Common causes of ascites are- liver cirrhosis, severe liver disease, Tuberculosis or metastatic cancer. Cirrhosis of liver accounts for 84% of cases of ascites. The main cause for Cirrhosis of liver is chronic alcoholism. The etiology of ascites is best determined by paracentesis. Ascitic fluid is of two types- transudative and exudative. The ascetic fluid in liver cirrhosis is of the transudate type. SAAG (Serum-ascites albumin gradient) helps distinguish ascites caused by portal hypertension that from non-portal hypertensive ascites. A SAAG >1.1g/dL indicates the presence of portal hypertension. Treatment of ascites mainly includes the use of diuretics. Spironolactone and Frusemide are the choice of diuretics. Fluid restriction upto 1500 ml/day and salt restriction of 2 gm/day is also necessary.

AIM AND OBJECTIVES

To study the etiopathogenesis and treatment of ascites due to liver cirrhosis.

MATERIALS AND METHODS

Harrison's Principles of Internal Medicine, Davidson's Principles and Practice of Medicine, A.P.I. Textbook of Medicine, Alagappan Manual of Practical Medicine and internet media were referred to study ascites in detail.

Etiological Factors-¹

Common causes -

- Malignant disease- Hepatic or peritoneal
- Cardiac failure
- Hepatic cirrhosis

Other causes-

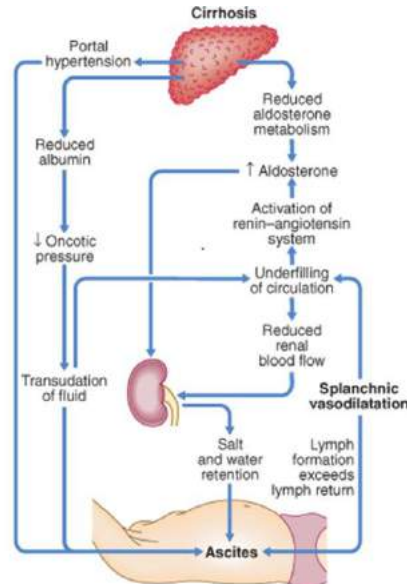
- Hypoproteinaemia- Nephrotic syndrome
 - Protein-losing enteropathy
 - Malnutrition
- Hepatic venous occlusion- Budd Chiari syndrome
 - Veno-occlusive disease
- Pancreatitis
- Infection- Tuberculosis
 - Bacterial peritonitis
- Lymphatic obstruction
- Uncommon causes-Meig's syndrome
 - Vasculitis
 - Hypothyroidism
 - Renal dialysis

Pathogenesis of Ascites in Liver Cirrhosis-²

Splanchnic vasodilatation is thought to be the main factor leading to ascites in cirrhosis. This is mediated by vasodilators (mainly nitric oxide) that are released when portal hypertension causes shunting of blood into the systemic circulation. Systemic arterial pressure falls due to pronounced splanchnic vasodilatation as cirrhosis advances. This leads to activation of the renin-angiotensin system with secondary aldosteronism,

increased sympathetic nervous activity, increased atrial natriuretic hormone secretion and altered activity of the kallikrein-kinin system. These systems tend to normalise arterial pressure but produce salt and water retention.

In this setting, the combination of splanchnic arterial vasodilatation and portal hypertension alter intestinal capillary permeability, promoting accumulation of fluid within the peritoneum.



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Clinical Features⁻³

- Abdominal distension with fullness in the flanks.
- Shifting dullness on percussion and.
- A fluid thrill, when the ascites is marked. These signs do not appear until the ascites volume exceeds 1 litre, even in thin patients, and much larger volumes can be hard to detect in the obese.
- Distortion or eversion of the umbilicus.
- Hernia
- Abdominal striae
- Divarication of the recti and scrotal oedema.
- Pleural effusions are found in about 10% of patients, usually on the right side (hepatic hydrothorax); most are small and only identified on chest X-ray, but occasionally a massive hydrothorax occurs. Pleural effusions, particularly those on the left side, should not be assumed to be due to the ascites.⁴

Investigations

ASCITIC FLUID: Ascitic fluid in cirrhosis of liver is clear, straw-coloured or light green.^{5,6}

Other investigations⁻⁷

- Total albumin (plus serum albumin) and protein
- Amylase
- White cell count
- Cytology
- Microscopy and culture
- Ultrasonography
- Paracentesis (if necessary under ultrasonic guidance) is used to confirm the presence of ascites but is most useful for obtaining ascitic fluid for analysis. The appearance of ascitic fluid points to the underlying cause.

- The ascites protein concentration and the serum-ascites albumin gradient are used to distinguish ascites due to transudation from ascites due to exudation. Cirrhotic patients typically develop a transudate with a total protein concentration below 25 g/l and relatively few cells.

-SAAG—Serum ascites albumin gradient. It helps in distinguishing ascites caused by portal hypertension from non-portal hypertensive ascites. A SAAG > 1.1g/ dL indicates portal hypertension and cirrhosis.⁸

Management⁻⁹

Successful treatment of ascites relieves discomfort, but does not prolong life, and if over-vigorous, can produce serious disorders of fluid and electrolyte imbalance and precipitate hepatic encephalopathy. Drugs containing relatively large amounts of sodium and those promoting sodium retention, such as non-steroidal analgesic agents, must be avoided.

Drugs causing Sodium retention

- Carbenoxolone
- Corticosteroids
- Metoclopramide
- NSAIDs
- Oestrogens
- Fluid restriction upto 1500 ml/day and salt restriction upto 2 gm/day.

Diuretic Drugs-

- Spironolactone (100-400 mg/day) is the drug of choice for long-term therapy because it is a powerful aldosterone antagonist; Side effects gynecomastia, hyperkalemia, hyponatremia.¹⁰
- Furosemide is a loop diuretic that is generally combined with Spironolactone in a ratio of 40:100 Maximum daily doses of Spironolactone

and Furosemide are 400mg and 160mg respectively.¹¹ Diuresis is improved if patients are rested in bed while the diuretics are acting, perhaps because renal blood flow increases in the horizontal position.

Refractory Ascites-

Patients who do not respond to doses of 400 mg spironolactone and 160 mg furosemide are considered to have refractory or diuretic-resistant ascites and should be treated by other therapeutic measures. Pharmacological therapy for refractory ascites includes the addition of Midodrine (an alpha-1 adrenergic antagonist) or Clonidine (an alpha-2 adrenergic antagonist), to diuretic therapy.¹² When medical therapy alone is insufficient, refractory ascites can be managed by large- volume paracentesis (L.V.P.) or a transjugular intrahepatic peritoneal shunt (T.I.P.S.) L.V.P. should receive i.v. albumin infusions of 6-8 g/L of ascitic fluid removed.¹³

DISCUSSION-

The most common cause for development of ascites is liver cirrhosis, which in turn is caused by chronic alcoholism. Only 10-20% of patients survive 5 years from the first appearance of ascites due to cirrhosis.¹⁴ In about 20% of patients with ascites, medical therapy is a failure. These patients either need large- volume paracentesis (L.V.P.) or a transjugular intrahepatic peritoneal shunt (T.I.P.S.) or liver transplantation. The 12 months survival period of patients with refractory ascites is only 25%. The survival rate increases upto 75% with liver transplantation.¹⁵

CONCLUSION-

Liver cirrhosis is the most common cause for development of ascites. Splanchnic vasodilatation is thought to be the main factor leading to ascites in cirrhosis. Symptoms include distension of abdomen, fullness of flank, dysnoea. Paracentesis helps to rule out the cause of ascites. A S.A.A.G. > 1.1g/ dL indicates portal

hypertension and cirrhosis. Diuretics form the main treatment of ascites in addition to water and salt restriction. Refractory ascites needs large- volume paracentesis (L.V.P.) or a transjugular intrahepatic peritoneal shunt (T.I.P.S.) or liver transplantation.

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**STUDY OF UDAVARTA YONIVYAPADA WITH SPECIAL
REFERENCE TO SPASMODIC DYSMENORRHEA**

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Article

ABSTRACT:

Dysmenorrhea is one of the common problems experienced by many adolescent girls. Dysmenorrhea is a term used to describe lower anterior pelvic pain which occurs in association with periods. However dysmenorrhea seems to be the most common gynecological condition in women regardless of age and nationality. The normal menstruation that happens to be painful is known as primary dysmenorrhea. Period pain caused by certain reproductive disorders, such as endometriosis or fibroids, is known as secondary dysmenorrhea. Primary dysmenorrhea is the most common cause type of painful periods. It is the greatest single cause of lost work and school days among young women. Udavarta yonivyapada can be correlated with the term spasmodic dysmenorrhea. In ayurvedic samhitas(texts) a very well description about Udavarta is given by ancient acharyas. The recent study is done to evaluate the causes, pathogenesis, and treatment approach of udavarta, its correlative study with spasmodic dysmenorrhea.

Key Words: Udavarta, spasmodic dysmenorrhea, endometriosis, fibroids

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INTRODUCTION:

In ayurvedic classics majority of gynecological disorders have been described under the heading of yonivyapada, though some of the menstrual abnormalities i.e. asrugdara etc. have been described separately, but to get complete picture of menstrual disorders also, the knowledge of yonivyapada is essential. Udavarta is one the most commonly seen yonivyapada. The condition Udavarta resembles the description of almost all types dysmenorrhea. Amongst various theories regarding origin of pain in spasmodic dysmenorrhea, in-coordinate muscle action of uterus as a whole, more likely due to imbalance in the autonomic nervous control of muscles is given maximum importance. Over-active sympathetic lead to hyper tonus of the circular fibers of the isthmus and internal os, as well as irregular contractions of remaining muscle fibers of uterus. The menstrual blood normally going downwards is pushed upwards due to hyper tonicity or spasm of isthmus and internal os, which condition has been clearly described by Charaka. Inco-ordinate or irregular contractions of all the myometrial muscle fibers have been explained as all around movements of Vayu in Madhukosha commentary.

Aim & Objective

1. This article is related with study of Udavarta yonivyapada and its correlation with spasmodic dysmenorrhea.
2. To study the evidence of severity of the problem with associated symptoms and general health status.

MATERIAL & METHODS

Udavarta Yonivyapada:- All the classics like maharshi Charaka, Sushruta, Vgbhatadwayas, Kshyapa, Sharangdhara & Bhela have given the number of Yonivyapada as twenty. The classification is done according to causative dosha such as vataki, paittiki, shlaishmiki and sannipatiki yonivyapada. All acharya described Udavarta under vatiki yonivyapada.

The classification of all these twenty yonivyapada based on predominance of specific dosha described by various classics is given in tabular form.

Causative dosha	Charaka	Sushruta	Ashtang Sangraha
Vataj	Vatiki, Acharana, Aticharna, Suchimukhi, Prakcharana, Udavartini, Putraghni, Antarmukhi, Shushka, Mahayoni, Shandhayoni	Udavarta, Vandhya, Paripluta, Vatala	Vatiki, Aticharana, Prakcharana, Udavrutta, Suchimukhi, Shushka, Vamini, Shandhi, Mahayoni
Pittaj	Paittiki, Raktayoni, Arajaska	Rudhirakshara, Sramsini, Putraghni, Pittala	Paittiki, Raktayoni
Kaphaja	Shlaishmiki	Atyananda, Karnini,	Shlaishmiki

Tridoshaj	Sannipatika	Acharana, Shleshmala, Aticharana Shandha, Phalini, Mahti, Suchivaktra, Sarvaja	Sannipatiki
Vatapittaj	Paripluta, Vamini	---	Lohitkshaya, Paripluta
vatakaphaj	Upapluta, Karnini	---	Upapluta, Karnini
krimi	---	---	Vipluta

Etiological factors of yonivyapada:-

- The opinion of Acharya Charaka is, mithyachar i.e. abnormal dietetics and mode of life, abnormalities of artava and bija and Daiva (curses of god or anger of god) are the causative factors of all these twenty disorders of yoni.
- Sushuta has added that when a woman having ruksha body or else weak or very young women doe's excessive coitus with a man having big sized penis, then her vayu gets aggravated. This vayu withholding pitta and shleshma already vitiated due to their specific causes reaches the region of yoni and produces various disorders.
- Vagbhatadwaya accepting abnormalities of artava and bija or bijabhagavayava as well as the curses of god as causative factors have added that abnormal diet having coitus in abnormal postures of the body, excessive coitus and use of objects made of iron etc. for sexual pleasures are also causes of yonivyapada.
- Kashyapa says that if nasya is given to women just after her menstrual period is over, she suffers from yonishosha.

What is Udavartini, Udavarta or Udavrutta yonivyapada? Charaka says that due to movement of flatus etc. natural urges in reverse direction, aggravated apan vayu moving in reverse direction fills yoni (uterus). The woman feels relief immediately following discharge of menstrual blood. Since in this condition the raja moves upwards or in reverse direction, hence, it is termed as Udavartini. Sushruta says that besides painful-frothy menstruation (saphenila rajapravrutti), there are other pain of vata such bodyache, general malaise etc. Both vagbhatas have followed Charaka.

Indu has added the discharge of clotted blood. The discharge of clotted blood mentioned by Indu may be description of special form of spasmodic dysmenorrhoea characterized with expulsion of big clots of blood. Madhava, Nidana and Bhavaprakasha have followed sushruta. In Madhukosha commentary all around movements of vayu is said to be the cause of pain.

Treatment approach in Ayurveda:-

1. These yonivyapada do not occur without vitiation of vata, thus first of all vata should be normslized, only then treatment for other doshas should be done.
2. In all these yonivyapada after proper snehana and swedana, vaman etc. all five purifying measures should be used. Only after proper shodhana of doshas through upper and lower passages, other medicines should be given. These vaman etc. shadhana measures cure yonivyapada in the same way as they cure the diseases of other systems (strotas).

3. This should follow the use of uttarbasti (vaginal irrigation or uterine instillation), to be given on the basis of vitiated dosha.

The specific treatment for Udavarta can be given as;

1. The oils prepared with the drugs possessing ushna and snigdha properties should be used as a local irrigation, massage and tampons.
2. Snehana and swedana should be given with Trivrutta siddha sneha and with meat soup of aquatic animals or animals living in marshy land (audaka and anup mamsa) or mixed with tandula .
3. Uttsarbasti should be given with meat soup of animals of marshy land and aquatic animals and the milk processed with Dashamoola.
4. Dhashamoola sidhha mik should be used for pana, uttarbasti, anuvasan basti.
5. For internal administration – Kashmaryadi ghrita Pippalyadi yog with ghrita, Vrushakadi churna

For the management of yonishula – ksheerpaka made up of Rasna, Vasa, Gokshur.

Parishechana with the kwatha made up of Guduchi, Amalaki, Haritaki, Bibhitaki, Dantimoola. Picchudharana with saindhavadi taila. Poultice made by pasted Barley, Wheat, Kinva, Kushtha, Shatapushpa, Priyangu, Bala and akhukarni should be applied locally.

Pathyapathya vivechana:-

Pathya –The woman afflicted with yoni-rogas should use according to predominance of dosha, the Sura(wine), asawa and arishtas, juice of Lahasuna in the morning and diet having abundance of milk and meat soup. She should take diet made with barley and use orally Sidhu, oil, Pippali churna, Pathya and Lohabhasma with honey, Bala taila, Mishraka sneh, Sukumarka sneha.

Apathya- Manda (scum of boiled rice) is contraindicated to the woman suffering from yonirogas.

Dysmenorrhoea

The types of dysmenorrhoea are given as,

1. Primary dysmenorrhoea
2. Secondary dysmenorrhoea

The primary dysmenorrhoea is one where there is no identifiable pelvic pathology.

The causes of pain – The mechanism of initiation of uterine in primary dysmenorrhoea is difficult to establish. But the following are too often related,

Mostly confined to adolescents. The pain is usually cured following pregnancy and vaginal delivery. The pain is related to dysrhythmic uterine contractions and uterine hypoxia.

1. Psychogenic factors– tension & anxiety during adolescence lower the pain threshold.

- Abnormal anatomical & functional aspect of myometrium.
- Imbalance in the autonomic nervous control of uterine muscle.

Clinical features – The pain begins a few hours before or just with the onset of menstruation. The severity of pain usually lasts for few hours, may extend to twenty four hours for but seldom persists beyond forty eight hours. The pain is spasmodic & confined to lower abdomen may radiate to the back & medial aspect of thighs. It may be accompanied by vasomotor changes causing pallor, cold sweats, occasional fainting, rarely syncope and collapse in severe cases may be associated.

Investigations:- Abnormal or pelvic does not reveal any abnormal findings. For detection of any pelvic abnormalities ultra sound is very useful and is not invasive.

Treatment: Mild analgesics & antispasmodics may be prescribed. The drugs commonly used are,

- Prostaglandin synthetase inhibitors

- Mefanamic acid 200-500mg 8 hourly or flufenamic acid 100- 200mg 8 hourly
- Propionic acid derivatives – Ibuprofen 400mg 8 hourly or Naproxen 250 mg 6 hourly
- Indomethacin 25 mg 8 hourly
- 2. Oral contraceptives (combined estrogen & progesterone).
- 3. Other measures include dilatation of cervix, uterine nerve ablation, pre-sacral neurectomy, laparoscopy,

CONCLUSION

The origin of all yonivyapada is the vitiated vatadosha i.e. vatadosha is the primarily considered as the cause of all yonivyapada. Therefore efforts should be made to treat the vatadosha specifically & the vata alleviating measures should be adopted.

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DIABETES ONE OF THE CAUSE FOR INFERTILITY

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Article

ABSTRACT:

If you have been trying to get pregnant and haven't been able to find a reason for your impotency, it's feasible to have a simple blood test to check if your glucose levels are not too high. During the differential diagnosis of infertility, Diabetes mellitus Type I and II should also be considered. In women, diabetes is not the only cause of getting unsuccessful pregnancy, but it in many cases it is seen that, "a woman having higher normal glucose level does get pregnant month after month but it is her diabetes status that prevents embryo implantation in the uterus, causing a miscarriage before she realizes that she is pregnant." Here, the diabetes isn't hampering the conception, but it is preventing an ongoing pregnancy. Men too can experience infertility issues due to high glucose levels which may cause some reverse ejaculation, where semen gets sustained into the bladder, making it impossible to get to the woman's reproductive organs. According to Ayurveda apathya and sthoulya are the causes of diabetes. Based on principles of ayurveda the sapta dhatus get vitiated due to imbalanced doshas leading to dhatu kshaya, which reduces semen and sperm count plummets. The study is undertaken to see causes of infertility.

Key Words: Diabetes mellitus, Infertility

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INTRODUCTION

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. In short, it means that the woman cannot conceive, within certain parameters. Infertility is commonly seen in 10 % of women of age between 15 to 44. It is estimated that in (33%) woman, (33%) man and (33%) by both sexes and due to unknown problems, approximately, constitute impotency. Varicocele, low or absent sperm count, sperm damage or certain diseases may lead to infertility in men.

Some particular beeja bhaga is responsible for formation of Garbhashaya & aartava. Vitiating of this beeja bhagas leads, defective formation of Garbhashaya & aartava. According to ayurveda the beeja bhaga, responsible for formation of Garbhashaya if vitiated leads to Vandhyatava. From Ayurvedic aspect, shukra dhatu can get affected by various causes it may be physical, mental or even by serious diseases. Infertility in males & females is caused due to poor quality of shukra dhatu. According to Ayurveda Apathya and Sthoulya are the causative factors for diabetes. Based on principles of ayurveda the sapta dhatus get vitiated due to imbalanced doshas leading to dhatu kshaya, which reduces semen and sperm count plummets.

Fertility is the natural human capability of producing offspring's. The normal reproduction is a complex process, which involves hypothalamus, the pituitary

gland (for hormonal balance), ovary coordination, endometrial lining preparation, ovulation, grabbing of eggs by fallopian tube, fertilization, egg transport & then embryo implantation in the uterus. Any defect in the given cycle (processes) reduces the chances of conception & if the condition is chronic, it may lead to the clinical condition of infertility.

As well as medications which may be used to control the diabetes, even then also if implantation does occur, there are many other risks to be consider, which includes; an increased risk of birth defects caused due to damage to embryonic cells because of high glucose levels in the blood resulting in a C-section giving birth to a larger baby, which increases the chances of infection in mother. Gestational diabetes in the mother causes an increased risk to health related problems for both mother and baby.

Glucose levels that are too high also affect the hormone levels throughout the body including all the important hormone levels i.e. estrogen, progesterone and testosterone levels needed for the occurrence of pregnancy. This is the reason why glucose control is so crucial for conception.

Infertility issues can also be experienced by men, for some reverse ejaculation, where the semen backs up in the bladder making it impossible to reach to the woman's reproductive organs and also due to erectile

dysfunction caused by both the diabetes itself as well as medications which may be used to control it.

AYURVEDIC VIEW

Aacharya Charaka has defined, the female who can conceive is called as a Stree & the one who cannot conceive is known as Vandhya. According to Sushrut Samhita, Vandhya is a women who has lost her Aartava i.e. loss of ovulation or sterility. Aacharya Vagbhat explains that the congenital deformity of female genital tract is the main cause of Vandhyatva. Bhela, stated that Vata dosha is responsible for vandhya. Menstrual cycle is the indication of healthy state of female & it can be affected by many factors, such as excessive physical exercise, diet, stress, emotional instability etc; where any of these & imbalanced in dosha, dhatu & ojas can create infertility.

Causes of Vandhyatava (Infertility)

Aacharya Vagbhat has mentioned that Rajpravrutti (menstruation) start at the age of 12 yrs & menopause at the age of 50 yrs. So, before Rajpravrutti one cannot conceive due to Dhatu Aparipakvata & after Raj-nivrutti one cannot conceive due to Dhatukshaya respectively. According to Ayurveda texts, the process of farming preparing is compared to the process for conception. As like the health of a crop depends on the quality of soil, seed, timing of sowing, and amount of watering it gets, same as, the health of a baby depends on the health of its parents. For the healthy and successful pregnancy, a couple needs to take care of the following four essential factors:

- Ritu [Time for Conception (Timing of Sowing)]
 - Kshetra [Uterus (Soil)]
 - Ambu [Nourishment (Water)]
 - Beeja [Sperm/Ovum (Seeds)]
- **Ritu:** 4th, 6th, 8th, 10th, 12th day of the rajstrava (menses) is considered as a fruitful timing of the Garbhadharana (pregnancy) because during these periods (ritukala) bijotpatti occur. So the days other than above are said to be undesirable for Garbhadharan.
 - **Kshetra:** Absence of trayavarta yoni, yonipatal vikriti, dhamani avarodha, suchimukha garbhashaya etc; these are the causes of vandhyatva. Congenital deformities can also develops due to yoni vyapada, yoni arsha, udavarta, antarmukhi yoni, stransa bhransa are also responsible for failure of conception.
 - **Ambu:** Womens infertility depends upon nature's rasa & when these rasas are depleted sterility, dryness, loneliness are bound to set in order to conceive healthy child, for that oneself should be swastha. This will provide the fertile ground for embryo to implant & grow.
 - **Beeja:** It refers to stree beeja & purush beeja. Rajdushti & aartava dushti can cause beej vikriti which in turn lead to failure of conception.

Causes of male infertility

1. Ativyavayat (Over indulgence in sexual activity).
2. Vyayamat (Over exertion)
3. Avyayamat (Laziness).

4. Eating over spicy, salted, sour, frozen foods, foods with low nutrition, unbalanced diet and lack of hygiene.
5. Akala (inappropriate time for fertility)
6. Ayonau (Indulging into sex in other than natural ways).
7. Maithunam Na cha Gachataha (Suppression of sexual urge).
8. Narinam Arasaudnyata (Having intercourse with undesirable partner).

MODERN VIEW

Causes of female infertility-

In female infertility diabetes is associated at lower rates. There are a number of other reasons which can play a part in female infertility. It includes, obesity, being underweight, having hormonal imbalance, PCOS or having an autoimmune disease.

- **Ovulation disorders** - Ovulation disorders, is seen in about 1 in 4 infertile couples. It means that the female ovulate infrequently or don't ovulate at all in account for infertility. Any defect in the regulation of reproductive hormones by the hypothalamus or the pituitary gland, or defects in the ovary, can cause ovulation disorders.
- **Polycystic ovary syndrome (PCOS)** - The most common cause of female infertility. PCOS causes a hormone imbalance, which affects ovulation. It is associated with insulin resistance and obesity, abnormal hair growth on the face or body, and acne in female.
- **Hypothalamic dysfunction** - Two hormones (FSH) and luteinizing hormone (LH) produced by the pituitary gland are responsible for stimulating ovulation each month. Excess physical or emotional stress, a very high or very low body weight, or a recent substantial weight gain or loss can disrupt production of these hormones and affect ovulation. Irregular periods (menstrual cycle) or absent (no menses) are the most common signs seen.
- **Premature ovarian failure.** Also known as primary ovarian insufficiency. This disorder is usually caused by an autoimmune response or by premature loss of eggs from your ovary (possibly from genetics or chemotherapy). Here the ovary no longer produces eggs, and also it lowers the estrogen production in women under the age of 40.
- **Too much of prolactin.** The pituitary gland sometimes may cause excess production of prolactin (hyperprolactinemia), resulting in the depletion of estrogen production and thus causing infertility. Pituitary dysfunctioning can also be caused in relations by the medications you're taking for another disease.

Damage to fallopian tubes (tubal infertility)

Damaged or defect in the fallopian tubes prevents sperm from getting to the ovary for fertilization or block the

passage of the fertilized egg into the uterus. Causes of fallopian tube damage or blockage can include:

- Pelvic inflammatory disease or disorder (PID) is an infection of the upper part of the female reproductive system namely the uterus, fallopian tubes, and ovaries, and inside of the pelvis, may be due to chlamydial or gonorrhoea or other sexually transmitted infections.
- Previous surgery in relation to abdomen or pelvis, including surgery for ectopic pregnancy, where a fertilized egg implants and develops in a fallopian tube instead of the uterus.
- Pelvic tuberculosis, one of the major causes of tubal infertility worldwide.

Endometriosis

Up to half of the women's experience infertility due to endometriosis. It is a condition in which the tissue that normally grows inside the uterus (endometrium) grows outside the uterus. Most often the growth is on the ovaries, fallopian tubes, and also tissues which are around the uterus and ovaries. The surgical removal of the extra tissue growth or any previous surgery may be any abdominal surgeries or cesarean section causes scarring, which may block the fallopian tubes and prevents an egg and sperm from uniting (i.e. fertilization).

It may also affect the lining of the uterus, causing disruption in the implantation of the fertilized egg. Therefore, this condition seems to affect fertility in indirect ways, such as causing damage to the sperm or ovum.

Uterine or cervical causes

There are several uterine or cervical causes that can impact the fertility by interfering with implantation or likelihood increasing the chances of a miscarriage:

- Benign polyps or tumors (fibroids or myomas) are mostly commonly seen in the uterus, where some of them can block fallopian tubes or interfere with implantation, affecting fertility. But however, it is seen that many women who have fibroids or polyps do become pregnant (according to site or after any surgical intervention).
- Inflammation within the uterus or scarring in the uterus due to any surgical intervention or due to endometriosis terminates the implantation of the fertilized ovum.
- Uterine abnormalities due to congenital malformations which are present from birth such as an abnormally shaped uterus, absence of uterine tubes or ovaries disappoint the women in remaining pregnant.
- Cervical stenosis (a narrowing of the cervix), can be caused by a congenital malformation or damage to the cervix which smashes the natural infertility by hampering the passage of semen into the uterus.
- Sometimes the cervix also can't produce the best type of mucus which allows the sperm to travel through the cervix into the uterus causing disruption in the implantation.

Causes of male infertility-

Medical causes

Male fertility can be caused by a number of health problems, habits and medical treatments. Some of these include:

- **Diabetes:** Due to high glucose levels men also can experience infertility issues. In men there is reverse ejaculation of the semen, where semen backs up into the bladder, preventing the passage of semen in the female genital tract. Also erectile dysfunction is caused by both the diabetes itself as well as medications used for controlling the diabetes. The study done by Jaslok Hospital and Research Centre has revealed that diabetes significantly reduced sperm count and affected the movement and appearance of sperm where the diabetic men have much lower semen levels. It showed that the nuclear DNA in diabetic man's sperm cells is more, and there were more deletions in the mitochondrial DNA of diabetic men's sperm cells than those of the non-diabetic men.

Men suffering from diabetes also have a higher chance of developing sexual and reproductive health issues which causes;

- retrograde ejaculation (i.e. reverse ejaculation where semen flows back into the bladder)
- erectile dysfunction (inability to develop or maintain an erection of the penis during sexual activity)
- androgen (or testosterone) deficiency
- balanitis (inflammation of the head of the penis).
- low libido (sexual desire)

- **Varicocele:** It is an abnormal enlargement of the pampiniform venous plexus in the scrotum. This plexus of veins drain into the testicle. It is the most common reversible cause of male infertility. Although the exact reason how the varicoceles can cause infertility is unknown, may be it can be correlated to abnormal testicular temperature regulation. Varicocele results in the reduction of quality of sperm. Any remedy done to treat the varicocele can improve the sperm count and function, and may perhaps improve the outcomes in further reproductive techniques.

- **Infection:** Some infections in men which include the inflammation of the epididymis (epididymitis) or testicles (orchitis) and some sexually transmitted infections, including gonorrhoea or HIV can interfere with sperm health or sperm production or some may cause scarring that blocks the passage of sperm. Although there are some infections which can result in permanent testicular damage, but most often the sperm can still be repaired.

- **Ejaculation issues:** Reverse ejaculation occurs where the semen backs up into the bladder during ejaculation instead of emerging out the tip of the penis. Various health related conditions can cause

reverse ejaculation which includes diabetes, any surgical intervention of the bladder, prostate or urethra, medications for another diseases, and any injury to spinal cord.

Some men having spinal cord injuries or certain diseases can't ejaculate semen, but even though they can still produce sperm. Usually in these cases sperm can still be repaired for the use in further reproductive techniques

- **Antibodies that attack sperm:** Anti-sperm antibodies are the immune system cells that falsely identify sperm as harmful attackers and attempt to eliminate them.
- **Tumors:** Malignant or benign tumors can affect the male reproductive organs directly, through the glands that release hormones which are related to reproduction, such as the pituitary gland, or through any unknown causes. But in some cases, surgery, radiation or chemotherapy are used to treat tumors which helps the male fertility.
- **Undescended testicles:** In males, sometimes ,during fetal development testicles fail to descend from the abdomen into the scrotal sac. The normal position of the testicles is in the scrotal sac. This condition may cause infertility in males.
- **Hormone imbalances:** Other than disorders of testicles , the imbalance in the hormonal system like the hypothalamus, pituitary gland,thyroid gland and adreanal gland may lead to infertility. Low testosterone levels (male hypogonadism) and other hormonal problems can cause infertility.
- **Defects of tubules that transport sperm:** Sperm is carried by different tubules like vas deferens. Inadvertent injury from surgery, prior infections, trauma or abnormal development, such as with cystic fibrosis or similar inherited conditions can block the tubules

Blockage can occur at any level, including within the testicle or in tubes that drain into the testicle or in the epididymis, in the vas deferens and near the ejaculatory ducts or in the urethra.

- **Chromosomal defects:** Genetic disorders such as Klinefelter's syndrome — in which a male is born with two X chromosomes and one Y chromosome (instead of one X and one Y) causes an abnormal development of the male reproductive organs. Other inherited disorders associated with infertility include cystic fibrosis, Kallmann's syndrome and Kartagener's syndrome.
- **Problems with sexual intercourse:** Erectile dysfunction (inability to develop or maintain an erection of the penis during sexual activity), premature ejaculation (expel of semen soon after sexual activity and with minimal penile stimulation), painful intercourse, anatomical abnormalities such as hypospadias (having a urethral opening beneath

the penis), or psychological or relationship problems that interfere with sex.

- **Celiac disease:** It is an autoimmune disorder affecting primarily the small intestine that occurs in people. It is caused by sensitivity to gluten which may results in male infertility. Fertility may improve after having a gluten-free diet.
- **Certain medications:** Testosterone hormonal replacement therapy, long-term use of anabolic steroid, cancer remedy (chemotherapy), certain antifungal medications, some ulcer drugs and certain other medications can diminish sperm production and thus decreases male fertility.
- **Prior surgeries:** Certain surgeries like vasectomy, inguinal hernia repairs, scrotal or testicular surgeries, prostate surgeries, and large abdominal surgeries performed for testicular and rectal cancers, among others may prevent from having sperm to ejaculate. In most cases, surgery can be performed to either reverse these blockage or to retrieve sperm directly from the epididymis and testis.

Environmental causes

Overexposure to certain environmental elements such as heat, toxins, chemicals and other harmful products like radiation can decrease sperm production or sperm function. Certain causes are as follows:

- **Industrial chemicals** - Extended exposure to benzenes, toluene, xylene, pesticides, herbicides, organic solvents, painting materials, lead etc. may reduce the sperm counts.
- **Heavy metal exposure** - Exposure to lead or other heavy metals like mercury, cadmium may also cause infertility.
- **Radiation or X-rays** - Exposure to radiation can diminish the sperm production, which eventually returns to normal. High doses of radiation can permanently reduce the sperm production.
- **Overheating the testicles** - Increased temperatures decreases the sperm production and function. Sitting for long intervals, wearing tight clothing or working on a laptop computer for long stretches of time, working in welding also may increase the temperature at the scrotum and may slightly reduce sperm production.

Health, lifestyle and other causes

Some other causes of male infertility include:

- **Illicit drug use** - Anabolic steroids taken to stimulate the muscle strength and growth cause the testicles to shrink and to reduce the sperm production. As well as use of cocaine may temporarily reduce the number and quality of your sperm.
- **Alcohol use** - Drinking alcohol lowers the testosterone levels, also causes erectile dysfunction and reduces the sperm production. Liver disorders caused due to excessive drinking may also lead to fertility problems (impotency).

- **Tobacco smoking** - Smoking also lowers the sperm count rather those who don't smoke. On the other hand even inhaled smoke affects the male infertility.
- **Emotional stress** - Stress interferes with certain hormones which are needed to produce sperm. Severe or prolonged emotional stress, including stress related to fertility, can affect the sperm count.
- **Weight** - Obesity can also spoil fertility in several ways, which directly impacts sperm production, as well as by causing hormonal changes that reduce male fertility.

CONCLUSION

Diabetes is one the cause of infertility in both male and female but if it is controlled by controlling the sugar

levels, by healthy diet, exercise and proper medications the risk of being infertility is reduced.

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REVIEW ARTICLE

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Index Copernicus Value (2015) – 80.04REVIEW OF SOME INDIGENOUS DRUGS USED IN MALE
INFERTILITYTrupti M. Awagan^{1*}, Mansi Modi²

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Article

ABSTRACT:

Vandhyatva (infertility) means inability to a couple to achieve conception after a year of unprotected coitus. Male infertility means inability to procreate. Recreation is the primary motto, variety of sex techniques mentioned in classics. Infertility is one of the major concerns for the upcoming generation because busy with carrier making. In Ayurveda *Vajeekarana Chikitsa* recommended for normal, healthy and mature *shukra*. *Vajeekarana* drugs have also been described in classics for the treatment of *klaibyata* and other disorders related to *Shukra dosha*. Due to the predisposing factors like faulty lifestyle, late marriages, stressful life etc. rate of infertile couples increases. These factors produce disorders in both the partners like anovulatory cycle, Poly Cystic Ovarian Disease (PCOD), obesity etc. in females and low sperm count, erectile dysfunction etc in males. Ayurveda contributes very important role in treating these disorders responsible for infertility. Many Ayurvedic herbs useful to overcome these factors responsible for infertility like *shatavari*, *Ashwagandha*, *Kapikacchu*, *Gokshur* etc. In *Ayurvedic* texts for the good progeny there are several modes and methods have been mentioned and if we follow them then there is better hope for this circumstance. This article may be helpful for the one who desire for good progeny.

Key Words: *Vandhyatva*, *Shatavari*, *Ashwagandha*

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INTRODUCTION

Vandhyatva (Infertility) means inability to a couple to achieve conception after a year of unprotected coitus. Infertility is one of the major concerns for the upcoming generation because busy with carrier making. Male infertility means inability to procreate. Recreation is the primary motto, variety of sex techniques mentioned in classics. In Ayurveda *Vajeekarana Chikitsa* recommended for normal, healthy and mature *shukra*. *Vajeekarana* drugs have also been described in classics for the treatment of *klaibyata* and other disorders related to *Shukra dosha*. Reduced spermatogenesis and defective sperm function are the most prevalent causes of idiopathic male infertility. Due to the predisposing factors like faulty lifestyle, late marriages, stressful life etc. rate of infertile couples increases. These factors produce disorders in both the partners like anovulatory cycle, Poly Cystic Ovarian Disease (PCOD), obesity etc. in females and low sperm count, erectile dysfunction etc in males. Ayurved contributes very important role in treating these disorders responsible for infertility. Many Ayurvedic herbs useful to overcome these factors responsible for infertility like *shatavari*, *Ashwagandha*, *Kapikacchu*, *Gokshur* etc.

Demand Of Healthy Progeny: This is a twenty first century and the science is so much advanced and has a various advanced tools and management protocol available. Some treatment protocol has been mentioned

here and which are beneficial up to some extent. Conservative management, surgical intervention, Artificial (partner) insemination, In-vitro Fertilization, Gamete intra fallopian tube transfer, Zygote intra-fallopian transfer, Intra cytoplasmic sperm insertion, Follicle aspiration, sperm injection, and assisted follicular rupture these are the few modern treatment for the infertility but this is not end for the crisis to not getting the offspring.

Now a day's scenario is changing and people are much aware of the Ayurveda worldwide. There is various treatment modalities has been mentioned in Ayurveda. The responsible factor i.e. male factor and female factor which were mentioned for infertility in Ayurveda. To produce a good progeny it is not important that person having good strength and physic because a thin and lean person can able to give a good progeny likewise person having good strength and physic not able to give good progeny.¹ For general resistance against infection, endurance against stress, retardation of the aging process and eventual improvement of male sexual function, alleviating disorders like psychogenic impotence and unexplained infertility, numerous plants and their products have been recommended in the ancient Indian Ayurvedic and Unani medicine systems².

***Kapikacchu* (*Mucuna pruriens* (linn) DC) -**

Kapikacchu is one of the most excellent drug used in the cases related with infertility in different aspect and in different formulation. Seeds of *Mucuna pruriens* act as *vrishya* (aphrodisiac). The seeds of this plant increase sexual functions in men because it has *vrishya* and *vajikara* properties. Hence seeds are helpful in conditions like premature ejaculation, erectile dysfunction and low sperm count. Regular use of these seeds increase libido in men. Therefore seeds of *Mucuna pruriens* are used in *vajikarana* preparations. Kapikacchu seeds increase sperm count and sperm motility. It corrects the erectile dysfunction and improves the quality of semen and it is clinically proved also.

Studies have shown that *Mucuna pruriens* help to increase the male hormone testosterone. Testosterone increases muscle mass, libido and corrects erectile dysfunction. The seeds increases quality and quantity of semen.

Parts used- Seeds

Chemical Constituents –

L-Dopa, Alkaloids p-s & x, Mucunadine, Mucanine, Prurienidine, Prurienidine, saponine, Analgesic, Antipyretic, Antihelmenthic, Antinflammatory.

Preparation of Kapikacchu-Wheat is cooked with milk along with seeds of *Kapikacchu* which is then mixed in ghee when cooked and consumed. This is later on followed by intake of milk it is good for aphrodisiac. One who takes powder of *Kapikacchu* with *Ikshurasa* mixed with sugar along with warm milk does not suffer deficiency of Semen.

Ashwagandha (Withania somnifera)-

"*Ashwagandha* acts as a *balya*, *bruhana* & *Rasayana*, *tikta*, *katu* & *madhura* in *Rasa*, *ushna* in *virya* and increases the quantity and quality of semen." *Ashwagandha* is paramount among *shukral* herbs. There is a great deal of misinterpretation about *Ashwagandha* as some believe that it should not be used in *Ama* conditions, believing it will increase *ama*. *Ashwagandha* are *laghu* and *snigdha* and its *karmas* include *dipan*, *pachan* and *krumighna* (anti-parasitical). *Ashwagandha* used as *vajikarana* in *shukradaurbalya*. Due to *ushna virya* (hot energy) *ashwagandha* should be used cautiously in *pitta prakruti* men. To increases quality & quantity of *shukra* ghee is used as *anupan* for *ashwagandha*. As a *shukral*, *Ashwagandha* may be used in a formula, in medicated milk taken at bedtime, or as a medicated ghee.

One study was shows that the men with psychological stress showed the greatest improvement with treatment of *Withania somnifera*, exhibiting the best results in terms of hormone levels.³

Part Used: Dried root.

Chemical Constituents: The diverse pharmacological activities of this plant are due to its alkaloids and withanolides. *Ashwagandha* root contains alkaloids like *cusehygrine*, *anahgrine*, *tropin*, *anaferin*, *withasomine*,

visamine, *withanone* and *withaferin*. It has also aphrodisiac, astringent, tonic and nervine sedative properties. Besides these alkaloids, root of *Ashwagandha* also contains an essential oil. *Withanol* C25 H35 O5, glycoside, Starch, glucose and amino-acids.

Shatavari- (*Asparagus racemosus willd*, *Asparagus officinalis linn*)-*mahashatavari* is *medhya*, *hrdya*, *vrshya*, *rasayana*, it is *shita* and it used in *Arsha*, *grahani*, *Netraroga*. Improves sperm count and increases ejaculation. *Shatavari* is *madhura vipaka*, *sheeta virya* so it has properties like *shukral* & *garbhposhaka*, it also work as *balya*, *rasayana*. *Shatavari* also contains a saponin glycoside that exhibits antioxytotic activity. It is a good source of folic acid that is vital for foetal neuronal growth and blood formation.

Parts used: Fleshy roots

Chemical Constituents: Root contains saponin, water soluble constituents 52.1/2%, moisture 1%, glucose 7% and ash from dried root 4%.

Formulations- Ghee cooked with the paste with decoction of *Shatavari* added with sugar it is used as rejuvenative⁴. *Shatavari* pounded and taken with the milk in dose of 10-20 gm increase the flow of breast milk.

Gokshura (Tribulus terrestris)-"*Gokshura* is *madhura rasatmak* and *shit viryatmak*. It is *vrushya* and *balya*. We now know that this is due to the steroidal saponins it contains. *Gokshura* is suitable for *pittas* because of its *shit virya*. Also being an excellent herb for all *vata* imbalances. It is used in *klaibya* according to its properties. Due to its effective support of the urinary system it is particularly helpful when there is both low sperm count and any urinary disorder.⁵ The best part of this natural herbal aphrodisiac tonic is it increases the sperm count as well as improves the sperm quality.

Parts used: Seeds, Root & Fruits

Chemical Constituents: Roots- Campesterol, B-sitosterol and stigmasterol. Fruits- Chlorogenin, diosgenin, rutin, rhamnase. Aerial parts-Dioscin, astragalin, hecogenin, diosgenin, furostanol glycoside, trillin, ruscogenin, spirosterol saponin, terrestrosides A-F saponins C and G etc.

Yashtimadhu (Glycyrrhiza glabra)-

Male reproductive system consists of eight sex related organs, viz testes, epididymis, deferent ducts, seminal vesicles, ejaculatory ducts, prostate gland, penis and urethra. Various herbs put a remarkable effect on this system. Liquorice root (*Yashtimadhu*) is *jeevaniya*, *sandhaniya*, *rasayana* & *balya*. *Yashtimadhu* is *madhura vipaka*, *sheeta virya* so act as *shukra vardhaka*. Additionally minimizes the inflammation and irritation of the urethra which can be consequence of coitus. *Yashtimadhu* promptly used in any minor injuries which may have occurred during forceful intercourse.

Parts used- Roots

Chemical constituents: The principal constituent of liquorice root is- glycyrrhizin, a yellow amorphous powder asparagine, starch, a glycoside isoliquirtin 2.2%, glucose 3.8%, gum, amorphous, sulphuric acid and metallic acids, calcium and magnesium salts.

CONCLUSION

Infertility in male and female is burning issue in this era, estimated that 60-80 million population suffering with infertility and it is also estimated that it increases up to 8-12 % worldwide. Here little effort has been made in this article is to give some of important concepts regarding infertility and medication. Drugs like *Kapikacchu*, *Ashwagandha*, *shatavari*, *Gokshur* etc. As we know all there is pleural etiology of the disease, Plethora of pathology, plenty of drugs but lot of confusion so this is difficult to treat competently.

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REVIEW ARTICLE

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AYURVEDIC REMEDY FOR FEMALE SEXUAL DYSFUNCTION:
A REVIEWKamde Rahul^{1*}, Rashmi Kamde², Wani Sunil³

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Article

ABSTRACT:

A healthy sexual life has a major impact on relationships and quality of life. Female sexual dysfunction (FSD) can significantly affect them during fertile age and later. More often this is considered a psychological problem, and to some extent it is a fact but neurological and hormonal involvement can't be ruled out. Surveys of women suggest that therapy needs to focus more on women's physiology to enjoy sexual act, rather than on pathological conditions. Ayurved has a special branch 'Vajikaran' to deal with sexual disabilities. Although predominantly male patients are treated to enhance their sex power but many of the drugs mentioned in Vajikaran may also prove effective for treating sexual dysfunction of female. Numerous trials of Ayurvedic herbs are ongoing with encouraging results on FSD.

Key Words: Female sexual dysfunction, Hypoactive sexual desire disorder, Libido, Hormones, Ayurvedic remedy

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INTRODUCTION

Sexual difficulties in women, influenced by both health-related and psychosocial factors, seem to be widespread in society, and are associated with impaired quality of life and interpersonal relationships.^{[1];[16]} Although some studies suggest that women are more frequently affected than men, only few clinical trials are available.^{[2];[16]} Sexual arousal in females includes both physical and mental excitement. It may include tingling or feeling of warmth in the genitals, wetness (lubrication), or contractions in muscles.

"If a woman is having a persistent or recurrent loss of sexual desire/interest, inability of genital arousal or attaining orgasm and difficult or painful sexual act either complete or incomplete then it can be defined as female sexual dysfunction (FSD)".^{[3];[16];[18];[19];[20];[21];[22];[23];[24];[25];[26]}

10% women in US are suffering from Hypoactive sexual desire disorder (HSDD); the commonest form of female sexual dysfunction (FSD). Hypoactive sexual desire disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) as deficiency or absence of sexual fantasies and thoughts persistently or recurrently, and/or desire for, or receptivity to, sexual activity, which

causes personal distress or interpersonal difficulties and is not caused by a medical condition or drug.^[4] Ayurved has unique way of treatment. Ayurved offers weightage to constitution of individual (Prakriti), the variety of causes (Hetu), and variation in disease manifestation (Samprapti). Ayurved also sees a strong connection between body and mind. Explain uniqueness of every individual, Ayurved offers the basic principle that why one person responds differently than another and also frames a model to treat specific state of each patient.

Medicinal treatment to enhance sex performance is predominantly attributed to male counterpart. Ayurved has a special branch named 'Vajikaran' in this regard. But now when it has been proven that females are the major sufferers and remain undiagnosed, hence untreated. There is a pronounced need to take some remedy through treasures of Ayurved. Trials of herbal drugs are already ongoing with encouraging results. May this article help to summarize it with courtesy to Ayurved.

Aetiology

Causes of low desire include chronic medical conditions, medications, surgeries, and psychosocial factors, but not necessarily increased age; HSDD is seen in both pre- and postmenopausal women, although there is variation in

frequency by age. Multiple hormones and neurotransmitters are involved in a complex mechanism controls the sexual desire in female. Inhibitory and excitatory pathway in the brain maintains this tedious

balance. For example serotonin and prolactin are inhibitory on the contrary dopamine, testosterone, estrogen and progesterone has an excitatory action.^[4] The causes can be mainly divided into -

(1) Psychological causes	(2) Physical causes
Anxiety	Bicycle riding (perineal pressure reduce blood flow)
Depression	Birth control pills & medication
Stress	Drugs - antidepressant, chemotherapy
History of sexual abuse	Spinal cord injury (can cause nerve damage; paralysis)
Negative body perception	Surgery- (abdominal or near urogenital region)
Sexual identity issues	Urinary incontinence(embarrassment; avoidance)
Relationship issues	Vaginal atrophy (estrogen deficiency or traumatic)
Emotional problems; Distraction	Hormonal imbalance (post menopause ^[11] ; pregnancy ^[12] etc)

Sign & Symptoms

Approximately 40-50% of all women report at least one sexual dysfunction symptom^[6]

- Loss of sexual desire (Libido)- absence of fantasizing or even thinking about coitus
- Disorder of arousal- to turn on during sexual act
- Inorgasmia- inability to achieve orgasm during intercourse
- Dyspareunia- means the coital act is difficult and or painful^[9]

When a woman avoids sex or cannot withstand normal coitus duration and unable to last even the normal 5 to 10 minutes of intercourse, she may be referred as having sexual dysfunction.

Diagnosis

The FSFI (Female Sexual Function Index) is a scale based on 19 point questionnaire to assess sexual feeling and response in a female. The FSFI is a powerful screening tool for FSD, especially in young fertile women, and may be used effectively in routine gynecological practice.^{[10];[27]}

Treatment

Various options in the treatment of FSD include changes in the lifestyle, treating the coexisting medical or psychiatric pathological condition if any, medications that could adversely affect sexual desire should be discontinued or switched, hormone therapy and marital therapy.^[5] Counseling is as much important as structured hormonal and non-hormonal therapies for relieving the woman from distressing symptoms.^[6]

Here are recommended life style modifications, some time tested herbal alternative medicine and dietary supplements for FSD.

1} Lifestyle changes

Certain lifestyle habits like regular exercise, meditation, Yog and pranayama. Following healthy routine devoid of smoking & alcohol. Studies has proven that inclusion of dry fruits in daily diet is found effective to treat low estrogen level and other health issues. Figs, dates, raisins provides best health benefits.^[14]

2} Medicine^{[13];[15]}

- ❖ **Bhringraj/Maca** (*Lepidium peruvianum Chacón, L. meyenii*) has a stimulant effect on pituitary function, an energy booster, rejuvenative & nutritive, encouraging the natural hormonal production in body and also improve vaginal lubrication.

- ❖ **Muiru puama** (*Ptychopetalum olacoides, P. uncinatum*) famed as "potency wood" from South America, where it is used to cure sexual debility and improve virility. It is vajikaran (an aphrodisiac) and considered a tonic for the central nervous system.

- ❖ **Oatstraw** (*Avena sativa*) used to enhance sexual ability and libido. Cures impotence and premature ejaculation. It is relaxing, nutritive and warming as the nervous system gets nourished to produce pleasurable tactile sensations in both the gender.

- ❖ **Schizandra** (*Schisandra chinensis*) it is a tonic for urogenital system in both men and women improving general weakness, depression and sexual debility. It is also suggested as an herb to help heal trauma from sexual abuse.

- ❖ **Gokshur** (*Tribulus terrestris*) (Horny Goat Weed) is used for erectile dysfunction and low sperm count. It's a kidney tonic, rejuvenative and aphrodisiac.

- ❖ **Vanilla** (*Vanilla planifolia*) ancient Puritans banned vanilla because it has sexual stimulating properties. The Latin meaning of the word vanilla is "little vagina" as the resemblance to flowers shape, likewise other plants in the Orchid family.

- ❖ **Ashwagandha** (*Withania somnifera*) it's an aphrodisiac which is used to cure sexual debility, infertility and pain of female genitalia. Recent studies shows antidepressant potential of ashwagandha extract.

- ❖ **Ajmoda** (*Carum roxburhianum DC Craib*) it has got a stimulatory action on uterus. It contains endosterone that may fulfil lack of estrogen.

- ❖ **Twak/Dalchuni** (*Cinnamomum zeylanicum Breyn*) it is used as love potions. It improves circulation to genital organ, generate warmth and is mildly stimulating in property.

- ❖ **Rason** (*Allium sativum Linn*) it is well known aphrodisiac. In women it rises the blood flow to genitalia hence boosting sex drive and also known to reduce pain.

- ❖ **Lanka** (*Capsicum annum Linn*) it contains *Endorphin* that increases blood supply, it adds to the lubrication in genital organ and is a sex stimulant in women.

3} Diet : The advised dietary substances are studied to impart direct beneficial effect on FSD.

- **Oats:** a good source of l-arginine, an amino acid, lowers cholesterol to prevent atherosclerosis.

- **Garlic:** good for cardiac arteries as well as stops formation of fatty deposits known as nanoplague inside genital arterial walls. Ancient Egyptians used garlic to boost sex stamina.
- **Blueberries:** it contains three of the six main types of Flavonoides i.e. anthocyanins, flavanones and flavones (also found in citrus fruits) offers greatest benefit in sexual performance.
- **Watermelon:** rich in lycopene that rivals sildenafil.
- **Pomegranate:** pure juice of pomegranate is linked with antioxidant property.
- **Bananas:** it's a top source of potassium, which helps to counteract the effects of high sodium. Salty food diminish blood supply to genitals and make it difficult to reach orgasm.
- **Pumpkin seed:** rich in tryptophan, an amino acid which helps in production of serotonin in brain. This creates antidepressant effect.
- **Ginger:** can improve sex life by aiding blood flow to genitalia.
- **Peppers:** improves metabolism and stimulate endorphins. Gets blood flowing to essential areas.
- **Spinach:** it is rich in magnesium, a mineral reduce inflammation in blood vessels. Improved blood flow result in better sexual excitement.
- **Broccoli:** considered best to treat low level of estrogen in body. If added with phytoestrogen boosting food like green beans and winter squash, it adds to the results.
- **Soybeans:** rich in protein, it boosts the level of estrogen in body naturally.
- **Flaxseeds:** one of the best to increase estrogen level in body. It increases the presence of phytoestrogens in body safely and naturally.
- **Sweet potato:** stimulate the ovarian function. Similar action is seen with yam and cassava.
- **Dates:** known for rich iron content also promote the level of estrogen with phytoestrogens in it.
- **Egg:** rich in B₅, B₆. Helps to regulate ovarian function.
- **Oyster:** these are brimming with zinc. Studies shown relation of low testosterone with zinc deficiency. Oysters help to overcome this problem.
- **Dark chocolates:** Chocolates increases both serotonin and dopamine level in brain, it activates happy mood and lowers stress. The cocoa increase blood flow through arteries, relax blood vessels and send blood to right areas.

DISCUSSION

It is a natural urge for a woman attained puberty to have sexual arousal and fantasies. So Female sexual dysfunction can damage her self-confidence, can affect the esteem of her partner, impose a bad impact on harmony of the relationship and can reduce her sense of overall well-being.

A useful model for exploring disturbances in female sexual response should include traditional and innovative approach, should evaluate psychiatric and medical conditions, and should consider psychological and physiological perspectives. For women, there are many part of dysfunction or dissatisfaction, e.g. a loss of

interest in sex (low libido) and the inability to become aroused or to achieve orgasm when participating in sex. Lack of sexual education or interest or attentiveness in male sexual partner is reason of impaired sexual arousal and dissatisfaction in many women. Impaired sensitivity due to a physiological problem is the cause many others. Hence this time, the concept of female sexual dysfunction, or dissatisfaction, remains poorly defined.^[7] :[27];[28] The ovarian gonadotropin, estrogen has hormonal control of sexual desire in female but a vital role in women's sexual development and function is played by Testosterone, which is primarily a male sex hormone, including sensitivity of the clitoris and breasts. Some postmenopausal women or following hysterectomy, due to reduced serum estrogen level, impaired genital sensitivity, fall in sexual desire and absence of sexual fantasies are observed.^[27] Testosterone and hormone replacement therapy (HRT) given to women is seen to enhance sex desire but it always carries a risk to develop carcinoma and heart disease. The Ayurvedic remedy mentioned here contains natural phytoestrogens that help to restore hormonal abnormalities. The food supplements provides nutrition to overcome debility and immunity issues. Hence are very effective as well as without dangerous irreversible adverse effects.

CONCLUSION

According to some studies more than 40% female experience some kind of sexual dysfunction at some point.^[8] the reason may be deficiency of estrogen secondary to testosterone deficiency. Menopause is another cause, so as poor health, lack of nutritious diet and faulty lifestyle. Ayurvedic medicinal remedy and dietary supplements enhance general immunity, increase the circulation of blood in the body including genitalia and help to correct the hormonal axis. Hence Ayurved secures its place as one of the safest and effective remedy to female sexual dysfunction without hazardous side effects.

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A CONTROLLED COMPARATIVE STUDY OF BHAGANDARA MANAGEMENT BY BHEDANKARMA WITH LOCAL APPLICATION OF SIDDHA TAILA AND KSHARSUTRA

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Article

ABSTRACT:

Bhagandara i.e. Fistula in ano is disease of Ano rectum which characterised in humans by single or multiple sinuses with purulent discharge in the perianal region. It is very obnoxious condition from the view point of the patient and a constant source of anxiety and social stigma for a sufferer. Though it is a one of the Asthomahagadha Vyadhi the medical profession therefore has always been on the alert to devise and provide procedures and provides procedures and methods surgical or otherwise which could control disease effectively. Even the ancient texts in medical literature are full of various surgical measures employed at the sometime or other for treating the disease. In *ksharsutra* treatment also there are some demerits like long duration of treatment the pain while changing the thread with every setting, burning, perianal haematoma, irritation, secondary bleeding and patient also get psychologically discomfort that sometime is tight to anal region. *Siddha tail* are the properties of *Ushna*, *Tikshna*, *Lekhan*, *Shodhan*, *ropan* etc. and the work expected at the fistulous tract are debridement of tract along with healing of tract spontaneously. Siddha tail can fulfil these all expectations by working as curating of tract with shodhan and lekhan karma, and spontaneous healing of tract with ropan dravya. While the sessmorum oil is used; this is having healing properties and vatanuloman karma.

Key Words: *Bhagandara*, fistula in ano, *siddha tail*, fistulotomy

INTRODUCTION

Ayurveda is an ancient health care system of India based on eternal principle of healthy life. Out of eight branches of *Asthang Ayurved Shalya Tantra* is one of the prime branch, which dealt with surgical and Para surgical procedures along with medicinal treatment. The Para surgical (minimal invasive surgery) includes *Ksharkarma*, *Agnikarma*, *Siravedha*, *Jaloukavcharan*, etc. which are the specialty of *Shalyatantra*. *Bhagandara* i.e. Fistula in ano is one of the *Asthomahagadha Vyadhi* described by *Sushruta* which is difficult regarding its management. It is very obnoxious condition from the view point of the patient and a constant source of anxiety and social stigma for a sufferer. The disease has described in *Sushrut Samhita* another *Samhitas*.

The method involves the application of medicated thread which has been termed as *Ksharsutra*. In this method the tract or anal fistula is threaded through and through by *ksharsutra* which is brought out at external surface of anal canal aperture and tied with knots. The thread cuts the fistulous tract timely and lay open the wound which exhibits spontaneous healing. The biggest advantage with the technique is that the patient can be treated at outpatient department level, avoiding the hospitalization. The patient remains ambulatory throughout treatment and continues with his work undisturbed. The merits of the *Ksharsutra* treatment are

minimal trauma to the anal region thereby avoiding the sphincter trauma and avoiding the anal incontinence, negligible recurrence, its ambulatory method and needs short general anaesthesia. Due to all merits, this technique besides being Para surgical procedure is equally effective like surgery.

In *ksharsutra* treatment also there are some demerits like long duration of treatment the pain while changing the thread with every setting, burning, perianal haematoma, irritation, secondary bleeding and patient also get psychologically discomfort that sometime is tight to anal region.

It is duty of research scholar to modify the treatment to overcome the above said problems for which we have referred ancient text and we found *Bhagandara* were managed by Acharya *Sushruta* with *Bhedan Karma* i.e. *Fistulotomy* and various local treatment. Along with this Acharya Charka also advocated the local application of *siddha tail* i.e. *Tailadaha*.

By use of *Bhedankarma* followed by local application of *siddha Tail* in fistulous tract we can avoid the trauma to a great extent as well as we can keep the patient away from complication such as injury to sphincters, bleeding, long duration, pain will be comparatively less and cutting and healing of fistula track will be faster than *ksharsutra* and fistulectomy. Also the drug used in *siddha*

tail are the properties of *Ushna*, *Tikshna*, *Lekhan*, *Shodhan*, *ropan* etc. and the work expected at the fistulous tract are debridement of tract along with healing of tract spontaneously. Siddha tail can fulfil these all expectations by working as debridement of fistulous tract with *shodhan and lekhan karma*, and spontaneous healing of tract with some of *ropan dravya*. While the *sessmomum oil* is used which is having healing properties and vatanuloman karma? So the management according to *Sushrutacharya of Bhedankarma* followed by local application can be add a new aspect and direction in the management of fistula in Ano. Numbers of patient with *Bhagandara* attending our M.A. Podar hospital are quite high. Hence my respected guide gave me the opportunity to work on the topic of "A Controlled Comparative Study of *Bhagandara* management by *Bhedankarma* with local application of *Siddha tail* And *Ksharsutra*".

AIM AND OBJECTIVE

1. To minimises the pain and duration in Ksharsutra management in Fistula in Ano by *Bhedankarma* and local application of *Siddha Taila*.
2. To reassess the *Sushrutokta* management of *Bhagandara* by *Bhedankarma* and local application of *Siddha Taila*.
3. To update the study of *Bhagandara* by Ancient and Modern way.

Clinical Study:

Place of Study: IPD and OPD of Shalya Tantra Department of M.A. Podar hospital, Worli, Mumbai-18.

Type of Study: Open controlled Study

Medium: The medium of this work is ENGLISH language and SANSKRIT also used wherever necessary.

Patients: The patients of *Bhagandara* attending the OPD and IPD of Shalya Tantra Department were the main clinical material.

METHODOLOGY:

Preparation of siddha taila: *Siddha Taila* has been mentioned by *Sushruta* in *Bhagandara chikitsa* aadhaya eight in the management of *Bhagandara* as a local application. But *Sushruta* has not mentioned the particular method of preparation of oil. *Dalhana* the commentator of *Sushruta Samhita*, has guided to prepare this oil by *Samanya Kalka Paribhasha*.

Ingredients: The ingredients of *Siddha Taila* are follows.

- | | |
|--------------------|------------------------|
| 1. <i>Trivruta</i> | 8. <i>Amalki</i> |
| 2. <i>Danti</i> | 9. <i>Haritaki</i> |
| 3. <i>Haridra</i> | 10. <i>Bibhitak</i> |
| 4. <i>Arkamula</i> | 11. <i>Snuhi kshir</i> |
| 5. <i>Agaru</i> | 12. <i>Arka kshir</i> |
| 6. <i>Ashwamar</i> | 13. <i>Madhu</i> |
| 7. <i>Vidanga</i> | 14. <i>Sikthak</i> |
| | 15. <i>Til Taila</i> |

Collection of Snuhi kshir and Arka kshir: *Snuhi kshir* is collected in glass container with broad mouth by taking the incision on the selected part of calotropis bark mainly at early hours of morning. In the same manner *Arka kshir* is collected. Other ingredients as raw materials are collected from market.

Procedure: Instead of *Arka kshir*, *Snuhikshi*, *madhu* and *Sikthak* all other contents are taken in dried form, in equal quantity, fine powder of all the drug is made earlier. Then it was mixed with water as well, further this mixture was taken on shila and fine paste is made. According to *Sneha siddhi kalpana* this was taken in pot and was stuck on the base of the pot. The *Snuhi Kshir* and *Arka kshir* in same quantity as other raw was sprinkled on the kalka, and then bee wax is added to the kalka and proposed (four parts of the drugs) quantity of til oil is dropped in the same pot. Then proposed quantity of water (sixteen parts of the drugs) was added in the mixture. The constant and low heat was given till all quantity of water was evaporated and froth appeared (Fenodbhav). Then *Sneha siddhi lakshane* were examined. The oil is filtered with cloth in another pot. When it comes to room temperature the honey is added in same quantity as other drugs. And oil is stored in another container. The whole procedure is done at Department of Ras shastra R. A. Podar medical (ayu) college, under the supervision of expertises in Ras shastra.

Ksharsutra prepared from –Linen Barbour no 20, *Apamarga Kshar*, *Snuhi Ksheer* (i.e. latex of *Euphoria Nerifolia*), *Haridra choorna* (powder of *Curcuma longa*)

As per the standard of Dr .P.J Deshpande and C.C.R.A.S) *Kshar sutra* prepared from Lines Barbour no 20, *Apamarga Kshar* (i.e. water soluble ash extract of *Achyranthus aspera*), *Snuhi Ksheer* (i.e. latex of *Euphoria nerifolia*), *Haridra choorna* (powder of *Curcuma longa*). Total numbers of patients were 50, which was divided into two groups each comprising of 25 patients

1. First group was treated with *Bhedankarma* and Local application *Siddha Taila*.
2. Second group was treated with *Ksharsutra* as control group.

Inclusion criteria:

1. Sex : Both, Male and Female
2. Age: 15 Years and Above
3. All the patients other than execution criteria were taken under inclusion criteria.

Exclusion criteria:

1. High anal and high rectal Fistula.
2. Fistula connected with other organs like Urethra, Vagina etc.
3. Patients with Tuberculosis / Systemic disease/ infection.
4. Bleeding disorders

OBSERVATIONAL PARAMETER:

Observations for Trial Group:

Daily dressing with *Siddha Taila* was done on the operated wound (i.e. *Bhedankarmakrut Vrana*) till the wound completely healed. The weekly findings of the observations were noted on the specially prepared case record form. The following observations were mainly done.

1. Duration for healing
2. Pain
3. Discharge

Observations for Control Group:

On every 7th day the ksharsutra was changed till track was cut. The finding of the observations was noted on same case record form, and following observations were mainly done.

1. Duration for cutting and healing.
2. Pain
3. Discharge

Assessment of Parameters:

Parameters were kept for the weekly assessment of the observations.

Pain: 0- No pain

- 1- Mild pain, drug not needed.

2- Pain ,tolerable with medicine

3- pain not tolerable, sleep disturbs inspite of medicine.

Discharge: 0- no discharge

- 1- One dressing pad soaked with discharge per day.
- 2- Two dressing pads soaked with discharge per day.
- 3- Three dressing pads soaked with discharge per day.

Statistical analysis:

Statistical Analysis According to Symptoms

Sr. No.	Symptoms	Group	Mean (X)	S D	S. E.	t 24	P
1	Pain	Group I	1.32	± 0.69	0.13	10.15	< 0.001
		Group II	1.16	± 0.62	0.12	9.66	< 0.001
2.	Discharge	Group I	1.76	± 0.43	0.08	20.22	< 0.001
		Group II	1.08	± 0.48	0.09	11.25	< 0.001

3.	Duration	Group	Length	Average Duration
		Group I	0 - 3.5 Cms	2 Weeks
3.6 - 7 Cms	2.78 Weeks			
Group II	0 - 3.5 Cms	3.8 Weeks		
	3.6 - 7 Cms	5.10 Weeks		

1. Duration: The average duration of treatment in the group I i.e. Bhedankarma with local application of Siddha tail, in first group (0 to 3.5 cm length) is 2 weeks where as in the second group (3.6 to 7 cms length) is 2.78 week. The average duration of treatment in group II i.e. in Ksharsutra treatment, in the first group (0 to 3.5 Cm length) is 3.8 weeks and in the second group (3.6 to 7 cm length) is 5.10 weeks.

2. Pain: The patient treated with Bhedankarma with local application of Siddha tail, the pain was ±0.69 SD with t24 value of 10.15. And the patient treated with Ksharsutra treatment the pain was observed ±0.62SD with t24 value 8.66.

3. Discharge: Discharge from the both types of management was measured by providing the pads of 10×10 cms size and advice to change the pads after soaking with the discharge and quantity wise gradation recorded.

It was observed that the patients treated with the Bhedankarma with local application of Siddha tail the discharge was ±0.43 SD with t24 value of 20.22 and the patients treated with Ksharsutra group the discharge was ±0.48 SD with t24 value 11.25.

DISCUSSION

Present study is comparative study of Bhagandara management by Bhedankarma with local application of Siddha Taila and ksharsutra.

While studying this subject it was found that, the aetiological factors described in Samhitas thousands years back are still proved true.

It was found that this disease is more common in males, so the prevalence of the disease is more common in male. Regarding the age group of the patients more

patients were affected in the age group of 36 to 45 years after that 24 to 35. So the disease prevalence is more common in adult life, which is claimed in the theory.

It was observed that almost all the patients were mix diet group. Most of the patients were not following regular dietary habits and were eating the bakery products, which are responsible for the vitiation of the Doshas and are the causes of Bhagandara.

It was observed that most of the patients affected with Bhagandara were belonged to the field work and field work with physical labour. So the work or occupation is important factor in the causes of Fistula in ano. Regarding the types of Fistula in ano, most of the patients were from the low anal variety. The theory also suggested the low anal variety is more common. Parisravi and Usthragriva type of Bhagandara were included in the study only. The parameters were kept for the clinical study. They were Duration of treatment, Pain and Discharge. The length of the track is divided into the two group for the counting the more specificity in the duration.

In the Bhedankarma with the local application of Siddha tail in the length from 0 to 3.5 cm, the average duration of treatment observed was two weeks. While in the length of 3.6 to 7 cms, the average duration of treatment observed was 2.78 weeks.

In the second group i.e. in the ksharsutra management in the length of fistula from 0 to 3.5 cms the average duration observed was 3.8 weeks. Where as in the length of 3.6 to 7 cms the average duration of treatment observed was 5.10 weeks.

The pain was found comparatively less in the Bhedankarma with local application of Siddha Taila (± 0.69 SD with t24 value 10.15) the pain was observed for the first few days and was almost absent in the last week of treatment. In the ksharsutra management the pain was found almost all the duration and comparatively more than the Bhedankarma with local application of Siddha Taila (± 0.62 SD with t24 value 9.66)

Also the discharge in Bhedankarma was found less and for the less duration (± 0.43 SD with t24 value 20.22) as compared to the ksharsutra management which was more and for long duration (± 0.48 SD with t24 value 11.25). The discharge in ksharsutra treatment was less in first one to one half day and from second day discharge quantity increased for three to four days and again decreased. As the ksharsutra changed the discharge decreased in further setting but it was presents almost end of the treatment.

CONCLUSION

The following conclusion can be drawn from the resented study.

- The overall pain in the patient treated with Bhedankarma with local application of Siddha Taila is less as compared to patient treated with the ksharsutra.

•The overall discharge is also less in the patients treated with local application of Siddha Taila as compared to ksharsutra management.

• The average duration is found less in patient treated with local application of Siddha Taila as compared to the ksharsutra treatment.

• The further study aspects in this study for desirous scholar is study of other various local applications followed by Bhedankarma.

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THE STUDY OF VANDHYATVA-INFERTILITY IN CURRENT ERA

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Article

ABSTRACT:

Infertility is a significant medical problem that affecting 10 to 15% of couple, with approximately equal contribution. Infertility is defined as failure to achieve conception by a normal couple for 1 year of unprotected coitus. According to *Ayurveda* important factor for conception are considered as *rutu* (fertile period), *kshetra* (uterus and reproductive organs), *ambu* (proper nutrient fluid), *bija* (shukra and shonita) and normalcy of *hrudaya* or psychology, proper functioning of *vayu* (normal nervous system) and *shadbhavas* (*matraja*, *pitraja*, *atmaja*, *satvaja*, *satmyaja* and *rasaja*). Abnormality in any one of them can cause *vandhyatva* - infertility. In current era so many advanced techniques are available for diagnosis of proper cause of infertility. For example in male -semen analysis, hormonal testing, transrectal and scrotal ultrasound and in female for example-ovulation testing, hystosalphingigraphy, laparoscopy, hormonal testing, genetic testing, pelvic ultrasound. There is innumerable cause in current era which is causing infertility in human being. Infertility is cure with the help of medical and surgical treatment. The infertility rate is increased due to change in life style, stress, improper diet and socioeconomic cause. So for that purpose, the study of *vandhyatva* - infertility in current era is being presented in this paper.

Key Words: Rutu, Kshetra, Ambu, Bija

INTRODUCTION

Infertility is defined as failure to achieve conception by a normal couple for 1 year of unprotected coitus. According to *Ayurveda* important factor for conception are considered as *rutu* (fertile period), *kshetra* (uterus and reproductive organs), *ambu* (proper nutrient fluid), *bija* (shukra and shonita) and normalcy of *hrudaya* or psychology, proper functioning of *vayu* (normal nervous system) and *shadbhavas* (*matraja*, *pitraja*, *atmaja*, *satvaja*, *satmyaja* and *rasaja*). Abnormality in any one of them can cause *vandhyatva*-infertility. Description of *vandhyatva* is present only in *Harita samhita*. *Harita* has defined *vandhyatva* as failure to achieve a child rather than pregnancy, because he has included *garbhasravi* and *mrtavasta* also under the *vandhyatva*. This definition is not acceptable today. In current era so many advanced techniques are available for diagnosis of proper cause of infertility. Infertility is cure with the help of medical and surgical treatment. The infertility rate is increased due to change in life style, stress, improper diet and socioeconomic cause. So for that purpose, the study of *vandhyatva*-infertility in current era is being presented in this paper.

AYURVEDIC VIEW

Description of *vandhyatva* is present only in *Harita samhita*. *Harita* has defined *vandhyatva* as failure to achieve a child rather than pregnancy, because he has

included *garbhasravi* and *mrtavasta* also under the *vandhyatva*. This definition is not acceptable today. Other *ayurvedic* classics have not used word *vandhyatva*, but it's the only symptoms i.e. failure to achieve pregnancy has been referred under various condition i.e. coitus with an old woman, young or diseased woman, coitus in abnormal posture, due to diseases of *yoni* (reproductive system) and abnormalities of *artava*. *Kasyapa* say that the couple having number of children with proper growth and development due to effect of nature or their own deeds are fortunate, otherwise (having failed to achieve to pregnancy) should be treated. In *Sushruta samhita* *Vandhya yonivyapada* is explained under *yoniroga*. *Charaka* and *vagbhat* have referred *vandhya* due to abnormality of *bijamsa*. Both these references do not give complete picture of *vandhyatva*.

Causative factors explained by all the ayurvedic classics are summarised hereunder:-

- 1) Yonipradosha:- Yonivyapada, injury to artavahasrotasa, yonyarsha, garbhakoshabhanga, bhagasankocha and sphalita mutratwa.
- 2) Manasika abhitapa
- 3) Shukradosha
- 4) Asrka dosha
- 5) Ahara dosha
- 6) Vihara dosha
- 7) Akala yoga
- 8) Loss of bala
- 9) Atma dosha
- 10) Affliction by jataharinis
- 11) Daivaprakopa

Classification and clinical features:- Classification of vandhya or vandhyatva has not been given in any classic except Harita samhita. Harita has described classification and etiology together. Vandhya is of six types according to Harita;-Harita mentioning vandhya of six types has named only five.

- 1) Kakavandhya (one child sterility)
- 2) Anapatya (primary sterility)
- 3) Garbhasravi (repeated abortion)
- 4) Mrtavasta (repeated stillbirth)
- 5) Balakshaya (loss of strength)

Infertility due to childhood age, injury to or prolapsed of uterus, loss of dhatus and constriction of vagina and uterus due to coitus done before menarche etc. all had to be considered under sixth category.

Sadhyaadhyata:- Prognosis of infertility depends upon its specific causes such as infertility due to incurable disease of yoni or artava will automatically become incurable.

Chikitsa :-

- 1) Treatment of specific causes responsible for infertility.
- 2) Avoiding etiological factors.
- 3) Use of strength producing and brmhana articles.
- 4) After using snehana, swedana, vaman, virechana, asthapana, anuvasana basti in consecutive order, the man should be given milk and ghee medicated with madhura drugs and woman, oil with masha etc. is opinion of few authors.
- 5) The drugs prescribed for pumsawanakarma can also be used.

MODERN VIEW

Definition:- Infertility is defined as failure to achieve conception by a normal couple for 1 year of unprotected coitus.

Primary or secondary:-

- Primary infertility: - The inability to conceive after 1 year of unprotected intercourse for a woman younger than 35, or after 6 months of unprotected intercourse for a woman 35 or older (Speroff & Fritz, 2005).
- Secondary infertility: - The inability of a woman to conceive who previously was able to do so (Speroff & Fritz, 2005).

Causes of infertility:- Causes are shared almost equally by men and women.

Causes of male infertility:-

- A) Defective spermatogenesis
- B) Obstruction of the efferent duct system
- C) Failure to deposit sperm high in the vagina
- D) Errors in the seminal fluid

A) Defective spermatogenesis:-

The causes of the defective spermatogenesis are:

- 1) Congenital - Undescended testes, Kartagener syndrome, Hypospadias.
- 2) Thermal factor -The scrotal temperature is raised in conditions such as varicocele, big hydrocele or filariasis.
- 3) Infection - Mumps, orchitis, chronic systemic illness,

bacterial or viral infection of the seminal vesical or prostate.

- 4) General factors - Malnutrition or heavy smoking ,alcohol intake .
- 5) Endocrine - Like Kallmanns syndrome, sertoli- cell- onllysyndrome.
- 6) Genetic - Klinefelters syndrome.
- 7) Iatrogenic - Radiation, cytotoxic drugs, nitrogen furnation, cimetidene etc.
- 8) Immunological factor - Antibodies against spermatozoal surface antigens.

B) Obstruction of the efferent duct system:-

- Obstruction of the efferent duct by infection like tubercular, gonococcal or by surgical trauma (herniorrhaphy).

C) Failure to deposit sperm high in the vagina:-

- Erectile dysfunction, ejaculatory defect-premature, retrograde or absence of ejaculation, hypospadias.

D) Errors in the seminal fluid:-

- Unusually high or low volume of ejaculate, low fructose content, high prostaglandin content, undue viscosity.

Causes of female infertility:-

A) Ovarian factors:- The ovulatory dysfunctions encompass:-

- Anovulation or oligo-ovulation
- Decreased ovarian reserve
- Luteal phase defect
- Luteinised unruptured follicle

B) Tubal and peritoneal factors:-

- The obstruction of the tubes may be due to Pelvic infection, Previous tubal surgery or sterilisation, Salphingitis isthica nodosa, Tubal endometriosis and others, Polyps or mucous debris within the tubal lumen or tubal spasm.

C) Peritoneal factors:-

- In addition to peritubal adhesions, even minimal endometriosis may produce infertility.

D) Uterine factors:-

- Uterine hyperplasia, inadequate secretory endometrium, fibroid uterus, endometritis (tubercular), uterine synechia.

E) Cervical factors:-

- Anatomic: - Anatomic defect prevents sperm ascent may be due to congenital elongation of the cervix, second degree uterine prolapse and acute retroverted uterus.

- Physiologic:- The fault lies in the composition of the cervical mucus, the mucus may be scanty. Presence of the antisperm.

F) Vaginal factors:-

- Atresia vagina, transverse vaginal septum, septate vagina.

Combined factors:-

- a) General factors:- Advanced age of the wife beyond 35.
- b) Infrequent intercourse, lack of knowledge of coital

technique and timing.

- c) Aparentia and dyspareunia.
- d) Anxiety and apprehension.
- e) Use of lubricants during intercourse which may be spermicidal.
- f) Immunological factors.

Investigation of Infertility:-

In Male:-

History:-

General medical history :-

- A general medical history should be taken with special reference to sexually transmitted diseases, mumps, orchitis, diabetes, recurrent chest infection or bronchiectasis. Relevant surgery such as herniorrhaphy, operation on testis or surgery in genital area to be enquired.

Occupational history:-

- Exposure to excessive heat or radiation.

Social habits:-

- Particularly heavy smoking and alcohol .

Examination: -

Full physical examination:-

- Inspection and palpation of the genitalia. Testicular volume should be measured. Presence of varicocele should be elicited in the upright position.

Investigation:-

a) Routine investigation:-

- Urine and blood examination including postprandial sugar.

b) Seminal fluid analysis:-

Fresh sample (to lab within 30 mins.):– Most sperm in initial ejaculate

Male should be abstinent for 48 to 72 hours.

Volume - : 2.0ml or more

pH : 7.2- 8.0

Sperm concentration : 20 million/ml or more

Total sperm count : >40 million per ejaculate or more

Motility : 50% or more progressive forward motility

Morphology : 15% or more with normal forms

Viability : 75% or more living

White blood cells : less than 1 million/ ml

Immunobead test : less than 20% spermatozoa with adherent particles

MAR test : less than 10% spermatozoa with adherent particles

Sperm agglutination : < 2(scale 0-3)

Sperm Terms:-

- Asthenozoospermia, oligospermia /oligozoospermia, Polyzoospermia, necrozoospermia, teratozoospermia, azoospermia, aspermia, oligoasthenoteratozoospermia.

In-depth evaluation:-

- These are needed in case of azoospermia, oligospermia, low volume ejaculate, problems of sexual potency.

Serum FSH, LH, testosterone, prolactin and TSH:-

Fructose content in the seminal fluid:-

Testicular biopsy:-

Transrectal ultrasound(TRUS):-

Vasogram :-

Karyotype analysis:-

Immunological tests:- Two types of antibodies have

been described - sperm agglutinating and sperm immobilizing.

Female:-

History:-

- Age, duration of marriage, history of previous marriage with proven fertility if any are to be noted.

General medical history: -

- Especially reference to tuberculosis, sexually transmitted disease, features suggestive of pelvic inflammation or diabetes.

The surgical history:-

- Specially abdomen and pelvic surgery. This may be related to peritubal adhesions.

Menstrual history:-

- Hypomenorrhoea, oligomenorrhoea, amenorrhoea

Previous obstetric history:-

- Including no. of pregnancies, the interval between them and complication during pregnancy, Contraceptive practice should be elicited. IUCD may produce PID, Sexual problems such as dyspareunia and loss of libido are to be enquired.

Examinations:-

General examination: -

- Obesity, marked reduction in weight. Abnormal distribution of hair or underdevelopment of secondary sex characters are to be noted.

Systemic examination:-

Hypertension, organic heart disease, chronic renal failure, endocranopathies .

Gynaecological examination:-

- Includes adequacy of hymenal opening , evidence of vaginal infections, cervical tear, undue elongation of cervix, uterine size, position and mobility.

Speculum examination:-

- May reveal abnormal cervical discharge.

Ovulation factors:-

- Ovulation dysfunctions commonly associated with infertility are:-

A) Anovulation or oligo-ovulation.

B) Luteal phase defect (LPD).

C) Luteinised unruptured follicle (LUF).

A) Diagnosis of ovulation (anovulation or oligo-ovulation) :-

- The various methods used in to detect ovulation are grouped as follows:

1) Indirect :-

a) Menstrual history:-

b) Evaluation of peripheral or endorgan changes:-

- BBT - Hormone estimation (Serum progesterone, LH, oestradiol)

- Vaginal cytology - Urine LH

- Endometrial biopsy - Cervical mucus study

c) Sonography:-

2) Direct:- Laparoscopy

3) Conclusive:- Pregnancy

B) Luteal phase defect:- Diagnosis of LPD is based on

BBT chart, endometrial biopsy, serum progesterone.

C) Luteinized un ruptured follicle:- Diagnosis with the

help of sonography, laparoscopy, ovarian biopsy.

Tubal factors :-

- The anatomical patency and functional integrity of the tubes are assessed by:
- Dilation and insufflation test
- Hysterosalpingography (HSG)
- Laparoscopy.
- Sono-hysterosalpingography

Uterine factors:-

- Uterine factors commonly associated with subfertility are sub mucus fibroids, congenital malformations, intrauterine adhesions. Ultrasonography, HSG, Hysteroscopy, laparoscopy are needed in the evaluation of uterine factors.

Cervical factor:-

- The cervix functions as a biological valve. This is in the sense that, in the proliferative phase, it permits the entry of sperm and in the secretory phase, hinders their penetration. As such, dysfunction at this level should be carefully evaluated. This is done by: - Postcoital test (PCT) (Sims-Huhner test)

test (SCMCT)

- Sperm cervical mucus contact
- Endocrinopathy
- Immunological factor

Treatment of infertility:-**In male Infertility:-****Medical treatments:-**

- Improving of general health, reduction of weight in obese, avoidance of alcohol and heavy smoking, avoidance of tight and warm undergarments.
- Use of vitamins E, C, D, B12 And folic acid.
- In hypogonadotrophic-hypogonadism, hCG 5000 IU im, and dopamine agonist is given in hypoprolactaemia.
- In presence of antisperm antibodies in the male, IUI with washed spermatozoa is done.
- In retrograde ejaculation - phenylephrine is used. Sperm recovered from the neutralised urine. processed spermatozoa is used for IUI.
- In teratospermia, asthenospermia - cause are unknown, no treatment is available. Donor insemination is the option.
- In genetic abnormality - artificial insemination with donor sperm is done.

Surgical:-

- Vasoepididymostomy or vasovassostomy in obstruction of vas.
- Surgery for vericocele, hydrocele.
- Orchidopexy in undescended testis.
- Impotency:- Psychological treatment, for erectile dysfunction sildenafil is given.

- Assisted reproductive technology (ART) for Male infertility.

In Female infertility:-**Medical treatments:-**

Drugs:- Clomiphene citrate, Human menopausal gonadotropin, HmG, FSH, Human chorionic gonadotropin (hCG), Gonadotropin – releasing hormone (Gn-RH) analogs, Aromatase inhibitors, Metformin, Bromocriptine.

Surgery:-

- Laparoscopic ovarian drilling or laser vaporization
- Wedge resection
- Surgery for pituitary prolactinomas
- Surgical removal of virilising or other functioning ovarian or adrenal tumor.
- Tubal and peritoneal factors
- Tubal factors are corrected only by surgery.
- Salpingo-ovariolysis by laparoscopy or laparotomy in peritubal adhesions.
- Salpingography in proximal tubal block.
- Fimbrioplasty, neosalpingostomy in distal tubal block.
- Reversal of tubal ligation in mid tubal block.
- Assisted reproductive technology (ART).
- Uterovaginal surgery:- Myomectomy, metroplasty, adhesiolysis etc.

combined factors:-

- The faults detected in both the partners should be treated simultaneously and not one after the other.

Artificial Insemination (AI):-

Different methods are:-

- IUI
- Fallopian tube sperm perfusion.

Assisted reproductive technology (ART):-

- ART encompasses all the procedures that involve manipulation of gametes and embryos outside the body for the treatment of infertility.

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Index Copernicus Value (2015) – 80.04IMPORTANCE OF KSHEER IN GARBHINI PARICHARYA WITH
RESPECT TO PHYSIOLOGICAL CHANGES DURING PREGNANCYDeepali Rajput^{1*}, Manisha B. Deokate²

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Article

ABSTRACT:

Pregnancy is very much demanding phase of woman's life, both physically & mentally. Hence she requires additional care & nutrition during this period. In Ayurveda special regime is described for every month of pregnancy & *Ksheer* is common in all of them. *Ksheer* with all its *Guna* support the adaptation of the female body for pregnancy. As *Ksheer* is *Preenan*, *Jeevan*, *Brihan*, *Balya*, *Vrishya*, it works on each *dhatu*. Hence to support the physiological changes occurring in pregnancy, *Ksheer* should be given as per prescribed regime by our *Aacharyas*.

Key Words: *Ksheer*, Physiological changes during pregnancy, *Garbhini Paricharya*

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INTRODUCTION

Charaka described pregnant female as 'purnamiv tailapatram' and it is very much true as one new life is growing within her body. And to compensate this various changes occurs in female body. These are physiological changes which may turn into pathological, complicating the pregnancy. Special care and additional nutrition is required to meet the additional demand during pregnancy and that's why almost all *Aacharyas* have described specific *Paricharya* for this precious period. *Aacharya Charaka*, described *Ksheer* as *Shrestha Dravya* among all *Jeevaniya Dravyas*. That means it increases vitality which is required for both the lives. While describing *Garbhini Paricharya Ksheera* is advised from very 1st month of pregnancy and is continued with different *dravyas* at different stages of pregnancy. It indicates its eminent role during pregnancy.

OBJECTIVE

To assess the effect of *Ksheer* in *Garbhini Paricharya* with respect to physiological changes during pregnancy.

METHODOLOGY

Aacharya Charak has described *Garbhini Paricharya* as follows:

- 1st month - *Sheeta*, *Anupskrut Ksheer* frequently with *Satmya Aahar*
- 2nd month - *Madhur Aushadhi Siddha Ksheerpana*
- 3rd month - *Ksheer* with *madhusarpi*
- 4th month - *Ksheer* with *Akshamatra navneeta*
- 5th month - *Ksheer* with *Ghritha*

6th & 7th - *Madhur Aushadhi Siddha Ksheera* with *ghrita*
8th month - *Ksheer* with *Yavagu* and *Ghritha*. Thus, in every month specific *dravyas* are advised, but *Ksheer* is common for all the 8 months. This it emphasize the necessity and importance of *Ksheera* during pregnancy. As per *Aacharya Kashyap*, during pregnancy *rasa* of mother is utilized for nutrition of mother, fetus and breast i.e. *stana*. Thus mother required additional nutrition. This theory of *Kashyap* is supported by conventional science of medicine. According to which, there is increased demand of microelements during pregnancy for the growing fetus and various maternal changes occurring in all systems of the body are maternal adaptations to the increased demand of the growing fetus. Physiological changes occur in almost all the system but the major are Hematological, Cardiovascular, Alimentary System, Endocrine system and Urinary Tract system. In other words, various changes take place in *Saptadhatu* to fulfill the need to *Garbha*.

In pregnancy, plasma volume begins to increase from the 6th week of gestation and it is maximum at 30th week. Overall increase in plasma volume is about 40%. This increased plasma volume is to fill the additional intravascular spaces created by placenta and its blood vessels. Insulin level increases to 2-3 times higher than normal level. Blood glucose level also increases. These changes can be co-related with changes in *Rasadhatu*. There is 18-20% increase in RBCs volume and iron absorption from gut increases as the demand of iron increases. In pregnancy the fibrinogen level increases to

about 50% then in non-pregnant state. These are the changes occurring in the *Rakta* and *Majjadhatu*. In *Mamsadhatu*, there is decreased smooth muscle tone due to increased progesterone which caused esophageal regurgitation, constipation, delayed gastric emptying. There is hypertrophy and hyperplasia of uterine muscles during pregnancy. In pregnancy 3-4 kg of fat deposits on abdomen, thighs and breasts. Serum cholesterol level also increases; this can be compared with *Medovridhi* during pregnancy.

In *Asthidhatu*, the total serum calcium level decreases throughout the pregnancy up to 34-36 wks and then

slightly rises. Maternal PTH increases to about 135%, to maintain the Sr. Ca⁺⁺ levels by increasing the absorption from gut and decreasing the renal loss. But the skeleton is well maintained due to calcitonin which counteracts the effect of PTH on skeleton while permits the effect of PTH on the gut and kidney. In pregnancy, there is increase in oestrogen, progesterone and cortisol level. Apart from the other functions, increased oestrogen and progesterone helps in maintaining pregnancy i.e. *garbhadharana*, one of the function of *Shukra dhatu*. This corresponds to *Shukra vridhi*.

DISCUSSION

Dhatu	Effect of Pregnancy	Effect of Ksheera
Rasa	Plasma volume increases up to 40%	Preenana
Rakta and Majja	RBC volume increases up to 18-20%. Fibrinogen level increases up to 50% Increased iron absorption	Jeevan
Mansa	Decrease smooth muscle tone, Uterine muscles hyperplasia and hypertrophy	Brihan
Meda	Deposition of 3-4 kg of fat Serum cholesterol level increases	Snehan
Asthi	Serum calcium level decreases But increased absorption from gut and kidney	-
Shukra	Increased oestrogen, progesterone and cortisol level	Vrishya

Acharya Charak has described *Ksheera* as *Madhur*, *Snigdha* and *Sheeta*. One of the karma of *Ksheera* is *Preenan* i.e. to gratify/ meeting the demand of the body. This *karya* is performed by *rasadhatu* in body. Hence *Ksheera* enhances the function *rasadhatu* by *siddhanta* of *karmasamanya*. *Jeevan*, the important function of the *raktadhatu* means giving vital elements to the body, is increased by *Ksheera* as Charak described *Ksheera* as *Jeevaniya* i.e. vivifying, enlivening. *Brihan* i.e. *Dehopchaya* occurs naturally during pregnancy is as a result of *mansapusthi*, which can also be achieved with *Ksheera*.

Snigdha is one of *Guna* of *Ksheera* which leads to *Snehana* in the body and which is one of the function of *medodhatu*.

As per the conventional science milk is effective in renewing bone tissues which is already been described by *acharyas* as '*Sandhan Vihitasya*'. Apart from this, while describing the treatment of *Asthivaha strotasa* *Ksheera* has been advised. This indicates *Ksheer* does *Pushti* of *asthidhatu*. As per conventional science also, *Ksheer* provides the best type of organic calcium for the body which assimilates readily. Thus, calcium of the milk helps to renew the bone tissues more effectively and

hence leading to *asthidhatu pushti*. *Ksheera* is described as *Vrishya*; hence it leads to *Shukravridhi* also.

Ksheera is *Anulomak* in nature. It maintain *prakrut gati* of *Pranvayu* and helps in gastric emptying and this oesophageal regurgitation is avoided. It helps in maintaining *Apanvayu* in its *prakrut gati*, which is important in '*Garbhadharan*' and '*Nishkraman*'. According to the conventional science a glass of hot milk with pure ghee at bed time smoothen the digestive tract and relieves constipation due to its amino acid tryptophen. Charak has described *Ksheera* as '*Stanyam*', on commenting over this *Chakrapani* says '*Stanyam Stanakaranamiti*', which means *Ksheera* leads to *Stanyotpatti*, which is very important after delivery during lactational period.

CONCLUSION

As *Ksheera* is *Preenan*, *Jeevan*, *Brihan*, *Balya*, *Vrishya* it works on each *dhatu*. Hence to support the physiological changes occurring in pregnancy, *Ksheer* should be given in pregnancy as prescribed by our *Acharyas*.

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GARBHINI PARICHARYA IN AYURVEDA

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Article

ABSTRACT:

It is said that the health is wealth which is universal truth. You have good health, you gained everything in the world. So the basic principle of *Ayurveda* is 'Swasthasya Swastha Rakshnam Athurasya Roga Prasamanam'. *Ayurveda* is not only science of life but is soul of medication. It has emphasised the need of *Dinacharya*, *Rutucharya* to have and maintain the good health to taste the living life. If every child is strong and healthy that means our whole world is strong and healthy. The concepts of *Garbha Dhana Vidhi*, *Pumsavana*, *Garbhini Paricharya*, and *Sutika Paricharya* are advocated by *Ayurveda* to have a strong and healthy child. Proper growth and development of foetus is completely depended upon the diet and activities of pregnant woman so *Ayurveda* developed a concept of diet, behaviour, conduct and medication during the pregnancy period that pregnant woman should follow and avoid certain things in the form of *Garbhini Paricharya*. Proper follow up means proper growth and development of foetus and safe natural delivery with the tears of happiness to become a mother. Hence a small endeavour is made to have a knowledge and understand the importance of it and to review the concept of *Garbhini Paricharya* through this article.

Key Words: *Ayurveda*, *garbhini paricharya*, *garbha dhana vidhi*, *sothika paricharya*

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INTRODUCTION:

An apple a day keeps doctor away. Likewise a healthy pregnant woman keeps emaciated generation away. Her wellness is maintained from the day of confirmation up to the delivery through proper *Garbhini Paricharya*. *Garbhini Paricharya* means to take care of pregnant woman in the form of *Ahara*, *Vihara*, *Aushadha* and *Paramarsh* to prepare for *Sukhad Prasav*. *Kashyapa* says whatever foods and drinks are consumed by the pregnant woman it affects the foetus. If it is nutritious it becomes congenial to foetus. So care of pregnant woman should be taken and never be neglected. The main aims of *Garbhini Paricharya* are 1) To protect foetus from known/unknown hazards, 2) To promote normal growth and development of foetus, 3) To conduct normal delivery without any foetal and maternal complications. Thus great importance has been given to *Garbhini Paricharya* in our *Sanhitas*

Garbhini Paricharya:

There is an important role of *Pathya* (regimen) in *Garbhini Paricharya* which is broadly discussed under three titles-

- Masunumasik Pathya* (Monthwise dietary and regimen)

- Garbhopaghatak Bhavas* (Activities and substances harmful to foetus)
- Garbhasthapak Dravyas* (substances beneficial for maintenance of pregnancy)

a) Masunumasik Pathya:

As we require nutritious and balanced food to our proper growth and development, foetus also require the same but it gets from the placenta. So nutritious and balanced food must be provided to the pregnant woman during her pregnancy.

The monthly regimen help in:

- Downward movement of vata (*Vata anulomana*)- this is useful for normal expulsion of foetus during delivery.
- Help in complexion and strength
- Softening of waist, pelvis, side of back & chest
- Regularization of stool & urine

According to the growth and development of foetus the nutrition varies month wise and following table shows it month wise.

Table no.1 showing the monthly dietary regimen described by classics

Texts	Dietary Regimen
During 1st Month	
<i>Charak Samhita</i>	<i>Saatmya Bhojana and Sheet Ksheera</i>
<i>Sushrut Samhita</i>	<i>Sheeta, Madhur, Drava Ahaar</i>
<i>Vagbhata</i>	<i>Upasansanskrita Ksheera</i>
<i>Haarit Samhita</i>	<i>Cold Decoction of Suvarna Rajata Sidhha Jala, Sheet, Swadu Aahara madhuk pushpa or Madhuyasht or Parushaka with Navaneeta with Madhur Payo Anupana.</i>
During 2nd Month	
<i>Charak</i>	<i>Madhur Aushadhi Sidhha Ksheera</i>
<i>Sushruta</i>	Same as 1 st month
<i>Vagbhata</i>	Same as Charak
<i>Haarit Samhita</i>	<i>Kakoli Sidhha ksheer</i>
During 3rd month	
<i>Charak</i>	<i>Madhu Sarpi Sidha Ksheera</i>
<i>Sushruta</i>	Same as 1 st month
<i>Vagbhata</i>	Same as Charak
<i>Harita</i>	<i>Krushara</i>
During 4th month	
<i>Charak</i>	<i>Laksha (10gms) and Ksheer Navaneets</i>
<i>Sushruta</i>	<i>Shashtika Odana with Dugdha and Dadhi Navneeta Sidhha Jangal Mamsa Yukta Anna</i>
<i>Vagbhata</i>	Same as Charak
<i>Harit Samhita</i>	Sanskrita Odana
During 5th month	
<i>Charaka</i>	<i>Ghrta and Ksheera</i>
<i>Sushruta</i>	<i>Shashtika Odan with Dugdha, Ksheera Sarpi Yukta Jangal Mamsa Yukta Anna</i>
<i>Vagbhata</i>	<i>Ksheera and Sarpi</i>
<i>Harita</i>	<i>Paayasa</i>
During 6th month	
<i>Charak</i>	<i>Madhur Aushadhi Sidhha Sarpi and Ksheera</i>
<i>Sushruta</i>	<i>Yavagu or Shwadanshtra (Tribulus terrestris) Sidhha Sarpi</i>
<i>Vagbhata</i>	Same as Charaka
<i>Harit</i>	<i>Madhur Dadhi</i>
During 7th month	
<i>Charak</i>	Same as in 6 th month
<i>Sushruta</i>	<i>Prithakparnyadi Sidhha Sarpi</i>
<i>Vagbhata</i>	Same as charak
<i>Harit</i>	<i>Ghrta khand</i>
During 8th month	
<i>Charak</i>	<i>Ksheer yavagu and Ghrta</i>
<i>Sushruta</i>	<i>Asthapan basti (bala, atibala, shatpushpa, honey and ghrta) Followed by Anuvasan Basti of medicated oils</i>
<i>Vagbhata</i>	<i>Ksheeryavagu and Sarpi, Asthapan basti Followed by Anuvasan basti</i>
<i>Harit</i>	<i>Ghrtapurana</i>
During 9th month	
<i>Charak</i>	<i>Yoni Pichu and Anuvasan basti with madhur Aushadhi Sidhha Taila,</i>
<i>Sushruta</i>	<i>Jangal Mamsarasa and Snigdha Yavagu Till Delivery</i>
<i>Vagbhata</i>	Same as charak
<i>Harit</i>	<i>Vividha Anna</i>

b) Garbhoghatak Bhavas:

Your entire health is depended upon three things *Ahara*, *Vihara* and *Vichara*. Good of all these three things keep you healthy, peaceful and beneficent'. If the devil of

these things rampages in case of a pregnant woman then we will get a congenital defective new born child. Following chart shows the *Garbhoghatak bhavas* to avoid during the pregnancy.

Table no.2 showing the *garbhoghatak bhavas* describe by classics

Texts	Garbhoghatak bhavas
<i>Charak</i>	Exercise, Coitus, Pungent drugs
<i>Sushruta</i>	Coitus, exercise, excessive emaciation, awaking in night, sleeping in day, grief, riding on vehicle, fear, squatting, oleation, blood letting, separation of natural urges, etc
<i>Ashtang sangraha</i>	Pungent drugs, awaking in night, grief, riding on exercise, coitus, excessive emaciation, sleeping in day, vehicle, fear, squatting, oleation, blood letting, separation of natural urges, indigestion, prolong stay in hot sun or near fire, etc
<i>Ashtang hrudaya</i>	Carrying heavy weights, coitus, fasting, excessive walking, use of red garments, blood letting, use of wine and meat, use of spicy food exercise, squatting, grief anger, excitement, separation of natural urges, etc
<i>Kashyap</i>	Excessive laughing, trauma, seen setting sun, solar or lunar eclipse, miss behave with guest, erect or flexed position for long, etc

c) Garbhasthapak Dravyas:

There is a *Garbhasthapak Dravya* to protect the foetus against *Garbhoghatak Bhavas* and to maintain the *garbha* properly without any hurt. These dravyas can be utilised on routine basis as they are not harmful but beneficial for the maintenance of proper health, growth and development of the mother and foetus too. Following are some *Garbhasthapak Dravyas*.

Charaka & Vagbhata : *Garbhasthapaka aushadhis are Bramhi*(*Centella asiatica*), *shatavirya* (*Asparagus racemosus*), *Sahasthravirya* (*Cynodon dactylon*), *Amogha* (*Stereospermum suaveolens*), *Avyatha* (*Tinospora Cordifolia*), *Shiva* (*Terminalia chebula*), *Arista* (*Picrorhiza kurroa*), *Vatyapushpi* (*Sida cordifolia*) *Aindri* (*Bacopa monnieri*), *Vishwasenkanta* (*Callicarpa macrophylla*) etc. these should be taken orally as preparations in milk and *ghrita*.

Susruta: In 8th month has advised *Ashapana basti* with decoction of *badari* mixed with *bala*, *atibala*, *sathapushpa*, *dadhi*, *dugdha*, *taila*, *madhu*, *madhanaphala*, *salt* and *ghrita*, followed by *anuvasana basti* of oil medicated with milk and decoction of drugs of *madhura* drugs for regularization of stool and *anulomana* of *vayu*.

Charaka and Vagbhata : In 9th month has advised *Anuvasana vasti* with *Madhur Aushadhi Sidhha Taila* and *Yoni Pichu* with the same oil are used for lubrication of *garbha sthana* and *garbha marga* (vaginal canal and perineum).

Benefits of following Garbhini Paricharya:

By following *Garbhini Paricharya* strictly during the pregnancy period until delivery, her *garbha dharini*, *kukshi*, sacral region, flanks and back become soft. *Vayu* moves in right direction. Faeces and urine expelled easily by their respective passages. Women gain strength plus complexion and deliver easily at proper time a desired, excellent, healthy child possessing all the

qualities and long life and placenta comes out easily without any groaning with blissing experience.

CONCLUSION

Pregnancy and child birth are nature's endowment. *Garbhini Paricharya* is well recorded in *Ayurveda* from *Samhita* period. If *Garbhini Paricharya* follows properly it will be a joyful experience in the life. If you don't then it will be resulted in many complications to mother as well as foetus leading to difficult delivery. To get the fruitful gift of nature, our *acharyas* has advised *Garbhini Paricharya* from the conception until delivery. *Ayurvedic* principles through the concept of *Garbhini Paricharya* improve the physical and psychological condition of the pregnant woman and make their body suitable for better delivery and help sustain the exhaustion of delivery. Hence proper *Garbhini Paricharya* should be followed during the period of entire pregnancy.'

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STHANIK CHIKITSA (LOCAL THERAPIES) BENEFACATION FOR
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Article

ABSTRACT:

Stree Roga pledge with the modifications that occurs during all stages of a women's life, such as puberty, reproductive age and menopause. Specially the ailments that happens during these stages. *Sthanik Chikitsa* (Local therapies) are the unconventional medication procedures in *Stree Roga*. These accomplishment primitively deal with the disorders of *Yoni*. This includes *Yonidhawan* (Douche of vagina), *YoniPichudharan* (tampon soaked in medicated oil or liquid is placed into the vagina), *Uttar-Basti* (Medicated oil or decoction is pushed into the uterine cavity through vagina), *Yoni-Dhupan* (Fumigation of vagina with medicated smoke), *Yoni-Varti* (Insertion of medicated wick into the vagina), *Yoni-Puran* (vaginal packing), *Yoni-Lepan* (vaginal painting), *Yoni-Parisheka*, *Pinda Chikitsa* etc. In the present study all these local therapies are revised through ancient *samhitas* and these therapies are reviewed with their meanings, indications, and application procedure/site of the local therapy. Hence in this study all these local primeval texts & discussed with their elucidation. The use of absolute *Sthanik-Chikitsa* (Local Therapy) precisely in the governance of *Stree Rogas* would surely justify to be benefaction to *Stree Roga*.

Key Words: *Sthanik-Chikitsa*, *Stree Roga*

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INTRODUCTION

The anatomical, physiological, emotional changes occur in the body of women at different stages. Women who takes the extreme care of the family is always found to be careless about her own health. These women who are busy in their household as well as career issues face many gynecological problems and even after the diagnosis of these gynecological problems like white discharge, itching at vulva, foul smelling vaginal discharge, burning micturation etc. In such problems *Sthanik Chikitsa* have given excellent results. . In General, gynecological disorders are treated first by *Shaman Chikitsa* (Medicinal Treatment) and then *Shodhan Chikitsa* (Biopurification Procedures) i.e. application of the five purificatory therapies - well known as the *Panchakarma*. The procedures in *Ayurvedic* therapeutics aids in getting rid of different diseases. These procedures are done by following specific protocols of *Purva Karma* (Pre-operative), *Pradhan Karma* (operative) and *Pashchat Karma* (post-operative). Besides these procedures there are some *Sthanik Chikitsa* (Local therapies) in *Ayurvedic* gynecology prescribed by ancient *Acharyas* e.g. *Yonidhawan* (Cleaning of Vagina), *Uttar-Basti* (Insertion of Medicated oil, decoction into Intra Uterine Cavity through Vagina), *Yoni-Pichu dharan* (Insertion of tampons soaked in medicinal oil or liquid), *Yoni-Dhupan* (Vaginal Fumigation); *YoniLepan* (Vaginal painting), *Yonivarti* (Vaginal Suppository), *Yoni-Puran* (Vaginal Packing), *Yoni-Parishek*, *Pinda Chikitsa* etc. In this study, these

procedures are studied with respect to their theoretical review. This study will definitely helpful in considering the priority of this *Sthanik Chikitsa* (Local Therapies). These procedures will absolutely prove to be helpful to Ayurvedic Physicians in their day to day practice.

Purpose of the Study

To study the efficiency of *Sthanik Chikitsa* (Local Therapies) in *Stree Rogas*, as well as enhance its usability in today's era.

MATERIAL AND METHODS:

This is a conceptual study. Hence Text are the basic references for study. The Ayurvedic texts used in this study are *Charak Samhita*, *Sushruta Samhita* and *Ashtang-Sangraha*. Commentaries are also included in it. The *Sthanik Chikitsa* (Local Therapies) are described as follows:

- 1) **Yonidhawana** (vaginal cleaning): *Dhawana karma* of *Yoni* is nomenclature as *Yonidhawan*. *Acharya sushruta* and *Vagbhat* consider *dhawana* as *prakshalana*. *Dhawana* means cleaning or purification of wound with water and other medicated material. [1] [2]
Sthana (Site): *Prathamavarta* (Vagina) [3]
Duration: 8 days [3]
Timing: Rutukala (After 5th day of menses for 8 days)
Time: 1 to 1.5 Min. [3]

Drugs Used: *Kwatha* (Decoction), *Kshirpaka* (Medicated Milk), *Siddha Jala* (Medicated Water), Oil [3]

Quantity: 1 litre of decoction, 250 ml of oil

Indications:

- ✓ *Kunapganghi Artavdushti* [4]
- ✓ *Kaphaja Artava Dushti* [5]
- ✓ *Yoni Srava* [6] (Vaginal Discharge)
- ✓ *Yoni Kleda*[7]
- ✓ *Yoni Paicchilya* [8]
- ✓ *Yoni Kandu* (Vaginal Itching)
- ✓ *Yoni Arsha* [9] (Vaginal Polyps)

Material: Enema Pot, Catheter

Procedure: Proper aseptic measures should be ensured before starting the procedure. Patient is given lithotomy position. Sterile rubber catheter is inserted into vagina. Enema pot filled with decoction is kept at 5 feet distance with luke warm decoction *prathamavarta* (Vagina) is washed out.[3] Most of the drugs used for *Yonidhana* have styptic, wound healing, pain alleviating and bactericidal actions. They prevent growth of bacterial organisms and restore the altered PH of vaginal cavity. Absorption of the drugs through the mucosa and blood circulation also helps to have beneficial effects on the uterus. The oil or decoction once used should not be reused even for same patient.

2) **Uttarbasti** (Insertion of Medicated oil, decoction into Intra Uterine Cavity through Vagina): Basti which is given through *uttarmarga* i.e. either through the passages located above or in front part (urethra or vagina) of anus (where routine *basti* is given) is known as *Uttarbasti* [10]. *Basti* possessing superior qualities is termed as *uttarbasti* [11]. Indications due to suppression of *vayu* by *uttarbasti*, woman conceives immediately [12]. It is also beneficial in diseases of urinary bladder such as retention of urine, dysuria, utero-vaginal prolapsed, severe vaginal pain, other gynecological disorders like *yonivyapada*, *Asrigadara* (menometrorrhagia) ammenorrhoea, dysmenorrhoea and other menstrual disorders which are difficult to cure and retention of placenta [13].

The standard Operating Procedure of Uttarbasti can be explained as follows

a) **Uttarbasti in vaginal condition Vaginal infections:** Bacterial and fungal infections are commonly found in vagina. Drugs used for these conditions should be bactericidal or bacteriostatic or antifungal in nature. *Jatyai Ghrita* or *Jatyadi* tail prove to be beneficial in these conditions.

Vaginal Mucosal defects – The vaginal mucosal defects may be explained under following headings

- ✓ **Vaginal milieu pH** - Generally vaginal PH remain in between 3 & 4. This acidic PH prevents vaginal infections. In case of PH variations appropriate drugs should be administered to restore normal PH. Commonly used drugs for this purpose are *Triphala*, *Panchavalkal*, *Dashamula* etc.
- ✓ **Vaginal Secretion** - *Uttarbasti* with suitable drugs can be administered either to increase or

decrease vaginal mucosal secretions. *Ghrta* preparation possessing *snigdha* and *pichchhil* properties can be used to improve vaginal mucosal secretions. Similarly formulations predominantly having *kashaya* rasa are useful to decrease vaginal secretions.

- ✓ **Inflammation of vaginal walls** - Drugs possessing anti-inflammatory properties can be best administered in the form of *uttarbasti* in case of vaginal Inflammation. Preparations with *Nirgundi* (*Vitex Nigundo*), *Dashamula*, *Ashwagandha* (*Withania Somnifera*) can be selected for this purpose.

b) **Uttarbasti in Cervical disorders:** The commonly used preparations in cervical erosions are medicated *ghrita* like *Triphala Ghrita*, *Phala Ghrita* and *Shatavari Ghrita*. Cervical Erosions can be treated by using *ropana* drugs in *Uttarbasti*. Cervical Mucous disorders - It can be treated with preparations like *Jatyadi Ghrita*, *Shatavari Ghrita*. These preparations are beneficial in cervical mucous disorders like altered viscosity, increased cellularity etc.

c) **Uttarbasti in Endometrial disorders:** Uttarbasti plays magnificent role in treating the endometrial conditions. It helps in improving the texture of endometria. The commonly used preparations include the *Ghrilas* prepared from *Brihan dravyas*.

d) **Uttarbasti in Tubal Disorders:** Tubal block-*Brihan Ghritas* are used if tubal spasm is due to fibrosis. When the Tubal Block is due to adhesions *Kshar taila Uttarbasti* is given. Hydrosalphinx- The commonly used preparations in this conditions are *Nirgundi Taila*, *Yashtimadhu Taila*, *Til Taila*. Time of administration: The previous infections should be ruled out and cured completely before giving Uttarbasti. It is given after the administration of two or three *Asthapana Basties*. It is administered during *Artavakala* or *Ritukala* (after menstrual bleeding stops). During this period the mouth of uterus is open and it readily receives the fluids injected [13]. It should be carried out under aseptic precautions in operation theatre.

Apparatus (Uttarbastyantra): *Uttarbastyantra* consists of a bag for holding the fluid and a nozzle for injecting the fluid. The total length of nozzle with pipe should be of 14 angula measured by patient's fingers. The tip should resemble with a pedicle of jasmine flower and through the opening mustard seed should paas [14] [15]. The *Pushpa* (nozzle or catheter) for woman should be 10 angulas in length. Circumference should be of size of their urethral canal. Ancient *Acharyas* have recommended bladder of sheep, pig or goat. In their absence skin of bird's neck or bottom of leather water bag or any soft skin can be used [16]. The use of *Ajabasti* (Goat Bladder) by *Charakacharya* is highly significant here [17]. In case of adult woman the nozzle should be inserted upto four angula (finger breadth) and two angulas in urethral passage. In case of young girls it should be one angula in urethral passage [15].

Basti Dravya: *Kashaya* (decoction), *Taila* (oil) and only oil/*kashaya* are used simultaneously as *basti dravya* for *Niruha*, *Anuvasana* and *Uttarbasti* respectively. As per *Sushruta* either *kashaya* or *taila* can be used as *uttarbasti dravyas*. In *charak samhita* only *taila* is used in *uttarbasti* procedures [17].

Quantity and Frequency: *Charaka* suggests administration of *Uttarbasti* three times a day on three consecutive days. The quantity mentioned is half *pala* (20gms) [17]. *Sushruta* and *Vagbhata* differ with this dose opinion. *Sushruta* has mentioned definite quantity of *kashaya* (decoction) and *taila* to both sexes separately. The quantity of decoction should be one *Prasrita* (96gms) for males and two *Prasrita* (192gms) for adult females [17]. For cleansing of uterus *sneha* should be taken in double quantity [18].

Sneha:

- ✓ Male - 1 *Prakuncha* (48 gms)
- ✓ Female - 1 *Prasrita* (96 gms)

Decoction:

- ✓ Male- 1 *Prasrita* (96 gms)
- ✓ Female - 2 *Prasrita* (192 gms)

Method of Administration of Uttarbasti:

- ✓ Women should be given supine position with thighs flexed and knees elevated.
- ✓ The nozzle is inserted in urinary or vaginal passage slowly and steadily.
- ✓ In 24 hours two, three or four *bastis* are given. After resting for three days again the procedure is repeated for the next three days.
- ✓ *Karnikas* (rings) should be introduced and vaginal openings pressed properly, then the *basti* bag should be pressed properly [19] [20] [21].

Contraindications:

- ✓ Cervical cancer
- ✓ Virginity
- ✓ Vesicovaginal fistula
- ✓ Hypersensitive disorders

Instruments required for uttarbasti:

- ✓ Sterile dropping and painting material
- ✓ Swab holder.
- ✓ Anterior vaginal wall retractor
- ✓ Sim's speculum
- ✓ IUI cannula / infant feeding tube
- ✓ 5cc syringe
- ✓ Sterile phalaghrita
- ✓ Cotton
- ✓ Gauze pieces
- ✓ Gloves
- ✓ Towel clips
- ✓ Kidney tray
- ✓ Good light source.

Poorva Karma

- ✓ *Vaman*
- ✓ *Virechana*
- ✓ *Dashamoolaniruha* and *Anuvasanana* on alternate day for 3 to 5 days

Pradhan Karma

- ✓ Lithotomy position
- ✓ Painting and draping
- ✓ Cleaning of vulva and vagina with savlon and betadine
- ✓ Insertion of sim's speculum and anterior vaginal wall retractor.

- ✓ Proper visualization of external os with light source
- ✓ Insertion of IUI cannula.
- ✓ Fix 5cc syringe filled with phalaghrita
- ✓ Slowly push the piston and administer 3 to 5cc of phalaghrita as required
- ✓ *Pichudharan*

Paschat Karma

- ✓ Ask the patient to lie down for 20 to 30 minutes.
- ✓ Avoid biking or travelling just after the procedure.
- ✓ Light diet, soup or meat juice in the evening
- ✓ Tell the patient to remove *pichu* after 12 hours.

3) Yoni Pichu Dharan: (Insertion of Tampons soaked in medicinal oil or liquid) *Pichu* is made up of cotton swab 2×3 cm (1 inch) is wrapped with gauze piece and tied with a long thread. It is dipped in medicated oil/liquid. If powder has to use it is kept in thin layer of cotton and then *pichu* is made. *Pichu* is commonly used in treatment of gynecological disorders. Oils are the most preferred media because of its retention ability

Types [22] -

- ✓ Elongated - 1 finger breadth and 4 finger long
- ✓ Circular - 1 inch length and breadth.

Site [22]

- ✓ *Prathamaavarta* (vagina)- Elongated *Pichu*
- ✓ *Dwitiyawarta* (External and Internal OS) - Circular *Pichu*

Time of retention of Pichu [22] - 5 to 6 hours up to retention of micturation.

- ✓ *Yonidaha* and *Yonikandu* [23]
- ✓ *Yoni Paichilya* and *Yoni Srava* [24]
- ✓ *Yoni Paka* [23]
- ✓ *Yoni Karkashata* [25]
- ✓ *Vivritta Yonivyapada*[23]
- ✓ *Vataja Yonivyapada* [26]
- ✓ *Pittaja Yonivyapada*[27]
- ✓ *Vamini* and *Upapluta Yonivyapada*[28]
- ✓ Ninth Month pregnancy[29]
- ✓ Retained Placenta[30]
- ✓ *Yoni Bhransha* after parturition[31]

Procedure of Pichu Dharana

- ✓ *Pichu* (Tampon) should be autoclaved
- ✓ Patient should void urine before *pichu* insertion
- ✓ Patient should be in supine position with flexed knees
- ✓ Sterile *pichu* soaked in medicated oil or liquid should be inserted with index finger into vagina in such a way that thread of the *pichu* should come out of vagina. This facilitates easy removal of *pichu* after 5 to 6 hours

The advantage of this procedure is that the lady can carry this procedure by herself at her home. *Yoni pichu* helps in improving musculature of vaginal canal. *Pichu* can act as wound healing or antibacterial depending upon the drug used

4) Yonidhupan (Vaginal Fumigation) -*Yonidhupan* is the therapeutic procedure in which vagina is disinfected by giving medicated smoke.

Site - Bahya Yoni (Outer part of Vagina)

Period for treatment - 3 to 5 min

Types- According to purpose it is divided into 2 types

- ✓ As a treatment
- ✓ To maintain health

Indications:

- ✓ *Yonikandu* [32]
- ✓ *Shweta Pradar*
- ✓ *Apara Sanga* [33]
- ✓ *Garbha Sanga* [34]
- ✓ *Upapluta Yonivyapad* [35]
- ✓ *Raktagulma* [35]
- ✓ *Sutika Paricharya* [35]
- ✓ *Santati Pratibandhak* (as a Contraceptive Measure) [35]

Dhupana Drugs *Kushta* (Saussurea costus), *Agaru* (Aqillaria agallocha), *Guggul* (Comiphera Mukul), *Vidanga* (Embelia Ribes), *Vacha* (Acorus calamus), *Nimbapatra* (Azadirachta indica).

Procedure:

- ✓ A stool or chair having opening at the middle A stool or chair having opening at the middle should be used
- ✓ Patient is made to sit on this chair after voiding the urine
- ✓ The drugs used for *Dhupana* are lit in the basin placed just below the chair
- ✓ It should be ensured that the smoke originating from the drugs should come in contact with female genitalia.
- ✓ Alternatively *Nadi Dhupana* can be done by lighting the drugs in a closed container
- ✓ The container is connected to pipe which can be used to give *dhupana*
- ✓ Since temperature reaches at peak during *Dhupana*, care should be taken of female genitalia as it is a very sensitive area. *Dhupana* or fumigation has been used for creating aseptic environment. It helps in killing microbes which in turn prevents infections.

- 5) **Yoni Lepana** (Vaginal Painting): *Lepas* are the external application dosage form in which the required drugs are mixed with water or any suitable media. The paste made from this mixture is applied locally to the affected area.

Types

- ✓ *Pralep* - Thin *Lepa*
- ✓ *Pradeha* - Very thick *Lepa*
- ✓ *Alepa* - Medium thick *Lepa*

Site: *Prathamavarta* and Breast

Time Duration: 3 to 4 hours or upto drying of *lepa*.

Indication

- ✓ *Vivrutta Yonivyapada*
- ✓ *Yoni Arsha* (Vaginal Polyp)

Procedure:

- ✓ The affected part should be cleaned with proper disinfectant
- ✓ Prepared *lepa* should be applied to affected area

- ✓ The *lepas* should be removed immediately after drying as the dry paste may irritate the skin causing itching or erosions

- 6) **Yonivarti** (Vaginal Suppository) *Varties* are suppositories made by mixing powdered drugs with adhesive drugs or binding agents.

Time period - 2 to 3 hours

Indications

- ✓ *Karnini Yonivyapad* [36]
- ✓ *Acharana Yonivyapad*
- ✓ *Yonishopha*
- ✓ *Yonikleada*
- ✓ *Yonikandu*
- ✓ *Yoni paichilya*
- ✓ *Kaphaja Yonivyapada* [37]
- ✓ *Anartava*

Procedure:

- ✓ The affected part should be cleaned with proper disinfectant.
- ✓ Size of *Vartis* should be equal to circumference of index finger.
- ✓ These *vartis* should be dried in shade.
- ✓ These *vartis* should be wrapped with gauze piece and thread is tied to it.
- ✓ It should be autoclaved.
- ✓ *Varties* should be smeared with Oil, Ghrita, honey or milk.
- ✓ The *vartis* should be inserted into vagina in such a way that thread should remain outside of vagina After retention period of urine, the *varti* should be taken out and *Yoni Prakshalan* (washing of vagina) should be carried out with lukewarm water.
- ✓ The used *vartis* should be discarded for new use. *Vartis* are helpful in increasing secretion.

- 7) **Yoni Puran** (vaginal packing) - This procedure is defined as filling the cavity of vagina completely with oils, pastes, powder or bolus. The commonly used form of medications in this procedure are the *kalkas* or pastes.

- 8) **Yoni Parishek** - It is hot fomentations to all sides of the vagina.

Site - Bahya Yoni (external part of vagina)

Time limit of Yoni Parishek- 5 to 10 min.

Drugs used for Yoni Parishek - Oil or medicated oil.

Indications:

- ✓ *YoniVrana*
- ✓ *YoniPitika*
- ✓ *YoniShotha*

Procedure:

- ✓ Patient should be given supine position with the knees flexed.
- ✓ Medicated Oil or lukewarm water is poured from the height of 4 to 5 inch over the vagina.

- 9) **Pinda Chikitsa:** Insertion of circular paste of boiled drugs wrapped in cloth into vagina is called as *Pinda Chikitsa*. It is *Ushna Veeryatmak* (hot potency) due to direct contact with heat.

Site: *Prathamavarta*

Time Period: 3 to 4 hours

Procedure:

- ✓ Mixture of Fine powder of medicinal drugs and water should be boiled after some time oil should be added to this mixture.
- ✓ After proper *paka* of above mixture heating should be stopped
- ✓ This hot semisolid paste formed is kept in sterile cloth and should be tied in circular shape with thread at the upper end (*Pinda*)
- ✓ This prepared *Pinda* should be inserted in *Prathamavarta*. It should be removed out after 3 to 4 hours.

CONCLUSION

Sthanik Chikitsa is quiet efficacious in *Stree rogas* can be beneficial in many ailments. In *Ayurvedic* gynecology *Sthanik Chikitsa* (Local therapies) have lot of prospective in treating gynecological disorders. After reviewing all these local therapies it seems that these are described according to disorders of *Tryavarta Yoni* (Vagina). Hence, Vaidyas should apply these therapies in there gynecological practice logically and carefully but of course under all aseptic precautions. Each *Sthanik Chikitsa* hold its own importance and shows marvelous results when applied with proper indications, strict aseptic precautions and extreme carefulness. This study will definitely prove to be helpful to *Ayurvedic vaidyas* in understanding concept of these Local Procedures and in carrying out these procedures in their clinics genuinely.

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A CLOSER LOOK TO RAJAH KALA: MENSTRUAL MYTHS AND FACTS

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Article

ABSTRACT:

It seems that each and every culture has a new explanation of the menstrual practice such as not going to the worship place like temple etc. At one point, even thought that we need to accept that every culture has its peculiar "menstrual customs" and generalizing the root of these practices should be shuffled off. Menstruation is a natural phenomenon but in women's life it is also related with biology, psychology, society and religion. According to Ayurveda, menstruation is closely linked to the functions of the doshas. Menstruation is regarded in Ayurveda as a special opportunity enjoyed by females for monthly cleansing of excess doshas; this monthly purification is responsible for women long life. It is also surrounded by many beliefs, myths and taboos. Menstruation is an indication of healthy reproductive system, but in religious doctrines it is accepted as a dirt or impurity. Menstruation related tradition varies from certain activities during menstruation or rituals at the end of menstruation. Ayurveda, the age old science of life mentions such restrictions under Rajaswala Paricharya. In the present article the authors have explored the taboos practiced since ages in different populations' worldwide, understanding the reasons and scientific logic behind practices of such taboos. A cross sectional survey of adolescent girls of urban and rural areas and collection of information regarding menstrual practices by simple questionnaire revealed that maximum adolescent and young girls followed some or other restriction during menstruation. Understanding the scientific basis of restrictions and removal of myths linked with menstruation needs to be removed. Evidences supporting the need for seclusion during menstruation need to be studied at length.

Key Words: *Rajaswala Paricharya*, Menstrual myths

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INTRODUCTION

There is certainly no shortage of information or education on health—by what means you take care of your teeth, how to eat well and take care of your bones and heart, how to carry your gut healthful—but by what means you take care of your womb, what does that mean and why is it even significant? *Ayurveda* is one of the few discipline that look at the reproductive tissues apart from the major transitions of adolescence, parturientcy and menopause. Further, Ayurveda uniquely exams the menstrual cycle as a window into the human body. By being familiar and in tune with your menstrual cycle, you can understand very clearly, on a month-to-month basis, what *doshic* imbalances your body is struggling with. The menstrual flow is a by-product, after all, of the most basic tissues of the body. After we ingest our breakfast, this food undergoes transformation through the seven *dhatu*s (tissue layers) of the body. The first is (*rasa*) plasma, then (*rakta*) blood, which is then, followed by the (*mansa*) muscle and (*meda*) fat tissues. After these four layers, comes the (*ashthi*) bony tissue, nervous system, and, lastly, the (*shukra dhatu*)

reproductive tissues. The actual menstrual flow, is considered to be a by-product of the first layer, *rasa dhatu* or the plasma. Plasma is a vehicle for nourishment. It conveys hormones, vitamins, minerals, and water-nourishment. When this layer is healthy and flows freely, so too do all of these nutrients, as well as wastes so that they may leave the body easily. The second layer, *raktadhatu*, or the layer of blood is also participate in menstrual flow, releasing excess pitta. The *rasa dhatu* and *rakta dhatu* are also the first two to be vitiated by excess *vata*, *pitta*, or *kapha* after they leave their sites in the gastrointestinal tract. As such, they are most quick to cause a transformation in quality and consistency. Thus, by paying attention to your flow, its qualities, and symptoms associated before and after its release, you can get a strong sense of how the *doshas* are at play even before they fully come to fruition on an overall level in other layers of the body. This gives a chance for intermediation so that the physiology of the body may come back in to balance state, and therefore in healthy state. The state of women health is completely tied up with the culture in which she lives, her position

in it, as well as the way she lives her life as an individual. During her span of existence, she performs her duties in all stages to stand up with the changing demands of the society. As a consequence of this, various health problems arises. Being a female itself makes her vulnerable and susceptible to many diseases. The average woman will menstruate almost a quarter of her fertile life, yet there are many religions which, to this day, hold primitive ideas and beliefs regarding this common phenomenon. Menstruation is a physiological process often imbued with powerful cultural and religious symbols. Menstruation is regarded as a curse in many culture and religion and the lady who is menstruating is regarded as impure and unclean while Ayurveda considered menstrual flow as *masik dharma* here dharma means quality or normal physiological phenomenon. On other hand the menstrual blood is also viewed as dirt and poison. Restrictions are to be followed during the days of menstruation till she stops bleeding and after bath she becomes pure again.

Paricharya

Ayurveda, the invaluable system of medicine, helps women in journey towards better health throughout different phases of life and add quality to her life. This is accomplished with 'Paricharyas' modes of life to be performed during the different phases like 'Rajaswala' Menstruation, 'Ritumati' -Fertile period, 'Garbhini' Pregnancy, 'Sutika' Postpartum. Because of drastic physical and mental changes during these periods, she has affinity towards different diseases. Following these modes of life or 'Paricharya', women respond to the changes in her body healthily.

Rajaswala, *Ritumati*, *Garbhini* and *Sutika* paricharya mentioned in all the classics belong to the reproductive phase of her life. The ultimate aim of these Paricharyas is to conceive a healthy offspring without any difficulty and an uneventful antenatal and postnatal period.

Rajaswala Paricharya

The female who is menstruating is termed as 'Rajaswala'. The duration of menstruation is said as ranging from 3 to 7 days in Ayurveda classics. The female should follow certain modes of life for first 3 days of menstrual cycle, known as *Rajaswala paricharya*. The do's and don't's of this Paricharya^{1,2,3} are as follows.

Do's

1. To observe celibacy
2. Sleep on mattress made of *Darbha* spread over ground
3. Should eat '*Havisya*' (meal made of ghee *Sali* rice and milk) or '*Yawaka*' (meal made of barley and milk)
4. Food should be eaten by directly taking over palm or in clay utensil, leaves or any other unbroken vessel.
5. Food should be taken less in quantity during these days.
6. Concentrate on auspicious things.

Don'ts

1. Sleeping in day time
2. Application of *Anjana*, bathing, *Udvaartana*, massaging, combing, wearing ornaments, paring of nails.

3. Laughing, crying, and indulging more in conversation, running or chasing, exercise, listening to various topics.
4. *Nasya*, *Snehana*, *Swedana*, *Vamana*
5. Using *Tikshna*, *Katu*, *Lavana* substances in diet (Ch. Sha. 8/5, Su. Sha.2/25, A. H. Sha.1/24, A. S. Sha.1/44, Ka, Sha. 5/7)

This mode of life should be strictly followed during menstruation for first 3 days and on the 4th day the female should take head bath and wear white garments with flowers and ornaments and worship God. After worshipping God, *Bramhanas* and chanting religious hymns, she can indulge in intercourse with her husband for achieving a healthy progeny. Then observance of the *Rajaswala paricharya* affects the offspring. If the restricted acts are performed by female during menstruation, the child conceived later will suffer from various abnormalities⁴. (Su.Sha. 2/25)

Sr. no.	Don'ts	Abnormalities in child
1.	Sleeping during day time	Over sloopy
2.	Use of <i>Anjana</i>	Blind
3.	Weeping/crying	Visual disturbances
4.	Bathing and <i>Lepana</i>	Miserable
5.	massage	<i>Kushta</i> and other skin disorder
6.	Nail paring	Deformity in nails
7.	Chasing/running	Reckless, indecisive
8.	Laughing	Discoloration (black) of teeth, lips and tongue
9.	Indulging in long conversation	Overtalkative
10.	Listening to various topics	Deaf
11.	combing	Bald
12.	<i>Nasya</i>	Menstrual abnormalities (female child)
13.	Exposure to wind	Insanity

Menstruating period is one of the contraindicated condition for performing coitus and the ill effects of neglecting the same are ranging from Intrauterine death of foetus, still birth and offspring with less longevity^{5,6}. (Su.Sha.2/31, Ka.Sha. 5/5)

Menstruation - The approximately monthly discharge of blood and cellular debris from the uterus by non-pregnant women from puberty to the menopause also called menses, non-technical name period.

Menstrual Taboos In Culture And Religions-

1. Isolation of menstruating women in special designed huts outside village was common taboos among primitive cultures and tribal religions. This seclusion ranges from 3 to 7 days (special sacred reed hut 'Giparu')
2. In Hindu families menstruating female is kept separate form household, not allowed to perform domestic duties, restricted from touching anything, sit in separate areas during religious festivals. Going to temple or worshipping and intercourse is restricted during menstruation.
3. Other taboos in Hinduism are cannot comb hair or bath. Not allowed to use water springs for personal hygiene. Not to cook and must keep separate utensils. Women must not rides on horse, ox or elephant nor may they drive a vehicle.
4. Cultural taboos include avoiding sour foods (*amla dravya*) for fear of smelly period, fish and cereals are

restricted and not touching certain food items like pickles to prevent contamination and the general belief that menstruation dispels toxic blood.

5. In Jewish culture taboos include playing sports together, directly handling or receiving objects and eating together in the same plate.

6. Menstruating Muslim women in most conservative families are restricted from praying, touching the holy book Quran, fasting during *Ramzan*. Ritual washing after menstruation to become clean again.

7. In Buddhism menstruating women cannot meditate nor they have contact with priest.

8. In ancient literature *Manu smriti* states that "The wisdom, the energy, the strength, the might, and the vitality of a man who approaches a woman who has menstrual flow, utterly perish".

9. In Western cultures, in attempts to avoid letting other people know they are menstruating, many women avoid participating in activities such as playing sports and sexual intercourse. In addition, these women may avoid other activities such as concerts, camping, picnics, or any other activity that may limit their access to a bathroom for fear of leaking and letting out their 'secret'.

10. Poisonous powers of menstruation

11. In England some believe that the milk handled by a woman during her menses cannot be churned to butter; that hams will not take salt at her hands. Many of the primitives believe that the evil spirit may get into menstruating women in the form of a snake, lizard or bird.

12. In South Africa, the *kaffirs* think that if these women drink milk, the cow will die. In rural India, they must be purified before being allowed to milk cows. In south India however they do not think they can make these women pure enough to milk cows, so they let the men do it.

13. Pliny says that if a menstruating woman sits under a tree, the fruit will come tumbling down and all plants will turn yellow if she comes near them. In *Galela* menstruating women are not allowed to enter the tobacco field. In Sumatra, they must keep away from the rice fields. In Saigon, if such a woman works on opium, it will turn bitter. In central Australia they are not allowed to gather bulbs which are their foodstuff.

14. In north of France, menstruating women are not permitted to enter into the sugar factories as they will spoil the boiling sugar. In Syria, they must keep away from salting or pickling.

15. The ancient Jews protected themselves in many ways from a menstruating woman. Whatever they touched had to be burned. Men were not permitted to uncover her nakedness. A menstruating woman could not go to church, or touch anything sacred. Her husband was not

permitted to hand her anything. At the end of menstruation, she was bathed by two women in a special cleansing basin. On the seventh day, she cut her nails, combed her hair and was immersed three times. She put on fresh linen. After this, her husband was allowed to become intimate.

Reasons -Physical danger and disgust were used as mechanisms to keep compliance to these laws among the Jews in the middle ages. When a woman was menstruating, she was seen as a physical and spiritual danger to all men. It was stated that her breath is harmful and her gaze is detrimental. A woman was instructed not to walk between two men, because, if she did so at the end of her period, she would cause strife between them, and if she passed between them at the beginning of her period, she would cause one of them to die. This shows that the "danger" of the menstrual woman is not simply the blood, but even the atmosphere around her. Additionally, a woman is instructed to be careful when cutting her toe nails during her menses, for fear that her toe nail clippings would spread infection to anyone who stepped on them. For keeping separate utensils it was stated that she could contaminate the dishes, silverware, food etc. For seclusion another reason is stated that she must not see light, must not touch water and must not touch the earth. If she breaks these taboos the harm would come to menstruant. She will sicken or die, her bones will break and she would become infertile. Not only she will be harmed but members of her family and village will also be harmed.

Menstruation and Menotoxin?

A poisonous substance with specific pharmacological action and chemical reactions called 'Menotoxins'; believed to be secreted in blood serum, blood corpuscles, saliva, sweat, milk and other secretions of menstruating women is under research since 1920s. Researches on menstrual blood shows that menotoxin has phytotoxic property by inhibiting growth of roots and stems and has distorting influence on geotropic properties of seedlings. Chemically these menotoxins exhibited properties near to oxycholestrin which delays blood coagulation. In other work it was suggested that Necrosin has properties identical to menstrual discharge. Necrosin is a poisonous substance (inflammatory exudates) that induces leucopenia. Menotoxin is also supposed to be responsible for dysmenorrhoea, eclampsia and PMS^{8,9,10}.

Pheromones and Menstrual synchronization

Studies of influence of pheromones on the oestrous cycle of mice and of crowding on variables such as adrenaline production have suggested that social grouping can influence the balance of endocrine system. In 1971 a study on menstrual synchronization was done by Martha McClintock on girls staying in dormitory. Further in 1998 they revealed possible existence of volatile compound 'Pheromone' as a possible mechanism for manipulation of human menstrual cycle. The smell less compound pheromone of women during follicular phase of her menstrual cycle derived from her axilla may shorten menstrual cycle of other recipient women. Whereas Pheromones of women during ovulation may

lengthen menstrual cycle in recipient women^{11,12,13}. Many studies conducted later to support this event failed to report menstrual synchrony and reported faults in statistical analysis and faults in research of McClintock¹⁴ Menstrual synchrony is reported in some events in women staying together (work place or in family)

Exercise and Menstruation

Gaming sporting and travelling are prohibited during menstruation. In a study conducted at Harvard medical school they have shown that girls who participate in vigorous athletic training experience a delay in menarche. Many explanations have been offered for the apparent effects of exercise on menstrual cycles, including loss of body fat (resulting in oestrogen deficit), overall weight loss, dietary factors (especially low percentage of calories from protein and less dietary cholesterol which is building block of oestrogen) emotional stress and exercise triggered release of endorphin (natural sedative akin to morphine). Women are increasing becoming active participants in competitive and recreational physical activity. Concern has risen regarding the effect of physical training on the physiology of menstrual cycle. As more women participate and training programs becomes more strenuous. Physicians have seen more complaints of menstrual cycle disturbances. Menstrual cycles and hormone production frequently return to normal upon assuming a less strenuous schedule and insuring adequate caloric intake.

Menstrual Taboos Present Scenario:

21st Century has looked into major changes into the society where women are empowered with similar status as of male in the so called male dominant society. Also the role of female has shifted from just being a source of reproduction and house hold work to an earning individual of the family. The families have shifted from group family to nuclear family where the burden of household, career, job, children and others are seen majorly on the female member of the family. Because of these reasons there has been a change in the observation of menstrual taboos or restrictions to be followed during menstruation practiced in families since ages. The female has to cook, do the household work, go for job and do all the activities from which she was restricted as per culture and tradition. Moreover, in the fast competitive world and want of being perfect has driven the human kind in to a mad race where the parents want their children to be ahead in all the activities. Young adolescent girls are burdened with learning and extracurricular sports and cultural activities which involves physical strain. This can also be perceived in the commercials related with the sanitary napkins where the adolescent girl is free to jump, run, dance etc. do anything which is physically strenuous during menstruation. As a result of this change, there is increase in number of menstrual or reproductive tract related pathologies. There has been a considerable decrease in reproductive health.

RESULTS

A survey was conducted to assess the observance of restrictions during menstruation among girls in rural areas, hostellers and urban areas.

Table 1. Practice of Menstrual restrictions in the study population (n= 241)

Menstrual restriction practises	No(%)(n=241)	Rural(n=81) No(%)	Urban(n=80) No(%)	Hostlers(n=80) No(%)
Cooking	59(24.46)	39(48.15)	16(20)	4(5)
Visiting temple	159(65.95)	47(58.02)	51(63.5)	61(76.25)
Religious activity	107(44.39)	35(44.44)	35(43.5)	36(45)
Touching plants	33(13.69)	13(16.05)	17(21.25)	3(3.75)
Touching pickles	31(12.86)	12(14.01)	11(13.75)	8(10)
Sleeping in same bed	28(11.61)	17(20.99)	10(12.5)	1(1.25)
Application of turmeric, kajal	10(4.14)	0(3.70)	06(7.5)	1(1.25)
Visiting neighbours	19(7.88)	15(19.75)	01(1.25)	2(2.5)
Touching others	32(13.27)	17(20.99)	10(12.5)	5(6.25)
No restrictions	41(17.01)	14(17.28)	17(21.25)	10(12.5)

Table I reveals that only 17% of girls did not follow any restrictions during menstruation. Cooking was restricted most (48.15%) among girls of rural areas. Whereas visiting temple and performing religious rites was seen as common restriction.

Table II Reasons for following restrictions

Reasons	No (%)	Rural (n=81) No (%)	Urban(n=80) No (%)	Hostellers (n=80) No (%)
Culture	80(33.19)	25(30.86)	27(33.75)	28(35)
Religion	95(39.41)	26(32.10)	28(35)	41(51.25)
Scared to be punished	9(3.73)	7(8.64)	1(1.25)	1(1.25)
Something bad will happen to family	6(2.48)	5(6.17)	0(0)	1(1.25)
Others	6(2.48)	2(2.47)	3(3.75)	1(1.25)

The reasons for observing such restrictions were given as Culture, religion by maximum girls (33.19% & 39.41%). Few girls (2.48%) believed these restrictions to be myth and following only because elder ones in the family suggested.

CONCLUSION:

Ayurveda sees menstruation is essentially a cleansing process of the female body, keeping the uterus and body clean of toxins, in preparation for conception and pregnancy. It is seen that if the menstrual cycle is healthy, there will be the healthy pregnancy too. There is also a theory, that woman live longer because their bodies are regularly cleansed of *ama*. In order to prevent major morbidities related to reproductive health, the traditional or folklore rules and regulations to be observed during menstruation should be followed by modifying them in such a way that they can be implemented in day to day life. There are many evidences supporting the regime mentioned in our classics to be observed during menstruation and it should be the aim of the learners of Ayurveda to bring back the tradition and culture lost with the ages. It is

important to understand the different restrictions and views of menstruating women in different religions. One reason for this importance is the fact that there are many people who still follow these laws. For example, Hindus, Muslims, and Orthodox Jews still abide by these taboos. An understanding of these beliefs will help in dealing with people of these faiths. In modern Western culture, women still feel that they must hide their menstrual cycles. The extent of some of the taboos explored in this paper indicates a lack of understanding; many have no real relation to menstruation. Understanding the religious origin of biases against menstruation can help feminists as they struggle against cultural prejudices. Scientific basis behind some of the taboos such as isolation still needs to be studied at length. Though the role of menotoxins and pheromones is discussed since many decades but appropriate conclusion and awareness for the same is needed. This society sees menstruation as only a 'dirty' and 'damaged' thing. Because the religious preaching still make women feel very ashamed about both their body and sexuality. Many large programmes are conducted in villages and other areas to eradicate certain myths and beliefs surrounding menstruation. But at the same time, understanding the proper physiology and logic behind observance of certain restrictions should be done.

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ANCIENT AYURVEDA VIEW ON – RAJAHKRICCHARTA
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Article

ABSTRACT:

Ayurveda is the holistic system of medicine based on principle of maintaining health of a healthy person and curing the diseased one. In today's stressed world Dysmenorrhoea is emerging as a burning issue as a population of dysmenorrhoeic women is increasing day by day. The main clinical feature of dysmenorrhoea is *Rajahkriccharta* (painful menstruation) i.e. *Kasthaartava*. In the incessant quest for material comforts woman has been losing her health. The basic reason why women are reeling under myriad problems is because she has not been following the codes of the healthy living. She has degraded the codes for the bodily health as well as healthy mind also. *Rajahpravritti* (menstruation) is a natural process in female life as she attains the age of *Rajasvala*. *Rajahkriccharta* is one of the gynecological condition occurs during *Rajahkala*. The factor that causes *Rajahkriccharta* in women during menses is because of *margavrodh*, *dhatukshaya* and practicing the causes those imbalances the *doshas*. As *Acharya Sushruta* has narrated that "*Vatadhruti naasti rujaa*" which means there is no pain without *vat dosha*. In Ayurveda classics *Kasthaartava* is called as *Rajahkriccharta* (Dysmenorrhoea). It is not described as a separate disease because women were not suffering much from this problem in ancient era because of following pin pointed *Rutucharya* and *Rajasvalacharya*. According to Ayurvedic texts there are many other diseases in which *Rajahkriccharta* is considered and described as a symptom. Therefore this study is particularly about the description regarding *Rajahkriccharta* on the basis of scattered classical references.

Key Words: *Rajahkriccharta*- *Kasthaartava*, *Vat dosha*, *Ayurveda*, Dysmenorrhoea

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INTRODUCTION

Today stress is becoming an inescapable part of modern life. In the incessant quest for material comforts a woman has been losing her health. The basic reason why women are reeling under myriad problems is because she has not been following the codes of the healthy living. She has disregarded the codes for the bodily health as well as healthy mind also. *Rajah Pravritti* (menstruation) is a natural process in female life as she attains the age of *Rajasvala*. *Rajahkriccharta* is one of the Gynecological conditions occurs during the *Rajah kala*. The menstrual cycle possesses the three stages. In classical texts *Accharyas* has narrated the three stages of *Rutukala* according to *Tridoshas* condition i.e. *beejotpattikala* due to *kapha* dominance, *Rutuvyatitkala* due to *pitta* dominance and *Rajah kala* due to dominance of *Vaata dosha*. The factor that causes *Rajahkriccharta* in woman during menses are because of *margavrodha*, *dhatukshaya* and practicing the causes that imbalances the *doshas*. Roots of *artavahstrotas* is based on *Garbhashaya* (uterus) and *artavahdhamanya* (Fallopian tubes and their blood supply). In Ayurveda classics *Kasthaartava* is called as *Rajahkriccharta* (Dysmenorrhoea). It is not described as a separate disease because women were not suffering much from

this problem in ancient era because of following pin pointed *rutucharya* and *rajasvalacharya*. According to ayurvedic text there are many other diseases in which *Rajahkriccharta* is considered and described as a symptom. Therefore this study is particularly about the description regarding *Rajahkriccharta* on the basis of scattered classical references.

Prevalence- The true incidence and prevalence of dysmenorrhoea are not clearly established because of different definitions of the condition, the estimates varying from 45% to 95%. A recent systematic review of the world literature on pelvic pain reports prevalence of dysmenorrhoea ranging between 17% and 80%.

Artava - A substance which flows from *apathyamarga* without pain burning and sliminess is known as *artava*. *Apanavayu* and *Vyan vayu* mainly responsible for *artavauttpati*.

Rajahkriccharta - *Rajahkriccharta* (Dysmenorrhoea) is not separately described as a disease but there are many diseases in which it is considered as a symptom.

Nirukti - *Rajahkriccharta* is also known as *Kasthaartava*.

Kastaartava - *Sashool*(painful) + *Pravartanam*(discharge,flow). *Kashten pravartanam Rajah* - Period of time, menstruation. *Kriccharta*- Difficult, Painful, Troublesome, ill, forced, unnatural,a bad state of thing.

Nidana - *Aahara* - *Katu Rasa*, *Rukshta*, *Sheeta*, *Khara Guna ahara*, inadequate intake of food (*Anashana*), Improper meal time (*Vishamashana*).

Vihar - Abnormal mode of life style, Sedentary life, Practicing *Vaatvardhak Hetus*(causes) including *Vegadharana* (control of natural urges), *Ativyayam*.

Lakshanas -

Udarshoola, *Todvatvedana* (Pricking pain), *Bhedvatvedana*(Tearing pain), *Katishool*(low backache), *Saktishool*, *Shronipradeshi shool*, *Kricchartava*, *Vimuktasukha* , *fenilatva* , *Ruk*, *Yoniprapeedana*. Nausea, Vomitting, Constipation, Headache, Dysentery, Fainting.

Bheda (types) -

1. *Vataja* (spasmodic dysmenorrhoea)
2. *Vata - kaphaja* (membranous dysmenorrhoea)
3. *Vata - pitta - kaphaja* (congestive dysmenorrhoea).

Sampraptighatak -

Dosha - *VaatPradhana*, *Tridosha*.

Vaat - *Apana*, *Vyana*.

Pitta - *Ranjak*, *Pachak*.

Kapha - *Anubanditdosha*.

Dhatu - *Rasa*, *Rakta*, *Artava*.

Upadhatva - *Artava*.

Agni - *Jatharagni*, *Rasagni*, *Raktagni*.

Strotasa - *Rasa*, *Rakta* and *Artavahstrotasa*.

Strotodushti - *Sangaand Vimargagaman*.

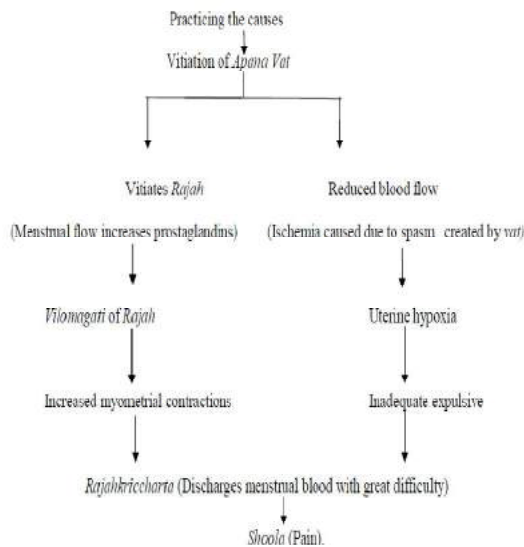
Udhbhavasthan - *Amapakvashaya*.

Rogmarga - *Abhyantara*.

Sthanasamshraya - *Garbhashaya*.

Vyaktisthana - *Garbhashaya*.

Samprapti (Aetiopathogenesis)-



Role of Vat dosha in Rajahkriccharta (Dysmenorrhoea) -

Menstruation is a natural physiological process; when it is accompanied with pain it is called as *Rajahkriccharta* (dysmenorrhoea). To understand the pathogenesis of this disorder, we should understand the role of *vat dosha*. Menstrual bleeding is a function of *apana vat*. *Apana vat* assists in all excretory activities such as passing of stool and urine, ejaculation of semen, natural delivery of foetus, etc. Classics have also quoted that *vat dosha* is responsible for all downward activities occurring in reproductive system. *Artava* (menstrual blood) gets excreted each month cyclically in women, comes under *apana vat* activity. *Acharya Charaka* has mentioned location of *apana vat* as lower abdomen and back, urinary bladder, genital organs, etc.

Factors causing Rajahkriccharta under the influence of vat dosha:-

1. *Margaavrodha* - The obstructive theory is that there is obstruction to the outflow of blood by the acute bend in the uterus or stenosis of the internal os. According to Ayurveda this obstruction is caused due to *vat*. It can also be due to associated *sheeta guna* of *Kapha*.
2. *Dhatushyajanya* - The hypoplasia theory: The uterus as remained in the prepubertal state, with a small corpus luteum, relatively long cervix which is unable to expel the menstrual blood. The retained blood sets up painful contractions due to *alpa mamsa dhatu*. Degenerative changes in the nerve supplying the uterus due to *vyana vat*.
3. *Alpasara* - Low pain threshold, general ill health. *Manasikakaranas* - Psychological factors: Vitiating *chitta*, *Shoka*, *Bhaya*, etc and *Pitta* vitiating *krodha*, *irshya* etc and the condition including stress.

Specific causative factors -

Charaka has quoted that woman of *vata prakriti* (constitution) when consumes *vat* increasing diet and does activities which aggravates *vat*, provokes *vat* which reaches in reproductive system and produces pain during menstruation.

Mechanism of pain production:

1. Clotting of the menstrual blood: Dysmenorrhoea may be caused by clotting the menstrual blood (*baddha artava*).
2. Degenerative changes in the nerves supplying the uterus (due to *vyana vata*).
3. The muscle ischemia theory: It is suggested that the pains due to ischemia of the uterine muscle during exaggerated uterine contractions (due to *vat*).
4. Increased prostaglandins, endoperoxides, and metabolite.
5. Excessive decidual formation (due to *kapha*).
6. Uterine mal-formation (*beeja dosha*).
7. Low pain threshold, General ill health (*alpa sara*).
8. Psychological factors (*manasika karanas*).
9. Environmental factors causing nervous tension (*viharaja*).
10. Both parietal and visceral afferent pain may be transmitted from the uterus. The lower abdominal

cramping pains of dysmenorrhoea are mediated through sympathetic afferents and hence may be referred to appropriate segments.

Aim – To study the ancient view of ayurveda on *Rajahkriccharta* (Dysmenorrhoea.)

To study the importance of *vat dosha* in *Rajah kricchrata*.

Objective –To study the aetiology, *vilomgati* of *vyana vayu* and also vitiation of *apana vayu* in *Rajahkricchrata* (Dysmenorrhoea).

Materials and methods: This article is based on a review of Ayurvedic texts. Other relevant topics have been collected. The main *Ayurvedic* texts used in this study are *Charak, Sushruta, Madhavnidan, Astanghradayam, Bhavprakash, Yogratnakar*. Also referred modern texts and searched various websites to collect relevant topic.

Dysmenorrhoea-

Definition- The dysmenorrhoea refers to painful menstruation. Dysmenorrhoea is a cramp labor- like pain in the lower abdomen that radiates to upper abdomen, waist and thighs and is sometimes accompanied by systematic symptoms like nausea, vomiting, diarrhoea, headache and dizziness.

Etymology- The word “Dysmenorrhoea” has a greek origin. Dis-men-o-reah. Dis-Prefix meaning, difficult, bad, painful, Monthrein:Toflow. Thus, Dysmenorrhoea – means.

Types of dysmenorrhoea- There are two types of Dysmenorrhoea.

Primary dysmenorrhoea- Primary dysmenorrhoeais the pain associated to ovulation cycles, without demonstrable lesions that affect the reproductive organs. Primary dysmenorrhoea is related to myometrial contractions induced by prostaglandins originating in secretory endometrium, which result in uterine ischemia and pain. In addition to the physiologic perspective, various psychologic theories have also been proposed, emphasizing the role of personality factors and attitudes about menstruation.

Secondary dysmenorrhoea- Secondary dysmenorrhoea is the pain associated with ovulatory cycles caused by a demonstrable pathology.

Differential diagnosis-

According to Ayurveda – *Udavartini yoni vyapad, Vataj yoni vyapad, Suchimukhi yonivyapad & Vipluta etc.*

Modern -

A. The most important differential diagnosis of primary dysmenorrhoea is secondary dysmenorrhea.

Secondary dysmenorrhoea - Endometriosis, Adenomyosis, Uterinemyoma, Endometrial polyps, Obstructive malformations of the genital tract

B. Other causes of pain- Chronic pelvic inflammatory disease, Irritable bowel syndrome, inflammatory bowel disease, interstitial cystitis.

C. Sudden onset of dysmenorrhoea - Pelvic inflammatory disease, unrecognized ectopic pregnancy, Spontaneous abortion.

Chikitsa sutra (general line of management) -

Disorders of *yoni* never take place without vitiation of *vat*, hence first *vat* should be regularized then management for other *dosha* should be done.

Treatment as per classic:-

1. *Nidanaparivarjana*
2. For *Avrita Apana Vayu*, Treatment should be *Agnideepaka, Grahi, Vat Anulomana* and *Pakvashaya Shudhikara*.
3. *Margavrodhnashak chikitsa*.
4. *Dhatuvridhikara chikitsa*.
5. *Shastrakarma* - Surgical if needed.

Treatment - Life style changes- Exercise regularly, Ensure sound sleep, Reduce caffeine. Diet-Warm fresh foods Fresh fruits, Regular use of ginger in food preparation, Avoid fat and sweets. *Yoga-Yoga* activities help to reduce and prevent the severity of many ailments that specifically gives women health strength, stability and suppleness. *Yogasanas* are considered as the most convenient, drugless and inexpensive methods.

DISCUSSION

In classical texts *Kashtaartava* is actually called *Rajahkriccharta* (Dysmenorrhoea). It is condition in which *yoni* discharges menstrual blood with difficulty. As *acharyas* has narrated “*Vatadhruti naasti rujaa*” *Sus.Su.17/8*. The vitiation of *Apan & Vyan vayu* may be due to *mithya aahar vihar, margavrodh or vega dharana* or may be because of *dhatukshaya* finally leads to *vat vrudhhi*, leading to *pratilomagati* of *rajas* and causes *Kastaartava* i.e. *Rajahkriccharta* (Dysmenorrhoea) painful menses.

CONCLUSION

Ayurveda views *Rajahkriccharta* (Dysmenorrhoea) as doshic imbalances due to practicing the causes that can potentially be impacted through balanced living, following the codes as advised by the *Acharyas* that is characterized by *dosha* appropriate diet, herbal supplements, yoga, meditation as well as nourishing inputs through all five senses. All the evidence suggests that *vat* is the main factor for *Rajahkriccharta* (Dysmenorrhoea).

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YOGA AND PRANAYAMA DURING PREGNANCY- A WAY TO
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Article

ABSTRACT:

Yoga is ancient Indian practice means to bring oneself to a closely controlled way of life, for man to harmonize with the environment and has to unite the spirit, mind and body, ultimately creates the balance in the physical, emotional and spiritual aspect of life. Yoga in pregnancy is multi dimensional physical, mental, emotional and intellectual preparation to answer the challenges faced by a pregnant woman. Pregnancy in a woman is a condition in which woman changes both from inside as well as outside. These changes create obstacles or hurdles in the normal life of a pregnant woman and *Yoga* in pregnancy can help the women to travel through these changes and challenges. *Yoga* stretches provide benefits to the mind and body bring balanced energy flow and prepare the woman physiologically and psychologically for labour. *Yoga* will help to manage a wide spectrum of issues like, low back pain, groin pain, anxiety, poor circulation excessive weight gain, poor sleep Different breathing techniques impart invaluable neuro – muscular control and helps in coordinated relaxation and contraction of uterus. *Yoga Asana* (postures) consume low energy and provide greater benefits. Different evidence based data support this facts. Pregnancy induced hypertension intrauterine growth retardation and pre- term delivery etc. definitely prevented with *Yoga* practices. Western exercises bring about phase contraction of muscles while yogic exercises create a static contraction which maintains a muscle under tension without labour, decreased IUGR with least or no complications. The practice of yoga is a process, similar to the journey to motherhood. Another wonderful aspect of yoga practice is its ability to help teach a pregnant woman to respect and honour that journey.

Key Words: *Aсанas, Yoga, Pranayama, Pregnancy*

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INTRODUCTION

There are many physiological changes during pregnancy that may cause the difference of the energy to the pregnant women and the fetus. The mother gains weight, the uterus begins to press on the diaphragm. Pregnant woman and her fetus may get the improper supply of oxygen. Thus, breathing can become difficult during pregnancy. Furthermore, the bones soften and uterus expands for the growing baby, which also leads to pressure that cause pain in the groin. Childbirth is stressful experience with pain, fatigue, fear and negative moods reaching high levels as labor progress. Therefore there is no energy flow or awareness in the *Chakra* (Vital Energy Centers of energy), *Nadi* (Different Nerves and Vessels of body). In relation to the body disconnection is seen as lack of body consciousness as individual becomes more aware of the massages from the body, including from areas of stress and tension, a foundation is created for activity the relaxation response allowing the body to return to a state of balance. Psychosomatic stability of human maintained with the help of *Ashtanga Yoga* i.e. eight domains. Among these eight domain, *Yama* and *Niyama* in relation to health of the physical body they refer to promoting a non-harmful, truthful way of life bringing of life style and diet appropriate for the individual. *Asana* helps to eases tension, promotes increased flexibility in muscle, calms and soothes. Over all practice of *Yoga* induces relaxation , releases muscular and nervous tension, massage the musculoskeletal system , improves body awareness, stretches and relaxes the circulatory

system , lower blood pressure, reduces heart rates , massages adrenals, helps the digestive system and the assimilation of nutrients , improves respiratory functions and stimulates the immune system and the flow of lymphatic fluid. The practice of *Yoga* during pregnancy is a wonderful experience for both mother and baby. Many spiritual traditions speak of interconnected and oneness among woman and her child that mother carries for nine months in the womb. Mother can experience this connection with something beyond and greater than the individual and separate self. During pregnancy, everything that mother does affect her child. Unlike some workouts, *Yoga* should never harm the body or causes it pain. *Pranayama* and *Dhyana* used in *Yoga* are beneficial during labor. Meditation calms the mind and reduces negative thoughts. Thus it improves the mental health. The nurturing of awareness of the body in each *Yoga* posture and the awareness of the breath also prepares women for labor and childbirth. *Yoga* and meditation are most beneficial when practiced throughout the pregnancy. Although *Yoga* can improve a woman's health during pregnancy, there are some *Yoga* postures that should not be performed, which are harmful or not comfortable to her body. *Yoga* during pregnancy should be performed under the instruction of *Yoga* teacher. As a women pregnancy progresses, mother's joints will loosen, but *Yoga* allows the strengthening and flexibility of these joints. Regular practice throughout the pregnancy, respecting the changes in the body throughout each trimester prepares women both

physically and mentally for birth. Pregnancy *Yoga* gives women the opportunity to stay mobile, fit and active throughout pregnancy, empowers them to relate to the sensations occurring in the body in a calm manner and builds the steadiness of mind to make conscious choices during the labor and birth process. Women who practice *yoga* can also be more active in birth taking comfortable positions. During a women pregnancy, the body changes dramatically. *Yoga* can help women to welcome these changes, and take the time to live in the anowa of pregnancy rather than feeling as if pregnancy is a waiting period before birth.

AIM AND OBJECTIVES

- To enhance the care of the women experiencing the normal physiological changes during pregnancy and child birth through Yoga practices
- Evaluating the effectiveness of the comfort procedures that are provided with Yoga Practices

MATERIAL AND METHODS:

Literature searches were conducted to identify all review papers of yoga and pregnancy. The following database was used. Pub Med, Medline, different evidence based medicine reviews. In addition a search containing the terms Yoga was conducted. The references list of located articles was also searched for possible publications.

DISCUSSION:

The nervous system causes entirely different reactions in the body. The sympathetic nervous system works to prepare the body for distress by raising the blood pressure and releasing stress hormones in to blood stream. The breaths will increase in numbers per minute to accommodate the other fast-paced functions. This response was originally designed for protecting our bodies against dangerous predators. However, these symptoms may come about for a number of reasons, stress, anger, and frustration which are all negative feelings. During pregnancy, this energy also affects the baby in the same way as of the mother during times of distress. Deep breathing promotes overall health in the body by providing a state of relaxation, thus allowing it to heal. However, many women do not realize the variety of things that can actually affect their pregnancy. *Yoga* can help ease minds of the two and she can relax during such a difficult state. Child learns many things inside the womb that it would not otherwise learn on earth. Focusing on the breath enables women to give up into the sensations they experience and label 'contractions'. Women can use conscious breathing to relax and let go during labor. During *Yoga* and meditation practice, when in labor mother can be aware of the intense sensations occurring are entirely positive and mother can know that she can let go, surrender and trust in the strength of her body to give birth. Pregnancy is different for all women and each pregnancy and birth is unique. However for every woman, it is important to remember that pregnancy is not a time to perform advanced asana practices but is a time to move towards practice which nurtures her and her baby and prepares her to give birth. The bliss body is a means to facilities the memory of the joy and peace that are always present and ready for recall. The *Yoga* practices will focus on the *Dhyana* or medication. The bliss body is a key concept in *yoga* therapy because it reminds a person of what is already whole and healed within the self, it means that the work at this level is to assess and remember who the person already is. In order to know that how it happens one has to understand the basics of human body from *Yoga* point view. According to ancient Indian classics human body is composed of three orbits called as *Kosha*.

- 1) *Annamaya Kosha* - It is the orbit of human body where the alignment and physical sensations of the physical body takes place.

- 2) *Pranayama Kosha*- It is the orbit of human body to connect with the energy manifesting in the body and the energy absorbs.
- 3) *Manomaya Kosha*- It is the orbit of body, where mind absorbs the energy, and the thoughts generated and diminish allowing the *Manomaya Kosha* to dissolve.
- 4) *Vignanamaya Kosha*- This orbit, it can be explored to access intuition and inner wisdom and move through to the *Anandmaya Kosha*.
- 5) *Anandamay Kosha*- In this orbit true enlightenment happens and all the *Kosha* dissolve and become absorbed in the true self.

Yoga practices approach including, physical postures (*Asana*), breathing techniques (*Pranayama*) and Meditation (*Dhyana, Dharna, Samadhi*) act through above mentioned *Pancha Kosha* and improve the Pregnancy outcomes (narendran et al. 2003).

Yoga Asanas: *Yoga Asana* or exercises are ways of moving or holding the body in different position varying widely in application and style; these exercises gently stretch and explore all parts of the body. During pregnancy *Yoga Asana* are a gentle way to keep active and supple. The remarkable effects of this posture in pregnancy show the power of *yoga* for ensuring a smooth pregnancy, a relative easy natural childbirth and restoration of body shape after childbirth. At the subtle level, these ensure optimum supply of blood and nutrients to the developing fetus.

	ASANAS	BENEFITS
First trimester of pregnancy	<i>Ardha Titili Asan</i> <i>Poorna Titili Asan</i> <i>SuptaUdarakarshan Asana</i> <i>Marjari Asan</i> <i>Kati Chakrasan</i> <i>Tadasan</i> <i>Uthanasan</i>	Tones up muscles of waist, back and hips Induces the feeling of lightness It helps to open up the hips and thighs and improves flexibility This posture also stimulates the reproductive and digestive organs

How can yoga help psychologically during pregnancy? - Pregnancy is a very anxious time for most women. In addition to the physical benefits of *Yoga*, it will help relax into the pregnancy and learn to manage the anxiety that can accompany new motherhood. *Yoga* helps keep the mother centered and calm as stressful issues arise during the pregnancy.

	ASANAS	BENEFITS
Second Trimester During Pregnancy	<i>Vajrasan</i> <i>Bhadrasan</i> <i>Marjari Asan</i> <i>Hasta Uthanasan</i> <i>Tadasan</i> <i>Kati Chakrasan</i> <i>Uthanasan</i> <i>Matsya bidesan</i>	Stimulates digestion and releases constipation Relaxes the nerves of legs Ideal for relaxed sleep Improves blood circulation. Relieves stomach ailments like hyperacidity

	ASANAS	BENEFITS
Third trimester of pregnancy	<i>Ardha Titali Asan</i> <i>Poorna Titili Asan</i> <i>Kati Chakrasan</i> <i>Parvatasan</i> <i>Yoganindra</i>	Tones up muscles of waist, back and hips Induces the feeling of lightness Relieves physical and mental stress Improve body posture Relief in back It helps in calmness Relaxation of nervous system.

Stress management and Yoga: - Stress management is a vital component to a healthy pregnancy. The usual stresses of modern day lifestyle can be toxic to the baby and to the mother. One factor is the stress hormone cortisol, which is released by the adrenal glands. When cortisol levels increase, along with its companion stress hormone norepinephrine, the pregnancy is physiologically covered in a stressful environment. *Yoga* is a well known technique to help manage stress, decrease anxiety and to decrease levels of cortisol, thus creating a much healthier environment for both the baby and the mother. It is very clear that controlling the stress can maintain all neuro-endocrinal

balance and homeostasis. Therefore practicing the Pranayama will definitely help to control the stress and improves the outcome of pregnancy.

Pranayama: Prana means "life force energy" that contains and regulates the physical and mental energies through the energy channels (nadi) and energy centers (chakras). A proper flow of energy is necessary for maintaining good health. Correcting breathing patterns can enhance energy flow through six Chakra and body. Constant breath awareness and continuous flow of *Apana* are necessary. *Pranayama* restores a natural balance in the flow of *Prana* and *Apana* through breathing and guided imagery. Along with *Pranavidya* exercises which direct healthy in to the circulatory system. In addition chakra therapy is an aspect of work at this level, thus yoga helps bring out emotional blokes and unconscious belief patterns through awareness in order to release individuals and connect them with nature. Psycho-emotional body—mothers would want to regulate the stress response system to keep emotions in balance. Stress in the mother could cause disease and potential loss of the fetus. Yoga *Nidra* is the main resource of the yogic process for exploring and integrating all this things. The higher cortical functions of reflection, perception, planning, creativity or the wisdom and witness of consciousness the mother gains insight into her daily activities, diet, thought patterns and how they will translate to the baby.

Sr. no	PRANAYAMA	BENEFITS
1	Anuloma- pranayam	<ul style="list-style-type: none"> • It strength the body Mentally as well as physically • During labor, holding of breath for maximum duration can provide great help for pushing duration labor • It provides more oxygen to the back so more oxygenis transformed to the fetus.
2	Bhramari pranayam	<ul style="list-style-type: none"> • It is the effective breathing exercise to release agitation, anger and calms the mind • It is very useful for pregnant women because it eases the process of child birth by concentrating the breathing during the process of

CONCLUSION

Yoga practices includes physical postures, breathing techniques which minimize the complication of pregnancy like pregnancy induced hypertension, intra uterine growth retardation and preterm delivery. *Yoga* is considered safe for pregnant women. From the beginning to the end of pregnancy, *Yoga* practice of relaxation, breathing and stretching and strengthening exercises help women to accept the changes in their body, mind, and spirit during and after pregnancy. It is also beneficial in many others ways, especially in developing awareness of the personal self and of the baby. *Oja* is helpful in increasing the birth weight of babies which is significantly proven. Rate of preterm labor is lowered and complications such as isolated

intrauterine growth retardation and pregnancy induced hypertension with IUGR were significantly lowered by practicing *yoga*. *Pranayama* relaxes the mind, refocuses the energy and relives stress from impatient and tensed pregnant woman. By practicing *Yoga* and *Pranayama* anxiety and cortisol levels lowers down. Antenatal *Yoga* has a significant role in reducing the fear and anxiety of child birth. Thus it can be said that it is potentially preventive against increased symptoms of depression. On the basis of above benefits and approach to *yoga* and *pranayama* in pregnancy, complications like low birth weight, pre-term labor, intra uterine growth retardation can either be avoided or can be faced with least complications. Practicing *Yoga* and *Pranayama* reduces mental stress, relieves pain and symptoms of depression. So *yoga* must be included in the pregnancy regimen to attain the higher level of fitness for both mother and child.

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VASOPRESSORS IN OBSTETRIC ANESTHESIA

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Article

ABSTRACT:

In obstetrics spinal anaesthesia, hypotension is occurs usually. To counteract this hypotension vasopressors have vital role. Many of vasopressors are used for that condition but each of drug have their adverse reaction towards mother and foetus .This reviewed article evaluates the present day evidence on the various vasopressors used in obstetric anaesthesia today also causes of hypotension after nuraxial anaesthesia in brief.

Key Words: Vassopressor, Nuraxial Anaesthesia, Hypotension

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INTRODUCTION

In obstetric, neuraxial anaesthesia is preferred choice. After neuraxial anaesthesia hypotension is major consequence occurs routinely because the sympathectomy resulting from the nuraxial blockade is exaggerated by physiological changes of pregnancy and purperium leading to hypotension as much as 55 to 90% of mother receiving spinal anaesthesia for caesarean section. The causes of hypotension are postulated as , compression of vena cava , venous pooling of blood leading to decreased venous return and reduced cardiac output. Vasopressors are the agents that causes rise in blood pressure by constricting blood vessels. Which leads to an increase in systemic vascular resistance and rise in mean arterial pressure have been traditionally used for the prevention and management of hypotension. However the understanding of hypotension after nuraxial anaesthesia, in obstetrics and use of vasopressors to counteract, it continuous to evolve over the years. The sympathectomy resulting from the nuraxial blockade is exaggerated by physiological changes of pregnancy and purperium leading to hypotension as much as 55 to 90% of mother receiving spinal anaesthesia for caesarean section . The causes of hypotension are postulated as, compression of vena cava , venous pooling of blood leading to decreased venous return .and reduced cardiac output. Based on studies on pre eclamptic women, challenged the understanding that reduced central venous pressure leads to decreased cardiac output and arterial pressure. It shows venous pressure may be the determinant in causing hypotension after spinal anaesthesia. This reviewed article briefly elaborates the present understanding of vasopressor in obstetric anaesthesia today.

AIM

To review the use various types of vasopressors in obstetric anaesthesia after nuraxial blockade

OBJECTIVE

To study the details of vasopressor and their side effects in obstetric anaesthesia after nuraxial blockade

MATERIAL AND METHOD

This article is based on review of modern texts and journals regarding obstetric anaesthesia and its treatment. Materials related to this topic collected from various texts of anaesthesia were studied.

DISCUSSION

Vasopressors which have been used in obstetric primarily include the directly active selective alpha receptor agonists and both directly and indirectly acting.

- 1) Mephentermine – it is alpha and beta receptor agonist .Its impact on heart rate depends upon the vagal tone .Tachyarrhythmia to pressor action is develop rapidly .Action of this drug is peaks in 5 minutes and lasting for 15 to 20 minutes after intravenous route .
- 2) Methoxamine- it is alpha agonist causing intense vasoconstriction following parenteral administration .It raises arterial blood pressure and may result in reflex vagal inhibition of heart rate. Tachyarrhythmia is seldom observed .It is given as 2 to 4mg intravenous route peak action in 2 minutes lasting for 15 to 20 minutes. It is decrees the uterine blood flow and adverse impact on foetal acid base status in animal study so its uses in clinical obstetrics fallen out of favour.

- 3) Metaraminol – it is act as mixed alpha and beta agonist property. This drug is exert significant direct effect on vascular and adrenergic receptors along with its indirect action due to release of norepinephrine. Intravenous dose of 0.5 to 5mg has peak at 10minutes and action lasting for 20 to 60 minutes.
- 4) Phenylephrine - At clinically relevant doses, it is a selective α_1 receptor agonist and β agonist action is only seen at much higher doses. It is frequently used in obstetric anaesthesia to counteract the hypotension after spinal anaesthesia due to marked arterial vasoconstriction caused by its α_1 agonist action. Potential negative chronotropic effect is due to reflex bradycardia and decreased cardiac output might not adversely influence the foetus in elective cases. An intravenous dose of phenylephrine has immediate onset and duration of action of 5-10 min. The optimum regimen for administration of phenylephrine has not yet been defined. Prophylactic administration is associated with a higher incidence of hypertension and bradycardia. Phenylephrine, 50 to 200 micrograms intravenous bolus is often administered to adults to treat hypotension.
- 5) Ephedrine- It has both direct α and β agonist action, but indirect action is more prominent due to the “release of norepinephrine from sympathetic neurons”. It increases the blood pressure by β_1 receptor stimulation with increased heart rate and cardiac contractility, whereas the alpha agonist action causes peripheral vasoconstriction. Prophylactic doses of 30 mg intravenous ephedrine had been suggested to achieve significant reduction in the incidence of hypotension. Even for a reduction in the need for rescue boluses of ephedrine, at least 12 mg intravenous prophylactic dose of ephedrine is needed after spinal anesthesia for Cesarean sections. The drug not only has delayed onset of action, it also has a longer duration of action of about 60 min. Due to its delayed onset of action, it should only be repeated after 5-10 min as it was observed that larger doses of ephedrine were required in the first 10 min and often caused overshoot of the desired target systolic pressures after 10 min. Intravenous boluses are therefore preferred to continuous intravenous infusions as the drug exhibits delayed onset of action and tachyarrhythmia.

OBSERVATION

Criteria for choice of vasopressor -

- The ideal vasopressor would be one which has-
- Short duration of action with rapid onset.
 - Devoid of tachyarrhythmia.
 - Can be easily titratable.
 - Lack of maternal and foetal adverse effects.

The hypotension after spinal anaesthesia for Caesarean sections, the traditionally ephedrine is choice of agent. In a quantitative systemic review they concluded that for elective Caesarean sections, phenylephrine was associated with better foetal acid-base status, although no clinical outcome difference based on the Apgar scores could be established. In patients treated with ephedrine, the cause of decreased pH, base excess and oxygen content in umbilical cord arterial blood is controversial. While earlier studies indicated towards differential action of various vasopressors on uteroplacental circulation. The depressed foetal acid base status was possibly due to ephedrine crossing the placenta and causing depression of foetal pH by its “metabolic effects secondary to stimulation of foetal β -adrenergic receptors”. Phenylephrine may be preferable because of improved fetal acid-base status in uncomplicated pregnancies. While there is abundant literature evidence claiming superiority of phenylephrine over ephedrine in healthy parturient undergoing elective Caesarean section based on fetal acid-base status.

CONCLUSION

Above articles is elaborates that in elective caesarean section phenylephrine is vasopressor of choice. But due to bradycardia and decreased cardiac output also adverse effect on placental perfusion it has to be go under further studies. Today, in obstetric anaesthesia, both phenylephrine and ephedrine continue to be used safely. The same appears to be true for Mephentermine and Metaraminol also. Larger trials, especially in non-elective Caesarean sections, would be needed to give further direction to the obstetric anaesthesiologists in choosing their preferred vasopressor.

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THE EFFECT OF KSHAR TAIL UTTAR BASTI IN THE CASE OF INFERTILITY DUE TO TUBAL BLOCK - SINGLE CASE STUDY REPORT

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Article

ABSTRACT:

Infertility is defined as fail to conceive with one year unprotected coitus. Sub fertility to describe women or couple who are not sterile but exhibit decreased reproductive efficiency.¹Reasons for infertility like overweight improper diet, smoking, alcohol, anxiety, pollutants, medications and family medical history could affect conception. The present study is an effort to understand the disease according to Ayurveda. According to Sushruta Rutukala, Kshetra, Ambu, Beeja are essential factors of conception. Imbalance of any of these features leads to infertility. Among this Kshetra means reproductive organ. In which fallopian tubes are correlated with Arthavaha Strotas and its block is compared with Sanga Stroto Dushti of this strotas. The role of all three doshas is producing blockage is being studied. The paper is based on clinical success story of fallopian tubes. Success was achieved with Kshar tail² uttar basti after five months treatment.

Key Words: Infertility, Uttar Basti, Kshar tail.

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INTRODUCTION

Tubal block is responsible for 25 to 30% of female infertility. Female factors are ovarian, tubal, endometrial and uterine. Female infertility due to tubal blockage is second most contributing. According to Ayurveda the anatomical description is gross and various principles like Dosha, Dushya, Dhatu, Marma, Strotas etc. which are quite different from modern science. Fallopian tubes are correlated with Arthavaha Strotas. These are two in number having roots in Garbhashya and Arthavavahi Dhamnis. Injuries to which causes Vandhyatva. The pathogenesis of diseases in Ayurveda is initiated with accumulation vitiation of Doshas. Thus an approach can be developed toward tubal infertility by finding out Vandhyatva based on Nidanas and samprapti. Charak has given space to understand the newly diagnosed diseases on the basis of Prakruti, Adhishthana, Linga and Aayatana. Acharya Kashyapa has stated that any type of sankocha is caused by Vata⁴. This sankocha is one of the reasons of tubal blockage. Vitiation of Vata in tubal blockage causing infertility can be considered by its Ruksha, Daruna Gunas. Tubal pathology impairs functions of the fallopian tubes and reduces fertility. The degree of tubal pathology determines the possibility for fertility.

MATERIAL AND METHODS

Present study is carried out on single patient who was taken from O.P.D. of Prasuti and StreeRog department after clinical examinations and investigations.

A 24 years old female patient of infertility due to tubal block.

CASE REPORT

A 24 years old female patient of primary infertility due to tubal block married since two years.

Patients Name :- XXX**Age :24 years.****Occupation :House wife.****OPD No. : 13451****M.H. :2 years****C/O :Willing for conception, Agnimandya, Constipation****H/O: HSG showed left tubal block with right ovarian haemorrhagic cystectomy in 2003.****Date of Admission: 28th May 2016.**

Patient was clinically diagnosed by an Ayurvedic approach.

AshthavidhaParikshan -

- 1) Nadi - 82/mm Madyama.
- 2) Mala - Grathit Mala Pravruti.
- 3) Mutra - Samyaka
- 4) Jivha - Saam
- 5) Shabdha - Saam.
- 6) Sparsh - Anushna
- 7) Druka - Alpashwetata
- 8) Akruiti - Madhya.

THE TREATMENT PROTOCOL**1stCycle 28.05.2016**

- 1) The patient was complaining of Agnimandya. She was given Hingvashtak Choorna⁵ 2 gm twice a day with Ghruta before meal for deepan karma for 15 days.
2) For Aampachan Aampachakvati⁶ 500 mg twice a day after meal was given for 15 days.
3) For Malavasthamba Avipattikar Choorna⁷ 2 gm with lukewarm water at bed time was given for 15 days.
4) For Deepan Pachan Chittrak Haritki⁸ was given 5gm for 15 days.

14.06.2016 to 20.06.2016: Abhyantar Snehapan Phalghrut was given in vardhamanmatra. 30 ml - 60 ml - 90ml-120ml -150ml-180ml-210ml.

21.06.2016 :
Sarvanga Snehana Swedan done. Abhishandee Ahar (Curd+Rice) at night was given. Lukewarm water throughout the day was given.

22.06.2016 :
Sarvanga Snehana Swedan was given. Vaman given with Yashtimadhukwath 5^{1/2} lt (Vamanopag Dravyas) given. VamakDravya Madhu + Madanphal + Vacha 50 mg chatan was given.
Sansarjankram was followed for 15 days.

IInd Cycle 7.7.2016:

Virechan Sunthisiddha , ErandaSneha 50ml od HS was given after Abhyantar snehapan of Phalaghurut for 5 days.

IIIrd Cycle 2.8.2016:

Sixth day of menses Sarvang Snehana swedan done. Yogbasti + uttar basti⁹.

Yogbasti : 7 days dt. 2, 3, 4, 5, 6 & 7 August.

Uttar BastiKsharTail : 2,4,6 August.

NiruhBasti¹⁰ : on 3,5,7 August.

AnuwasanBasti¹⁰ : on 2,4,6 August.

IVth Cycle 27.8.2016 : Sixth day of menses Sarvang Snehana swedan done.

Yogbasti + uttarbasti + AnusanBasti followed for 7 days like previous cycle.

Vth Cycle 22.9.2016 : Sarvang Snehana swedan done. Yogbasti+ uttarbasti + AnusanBasti followed for 7 days like previous cycle. After receiving this treatment HSG was advised. HSG done on 10-12-2016 showed the Left fallopian tube well opacified with normal size. Thus the Kshar Tail Uttar basti showed successful results in removing the tubal block.

DISCUSSION

According to Ayurveda Aama is basically responsible for Dushtis in human body. Ahar Ras is a basic unit in forming a healthy body and for Niram Ahar Ras formation Deepan chikitsa was given with HingvashtakChoorna with ghruta was given. For aamapanchan Ampachakvati was given. For Deepan pecan, ChittrakHaritki was given For the Anuloman of ApanVayu Avipattikar Choorna was given. After that shodhanachikitsa i.e. Vaman ,Virechan ,Yogbasti and Uttar basti was given after Abhyantar Snehapan of Phalaghurta for 7 days in VardhamanMatra. Kshar is known for its corrosive property. Ulcer healing and antibacterial properties. It is tikshna guna hence removes outer fibrosis of endometrium and in rejuvenation. It is Vatakaphashamak drug which contains antioxidant and antihemorrhagic qualities and helps in removing chronic inflammation and fibrosis. It is Shothahara and reduces swelling and edema of the tube. And scraping of obstruction takes place. The Snigdha guna of tail is helpful to reduce the abnormality generated by Ruksha, Darun, and Khara guna of Vata. It restores the endometrium.

CONCLUSION

Thus we conclude the Ayurvedic regimen i.e. Uttar Basti with Kshar Tail helps in scraping of obstruction in the tube and restores the normal endometrium. It restores the normal functions of cilia by stimulating it. Thus we can conclude that Uttar basti with Kshar Tail showed the best result in tubal block.

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A CONCEPTUAL STUDY OF MENOPAUSAL SYNDROME

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Article

ABSTRACT:

In most of the women menstruation permanently ceases between 45-50 yrs. Every woman faces various physiological and psychological changes during this "change of life" as a part of hormonal derangement. Sometimes such disturbances attain the stage of disease or syndrome called as "Menopausal Syndrome" which is accompanied by various vasomotor, psychological, genital, locomotors and GIT related symptoms. In today's world this problem is emerging as a burning issue as population of post menopausal women is increasing day by day. So this article is a step to understand this problem in the present days.

Key Words: Menopause, Menopausal Syndrome, *Rajaha*, *Artava*, *Rajonivritti*.

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INTRODUCTION

Menopause¹- It is defined as permanent cessation of ovarian function resulting in permanent amenorrhoea. In *Ayurveda*, this phenomenon is taken in a different way and not as a serious health problem. As *Sushruta* mentioned that menopause deals with *Jarapakva avastha* of the body. The ancient *acharyas*² termed it as a normal physiology occurring at the age near about 50 years due to *Vata* predominance and *Dhatukshaya*. According to *Ayurveda* menopause i.e. *Rajonivritti* can be correlated.

*Rajonivritti*³- The term '*Rajonivritti*' is made up of two different words viz. "*Rajah*" and "*Nivritti*". The word *Rajah* is used synonymously for various substances (*Amarkosha*) like *Artava* or *stripushpa* (Menstrual blood) *Raja Guna* (A type of *Manas dosha*) *Parag* (Pollen grains of flower) *Renu* (Minute dust particles) Here, in the context of this subject, the meaning of *Rajah* like *artava* and *stripushpa* i.e. menstrual blood is taken into consideration.

Nivritti: - the meaning of *Nivritti* is understood as end or ceasing i.e. *Rajonivritti* is permanent cessation of *artava pravritti*. In *Ayurveda* *Rajonivritti's nidanas* are not mentioned clearly but important factors influencing this physiological phenomenon are described.

1.Kala 2.Swabhava 3.Dhatukshaya 4.Abhigata 5.Ahara-Vihara.

Above factors can be grouped under two major headings i.e. General factors, which are also mentioned as "*Rajah utpatti hetu*", and specific factors like *Dhatukshaya* *Abhigata*.

1.Kala³ -In *Ayurveda*, the "*Vaya*" is described on the basis of *Kala* only. Concentrating on "*Rajonivritti*", a specific *Kala* is mentioned. *Acharya Charaka* also beautifully explains that the same foetus after passing of some time becomes child, young and old. (Cha. Sha. 3/8). Thus, it is clear that after a specific time, the process of aging starts.

2.Swabhava⁴- *Ayurveda* has considered "*Swabhava*" as a causative factor in a generalized way. (e.g. in regard to *Srusti Utpatti* etc.).

3.Dhatukshaya⁵- *Dhatu* is a main constituent of the human body. Due to this *dhatukshaya* all the *updhatus* including *Artava* leads to destruction resulting in *Rajonivritti* and *ojakshaya*

4.Abhigata⁶-It means trauma (*Abhigata*) to *Artava* *strotas* leads to *Aklaja Rajonivritti*.

Samprapti of Rajonivritti - *Samprapti* can be drawn under two main headings. (i) *Kalaja samprapti* and (ii) *Aklaja samprapti*

Kalaja samprapti-*Rajonivritti* occurring due to *Jaravastha*. So there is *dhatukshaya* mainly of *Rasa* and

Rakta dhatukshaya with dominance of *Vata*. Resulting in *Dhatvagni vaishamy* occurs. Therefore formation of *dhatu* doesn't occur properly. *Artava* is not formed and then *Artavakshaya* and *Rajonivritti* occurs.

Akalaja samprapti:- For *akalaja samprapti*, few etiological factors are responsible which can be grouped under headings i.e. *Abhighatadi*

Lakshanas of Rajonivritti

Ayurveda considers *Rajonivritti* as a natural change in body but we can correlate symptoms of Menopausal syndrome with *Jaravyadhi* as below.

- (A) *Doshaja* lakshana.
- (B) *Dhatukshayaja* lakshana.
- (C) *Manasika lakshanas*

From the previous works, it is well proved that this health hazard can be well managed with certain *Ayurvedic* therapeutics having *Medhya* and *Rasayan* properties.

Modern view

Menopause 8,10

The term Menopause is made up of two words viz. 'Meno' and 'Pause'. Meno = month = Related to menses

Pause = Pausis = Stopping, Cessation. Thus the word Menopause refers permanent cessation of menstruation. Generally occurs between 40-45 yrs. Climacteric is the phase of weaning ovarian activity and may begin 2-3 yrs before Menopause and continues for 2-5 yrs after it. During this phase decline in ovarian activity occurs, therefore no corpus luteum no progesterone is secreted by ovary. After some time there is no Graafian follicle formation, resulting in fall in oestrogens activity and finally atrophy of endometrium leads to amenorrhoea. Due to negative feedback of pituitary gland FSH and LH increases. It affects the ovaries, fallopian tubes, uterus and cervix get atrophied.

Menopausal Symptoms

(Problems arising in menopausal women)

General Physical Symptoms

- The physical stamina for the work done is starting declining.
- The hormonal imbalance takes place (estrogen deficiency)
- Menstrual cycle become irregular. Heavy bleeding may occur.
- Complains like white discharge through vagina, Dryness of the vagina, low backache, and hot flashes may start around the menopausal age.
- The other physical disorders like Diabetes Arthritis, Osteoporosis and Hypertension may arise.
- The beauty starts decline. Body shape getting change. Wrinkles arise on the Face. All these things are hard to accept. These changes may create negativity.
- Interest in the Physical relation is ceased.

Psychological

- Women may feel alone. As her children are grown up and have their own interests.
- If the woman is working at some place, the age of retirement arises or come nearer.
- A change in the mood is a common thing in this age.
- Emotions are aggravated due to the casual things.
- Anger on the small things may be usual.
- Crying on the little things become common.

Management of Menopausal problems Lifestyle-

The age should be accepted blissfully. The bare time should be filled with constructive things. It helps to maintain the Optimistic view. The mixing with the women's of the same age group and sharing the feelings with them is also a best solution for the emptiness. Sleeping at the Day time should be minimized. The day time should be spending in reading the good books or doing the small new things. Physical exertion should be avoided. Mental stress should be avoided.

Panchakarma – Shirodhara, Massage, Steam, Medicated Enema. Aroma and silent music plays important role in blooming of mind. The body massage with the Aromatic oil relaxes body and mind and the bath with the mild perfumed water may help to elevate the mood.

According to modern science

HRT (Hormone Replacement Therapy) is beneficial in this syndrome. But for symptomatic relief HRT should be given for 3 to 6 months. So there are some risks factors of HRT i.e. Breast Ca is due to progestogen if HRT is taken over 5 yrs. There are possibility of CHD.

Diet

Wholesome Diet

According to *Ayurveda*, in the *Rajonivritti* *Awastha*, *Vata* *Pitta* dominance is present. Hence one should consume *Agnideepak*, *Aampachak*, *Snigdha*, warm, *laghu*, *Ojovardhak* & *Vattanulomak* *Aahara*. e.g *Fennel* & *cumin* & *Asafetida* in diet. Warm water should be consumed. *Aushadhi Siddha Split Green gram Yusha* (Moong dal), *Dry fruit Laddu*, *Vegetable soup* should be taken in diet. *Vayasthaapana Yoga* (*Sushruta Chikitsasthan 27/6*) is helpful for rejuvenation. According to modern science, women should be aware about proper diet which may include at least 1.2gm of Ca, Vit. A, C, E, Vit. D 400mg.

Treatment According to *Ayurveda* for the Menopausal Symptoms

- *Ojovardhak*
- *Rasayana*
- *Hridya*
- *Balya*
- *Brimhana*
- *Deepaniya*
- *Vatapittashamak*
- *Vatanulomak*

Rasayana Chikitsa-It is the important therapy of *Ayurveda* was described in *Jara roga*. *Rasayana* therapy improves tissue nourishment, which helps in formation of good quality *dhatu* from *Rasa* to *shukra dhatu*. So the increase in immunity also improves mental functions. Hence *Rasayana Chikitsa* is useful to minimize postmenopausal symptoms. Some of the drugs which are useful in menopausal syndrome.

1. Amalaki
2. Abhraka
3. Ashvagandhaa
4. Ashoka
5. Balaa
6. Bhringaraaj
7. Bramhi
8. Guduchi
9. Haritaki
10. Kumaari
11. Loha
12. Mandura
13. Rasona
14. Shankhapushpi
15. Shataavari
16. Shilaaeeta
17. Suvarna
18. Vaaraahikanda
19. Vang
20. Vidaree
21. Yashtimadhu

CONCLUSION

From the previous works about management of menopausal syndrome with modern treatment is not satisfactory to reduce some complications. Therefore, there is a wide scope of research to find out safe, potent, cost effective remedy from *Ayurveda* for the management. So the *Ayurveda* is safe free from side effects and a natural way to improve health of Women.

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TO EVALUATE THE EFFICACY OF CHATUSAMA GUTIKA IN
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Article

ABSTRACT:

The modern treatment for Diarrhoea (*Atisara*) aims at replacing the lost volume of water (*Apa dhatu*) and electrolytes.⁽¹⁾ This is most essential but at the same time causative factors (*Nidana parivarjana*) must also be brought under control. Today only symptomatic treatment is emphasized and the root cause is not properly treated, hence it is essential to find out alternative treatment which will be useful to poor masses. The treatment should be cheap easily available, very effective and quickly restoring the normal physiology and health of the patient. Modern antibiotics, anti parasitic, antispasmodic agent and antiviral agents are not only costly but also cause more harm than benefits. The study was undertaken to evaluate efficacy of *chatusama gutika* in *atisara samavastha*. The subjective parameters like *udarshool*, *udargaurav*, *gatrasasad*, *aruchi*, *anannabilasha*, *adhman*, *atop*, *trishna*, *klama* were assessed by visual analogue scale and objective parameters like *vega*, *jivha parikshan*, *purish parikshan* and *muktilakshan* were used for clinical outcome.⁽²⁾ The improvement was calculated by proper statistical analysis. Our experience with this modality has been encouraging as the response pattern is good inconsiderable short duration of treatment.

Key Words: *Atisara samavastha*, *Nidana parivarjana*, *Chatusama Gutika*

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INTRODUCTION

Excessive elimination of watery stools from the *guda* (anus) is known as *Atisara*⁽³⁾ The clinical manifestations of *Atisara* are similar to Diarrhoea in modern medicine. Diarrhoea is defined as increase of volume, frequency or fluidity of stool. It could be acute or chronic. Acute diarrhea is usually due to infections and is often self limited. It may be associated with fever, pain in abdomen or dehydration. Chronic diarrhoea may be associated with malabsorption and weight loss. Persistent diarrhea often occurs in setting of immune compromise and human immunodeficiency virus (HIV) infection.⁽⁴⁾ According to *ayurveda* most of the diseases are caused due to *agnimandya* and product of improper digestion or metabolism i.e. *aam*. *Atisara* is one of such disease. Junk food, over-eating, unhealthy/unhygienic foods like *atisnigdha*, *atiruksha*, *atidrava*, and drinking contaminated water causes *Atisara*.

In Ayurvedic literature, two *avasthas* of *Atisara* are described viz. *Samavastha* and *Niramavastha*. The treatment of both these *avasthas* is different and hence Ayurvedic Physician should keep this in mind while treating *Atisara*. In *Samavastha*, *deepan-pachan* drugs are to be used whereas in *Niramavastha*, *stambhan* drugs are prescribed.

AIM AND OBJECTIVE AIM

To evaluate efficacy of *Chatusama gutika* in *atisara samavastha*

Standard Operating Procedure For Drug Preparation - '*Chatusama gutika*' was prepared in Pharmacy of our college. The preparation method of *gutika* was done according to *Sharangdhar Samhita*. The standardized *Sukshma Churna* (fine Powder) of all four *dravyas* (*Abhaya*, - *Terminalia chebula* Retz, *Nagar*- *Zingiber officinalis* Roxb, *Musta*- *Cyperus rotundus* Linn and *Guda*- *Jaggery*) were taken.

MATERIAL

Each tablet of *Chatusama gutika* contains equal amount of *sukshma churna* of *Abhaya*, *Nagar*, *Musta* and *Guda*⁽⁵⁾

METHOD

- 30 patients suffering from *Atisara Samavastha* were taken in OPD/IPD basis.
- Written informed consent of the patient was taken prior to commencement of clinical trials.
- Cardinal symptoms of *Atisara samavastha* were noted.
- Nature of stool was noted according to *ayurvedic* and modern examination tools.

- 5) Investigations: *Purisha* examination by *ayurvedic mala parikshan* and routine stool examination were done at base line and at the end of treatment.
6) Vitals such as blood pressure, pulse, systemic examination, *samata* and *niramata* were noted.

Administration of Drug

Drug	Chatuhsama Gutika
Route of Administration	Oral
Dose	500 mg Capsule 3 T.D.S
Kala	Madhyabhakta
Anupana	Koshna Jala
Duration	(max)7 days
Follow Up	Every 2 days or earlier if required

Place of Work - OPD and IPD of kayachikitsa department of Sane Guruji Hospital Malwadi Hadapsar

Inclusion Criteria:-

1. Patients of *Atisara Samavastha* having less than 10 *vega/day* (*atidravamal pravrutti, picchilmal, bhrushdurgandhi purish*)
2. Patients from age group of 18 to 70 years old, irrespective of their gender, economic condition and religion.

Exclusion Criteria:-

1. Pregnant women.
2. *Atisara* associated with pulmonary tuberculosis, diabetes mellitus and cardiac diseases and any other major illness
3. Patient with severe dehydration.

Withdrawal Criteria:-

1. If patient develop any adverse effect.
2. If patient not responding to treatment and aggravation of symptoms if any.
3. If Patient develop severe dehydration.

Criteria for Assessment -

Subjective Parameters:-

Symptoms and signs of patients were noted and assessed by various parameters. *Udarshool, Udargaurav, Annanabhilasha, Adhman, Aruchi* were assessed by visual analogue scale.

Trishna (Drinking of water)

Mild- Upto 1-2 lit. Moderate- Upto 2-3 lit.
Severe- More than 3 lit.

Objective Criteria -

1) Vega -

Nil - 0-1 /day Mild - 1-5 /day Moderate -6-10 /day Severe - more than 10 /day

2) Jivha parikshana -

a) Liptata-

Nil - non coated Mild - slightly coated
Moderate - partially coated
Severe - fully dense coated

b) Tongue dryness-

Nil - wet Mild - slightly dry Moderate - dry
Severe - Horney perched

3) Purish -

a) Gandh Parikshan -

Nil -0 Mild - 1-5feet Moderate - 6-10 feet
Severe - more than 10 feet

b) Pichhilata-

Present - 1 Absent - 0

C) Stool Examination Routine and Microscopic:-

4) Atisara mukti lakshan-

a) Agni

b) *Malapravrutti* during urination
Yes / No

c) *Malapravrutti* during passing of gases
Yes / No

OBSERVATION

A total of 30 patients suffering from *Atisara Samavastha* who satisfied the inclusion criteria were taken. All patients in study have completed the follow ups and relieved from symptoms. Each patient was thoroughly studied. The observation were recorded and noted carefully, necessary charts and graphs were made by statistical analysis to understand the role of *Chatuhsama gutika* in *Atisara samavastha*.

Age wise: In the study, patients selected were from the age 18 to 60 years. Out of the 30 patients maximum number of i.e. 11 patients was found in the age group of 21-30 (36.67%) yrs which was followed by 10 numbers of patients from age group 31-40 (33.33%) yrs.

Sex: Out of 30 patients, 20 are female (66.67%) and 10 male (33.33%).

Agni: In the present study, out of 30 patients, 28 patients were found to have the history of *mandagni* (93.33) while 2 patients of *vishamagni* (6.67%), but no patient was found having *tikshnagni* (0%).

Economic Status: As far as the economic status of patients is concern, out of 30 patients in study, 21 (70%) patients were from middle class, due to improper and untimed food habit, while there was no patient from rich class (0%), and 9 patients (30%) were from poor class.

Prakruti: Out of 30 patients in the study maximum number i.e. 19 patients were found to have *Pittakapha prakruti* (63.33%), while 10 patients having *Vatapitta prakruti* (33.33%) and 1 from *Vatakapha prakruti* (3.33%)

Study Time in Days - The study time in days was calculated to find out that there is quick action of *Chatuhsama gutika* in *Atisara samavastha* i.e. Number of days of treatment required to a patient to show improvement in condition and decrease in *lakshanas* of disease were noted. 1 patient required treatment for 1day (3.33%), 3 patients (10%) in 2 days, 9 patients (30%) in 3 days, 7 patients (23.33%) in 4 days, 6 patients (20%) in 5 days, 3 patients (10%) in 6 days in 1 patient (3.33%) in 7 days.

DISCUSSION:

As described by *aacharyas Atisara* is mainly due to *Agnimandya*, it resembles with diarrhoea in modern science. It is a fatal disease if not treated in early stages.

1) Content of Chatuhsama gutika:

Gutika contains following *dravyas* in equal quantity
Abhaya - Deepan, pachan, anulomaka, krumighna
Nagar - Deepan, pachan, grahi, krumighna,
Musta- Deepan, pachan, grahi,
Guda- Agnivaradhan

Most of *dravyas* having *tikta, katu rasa* and *katu vipaka, ushna virya, laghu, ushna, ruksha guna* and *tridoshghna* properties due to this *deepan, pachan, shoshan, and krumighna karma* occurs that cure *Atisara*.

2) Atisara Samavastha:

When *Atisara samavastha* is treated with *Chatuhsama gutika* it shows good result due to its properties which help to digest the *Aama* and further helps to decrease the severity of disease. The drug was found more effective on *pittaj* and *kaphaj Atisara*. Even when drug administered to patient with *jwara, chhardi* amazing result was seen. All the symptoms of the patients usually disappeared on third day, even *samata* was also reduced. While taking trial, there is no side effect is found. *Aacharya yogratnakara* and *madhavnidankara* have mentioned *Atisar* after *jwara*⁽⁶⁾. According to *Astangsangrahaakara; arsha, Atisara, grahani* are all in sequence (*nidanarthakari*) due to common cause i.e. *agnimandya*. In case of *poorvarupa* of *Atisara, vitsang* is mentioned. It is explained that *poorvarupa* expresses more clearly in *rupavastha* but in case of *atisara atisarana* appear when the *samprapti* of the disease is in latent stage. After *samprapti* of *Atisara* there is *vataprakopaka* and *apa dhatu dushti* because of *hetu sevana*, both occur at different places. This *poorvarupa* (i.e. *vitsanga*) is seen at the same time but it vanished when *Apa dhatus* are brought to *koshta*.⁽⁷⁾

Before initiating *chikitsa, avastha* of the *Vyadhi* should be carefully determined. If *samavastha* is present, then use *deepan, pachan dravyas* and If *niramavastha* use *sthambhan dravyas*. According to *sharandhara, Na tu Sangrahanama*, means *Na tu Shita Sangrahanama* i.e. one don't use *shita virya dravyas* or *stambhak* or constipating medicines.⁽⁸⁾ We can also take different meaning of "*Na tu Sangrahanama*" is as *Na tu Poorva Sangrahanama* means in the early stage of *Atisara* one shouldn't use *stambhaka dravyas*. *Na tu Purisha Sangrahananiya* means avoid use of *dravyas* from *purishsangrhananiya gana*. And *Na tu Pradhana Sangrahanama* means one shouldn't use *Stambhan chikitsa* as a *pradhan chikitsa*. By checking the amount of *doshas* thinks about the treatment accordingly and if *dosha* in *madhyam pramana* use *langhan (laghu), pachan chikitsa*. *Chatuhsama gutika* act as *deepan, pachan* and *grahi* which breaks the pathogenesis of *Atisara* and cure the disease.⁽⁹⁾ In case of *samavastha* keep watch on *sarvadehik lakshana* such as *udarshool, Agnimandya, jivha samata*. As per *aacharyas, avastha* can also evaluate by stool examination. If physician finds the stool sinking in water and foul smell of the stool then he can decide about the *samata* of the

stool now days practically physician do not perform stool examination he decide *avastha* from *sarvadehik lakshana*. As dipping the stool in water and checking it is sink or not it is practically difficult, hence the *bhrush durgandhi* of stool is alone can help to differentiate about *avastha* of disease.

Probable Mode of Action:- In *Atisara, vata* is deranged and *Apa dhatu* fetches in *mahastrotas*. Due to quantitative increase of *Apa dhatu* in *mahastrotas* that liquefies the mala that leads to *Atisara*. Additional *apa dhatu* came in *mahastrotas* leads to *Agnimandya* which leads to *Annadesha* and other symptoms of *Atisara*. While going through the drug study it is observed that, *Chatuhsama gutika* contains *katu, ushna, ruksha dravya*. *Dravya* like *haritaki* is *deepan, pachan and anulomaka, musta* is *deepan, pachan and grahi*, and all *dravya* are *vata-shleshma hari* and combined effect is *tridoshghna* that leads to *pachan of Aama* and *Agnivaradhan*. *Pachan of Aama* is due to *tikshna, ushna dravya* of the *gutika* that also break the *vibandha* of *vata* and *Kapha* leading to cure in *Atisara*.

CONCLUSION

Chatuhsama gutika shows very significant result in *Atisara samavastha*, it may be because of its *deepan, pachan and mrudu anulomaka karma*. There was significant change in before treatment, in between and after treatment, in parameters such as *udarshool, udargaurav, gatrasasad, annanabhilasha, aruchi, adhman, atop, samata* and *niramata* of tongue. Due to *trushnashamak* and *pittaghna* qualities of *shunthi, musta*. Tongue dryness gradation is significantly decreased after the treatment.

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A REVIEW OF UTTARBASTI IN GYNAECOLOGICAL
DISORDERSPoonam P. Khot^{1*} Amit L. Tamadaddi², Satish Jalihal³

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Article

ABSTRACT:

Uttar-Basti, is an *Ayurvedic* treatment modality which is used to treat many of Gynaecological Disorders. It is a local treatment procedure where the medicated oils, herbal drug decoctions which are prepared with standard *Ayurvedic* procedures are administered into the uterine cavity or urethra. In this Review Study the Local therapy of *uttarbasti* is reviewed through ancient texts, articles published earlier and will be discussed with respect to their definitions, Sites of application, duration of time, Procedures, Indications in different Gynaecological Disorders. This study aims to review the concept of *uttarbasti chikitsa* in many of Gynaecological Disorders.

Key Words: *Uttarbasti Chikitsa*, Gynaecological Disorders

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INTRODUCTION:

Uttarbasti is a simple procedure of greater efficacy especially in the diseases concerned with *Apana Vata Dosh* in genito-urinary disorders of both male and female. It is a local treatment procedure where the medicated oils, herbal drug decoctions, *ghritas* which are prepared with a *Ayurvedic* procedures are administered into the uterine cavity or bladder.

AIM OF STUDY:

- To review and study *uttarbasti chikitsa* in Gynaecological disorders.

Definition: -*Uttarbasti* (Insertion of Medicated oil, decoction into Intra Uterine Cavity through Vagina) *Basti* which is given through *uttarmarga* i.e. either through the passages located above or in front part (urethra or vagina) of anus (where routine *basti* is given) is known as *Uttarbasti*.¹ *Basti* possessing superior quality is termed as *uttarbasti*.²

Indications:³

1. *Artava Dusti*
2. *Yoni vyapad*
3. *Pushpanasha*
4. *Mutravaha srotovikar*
5. *Vandhyatva*
6. *Yonivibramsha*
7. *Aparadusti*
8. *Yonishula*
9. *Asrigdhar*

1) **Artava Dusti:** - *Artava dusti* indicates menstrual disorders probably indicating disorders of ovum and hormones required for ovulation. It is described on the basis of *dosha* combination, in all *artvadusti* all the *panchakarma* should be employed including *uttarbasti* where specific *sneha* and *kashaya dravyas* are used for *uttarbasti*.

2) **Yonivyapad:** - The *yonis* refers to the different parts of the female genital tract or whole genital system. So all the gynaecological conditions included in this. *Yonivyapad* are 20 in number. According to *ayurveda yoniroga* do not occur without vitiation of *vata*, hence local treatment like *uttarbasti* can be employed here.

3) **Pushpanasha:** - Anovulatory conditions may be considered as *Pushpanasha* and can be treated with *uttarbasti*.

4) **Mutravaha Srotovikar:** - *Uttarbasti* is also used in disorders of urinary tract in which drugs are administered through urethra in both male and female.

5) **Vandhyatva:** - Infertility caused due to many of the conditions like tubal blocks, tubal adhesions can also be treated with *uttarbasti*.

6) **Yoni vibhramsha:** - In the cases of uterine prolapse and perineal relaxations local use of *sneha* in the form of *uttarbasti* increases the tone of both ligaments and muscles. So that it properly fix the uterus in position.

7) Aparadusti:⁵ - Placental Retention and adhered placental conditions where *vata* is vitiated will be treated with *uttarbasti* by using *siddhartha Uttarbasti*, *Shatavadi Uttarbasti*. Which irritates the endometrium, helps for expulsion.

8) Yonishula: - Medicines possessing *Vatahara* property are used as *uttarbasti* to reduce the *vata* predominant conditions.

9) Asrigdhar: - Excessive excretion of blood is called *asrigdhar*, in such conditions *uttarbasti* is given after stoppage of per vaginal bleeding.

10) Uttarbasti in vaginal conditions:⁶ - Intra vaginal administration of *uttarbasti* with *jatyadi taila* or *jatyadi grita* may treat the bacterial or fungal infections of vagina. In case of pH variations of vagina, appropriate drugs may be administered to restore the normal pH of vagina. The normal pH is 3 & 4. This acidic pH is essential to prevent infection.

11) Uttarbasti in cervical Factors:⁷ - The Drug administered locally in the cervix are absorbed by cervical epithelium due to *sukshma* property of drug. The lipid soluble drug is passively diffused across the membrane in the direction of its concentration gradient. In this way altered cervical pH is corrected by *Uttarbasti*. *Uttarbasti* easily treats the cervical erosion by using the *ropan dravyas*. It also improves the cervical mucus quantity by using medicated *ghrita* having *snigdha* and *picchila guna*. Altered cervical pH and cervical mucus disorders are treated with *jatyadi ghritha*, *Shatavari ghritha*.

12) Uttarbasti in endometrial condition: - *Uttarbasti* helps in endometrial conditions by improving endometrial thickness and improving the quality of endometrium. It also helps in curing the endometriosis. In this *Sneha* prepared from *bruhman dravyas* are administered through *uttarbasti*.

13) Uttarbasti in tubal block and its inflammatory conditions: - Tubal block either partial or complete by adhesions and its associated inflammatory conditions are well treated by *uttarbasti* with *kshara taila*, *ushna taila* like *tila taila*, *lashuna taila* will relieve the block by its *vatakapahara* property.

Contraindications:

Uttarbasti is contraindicated in Hypersensitivity, Carcinoma of Cervix, Heavy bleeding, Virginity, Vesicovaginal fistula etc.

Uttarbasti Yantra⁸:

Uttar basti contain 2 parts

1) *Basti putak* or drug holding bag

2) *Basti netra* or nozzle for inserting drug

Pushpanetra should be 10 *angulas* in *pramana*, *mutrasrotas parinaha* & *mudga chidra sadrushya*. In married women *basti netra* should be inserted up to 4 fingers in length. Now day's 5-10ml disposal syringe

without needle & a insemination cannula or infant feeding tube no 6 is used.

Basti Dravya : - *Sneha* or *kwath* may be used for *uttarbasti*. *Sneha* is considered more useful in most disease of *garbhashaya*.

Basti Matra:- *Acharya Charaka*⁹ explained amount of *snehabasti* in *mutramarga* of female as 1/2 *pala*(20gms) *Acharya sushruta*¹⁰ has given the quantity of *sneha basti* in *mutramarga* as 1 *Prasrita*(96gms) for cleansing of uterus is 2 *Prasrita*(192gms) *Acharya vagbhata*¹¹ has mentioned the dose of 1 *Prakumch*(48gms) *Kwatha*: Female – 2 *Prasrita* (192gms)

Uttarbasti deya kala:¹² - Before administration of *uttarbasti* previous infections should be cleared thoroughly. After this 2 or 3 *asthapana basti*(for *shodhana* purpose) should be given. The *uttarbasti* should be given during *artava kala* (bleeding period) or *rutukala* (ovulatory period) as orifice of uterus remain open in this period.

Method of uttarbasti Administration:¹³ - The women should be placed in supine position with flexed thigh's & elevated knees. After that the *pushpanetra* should be inserted in vaginal passage slowly with steady hand , following the direction of the passage. The drug should be administered by pressing the *bastiputak* with constant pressure. The *basti* drug should return after sometime, if not return then again *niruha basti* & *varti* of purifying drugs should be used. *Uttarbasti* is carried under all aseptic precautions & sterilized medicines used. so there are no chance of introducing any kind of infection.

Practical/ Procedure of Uttarbasti: - Instruments: Dispovan 10cc, Insemination cannula or infant feeding tube no.6, Sim's Speculum, Anterior Vaginal Wall Retractor, Volsellum, Uterine sound, *Pichu* (Tampon)

Procedure

- Before *uttarbasti* one *anuvasan* and two *niruha bastis* should be given
- *Abhyanga* & *Swedana* should be given to the *kati*, *Adhodhara*, *Prustha*, & *Parshwa pradesha* with *vatanashaka dravyas*.
- Inj Atropine 0.6 mg IM is given half hour before *Uttarbasti* to prevent vasovagal shock.
- Procedure can be carried out in Operation Theatre with all aseptic precautions.
- Lithotomy position is given to patient
- Painting and draping should be done
- Cervix should be visualised by retracting anterior and posterior vaginal wall by Anterior vaginal wall retractor and Sim's speculum respectively
- Cervix is caught with Volsellum
- Uterine Sound is inserted to measure the length of uterus.
- Infant Feeding tube No.6 should be taken and it should be cut about 1 to 2 cm at its proximal end. This end is attached to 10cc Syringe. In this syringe 5 to 7 ml of drug should be taken.

- Proximal cut end should be into uterus up to uterine length measured before and slowly drugs should be pushed
- Tampon is kept in vagina for 2 hours
- Advice patient to extend & twist the legs & patient should be given head low position.
- PR & BP recorded for two hours.
- This procedure is repeated for 3 to 5 days.
-

Uttarbasti in various disorders - Anovulation conditions effectively combated with the help of *phalaghrita*, *phalakalyanaka ghrita*, *shatavari ghrita* & *shatapushpa ghrita uttarbbasti*. Because all these drugs are *artvajanana* property. In tubal block *uttarbasti* with *kshar taila* or *apamarga kshar taila* can be used. Inflammatory conditions can be combated with *nirgundi taila*, *Yastimadhu taila*, *tila taila* etc. Cervical erosions with chronic cervicitis can be treated with *ropana dravyas* like *jatyadi ghrita*, *triphala ghrita*. Cervical mucus disorders can be treated with *jatyadi ghrita*, *go-ghrita*, *shatavari ghrita* etc. In endometrial conditions *bruhan dravyas* are used to improve the thickness & quality of endometrium. In vaginal mucosal defects *panchavulka*, *dashamoola*, *triphala* etc should be administered by *uttarbasti*.

CONCLUSION

Uttarbasti has enormous potential for treating gynaecological disorder. It shows marvellous result when applied with proper selection of drug, indication, aseptic precautions & carefulness.

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STHANIK CHIKITSA IN STREE ROGA

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ABSTRACT:

There are some (Local Therapies) in *Stree Roga* mentioned by Ancient Acharyas that possess outstanding outcomes in the management of *Stree-Roga*. Some of these shows amazing results in the management of *Stree Rogas* like 'Vandhyatava (infertility). These local therapies should be highlighted and of course used in the management of *Stree Roga* for the better outcome. These local therapies basically play an important role in the disorders of *Tryavarta Yoni* and other gynaecological disorders. *Sthanik Chikitsa* preferably includes *Yonidhawan* (Douche of vagina), *Yoni-Pichudharan* (tampon soaked in medicated oil or liquid is placed into the vagina), *Uttar-Basti* (Medicated oil or decoction is pushed into the uterine cavity through vagina), *Yoni-Dhupan* (Fumigation of vagina, with medicated smoke), *Yoni-Varti* (Insertion of medicated wick into the vagina), *Yoni-Puran* (vaginal packing), *Yoni-Lepan* (vaginal painting), *Yoni-Parisheka*, *Pinda Chikitsa* etc. In the present study all these local therapies are applied through ancient samhitas and these therapies are reviewed with their meanings, indications, application procedure, application site of the local therapy. The procedure of each local therapy is discussed considering all aseptic precautions. Through this study it is my hopeful and truthful effort to motivate most of the Vaidyas towards *Sthanik Chikitsa* in the management of *Stree Rogas*.

Key Words: *Sthanik Chikitsa, Stree Roga Uttar basti, Yoni-Vyapada, Prathamavarta.*

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INTRODUCTION:

Women has the power to give birth to progeny. We observe in the nature that even a bud has to grow in different phases to turn into a beautiful flower; similarly a girl has to grow in different stages to turn into mature women. The anatomical, physiological, emotional changes occur in women at different stages. The woman who takes the care of her family members is always found to be careless about her own health. These days women have to face many gynecological problems and even after the diagnosis of these gynecological problems these women don't go for regular follow up to doctor. Women always face very common gynecological problems like white discharge, itching at vulva, foul smelling vaginal discharge, burning micturition etc. In such problems *Sthanik Chikitsa* have given excellent results.

AIM :

To study *Sthanik Chikitsa* (Local Therapies) in *Stree Roga*.

OBJECTIVES:

☐ To study *Sthanik Chikitsa* from various *Ayurvedic texts*.

☐ To study the standard operative procedures of each local therapy in detail.

Material and Methods

This is a conceptual type of study.. The *Sthanik Chikitsa* (Local Therapies) are described as follows:

a) *Yonidhawana* (vaginal cleaning)

Dhawana is cleaning of wound under aseptic precautions and making the wound clean with kwatha preparations. It is a procedure in which the vagina is washed with medicated decoction.

b) *Uttarbasti* –

(Insertion of Medicated oil, decoction in the uterus through vagina) *Basti* which is given through *uttarmarga* is known as *uttarbasti*. In ancient days bladder of animals were used for this purpose but now a days 5cc dispovan syringe attached with a cannula is used for *Uttarbasti*.

Indications

Suppression of *vayu* by *Uttarbasti* helps women to conceive. It is indicated in diseases of urinary bladder

such as retention of urine, dysuria, utero-vaginal prolapse, various gynaecological disorders.

A)Uttarbasti in vaginal disorders:

☑ Vaginal infections- The commonly used preparations in such infections are *Jatyadi Ghrita* or *Jatyadi tail*.

B)Uttarbasti in Cervical disorders:

☑ Cervical Erosions- The commonly used preparations in cervical erosions are medicated *ghrita* like *Triphala Ghrita*, *Phala Ghrita*, *Shatavari Ghrita*.

Disorders:

☑ Tubal block- *Brihan Ghritas* are used if tubal block. When the Tubal Block is due to adhesions *Kshar taila Uttarbasti* is given.

Time of administration:

The previous infections should be ruled out and cured completely before giving *Uttarbasti*. It should be carried out under aseptic precautions in operation theatre.

Uttarbasti Yantra: It has a bag for holding the preparation and a nozzle for injecting the fluid. The length of nozzle with pipe should be 14 *angula* with the measurement of patient's fingers. The tip should be resembling the pedicle of *jasmine flower* and the opening should be made in such a way that a mustard seed should pass. In women the nozzle should be 10 *angulas* in length. Circumference should be of size of urethral canal. *Charakacharya* have given the use of *Ajabasti* (Bladder of Goat) In young girls the nozzle should be inserted one *angula* in urethral passage while in women the nozzle should be inserted up to four *angula*.

Basti Dravya:

According to *Sushruta*, *Kashaya* or *Taila* can be used for *Uttarbasti*. In *charak Samhita*, *charaka* insists the use of only *taila* in *uttarbasti*.

Method of Administration of Uttarbasti:

1. Women should be given supine position with thighs flexed and knees elevated.
2. The nozzle is inserted in urinary or vaginal passage slowly and steadily.
3. In 24 hours two, three or four *bastis* are given. After resting for three days again the procedure is repeated for the next three days.
4. *Karnikas* (rings) should be introduced and vaginal openings pressed properly, then the *basti* bag should be pressed properly. [19][20][21]

Contraindications:

1. Cervical cancer
2. Virginity
3. Vesicovaginal fistula
4. Hypersensitive disorders

Instruments required for uttarbasti

1. Sterile dressing and painting material
2. Swab holder.
3. Anterior vaginal wall retractor
4. Sim's speculum
5. IUI cannula / infant feeding tube
6. 5cc syringe
7. Sterile *phalaghrita*
8. Cotton

9. Gauze pieces

10. Gloves 11. Towel clips 12. Kidney tray 13. Good light source. **Poorva**

c)Yoni Pichu Dharan: (Placing a Tampon soaked in medicinal oil).

Pichu is made up of cotton swab 2x3 cm (1 inch) is wrapped with gauze piece and tied with long thread.

Site of Pichu dharan: [

1. *Prathamavarta* - Elongated *pichu dharan*
2. *Dwitiyavarta* - circular *pichu dharan*

Duration of Pichu dharan: 5 to 6 hours up to retention of urine. 1. *Yonidaha* and *Yoni kandu* 2. *Yoni Paka*. 3. *Vivritta Yonivyapada* 4. *Yoni Paichilya* and *Yoni Srava* [24] 5. *Yoni Karkashata*. 6. *Vataja Yonivyapada* 7. *Pittaja Yonivyapad* 8. *Vamini* and *Upapluta Yonivyapada*. 9. Nine Month Pregnancy 10. Retained Placenta 11. *Yoni Bhransha*.

d)Yonidhupan :

(Fumigation of vagina with medicated smoke) *Bhaya yoni* (outer surface of vagina)

Time limit of Yoni dhupan- 3 to 5 minutes

Dhupana Drugs:

Kushta (*Saussure acostus*), *Agaru* (*Aquilaria agallocha*), *Guggul* (*Comiphora mukul*), *Vacha* (*Acorus calamus*) *Vidang* (*Embelia Ribes*), *Nimbapatra* *Azadirachta indica*)

Procedure:

1. A chair having hole in the middle is used for this procedure.
2. Patient is asked to sit on this chair after voiding the urine.
3. The *dhupan dravyas* are lit in *dhupan apparatus* which is placed just below the chair.
4. The smoke coming from the *dhupan drugs* must reach upto the expected genitalia for fumigation.
5. Otherwise even *Nadi Dhupan* can be done by giving fumigation to the expected genital organs.
6. We should be very careful while performing this procedure because the temperature rises and there may be danger of burn of the genital organs from the fumes of the smoke.

e) Yonivarti

Vartis are made by mixing finely powdered drugs.

Time limit of retention of Yonivarti- 2 to 3 hours.

Indications:

1. *Dushta vrana*
2. *Karnini yonivyapad*.
3. *Upapluta yonivyapad*

Types of Varti 1. *Karpas varti* 2. *Kalka varti*

Procedure.

1. Painting of the expected area with *savlon* and *betadine*
2. *Varti* should be made of size which is equal to the circumference of index finger
3. *Vartis* should be kept to dry.
4. There after *vartis* are wrapped in gauze piece and thread is tied o it.
5. *Vartis* used should be autoclaved.
6. *Vartis* should be inserted into the vagina in such a way that the thread should remain out of the vagina. As soon as the urgency of micturation occurs the *varti* should be removed and vagina is washed with luke warm water.

f) Yoni Parishek

It is hot fomentations to all sides of the vagina.

Site - *Bahya Yoni* (external part of vagina)

Time limit of Yoni Parishek- 5 to 10 min.

Drugs used for Yoni Parishek - Oil or medicated oil.

Indications- *YoniVrana, YoniPitika, YoniShotha*.

Procedure: 1) Patient should be given supine position.
2) Medicated Oil poured from the height of 4 to 5 inch over the vagina.

CONCLUSION-

Sthanik Chikitsa can be helpful in *Stree roga*. when the *acharyas* apply these therapies in their gynecological practice logically but of course under all aseptic precautions. Each *Sthanik Chikitsa* hold its own importance

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**STUDY OF THE CO-RELATION BETWEEN LEUCORRHOEA AND
SHWET PRADARA**

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Article

ABSTRACT:

All women have experienced some sort of vaginal discharge in their life span. Leucorrhoea is a condition in which there a white discharge from vagina. It may be physiological or pathological. It could be embossing, painful and may cause lot of discomfort. Shwet Pradar described in Ayurveda can be correlated with leucorrhea in modern medicine. In Ayurveda leucorrhoea is known as "Shwet Pradar" where Shwet means white and Pradar means discharge. Ayurveda considers that Shwet Pradar is caused by vitiation of kapha. In ayurveda leucorrhoea is not mentioned as a disease entity, however white vaginal discharge is quoted as a symptom in yoni rogas. Shwet Pradar is a symptom which is found in yoni vyapadas arising due to vitiation of kapha and vat-kapha e.g. atyananda, karnini, acharana, aticharana, shleshmala, uppluta and prastransini yoni vyapada. The principle of ayurvedic treatment of Shwet Pradar is mainly based on its nidana and samprapti. Shwet Pradar is symptom seen in various diseases. Hence to treat Shwet Pradar, the principal disease should be treated. Treatment is mainly based on drugs having predominance of Kashaya rasa and Kaphashamak property.

Key Words: Leucorrhoea, Shwet Pradar, yoni vyapad, Soma Roga

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INTRODUCTION

Gynaecology is the medical practice dealing with the health of female reproductive system. All women have experienced some sort of vaginal discharge in their life span. This common problem may occur due to unhygienic conditions, infections of genital tract or impaired immune function. Leucorrhoea is defined as excessive normal vaginal discharge. The vaginal discharge may be physiological but when turns into pathological condition, produce problems like itching, burning, backache and anxiety. Any change in colour, consistency, amount, smell of discharge may be a sign of vaginal infection. Vaginal infections are very common during reproductive period of women.

Normal vaginal discharge is present in regular variation of amount and consistency during the course of menstrual cycle. A greater than usual amount is normal in pregnancy and decrease is to be expected after delivery. However pathological conditions involving infections like Candida, Trichomonas and Gram positive, Gram negative organisms may necessitates its management.

To study the correlation between leucorrhoea in modern medicine and Shwet Pradara described in Ayurveda.

Review of literature:

पाण्डुरे प्रदरे ईति श्वेतप्रदरे ॥
(च. चि. ३०/११६)

In Ayurveda leucorrhoea is known as "Shwet Pradar" where Shwet means white and Pradar means discharge. The word "Shwet Pradar" has not been described in Brihat trayee. Shwet Pradar has been described in Sharangdhar Samhita, Bhavprakasha and Yoga Ratnakara. Some Acharya of Ayurveda accept asrugdara due to shleshma, or somroga as shwet Pradara . But Shwet Pradara is entirely different from asrugadara and somaroga.

Vyadhi vyavached(differential diagnosis):

Kaphja asrugdara:

गुर्वादिभिर्हेतुभिश्च पूर्ववत् कुपितः कफः।
प्रदरं कुरुते तस्य लक्षणं तत्त्वतः शृणु॥
(च. चि. ३०/२१७)

AIM

Hetu and Samprapti:

Kapha aggravated due to guru etc aahar-vihara, withholding the rakta vitiated due to excessive salty, sour katu(hot), vidahi etc aahara increases its amount and then reaching raja carrying vessels (branches of uterine and ovarian arteries) of the uterus, increases the amount of raja and thus produces Kaphaja asrugdara. In this condition the basic pathology is increased quantity of raja (menstrual blood) vitiated by kapha. The excreted menstrual blood is slimy, pale, heavy, unctuous, and cold, mixed with mucus and thick and is discharged with mild pain. Other symptoms i.e. vomiting, anorexia, nausea, dyspnoea and cough are also present. Shwet Pradara is excessive white discharge, not menstrual blood, found as symptom in various yoni vyapada.

Somaroga:

सन्धारणात् शरीरस्यः ताः आपः सोमसण्दिताः।

ततः सोमधयात् स्त्रीणां सोमरोग ईति स्मृताः।

(भा. प्र. चि. ६९/५)

The fluids maintaining the body are termed as soma; as in this disease the amount of these fluids or soma is decreased, hence is called somaroga.

Hetu and Samprapti:

Due to excessive coitus, grief and exercise, magical spell, use of purgatives and toxic or poisonous substances, the fluids situated in various parts of the body of women get irritated and discharged. These fluids oozing from their normal places proceed towards urinary passage.

Many Ayurvedic Acharya accept somaroga as Shwet Pradar on the basis of arguments that somaroga afflicts exclusively women; but somaroga and Shwet pradara cannot be accepted as one entity due to following reasons:-

Sr.	Somaroga	Shwet Pradara
1.	The fluid of body responsible for its maintenance is lost.	Whole body fluid has no relation with the disease.
2.	Discharge comes through urinary passage.	Discharge comes through vagina
3.	The woman feels the urge of soma just like urge of urination, but she is unable to control it.	Here the vaginal discharge is involuntary.
4.	Symptoms of dehydration like dryness of mouth and skin, unconsciousness, restlessness etc. are present.	No body fluid is lost, hence, no symptoms of dehydration are present.
5.	Excessive weakness and unsatiation with foods and drinks is present.	Weakness may be present in some, but unsatiation with foods and drinks is absent.

Lakshan (clinical features) of Shwet Pradara:

Shwet Pradara or leucorrhoea is a symptom which is found in all yoni vyapadas. Those arising due to vitiation of kapha and vat-kapha (atyananda, karnini, acharana, aticharana, sleshmala, uppluta and prastransini yoni vyapada). Shwet Pradara is a condition characterized by white vaginal discharge not associated with pain, burning sensation and mix with other colours . Thus it seems to be description of leucorrhoea. The patient feel weak, run down, has pain in back and calves, itching around vulva.

Hetu and Samprapti:

Shwet Pradara is a symptom not a disease, hence etiopathogenesis of principal disease would be the etiopathogenesis of this symptom also. On basis of clinical features, it seems to be a kaphaj disorder of female genital origin because kapha dosha is main causative factor for any discharge. So, it may be said that kapha aggravated due to its own vitiating factors, produces white and painless vaginal discharge, by vitiating the Mansa dhatu of reproductive system, in presence of causative factors such as excessive coitus, improper mode of life, diabetes, during menstruation and ritukala along with non cleanliness of vagina. Idiopathic excessive weakness is also considered as cause of Shwet Pradara.

Investigations:

- 1.) Cytological Examinations(PAP Smear)
- 2.) Cervical Punch Biopsy
- 3.) Hematological investigations – Hb %,TLC, DLC , ESR,etc
- 4.) HIV,VDRL etc
- 5.) Urine(R &M)
- 6.) Vaginal swab for C & S.

Treatment in Ayurveda:

The principle of ayurvedic treatment of Shwet Pradara is mainly based on its etiopathogenesis. As kapha is main causative factor for vaginal discharge examination of agni in order to cleanse the accumulated toxins and bring kapha dosha back towards equilibrium and tone the muscles of the reproductive region with help of rejuvenating herbs are considered.

General Treatment:

Treatment prescribed for yonistrava and yoni vyapadas.

1. Nidan parimarjan
2. Sthanik chikitsa
3. Use of drugs having katu and kashaya rasa
4. Balya chikitsa (use of Rasayan drugs)

Specific Treatment:

1. Use of darvyadi (Barbaris aristata) decoction cures shwet pradara.(Sha.S.2/112)
2. Powder of Amalaki should be taken with honey and sugar. (Cha.Chi30)
3. Pastled root of Rohitaka should be taken with warm water. (Cha.Chi.30)
4. Paste of Lodhra mixed with decoction of stem bark of Nyagrodha should be taken. (Cha.Chi.30)
5. Use of Nagkeshara with takra or rice water cures shwet pradara within three days. (Bha. Pra. Chi. 69/10)
6. Powdered root of Chakramard should be taken with tandulodaka. (Yog.rat.)
7. Pushyanuga Churna should be used with tandulodaka. (A. S. U. 39/74)

Drugs For External Use:

1. Yoni prakshalana -Vaginal irrigation with decoction of stem bark of Lodhra and Vata should be done. (A. S.Ut.39/73)
2. Yoni purana -Suppository made with powdered Lodhra, Nyagrodha and Madhuka with honey should be placed in vaginal canal. (Ch. Chi.30)

3. Yoni pichu -Tampon made from cloth and cotton soaked in decoction of stem bark of only Nyagrodha or Lodhra with Vata should be placed in vagina. (Cha.Chi.30)
4. Yoni dhupana -Fumigation of vaginal canal with Sarala Guggula and Yava mixed with plenty of ghrita OR Fumigation with Katamatsyaka along with oil. (Ch. Chi. 30)

DISCUSSION:

Leucorrhoea is excessive vaginal discharge, which may be physiological or pathological. Vagina serves as passage way outside of body and inner organs. Acidic Ph of vaginal discharge is created by naturally occurring bacteria. Any interference with the delicate balance of vaginal secretion sets up an environment for infection. In Leucorrhoea the primary cause is not infective. Any vaginal discharge which is purulent contains pus cells and from which causative organisms can be isolated should be considered due to specific vaginal infection and should be treated.

CONCLUSION:

Shwet Pradara described in Ayurveda can be correlated with leucorrhea in modern medicine. Shwet Pradara is symptom seen in various diseases. Hence to treat Shwet Pradara, the principal disease should be treated. For this general health of women should be improved. Treatment

is mainly based on drugs having predominance of Kashaya rasa and Kaphashamak property.

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Significance Of Yoga In Normal And Assisted Labour Puerperium

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Abstract

After placental expulsion woman is said to be a Sutika¹. According to Sushrut, Charak, Vagbhatta, Sutikakal is about 6 weeks. This period is very crucial in woman's life. If Sutika Paricharya is not followed appropriately in this period, woman may suffer from severe complications which are Krucchasadhya or Asadhya and which may hamper the day to day activities. Weight gain during pregnancy is near about 10-12Kg. Now in this modern and materialistic era woman is very much conscious about one's look and figure. So seeking quicker weight reduction strenuous exercise may be attempted which may have deleterious health effects like backache, joint pain, herniation, prolapsed uterus etc. resulting in high morbidity rate in Sutika. To overcome this Yoga plays an important role in maintenance of physical and mental health of Sutika. The word yoga indicates Ashtang Yoga² which includes 1. Yama 2. Niyam 3. Aasana 4. Pranayama 5. Pratyahara 6. Dharana 7. Dhyan 8. Samadhi. If Sutika follows the Ashtang Yoga then she can maintain her physical and psychological health. Yogasana also plays an important role in Sutika for weight reduction. Among all the Aasanas some are indicated in Sutika who had normal vaginal delivery and some are indicated in Sutika who had assisted (forcep, vaccumes, LSCS) labour. e.g. Suryanamaskar, Halasana, Vajrasanas, etc. for normal Sutika. and Sutika with assisted labour Pawanmuktasan, Anantasan, Marjarsan etc. So this study was taken up to know the utility of Yoga in puerperal woman, her family and ultimately to society.

Key words- Sutika, Puerperium, Yoga, Halasana, Vajrasana, Pawanmuktasan etc.

Introduction

Over the few decades man has literally conquered the everest of advances technology however still the indicator of prosperity and happiness of any community is judged by its health index and not merely by its materialistic advancement. Furthermore the overall health index of any community is governed by health status of woman in that community, thus special attention should be provided to maintain a healthy womanhood which also include healthy motherhood.

The woman is said to be complete when she becomes a mother, pregnancy is a climax of fruitful life which every married couple expect in due course of life.

In Ayurveda also Acharya described the definition of stree in point of her fetus and motherhood.

In this modern and materialistic era the prevalence of assisted labour gets increased because of life style modification i.e. 51% of caesarean section 8.4% of vacuum extraction, 4% of forcep application. So morbidity rate also get increased. After placental expulsion woman is said to be a Sutika. According to Charaka, Sushruta and Vagbhata Sutika kal is about 6 weeks.

This period is very crucial in woman's life for this crucial period Acharya told to follow Sutika paricharya. If she does not follow the Sutika paricharya then she may suffer from severe complications which are krucchasadhya or Asadhya and which may hamper her day today activity too.

Weight gain during pregnancy is near about 10-12kg.⁴ Now a days woman is very much conscious about her look and figure. She wants to reduce her weight as early as possible so she do strenuous exercise and fall in trouble for example backache joint pain, herniati,prolapse etc.and so morbidity rate is going to be increased.

So to overcome this problems Yoga plays an important role.

The word yoga indicates Ashtang Yoga which includes.

1. Yama
2. Niyama
3. Aasana
4. Pranayama
5. Pratyahara
6. Dharana
7. Dhyana
8. Samadhi.

So Author choose the subject i.e. Significance of Yoga In Normal and Assited Labour purperium wants to review detail literature and apply practically over the Sutika which will help for woman her family and for society too.

Aim :-

To compile and elaborate significance of Yoga in normal and assisted labour purperium.

Objective :-

- 1) To study normal purperium in detail and rule out its complication according to Ayurvedic and modern.
- 2) To study and rule out complication of assisted labour.
- 3) To review detail literature about Ashtang Yoga.
- 4) To encourage the Sutika to follow the same.

Material And Methodology.

- 1) Charaka Samhita
- 2) Sushurt Samhita
- 3) Kashyapa Samhita - Khilasthan
- 4) HathaYoga Pradipika
- 5) Patajnal Yogadarshan
- 6) Yogopnishad.

Study Design-

Conceptual study

Literary review.

Discussion

- 1) Definition of Sutika :-

Though all classics have advised specific management of Sutika only after expulsion of placenta however explicit description is only given by Kashypa .He says that after delivery of child till the placenta is not expelled the woman can not be called Sutika in other words. Sutika term can be used only after expulsion of placenta.

- 2) Sutika Kal- Charak has not given any classics have given any definite period of specific dietetics etc. management for puerperal woman which can be considered as normal duration of purperium . According to Sushrut and both vagbhats Sutika restricted specific dietetics for 1,1/2 month have cited the opinion of others that woman should be called Sutika till she doesn't restart her menstrual cycle. Kashyapa mentioned Sutikakal about 6 months.

- 3) Sutika parichrya Ethics / Tatva

Sutika Parichrya should be considered in view of following points

- 1) Vrani In case of episiotomy L.S.C.S.
- 2) Raktasranajanya / kledajanya dhatukshya
- 3) pravahanjanya vatprakopa
- 4) Dhatukshayajanya Agnimandya
- 5) Stanyapran
- 6) Stanapushti
- 7) Yonisamrakshan.

Paricharya:

All aacharya said paricharya that can be stated in following point.

- 1) Aashwasan : After delivery Sutika should be encouraged.so that she will be psychologically stable.
- 2) Snehan & Mardan (Massage)Due to pravahan there is dhatukshaya and so she becomes exhaust for this snehan and massage over the body specially on lower abdomen is very much effective. In case of L.S. C.S. suitka genital massage should be done abdomen.
- 3) Pattabandhan : lower abdomen and Parshwa , Kukshi , Prushtha shouldbe wrapped with clean cloth it is helpful to regain shape of abdomen and for tonicity of abdominal muscle.
- 4) Snehapan : According to desha andprakruti snehapanshould be given to Sutika(Ghrut Taila, vasa, majja) mixed, pippali, papplimul, chavya, chavk, chitrak can be given to Sutika.
- 5) Garbhashya Shodan :- For this Kalabol, Dashmularishta Latakaranj , Pimplimool, used so if there are any product then it will get expel out and these drug act on uterus and helps uterus to contract and retract.
- 6) Koshthashodan;- for Koshthashodhan Erandsneha andShunthi used . so that vitiated vata dosha becomes inequilibrium.
- 7) Stanyotapatti : This is very important in Sutika's life for stanyotapatti shatavari, ahaliv , karpasbij, yavani can be used
- 8) Snan: If she is very much tired then bath can be given on next day (in case of normal or ventuse and forcep delivery) but local cliniliness of vagina is very important and should be done.In case of L.S.C.S bath can be given only after removal of stiches but local vaginal cliniliness should be required.

Rakshoghnan :- Fomentation and yoni dhupan should be by drayaslike Ajamoda, Yavani, guggule. They act locally as antibacterial agent. In case of normal, forecep and ventuse we can give fomentation and dhupan immediately but in case of LSCS it shouldgiven after removal of stitches.

Aahar : It should be light, but healthy up to 3 day :- Panchkolyavagu Sneha Yavagu then after 3 day yava, kol, kultha yush can be given. Now Author wants to correlate or applying yoga in Sutika paricharya to gets more benifites to prajatha and to Navajat balak.

Basic Nature of Yoga : The word yoga has its origin from a Sanskrit word 'Yoj' ⁵Yuto unite with real and to separate from unreal to this when consonant 'j' is combined it means energy or direction.

Hence the real meaning of yoga is discipline or integration. It is the practical application of Vedic teachings.

Aim And Objectives Of Yoga (Yogasya Prajojanam)

- Yoga involves meditation, patience, silence and peace. Yoga is also called as yajanya meaning sacrifice or surrender. This is sacrifice of the outer for achieving the inner or higher objects.
- Yoga directly touches the eternal point of human mind and it improves the consciousness of humans. It is a different type of science which combines science and spiritual activities. Yoga tries to stabilize the activity of all five sense organs which helps in meditations. According to Patanjali, Yoga is a stage in which all the activities of mind get stabilized.

The word Yoga indicates Ashtanga Yoga which includes:

- 1) Yama
- 2) Niyama
- 3) Asana
- 4) Pranayama
- 5) Pratyahara
- 6) Dharana
- 7) Dhyana
- 8) Samadhi

Yama⁶:-

It includes

- 1) Ahimsa
- 2) Satya
- 3) Asteya
- 4) Brahmacharya
- 5) Aparigraha

about which if she follows Ahimsa, Satya, Asteya and Aparigraha, Suta will be at peace of mind, so stana utpatti will be increased and also quality of stanya gets improved and bonding between mother and baby will be strong.

Brahmacharya :- It means abstinence. Suta should follow abstinence because physically she is not prepared to this activity and it also helps in contraception by natural way.

Niyama⁷:- It includes

- 1) Shaucha
- 2) Santosh
- 3) Tapa
- 4) Swadhyaya
- 5) Ishwar Pranidhan

Again by following Niyama, Suta will be psychologically at peace of mind and again it helps in better stanya utpatti.

Aasan⁸ :-

Definition of Aasan : Asana Means different postures it gives stability to the body and mind. Yogasana should aim at giving flexibility to the body. There are many types of asanas and can be divided into two main types i.e. meditative and physical.

Specific feature of yoga postures forSutika-

- 1) Yoga postures are to be performed in a slow, steady and rhythmic manner. All jerky and hurried movements of body and limbs should be avoided.
 - 2) They should not be performed laboriously by stretching one beyond limits, but should be done with least amount of efforts.
 - 3) Yogasanas are not be practiced only as physical exercise but for complete self development.
 - 4) While doing postures breathing should remain even and natural.
- Yoga postures should be performed in a serene relaxed and effortlessly attentive state of mind . It is a meditative state of mind in which it is free of thoughts.
- 6) After reaching the final position a particular yogasana stay tuned with that position for some time make sure that it is not physically overtaxing.
 - 7) Yoga postures should be learned from properly trained yoga teacher.
 - 8) Yoga postures and other practices should become an integral part of daily living not just impulsive practice of few days or few weeks.

Rules and techniques for Sutika

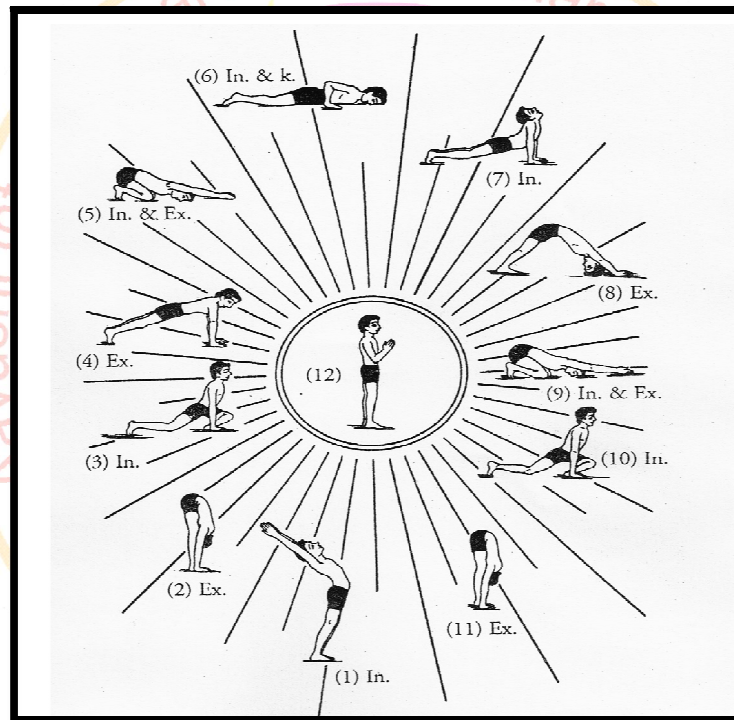
- 1) Yogasanas should be done in morning. It is preferable to practice them after bathing because bathing makes the body light and fresh and thereby increasing its elasticity . It should be done on empty stomach.
- 2) The place of asanas must be clean and peaceful and well ventilated.
- 3) Never talk while doing asanas. Attention should be on breath.
- 4) Always start with simple and easy asanas. Do not start next asana until breath has become normal after first asana.
- 5) Increase practice of asanas gradually.
- 6) While doing asanas clothes are to be not very much tight.

No.	Name of Asanas	When to perform	
		In normal and forcep and ventuse	In LSCS
1	Syuryanamaskar	after 2 wks	after 6 months
2	Siddhasan	After healing episiotomy wound	After 2 wks
3	Aardhaapadmasan	After healing episiotomy wound	After 2 weeks
4	Padmassan	After abhyas of ardhapadmasan	After abhays of ardhapadmasan.
5	Pavanmuktasan	After 2 wks	After 6 wks
6	Sukhasan	Soon after delivery	After 7-10 day (after removing stitches.)
7	Vajrassan	After healing episiotomy wound	After 7-10 day (after removing stitches.)
8	Matseyndrasan	After 2 wks	After 6 wks

9	Janu Shirasan	After 2 wks	After 6 wks
10	Tadason	After 2 wks	After 6 wks
11	Trikonasan	After 2 wks	After 6 wks
12	Halasan	after 6wks	after 6 months
13	Utakattasan	afatar healing episiotomy wound	after removal of stitches on a abdomen.
14	Passchimotanasan	After 6wks	After 6 months
15	Bhujangasan	After 2 wks	After 6 wks
16	Ardhashalabhasan and Shalabhasan	after 2 wks	after 6 wks

Advantages of Aasan

1. Suryanamaskar



It actually composite exercise containing seven different aasanas. By this aasana fat on the abdomen gets reduced. Muscle tone will be regain.

Stomach, lungs, liver, spleen, intestines and spinal cord are strengthened by regular practice

Also it helps in reducing weight that was increased during pregnancy.

Aasans for meditation

Siddhasan⁹, Padmasan¹⁰, Aardhapadmsan, Sukhasan

By doing meditation then again Sutika will be at the peace of mind and it will help in improving quality of stanyautpatti and stanyapravartan.

2) **Vajrasana**¹¹ :In Sutika there is common problem of constipation vajrasan is helpful to digest the food and relieving constipation . And also backache, joint pain etc. gets relieved. It helps in improving the tone of Perineal muscles.

3) Matsyendrasana¹²

- Low back pain, abdominal pain get relived.
- Also reduces abdominal fat helps for getting tone in muscle
- It helps in reducing weight.

4)Janushirasana¹³

- It reduce abdominal fat, reduces lumbar pain. And for getting tone in Abdominal muscle this aasan useful.

5) Tadasana¹⁴:

For reduction of backache and for maintain figure and for toning of all muscles tadasan is useful.

6) Trikonasana¹⁵

Specially for low back and lower abdomen this aasan isuseful so that backache not occur and also abdominal fat get reduced.

7) Halasan¹⁶

- Vertebral column becomes stretched.
- Abdominal fat as well as fat on thighs, hips get reduced.
- It relieves the lumbar pain.

8) Passchimottanasan¹⁷:

Lower abdomen fat reduced also low back pain get relieved. And helps in strengthen the uterine muscles.

9) Uttakatasan¹⁷:

For perineal muscle strengthening this aasan helps. And also useful in the management of Fissure and Sentinel piles.

10) Bhujangasan¹⁸ :

It decrease Backache , vertebral column pain. By doing this aasana uterine, breast, chest muscles becomes strengthen, abdominal fat get reduced and for toning of abdomen muscle.

11) Shalabhasan¹⁹:

For reduction of fat in abdomen and for toning of abdomen muscle.

12) Pavanmuktasana²⁰ -

This asana regulates vata in the body. It brings the flatus down. So that it can be easily eliminated through the anus. It also helps to eliminate constipation. It also helps to cure disease of lung and heart. Obesity can also be checked.

Pranayama²¹ -

Definition

"Prana" means breath and 'Ayama' means a pause or retention . Hence Pranayama means a pause in the movement of breath. Patanjali describes Pranayama as a pause in inspiration or expiration.

Phases of Pranayama

There are four basic types, which are based on the nature of the breathing and retention.

- 1) Retention after expiration (rechaka) called an outer retention (bahya kumbhaka),
- 2) Retention after inspiration (puraka), called an inner retention (abhyantara kumbhaka) ,
- 3) Retention made at once.

4) Retention after many inhalations and exhalations.

These last two forms of retention are called Kevala Kumbhka. Thus the action of Pranayama consists of four phases:

1. Inspiration - Puraka
2. Inner retention - Abhyantara Kumbhaka
3. Expiration - Rechaka
4. Outer retention - Bahya kumbhaka.

Patanjali has described 8 different types of pranayam out of which Kapalbhathi and Bhastrika are useful in Sutika.

1) Kapalbhathi²² :

This is also one of the procedures for cleansing the nasal passages in the head. The actual meaning is " What makes the head shine" strictly speaking it is not a type of Pranayama. The person should sit in the lotus or any comfortable pose because it is a breathing exercise for abdominal and diaphragmatic muscles and the organs in the portion of the umbilicus. First a forceful exhalation should be done which is a little deeper than ordinary breathing. At this time the front abdominal muscles are suddenly and vigorously contracted. Then inhalation should be performed by simply relaxing the abdominal muscles. In this procedure retention is not to be done. The beginner should start with eleven expulsions in each round. With each expiration a stroke is delivered to the center of the abdomen which thereby helps to spiritually activate the nervous system.

2) Bhastrika²³:

Bhastrika is characterized by quick expulsion of the breath producing a sound like a bellow. It differs little from Kapalabhati. There are four varieties of Bhastrika. The first type start out with some quick rounds of Kapalabhati after the last expulsion of Kapalabhati, a very deep inhalation is done followed by internal retention. Then exhalation should be done slowly, followed by external retention. This entire procedure completes one round of Bhastrika.

In the third variety, quick respirations are done through the right nostril, keeping the left closed. After some rounds, the inhalation should be done through the same nostril. Then retention is done and exhalation through the left nostril.

In the fourth variety, quick inhalation through the right nostril and quick retention through the left nostril should be done until one is fatigued. Then the deepest possible inspiration through the right nostril should be done and after retention, exhalation should be done through the left nostril.

Benefits of Pranayama –

- 1) Meditation.
- 2) Breathing exercise.
- 3) Abdominal and diaphragmatic muscle exercise.
- 4) Reduction of fat on abdomen.

Conclusion:

- o Yama , Niyam helps for peace of mind and ultimately for stanya pravartan and strong bonding between mother and child. Among different aasanas some are helpful for meditation and for stanya pravartan and strong bonding between mother and child.

- Some aasanas useful for weight reduction, toning of abdominal muscle.
- Some useful in low back pain vertebral column pain etc.
- Thus here author took into account only Yama ,Niyama, Aasan, Pranayam among ashtang Yoga.
- The view on Pratyahar, Dharana, Dhyan, Samadhi will be a different one and it can become an another research literature.
- By doing this author wants to suggest which yoga (among Yama, Niyam, aasan, Pranayam) would help Sutika which was not clearly mentioned in Samhita.

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A study of Ghrita Kalpana w.s.r. To Vagbhata Samhita**Dr. Khushabu Singh.**

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Abstract

Ghrita is most widely used for medicinal purpose. Its time of administration (kala), rout of administration, dose to be given (matra) and anupana should be taken into consideration while using ghrita for medicinal purpose. Ghrita used for medicinal purpose gives desired result with appropriate selection of above mentioned factors. What is the logic behind all concept, there indications and contra indications? The present paper focuses on the above points to get convincing answers.

Key words: *ghrita, vagbhat samhita, matra, kalpana, kala, anupana.*

Introduction

In Ayurveda, medicines are given in 5 different forms as ¹ *Swarasa*(juice), *kalka*(paste), *kwatha*(decoction), *hima*(cold decoction) and *phanta*, called as "*kalpana*". Here *kalpana* means formulation, preparations which could be used for further medicinal purposes.² Among this *kalpanas*, *swarasa* (juice) is the most potent form of medication than *kalka* (paste), *kwatha* (decoction), *hima*(cold decoction) and *phanta*. *Kwatha*(decoction) is the heaviest form to digest among all the above given *kalpana*'s.³ Thus *kwatha* is a form which is considered as one of the potent as well as easiest form to digest. Most widely used form of medicine in Ayurveda is *kwatha* (decoction) and its *upkalpanas* (subsequent preparations) .

Taila paka, kshira paka, rasa prakriya, ghrita paka, asav and arishta are considered as the *upkalpana*'s(subsequent preparations) of the *kwatha*⁴. This *kalpana* (preparations) and *upkalpanas* (subsequent preparations) are meant to convert crude drugs into a form which could be assimilated easily in the body, helps to preserve the potency of drug and make drug palatable to the patient.

One of the best substances that easily assimilated in the body in its natural as well as in its medicated form is "*ghrita*".⁵ "*Ghrita*" considered as best among all the other *sneha*⁶ as it is assimilated easily in the body of young as well as the old ones, achieves the properties of drug by which it gets medicated without losing its original properties.

Preparation of *ghrita kalpana*⁷

Sneha kalpana is prepared by taking *sneha* in one *matra*, drug *kalka*(paste) in 1/4th of *sneha* and adding *drava*(liquid) four times of *sneha*. Heating the given combination till following characters are observed gives the *sneha kalpana*.⁸

1. The drug *kalka* (paste) could be moulded in *varti* with two fingers.
2. If the *kalka* (paste) is exposed to fire no sound is observed.
3. "*Phen shanty*", that means no further bubbles are observed over *ghrita* while heating it.
4. *Ghrita* gets all the characters of crude drug by which it was medicated such as smell, taste, color and its medicinal properties.

Thus when this *sneha* gets prepared finally, it could be used for massaging the body, taking it orally, for the purpose of *nasya*(nasal drops), *gandush*(gargles), *basti*(enema), oiling the eyes, *Vrana* (wound) chikitsa etc.

Indication for *sneha sevan*⁹

Oleation therapy in general is prescribed for those who are to be given fomentation (*swedan*) or panchakarma procedures like *Vaman* and *Virechan*, those who have roughness in the skin(*ruksha tvaka*), those suffering from diseases due to the vitiation of vata, those who indulge in physical exercise, wine and women and those who suffer from mental strain.

Contra indication for *sneha sevan*¹⁰

Oleation therapy should not be administered to patients who are eligible for drying (rukshans) therapy except for the purpose of administering elimination therapy, *kapha* and *medas* (fat) are aggravated, aggravated condition of *kapha* reflects in the form of mucus secretion from the mouth and anus, those whose power of digestion is weak, those suffering from thirst and fainting, the pregnant women, those whose palate gets dried up, those having aversion of food, those suffering from vomiting, abdominal diseases, diseases due to improper digestion as well as metabolism, those afflicted with *gara* type of poison, the weak, emaciated, those having aversion to the intake of unctuous substances, those intoxicated and those being administered inhalation and enema therapies. If oleation therapy is administered to such persons, they are likely to fall victims of disastrous complications.

Indication for *ghrita sevan*¹¹

Intake of *ghrita* is prescribed for those whose bodily constitution is dominated by *vata* and *pitta*, who is suffering from diseases due to vitiation of *vata* and *pitta*, those desirous of good eye sight, those suffering from phthisis and consumption, the old aged, children, the weak, those desirous of longevity, those desirous of strength, good complexion, voice, nourishment, progeny, tenderness, luster, *ojas*, memory, intelligence, power of digestion, wisdom, proper functioning of sense organs and those afflicted with injuries due to burns, by weapons, poison and fire.

Properties of *ghrita*¹²

Ghrita promotes memory, intellect and power of digestion, semen, *ojas*, *kapha* and fat. It alleviates *vata*, *pitta*, toxic conditions, insanity and fever. It is the best of all the unctuous substances. It is auspicious, cold in potency and sweet both in taste as well as *vipaka*. When administered according to the prescribed procedure, it increases thousand times in potency and develops manifold utilities.

Old cow *ghee* is useful in intoxication, epilepsy, fainting, insanity, toxic manifestation, fever and pain in the ear, head as well as female genital tract

Discussion

Snehan is one of the six methods of treatment.¹³ For the purpose of *snehan*, *ghrita* used in 64 combinations¹⁴ or could be given alone (*acchapan*).¹⁵ Different formulations of *ghrita* are mentioned in different chapters.

Classification of *Ghrita* according to chapters¹⁶:-

<i>Name of Chapter</i>	<i>No. of times it is mentioned</i>
<i>Jwar chikitsa adhyaya</i>	09
<i>Raktapitta</i>	03
<i>Kasa</i>	19
<i>Shvas</i>	04
<i>Rajyakshma</i>	09
<i>Chrdihrudrogtrushna</i>	04
<i>Arsha</i>	05
<i>Atisara</i>	03
<i>Grahani</i>	02
<i>Mutraghat</i>	02
<i>Prameha</i>	02
<i>Gulma</i>	11
<i>Udara</i>	04
<i>Pandu</i>	04
<i>Kushtha</i>	05
<i>Shwitrakrumi</i>	01
<i>Vatavyadhi</i>	04
<i>Vatashonit</i>	02
<i>Balopcharniya</i>	04
<i>Balamayapratishedh</i>	03
<i>Balgraha</i>	02
<i>Bhutpratishedh</i>	05
<i>Unmad</i>	05
<i>Apasmar</i>	05
<i>Timirpratishedh</i>	06
<i>Shirorog</i>	02
<i>Guhyarog</i>	04
<i>Mushikalarka</i>	01
<i>Rasayana</i>	01

There ways of administrations is given as follows:¹⁷

1. Porridge (*Odan*)
2. *Vilepi* (a type of gruel preparation with four times water)
3. *Rasa* (meat soup)
4. Meat
5. Milk
6. Curd
7. *Yavagu* (a type of gruel prepared with six times of water)
8. Soup
9. *Shak* (curry)
10. *Yush* (vegetable soup)
11. *Kambalika* (sour milk mixed with whey and vinegar)
12. *Khad* (butter milk boiled with acid vegetables and spices)
13. *Sattu* (roasted grain flour)
14. Pastry prepared of *tila*
15. *Madya* (liquor)
16. *Leha* (linctus)
17. *Bhakshya* (food involving mastication during intake)
18. *Abhyanga* (massage)
19. *Basti* (enema)
20. *Uttar basti* (douch)
21. *Gandush* (gargle)
22. *Karna taila* (ear drop)
23. *Nasya* (inhalation)
24. *Akshi tarpana* (preparation soothing to eye).

Ghrita could be used in different ways during treatment i.e. for enema (*basti*), *uttar basti* (douch), nasal drops (*nasya*), massage (*abhyanga*), and gargles (*gandush*). In *urdhwa jatrugat* diseases *ghrita* is used for the purpose of nasal drops¹⁸ (*nasya*) considering nose as nearest path towards the brain.¹⁹ *Madhu yashtyadi ghrita* is used in *pittaj* head disorders, as *ghrita* helps to alleviate the *doshas* in the head. In diseases like oligospermia, impotency medicated *ghrita* are used

for the purpose of *uttar basti*(douch) as drugs given by genital rout helps to cure the disease early by acting locally. In this case *ghrita* is used as it helps to preserve and increase the *ojas* and semen.²⁰

Matra for ghrīt sevān²¹

It is observed that *sneha* is used for *shodhan* and *shaman* purpose, to expel out vitiated *dosha* from body (*shodhanartha*) *acchapan* has been explained, here *acchapan* means using only *sneha* at a time.²² *Shamanartha*(pacification purpose) doses of *sneha* have been explained²³ as minimal dose (*laghu matra*), medium dose (*madhyam matra*) and high dose (*uttam matra*). *Shamanartha* (pacification of *dosha*) different doses of *ghrita* have been explained varying from *2masha* to *1pala* e.g. matra of *Panchagavya Ghrita* - *3 masha*²⁴, it is explained in *charaka* and some other doses according to *vagbhata samhita* are as follows:

Sauvarchaladi Ghrita (Va. Chi. 6/29)	One Prastha
Dhanvanter Ghrita (Va. Chi. 11/24)	2 Pala (1 Pala:- 48G)
Neelini Ghrita (Va. Chi. 14/55)	2 Pala (1 Pala:- 48 G)
Tiktak Ghrita (Va. Chi. 19/7)	1 2 Pala (1 Pala:- 48 G)
Brahmi Ghrita (Va. Utt.6/25)	4 Pala
Shatavaryadi Ghrita (Va. Utt.34/ 49)	1 Picchu (Karsh matra)
Sarvarogbhaya nashak Narsinha Ghrita (Va. Utt.39/172-173)	1 Pala

When these different ghrītas are used is based on predominance of *dosha* and stages of diseases.

Kala for ghrīt sevān²⁵

Kshatouraskadi Ghrita (Va. Chi. 3/90)	Sa bhakta
Samsaktu Ghrita (Va. Chi. 3/107)	Sa Bhakta
Dadimadi Ghrita (Va. Chi. 3/9165)	Paschat Bhakta
Eladi Ghrita (Va. Chi. 5/31)	Purvanh Kaala
Jivantyadi Ghrita (Va. Utt. 13/-3)	Nisha Kaala
Triphladi Ghrita (Va. Utt. 13/11)	Nisha Kaala
Phala Ghrita (Va. Utt. 34/66)	Aartava Kaala
Sarvarogbhaya nashak narsinha Ghrita (Va. Utti. 39/172-173s)	Sa Bhakta evam Cheshta yukta

Two basic types of treatment are *shodhan* and *shaman*. In conditions where *doshas* are suppose to be expelled out from body, *ghrita* is advised to be given alone²⁶. In conditions where pacification (*shaman*) of *dosha* is needed, *ghrita* combinations (*pravicharana*) is advised²⁷.

Ghrīta is heavy to digest (*guru*) thus it is not advised to be given in *aama awastha* of disease. In diseases like *raktapitta*,²⁸ *gulma*,²⁹ *udara*,³⁰ *shotha*, medicated *ghrita* is advised to use before starting the treatment that is in the *sama awastha* of disease, to expel out excessive *doshas* from body (*virechanarth*) and ignite the digestive power (*agni*) thus helps in the assimilation of further medicines taken internally.

In *Pandu* , *snigdha* and *tikshna* treatment is advised³¹ thus *ghrita* medicated with strong purgative medicines are used. In *pandu*, *udara*, *kushta doshas* are expected to be expelled out from body without harming the strength of patient. By using *ghrita* medicated with strong purgative medicine helps to expel out increased *dosha* from body and helps to preserve strength of patient as *ghrīta* is best unctuous substance (*snehottama*)³². It also helps to bring *doshas* to their normal properties.

Acharyas have advised to take all kind of medicines along with another dravya having opposite but not against the properties of medicinal drug called as *anupana*. It will help to enhance the effect of drug, helps to take medicine to the desired site of action. In case of *ghrita* intake, *acharyas* have advised to take *peyaa*, *madhu* (honey), *ushnodaka* (hot water), *yavkshar as anupana*. When *anupana* (after drug) is not explained, it is advised to take *ushnodaka* along with *ghrita*. It is observed that *anupanas* explained to take along with *ghrita* helps to saturates, nourishes, provide energy, increases bulk of the body, brings about completion, settles down the food taken, breaks down the food mass, produces softness, moistens, digests and helps in easy transformation and quick absorption of food.³³

*Anupana for ghrīt sevā*³⁴

Vasa Ghrita(Va. Chi. 2/43)	Madhu
Dashamool Ghrita(Va.Chi.3/5)	Manda
Kshatouraskaadi Ghrita (Va. Chi. 3/90)	Sathi Chawal
Samsaktu Ghrita (Va. Chi. 3/107)	Sattu
Dadimaadi Ghrita (Va. Chi. 3/165)	Yavakshar
Anyaanya Ghrita (Va. Chi. 4/55)	Yavakshar+ Saindhav Lavana
Dashmoolsiddha Ghrita (Va. Chi. 4/14)	Madhu
Siddha Ghrita(Va. Chi. 5/15)	Madhu
Ashwagandhadi Ghrita (Va. Chi. 5/24-25)	Sharkara + Ksheera
Elaadi Ghrita(Va. Chi. 5/31)	Ksheera
Balaadi Siddha Ghrita (Va. Chi. 5/41)	Saindhava Lavana
Pushkaraadi Ghrita (Va. Chi. 6/31)	Kanji + Saindhav Lavana
sNilini Ghrita (Va. Chi. 14/55)	Yavaagu + Man`d`a
Triphlaadi Ghrita (Va. Utt.13/11)	Sharkaraa + Madhu +Triphla Kashaya
Sarvarognashak narsinha Ghrita (Va.Utt. 39/172-173)	Nirmala Khan`d`a + Sharkaraa + Madhu

Vagbhata samhita mentioned that a good medicine is one which dose is less but still helps to eliminate *dosha* quickly from body, which is palatable, got digested easily and pacifies the disease. Similarly the medicine should not be sharp producing the side effects. It should not weaken the patient and should have pleasant colour, odour and taste. The appropriate use of *ghrita kalpanas* in desired conditions explained in *Vagbhata samhita* will produce such effects. Hence study concludes that before using *ghrita* for medicinal purpose its dose (*matra*), *anupana*, time of administration (*kala*), must be taken into consideration. *Ghrita* given in different time and in different doses acts differently.³⁵

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**COMPARATIVE STUDY OF KANTAKARIMUL SIDDHA DUGDHA
PARISHEKA AND TRIPHALA GHRIT ASCHYOTANA IN VATAJ
ABHISHYANDA W.S.R. TO ALLERGIC CONJUNCTIVITIS**

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ABSTRACT :

Background: Highly polluted environment, has an effect on lifestyle. Simple allergic conjunctivitis is one of the outcomes of this changing lifestyle, food habits, and polluted environment. Simple allergic conjunctivitis is a common form of ophthalmic problem prevalence 5-22% and recurrence found in 41 – 62% of the cases. The eye and eye lids are common sites for allergic reactions. It is hypersensitivity reaction to specific airborne antigens. *Abhishyanda* is one of *sarvagata roga* mentioned in *sushruta samhita*. *vataj abhishyanda*. *Vataj abhishyanda* is characterised by *Toda* (pricking sensation), *sangharsha* (f b sensation), *ashruta* (watery discharge), *alpa shopha* (mild chemosis), *vishushka bhava* (feeling of dryness). *Vataj abhishyanda* is a clinical condition which can be co-related with allergic conjunctivitis. Patients were selected from OPD & IPD of shalakya dept of Eknath Ayurved Rughnalya, Shevgaon and were selected randomly divided into two groups. 10 patients of trial group were treated with *Kantakari mul siddha dugdha parisheka*. 10 patients of control group were treated with *Triphala ghrith aschyotan*. Duration of treatment was 28 days. Results-final assement was done at 28th day. Both treatments are effective in vataj abhishyanda but kantakari mul siddha dugdha parisheka is more significant.

Conclusion: *Kantakari mul siddha dugdha parisheka* were found more effective than triphala ghrith aschyotana in *vataj abhishyanda* (Allergic conjunctivitis)

Keywords : Allergic Conjunctivitis, *Vataj Abhishyanda*, *Kantakari mul siddha dugdha parisheka* *Triphala Ghrita*, *Aschyotana*

INTRODUCTION: Ayurveda the ancient science of india, has describe the importance of eye, without which a life is miserable. *Abhishyanda* is one among 17 *sarvagata roga* explained in classics. Out of all these *sarvagata* diseases *netra-abhishyanda* got tremendous importance because it acts as ‘root cause ‘ for almost all affections of the eye ball¹. So must be treated as soon as possible, otherwise it's

complication will become severe and difficult to save the eye sight. Having 4 types , one of them is *vataj abhishyanda*. *Vataj abhishyanda* is characterised by *Toda* (pricking sensation), *sangharsha* (f b sensation), *ashruta* (watery discharge), *alpa shopha* (mild chemosis), *vishushka bhava* (feeling of dryness)² etc. and so on, which are very similar to sign and symptoms of allergic conjunctivitis. Based on similari-

ties of sign and symptoms vataj abhishyanda can be co-related with simple allergic conjunctivitis. The prevalence is 5-22% in the general population and recurrence found in 41-62 % of the cases³.

Patients suffering from vataj abhishyanda very commonly found in OPD. Hence it has been selected vataj abhishyanda for the study can be co-relate with simple allergic conjunctivitis. In abhishyandachikitsa, Sushruta has mentioned, various Treatment modalities, kantakarimul siddha dugdh parisheka is one of them.⁴ Sharangdhara has quoted Triphala as drug of choice to treat effectively for Abhishyanda.

AIM: Comparative study of kantakarimul siddha dugdh parisheka and triphala ghrit aschyotana in vataj abhishyanda. w.s.r. allergic conjunctivitis.

OBJECTIVES:

1. To study the efficacy of kantakari mul siddha dugdh parisheka in vataj abhishyanda
2. To study the efficacy of Triphala ghrit aschyotana in vataj abhishyanda.
3. To compare effect of both the treatments.

MATERIALS AND METHOD: It is simple random group with sample size 20 patients with vataj abhishyanda fulfilling the inclusion criteria were selected randomly from Dept. of shalakyatantra of

Shri Sant Eknath Ayurved Rugnalaya, Shevgaon. After taking ophthalmic and systemic history a detailed conjunctival examination was carried out by torch and slit lamp before and after treatment.

INCLUSION CRITERIA:

1. Patients of age group 15-60 yrs were included.
2. Patients were selected irrespective of sex religion.
3. Patients with sign and symptoms of vataj abhishyanda.

EXCLUSION CRITERIA:

1. Patients with known case of any systemic disease like HTN, DM etc.
2. Patients having any other ocular pathology.
3. Patient which is contra-indicated in parisheka procedure.

METHODOLOGY: After history had been taken regarding sign and symptoms of patients, selected patients were drawn into 2 groups i.e. Group A and Group B.

Group A: 10 patients were treated with Kantakari mul siddha dugdh parisheka for 7 days for 400 vakmatra each eye after gap of 1 week repeat this cycle for next 7 days.

Group B: 10 patients were treated with Triphala ghrit aschyotana dose of 2 drops two times a day for 5 day. All treatment were done daily for 28 days. Assessment was done at last follow up i.e. 28th day.

Table no. 1: Drug Administration

Sr. No.	Topic	Group A	Group B
1	Drug	Kantakarimul siddha dugdha by parisheka procedure	Triphala Ghrit by Aschyotana procedure
2	Dose	As per need	2 drops two times a day
3	Duration	7 days parisheka Karma for 400 vakmatra each eye after gap of 1 week repeat this cycle for next 7 days.	28 days

Follow up: Follow up of these patients were taken on 7th, 14th, 21st and 28th day. These observation were subjected to anal-

ysis. At first visit routine ophthalmological examination was done.

ASSESEMENT CRITERIA:

Table No 2: Gradation for signs and symptoms

Parameter	0	1	2	3
Sangharsha(F.B. sensation)	Absent	Occasional	Persistent-do not disturb routine work	Persistent -Routine work disturbance
Nistodana(eye pain)	Absent	Mild	Moderate	Severe
Ashruta(watering)	Absent	Mild Occasional	Persistent-do not disturb routine work	Persistent -Routine work disturbance
Raga(congestion)	No congestion	Congestion with clear pattern of blood vessels	Congestion with poorly visible pattern of blood vessels	Velvety conjunctiva or loss of blood vessel pattern

OBSERVATION AND RESULTS: All patients of both groups had all sign and symptoms before treatment before started the treatment mentioned in table no.2. in

different manner. After treatment there was decreased in signs and symptoms in both groups.

Table No. 3: Number of patients showing sign and symptoms before treatment(B.T.) and after treatment(A.T.)

	Group A		Group B	
	B.T.	A.T.	B.T.	A.T.
Sangharsha	10	0	10	3
Nistodana	10	0	10	4
Ashruta	10	1	10	5
Raga	10	3	10	7

Results: Table No.4: Groupwise improvement after treatments :

Group	No of patients	Parameters			
		Sangharsha	Nistodana	Ashruta	Raga
A	10	10 100%	10 100%	9 90%	7 70%
B	10	7 70%	6 60%	5 50%	3 30%

STATISTICAL ANALYSIS:

Paired 't' and unpaired 't' is applied for analysis

Table no.5: findings in group A after treatment by paired 't' test

	Mean	$\sum(x-\bar{x})^2$	S.D.	S.E.	t ₉	Result
Sangharsha	2.1	6.1	0.27	0.085	24.70	As p<0.001 treatment is highly significant
Nistodana	1.8	3.6	0.21	0.066	26.98	
Ashruta	1.7	6.1	0.27	0.086	19.59	
Raga	2.1	4.9	0.24	0.075	28	

Table no.6: findings in group B after treatment by paired 't' test

	Mean	$\sum(x-\bar{x})^2$	S.D.	S.E.	t ₉	Result
Sangharsha	1.6	8.4	0.32	0.101	16	As p<0.001 treatment is highly significant
Nistodana	0.8	5.6	0.26	0.082	9.62	
Ashruta	0.8	4.1	0.22	0.071	11.42	
Raga	1.5	6.5	0.28	0.088	18.75	

Table No. 7: Comparison of group A and B after treatment by unpaired 't' test

	S.D.	S.E.	t ₁₈	Result
Sangharsha	0.187	0.083	5.55	As p<0.001 treatment is highly signifi- cant
Nistodana	0.168	0.075	13.33	
Ashruta	0.30	0.134	6.71	
Raga	0.105	0.047	12.76	

For all symptoms p is less than 0.001 difference is highly significant. Treatment of Group A is more effective than Group B, hence *kantakari mul siddha dugdha* is more effective than *triphala ghrit aschyotana* in *vataj abhishyanda* (allergic conjunctivitis).

DISCUSSION: Highly polluted environment has an effect on lifestyle. Allergic conjunctivitis is one of the outcomes of this changing lifestyle, food habits, and polluted environment The eyes are the most important sensory organ in the body. All out efforts should be made by man to protect the eyes, throughout the period of life.⁵ *Vataj abhishyanda* is the most common form of eye disease. This study

was selected to prescribe comparatively cheap and easily available preparation in patient's interest and to avoid the complications of conjunctivitis.

Samprapti: In *Vataj Abhishyanda*, *Vata* is a predominant *Dosha* and *Rasa* and *Rakta* are the *Dushyas*. The signs and symptoms are purely due to vitiation of *Vata Dosha*. The various *Achakshushya Hetus* vitiates *Vata Dosha* in the *Sirasrotas* of *Urdhwa Jatru* region. Then this vitiated *Dosha* move towards the eye through the eye *Sirasrotas* confined to the *Sira* in the eye. If there is *Kha-Vaigunya* present in the eye i.e. in the *Shlaishmik Kala* then *Syanda* is produced which is called as *Vataj Netrabhishyanda*.⁶

Probable mode of of action of kantakari mul siddha dugdha parisheka:

Topically applied ophthalmic drugs are primarily used for local effect and systemic absorption. In *Parisheka* drug is poured thin stream on closed eye lid of patient which cover whole region of eye.⁷ Due to its *Ushnaguna*, *prasaran* of *strotas* takes place and due to its action *shaman* of *Vatadosha* takes place. *Kantakari* is having *katu-tikta rasa*, *ushna virya* and *Ajadugdha* having *madhura rasa*, *sheeta virya* and *madhura vipaka*. *Vata* is predominant condition. The freshly prepared *Kantakarimula siddha dugdha* is having *Koshna* properties. Due to this properties it probably causes *Shamana* of the vitiated *Vata Dosha*. *Kantakari* is having warm potency which pacifies *vatadosha* and thereby pain i.e. it is useful in management of diseases having their origin *Vata* and along with milk which is having, *madhuravipaka* and *laghuguna* of *Aja dugdha*. *Sangharsha* is *Vata* predominant condition and it is due to *Kharaguna*. *Madhuravipaka* of *Kantakari* along with *dugdha* which is having *snigdha* and has soothing effect and must be responsible for relieving foreign body sensation *Shishirashruta* i.e. watering of eye caused by vitiated *vata* is reduced by *Ushnaveerya* and *madhuravipaka*.

As *netra* is *sthana* of *Alochak pitta dushti* and *Raga* (redness) is observed due to increase in *pitta* i.e. *alochak pitta dushti* is present, *ushnaveerya* of both drugs causes *pittavardhana* but it is counteracted by and *madhuravipaka*, *sheeta veerya* of *aja dugdha* causes *pitta shaman* and it might have decreased *Raga* i.e. redness of eye.

Acharya sushruta mentioned the *kantakari mul siddha dugdha parisheka* is useful in treatment of *vataj abhishyanda*. So by us-

ing this treatment *sampraptibhanga* takes place as suppression of vitiated *vatadi doshas*. With the treatment of 5 days Group A shows improvements in sign and symptoms. Resolution of *Sangharsha* (foreign body sensation), *Nistodana* (pricking pain) occurred in about 100% of patients. whereas 90% of patients having reduction in *Ashruta* (watering) and cessation of *Raga* (congestion) in 70%.

CONCLUSION: In *Vataj abhishyanda* (allergic conjunctivitis), Group A, treated with *Kantakari mul siddha dugdha parisheka*. There was reduction in symptoms such as *Sangharsha*, *Nistodana*, *Ashruta*, *Raga*. In Group B patients there was also inhibition of above mentioned symptoms with *Triphala Ghrit Aschyotana*. In Group A and B, respective treatment proved to effective. But when outcomes compared with each other, there is significant difference found. So *kantakari mul siddha dugdha parisheka* is more effective.

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Title of Article

“

Study of Comparative Efficacy of *Nasya* and Cervical Traction in The Management of *Manyastambha*

”

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ABSTRACT: Sleep in day time, leaning or sleeping on an uneven place, constantly gazing upwards lead to the disease *Manyastambha*. *Manyastambha* is the clinical entity in which the back of the neck becomes stiff or rigid and the movements of the neck are impaired. It can be co-related with Cervical Spondylosis in modern prospective. Cervical Spondylosis is a degenerative condition of the cervical spine where it may lead to Cervical Spondylotic Myelopathy . 66% of adults experience neck pain in their lifetime and 5% are highly disabled by it. Pain and stiffness are the primary symptoms. Radiation of pain from shoulder to digits along the course of the nerve indicates nerve root compression. Majority of ingredients of *Narayan Taila* are having *Kapha* Properties and *Taila* having *Vatahara* and *Brumhana* properties is beneficial in *Manyastambha*. Traction produces the effects of massage on the muscular, ligamentous and capsular structure and It promotes circulation, reduces swelling, inflammation , spasm and pain

KEYWORD: *Kapha Vatahara, Narayan Taila, Manyastambha, Vatahara, Brumhana*

INTRODUCTION:

According to *Acharya Sushruta*, sleep in day time, leaning or sleeping on an uneven place, constantly gazing upwards lead to the disease *Manyastambha*¹. *Manyastambha* is the clinical entity in which the back of the neck becomes stiff or rigid and the movements of the neck are impaired. It can be co-related with Cervical Spondylosis in modern prospective². Cervical Spondylosis is a degenerative condition of the cervical spine where it may lead to Cervical Spondylotic Myelopathy³. Pain and stiffness are the primary symptoms. Radiation of pain from shoulder to digits along the course of the nerve indicates nerve root compression.

Need For The Study:

66% of adults experience neck pain in their lifetime and 5% are highly disabled by it⁴. *Nasya Karma*, being the treatment of choice in *Urdhvajatrugata Vata Vyadhis*⁵, is adopted in the management of *Manyastambha*. *Narayana Taila* is specially indicated in the treatment of *Manyastambha*⁶. In Conservative management of Cervical Spondylosis, Cervical Traction is indicated. Cervical Traction is the modality of choice for many neck and cervical dysfunctions⁷. Cervical Traction has also been shown to relieve

headaches and pain due to general soft tissue stiffness. It is reported to facilitate relaxation of paraspinal muscles. Traction is recommended as a means to mobilize joints or decrease joint related pain.

Hypothesis:

Majority of ingredients of *Narayana Taila* are having *Kapha Vatahara*⁸ properties and *Taila* having *Vatahara* and *Brumhana* properties is supposed to be beneficial in *Manyastambha*. Intermittent Traction produces the effects of Massage on the muscular, ligamentous and capsular structure and it promotes circulation, reduces swelling, inflammation, spasm and pain.

Aim-

To compare the effect of *Nasya Karma* with *Narayana Taila* and Cervical Traction in *Manyastambha*.

OBJECTIVES-

- To study the effect of *Narayana Taila Nasya* in the management of *Manyastambha*.
- To find out the reduction in cardinal signs of *Manyastambha* viz – *Stambha* (Stiffness), *ruka*

(pain) by *Nasya Karma* using *Narayana Taila*.

- To study the effect of Cervical Traction in the management of *Manyastambha*.
- To find the reduction in cardinal signs of *Manyastambha* viz- *Stambha* (Stiffness), *ruka* (pain) by cervical traction.

Materials and Methods-

1. Materials –

For Group A – *Narayana Taila* was purchased from Nagarjuna pharmaceutical

Manufactured taking reference of *Sarangdhar samhita*.

For Group B - Electrical Mechanical Traction Device present in the Ayurveda Hospital was used for Cervical Traction.

2. METHODOLOGY -

The patients coming under the inclusive criteria approaching the OPD of CSMSS *Ayurved Mahavidyalaya*, Aurangabad, Maharashtra have been randomly selected for the study. Patients were assigned into two groups viz., Group A and Group B consisting of 8 patients in each group. Patients were subjected to X-ray Cervical spine AP and Lateral View for confirming diagnosis. A Special

Performa containing details necessary for study was prepared, recorded and analysed.

Inclusion Criteria:-

- Patients having the signs and symptoms of *Manyastambha* willing for the treatment.
- *Nasya arha* Patients between the age group of 20 -70 years of both the sexes.
- Patients fit for cervical traction with limitation of Cervical spine range of motion, Cervical Spondylosis, Cervical Radiculopathy.

Exclusion criteria:

- Patients with major disorders that is traumatic, infective and neoplastic conditions of spine, Congenital anomalies involving the Cervical-spine, Viral infections like Polio Myelitis, Transverse Myelitis, Bacterial infections like TB spine, Demyelinating diseases, Fibromyalgia, Motor neuron diseases that interfere with the course of treatment will be excluded from the study.
- Patients undergoing other modalities of treatment for *Manyastambha* will be excluded.

Procedure:

Particular	Group A	Group B
No. of patients	8	8
Treatment given daily	Nasya- 14 Days	Cervical Traction- 14 Days
<i>Purvakarma</i>	<i>Snehan</i> and <i>mrudu svedana</i> of <i>griva Pradesh, mukha pradesh</i>	Ornaments removed from neck region and patient was lied in supine position
<i>Pradhankarma</i>	<i>Narayana Taila Nasya</i> 8 drops in each nostrils.	Intermittent Cervical Traction with tractive force 1/10 th body weight of patient for 15 minutes.
<i>Paschata karma</i>	<i>Gandusha</i> with hot water	The patient was lied in lateral position for 5 minutes.
Follow up	Day- 21 and Day 30	Day- 21 and Day 30
Assessment Day	0,14,21,30 th Day	0,14,21,30 th Day

Assesment Criteria-

Symptoms-

- *Stambha* (stiffness)- Range of movement of neck such as flexion, extension, lateral flexion to right and left, rotation to right and left was examined, and recorded by using Goniometry and taken in consideration, Suitable gradation was fixed.
- *Ruka* (pain) - Numeric Pain Intensity scale⁹ was taken in

consideration.

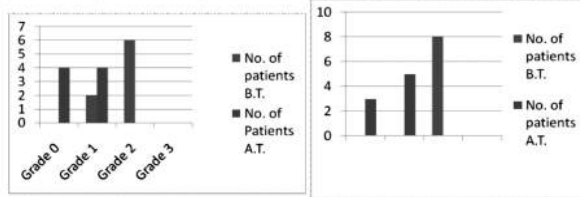
Objective

Parameters include the clinical grading and standard scoring methods of signs and symptoms of the condition.

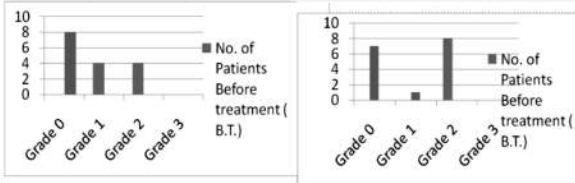
Observations-

- Gradation in *Ruka* (Pain) in Group A
- Gradation in *Ruka* (Pain) in Group B
- Gradation in *Sthabha* (Pain)in group A
- Gradation in *Sthabha* (Pain)in group B

Type of pain	No. of patients B.T.	No. of Patients A.T.	Type of Pain	No. of patients B.T.	No. of patients A.T.
Grade 0	0	4	Grade 0	0	3
Grade 1	2	4	Grade 1	0	5
Grade 2	6	0	Grade 2	8	0
Grade 3	0	0	Grade 3	0	0



Stambha	No. of Patients (B.T.)	No. of Patients (A.T.)	Stambha	No. of Patients (B.T.)	No. of Patients (A.T.)
Grade 0	0	8	Grade 0	0	7
Grade 1	4	0	Grade 1	0	1
Grade 2	4	0	Grade 2	8	0
Grade 3	0	0	Grade 3	0	0



After *Nasya* all the patients had full range of movement without increased pain and In cervical traction 7 patients had full range of movement without increased pain and 1 had full range of movement with mild pain. After *Nasya* 4 patients had no pain and 4 patients had mild pain. After cervical traction 3 patients had no pain and 5 patient had mild pain.

DISCUSSION:

The factors like old age, trauma, occupational stress, poor posture in sitting or sleeping, excessive travelling etc. lead to the spondylosis changes in the cervical spine. The pain, stiffness and decrease in the range of

movement at the spine are due to structural changes in the joint. The gentle stretching of muscles and joints releases muscle tension increases flexibility thus helps in removal of stiffness.

CONCLUSION

Both *Nasya* and Cervical Traction showed significant results in the parameters of *Manyastambha*. Thus Both *Nasya* and Cervical Traction can be effectively used in the management of *Manyastambha*.

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“ Role of vranadhavana and Dhupana in the Management of Diabetic foot (pramehajvrana) ”

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ABSTRACT: In diabetes, slight injury to the glucose laden tissue may causes ulcer formation and chronic infection. Foot care in Diabetes is one of the most ignored aspects among diabetes care in India. Due to social, religious, and economic compulsion, many people walk barefoot. Poverty and illiteracy lead to usage of inappropriate foot wear and late presentation of foot lesions. About 15% of all diabetic patients develops foot ulcer in their life time. The etiological factors include increased sugar level, diabetic micro angiopathy and peripheral neuropathy.

Treatment includes antibiotics, debridement, and local wound care and footwear improvisation. In spite of all advances in health sciences, statistics reveals that about 3% of patients yet have to undergo lower limb amputation. In *Sushruta Samhita*, we get the most scientific description of wound and its management. So we, for our propose plan and decide to use *Dhavan* and *dhupana* in the management of Diabetic foot (*Pramehaj vrana*). We done this study on 20 patient and observed very good result in diabetic foot with complete healing in 30 to 45 days in 12 patients, remaining patients needs some more time. However, further evaluation is required to be done by taking a large sample size to prove its significance in treating Diabetic foot ulcer and avoiding lower limb amputation.

KEYWORD: *dhupana, Dhavan, Pramehaj vrana*, Diabetes, peripheral neuropathy

INTRODUCTION:

In diabetes, slight injury to the glucose laden tissue may cause ulcer formation and chronic infection. Foot care in Diabetes is one of the most ignored aspects among diabetes care in India. Due to social, religious, and economic compulsion, many people walk barefoot. Poverty and illiteracy lead to usage of inappropriate foot wear and late presentation of foot lesions. About 15% of all diabetic patients develops foot ulcer in their life time. The etiological factors include increased sugar level, diabetic micro angiopathy and peripheral neuropathy.

Treatment includes antibiotics, debridement, and local wound care and footwear improvisation. In spite of all advances in health sciences, statistics reveals that about 3% of patients yet have to undergo lower limb amputation.

In spite of the advances that have been made, the management of Diabetic foot is still a challenge for the clinician. In *Sushruta Samhita*, we get the most scientific description of wound and its management. Acharya Sushruta has described Shashthi Upakramas (sixty measures) for Vrana Ropana (wound healing). In which Dhavna and Dhupana

has been explained which shows very good effect on wound healing.

So we decided to use *vranadhavana* and *dhupana* on diabetic foot (*pramehajvrana*).

Disease Review:-

The term diabetic foot is syndrome which includes Neuropathy, Ischemia and Infection. Patients with diabetic sensory polyneuropathy suffer significant trauma to their insensate feet through any activities.

Diabetic mellitus is the best known of the metabolic disorders contributing to increased rate of wound infection and failure. Uncontrolled diabetes results in reduced inflammation, angiogenesis and collagen synthesis.

10 to 15 % of diabetic patients run the risk of developing ulcers. There are approximately 50,000 to 60,000 amputations performed in diabetic patients each year in the United States. The major contributors to the formation of diabetic ulcers include neuropathy, foot deformity, and ischemia. It is estimated that 60 to 70% of diabetic ulcers are due to neuropathy, 15 to 20% are due to ischemia, and another 15 to 20 % are due

to combination of both. The neuropathy is both sensory and motor, and is secondary to persistently elevated glucose levels. The loss of sensory function allows unrecognised injury to occur from ill-fitting shoes, foreign bodies, or other trauma. The motor neuropathy or Charcot foot leads to collapse or dislocation of the interphalangeal or metatarsophalangeal joints, causing pressure on areas with little protection. There is also severe micro and macrovascular circulatory impairment.

Once ulceration occurs, the chances of healing are poor. The treatment of diabetic wounds involves local and systemic measures. Achievement of adequate blood sugar levels is very important. Most diabetic wounds are infected, and eradication of the infectious source is paramount to the success of healing. Treatment should address the possible presence of osteomyelitis, and should employ antibiotics that achieve adequate levels both in soft tissue and bone. Wide debridement of all necrotic or infected tissue is another cornerstone of treatment. Off-loading of the ulcerated area by using specialised orthotic shoes or casts allows for ambulation while protecting the fragile wound environment. Topical application of PDGF and granulocyte-macrophage colony-stimulating factor has met with limited but

significant success in achieving closure. The application of engineered skin allograft substitutes, although expensive, has also shown some significant success. Prevention and, specifically, foot care play an important role in the management of diabetics.

Diabetic ulcers can be correlated with *dushtavrana* which is explained in *ShushrutSamhita* and other *ayurvedic* texts. In *Prameha* the lower limb vessels become weakened and unable to expel *Doshas*. This leads to accumulation of *doshas*, *Meda* and *Rakta* along with other *doshdushyas* followed by formation of *PramehaPidika* which converts into wounds after Petrification i.e. Diabetic ulcer. This type of ulcers are *Kashtasadhya* (difficult to treat) according to *AcharyaSushrut* explain in *su, su 23*.

Material and Methods

Material:-

We decide to use *vranaDhavana* and *Dhupana* in the management of diabetic foot (*PramehajVrana*)

Study was done on 20 patients to see the role of *vranaDhavana* and *Dhupana*.

Drug :-

1. *Dhavana* drug :-

Kwath (decoction) prepared of triphalawasused for Dhavana.

A) Haritaki :- Chebulic Myrobalan fruit rind-

Latin name :Terminaliachebula

B) Bibhitak :- belliricMyrobalan fruit rind-

Latin name :Terminalia bellirica

C) Amalaki :- Indian Gooseberry fruit

Latin name :Emblica officinalis Gaertn

It acts according to their properties as anti-inflammatory, disinfectant, vranashodhak and hence helps to clean the wound and helps in the fast healing of wound

2. Dhupan drug :-

AcharyaSushruta had described about Rakshakarma in the Su. Su.5\18.In this method we use Guggulu, Agaru, Sarjarasa and Gaurasarashapa all these in powdered form added with Lavana (Saindhava), Nimbapatra and ghee. All these drugs in same quantity are burned and the fumes are run over the wound for 15 to 20 minutes.

A) Guggulu :-

Family: burseraceae

Latin name: commiphoramukul.

Action: has typical fragrance of its own. Being germicidal and durgandhinashana it is used in fumigation.

B) Agaru :-

Family: thymelaeceae

Latin name: aquilariaagalocharoxb

Action: It is indicated to use as fumigation in shotha and vrana to Prevent necrosis of tissues.

C) Sarjarasa :- (gum of Shala)

Shala

Family: dipterocarpaceae

Latin name: shorearobustagaertn f.

Action: Sarjarasa is used as vranashodana, vranaropana and for Fumigation it is bactericidal.

D) Gaurasarashapa (type of Sarshapa)

Family: crucifereae

Latin name: brassica campestrislinn. Var.

Action: it is germicidal, kushtaghna, varnya and counter irritant so we use it in fumigation.

E) Ghee

Destroys poisons and demons (evil spirits, bacteria, etc.)

Method:-

1. *VranaDhavana* with *TrifalaKwath* for 15 min.



2. *VranaDhupana* with *DhupanDravya* for 15 to 20 min.
3. Diabetes Mellitus is controlled by standard medication with the help of Physician.

Place of Work

OPD and IPD of CSMSS Ayurved Mahavidyalaya and Hospital, Kanchanwadi, Aurangabad.

Follow up of study :-

Follow up will be on every day, but observation will be noted on 1st, 10th, 20th, 30th day.

Assessment criteria of Work

Assessment of pain (*Vedana*)

- 0 - No pain.
- 1 - Localized pain on movement .

2 - Localized pain even during rest but not disturbing the sleep.

3 - Localized continuous pain, radiating with sleep disturbance.

Assessment of discharge :(Vranastrav)

0 - No discharge/ drydressing.

1 - Scanty serous discharge with minimal soakage.

2 – frank discharge present but no need of frequent change in dressing.

3 - Profuse, continuous discharge which needs frequent dressing.

Assessment of size:(Vranaakar)

Estimated by square counting method using Gelatine Graph Paper.

0 – no wound

1 - 1/4 of previous area & depth of the wound.

2 - 1/2 of previous area & depth of the wound.

3 – Day 1st area and depth of the wound.

Assessment of tenderness

:(Sparshasahatwa)

0 - Non tender.

1 - Patient winces on pressure.

2 - Patient winces & withdraws.

3 – Patient will not allow to touch.

Assessment of burning: (Daha)

0 - No burning.

1 - Episodic burning sensation persisting for not more than 5 min.

2 - Continuous burning sensation which do not disturb sleep.

3 - Continuous burning sensation which disturbs sleep.

Assessment of colour :(Varna)

0 - Normal pigmentation of skin.

1 - Pink.

2 - Reddish black.

3 - Pale yellow/ Blackish.

Assessment of margin :(Vranaushtha)

0 - No wound

1 – Smooth & sloping.

2 - Regular but inflamed.

3 - Rough, irregular & inflamed.

Assessment of floor :(vranatal)

0 – no wound

1 - Smooth, regular, ulcer crater reduced.

2 - Rough, but no slough, granulation tissue evident.

3 - Rough, irregular, slough present, no granulation.

Assessment of smell :(Gandha)

0 - No smell.

1 - Foul smell.

Observation Table :-

Observation	Before Treatment	After starting treatment at the end of...			
		1 st Day	10 th day	20 th day	30 th day
Size(<i>Vranaakar</i>)					
Pain & Tenderness (<i>sparshasahatva</i>)					
Margin (<i>vranaoushtha</i>)					
Floor (<i>vrاناتal</i>)					
Smell(<i>Gandha</i>)					
Discharge(<i>Vranastrav</i>)					



Result :-

Maximum relief was seen in all the patients in signs and symptoms. Foul

smelling, Abnormal floor, Unhealthy margin showed relief in 100 to 98% followed by Pain, Tenderness, Discharge etc. showing relief in 97 to 90%.

Table: Effect of treatment on assessment criteria points

Observation	No of patients	Before Treatment Mean Score	After Treatment Mean score	% reduction mean score
Size(<i>Vranaakar</i>)	20	3	0.16	94.66%
Pain & Tenderness	20	1.25	0.05	96%
Margin (<i>vranaoushta</i>)	20	2.1	0.03	98.57%
Floor (<i>vrاناتal</i>)	20	2.3	0.03	98.69%
Smell(<i>Gandha</i>)	20	0.75	0	100%
Discharge(<i>Vranastrav</i>)	20	2.6	0.15	94.23%

OVERALL RESULT:-

It was noticed that maximum 60 % of cured cases were observed.

Discussion :-

Due to *vranaDhavana* wound get disinfected and local cleaning of the foot help to kept good hygiene.

Due to *dhupana* all *dushatakleda* get absorbed from wound site which actually help in wound contraction. Due to *dhupanadravya* properties and action it doesn't provide favourable condition for bacteria to grow. *Dhupandravyas* contains

various volatile oil, as we create *dhoom* its volatile in from of fumes acts on wound. Fumes has penetrating power, so it can be reached to micro and deeper levels and act there. In local application it most of the time act on floor only. So *dhupana* is better.

Conclusion :-

With help of the *vranaDhavan* and *Dhupana*, wound is healed in 45 days in 60% of cases, but according to epidemiological data 30% of diabetic

mellitus neuropathy ulcer although receiving standard treatment takes 20 weeks for healing. So we can say that *vranadhavan* and *Dhupana* is effective and helps in difficult situation like diabetic foot ulcers to heal fast.

However, further evaluation is required to be done by taking a large sample size to prove its significance in treating Diabetic foot ulcer and avoiding lower limb amputation.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Review on inter-variations of National Immunization Schedule in Marathwada-- Region of Maharashtra.**Dr. Lalita Nivrutti Patole**Assistant Prof.(Kaumarbhritya Dept.)
C.S.M.S.S. Ayurved College.
Kanchanwadi, Aurangabad**Abstract**

Previously food, shelter and cloths were the three basic needs of human-beings. But nowadays, Health and Education are added with above three. Healthy Life is a God Gift. But we can try to be healthy. Prevention is better than cure. Some diseases can be prevent by vaccination-These are called-Vaccine Preventable Diseases—V.P.D'S. or by giving vaccine of specific disease, the severity of that disease is reduced in immunized child. There will be no any complications of that disease in that child.

In this article, I have covered Current National Immunization Schedule, inter-variations in NIS of Marathwada. Due to epidemic outbreaks of JE in Latur & Beed, NIS included JE vaccine for these two Districts in Routine Immunization.

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against the subsequent infection or disease. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year.

Key words

The keywords are Immunization, Vaccination.

Introduction-

The science of vaccine evolved across the globe in late 19th century & India was amongst a few countries to have been involved in these efforts. Vaccine Institutions were set up in early & whole of twentieth century. Small-Pox has been eradicated & the country has become **Polio** free since **JAN. 2011**.

India is a big country in population. There are so many other states other than Maharashtra in India. There are inter & intra-state variations in the coverage. Immunization Programme in India started with the aim to reduce **VPD'S**.

In recent Years, **Immunization Program** has been undergone a number of significant changes. These include a new policy environment (**N.R.H.M.**), new vaccines (**e.g. Hepatitis B, Pentavalent, and I.P.V.**), new procedures to solve old problems (Inj. safety) and new technologies for vaccine delivery and cold chain. Such changes underscore the need for constant attention, sharing of experiences. There is creativity and flexibility in responding to problems.

I have selected the topic that – "**Review on inter-variations of N.I.S. in Marathwada**". It is one of the five regions in Indian state of Maharashtra. In **Marathwada** there are 08 Districts- **Aurangabad, Jalna, Nanded, Beed, Latur, Usmanabad, Hingoli, and Parbhani. Capital – Aurangabad**. The vaccine of **JE** is given only in **Latur and Beed**. Due to epidemic outbreaks of JE in Latur & Beed, Government arranged JE vaccine in NIS for these only two districts.

The first vaccine to be introduced in India was BCG in 1962 as a part of the National Tuberculosis Programme. Over the years, various new vaccines have been introduced & many milestones achieved.

Immunization Milestones --

1978	Expanded programme of Immunization-BCG,DPT,OPV,Typhoid (urban areas)
1983	TT Vaccine for pregnant women.
1985	Universal Immunization Programme-Measles added, Typhoid removed, Focus on children less than 1 year of age.
1990	Vitamin A supplementation.
1995	Polio National Immunization Days.
1997	VVM introduced on vaccines in UIP.
2002	Hep B introduced as pilot in 33 districts & cities of 10 states.
2005	<ul style="list-style-type: none"> ▪ “National Rural Health Mission” Launched. ▪ Auto Disable (AD) syringes introduced in UIP.
2006	JE vaccine introduced after campaigns in endemic districts.
2007-2008	Hep-B expanded to all districts in 10 states & schedule revised to 4 doses from 3 doses.
2010	Measles 2 nd dose introduced in RI & MCUP (14 states).
2011	<ul style="list-style-type: none"> ▪ Hepatitis B universalized & Haemophilus influenza type B introduced as Pentavalent in 2 states. ▪ Open Vial Policy for vaccines in UIP.
2013	<ul style="list-style-type: none"> ▪ Pentavalent expanded to 9 states. ▪ Second dose of JE vaccine.
2014	India & South East Asia Region certified Polio-Free.
2015	<ul style="list-style-type: none"> ▪ India validated for Maternal & Neonatal Tetanus elimination. ▪ Pentavalent expanded to all states. ▪ IPV introduced. ▪ New Vaccines introduction announced—Rotavirus, Pneumococcal & Measles / Rubella.
2016	In phase 1 st —Rotavirus Vaccine introduced in 4 states.

Vaccine and Vaccine preventable diseases-Vaccines currently used in NIS.

Name of vaccine	Diseases Prevented
BCG Vaccine	Tuberculosis.
DPT Vaccine	<ul style="list-style-type: none"> ▪ Diphtheria. ▪ Pertussis (Whooping Cough). ▪ Tetanus.
Hepatitis B Vaccine	Hepatitis-B.
Japanese Encephalitis Vaccine (only in Latur & Beed in Marathwada)	Japanese Encephalitis.
Measles Vaccine	Measles.
Oral Polio Vaccine (OPV)	Polio
Pentavalent Vaccine	<ul style="list-style-type: none"> ▪ Diphtheria. ▪ Pertussis. ▪ Tetanus.

	<ul style="list-style-type: none"> ▪ Hepatitis B. ▪ Meningitis and Pneumonia.
Tetanus Toxoid	Maternal and Neonatal Tetanus.
IPV	Polio.

Aim & Objective

Review on inter-variations of National Immunization Schedule in **Marathwada Region**.

About Vaccines

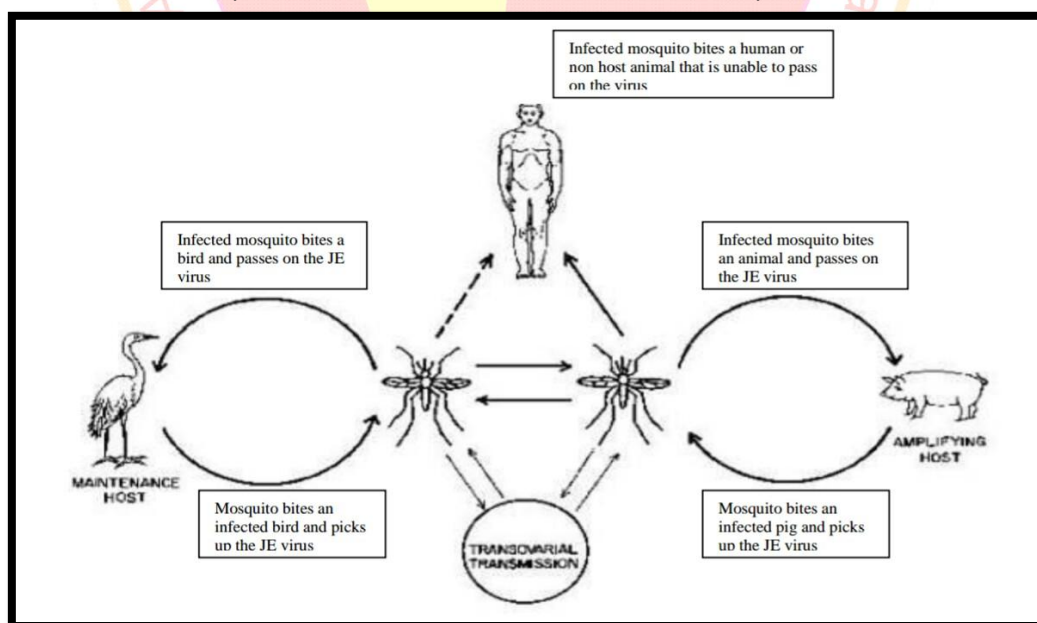
In immunization programme to maintain the cold chain is very important. Cold chain is the back bone of this programme. Cold chain system is perfectly maintained by Government. Currentiy 09 (Nine) vaccines are included in NIS including JE vaccine. I am only focusing on JE vaccine in this article .Because, in Marathwada two high risk districts for JE are Latur & Beed.

From 2009, after the mass campaign for JE in Latur & Beed, JE vaccine included in NIS for these two districts of Marathwada. Remaining 06 districts are receiving all vaccines as per NIS except JE vaccine. I have given detail chart of vaccines.

Japanese Encephalitis

Japanese Encephalitis is the leading viral cause of Acute Encephalitis Syndrome (AES) in Asia.The disease primarily affects children under the age of 15yrs. 70% of those who develop illness either die or survive with a long term neurological disability.The 1st case of JE was documented in late 19th century.

Japanese Encephalitis is caused by the Japanese Encephalitis Virus which is a RNA Belonging to the Flavivirus family (which also consists of the Dengue and Yellow Fever viruses).It is an arbovirus transmitted via mosquitoes.The natural life-cycle of this virus is between Culexmosquitoes and cattle,pigs and birds such as heron.Water birds and pigs play a major role as amplifying hosts.Humans get infected following a bite by an infected mosquito. However, as human are dead end hosts, further spread from human to human does not take place.



Periodic outbreaks of JE occur in states like Maharashtra, Madhya Pradesh etc. Majority of the cases occur in rural, agricultural (specially rice growing) and forest areas and in children.

Details for administration of JE vaccine

Type of vaccine	Live attenuated SA-14-14-2 JE vaccine
Presentation	Multi-dose vials with 5 doses as a lyophilized powder that looks like a milky-white crisp cake. Diluent vial of 2.5ml.
Reconstitution	The vaccine should be reconstituted with the supplied diluent only. After reconstitution it turns in to a transparent orange red or light pink. The reconstituted vaccine should not be used beyond two hours of reconstitution.
Dose, Route, Schedule	Dose-----0.5ml. Route-----Subcutaneous. Schedule----1st Dose9—12 months. 2nd Dose 16—24 months.
Administration of vaccine	<ul style="list-style-type: none"> ▪ Vaccine should be administered with Auto-Disable (AD) syringes only. ▪ The vaccine should be injected sub-cutaneous in the upper left arm (below the usual site of the BCG scar). Clean water should be used for cleansing the skin and dry the area with sterile cotton before injection. ▪ Needles should not be recapped and should be disposed as per GOI guidelines.
Vaccine vial and diluent storage	Stored and transported between 2 c to 8 c and should be protected from sunlight.

National Immunization Schedule For Pregnant Woman

Vaccine	When to give	Max. age	Dose	Diluent	Route	Site
TT-1	Early in pregnancy	-----	0.5 ml.	No	Intramuscular	Upper arm.
TT-2	4 weeks after TT-1	----	0.5 ml.	No	Intramuscular	Upper arm
TT-Booster	If received TT doses in a pregnancy within the last 3 yrs.		0.5 ml.	No	Intramuscular	Upper Arm.

For Infants

Vaccine	When to give	Max. age	Dose	Diluent	Route	Site
BCG	At birth or as early as possible.	Till one year of age.	0.1ml (0.05ml until 1 month of age).	Sodium Chloride.	Intra-dermal	Left Upper Arm
Hepatitis B- Birth dose	At birth or as early as possible.	Within 24 Hours.	0.5ml.	No	Intra-muscular	Antero-lateral side of mid-thigh-Left.
OPV-0	At birth or as early as possible.	Within the first 15 days.	drops	No	Oral	--

OPV 1, 2, & 3	At 6, 10, & 14 weeks.	Till one year of age.	drops	No	Oral	---
IPV (Inactivated polio vaccine)	At 14 th week.	Up to 1 year of age	0.5ml	No	Intra-muscular	Antero-lateral side of mid-thigh-Right.
Pentavalent 1, 2, & 3	At 6, 10 & 14 weeks.	Till 1 yr. of age.	0.5ml.	No	Intramuscular	Antero-lateral side of mid- thigh Left.
Measles-1 st dose.	9–12 completed months.	Given till 5 years of age.	0.5ml.	Sterile Water.	Subcutaneous.	Right upper Arm.
Japanese Encephalitis 1 st dose. For Latur & Beed.	9–12 completed months.	Till 15 years.	0.5ml.	Phosphate Buffer.	Subcutaneous	Left Upper Arm.
Vitamin A (1 st dose)	At 9 completed months with Measles.	Till 5 years of age.	1ml. (One Lakh IU).	No	Oral.	---

For Children

Vaccine	When to give	Max. age	Dose	Diluent	Route	Site
DPT Booster-1 st	16-24 months.	7 years.	0.5ml.	No	Intra-muscular	Antero-Lateral side of mid-thigh Left.
Measles-2 nd Dose.	16-24 months	Till 5 years of age.	0.5ml.	Sterile Water.	Subcutaneous	Left Upper Arm.
OPV Booster	16–24 months	Till 5 years of age.	2 Drops.	No	Oral	--
Japanese Encephalitis 2 nd dose. For Latur & Beed.	16–24 Months.	--	0.5ml.	Phosphate Buffer.	Sub-cutaneous	Left Upper Arm.
Vitamin A 2 nd –9 th dose.	16 months, Then one dose every 6 months.	Till 5 years of age.	2ml. (2Lakh IU).	No	Oral	---

DPT-Booster-2	5—6 years.	7 years.	0.5ml.	No	Intra-Muscular.	Upper Arm Left.
TT	10 years & 16 years.		0.5ml.	No	Intra-Muscular.	Upper Arm.

Discussion & Conclusion-

Many of the population in India are poor & uneducated. They can't afford vaccines for their children in private hospitals. Government of India successfully run this Immunization Programme & also achieved specific targets.

- **Total eradication of Small Pox in 1977.**
- **Polio free certification in 2014.**
- **Maternal & Neonatal Tetanus Elimination in 2015.**

Following the massive outbreaks of JE in India-Vaccination campaigns were carried out in highest risk districts of the country from 2006-2009. Children between the age group of 1-15 years were vaccinated with a single dose of **SA14-14-2 Vaccine.**

This is JE vaccination coverage 2009 of Beed & Latur District.

Region	High Risk District	Target Children (01—15 years)	Children Covered	Coverage in Percentage.
Marathwada	Beed	581815	367886	63.23
	Latur	797452	220179	27.61

Following the mass campaign, the JE vaccination included in Routine Immunization or in National Immunization Schedule to cover the new cohort in Beed & Latur Districts. In 2013 JE2nd dose also included in NIS. Through JE Vaccination Government is trying total eradication of Japanese Encephalitis Disease from Latur & Beed of Marathwada as well as from India.

After all, Prevention is always better than cure.

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TO STUDY THE EFFICACY OF BALA SIDDHA GHRITA IN UPAVISHTAKA WITH SPECIAL REFERENCE TO INTRAUTERINE GROWTH RESTRICTION

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ABSTRACT

Upvishtak (I.U.G.R) is defined as babies whose birth weight is below the tenth percentile of the average for the gestational age. The incidence of the *Upavishtak* (I.U.G.R) in Indian hospital is 16%. The perinatal morbidity & mortality rate of fetus is related to the low birth weight infants. While describing treatment of *Upvishtak Ayurvedic* classics have emphasized on drugs having *Jeevniya*, *Brunhaniya* and *Vataghna* properties. In *Upvishtak* main *dosha* is *vata dosh*. *Bala* is *vataghna*, *Balya*, *Bruhaniya* and *ghrita* also *Vataghna*. It has been selected as the line of treatment. So our ultimate goal is “Healthier the

mother stronger and healthier will be the child” may be achieved. Hence in an attempt to expand the concept of IUGR according to *Ayurveda* and to yield a flourishing result to this world wide problem through *Ayurveda*; this topic has been selected for the study. The study was conducted in 10 clinically diagnosed patients of *Upavishatak* with an objective of clinical efficacy of *BALA SIDDHA GHRITA* in the management of *Upavishatak*. These patients were above 4month amenorrhea, having fetal weight 10% less than normal weight with Diagnosed U.S.G.

INTRODUCTION

The aim of *Prasutitantra* is to get a healthy progeny i.e. *Suprajanana*. For the same purpose; in all Ayurvedic texts, *Garbhiniparicharya* is described in detail. Aim of the *Garbhiniparicharya* is described as- *Anupaghataya* means continuation of pregnancy without

any complications in mother and fetus. In Ayurveda, *Garbhavyapada* such as *Garbhasrava*, *Upavishtaka*, *Garbhashosha* etc are explained which causes *upaghata* to *garbha*.

Out of *gharbavyapad* described in our text (*Gharbhasrav*, *Gharbhapat*, *Upavishtak*, *Lingarbha*, *Nagodar*, *Mrutgharbha makkal*, *vishakanbha*); I decided to conduct work on cases of IUGR which is termed as *Upavishtak*.

Upavishtak is one of the major problem of pregnancy which affects the fetus physically and mentally and become social problem as well as lifelong trouble for family. Children with low birth weight (<2.5 Kg) have an increased risk of infection and death during the neonatal period and infancy. That's why I decided to work upon *Upavishtak*.

Effective drug is not yet available on IUGR. So it is needed to have an effective solution on this problem. While describing treatment of *Upavishtak*, ayurvedic classic have emphasized on drugs having *Jeevaniya*, *Bhruhniya* and *Vataghna* properties, drugs having *madhur rasa* and *Vipak*.

BALA is one of the *dravya* mentioned in *bhrihaniya gana*. It is easily available, having *madhur ras* and *vipak*, *vataghna* property, so decided to study *Bala siddha ghrita* in the management of *Upvishtaka*.

Apart from prematurity, IUGR is a major public health problem in most of the developing countries. IUGR is due to genetic, placental or maternal factor. It is related to condition like poverty, chronic malnutrition & placental insufficiency in mother. Under nutrition is one of the most common. The most common complication of IUGR, include increase risk for perinatal asphyxia, meconium aspiration, electrolyte imbalance from metabolic acidosis, polycythemia and 6-8 fold increase for intrapartum deaths. Long term squeal of IUGR include neurological growth deficit in the form of minimal brain dysfunction, decrease attention span, learning disabilities, speed defect.

AIM AND OBJECTIVES

- Conceptual and clinical studies on *Upavishatak* (IUGR) and its management with time ested Ayurvedic principles.
- To evaluate *Bala siddha ghrita* in a series of patients suffering *Upavishatak* (IUGR) on various scientific parameters.
- To compare the efficacy of *Bala siddha ghrita* on patients of *Upavishatak* (IUGR).

MATERIAL AND METHODS

Selection of Cases

A single blind randomized study of 10 clinically diagnosed patients of selected from O.P.D. / I.P.D. unit of P.G. Department of Streeroga Prasuti Tantra, A regular record of the assessment of all patients was maintained according to performa prepared for the purpose. Following inclusion and exclusion criteria were used for registration of the patients for present clinical trial.

Inclusion Criteria

- Females with 16wks gestational period, diagnosed as *Upvishatak* (IUGR) were included for the present study.
- Primi and multigravida were selected randomly.

Exclusion Criteria

Patients suffering from *garbhini hridrog* fetal anomalies having more than 8 months amenorrhea.

Selection of Drugs

Taking the symptoms and the *Samprapti* of *Upavishatak* (IUGR) into consideration, a proposed drug formulation namely "BALA SIDDHA GHRITA" was selected. The drug selected for the study having *madhur ras* and *vipak, vataghna* property, *balya, bruhaniya*, and *gharbhaposhak*.

Dose and Anupana: Patients were treated with Bala Siddha Ghrita.

Matra – 10 ml twice a day Bala Siddha Ghrita.

Kal - Sabhukta.

Duration - Till Delivery.

Follow up –Every 15 days.

Pre Treatment Observations

All the patients have been studied along with the registration by noting down their demographic profile including their age, address, occupation, education, socio economic status, marital status, life style, addictions, dietary habits etc. After preliminary registration, patients were subjected to detailed case history taking, physical, general and systemic examinations. In history and examination importance was given to mental status examination. During this all other relevant informations like *Ashtavidha Pariksha* and *Dashavidha*

pariksha including assessm of *Sharirika Prakriti* and *Manasika Prakriti* (based on the features described in classical texts) etc. were noted.

Administration of Drug and Treatment

Schedule

Total 10 registered, clinically diagnosed and confirmed patients of Upvishtak as a study of single blind randomized who completed 16 wks but not 32wks & have fetal wt 10%. Less than standard weight. All the patients were advised to undergo following laboratory investigations before starting the trial to rule out any other illness if present and to exclude them from the trial.

- Maternal weight gain after every 15 days was noted.
- Fundal height.
- Abdominal girth.
- USG.after one month.
- Fetal weight in U.S.G. – Those pt.who completed 16 wks but not 32wks & have fetal wt 10%. less than standard weight.

Routine ANC Investigations

- Blood - Hb%, BSL (R) HIV, VDRL, HBsAg
- Urine - Routine and Microscopic examination.
- USG – SOS.
- Fetal weight in U.S.G. Patients were followed up after 15th day and 1st month and changes, improvements, deterioration and any other effects produced after the therapy were noted down.

Criteria of Assessment

Both subjective and clinical improvements were employed for assessment of the impact of the therapy. Subjective criteria of evaluation included the observations of both patients and assessment of the physician.

Subjective Improvement

All the patients registered for the trial were specially asked for any changes or improvement in their growing feeling of well being if any and either physical or mental fitness produced by the therapy during the trial.

Clinical Improvement

All symptoms taken for the assessment of clinical improvements were thoroughly examined and the severity of each symptom was rated before and after the trial for clinical assessment. Efforts were made to give numerical values to all symptoms depending upon their severity before and after the treatment. Maternal weight gain, Fundal height, Abdominal girth and USG were assessed before and after the therapy.

OBSERVATION AND RESULT

Subjective improvement

After the completion of therapeutic trial there was marked improvement in the feeling of wellbeing, physical and mental.

Clinical Improvement

Both the symptoms taken for the assessment of clinical improvements were thoroughly examined and the severity of each symptom and points were rated before and after the trial for clinical assessment. Efforts were made to give numerical values to all symptoms depending upon their severity before and after the treatment.

DISCUSSION

The clinical study of 10 patients carried out in the present series revealed that majority of these cases was of age between 21-25 years, 45% pts were multipara and 5% were elderly primigravida. After completion of clinical trial it was observed that there was considerable improvement in the feeling of well being in all the patients. Regarding overall improvement in clinical features of *Upavistak* (IUGR) the results were highly significant in symptoms like Maternal weight ($p < 0.001$), Fundal height ($p < 0.001$), Abdominal girth ($p < 0.001$), Fetal weight ($p < 0.001$) by USG.

BALA SIDDHA GHRITA have potent effect on the management of *Upavistak* (IUGR). Various scientific parameters in the current study confirmed this observation which showed significant and highly significant improvement respectively.

Probable mode of action of BALA SIDDHA GHRITA

Bala has madhur ras, madur vipak, sheeta virya, singdha guna and vatpittahar; has balya and bruhaniya properties. It has mansa and ras gamitva so it acts as mans & ras vardhaka. Grhita

also has madhur ras, madhur vipak, sheeta virya, vatpittahara; acts as snehan, deepan, agnivardhaka which leads to rasvardhan & ultimately both acts as garbhaposhana.

CONCLUSION

On the basis of the clinical manifestations and the symptoms produced, Upvishtak garbhavyapad is associated with nourishment of foetus. which is dependent on mother, In pregnancy. Patients showed improvement in all symptoms in Upavstak (IUGR). There was good response of Bala siddha Ghrita in Upavistaka and it's safe, without any adverse effects, economical and effective remedy for the management of Upvishtak (IUGR). Therefore it can be concluded that Bala siddha Ghrita is very safe and effective treatment modalities and can be used effectively in the management of Upvishtak (IUGR).

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THE EFFECT OF KSHAR TAIL UTTAR BASTI IN THE CASE OF INFERTILITY DUE TO TUBAL BLOCK - SINGLE CASE STUDY REPORT

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Article

ABSTRACT:

Infertility is defined as fail to conceive with one year unprotected coitus. Sub fertility to describe women or couple who are not sterile but exhibit decreased reproductive efficiency. Reasons for infertility like overweight improper diet, smoking, alcohol, anxiety, pollutants, medications and family medical history could affect conception. The present study is an effort to understand the disease according to Ayurveda. According to Sushruta Rutukala, Kshetra, Ambu, Beeja are essential factors of conception. Imbalance of any of these features leads to infertility. Among this Kshetra means reproductive organ. In which fallopian tubes are correlated with Arthavaha Strotas and its block is compared with Sanga Strotas Dushti of this strotas. The role of all three doshas is producing blockage is being studied. The paper is based on clinical success story of fallopian tubes. Success was achieved with Kshar tail Uttar basti after five months treatment.

Key Words: Infertility, Uttar Basti, Kshar tail.

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INTRODUCTION

Tubal block is responsible for 25 to 30% of female infertility. Female factors are ovarian, tubal, endometrial and uterine. Female infertility due to tubal blockage is second most contributing. According to Ayurveda the anatomical description is gross and various principles like Dosha, Dushya, Dhātu, Marma, Strotas etc. which are quite different from modern science. Fallopian tubes are correlated with Arthavaha Strotas. These are two in number having roots in Garbhashya and Arthavahni Dhamnis. Injuries to which causes Vandhyatva. The pathogenesis of diseases in Ayurveda is initiated with accumulation vitiation of Doshas. Thus an approach can be developed toward tubal infertility by finding out Vandhyatva based on Nidanans and samprapti. Charak has given space to understand the newly diagnosed diseases on the basis of Prakriti, Adhishthana, Linga and Aayatana. Acharya Kashyapa has stated that any type of sankocha is caused by Vata⁴. This sankocha is one of the reasons of tubal blockage. Vitiation of Vata in tubal blockage causing infertility can be considered by its Ruksha, Daruna Gunas. Tubal pathology impairs functions of the fallopian tubes and reduces fertility. The degree of tubal pathology determines the possibility for fertility.

MATERIAL AND METHODS

Present study is carried out on single patient who was taken from O.P.D. of Prasuti and StreeRog department after clinical examinations and investigations.

A 24 years old female patient of infertility due to tubal block.

CASE REPORT

A 24 years old female patient of primary infertility due to tubal block married since two years.

Patients Name :- XXX

Age : 24 years.

Occupation : House wife.

OPD No. : 13451

M.H. : 2 years

C/O : Willing for conception, Agnimandya, Constipation

H/O : HSG showed left tubal block with right ovarian haemorrhagic cystectomy in 2003.

Date of Admission : 28th May 2016.

Patient was clinically diagnosed by an Ayurvedic approach.

Ashthavidha Parikshan -

1) Nadi - 82/mm Madyama.

2) Mala - Grathit Mala Pravrutti.

3) Mutra - Samyaka

4) Jivha - Saam

5) Shabdha - Saam.

6) Sparsh - Anushna

7) Druka - Alpshweta

8) Akruiti - Madhya.

THE TREATMENT PROTOCOL

1*Cycle 28.05.2016

Pathare G. B. et al., The Effect Of Kshar Tail Uttar Basti In The Case Of Infertility Due To Tubal Block : Single Case Study Report, Int. J. Ayu. Alt. Med., 2017; Special Edition

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1) The patient was complaining of Agnimandya. She was given Hingvashtak Choorna⁵ 2 gm twice a day with Ghrita before meal for deepan karma for 15 days.

2) For Aampachan Aampachakvati⁶ 500 mg twice a day after meal was given for 15 days.

3) For Malavasthamba Avipattikar Choorna⁷ 2 gm with lukewarm water at bed time was given for 15 days.

4) For Deepan Pachan Chitrak Haritiki⁸ was given 5gm for 15 days.

14.06.2016 to 20.06.2016: Abhyantar Snehapan Phalghrut was given in vardhamanmatra. 30 ml - 60 ml - 90ml-120ml-150ml-180ml-210ml.

21.06.2016 :

Sarvanga Snehana Swedan done. Abhishandee Ahar (Curd+Rice) at night was given. Lukewarm water throughout the day was given.

22.06.2016 :

Sarvanga Snehana Swedan was given. Vaman given with Yashtimadhukwath^{5 1/2} It (Vamanopag Dravyas) given. VamakDravya Madhu + Madanphal + Vacha 50 mg chatan was given.

Sansarjankram was followed for 15 days.

IInd Cycle 7.7.2016:

Virechan Sunthisiddha , ErandaSneha 50ml od HS was given after Abhyantar snehapan of Phalaghrut for 5 days.

IIInd Cycle 2.8.2016:

Sixth day of menses Sarvang Snehana swedan done. Yogbasti + uttar basti⁹.

Yogbasti : 7 days dt. 2, 3, 4, 5, 6& 7 August.

Uttar BastiKsharTail : 2,4,6 August.

NiruhBasti¹⁰ : on 3,5,7 August.

AnuwasanBasti¹⁰ : on 2,4,6 August.

IVth Cycle 27.8.2016 :

Sixth day of menses Sarvang Snehana swedan done. Yogbasti + uttarbasti + AnusanBasti followed for 7 days like previous cycle.

Vth Cycle 22.9.2016 :

Sarvang Snehana swedan done. Yogbasti + uttarbasti + AnusanBasti followed for 7 days like previous cycle. After receiving this treatment HSG was advised. HSG done on 10-12-2016 showed the Left fallopian tube well opacified with normal size. Thus the Kshar Tail Uttar basti showed successful results in removing the tubal block.

DISCUSSION

According to Ayurveda Aama is basically responsible for Dushtis in human body. Ahar Ras is a basic unit in forming a healthy body and for Niram Ahar Ras formation Deepan chikitsa was given with HingvashtakChoorana with ghrita was given. For aampachan Ampachakvati was given. For Deepan pecan, ChitrakHaritiki was given For the Anuloman of ApanVayu Avipattikar Choorana was given. After that shodhanachikitsa i.e. Vaman ,Virechan ,Yogbasti and Uttar basti was given after Abhyantar Snehapan of Phalaghurta for 7 days in VardhamanMatra. Kshar is known for its corrosive property. Ulcer healing and antibacterial properties. It is tikshna guna hence removes outer fibrosis of endometrium and in rejuvenation. It is Vatakaphashamak drug which contains antioxidant and antihemorrhagic qualities and helps in removing chronic inflammation and fibrosis. It is Shothahara and reduces swelling and edema of the tube. And scraping of obstruction takes place. The Snigdha guna of tail is helpful to reduce the abnormality generated by Ruksha, Darun, and Khara guna of Vata. It restores the endometrium.

CONCLUSION

Thus we conclude the Ayurvedic regimen i.e. Uttar Basti with Kshar Tail helps in scraping of obstruction in the tube and restores the normal endometrium. It restores the normal functions of clia by stimulating it. Thus we can conclude that Uttar basti with Kshar Tail showed the best result in tubal block.

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YOGA AND REPRODUCTIVE HEALTH

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ABSTRACT

In the present era of globalization there has been a transient change in the life style to a more sedentary existence overtime, lack of physical exercise, stress, strain, high caloric food and indiscriminate dietary habit, result in metabolic, endocrinal, reproductive, alimentary, nervous and cardiovascular etc. disturbances. Therefore, Women faces various problems related to the reproductive disorder like delay puberty, various disorder related to menstruation i.e.(Oligomenorrhoea, Polymenorrhoea, Metrorrhagia, DUB, Dysmenorrhoea), Yonivyapada, P.C.O.D, Garbhavyapad, i.e (IUGR, IUD, etc), Garbhopadravas i.e.(hypermesis-Garbhini chhadri), Garbhini pandu, Garbhajanya

vishamayata (Pre-eclampsia - eclampsia) etc. Sutikarog, Stanyakshaya, Stanyadushti, Etc. To overcome through this problem the people are looking forward to Ayurveda and allied Branches for successful option. "Yoga is one of these."

KEYWORDS: Yoga, Reproductive, Yonivyapada, Garbhavyapad, Garbhajanya Vishamayata.

INTRODUCTION

The God has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause.

Concept of "Maternal and child health" has gained importance in modern science in recent era but the concept of healthy reproduction was a primary concern of Ayurveda since old time.

Yoga means "union."

Union of mind with super natural power having separated from the disharmonious worldly objects. Mind is a battle field of satva (the tranquil) Rajas (the Passinate) and tamas (the inert) qualities of nature. Yogik processes greatly help the development of mental potentialities and powers.

In Ayurveda Charak sharir sthan Indicate that yoga is highly essential for the human being, so he has indicated that isolation of my mind from its object leads to moksha , Which is ultimate end of human life.

Maharshi Patanjali describes Asthtang Yoga as follows.

- 1) Yama – Abstention
- 2) Niyama – Strict observance
- 3) Asana- Easy posture
- 4) Pranayama- Control of breath
- 5) Pratyahara- Withdrawal of sense
- 6) Dharana- Concentration
- 7) Dhyan- Meditation
- 8) Samadhi- Contemplation

According to Patanjali ashtang yoga first two that is Yama, Niyama are mainly concerned with person's behavior towards outer world especially with regard to ethics and morality.

Rest are i.e. Asana, Pranayama, Pratyahora, Dhyan, and Samadhi mainly concerned with regulation of activities of mind. These are very useful to correct the various disorders of women life as follows.

1. Asana (posture)

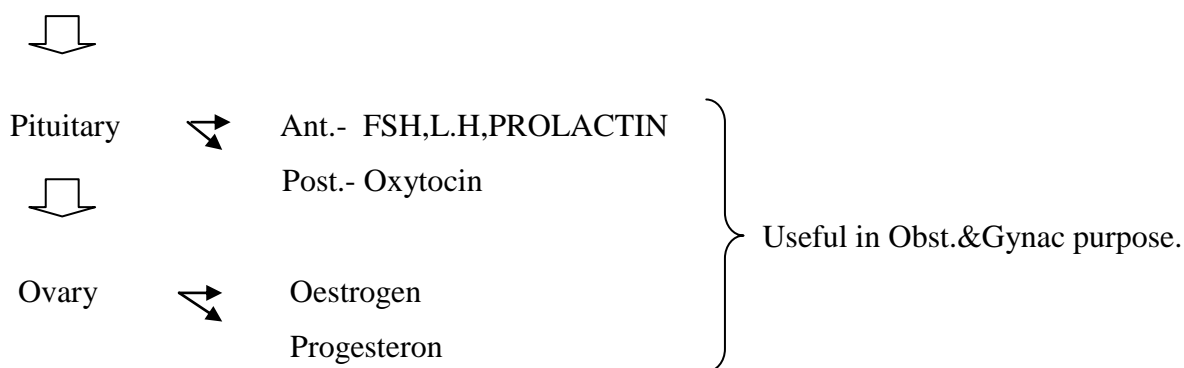
- * The steady and comfortable posture brings about better co-ordination of muscular system with nervous system.
- * Integrate central nervous system with autonomic nervous system through their intertwined musculature.
- * Increase the compatibility of sympathetic and parasympathetic branches of autonomous sympathetic to dominate the Rajasika sympathetic component.
- * Increase in correcting excessive or insufficient secretion of endocrine gland (hormone), so that their optimal integration is achieved.

* Hormones go to shake our emotional making their taming produces emotionally balance and mentally poised personality and building a strong will.

“Sarvangasana, Shirshasan, Yogamudra, Halasan, Bhujangasan, Shalabhasan, Ushtrasana” help.

a) To improve blood circulation and also the muscle tone of blood vessels help in removal of accumulated toxins and metabolic wastes from the body. Help in control the miscarriage and pregnancy complications.

b) To activate the pituitary gland and thyroid gland hypothalamus, adrenal gland,
Hypothalamus (GnRh)



Three month (daily 10 to 15 minutes) practice noticed that the normal development of secondary sexual character well development of breast, glowing face, regularities and correction of menses, correction of PCOD, infertility, removal of inferiority complex, physical and mental stress, unhappiness, which is most important for garbhadhan for future a healthy progeny.

Sukhasan - Improve blood supply to uterus and pelvic organ.

Siddhasan - Waist and lower Region become flexible.

Padmasan - Maintain the intra-abdominal pressure.

Improve the utero-placental foetal blood supply to get proper nourishment. It helps in full term pregnancy avoid IUGR, IUD, foetal distress, premature labour, as well as help in normal labour process.

Baddha padmasan

Strengthen the breast tissue and keep them in good form. In purperial period help in involution reproductive organ.

Garbhasan - Dysmenorrhea.

Yoga mudra - Dysmenorrhea.

Gomukhasan - Useful in backache, Cure D.M., Leucorrhoea, Semen debilities, inguinal hernia, and tightness in genital organs after delivery.

2] Pranayama, Dhyan

a) During pregnancy disorder like anxiety, depression, panic disorder, bipolar mood, obsessive-compulsive disorder.

Increased resistance in uterine artery blood flow to leading to decreased, blood low to developing foetus, results in miscarriage, IUGR, IUD, foetal distress.

Therefore psychotherapy plays an important role to cure this condition.

Therefore Pranayam, Dhyan, helps to achieve a perfect balance between body and mind, also help in mood Swings and make one more calm and relaxed.

b) Also helps in “Post-partum blues” syndrome. (Difficulty in making choices, eating, insomnia, crying for no reasons).

c) During pranayama process

Purak (Inhalation of breath).

Kumbhak (Retention of breath).

Rechak (Exhalation of breath).

} Trains are body to stand in high Co₂ pressure.

Pranayama tackle the ego sense and maintain the equilibrium and mental calm, helps in garbhadhan continuation of pregnancy, as well as in family planning.

D) Ujjayini, Shitali Pranayama prevent the high B.P., purifies the blood and improves blood circulation to great extent.

3] Bandha: Means to bind

Pranayama, Dhyan in the position of Jalandhar, Uddiyana and mula bandha cures the disease of intestine, abdomen, kidney, piles during pregnancy.

4] Mudras: (finger posture)

It stabilizes the union of Pran (inhalation) and apan (exhalation).



Directly action upon kundalini Shakti



Which shines and illuminate the whole body.



Apart from these days are numerous physiological, cultural and therapeutic benefits of yogic exercise, to maintain the health of women.

Yoga develops harmony , good fellowship, compassion, love and it is concept which provides human brotherhood in its most real senses and these is no fear of war or AID'S which we have today in the society.



Padmasana(Dhyana Mudra)



Gomukhasana



Bhadrasana



Garbhasana



Vajrasana



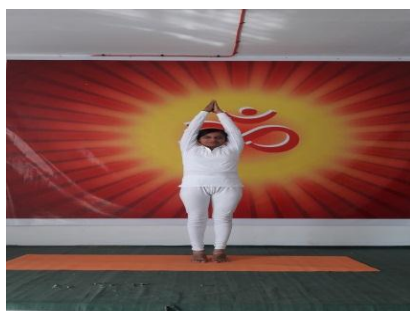
Yogamudra



Badha Padmasana



Siddhasana



Tadasana



Vrukshasana



Trikonasana



Ushtrasana



Naukasana



Bhujangasana



Sarvangasana



Halasana



Pranayama (Anulom-Vilom)

**Jalandhar Bandha****Uddiyan Bandha****Yoga Mudra****REFERENCES**

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Research Article

CLINICAL EVALUATION OF *SHATAPUSHPA SHATAVARI CHURNA* AND O.C. PILLS IN THE MANAGEMENT OF *ARTAVA KSHAYA* W.S.R. TO CERTAIN MENSTRUAL DISORDERS

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ABSTRACT

A randomised control clinical trial was carried out on 60 *Artava Kshaya* (irregular, scanty and painful menses) patients aged between 18 and 40 years having complaints of irregular, scanty and painful menstruations. The patients were registered from OPD of CSMSS Ayurved Rugnalaya & Research Centre, Aurangabad. Divided into 2 groups. They were administrated *Shatapushpa* and *Shatavari churna* (group A) and OC pill (group B) for three months in a dose of 5 g daily with cow *Ghrita* and *Guda*; OC pills (Mala N) once in a day as per standard schedule. The specific investigations were done in order to exclude congenital anomalies, endometritis, endocrine disorders, diabetes and heart disease. The clinical assessment was carried out in 3 intervals 30 days apart. It is inferred that the study shows the effect of both treatments were significant in clinical study. In group A, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in one (3.33%) patient, mild improvement was observed in 25 (83.25%) patients and 4 (13.32%) of the patients showed ineffective improvement after treatment. In group B, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in 2 (6.66%) patients, mild improvement was observed in 25 (83.25%) patients and 3 (9.99%) of the patients showed ineffective improvement after treatment. The *Shatapushpa Shatavari Churna* is more effective on *Yoni Vedana*, *Artava strava Pramana* and *Artava strava kalvavadhi*. Both *Shatapushpa Shatavari Churna* and O.C. pill are effective on and duration between two *Artava Darshana* but O.C. pill is comparatively more effective.

KEYWORDS: Irregular, Scanty, Painful menses, *Artavakshaya*, *Shatapushpa*, *Shatavari*, Mala-N.

INTRODUCTION

Woman's health is the primary factor to be considered for wellbeing of family, society and culture. Any physical, physiological disorder disturbs her life. Physiological changes and development occurs right from birth but markedly during the reproductive period. Due to changed life style of women, increased the physical and emotional stress which alters the physiology of 'Hypothalamus- Pituitary- Ovarian- Uterine axis' which leads to many gynaecological problems. Among all gynaecological problems, the most common one is menstrual problem that is *Artava Kshaya* being more common.

In today's scenario the hormonal treatment which has a good therapeutic utility, is not devoid of side effects, rather than hormonal treatment from contemporary science Ayurvedic herbo-mineral, non-hormonal, non-toxic preparations are proved effective for *Artava Kshaya*. Therefore there is increasing demand to address the problem from view of Ayurvedic medicine which gives better relief without causing any harms.

Many formulations have been documented in Ayurveda and which are effective in *Artava Kshaya*.

In allopathic system *lakshana* of *Artava Kshaya*¹ can be correlated with certain menstrual disorders as follows.

- Irregular menses^{2 3 4} as *Yathochita kala adarshanam*,
- Hypomenorrhoea^{5 6 7} as *Alpata*
- Dysmenorrhoea^{8 9} as *Yonivedana (Trayavarta)*

In allopathic system, only treatment on these certain menstrual disorders is hormonal therapy/hormonal pills².

So *Shatapushpa Shatavari Churna* may be better alternative to these hormonal OC pills. So keeping this view in mind *Shatapushpa Shatavari Churna* and O.C. pills is being selected for the study as they restore the health of uterus and subside the menstrual disorders.

MATERIAL AND METHOD

Materials

- 1) Diagnosed patients of *Artava Kshaya*.
- 2) Drug: *Shatapushpa Shatavari Churna*, *Guda* and *Ghrita* as *Anupan*, OC pills (Mala-N).

Method

Type of study: Open Randomized controlled trial.

60 patients was enrolled and randomly divided in 2 groups.

- a. Group A was given *Shatapushpa Shatavari Churna (Samabhag* i.e. 1:1 ratio)
- b. Group B was OC Pills (Mala-N)

S.No	Topic	Group A	Group B
1)	Form.	<i>Shatapushpa Shatavari Churna</i>	OC pills (Mala-N)
2)	Dose	5gm OD With <i>Ghrita</i> and <i>Gud</i>	1pill OD with water
3)	Time	<i>Abhaktakal</i> (early morning) with empty stomach)	After meal
4)	Duration of therapy	3 month /3 menstrual cycle (from 5th day of Menses)	3 month/3 menstrual cycle (from 5th day of Menses)
5)	Route of administration	Oral	Oral

Inclusion Criteria

- Patients willing to be part of treatment of *Artava Kshaya*.
- Patients age between 18-40 years.
- Both unmarried and married women.
- Spotting / bleeding less than 1 day.
- Patients presenting with the *Pratyatma lakshana* of *Artava Kshaya*.
 - *Yathochitakala-adarshanam* (irregular menses)
 - *Atyalpataa* (Hypomenorrhoea) scanty menses
 - *Yonivedana* (Dysmenorrhoea) painful menses

Exclusion Criteria

- Patient with systemic disorder like DM, HTN, TB, Asthma, Congenital Abnormalities.
- Patient with malnutrition, severe anaemia (Hb < 7 gm %)
- Lactating women.
- Woman having IUCD.

Study Design

1. From OPD and IPD, total 60 diagnosed patients of *Artava Kshaya* was selected. Divided into 2 groups by random sampling method Group A and Group B.30 patient in each group.
2. Written consent was taken from every patient after giving them information about research.
3. Proper case history was taken on case record form. Suitable changes made in CRF accordingly to need of study.
4. Observations was taken according to the assessment criteria. Follow up taken on 30th day, 60th day and 90th day during treatment or after each menstruation during treatment. Final observation was on 90th day or 3rd menstrual cycle.
5. Wilcoxon Signed Rank test and Mann-Whitney U test was applied to data available and after analysis results drawn accordingly.

Criteria For Withdrawal

1. Patient not willing to continue treatment.
2. Patient absent for any follow-up.
3. Any serious complication develops which requires urgent treatment with any other drug or therapy.
4. Patients in study hospitalized to another hospitals.

Assessment Criteria

Assessment was done based on following criteria before and after the treatment.

1. Duration of flow
2. Interval between 2 cycles
3. Amount of blood loss (Pad per day)
4. Pain (*Yoni vedana tryavarta voni*)

Observation criteria¹⁰

- **Yoni Vedana (Pain)**
Grades are I, II, III, IV with symptoms i.e., No pain, Mild (Having pain, can do routine work), Moderate (Unable to do work), Severe (bed ridden) having score 0, 1, 2, 3 respectively.
- **Artavastravakalavadhi (Duration of menses)**
Grades are I, II, III, IV with symptoms i.e.,- bleeding 3-5 days, bleeding less than 2-3 days, bleeding less than 1-2 days, bleeding less than 1 day / Spotting having score 0, 1, 2, 3 respectively.
- **Artavastrava Pramana (Blood loss)**
Grades are I, II, III, IV with symptoms i.e., Normal (2 pads/day), required 1 to 2 pads/day, required 1 pad/day, Spotting having score 0, 1, 2, 3 respectively.
- **Duration between Two Artavadarshan**
Grades are I, II, III, IV with symptoms i.e., Normal 28 days interval between two menses, 29-31 days or 25-27 days interval between two menses, 32-34 days or 22-24 days interval between two menses I, more than 34 days or less than 22 days interval between two menses having score 0, 1, 2, 3 respectively.

Investigations

1. Hb%, BT CT (if required)
2. ESR (if required)
3. Urine (Routine and Microscopic)
4. USG (if required)
5. Hormonal assay (if required)

Sample of Observation table

for each patient scoring done before, during and after completion of treatment and duration of study in following manner.

Observations	Before Treatment 1st day (score 0 to 3)	During the treatment (score 0 to 3)			After Treatment On 90th day (score 0 to3)
		After 1st M.Cycle/ 30th day	After 2nd M.Cycle/ 60thday	After 3rd M.Cycle /90th day	
<i>Vedana (Pain)</i>					
<i>Artavastravakalavadhi</i>					
<i>Artavastravapramana</i>					
Duration between 2 <i>Artavadarshan</i>					

Total assessment criteria

With the help of above score, efficacy of the drug was determined as

Efficacy of the treatment	Total Assessment
Excellent	75-100% Relief in sign and symptoms
Moderate	50-75% Relief in sign and symptoms
Mild	25-50% Relief in sign and symptoms
Ineffective	0-25% Relief in sign and symptoms

Study end point: after 90th day or end day of 3rd menstrual cycle.

Drug preparation for trial group (group A)**Drug Preparation**^{1,2}

Preparation of research drug *Shatapushpa* and *Shatavari samabhag* (1:1) *Churna* is prepared according to reference of Sharangdhar Samhita, time to time as per needed to patient. Also *Ghrta* and *Guda* will be given along with *Churna*².

Results

- In present study, the statistical analysis reveals that both the drugs i.e. *Shatapushpa Shatavari Churna* and O.C. pills are significantly effective.
- Also both the drugs have provided significant relief in sign and symptoms of *Artava Kshaya*. But, *Shatapushpa Shatavari Churna* is proved to be relatively better than O.C. Pills in relieving the symptoms *Yoni Vedana* and *Aratava strava Pramana*
- Whereas O.C. pills are proved to be relatively better than *Shatapushpa Shatavari Churna* in relieving symptom Duration between two *Artava Darshana*.

DISCUSSION

Artava Kshaya is known to mankind since ancient period. In *Veda* and *Purana Granthas*, the references of *Artava Kshaya* and its management are available. In classical Ayurvedic literature, *Artava Kshaya* is described in detail regarding to its causes, patho-physiology and treatment.

Artava Kshaya is *Vata-Kaphatmak vyadhi* in which *Artava chakra* of a female get disturbed in terms of-

- *Yathochit kal Adarshanam*.
- *Alpata* (Quantity as well as duration).
- *Yonivedana*.

In modern science it is group of symptoms observed in disease of female reproductive system together or separately. Caused by hormonal imbalance And they are

- Irregular Menstruation
- Hypomenorrhoea
- Dysmenorrhoea

So, present study is an attempt to provide an effective Ayurvedic remedy.

Disease review

In the present study, a detail description of *Artava Kshaya* is done with all its *Nidana*, *Lakshanas samprapti*, *Samprapti ghatakas*, etc. *Artava Kshaya* can be correlated to some extent with Irregular menstruation Hypomenorrhoea and Dysmenorrhoea. The effects of drugs as evidenced in the clinical trials were recorded along with detailed case history.

The direct reference for the *Nidana* of *Artava Kshaya* is not found in the classics. The *Samanya nidana*

that causes *Kshaya* of the *Dosha & Dhātu* is considered & the *Vishesha Nidana* that vitiates the *Doshas* are considered in the study. Thus all these *Nidanasevana* contribute to cause *Artava Kshaya*.

To understand the *Samprapti* of *Artava Kshaya* it is important to know about the formation of *Rasa dhātu*. As *Artava* is the *Upadhatu* of *Rasa dhātu*, the *Kshaya* of *Rasa dhātu* finally leads to *Kshaya* of *Artava*. Formation of *Rasa dhātu* is affected when there is *Jataragni mandhya*. This *Mandagni* with vitiated *Doshas* hamper the formation of *Ahara Rasa* by producing *Ama*. Hence *Utpatti* of *Rasa Dhātu* is affected as it is formed from *Ahara Rasa*.

Since the '*Samprapti vighatana*' is the main aim for the proper *Artava utpatti*, which can be achieved by maintaining the normalcy of the *Agni*. Normalcy of *Apana vata* helps in expulsion of *Artava*. *Garbhashaya & Artavavahini dhamani* are *Mula* for *Artavavaha srotas*. If there is any injury to this, leads to *Nastartava*. *Aratavavaha srotas* are obstructed by the *Vikruti* of *Apana vata & Kapha*, results in *Artava Kshaya*.

To maintain normalcy of *Agni & Vata*, removing the *Kapha* is the basic line of treatment. In the classics both *Shodhana & Shamana Chikitsa* has been explained for *Artava Kshaya*. *Shodhana Chikitsa* as explained by *Acharya Dalhana* includes only *Vamana karma*, as this removes only the *Soumya dhātu* and maintains the *Pitta* which is required for *Utpatti* of *Artava*. *Acharya Cakrapani* explains that both *Vamana & Virechana karma* can be administered. *Acharya Kashyapa* has mentioned *Basti* to be the best treatment. *Shamana Chikitsa* is explained in the form of '*Agneya dravyas*'.

Agneya dravyas are used as they are *Pittavardhakar*. By this the *Agni* is stimulated which helps in digestion of *Ama*, formation of *Ahara Rasa*, which later on forms the *Rasa dhātu* from which the *Artava* is formed. These *Agneya dravyas* helps in increasing the quantity of *Artava*, as the *Artava* is also *Pitta pradhana*. As the basic concept of "*Samanyam vrudhikaranam*" intake of *Samana Guna* causes the increase of same *Guna*. Hence the *Agneya dravyas* are given prime importance in producing *Artava*.

Use of *Agneya dravyas* not only relieves the *Kapha* which does *Avarana* to *Apana vata* but also increases the quantity of *Artava*. As *Agneya dravyas* have *Ushna virya*, it maintains the normalcy of *Ruksha & Sheetaguna* of *Vata*, *Snigdha & Pichhila Guna* of *Kapha*.

Drug review**Probable mode of action**

The action of *Rasa, Guna, Virya* etc. get neutralized among themselves. Therefore, stronger component neutralizes the action of weaker component. Hence, action of particular drug compound is the action in nature.

Mode of action of *Shatapushpa shatavari churna* along with *Ghruta* and *Guda* is as follows.

Shatpushpa^{11 12 3 14 15}

• *Katu Rasa* and *Katu Vipak* have *Deepana, Pachan karma* which cause *Aampachan* and thus provides proper metabolism and ultimately balance the *Agni*. *Ushna veerya* has *Deepana, Pachan, Virechan* and *Vilayan* property which ultimately act as *Anulomak karma*. *Ruksha and Tikshna Guna* have *Srotoshodhak* property which helps in expelling the morbid *Doshas*.

• *Ushna virya* - act as *Vata and Kapha hara* by *Deepan, Pachan*; in *Artava Kshaya* there is obstruction in *Srotas* due to *Kapha* and *Vata*. *Shatpushpa* act as *Pachaka (Pachana karma)* after that the *Sama Kapha* become *Niram* and facilitate normal action of *Vata* which is turn stimulate the normal production of *Artava*. Also *Deepan karma* takes place which stimulate *Artava Dhatwagni* which results in formation of *Artava*.

Shatavari^{16 17 18 19 20 21}

Due to its *Madhura, Tikta Rasa, Madhura vipaka, Sheet veerya* it acts as *Vatagnha*. It also acts as *Balya and Bruhana*. *Tikta Rasa* have *Srotogamitva* properties it act on *Sukshama Srotas* and removes the *Margavarodh*. also by *Sheet virya* it act as *Dhatu Prasadana* and *Balya* for *Garbhashaya*.

Due to *Guru, Snigdha Guna*, it is *Vatagnha* and leads to *Vatanulomana*. It breaks the *Samprapti* of vitiated *Doshas* by *Vatanuloman*.

Guda^{22 23 24 25}

Due to *Madhura Rasa* it act as *Vatashamak* and it work as *Asrug Prasadana* that's why *Niram* or *Dushti rahat artava* is produced. The properties of *Guda* help in enhancing the quality of *Shatapushpa shatavari Churna*. Though it is having *Madhura Rasa, Madhura vipaka, Guru guna & Sheeta veerya*, it is *Pittavardhaka* as per *Nighantu Ratnakara*. It is having special qualities like *Ruchikara, Raktakara, Rasayana, Vrushya* which not only helps in *Dhatu vrudhhi*, but also makes the *Churna* palatable.

Ghruta^{26 27}

Due to *Madhura Rasa* and *sheet, Snigdha, Guru Guna* is *Vata shamak, Bruhaniya, Dhatu vrudhikar*.

Due to *Madhura vipak* it act as *Vata shamak Dhatu vardhan, Balya* and *Sheet veerya* it act as *Vatagnha, Pittagnha*. Due to *Sheet virya* - act as *Dhatu Prasadana and Balya* as given *Anupan* it help to enhance effect of *Shatapushpa* and *Shatavari Churna*. Thus help in *Samprapti bhanga*.

Overall action of compound drug as follows^{16 to 27}

- Due to *Laghu Guna, Ushna veerya and katu, Tikta Rasa* reduces *Pichhil guna* of *Kapha* and by *Srotoshodhan srotorodh* removed.

- *Madhur Rasa, Sheet, Snigdha Guna Vata shaman and bruhan, Dhatu Prasadana* by the sequence action of *Prakrut Artava* is produced.

- By *Agnideepan* and *Aampachana karma Jatharagni* get stimulated which further stimulates all *Dhatwagni* thus production of *Niram sapta Dhatu* and their *Upadhatu (Artava)* takes place.

Discussion on clinical study

It is the most important part of research work it not only helps us to understand the subject but also leads us toward the conclusion.

For this study clinical evaluation of *Shatapushpa Shatavari Churna* and *O.C. pills* in the management of *Artava Kshaya*, randomly 60 patients were selected. They were examined and observed, data is recorded and interpreted. The observation and results are explained earlier. The critical notes and discussion on the data is presented as follows.

Shatapushpa and Shatavari Churna with Guda and Ghruta

Artava is Agneya Guna Yukta so according to *Sushruta Saman Guna Yukta Aushadhi* is very helpful for *Chikitsa*. *Shatapushpa* is *Ushna veeryatmak, Vata- Kapha shamak, Anulomak, Deepan pachan*.

Shatavari is *Sheet veeryatmak, Madhura- Tikta Rasatmak*. It act as *Garbhashaya Balyakar*, it also act as *Dhatu Prasadana*. Due to *Tikta rasa Sukshma srotorodha* is removed.

Guda is also *Madhura Rasa* and *Sheet veeryatmak*. It also act as *Balya*. Due to *Ushna Guna* it help to enhance the production of *Artava*. Also it have *Asrugprasadana* property. *Ghruta* as *Anupan* it enhance the effect of the *Churna*.

Discussion on observations

Age

Out of 60 maximum 44 (73.03%) patients were in age group 20-30. As women in this age group are more conscious for pregnancy also family burdens, children and personal problems are there which might affect the personal life of a woman due to which menstrual cycle is disturbed and leading to *Artava Kshaya*.

	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Below 20	01	3.33	02	6.66	03	4.98
20-30	23	76.59	21	69.93	44	73.04
30-40	06	19.98	07	23.31	13	21.58
Total	30	100	30	100	60	100

Menarche

Out of 60 patients 20 (33.20%) patients were having menarche at the age of 12 years. while 17 (28.22%), 17 (28.22%), 04 (6.64%), 02 (3.32%) at the age of 13,14,15 and 16 year respectively. The difference in age of menarche is not significant so *Artava Kshaya* is independent of menarche.

Menarche at Age in years	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
12	10	33.33	10	33.33	20	33.20
13	07	23.31	10	33.33	17	28.22
14	08	26.64	09	29.97	17	28.22
15	03	9.99	01	3.33	04	6.64
16	02	6.66	0	-	02	3.32

Marital status

Out of 60 patients 36 (59.76%) patients were married while 24 (39.84%) patients were unmarried. It can be said that the change in *Desha, Ahara, Vihara* after marriage, disturbs menstrual cycle which in turn lead to *Artava Kshaya* and in some married women psychological and economical stress and disturbances in marriage may lead to *Artava Kshaya*

Marital Status	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Unmarried	11	36.63	13	43.29	24	39.84
Married	19	63.27	17	56.61	36	59.76
Total	30	100	30	100	60	100

Gravida

Out of 60 patients maximum 34 (56.44%) patients were nulli-gravida, 09 (14.94%) were primi-gravida while 17 (28.22%) patients were multi - gravida. So it can be said that nulli gravida are more prone to *Artava kshaya*.

No. of Gravida	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Nulli-Gravida	18	59.94	16	53.28	34	56.44
Primi-Gravida	06	19.98	03	9.99	09	14.94
Multi-Gravida	06	19.98	11	36.63	17	28.22
Total	30	100	30	100	60	100

Educational status: Out of 60 patients, all 60 patients are educated.

Educational Status	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Literate	30	100	30	100	60	100
Illiterate	-	-	-	-	-	-
Total	30	100	30	100	60	100

Religion

Out of 60 patients maximum 56 (92.96 %) patients were from Hindu community, 2 (3.32%) were from Muslim community where as 2 (3.32%) patients were from other community.

Religion	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Hindu	30	100	26	86.58	56	92.96
Muslim	0	0	02	6.66	02	3.32
Other	0	0	02	6.66	02	3.32
Total	30	100	30	100	60	100

Mode of work

Out of 60 patients maximum 21 (34.86%) of patients were doing education, 17 (28.22%) patients were in service, 16 (26.56%) patients were housewife while 6 (9.96%) doing labour work. So it can be said that women doing education or service are more prone to *Artava Kshaya* due to stress and unstable lifestyle, food habit.

Mode of work	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Education	10	33.33	11	36.63	21	34.86
Service	09	29.97	08	26.64	17	28.22
Housewife	08	26.64	08	26.64	16	26.56
Labour	03	9.99	03	9.99	6	9.96
Total	30	100	30	100	60	100

Diet

Out of 60 patients 17 (28.22%) of patients were vegetarian while 43 (71.38%) patients were taking mixed type of diet. So it can be said that patients were taking mixed type of diet are more prone to *Artava Kshaya*.

Diet	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Vegetarian	9	29.97	8	26.64	17	28.22
Mixed	21	69.93	22	73.26	43	71.38
Total	30	100	30	100	60	100

Koshtha

Out of 60 patients 35 (58.10%) patients were having *Krura Koshtha*, 8 (13.8%) patients were having *Madhyam Koshtha* whereas 17 (28.22%) having *Madhyam Koshtha*.

Prakruti

Out of 60 patients 25 (41.50%) having *Vata kaphaj prakruti*. This is may be due to *Artava Kshaya* is also *Vata-kaphaj vyadhi*, so it can be said that women having *Vata-kaphaj prakruti* are more prone to *Artava Kshaya*.

Prakruti	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Vata-Pittaj	07	23.31	09	29.97	16	26.56
Vata-Kaphaj	12	39.96	13	43.29	25	41.50
Pitta-Vataj	06	19.98	04	13.32	10	16.60
Kapha-Vataj	03	9.99	04	13.32	07	11.62
Kapha-Pittaj	02	6.66	0	0	02	3.32
Total	30	100	30	100	60	100

Agni

Out of 60 patients 18 (59.94%) patients were found having *Mandagni*. As *Mandagni* is primary cause of all *vyadhi* it is also may cause *Artava kshaya*. So it can be said that women having *Mandagni* are more prone to *Artava kshaya*.

Agni	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Tikshana	6	19.98	11	36.63	17	28.22
Manda	18	59.94	16	53.28	34	56.44
Visham	6	19.98	4	13.32	10	16.6
Total	30	100	30	100	60	100

Effect of therapy on subjective criteria**Yathochit kal Adarshana**

Where the interval in between two *Artava Darshana* is concerned, 47.29% reduction was seen in Group A and 60.81% reduction was seen in Group B. These results show that O.C. Pill is more effective in reducing the *Yathochit kal Adarshana*.

Alpata

- In terms of *Artava strava Pramana*
- Where the amount of *Artava strava* is concerned 80% relief was seen in group A while 62% relief was seen in Group B. These results show that both the therapies were effective in increment of the amount of *Artava strava*, but *Shatapushpa Shatavari Churna* is more effective in reliving *Alpata* of *Artava*.
- In terms of *Artava strava Kalavadhi*.
- Where the duration of *Artava strava* is concerned 95.76 % increment was seen in Group A and 81.05% increment was seen in Group B. These results show that both the therapies were effective in increasing the duration of *Artava strava* but *Shatapushpa Shatavari Churna* is more effective in reliving *Alpata* of *Artava strava Kalavadhi*.

Yoni Vedana

Where the pain during menses subsided 88.34 % in Group A and 68.96% in Group B. The result was highly significant in both group. But *Shatapushpa Shatavari Churna* is more effective in reliving *Yoni Vedana*.

In trial group (group A)

Lakshana	Before treatment		After treatment		% Relief	Wilcoxon Signed Rank Z value	p value	Significance
	Mean	S.D.	Mean	S.D.				
Yoni vedana	2.23	0.62	0.26	0.49	88.34%	-4.70	<0.05	Hig.Sig.
Artava strava pramana	1.8	0.76	0.36	0.49	80%	-4.54	<0.05	Hig.Sig.
Artava strava kalavadhi	2.36	0.61	0.1	0.30	95.76%	-4.78	<0.05	Hig.Sig.
Duration between two Artava darshana	2.96	0.18	1.56	0.56	47.29%	-4.70	<0.05	Hig.Sig.

In control group(group B)

	Before treatment		After treatment		% Relief	Wilcoxon Signed Rank Z value	P value	Significance
	Mean	S.D.	Mean	S.D.				
Vedana	2.03	0.66	0.63	0.49	68.96%	-4.62	<0.05	Hig. Sig.
Artava strava pramana	2.50	0.50	0.93	0.69	62.8%	-4.78	<0.05	Hig. Sig.
Artava strava kalavadhi	1.90	0.66	0.36	0.49	81.05%	-4.54	<0.05	Hig. Sig.
Duration between two Artava darshana	2.96	0.18	1.16	0.37	60.81%	-4.78	<0.05	Hig. Sig.

Comparison of both therapies

The overall effects of both the therapies on cardinal symptoms of *Artava Kshaya* showed that

- The *Shatapushpa Shatavari Churna* is more effective on *Yoni Vedana*, *Artava strava Pramana* and *Artava strava kalvavadhi*.
- Both *Shatapushpa Shatavari Churna* and O.C. pill are effective on and duration between two *Artava Darshana* but O.C. pill is comparatively more effective.

Overall effect of therapy

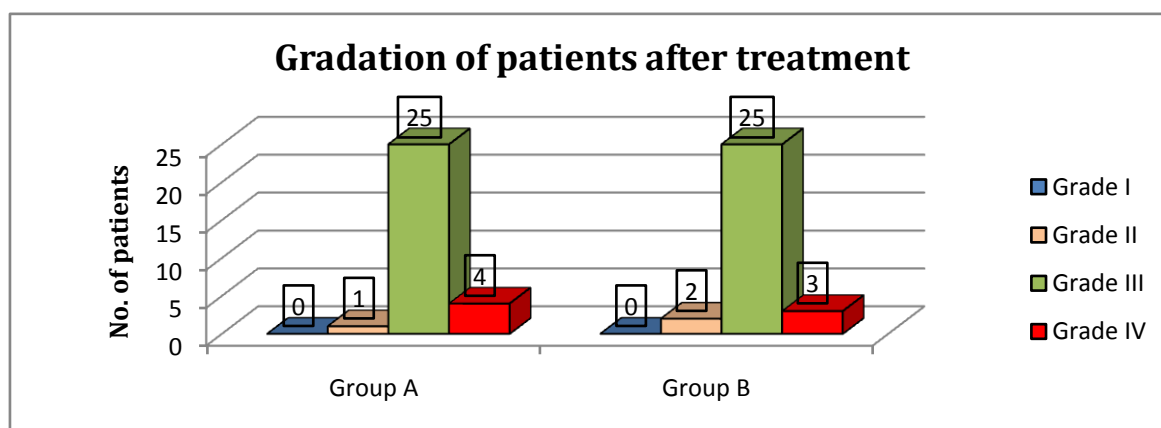
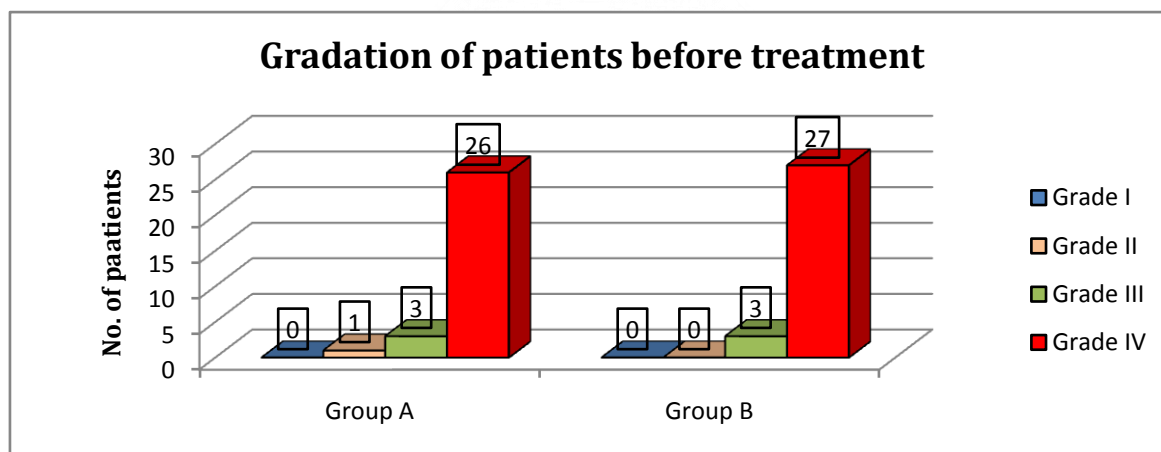
In group A, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in 1 (3.33%) patients, mild improvement was observed in 25 (83.25%) patients and 4 (13.32%) of the patient showed ineffective improvement after treatment.

In group B, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in 2 (6.66%) patients, mild improvement was observed in 25 (83.25%) patients and 3 (9.99%) of the patient showed ineffective improvement after treatment.

Overall effect of therapies on *Artava kshaya* as *vyadhi*

Gradation of patients before treatment	Group A		Group B	
	Number of patients	%	Number of patients	%
Grade I	0	0	0	0
Grade II	1	3.33	0	0
Grade III	3	9.99	3	9.99
Grade IV	26	86.58	27	89.91

Gradation of patients after treatment	Group A		Group B	
	Number of patients	%	Number of patients	%
Grade I	0	0	0	0
Grade II	1	3.33	2	6.66
Grade III	25	83.25	25	83.25
Grade IV	4	13.32	3	9.99



CONCLUSION

A clinical study has been done for Clinical evaluation of *Shatapushpa Shatavari Churna* and O.C. pill in the management of *Artava Kshaya* w.s.r. to certain menstrual disorders. The conclusions drawn from the results obtained in this study are as follows.

- On the basis of statistical analysis it can be concluded that both the drugs that is *Shatapushpa shatavari Churna* and O.C. Pills effective in *Artava Kshaya*.
- Also both the drugs have provided significant relief in sign and symptoms of *Artava Kshaya*. But,

Shatapushpa Shatavari Churna is proved to be relatively better than O.C. Pills in relieving the symptoms *Yoni Vedana* and *Aratava strava Pramana*

- Whereas O.C. pills are proved to be relatively better than *Shatapushpa Shatavari Churna* in relieving symptom Duration between two *Artava Darshana*.
- Trial drug *Shatapushpa Shatavari Churna* is proved to be a safe formulation, without having any adverse effects.
- From the above observations obtained in this study it can be conclude that *Artava Kshaya* is more common in women who is-

-Age between 20-30,married, nulli-gravida.

-Doing stressful work, having mixed type of diet.

-*Krura koshtha, Manda Agni, Vata-Kaphaj prakruti*.

- This study was carried out on small sample size that is 30 patients in each group and it showed significant results. Further studies on large sample are necessary to confirm these findings.

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Research Article

CLINICAL EVALUATION OF *SHATAPUSHPA SHATAVARI CHURNA* AND O.C. PILLS IN THE MANAGEMENT OF *ARTAVA KSHAYA* W.S.R. TO CERTAIN MENSTRUAL DISORDERS

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ABSTRACT

A randomised control clinical trial was carried out on 60 *Artava Kshaya* (irregular, scanty and painful menses) patients aged between 18 and 40 years having complaints of irregular, scanty and painful menstruations. The patients were registered from OPD of CSMSS Ayurved Rugnalaya & Research Centre, Aurangabad. Divided into 2 groups. They were administrated *Shatapushpa* and *Shatavari churna* (group A) and OC pill (group B) for three months in a dose of 5 g daily with cow *Ghrita* and *Guda*; OC pills (Mala N) once in a day as per standard schedule. The specific investigations were done in order to exclude congenital anomalies, endometritis, endocrine disorders, diabetes and heart disease. The clinical assessment was carried out in 3 intervals 30 days apart. It is inferred that the study shows the effect of both treatments were significant in clinical study. In group A, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in one (3.33%) patient, mild improvement was observed in 25 (83.25%) patients and 4 (13.32%) of the patients showed ineffective improvement after treatment. In group B, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in 2 (6.66%) patients, mild improvement was observed in 25 (83.25%) patients and 3 (9.99%) of the patients showed ineffective improvement after treatment. The *Shatapushpa Shatavari Churna* is more effective on *Yoni Vedana*, *Artava strava Pramana* and *Artava strava kalvavadhi*. Both *Shatapushpa Shatavari Churna* and O.C. pill are effective on and duration between two *Artava Darshana* but O.C. pill is comparatively more effective.

KEYWORDS: Irregular, Scanty, Painful menses, *Artavakshaya*, *Shatapushpa*, *Shatavari*, Mala-N.

INTRODUCTION

Woman's health is the primary factor to be considered for wellbeing of family, society and culture. Any physical, physiological disorder disturbs her life. Physiological changes and development occurs right from birth but markedly during the reproductive period. Due to changed life style of women, increased the physical and emotional stress which alters the physiology of 'Hypothalamus- Pituitary- Ovarian- Uterine axis' which leads to many gynaecological problems. Among all gynaecological problems, the most common one is menstrual problem that is *Artava Kshaya* being more common.

In today's scenario the hormonal treatment which has a good therapeutic utility, is not devoid of side effects, rather than hormonal treatment from contemporary science Ayurvedic herbo-mineral, non-hormonal, non-toxic preparations are proved effective for *Artava Kshaya*. Therefore there is increasing demand to address the problem from view of Ayurvedic medicine which gives better relief without causing any harms.

Many formulations have been documented in Ayurveda and which are effective in *Artava Kshaya*. In allopathic system *lakshana* of *Artava Kshaya*¹ can be correlated with certain menstrual disorders as follows.

- Irregular menses^{2,3,4} as *Yathochita kala adarshanam*,
- Hypomenorrhoea^{5,6,7} as *Alpata*
- Dysmenorrhoea^{8,9} as *Yonivedana (Trayavarta)*

In allopathic system, only treatment on these certain menstrual disorders is hormonal therapy/hormonal pills².

So *Shatapushpa Shatavari Churna* may be better alternative to these hormonal OC pills. So keeping this view in mind *Shatapushpa Shatavari Churna* and O.C. pills is being selected for the study as they restore the health of uterus and subside the menstrual disorders.

MATERIAL AND METHOD

Materials

- 1) Diagnosed patients of *Artava Kshaya*.
- 2) Drug: *Shatapushpa Shatavari Churna*, *Guda* and *Ghrita* as *Anupan*, OC pills (Mala-N).

Method

Type of study: Open Randomized controlled trial.

60 patients was enrolled and randomly divided in 2 groups.

- a. Group A was given *Shatapushpa Shatavari Churna (Samabhag* i.e. 1:1 ratio)
- b. Group B was OC Pills (Mala-N)

S.No	Topic	Group A	Group B
1)	Form.	<i>Shatapushpa Shatavari Churna</i>	OC pills (Mala-N)
2)	Dose	5gm OD With <i>Ghrita</i> and <i>Gud</i>	1pill OD with water
3)	Time	<i>Abhaktakal</i> (early morning) with empty stomach)	After meal
4)	Duration of therapy	3 month /3 menstrual cycle (from 5th day of Menses)	3 month/3 menstrual cycle (from 5th day of Menses)
5)	Route of administration	Oral	Oral

Inclusion Criteria

- Patients willing to be part of treatment of *Artava Kshaya*.
- Patients age between 18-40 years.
- Both unmarried and married women.
- Spotting / bleeding less than 1 day.
- Patients presenting with the *Pratyatma lakshana* of *Artava Kshaya*.
 - *Yathochitakala-adarshanam* (irregular menses)
 - *Atyalpataa* (Hypomenorrhoea) scanty menses
 - *Yonivedana* (Dysmenorrhoea) painful menses

Exclusion Criteria

- Patient with systemic disorder like DM, HTN, TB, Asthma, Congenital Abnormalities.
- Patient with malnutrition, severe anaemia (Hb < 7 gm %)
- Lactating women.
- Woman having IUCD.

Study Design

1. From OPD and IPD, total 60 diagnosed patients of *Artava Kshaya* was selected. Divided into 2 groups by random sampling method Group A and Group B.30 patient in each group.
2. Written consent was taken from every patient after giving them information about research.
3. Proper case history was taken on case record form. Suitable changes made in CRF accordingly to need of study.
4. Observations was taken according to the assessment criteria. Follow up taken on 30th day, 60th day and 90th day during treatment or after each menstruation during treatment. Final observation was on 90th day or 3rd menstrual cycle.
5. Wilcoxon Signed Rank test and Mann-Whitney U test was applied to data available and after analysis results drawn accordingly.

Criteria For Withdrawal

1. Patient not willing to continue treatment.
2. Patient absent for any follow-up.
3. Any serious complication develops which requires urgent treatment with any other drug or therapy.
4. Patients in study hospitalized to another hospitals.

Assessment Criteria

Assessment was done based on following criteria before and after the treatment.

1. Duration of flow
2. Interval between 2 cycles
3. Amount of blood loss (Pad per day)
4. Pain (*Yoni vedana tryavarta voni*)

Observation criteria¹⁰

- **Yoni Vedana (Pain)**
Grades are I, II, III, IV with symptoms i.e., No pain, Mild (Having pain, can do routine work), Moderate (Unable to do work), Severe (bed ridden) having score 0, 1, 2, 3 respectively.
- **Artavastravakalavadhi (Duration of menses)**
Grades are I, II, III, IV with symptoms i.e.,- bleeding 3-5 days, bleeding less than 2-3 days, bleeding less than 1-2 days, bleeding less than 1 day / Spotting having score 0, 1, 2, 3 respectively.
- **Artavastrava Pramana (Blood loss)**
Grades are I, II, III, IV with symptoms i.e., Normal (2 pads/day), required 1 to 2 pads/day, required 1 pad/day, Spotting having score 0, 1, 2, 3 respectively.
- **Duration between Two Artavadarshan**
Grades are I, II, III, IV with symptoms i.e., Normal 28 days interval between two menses, 29-31 days or 25-27 days interval between two menses, 32-34 days or 22-24 days interval between two menses I, more than 34 days or less than 22 days interval between two menses having score 0, 1, 2, 3 respectively.

Investigations

1. Hb%, BT CT (if required)
2. ESR (if required)
3. Urine (Routine and Microscopic)
4. USG (if required)
5. Hormonal assay (if required)

Sample of Observation table

for each patient scoring done before, during and after completion of treatment and duration of study in following manner.

Observations	Before Treatment 1st day (score 0 to 3)	During the treatment (score 0 to 3)			After Treatment On 90th day (score 0 to3)
		After 1st M.Cycle/ 30th day	After 2nd M.Cycle/ 60thday	After 3rd M.Cycle /90th day	
<i>Vedana (Pain)</i>					
<i>Artavastravakalavadhi</i>					
<i>Artavastravapramana</i>					
Duration between 2 <i>Artavadarshan</i>					

Total assessment criteria

With the help of above score, efficacy of the drug was determined as

Efficacy of the treatment	Total Assessment
Excellent	75-100% Relief in sign and symptoms
Moderate	50-75% Relief in sign and symptoms
Mild	25-50% Relief in sign and symptoms
Ineffective	0-25% Relief in sign and symptoms

Study end point: after 90th day or end day of 3rd menstrual cycle.

Drug preparation for trial group (group A)**Drug Preparation**^{1,2}

Preparation of research drug *Shatapushpa* and *Shatavari samabhag* (1:1) *Churna* is prepared according to reference of Sharangdhar Samhita, time to time as per needed to patient. Also *Ghrta* and *Guda* will be given along with *Churna*².

Results

- In present study, the statistical analysis reveals that both the drugs i.e. *Shatapushpa Shatavari Churna* and O.C. pills are significantly effective.
- Also both the drugs have provided significant relief in sign and symptoms of *Artava Kshaya*. But, *Shatapushpa Shatavari Churna* is proved to be relatively better than O.C. Pills in relieving the symptoms *Yoni Vedana* and *Aratava strava Pramana*
- Whereas O.C. pills are proved to be relatively better than *Shatapushpa Shatavari Churna* in relieving symptom Duration between two *Artava Darshana*.

DISCUSSION

Artava Kshaya is known to mankind since ancient period. In *Veda* and *Purana Granthas*, the references of *Artava Kshaya* and its management are available. In classical Ayurvedic literature, *Artava Kshaya* is described in detail regarding to its causes, patho-physiology and treatment.

Artava Kshaya is *Vata-Kaphatmak vyadhi* in which *Artava chakra* of a female get disturbed in terms of-

- *Yathochit kal Adarshanam*.
- *Alpata* (Quantity as well as duration).
- *Yonivedana*.

In modern science it is group of symptoms observed in disease of female reproductive system together or separately. Caused by hormonal imbalance And they are

- Irregular Menstruation
- Hypomenorrhoea
- Dysmenorrhoea

So, present study is an attempt to provide an effective Ayurvedic remedy.

Disease review

In the present study, a detail description of *Artava Kshaya* is done with all its *Nidana*, *Lakshanas samprapti*, *Samprapti ghatakas*, etc. *Artava Kshaya* can be correlated to some extent with Irregular menstruation Hypomenorrhoea and Dysmenorrhoea. The effects of drugs as evidenced in the clinical trials were recorded along with detailed case history.

The direct reference for the *Nidana* of *Artava Kshaya* is not found in the classics. The *Samanya nidana*

that causes *Kshaya* of the *Dosha & Dhatu* is considered & the *Vishesha Nidana* that vitiates the *Doshas* are considered in the study. Thus all these *Nidanasevana* contribute to cause *Artava Kshaya*.

To understand the *Samprapti* of *Artava Kshaya* it is important to know about the formation of *Rasa dhatu*. As *Artava* is the *Upadhatu* of *Rasa dhatu*, the *Kshaya* of *Rasa dhatu* finally leads to *Kshaya* of *Artava*. Formation of *Rasa dhatu* is affected when there is *Jataragni mandhya*. This *Mandagni* with vitiated *Doshas* hamper the formation of *Ahara Rasa* by producing *Ama*. Hence *Utpatti* of *Rasa Dhatu* is affected as it is formed from *Ahara Rasa*.

Since the '*Samprapti vighatana*' is the main aim for the proper *Artava utpatti*, which can be achieved by maintaining the normalcy of the *Agni*. Normalcy of *Apana vata* helps in expulsion of *Artava*. *Garbhashaya & Artavavahini dhamani* are *Mula* for *Artavavaha srotas*. If there is any injury to this, leads to *Nastartava*. *Aratavavaha srotas* are obstructed by the *Vikruti* of *Apana vata & Kapha*, results in *Artava Kshaya*.

To maintain normalcy of *Agni & Vata*, removing the *Kapha* is the basic line of treatment. In the classics both *Shodhana & Shamana Chikitsa* has been explained for *Artava Kshaya*. *Shodhana Chikitsa* as explained by *Acharya Dalhana* includes only *Vamana karma*, as this removes only the *Soumya dhatu* and maintains the *Pitta* which is required for *Utpatti* of *Artava*. *Acharya Cakrapani* explains that both *Vamana & Virechana karma* can be administered. *Acharya Kashyapa* has mentioned *Basti* to be the best treatment. *Shamana Chikitsa* is explained in the form of '*Agneya dravyas*'.

Agneya dravyas are used as they are *Pittavardhakar*. By this the *Agni* is stimulated which helps in digestion of *Ama*, formation of *Ahara Rasa*, which later on forms the *Rasa dhatu* from which the *Artava* is formed. These *Agneya dravyas* helps in increasing the quantity of *Artava*, as the *Artava* is also *Pitta pradhana*. As the basic concept of "*Samanyam vrudhikaranam*" intake of *Samana Guna* causes the increase of same *Guna*. Hence the *Agneya dravyas* are given prime importance in producing *Artava*.

Use of *Agneya dravyas* not only relieves the *Kapha* which does *Avarana* to *Apana vata* but also increases the quantity of *Artava*. As *Agneya dravyas* have *Ushna virya*, it maintains the normalcy of *Ruksha & Sheetaguna* of *Vata*, *Snigdha & Pichhila Guna* of *Kapha*.

Drug review**Probable mode of action**

The action of *Rasa, Guna, Virya* etc. get neutralized among themselves. Therefore, stronger component neutralizes the action of weaker component. Hence, action of particular drug compound is the action in nature.

Mode of action of *Shatapushpa shatavari churna* along with *Ghruta* and *Guda* is as follows.

Shatpushpa^{11 12 3 14 15}

• *Katu Rasa* and *Katu Vipak* have *Deepana*, *Pachan karma* which cause *Aampachan* and thus provides proper metabolism and ultimately balance the *Agni*. *Ushna veerya* has *Deepana*, *Pachan*, *Virechan* and *Vilayan* property which ultimately act as *Anulomak karma*. *Ruksha* and *Tikshna Guna* have *Srotoshodhak* property which helps in expelling the morbid *Doshas*.

• *Ushna virya* - act as *Vata* and *Kapha hara* by *Deepan*, *Pachan*; in *Artava Kshaya* there is obstruction in *Srotas* due to *Kapha* and *Vata*. *Shatpushpa* act as *Pachaka (Pachana karma)* after that the *Sama Kapha* become *Niram* and facilitate normal action of *Vata* which is turn stimulate the normal production of *Artava*. Also *Deepan karma* takes place which stimulate *Artava Dhatwagni* which results in formation of *Artava*.

Shatavari^{16 17 18 19 20 21}

Due to its *Madhura*, *Tikta Rasa*, *Madhura vipaka*, *Sheet veerya* it acts as *Vatagnha*. It also acts as *Balya* and *Bruhana*. *Tikta Rasa* have *Srotogamitva* properties it act on *Sukshama Srotasas* and removes the *Margavarodh*. also by *Sheet virya* it act as *Dhatu Prasadana* and *Balya* for *Garbhashaya*.

Due to *Guru*, *Snigdha Guna*, it is *Vatagnha* and leads to *Vatanulomana*. It breaks the *Samprapti* of vitiated *Doshas* by *Vatanuloman*.

Guda^{22 23 24 25}

Due to *Madhura Rasa* it act as *Vatashamak* and it work as *Asrug Prasadana* that's why *Niram* or *Dushti rahit artava* is produced. The properties of *Guda* help in enhancing the quality of *Shatapushpa shatavari Churna*. Though it is having *Madhura Rasa*, *Madhura vipaka*, *Guru guna* & *Sheet veerya*, it is *Pittavardhaka* as per *Nighantu Ratnakara*. It is having special qualities like *Ruchikara*, *Raktakara*, *Rasayana*, *Vrushya* which not only helps in *Dhatu vrudhhi*, but also makes the *Churna* palatable.

Ghruta^{26 27}

Due to *Madhura Rasa* and *sheet*, *Snigdha*, *Guru Guna* is *Vata shamak*, *Bruhaniya*, *Dhatu vrudhikar*.

Due to *Madhura vipak* it act as *Vata shamak Dhatu vardhan*, *Balya* and *Sheet veerya* it act as *Vatagnha*, *Pittagnha*. Due to *Sheet virya* - act as *Dhatu Prasadana* and *Balya* as given *Anupan* it help to enhance effect of *Shatapushpa* and *Shatavari Churna*. Thus help in *Samprapti bhanga*.

	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Below 20	01	3.33	02	6.66	03	4.98
20-30	23	76.59	21	69.93	44	73.04
30-40	06	19.98	07	23.31	13	21.58
Total	30	100	30	100	60	100

Menarche

Out of 60 patients 20 (33.20%) patients were having menarche at the age of 12 years. while 17 (28.22%), 17 (28.22%), 04 (6.64%), 02 (3.32%) at the age of 13,14,15 and 16 year respectively. The difference in age of menarche is not significant so *Artava Kshaya* is independent of menarche.

Overall action of compound drug as follows^{16 to 27}

- Due to *Laghu Guna*, *Ushna veerya* and *katu*, *Tikta Rasa* reduces *Pichhil guna* of *Kapha* and by *Srotoshodhan srotorodh* removed.

- *Madhur Rasa*, *Sheet*, *Snigdha Guna Vata shaman* and *bruhan*, *Dhatu Prasadana* by the sequence action of *Prakrut Artava* is produced.

- By *Agnideepan* and *Aampachana karma Jatharagni* get stimulated which further stimulates all *Dhatwagni* thus production of *Niram sapta Dhatu* and their *Upadhatu (Artava)* takes place.

Discussion on clinical study

It is the most important part of research work it not only helps us to understand the subject but also leads us toward the conclusion.

For this study clinical evaluation of *Shatapushpa Shatavari Churna* and O.C. pills in the management of *Artava Kshaya*, randomly 60 patients were selected. They were examined and observed, data is recorded and interpreted. The observation and results are explained earlier. The critical notes and discussion on the data is presented as follows.

Shatapushpa and Shatavari Churna with Guda and Ghruta

Artava is *Agneya Guna Yukta* so according to *Sushruta Saman Guna Yukta Aushadhi* is very helpful for *Chikitsa*. *Shatapushpa* is *Ushna veeryatmak*, *Vata- Kapha shamak*, *Anulomak*, *Deepan pachan*.

Shatavari is *Sheet veeryatmak*, *Madhura- Tikta Rasatmak*. It act as *Garbhashaya Balyakar*, it also act as *Dhatu Prasadana*. Due to *Tikta rasa Sukshma srotorodha* is removed.

Guda is also *Madhura Rasa* and *Sheet veeryatmak*. It also act as *Balya*. Due to *Ushna Guna* it help to enhance the production of *Artava*. Also it have *Asrugprasadana* property. *Ghruta* as *Anupan* it enhance the effect of the *Churna*.

Discussion on observations

Age

Out of 60 maximum 44 (73.03%) patients were in age group 20-30. As women in this age group are more conscious for pregnancy also family burdens, children and personal problems are there which might affect the personal life of a woman due to which menstrual cycle is disturbed and leading to *Artava Kshaya*.

Menarche at Age in years	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
12	10	33.33	10	33.33	20	33.20
13	07	23.31	10	33.33	17	28.22
14	08	26.64	09	29.97	17	28.22
15	03	9.99	01	3.33	04	6.64
16	02	6.66	0	-	02	3.32

Marital status

Out of 60 patients 36 (59.76%) patients were married while 24 (39.84%) patients were unmarried. It can be said that the change in *Desha, Ahara, Vihara* after marriage, disturbs menstrual cycle which in turn lead to *Artava Kshaya* and in some married women psychological and economical stress and disturbances in marriage may lead to *Artava Kshaya*

Marital Status	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Unmarried	11	36.63	13	43.29	24	39.84
Married	19	63.27	17	56.61	36	59.76
Total	30	100	30	100	60	100

Gravida

Out of 60 patients maximum 34 (56.44%) patients were nulli-gravida, 09 (14.94%) were primi-gravida while 17 (28.22%) patients were multi - gravida. So it can be said that nulli gravida are more prone to *Artava kshaya*.

No. of Gravida	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Nulli-Gravida	18	59.94	16	53.28	34	56.44
Primi-Gravida	06	19.98	03	9.99	09	14.94
Multi-Gravida	06	19.98	11	36.63	17	28.22
Total	30	100	30	100	60	100

Educational status: Out of 60 patients, all 60 patients are educated.

Educational Status	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Literate	30	100	30	100	60	100
Illiterate	-	-	-	-	-	-
Total	30	100	30	100	60	100

Religion

Out of 60 patients maximum 56 (92.96 %) patients were from Hindu community, 2 (3.32%) were from Muslim community where as 2 (3.32%) patients were from other community.

Religion	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Hindu	30	100	26	86.58	56	92.96
Muslim	0	0	02	6.66	02	3.32
Other	0	0	02	6.66	02	3.32
Total	30	100	30	100	60	100

Mode of work

Out of 60 patients maximum 21 (34.86%) of patients were doing education, 17 (28.22%) patients were in service, 16 (26.56%) patients were housewife while 6 (9.96%) doing labour work. So it can be said that women doing education or service are more prone to *Artava Kshaya* due to stress and unstable lifestyle, food habit.

Mode of work	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Education	10	33.33	11	36.63	21	34.86
Service	09	29.97	08	26.64	17	28.22
Housewife	08	26.64	08	26.64	16	26.56
Labour	03	9.99	03	9.99	6	9.96
Total	30	100	30	100	60	100

Diet

Out of 60 patients 17 (28.22%) of patients were vegetarian while 43 (71.38%) patients were taking mixed type of diet. So it can be said that patients were taking mixed type of diet are more prone to *Artava Kshaya*.

Diet	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Vegetarian	9	29.97	8	26.64	17	28.22
Mixed	21	69.93	22	73.26	43	71.38
Total	30	100	30	100	60	100

Koshtha

Out of 60 patients 35 (58.10%) patients were having *Krura Koshtha*, 8 (13.8%) patients were having *Madhyam Koshtha* whereas 17 (28.22%) having *Madhyam Koshtha*.

Prakruti

Out of 60 patients 25 (41.50%) having *Vata kaphaj prakruti*. This is may be due to *Artava Kshaya* is also *Vata-kaphaj vyadhi*, so it can be said that women having *Vata-kaphaj prakruti* are more prone to *Artava Kshaya*.

Prakruti	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Vata-Pittaj	07	23.31	09	29.97	16	26.56
Vata-Kaphaj	12	39.96	13	43.29	25	41.50
Pitta-Vataj	06	19.98	04	13.32	10	16.60
Kapha-Vataj	03	9.99	04	13.32	07	11.62
Kapha-Pittaj	02	6.66	0	0	02	3.32
Total	30	100	30	100	60	100

Agni

Out of 60 patients 18 (59.94%) patients were found having *Mandagni*. As *Mandagni* is primary cause of all *vyadhi* it is also may cause *Artava kshaya*. So it can be said that women having *Mandagni* are more prone to *Artava kshaya*.

Agni	Group A		Group B		Total	
	No. of patients	%	No. of patients	%	No. of patients	%
Tikshana	6	19.98	11	36.63	17	28.22
Manda	18	59.94	16	53.28	34	56.44
Visham	6	19.98	4	13.32	10	16.6
Total	30	100	30	100	60	100

Effect of therapy on subjective criteria**Yathochit kal Adarshana**

Where the interval in between two *Artava Darshana* is concerned, 47.29% reduction was seen in Group A and 60.81% reduction was seen in Group B. These results show that O.C. Pill is more effective in reducing the *Yathochit kal Adarshana*.

Alpata

- In terms of *Artava strava Pramana*
- Where the amount of *Artava strava* is concerned 80% relief was seen in group A while 62% relief was seen in Group B. These results show that both the therapies were effective in increment of the amount of *Artava strava*, but *Shatapushpa Shatavari Churna* is more effective in reliving *Alpata* of *Artava*.
- In terms of *Artava strava Kalavadhi*.
- Where the duration of *Artava strava* is concerned 95.76 % increment was seen in Group A and 81.05% increment was seen in Group B. These results show that both the therapies were effective in increasing the duration of *Artava strava* but *Shatapushpa Shatavari Churna* is more effective in reliving *Alpata* of *Artava strava Kalavadhi*.

Yoni Vedana

Where the pain during menses subsided 88.34 % in Group A and 68.96% in Group B. The result was highly significant in both group. But *Shatapushpa Shatavari Churna* is more effective in reliving *Yoni Vedana*.

In trial group (group A)

Lakshana	Before treatment		After treatment		% Relief	Wilcoxon Signed Rank Z value	p value	Significance
	Mean	S.D.	Mean	S.D.				
Yoni vedana	2.23	0.62	0.26	0.49	88.34%	-4.70	<0.05	Hig.Sig.
Artava strava pramana	1.8	0.76	0.36	0.49	80%	-4.54	<0.05	Hig.Sig.
Artava strava kalavadhi	2.36	0.61	0.1	0.30	95.76%	-4.78	<0.05	Hig.Sig.
Duration between two Artava darshana	2.96	0.18	1.56	0.56	47.29%	-4.70	<0.05	Hig.Sig.

In control group(group B)

	Before treatment		After treatment		% Relief	Wilcoxon Signed Rank Z value	P value	Significance
	Mean	S.D.	Mean	S.D.				
Vedana	2.03	0.66	0.63	0.49	68.96%	-4.62	<0.05	Hig. Sig.
Artava strava pramana	2.50	0.50	0.93	0.69	62.8%	-4.78	<0.05	Hig. Sig.
Artava strava kalavadhi	1.90	0.66	0.36	0.49	81.05%	-4.54	<0.05	Hig. Sig.
Duration between two Artava darshana	2.96	0.18	1.16	0.37	60.81%	-4.78	<0.05	Hig. Sig.

Comparison of both therapies

The overall effects of both the therapies on cardinal symptoms of *Artava Kshaya* showed that

- The *Shatapushpa Shatavari Churna* is more effective on *Yoni Vedana*, *Artava strava Pramana* and *Artava strava kalvavadhi*.
- Both *Shatapushpa Shatavari Churna* and O.C. pill are effective on and duration between two *Artava Darshana* but O.C. pill is comparatively more effective.

Overall effect of therapy

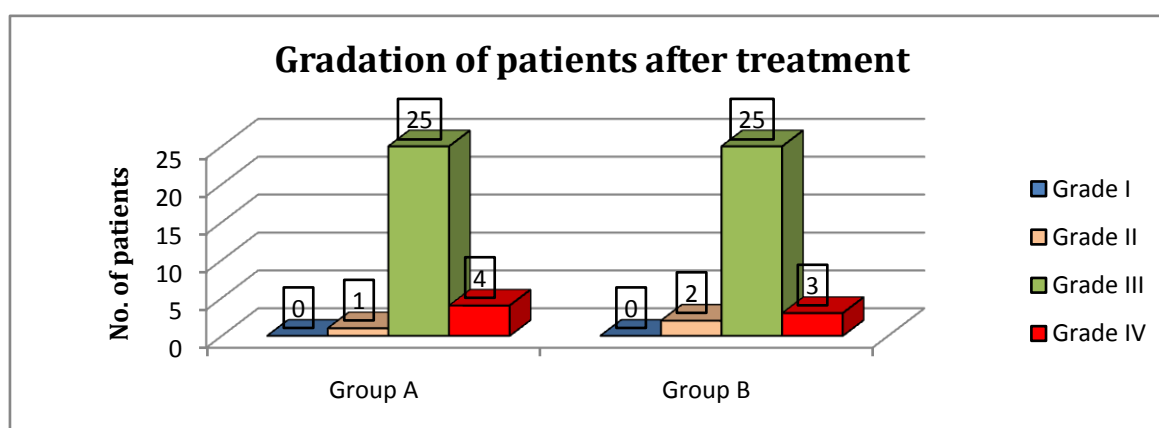
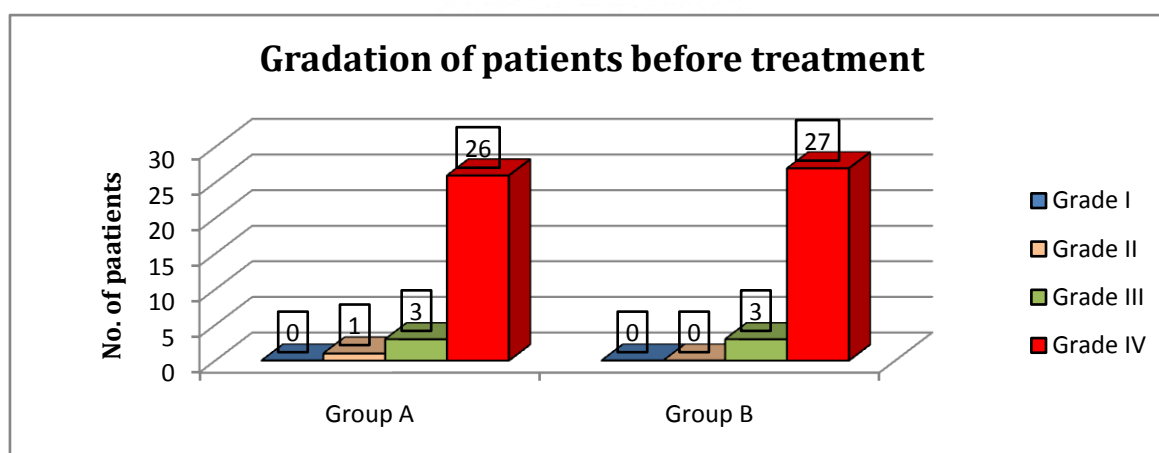
In group A, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in 1 (3.33%) patients, mild improvement was observed in 25 (83.25%) patients and 4 (13.32%) of the patient showed ineffective improvement after treatment.

In group B, none of the patient showed excellent improvement in *Artava Kshaya*, while moderate improvement was observed in 2 (6.66%) patients, mild improvement was observed in 25 (83.25%) patients and 3 (9.99%) of the patient showed ineffective improvement after treatment.

Overall effect of therapies on *Artava kshaya* as *vyadhi*

Gradation of patients before treatment	Group A		Group B	
	Number of patients	%	Number of patients	%
Grade I	0	0	0	0
Grade II	1	3.33	0	0
Grade III	3	9.99	3	9.99
Grade IV	26	86.58	27	89.91

Gradation of patients after treatment	Group A		Group B	
	Number of patients	%	Number of patients	%
Grade I	0	0	0	0
Grade II	1	3.33	2	6.66
Grade III	25	83.25	25	83.25
Grade IV	4	13.32	3	9.99



CONCLUSION

A clinical study has been done for Clinical evaluation of *Shatapushpa Shatavari Churna* and O.C. pill in the management of *Artava Kshaya* w.s.r. to certain menstrual disorders. The conclusions drawn from the results obtained in this study are as follows.

- On the basis of statistical analysis it can be concluded that both the drugs that is *Shatapushpa shatavari Churna* and O.C. Pills effective in *Artava Kshaya*.
- Also both the drugs have provided significant relief in sign and symptoms of *Artava Kshaya*. But,

Shatapushpa Shatavari Churna is proved to be relatively better than O.C. Pills in relieving the symptoms *Yoni Vedana* and *Aratava strava Pramana*

- Whereas O.C. pills are proved to be relatively better than *Shatapushpa Shatavari Churna* in relieving symptom Duration between two *Artava Darshana*.
- Trial drug *Shatapushpa Shatavari Churna* is proved to be a safe formulation, without having any adverse effects.
- From the above observations obtained in this study it can be conclude that *Artava Kshaya* is more common in women who is-

-Age between 20-30,married, nulli-gravida.

-Doing stressful work, having mixed type of diet.

-*Krura koshtha, Manda Agni, Vata-Kaphaj prakruti*.

- This study was carried out on small sample size that is 30 patients in each group and it showed significant results. Further studies on large sample are necessary to confirm these findings.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

A Clinical Study to Evaluate the Effect of Agnikarma in the Management of Gridhrasi W.S.R. to Sciatica

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Abstract

Gridhrasi (Sciatica) is one of the *Vatavyadhi* caused by aggravated *Vatadoshas*. This disease is characterised by cardinal symptom i.e. Radiating pain (*Ruja*), which makes the patient difficult to walk; hampering the daily routine of the individual. No specific remedy is given in modern medical science, patients depends on painkillers which has temporary action. *Agnikarma* is the procedure indicated by *Aacharya* in *Vatavyadhi*. Sushruta mentions *Agnikarma* as superior most than other therapeutic procedures as it gives instant relief in pain. Thus the objective of present study was to evaluate the efficacy of *Agnikarma* in case of *Gridhrasi* & thus improve the daily routine of affected individual. Open study was performed in CSMSS Ayu. College at OPD & IPD level, patient were registered for study after taking written informed consent. 30 cases present with classical features of *Gridhrasi* as given in text were selected from OPD & IPD. Data was collected & observation were made before treatment, on 7th day, on 14th day, & 21st day of treatment. There was a highly significant reduction in the parameters like pain, walking distance, stiffness, SLR test seen in the study. Management of *Gridhrasi* by *Agnikarma* gives instant relief in pain.

Keywords: Agnikarma, Gridhrasi, Sciatica.

Introduction:

Gridhrasi is a *Shulpradhana Nanatmaja Vatavyadhi*¹ which affects the daily routine of patients. Patient suffering from *Gridhrasi* is not capable to walk properly. According to *Acharya Charaka*, *Stambha* (stiffness), *Ruka* (pain), *Toda* (pricking sensation) and *Spandana* (twitching) are the signs and symptoms of *Vataja Gridhrasi*². *Aruchi* (anorexia), *Tandra* (drowsiness) and *Gaurava* (heaviness) are the additional symptoms of *Vatakaphaja Gridhrasi*³. *Gridhrasi* is one of the *Vatavyadhi*. It starts from hip and gradually comes down to waist, back, thigh, knee, shank and foot and affects these parts with stiffness, distress, piercing pain and with frequent quivering.⁴ Sciatica is a major cause of illness among the working population in a developing country. This is the most common disorder which affects the movements of legs, particularly in most productive period of life, with low back pain, many of persons have radicular pain and this comes under the umbrella of Sciatica syndrome. *Ancient Acharyas given the name Gridhrasi* as a disease, it may because of patient's gait become similar to the gait of the *Gridhra* (Eagle). This change in the gait is because of the pain in the back and the lower limbs and the patient starts limping towards the affected side. In *Ayurveda* science, various modalities of treatment are explained for the management of *Gridhrasi*⁵. *Agnikarma Chikitsa* is said to be superior⁶ Several researches have shown that *Agnikarma Chikitsa* is more effective compared to the other treatments such as oral drugs or even surgeries etc. The approach of *Agnikarma* has been mentioned in the context of diseases like *Arsha*, *Arbuda*, *Bhagandar*, *Sira*, *Snayu*, *Asthi*, *Sandhigata Vata Vikaras* and *Gridhrasi*.⁷ *Gridhrasi* is seen as a panic condition in the society as it is one of the burning problems. On the basis of symptomatology,

Gridhrasi may be simulated with the disease sciatica in modern parlance. In modern medicine, the disease sciatica is managed only with potent analgesics or some sort of surgical interventions which have their own limitations and adverse effects. Where as in *Ayurveda*, various treatment modalities like *Siravedha*, *Agnikarma*, *Basti Chikitsa* and palliative medicines are used successfully. Among these, *Agni karma* procedure seems to be more effective by providing timely relief. It is a classical fact that this pain is effectively relieved by the *Agni karma* and there is no fear of putrefaction and bleeding. Ultimately it produces balancing effect on vitiated *Vata Dosha*. To perform this procedure, many *Dahana Upkaranas* (devices) like *Pippali*, *Ajashakrit*, *Godant*, *Shara*, *Shalaka*, *Jambavoshtha*, *Madhu*, *Guda*, *Sneha* and different types of metals are used.⁸

Aims and Objectives:

- To evaluate the therapeutic efficacy of *Agnikarma* in patients of *Gridhrasi* w.s.r. to Sciatica.

Materials and Methods:

The study was performed in the OPD and IPD of P.G. department of *Shalya Tantra*, CSMSS Ayu College Aurangabad. We selected 30 patients of clinically diagnosed *Gridhrasi* on the basis of signs and symptoms given in *Ayurveda* texts.

a) INCLUSION CRITERIA:

- 1) Patients having classical symptoms of *Gridhrasi* like pain over *Sphik*(waist), *Kati* (back), *Prishta* (thigh), *Uru* (hip), *Janu* (knee), *Jangha* (calf region), extending up to *Pada* (foot), *Stambha* (stiffness), *Toda* (pricking pain). Tingling and numbness of limbs, difficulty in walking etc.
- 2) Patients with Straight Leg Rising test positive.
- 3) Age group – 30 to 70 yrs.

b) EXCLUSION CRITERIA:

- 1) Cases of spondylolisthesis, sacroiliac arthritis, Herpes simplex infection causing radiating pain.
- 2) Known cases of tuberculoma, or cyst compressing the nerve root, diabetic neuropathies.
- 3) Patients having multiple wounds, fracture of vertebra, destructed vertebral bodies.
- 4) People of *Paittik* constitution, where *Agnikarma* is contraindicated.

c) STUDY DESIGN:

In this study, 30 patients who satisfied the study criteria included in the study Outcome variables were recorded before treatment, on 7th day, on 14th day, and on 21st day after treatment.

d) DURATION OF TREATMENT:

Four weeks

e) CRITERIA FOR ASSESSMENT:

The improvement in the patient was assessed mainly on the basis of relief in the cardinal symptoms of the disease. To assess the effect of therapy objectively, following scoring pattern was used

<p><u>Ruka(Pain)</u></p> <ol style="list-style-type: none"> 1. No pain reported - 0 2. Occasional Pain - 1 3. Mild pain but no difficulty in walking -2 4. moderate pain but slight difficulty in walking -3 5. Severe pain but severe difficulty in walking – 4 	<p><u>Numbness</u></p> <ol style="list-style-type: none"> 1. No Numbness -0 2. Mild Numbness -1 3. Moderate Numbness – 2 4. Severe Numbness – 3
<p><u>Toda (Pricking Sensation)</u></p> <ol style="list-style-type: none"> 1. No pricking sensation -0 2. Occassionally pricking sensation -1 3. Mild pricking sensation -2 4. Moderate pricking sensation -3 5. Severe pricking sensation -4 	<p><u>Walking distance</u></p> <ol style="list-style-type: none"> 1. Patient can walk upto 1 km without pain -0 2. Patient can walk upto 500m without pain -1 3. Patient can walk upto 250m without pain -2 4. Patient feels pain on standing - 3 5. Patient cannot stand - 4
<p><u>Stambha (Stiffness)</u></p> <ol style="list-style-type: none"> 1. No Stiffness – 0 2. Sometimes for 5-10 mins - 1 3. Daily for 10-30 mins- 2 4. Daily for 30- 60 mins- 3 5. Daily more than 1hr- 4 	<p><u>Tingling sensation</u></p> <ol style="list-style-type: none"> 1. No Tingling sensation -0 2. Occasionally Tingling sensation -1 3. Mild Tingling sensation -2 4. Moderate Tingling sensation -3 5. Severe Tingling sensation -4
<p><u>Spandana (Twitching)</u></p> <ol style="list-style-type: none"> 1. No Twiching – 0 2. Sometimes for 5-10 mins - 1 3. Daily for 10-30 mins- 2 4. Daily for 30- 60 mins- 3 5. Daily more than 1hr- 4 	<p><u>SLR test</u></p> <ol style="list-style-type: none"> 1. Above 90 degree -0 2. Above 75 & Below 90 -1 3. Above 60 & Below 75 -2 4. Above 45 & Below 60 -3 5. Below 45 -4

f) PROCEDURE:

The procedure of *Agnikarma* was conducted in the minor OT of P.G. Department of *Shalya Tantra*. The material used for *Agnikarma* was *Panch loha Shalaka*. First of all the procedure of *Agnikarma* was explained to the patients in detail before conducting the treatment and patient was mentally prepared by giving assurance. As a preoperative measure, patient was advised to consume *Snigdha* (unctuous) and *Picchila* (slimy) food before treatment. On the day of procedure, patient was made to lie in prone position, with leg extended. Patient was instructed to relax and slowly made to change his/her leg position to the required side.

Poorva karma:

1. Informed consent to undergo *Agnikarma* treatment was taken.
2. Routine blood investigation's done.
3. Inj. Tetanus Toxoid 0.5 ml I.M. given to patient.
4. Selected site was cleaned with *Triphala Kwath*.

Pradhan Karma:

The selected site was washed with *Triphala Kwath* and it was draped with sterile towel. By using a marker pen, 15-30 points choosed and marked in linear form over lumbo-sacral region and other maximum tender points along the course of Sciatica nerve, giving space 1 cm between each

point. At the same time, the *Shalaka* (metal rod with sharp point) was heated over the burning gas stove until it became red hot. *Agnikarma* was performed with the red hot *Pancha loha shalaka* (metal rod) at the marked points in *Bindu Akrti* (in the form of dot), in such a way that the *Samyak Dagdha Lakshanas* (signs of proper burning) were looks like appearance of sound, foul smell, constriction of skin. ⁹ Immediately after *Agnikarma*, *Triphala Churna* was applied over the site of *Agnikarma* and a sterile bandage was applied to avoid outside exposure. The patient was advised to rest in the supine position for half an hour and was sent home in case of out-patient, to the ward in case of in-patient. The patient was advised to remove the bandage after 3 hours. He was advised to keep the area clean and free from moisture the second course of *Agnikarma* was conducted on 7th day and similarly, the procedure was repeated for the third sitting after second week that is on 14th day.

Result –

Effect of Agnikarma on Symptoms of Gridhrasi :

Sr. no	Symptoms	Mean		M.D.	S.D.	S.E.	t	p	%age
		B.T.	A.T.						
1	Ruka (pain)	3	0.61	2.39	0.572	0.119	19.659	<0.0001	79.67
2	Toda	2	0.10	1.89	0.737	0.169	11.199	<0.0001	95
3	Stambha	1.73	0.13	1.60	0.507	0.130	12.290	<0.0001	92.49
4	Spandana	2	0.666	1.333	0.5164	0.2108	6.324	<0.0001	66.66
5	Tingling sensation	3.75	0.625	3.125	0.991	0.3504	8.9188	<0.0001	83.33
6	Numbness	1.875	0.5	1.375	0.5175	0.183	7.5144	<0.0001	73.33
7	Walking distance	1.7	0.6	1.1	0.3162	0.1	11	<0.0001	64.71
8	SLR test	2.39	0.57	1.82	0.548	0.114	16.359	<0.0001	76.15

Discussion :

In this study effect of therapy shows highly significant with p value <0.001 results in *Ruka*, *Toda*, *Stambha*, Tingling sensation of lower limb, numbness. There was improvement in SLR test which also gives highly significant with p value < 0.001. It is found that patients were clinically improved with the treatment of *Agnikarma* with no side effect of the therapy. About 79.67 % relief found in case of pain immediately after the treatment which is one of cardinal symptom due to which patient became very comfortable & mentally satisfied by the treatment .95% relief in *Toda*, About 92.49% relief was seen in case of stiffness after the therapy. Gridhrasi is one of painful condition which hampers the daily routine of the patient. This disease having predominancy of Vata doshas as it comes under eighty *Vataj Nanatmaj Vyadhi* & may have Kapha anubandh with it. Thus radiating pain from lumber region to the lower extremities may show stiffness in the lower limb & patient got difficulty n walking, or continuous standing even for short period. Ayurveda believes that being *ushna* treatment *Agnikarma* acts against the qualities of *vata* and *kapha doshas* and hence *Agni karma* cures all the *vataja* and *kaphaj* disorders . Pain occuring anywhere in the body is due to *vata*, Agni karma being *ushna* chikitsa pacifies *vata*, and thus the pain is relieved immediately after *Agnikarma*. Similarly *kaphaj* disorders also get cured by the *ushna* i.e. hot qualities of *Agnikarma*. According to *Ayurveda*, every dhatu (tissue) has its own *dhatvagni*(tissue Agni) which is responsible

for the nourishment , Increase & decrease of dhatu. When this *dhatvagni* becomes *manda* diseases begin to manifest. Thus in this condition agni karma works by giving external heat there by increasing the *dhatvagni* which helps to digest the aggravated *doshas* and hence cures the disease .While describing the *Gridhrasi*, Acharya *Sushrut* has given more emphasis on involvement of ligament of heel & toe afflicted with vata dosha which obstruct the movement of leg. In the chapter of *Vaatvyadhi chikitsa Adhyaay* acharya *Charaka* has mentioned process of *Agnikarma* in case of *Gridhrasi* .

Probable mode of action of Agnikarma –

Agni possesses *Ushna, Tikshna, Sukshma* and *Aashukari Gunas*, which are opposite to *Vata* and anti *Kapha* properties. Physical heat from red hot *Shalaka* is transferred as therapeutic heat to *Twakdhatu* by producing *Samyak Dagdha Vrana*. From *Twakdhatu* this therapeutic heat acts in three ways. First, due to *Ushna, Tikshna, Sukshma, Ashukari Guna* it removes the *Srotavarodha*, pacifies the vitiated *Vata* and *Kapha Dosh*a and maintains their equilibrium. Secondly, it increases the *Rasa Rakta Samvahana* (blood circulation) to affected site. The excess blood circulation to the affected part flushes away the pain producing substances and patient gets relief from symptoms. Third, therapeutic heat increases the *Dhatwagni*, so metabolism of *Dhatu* becomes proper and digests the *Amadosha* from the affected site and promotes proper nutrition from *Purva Dhatu*. In this way, *Asthi* and *Majja Dhatu* become more stable. Thus result is precipitated in the form of relief from all symptoms of *Gridhrasi*. Further it can be endorsed that the therapeutic heat goes to the deeper tissue like *Mamsa Dhatu* and neutralizes the *Sheeta Guna* of *Vata* and *Kapha Dosh*a and in this way vitiated *Doshas* come to the phase of equilibrium and patients got relief from the symptoms.

Thermotherapy –

The use of local heat (thermotherapy) may provide relief of pain and painful muscle spasm by acceleration of metabolic processes whereby the concentration of pain inducing toxic metabolites is reduced. This is accomplished primarily by an increase in local circulation. Acceleration of the inflammatory response to resolution may initially exacerbate discomfort, but will shorten the time course to resolution of inflammation. Thermotherapy is generally soothing and psychologically relaxing, there by favorably modifying emotional response to pain and further reducing painful muscle spasm. Synovial fluid viscosity of joints is known to decrease with increasing temperature. It has been postulated that the joint stiffness may be related to increased synovial fluid viscosity. Relief of joint stiffness may be provided with thermotherapy by a reduction in synovial fluid viscosity.

Conclusion:

- *Gridhrasi* (Sciatica) is commonly seen in society as a prominent problem. Number of sittings of *Agnikarma* depends upon the chronicity and severity of the disease.
- Overall, *Agnikarma* is simple modality of treatment, having no complication.
Gridhrasi can be absolutely cured by *Agnikarma chikitsa*.

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TO EVALUATE THE EFFICACY OF PANCHVALKAL IN THE MANAGEMENT OF PITTAJ YONIVYAPAD: A CASE STUDY***Vd. Paithankar (Joshi) Medha. D.**

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Corresponding Author*Vd. Paithankar (Joshi)
Medha D.**Associate Professor,
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Prasuti Tantra Dept.**ABSTRACT**

Woman is a backbone of society. In 21st century she became multitasking. So she have to pay attention on household work as well as officework. She can not concentrate on her own health and lands in to various gynecological health problems. Such as^[1] PCOS,^[2] PID, Various^[3] *Yonivyapad* etc .Amongst various *Yonivyapad*^[4] *Pittaj Yonivyapad* is commonest one. According to Ayurveda *Pittaj Yonivyapad* occur due to excessive use of hot, sour, salty, and alkaline substances. The vitiated *pitta* reaches reproductive organs produces burning and suppuration associated with fever and heat. Her menstrual blood becomes more black in colour and excecive in amount, hot. According to *Sushruta pittaj yonivyapad* is excecive burning

suppuration and heat and fever. To overcome this problem *Ayurveda* suggests the very effective treatment. A 42 years old patient came in OPD of *Streerog Prastutitantra* Department on 14-2-2017 having complaint continous *Yonipradeshi daha, sparshaashatva*, feeling hot redness at vagina from 3 months. She was treated by ayurvedic line of treatment i.e.^[5] *Deepan* – ^[6]*Pachan* – ^[7]*Panchvalkal kalka pooran at yonipradeshi* and *Panchvalkal kwath parishek.* and got result. Hence presented a case.

KEYWORD: PCOS, PID, *Yonivyapad*, *Pittaj yonivyapad*, *Deepan*, *Pachan*, *Panchvalkal kalka*, *Panchvalkal kwath*.

INTRODUCTION

Woman is a backbone of society. In 21st century she became multitasking. So she have to pay attention on household work as well as officework. She can not concentrate on her own health and lands in to various gynecological health problems. Such as PCOS, PID, Various *Yonivyapad* etc. Amongst various *Yonivyapad Pittaj Yonivyapad* is commonest one.

According to Ayurveda *Pittaj Yonivyapad* occur due to excessive use of hot, sour, salty and alkaline substances. The vitiated pitta reaches reproductive organs produces burning and suppuration associated with fever and heat. Her menstrual blood becomes more black in colour and excessive in amount, hot. According to *Sushruta pittaj yonivyapad* is excessive burning suppuration and heat and fever.

To overcome this problem *Ayurveda* suggests the very effective treatment.

AIMS AND OBJECTIVES OF CASE STUDY

To evaluate role of *Panchvalkal kalka and kwath* in the management of *Pittaj Yonivyapad*.

TYPE OF STUDY

Observational single case design without control group.

MATERIALS AND METHODOLOGY

Study Center: C.S.M.S.S. Ayurved Hospital, Aurangabad.

Study Details

Name of pt : xxx
Reg. No O.P.D. No. – 5556
Date of First visit : 14-12-2016
Age : 42 years
Gender : Female
Religion : Hindu
Occupation : Housewife
Diet : Veg & Nonveg

Chief Complaint

1. *Yonipradeshi daha*,
2. *sparshaashatva*,
3. feeling hot
4. redness at vagina

Marriage Life : 29 years

Menstrual History $\frac{15-20 \text{ days}}{30-45 \text{ days}}$ Regular, moderate 1 – 2pad per day, no clots

Obstetric History: G₅P₃L₃A₂D₀

Brief History

42 years old patient having married life 29 years having 2 male and 1 female child complaining of Continuous:

1. *Yonipradeshi daha,*
2. *sparshaashatva,*
3. feeling hot
4. redness at vagina. She had taken treatment for the same at private Hospital but had not got result so she came to C.S.M.S.S. Ayurvedic Hospital Aurangabad for management.

General Examination

- 1) Obesity ++

Ashtavidha Parikshan

1. *Nadi* = *90/min, madhyama bala, niyameet.*
2. *Mala* = *Grathit Malapravrutti.*
3. *Mutra* = *Samyaka*
4. *Jivha* = *Saam*
5. *Shabdha* = *Avishesha*
6. *Sparsha* = *Anusha*
7. *Druka* = *Alpashwetata*
8. *Akruti* = *Sthul*

Udar parikshan - Udarasthambha, Aanaha, & other lakshanas Agnimandya, Aruchi, Udar shool

Local Examination

PS = *sparshasahatva, redness at vagina.*

No any abnormal discharge

PV= ut. AVAF / Bulky / Mobile fornices clear

Srotas Parikshan Dushita Srotas Are

Rasa Vaha - Aruchi, Sarvang Gaurav jwara.

Annavana - Agnimandya

Aartavvaha - regular menstrual cycle, locally redness at vagina

Diagnosis - Pittaj Yonivypad

Treatment On 14/012/2016:1) As the patient was complaining of *Agnimandya*

She was advised to take^[8] *Hingvashatak Choorna* 2gm twice a day with *Ghruta* before meal for *Deepan* karma for 3 days

2) For^[9] *Aamapachan Ampachakvati* 500 mg twice a day after meal for 3 days

Then she visited on 17/012/2016 and further was advised for *panchvalkal kalka pooran at yonipradeshi and panchvalkal kwath parishek*. For 7 days and also given^[10] *Chandraprabha vati* 500 mg twice a day and^[11] *Kamdudha rasa* 500mg twice a day,^[12] *Chandanasav* 15 ml twice a day. for 15 days.

This therapy was advised for 3 consecutive cycle.

Total Duration Of Therapy

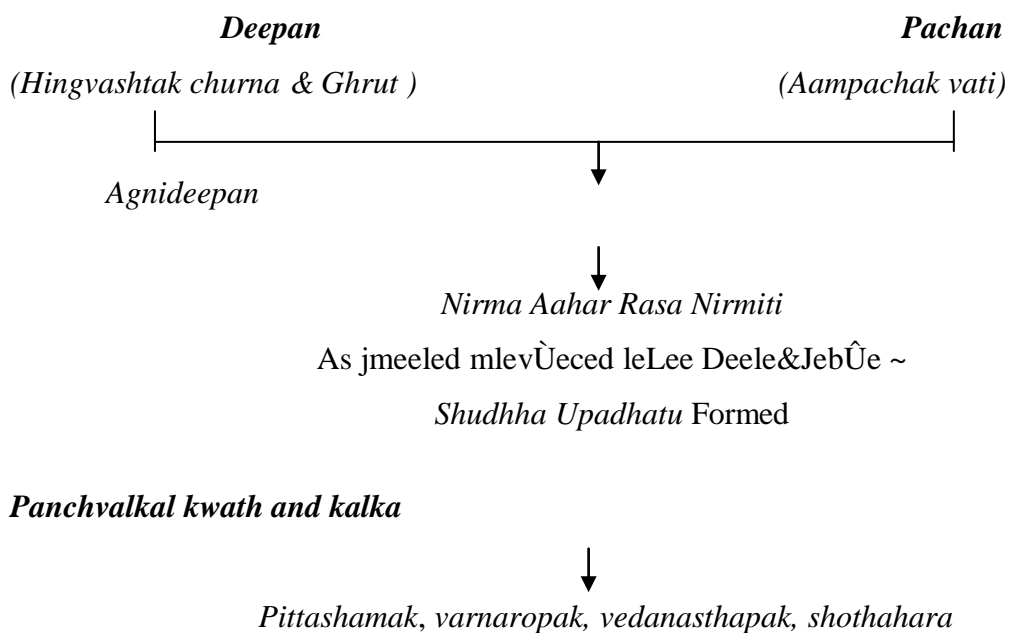
This line of treatment i.e. *Deepan Pachan Panchvalkal kalka pooran and Panchvalkal kwath parishek* was performed for 3 consecutive cycle.

OBSERVATION/RESULT

When she visited again in next month she was completely relived from all symptoms.

DISCUSSION

Probable. mechanism of action



Kamdudha and chandanasavActs as a *pittashamak*.***Chandraprabha vati***Acts as a *rasayan, balya, shamak,*

So by *Deepan (Hingvashtak Choorna & Ghrut) & Pachan (Ampachak vati) Shudhha Raja updhatu* formed, by *Panchvalkal kwath parishek and Panchvalkal kalka pooran shanik pittashaman* done. And by *Chandraprabha vati, kamdudha and chandanasav Sarvadehik Pittashaman* done.

CONCLUSION

Thus we can conclude that as compare to modern view the holistic approach of *Ayurvedic* system of medicine & *Sthanik Chikitsa* plays an important role and gives relief to patient from *pittaj yonivyapad*.

TREATMENT PLAN

Sr.No.	Karma	Drug	Dose	Duration
1	<i>Deepan</i>	<i>Hingavashtak Choorna with Ghrut</i>	2gm BD	3 days
2	<i>Pachan</i>	<i>Ampachak Vati</i>	500 mg BD	3 days
3	<i>Yonipooran</i>	<i>Panchvalkal kalka</i>	As required	7 days
4	<i>Yoniparishek</i>	<i>Panchvalkal kwath</i>	As required	7 days
5	<i>Abhyantar</i>	<i>Chandraprabha vati ,</i>	500mg BD	15 days
6	<i>Abhyantar</i>	<i>Kamdudha</i>	500mg BD	15 days
7	<i>Abhyantar</i>	<i>Chandanasav</i>	15 ml BD	15 days

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

“Dosh – Dushya in Dengue”**Dr.Gajanan S. Solanke**

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Abstract:-

An acute infectious disease caused by a flavivirus transmitted by Aedes mosquitoes, and characterized by Headache, Severe joint pain, and a characteristic Skin Rash called also break bone fever, Dengue fever.¹ severe form of the disease characterized by bleeding from the gums and gastrointestinal tract, can lead to shock and death.²Typically, people infected with dengue virus are asymptomatic (80%) or have only mild symptoms such as an uncomplicated fever. The incubation period ranges from 3 to 14 days.³ World War and is common in more than 110 countries.⁴ According to Ayurveda , Jwara menas Sharir Mansantaap and main symptoms are Angamarda , Shirshul .⁵There are Eight types of Jwara Ekdoshaj,Dwidoshaj and Sannipataj. Out of which Dwidoshaj Jwara Pitta Vattaj as similar sign and symptoms with Dengue. Also Dosh Dushya Samurchanojanito Vyadhi, means Apathya Hetu sevan causes imbalance in Dosha and this Vikrut Dosha interact with Dushya resulting into Vyadhi.So for treating disease we must know the Dosh and Dushya.By this we can prevent or decreases the percentage of Dengue and death due to hemorrhagic Dengue fever.

Key Words:-Dengue, Symptoms, Jwara, Dosha – Dushya, Samurchhana.

Introduction

Dengue fever is blood born disease caused by any of four closely related viruses. Dengue 1-4.⁶Dengue is transmitted between people by the mosquitoes Aedes aegypti and Aedes albopictus, which are found throughout the world. Around 2.5 billion people, or 40% of the world's population, live in areas where there is a risk of dengue transmission. WHO estimates that 50-100 million infections occur yearly, including 500,000 dengue hemorrhagic fever cases and 22,000 deaths, mostly among children.⁷In India outbreak of dengue was recorded in 1812.A double peak hemorrhagic fever epidemic occurred in India in Calcutta.⁸Symptoms of infection usually begin 4-7 days after the mosquito bite and typically last 3-14days.⁹There is no vaccine available against dengue, and there are no specific medications to treat a dengue infection. Prevention the most important step, and prevention means avoiding mosquito bites. If a clinical diagnosis is made early, a health care provider can effectively treat using fluid replacement therapy. According to the World Health Organization (WHO) approximately two-fifths of the world's population, are now at risk from dengue. Dengue hemorrhagic fever is a leading cause of serious illness and death among children in some Asian countries. In 2007, there were over 890,000 reported cases of dengue in the Americas, of which 26,000 cases were Dengue hemorrhagic feversapproximately half-a-million people with Dengue Hemorrhagic fever are hospitalized each year, out of which many are children. About 2.5%

of these patients die.¹⁰ Pitta Vattaj Jwara having symptoms like Sharir Santaap, Shirshul, Angamarda.¹¹

Aim and Objectives:-

Aim: -“Dosha – Dushya in Dengue”

Objectives:-

- 1) To study the symptoms of Dengue
- 2) To develop prevention strategy of Dengue
- 3) To decrease prevalence of Dengue and death due to Dengue

Material and Method:-

Material: - 100 patients of Dengue had been studied and depending on their starting symptom patients counted and gradation had been given.

Methods:-

Symptoms of Dengue -

- 1) Symptoms usually begin 3 to 14 days after bite of an infected mosquito¹²
- 2) Most common symptoms is fever and joint pain, Head ache, rash, Hemorrhage Vomiting¹³
- 3) Other symptoms may include muscle pain and fatigue

Symptom	Dosha	Gun	Average Duration of symptom	Dushya of symptom
1.Fever [Sharir Santaap]	Pitta	Ushna	5 to 6 days	Rasadhatu
2.Body ache [Angamarda]	Vata	Ruksha	7to10days may persist upto few weeks	Rasadhatu
3.Nausea, Vomiting[Chhardi]	Pitta	Amla,Guru	7days	Rasadhatu
4.Headache [Shirshul]	Vata	Ruksha	7days	Rasadhatu
5.Rash [Reddish spot]	Pitta	Ushna Tiksha	After 7days	Rasadhatu, Raktdhatu
6.Raktastrav [Hemorrhage]	Pitta	Ushna Tiksha	After 7days	Raktdhatu

Depending on symptoms present in the 100 patient following gradations has been given.

On the first visit patient were examined and analyzed for following symptoms

Symptoms	Grade-0	Grade-1	Grade-2	Grade-3
Parameters	Absent	Mild	Moderate	Severe
1.Fever [Sharir Santaap]	0	35	50	15
2.Body ache [Angamarda]	2	25	55	18
3.Nausea,Vomiting [Chhardi]	5	35	45	15
4.Headache [Shirshul]	24	40	28	08
5. Rash [Reddish spot]	85	08	05	02
6.Raktastrav [Hemorrhage]	90	04	04	02

Discussion:-

1. After Aedes aegypti and Aedes mosquito bite the symptoms will be seen in 3 to 14 days.
2. Depending on 100 patient symptom study, we can say patient having Fever(100%), Body ache(98%), Headache(95%), Nausea, Vomiting(76%) are more as compare to other symptoms like Rash(05%), Raktastrav(10%)
3. Genetic factors, host susceptibility and possibly environmental factors may be important for the development of the disease.
4. When we know the Dosha-Dushya of the disease, we can treat amalgamation of Dosha and Dushya'.

Result:-

Dosh – Dushya in Dengue is same as Pitta Vattaj Jwara

Dosha – Pitta, Vatta, (Pitta pradhan)

Dushya – Rasa Dhatu, Rakta Dhatu,

Mala–Sweda

Guna–Ushna, Ruksha, Tiksha

Conclusion:-

Dengue has Pitta, Vatta (Pittapradhan) Dosha. Rasa Dhatu, Rakta Dhatu, as Dushya. So we can identify this jwara as Pitta vattajjwara. According to Dosha and Dushya we can treat Dengue patient.

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ROLE OF DHATWAGNI IN ENHANCEMENT OF VYADHIKSHMATWA

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ABSTRACT

With the modernization and fast life culture nowadays peoples are getting infected more easily with various infectious diseases or are more prone to various autoimmune disorders and lifestyle originated disorders. *Vyadhi-aksham people* are more prone to disease and *Vyadhi-ksham* people keep themselves far away from the disease. In Ayurveda, it is explained about *Vyadhikshmatwa* that *Vyadhikshmatwa Namam Vyadhibalvirodhitwam Vyadhiutpadpratibandhakamiti*. As the *Vyadhibalvirodhitwam* depends on basic principle of Ayurveda which is *Swasthasya- swasthyarakshnam* we can prevent the person from diseases by improving his *Bala, Agni, Dhatwagni* which is responsible for *Vyadhikshmatwa*. And this can be done by improving his *Dhatuarta*. As *Bala, Dhatuarta* all depends on *Dhatwagni* it is necessary to improve the *Dhatwagni*.

Keywords: *Vyadhibalvirodhitwam, Vyadhiutpadpratibandhakamiti, Bala, Dhatwagni.*

INTRODUCTION

The *Prayojana* of Ayurveda is *Swasthasya Swasthya Rakshnam Aturasya Vikarprashamanam*.¹ Acharya Sushruta has mentioned the definition of *Swasthya*. *Sam Doshah Samagnishch Sam Dhatu malahkriya*.² To maintain the *Swasthya* of *Swasth* or healthy person it is necessary to maintain the *Sam avastha of Dosha, Agni, Dhatu* and *Malahkriya* in body. For this one has to follow the *Pathya- Apathya* regarding the *Ahar-Vihar* in right proportion. If the person follows *Pathya-*

Apathya, that person could maintain the equilibrium or *Samaavastha* of *Dosha, Agni, Dhatu, Malahkriya*. This *Sama-avastha* helps to maintain the *Swasthya* of a person. And the *Swasth* person could keep him away from diseases. But we find different picture in our day to day life. Though some people follow the *Pathya* regularly, they are prone to various *Vyadhi* (Disease), and though some people follow *Apathya* frequently they are less prone to diseases. And this is because of *Bala* and

Vyadhikshmatwa. The *Bala* which is gained by maintaining *Dhatusarta* in body is responsible for *Vyadhikshmatwa*. *Vyadhikshmatwa* is nothing but defensive mechanism of body against diseases. If the person has *Saarvaan Dhatu*s then, he will have the good *Vyadhikshmatwa*. These *Saarvan Dhatu*s are obtained by proper metabolism by *Dhatwagni* and *Agni*.

CONCEPT OF VYADHIKSHMATWA:-

While answering the question of *Agni-vesa*, *Atreya* has mentioned that how some people get infected with disease easily and how some people are not. And *Chakrapani* on commenting on this mentioned about *Vyadhikshmatwa*. *Vyadhikshmatwa Namam Vyadhibalvirodhitwam Vyadhiutpadpratibadhakamiti*. *Vyadhikshmatwa* is resistance power of body against diseases, and it is of two types- 1] *Vyadhibalavirodhitwam* - Resistance power which opposes the *Vyadhi Bala* and defend the body against diseases. 2] *Vyadhiutpadpratibandhakam*– resistance power which inhibits the manifestation of disease in body.

CONCEPT OF VYADHI-AKSHAM SHARIRANI:-

Acharya Charaka has mentioned that following types of people are more prone to disease easily³:-

1. *Atisthula* (Over Obese person)
2. *Atikrusha* (over emaciated person)
3. *Anivishtmansashonitasthini* (person with unproportionate body elements like *Rakta, Mansa, Asthi*)
4. *Durbala* (person with weak body physique)
5. *Asatmyaaharopchitani* (person who has been bought up on unwholesome diet)

6. *Alpaaharani* (person who consumes less quantity of food)
7. *Alpasatwani* (person with weak emotional and mental status)

These kinds of people have the less resistance against disease and they are called as *VyadhiakshamSharirani* (people who have less resistance against disease).

CONCEPT OF VYADHIKSHAM SHARIRANI:-

People who have opposite kind of physique to *Vyadhiaksham Sharirani* people are with good resistance against disease and are called as *VyadhikshamSharirani*. Characteristics of healthy person are told by *Acharya Charaka*. These are: Equivalent or balanced proportion of muscles, compactness and sensory organs in excellent state. This kind of person never suffers from diseases. These people easily withstand the hunger, thirst, heat, cold and physical exercise. *Agni* remains in normal state and performs excellent digestion.⁴

CONCEPT OF BALA:-

As mentioned in *Ch.Su.* 11/36, there are three folds of *Bala*.⁵

1. *Sahaj*:-Which exist in the mind and body from very birth.
2. *Kalaj*:-Which is based on the division of seasons and the age of the person.
3. *Yuktikrut*:-Which is achieved by the combination of diet and other regimen.

If *Dhatu* remain in normal state, *Dhatusarta* can be maintained. They will maintain the proper equilibrium in body which is responsible for maintenance of *Bala* in body. If *Dhatu*s get vitiated they will be responsible for

formation of *Kha-vaigunya* and *Vyadhi-Utpatti*. *Dhatu*s get commonly vitiated because of *Dhatwagni Vikruti*.

CONCEPT OF DHATUSARTA:-

Vyadhi-akshamSharirani people have disproportionate body elements. *Atisthul* and *Atikrush* person have the *Vikruti* in *Mansa* and *Meda Dhatu*. *Anivishtamansashonitasthini* people have *vikruti* in their *Mansa, Rakta and Asthi Dhatu*. These *Dhatu*s are poorly developed in these kinds of people. Also people who take low quality of food or low quantity of food have poorly developed body physique and body elements also. *Dhatu*s of such kind of people are not properly developed as in *Atikrush* person or over developed as in *Atisthula* person. *Rakta, Mansa, Asthi dhatu*s makes the major portion of body so the *Bala* or strength depends on these *dhatu*s. So the *Vyadhi-aksham Sharirani* people will have low *Bala* or void of *Bala*as the *Bala* or strength of body depends on *Saarta* of these *Dhatu*s. So, the persons are called as *Durbala* and *Durbala* persons are *Vyadhi-aksham*. As they have low *Bala* to resist against the disease. *Vyadhiksham-Sharirani* people have well developed *Dhatu*s so they can easily resist against diseases. In this way *Vyadhikshmatwa and Bala* correlate each other.

CONCEPT OF AGNI AND DHATWAGNI:

In *Ch.Chi* 15/3 it is mentioned that *Dehagni* is cause of *Aayu, Varna, Bala, Swasthya, Utsah, Upchaya, Prabha, Oaj, Tej, Agni, and Pran*⁸. If *Agni* of person get vitiated, metabolism in his body would be disturbed resulting in diseases. *Agni* in living body occupies entire body as various bio-transformations are ceaselessly carried out in living body at all places. Parts of *Agni* carrying out different

functions are named as per their functions

Types of Agni:-

1. Jatharagni:-

Part of this *Agni*, which remain in stomach is called *Jatharagni*.

2. Bhutagni:-

It is part of *Agni* which is responsible to convert *Panchbhautic* part of food into *Panchbhautic* part of body constituents. It has to maintain proper function of sense organs by replenishing *Indriya Dravya*.

3. Dhatwagni:-

It is name to that part of *Agni*, which assimilates or synthesizes *Dhatu*s of living body. This need particular environment hence these *Dhatwagni* are located in *strotas* related to that particular *Dhatu*.

DISCUSSION

Jathragni digest the food and transforms into *Aharrasa*. This further goes on transformation by *Bhutagni* and *Dhatwagni*. When *Aharrasa* reaches to the *Dhatu*s for nourishment it undergoes transformation process by respective *Dhatwagni* of *Dhatu*s. E.g. When *Aharasa* reaches to *Rasa Dhatu* it first gets metabolized by *Rasagni* resulting in formation of *Poshak* and *Poshya Ansh*.⁷ When *Ahar Parinaman* takes places the different desirable component for corresponding cell, tissue is formed. These are nothing but *Poshakansh* or *AsthayiDhatu* or *MargagDhatu*. *MargagDhatu* carries the nutrients required for the nourishment of the further *Sthayi Dhatu*. *Rupantaran* of *Margag Dhatu* (metabolic transformation) is carried out by *Dhatwagni* resulting in formation of *Prasadabhaga* and *Kitta bhaga*⁸. There are seven types of *Dhat-*

wagni corresponding to their respective *Dhatu*s.

Table 1: *Dhatwagni* and *Dhatu*

<i>Dhatu</i>	<i>Dhatwagni</i>
<i>Rasa</i>	<i>Rasagni</i>
<i>Rakta</i>	<i>Raktagni</i>
<i>Mansa</i>	<i>Mansaagni</i>
<i>Meda</i>	<i>Medagni</i>
<i>Asthi</i>	<i>Asthyagni</i>
<i>Majja</i>	<i>Majjagni</i>
<i>Shukra</i>	<i>Shukragni</i>

If *Dhatwagni* of corresponding *Dhatu* is in equilibrium state then it will perform its proper function of *Dhatuutpatti* and *Dhatuparinaman*. If the *Dhatwagni* of any *Dhatu* gets vitiated, the process of *Dhatu Rupantaran* will be disturbed resulting in formation of vitiated *Poshak Ansh*. This vitiated *Poshak Ansh* will be responsible for vitiation of further *Sthayi Dhatu*.

These conditions will lead to reduced *Dhatu*sarta and also the reduced *Bala* of body which is responsible for reduced *Vyadhikshmatwa* of body.

CONCLUSION

As *Bala* depends on *Dhatu*sarata it is necessary to maintain the equilibrium in *Dhatwagni* which is further responsible for enhancement of *Vyadhikshmatwa*. Vitiated *Dhatwagni* will be responsible for *Asar Dhatu* which is responsible for reduced *Bala*, hence reduced *Vyadhikshmatwa* in the form of reduced *Vyadhibalavirodhitwam* and reduced *Vyadhiutpadpratibandhktwam*. So it is necessary to maintain one's *Dhatwagni* for enhancement of *Vyadhikshmatwa*.

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“ **Savarnikaran effect of tiktadi ghruta in ruhyaman vrana: a case study** ”

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ABSTRACT:

Wound is the most commonly occurring disorder since ancient times. The incidence is increasing day by day due to increasing accidents, traumatic injuries or vitiated doshas. So, the surgeons frequently come across these cases. Wound is termed as Vrana in Ayurveda and is defined as any discontinuity in skin or mucous membrane. Vrana heals leaving a scar on the affected part. As in this era, beauty has acquired more importance, better wound healing with minimal scar formation is the prime motto for every surgeon. Despite of many cosmetics which are available in market, complete wound healing without any scar formation is still a difficult task to be achieved and many of them often leads to allergic skin reactions. Ayurveda has mentioned many medicinal dravya which can be used effectively for cosmetic purpose without any adverse effects. A clinical study was carried out on a patient of post operated Ruhyaman vrana to access the Savarnikaran effect of Tiktadi ghruta.

KEYWORD: *Savarnikaran, Tiktadi ghruta, Ruhyaman vrana*

INTRODUCTION:

Wound is defined as any discontinuity in skin or mucous membrane. It is the most commonly faced problem by the surgeons in their day to day practice. The prevalence rate of wound is increasing day by day due to increasing accidents, traumatic injuries or vitiated doshas. Wound is termed as Vrana in Ayurveda as the scar of wound never disappears even after complete healing leaving its imprint lifelong. As in this era, beauty has acquired more importance, and scar formation creates ugliness in this beauty, better wound healing with minimal scar formation is the prime motto for every surgeon. The science of cosmetics has developed to overcome this need. But despite of many cosmetics which are available in market, complete wound healing without any scar formation is still a difficult task to be achieved and many of them often leads to allergic skin reactions.

Ayurveda gives more importance for prevention and complete curing of a disease with a minimal chance of recurrence. Acharya Sushruta, the father of Surgery was the first to establish the knowledge of Savarnikaran and plastic surgery. He has described Shashthiupkramas (60 measures) for Vrana chikitsa in Sushruta Samhita. It includes Vaikrutapaham which means to remove the abnormality caused by vrana. Vaikrutapaham includes Savarnikaran that helps to regain the natural colour of skin after the wound management. From the point of cosmetic view, it is necessary to avoid the discolouration after the rudha vrana. Ayurveda mentions many medicinal dravya which has varnya properties. Tiktadi ghruta, a combination of

vrnashodhak, ropak and varnya medicines can be used effectively for savarnikaran purpose. A clinical study was carried out on a patient of post operated Ruhyaman vrana to access the Savarnikaran effect of tiktadi ghruta.

AIM AND OBJECTIVE

To study the Savarnikaran effect of Tiktadi ghruta as local application in the management of Ruhyaman vrana.

CASE REPORT

A 25 years old male patient presented with the complaints of wound over right gluteal region, pain at site, difficulty in sitting and walking. The patient was suffering from swelling over right gluteal region since 6 months. But the patient ignored it and it increased gradually in size and became infected resulting in pain at that site. On approaching hospital, he was diagnosed as infected sebaceous cyst which was operated- excision under General anaesthesia before one month. He was treated with oral antibiotics and betadine dressing till the signs of Ruhyaman vrana appeared. He had no history of DM/HTN or any other major disorder. Family history was not significant of any disorder.

Local examination revealed Wound over right gluteal region of size 5x4 cm. No discharge was present. Healthy new granulation tissue was evident with reddish in colour.

Treatment given: - Tiktadi ghruta local application

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पटोलमालतीनिम्बपत्रेर्वर्ण्यघृतंस्मृतम्॥६३॥

भेषज्यरत्नावली, व्रणशोथचिकित्सा, पृ.क्र. ५९७

Drug review:-

<i>Sr.no</i>	<i>Dravya</i>	<i>Latin name</i>	<i>Ras</i>	<i>Virya</i>	<i>Vipak</i>	<i>Guna</i>	<i>Karma</i>
1	<i>Katuka</i>	<i>Picrorhiza kurroa</i>	<i>Tikta</i>	<i>She et</i>	<i>Katu</i>	<i>Ruksha, Laghu</i>	<i>Raktashodhak, shothahar, kushthaghna</i>
2	<i>Haridra</i>	<i>Curcuma longa</i>	<i>Tikta, katu</i>	<i>Ush na</i>	<i>Katu</i>	<i>Ruksha, Laghu</i>	<i>Shothahar, vednasthapana, varnya, vranashodhak, vranaropak, lekhan, raktaprasadak</i>
3	<i>Yashtimadhu</i>	<i>Glycyrrhiza glabra</i>	<i>Madhur</i>	<i>She et</i>	<i>Madhur</i>	<i>Guru, snigdha</i>	<i>Dahashamak, vedanasthapana, varnya, kandughna</i>
4	<i>Karanj</i>	<i>Pongamia pinnata</i>	<i>Tikta, katu, kashaya</i>	<i>Ush na</i>	<i>Katu</i>	<i>Laghu, tikshna</i>	<i>Jantughna, kandughna, shothahar, vranaropan, vedanasthapan, raktaprasadan, kushtaghna</i>
5	<i>Patol</i>	<i>Trichosanthes dioica</i>	<i>Tikta</i>	<i>Ush na</i>	<i>Katu</i>	<i>Laghu, rukshaa</i>	<i>Vedanasthapan, vranashodhan, vranaropan, kushthaghna, kandughna</i>
6	<i>Jati</i>	<i>Jasminum officinale</i>	<i>Tikta, kashaya</i>	<i>Ush na</i>	<i>Katu</i>	<i>Laghu, snigdhamrudu</i>	<i>Vranashodhan, vranaropan, varnya, vedanasthapan, raktaprasadan, kushthaghna, kandughna</i>
7	<i>Nimba</i>	<i>Azadirachta indica</i>	<i>Tikta, kashaya</i>	<i>She et</i>	<i>Katu</i>	<i>Laghu</i>	<i>Jantughna, vranapachan, vranashodhan, vranaropan, putihara, dahaprashaman, kandughna, kushthaghna</i>
8	<i>Ghruta</i>	<i>Butyrum</i>	<i>Madh</i>	<i>She</i>	<i>Madh</i>	<i>Snigdha gur</i>	<i>Vranashodhan.</i>

		<i>departum</i>	<i>ur</i>	<i>et</i>	<i>ur</i>	<i>u, mrudu</i>	<i>Vranaropan</i>
9	<i>Siktha (mom)</i>	<i>Wax</i>	-	-	-	-	<i>Soothing</i>

The patient was treated with local application of Tiktadi ghruta once daily for a period of 1 month.

Follow up :-

Assessment Criteria:-

Daily dressing was done with Tiktadi ghruta for one month and follow up was recorded on 7th, 14th, 21st, 28th day of treatment.

Signs & symptoms	Normal 0	Mild 1	Moderate 2	Severe 3
Size	No gap	1/4 th of previous area	1/2 of previous area	Size of wound on 1 st day
Colour	Normal	Pink	Red	Purple
Pigmentation	Normal	Hypo pigmentation	Mixed	<i>Hyper pigmentation</i>
Vascularity	Normal	Pink	Red	Purple

Observations and results:-

Signs & symptoms	Before Rx	7 th day	14 th day	21 st day	28 th day	After Rx
Size	3	3	2	2	1	0
Colour	2	2	2	1	1	0
Pigmentation	3	2	2	1	1	0
Vascularity	3	3	2	2	1	0

From the observations, it was observed that there is significant improvement in all signs & symptoms of Ruhyaman vrana and significant Savarnikaran effect of Tiktadi ghruta was seen.

DISCUSSION

In Ayurveda, the clinical presentation of each phase of wound healing has been well described by the Acharyas. By understanding these features, clinician gets the accurate idea of wound healing stage and can plan the treatment accordingly.

Healing wound is pink or ruby red in colour with no discharge, size is decreasing with bluezone margins and the surrounding skin is warm, pink and healthy. Healing wound is described as Ruhhyaman vrana in Shushrut Samhita. Ruhyaman vrana is characterized by kledavarjita (no discharge), Kapotvarnata, has firmly adhered skin.

Here, in case of post operated Ruhyaman vrana, Tiktadi ghruta local application once daily was carried out for a period of

one month to prevent the further scar formation and to get the savarnikaran effect. At the end of treatment, there was marked improved in the colour of wound, size, pigmentation and vascularization. The resulted drug action is due to the action of the ingredient drugs like wound healing, varnya property and potential action on the capillaries that helped to clear the metabolites toxins from the skin.

Considering all the above actions of the drug, it is clear that the drug has acted synergetically in Savarnikaran of the Ruhyaman vrana.

CONCLUSION

This single case study showed that Tiktadi ghruta has potential action on vrana savarnikaran. It can be used effectively with easy availability, economically affordable and with no adverse effects.

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Management of diabetic foot ulcer in ayurveda: a case study

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ABSTRACT:

Now a day's diabetic foot ulcer is a major complication of diabetes mellitus, and probably the major component of the diabetic foot. If diabetic ulcer not treated properly, it leads to amputation of foot or even leg also. In most of the cases, diabetic ulcer are due to the neuropathy, atherosclerosis, resistance to antibiotics etc. In India, approximately 5% DM patients develop foot ulcer out of which 1% require amputation.

In Ayurvedic prospective, diabetic foot ulcer is correlated with Dushta vrana. Ayurvedic texts describe various treatments for the management of Dushta vrana. Here a case of patient with high blood sugar presenting with diabetic ulcer over left ankle joint since 11 months was treated successfully with Ayurvedic treatment and after the treatment foot ulcer was seen to be healed completely.

KEYWORD: Diabetic foot, Dushta vrana, DM, Neuropathy

INTRODUCTION:

World is growing very fastly without caring for health of people .The change in life style and food habits of people have made them slaves of different type of disease

Excess of work in sunlight, less consumptions of vegetables, fiber food, liquids , doing heavy exercise more than one's capacity, excess intake of dairy products, alcohol, highly pungent and salty foods etc. causes several problems like hypertension, diabetes etc. As of 2015 , an estimated 415 million people had diabetes worldwide. This represents the prevalence's rate of diabetes mellitus is around 8.35% of total populations. Among DM related complications, foot ulcer is the most common, affecting approximately 15% of diabetic patients during their life.¹ This can be attributed to several social and cultural practices such as bare foot walking , inadequate facilities for diabetes care and educations and also poor socioeconomic conditions .² Limb amputation has a major impact on individual ,not only in distorting body images but also increasing dependency ,and costs of treating foot ulcer . Around 40% of amputation in diabetic patients can be prevented with team approach to wound care.³ High blood sugar level causes poor

blood circulation by ischemia. This contributes to the formation of ulcer and affects on wound healing process. Development of neuropathy leads to loss of pain and pressure sensations and causes further worsening of wound. High blood sugar level, poor blood circulations due to ischemia and neuropathy are three basic causes of developing diabetic foot ulcers.

Acharya Sushruta has mentioned multidisciplinary management for Vrana, in which 60 types of Vranopakramas are explained. Out of these Kashaya and Sarpi therapy is good to treat the Diabetic foot ulcer.⁴

AIM

To manage the Diabetic foot with Ayurvedic medications.

OBJECTIVES

- To study the Diabetic foot in details.
- To study the Dushta Vrana.
- To study the role of Aragwadadi Kashay and Mahathikthak Ghritam in diabetic foot.

CASE REPORT:-

A male patient, aged 58 years presenting with complaint of non-healing chronic

wound over left ankle joint since 11 months came in OPD of Shalya tantra, CSMSS Ayurved Hospitals, Aurangabad. Patients had taken initial treatment at private hospitals and he was advised amputation. Then patient came to our Ayurved hospital for the management and save the foot from amputation.

- Chief complaints:- Wound over left ankle joint on lateral aspect since 11 months

Burning pain at wound site

Foul smell with pus discharge

Difficulty in walking

Fever occasional

Personal History:-

Surgical- Nothing significant

Allergic: - Nothing significant

Medicine: - Yes, DM type II since 5 years

On regular Rx- Tab. Metformin 500 OD before breakfast

Addictions:- Smoking - since 20-22 Years

Family History:- No any specific history

Physical Examinations:-PR:

68/min -regular

BP: 136/88 mm of Hg

RR: 16/min

Temp:- 99.4⁰ F

Systemic Examinations:-

CVS- S₁S₂ normal

CNS-NAD

RS- AEBE with wheeze bilaterally

GIT-NAD

Local Examinations:-Site- over lt. ankle joint lateral aspect

Size- length 6 cm, width 5 cm, depth 0.6 cm

Edges and margin-inflamed and irregular border

Floor- covered with slough and unhealthy granulation tissue ++

Base- indurated

Discharge- foul smelling blood mixed pus discharge

Surrounding- Blackish in colour

Tenderness- present ++

Lab Investigations:-

1) CBC- HB- 11.2 gm% WBC- 9200/mm³ Platelets- 4.23 lakhs

2) BSL-FF-210 mg/dl% PP- 334 mg/dl%

3) Urine-WNL

4) RFT- Sr.Urea- 28 mg/dl Creatinine-0.8 mg/dl

5) Sr. Electrolytes- Na-138 mEq/L, K- 4.2 mEq/L, Cl - 101mEq/L

6) Lipid Profile:- Total Cholesterol-170 mg%

HDL Cholesterol- 39 mg%, LDL Cholesterol -112mg%

VLDL Cholesterol- 31 mg%, Tryglycerides- 148 mg%

7) ECG-WNL

Provisional Diagnosis:- Vrana

Final Diagnosis:- Dushta Vrana
(Diabetic foot ulcer)

Follow up:-

Follow up taken on every 7th day.

Total 8 follow up taken.

OBSERVATIONS:-

For assessment criteria 0-4 grade given and observations is drawn on every follow up-

Observations	Before t/t 0 th day	During the treatment								At the end of 2 nd months
		7 th day	14 th day	21 st day	28 th day	35 th day	42 th day	49 th Day	56 th day	
<i>Daha</i> (Burning)	4	2	1	0	0	0	0	0	0	0
<i>Gandha</i> (Smell)	4	2	1	1	0	0	0	0	0	0
<i>Varna</i> (Colour)	4	4	3	2	2	1	0	0	0	0
<i>Oshtha</i> (Edges)	4	4	3	3	2	2	1	1	1	0
<i>Tal</i> (Floor)	4	4	3	2	2	1	1	0	0	0
<i>Strava</i> (Discharge)	4	3	2	2	1	0	0	0	0	0
<i>Aakara</i> (Size)	4	4	4	3	3	2	2	1	1	0

Treatment:-

Local:- Cleaning with Aragwadadi
Kashay followed by dressing with

Mahathikthak Ghritam was done
once daily for 2 months

Internal:-

Tab.Triphala Guggulu (450
mg)*⁵BD

Tab.Gandhak Rasayana (250 mg)*⁶
TDS & continued Tab.Metformin
500 mg OD before breakfast.

OBSERVATIONS:-

The patient was treated with Aragwadadi Kashay and Mahathikaka Ghritam and observed for clinical improvement at regular intervals. The Dushta Vrana was cleaned with freshly prepared Aragwadadi Kashay with scrapping and Mahathikaka Ghritam applied over Vrana with sterile gauze and dressing done daily. Changes in clinical symptoms were observed like burning pain, pus discharge ,color ,odors etc. with regular intervals .After 5 days of interval it was seen that unhealthy granulations tissue was removed without any surgical interventions .Dressing was continued after 21 days there was fresh granulation tissue evident , margins were fresh contracting . Signs of wound healings were observed like healthy granulation tissue, filling of wound base with well vasculated tissues. Antidiabetic treatment was continued as prescribed by physician. After 2 months excellent

wound healing was observed with normal pigmentations .

DISCUSSION:-

As per case study it was seen that diabetic ulcer is difficult to treat which is already mentioned by Sushruta as Krichrasadhya. According to Acharya Sushruta out of 60 measure of Vrana treatment Kashya and Sarpi are indicated for Dushta Vrana .Kashya which provides Shodhan karma that helps to scraping the slough of unhealthy granulations tissue. Sarpi working as Ropan karma which help to form the new granulation tissue.

CONCLUSION:-

This single study demonstrated that Aragwadadi Kashay and Mahathikaka Ghritam are potential to heal the diabetic foot ulcer (Dushta Vrana) .This observations need to be study in more patients to explore better options for diabetic foot management .

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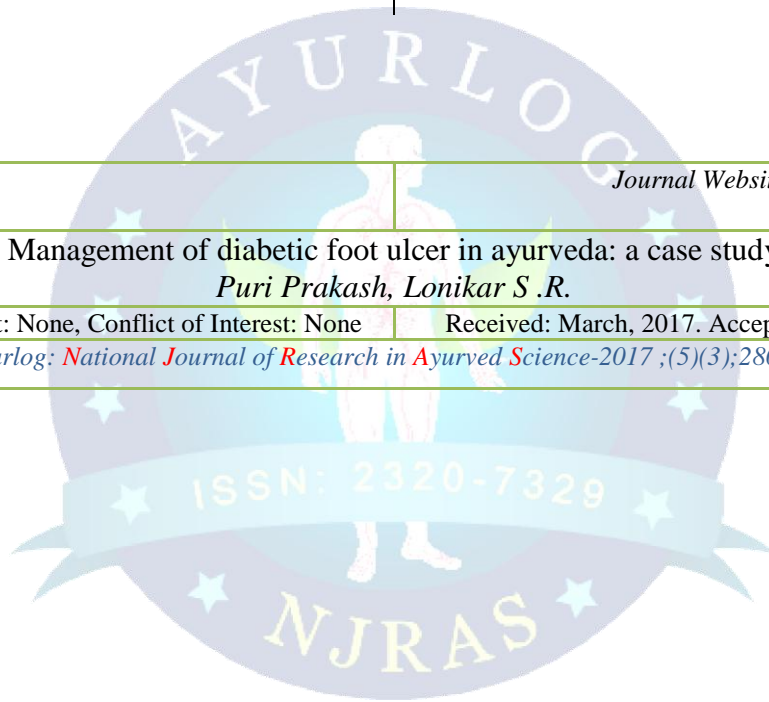
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**Efficacy of Abhyantar Chikitsa with Sthanik Chikitsa in The Management
Of Stana Granthi: A Case Study**

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Abstract

Over the few decades man has literally conquered the "Everest" of advanced Technology. However still the indicator of prosperity and happiness of any community is judged by its health index and not merely by its materialistic advancement. Furthermore the overall health index of any community is governed by the health of the women in that community. Thus special attention should be provided to maintain a healthy womanhood. But in daily medical practice varied problems are seen in woman like...

- Irregular menstrual cycle.
- PCOS.
- PID.
- Stana Granthi.

Among these varied problems Stana Granthi is not only the commonest benign tumour but also is the commonest benign solid tumour in female.

It has been estimated that at least 20% of women at the age of 30 have got stana granthi. Fortunately most of them remain asymptomatic but they have to pay attention because they hamper daily activity of the woman. The prevalence is highest between 35-45 years.

According to Ayurveda Stana Granthi is considered due to an imbalance of Dosha. This disorder involving Kapha, Meda, Mamsa, Ambuvasotas etc. is due to Kapha, Meda blocking Vata and Pitta hence movement is obstructed and transforming process suppress.

In Ayurveda Acharya Sushrut mentioned Granthi in Nidan sthan 11 Adhyay.

To overcome this problem ayurveda suggests the very effective treatment. A 45 years old patient came in OPD of Stree Rog Prastuti Tantra Department on 3-1-2017 having complaint of solid mobile mass in the right side of stana. Sometimes that mass was painful. She was treated by ayurvedic line of treatment i.e. Deepan – Pachan – Lepam and got result. Hence presented a case.

Key Word : , Granthi, Deepan, Pachan, Lepam.

Introduction

Over the few decades man has literally conquered the "Everest" of advanced Technology. However still the indicator of prosperity and happiness of any community is judged by its health index and not merely by its materialistic advancement. Furthermore the overall health index of any community is governed by the health of the women in that community, Thus special attention should be provided to maintain a healthy womanhood.

But in daily medical practice varied problems are seen in woman like...

- Irregular menstrual cycle.
- PCOS.
- PID.
- Stana Granthi.

Among these varied problems ¹Stana Granthi is not only the commonest benign tumour but also is the commonest benign solid tumour in female.

Now a days due to life style modification the prevalence of stana granthi is getting more. It has been estimated that at least 20% of women at the age of 30 have got stana granthi . Fortunately most of them remain asymptomatic. But they need special attention because they hamper daily activity of the woman. The prevalence is highest between 35-45years.

According to *Ayurveda* Stana Granthi is considered due to an imbalance of *Dosha*. This disorder involving *Kapha*, *Meda*, *Mamsa*, *Ambuvasotas* etc. is due to *Kapha*, *Meda* blocking *Vata* and *Pitta* hence movement is obstructed and transforming process suppress.

In *Ayurveda Acharya Sushrut* mentioned ^[3]*Granthi* in *Nidansthan 11 Adhyay*.

To overcome this problem *Ayurveda* suggests the very effective treatment

Aims and Objectives of Case Study:

To evaluate role of *Abhyantar chikitsa* with *Sthanik Chikitsa* in the management of Stana Granthi.

Type Of Study: Observational single case design without control group.

Materials And Methodology:

Study Center: C.S.M.S.S. Ayurved Hospital, Aurangabad.

Study Details :

Name of pt : xxx
Reg. No O.P.D. No. – 198
Date of First visit : 3/1/2017
Age : 45 years
Gender : Female
Religion : Hindu
Occupation : Housewife
Diet : Veg & Nonveg

Chief Complaint :

- 1 A movable solid mass in right side lower quadrant of breast. from 3 months
- 2 Anorexia, Agnimandya 3 month

Marriage Life : 20 years

Menstrual History $\frac{5-6 \text{ days}}{30 \text{ days}}$ Regular, moderate, 1 – 2 pad per day,

Obstetric History: G₂P₂L₂A₀D₀

Brief History ,

45 years old patient having married life 20 years having 1 male and 1 female child complaining of A movable solid mass in right side lower quadrant of breast. from 3 months and Anorexia, Agnimandya 3 month

She had taken treatment for the same at private Hospital but had not got result so she came to C.S.M.S.S. Ayurvedic Hospital Aurangabad for management

General Examination :

- 1) Obesity ++

Ashtavidha Parikshan :

1. *Nadi* = 90/min, *madhyama bala*, *niyameet*.
2. *Mala* = *Grathit Malapravrutti*.
3. *Mutra* = *Samyaka*
4. *Jivha* = *Saam*
5. *Shabdha* = *Avishesha*
6. *Sparsha* = *Anusha*
7. *Druka* = *Alpashwetata*
8. *Akruti* = *Sthul*

Udar parikshan - *Udarasthambha, Aanaha, & other lakshanas Agnimandya, Aruchi, Udar shool*

Local Examination:

PS = Cx healthy.

No any abnormal discharge

PV= ut. AVAF / Normal size / Mobile fornices clear

Stana Parikshana A movable solid mass measuring about 2*3 cm in Right side lower quadrant of breast.

Srotas Parikshan Dushita Srotas Are :

Rasa Vaha - *Aruchi, Sarvang Gaurav*

Annavana - *Agnimandya*

Stanyavaha - A movable solid mass in Right side breast in lower quadrant Measuring 2*3 cm

Diagnosis : Stana Granthi

Treatment On 3/01/2017: 1) As the patient was complaining of *Agnimandya*

Shewas advised to take ⁴*Hingvashatak Choorna* 2gm twice a day with *Ghruta* before meal for *Deepan* karma for 3 days

2) For ⁵*Aamapachan Ampachakuati* 500 mg twice a day after meal for 3 days

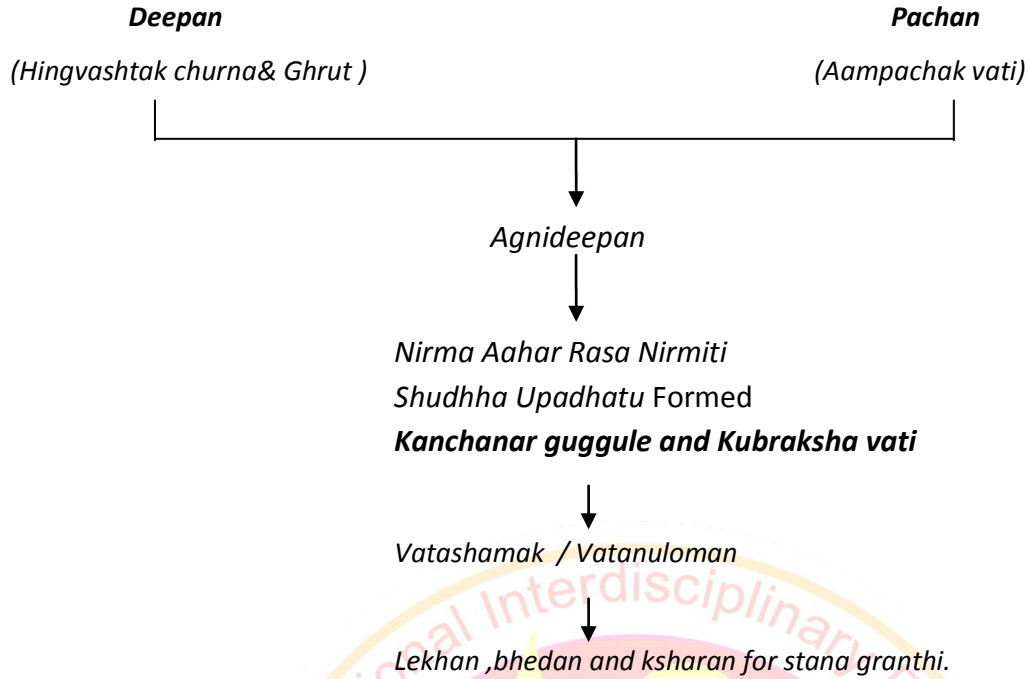
Then she visited on 6/01/2017 and further was advised for to take *Kanchanar Guggule* 250 mg 2 tab tds and also *kuberaksh vati* 250 mg 2 tab tds for 15 days and *Lepan* of *kanchanar guggule* on affected area for thrice a day for 15 days

Again after next menstrual cycle same protocol used. i. e. *Deepan Pachan ,abyantar vati sevan and Lepan*

Total Duration Of Therapy :- This line of treatment i.e. *Deepan Pachanabyantar vati sevan and Lepan* was performed for 3 consecutive cycle.

Observation/Result :- When on next month she came for follow up then all sympyoms get reduced.

Discussion: Probable mechanism of action



Conclusion :

Thus we can conclude that as compare to modern view the holistic approach of *Ayurvedic* system of medicine & *Sthanik Chikitsa* plays an important role and gives relief to patient from Stana Granthi.

Treatment Plan.

Sr.No.	Karma	Drug	Dose	Duration
1	Deepan	HingavashtakChoorna with Ghrut	2gm BD	3 days
2	Pachan	Ampachak Vati	500 mg BD	3 days
3	Abhyantar sevan	Kanchanar guggule and Kubraksha vati	500 mg TDS	15 days
4	Lepan	Kanchanar guggule	As required	15 days

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

**A Clinical Study of Dashmool Bharad Kwath and Tila Taila Yoga Basti
in Kashtartava (Dysmenorrhoea) - A Case Study**

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Introduction:-

Now a day lifestyle is becoming very stressful. Stress is one of the cause which is related to the hormonal imbalance. Women are facing so many problems like PCOD, Dysmenorrhea as she is not following Dinacharya and Rutucharya.

Menstruation is a natural event as a part of normal process of reproductive life in females. Due to changing life style and lack of exercise, Kashatartava (Dysmenorrhoea) is becoming arising problem.

In Modern science, for the treatment of Dysmenorrhoea³ is Analgesic, Antispasmodics are prescribed which is not good for health for longer use. During Menstruation, women experience gastrointestinal upset in ayurveda it known as Agnimandya. Analgesics and Anti-inflammatory drug and produces hyper acidity, headache, drowsiness, etc
In Ayurveda, Kashatartava² has being described as symptom not a disease. In Udavarta Yoni vyapad syptoms are same as Kashatartava

शङ्खनाभ्याकृतिर्योनिस्त्रावर्ता सा प्रकतिर्ता।

सु.शा.५/४३

Garbhashya is like hollow shankha nabhyakriti and trayavarta yoni it means reproductive system is made up of 3 avarta.

आर्तववहे व्दे, तयोर्मूलं गर्भाशयः आर्तववाहिन्यश्च धमन्यः।

तत्र विद्धाया वन्ध्यात्वं मैथुनासहिष्णुत्वमार्तवनाशश्च॥

सु.सं.शा.९/१२

वेगोदावर्तनाद्योनिमुदावर्तयते निलः।

सा रुगार्ता रजः कृच्छ्रेणोदावृत्तं विमुचति ॥

आर्तवे सा विमुक्ते तु तत्क्षणं लभते सुखं।

रजसो गमनादूर्ध्वं देयो उदवर्तिनी बुधैः ॥

च.सं.चि.३०/२५,२६.

Artava means, which flows out from apatyamarga, for specific period. Apana vayu and Vyana vayu is mainly responsible for Artava Utpatti. Kashatartava is nothing but painful artavadarshan (Menstruation). Shool is mainly due to vikruti of Apana vayu and Vyana vayu. To regress shool vatahar drugs should be used. Dashamool and Til tail act as vatghna so I selected **Dashmool Bharad Kwath and Tila Taila Yoga Basti In Kashtartava (Dysmenorrhoea).**

त्रयः कटिकपालेषु।

सु.सं.शा.५/२६

श्रोण्यां पञ्च तेषां गुदभग्नितम्बेषु चत्वारि त्रिकसंश्रितम्।

सु.सं.शा.५/१९

Stree Shroni is made up of 5 bones and it is situated in pelvis cavity means kati stana. Mula stana of vat is kati and basti. For this Basti is selected. Anus having rich blood supply and high absorption rate in short period. So Yoga basti of vattaghna Dravya is more effective than oral drugs.

Objectives:-

1. To carry out comprehensive study of Kashatartava.
2. To study symptomatic relief of Kashatartava Dashmool Bharad Kwath and Tila Taila Yoga Basti Therapy.

Type Of Study:-

Observational single case design without control group.

Materials And Method:-

Study Centre- C.S.M.S.S. Ayurved Hospital, Aurangabad.

Study Details-

Name of Patient	- XXX
Reg. No.	- 3587
Date of 1st visit	- 15/2/2017
Age	- 22 years
Gender	- Female
Religion	- Hindu
Occupation	- Student
Diet	- Veg-Nonveg.

Chief complaints -

1. Sashoola raja pravrutti Since 6 months
2. Manda ruja (yoni pradeshi). Since 6 months
3. Adho-Udarshool. Since 6 months
4. kati shool during M.C. Since 6 months

Married life - Unmarried

Menstrual History- Regular (28 days), Moderate (3-4 pads/day), Painful +++++

Brief History -

22 years old patient complaining of Painful Menstruation (Raja sashoola Rajapravrutti, Adhodar shool, manda ruja and Kati shool) since 6 months. Pain in abdomen during menses³. She had taken Allopathic treatment for the same at private hospital but she had not got result so she came to C.S.M.S.S. Ayurveda Hospital Aurangabad for management.

General Examination-

1. Weight- 42
2. BMI- 24

Ashtavidha Parikshan-

1. Nadi = 84/min, madhyama bala, niyameet.
2. Mala = Grathit malapravrutti.
3. Mutra = Samayaka.
4. Jivha = Saam.
5. Shabdha = Avishesha.
6. Sparsha = Anusha.
7. Druka = Alpashwetata
8. Akrti = Sthul.

Udar parikshan = Udarasthambha, Aanaha, Udarshool

Local Examination-

P/S = Not Done (Unmarried)

P/V= Not Done (Unmarried)

Srotas Parikshan Dushita Srotas are-

- 1) Rasa vaha - Aruchi
- 2) Anna vaha - Agnimandya
- 3) Artava vaha - Saruka, Sashool Raja pravrutti, Raja Krichchhata.

Diagnosis- Kashtartava (Primary Dysmenorrhoea).

Drug Review:-

दशमूलपयोबस्तिश्वोदावर्तानिलर्तिषु |

- च.सं.चि.३०/१११.

A) Selection of drug:-

1) Dashmool Kwath

1. Bilva
2. Agnimantha
3. Shyonak
4. Patala
5. Gambhari
6. Shalaparni
7. Prishniparni
8. Kantakari
9. Bhuhati
10. Gokshur

2) Tila Tail

B) Preparation of drug:-

- 1) Dashmool kwath is prepared according to Acharya Sharangdhar⁴.
- 2) Tila Tail

SR. NO.	DAY	KARMA	DRUG	DOSE
1.	1	Anuvasan Basti	Tila Taila	120ml
2.	2	Niruha Basti	Dashmool Kwath	960ml
3.	3	Anuvasan Basti	Tila Taila	120ml
4.	4	Niruha Basti	Dashmool Kwath	960ml
5.	5	Anuvasan Basti	Tila Taila	120ml
6.	6	Niruha Basti	Dashmool kwath	960ml
7.	7	Anuvasan Basti	Tila Taila	120ml

Observation:-

In the first visit Patient was having complaints of Kashtartava i.e. Sashool, Sakasta Raja pravrutti, Yoni vedana, Adho udarshul. Patient was given Yoga Basti for 7 days before menses for 3 consecutive menstrual cycles. In every cycle, after Yoga basti there was progressive decrease in symptoms. Finally, patient was symptom free. Hence, Yoga Basti found useful in Kashtartava .

Discussion:-

- 1) In Ayurveda, Kashtartava occurs due to dusti of apana vayu and vyana vayu mainly thus first of all vataghan drugs should be given.
- 2) As said by Acharyas, Basti chikitsa is pradhan chikitsa in Vata vyadhi hence, Dashmool Kwath is used for Niruha Basti and Tila tail for anuvasana Basti.
- 3) Mul stana of vat is kati and basti. For this Basti is selected. Anus having rich blood supply and high absorption rate in short period. So Yoga basti of vattaghna Dravya is more effective than oral drugs.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Samprapti vighatana of Pratishyaya in the light of shatkriyakal

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Abstract : -

Aim of the present article is to discuss the sampraptiof Pratishyaya according to shatkriyakala. Shatkriyakala is described by Acharya Sushruta.The six avasthas are Sanchaya, Prakopa, Prasara, Sthanasanshrayam, Vyakti and Bheda. The six Kriyakala are the stages of ongoing progressive Samprapti of disease.During kriyakala Doshaslakshana and Doshdushya sammurchana janeet lakshana seen in patient respectively. According to diagnosis of different kriyakala in Pratishyaya important disease preventive measures like pathyasevan and Dhatuprasadan can be introduced earlier.If we break the samprapti of any disease in prakopadi avastha, then the complications of that disease can be avoided and the disease wiil be sukhasadhy. In Pratishyaya the kaphotklesha vitiates the kapha, vata and alpa pitta doshathese gets spread in nasa and shirah pradesha. Here dosh, dushya sammurchana occursPratishyaya is formed. This Pratishyaya occurs in teen age mostly so this is the valuable topic of concern in present era.

Key Words : -Pratishaya, Shatkriyakal.

Introduction : -

Shatkriyakala is a concept which is described by *Aachyarya sushruta*. *Shatkriyakala* means the six stages of formation of disease.

They are...

- | | | |
|---------------------------|-------------------|-------------------|
| 1) <i>Sanchaya</i> | 2) <i>Prakopa</i> | 3) <i>Prasara</i> |
| 4) <i>Sthanasanshraya</i> | 5) <i>Vyakti</i> | 6) <i>Bheda</i> . |

In *Sanchaya*, *Prakopa* and *Prasara Kriyakala* mainly *doshas* involved in disease gets vitiated. In these earlier three *Kriyakalas* according to vitiation of involved *doshas* patient feels discomfort or disturbance in daily routine and so the patient desire or dislike things which pacifies or aggravates vitiated *doshas* respectively. In these three stages there is important role of *pathyasevan* which avoids the further vitiation of *doshas* and development of the disease. With *pathyasevan* for *saam dhatupachan*, *shaman*, *dhatuprasadan karmas* selective *Rasayan dravyas* can be introduced in these stages. Which will eliminate *Khavaigunya* in *dhatu* involved in *samprapti* of the disease.

If we cure the disease in the earlier stage. The disease will be cured fast. In *shatkriyakala* we have to perform the diffrent *kriyas* for the treatment of disease to avoid the complication, so it is very important to study the disease according to *shatkriyakala*.

Samprapti of Pratishaya : -

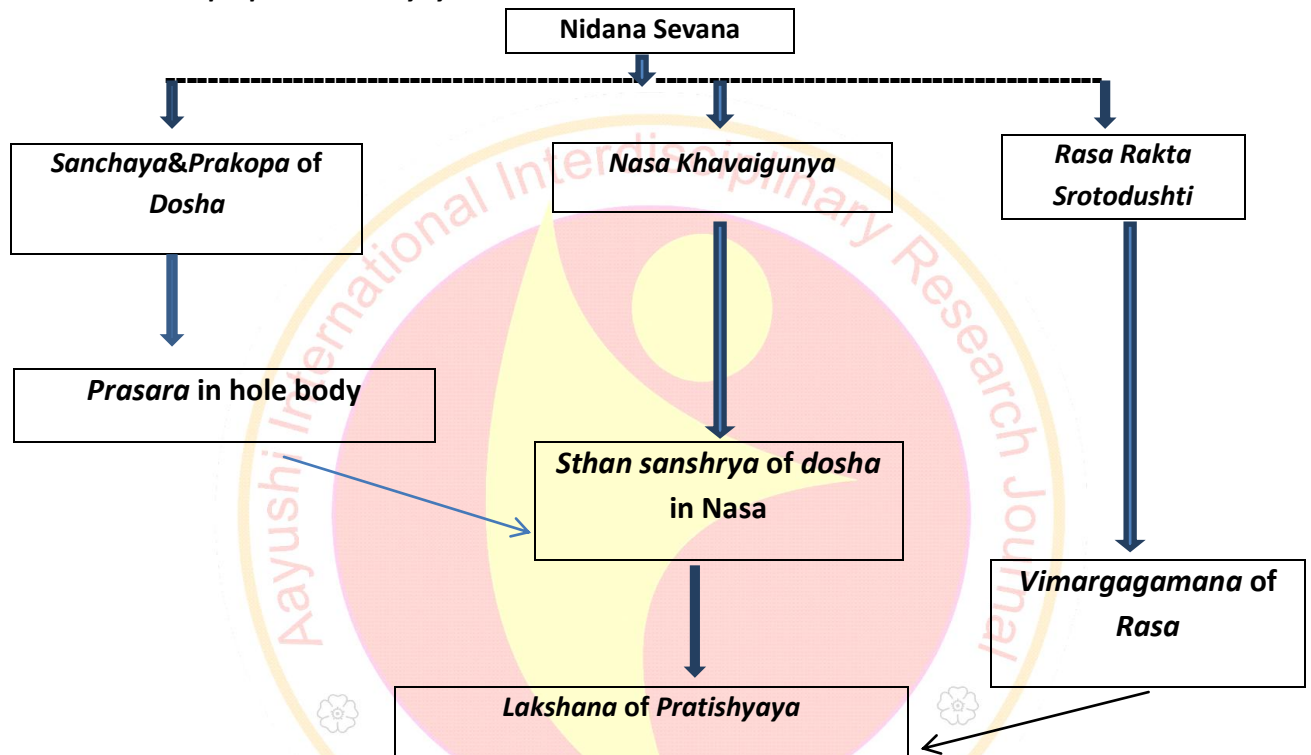
Aacharya Charaka enumerate that, due to indulgence of *Nidana*, *vatadi* *doshas* gets accumulated in the head and gives rise to *Pratishyaya*.⁽¹⁾ While describing *Samprapti Sushruta* affirms that, *Vata* and other *Doshas*, either individually or collectively with or without the

association of *Rakta* gradually accumulate in the head and when further vitiated by their respective exciting causes, produce *Pratishyaya*.⁽²⁾

Aacharya Vagbhata explains that, when the vitiated *Vata pradhananDoshas*, gets localized in the nasal cavities, gives rise to *Pratishyaya*. If not treated properly, the increased *doshas* may even lead to *Kshaya*.⁽³⁾

Aacharya Kashyapa has mentioned that due to *Nidana sevana*, *Mandagni* and *Vishamashana*, the aggravated *vata* vitiates *kapha* and theyvitiates the channels situated near *nasika* to cause *Pratishyaya*. In this disease the patient always excretes out the secretion continuously, so it is called *Pratishyaya*.⁽⁴⁾⁽⁵⁾

Schematic Samprapti of Pratishyaya



Samprapti Ghatak :-

- Nidana* → *Kapha, Vat prakopak nidana*
- Dosha* → *Kapha, Vata, Alpa pitta*
- Dushya* → *Rasa, Rakta*
- Srotas* → *Rasavaha, Raktavaha, Pranavaha*
- Srotas dushti* → *Sang, Vimarg Gamana, Ati pravrutti*
- Agni* → *Jatharagni – Mandya*
Dhatwagni -- Mandya
- Dosh marg* → *Shakha*
- Rog marg* → *Bahya*
- Udbhava sthana* → *Aampakwashaya*
- Adhistan* → *Nasa, Shiraha*
- Pratyatma lakshana* → *Kaphotklesha, Ghran viplava, Shirahshool, Nasa*
Avaruddha, Swara Bheda, etc.

The above given brief description of pathogenesis of *Pratishyaya* may further be elaborated on the basis of *shat kriyakala* given by *Aacharya Sushruta*.

1) Sanchay :-

During this stage one or more of the *Doshas* undergo increase in their chief site i.e. *Vata* in *Pakwashaya*, *pitta* in *Pachyamanashaya* and *Kapha* in *Urah Pradesha*. This accumulation of *Dosha* produce mild symptoms in the form of *Iccha* and *Dweshya* for certain foods, activities etc. Liking or desire is for those which possess qualities opposite to those of the *Viprit guna iccha* and dislike or aversion is for those which cause the increases of the *dosha*. If the person recognizes these like and dislike and acts accordingly, the *doshas* will come back to their normal condition. On the other hands, if they are not recognized and the person continues to indulge in causative factors like unhealthy foods, the *doshas* undergo increase further.

Aacharya Dalhana clarifies phenomenon of each *doshas* in the head region. Accordingly, *Prana Vata* has its field of activity in the head. Among *pitta*, *Alochakapitta* and *Bhrajakapitta* can be considered and *Tarpakakapha* site in the head is well known. *Rakta* circulating through head also gets accumulated in the head.

2) Prakopa :-

In *Prakopa* stage, the further increased *Dosha* lead to vitiation excitation state. A person can easily get over this abnormality by suitable adjustment in foods, activities and simple drugs and remedial measures by consulting a physician. Negligence of appropriate action leads to the next stage of *Prasara*.

3) Prasara :-

During the third stage (also known as *Prasara*) spreading to large areas take place. The *doshas* undergo further increase and invade the site of other *Doshas* in addition to their own, *Vata* to the site of *Pitta* or *Kapha*, *Pitta* to sites of *Vata* or *Kapha*, *Kapha* to sites of *Vata* or *Pitta*. If effective treatment is taken, the *doshas* will come back to normal. If the person continues to indulge in unhealthy foods etc., or if the treatment is ineffective, the abnormality continues further to the onset of the fourth stage.

In *agni vaishamya*, the *koshthagni* becomes abnormal. Due to intake of unhealthy food there is relative increases in *doshas*, *agni vaishamya* takes place. Increase of *Vata* causes *Vishamagni* making digestion of food variable from time to time, day to day etc. Increase of *Pitta* causes *Tikshnagni*. Changing of food materials which increase *Kapha* cause *Mandagni* making inadequate, and delayed digestion of food. In all these abnormal states, the food does not undergo perfect digestion and undigested materials - *Ama*— remain over in the *aahara* rasa. The quantity of such materials is more in case of *Mandagni*, moderate in case of *Vishamagni* and very little in case of *Tikshnagni*. In *Prasara* the vitiated *dosha* through *rasa* and *Raktavaha* channels circulates through out the body. Beside all the general symptoms, the local symptom in the nasal passages will be *Kaphotklesh*.

4) Sthan Sansraya :-

The vitiated *rasa dhatus* settle at the place of *dushit srotasa* causing *sthan sansraya*. As we know the body is maintained by *Ojodhatu* which is responsible for the *bala* of body to carry out its *karya* Shakti and to prevent diseases. It is the different mechanism in the body. As long as the *Ojas* is normal in its *Pramana* and *Gunas*, the *doshas* cannot vitiate the *dhatus* or the *srotas*. The *ojas*

undergo *Kshaya* due to many causes such as lack of food, physical strain, injury to vital organs, excess indulgence in alcohol and such other substances of poisonous nature, anger, grief, worry and other mental emotions, loss of blood, semen and other tissue etc. The decrease of *ojas* makes the *dhatu*s poor in strength and susceptible to the bad effect of the increased *doshas*. The *srotas* may undergo following four kinds of *srotodushti*.

- *Atipravritti*– Of nasal discharge
- *Sanga*– Obstruction, blockage, decreased normal functioning of the upper respiratory tract and consequent in size of exudates.
- *Granthi* –Growths, accumulations in the sinuses.
- *Vimargagamana* – Movement of material in wrong direction.

The organ where one or more of these *srotodushti* has taken place, become the site of origin of the disease. Thus, in the fourth stage, important abnormalities occurring inside the body are further increase of the *doshas*, their *sthanasanshraya*, *ojokshaya*, *srotodushti*, *ama sanchaya* and *dosh dushya sammurchana*. All these act as essential prerequisites for the onset of the disease. This *kriyakala* is the stage of actual commencement of the disease. It is characterized by appearing of *poorvarupa*, which are produced by each one of the above said abnormalities.

This *Prana*, *Kapha*, *Pitta*, *Avritta*, *Udana*, *Vata* gets lodged in the *Pranava srotas*, especially in *Nasa*, where *srotodushti* is already imparted. The *poorvarupa* i.e. *poorvarupa* of the disease can be demonstrated in this stage. In this stage patient gets *Shirogurutvam*, *Kshavath*, *Parihrishtaromata*, as premonitory symptoms of *pratishyaya*.

5) Vyaktavastha :-

The fifth *kriyakala* is characterized by the full *Vyaktavastha* with all its sign and symptoms. Each one of the described abnormalities contributes to their own sign and symptoms, which are clearly recognizable. They vary in number and strength from one patient to other, depending upon the age, sex, constitution, strength of the causes and many other factors. *Sankhya samprapti* can be given as *Ekdoshaj*, *Dwandvaja* and *Sannipatja*. The abnormalities, through profound, can be brought to normal easily when effective treatment and all other favorable factors are present and with difficulty in the presence of unfavorable factors. Sometimes the disease is uncontrollable and progresses further to the final stage. In the process of *Vyaktavastha* the *Shirahshula*, *Kaphotklesha*, *Ghranaviplava*, *Nasa Avarodha*, *Svarabheda*, etc symptoms of *Pratishyaya* may be present.

6) Bhedavastha :-

In six *kriyakala* all the abnormalities become still more profound and irreversible. In spite of the best treatment, they continue to persist and make the patient very debilitated. Loss or depletion of the *dhatu*s, give rise to one or more *Upadrava*. In *Pratishyaya kaasa*, *shwsa*, *kshaya* etc *upadrava* are seen.⁽²⁾ Sometimes even *Arishta lakshanas* might also manifest. All these grave sign and symptoms differentiate this person from others. Hence this stage is called as *Bheda*.

Discussion :-

The disease *Pratishyaya* is described by *Acharya* in *samhita Granthas*. Etiological factors are intake of *kapha prakopak aahar*, *dhulisevan*, *rutuvaishamya*, *shirobhitap*, *atishit padarthasevna*, etc. *Kriya* i.e. *chikitsa* in *Pratishyavyadhi* depends upon *kala* so sign and symptoms at different stages need to be diagnosed for precise treatment in *Pratishyaya*. Even when disease is responding well to the treatment on the basis of sign and symptoms during this period the treatment modalities such as *Shodhana*, *Shamana* and *Rasayana* can be introduced accordingly.

Conclusion :-

By the above article we can conclude that study of *Pratishyaya* according to *shatkriyakala* will be beneficial for diagnosis and management purpose And will avoid the further complication of *Pratishyaya*.

In case of the disease *Pratishyaya*, one can easily conclude that the disease when becomes chronic or complicated,It may lead to production of *Dushta pratishyaya* and *kasa, shwasa, kshaya* also. Hence the concept of *Shatkriyakala* in references to the disease *Pratishyaya* seems to be more scientific both from the understanding of the disease process. As well as its treatment point of view.

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PREVENTION OF DIABETES MELLITUS TYPE - 2

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ABSTRACT

Diabetes is a major public health problem that is approaching epidemic proportions globally. There is an urgent need for strategies to curb the rising prevalence of this disease, and prevention appears a logical approach. Lifestyle modifications with weight loss and exercise can reduce the incidence of diabetes by >50% in patients with impaired glucose tolerance (IGT). The use of metformin has shown in randomized trials to prevent type - 2 diabetes in high-risk subjects with IGT. One or a combination of these approaches could make diabetes prevention a reality in the near future.

Keywords: Diabetes mellitus type 2, Weight loss, Exercise, Metformin

INTRODUCTION

Diabetes mellitus type 2 is a major health problem associated with excess mortality and morbidity. The condition is increasing in epidemic proportions in both developed and developing nations, with the global population predicted to rise from 61.3 million in 2011 to 101.2 million in 2030.¹⁻³

Subjects with DM type 2 are at a significantly higher risk for coronary heart disease, peripheral vascular disease, stroke and various complications. The economic impact of diabetes is substantial in developed countries, it accounts for 10% or more of the total health-care budget on its management or that of its associated complications.⁴ The epidemic is thought to be in part related to obesity and fat

accumulation as a result of a positive calorific balance.¹

Pathogenesis of diabetes mellitus type 2

Subjects who have develop DM type 2 are thought to proceed through a phase of impaired glucose tolerance (IGT)⁵ with defects in the action or secretion of insulin thought to be the two major abnormalities leading to the development of DM. As tissue resistance to insulin progressively increases, insulin secretion by pancreatic beta cells progressively rises as it attempts to compensate for this resistance. Glucose tolerance remains normal as long as the beta cells can compensate for insulin resistance. Eventually, beta cell failure tends to be

slowly progressive over time and leads to a progressively rising glucose levels. Initially, IGT develops, resulting in postprandial hyperglycaemia and subsequently DM type 2, when glucose levels reach a critical point at which the risk of various complications ensues. The risk of progressing from IGT to DM type 2 is variable, depending on the type of population studied, obesity and cardiovascular risk factors.⁶

The need for prevention of Diabetes

The high economic and social costs of DM type 2 and its rising prevalence makes a compelling case for its prevention.¹ In DM type 2 patients, intervention trials have demonstrated clear benefits of good glycaemic control in preventing or retarding the progression of various complications and also reductions in cardiovascular disease.⁷⁻⁹ Intervention prior to the onset of DM type 2 may be the only way of preventing the complications of DM. Thus in subjects with IGT, preventing or delaying the progression to DM type 2 are a potential mechanism to reduce the burden and complications of diabetes.

Aim and Objective

To study the role of lifestyle management, weight reduction and exercise in the prevention of diabetes mellitus type 2.

Materials and Methods

This study is based on lifestyle management, weight reduction and exercise. The material is collected from various modern books and websites.

Lifestyle, weight reduction and exercise

Weight loss has been an important measure in preventing DM type 2. In overweight subjects with IGT undergoing gastric bypass surgery, the rate of conversion to DM type 2 after an average weight loss of 22.5 kg over 4–6 years was 0.15% per year, compared to an average rate of 4.72% in a control group without the operation.¹⁰ A number of small early uncontrolled studies have shown benefits of health and lifestyle changes in preventing progression from IGT to DM type 2.¹¹⁻¹⁴

Two large well-designed randomized control studies have compared the impact of lifestyle measures in subjects with IGT and progression to DM.¹⁵⁻¹⁶

The Finnish Diabetes Prevention Study (FDPS) enrolled 522 middle-aged men with mean age of 55 years and a mean Body Mass Index (BMI) of 31 kg/m² (normal BMI 20–25 kg/m²).¹⁵ Subjects with IGT according to the WHO criteria were randomized to receive either brief diet and exercise counseling (control arm) or intensive individual instructions on weight reduction (>5%), reduction of food intake (<30% of calorific intake) and increased moderate physical exercise (>150 min/week), (intervention arm). Subjects in the intervention arm received sessions with a dietician seven times during the first year. The proportion of patients progressing to DM type 2 per year was 3.2% in the intervention group vs. 7.8% in the control group. Mean weight loss was 3.5 kg in the intervention vs. 0.8 kg in the control group. After 3.2 years, there was a 58% relative risk reduction in incidence of DM in the intervention compared to control group.¹⁵

Diabetes Prevention programme (DPP) in the

USA, consisting of Caucasian, African American, Hispanic, American Indian and Asian Americans, also confirmed the findings of the Finnish Diabetes Prevention Study.¹⁶ Compared with the FDPS, participants were slightly younger (mean age 51 years) and were more obese (mean BMI 34 kg/m²). Subjects with IGT were randomized to intensive nutrition and exercise counseling (lifestyle group) or either one of two masked groups: metformin or placebo.¹⁶ After a period of two years, a 58% reduction in the progression to DM type 2 was observed in the lifestyle group compared with controls. At least 50% of the lifestyle group had achieved the goal of >7% weight reduction. These two studies have clearly demonstrated the effects of lifestyle changes, with at least a 50% reduction in the progression from IGT to DM type 2.

- Pharmacological Agent

Drug interventions have shown potential benefit, economic studies to assess the cost effectiveness are lacking, and are urgently required to consider this approach in preventing DM type 2.

- Metformin

The American Diabetes Prevention Programme (DPP), in addition to lifestyle measures, also randomized patients to metformin. The study found that metformin reduced the risk of progression of IGT to DM type 2 by 31%, compared to patients in the placebo arm. The benefit was not seen in patients aged >60 years or those with a BMI < 30 kg/m².¹⁶

DISCUSSION AND CONCLUSION

The prevention of DM type 2 is an urgent priority in order to halt this rising epidemic. A >50% reduction in progression of IGT to DM type 2 can be achieved by lifestyle measures with moderate exercise and diet. The real challenge is to support such an intervention outside the framework of a clinical trial to large-scale populations with an increasing epidemic of obesity and to maintain these benefits long term. The use of pharmacological intervention with use of drugs such as metformin can prevent progression of IGT to DM type 2. However, their cost-effectiveness and long-term safety are largely unknown.

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“A CLINICAL STUDY OF YASHTIMADHU CHURNA WITH ANUPAN KSHAUDRA IN THE MANAGEMENT OF GARBHINI PANDU”.

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INTRODUCTION

Every woman has the innate desire to experience the joys of motherhood. Women have got divine status in the world; She is the centre of Supraja nirmiti. Our Acharya has stated the Garbhini paricharya. It helps for Supraja nirmiti.

अपल्यानां मूलं नार्याः परं नृणाम् । -च.चि.३०/४

Women are the main stem of family. Stree has a divine role to play in a Dharam, Poshan and Utpatti of Garbha.

Anaemia is defined as reduction in circulating haemoglobin mass below the critical level. WHO has accepted up to 11gm% as the normal haemoglobin level in pregnancy. Therefore any haemoglobin

concentration in the peripheral blood, below 11gm% in pregnancy, should be considered as anaemia. However in India and most of the other developing countries the lower limit is often accepted as 10 gm%.

Incidence: Anaemia in pregnancy is present in very high percentage of pregnant women in India. However according to WHO, in India incidence of anaemia pregnancy has been noted as high as 40-80%.

Ayurveda has stated various types of Garbhoupdrava which explains - “The disorders which occurs in a garbhini due to presence of Garbha are called as Garbhoupdrava.”

In respect of Garbhoupdrava, **Acharya Harita** has described 8 Garbhoupdrava.

शोष हल्लास च्छर्दि शोफ ज्वर स्तथारुचि।

अतिसारो विवर्णत्वं अष्टौ गर्भोपद्रवाः स्मृतः ॥

-हा. सं. तृतीयस्थान. ५१/१

Here Vivarnta (pallor) can be taken as pandu because Vivarntva (pallor) is the main sign and symptoms of pandu. Garbhini Pandu is the Diseases of Rasavaha strotasa. In Ayurveda Garbha poshan is totally depended on rasadhātu----

1. Garbhini 2. Stannya Pusthi 3. Garbha

AIM

- ❖ To study the effect of Yashtimadhu Churna with anupan Kshaudra (madhu) in the Management of Garbhini Pandu.

OBJECTIVES

- ❖ To study the Garbhini Pandu in detail.
- ❖ To study the effect of Yashtimadhu Churna in Garbhini Pandu.
- ❖ To compare the efficacy of Yashtimadhu churna with Ferrous Fumarate in Garbhini Pandu.

PURPOSE OF THE TOPIC

Iron Deficiency Anaemia is a global problem affecting on the health of the pregnant women. Anaemia is a global health issue that has significant consequences for the individual health and socio-economic development. The most common cause of anaemia in developing nation is “Iron Deficiency”.^[9]

Iron deficiency during pregnancy and lactation has important consequences for the future generations, as iron deficiency anaemia increase the risk for preterm labour, low birth weight, infant mortality and predicts iron deficiency in infant after four months of age. It also leads to cognitive deficits and intellectual performance among school children.^[10]

According to modern medicine, there is disproportionate increase in plasma, RBC volume and haemoglobin mass during pregnancy. In addition, there is marked demand of extra iron

during pregnancy especially in the second half. Even an adequate diet cannot provide the extra iron thus result in iron deficiency anaemia in pregnancy. In modern medicine, ferrous gluconate, ferrous fumarate or ferrous succinate is used to correct anaemia. Drawbacks of ferrous gluconate, ferrous fumarate or ferrous succinate are intolerance, epigastric pain, nausea, vomiting, diarrhoea or constipation, unpredictable absorption rate. For avoiding these drawbacks I selected “Yastimadhuchurna” for Garbhini pandu.^[15]

REVIEW OF LITERATURE

- The references related to Yashtimadhu churna, Garbhini Pandu and Ferrous Fumarate will be taken from different literary sources of ayurvedic text and modern text also.
- Previous work done related to Garbhini pandu will be reviewed as.
-Punarnava Mandoor, Navayas Loha, Lohasav, Tapyadi Loha, Dadhimadi Grith, Yograj Rasayan, Aamlaki, etc.

DRUG REVIEW

□ Garbhini pandu is rasa-pradoshaj vyadhi according to charaka:

अश्रद्धा च अरुचिश्चास्य वैरस्यमरसजता।

हृल्लासो गौरवं तन्द्रा सान्द्रमर्दो ज्वरस्तमः॥

पाण्डुत्वं स्त्रोतसां रोधः क्लैब्यं सादः कृशाग्ङ्ता।

नाशो अग्नेरयथाकालं वलयः पलितानि च॥ - च.सू.२८/९

Yashtimadhu not only acts as Maiddya rasayan but also works on Rasavaha and Raktavaha strotas.

Acharya Charak stated that Rasayan chikitsa increases sapta dhatu in sharir, that's why I have chosen this drug from “Gadnigraha” for treatment of Garbhini Pandu.

पाण्डुरोगहरं लिहयाच्चूर्णं क्षौद्रं विमिश्रिताम्।

यष्टयाहवस्य प्रयत्नेन तत्कवाथं वा पिबेन्नरः॥

(गदनिग्रहं द्वितीयः कायचिकित्सा खण्ड पाण्डुरोग चिकित्साध्याय/ ३३)

Glycerrza Glabra**MATERIALS AND METHODS****MATERIALS**

- Patients of garbhini pandu.
- Yashtimadhu churna (6 gm = ½ karsha, 3 gm twice a day)

अत्यंतक्शुष्कं यदद्रव्यं सुपिष्टं वस्त्रं गालितम् ।

तत्स्याच्चूर्णं रजः क्षौद्रं तन्मात्रा कोलसम्मिता ॥

-शा.सं.म.खं.६/१

With anupan kshaudra = 6 gm/dose

लिहेच्चूर्णं द्रवैः सर्वैर्घृतं आद्वैर्द्विगुणोन्मितैः ।

पिबेच्चतुर्गुणैरेव चूर्णं मालोडितं द्रवैः ॥

-शा.सं.म.खं.६/२

METHODS**❖ Selection of patient**

- Random selection of patient from OPD and IPD of Stree Roga Prasuti tantra department.

❖ Period

- 60 days for experimental group and 60 days for control group for individual. Follow up monthly.

❖ Selection of patient by criteria given below

- Trial group – Yashtimadhu Churna
- Control group- Tab. Ferrous fumarate

❖ Method of preparation of drug

- Preparation of Yashtimadhu churna will be prepared according to Text.

Groups	Trial Group	Control Group
No. Of Patients	30	30
Drug	Yashtimadhu churna	Tab. Ferrous fumarate
Dose	3 gm	200mg
Sewan Kal	Twice a day after meal	Once a day after meal
Duration	2 months	2 months
Anupan	Kshaudra (Madhu)	Water
Follow Up	After every 15 days	After every 15 days

❖ INCLUSION CRITERIA

- Pregnant woman of 20-35 years age group.
- IInd and IIIrd trimester.
- Hb% between 5 gm% to 9 gm%.
- Iron deficiency anaemia.

❖ EXCLUSION CRITERIA

- Age below 20 years and above 35 years.
- Ist trimester.
- Any known active infective pathology.
- Anaemia due to major diseases.
- Anaemia due to bleeding disorders.
- Hb gm% below 5 gm% and above 9 gm%.
- All types of anaemia other than Iron deficiency anaemia.

❖ **CRITERIA FOR ASSESSMENT**

- The effect of drug will be evaluated with the help of the following observations. The observations are based upon signs and symptoms of Garbhini Pandu with reference to rise in haemoglobin level.

Sr. No.	Assessment criteria	On the day of examination (2nd trimester)	After 15 days	After 30 days	After 45 days	After 60 days
1	Vaivarnya (Pallor)					
2	Aarohanaayas(Exertional dyspnoea)(MRC Scale)					
3	Daurbalya(Fatigue)					
4	Agnimandya (loss of appetite)					
5	Hrudspandan (Palpitation)					
6	Hb gm%					

❑ **GRADATION OF SYMPTOMS**

Sr. No.	Symptom	Grade 0	I (+)	II (++)	III (+++)
1	Vaivarnya (Pallor)	No Pallor	Pallor in conjunctiva	Pallor in conjunctiva and Nails	Pallor in Whole body
2	Aarohanaayas (Exertional dyspnoea) (MRC Scale)	No Dyspnoea on level or uphill	Only while walking on level or uphill	Walks slower than person of same age	Stops after walking 100 yards
3	Daurbalya(Fatigue)	No Fatigue	Not affecting his daily activities.	Affecting his daily activities.	Fatigue without any activity.
4	Agnimandya (loss of appetite)	Interval between two meal 4-6 hrs	Interval between two meal 6-8 hrs	Interval between two meal 8-10 hrs	Interval between two meal 10-12 hrs
5	Hrudspandan (Palpitation)	Absent	Associated with Fatigue	Associated with Psychiatric illness	Associated with Fatigue & Psychiatric illness
6	Hb gm%	Above 10gm%	8-10gm%	7-8gm%	Below 7 gm%

❖ **LAB INVESTIGATIONS**

- Haemogram.
- Peripheral blood Smear.
- BT CT.

❖ **TOTAL ASSESSMENT RESULT**

- ❖ Percentage in relief in symptoms will be calculated according to difference between total symptoms score of pre-treatment and after treatment.

❖ **OVERALL ASSESSMENT OF THE RESULTS.**

Significantly improved	Haemoglobin increased by ≥ 2 gm% . $\geq 75\%$ relief in signs and symptoms.
Markedly improved	Haemoglobin increased by 1 to 2gm%. 50-75% relief in signs and symptoms.
Improved	Haemoglobin increased by 0.5 to 1gm% 25-50% relief in signs and symptoms.
Insignificantly improved	Haemoglobin increased by 0 to 0.5gm% > 25% relief in signs and symptoms.

OBSERVATIONS❑ **Age wise Distribution**

Age (in yrs)	Gr. A	%	Gr. B	%	Total	%
18-22	2	6.67	0	0.00	2	3.33
22-26	16	53.33	16	53.33	32	53.33
26-30	10	33.33	10	33.33	20	33.33
30-35	2	6.67	4	13.33	6	10.00
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 53.33 % were belonging to 22-26 age Group.

❑ **Religion wise Distribution**

Religion	Gr. A	%	Gr. B	%	Total	%
Hindu	28	93.33	29	96.67	57	95
Muslim	2	6.67	1	3.33	3	5
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 95 % were belonging to Hindu religion.

❑ **Education wise Distribution**

Education	Gr. A	%	Gr. B	%	Total	%
Uneducated	6	20	12	40	18	30
Primary school	4	13.33	3	10	7	11.67
Middle school	4	13.33	3	10	7	11.67
High school	4	13.33	2	6.67	6	10
Graduate	12	40	10	33.33	22	36.67
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 36.67% were graduate.

❑ **Occupation wise Distribution**

Occupation	Gr. A	%	Gr. B	%	Total	%
House wife	17	56.67	13	43.33	30	50
Labour	6	20	5	16.67	11	18.33
Service	7	23.33	12	40	19	31.67
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 31.67% were in service.

❑ **Socio-economic status wise Distribution:**

Socio-economic status	Gr. A	%	Gr. B	%	Total	%
Poor	12	40	7	23.33	19	31.67
Middleclass	8	26.67	10	33.33	18	30
Higher middleclass	5	16.67	4	13.33	9	15
Rich	5	16.67	9	30	14	23.33
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 31.67% were found in Poor Status.

❑ **Diet wise Distribution.**

Diet	Gr. A	%	Gr. B	%	Total	%
Vegetarian	19	63.33	23	76.67	42	70
Mixed	11	36.67	7	23.33	18	30
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 70% were Vegetarian.

❑ **Gravidae wise Distribution**

Gravidae	Gr. A	%	Gr. B	%	Total	%
Primi	12	40	7	23.33	19	31.67
2nd	6	20	9	30	15	25
Multy	12	40	14	46.67	26	43.33
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 43.33% were Primi.

❑ **Prakruti wise Distribution**

Prakruti	Gr. A	%	Gr. B	%	Total	%
Vat-pitta	10	33.33	4	13.33	14	23.33
Vat-kapha	3	10	7	23.33	10	6.67
Pitta-vat	5	16.67	4	13.33	9	15
Pitta-kapha	1	3.33	4	13.33	5	8.33
Kapha-vat	7	23.33	9	30	16	26.67
Kapha-pitta	4	13.33	2	6.67	6	10
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 26.67% were Kapha -Vata.

❑ **Koshtha wise Distribution**

Koshtha	Gr A	%	Gr B	%	Total	%
Krura	11	36.67	9	30	20	33.33
Mrudu	14	46.67	12	40	26	43.33
Madyama	5	16.67	9	30	14	23.33
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 43.33% were having Madhyam Koshtha.

❑ **Abhyavaranshakti wise Distribution:**

Abhyavaranshakti	Group A	%	Group B	%	Total	%
Pravara	0	0	1	3.33	1	1.67
Madhyam	18	60	19	63.33	37	61.67
Avara	12	40	10	33.33	22	36.67
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 61.67% were having Madhyam Koshtha.

❑ **Jaranshakti wise Distribution:**

Jaranshakti	Gr A	%	Gr B	%	Total	%
Pravara	4	13.33	5	16.67	9	15
Madhyam	20	66.67	20	66.67	40	66.67
Avara	6	20	5	16.67	11	18.33
Total	30	100	30	100	60	100

- Maximum Garbhini i.e. 66.67% were having Madhyam Koshtha.

❑ **Effect of Treatment on signs & symptoms of Garbhini pandu.**

Group A

Signs and Symptoms	N	Mean Score		S.D. +-		S.E.		P	RESULT
		B.T.	A.T.	B.T.	A.T.	B.T.	A.T.		
Vaivarnya	25	1.667	0.833	0.606	0.592	0.11	0.108	<0.001	Highly Significant
Aarohanaayas	25	2.1	1.133	0.959	0.819	0.175	0.149	<0.001	Highly Significant
Daurbalya	24	1.367	0.567	0.49	0.504	0.089	0.092	<0.001	Very Significant
Agnimandya	24	1.5	0.633	0.508	0.718	0.092	0.131	<0.001	Very Significant
Hrudspandan	14	0.83	0.333	0.53	0.479	0.096	0.087	<0.001	Significant

Effect of Treatment on Haematological Investigations of Garbhini pandu.

Group A

Signs and Symptoms	N	Mean Score		S.D. +-	S.E. +-	T	P	RESULT
		B.T.	A.T.					
HB	30	8.537	9.233	0.302	0.055	12.62	<0.001	Significant
RBC	30	3.994	4.086	0.081	0.014	6.18	<0.001	Significant
PCV	30	27.51	28.7	0.654	0.119	9.98	<0.001	Significant
MCV	30	68.89	70.13	1.91	0.35	3.55	<0.001	Significant
MCH	30	21.37	22.57	0.828	0.151	7.93	<0.001	Significant
MCHC	30	31.33	32.14	2.12	0.387	2.1	<0.05	Significant

Effect of Treatment on signs & symptoms of Garbhini pandu.

Group B

Signs and Symptoms	N	Mean Score		S.D. +-		S.E.		P	Result
		B.T.	A.T.	B.T	A.T.	B.T	A.T		
Vaivarnya	27	1.433	0.467	0.504	0.681	0.092	0.124	<0.001	Highly Significant
Aarohanaayas	24	1.867	0.667	0.773	0.479	0.133	0.087	<0.001	Highly Significant
Daurbalya	25	1.2	0.367	0.449	0.49	0.082	0.089	<0.001	Very Significant
Agnimandya	29	1.567	0.433	0.568	0.504	0.103	0.092	<0.001	Very Significant
Hrudspandan	16	0.867	0.267	0.507	0.449	0.092	0.082	<0.001	Significant

Effect of Treatment on Haematological Investigations of Garbhini pandu:

Group B

Signs and Symptoms	N	Mean Score		S.D. +-	S.E. +-	T	P	Result
		B.T.	A.T.					
HB	30	8.537	9.8	0.319	0.058	14.64	<0.001	Significant
RBC	30	4.086	3.938	0.111	0.02	6.25	<0.001	Significant
PCV	30	28.51	27.11	0.879	0.161	8.72	<0.001	Significant
MCV	30	68.83	70.18	2.85	0.52	2.59	<0.001	Significant
MCH	30	21.61	23.04	1.1	0.201	7.139	<0.001	Significant
MCHC	30	30.44	32.89	3.61	0.659	3.72	<0.05	Significant

Comparative Analysis of Group A & Group B.

Symptoms	N	Mean Score of Gr. A	Mean Score of Gr. B	S.D. +- Gr. A	S.D. +- Gr. B	S.E. +- Gr. A	S.E. +- Gr. A	P
Vaivarnya	51	1.08	1.07	0.276	0.271	0.055	0.053	0.99
Aarohanaayas	51	1.16	1.385	0.374	0.496	0.074	0.097	0.161

Daurbalya	49	1.125	1.08	0.337	0.276	0.068	0.055	0.783
Agnimandya	53	1.083	1.172	0.282	0.384	0.057	0.071	0.567
Hrudsandana	30	1.071	1.125	0.267	0.341	0.071	0.085	0.808

□ Comparative Analysis of Group A & Group B.

Haematological values	Mean of diff. Gr A	Mean of diff.Gr B	Diff. of Diff. Of Mean	Comb SD	SE	Unpaired t value	p value	Nature
Hb%	60	0.697	0.853	0.31	0.08	1.95	>0.05	Insignificant
RBC	30	0.092	0.127	0.097	0.025	1.364	>0.05	Insignificant
PCV	60	1.193	1.4	0.775	0.2	1.032	>0.05	Insignificant
MCV	60	1.243	1.353	2.43	0.627	0.175	>0.05	Insignificant
MCH	60	1.2	1.433	0.973	0.251	0.928	>0.05	Insignificant
MCHC	60	0.813	2.453	2.961	0.764	1.94	>0.05	Insignificant

□ Table Showing Overall Effect of Theory on 60 patient On of Garbhini pandu.

Group A

Result	Group A		Group B	
	No Of Pt.	%	No Of Pt.	%
Complete remission (>75 %)	2	6.67%	7	23.33%
Marked improvement (51-75%)	12	40%	19	63.33%
Moderate improvement (26-50%)	15	50%	4	13.33%
Mild Improvement (<25%)	1	3.33%	0	00%

DISCUSSION

Comparison of treatments

Group A

Patients in this group were treated with Yasthimadhu Churna. Highly significant relief was obtained in symptoms of Vivarnatva, Shrama Shwasa, Agnimandya, Hrudspandan. Also regarding haematological result significant result was obtained in Hb, RBC, PCV, MCV, MCH & MCHC. Yasthimadhu Churna reduces agnimandya and also didn't causes nausea, vomiting, and constipation.

Group B

Patients in this group were treated with Ferrous fumarate highly significant but less than group A relief was obtained in symptoms of Vivarnatva, Shrama shwasa, Akshikutashoth, Agnimandya, Bhrama. Also regarding haematological result significant result was obtained in

Hb, RBC, PCV, MCV, MCH and MCHC. Drawbacks of Ferrous fumarate are nausea, vomiting, and constipation.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

**“The Role of Shata Dhauta Ghrita Pichu in the Management of Pittaj Yoni Vyapad
W.S.R. to Cervical Erosion”: A Case Study**

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Abstract:-

Pittaj Yoni Vyapad is a common disorder. Excessive vaginal discharge, foul smell and burning sensation (Daha) are the most common signs and symptoms of the Pittaj Yoni Vyapad may be due Pitta dusti. In Ayurveda, Acharya Charka and Sushruta have explained 20 Yoni Vyapad. Out of that pittaj Yoni Vyapad is common disorder in women. The principle of treatment of Ayurveda is comparable to that of modern system of medicine in which cryosurgery and diathermy are used to destruct the columnar epithelium and facilitate the growth of new healthy stratified squamous epithelium. But because of various side effects like excessive mucous discharge per vagina for a long time, sometimes cervical stenosis, accidental burns, bleeding and recurrence of the disease may happen.

*Hence the Ayurvedic management seems to be more practical, effective, not costly and non-surgical and have negligible side effects. Due to serious consequences of the disease it becomes necessary to pay immediate attention towards this most troublesome disease of female. In chronic stage it can shows malignant changes so this case study was carried out in OPD of Prasuti Tantra Stree Roga Department, and the treatment drug i.e. **Shata Dhauta Ghrita Pichu** was taken. This drug has shown marked improvement in relieving all the symptoms of **Pittaj Yoni Vyapad** and was seen more effective in decreasing the vaginal discharge.*

Keyword: Cervix, **Shata Dhauta Ghrita**, Benign, **Pittaj Yoni Vyapad**.

Introduction

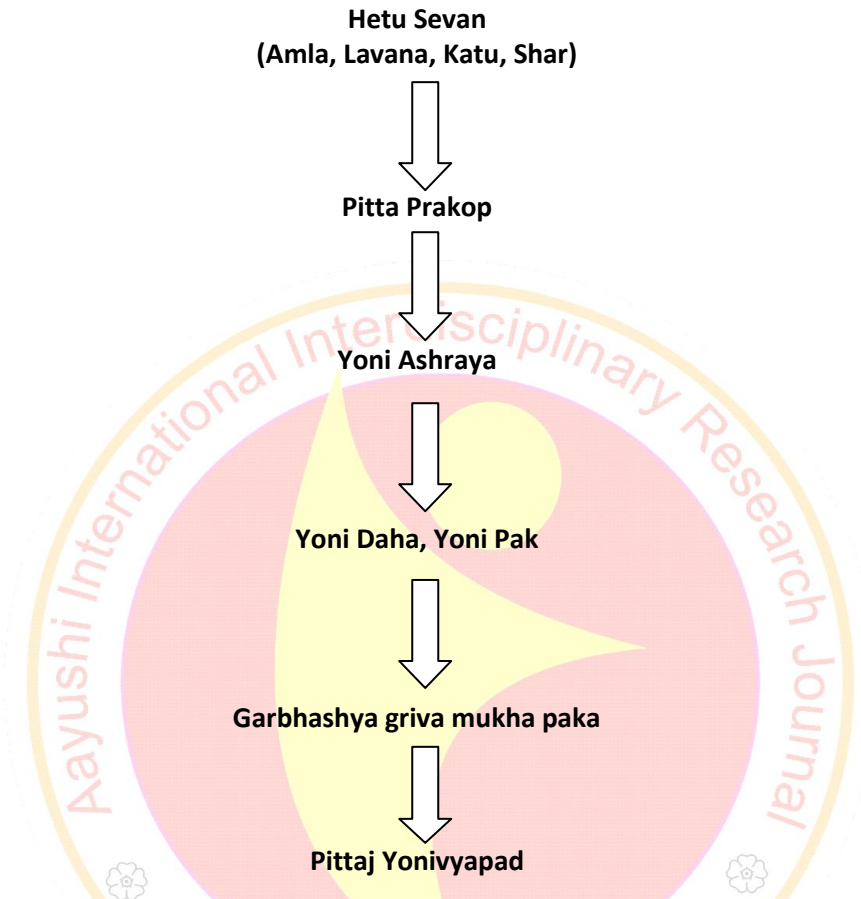
In Ayurveda, Acharya Charka and Sushruta explained 20 Yoni vyapad. Yoni vyapad is one of the factors of infertility (vandyatva).In Yoni vypad, Tryvarta Yoni, anatomy and their function are explained. Tryvarta Yoni means yoni is made up of 3 avarta-

1. Pratham Avarta- It starts from external opening of vagina up to the internal opening of vagina.
2. Dwitiya Avarta- It starts from internal opening of vagina up to the external OS of cervix.
3. Trutiya Avarta- It starts from the external OS of cervix up to whole Uterus, fallopian tube, fimbriae, ovary. Many Acharya explained Yoni vyapad, there are mainly 4 causes of 20 Yoni vyapad – Ref- Cha.Chi. 30-7/8.
 - A. Stree ne kelela mithya ahar vihar.
 - B. Dusta raja artav.
 - C. Sukra shonita sanyogane matrudwara allele Bja dosha.
 - D. Durdayva

Pittaj Yonivyapad :

व्यापत्कटूमूललवणक्षाराद्यैः पित्तजा भवेत्
दाहपाकज्वरोष्णार्ता नीलपीतासितार्तवा || च.चि.३०/११

Symptoms of cervical erosion i.e. discharge and erosion (like in pittaj Yoni vyapad) and the treatment mentioned in the Ayurvedic texts. Nidana sevan vitiates the vata (apana vayu). Pitta-vaigunya is present in the artavaha strotas, so here the vitiated vata get mixed with pittaja dosha and rakta dhatu and in this way the dosha dushya sammurchana is completed.



Adhithana of disease is the Garbhashaya griva mukha i.e. cervix (Astanga Sangraha Uttartantra 38/59 indu tika), so in the stage of vyakta avashtha, Garbhashya griva mukha paka is formed here which is the cardinal symptom of Pittaja yoni vyapad. So the Ayurvedic treatment having the properties of lekhana, sodhana⁵, ropana, stambhana, pittaghna⁶ can effectively cure this disease.

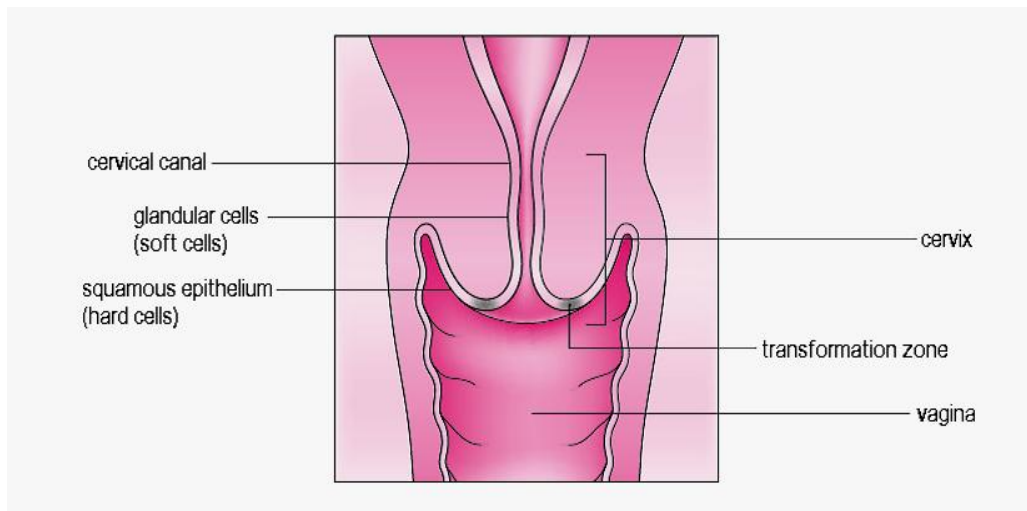
All the Acharya said on the Bahirparimarjan Chikitsa having vata pitta nashak properties cure the disease. So in the present case study pichu soaked in the **Shata Dhauta Ghrita** (Charaka Chikitsa 30/73-76) was prepared according to text mentioned in Sharangdhara Samhita and applied in the vagina and left inside for about 4-6 hours .

Pittaj Yoni vyapad, which is correlated with cervical erosion in modern. Cervical ectropion (also known as cervical erosion and ectopy) is a common condition caused when cells from inside the cervical canal, known as glandular cells (soft cells), are present on the outside surface of the cervix (neck of the womb).

The area where the soft cells meet the squamous epithelial cells (hard cells), which are those found on the outer surface of the cervix, is called the transformation zone. If a woman has cervical

ectropion, it can be seen by the nurse during a cervical screening test (smear test) and the area appears red (because soft cells are red).

Cervical ectropion can be caused by hormonal changes, pregnancy and being on the pill. It is **not** linked to the development of cervical cancer or any other condition that causes cancer.



For the majority of women, cervical ectropion does not cause any problems and it usually goes away by itself without needing any treatment.

However, as soft cells bleed more easily and can produce more mucus than hard cells, cervical ectropion may cause discharge, or bleeding/pain during or after sex. It can also sometimes cause pain during or after cervical screening. If any of these symptoms are causing problems for you, you may wish to look into treatment options. A member of the colposcopy team or your GP can provide you with more help on this and refer you for treatment, if necessary. If you choose to have treatment, it is usually given at a colposcopy clinic and will be done using heat/cautery, which hardens the soft cells to stop them from bleeding.

The 2 different treatment options are listed below:

- Silver nitrate to cauterise/burn off the soft cells (this should not be painful, however you may experience some mild discomfort).
- Cold coagulation which uses heat to cauterise/burn off the soft cells (you will be given a local anaesthetic to numb the area).

Both treatments can result in some bleeding or discharge, as well as some 'period-like' pain. This could last for around a week (1st method) or two to four weeks (2nd method) after the treatment. Tampons and penetrative intercourse should be avoided until you are fully healed, usually one week (1st method) or up to four weeks (2nd method).

Aim:-

"The Role Of Shata Dhauta Ghrita Pichu In The Management Of Pittaj Yoni Vyapad w.s.r. to Cervical Erosion": A Case Study

Objectives:-

1. To study detail of **Pittaj Yoni Vyapad** .
2. To study symptomatic relief of **Pittaj Yoni Vyapad** by **Shata Dhauta Ghrita Pichu** therapy.

Type Of Study:-A Single case study.

Material And Method:-

Case Report

A 34 year old lady came in Feb 2017 in the OPD Prasuti Tantra- Stree Roga with complaints of excessive watery vaginal discharge from one year, burning at vagina, lower abdominal pain and pains all the upper and lower extremities.

On examination

A febrile

BP- 120/80

P- 76/min

Systemic examination

RS- clear

CVS and CNS- N

P/A- Lower abdomen tender.

On per speculum examination, it was found that vagina was very red, thick white discharge present, and oozing of blood on rubbing with gauze piece was present.

On per vaginal examination, it was found that uterus was anti-verted, antiflex and normal in size, cervix was down words forwards on touch and both the fornixes having slight tenderness. In the first visit the case was diagnosed as case of Pittaj Yoni Vyapad and few investigations were carried out and the reports were as follows

Blood investigations

- Hb-12.5gm%, TLC-9,700th/ul, ESR-11mm/hr, Neutrophill-64%, Lymphocytes-32%, Eosinophil-01%, Monocytes-02%, Basophil-01%, RBS- 80mg/dl; HIV, HBsAg, VDR-negative.
- Ultrasonography for uterus and adnexae - Normal study
Urine for routine and microscopy - Normal
Pap's Smear report - Mild inflammatory

Drug

Shata Dhauta Ghrita

Preparation of Shata Dhauta Ghrita

Reference: Charaka Samhita

Introduction

Shata Dhauta Ghrita is Ayurvedic preparation, usually recommended for treatment skin conditions. Ayurvedic medicine for damaged skin as ghrith penetrates and nourishes all seven layers of tissue.

Ingredients and Method of Preparation

- Pure Go Ghrith

This Ayurvedic ghrith was prepared by washing for 100 times purified ghee with water in copper plate.



Therapeutic Uses

- This Ayurvedic ghrith benefits by rejuvenating dermal tissue, supporting healing of skin.
- It can pacifies pain caused due to skin irritation.
- Effective in lessening the inflammation.
- It moisturizes the skin and act as an astringent.
- Excellent in reduction of skin problems like sunburn, rosacea, eczema, acne etc.

Contraindications/Side Effects

Till now no side effects has been reported.

Procedure of Ghrita Application:

Procedure of **Shato Dhauta Ghrita Pichu** application after taking written informed consent application of drug was done. Patient was called for **Shato Dhauta Ghrita Pichu** application after clearance of menstrual flow. Patient was kept in lithotomy position and preparation of part was done with Savlon solution. The cervix was exposed with Cusco’s speculum and cleaned properly. **Shato Dhauta Ghrita Pichu** was soaked with a gauze piece and kept in contact with the cervix. The ghrith was applied over the cervix and a pichu (piece of cotton wrapped with gauze and tie with thread) soaked with ghrith was kept inside the vagina for 4 to 6 hours. It was kept close to the cervix in such a way that some length of thread remained outside of the vagina. Patient was explained well to remove the pichu by holding this thread. The entire procedure was done for fourteen days for two consecutive cycles. After completion of the treatment patient was called weekly interval to see the symptomatic relief.

Don’t: Sexual intercourse during the period of treatment.

Effect of Treatment Before treatment, after treatment Cervix of patient during Cusco’s speculum examination.

Before treatment (1st visit)



2nd visit after 15 days:



3rd visit after 30 days:



4th visit after 45 days:



Result

The present drug gave the relief to the symptoms mainly vaginal discharge and daha after first menstrual cycle treatment. Gradually the eroded area also minimizes. The oozing of blood from eroded area after rubbing with gauze piece was also minimized. Maximum improvement was noticed in the vaginal discharge. It was completely abolished.

Discussion

Cervical erosion is found in the fertile age group i.e. 20- 35years, because of the repeated deliveries; there is local trauma in the Cervix, which may produce erosion. Due to hyperplasia of cervical glands various symptoms like vaginal discharge, contact bleeding, back pain, pelvic discomfort etc. produce which are disturbing elements in the daily life style of the woman. Vaginal discharge was disappeared earlier in this case.

The use of Shata Dhauta Ghrita Pichu probably prevents the congestion, thus prevented regeneration of superficial columnar cell. Most of the drug present in Shata Dhauta Ghrita Pichu is having anti- inflammatory, anti-septic and Pittashamak activities which prevent the eroded area from infection and may help in decrease the vaginal secretion. Anti-inflammatory effect of Shata Dhauta Ghrita Pichu may help to minimize the prostaglandin secretion² and hence the lower abdominal pain was cured in this case. Describing the effectiveness of this ghrith Acharya Charka mentions that with the use of this ghrith the darun yoni will be cured in only seven day or one week⁷. By virtue of shukshama⁸ and vyavayi⁸ properties the drug is easily absorbed through the epithelium and mucosa. Snigdha guna⁹ of ghrith helps in correction of pittavaigunya of artavavaha strotas.

Conclusion

Hence in this case we can conclude that Bahirparimarjan chikitsa in the form of Shata Dhauta Ghrita Pichu is highly effective in disintegration of pathogenesis of Garbhashya grivagath mukha paka (cervical erosion). No adverse effect or complications is produced with the use of this treatment. This treatment is safe economic, non-surgical, very effective and can be used for treatment of cervical erosion.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

A Literature Review of Dushi Visha Lakshan**Pavankumar Nagorao Kadam**

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Abstract:

Ayurveda is science of life where as Agdatantra is one of the branch of ayurveda. dushi visha is less toxic poison which accumulate in body for long period. The concept of dushi visha is well explained in susruta samhita. Aim of this article is to study dushi visha lakshan as stated by different acharya's in ayurveda as well as to study concept of dushi visha & importance of dushi visha lakshan

Keywords: Dushi Visha, Dushi Visha Lakshan.

Introduction:

Ayurveda is the science of human life which mainly deals with physical, psychological as well as spiritual well being of an individual. *Ayurveda* consist of eight branches one of them is *agadtantra* which deals with toxin's, Toxicating condition and method of intoxication. The word *dushi visha* consist of two parts *dushi* which means' denatured or latent and the word *visha* mean's poison. It is also known as latent poison because it's harmful effect observed after long duration. It has low potency so that it cannot cause sudden death. it has less properties than actual ten properties of *visha*. It can produce chronic poisoning symptoms after long duration.

Aim: To elaborate *dushi visha lakshan* from *ayurvedic* literature.

Objectives:

- 1) To study concept of *dushi visha*.
- 2) Literature study of *dushi visha lakshan* from different *ayurvedic* texts.
- 3) To study the importance of *dushi visha lakshan*.

Materials:

- 1) *Ayurvedic* literature like *samhita*.
- 2) Modern literature on *dushi visha* (Cumulative Poison).
- 3) Journal's, Pervious articles, Websites.

Methods:

- 1) **Charak samhita:** According to *Acharya Charak dushi visha* mean's a poison produce harmful effect after prolonged period. *Charak* describe *dushi visha lakshan* in *charak chikitssthana* chapter no. 23/31.

Dushi Visha Lakshan : *Pitika, Kotha, Kitibha*, by involving *Rakta Dhatu*.

2) Susruta Samhita :

According to *susrata dushi visha* is a type of poison originating from inanimate, animate or any artificial poison retained in body after partial expulsion or which has provisionally undergone detoxification by Anti-Poisonous Drug, Forest Fire, Wind, Sun, Water termed as *dushi visha*.

Susruta describe *dushi visha* in *susruta samhita kalpsthana* chapter No. 2/25-26.

Dushi Visha Purvarupa :- *Nidra, Gurataw, Vijrambhana, Sandhi, Shithilata, Angmard.*

Dushi Visha Lakshan According To Site :

❖ **Amashaya (Stomach) :**Due to derangement of humor's *Kapha* and *Vata*.

Vaman (Vommiting), *Murccha* (Vertigo), *Swarvikarti* (Difficulty In Talking).

❖ **Pakwashya (Intestine) :**Due to derangement of humor's *Pitta* and *Vata*.

Trishana (thrist), *Kas, Jwar* (Fever), *Atisar* (Diarrhea), *Daha*(Burning Sensation), *Tam - Pravesh*.

3) Astanga - Samgraha : *Vagbhata* define *dushi visha* same as *susruta samhita*. *Dushi visha lakshan* describe in *astanga - samgraha uttarsthana* Chapter No. - 40.

Dushi Visha Lakshan :

Trishana (thrist), *Vaman* (Vommiting), *Murccha* (Vertigo), *Swarvikarti* (Difficulty In Talking), *Arochak* (Anorexia nervosa), *Ardit* (Facial Paralysis), *Dushodar, Atisar* (Diarrhea). *Astanga- Samgrahakar* also mention *dushi visha lakshan* according to site same as *susruta samhita*.

Discussion:

Astangahardyam explain *dushi visha* same as *Astang samgraha* in *uttarsthan* chapter No. 35. *Bhavaprakas* explain *dushi visha* in *madhyamkhand* chpter No. 67 with more characteristics of *dushi visha* like *vigandha* (odorless or having bad smell), *Vairasya* (Anorexia). *Bhavaprakas* also explain *prakopak dushi visha lakshan* as follows:

Arochak, Kotha, Mandal, Shotha, Murccha, Chardi, Atisar, Trishana, Jawar, Shaws. *Yog Ratnakar* describes *dhatugat dushi visha lakshan* more prominently in *uttarardh - vishadhikar*.

Brahmighaturatnakar in his sixth part of book chapter name *visharog* explain two types of *dushi visha*.

1) Karatrim :

Which is produced due to poisonous substance.

2) Gar :

Which is produced due to combination of two non- poisonous substances.

Conclusion:

Concept of *dushi visha* explained by *Charak, Susruta, Vaghbata, Bhavaprakas, Yogratnakar, Brahmighaturatnkar*. *Dhatugat dushi visha lakshan* explained by *Susrata, Vaghbata, Yogratnakar*. *Brahmighaturatnkar* explained two types of *dushi visha*-

1) Karatrim.

2) Gar.

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Abstracts

When mind gets exhausted, sense organs (*gaanendriya*) and motor organs (*Karmendriya*) become inactive then *Nidra* occurs. Like proper diet, proper sleep is also essential for better health. Improper sleep produces abnormal symptoms in the body. *Tamas* (A *guna*) becomes predominance at night which produce sleep. Sleep during night is most effective than day time. Proper sleep is responsible for nourishment of body, strength, desire for work, appetizer, happiness, virility, knowledge etc. it also responsible for equilibrium of *dhatu*s (*M. dosa, dhatu and mala*). Improper sleep produces abnormal symptoms in the body such as obesity, headache, heaviness in the body, loss of digestive power, symptoms related to heart, impotence, emaciation, illiteracy etc. *Nidra* during day time except in *grismartu* (summer season) should be avoided. If a person doesn't sleep properly at night, he should make it up by sleeping during the day time for half the period spent in the night vigil.

Key words – *Nidra*, Sleep, health, *dhatu*, life.

Introduction

Ayurveda is a ancient science of life. Ayurveda described the *hita* and *ahita* (wholesome and unwholesome), *sukha* and *dukha* (Happy and unhappy) life¹. The life which is healthy and welfare of the society is called *hitayu* otherwise it is *ahitayu*. Similarly when the person is healthy is known as happy otherwise he will be unhappy. The equilibrium of *dhatu*s in qualities as well as in their actions is called *prakriti* or health and their disequilibrium is called *dukha* (disease)². In the state of health equilibrium of *dhatu*s should be maintained as it is the object of Ayurveda³.

Charaka described the three supports of life viz. *ahara* (diet), *Nidra* (Sleep) and *bramhacharya* (abstinence)⁴. Proper use of these three supports maintain healthy life otherwise body gets ill health. Food is essential to nourish the body, *nidra* maintain good health. The last support *bramhacharya* protects our *shukradhatu* (semen) from excess loss. Among these three supports *Nidra* is described in this article.

Nidra

When mind gets tired, when *gyaanedriya* (sense organs) and *karmendriya* (motor organs) cannot perceive their *vishtyas* (objects), then state of sleep occurs⁵. Timely sleep is responsible for nourishment of body, strength, desire for work, appetizer, better complexion. It is also responsible for equilibrium of *dhatu*s⁶.

Happiness, unhappiness, nourishment, emaciation, strength, weakness, virility, impotence, Knowledge illiteracy, life and death - all these occur depending on the proper or improper sleep⁷. *Tamas* becomes strong at night which leads to sleep⁸. Untimely and excessive sleep take away

both happiness and longevity. The same sleep, if properly enjoyed brings about happiness and longevity in human beings as the real knowledge brings about siddhi (spiritual power) in a yogin⁹. Hence proper sleep is essential for physical and mental well being of a person.

Aims and objects

1. To create awareness about the importance of *Nidra* among the people.
2. To study benefits of proper sleep in healthy life and side effects of improper sleep.
3. To promote life style in betterway.

Literary Review

Indications of day sleep

Sleeping at day time in all seasons is prescribed for those persons who are tired in singing, study, alcoholism, sexual inter course, elimination therapy, carrying heavy weight, indigestion, injured, emaciated, those who are too old, too young, those suffering from thirst, diarrhea, colic pain, dyspnea, hiccup, those who are exhausted by journey, vigil, *Krodha* (anger), *shoka* (grief) *Bhaya* (fear) and those who are suffering from habitual day sleep. By this the equilibrium of dhatus and strength are maintained and the kapha nourishes the organs and ensures longevity. In summer season nights become shorter and *vatadosa* gets aggravated in the body due to the *adana* (absorption of fluid from body). Therefore during this season day sleep is prescribed for all¹⁰.

Contra-indications of day sleep

Sleeping during the day time in the seasons other than summer is not advisable as it causes vitiation of *kapha* and *pitta*. Persons with excessive fat, those who are addicted to taking unctuous substance, those with *slaismika* constitution, those suffering from disease due to the vitiation of *kapha* and those suffering from *dusivisa* (artificial poisoning) should never sleep during day time. If one violates the prescription regarding sleep during the day time, he would subject himself to *halimaka* (serious type of Jaunice), headache, timidness, heaviness of the body, malaise, loss of digestive power, *hrdayapalepa* (a feeling as if phlegm adhered to the heart), Oedema, anorexia, nausea, rhinitis, hemicrania, urticaria, eruption, abscess, pruritus, drowsiness, coughing, disease of the throat, impairment of the circulating channels of the body, fever, weakness of sensory and motor organs and enhancement of the toxic effects of artificial poisons. So one should keep in view the merits and demerits of sleep in various seasons and situations in order that it may bring happiness to him¹¹.

Effect of night awakening

Vigil during night causes roughness in the body, sleep during day time causes unctuousness and dosing in sitting posture does neither cause roughness nor unctuousness¹².

Importance of Nidra

Like proper diet, proper sleep is also essential for the maintenance of the body. Corpulence and emaciation are specially depends upon proper or improper sleep and diet¹³. Sleeping during the day time in the season other than *grisma* (Summer) is not advisable as it causes vitiation of *vata*, *pitta* and *kapha*. If a person doesn't sleep properly at night for a specified period, he should make it up by sleeping during the day time for half the period spent in the night vigil¹⁴. According to *vagbhata*, if a person wants to sleep at day time, he should sleep before lunch¹⁵.

Types of Nidra:- Caraka described 7 types of nidra¹⁶.

1. *Tamobhava* -caused by tamas
2. *Shleshmasamudbhava*- caused by kapha.
3. *Manhashramasambhava* – caused by mental exertion.
4. *ShariraShramasambhava* – caused by physical exertion
5. *Agantuki* – caused by external factors.
6. *Vyadhyanuvartani* – caused by disease.
7. *Ratriswabhavaprabhava* – normally occurring at night.

Tamobhav anidra occurs at the time of death. *Agantukinidra* is indicative of bad prognosis leading to imminent death. *Ratriswabhavaprabhavanidra* is the best for good health and it occurs naturally at night. It is also called *bhutadhatrinidra*.

Suitable time for wake

One should wake up in the brahmamuhurta (i.e. between 4 to 6 am) following the proper digestion of food taken at night¹⁷.

Sleeping posture

After taking the dinner, one should walk for hundred steps before going to sleep, then one should down in recumbent posture up bed taking eight times breath and should change the posture to night lateral till taking 16 times breath and thereafter to left lateral taking 32 times breath and then can sleep in any posture but it is always advisable to sleep in left lateral posture because the *Agni* (digestive power) lies in the left side of the body above the *nabhi* (umbilicus), which is responsible for the digestion¹⁸.

Modern concept of sleep

Definition- Sleep and wakefulness occur alternatively within 24 hrs in the life of human beings. It has not yet been possible to find out the correct cause of sleep. During sleep organs like kidney, heart, lung, brain, organs of the gastro intestinal tract etc. remain active so it can be assumed as an active phenomenon. Sleep can be defined as a state of consciousness that differs from wakefulness by a loss of critical reactivity to events in the environment with a profound alteration in the function of the brain.

Time of sleep- Animals and man should one sleep period in 24 hours depends on habit. Night, commonly being the period of rest is used for sleep. But in night workers day – sleeping is the habit.

Sleep requirement – for the new born baby 16-20 hours, children – 12-14 hours, adults – 7-9 hours, old age 5 hours.

Physiological changes during sleep- changes are given below

- 1) **Circulatory system** – during sleep pulse rate, cardiac output and blood pressure reduced.
- 2) **Respiratory system-** a) may be costal or periodic, specially in children. b) Tidal volume, rate of respiration and therefore pulmonary ventilation lowered.
- 3) **Basal metabolic rate-** reduced by 10-15 %.
- 4) **Urine** – volume less, reaction variable, specific gravity and phosphates raised.
- 5) **Secretions** – a) Salivary and Lacrimal reduced. b) gastric raised c) sweet raised.
- 6) **Muscle-** relaxed
- 7) **Eyes-** a) eyeballs – roll up and out. b) eyelids – come closer, c) pupils contracted.
- 8) **Blood** – volume increased
- 9) **Nervous system-** a) electroencephalogram- appearance of δ - wave. b) Deep reflexes reduced. c) Babinski – extensor d) superficial reflexes – unchanged e) vasomotor reflexes more brisk. f) Light reflexes – retained.

Effects of prolonged sleeplessness in man

Objective changes are few, viz, Babinski- extensor, equilibrium – disturbed, neuromuscular – fatigue etc. subjective symptoms are chief viz, a) mental concentration difficult and inaccurate. b) Threshold for pain lowered. If very much prolonged, collapse and death. Cortical nerve cells undergo shrinkage and chromatolysis¹⁹.

Two types of sleep – During each night, a person goes through stages of two types sleep that alternate with each other. They are called (1) slow-wave sleep because in this type of sleep the brain waves are very strong and very low frequency (2) rapid eye movement sleep (REM – sleep) because in this type of sleep the eyes undergo rapid movements despite the fact that the person is still asleep. Most sleep during each night is of the slow-wave variety; this is the deep restful sleep that the person experience during the 1st hour of sleep after having been wake for many hours. REM. Sleep, on the other hand, occurs in episodes that occupy about 25 percent of the sleep time in young adults. Each episode normally recurs about every 90 minutes, this type of sleep is not so restful, and it is usually associated with vivid dreaming²⁰.

Children need many hours of sleep per day for the proper functioning and development of the body. Up to 18 hours for newborn babies with a declining rate as a child ages. Early in 2015 after a two year study, the national sleep foundation in the US announced newly revised recommendations as shown in the table below. Newborns need up to 18 hours of sleep per day for 1st couple of month, the requirement goes on decreasing with increasing age. Infants and toddlers (i.t. till 3 years) need around 14 hours of sleep per day.

Newborns (0-2 month) - 12-18 hours

Infants (3-11 month) - 14-15 hours

Toddlers (1-3 year) - 12-14 hours

Preschoolers (3-5 year) - 11-13 hours

School age children (5-10 year) - 10-11 hours. Teens (10-17 years) - 8.5 to 9.25 hours.

Adults - 7-9 hours²¹.

Discussion

According to ayurveda *Ahar, Nidra and Brahmacharya* are the important *upastambha* (Basic pillars) for maintain good health. Like proper diet and proper *brahmacharya*, *propernidra* is also essential for healthy life. It maintains health as well as prevents the disease. Natural sleep occurs due to predominance of *tamas*. *Tamoguna* is predominant at night therefore naturally sleep occurs at night. Sleep during night is more effective for better health. Sleeping during day time should be avoided except *grismrutu*. In *grismarutu* predominance of *adana* occurs. i.e. dryness occurs in the body which aggravated the *vata dosha*, therefore to decrease *vata dosha* day sleep is necessary during *grisma*. Day sleep increases the *kapha dosha*. *Kapha hassnigdha* (unctuous) which reduces dryness of *vata dosha*. Also day sleep is essential in those persons who vigils at night. These persons can sleep at day time but they should sleep half the period which they spent in the night vigil. If a person wants to sleep at day time he should sleep before lunch. Day time sleep after meal vitiates the *dosa*. Sleeping at day time in all seasons is essential in those persons who are tired by singing, study, intoxication, sexual intercourse, carrying heavy weight, indigestion, injured, emaciated, too old, too young, those suffering from thirst, diarrhoea, which are exhausted by journey, anger, grief, fear etc. Person should wake up in the *brahmamuhurta*.

Conclusion

From above description it is concluded that proper sleep is mandatory for good health and improper sleep produce so many abnormal symptoms in the body. If anyone violate this rule, his body gets ill-health and if proper treatment is not given he may die also.

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**Ayurvedic Approach to the Prevention and Management
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Abstract

Lifestyle is a way of leading one's life. The current generation desires to lead a grand lifestyle but unfortunately ignore the fact that the lifestyle is giving rise to many medical disorders.

Ayurveda is the most ancient science of life; health and cure, practiced in India for thousands of years based on its own unique fundamental principles such as promotion of health, prevention of disease, promotion of longevity etc. Ayurvedic classics give special emphasis on three important values which have been considered as the important conducive factors for maintenance of life and health. This important triune consists of Ahara (food), Nidra (Sleep) and Brahmacharya (Good conduct). These three have been considered as Upastambha or the basis of life and health. Among traya-upastambha, Ahara (diet) has been considered as the first one which shows its importance. Intake of wholesome and unwholesome diet is responsible for prevention and production of various diseases respectively including life style disorders.

AcaryaCaraka has clearly stated, that a daily diet should be (of such quality), which not only helps to maintain present well-being but serves as a prophylactic against coming diseases. This is a very important aspect of preventive medicine as mentioned in Ayurveda classics. In this article, we are mainly concerned with the various regimen of diet and dietetics principle as mentioned in the Ayurveda for the prevention of lifestyle disorders.

Keywords: Dietary Patterns, Discipline of Eating, Lifestyle, Lifestyle Disorders, Psycho-Social Stress, Rasayana

Introduction

Ayurveda is the most ancient science of life¹, health and cure, practiced in India for thousands of years based on its own unique fundamental principles such as promotion of health, prevention of diseases, promotion of longevity etc. The main aim of Ayurveda is "SwasthasyaSwasthyarakshanam" which means to maintain the health of the healthy person and "Aturasyavikaraprashamanam cha" means to cure the diseases of the diseased person². Ahara (diet), nidra(Rest-sleep) and brahmacharya(celebrity) are trayahupastambhah³ (like as pillars which support a building) in Ayurveda, which support the life. Among traya-upastambha, Ahara (diet) has been considered as the first one which shows its importance. Life style disorders are due to Poor life-style which includes, poor diet, lack of exercise, smoking, excess alcohol, poor sleep, stress due to heavy workload. Several factors are resulting in the increasing burden of lifestyle disease which includes longer average life span, rising income, increasing tobacco consumption, decreasing physical activity and increased consumption of unhealthy food.

In India, rapid urbanization and globalization mainly contribute towards increased number of people suffering from life-style disorders⁴. The urban people are having less physically active life-style, more exposure to products and technologies that could be unhealthy for them. Lifestyle

disorder also known as diseases of civilization, as the name suggests, result from the way we live our lives. In India the situation is quite alarming. The disease profile is changing rapidly.

The World Health Organization (WHO) has identified India as one of the nations that is going to have most of the lifestyle disorders in the near future. Nowadays, not only are lifestyle disorders becoming more common, but they are also affecting younger populations. Hence, the population at risk shifts from 40+ to may be 30+ or even younger. According to WHO report (2002), cardiovascular diseases will be the largest cause of death and disability in India by 2020. It is estimated that the overall prevalence of diabetes, hypertension, ischemic heart diseases (IHD) and stroke is 62.47, 159.46, 37.0 and 1.54 respectively per 1000 population of India. There are an estimated 25 lakh cancer cases in India.

It is now considered that most of the chronic disorders like diabetes mellitus, bronchial asthma, hypertension, coronary artery diseases, COPD (chronic obstructive pulmonary diseases), obesity, psoriasis, arthritis, etc. are resulted due to faulty lifestyle. Therefore, the lifestyle modification is considered sheet anchor for the prevention and management of such type of disorders. Ayurveda offers a wide variety of dietary supplementation and range of non-pharmacological measures for prevention and management of lifestyle disorders. There is a great need of time to globalize dietary supplementation and non-pharmacological measures as described in Ayurvedic system of medicine to promote the psychosomatic health, to reduce the morbidity and to reduce the disease burden on the society.

Prevention and Management of Lifestyle Disorders in Ayurveda:

A particular lifestyle of person is a cumulative product of his/her physical capacity coordinated with psychological functioning displayed in the form of habits, behaviours, dietary and living pattern based on his own training sought from childhood and also gained from his immediate companions including parents, siblings, peers etc. A healthy lifestyle which includes a proper balanced diet, physical activity and giving due respect to biological clock must be adopted to combat these diseases. In this revolutionised era we cannot stop doing the developmental work, but we can certainly reduce our ailments by incorporating these simple and effective measures to our lives.

Ayurvedic system of medicine offers holistic approach towards prevention and management of diseases. Ayurvedic intervention is targeted towards complete physical, psychological and spiritual wellbeing, which makes it a wonderful option in treating lifestyle disorders. Ayurveda provides great options in the form of proper dietary management, lifestyle advises, measures for internal bio-purification and rejuvenation.

Lifestyle medicine is defined as the application of environmental, behavioral, medical and motivational principles to the management of lifestyle-related health problems in a clinical setting⁵.

Ayurvedic Approach to the Prevention and Management of Lifestyle Disorders:

A healthy lifestyle which includes a proper balanced diet, physical activity and giving due respect to biological clock must be adopted to combat these diseases. Ayurveda described Dinacharya (daily regimen) and Ritucharya (seasonal regimen) which include dietary and lifestyle modification for an individual depending on his Prakriti (psychosomatic constitution) to maintain the biological clock. Each individual is recommended to follow specific diet & activities based on his/her Prakriti, as the Prakriti is major determinant factor for predisposition of diseases, management as well as lifestyle modification or recommendation to a large extent.

The Ayurveda described various measures/strategies for Management of lifestyle disorders which are very important to maintain a healthy and happy psychological perspective include

- Ahara (Diet/dietary supplementation)
- DaivavyapashrayaChikitsa (divine/spiritual therapy)
- SatvavajayaChikitsa (psycho-behavioral therapy)
- DinAcharaya (daily regimen)
- Ritucharya (seasonal regimen)
- Panchakarma (five technologies of internal bio-purification)
- Rasayana (rejuvenative measures)
- The Sadvratta (ideal routines)
- AcharaRasayana (code of good conducts)

Ahara

Ahara and Vihara play a central role in the life according to Ayurvedic understanding. Ayurveda places special emphasis on Ahara and Vihara as measures for better living, health and wellness. Ayurveda emphasizes more on Ahara in comparison to other systems of medicine and also explored its emotional and spiritual significance, in addition to its material and biological attributes. Ahara is considered as Prana (basis of life) in Ayurveda⁶. Ahara has been described as one of the Trayopastambha (three subsidiary pillars) of life which are Ahara, Nidra (sleep) and Brahmacharaya (celibacy)⁷. Diet is considered as vital for a human body as it provides the basic nutrients and promotes longevity. Ayurveda always emphasizes on consuming healthy and nutritious diet for maintaining good health.

As per the view point of Ayurveda, both the living human body and the diseases afflicting it are the products of Ahara. Use of HitaAhara (wholesome diet) promotes health and longevity and AhitaAhara (unwholesome diet) promotes manifestation of different disorders. Unfortunately in modern era the concept of HitaAhara is continuously being ignored leading to the emergence of lifestyle disorders⁸. Ayurveda also described eighteen types of dietary incompatibilities (ViruddhaAhara), which should be avoided to maintain health and longevity. In this way Ayurveda offers different Pathayapathya (do's & don'ts) regarding diet/dietary supplementations which definitely help in the prevention and management of a wide range of lifestyle disorders.

Dincharya

Normal circadian rhythms are very important in day to day life to maintain biological clock. Ayurveda suggests to begin daily habits with awareness, early rising, avoid suppression of natural urges and eliminate wastes as per urge, keep the teeth & skin cleaned, regular use of massage (Abhyanga), regular daily bathing (bathing enhances the appetite and promotes longevity), consume suitable and wholesome diet according to the appetite and metabolic needs, since it is the basis of life and important for day to day promotion of health. Ayurveda has also suggested to avoid late night sleep, eating stale foods, having sex with inappropriate partner & at unsuitable time and position and the misuse of senses. These might lead to imbalance in the circadian rhythms and thus long term imbalance predisposes to lifestyle disorders. Therefore, one has to stay aware about this daily regimen for day to day promotion of health, boost immunity and prevention from lifestyle disorders⁹.

Ritucharya

Ritu (season) classified by different features expresses different effects on the body as well as on the environment. Ayurveda has depicted various rules and regimens (Charya), regarding diet and lifestyle to acclimatize seasonal enforcement easily without altering body homeostasis. The

prime objective of Ayurvedic system of medicine is preventive aspect, which can be achieved by the modification in diet and lifestyle in response to change in climatic condition. Ritucharya represents a very important aspect of preventive measure for various illnesses including lifestyle disorders as mentioned in Ayurvedic texts¹⁰.

It is the only system of medicine in the world which proposes the need of regular purification of the human biological system from gross level to the molecular level to render it suitable for self recovery and therapeutic responsiveness. The human biological system continuously undergoes wear and tear and needs to be cleansed and rejuvenated regularly. Therefore, Ayurveda advises seasonal Panchakarma as preventive measure for maintenance and promotion of physical as well as mental health.

Panchakarma

Panchakarma is a collective term used to address the five principal procedures or technologies of bio-purification. These procedures are used in order to cleanse the body channels, to eliminate toxins out of the body, bring about the harmony of bio-humors (Tridosha i.e. Vata, Pitta, Kapha, and Manasa Dosha i.e. Raja and Tama) to obtain long-lasting beneficial effects which further leads to chemical balance inside the bio-system and thus provide the normal chemical and electrical environment in brain and ultimately restore the homeostasis. When done properly, these promote psychosomatic health, rejuvenate the body and increase the receptivity and effectiveness of subsequent therapies. The five technologies of Panchakarma include Vaman (therapeutic emesis), Virechan (therapeutic purgation), Asthapan Basti (therapeutic decoction enema), Anuvastana Basti (therapeutic oil enema) and Nasya Karma (nasal medication)¹¹

Ayurveda emphasizes more on the preventive aspect of the Panchakarma rather than curative. It also facilitates the absorption of nutrient and drugs administered thereafter in favor to attain their desired pharmacotherapeutic effects. Panchakarma also restores the mental health, reduces the stress and therefore, help in the prevention as well as management of many lifestyle disorders. Panchakarma is claimed for its preventive, promotive, prophylactic and rejuvenative properties.

Rasayana

In addition to food and diet, Ayurveda propounds a separate concept of medicinal dietary supplements in the context of Rasayana (rejuvenative measures). Rasayanas can be used as nutritional supplement as well as medicine depending upon its various types

Most Rasayanas produce their nourishing and rejuvenating effect by promoting the Agni Bala, acting as direct nutrients and by way of Sroto-prasadan (purification of body channels), resulting in an improved nutritional status which further leads to an improved quality of Dhatus or body tissues. Although the Rasayanas are a generic class of restorative and rejuvenative supplements, many Rasayanas could be tissue and organ specific such as Medhya Rasayana for the brain, Hridya Rasayana for the heart, Twachya Rasayana for the skin, and so on. Various studies on Rasayana drugs suggest their following action¹².

- Immunomodulator
- Adaptogenic
- Antioxidant
- Nootropic
- Antistress

Sadvratta and AcharaRasayana

Ayurveda offers some code of good conducts under the heading of Sadvratta and AcharaRasayana. The conducts under Sadvratta and AcharaRasayana can be categorized into personal (viz. limited sexual relations, early sleeping and awakening, avoid excess exertion, avoid suppression of natural urges, regime of bathing, keeping skin clean), social (keep mercy on others, telling truth, avoid alcoholism, be soft hearted, always use cleaned and washed cloths), psychological and emotional (try to be in a steady mental state i.e. avoid height of emotions, try to avoid to memorize if being insulted by anyone, keep patience, etc). Such type of lifestyle adaptation always helpful in the prevention and management of a widerange of lifestyle disorders¹³. Social inclusion is a protective factor for maintaining mental health. Social networks and supports contribute to one's sense of purpose, self-esteem, resilience and access to resources and information. Furthermore, community participation and civic engagement are associated with better self-reported mental health.

The major component for the management of lifestyle disorders is Ahara and Vihara like healthy and antioxidant diet especially enriched with Rasayanas depending upon the patient's Prakriti and type of lifestyle disorder and adequate physical activity

Discussion

In present era most of the disorders are resulted due to improper life style. Life style disorders are resulted due to an inappropriate relationship of people with their environment. Therefore, according to Ayurvedic system of medicine, a proper diurnal and seasonal behavior is very important for preventing diseases, harmonizing the biological humors and re-equilibrating the energy cycle in the body. Due to urbanization and adapting western culture in India the lifestyle has been disturbed like low activity level, sedentary lifestyle, etc. which contributes significantly to the risk of developing the metabolic syndrome and other lifestyle related disorders. Therefore, by adapting the principles of Ayurveda for diet and lifestyle modification we can impede lifestyle disorders .

Ayurvedic treatment involving medicines, diet and lifestyle activities which restore the Doshic/functional balance shows how a textual theory has been translated into a successful and viable clinical practice. Ayurvedic principles and methods of healthy living can be incorporated easily into people's daily life, their cuisine and other day to day activities. It can thus have a pervasive influence on the daily life of people by providing optimal health by customizing and harmonizing diet and lifestyle activities. This way, people are made responsible for their health and they need not to consider themselves as victims of factors beyond their control.

The whole range of Dinacharya, Ritucharya, Sadvratta, AcharaRasayana and other non-pharmacological Rasayana described in the Ayurvedic classics is designed to foster a healthy life style for better living to everyone as a promotive and preventive health care and also for the management of a diseased individual. Normal circadian rhythms (daily and seasonal) are very important in day to day life for promotion of positive health. Sadvratta and AcharaRasayana include not only mental faculties but also discipline related with general hygiene, ritual activities, food consumption, sexual relation and exercise. Application of this positive lifestyle will definitely help in prevention and management of various lifestyle disorders.

Conclusion-

Our lifestyle is indicative of the behavioral patterns we adopt to live our lives. This translates to the way we eat, drink, and exercise and are predisposed to taking care of our health. Unhealthy

habits will show up in the form of lifestyle diseases in the long run. Since these habits are acquired over a long period of time, it takes that long to change as well. However, persuasion and persistence of health care professionals can go a long way in making to adopt healthier ways of living. Ideally, we should not wait to fall sick before we make changes in these patterns. We should live a healthy life, where we eat a balanced diet; exercise and stay fit, and avoid habits that are injurious to health, so that we do not have to bear the unnecessary consequences that develop in the form of lifestyle diseases

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

**Antidiabetic Properties : A Conceptual Study Of Nyagrodhadi Churna
On Madhumeha (Diabetes Mellitus)****Dr. Shweta Ramesh Wasnik**MD Scholar,
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Abstract: Now a days the sedentary life style & stressful mental conditions are the major contributors of many distressing disease; foremost amongst them being Diabetes mellitus – a perfect example for a life style disorder. Diabetes mellitus is similar to *Madhumeha* which is a sub – type of *Vataja Prameha* and disorder mainly *Tridoshaja*. *Acharya Sushruta* has mentioned *Nyagrodhadi Gana* in *Su. Su. 28*, coated it as *Medoghna, Varnya, Rakta – Pittahara*. with some different ingredients of *Nyagrodhadi Churna* contains 30 Drugs. Most of the drugs in this formulation are having *Pramehagna* Properties like as, *Nyagrodha, Udumbar, Ashwath, Amra, Shyonaka* etc. Many other drugs are having *Kaphahara, Pittahara and Medohara* properties. Hence, helpful in the *Samprapti Vighatana* of the disease.

Keywords: *Madhumeha*, Diabetes, Ingredients, Pharmacodynamics, *Doshaghna* & Chemical Constituent of *Nyagrodhadi Churna*.

Introduction:

Ayurveda is often referred as “Science of life” but it is more of a science that deal with prevention of mental & physical diseases. It is one of the oldest systems of medicine. Today's era is dominated by disorder of life style and *Ayurveda* is the finest solution to these disorders. *Prameha*, as described by *Acharya Charka & Sushruta* is one of the disorders that have emerged out of urban life style¹. Diabetes mellitus in *Ayurveda* is referred to as *Madhumeha* or *Kshaudrameha* which means excessive urine with sweet taste like honey. “*Prameha*” as described by *Acharya Charka & sushruta*, is one of the major disorders which have emerged out of urban life style. In all, twenty types of *Prameha* have been described based on the predominance of *Vata, Pitta & Kapha*. “*Madhumeha*” is subtype of *vataja Prameha*².

Acharya Charaka while describing the prognosis of the disease *Madhumeha*, described it to be a *kulaja vikara*³. (Meaning a disease occurred due to some genetic defect & can be inherited.) *Acharya Sushruta* also mentioned the term “*sahaja*” in context of the genetic predisposition in the pathophysiology of the disease *Madhumeha*⁴.

Diabetes is fastly gaining the status of a potential epidemic in India. Globally, the prevalence of Diabetes is predicted to be double from 171 million in 2000 to 366 million in 2030 with a maximum contribution from India⁵. *Ayurvedic* treatment as described by various *Acharyas* is much safer even cost effective. *Harita* in his treaty has mentioned *Nyagrodhadi Churna*. The Chapter 28/18-21 *trutiya sthana* for the treatment of *madhumeha*. *Ayurveda* with its virtuous concepts and medications can possibly cure.

Aims and Objectives:

- 1) To study the concept of Antidiabetic drugs of *Nyagrodhadi Churna* on *Madhumeha* According to *Ayurvedic Samhita*.
- 2) Collect all the referances according to *Ayurvedic Samhita* & texts.

Materials And Methods : This conceptual study is based on literary review collected from *Ayurveda Samhita* .

INGREDIENTS OF NYAGRODHADI CHURNA⁶

Sr. No.	Drugs	Latin Name	Part Used	Ratio
1.	<i>Nyagrodha</i>	<i>Ficus bengalensis</i>	Bark	<i>Sambhaga</i>
2.	<i>Udumbar</i>	<i>Ficus glomerata</i>	Bark	<i>Sambhaga</i>
3.	<i>Ashwath</i>	<i>Ficus religiosa</i>	Bark	<i>Sambhaga</i>
4.	<i>Aragwadh</i>	<i>Cassia fitula</i>	Fruit pulp	<i>Sambhaga</i>
5.	<i>Shyonaka</i>	<i>Oroxylum indicum</i>	Bark	<i>Sambhaga</i>
6.	<i>Priyal</i>	<i>Buchanania latifolia</i>	Bark	<i>Sambhaga</i>
7.	<i>Arjun</i>	<i>Terminalia arjuna</i>	Bark	<i>Sambhaga</i>
8.	<i>Jambu</i>	<i>Eugenia jumbolana</i>	Bark	<i>Sambhaga</i>
9.	<i>Kapittha</i>	<i>Limonia acidissima</i>	Bark	<i>Sambhaga</i>
10.	<i>Amra</i>	<i>Magnifera indica</i>	Bark	<i>Sambhaga</i>
11.	<i>Madhuk</i>	<i>Madhuka indica</i>	Bark	<i>Sambhaga</i>
12.	<i>Yastimadhu</i>	<i>Glycerrhiza glabra</i>	Bark	<i>Sambhaga</i>
13.	<i>Paribhadra</i>	<i>Erythrina variegata</i>	Bark	<i>Sambhaga</i>
14.	<i>Devdar</i>	<i>Cedrus deodara</i>	Bark	<i>Sambhaga</i>
15.	<i>Chitrak</i>	<i>Piumbago zeylanica</i>	Root	<i>Sambhaga</i>
16.	<i>Dalchini</i>	<i>Cinnamomum zeylanicum</i>	Bark	<i>Sambhaga</i>
17.	<i>Ela</i>	<i>Elletaria cardamomum</i>	Seed	<i>Sambhaga</i>
18.	<i>Tejpatra</i>	<i>Cinnamomum tamala</i>	Leaves	<i>Sambhaga</i>
19.	<i>Sunthi</i>	<i>Zingiber officinale</i>	Rhizomes	<i>Sambhaga</i>
20.	<i>Mire</i>	<i>Piper nigrum</i>	Fruit	<i>Sambhaga</i>
21.	<i>Pimpali</i>	<i>Piper longum</i>	Fruit	<i>Sambhaga</i>
22.	<i>Hirda</i>	<i>Terminalia chebula</i>	Fruit	<i>Sambhaga</i>
23.	<i>Awala</i>	<i>Emblica officinalis</i>	Fruit	<i>Sambhaga</i>
24.	<i>Behada</i>	<i>Terminalia belerica</i>	Fruit	<i>Sambhaga</i>
25.	<i>Patol</i>	<i>Trichosanthes</i>	Leaves	<i>Sambhaga</i>
26.	<i>Agnimantha</i>	<i>Premna mucronata</i>	Root	<i>Sambhaga</i>
27.	<i>Dantimula</i>	<i>Baliospermum montanum</i>	Root	<i>Sambhaga</i>
28.	<i>Meshashringi</i>	<i>Gymnema sylvestre</i>	Leaves	<i>Sambhaga</i>
29.	<i>Karanja</i>	<i>Pongamia pinnata</i>	Seed	<i>Sambhaga</i>
30.	<i>Bhallatak</i>	<i>Semicarpus anacardium</i>	Seed	<i>Sambhaga</i>

Properties Of Nyagrodhadi Churna⁷⁻⁸ :

1) NYAGRODHA :

Pharmacodynamics:

Rasa- Kashaya

Guna- Guru, Ruksa

Vipaka-Katu

Virya- Sheeta

Doshaghnata- Pitta-Kapha Shamaka

Chemical constituent - Bark contains leucoanthocyanin, Tiglic acid, B- sitsterol-a- glucoside.

2) UDUMBAR :

Pharmacodynamics:

Rasa - Kashaya, Madhur

Guna- Guru, Ruksa

Virya - Sheeta

Vipaka - Katu

Doshaghnata - Kapha – Pittashamaka

Chemical constituent- B-sitosterol ceryl behenate.

3) ASHWATHA :

Pharmacodynamics:

Rasa - Kashaya, Madhur

Guna- Guru, Ruksa

Virya - Sheeta

Vipaka - Katu

Doshaghnata - Kapha – Pittashamaka

Chemical constituent - B-sitsterol-D-glucoside, Vit.K, Stigmastetol,

4) ARAGWADHA :

Pharmacodynamics:

Rasa - Madhur

Guna- Mridu, Guru, snigdha

Virya - Sheeta

Vipaka - Madhur

Doshaghnata - Kapha – Pittashamaka

Chemical constituent - Seeds contain Sugars, galactomannan. Flowers Contain Fistulin, leucopelargonidin tetramer; Kaempferol. Bark & Heart wood contains Barbaloin, Fistucacidin, and Rhein etc.

5) SHYONAKA:

Pharmacodynamics :

Rasa - Tikta, Katu

Guna - Laghu, Ruksa

Virya - Sheeta

Vipaka- Katu

Doshaghnata - Tridoshashamaka

Chemical Constituents: "Oroxilin" – A bitter crystalline alkaloid, baicalein and chrysin (flavons), glycoside, pectin, tannic acid etc.

6) MADHUK (MOHA) :

Pharmacodynamics

Rasa - Madhur, Kashaya

Guna- Guru, Snigdha

Virya - Sheeta

Vipaka - Madhur

Doshagnata - Vata – Pittashamaka

Chemical Constituents: Saponins, myricetin, Quercetin. The seeds contain 55% stable oil.

7) ARJUNA :

Pharmacodynamics

Rasa - Kashaya

Guna - Laghu, Ruksha

Virya - Sheeta

Vipaka- Katu

Doshagnata - Kaphaghna, pittaghna, Vatavardhka

Chemical constituents: Arjuna Bark - B – Cholesterol , Egelic acid ,Arjenic acid, Arjunetin Glycoside, Fridley found and the Ash amount of 34% of almost Cacarbonate , 16% tannin , Mg.- 0.078 % , Aluminium 0.076%

8) JAMBU :

Pharmacodynamics

Rasa- Kashaya, Madhur, Amla

Guna- Laghu, Ruksha

Virya - Sheeta

Vipaka- Madhur

Doshagnata- Kaphaghna, pittaghna, Vatavardhka

Chemical constituents: Contains Eugenia triterprnoids A & B, oleanolic acid, malic acid, glucose, fructose etc, Stem bark and contains Kaempferol, myricetin

9) AMRA :

Pharmacodynamics

Rasa- Kashaya, Madhur

Guna - Snigdha, Guru, Sara

Virya - Sheeta

Vipaka- Katu

Doshagnata-Vata- pittashamaka

Chemical constituents: It contains Lupeol, Betulin, β - Sitosterol etc.

10) PRIYAL :

Pharmacodynamics

Rasa - Madhur

Guna - Snigdha, Guru, Sara

Virya - Sheeta

Vipaka - Madhur

Doshagnata- Vata – Pittaghna

Chemical Constituent: It contains 28% pulp & seeds contain 58% fixed oil.

11) YASHTIMADHU :

Pharmacodynamics

Rasa - Madhur

Guna - Guru, Snigdha

Virya - Sheeta

Vipaka - Madhur

Doshagnata - Pittaghna, Vataghna Kaphavardhaka

Chemical constituent: Glycyrrhizine, Prenylated bioarene, licoagron, 7-acetoxy-2-methylisoflavone, 7-methoxy-2-methylisoflavone, ligumarine glycerin, glazlabrin, licoisoflavones A, B, Licoisoflavon, glycerin, sugars and asparagin.

12) PARIBHADRA :

Pharmacodynamics

Rasa - Katu, Tikta

Guna - Laghu

Virya - Ushna

Vipaka - Katu

Doshagnata - Kapha-Pitta Shamaka

Chemical constituent: Bark yielded Erythrinins A, B, C; erythratidine, epierythratidine etc. A seed contains Erythraline, erysovine.

13) DALCHINI :

Pharmacodynamics

Rasa - Katu, Tikta, Madhur

Guna - Laghu, Ruksha, Tikshna

Virya - Ushna

Vipaka - Katu

Doshagnata - Pittashamak, Vatashamak, Kaphashamak

Chemical Constituent : It contains 2% volatile oil which is called as cinnamon. It also contains cinnamic acid, resin, tannin, sugar, starch etc. Leaf oil is dark in colour and has clove-like aroma. Root oil is yellow colour and water insoluble.

14) ELA :

Pharmacodynamics

Rasa - Katu, Madhur

Guna - Laghu, Ruksha

Virya - Sheeta

Vipaka - Madhur

Doshagnata - Kaphaghna, pittaghna, Vataghna

Chemical Constituent: Seeds contain 10% stable oil, 5% volatile oil, 3% pectin, 3% starch, 2% yellow colouring matter and bhasma 6 – 10%. This bhasma contains manganese.

15) TEJPATRA :

Pharmacodynamics

Rasa - Madhur, Katu, Tikta

Guna - Ushna, laghu

Virya - Ushna

Vipaka – Madhur **Doshaghna** –Kaphavataghna

16) PATOL :

Pharmacodynamics

Rasa - Tikta

Guna - Laghu, Ruksa

Virya - Ushna

Vipaka - Katu

Doshaghna -Tridoshaghna

Chemical constituent: Fruit contains Nicotinic acid, riboflavin, vit. C, thiamine Seed contains linoleic, oleic, oleostearic acid Root contains colocynthin, trichosanthin, hentriacontane.

17) AGNIMANTH :

Pharmacodynamics

Rasa -Tikta, Katu, Kashaya, Madhur

Guna - Ruksh, Laghu

Virya - Ushna

Vipaka - Katu

Doshaghna - Kaphaghna, Vataghna

18) DANTI :

Pharmacodynamics

Rasa - Katu

Guna - Guru, Tikshana

Virya - Ushna

Vipaka - Katu

Doshaghna - Kaphaghna, Pittaghna,

Chemical constituent: Root contains Baleospermin, montanin. Seeds contain Croton oil, axillarenic acid. Action

19) MESHASHRINGI :

Pharmacodynamics

Rasa - Kashaya, Tikta

Guna - Laghu, Ruksa

Virya - Ushna

Vipaka - Katu

Doshaghna - Kaphavatshamaka

Chemical constituent: Sun dried leaves contain resins, albuminous and colouring matters, Calcium oxalate, Pararabin, Glucose, some Tartaric acid, an organic acid said to be a glucoside and to possess anti-saccharine property.

20) DEVDARU :

Pharmacodynamics

Rasa - Tikta, Katu

Guna - Laghu, Snigdha

Virya - Ushna

Vipaka - Katu

Doshaghna - Kapha – vatashamaka

Chemical Constituents : Dihydromyricetin, Cedrine, Deodorin, and Cedrinoxide, Glucoside, Polyphenolic lignoids, limonenecarboxylic acid. It contains dark coloured oil and resin.

21) KAPITHA :

Pharmacodynamics

Rasa - Kashaya, Madhur, Amla

Guna - Guru, Ruksha

Virya - Sheeta

Vipaka -Madhura

Doshaghnata - Vata - Pittashamaka

Chemical constituents: It contains Calcium, Phosphorus, Iron, Riboflavin, and Vitamin C.

22) KARANJ :

Pharmacodynamics

Rasa - Tikta, Katu

Guna - Laghu, Tiksna

Virya - Ushna

Vipaka- Katu

Doshaghnata - Kaphaghna, Vataghna, Pittaprakopi

Chemical constituent: Seeds contain Pongamia oil 27%, traces of essential oil, Leaves contains a bitter substance Karanjin 3- methoxypongapin, Kanjone, Pongol. Pongamol, Glabrin etc.

23) BHALLATAKA :

Pharmacodynamics

Rasa- Katu, Kashaya, Madhur

Guna- Laghu, Snigdha, Tikshna

Virya - Ushna

Vipaka- Madhura

Doshaghnata - Vataghna, Kaphaghna, Pittakar

Chemical Constituent : The fruit contains 32% vesicating oil.

24) CHITRAK :

Pharmacodynamics

Rasa- Katu

Guna - Laghu, Ruksa, Tiksna

Vipaka- Katu

Virya- Ushna

Doshaghnata - Kapha-Vatashamaka

Chemical constituent: It contains Chitranone, Plumbagin, 3- chloroplumbagin, dorserone, elliptinone, Isozeylan-one, Plumbagic acid, dihydrosterone, B- sitosterol etc.

25) BIBHITAKA :

Pharmacodynamics

Rasa- Kashaya

Guna- Laghu, Ruksha

Vipaka - Madhura

Virya - Ushna

Doshaghnata - Tridosha-nashak but mainly Kapha nashak

Chemical constituent: B. sitosterol, Gallicacid, ellagic acid, chebulugic acid, galloyl glucose and a number of free sugars have been isolated from the plant. B-sitosterol, gallic acid, ellagic acid, ethyl gallate, galloyl glucose, chebulagic acid, manitol, glucose, galactose, fructose, rhamnose, a new cardiac glycoside named bellericanin in the fruits.

26) HARITAKI :

Pharmacodynamics

Rasa - Pancharasa (Except lavana rasa) Kashaya Pradhana

Guna - Laghu, Ruksha, Sheeta

Vipaka - Madhura

Virya - Ushna

Doshagnata - Tridosahara mainly Vatashamaka

Chemical constituent: Protein, Carbohydrates, Iron, Nicotinic acid, Vitamin C, constituents Ca., Glucose etc.

27) AMALKI :

Pharmacodynamics

Rasa -Pancharasa (Except lavana rasa) Amla Pradhana

Guna - Laghu, Ruksha, Sheeta

Vipaka - Madhura

Virya - Sheeta

Doshagnata - Tridosahara mainly pittashamaka

Chemical constituent: Protein, Carbohydrates, Iron, Nicotinic acid, Vitamin C, constituents Ca., Glucose etc.

28) SHUNTHI :

Pharmacodynamics

Rasa - Katu

Vipaka - Madhura (Shunthi), Katu (Ardraka)

Virya - Ushna

Guna - Laghu, Snigdha (Shunthi), Guru, Ruksha, Tikshna (Ardraka)

Doshagnata - Kapha-Vatashamaka

Chemical Constituents: It contains protein, carbohydrate, mineral, calcium, phosphorus, iron, iodine, chlorine, Vitamin A, B and C and volatile oil and gingerol and shogaol, resin starch.

29) MARICH :

Pharmacodynamics

Rasa - Katu

Guna - Laghu, Tikshna

Vipaka -Katu

Virya- Ushna

Doshagnata - Vatakaphashamaka

Chemical Constituents: Its phalatwaka contains piperine, piperidine, and chavicine. It also contains volatile oil, protein and Vitamin A.

30) PIMPALI :

Pharmacodynamics

Rasa - Katu

Guna - Laghu, Snigdha, Tikshna

Vipaka - Madhura

Virya - Anushna , sheeta

Doshagnata - Kapha-Vatashamaka

Chemical Constituents: It contains piperine, piperidine, sesamin and piplasterol. Its root contains piperine, pialartine, 1 steroid and glycoside.

Discussion and Conclusion:

Diabetes mellitus is similar to madhumeha which is a sub – type of Vataja Prameha. The disease Diabetes mellitus is caused because of disrupted Carbohydrates & Fat metabolism sedentary life style, faulty foods & lack of exercise precipitate the disease various metabolic changes involved in the pathogenesis here genetical inheritance is one of the major etiological factor. Most of the drugs in these formulations are having Pramehagna properties, mentioned in classics. For examples, Nyagrodha, Udumbar, Aswath, Amra, Jambu, Arjuna, Paribhadra, Shyonaka, Argwadha, Meshshringi, Chitrak, Amalki, Haritaki, Bhallataka etc. are Pramehagna drugs many others drugs are having Kaphahara, Pittahara, & Medohara properties hence, helpful in the Samprapti Vighatana of the disease.

Content of Nyagrodhadi Chuna having Katu, Tikta, Kashaya Rasa pradhanta, Mutrasangrahnaya Gana, Seeta & Ushna virya, Katu vipak might have corrected the Kapha Dushti. Along with this, it contains the Tikta Rasa, Sheeta Virya and Madhura Vipaka. Kaphahara, Pittahara & Medohara properties to manage the vitiates Kapha, Pitta, & Meda. The ayurvedic treatment for this disease is based on an entire change in lifestyle of the person. Along with medication & diet, the patient is also advised to lead a healthy lifestyle.

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C.S.M.S.S Ayurved Mahavidyalaya,Kanchanwadi,Aurangabad**Abstract-**

Streerog is generally concerned with patho-physiology related to organs in shroni and stana. In case of female as these parts are related with the important milestones in the females life i.e. menarch, menstrual cycle,conception, delivery, menopause etc. According to Ayurveda these organs mainly come under the influence of vata dosha.

According to Acharya Charaka, it is evident by the saying that there is no yonivyapada without morbid vata dosha. KAPHAJA YONIVYAPAD is one of the important yonivyapad, having yonigat shwetstrav, yonikandu, yonivedana as Pradhan lakshan. In modern science, LEUCORRHOEA have similar symptoms as such like kaphaja yonivyapad. . Hence the Ayurvedic management seems to be more practical, effective, not costly, non-surgical and have negligible side effects. Due to serious consequences of the disease it becomes necessary to pay immediate attention towards this most troublesome disease of female. In chronic stage it can shows malignant changes so this case study was carried out in OPD of Prasuti-Stree Roga Department, and the treatment drug i.e. Udumbaradi tail (Charaka Chikitsa 30/73-76) .Udumbaradi tail is one of the best drug of Ayurveda, advised for local application with the help of pichu in the management of KAPHAJA YONIVYAPAD. (Charaka Chikitsa 30/73-76) Udumbaradi tail was prepared according to 'Taila Paka Vidhi' mentioned in Sharangdhara Samhita. Paka was done till 5 days (daily for two hours on mild heat) till the Samyakalakshana of Madhyama paka obtained. This was applied in the vagina and left inside for about 6-8 hours and effect of udumbaradi tail on kaphaja yonivyapad is studied.

UDUMBARADI tail has showed good effect on kaphaja yonivyapad without any side effect, due to the properties of the ingredients of drug such as kaphapittashamak, tridoshshamak, raktashodak, kandughana, kaphastravhar.

Keywords- Kaphaja yonivyapad , Leucorrhea, Udumbaradi tail.**Introduction-**

According to Charak, Kaphaja yonivyapad is a clinical entity characterised by yonigat shwetastrav, yonikandu, yonivedana as a Pradhan lakshan. In modern, leucorrhea is a common manifestation of genital tract disorders. It means flow of white substance . i. e. kaphaja yonivyapad mean excess amount of the normal white discharge, which is although white or creamy when fresh, it dries to leave a brownish yellow stain on clotting.

According to Ayurveda, kaphaja yonivyapad is treated with udumbaradi tail. Udumbaradi tail is one of the best drug of Ayurveda, advised for local application in the management of yonivyapada. Acharya Charak has described this oil in the management of kaphaja yonivyapad in form of pichu dharan with dose of karpas pichu soaked in 10 ml tail with 6-8 hrs daily application. Duration of therapy is 21 days and route of administration is yonipichu dharan. . *Udumbaradi tail* (Charaka Chikitsa 30/73-76) was taken. This drug has shown marked improvement in relieving all the symptoms of kaphaja yonivyapad and was seen more effective in decreasing the vaginal discharge.

Aims and Objectives-

Aim -

Study the efficacy of udumbaradi tail yoni pichu dharan in kaphaja yonivyapad.

Objectives -

- 1) To study in detail about Kaphaja yonivyapad.
- 2) To study in detail – about effect of udumbaradi tail pichu dharan in kaphaja yonivyapad.

Material and Methods –

Case Report

A 35year old lady came in May 2016 in the OPD *Prasuti- Stree Roga* with complaints of excessive watery vaginal discharge from one year, kandu in yoni, lower abdominal pain and pains all the upper and lower extremities.

On examination

Afebrile
BP- 110/70
P- 84/MIN

Systemic examination

RS- clear
CVS and CNS- N
P/A- Soft

On per speculum examination, it was found that both the lips of cervix were eroded, thick white discharge present, vaginal wall was normal .

On per vaginal examination, it was found that uterus was antverted, antiflex and normal in size, cervix was gritty on touch and both the fornixes having slight tenderness. In the first visit the case was diagnosed as case of kaphaja yonivyapad and few investigations were carried out and the reports were as follows

Blood investigations

Hb-10.5gm%, TLC-9500th/ul, ESR-10mm/hr, Neutrophill-60%, Lymphocytes-35%, Eosinopill-2%, Monocytes-2%, Basophill-0%, RBS- 80mg/dl; HIV, HBsAg, VDR-negative. Ultrasonography for uterus and adnexae - Normal study Urine for routine and microscopy - Normal Pap's Smear report - NA

Drugs -

Udumbaradi Tail Content

उदुम्बरशलादूनां द्रोणमद्द्रोणसंयुतम् II73 II

सपन्चवल्ककुलकमालतीनिम्बपल्लवम् I

निशां स्थाप्य जले तस्मिंस्तैलप्रस्थं विपाचयेत् II74II

लाक्षाधवपलाशत्वक निर्यासैः शाल्मलेन च I

पिष्टैः सिध्दस्य तैलस्य पिचुं योनौ निधापयेत् II75II

सशर्करैः कषायैश्च शीतैः कुर्वीत सेचनम् I

पिच्छिला विवृता कालदुष्टा योनिश्च दारुणा II76II

च.चि.३०/७३- ७६

Udumbaradi Tail (Charaka Chikitsa 30/73-76) was prepared according to '*Taila Paka Vidhi*' mentioned in *Sharangdhara Samhita*. *Paka* was done till 5 days (daily for two hours on mild heat) till the *Samyakalakshana* of *Madhyama paka* were obtained.

Procedure of Tail Application

Procedure of *Udumbaradi tail* application after taking written informed consent application of drug was done. Patient was called for *Udumbaradi tail* application after clearance of menstrual flow. Patient was kept in lithotomy position and preparation of part was done with Savlon solution. The cervix was exposed with Cusco's speculum and cleaned properly. *Udumbaradi tail* was soaked with a gauze piece and kept in contact with the cervix. The oil was applied over the cervix and a *pichu* (piece of cotton wrapped with gauze and tie with thread) soaked with tail was kept inside the vagina for 4 to 6 hours. It was kept close to the cervix in such a way that some length of thread remained outside of the vagina. Patient was explained well to remove the *pichu* by holding this thread. The entire procedure was done for 21 days. After completion of the treatment patient was called weekly interval to see the symptomatic relief.

Don't: Sexual intercourse during the period of treatment.

Result

The present drug gave the relief to the symptoms mainly vaginal discharge after first menstrual cycle treatment. Maximum improvement was noticed in the vaginal discharge. It was completely abolished.

Discussion

kaphaja yonivyapad is found in the fertile age group i.e. 20- 35years, because of the repeated deliveries; Due to hyperplasia of cervical glands various symptoms like vaginal discharge, contact bleeding, back pain, pelvic discomfort etc. produce which are disturbing elements in the daily life style of the woman. Vaginal discharge was disappeared earlier in this case. The use of *Udumbaradi tail* probably prevents the congestion, thus prevented regeneration of superficial columnar cell. Most of the drug present in *Udumbradi tail* is having anti- inflammatory, anti-septic and anti-microbial activities which prevent the eroded area from infection and may help in decrease the vaginal secretion. Anti-inflammatory effect of *Udumbradi tail* may help to minimize the prostaglandin secretion² and hence the lower abdominal pain was cured in this case. Describing the effectiveness of this oil *Acharya Charak* mentions that with the use of this oil the *darun yoni* will be cured in only seven day or one week' By virtue of *shukshama* and *vyavayi* properties the drug is easily absorbed through the epithelium and mucosa. *Snigdha guna* of *tila* and *jaati* helps in correction of *pittavaigunya* of *artavavahastrotas*. The main ingredient in this oil i.e. *panchavalka* and *udumbara shalatu* are having *kashaya rasa* and thus having *vrana ropak*, *stambhaka* and *shothahara* properties. Drug like *Nimb* and *Jaati* are having immune stimulant, anti-inflammatory and antimicrobial effect which helps in protection from invasion of microorganisms.

Conclusion

Hence in this case we can conclude that *Bahirparimarjan chikitsa* in the form of *Udumbradi tail* is highly effective in disintegration of pathogenesis of kaphaja yonivyapad. No adverse effect or complications is produced with the use of this treatment. This treatment is safe economic, non-surgical, very effective and can be used for treatment of kaphaja yonivyapad.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

**To Study the Efficacy of Navayas Loha in the Management of Iron Deficiency Anemia
Cause In Female Infertility: A Case Study**

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Abstract:

I report a couple in my OPD. The women were having history of infertility since 5 years and also found to be clinically anemia treated with Navayas Loha. After improving anemia patient got conceived.

Introduction:

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.

1. Primary infertility denotes those patients who have never conceived.
2. Secondary infertility indicates previous pregnancy but failure to conceive subsequently.

Incidence: 80% of couples achieve conception if they so desire, within one year of having regular intercourse with adequate frequency (4-5 times week). Another 10% will achieve the objective by the end of second year¹.

Causes Of female infertility¹: According to FIGO manual causes are Tubal and peritoneal factors (25-35), Ovulatory factors (30-40%) and Endometriosis (1-10%).

Ovarian Factors-

- Anovulation
- Decreased ovarian reserve
- Luteal phase defect(LPD)
- Luteinized Unreuptured follicle

Tubal and peritoneal Factors-

- Pelvic Infections

Uterine Factors-

- Fibroid Uterus- Due to this DUB occurs- it converts in to anaemia.
- Endometriosis
- Septated uterus

Cervical Factors-

- Infection
- Polyp

Vaginal Factors-

- Atresia
- Septated Vagina
- Dyspareunia

Immunological Factors-

Anemia-In Ayurveda,

The very popular description of swastha described by sushrut emphasizes on proper functioning of 'dosa' dhatu, Mala, Agni, Atma-indriya, Mana etc. Showing the importance of maintaining a healthy condition Acharya Bhavaprakash has described that One should observe Dinacharya, Ratricharya & Rutucharya to remain swastha, otherwise one may not be able to remain healthy. The prajanana swasthya is thus advised to be maintained by observing various 'charyas' during various phases of reproductive age .Rajhkala, Rutukala.Rutu vyatita kala, Garbhakala and Sutika Kala etc.

In a true sense health and disease lie along a continuum and there is no single cut off point, the lowest point on the health disease spectrum is death and highest point corresponds to W.H.O definition of positive health. Therefore measurement of health has been framed in terms of illness or lack of health, the consequence of illness (i.e., morbidity or disability). Prajanana swasthya can also be measured in terms of common illness of reproductive system in women such as "Raja Dosa, Yoni Dosa, parisravi Yoni and vanthyatwa, the most badly affecting consequence of reproductive system³.

In Ayurveda Vandhyatwa is described By Acharya Harita in Tritiya stana Adhya no 48/1-2. In Harita Samhita 6 types of vandhya are described⁴.

1. Kaka Vandhya
2. Anapatya
3. Garbhastrvi
4. Mruta vatsa
5. Balashaya
6. Garbha kostha bhanga

Aims & Objectives:

- Review of literature regarding reproductive health, Anemia causing infertility and about Navays Loha.
- Therapeutic evaluation of Navays Loha & its effects.
- Clinical assessment of results in terms of fruitful outcome from vandhyatwa and other common ailment vitiating reproductive health in females.

Material And Methods:

- This is a single case study.
- The study was carried out on women having vitiated conditions of reproductive health & vandhyatwa. The study included 27 years female patient having Rajadosh (irregular & Scanty menses) and vandhyatwa(Infertility),married since 5 years.

• **C/O –**

1. Loss in appetite Since 3months
2. Weekness Since 3months
3. Giddiness Since 15months
4. Wants issue Since 5 years

Patient was admitted in IPD of Prasuti Tantara Streerog.

• **On examination**

GC Fair
Afebrile
Akshikutha Shotha
Nakha Netra Panduta
Agnimandya
BP- 130/80mmHg
P- 86/min

• **Systemic examination**

RS - clear
CVS, CNS- Normal
P/A- Soft

• **M/H-**

LMP – 12/12/2016
3-4days/2months, irregular
Painful, 4-5 pads/day.

• **P/S-cervix -posterior**

• **P/V-uterus-antiverted, antiflexed.**

• **Blood investigations –**

- **Hb**-7.3 gm%, TLC-8400/ul, ESR-9mm/hr, Neutrophill-65%, Lymphocytes-31%, Eosinophil-1%, Monocytes-3%, Basophil-0%
- HIV, HBsAg, VDRL- Negative.
- BSL(R)- 89mg/dl
- TORCH IgG & IgM-Negative
- Anti cardiolipin antibodies & lupus anticoagulant-Negative
- TSH-2.5mIU/L
- Ultrasonography for uterus and adnexa – Thin Endometrium
Urine for routine and microscopy - Normal

• **Study Design** -This is single case study.

• **b)Duration of Study** –Patient was administered with Navayas Loha orally two times in a day in two

Drug & Dose:- Navayas Loha- 250 to 1gm , 1 tab twice a day.

Navayas Loha is a herbomineral Ayurvedic medicine. It is mentioned in Bhaishajya ratnavali in Pandu roga chikitsa. Pandu is a disease characterized by the pale color of the skin and can be correlated with Anemia in modern science. Navayas Loha is very useful and very commonly used in treatment of all forms of anemia.

Nabayas Loha is prepared by combining Nava (nine herbal ingredients) with Aayasa/Loha (Iron) and hence named Nayayas Churna or Loha. It is prepared by mixing powder of Loha Bhasma (9 parts) and Trikatu i.e.(Sunthi, Marich,Pippali), Triphala i.e.(Amalaki, Haritaki, Bibhitaka), Musta, Vidanga, Chitraka (each 1 part).

It is a Loha kalpa. Lauha kalpas are preparations in which Loha Bhasma is used as main ingredient added to other drugs. For preparing Loha Kalp, the medicinal herbs are reduced to fine powder and mixed with Loha Bhasma. When well protected from moisture and heat, Loha Kalp keep their potency for a period of two years².

Containt of Navayasa Loha:**Formulation composition:**

Sr No.	Drug Name	Latin Name	Quantity
1.	Shunthi	Zingiber officinale Rz	1 Part
2.	Marich	Piper nigrum Fr.	1 Part
3.	Pippali	Piper longum Fr.	1 Part
4.	Haritaki	Terminalia chebula P.	1 Part
5.	Bibhitaka	Terminalia bellirica P.	1 Part
6.	Amalaki	Emblica officinalis P.	1 Part
7.	Musta	Cyperus rotundus Rt. Tr.	1 Part
8.	Vidanga	Embelia ribes Fr.	1 Part
9.	Chitraka	Plumbago zeylanica Rt.	1 Part
10	Laoha bhasma	Iron Oxide	9 parts

Trikatu (Sunthi +Marich+ Pippali) is effective for Agnimandya which is main Lakshan of Pandu, due to Aam nirmiti Agnimandya carried out in patient which is the prime cause of all disease. It supports better digestion and cures constipation. It stimulates the liver to secrete bile which is vital for fat digestion and absorption. It also balances Kapha.

Triphala (Amala + Hirada + Behada) is acts as tridoshaghna, Mrudu verechaka. Due to Iron constipation occurs but triphala reduces constipation. Amla, has rich Vitamin C which helps in Iron absorption, cooling and anti-ulcer properties.

Musta (Nagarmutha) It is especially used as a cure for gastrointestinal and joint ailments. It has anti-inflammatory, antidiabetic, antidiarrhoeal, antipyretic, and analgesic activities. It is deepan, pachan,krimighna, mutral , lekhan,rasa pachaniya, triptighna, kandughna, stanyashodana, trishnagrahana.

Vidanga is Krumighna

Chitrka having property of ushna, tikshna, dipan, pachak due to this it reduces vata and kapha

Lauha Bhasma increases hemoglobin level. It gives strength and cures anemia.

Method of Drug Preparation:

Sunthi



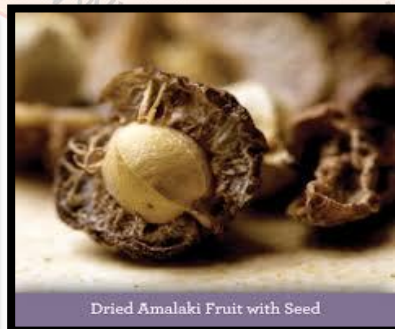
Marich



Pippali



Amalki



Behada



Hirada



Musta



Vidanga



Chitrak



Mandoor Bhasma



Navayas Loha Tablet



All ingredients were taken in equal quantity and Loha Bhasma 9 parts in powder form and mixed well and Tablets were prepared. Stored in an air-tight container. Stored in a cool place in tightly closed containers, protected from light and moisture.

Anupan: -With Luke worm water.

Benefits Of Navayasa Loha:

1. It improves rakta dhatu.
2. It has deepana pachana, srotoshodhaka, tridoshaghna, rasaraktavardhana, rasayana and balya panduhara.

Observations & Discussion:

In the study patient had history of 5 years Infertility. Patient had irregular menstrual cycle, scanty bleeding and irregularity in interval between two menstrual periods, as her chief complains.

These observations substantiate the proper reproductive age group and the commonest complaints encountered during one reproductive era of females.

Observations:

Signs & Symptoms	Before Treatment	After Treatment (3 months)	After (6 months)
Interval of M.C	2 months	28-30 days	28 days
Duration of M.C	1 day	3-4 days	4 to 5 days
Amount of M.F	1 pad/day	2-3 pads/day	3-4 pads/day
Hb gm %	7.3 gm %	9 gm %	10.5 gm %
USG (TVS)	5mm	6-7 mm	7-8mm

Discussion:

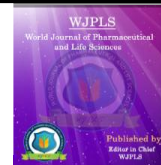
- The clinical Study with the trial drug 'Navayasa Loha' on complains shows effectiveness by regulating the interval of menstrual cycle, duration of menstrual period and amount of menstrual flow. 'Navayasa Loha' acts as dipan pachak dravya so agnimandy which is one of the cause of Pandu, is reduced and due to proper absorption of Navayas loha Hb of patient improves step by step. Due to improvement in Hb endometrium of patient becomes normal ie. 7-8 mm, finally she got conceived.

Conclusion:

- However the overall effectiveness of trial drug 'Navayasa Loha' proved highly significant in this cases of morbid of reproductive health. In infertility patients it is significant when used in oral form.

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EFFICACY OF PIPALLI CHURNA IN URDHWAG AMLAPITTA

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ABSTRACT

Irregular food habits, suppression of natural urges, lack of proper sleep and less time for relaxation, increased dependence on addiction like tobacco, and alcohol are being part of our life which enhances incidences of many diseases mainly having psychosomatic origin are increasing due to urbanization, high industrial growth, deforestation, at a drastic speed. Amlapitta is one of the major diseases caused by life style changes and its prevalence is increasing day by day. In modern science the disease is caused by irregular food habits, addiction of alcohol and tobacco, micro organisms like E-coli and certain idiopathic factors which leads to dyspepsia. Charaka and Kashyap have clearly indicated that, the Grahani dasha and Amlapitta occur in the persons who could check the temptation of food. Ajirna after encountering the specific doshas and affinity with specific site may cause various diseases. Anna visha produced due to ajirna when mixes with pittadi dosha, and lodges in amashya produces Amlapitta. In our granthas, acharya suggested shodhan as well as shamana chikitsa for Amlapitta. But as we said nidan parivarjan is always the best line of treatment, here the study is concerned to study the details about disease Amlapitta and its management. As shodhan removes the vitiated doshas from the body from the roots but in Amlapitta a small amount of hetu sevan can relapse of the same lakshanas seen in Amlapitta, hence the study was concentrated on shaman chikitsa in Amlapitta by using Pipalli Churna mixed with Honey to check the efficacy of this medicine in Urdhwag Amlapitta and to assess any other associated benefits as well as side effects.

KEYWORDS: Amlapitta, Nidan parivarjan, Urdhwag Amlapitta.

RANDOMIZATION

Single Blind Placebo Controlled Study Design

Intervention Intermediate follow-ups Final Assessment Counseling and informed consent Dietary and behavioural advice common to all groups.

Statistical Analysis Conclusion Screening of Subjects For Inclusion

The study of Efficacy of Pipalli Churna mixed with Honey in Urdhwag Amlapitta was conducted in 100 patients. They were divided in to two groups

- 1) **Group A:** Pipalli Churna mixed with Honey.
- 2) **Group B:** Maize Powder with Honey.

OBSERVATION

1) Age

Maximum number of patients was from age group of 31-40yr's. i.e. 56.40%. and 28.5% patients were from age group of 20- 30yr's. 20% patients were from age group of 41-50 yr's and 15.10% of patients were from age group of 51-60 yrs. Probable cause for increasing in this age group may be more exposed towards changing environment and mental stress.

2) Sex

It was observed maximum numbers of patients registered i.e.60.50% were male, and 39.50% were female does not make any particular conclusion. In this fast life style, male and female both are suffered from mental stress and

irregular intake, spicy food which leads to aggravation of the process of Amlapitta.

3) Occupation

Maximum numbers of patients i.e. 34.40% were house wives. It was observed that most of the housewives were in the habit of the diwaswapna and that leads to agnimandya and tridosha prakopa and then Amlapitta. In service persons are suffering from mental stress which is important cause of Amlapitta.

4) Family History

Maximum numbers of patients' i.e. 69.40% were having history of this disease in the family. Ancient acharys have not indicated any hereditary predisposition of this disease but according to modern medicine patient's with 'O' blood group a hereditary predisposition of this disease (acid peptic disease). The observation of family history suggests that, diet pattern and environment also plays an important role as the 30.60% of cases had no family history.

5) Diet Pattern

Maximum number of patient's i.e. 76% was mixed diet while the rest were having vegetarian food. Maximum numbers of patients were having habit of irregular food intake. Non-vegetarian diet and irregular pattern of food intake lead to agnimandya and tridosh dushti, which also lead the aggravation of this disease.

6) Addiction

Maximum number of patient's i.e. 100% had addiction of tea or coffee. 10 % had addiction of alcohol. 30% had smoking habit and 29.33% patient's had addiction of tobacco. 10.66% patient's had addiction of misri. These factors are mostly irritant to gastric mucosa, and thus cause daurbalya of amashya along with vitiation of dosha mainly pitta dosha.

7) Koshta

Maximum number of patient's i.e. 57.66% was having Madhya koshta. While 20.67% were having krura koshta.

8) Agni

Maximum number of patient's i.e. 46% were having visham agni, while 34% were having manda agni. 15% were having tikshna agni 5% were having samagni. Because of visham agni pitta dosha provokes and causes Amlapitta.

9) Prakurti

Maximum number of patient's i.e. 45.33% was having vata pitta prakurti. vatapita prakurti dominant patient's were more prone to get vataj and pittaj disease, because of mithya ahara and vihar . All these doshas get vitiation and produce Amlapitta.

10) Sleep

40.66% has regular sleep history, while 59.33% patients were having irregular sleep. It shows that, irregular sleep and lack of sleep also trigger's Amlapitta.

11) Chronic

75% patient's were chronic of 0-12 months and 20% patient's were chronic of 1-2 years. 5% patient's had chronic more than 2 years. According to this observation most patients self medicate, for the symptom's causing them to subside temporarily. But with time, the symptoms aggravate and become chronic in nature.

12) Etiological factor

Maximum number of patient i.e. 68.33% were having vidhahi bhojan and vishamashan amongst hetu followed by diwaswap was found in 60% of patients. bhukta swap was 56.66% and abhojan in 43.33% of patient's. adhyashan found in 28.33% of patient's, parayush it in 25%. Atibhojan found in 20% of patient's. vegadharan and bhuktesasn were found as hetu in 16.66% and 8.33% patient's respectively.

CONCLUSION

Urdhwag Amlapitta is one of the most common vyadhi and an incident of this vyadhi is very high in present era, and increasing day by day. The age group from 31-40 yrs are more prone to this disease as in this age group are more exposed towards changing external environment and mental stress. Urdhwag Amlapitta is one of the disease in which the pitta dosha is mainly responsible for the manifestation of the disease. Amlapitta is the a condition where excessive secretion of amlaguna of pitta takes place or amlaguna increases due to samata causing vidahi condition. Pipalli Churna mixed with Honey has Katu, Ushna guna which absorb the drav amlaguna pitta in Urdhwag Amlapitta disease. Drug is very effective in the stae of Sam pitta condition. Some new hetu were found other than ayurvedic text's like, Ratrijagran, addictions, medicine intake, and those can be correlated with respective category of ayurvedic hetu. Due to huge similarity between sign and symptoms in the disease is correlated with acid peptic disorder. The drug Pipalli Churna mixed with Honey has better results in Amlapitta.

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**EVALUATION OF DIET AND LIFE STYLE IN THE
ETIOPATHOGENESIS OF PRAVAHIKA (AMOEBIASIS)**

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ABSTRACT

For a long time, infectious diseases were the biggest killer disease globally. But now, the trend is changing toward increased prevalence of chronic diseases with causative factors mostly related to diet and lifestyle. Among them, Pravahika(Amoebiasis) a gastrointestinal tract (GIT) disorder, has acquired majority of the share with causative factors like improper diet and habits, stress, spicy irritant food, oily foods, bakery products, etc., A survey study was conducted on 120 patients, irrespective of sex, religion, etc., who had presented with the clinical symptoms of Pravahika(Amoebiasis) and attended the OPD of Department of Kayachikitsa, at Y.A.C. Kodoli, Maharashtra University of Health Sciences Nashik, Maharashtra between April 2003 and June

2004. Information on demography, dietary intake, and lifestyle factors was collection by standard questionnaires. The data revealed that majority of the patients indulged in faculty dietary habits like excess Snigdha Ahara (86.23%), Abhishyandi Ahara (81.88%), Katu Ahara (99.3%), Guru Ahara (90.57%),Ruksha Ahara(89.50%), Viruddha (81.88%), etc., and the data on lifestyle revealed that majority of the patients indulged in Adhyashan(98.86%), Vegvidharana (91.21%), Diwasvapna (86.35%), Ratrijagrana (88.81%), Chinta (89.71%) etc., This survey study upholds the novel concept, and physical activities play an important role in

the etiopathogenesis of Pravahika (Amoebiasis), and it is important for patients to have access to diet and lifestyle modifications. Currently, research in this area is minimal.

KEYWORDS: Diet, life style, Pravahika, Amoebiasis.

INTRODUCTION

From Stone Age to Space Age, food pattern of people has undergone innumerable changes. The changes of course have been always for the better aspect of life, yet most of the diseases are firmly rooted in poor dietary habits due to traditional superstitious beliefs and overpowered logical thinking. None of the existing systems of medicine is the complete answer for all the health problems as all these aim at symptomatic relief rather than a total cure.

Those who take proper diet and drinks live a long life and those not doing so die prematurely. Proper maintenance of the power of digestion also depends upon the intake of proper diet.

Even with the advent of excellent techniques and astonishing advancement in science and technology, the humanity is left with innumerable health problems. Most of the diseases have direct or indirect link with the type of food we consume, our food habits, and lifestyle. 75% of the top ten killing diseases of the world are due to wrong food habits.

In the society, due to improper Ahara (diet) and Vihara (lifestyle), incidences of diseases are increasing in day-to-day life. If proper dietary pattern is not following by the patient, nobody can cure these diseases.

Main causes for the disease are improper diet, habits, stress, not following Ahara Vidhi Visheshayatana, etc, Viruddhahara, Asatmya Ahara, state food, spicy irritant food, oily foods, bakery products, some fast foods, excess consumption of tea and coffee, excess food intake, drinking excess water after meals, freezed products, wine, cigarette smoking during meal, chemical medicines during meal, etc.

Chronic diet-related disease are on rise around the world due to new lifestyles and eating habits. Gastrointestinal disturbances are increasing and India is no exception to this. Among them, Amoebiasis, a gastrointestinal tract (GIT) disorder, acquires majority of the share.

The aim of this study was to evaluate the role of the diet and lifestyle factors in the etiopathogenesis of Pravahika(Amoebiasis).

MATERIALS AND METHODS

Study design and patient selection

The present study was a survey conducted on 120 patients, irrespective of sex, religion etc., who had presented with the clinical symptoms of Pravahika(Amoebiasis)and attended OPD of Department of Kayachikitsa, at Y.A.C. Kodoli, Maharashtra University of Health Sciences Nasik, Maharashtra between April 2003 and June 2004. A detailed proforma was specially designed for the purpose of incorporating all aspects of the demography, dietary intake, lifestyle factors, and disease on Ayurvedic parlance. Informed consent was taken from the patients before including them in the survey study.

Selection of Patients

Inclusion criteria: Patients were eligible for the study if they were over 20 years and below 60 years of age, and had classical signs and symptoms of Pravahika (Amoebiasis) like Sa-kafa Malprarutti, Frequency of motion minimum 5 to 6 times per day, Picchil, Ati-Pravahana, Alpa-Malprarutti, Daurbalya, Hrullas, Aruchi, Agnimandaya etc.

Exclusion criteria

Patients who had chronicity for more than 5 years and were having organic diseases like, cancer of Large Intestine and major illness like cardiac disease, Bleeding disorders, HIV, Tuberculosis of intestine etc., were excluded.

Laboratory investigations were carried out before including the patients under the study to rule out any other pathological conditions.

1. Routine haematological investigations – Haemoglobin (Hb), total count (TC), differential count (DC), erythrocyte sedimentation rate (ESR), packed cell volume (PCV).
2. Urine examination – Routine and microscopic.
3. Stool examination – Routine and microscopic.
4. Biochemical examination – Fasting blood sugar (FBS), Sr. Cholesterol, Sr. Triglycerides, high density lipoprotein (HDL), blood urea, Sr. Creatinine, serum glutamate pyruvate transaminase (SGPT), serum glutamate oxaloacetate transaminase (SGOT), Sr. Total proteins, albumin, globulin, A/G ratio, Sr. Alkaline phosphatase, Sr. Uric acid.

OBSERVATIONS

Data of 120 patients surveyed revealed that maximum number of patients (68.83%) were between 21 and 45 years of age, with chronicity of 30 days (74.6%) 82.12% of patients were on regular treatment, while 17.88% were not taking any medication through aware of the disease. 93.48% patients were married and 85% had more than four family members. Majority of the patients (53.62%) had Pitta-Kaphaja Prakruti, 68.8% had Rajasika Prakruti, and 30.43% had Tamasika Prakruti. Symptoms reported include Pravahana (100%) and Sa-kafa Malpravrutti (100%), Alpa-Malpravrutti(100%), Frequency of motion minimum 5 to 6 times per day, Picchil Malpravrutti (91.30%), Daurballya (68.11%), Aruchi (100%), Hrillasa (95.65%), Gaurava (90.57), Agnimandya (80.43%), and Udar shoola in 74.63% of the patients.

The data on dietary habits revealed that majority of the patients indulged in Snigdha Ahara (86.23%), Abhishyandi Ahara (81.88%), Katu Ahara (99.3%), Guru Ahara (90.57%), Ruksha Ahara (89.50%), Viruddha (81.88%) and non-veg food (42.92%).

The data on lifestyle revealed that majority of the patients indulged in Adhyashan (98.86%), Vegvidharana (91.21%), Diwasvapna (86.35%), Ratrijagrana (88.81%), Chinta (89.71%), tea/coffee (95%), smoking (21.9%), Pan chewing (44.34%), tobacco chewing (53.47%) and had tension (58.55%), depression (45.36%), anxiety (5.69%), sedentary occupation (47.83%).

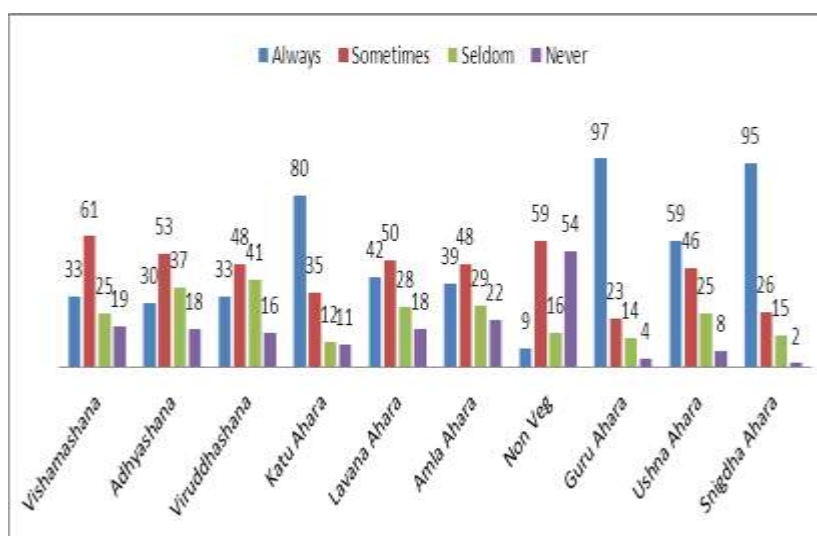
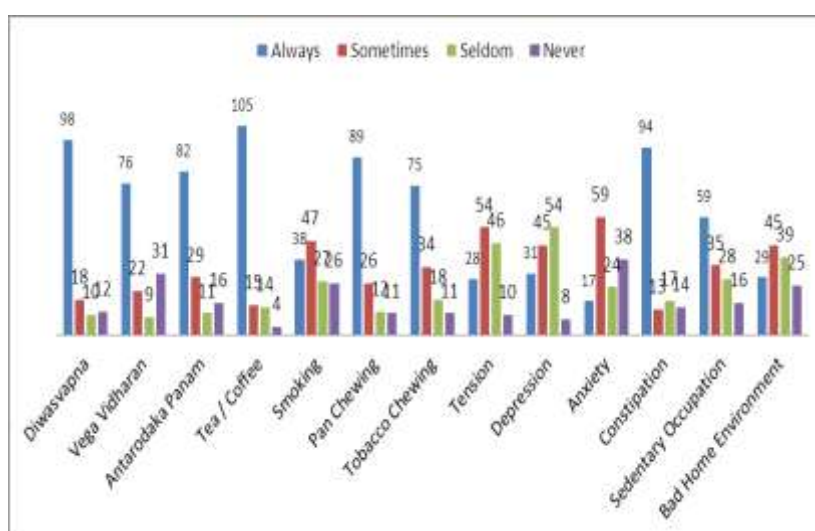


Figure 1

Table 1: Subject and their diet and dietary habits

Diet & Dietary Habits	Always	Sometimes	Seldom	Never
Vishamashana	33	61	25	19
Adhyashana	30	53	37	18
Viruddhashana	33	48	41	16
Katu Ahara	80	35	12	11
Lavana Ahara	42	50	28	18
Amla Ahara	39	48	29	22
Non Veg	09	59	16	54
Guru Ahara	97	23	14	04
Ushna Ahara	59	46	25	08
Snigdha Ahara	95	26	15	02

**Figure 2****Table 2: Subject and their diet and lifestyle habits**

Lifestyle Habits	Always	Sometimes	Seldom	Never
Diwasvapna	98	18	10	12
Vega Vidharan	76	22	09	31
Antarodaka Panam	82	29	11	16
Tea / Coffee	105	15	14	04
Smoking	38	47	27	26
Pan Chewing	89	26	12	11
Tobacco Chewing	75	34	18	11
Tension	28	54	46	10
Depression	31	45	54	08
Anxiety	17	59	24	38
Constipation	94	13	17	14
Sedentary Occupation	59	35	28	16
Bad Home Environment	29	45	39	25

DISCUSSION

The fast emerging lifestyle disease in India today inflict heavy burden on the society and is a new national reality. By and large, they are born out of faulty diet and lifestyle modifications. Comprehensive, workable and cost-effective preventive alternatives are available in Ayurveda, which need recognition and promotion. But prevention of the disease is better than cure, so also Nidana Parivarjana has been suggested as the first line of treatment in almost all the diseases. In the present study, most of the etiological factors were found to be related with the diet and lifestyle. If one does not follow proper dietary habits, his/her Agni will be diminished due to irregularities in the digestion and finally will lead to Pravahika. Maximum number of patients, i.e. 68.83%, belonged to the age group between 21 and 45 years. It is the most productive age of one's life, as they struggle for improving their economic status, due to which they suffer from stress and strain. The irregular food and drinking habits in their service might have led to more incidences. Most of the individuals who were doing Adhyashana, Vishmashana, Virudhashana were prone to this disease, proving the classical etiological factors for causing and aggravating the disease. Adhyashana, Acharya Charaka has advised to take the food only after the pervious meal is digested. Adhyashana causes aggravation of Doshas, 90.5% patients were suffering from Krura Kostha which is due to Vata Dosha.

CONCLUSION

Pravahika (Amoebiasis) is a chronic recurring condition that affects health-related quality of life. As a result of the economic and social burdens of Pravahika, it is important for patients to have access to diet and lifestyle modifications. The results of the survey study suggest that unwholesome diet, fast and stressful lifestyle with sedentary habits play an important role in the manifestation of this disease.

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TO STUDY THE EFFECT OF DRAKSHADI VATI (Y.R.) IN THE MANAGEMENT OF URDHWAG AMLAPITTA

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INTRODUCTION

In the modern era irregular food habits, suppuration of natural urges, lack of proper sleep and less time for relaxation, increased dependence on addiction like tobacco, and alcohol are being part of our life which enhances incidences of many diseases mainly having psychosomatic origin are increasing due to urbanization, high industrial growth, deforestation, at a drastic speed. Amlapitta is one of the major diseases caused by life style changes and its prevalence is increasing day by day. In modern science the disease is caused by irregular food habits, addiction of alcohol and tobacco, micro organisms like E-coli and certain idiopathic factors which leads to dyspepsia. Madhavakara described the pathogenesis of the disease due to Pittaprapakopa which is already increased due to its own causes. He describes the two gatis of

Amlapitta as Urdhvaga Adhoga. Acharya Charaka describes that there is no direct description of etiopathogenesis as well as treatment protocol many scattered references can be traced out from them of the Psychosomatic disorder having high prevalence and still on the rise. Kashyapa Samhita is the first text which describes the disease Amlapitta as a separate disease entity conditions in Modern Science like Hyperacidity, Ulcers can be included under the broad umbrella of Amlapitta having the classical symptoms of Amlapitta were selected.

Charaka and Kashyap have clearly indicated that, the Grahani dosha and Amlapitta occur in the persons who could check the temptation of food. Ajirna after encountering the specific doshas and affinity with specific site may cause various diseases. Annavisha produced due to ajirna when mixes with pittadi dosha, and lodges in amashya produces Amlapitta. In our granthas, acharya suggested shodhan as well as shamana chikitsa for Amlapitta. But as we said nidan pariwarjan is always the best line of treatment, here the study is concerned to study the details about disease Amlapitta and its management. As shodhan removes the vitiated doshas from the body from the roots but in Amlapitta a small amount of hetu sevan can relapse of the same lakshanas seen in Amlapitta, hence the study was concentrated on shaman chikitsa in Amlapitta by using Drakshadi Vati to check the efficacy of this medicine in Urdhwag Amlapitta and to assess any other associated benefits as well as side effects.

AIMS AND OBJECTIVES

The present study was carried out to study the etiopathogenesis of Amlapitta as well as to assess the efficacy of Drakshadi Vati & their effects.

MATERIALS AND METHODS

Total 55-patients having classical symptoms of Amlapitta, irrespective of sex, occupation etc, attending the O.P.D. of Dept. of Swasthritta, Dr. D.Y. Patil Ayu. College & Hosp. Pune (MS), were selected for the clinical trial.

Inclusion Criteria

Patients presenting with the classical symptoms of Amlapitta, like Avipaka (Indigestion), Utklesh (nausea), Amlodgara (sour belching), Chhardi (vomiting), Hritdaha (Heartburn), Aruchi (Anorexia), Klama (fatigue) etc. aged between 15-60yrs. were included.

Exclusion Criteria

Patients aged below 15 and above 60 yrs, chronicity more than 5 yrs and suffering from Vidagdhajirna, Adhoga Amlapitta, Ulcers, Carcinoma etc. were excluded. Before starting the treatment detailed clinical history was taken in the clinical research proforma based on Ayurvedic and modern parameters and the written consent was taken from the patients.

Method of preparation of drug: Drakshadi Vati contains Draksha 1part, Haritaki 1part & sugar 2 part prepared vatika form.

Dose and Duration

Dose of 500 mg were administered along after meal two times a day for the duration of 4 weeks.

Criteria for Assessment

The patients were examined weekly and their status was noted. Assessment was done on the basis of improvement in Rogabala, Dehabala, Chetasabala and Agnibala by specific scoring pattern. Subjective parameters were analysed by Wilcoxon's matched paired test.

Total improvement was categorized as follows

No improvement 0 - 25%, Mild improvement- 26%-50%, Moderate improvement: 51%-75%, Marked Improvement: 76% -100% and Complete Remission: 100%.

Observations

The observation made on 55 patients of Amlapitta showed that maximum number of patients i.e. 66.66% were between the age group of 36-60yrs., 59.29% were female, 88.89% were married, 59.26% were housewives, 38.89% were primary educated, 50% belongs to middle socio economic status, 85.19% belongs to urban civilization, 35.19% of patients having chronicity of 2-3yrs, Adhyashana was observed in 42.59% , 61.11% were taking Katu rasa pradhana diet and 98.15% were habitual to tea. 53.70% of patients were having Avara Jaran Shakti, 64.81% having Mandagni, Chinta was found in 51.85% of patients. The chief complaints observed in the patients as: Amlodgara in 100% of patients, Katu udgara in 92.59%, Kantha Daha 68.52%, Uraha Daha 74.06%, Chhardi in 44.44%, Avipaka in 51.85%, Adhmana in 44.44%, Shira Shoola in 35.19% of patients.

Rasavaha Srotodushti was found in 87.04%, Annavaha in 100%, Purishvaha in 38.89%, Raktavaha in 20.37% of patients.

RESULTS

Effect of Therapy on cardinal symptoms: Drakshadi Vati showed statistically highly significant results on cardinal symptoms of Amlapitta. (Table – 1).

Overall effect of Therapy on Rogabala, Dehabala, Chetasabala, Agnibala: the drugs showed statistically highly significant results on all these parameters showed better results on the symptoms like Kukshi daha, Amlodgara, Katu udgara, Avipaka.

Table 1: Effect of Therapy on cardinal symptoms.

Symptom	n	N	Mean Score		%	W	P
			BT	AT			
Amlodgara	25	21	2.20	0.96	56.36	231.00	<0.0001
Uraha daha,	21	15	1.80	0.92	48.89	120.00	<0.0001
Katu Udgara	25	20	2.16	0.96	55.56	210.00	<0.0001
Kukshi daha	17	11	1.40	0.80	42.86	66.00	<0.0001
Avipaka	14	12	1.12	0.60	46.43	78.00	<0.0001
Chhardi	12	12	1.00	0.28	72.00	87.00	<0.0001

Overall effect of Therapy

Moderate improvement was observed in 44% of the patients. Mild improvement was observed in 24% of the patients. Marked improvement was observed in 32% of the patients.

Table 2: Overall effect of Therapy.

Symptom	Group	<50	>50	X ²	P
Amlodgara	A	16	9	5.15	Significant
Katu Udgara	A	16	9	3.93	Significant
Kukshi daha	A	13	4	4.30	Significant
Avipaka	A	13	1	5.90	Significant

DISCUSSION

Symptoms of Amlapitta closely resembles with Hyperacidity as there is excessive secretion of Hydrochloric acid than normal. Also It is characterised by Heart burn, Indigestion, Sour belching, Feeling of nausea, Lack of desire for food, feeling of restlessness which can be similar to symptoms of Amlapitta. Excessive intake of Amla (sour), Katu (Pungent), Lavan (Salty), Vidahi (Spicy) substances causes vitiation of Pittadosha and lead to disease. This type of food cause irritation of the mucous membrane of stomach and esophagus, also they cause weakness of the lower esophageal sphincter, stimulate the stomach to produce excess of acid and increase acid reflux. In the present study, Drakshadi Vati showed statistically highly significant results on cardinal features like Amlodgara, Katu udgara, Avipaka, Kukshi daha, Uraha daha, Chhardi as most of the drugs like Draksha & Haritaki having Madhur Tikta(bitter) and Kashaya rasa & madhur vipaki which are best Pittashamaka and Amapachaka rasa. Hence they reduced the samata of Pitta and relive symptoms. Both the drugs are mild Laxative & pitta virechak. Hence it is useful to treat constipation & indigestion.

CONCLUSION

The disease Amlapitta can be correlated with Hyperacidity on the basis of symptoms as well as pathology. If the patient does not follow the pathya-apathya then there is no importance of drug as Lauhya is the main etiological factor, also mentioned by Kashyapa. In most of the patients, there is involvement of Annavaha srotas along with Rasavaha. Agnimandya is the main responsible factor of it. As the vicious cycle continues between Agnimandya, Ajirna, Lauhya, Nidana sevana the disease becomes Chirakari (chronic). Drakshadi Vati in showed statistically highly significant results on chief complaints like Amlodgara, Katu udgara, Avipaka, constipation.

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Importance Of Nidra In Healthy Life**Vd. Sanjiv D.Fulse**

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Abstracts

When mind gets exhausted, sense organs (*gaanendriya*) and motor organs (*Karmendriya*) become inactive then *Nidra* occurs. Like proper diet, proper sleep is also essential for better health. Improper sleep produces abnormal symptoms in the body. *Tamas* (A *guna*) becomes predominance at night which produce sleep. Sleep during night is most effective than day time. Proper sleep is responsible for nourishment of body, strength, desire for work, appetizer, happiness, virility, knowledge etc. it also responsible for equilibrium of *dhatu*s (*M. dosa, dhatu and mala*). Improper sleep produces abnormal symptoms in the body such as obesity, headache, heaviness in the body, loss of digestive power, symptoms related to heart, impotence, emaciation, illiteracy etc. *Nidra* during day time except in *grismartu* (summer season) should be avoided. If a person doesn't sleep properly at night, he should make it up by sleeping during the day time for half the period spent in the night vigil.

Key words – *Nidra*, Sleep, health, *dhatu*, life.

Introduction

Ayurveda is a ancient science of life. Ayurveda described the *hita* and *ahita* (wholesome and unwholesome), *sukha* and *dukha* (Happy and unhappy) life¹. The life which is healthy and welfare of the society is called *hitayu* otherwise it is *ahitayu*. Similarly when the person is healthy is known as happy otherwise he will be unhappy. The equilibrium of *dhatu*s in qualities as well as in their actions is called *prakriti* or health and their disequilibrium is called *dukha* (disease)². In the state of health equilibrium of *dhatu*s should be maintained as it is the object of Ayurveda³.

Charaka described the three supports of life viz. *ahara* (diet), *Nidra* (Sleep) and *bramhacharya* (abstinence)⁴. Proper use of these three supports maintain healthy life otherwise body gets ill health. Food is essential to nourish the body, *nidra* maintain good health. The last support *bramhacharya* protects our *shukradhatu* (semen) from excess loss. Among these three supports *Nidra* is described in this article.

Nidra

When mind gets tired, when *gyaanedriya* (sense organs) and *karmendriya* (motor organs) cannot perceive their *visayas* (objects), then state of sleep occurs⁵. Timely sleep is responsible for nourishment of body, strength, desire for work, appetizer, better complexion. It is also responsible for equilibrium of *dhatu*s⁶.

Happiness, unhappiness, nourishment, emaciation, strength, weakness, virility, impotence, Knowledge illiteracy, life and death - all these occur depending on the proper or improper sleep⁷. *Tamas* becomes strong at night which leads to sleep⁸. Untimely and excessive sleep take away

both happiness and longevity. The same sleep, if properly enjoyed brings about happiness and longevity in human beings as the real knowledge brings about siddhi (spiritual power) in a yogin⁹. Hence proper sleep is essential for physical and mental well being of a person.

Aims and objects

1. To create awareness about the importance of *Nidra* among the people.
2. To study benefits of proper sleep in healthy life and side effects of improper sleep.
3. To promote life style in betterway.

Literary Review

Indications of day sleep

Sleeping at day time in all seasons is prescribed for those persons who are tired in singing, study, alcoholism, sexual inter course, elimination therapy, carrying heavy weight, indigestion, injured, emaciated, those who are too old, too young, those suffering from thirst, diarrhea, colic pain, dyspnea, hiccup, those who are exhausted by journey, vigil, *Krodha* (anger), *shoka* (grief) *Bhaya* (fear) and those who are suffering from habitual day sleep. By this the equilibrium of dhatus and strength are maintained and the kapha nourishes the organs and ensures longevity. In summer season nights become shorter and *vatadosa* gets aggravated in the body due to the *adana* (absorption of fluid from body). Therefore during this season day sleep is prescribed for all¹⁰.

Contra-indications of day sleep

Sleeping during the day time in the seasons other than summer is not advisable as it causes vitiation of *kapha* and *pitta*. Persons with excessive fat, those who are addicted to taking unctuous substance, those with *slaismika* constitution, those suffering from disease due to the vitiation of *kapha* and those suffering from *dusivisa* (artificial poisoning) should never sleep during day time. If one violates the prescription regarding sleep during the day time, he would subject himself to *halimaka* (serious type of Jaunice), headache, timidness, heaviness of the body, malaise, loss of digestive power, *hrdayapalepa* (a feeling as if phlegm adhered to the heart), Oedema, anorexia, nausea, rhinitis, hemicrania, urticaria, eruption, abscess, pruritus, drowsiness, coughing, disease of the throat, impairment of the circulating channels of the body, fever, weakness of sensory and motor organs and enhancement of the toxic effects of artificial poisons. So one should keep in view the merits and demerits of sleep in various seasons and situations in order that it may bring happiness to him¹¹.

Effect of night awakening

Vigil during night causes roughness in the body, sleep during day time causes unctuousness and dosing in sitting posture does neither cause roughness nor unctuousness¹².

Importance of Nidra

Like proper diet, proper sleep is also essential for the maintenance of the body. Corpulence and emaciation are specially depends upon proper or improper sleep and diet¹³. Sleeping during the day time in the season other than *grisma* (Summer) is not advisable as it causes vitiation of *vata*, *pitta* and *kapha*. If a person doesn't sleep properly at night for a specified period, he should make it up by sleeping during the day time for half the period spent in the night vigil¹⁴. According to *vagbhata*, if a person wants to sleep at day time, he should sleep before lunch¹⁵.

Types of Nidra:- Caraka described 7 types of nidra¹⁶.

1. *Tamobhava* -caused by tamas
2. *Shleshmasamudbhava*- caused by kapha.
3. *Manhashramasambhava* – caused by mental exertion.
4. *ShariraShramasambhava* – caused by physical exertion
5. *Agantuki* – caused by external factors.
6. *Vyadhyanuvartani* – caused by disease.
7. *Ratriswabhavaprabhava* – normally occurring at night.

Tamobhav anidra occurs at the time of death. *Agantukinidra* is indicative of bad prognosis leading to imminent death. *Ratriswabhavaprabhavanidra* is the best for good health and it occurs naturally at night. It is also called *bhutadhatrinidra*.

Suitable time for wake

One should wake up in the brahmamuhurta (i.e. between 4 to 6 am)following the proper digestion of food taken at night¹⁷.

Sleeping posture

After taking the dinner, one should walk for hundred steps before going to sleep, then one should down in recumbent posture up bed taking eight times breath and should change the posture to night lateral till taking 16 times breath and thereafter to left lateral taking 32 times breath and then can sleep in any posture but it is always advisable to sleep in left lateral posture because the *Agni* (digestive power) lies in the left side of the body above the *nabhi* (umbilicus), which is responsible for the digestion¹⁸.

Modern concept of sleep

Definition- Sleep and wakefulness occur alternatively within 24 hrs in the life of human beings. It has not yet been possible to find out the correct cause of sleep. During sleep organs like kidney, heart, lung, brain, organs of the gastro intestinal tract etc. remain active so it can be assumed as an active phenomenon. Sleep can be defined as a state of consciousness that differs from wakefulness by a loss of critical reactivity to events in the environment with a profound alteration in the function of the brain.

Time of sleep- Animals and man should one sleep period in 24 hours depends on habit. Night, commonly being the period of rest is used for sleep. But in night workers day – sleeping is the habit.

Sleep requirement – for the new born baby 16-20 hours, children – 12-14 hours, adults – 7-9 hours, old age 5 hours.

Physiological changes during sleep- changes are given below

- 1) **Circulatory system** – during sleep pulse rate, cardiac output and blood pressure reduced.
- 2) **Respiratory system-** a) may be costal or periodic, specially in children. b) Tidal volume, rate of respiration and therefore pulmonary ventilation lowered.
- 3) **Basal metabolic rate-** reduced by 10-15 %.
- 4) **Urine** – volume less, reaction variable, specific gravity and phosphates raised.
- 5) **Secretions** – a) Salivary and Lacrimal reduced. b) gastric raised c) sweet raised.
- 6) **Muscle-** relaxed
- 7) **Eyes-** a) eyeballs – roll up and out. b) eyelids – come closer, c) pupils contracted.
- 8) **Blood** – volume increased
- 9) **Nervous system-** a) electroencephalogram- appearance of δ - wave. b) Deep reflexes reduced. c) Babinski – extensor d) superficial reflexes – unchanged e) vasomotor reflexes more brisk. f) Light reflexes – retained.

Effects of prolonged sleeplessness in man

Objective changes are few, viz, Babinski- extensor, equilibrium – disturbed, neuromuscular – fatigue etc. subjective symptoms are chief viz, a) mental concentration difficult and inaccurate. b) Threshold for pain lowered. If very much prolonged, collapse and death. Cortical nerve cells undergo shrinkage and chromatolysis¹⁹.

Two types of sleep – During each night, a person goes through stages of two types sleep that alternate with each other. They are called (1) slow-wave sleep because in this type of sleep the brain waves are very strong and very low frequency (2) rapid eye movement sleep (REM – sleep) because in this type of sleep the eyes undergo rapid movements despite the fact that the person is still asleep. Most sleep during each night is of the slow-wave variety; this is the deep restful sleep that the person experience during the 1st hour of sleep after having been wake for many hours. REM. Sleep, on the other hand, occurs in episodes that occupy about 25 percent of the sleep time in young adults. Each episode normally recurs about every 90 minutes, this type of sleep is not so restful, and it is usually associated with vivid dreaming²⁰.

Children need many hours of sleep per day for the proper functioning and development of the body. Up to 18 hours for newborn babies with a declining rate as a child ages. Early in 2015 after a two year study, the national sleep foundation in the US announced newly revised recommendations as shown in the table below. Newborns need up to 18 hours of sleep per day for 1st couple of month, the requirement goes on decreasing with increasing age. Infants and toddlers (i.t. till 3 years) need around 14 hours of sleep per day.

Newborns (0-2 month) - 12-18 hours

Infants (3-11 month) - 14-15 hours

Toddlers (1-3 year) - 12-14 hours

Preschoolers (3-5 year) - 11-13 hours

School age children (5-10 year) - 10-11 hours. Teens (10-17 years) - 8.5 to 9.25 hours.

Adults - 7-9 hours²¹.

Discussion

According to ayurveda *Ahar, Nidra and Brahmacharya* are the important *upastambha* (Basic pillars) for maintain good health. Like proper diet and proper *brahmacharya*, *propernidra* is also essential for healthy life. It maintains health as well as prevents the disease. Natural sleep occurs due to predominance of *tamas*. *Tamoguna* is predominant at night therefore naturally sleep occurs at night. Sleep during night is more effective for better health. Sleeping during day time should be avoided except *grismrutu*. In *grismarutu* predominance of *adana* occurs. i.e. dryness occurs in the body which aggravated the *vata dosha*, therefore to decrease *vata dosha* day sleep is necessary during *grisma*. Day sleep increases the *kapha dosha*. *Kapha hassnigdha* (unctuous) which reduces dryness of *vata dosha*. Also day sleep is essential in those persons who vigils at night. These persons can sleep at day time but they should sleep half the period which they spent in the night vigil. If a person wants to sleep at day time he should sleep before lunch. Day time sleep after meal vitiates the *dosa*. Sleeping at day time in all seasons is essential in those persons who are tired by singing, study, intoxication, sexual intercourse, carrying heavy weight, indigestion, injured, emaciated, too old, too young, those suffering from thirst, diarrhoea, which are exhausted by journey, anger, grief, fear etc. Person should wake up in the *brahmamuhurta*.

Conclusion

From above description it is concluded that proper sleep is mandatory for good health and improper sleep produce so many abnormal symptoms in the body. If anyone violate this rule, his body gets ill-health and if proper treatment is not given he may die also.

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A CASE STUDY OF YOGVASTI IN THE MANAGEMENT OF AMVATA

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ABSTRACT

The present study was aimed to evaluate the efficacy *Dashmula yogvasti* in *Amvata*. In the treatment principle of *Amvata shodhana* therapy has been given prime importance. In *Ayurveda Yoga Ratnakara* advises undergoing specific *panchakarma* according to *Dosha, Sthana, Avastha*. Here a male patient of *amvata* came to take *ayurvedic* treatment for his relief. He had been given *ayurveda* treatment. according to *chikitsa sutra*. Initially *Deepana, Pachana, Rookshana* was done followed by administration of *dashmula yogvasti* for 8 days. Follow up period was of 16 days in which *Yograjuggulu, amvatari kashayam, maharasnadikashaya*. was given. Assessment was done at clinical level and investigation level after the treatment and after follow up period. This study proves the significance of Selected drug *Yogavasti* in *Amvata*. It shows *Panchakarma* is useful for diminishing the signs and symptoms of *amvata*.

KEYWORDS: *Dashmula yogvasti, Amvata, Yograjuggulu.*

INTRODUCTION

Amvata is a painful multiple joint involvement systemic disease. In *Ayurveda Amvata nidana* mentioned by *Acharya Madhavkara* in *madhav nidana*¹. *Ayurveda* says multiple systemic diseases are aggravated from *Mandagni* and *Apachit ahar rasa*. As consider to *amvata* it is a *sama vyadhi* aggravated from *sama Aahar rasa*. *Amvata* is likely to be *saam vayu lakshana*. In *Amvata Ama* And *vata dosha* vitiated by Improper metabolism. Although no. of diseases are also formed by *apachit* or *dushit Aahar rasa*, and *Amvata* is one of them.^[1]

In case of disease the *hetu* are responsible. In case of *Amvata viruddha Aahara, atisnigdha aahar, mandagni* is responsible for *Apachit Ahar rasa*. This *Apachit aahar rasa* comes to *shleshmasthan* and causes *strotorodha, gaurav, balbhransha* and *vimargagamana* is to be formed. so in *amvata* joints are inflamed.^[2] The treatment plan of *Amvata* is described in *Yogratnakara*. I have selected this widely spreading *amvata vyadhi* which is co-related with Rheumatoid Arthritis.^[3] The prevalence rate of Rheumatoid arthritis is about 3% with male to female ratio of 1:3.^[4]

CASE REPORT

A 32 year male patient presenting with signs and symptoms of *Amvata* like:

- 1) *Sandhishula*
- 2) *Shohta*

- 3) *Vrischikdandshvatavedana*
- 4) *Trishna*
- 5) *Angmarda* etc. was taken in study. He has RA +ve and E.S.R.raised

But from last 20days increase in severity of symptoms were observed. So he has approached to O.P.D. of csms ayurved hospital, kanchanwadi Aurangabad.

History of present illness

Patient was having *snadhishula, shohta, vrischikdandshvat vedna* etc. symptoms since 3-months for the same he approached to modern medicine. He has been advised to take painkillers, steroids etc, instead of taking modern medicine he has approached to *ayurved*.

Past History: No history of DM/HTN/IHD/Typhoid/or any major illness. No history of accident or fall.

Family History

Svakula – swastha
Matrukula- swastha
Pitrakula –swastha

Personal History

Age- 32yrs
Sex- male
Education-hsc.
Prakriti – Vaat pittaj.
P.R.- 72/min.

Koshta- madhyam

Agni- manda

Aahara

- 1) Type of diet- veg-nonveg
- 2) Dominant rasa- *madhur, amla, lavan, katu rasa pradhanya.*
- 3) Dietary habits-*viruddhanna*
- 4) *Dravya- navadhanya*(rice), *dadhi.*
- 5) Addiction- tea-4-5 times/day.
- 6) *Viharaja-vyayam,atishrama, vegadharana.*
- 7) *Nidra – khanditnidra*
- 8) *Divaswpana- 1hr /day*
- 9) Occupational history- labour work.

General examination

(including *Ashtavidha, indriyapariksha* and *strotasa* examination.)

G.C.- Moderate

P.R.-74/min.

R.R.- 16/min

B.P.-120/80mmHg.

Systemic examination-

Cvs- s1,s2 normal

Cns well conscious and oriented.

R.S.- air entry equal...chest clear.

P/A. soft, non tender.

Liver, kidney, spleen-not palpable.

Ashtavidhapariksha

- 1) *Nadi- 74/min.*
- 2) *Mutra-4-5times*
- 3) *Mala-regular (1/day)*
- 4) *Jivha – sama*
- 5) *Shabda-aatur, gambhirsvara.*
- 6) *Sparsha – Ushna sparsha*
- 7) *Drik-snigdha*

8) *Akruti – madhyama.*

IndriyaPrikshana

Dyanendriya (sensory organ)- no any deformity.

Karmendriya

Vaak- normal.

Paani- *shotha.*

Kurparsandhishula.

Pada – ubhay pad brihad sandhi shula, sakashtachankramana.

Strotas parikshana

Rasavaha Strotas: *aruchi, angmarda, jwara.*

Asthivaha Strotas: *sandhishula*

Majjavaha Strotas: tingling sensation in hands

Investigatios

1) Hb%-	12.9gm%
2)Rbc	4.26 million / Cumm
3)Wbc-	4600 /Cumm
4) Platelet count	2,28,000 /Cumm
5) E.S.R	25mm at the end of one hour
6) RA test.	Positive

Dignosis and assessment

Amvata was dignosed by the presence of symptoms such as *angamarda, ushnasparcha, shotha, vrushchikdanshavatavedana* etc.

Treatment

I have given treatment plan as per,

Langhana

Deepanpachana

Swedana like

	Treatment - Bahya	Abhtantar
30 th November 2016	<i>v.pottaliswedana. Sunthi lepa.</i>	<i>Simhanadaguggulu 500mgBD Maharasnadikashay 20ml BD GandharvaHastyadi tail 10-15ml HS with luke warm water.</i>
1Dec.to 7dec.	<i>Valukapottaliswedan, Sunthilepa at night</i>	<i>Simhanadaguggulu 500mgBD Maharasnadikashay 20ml BD</i>

After diminishing all *lakshana* of *aama*, I have given *yogvasti* treatment to the patient.

On 8th December

After diminishing the *samaavastha* ,*yogavasti* is given to the patient followed by *Yograjuggulu, maharasnadikashaya*.^[5]

Sr.no.	Day	Basti name	Basti pradan kaala
1	8 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
2	9 th dec.	<i>Niruh basti</i>	Morning (before breakfast) 8am.
3	10 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
4	11 th dec.	<i>Niruh basti</i>	Morning (before breakfast) 8am.
5	12 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
6	13 th dec.	<i>Niruh basti</i>	Morning (before breakfast) 8am.
7	14 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.
8	15 th dec.	<i>Anuvasan basti</i>	Morning (after breakfast) 9am.

Yograj guggul 2BD after meal
Maharasnadi kashaya – 2 teaspoon two times after meal.

On 16th December

Patient was discharge and advice to take following treatment.

- 1) *Yograj guggul*- 500ml BD.
- 2) *Amvatari Kashay*- 20ml BD.
- 3) *Tapyadi loha*-250mg OD.

Table No. 1.

Sr.no.	Signand symptoms	Before tretmnt	After treatment	After paihara kala (aftr 16 th day)
1	<i>Sandhishula</i>	Present (8+)	Present (3+)	Present (1+)
2	<i>Shohta</i>	+++++	++++	++
3	<i>Vrischikdانشvatavedana</i>	+++++	+++	+
4	<i>Trishna</i>	++	+	+
5	<i>Angmarda</i>	+++++	++++	+++
6	<i>Gauravta</i>	++++	+++	+
7	<i>Sparshashatva</i>	++++	++	+

Table No. 2.

Sr.no.	Test	Before treatment	After treatment
1	ESR	25	15
2	R.A.	Positive	Negative

DISCUSSION

Sarvdehik samdosha panchana done by our *bahya* and *abhyantar* treatment. *Vata shamana* is also done by above treatment.

Vasti plays a prime role in treatment of vitiated *vata*.^[4] *Vata* is only responsible for all the functions of the body and also therefore for the production of the disease. The given *Vasti* enters the *Pakvasaya*, which is the main seat of *vata dosha* and destroy vitiated *vata dosha*,⁵ which is the originator of the disease. By subsiding the *vata*, the disease located in the other parts of the body also become pacified just like cutting the root of a plant, stem branches, sprouts, fruits, leaves etc. also destroyed. The Shaman medicine like *Singnaad Guggulu* and *Maharasnadi kashaya* is beneficial in *Amavata*. They help in diminishing the sign and symptoms of *amvata*.

CONCLUSION

From above discussion As per disease activity *Samprapti bhanga chikitsa* is important in *Amvata*. And *sarvadehik Bala* improvement is also important. *Yogvasti* has effect in *amvata* after *Langhan, Dipana, Pachana*. and panchakarma chikitsa plays and important role to treat such diseases. *Ama* is one of the *vyadhi ghatak* given in text. but in this disease it is an prime factor that why first treatment of *ama* was done and after that *yogvasti* was given.

RESULT

The patient is symptomatically improved. The subjective parameter show improvement in clinical symptoms (Table 1). Patient shows RA test Negative and changes in ESR value (Table no.2). Before starting the treatment patients was presented with all the symptoms but there was improvement in *Sandhishula, Shohta, Vrischik danshvatavedana, Trishna, Angmarda* etc. In this case study it is found that there is decrease in symptoms of *amvata* at the end of parihar kala and change in the R.A test and E.S.R. value during follow up study. (Table no.2).

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A REVIEW LITERATURE ON CONCEPT OF *OJOVIKRUTI*

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ABSTRACT

In Ayurveda, the superior most essential fraction of all bodily tissues is called '*Ojas*'. *Oja* is considered as an essential factor for survival of human. Overall it is responsible for the defence of human body against diseases and infirmity. *Ojas* is responsible for preventing contagious and communicable disease. As long as *oja* is in physiological status, human body remains in homeostatic condition. Any disturbance of any kind endangers life such status of *oja* is called *ojovikruti* (*immunodeficiency disorder*). A physician has to deal with three problems related to *oja*. *Susrta-Samhita* mentions abnormal conditions of *oja*. The following article "A review literature on concept of *ojovikruti*" is reviewed through Ayurvedic classics in integration with modern medical facts.

Keywords: *ojas, ojovikruti, immunodeficiency disorder*

INTRODUCTION: When etiological factors come into contact with the body they try to produce disease. The human body has the ability to develop extremely powerful specific immunity against individual invading agents such as lethal bacteria, viruses, toxins, and even foreign tissues from other animals. This is called acquired or adaptive immunity¹. This acquired or adaptive immunity can be correlate with *Vyadhikshamatva*. This *Vyadhikshamatva* depends on *prakrut Ojabala* (*efficient immune system*). The cells comprising immune system are lymphocytes, monocytes, macrophages, mast cells, basophills, neutrophills, eosinophills, immunoglobulins² are together can be compared with *apara oja*. *Ayurveda* incorporates both the preventive and curative aspects of human ailments, promising it as a holistic science. This holistic approach of *Ayurveda* resembles to the entire function of *Vyadhikshamatva*. Acharyas promoted the use of *Rasayana* (Rejuvenation) to enhance *ojas* and *vyadhikshamatva*³. In conditions like diabetes mellitus, immunodeficiency

disorders, AIDS and malnutrition, where loss of *ojas* or *bala* is a constant feature or whenever *ojodushti* (deficient immunity) occurs, people are known to be susceptible to various other diseases or recurrent infections. According to the concept of *ojas* or *Vyadhikshamatva* or *Bala* (immunity), the body's resistance is of tremendous importance in the daily welfare of living beings not only for disease prevention but also for rapid recovery after disease affliction.

AIM & OBJECTIVES:

1. To Study the role of *ojas* in *Shareera*.
2. To Study the *ojovikruti* and to understand its role in pathology of disease.

MATERIAL AND METHODS:

Different Ayurvedic classical book, modern medical book, research paper and journals were referred to understand meaning of *Ojas* and *Ojovikruti*.

Ayurvedic outlook on *ojas* Definition of

Ojas: Acharya Charaka defines *ojas* as a *shuddha* (clear) substance having *rakta varna* along with *ishat peeta varna* and residing in *hrudaya* (Heart) is called *ojas* in *shareera*⁴. Acharya Sushruta defines *ojas*

as *Param* (supreme) *tejas* of *dhatu*s from *rasa* to *shukra* thus *ojas* is the essence of all seven *dhatu*s (*body elements i.e Lymph, Blood, Muscle, Fat, Bone, Bone Marrow, Semen*). It is the seat for strength⁵. *Ojas* is nothing but the *Bala* or strength of all the body, which is the ultimate end product of the seven *Dhatu*s. Ashtanga Hrudaya defines *ojas* as it is *para teja of shukranta(rasa to shukra) dhatu*⁶. Sharandhar states that *ojas* is the *upadhatu of sukra*⁷.

Formation of *ojas* in the Body:

In *Garbha* Formation Process *paka* occurs, in this process two things are formed *mala* and *sara*. *Mala* is *malarupi ojas* and *sara* is the *garbha*⁸. *Ojas* is derived from all the ‘*Saptha Dhatu*s’ in other words all the *Dhatu*s contribute to its making. *Ojas* is the product of the *Dhatuagni vyapara(metabolism)*, which has the essence of all the *Sapta Dhatu*s in it. So essentially *ojas* depends on *Ahara (diet)* for its production.

Importance of *ojas*: Acharya Charaka quotes as if *nasha* of *ojas(absent or impaired immune function)* takes place then *nasha* of *purusha(body)* occurs. Acharya Chakrapani comments as if a small fraction of *ojas* gets destroyed it will lead to death. he further relates this to *para ojas* which is situated in *hrudaya*⁹. *Ojas* is included under *dasha pranayatanas* without *ojas* life cannot exist¹⁰. Ashtanga Hrudaya explains as unless and until *ojas* is in *samyavastha shareera* also remains in *samyavastha*¹¹. Acharya Kashyapa explains as if *ojovruddhi* takes place then *shareera vruddhi* takes place and *shareera kshaya* takes place if *kshaya* of *ojas* takes place¹².

Classification of *ojas*- 1) *Para ojas* 2) *Apara ojas* *Para ojas*: *Ojas* marks the beginning of the formation of embryo. It is the essential nourishing fluid developed from the *Rasa* of the embryo. It enters the

heart right at the stage of the latter’s initial formation and is permanently located there, sustaining the life of the foetus. *Sthana of para ojas* is *hrudaya*. Chakrapani comments on word *ishat* as very less in quantity and indicative of *asthabinduoja*. *Para oja* is *Asthabindu in pramana*. Loss of *Ojas* amounts to the loss of life itself¹³.

***Apara Ojas*:** *Apara ojas* is *shlaismika ojas*. *Apara oja* is *Ardhanjali in pramana*¹⁴. It performs the *tarpana* action in the entire body. it is the source of the strength to the *Dhatu*s¹⁵. *Ojas* permeates entire body nourishes limbs and organs. In the absence or deficiency of *ojas* in the body there will be wasting, decay, degeneration and destruction of the body. This statement indicates the nutritive nature of the *apara ojas* is preventing the decay of the body.

***Ojovikruti*:** The pathological state of *ojas* is called as *ojovikruti*. Charaka and all other classics have described this *ojovikruti* as *ojokshaya*. No direct reference of *ojovruddhi* and its effect on body is available in charaka samhita also not in *Sushruta samhita*. In Ashtanga Sangraha explains symptoms of *ojovruddhi* as *tushti* and *pushti* of *deha* and exaltation of *bala*. *Tushti* means contentment of *manas*, feeling of happiness, *bala* means *samarthya*, proper increase of these entities takes place by *ojovruddhi*¹⁶. Increased *ojas* is responsible for unique growth, nourishment and promotes strength. *Ojovruddhi* is not *vikarakari*, not creating diseases as that of *vatadivruddhi*. Whereas *Susruta* has explained three modes of vitiation of *ojas* as *thrayabala doshas*. They are *ojovisramasa*, *ojovyapat* and *ojokshaya(reduction of immunity or vyadhikshamtva)*¹⁷. Even though they are explained as the types of *ojo-vikruti*,

practically they look like the stages of *ojokshaya*. *Ojovikruti* is nothing but group of symptoms which look like symptoms of immunodeficiency disorders or syndrome. The *causes* which cause depletion of any *Dhatu*, can also cause depletion in the *ojas* qualitatively and quantitatively. but exclusively some aetiology has been attributed to the condition of *ojovikruti*. The factors influencing the *ojovikruti* are as follows :

Ahara (diet) Karana: *Alpashana* (malnutrition), *anashana* (abstinence from food intake), *pramitashana* (over indulgence of food item of only one taste among six taste. Chakrapani comments on this as *eka rasabhyasa*)¹⁸ , *kshudha* (hungry)¹⁹ are the important causes related to food.

Vihara (daily activities) Karana : *Aatapasevana* (exposure to extreme heat of sun and blows of winds), *ativyayama* (indulging in heavy work beyond once capacity), *ativyavaya* (indulging in excessive sex), *atipravritti of kapha* (is to be understood as *atiyoga* of *vamana* (excess vomiting), *atipravritti of shonita* (loss of blood due to hemorrhage, injuries, excess menstrual bleeding etc. or *atipravritti* by *raktamokshana*, *siravedha* , *Prajagara* (keeping awake in the night), *Kala* (chakrapani comments on *kala* as *vardhakya* (old age) and *aadankala* (mainly summer or hot season))¹⁸ are the important causes related to *vihara* (activities).

Manasika (Psychological regions) Karana: *Shoka* (grief), *kopa*, *krodha* (anger), *chinta* (worry), *bhaya* (phobia), *Dhyana* (*atichintan*)¹⁹ are the important psychological causes.

Agantu Karana (external causes etc.): These are the external causes like

*Abhighata*¹⁹, *Bhutopaghata*¹⁸ due to *bhuta*, *pishacha*, *rakshasa* etc.

Susruta has explained *Saptadhatukshaya* (reduction in body elements) is important cause of *Ojakshaya* (reduction in immunity)¹⁹. *Madya* (alcohol) by virtue of its *dasha gunas* which are opposite to *dashagunas* of *ojas* causes *ojokshaya*²⁰. *Visha* (poison) is having opposite *gunas* of *ojas* and thus by virtue of these *gunas* *visha* vitiate *ojas* and causes death²¹. *Avidhiyukta gramya dharma* (bad habits) *sevan* leads to *ojokshaya*²². *Lavanrasa atiupayoga* (salty diet) leads to *ojokshaya*²³. *Kshara* (minerals) is also cause *ojokshaya*²⁴.

Ojo Visramsa: *Visramsa* means displacement from its normal place. Clinical features due to *oja visramsa* are *sandhi vishlesha* (looseness of the joint or laxity in joint), *gatra sadan* (weakness of the body), *dosha chyavana* (displacement of the *doshas* from their respective seats or it can be interpreted as *bhramsha*, *acharya Chakrapani* comments that *bhramsha* of *mala*, *mutra* and *vatadi doshas*), *Kriya Sannirodha* (impairment in activities or sluggish behavior or slight impairment from normal functions of *shareera*, *manas* and *vane*)^{25,26}. Word *cha* indicates impairment in normal physiological function of *bala*. *Oja* mix with *Rasa Dhatu* in *Hrudya* and from there it circulates throughout the body via *Srotas* channel. In *oja Visramsa* circulating *ojas* leaks out from tiny distributing channels as a result vital *oja* may not reach certain organs or parts of the body and thus leads above symptoms of *Ojo Visramsa*.

Ojo Vyapat: *Vyapat* means *ojas* gets vitiated by *dusta doshas* and *dushya* (body elements). clinical features due to *oja vyapat* are *stabdha gurugatrata* (Stiffness and heaviness in the

body), *vatashopha* (swelling due to vata), *varnabheda* (discolouration or loss of complexion), *glani* (Exhaustion), *tandra* (stupor or non-perceptibility of sense organs towards their *vishayas*), *nidra* (excess sleep)²⁵. Acharya Chakrapani comments as *hane* of *prakruta guna karmas* of *ojas* is also seen in *vyapat*²⁶. In Pathological condition, *ojas* loses its physiological normal function and properties thus producing above symptoms of *Ojo-Vyapat*. **Ojo Kshaya:** (reduction in immunity)– *Kshaya* means decrease in quantity. Acharya Charaka has explained *ojokshaya* in the context of eighteen *kshaya*. After explaining of *doshas*, *dhatu*s and *malas* separate description of *ojokshaya* is available. *bibheti* (sacredness or fear complex develops), *durbalata* (general weakness), *abheekshnam dhyayati* (repeated worries), *dushtaya* and *durmana* (afflicted status of complexion and mind), *vyathitaindriyas* (agitated organs or discomfort in sense organs), *rukshata* (dryness), *kshamata* (emaciation). Acharya Chakrapani comments on word *durmana* as *bala heenata* of *manas*²⁷. Acharya Sushruta also explains clinical features of *ojokshaya* are *murccha* (fainting), *mamsa kshaya* (wasting of muscles), *Moha* (Unconsciousness), *pralapa* (Delirium), *marana* (Death)²⁵. Acharya Chakrapani comments on *murccha* means *sarvatha cheshta nasha* (complete loss of consciousness)²⁸. Acharya Dalhana comments on word *murccha* as *indriyas* could not function for getting their *vishaya*), *moha* means *vaichittya* or state of delusion²⁸. Once the *ojokshaya* (reduction in *oja* occurs in the body, the disease fighting ability of the body gets reduced which can be compared with HIV / AIDS. Acharya Dalhana comments that *abhihatadi nidans* are responsible for

visramsa of *ojas*. If vitiated *dosha dhatu*s combines with *ojas* then properties of *ojas* change and it leads to *ojovyapat*. *ojakshaya* is quantitative loss of *ojas*.

Ojodushti Vikara: *Ojas* plays an important role in the genesis of various disorders

Rogas: *Rajyakshma*, *Prameha*, *Pandu*, *Raktatisara*, *Kshayaja kasa*, *kshataja Kasa*, *Sannipataja Jwara* are the diseases in which in their later stage lead to *Ojakshaya*.

1. Abhinyasa Jwar (Fever) is also called as *Hataujasa Jwar*. This *jwar* explained by Acharya Sushruta name itself indicates that the dearranged condition of *ojas*. Due to loss or decrease of *ojas*, this condition is stated to difficult to cure. The clinical features are low body temperature, sub comatose state, loss of voice, cracked tongue, dryness of throat, suppression of stool, perspiration, maturation, hardness of chest, aversion to food, dull complexion, difficulty in breathing and delirium. *Sushruta* termed this condition as *ojonirodhaja jwar*²⁹.

2. Rajyakshma (Tuberculosis)– In *rajyakshma*, the depletion of *oja* occurs. Charaka has enumerated the pathological sequences very clearly while explaining the *samprapti* of *rajyakshma* in *Charak Chikitsa*. Due to the obstruction of *srotas*, there is deficiency of nutrients to *raktadi dhatu*s, lowered functioning of *dhatwagnis* and catabolic events, the food ingested, which undergoes *pachana* in the *kosta* is changed into *malas*, ultimately *poshan* of *ojas* lowers thus *ojokshaya* occurs³⁰.

3. Shosha (Malnutrition): In *shosha roga*, there will be severe dryness or extreme depletion of tissues leading to loss of *ojas*³¹.

4.Prameha(Diabetes) :In case of *prameha*, *apara* or *ardhanjali ojas* is involved and not the *para ojas* because even slight reduction of *para ojas* leads to death.In *madhumeha*, inspite of reduction of *apara ojas* person still survives³².

5.Pandu Roga (Anaemia): Due to excessive exacerbation of three *doshas* especially *pitta* afflicts *dhatu*s as a result complexion, strength and *ojas* get reduced leading to development of *pandu roga*³³.

6.Udanavruta Prana :Loss of activities, *oja*, *bala* and complexion is observed in *udanavruta prana*³⁴.

Vyadhikshamatva and Ojovikruti -

During certain conditions, or due to certain factors, even unwholesome food does not produce diseases immediately. all unwholesome food particles are not equally harmful, all *doshas* are not equally powerful, all persons are not capable of resisting diseases. This depends on *Vyadhikshamatva*(immunity) and *ojobala*³⁵. The main purpose of ayurveda is the preservation of health in healthy individual and eradication of diseases which are curable. Resistance to diseases or immunity against diseases is of two kinds. one which attenuate the manifested disease (*vyaadhibalavirodhitvam*) and other variety prevents the manifestation of diseases(*vyadyutpadapratibandhakatvam*)³⁵.Synonyms for *Vyadhikshamatva* which appears in Ayurvedic scriptures are *Sleshma*, *Bala* and *Ojas*. *Sleshma* in normal state is called *Bala* and *Oja*. *Sleshma* in abnormal state called ‘*Mala*’ (waste) and ‘*Papma*’ (diseases)³⁶, thus *ojovikruti* leads to diseases formation. From above it can be conclude that *ojovikruti* leads to decrease *vyadhikshamatva* or immunity which ultimately leads to different disease formation in the body.

CONCLUSION: *Prakrut ojas* plays an important role in *samyavastha* of *shareera*(normal physiological function of body) .*ojakshaya*, *ojavyapat* and *ojovisramasa* are three types of *ojovikruti* and these *ojovikruti* plays an important in pathology of disease. *Vyadhikshamatva* or immunity is ultimately depends on *ojobala*, *prakrut oja*. In *Ojovikruti* defence mechanism of body works less efficiently,thus there is deficient or absent cellular or humoral immune functions this is characterized by group of primary and secondary immunodeficiency diseases. *ojas* is responsible for good health,better immunity, longevity,intelligence and thought process. For this purpose, use of different types of *ojas* promoting herbs have been described in ayurveda which can be immensely helpful in the management of immunodeficiency disorders. Ayurvedic *Rasayana* treatment (Herbal Immune Boosting treatments) corrects the *Agni* (the digestive fire) and there by produce best *Dhatu*s as the *Dhatawagnis* (fire required to prepare best body elements) also are at their best ability, due to *Rasayan* therapy as high quality *Dhatu*s are produced , the strength of these *Dhatu*s are also at their best. Hence *Ardhanjali oja* (immunity) can be produced at their optimum level which corrects *Ojovikruti*.

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DRAVYAS USED IN VIRECHAN KARMA WITH THEIR MODE OF ACTION

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ABSTRACT

Chikista is therapy in which *Prakupit dosha* are expelled out through the body. *Virechan* is one of them and indicated specially for *pitta dosha*. Removing of *doshas* by lower route is called as *adhovirechan*. In Samhita *virechan dravyas* are mentioned with their properties *ushna, tikshna, sukshma, vyavayi, vikasi* and *adhobhaghahar karma*. *Dravyas* act on body due to the *guna, rasa, vipak, veerya prabhav* and according to their *prayojya angas*. *Shyama Trivrutta (Operculina turpethum), Chaturangula (cassia fistula), Tilwak (symplocos racemosa), Snuhi (Euphorbia nerifolia), Saptala (Acacia rugata), Shankhini (canscora decussata), Danti (Baliospermum montanum), Dravanti (Croton tiglium)* etc are useful for *virechan*. It is also useful for expulsion of *kapha* and *vata*.

Aim: The aim is to describe the mode of action of *virechan dravyas* according to different *Samhita Granthas* which are beneficial for practice.

Objectives: 1) To elaborate *virechan dravyas* mode of action.

2) To study in detail of *virechan dravyas* according to different *samhitas*

3) To study the *virechan dravyas* properties.

4) To create awareness about *virechan dravyas* among physician.

Keywords: *Virechan, Dravyas, Action, Shodhan, pitta, doshas*

INTRODUCTION: Ayurved science of life having both preventive and curative aspect. In Ayurveda there are two types of therapy - 1) *Shodhan* 2) *Shaman*. *Shodhan* is useful for both prevention and cure. According to ayurveda *dosha* are responsible for *samya* and *vaishamyas* hence best *shodhan* and *shaman aushadhi* according to *dosha* prescribed by our Acharya. *Shodhan* is the process in which *prakupit dosha* are expelled from body. Expulsion of *doshas* from the *urdhwabhag* means oral route is known as *vaman* and drugs used for *vaman* are called *Urdhwabhaghar*. Expulsion of *doshas* from the *adhobhag* means anal route is known as *virechana*^{1(A)} and *dravyas* which are responsible for *virechan* are known as

adhobhaghar. The word *virechan* is used for both removal of *doshas* from upper and lower route and *malas* of body.^{2(B)} Removing the *dosha* by upper route is *Urdhva virechan* and by lower route is *Adhovirechan*. *Virechan* is defined as the process of elimination of *Prakupit pitta* by giving the *dravyas* by oral route and removal of *dosha* through the anal route.

MATERIAL AND METHOD:

Materials: For the present review detailed literary study is performed. The details content of and references are analysed from available principal texts referred are Charak Samhita, Sushrut Samhita, Kashyap Samhita, Ashtang Sangrah, Ashtanghritya, Sarangdhar Samhita and some books, also relevant references are

taken from other Research articles available from internet.

Method: Descriptive and conceptual study.

Literary Review: In emesis *doshas* which are not cooked are brought out where as in the process of *virechan doshas* which have under gone cooking (processed by heat) are brought out³. *Virechan* is therapy for *pitta dosha*. *Dosha* from *amashaya* are taken to *pakwashya* and expelled through anal route. It is specific treatment for *pitta, pitta sansarga doshas*. *Amashaya* is the *sthana* of both *kapha* and *pitta*. *Pachyamanashaya* is the *sthan* of *saman vayu* and hence it is the treatment of *Pitta, kapha* and *saman vayu*.⁴ It is a medicated purgation therapy which cleanses the gastro –intestinal tract, liver and gall bladder from toxins⁵. It can be adopted as a preventive procedure in *sharad* season as it is the aggravation of *pitta dosha*. It plays important role in the burning sensation in palms and feet which occurs as a complication of diabetes has *pitta* involvement.⁶

Mode of action of virechan dravyas due to property: Due to property of *vyavayi* and *vikasi* by virtue of *veerya dravyas* get quickly circulated into large and small capillaries of the body. Due to *Ushna* and *tikshna* qualities accumulated *doshas* get liquefies and break up into small pieces at cellular level. Due to *vikasi* property it detaches the *malas* from *dhatu*s. Due to *sukshma guna* and *anuplavan* properties the *malas* or *doshas* float due to *purvakarma* and pass through smallest capillaries and ultimately reaches to *pakwashaya*. Due to predominancy of *Prithvi* and *Jala mahabhootas doshas* goes toward *adhogami* and *virechana vega* starts any time.⁷

Some purgative herbs stimulates the mucous membrane of our gastro-intestinal tract, some increases the peristaltic movements, some increases The bile secretion, some absorbed in the blood and perform the function.

In Sharangdhar samhita the action of *virechana dravyas* like *Haritaki* expel out flatus and *faeces* after proper digestion and thus removing the obstruction are known as *anuloman*.

Dravyas like *Kritmalak* expel the *faeces* and other wastes with or without proper digestion are *sransan* (laxative)

Dravyas like *Kutki* break up the faecal mass and expel it out forcibly are known as *Bhedan* (purgative).

Dravyas like *Trivrutta* make the *faeces* watery and expel out forcibly either formed or not formed into a mass are *Rechan*.⁸

According to koshtha and doshas dravyas used for virechan⁹

-For the *kapha dosha ushna* and *katu rasatmak dravyas* are useful.

-For the *pitta dosha sheet* and *madhur rasatmak dravyas* are useful.

-For *mrudu koshtha mrudu virechak dravyas* are useful.

-For *krura koshtha tikshna virechak dravyas* are beneficial.

Best *virechan dravyas* according to *prayojya angas*.

The best *mool Virechan* (Root) is *Trivrutta*. *Tilwak* is best *twak virechak*, the fruit of *Haritaki*, Oil of *Eranda*, *swaras* of *karwellak*, *kshir* of *snuhi* are best *virechak*.¹⁰

According to *kashay kalpana Guru laghutwa* of *virechak* drugs.

-*Kshir* of *snuhi* is *Guru* than *Swaras, kalka, Kashaya, sheeta kashaya* and *phanta*. *Phanta* is *laghu*.

Table 1. Properties of some individual drugs

DRUG	Guna	Rasa	Vipak	Virya	Prabhav
1. Shyama Trivruta	Ruksh, Tikshna	Kashay Madhur	Katu	Usna	Adhobhaghar
2. Chaturangula	Mrudu, Guru, Snigdha	Madhur	Madhur	Sheeta	Sransan
3. Tilwak	Laghu, Ruksha	Kashya	Katu	Sheeta	Virechan
4. Snuhi	Laghu, Tikshna	Katu	Katu	Usna	Tikshna Virechak
5. Saptala	Laghu, Vikasi, Tikshna	Katu	Katu	Usna	Adhobhaghar
6. Shankini	Guru, Singdha, Usna	Katu Tikta	Katu	Usna	Adhobhaghar
7. Danti	Tikshna, Usna, vikasi	Katu	Katu	Usna	Bhedan
8. Dravanti	Guru, ruksha, tikshna	Katu	Katu	Usna	Adhobhaghar

Virechan dravyas according to brihatrayee **Charak Samhita:** Trivruta, Triphala, Danti, Nilini, Saptala, Vacha, Kampilak, Gavakshi, Kshirini, Udkirya, Pilu, Aragwadah, Dravanti, Nichul used for the pakwashayasth dosha¹¹.

Chakrapani Dutta clarifies the meaning of Pakwashayagata. It means amashay adhobhagsthit pittashaya is the acting place of Virechan. Pittashayagat doshas are Pitta, Kapha, Kaphapitta.¹²

Draksha, Kashmarya, Parushaka, Abhaya, Amalaki, Bhibitaka, Kuwal, Badar, Karkandhu, pilu are virechanopag dravyas which are helpful for virechan.¹³ Shyama Trivrut, Chaturangula, Tilwak, Snuhi, Saptala, Shankini, Danti, Dravanti, Kalpa are useful for virechan.¹⁴

Sushrut Samhita Trivruta Mula, Tilwak twak, Haritaka phala, Eranda Taila, Karvellak Swaras, Snuk Kshira. Arun Trivruta, Shayna, Trivruta, Danti, Dravanti, Saptala, Shankini, Vishanika, Gavakshi, Chagalantri, Sunk, Swarnakshiri, Chitrak, Apamarga, Kusha,

kash, Tilwak, Kampillaka, PatolMula, Patala, Puga, Haritaki, Amalaki, Bhibitaka, Nilini, Chaturangula, Eranda, Putikaranja, MahaVruksha, Saptaparna, Arka, Jyotishmati etc. are adhobhaghar.¹⁵

Ashtang Sangrah: Trivrut-sukhavirechan chaturangula-mruduvirechan, Snukpay-tikshnavirechan.¹⁶ Arka, Eranda, Chitra, Chitrak, chirbilwa, shankini, Sarala, Hemkshiri, Katuka, Vanimkhi, are bhedaniya.¹⁷

a) Mula of Trivruta, Shyama, Danti, Dravanti, Shankarnini, Saptala, ajgandha, ajashringi, vacha, gavakshi, Chagalantri, Swarnakshiri, chitrak, kinihi, laghu Panchamula, vrushiv, Punarnava, Palankasa, Vastuka, sala.

Twak of Tilwak, ramyak, kampilyak, Patali.

Fruits: - Triphala, Bilwa, Priyala, Kuvala, badara, Karkandhu, kashmarya, Parushak, draksha, nilini, Hiltanaka, Udkirya, Vidamga, Puga, Panchangula.

Fruit & leaves: - Chaturangula, putika, khair, of Mahavruksha, Saptachada and

Jyotishmati, Kshir, Madya, Mastu, takra dhanyamla, mutra. All help in purgation.¹⁸

Ashtanghridaya :- Nikumbh, Kumbha, Triphala, Gavakshi, Snuk, Shankhni, Nilini, Tilwaka, Shyamak, Kampillaka, Hemadhugdha, Dugdha, Mutra, are purgatives.¹⁹

Modern View: According to modern science purgative promote evacuation of bowels.

Laxative: - Milder action, elimination of soft but formed stools.

Purgative: - Stronger action resulting in more fluid evacuation. Purgative are bulk forming, stool softener, lubricant, stimulant and osmotic purgative.²⁰

DISCUSSION: According to charak sushrut and vagbhat *virechan* is useful for *prakupit pitta dosha* and for the action of *virechan guna* and *prabhav* is responsible.

In Sharangadhar samhita according to the action of *dravya* defined the terms like *anuloman etc.* In Ashtang sangrah *virechan dravyas* are described according to *prayojya angas* and types of *koshtha*

According to Kashyap samhita *the virechan karmukata* is as *indriya prasadan, Ras Raktadi dhatu* gets purified and *Beej (shukranu & dimba)* becomes active²¹

CONCLUSION: *Virechan karma* of a drug is due to its *adhobhaghar Prabhav, ushna, tikshna, sukshma, vyavayi, vikasi* properties and have tendency to remove the stool from anus. *Ushna veerya* and *Prithvi & Jala mahabhoot* are responsible for *virechan*

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Today's Dietary Changes and Its Effects on Health

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Abstract :- Agadtantra is branch of Ayurveda

- In Ayurveda Virrudha aahara i.e. incompatible food is described in different Samhitas
- There are 18 factors which causes dietic incompatibility and side effects of virrudha aahara is described by charakacharya sutrasthana
- Diet is the greatest factor in life style
- But now a day's Modern diet and human health has under gone drastic changes in recent yrs
- Due to excess use of this junk food or fast food i.e. wafers, chips, colas, pizza, fermented food, processed food, fruits ripened with calcium carbide results is many incurable diseases
- Fertilizers contains toxic chemicals which is absorbed in to the plants and enter the food chain. Use of this vegetables affects health

Introduction :-

- Eat healthy and live healthy is one of the essential requirements for long life
- Human health :-
- A state of Complete physical, mental and social well-being when people are healthy, they are more efficient at work
- Regularly eating healthy food contributes to
- To sustained weight maintenance
- A better mood
- Increased energy levels
- People are addictive to junk food because it is easy to prepare, also it has great taste attractive packing and it available at low prizes
- Fruits are one of the best natural food usually consumed raw. Now a days fruits are deliberately being contaminated by chemicals causing serious health hazard
- Due to excess use of fertilizers, fertility of the soil gets reduce gradually, this is due to the toxic metals that fertilizers have

Aim and Objectives :-

Aim :- To Study dietary changes and its effects on health.

Objectives :- (1) To Study benefits of healthy eating.
(2) To Study side effects of junk foods on health.

Materials :-

- (1) Ayurvedic literature like Samhita.
- (2) Modern literature.
- (3) Journals, Previous articles.

Chart

Healthy Diet	Unhealthy diet (Junk foods)
(1) Foods that are low in fat, Saturated fat and cholesterol.	(1) Junk foods is a high Calorie or Calorie rich foods.
(2) High fiber foods, including whole grain foods, Vegetables and Fruits.	(2) Foods that lacks in Carbohydrates, Proteins, minerals and fiber.
(3) Foods that have moderate amount of Sugar and Salt.	(3) Foods that have high levels of refined Sugar.
(4) Calcium and iron rich foods.	(4) Foods that have high levels of White – flour, trans fat, Salt, polyunsaturated fat.

The total Value of junk food Consumed in India in 2003 was about Rs.41,000 Crore, of which, rural areas accounted for a little over Rs.22,000 Crore, as published in an article in news paper by Sudhanshu Ranade in ' Business Line ' on July 13th 2005.

Effects on health:-

Junk foods is a calorie rich foods which lacks in carbohydrates, proteins, vitamins, minerals and fiber, hence has poor nutritional value

- In junk food there are
 - High levels of refined sugar
 - White flour
 - Transfat
 - Polyunsaturated fat
 - Salt
 - Food additives
- Dense sugar content can cause dental cavities
- High fat content leads to obesity
- Junk food don't provide essential nutrients, hence it results in lack of energy
- Excessive salts can affect functioning of kidneys too
- Excess oils with spices results in Irritant to gastric mucosa
- Poor Concentration is another results of junk food
- Colors which are used in foods are carcinogenic and causes Asthma, rashes and hyperactivity
- High sodium level causes high blood pressure
- Calcium carbide is used for ripening fruits and it contains traces of arsenic and phosphorous hydride and it causes several adverse effects on health the early symptoms include weakness, vomiting, thirst, difficulty in swallowing, diarrhea with or without blood, ulcer, cough, shortness of breath, sleeplessness and other neurological problems
- Fertilizers conations toxic chemicals. Contaminated water by fertilizers may contains high levels of nitrates and nitrites, causes hemoglobin disorders
- Fertilizers contains heavy metals such as mercury, lead, cadmium and uranium, which cause disturbances in the kidneys, lungs and liver

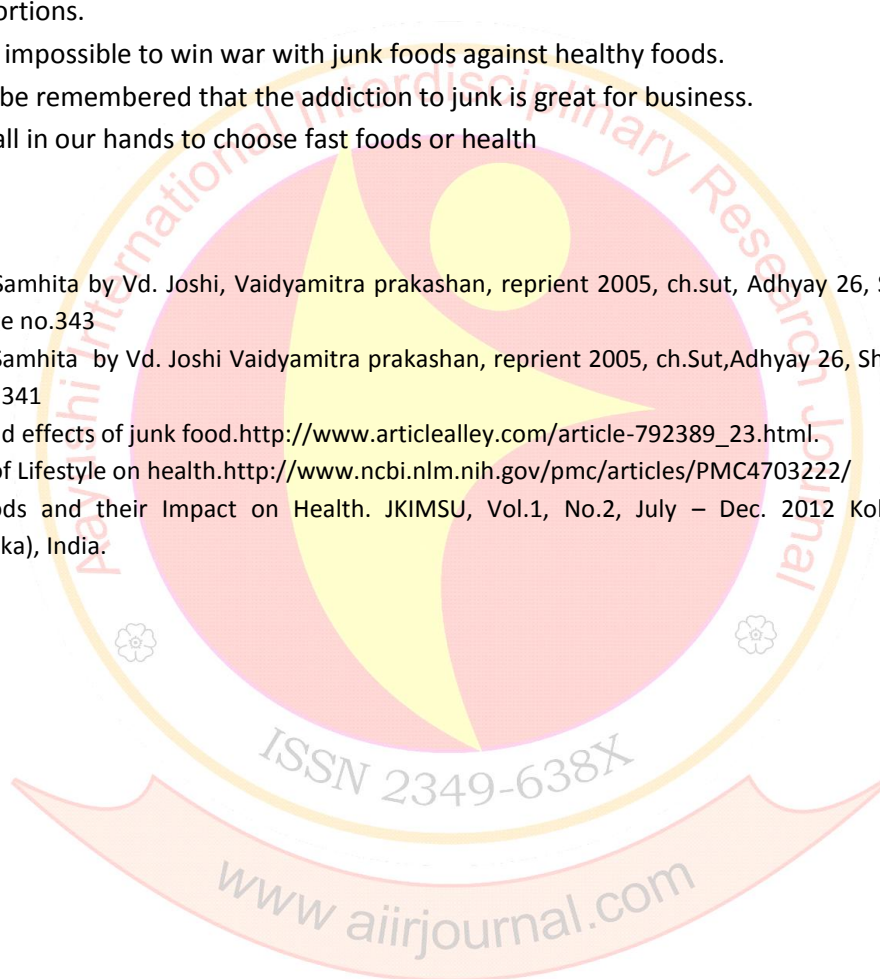
Toxic chemicals	Symptoms
1. Ammonium Nitrate	Eye and Skin Irritation, Burning sensation, Irritation of Nose throat and lungs
2. Potassium Chloride	Affects heart functioning
3. Cadmium	It Enters the human tissues resulting in trachea- bronchitis, Pneumonitis, Pulmonary, Edema, Renal failure.

Conclusion :-

- Junk foods have Certainly Carved up the 'Third World' due to globalization.
- It is an integral part of life in the both developed and developing world and coming with it is a massive increase in Obesity and associated problems.
- The Key to eating these Junk foods is occasional Consumption, moderation and preferably in small portions.
- It is not impossible to win war with junk foods against healthy foods.
- It must be remembered that the addiction to junk is great for business.
- So it is all in our hands to choose fast foods or health

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

A Literary Review of Prativisha Chikitsa W.S.R. To Chaturvinshati Upakrama

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Abstract:

Ayurveda is an ancient science in Indian system of medicine. The foundation of Ayurveda is based on eight clinical branches (Ashtang Ayurveda). Among these branches Agadatantra is one of the clinical branches in which treatment of various poison is described. In Charak Samhita twenty four Visha Upakrama is mentioned which can be used as general principles of treatment of poisoning. Prativisha is one of chaturvinshati upakramas, prativisha means the use of toxic substance as an antitoxic agent in the management of poisoning. When all treatment measures for poisoning become unsuccessful, at that time Prativish Chikitsa is very useful. Sthavara Visha (inanimate poisons) can be successfully treated with Jangama Visha (animate poisons) and vice versa. Visha possesses the properties like Laghu (lightness), Sukshma (fineness), Aashu (quick acting), Vyavayi, etc., hence it can spread all over the body and can reach into entire system and organs very quickly. These properties of poisons are used while using poisonous substance as Prativish. So, Visha Dravyas (poisonous substances) having opposite action to that of poison consumed can cure the signs and symptoms produced by that poison and save the life of the patient. This is the basic consideration in Prativish Chikitsa. This concept of Prativish which is existed since ancient times needs to be supplemented, explained and narrated for proper understanding. So, this article aims to collect the references of Prativish and to discuss the role of Sthavara (inanimate) and Jangama isha (animate poisons) as Prativish.

Keywords: Prativish, Sthavar Visha, Jangama Visha

Introduction

Ayurveda, an ancient system of medicine, primarily concerned with the preventive and promotive aspects of health for the well being through the concepts of positive physical and mental health. Agadatantra is one of the incredible branches derived from the ancient sciences of Ashtanga Ayurveda. Agadatantra deals with the study of sarpa (snake), keeta (insect), lutaa (spider), musaka (rat) etc Jaangam (animate) bite poison, Sthavara (inanimate) combined poisoning diagnosis and its treatment also. In Agadatantra so many types of treatment of poison are described in details. Chaturvishanti Vishopkrama is procedures of poison treatment. These are;

1. Mantra (Incantation)
2. Arishta (Tourniquet)
3. Utkartana (Incision)
4. Nishpidana (Application of pressure around the bite)
5. Chooshana (Suction)
6. Agni (Cauterization of bitten part)
7. Parisheka (Washing affected part)
8. Avagaaha (Immersion bath)
9. Raktamokshana (Blood letting)
10. Vamana (Emesis)

11. *Vireka* (Purgation)
12. *Upadhaana* (Application of medicine on head after incision)
13. *Hrdyaavaraña* (Administration of ghee to protect heart)
14. *Anjana* (Collyrium)
15. *Nasya* (Nasal medication)
16. *Dhooma/Dhoopa* (Medicated fumigation)
17. *Leha* (Consumption of medicated jam)
18. *Oushadha* (Consumption of medicine)
19. *Prasamana* (Removal of residual poison)
20. *Pratisaarana* (Dusting of medicated powder)
21. *Prativisha* (Antidote)
22. *Samjnasamsthapana* (Measures to bring back senses)
23. *Lepa* (Application of medicated paste)
24. *Mritasanjeevana* (Revival of the apparently dead)

Prativisha Chikitsa:

Prativish Chikitsa is included under 24 modalities of treatment of poisons in *Charaka Samhita*. And it is well elaborated with its dose, indications, contra- indications, etc. in *Ashtanga Sangraha Uttarsthana 48 - Vishaprayogiya Adhyaya*.

Prativish means the use of poisons in the management of other poisons. *Prativisha chikitsa* is last resort in treatment of poisons and used in extreme cases when all other treatment measures for poisoning become unsuccessful. Though poisons are harmful to body, they can become excellent medicine if used with skill and in appropriate doses. Inanimate poisons possess the properties similar to that of *Kapha* and acts upwards. Animate poisons possess properties similar to that of *Pitta* and acts downward direction. These opposite natures of actions of poisons are effectively made use in *Prativish Chikitsa*. When they are used together, they can destroy each other. Hence inanimate poisons are quoted in treatment of animate poisons and vice a versa.

Victims of venomous bites should be treated with inanimate root poisons and the persons who have consumed inanimate root poisons should be subjected to the bite of venomous snakes. This is the basic consideration in *Prativish Chikitsa*. Nothing is as effective as *Visha* (poison) to neutralize. The poison or to nullify the effects of other kind of poisons.

Indications For Use Of Prativish

1. When the effects of poison are not subsided by *Mantra-Tantra* procedures and drug administration.
2. When *Visha-pidita* (patient) has crossed 5th *Visha Vega*, but has yet not completed 7th *Vega* i.e. either in 6th or 7th *Visha Vega*.
3. When all treatment measures for animate and inanimate poisons have failed.

Dose:

1. For patients of snake bite – the vegetable poisons should use in the doses-
Heena Matra (minimum dose) = 4 *Yava* (1 *Ratti* = 125mg) *Madhyama Matra*
(moderate dose) = 6 *Yava* (187.5 mg) *Uttama Matra* (maximum dose) = 8 *Yava* (250 mg)
2. For the patients of *Keeta Dansha* (in- sect bite) = 2 *Yava Matra*. (62.5 mg)

3. For scorpion bite = 1 *Tila Matra*.
4. In case of spider bite = *Sthavara Visha* (inanimate poison) should not be consumed orally; it should be applied to skin after *Pracchana Karma*.

Contraindications For The Use Of Prativish:

1. In cases of doubt whether a person have consumed poison or not and a bite is of poisonous animal or not, *Prativish* should not be used. *Agada Kalpa* (antidotes) are used at that time.
2. When any kind of poison is localised in blood, *Prativish* should not be administered.
3. After the lapse of suitable stage of drug administration (*Kriyakala*), it should not be used.

Some References Of Use Of Prativisha

Use Of Sthavara Visha In Jangama Visha Chikitsa

Sr. No.	Name of animate poison	Inanimate poison to be used for treatment
1.	<i>Alarka</i> (Rabies)	<i>Arka Ksheer</i> – for <i>Virechana</i> (purgation) ^{14,15}
		<i>Dhatura</i> ¹⁶
		<i>Dhatura</i> with <i>Punarnava</i> ¹⁵
		<i>Dhatura</i> with <i>Kakodumbara</i> ¹⁵
		<i>Dhatura</i> with <i>Aparajita</i> & <i>Punarnava</i> ¹⁴
		<i>Dhatura</i> + rice + <i>Sharapunkha</i> ¹⁴ (stuffed in <i>Dhatura Patra</i>)
2.	Snake bite	<i>Gunja</i> with <i>Nakuli</i> – <i>Lepa</i> (local application) ¹⁷
		<i>Teekshna Visha Lepa</i> ¹⁷
		<i>Karavira</i> , <i>Arka</i> , <i>Langali</i> with <i>Pippali</i> , <i>Patha</i> – <i>Lepa</i> ¹⁸
		<i>Jayapala Seed</i> – <i>Anjana</i> ¹⁹
		<i>Langali Kanda</i> – <i>Nasya</i> ²⁰
3.	Scorpion bite	<i>Vatsanabha Lepa</i> ²¹
		<i>Jayapala</i> – <i>Lepa</i> ¹⁶
		<i>Arka Ksheera</i> with <i>Palashbeeja</i> – <i>Lepa</i> ²²
		<i>Karpasa</i> – <i>Lepa</i> ²⁰
4.	Rat bite	<i>Danti</i> (<i>Jayapala Beeja</i>) for <i>Virechana</i> ²³
5.	<i>Manduka Dansha</i> (frog bite)	<i>Snuhi Ksheera</i> with <i>Shirishbeeja</i> - <i>Lepa</i> ²⁴

Use Of Jangama Visha In Sthavara Visha Chikitsa:

A hooded snake is made to bite many times on a piece of meat fastened to the tip of stick. Then *Choorna* (powder) of this meat is to be administered to a patient who has consumed a poison

& is not responding to any other *Agada* (antidote) preparation. But it should be given after carefully deciding the strength of a poison.

Discussion

Prativish Chikitsa is important treatment measure in emergency & severe condition of poisoning. It is described in *Charaka Samhita & Ashtanga Sangraha*. Though the word *Prativish* is not used in *Sushruta & Ashtanga Hrudaya*, they have mentioned some references about the use of poison in treatment of another poison.

Prativish can be used in 6th & 7th *Visha Vega* with great care & taking proper pre- caution & after careful examination of patient, type of poison, its dose, etc. Nothing is as effective as *Visha* (poison) to neutralise another poison, as it possesses *Sukshma, Vyavayi, Vikashi, Aashu, Laghu*, etc. properties which enables it to penetrate to *Sukshmatikushma Strotasa* and act very quickly.

The mode of action of *Prativish* can be better understood by their individual properties, mode of action, *Guna & Karma*. E.g. *Alarka* (rabies) & *Dhatura* both acts on nervous system & brain. *Alarka* causes increase in the secretions of glands while *Dhatura* is anticholinergic, reduces all secretions. *Alarka* causes anxiety, excitation & stimulation; while *Dhatura* has *Madaka Prabhava*, causes depression.

Vatsanabha is *Vedanasthapaka & Shothahara*. If it is rubbed over skin with oil, nerve endings get stimulated first & subsequently are depressed causing numbness, loss of sensation. It may act like local anesthetic to subside severe pain in scorpion bite. It gets absorbed through mucous membrane. So, local application can also cause systemic effects. Most of scorpion venom acts on heart causing cardiac arrhythmia & cardiac failure. *Vatsanabha* also acts on heart giving it stimulation & *Bala* (strength).

Conclusion

From all above information, we can say that *Granthakaras* have suggested the use of equally potent *Dravya* (substance) in case of toxicity of certain poisons, with symptoms of specific system. These *Dravyas* should have affinity for that very specific system or organ in the body

To conclude, we can say that *Aacharyas* have put forth a concept of '*Prativish*', which is a *Dravya* that should be –

1. Equally potent to *Visha* (poison).
2. Possess *Vyavayi Guna*, so that acts vigorously on *Vshapidita* (patient).
3. Should have affinity for the same system on which poison has affected.
4. Should have action opposite to that poison.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

**A Clinical Study on the Management of Fibroadenoma of Breast With Kanchanar
Guggul and Chandraprabha Vati**

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Abstract-

Introduction- Fibroadenomas of breast are a benign tumor, which occurs commonly in women of age group 25-30.

In the modern medicine, most of the time conservative management is advised for fibroadenoma, but it is treatable if the fibroadenoma is not big in size, not any discharges comes out from nipple, if the symptoms are like there is tenderness or a very hard lump is present at that time excision of the localized tissue should be advised according to Ayurveda, this growth is called as "Granthi" explained by many Aacharyas and it is type of "Mansaja granthi".So according to charaka samhita these type of Granthi's are painless, having muscular structure, these type of granthi develop due to abnormal vitiation of Dosha and Dushya in the any part of body. So there is treatment mentioned for Granthi is the drugs having the properties like Granthihara, Lekhana and Bhedhan. According to classical text of Ayurveda, drug of choice is Kanchanar guggul and Chandraprabha vati having the same properties.

Key word -Breast fibroadenoma, Kanchanar guggul, Chandraprabha vati.

Introduction-

A fibroadenoma is a benign tumor in which the epithelial cells are arranged in a fibre stroma. It is an Aberration of normal development of a single lobule.¹

It is of two type-1)Pericanalicular- in which fibrosis is more.

2) Intracanalicular-in which fibrosis is less

A fibroadenoma are commonly found in the women of age group 25-30.women are more conscious about these type of tumor, because of afraid about having malignant tumor. Among all cancers, the breast cancer is fetal for the women worldwide. It is the most common cause of death due to cancer among women (522,000 deaths in 2012)².The statistical data shows marked increased in incidence of breast cancer more than 20% and mortality rate increased by 14%.It is the leading cause of death mostly in less developed countries. This alarming data created awareness among the women. So the proper preventing efforts should be done for minimizing the diseased incidence.

According to *Ayurveda* ,Due to abnormal vitiation of *Dosha* and *Dushya* there is excessive abnormal growth of cells may developed in any part of body, these type of growth are multiple in numbers, because of different locations in body, due to this clinical features, names and types are present. These all type of growth are called as "*Granthi*" and "*Arbuda*".³

Acharya Charaka explained these type in chapter of "*Shotha*".⁴There are many types of *Granthi*, but the *Granthi* present in the *Stana* is "*Mansaja Granthi*". *Charaka* described it as "*Mansaja Granthi*"⁵ which is a big and mostly it is a painless structure, So it can be correlated with fibroadenoma. According to classical text of *Ayurveda*, Treatment is mentioned. So the drug of

choice is *Kanchanar guggul* and *Chandraprabha vati*. Both have properties like *Deepan*, *Pachan*, *Vatta-kapha shamaka*, *Bhedan*, *Lekhana*, *Shothahara*.⁶ It means it act as Anti-inflammatory activity. With these drugs patient treated within 3 months.

Objective- The study was done to evaluate efficacy of *Kanchanar guggul* and *Chandraprabha vati* in the management of fibroadenoma of breast.

Method- A 28year old female patient came in OPD, having sign and symptoms of fibroadenoma of Left breast. After FNAC test, this is diagnosed as benign tumor only, So the conservative treatment should be done. Treatment according to *Ayurveda is Kanchanar guggul* and *Chandraprabha vati* was given orally in a dose of 1gm (2 tabs of 500mg each)twice a day with lukewarm water after meal for a duration of 60 days, then the changes of regression of the lump was assessed.

Case Report-

A 28 year old Hindu married women came in OPD with complaints of painless hard mass (Lump) is present in Left breast from about 10-15days.Patient had pain in left at general weakness.

On examination-Pulse Rate-74/min B.P-110/70mm of Hg. S/E-RS-NAD, P/A-Gaseousness+, palpation at left breast-movable mass is present in upper quadrant+, not enlarged axillary lymphnodes. Pallor +, Odema –

Ashtavidha Pareeksha-

Nadi-Kaphapradhan Mala- Pichhil Jivha- saaam Mutra-Samyak Druka- Shwetabh Sparsha- Ushna Shabda-Prakrut Aakruti- Madhyam(Wt-59kg)

Investigations- CBC, BSL, Fine Needle Aspiration Cytology to rule out malignancy (FNAC)

Treatment-

After taking the complete history *Strotodushti* found in *Rasavaha*, *Raktavaha*, *Mansavaha*, *Medovaha strotasa*. So according to this type of *Strotovikruti* and *Strotodushti*, following treatment should be given. Duration- 3 month

Kanchanar guggul – 500mg (BD)

Chandraprabha vati – 500mg (BD)

Aampachak vati – 500mg (BD)

All tablets were given after meal with lukewarm water for 3 months. Follow up after – 15 days. After giving the treatment following effect observed.

Observation-

Symptoms like Gaseousness, loss of appetite are subsided. There is no pain in hand and shoulder. Most important effect is reduction in size of mass (Lump).

Result-

The lump was reduced by size. It shows 80% regression and minimized symptoms also.

Conclusion-

Fibroadenomas are the non cancerous tumor, most commonly benign in nature, so can be treated by *Kanchanar guggul* and *Chandraprabha vati*, which shows significant result in the regression of the tumor

Discussion-

The breast is the main feminine character. So any abnormality which are more concern to the breast, evoke a fear among the women about breast cancer. Fibroadenoma breast and breast cancer are difficult to differentiate. As per modern medicine fibroadenoma should be removed by surgery. Most of the women don't want it. So it should be treated by conservative medicines, which was described in *Ayurveda* for *Granthi*, i. e. *Kanchanar guggul* having all the necessary properties of *Deepan, Pachana, Vatakapha shamaka, Lekhan and Bhedhan* which helps to relieve the symptoms of "*Mansaja Granthi*". *Kanchanar* extract having anti-cancerous properties. *Guggula* works as anti-inflammatory⁷. *Chandraprabha vati* is a compound form of many drugs. It is described by many *Aacharyas* in various diseases; *Chandraprabha vati* is useful in 31 disease conditions, According to *sharangdhara samhita*, *Chandraprabha vati* acts on major system like urinary, reproductive, cardiovascular, nervous system. Means it acts on *tridoshas, Rakta, Mansa, Meda, Shukra dhatu, Purisha, Mutra, Mala, and strotasa*. The drugs like *Triphala, Gudduchi*, which are proven anti-oxidant and anti-tumor agents as well as immune-modulatory action.⁸

From this case study we came to conclusion that Fibroadenoma breast can be treated with the combined effect of *Kanchanar guggul* and *Chandraprabha vati*.

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COMPARATIVE STUDY OF SHRUNGATAK CHURNA AND VIDARIKAND CHURNA IN THE MANAGEMENT OF STANYAKSHAYA

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INTRODUCTION

Woman is the main stem of the family. Stree has a divine role to play in utapatti, dharana and poshana. Exclusive breast milk is the ideal form of nourishment in neonates and infants till 6 months. Adequate lactation has been defined as secretion of 300 ml daily by 5th day and 480 ml by 10th day, if this amount are not achieved a baby of normal weight will not be adequately fed and such a situation is termed clinically as lactation deficiency. In Asian and Tropical countries like India, prevalence of lactation deficiency may be 30–40%.

Breast feeding promotes close physical and emotional bonding between mother and child leading to better parent – child adjustment. It is clean, uncontaminated, contains several anti-infective factors that protect baby from infection. Enhance development and intelligence, social and psychomotor capabilities. Breast milk provides the primary source of nutrition for new born and it is the ideal form of feeding in neonate.

Breast milk is composed of immunoglobulin. IgA, Fat, Proteins, Carbohydrate, Minerals, Digestive enzyme, Antibodies. So breast milk is the best than any other type of feeding. As

no other milk can be compare with the mother milk, mother milk for the proper growth and development of the baby, who has also recommended that breast milk is the best milk for the growth of the baby.

Due to adaptation of western life style and more exposed towards the stress and strain the women are facing many problems. Among these Stanyakshaya is major one, which seems to be very simple condition but pertaining to children's it is major problem. Stanyakshaya is a common problem noticed in about 40% patients in clinical practice. Evaluate this topic because only Vidarikand is popular ayurvedic drug for stanya kshaya and has satisfactory results. But in ayurvedic samhitas many drugs are described. It is necessary to orient the material Shrungatak Churna from old text in a systemic manner. Hence I have decided to work on this subject.

OBJECTIVES

1. To collect the detail information about Shrungatak Churn and Vidarikand Churn.
2. To Study Detailed Etiopathological of stanyakshaya from Ayurveda and modern literature.
3. To observe the role of Shrungatak Churn in stanyakshaya

MATERIALS AND METHODS

A) Study Design

For the present clinical study, 60 patients were selected randomly on the basis of inclusion criteria and are divided into two groups each of 30.

B) Study Centre

OPD of Swasthavritta and Yoga Department Dr.D.Y.Patil College of ayurved and research center, Pune.

C) Type of Study

Study type is Randomised Single Blind Method.

Standardization of Shrungatak Churna and Vidarikand churna was done in Research lab of our institute.

D) Group A - (Trial Group)

Was given Shrungatak Churna

Duration –One and half months (follow up -on every 15 days).

Matra - 5 gm.twice a day with Cow milk.

E) Group B-(Controlled Group)

Was given Vidarikand churna with milk (Vidarikand churn is proven drug).

Duration –One and half months (follow up-on every 15 days).

Matra - 5 gm.twice a day with Cow milk.

F) Drug Mode of Administration

Patients were given the drug orally

Period of Clinical Study

Total period of study was 45 days, both groups was examined time to time for expected result.

1st follow up 15 days

2nd follow up 30 days

3rd follow up 45 days.

Selection Criteria

A) Inclusion criteria

1. Age group -- lactating mother - between 18-35 years.
2. Lactating women had stanyakshaya lakshana.
3. Subjects with previous history of lactational deficiency.
4. Breast feeding frequency less than 4-5 times/day
5. Baby up to 6 month will be selected for study.
6. Patient irrespective of primigravida or multigravida were selected.

B) Exclusion criteria

1. Subjects with congenital abnormalities, breast atrophy, cancers, mastitis, and shock are excluded from the study.
2. Subjects were history of alcoholism, infectious and systemic diseases.
3. Subjects in pregnancy stage.
 - a. Mother with H/o hypothyroid and insulin dependent diabetes mellitus..
4. Subjects, those having excessive lactation naturally.
5. Patients have taken treatment for milk suppression.

6. E.g. Tab Bromocriptine. In exclusive criteria, I also keep in mind the Ayurveda text reference of stanapana varjit awastha.

c) Informed Consent

An informed written consent was obtained from every patient before including trial.

Criteria of Assessment

1. Stana mlanata - Shushkatwa Stanya alpata Stanya asambhava

- Three signs are present- it is grade 3
- Two signs are present- it is grade 2
- One sign is present - it is grade 1
- No any sign- it is grade 0

2. Stanya ejection- No ejection- it is grade 0

Objectives Parameters

1. Baby weight (record on every 15 days) (sharir bhar vruddhi)

The newborn loses weight in the first few days after birth due to loss of edema fluid and regains birth weight by about the 10 th day of life. Weight increases by 25-30 grams/day from day 10 of life to 3 months age. Later on formulas can be used to determine ideal weights.

The average breastfed baby doubles its birth weight in 5-6 months. By one year, a typical breastfed baby will weigh about 2 and half times its birth weight. At one year, breastfed babies tend to be leaner than bottle fed babies. By two years, differences in weight gain and growth between breastfed and formula fed babies are no longer evident.

- According to above
- Aruddhi (not weight gain)-grade 0
- Alpa (100 to 175 gms per week)-grade 1
- Adhika or Prakrut (above 175 gms per week)-grade 2

2. Cry for demand feeding (Rodan)

- Adhik - Demand feeds before every 2 hrs. - grade 2
- Alpa -Demand feeds after every 2-3 hrs.-grade 1
- Prakrut-Demand feeds after every 3-4 hrs.-grade 0

3. Bowel (Malapravrutti)

- Malabaddhata (hard stool): grade 2
- Dravamalapravrutti (watery in consistency): grade1

4. Breast feeding frequency

- Normal is 8-12 times /day
- Any reduced frequency of feeding is noted.
- Feeding 0-2 times/ day-grade 0
- Feeding 3-5 times/day-grade 1
- Feeding 6-8 times/day-grade 2
- Feeding 9-12 times/day-grade 3 -

5. Breast engorgement

- Prakrut- No engorgement-grade 0
- Alpa- Slight engorgement –grade1
- Madhyam- Moderate engorgement, no vednahara aushadhi required- grade 2
- Adhik- Severe pain vedanahar aushadhi required- grade3

1) Stanamlanata

Stanamlanata	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	2.07	0.640	0.30	0.535	85.5	4.950	<0.001 HS
GroupB-Control	2.37	0.490	0.13	0.346	94.5	5.002	<0.001 HS

2) Malapravrutti

Malapravrutti	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	0.93	.740	0.17	.461	81.7	3.758	<0.001 HS
GroupB-Control	1.17	.379	0.10	.305	91.5	4.866	<0.001 HS

3) Rodan

Rodan	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	1.43	.504	0.13	.346	90.9	5.007	<0.001 HS
GroupB-Control	1.50	.509	0.10	.305	93.3	4.949	<0.001 HS

4) Breast Engorgement

Breast Engorgement	Day-0		Day-45		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
GroupA-Trial	1.43	.504	0.20	.407	86.0	5.069	<0.001 HS
GroupB-Control	1.47	.507	0.13	.346	91.2	4.983	<0.001 HS

5) Overall Result

S.N.	Symptoms	% Relief	
		GroupA-Trial	GroupB-Control
1	Stanamlanata	85.5	94.5
2	Breast Engorgement	86.0	91.2
3	Malapravrutti	81.7	91.5
4	Rodan	90.9	93.3

DISCUSSION

The mode of action of Shrungatak Churna with Cow milk in Stanyakshaya carry the same properties Stanya which is updhatu of Rasa dhatu. In Stanyakshaya, there is kshaya as well as dushti of rasa dhatu.

Madhur rasa is guru, sheet, snigdha, madhur vipaki, sheet veerya. It acts as vatashamak with its guru, snigdha guna. It acts as pittashamak with guru, sheet, and snigdha guna. It is saptadhatuwardhak, balyakar, brihana; So ultimately it is Stanyavardhak. It is dhatuposhak and dhatushodhak, therefore useful in dhatukshinata. Hence it improves and increases the quantity of stanya.

Doshagnata It acts as vatshamak. Its rejuvenating property is helpful in post-partum period. Also management of lactation failure mainly aims to boost mother's confidence in her ability to breast feeding, eliminate causative factors and advice correct breast feeding practices. Continuous monitoring is necessary to prevent recurrence of problem.

CONCLUSION

The action of Shrungatak Churn with Cow milk in Stanyakshaya shows good result. Both the drugs are really beneficial in stanyakshay treatment. When treatment given to group B shows slightly better results as compare to A. Shrungatak Churn does not show any toxicity as well as no side effect during follow up. This remedy is cheaper than any other drug for stanykshay. It is easy to store and carry and can be used by poor class woman also. Results of this study is encouraging and further advance type of research is required.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

An Ayurvedic Review on Conceptual Study of Sroto Dushti and Sroto Vaigunya

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• **Abstract:-**

Ayurveda is a science dealing with both, the preventive and curative aspects of human health. Here the Srotas means which exude, ooze, filter, and permeate. Srotas performs such functions which help to nourish the entire body. Sroto Dushti and Sroto Vaigunya are those entities in pathogenesis of disease in Ayurveda, which are of great significance, in both the above aspects, i.e removal of Sroto Dushti as the curative one and correction of Sroto Vaigunya as the preventive one. Sroto Vaigunya is the condition of the Srotas which is susceptible for pathological changes to produce a disease. Four varieties of Sroto Dushti Lakshana are observed namely - Atipravrutti, Sanga, Siragranthi, and Vimargagamana. Sroto Dushti Lakshanas represent the physiological vitiation. Hence an attempt is made to differentiate between Sroto Vaigunya and Sroto Dushti. Proper understanding of the above is very essential to plan suitable therapeutics.

Keywords – Srotodushti, Sroto Vaigunya, Srotas, Vaigunya, Srotas Dushti.

• **Introduction :-**

Ayurveda is well known as the Vedic system of health care of India, practiced effectively for thousands of years by millions of people. Ayurveda states *Swasthasya Swasthya Rakshanam Aturasya Vikara Prashaman*.¹ Srotas is *avakash*, Srotas are channels of circulations. These channels carry the *Dhatu* undergoing transformation to their destination. It is the structure from where there is continues secretion of *Dhatu* or *Bhavpadartha*. They carry the tissues, raw materials needed for tissue building, food, air, water and many essential things in the body needed for life activities. Some Srotas also excrete the metabolic wastes and toxins, keeping the body healthy. A complete knowledge of Srotas is a must for an Ayurvedic physician to approach a patient in a holistic way. Thus Sroto Vaigunya and Sroto Dushti have been systematically explained below. The word Srotas is derived from the Sanskrit root -^{sru-}gatau² (Sru Tasi= Srotas) which means exude, ooze, filter, permeate etc. Acharya Sushruta defines Srotas means the structure that has *Avakasha* (space) in the body spread all throughout carrying essential materials.³

Srotas – Paryaya⁴ :-

- Srotas
- Sira - (Vein)
- Dhamani - (Artery)
- Rasayani - (Lymphatic channel)
- Nadi - (Duct)
- Path - (Passage)
- Marga - (Track)
- Sthan - (Balanced position)
- Aashaya - (Location)

Functions of *Srotas* ⁵

- *Srotas* are the channels of tissues undergoing transformation. They are variously called as *Poshakadhatus* , *Asthayidhatus* and *Margagdhatus* .
- The materials pass through *Srotas* very slowly, thus allowing oozing (*Sravana*).
- *Srotas* has the capacity to discriminate which materials are to be allowed into *dhatu* and which to be sent out of it.
- Growth and development, depletion of body tissues take place only through *Srotas*.
- Any obstruction in the *Srotas* leads to disease.

Srotas Sankhya ⁶ :-

Acharya Charaka have stated that *srotas* are *Aparisankhyeya* and described 13 *srotas*.

- *Rasvaha*
- *Raktavaha*
- *Mansvaha*
- *Medovaha*
- *Asthivaha*
- *Majjavaha*
- *Shukravah*
- *Pranvaha*
- *Annavaha*
- *Udakvaha*
- *Purishvaha*
- *Mutravaha*
- *Swedavaha*

According to *Sushrut samhita*

- Acharya Sushruta have described 11 pairs of *srotas*.

Acharya have not described *Asthivaha*, *Majjavaha*, *Swedavaha Srotas*

- ***Sroto Dushti***:

Out of the two words, *srotas* and *dushti*, *srotas* has been explained before. *Dushti* means, to vitiate. If *srotas* are in healthy state the formation of *Dosa*, *Dhatu*, and *mala* are good, but when these *Srotas* are vitiated then *dosha*, *dhatu* and *mala* also become vitiated and body becomes diseased. The stage, where *Doshas* interact with the *Dushya* and do *dooshana* is called as *dosha dushya sammorchana avastha*. After complete *dushti* of *dhatu* by *doshas* , the symptoms appear.¹⁰

Sroto Dushti samanya karanas:-

The *Ahara* and *vihara* which aggravates the *doshas* and which are having properties opposite to *dhatu* does the vitiation of *srotas*.¹¹ Eg: *Diwaswapna* is having similar properties to *Medodhatu* thereby vitiating *Medas*. (A/c to *Chakrapani*).

Dhatwantara Dushti:¹²

When vitiated *ahara* is consumed and wrong *Viharas* are practised, the *Srotas* carrying the *Dhatu* and *Malas* get vitiated. More than one *Srotas* may be involved in manifestation of the disease. That's how we can understand *Dhatwantaradusti*.

• **Types Of Manifestation Of Sroto Dusti**

Four types of manifestation of *Sroto Dusti* occurs

1) **Atipravritti-** (Increased activity)¹³

It is defined as *atishayenapravrittihi*. Increased activity of one or more *dhatu, doshas, srotas, malas* Eg: *Bahumutrata* in *prameha*.

2) **Sanga-** (Obstruction)¹³

Also called *srotorodha*, opposite of the *atipravritti*. It is defined as *apravritti*. Eg: *Mutrakrichra* is *sanga* of *mutravahasrotas*.

3) **Vimargagamana** (opposite direction)¹³

It is defined as *Unmargagamana* which means leaving its own path and entering into other path. Eg: In *Chardi* – movement of the food upwards.

4) **Siragranthi-** (Aneurysm)¹³

It is defined as *Kutilabhaavatwam* which means thickening, new growth or tumors.

Eg: *Granthi* *Varicose veins*.

Described by Charak, in addition to that mentioned *Aartavaha Srotas*.

• **Sroto Vaigunya:-**

It comprises of 2 words: *Kha- akasha, indriya, pura, kshetra, khaga, Srotas* and *Vaigunya* means *Vigunata/Vikruti*. Altogether *Sroto Vaigunya* means that condition of *Srotas* in which *Vyana Vata* propels the *Ahara rasa* through *Hrudaya*, to whole body. This propelled *Rasa*, lodges in the place of *Kha Vaigunya*. The region where *rasa* settles, is the *Dushya /Sthana* where the future disease manifests.⁷ *Sroto vaigunya* stands for lack of natural immunity to some particular type of disease and loss of resistance to disease producing factor. *Srotovaigunya* produce any disease if there is *Dosha-Dushya Sammurchana*. for the manifestation of disease *Sroto Vaigunya* is a must factor. *Acharya Charaka* explains that *Rasa Dhatu* that moves all over the body gets obstructed where there is,⁸

• *Srotovaigunya* can be seen under different types of *Vyadhi* like⁹

1) *AdibalaPravrutta*: Defect in either *shukra* or *shonita, bijabhaga* and *bijabhagaavayava*.

2) *Janmabalapravrutta*: these are the congenital anomalies. Eg: *Pangu, mooka, minmina, vaamana, gadgada*.

3) *Doshabalapravrutta*: Due to deranged *ahara* and *vihara* and *manas*.

4) *Kalabalapravrutta*: Variations in seasons, temperature.

5) *Sanghatabalapravrutta*: Depends on the type of injury.

Thus for the occurrence of any *vyadhi* 3 elements are very essential. They are *Vridhhi* (vitiation) of *Doshas, Shaitilyata* (weakening) of *Dhatu*s and *Sroto Vaigunya*.

• **Discussion:-**

Srotovaigunya is very essential for the *Vyadhito* occur. One *Srotas* can be *Vaigunya* to the *Dushti* of the other *Srotas*. If two persons consume same *Nidanas* and if the *Sroto Vaigunya* is different they present with two different diseases though their *Sroto Dushti* type remains the same. *Sroto Vaigunya* helps in prevention of further disease process. *Srotovaigunya* is the stage prior to *Dosha Dushya Sammurchana*. *Sroto Vaigunya* can be treated by administering *Rasayana Chikitsa*. *Sroto Vaigunya* is essential for *sthana samshraya avastha* while *Sroto Dushti* leads to *Dosha Dushya*

Sammurchana. On the basis of *Laxanas* of *Sroto Dushti* we get the knowledge of *Vishista Samprapti* of any disease.

• **Conclusion :-**

Srotovaigunya is an essential factor for manifestation of a disease. *Srotovaigunya* and *Sroto Dushti* are different. These are two important stages of *Vyadhi samprapti*. Correction of *Sroto Dushti* is important during initial phases of *Chikitsa*, while, removal of *Sroto Vaigunya* is important during *Brumhana* and *Rasayana* phases of *Chikitsa*. A complete knowledge about the kinds of *Sroto Dusti* is a must for an *Ayurvedic* physician to treat a patient in a holistic way. Thus concepts like *Sroto vaigunya* & *Sroto Dushti* differ from each other. Proper understanding of these is very essential in planning *Chikitsa*.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Review Article On Nidan, Poorvapooa And Samprapti Of Prameha

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Abstract

Prameha is a *Kapha pradhana Tridoshaja Vyadhi* in which *Meda* is a *Pradhana Dushya*. *Prameha* is a *Chirakaaleena Vyadhi*. Diabetes Mellitus is one of the most common non-communicable diseases. By *Acharya Shusrutha* characterised by *Prabuta mootrata* and *Avilamootrata* as *Samanyalakshana*. The *poorvaroopa* of *prameha* is *dantadhinam maladyatvam*. Some of the *Prameha lakshanas* are correlated with Diabetes Mellitus. In India, it is emerged as a health problem. India has being estimated with fastest growing population of Diabetics. In *Ayurveda*, it can be explained as *Madhumeha*.

Keywords: *Prameha, Diabetes Mellitus, Poorvaroopa, Nidana, Samprapti*

• **Introduction:-**

Ayurveda is the science of life which has the main aim of protecting the health of healthy person and to treat the diseased person. Basically this article is review of various *ayurvedic* classical texts. Materials related to *prameha* have been collected from various *ayurvedic* texts. The *samhitas* used in the present study were *Charak samhita, Sushruta samhita* and *Astanga Hridaya* with commentaries on them. Diabetes mellitus is a major health problem for the world in the 21st century. India has the distinction of having largest number of diabetics in the world. India has thus become the 'Diabetic capital of the world'. *Prameha* is described in the ancient *Ayurvedic* texts. The word *Prameha* consist two words. *Pra + Meha*. The '*Pra*' indicates excessive quantity and frequency. *Meha* means passing of large quantity of urine. *Mehati* means to excrete.

Prameha can be defined as, Condition where there is excess urine flow¹ and Condition where there is excretion of urine/something with excessive frequency or quantity. *Prameha* is a *Tridoshaja Vyadhi* i.e., *Vata, Pitta, and Kapha*. it is basically a disease with *Kapha* predominance.

• **Paryaya of prameha**

Prameha, Meha, Mootra Dosha, Bahumootrata, Madhumeha, Ojomeha, Kshaudrameha, Paushpameha

• **Nidana:-**

Samanya Nidana:-

Aaharaj hetu:- *Prameha* can occur due to *Beeja Dosh* or *Apathya Ahara* and *Vihara*. The *Samanya Nidana* for *Apathyanimitaja Prameha* are *Madhura, Amla* and *Lavana Rasas, Snigdha, Guru, Picchila, Sheetala Dravyas, Nava dhanya, Sura, Anupa Mamsa, Ikshu* and *Guda* consumed in excess.

Viharas Hetu:- such as *Divasvapna* (day sleep), *Avyayama* (lack of exercise), *Aasya atisukha* (foody), *Alasya* (lazyness), *Chinta tyaga* (a person who does not worry at all), *Samshodhana varjana* (not undergoing detoxification processes) also contribute to *Apathyanimitaja Prameha*.²

Visesha Nidana:-

Though the *Kapha* is the *arambhaka dosha* (primary) in the *Samprapti* (pathogenesis) of *Prameha*, *Pitta* and *Vata* play an important role in complicating the disease.

Kaphaja prameha nidana - These are as the same as explained in the *samanya nidana*

Vataja Prameha

Ahara sambandhi - *Katu, kashaya, tikta rasa ahara atisevana; Laghu ruksha, sheeta guna ahara atisevana.*

Vihara sambandhi- *vyavaya atiyoga, vyayama ati yoga, vamana ati yoga, virechana atiyoga, asthapana ati yoga, shirovirechana atiyoga, anashana, abhighata, atapa atisevana, udvega, shoka, ratri jagarana, vegasandharana.*

Pittaja Prameha

Ahara sambandhi - More intake of *Ushna guna ahara, atisevana, Amla, lavana, katurasa, Ajeernashana, Vishama ahara sevana.*

Vihara sambandhi - *Ati atapa sevana, Ati santapa, Shrama, Krodha.*³

• **Poorvaroopo:-**

Purvaroopo is the predominant symptom which will be seen before the appearance of the disease. *Poorvaroopo* are indications of impending diseases. They occur prior to complete manifestation of disease and may suggest the forthcoming illness. During the course of the *Samprapti* of an illness, the morbid *Doshas* circulating all over the place in the body tend to localize in an area and produces some of the unique symptoms and is referred by the name *Poorvaroopo*. *Purvaroopo* of *Prameha* can be taken as

Purvaroopo of *Madhumeha*. In *Charak Purvaroopo* of *Madhumeha*, it is given that ants attract towards urine of Diabetic patients. This can be taken as *Purvaroopo* of *Madhumeha*.⁴

Purvaroopo Of Prameha they are as follows:^{5,6}

1. *Prabhutavilamootrata* (polyuria): *Swedawaha srotoavrodha* causes increased urinary out put with turbidity
2. *Madhuratava in mutra* : Glycosuria
3. *Dantadiham mala sanchaya*: Due to *ama*, deposits are seen in mouth
4. *Panipada daha* : Abundance of unutilized glucose in the blood. This causes disturbance in the equilibrium of *dhatu*s and *doshas* in the body exposing body to further complications. It gives rise to *padapani daha*, which means burning sensation of feet and palm.
5. *Chikkanta* - Stickiness.
6. *Trishna* (Thirst and Polydipsia) : In the process of lypolysis, more water is utilized which results into activation of thirst center in the brain.
7. *Swadasyata* : Sweetness is experienced in the mouth due to increase in the sugar level.

• **Samprapti:-**

The sequential process of *Dosha* vitiation, their spread in the body to manifest the disease is called *Samprapti*.⁷ *Samprapti* of *Prameha* can be better understood by knowing the concept of "*Vikara Vighata Bhava Abhava Vishesha*" which is explained by *Acharya Charaka* in *Prameha Nidana*.⁸ *Nidana, Dosha, Dushyas* are the three responsible factors for producing and not producing the diseases. In case the proper *Anubandha* of these three factors than there will be

Prabala Rogothpati with all *Lakshanas*. in the *Samprapti* of *Prameha*, - *Nidanas*, *Kapha Pradhana Tri Dasha* and *Dasha Dushyas* are having major role.

- **Samanya Samprapti of Prameha**⁸

Charaka has explained *Samanya Samprapti* of *Prameha* elaborately. The *Samanya Samprapti* process commences from the *Nidana Sevana* of *Guru*, *Snigdhadhi Ahara* and *Avyayamadi Vihara* leads to *Kapha Dasha Sanchaya*. Due to *Nidana Sevana* the *kapha Dasha* gets *Bahudravatva*.⁸ The three factors i.e. *Nidana*, *Dosha* and *Dushya* get combined together in such a precise way that they lead to *Prakopa* of *Bahudrava Kapha* rapidly and *Madhumeha* in future. *Kaphakara Ahara Vihara* vitiates *Kapha Dasha*. The *Bahudrava Kapha* is prone to develop *Madhumeha*. it gets aggravated rapidly when the *Anukula Nidana* are continued. The provoked *Kapha* gets spread all over the body owing to *Sharira Shaithilya* It being one of the *Anukula* factors for *Nidana* towards the *Dosha*. It is essential to diagnose the disease at this stage to prevent further progress of the disease for better prognosis.

- **Vishista Samprapti**

- **Kaphaja Prameha Samprapti:**⁹

Due to indulgence in *Kaphakara Ahara Vihara* there is vitiation of *Kapha*, which due to similar *Guna* and affinity to *Meda* does *Meda Dushti* and *Kleda Dushti*, thereby increases *Drava Dhatus* in the body. This increased, vitiated *Shareera Kleda* along with *Dushta Kapha* and *Dushta Medas* enters into *Mootra Ashaya* and gets transformed into *Mootra*. During this Process they acquire the *Dasha Gunas* of *Kapha* namely – *Shweta*, *Sheeta*, *Snigdha*, *Guru*, *Madhura*, *Sandraprasada* and *Manda*, based on these *Samyoga Visheshas* of *Dosha Gunas Dasha Kaphaja Prameha* Manifests.

- **Pittaja Prameha Samprapti:**¹⁰

If *Pitta Vruddi* in relation to other *Dosha* is associated with *Pittakara Ahara Vihara* and the subtle condition of *Dhatus* (or in presence of *Kaphaja Mehas*) then *Pitta Dushti* is caused, which leads to *Rakta Dushti* first due to *Ashryeebhavata*. later on other *Dhatus* involved. Due to *Samyoga Visheshata* of the *Gunas* of *Pitta* (namely- *Kshara*, *Amla*, *Lavana*, *Visra* and *Ushna*) six varieties of *Pittaja Pramehas* are manifested. *Pittaja Pramehas* manifest at a quicker pace than *Kaphaja Meha*.

- **Vataja Prameha Samprapti:**¹¹

In an individual whose body is affected with conditions of *Kaphaja* and *Pittaja Pramehas* and then also if he indulges in *Vatakara Ahara* and *Vihara*, then it aggravates the *Vata* very quickly which spreads all over the body and while doing so it drags down the *Vasa*, *Majja*, *Lasika* and *Ojas* to the *Basti* and eliminates it from the *Shareera* thus leading to the manifestation of *Vataja Prameha*.

- **Discussion :-**

The disease *prameha* is described by *acharya* in *samhita Granthas* various dietary, lifestyle and psychological factor are involved in the etiology of *pramaha*. The ancient *ayurvedic* knowledge regarding *pramaha* can be utilized to expand the current understanding of diabetes. Nourishment of body with proper diet is basic need of human but when this goes unbalanced, either extra accumulation or depletion of tissue occurs resulting in metabolic disorder. As per *ayurveda pramaha* is a disorder of *kapha* dominance, heavy diet with no calories burning ;¹² Then it slowly progresses towards accumulation of *meda*.

• **Conclusion:-**

References regarding *prameha* can be obtained from *veda*, *purana* and other literary works. An efficient physician should know these basic concepts and with this knowledge, he can easily do the *samprapti vighatana*. *Prameha* is considered as one of the incurable disease because of the *Vata* predominance, involvement of *Bija dusti*, involvement of deepar *dhatu* as well as *dhatu kshaya* in their pathogenesis, due to deficiency of *Ojas*, that emphasizes the incurability of the disease. It is also seen that life style and diet regimen is main factor for the disease *Prameha*. There is very detailed description of *purvaroopa* and *Samprapti* seen in different *ayurvedic samhitas*.

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Importance of Medical Evidence

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Abstract

Evidence according to sec-3 Indian evidence act means and includes all statement which the court permits are requires to be made before it by witness in relation to matters of facts under inquiry oral evidence .All documents including electronic records produced for the inspection of the hon. Court. Documentary evidence and evidence tendered by medical person is known as medical evidence. The type of medical evidence are written ,as medical certificates ,medico-legal certificates ,dying declaration ,dying deposition and oral /parole direct and indirect. Every physician and medical doctors should take precautions before issuing medical certificates or medical evidence. Certificate should always be based upon observations and never on history alone as the can be used as evidence. Issuing false certificate is punishable under sec.-197IPC.with imprisonment up to seven years and fine sec-193IPC.

Aim : To elaborate importance of medical evidence.**Objectives:** 1) To study about medical evidence 2)To create awareness about medical evidence among physician. 3) To study in detail precaution ,procedure and rule about medical evidence 4)To study in detail related IPCs and laws about medical evidence.

Key words: Medical evidence, courts IPC, Medico legal, Physician

Introduction:

Medical Evidence: It is defined as legal means to prove or disprove any medico-legal issue in question. Every physician should be aware about medical evidence before issuing any types of medical certificate. Physician should take precaution at every step related with documentary evidence because all evidences to be produced before the hon. Court for inspection during the court of trial. Physician should be qualified registered medical practitioner (RMP) in relation to ill health , death, insanity, age ,sex. Physician should not take any fee for issuing death certificate and death certificate should not be issued without inspecting the body. If the doctor is not sure of the cause of death the matter should be reported to police. Report prepared by doctor at the request of investigating officer for his guidance, usually in criminal cases e.g. injury ,post mortem, rape, pregnancy, abortion and delivery . Medico-legal reports may be prepared even when there is requisition from person himself or magistrate. Postmortem reports are made only when there is requisition from the police officer or magistrate. Reports are not admitted as evidence unless the doctor attains the courts and testifies to the facts under oath. Report should show competence lack of bias and after concrete professional advice. The doctor should avoid technical term as for as possible.

Types of medical evidence:- Evidence may be classified in two ways

1)How the evidence was acquired by witness.

2) How the evidence was delivered in the court.

a)Direct evidence :-1) witness directly saw the crime or felt it by any of his sense ,for example doctor conducted surgery or postmortem seen injury himself .

2) a Murder seen in the street by passing the way.

b)Indirect evidence:- Witness did not see the crime directly, it can be of two types:

Circumstantial:- Witness did not see the crime directly but several related things exist which point strongly towards the commission of crime. Circumstantial evidence is generally admissible in the court unless the connections between the facts and inference is too weak to be of help in deciding the case, many convictions for various crimes have rested largely on circumstantial evidence.

Hearsay:- Witnesses only heard about the crime from someone generally hearsay evidence is not admitted to notable exceptions.

According to presentation in court: a) Documentary evidence

1) Medical certificate It is a document prepared by a doctor at the request of a patient and handed over to him. For example disability, pregnancy, sickness, unsound mind and vaccinations, death certificate. Accepted by court of law only when issued by a qualified registered medical practitioner.

Certificate of ill health:- to be given on recommendation for a male according to section 1.3.3 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics and Regulations 2002) IMC. Regulation should be given. The following should be in the certificate.

- a) Identification, marks of patient
- b) Exact nature of illness.
- c) Period of expected absence
- d) Confidentiality – patient's medical record should be kept confidential (Sec. 2.2 IMC regulations 2002)
- e) Maintenance of register – Doctor should keep one copy of certificate with him. Patient's signature, thumb impression and his full address should be recorded on both copies.

Death certificate :-

Doctor is legally bound if doctor has attended a patient during his last illness and if he has expired the doctor must issue the certificate without charging any fee (Sec 10(3) registration of birth and deaths act 1969). If doctor refuses to issue a death certificate under abuse condition fine is Rs. 50 (Sec 23(3) of the same act).

Medico-legal report :-

Medico-legal reports are documents prepared by a doctor at the request of some investigating authority e.g. police, magistrate and handed over to him. They may be in relation to living, injury report, postmortem or inanimate objects e.g. vaginal swab reports, age report, poisoning, burn, alcohol, impotence, insanity reports.

Precautions to be taken while preparing medico-legal report:-

- 1) Report should be based upon observation only.
- 2) Report should be prepared during examination or immediately after examination and should carry the signature, name and designation of medical officer.
- 3) Any medico-legal report has three parts
 - a) Preliminary data- No. and date of requisition letter from police station – Name, age, sex, address brought by, brought from, brought at (date – time and place of examination) name of hospital, name of M.O., consent for examination, identification mark and history of case
 - b) Observation
 - c) Opinion
- 4) Any item e.g. weapon, clothes, bone or photograph sent for examination; is examined described in report.

Dying declaration:

Dying declaration is defined as the written or verbal statement made by a person likely to die because of some unnatural act done on his body ,narrating the circumstances or the condition responsible for his present state of health or the cause and manor of likely unnatural death.

Dying deposition:

It defined as the deposition (statement on oath made by a person likely to die because of some unnatural act, narrating the cause of likely death to the magistrate in presence of accused and lawyers of both the parties.

Conclusion:- By all aspect in detail study we came to conclude that

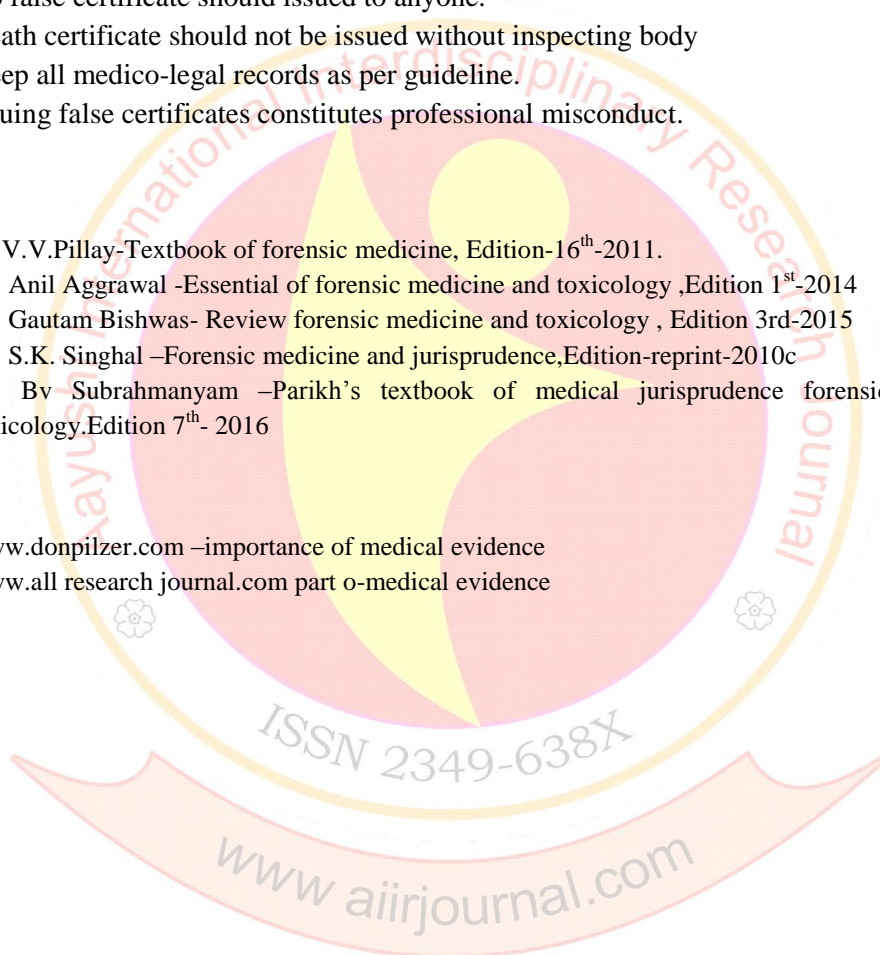
- 1) Detail knowledge of medical evidence should be to physician ,doctor and medical officer.
- 2) Highly precaution should be taken all type of medical evidence.
- 3) No false certificate should issued to anyone.
- 4) Death certificate should not be issued without inspecting body
- 5) Keep all medico-legal records as per guideline.
- 6) Issuing false certificates constitutes professional misconduct.

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The effect of *Kushamoola* in the management of *Rakthapradara* - A Clinical Study

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ABSTRACT

The word *Artava* denotes two meanings one of them is *Antah Pushpa* and another one is *Bahir Pushpa*. Both *Antah* and *Bahir Pushpa* are interrelated. *Bahir Pushpa* is outward manifestation of appropriate work of *Antah Pushpa* which is necessary for conception. Here, the present study deal with *Bahir Pushpa* that is menstrual blood. As heavy menstrual bleeding (*Raktapradara*) is a debilitating disorder, the woman requires rapid, safe and effective treatment. Ayurvedic texts have described a variety of treatment options in the management of "*Rakta Pradara*". Due to alteration of food habits and changing life styles complaint of the excessive and irregular uterine bleeding is increasing day by day. Excessive bleeding is the most common cause of anemia and dysmenorrhoea. High rate of complication of hysterectomy as well as it is not suitable for younger patients and who wish to conceive further. Due to limitation of medical therapy as well surgical therapy of modern science, it becomes the necessity of the time to find out harmless therapy to manage the condition. These are the factors why the topic is being selected for the present study.

Key words: *Rakta Pradara, Kusha Moola, DUB.*

INTRODUCTION

Woman has been described as a mother of religion, culture, desires, wealth of whole world. She is considered as necessary object for pleasure and she is the one who is responsible for all human existence.

Raktapradara indicated the excessive and irregularity of menses. In the female the reproductive system has a great importance and any disease in this system will seriously affect her health and happiness and also it proves to be a great discomfort. *Raktapradara* is one

amongst the extensive range of occurrence. Any abnormality in *Rutuchakra* (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "*Raktapradara*" in classical text.^[1]

Hysterectomy being the ultimate cure for DUB. Though the safe operation with minimum morbidity and mortality, the possible long term complications like ovarian failure, intestinal and urinary dysfunction and vault prolapse is quite disturbing.^[2]

Therefore despite a wide treatment options for its management which have multiplied over the recent years. Yet considering the factors such as age, parity and wishes of the patient with regard to contraception, future pregnancy etc., and the drug which is non-hormonal, non surgical, effective and without any adverse effects is the need of the home.

LITERARY REVIEW

In *Charaka Samhita*,^[3] *Sushruta Samhita*,^[4] *Astanga Sangraha* and *Astanga Hrudaya*.^[5] Detailed classification of *Rakthapradara* with their *Nidana*, *Lakshana*, *Chikitsa* and *Upadrava* are explained

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elaborately. Vangasena considered Rakthapradara as Pranahara and every measure to cure it has to be done. Charaka explains the treatment to be just like Rakta Yoni i.e. Raktasthapana Oushadhas should be used after giving due consideration to the association of Doshas.^[6]

Rakthapradara is a disease manifesting as excessive bleeding per vaginum. Acharyas explained it as one of the Rakta Pradoshaja Vikara and also mentioned Asrigdara as its synonym.^[7]

DUB is not one condition with one aetiology, but it is a group of disorders characterized by dysfunction of the uterus, ovary, pituitary, hypothalamus or other parts of the reproductive system which results in abnormal or excessive uterine bleeding.^[8]

The aetiology is purely hormonal and that of the hypertrophy and hyperplasia of the endometrium are induced by a high titre of oestrogen in the circulating blood.

The bleeding may be abnormal in frequency or amount or duration or combination of any three. It is diagnosis of exclusion and one must proceed through a logical evaluation to rule out all other causes of the abnormal bleeding.^[9]

Yogaratanakara explained that Kusha root (Desmostachya bipinnata) mixed with rice water and taken with the same for 3 days to check the excess bleeding.^[10]

Kushamoolam Samudrutya Peshayet Tandulambuna |

Etatpeetvaa trayaham Naari Pradartparimuchyate ||

Kusha is widely used in Ayurvedic therapeutics. It is having Madhura and Kashaya Rasa, Sheetha Veerya, Laghu and Snigdha Guna and Madhura vipaka.^[11]

Pittagna property of Madhura Rasa, Stambana, Ropana and Rakta-pitta Prashamana property of Kashaya Rasa may help to stop excess bleeding.

OBJECTIVES OF STUDY

To evaluate the efficacy of Kusha moola in Rakthapradara.

Source of Data

15 patients, aged between 16-50 years who attended the OP and IP section of Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru complaining of excess bleeding during menstruation were screened.

Diagnostic Criteria

Patients were selected for the study as per the following diagnostic criteria, like

Ayurvedic parameters

Based on Srava, Varna, Ganda, Ruja and other Anubandhi Lakshanas according to the types.

Parameters of DUB

- Duration of bleeding - If bleeding lasts for more than 5 days.
- Amount of menstrual blood loss - use of Number of pads per day.
- Clots - Present or Absent.
- Pain - Present or Absent

Inclusion criteria

- Patient with age group of 16 to 50 years.
- Patient with Pratyatma Lakshana of Raktapradara
- Menorrhagia -Excessive bleeding during menstruation both in amount and duration in regular cycle.

Exclusion criteria

- Threatened or spontaneous or incomplete abortion.
- Bleeding disorders like thrombocytopenia etc.
- Patient with IUCD.
- Post menopausal bleeding.

Study Design

This research work is a single blind clinical study with pretest and post test design. 15 female aged between 16 to 50 yrs suffering from excess bleeding during menstruation were taken for the study. The signs and

symptoms were observed before and after the treatment and these were compared.

Treatment Methodology

- *Kushamoola* has to be trichurated with *Tandulodaka*.
- Diagnosed patients of *Rakthapradara* were advised to take this for 3 days morning 30ml and evening 30ml in empty stomach.

Pathya and Apathya

- Patients give advised to take a normal diet. Avoid excessive oily, sweet, spicy, fried food, curd, fermented food, over diet and sour items.
- To have more green vegetable and fruits.
- To have more milk.
- Patients were asked to avoid heavy exercise, excessive intercourse.
- They were also asked to avoid *Upavasa*, *Adhyashana*, *Ratrijagrana*, *Divaswapna*, *Atibharavahana*, journey, heavy work and other *Nidana*.
- Patients were psychologically counselled and advised to avoid *Chinta*, *Shoka*, *Krodha*, etc.
- General advice regarding maintenance of proper hygiene and habits were also given.

RESULTS

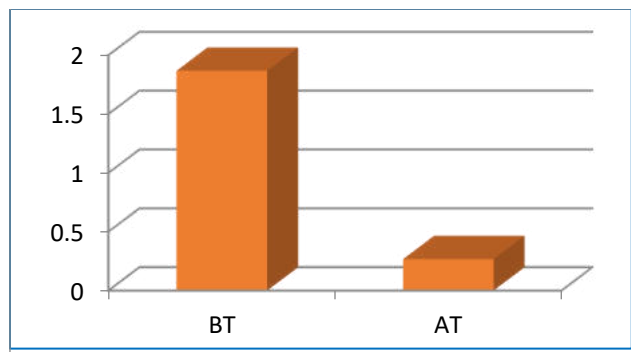
Effect of *Kusha Moola* on duration of bleeding

The analysis of mean score of appearance of duration of excess bleeding in the patient before treatment was 1.867 reduced to 0.267 after treatment. By the method of paired 't' test it was proved that the improvement observed was statistically highly significant at the level $p < 0.001$.

Table 1: Effect of *Kusha Moola* on duration of bleeding.

No. of patient	BT	AT	Paired 't' test			
			Diff	S D	t	p
15	1.867 ± 0.215	0.267 ± 0.118	1.60 0	0.91 0	6.80 8	<0.00 1

Graph 1: Effect of *Kusha Moola* on duration of bleeding.



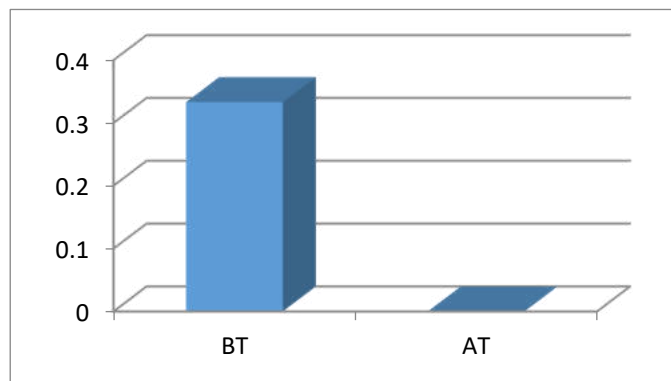
Effect of *Kusha Moola* on amount of bleeding.

The mean score of amount of bleeding in the patient before treatment was 0.333 reduced to 0.000 after treatment. By the method of paired t test it was proved that the improvement observed after treatment was statistically highly significant at the level $p = 0.019$.

Table 2: Effect of *Kusha Moola* on amount of bleeding

No. of patient	BT	AT	Paired 't' test			
			Diff	S D	t	p
15	0.333 ± 0.126	0.000 ± 0.000	0.33 3	0.48 8	2.64 6	=0.01 9

Graph 2: Effect of *Kusha Moola* on amount of bleeding.



Effect of *Kusha Moola* on clots during menstruation

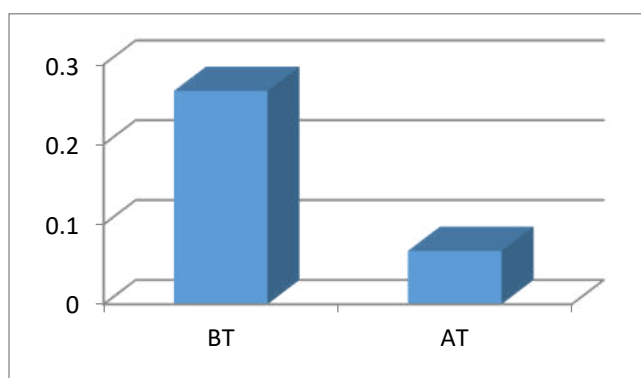
The mean score of clots in the patient before treatment was 0.267 reduced to 0.0667 after treatment. By the method of paired t test it was proved that the improvement observed after

treatment was statistically highly significant at the level $p=189$.

Table 3: Effect of Kusha Moola on clots during menstruation.

No. of patient	B T	A T	Paired 't' test			
			Diff	S D	t	p
15	0.267 ± 0.118	0.0667 ± 0.0667	0.20 0	0.41 4	1.87 1	=0.08 2

Graph 3: Effect of Kusha Moola on clots during menstruation.



DISCUSSION

The Artava formed by Rasa Dhatu is brought about to the fine vessels of Garbhashaya by the action of normal functioning of Vayu which is responsible for its timely excretion through vaginal passage.^[12]

Artava which is formed from Rasa is Soumya which has Prithvi and Jala as its major components. Arthava attains Agneyatva by the Kala Parinama. Abnormality of Agneya or Tejas component can affect its amount to be excreted. So any Vikriti in Arthava indicates Dhatu Vikriti. The causes for Dhatu Vikriti includes,

Rasa Dhatu Vikriti

Certain food products like Guru, Amla, Lavana, Vidahi, Viruddhahara, Sura, Sukti etc. causes Agni Vaishamyata that in turn causes Rasa Dusti and Rakta Dusti results in to Raktapradara.

The aim of the treatment of Raktapradara should be

- To cease the excessive bleeding and to correct or regularize the Rutu chakra.

- To maintain the general health of the body ie Ojovridhi and Bala Vriddhi.
- To correct the disease caused by altered and vitiated Doshas.
- To prevent the complications.

Considering this aspect, only such a treatment which can fulfill the basic criterias ie Raktastambaka, Raktapittahara and Bhrumhana effects are desired in the treatment.

Thus Kushamoola is one such drug having Madhura and Kashaya Rasa, Sheetha Veerya, Laghu and Snigdha Guna and Madhura Vipaka.^[13]

Pittagna property of Madhura Rasa, Stambana, Ropana and Rakta-Pitta Prashamana property of Kashaya Rasa may help to stop excess bleeding.^[14]

Kashaya Rasa - Which predominantly possess Prithvi and Vayu Mahabhoota has Sthambhana action. Asrgdara characterized by excessive flow of blood (increase in Drava Pitta and Rakta) is benefited by this Sthambhana property.

Sheetha Veerya - Which having the property of Hima Stambana is benefited to stop excess bleeding.

Vyadhi Pratyaneeka Chikitsa

Due to above said qualities; it acts as Sthambhana, Raktapittahara, Rakta Shodhaka and Grahi. Hence its action on Raktapradara can be well understood.

CONCLUSION

The incidence of Raktapradara is high among the women of reproductive age and of perimenopausal age and incidence is irrespective of the socio-economic status, domicile or education status. However dietary habits, mental status plays an important role in the aetiology, hence the incidence is increasing day by day. It is the disease which deteriorates the health of the woman in due course of time. Mainly the menstrual rhythm (length of the cycle) depends upon the hypothalamo pituitary ovarian function. Whereas the amount of blood loss depends upon the uterine condition. The

endometrium which is the seat of *Artava*, especially the *Bahirpushpa* undergoes a series of cyclical changes in accordance with the influence of the hormones. The loss of excessive blood brings about *Daurbalya* and other *Upadrava* resulting from *Raktakshaya* and *Vata prakopa*. The main principle of the management of *Raktapradara* is *Rakta Shodhana*, *Raktastambhana*, *Pitta Kapha Samaka*, *Vatanulomana* and giving *Bala* to the *Garbhashaya*. *Kusha Moola* possessing *Rakta Stambaka* and *Rakta Shodhaka* properties and proved the efficacy in treating the *Raktapradara*.

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CASE STUDY

Scientific Journal Impact Factor 5.733 (2015) by InnoSpace Sci. Res., Morocco
Index Copernicus Value (2015) – 80.04THE EFFECT OF KSHAR TAIL UTTAR BASTI IN THE CASE OF
INFERTILITY DUE TO TUBAL BLOCK - SINGLE CASE STUDY
REPORTPathare Guddi Bhausaheb^{1*}, Sandhya M. Yennawar²

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Article

ABSTRACT:

Infertility is defined as fail to conceive with one year unprotected coitus. Sub fertility to describe women or couple who are not sterile but exhibit decreased reproductive efficiency.*Reasons for infertility like overweight improper diet, smoking, alcohol, anxiety, pollutants, medications and family medical history could affect conception. The present study is an effort to understand the disease according to Ayurveda. According to Sushruta Rutukala, Kshetra, Ambu, Beeja are essential factors of conception. Imbalance of any of these features leads to infertility. Among this Kshetra means reproductive organ. In which fallopian tubes are correlated with Arthavaha Strotas and its block is compared with Sanga Stroto Dushti of this strotas. The role of all three doshas is producing blockage is being studied. The paper is based on clinical success story of fallopian tubes. Success was achieved with Kshar tail² uttar basti after five months treatment.

Key Words: Infertility, Uttar Basti, Kshar tail.

2. Associate Professor Streerog and PrasutiTantra Department C.S.M.S.S. Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad.

INTRODUCTION

Tubal block is responsible for 25 to 30% of female infertility. Female factors are ovarian, tubal, endometrial and uterine. Female infertility due to tubal blockage is second most contributing. According to Ayurveda the anatomical description is gross and various principles like Dosha, Dushya, Dhatu, Marma, Strotas etc. which are quite different from modern science. Fallopian tubes are correlated with Arthavaha Strotas. These are two in number having roots in Garbhashya and Arthavavahi Dhamnis. Injuries to which causes Vandhyatva. The pathogenesis of diseases in Ayurveda is initiated with accumulation vitiation of Doshas. Thus an approach can be developed toward tubal infertility by finding out Vandhyatva based on Nidanas and samprapti. Charak has given space to understand the newly diagnosed diseases on the basis of Prakruti, Adhishthana, Linga and Aayatana. Acharya Kashyapa has stated that any type of sankocha is caused by Vata⁴. This sankocha is one of the reasons of tubal blockage. Vitiatio of Vata in tubal blockage causing infertility can be considered by its Ruksha, Daruna Gunas. Tubal pathology impairs functions of the fallopian tubes and reduces fertility. The degree of tubal pathology determines the possibility for fertility.

MATERIAL AND METHODS

Present study is carried out on single patient who was taken from O.P.D. of Prasuti and StreeRog department after clinical examinations and investigations.

A 24 years old female patient of infertility due to tubal block.

CASE REPORT

A 24 years old female patient of primary infertility due to tubal block married since two years.

Patients Name :- XXX

Age : 24 years.

Occupation : House wife.

OPD No. : 13451

M.H. : 2 years

C/O : Willing for conception, Agnimandya, Constipation

H/O : HSG showed left tubal block with right ovarian haemorrhagic cystectomy in 2003.

Date of Admission: 28th May 2016.

Patient was clinically diagnosed by an Ayurvedic approach.

AshthavidhaParikshan -

- 1) Nadi - 82/mm Madyama.
- 2) Mala - Grathit Mala Pravrutti.
- 3) Mutra - Samyaka
- 4) Jivha - Saam
- 5) Shabdha - Saam.
- 6) Sparsh - Anushna
- 7) Druka - Alpashwetata
- 8) Akrti - Madhya.

THE TREATMENT PROTOCOL

1*Cycle 28.05.2016

- 1) The patient was complaining of Agnimandya. She was given Hingvashtak Choorna⁵ 2 gm twice a day with Ghruta before meal for deepan karma for 15 days.
- 2) For Aampachan Aampachakvati⁶ 500 mg twice a day after meal was given for 15 days.
- 3) For Malavasthamba Avipattikar Choorna⁷ 2 gm with lukewarm water at bed time was given for 15 days.
- 4) For Deepan Pachan Chitrak Haritki⁸ was given 5gm for 15 days.

14.06.2016 to 20.06.2016: Abhyantar Snehan Phalghrut was given in vardhamanmatra. 30 ml - 60 ml - 90ml-120ml -150ml-180ml-210ml.

21.06.2016 :

Sarvanga Snehan Swedan done. Abhishandee Ahar (Curd+Rice) at night was given. Lukewarm water throughout the day was given.

22.06.2016 :

Sarvanga Snehan Swedan was given. Vaman given with Yashtimadhukwath 5^{1/2} Lt (Vamanopag Dravyas) given. VamakDravya Madhu + Madanphal + Vacha 50 mg chatan was given. Sansarjankram was followed for 15 days.

IInd Cycle 7.7.2016:

Virechan Sunthisiddha , ErandaSneha 50ml od HS was given after Abhyantar snehan of Phalaghrut for 5 days.

IIInd Cycle 2.8.2016:

Sixth day of menses Sarvang Snehan swedan done. Yogbasti + uttar basti⁹.

Yogbasti :7 days dt. 2, 3, 4, 5, 6 & 7 August.

Uttar BastiKsharTail : 2,4,6 August.

NiruhBasti¹⁰ : on 3,5,7 August.

AnuwasanBasti¹⁰ : on 2,4,6 August.

IVth Cycle 27.8.2016 : Sixth day of menses Sarvang Snehan swedan done.

Yogbasti + uttarbasti + AnusanBasti followed for 7 days like previous cycle.

Vth Cycle 22.9.2016 : Sarvang Snehan swedan done. Yogbasti+ uttarbasti + AnusanBasti followed for 7 days like previous cycle. After receiving this treatment HSG was advised. HSG done on 10-12-2016 showed the Left fallopian tube well opacified with normal size. Thus the Kshar Tail Uttar basti showed successful results in removing the tubal block.

DISCUSSION

According to Ayurveda Aama is basically responsible for Dushtis in human body. Ahar Ras is a basic unit in forming a healthy body and for Niram Ahar Ras formation Deepan chikitsa was given with HingvashtakChoorna with ghruta was given. For aamapanchan Ampachakvati was given. For Deepan pecan, ChitrakHaritki was given For the Anuloman of ApanVayu Avipattikar Choorna was given. After that shodhanachikitsa i.e. Vaman ,Virechan ,Yogbasti and Uttar basti was given after Abhyantar Snehan of Phalaghurta for 7 days in VardhamanMatra. Kshar is known for its corrosive property. Ulcer healing and antibacterial properties. It is tikshna guna hence removes outer fibrosis of endometrium and in rejuvenation. It is Vatakaphashamak drug which contains antioxidant and antihemorrhagic qualities and helps in removing chronic inflammation and fibrosis. It is Shothahara and reduces swelling and edema of the tube. And scraping of obstruction takes place. The Snigdha guna of tail is helpful to reduce the abnormality generated by Ruksha, Darun, and Khara guna of Vata. It restores the endometrium.

CONCLUSION

Thus we conclude the Ayurvedic regimen i.e. Uttar Basti with Kshar Tail helps in scraping of obstruction in the tube and restores the normal endometrium. It restores the normal functions of cilia by stimulating it. Thus we can conclude that Uttar basti with Kshar Tail showed the best result in tubal block.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Effects of Yasthimadhu Siddha Taila Yoni Pichu Dharna in Sukha Prasava W.S.R. to Garbhani Paricharya: A Case Study

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Abstract:- In Ayurveda, Acharya Charaka explained Garbhini paricharya. There are 3 tatva of Garbhini Paricharya -

1. Anupghatay
2. Sukhaprasavay
3. Paripurnatvay

During 9th month of pregnancy, Acharya explained that Madhur aushadhi sidha taila pichu dharan. Due to pichu dharan apatyamarga becomes mardav and it helps for sukha prasava.

Introduction:-

Prasava is major events in a woman's reproductive life. At present pregnancy and child birth is a very sensitive issue for a pregnant lady and her family.

Epidemiological data:-

The sensitive index of the quality of the health care delivery system of a country is reflected by its maternal & Prenatal mortality rates. With 16% of world's population, India accounts for over 20% of worlds maternal deaths. Maintains of vital statistics & formulation of the preventive measures contributed in reduction of deaths in advanced counties.

Maternal mortality rates in world, Asia, India-(WHO, UNICEF-2005)

Sweden 3	USA 11	Netherland	UK 8	Japan 6
Sri lanka46	India 254	China 56	Ban.desh	Nepal 740
Kerala 110	Bengal141	U.P 517	MP 379	Bihar371

Magnitude of the problem in society:-

Worldwide, every year approximately 8 million women suffer from pregnancy related complications. Over half of millions of them, die as a result. The problem of maternal mortality & morbidity are 99% for the poor women in the developing countries. 1 women in 11 may die of pregnancy related complications in developing countries, compared to 1 in 5000 in developed countries. It is further estimated that for 1 maternal death at least 16 more suffer from severe morbidities.

Now a day's prevalence of LSCS increasing due to lifestyle of 21st century tremendously change new generation and primi gravida does not tolerate labour pain they want minimum pain for delivery.

To reevaluate the ancient modality treatment with the recent parameters and study of aim is less painful delivery and reduces prevalence of LSCS and cost effective.

स चपोस्थितकाले जन्मानि प्रसूतिमारुतयोगात् परिवृत्त्यावाक्शिरा निष्क्रामत्यपत्यपथेन, एषा प्रकृतिः विकृतिः
पुनरतोऽन्यथा । परं त्वतः स्वतन्त्रशनिर्भवति । (च.शा.6/24)

ज्यावेळेस गर्भ प्रसवासाठी तयार असतो. त्यावेळी वायुच्या कार्यामुळे तो फिरून मध्यमार्गातून किंवा अधोमार्गाने त्याचे शिर
येऊन अपत्यपथायातून निघतो. यास प्राकृत प्रसव म्हणतात. या उपरान्त विकृती असते. प्रसवानंतर गर्भ हा स्वतंत्र वृत्तीचा होतो.

In Ayurveda Acharya described the definition of Stree in point of her foetus & motherhood. So obviously *Prasava* is very important event in women's life. Also Ayurvedic Samhita initially always enlightens point Swasthasya Rakshanam. That is why the whole Paricharya designed for maternal & child well-being in which Sukhaprasava is main criterion around which Study focus.

In today's stressful and fast lifestyle many of Factors are causing *Apanvikruti*. If *Apan* is *prakrut* then only *prakrutprasava* is possible. The definition of *Prakrut Prasava* is.

नवमे तु खल्वेनां मासे मधुरौषधसिद्धेन तैलेनानुवासयेत् ।
अतश्चैवास्यास्तैलात्पिंचु योनौप्रणयेद्गर्भस्थानमार्गस्नेहनार्थम् । (च.शा.8/32)

नवव्या महिन्यात मधुरऔषधानि सिद्ध तैलाचा अनुवासन बसित दयावा, याच तेलाने भिजवलेला पिंचु योनिमार्गात
ठेवावा त्यामुळे अपत्य पथाचेस्नेहन होऊन तो मृदु होतो.

Prakrut gati of *apanvayu* is *anulomangati* & which facilitates normal labour. Ayurveda describes Yoni Pichu dharana is important & foremost treatment for vaat.

For this purpose specific regimen with *Yoni pichu dharana* with *Madhur Aushadhi Siddha Taila* is mentioned in *Charaksamhita* in the context of *garbhini paricharya*.

The subject chosen is with goal of .The *garbhini paricharya* aims towards:

- 1) Anupghatay- Without maternal and foetal complications.
- 2) Paripurnatvay-Full term or full mature foetus.
Sukha Prasavay.-Easy and less painful labour.

To achieve this goal it was decided to study the effect of *Yashtimadhu* (*Glycerrhiza glabra*) *Siddha Taila yoni pichu dharana* in Sukha Prasava. *Acharya Charak* has included *Yashtimadhu* in *Madhur Skandha*.

..... यष्टिमधु मधुलिका मृद्वीका ।

.....: ॥

--- इण्. द.८/१३९

Yashtimadhu is madhur rasatmak and madhur vipaki as described by Bhavaprakash.

यष्टि हिमा गुरु स्वाद्वी चक्षुष्या बलवर्णकृत् ।
सुस्निग्धा शुक्रला केश्या स्वर्या पित्तानिलास्रजित् ॥
व्रणशोथविषच् छर्दितृष्णाग्लानिक्षयापहा । -----भा. प्र.

Aim:-To study the effect of *Yashtimadhu* siddha taila *pichu* for sukha Prasav .

Objectives:-

1. Conceptual study regarding to labour process, Prasava awastha and another method of analgesia of labour& its limitation, side effect will be done.

2. Conceptual study regarding to pichu dharana will be done
3. Detailed study of Guna and Karmukata of Yashtimadhu, tila taila, Yashtimadhu siddha taila and siddha pak vidhi.
4. Detailed study of the effect of *Yashtimadhu siddha taila pichu dharana* in Sukha Prasav will be done.

Review of Literature:-

1. Literary review of Normal labour process studied Ayurvedic and modern texts.
2. Literary review of Yashtimadhu (*Glycerrhiza glabra*) and *Tila taila* done.
3. Literary review of *Pichu dharana* and its action on contractions done.
4. Literature in the form of ancient & contemporary texts, previous
5. Research work used as a material for conceptual study.
6. The subject compiled and studied ayurvedic samhitas, modern text book, research paper and article.

Type Of Study:- Observational single case design without control group.

Materials And Methods:-

1. Routine ANC patients from OPD will be selected.
2. DRUGS:- Yashtimadhu (Mula), Tila taila.
3. Yashtimadhu siddha tila taila.

Drug Review:-

दशमूलपयोबस्तिश्वोदावर्तानिलर्तिषु ।

- च.सं.चि.३०/१११.

A) Selection of drug:-

1) **Yasthimadhu** 2) **Tila Taila**

B) Preparation of drug:-

1) Yasthimadhu siddha taila is prepared according to Ayurvedic text.

Yasthimadhu (*Glycerrza Glabra*)



➤ **Yashtimadhu churna was made**

अत्यंतक्वशुष्कं यदद्रव्यं सुपिष्टं वस्त्रं गालितम् ।
तत्स्याच्चूर्णं रजः क्षौद तन्मात्रा कोलसम्मिता ॥

-शा.सं.म.खं.६/१

Methodology:-

Place Of Work:-_Ayurved Mahavidyalaya and Hospital.

Stri-Prasuti OPD, Panchkarma dept., Labour Room and other resources.

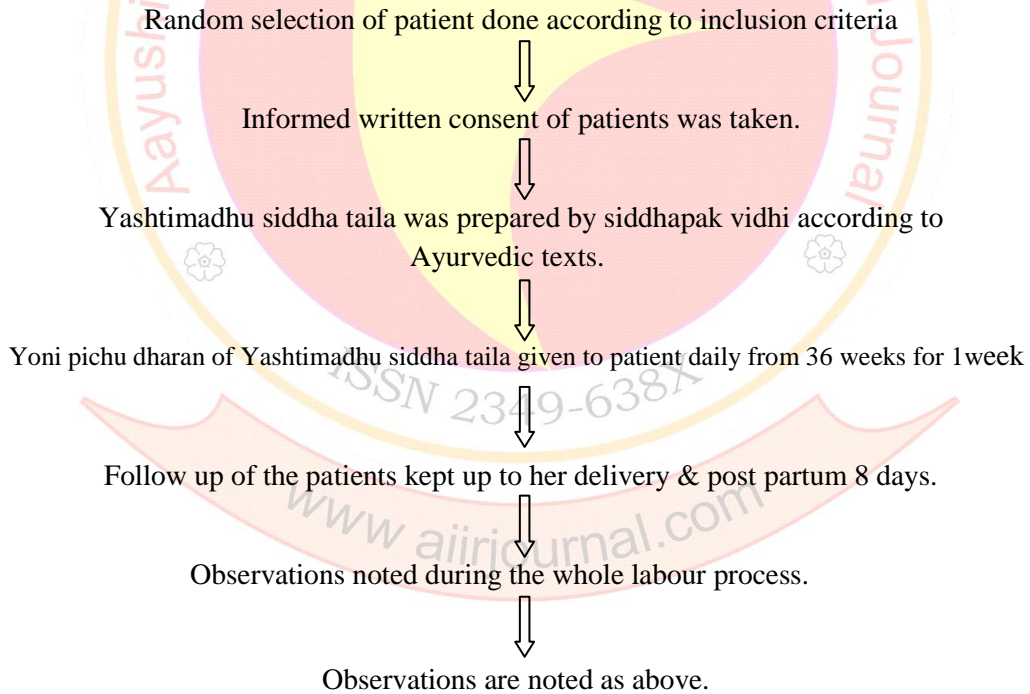
Selection Criteria:-

Inclusion Criteria:-age 18-35yr, Singleton pregnancy of 36 weeks.

Exclusion Criteria:-

1. Twin pregnancy.
2. Patients having Garbhopdravas.
3. Patients having Garbhavyapdas.
4. Patients having multiple pregnancy with previous L.S.C.S.
5. Patient with Placenta previa, Abruptio placenta, Hypertensive disorder, Medical and surgical illness, Gynecological disorder, Abnormalities of Placenta and cord, PROM, Post maturity, CPD, Contracted pelvis, Malposition.

Study Flow Chart :-



Observations:-

1. Observations noted when the labour process starts and Carried out till the delivery completes on the basis of Bishop Score .

Study Centre- C.S.M.S.S. Ayurved Hospital, Aurangabad.

Study Details-

Name of Patient	- XXX
Reg. No.	- 3542
Date of 1st visit	- 15/8/2017
Age	- 25 years
Gender	- Female
Religion	- Hindu
Occupation	- House Wife
Diet	- Veg

Chief complaints -

1. Amenorrhea Since 9 month

Married life - marred

Menstrual History– Regular (28 days), Moderate (3-4 pads/day), Painful +++++

Brief History -

25 years old patient having 9 months amenorrhea with history of Primi gravida .She is regular taken ANC treatment at C.S.M.S.S. Ayurveda Hospital Aurangabad for management.

General Examination-

1. Weight- 58kg
2. B.P.- 124/90mmhg
3. P.R.- 72/min
4. Ht- 160cm

Ashtavidha Parikshan-

1. Nadi = 84/min, madhyama bala, niyameet.
2. Mala = Grathit malapravrutti.
3. Mutra = Samayaka.
4. Jivha = Saam.
5. Shabdha = Avishesha.
6. Sparsha = Anusha.
7. Druka = Alpashwetata
8. Akrti = Sthul.

Udar parikshan = P/A- 36 weeks, Vertex presentation

FHS- 140/min

FM- +ve regular

Local Examination-

P/S = No leak at present, No any vaginal infection.

P/V= Cx- External and internal OS is closed.

Diagnosis:- Prakrut Garbhini

Treatment:- Yoni pichu dharan with Yastimadhu siddha taila for 7 days for 3 to 4 hrs

Routine Treatment:-

1. Tab. Rajapravartini vati 250mg BD
2. Tab. Navayas Loha 250mg BD
3. Satavari kalpa 1 tsp BD with milk
4. Tab. Bonetone 500mg od

Observation:-

Patient was having 9 months amenorrhea Patient was given Yasthimadhu siddha taila Yoni pichu for 7 days for 3 to 4 hrs in 9th month. Due to yoni pichu dharana vikruta Apana vayu got prakruta gati.

Yoni snayu and also regid perineum got mardavta and become more elastic and soft due to Yasthimadhu siddha taila property which helps for sukha prasava.

Discussion:-

- 1) In Ayurveda, due to dusti of apana vayu vilambit prasava occurs. Rigid perineum
- 2) As said by Acharya Charaka, During 9th month of pregnancy Yoni pichu with madhur aushadhi siddha taila in Garbhini Paricharya helps in sukha prasava. So patient was given Yasthimadhu siddha tail Yoni pichu for 7 days for 3 to 4 hrs in 9th month.
- 3) It results in to softening of apathapatha marga which helps in sukha Prasava.

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“Patho – physiology of obesity & it’s ayurvedic management”**Gapat Vikas Nivrutti*¹, Divekar Ujwala M.²**

1. PG scholar
2. Guide

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*Corresponding Author: drvikasgapat@gmail.com**Abstract:**

Ayurveda is the Science of life deals with the Preventive and curative aspect. According to Ayurveda any disorder Tridosha’s are responsible.

Obesity is due to Vata & Kapha dosha vaishamya.

The multidimensional process of biological transformations in the body are controlled and regulated by AGNI.

Hence Agni (Dhatwagni) are disturbed in Obesity. BMR is regulated by this Agni.

Obesity is described as “Medoroga” or Sthoulya roga in Ayurveda. Continues indulgence in high fat food, fried food items etc. along with sedentary lifestyle leads to excess accumulation of body fat which gets deposited in the numerous body channels.

It is defined by body mass index (BMI) and further evaluated in terms of fat distribution via the waist--hip—ratio and total cardiovascular risk factors.

Diet, Life style and panchakarma management plays a important role in the management of Obesity.

Aim :- The aim of article is to discuss the pathogenesis and management of Obesity.

Objectives :- To create awareness of treatment of Obesity according to Ayurveda.

Type of study :- Descriptive and conceptual study.

Literary review :- According to ayurveda (Charaksamhita) our sharir is made up of dosha, dhatu and malas. All these responsible for maintaining body. Roga (disease) is the effect of disequilibrium of dhatus and health is the results of

equilibrium of doshas & dhatus. (Dhatusomya kriyachokta tantrasya aasya prayojanam)

Key words:

Patho physiology, Obesity, Ayurvedic & Management.

INTRODUCTION:

In the modern era day to day Obesity is the commonest problem. More than 12 million cases per year are diagnosed in India.

Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have a negative effect on health.

People are generally considered obese when their body mass index (BMI), a measurement obtained by dividing a person's weight by the square of the person's height, and it is calculated as follows.

Where m and h are the subject's weight and height respectively.

BMI is usually expressed in kilograms per square meter, resulting when weight is measured in kilograms and height in meters. To convert from pounds per

square inch multiply by 703 (kg/m²)/(lb/sq in).

The range 25–30 kg/m² defined as overweight. Some East Asian countries use lower values. Obesity increases the likelihood of various diseases and conditions, particularly cardiovascular diseases, type 2 diabetes, obstructive sleep apnea, certain types of cancer, osteoarthritis and depression.

Classification:

BMI (kg/m²) Classification[18]

BMI	Classification
18.5	underweight
18.5 - 25.0	normal weight
25.0 - 30.0	overweight
30.0 - 35.0	class I obesity
35.0 - 40.0	class II obesity
40.0	class III obesity

A BMI of > 45 or 50kg / m² is super obesity.

As Asian populations develop negative health consequences at a lower BMI than Caucasians, some nations have redefined obesity; Japan have defined obesity as any BMI greater than 25 kg/m² while China uses a BMI of greater than 28 kg/m².

Effects on health

Excessive body weight is associated with various diseases and conditions, particularly cardiovascular diseases, diabetes mellitus type 2, obstructive sleep apnea, certain types of cancer, osteoarthritis[2] and asthma. As a result, obesity has been found to reduce life expectancy.

Obesity increases the risk of many physical and mental conditions. These comorbidities are most commonly shown in metabolic syndrome, a combination of medical disorders which includes: diabetes mellitus type 2, high blood pressure, high blood cholesterol, and high triglyceride levels.

Health consequences fall into two broad categories: those attributable to the effects of increased fat mass (such as osteoarthritis, obstructive sleep apnea, social stigmatization) and those due to the increased number of fat cells (diabetes, cancer, cardiovascular disease, non-alcoholic fatty liver disease). Increases in body fat alter the body's response to insulin, potentially leading to insulin resistance.

Medical field Condition Medical field Condition

Cardiology

- coronary heart disease: angina and myocardial infarction
- congestive heart failure
- high blood pressure
- abnormal cholesterol levels
- deep vein thrombosis and pulmonary embolism

Dermatology

- stretch marks
- acanthosis nigricans
- lymphedema
- cellulitis
- hirsutism
- intertrigo

Endocrinology and Reproductive medicine

- diabetes mellitus
- polycystic ovarian syndrome
- menstrual disorders
- infertility
- complications during pregnancy
- birth defects
- intrauterine fetal death

Gastroenterology

- gastroesophageal reflux disease
- fatty liver disease
- cholelithiasis (gallstones)

Neurology

- stroke
- meralgia paresthetica
- migraines
- carpal tunnel syndrome
- dementia
- idiopathic intracranial hypertension
- multiple sclerosis

Oncology

- esophageal
- colorectal
- pancreatic
- gallbladder,
- endometrial
- kidney
- Leukemia
- Hepatocellular carcinoma
- malignant melanoma

Psychiatry

- depression in women
- social stigmatization

Respirology

- obstructive sleep apnea

- obesity hypoventilation syndrome
- asthma
- increased complications during general anaesthesia

Rheumatology and Orthopedics

- gout
- poor mobility
- osteoarthritis
- low back pain

Urology and Nephrology

- erectile dysfunction
- urinary incontinence
- chronic renal failure
- hypogonadism
- buried penis

Sign and symptoms of Obesity by Ayurveda:-

1. Excessive Hunger
2. Excessive Thirst
3. Excessive Sweating
4. Excessive Sleep
5. Breathlessness on mild exertion
6. Difficulty in perform heavy work
7. Sluggishness
8. Decreased body strength
9. Foul odor of body

10. Short life span

Causes :-

At an individual level, a combination of excessive food energy intake and a lack of physical activity is thought to explain most cases of obesity. A limited number of cases are due primarily to genetics, medical reasons, or psychiatric illness. In contrast, increasing rates of obesity at a societal level are felt to be due to an easily accessible and palatable diet, increased reliance on cars, and mechanized manufacturing.

A 2006 review identified ten other possible contributors to the recent increase of obesity: (1) insufficient sleep, (2) endocrine disruptors (environmental pollutants that interfere with lipid metabolism), (3) decreased variability in ambient temperature, (4) decreased rates of smoking, because smoking suppresses appetite, (5) increased use of medications that can cause weight gain (e.g., atypical antipsychotics), (6) proportional increases in ethnic and age groups that tend to be heavier, (7) pregnancy at a later age (which may cause susceptibility to obesity in children), (8) epigenetic risk factors passed on generationally, (9) natural selection for higher BMI, and (10) assortative mating leading to

increased concentration of obesity risk factors (this would increase the number of obese people by increasing population variance in weight).

Diet :-

The widespread availability of nutritional guidelines has done little to address the problems of overeating and poor dietary choice.

The primary sources of these extra carbohydrates are sweetened beverages, which now account for almost 25 percent of daily food energy in young adults in America, and potato chips. Consumption of sweetened drinks such as soft drinks, fruit drinks, iced tea, and energy and vitamin water drinks is believed to be contributing to the rising rates of obesity and to an increased risk of metabolic syndrome and type 2 diabetes. Vitamin D deficiency is related to diseases associated with obesity.

As societies become increasingly reliant on energy-dense, big-portion, and fast-food meals, the association between fast-food consumption and obesity becomes more concerning.

Sedentary lifestyle:- A sedentary lifestyle plays a significant role in obesity. Worldwide there has been a

large shift towards less physically demanding work, and currently at least 30% of the world's population gets insufficient exercise. This is primarily due to increasing use of mechanized transportation and a greater prevalence of labor-saving technology in the home. In children, there appear to be declines in levels of physical activity due to less walking and physical education.

Genetics :- Like many other medical conditions, obesity is the result of an interplay between genetic and environmental factors.

Like many other medical conditions, obesity is the result of an interplay between genetic and environmental factors. Polymorphisms in various genes controlling appetite and metabolism predispose to obesity when sufficient food energy is present. As of 2006, more than 41 of these sites on the human genome have been linked to the development of obesity when a favorable environment is present. People with two copies of the FTO gene (fat mass and obesity associated gene) have been found on average to weigh 3–4 kg more and have a 1.67-fold greater risk of obesity compared with those without the risk allele. The differences in BMI between

people that are due to genetics varies depending on the population examined from 6% to 85%.

Obesity is a major feature in several syndromes, such as Prader–Willi syndrome, Bardet–Biedl syndrome, Cohen syndrome, and MOMO syndrome. (The term "non-syndromic obesity" is sometimes used to exclude these conditions.)

The thrifty gene hypothesis postulates that, due to dietary scarcity during human evolution, people are prone to obesity.

Other illnesses :- Certain physical and mental illnesses and the pharmaceutical substances used to treat them can increase risk of obesity. Medical illnesses that increase obesity risk include several rare genetic syndromes (listed above) as well as some congenital or acquired conditions: hypothyroidism, Cushing's syndrome, growth hormone deficiency,

The risk of overweight and obesity is higher in patients with psychiatric disorders than in persons without psychiatric disorders.

Certain medications may cause weight gain or changes in body composition;

these include insulin, sulfonylureas, thiazolidinediones, atypical antipsychotics, antidepressants, steroids, certain anticonvulsants (phenytoin and valproate), pizotifen, and some forms of hormonal contraception.

Social determinants :- While genetic influences are important to understanding obesity, they cannot explain the current dramatic increase seen within specific countries or globally. Though it is accepted that energy consumption in excess of energy expenditure leads to obesity on an individual basis, the cause of the shifts in these two factors on the societal scale is much debated. There are a number of theories as to the cause but most believe it is a combination of various factors.

In the developing world, women, men, and children from high social classes had greater rates of obesity.

In the developing world urbanization is playing a role in increasing rate of obesity.

Gut bacteria:- The study of the effect of infectious agents on metabolism is still in its early stages. Gut flora has been shown to differ between lean and obese humans. There is an indication that gut

flora in obese and lean individuals can affect the metabolic potential.

An association between viruses and obesity has been found in humans and several different animal species. The amount that these associations may have contributed to the rising rate of obesity is yet to be determined.

Patho-physiology :- There are many possible pathophysiological mechanisms involved in the development and maintenance of obesity. This field of research had been almost unapproached until the leptin gene was discovered in 1994 by J. M. Friedman's laboratory. These investigators postulated that leptin was a satiety factor. In the ob/ob mouse, mutations in the leptin gene resulted in the obese phenotype opening the possibility of leptin therapy for human obesity. However, soon thereafter J. F. Caro's laboratory could not detect any mutations in the leptin gene in humans with obesity. On the contrary Leptin expression was increased proposing the possibility of Leptin-resistance in human obesity. Since this discovery, many other hormonal mechanisms have been elucidated that participate in the regulation of appetite and food intake, storage patterns of adipose tissue, and

development of insulin resistance. Since leptin's discovery, ghrelin, insulin, orexin, PYY 3-36, cholecystokinin, adiponectin, as well as many other mediators have been studied. The adipokines are mediators produced by adipose tissue; their action is thought to modify many obesity-related diseases.

Leptin and ghrelin are considered to be complementary in their influence on appetite, with ghrelin produced by the stomach modulating short-term appetitive control (i.e. to eat when the stomach is empty and to stop when the stomach is stretched). Leptin is produced by adipose tissue to signal fat storage reserves in the body, and mediates long-term appetitive controls (i.e. to eat more when fat storages are low and less when fat storages are high). Although administration of leptin may be effective in a small subset of obese individuals who are leptin-deficient, most obese individuals are thought to be leptin resistant and have been found to have high levels of leptin. This resistance is thought to explain in part why administration of leptin has not been shown to be effective in suppressing appetite in most obese people.

While leptin and ghrelin are produced peripherally, they control appetite through their actions on the central nervous system. In particular, they and other appetite-related hormones act on the hypothalamus, a region of the brain central to the regulation of food intake and energy expenditure. There are several circuits within the hypothalamus that contribute to its role in integrating appetite, the melanocortin pathway being the most well understood.

Thus a deficiency in leptin signaling, either via leptin deficiency or leptin resistance, leads to overfeeding and may account for some genetic and acquired forms of obesity.

Management :-

The main treatment for obesity consists of dieting and physical exercise. Diet programs may produce weight loss over the short term, but maintaining this weight loss is frequently difficult and often requires making exercise and a lower food energy diet a permanent part of a person's lifestyle.

In the short-term low carbohydrate diets appear better than low fat diets for weight loss. In the long term; however, all types of low-carbohydrate and low-fat

diets appear equally beneficial. A 2014 review found that the heart disease and diabetes risks associated with different diets appear to be similar. Promotion of the Mediterranean diets among the obese may lower the risk of heart disease. Decreased intake of sweet drinks is also related to weight-loss. Success rates of long-term weight loss maintenance with lifestyle changes are low, ranging from 2–20%. Dietary and lifestyle changes are effective in limiting excessive weight gain in pregnancy and improve outcomes for both the mother and the child. Intensive behavioral counseling is recommended in those who are both obese and have other risk factors for heart disease.

Orlistat use is associated with high rates of gastrointestinal side effects and concerns have been raised about negative effects on the kidneys. There is no information on how these drugs affect longer-term complications of obesity such as cardiovascular disease or death.

The most effective treatment for obesity is bariatric surgery.

Management by Ayurveda :-

In Charaka special programs are included in obesity therapy in the purpose to cut

down excess fat to correct the irregular metabolism and to clear the body channels.

Deep dry udwarthan with herbal pwdors and pastes synchronized Abhyang with specific oils, steam bath, Dhanyaamla Dhara etc. mobilize the accumulated fat whereas specially designed panchakarma procedures for detoxification clears and prevent its further accumulation.

Diet and life style management plays a important role in the management of obesity.

Management by Ayurveda: Line of treatment -

1. Nidanparivarjan
2. Apatarpan Chikistha
3. Sanshodhan Chikistha –
Vaman, Virechan,
Lekhanbasti etc.
4. Samshaman Chikistha
1. Diet and exercise
2. Wat-Kapha Nashak Aahar and
Vihar
3. Mutra and purish virechaniya
Aushadhi

Diet Management :-

Diet should be taken – Puran Shali, Rice, Mooge, Kuluth, Yava (Barli),

Fleseed, Bajra, Kodo, Brinjal, Sarpentgaurd, takra (Butter Milk), Amla, Mustard oil, Hote Water & drinking water before food.

Avoid food: Newly Shalidhanya, Wheat, Rice, Blackgram, potato, milk products, curd, non-veg, eggs, ghee, jaggary & sugar products.

Life style management: Chinta (passive stress), Shrum (work load), night sleep, maithun, lep, langhan, hot water bath, walking, running & exercise daily.

Avoid life style :- Cold water bath, wearing flowers mala, day time sleep, and sedentary life style.

Aasna's :- Do Aasna's like Suryanamaskar – 12 to 24 daily

Sarvangasan, Halasan, Mayurasan, Shirshyasan, Dhanurasan, Shalbasan, Padmasan, Chakrasan etc.

Pranayama like – Bhrastrika, Kapalbhati etc. are use full for obesity

It should be don daily, regularly for long time.

Shamshan Chikista:

1. Arogyavardhini Vati – 2TDS before food.
2. Triphala Churna – 1 TSF – HS
3. Phalatrikadi Quath – 2 TSF – TDS or
4. Vidangarishttha – 2 TSF – TDS
5. Navakguggulu – 2 TDS – with warm water. or
6. Medohar Guggulu – 2 TDS – with warm water.
7. Shilajeet Rasayan – 1 to 2 gram with honey
8. Lep – Shirishadi pralep or Harikyadi Lepam

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A Clinical Study on Evaluation of Efficacy of *Dashmuladi Kwatha* in the Management of *Gridhasi* with special reference to Sciatica

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ABSTRACT

Changing of life style of human being has created several disharmonies in his biological system. With the advancement of busy, professional and social life, improper sitting posture in offices, factories, continuous exertion, jerking movements during traveling and sports, all these factors create undue pressure on the spinal cord and leads to low backache and sciatica. Sciatica is pain radiating through sciatic nerve trunk. It is mainly caused by compression of nerve root resulting from IVDP, osteophytes and canal stenosis. Chief symptom of sciatica is pain radiating from buttocks down to the leg. In *Ayurveda* Sciatica can be compared with *Gridhasi*. The present study comprised of 30 patients of *Gridhasi* selected from outdoor and indoor patient of R A Podar Ayurved College Worli Mumbai. Treatment included *Dashmuladi Kwatha* given with *Eranda tail*. Significant results were recorded in *Gridhrasi*, so it was concluded that trial formulation is quite effective in management of acute stage of Sciatica.

KEYWORDS

Gridhasi, Dashmuladi Kwatha, Eranda tail



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INTRODUCTION

Gridhrasi is one of the most important of *vatavyadhi* characterised by *ruka* (pain), *stambha* (stiffness), *toda* (piercing pain) and *gourava* (heaviness) which starts from *sphik pradesh* (hip) and radiates downwards through *pristha bhaga of kati* (waist), *pristha* (back), *uru* (thigh), *janu* (knee), *jangha* (shank) and *pada* (foot)¹. In modern sciences, it is correlated with sciatica syndrome. *Gridhrasi* comes under 80 types of *Nanatmaja Vatavyadhi*². The name itself indicates the way of gate shown by the patients due to extreme pain just like a *Gridhra* (vulture), it is clear that this disease not only inflicts pain but also causes difficulty in walking, which is very much frustrating and embracing to the patient. allopathic system of medicine has got an important role to play in overcoming agony of pain, restricted movement and disability caused by the articular diseases. Simultaneously, prolonged use of allopathic medicines are not only giving rise to many side effects, toxic symptoms and adverse reactions but also more serious complications like organic lesions etc. are caused by them. Hence the management of this disease is merely insufficient in other systems of medicine and patients are continuously looking with a hope towards

Ayurveda to overcome this challenge. *Dashamuladi Kawtha* as *shamana* therapy is mentioned in *Chakradutta* as a good remedy for *Gridhrasi*³.

AIMS & OBJECTIVES

1. To evaluate clinical efficacy of *Dashmuladi Kwatha* in *Gridhrasi* using scientific parameters.
2. To study the aetiopathogenesis of *Gridhrasi* in the light of both ayurvedic and modern perspective.
3. To study the involvement of *doshas* in *Gridhrasi* and to estimate the relative percentage of *vataj* and *vatakaphaj* types of *Gridhrasi*
4. To study the influence of modern life style on *Gridhrasi*.
5. To evaluate the mode of action of *Dashamuladi Kwatha* in the management of *Gridhrasi*.

MATERIALS AND METHODS

RESEARCH DESIGN

Present study was carried out in two parts

- a) Conceptual contrive
- b) Clinical contrive

In Conceptual contrive, a detailed study of classical texts of *Ayurveda*, literature of Modern Medicine and various research



works conducted, was carried out in order to establish aetiopathogenesis of *Gridhrasi*.

Clinical contrive was conducted under following sections

SELECTION OF PATIENT

The present study was designed to be open trial with single group study.

This trial was conducted with ethical clearance obtained from the Institutional Ethics Committee of R.A.Podar Ayurved college Worli, Mumbai Ref no is IEC/2153 dated 24/03/2009. Total 30 patients were selected randomly from OPD and IPD of R A Podar Ayurved College Worli.

INCLUSION CRITERIA

1. Sex - Both sex Male and Female
2. Age - between 18 yrs to 60 yrs
3. Presence of *ruk, toda, stambha, graha* and *spandana* in the *sphika, kati, uru, janu, jangha* and *pada*.
4. Tenderness along the course of the Sciatic Nerve

EXCLUSION CRITERIA

1. Patients not willing for trial
2. below 18 yrs and above 60 yrs
3. Pregnant and breast feeding woman
4. Fracture of vertebrae
5. Deformities and congenital defects of spine
6. Patient suffering from DM, tuberculosis, malignancy, Paralysis

INVESTIGATION CRITERIA

For the purpose of examining the general condition of the patient and to exclude other pathologies the following investigations will be carried out.

1. HB %
Total WBC
DLC
ESR
2. Blood sugar level (Random)
3. X- Ray of Lumbosacral region (AP and Lateral view) and other radiological assessment will be carried out where necessary.

DRUG - *Dashamuladi kwatha*

Contents : *Dashamul, Bala, Rasna, Guduchi, Sunthi*

Each drug taken in equal proportion
Eranda tail – 5 ml

DOSAGE: 40 ml. twice a day.

DURATION: 6 Weeks

Morning – 40 ml {Daily}

Evening – 40 ml

BHAISAJYA KAL: *Apankal* (before meal)

MODE OF ADMINISTRATION: Oral

STANDARDIZATION OF DRUG:

Chemical analysis of drug was done from recognized Pharmacy.

DIET: Regular

METHOD OF PREPARATION OF DASHAMULADI KWATHA:



The above said available drugs of *Dashmuladi Kwatha* were taken in equal parts. Then coarse powders were prepared from them. After that 16 parts of water was added to the mixed powder of *dravyas* as all these are *Kathina dravyas* as described in *Saharangdhar samhita* and reduced to 1/8th part of boiling⁴. Thus *Dashmuladi Kwatha* was prepared.

FOLLOW UP: Taken every week for six weeks. All the patients under the treatment were followed and the developments and progress with regards to signs and symptoms was compared, assessed and recorded by using scientific parameters.

CRITERIA FOR ASSESSMENT:

This study was assessed on basis of subjective as well as objective criteria. Most of the symptoms and signs of *Gridhrasi* described in ayurveda are subjective in nature. Hence multidimensional scoring system was adapted for statistical analysis and to give results on subjective parameters. Score was given according to the severity of symptoms as follow:

SUBJECTIVE CRITERIA

1. *Stambha* (Stiffness)
2. *Ruk* (Excruciating Pain)
3. *Tod* (Pricking pain)
4. *Graha* (difficulty in flexion and extension)

5. *Sparshasahatva* (Tenderness)

6. Difficulty in walking

OBJECTIVE CRITERIA

1. SLR (Straight leg raising test)⁵.
2. ODI (Oswestry Disability Index)⁶.

TOTAL EFFECT OF THERAPY:

Uttam Upashaya - > 75 %

Madhyam Upashaya - 51 % – 75 %

Alpa Upashaya - 25% - 50 %

Anupshaya - < 25%

DISCUSSION

- 15 patients [50%] were from the age group of 41-50 yrs. prevalence of sciatica is high in young and middle aged people, which is supported by the findings of the present study. (Table 1.1)

Table 1.1 Distribution of the patients by age

AGE	NO.OF PATIENTS	PERCENTAGE
18-20	00	00%
21-30	03	10%
31-40	09	30%
41-50	15	50%
51-60	03	10%

- Highest incidence was observed in female. (Table 1.2)

Table 1.2 Distribution of the patients by sex

SEX	NO.OF PATIENTS	PERCENTAGE
Male	14	46.66%
Female	16	53.34%

- The religion doesn't seem to have any significant relationship with the disease *Gridhrasi*. (table 1.3)

**Table 1.3** Distribution of the patients by religion

RELIGION	NO.OF. PATIENTS	PERCENTAGE
Hindu	23	76.67%
Muslim	06	20.00%
Christian	01	03.33%
Others	00	00.00%

Table 1.4 Distribution of the patients by marital status

MARITAL STATUS	NO.OF PATIENTS	PERCENTAGE
Married	27	90.00%
Unmarried	03	10.00%

- Maximum patients were from primary education standard.(Table 1.5)

Table 1.5 Distribution of the patients by education status

EDUCATION STATUS	NO.OF PATIENTS	%
Illiterate	04	13.33%
Primary education	13	43.34%
Secondary education	08	26.67%
Graduate	04	13.33%
Post graduate	01	03.33%

Table 1.6 Distribution of the patients by food habits

FOOD HABITS	NO.OF PATIENTS	PERCENTAGE
Vegetarians	13	43.33%
Mixed	17	56.67%

Table 1.7 Distribution of the patients by socio-economic status

SOCIO-ECONOMIC STATUS	NO.OF PATIENTS	PERCENTAGE
Poor	02	06.67%
Lower middle	16	53.33%
Middle	11	36.67%
Rich	01	03.33%

- Maximum i.e. 53.33% patients belonged to lower middle class.(Table 1.7)

Table 1.8 Distribution of the patients by occupation status

OCCUPATION	NO.OF.PATIENTS	PERCENTAGE
Household	18	60.00%
Labour	07	23.34%
Service	03	10.00%
Business	01	03.33%
Other	01	03.33%

- Study suggests that physical workers or labour have relatively high prevalence of sciatica because they have to sustain higher load on their spine.(Table 1.8)

- The addiction is said to be cause of *Mandagni* and *Dhatukshya* which leads to *vataprakopa* and deranged immunity. (Table 1.9)

Table 1.9 Distribution of the patients by addiction wise

ADDICTION	NO.OF PATIENTS	%
Smoking	02	06.66%
Alcohol	05	16.67%
Tobacco	05	16.67%
No habits	18	60.00%

- Maximum no. of patients of this study showed chronicity of *Gridhrasi* below 1 year (56.67%). Observation may reflect the acute nature of the disease. The data also given clue that the disease may aggravate within a very short time period. (Table 2.0)

Table 2.0 Distribution of the patients by chronicity

CHRONICITY (YEARS)	NO.OF PATIENTS	%
Below 1 year	17	56.67%
1 to 3 years	11	36.67%
Above 4 years	02	06.66%

- *Vishamagni* was the root cause for *vataprakopa*. *Mandagni* produces *amarasa* that leads to *srotorodha* and ultimately *vataprakopa* occurs with this process they produce *Gridhrasi*.

- Study suggested that psychological factors play an important role in low back pain. The patients having *AvaraSatva* are



said to be more prone to mental stress. It reveals that the patients were affected by stress, anxiety etc. which have adverse effect on digestive system which plays an important role in *samprapti* of *Gridhrasi*.

- In this study, maximum number of patients i.e., 63.33% patients were having *Vata-Kaphaja* type of *Gridhrasi* whereas 36.67% patients were having *Vataja* type of *Gridhrasi*. This shows the association of *Kapha* with *Vata* in many patients. (Table 2.1)

Table 2.1 Distribution of the patients by Type of Diseases

TYPE OF DISEASE	NO.OF PATIENTS	%
<i>Vataja</i>	11	36.67%
<i>Vata-Kaphaja</i>	19	63.33%

- Study suggested that occurrence of *Gridhrasi* generally in unilateral leg.

- Maximum number of Patients were having *Krura kostha* thus most of the patient found to be constipated.

- The chance of occurrence of *Gridhrasi* expected to be increasing in future era.

- It was observed that all the patients from the study group have severe disability (Average 44.6 %). After the treatment period of 6 weeks it was seen that the average percentage disability was 34.4 %.

Thus *Dashamuladi Kwathashows* improvement in ODI Index. (table 2.7)

- Out of 30 patients, 9 patients had *MadhyamUpashaya*, 9 had *AlpaUpashaya*, 5 had *UttamUpashaya* & 7 Patients had *Anupshaya*. (table 2.5)

Table 2.2 Distribution of the patients according to symptom

SYMPTOMS	NO. OF.PATIENTS	%
<i>Stambha</i>	24	80.00%
<i>Toda</i>	30	100%
<i>Ruk</i>	30	100%
<i>Graha</i>	19	63.33%
<i>MuhuSpandana</i>	14	46.67%
<i>DehasyaPravakranta</i>	09	30.00%
<i>Suptata</i>	13	43.33%
<i>Tandra</i>	12	40.00%
<i>Gaurava</i>	15	50.00%
<i>Arochaka</i>	18	60.00%
<i>Bhaktadvesha</i>	14	46.67%
<i>Agniamandya</i>	18	60.00%
<i>Kati-Uru-Jaanu</i>	16	53.33%
<i>MadhyeBahuvedana</i>		

Table 2.3 Percentage of *Upashay – Anupashaya* on General Symptoms Score of Patients of *Gridhrasi*

Sr. No.	Symptoms	BT	AT	Diff	Percentage of Upashay
1.	<i>Stambha</i>	60	39	21	35.00%
2.	<i>Ruk</i>	56	29	27	48.21%
3.	<i>Tod</i>	53	27	26	49.05%
4.	<i>Graha</i>	52	32	20	38.46%
5.	<i>Sparshasahatva</i>	43	24	19	44.18%
6.	<i>Difficulty in walking</i>	45	31	14	31.11%

- There was no significant change noted in value of Haemoglobin, whereas significant changes noted in value of ESR.

Table 2.4 Percentage of *Upashaya – Anupashaya* on SLR test: % Wise Upashay

Sr. No.	Symptoms	BT	AT	Diff	Percentage of Upashay
1.	SLR	50	32	18	36%

- From the statistical analysis it can be concluded that though the results were significant in all the parameters (table 2.7),



the % wise *Upashaya* obtained was ranging from 30% to 50% approximately.

Table 2.5 Percentage of Relief

UPASHAY-ANUPSHAY	NO. OF PATINETS
<i>UttamUpashay</i> (>75%)	5
<i>MadhyamUpashay</i> (51%-75%)	9
<i>AlpaUpashay</i> (25%-50%)	9
<i>Anupshay</i> (<25%)	7

Table 2.6 Percentage of *Upashaya - Anupashya* on % Disability according to ODI Index

Sr No	ODI	BT	AT	Differences	% Upashaya
1	% Disability	1338	1032	306	22.86%

Table 2.7 Statistical Table

Sr No	Symptoms	Mean	SD	SE	W	N	Z	P	
1	<i>Stambha</i>	BT	2.0	0.787	0.144	231	21	4.015	<0.01 Significant
		AT	1.3	0.988	0.180				
		DIF	0.7	0.180	0.08				
2	<i>Ruk</i>	BT	1.87	0.73	0.13	351	26	4.41	<0.01 Significant
		AT	0.97	0.809	0.148				
		DIF	0.9	0.403	0.070				
3	<i>Tod</i>	BT	1.77	0.817	0.149	253	22	4.10	<0.01 Significant
		AT	0.9	1.06	0.194				
		DIF	0.867	0.629	0.115				
4	<i>Graha</i>	BT	1.733	0.907	0.166	210	20	3.92	<0.01 Significant
		AT	1.067	0.908	0.179				
		DIF	0.667	0.479	0.087				
5	<i>Sparshasahatva</i>	BT	1.433	0.679	0.124	190	19	3.82	<0.01 Significant
		AT	0.8	0.847	0.155				
		DIF	0.633	0.490	0.089				
6	Difficulty in Walking	BT	1.5	0.038	0.171	105	14	3.29	<0.01 Significant
		AT	1.033	0.064	0.176				
		DIF	0.467	0.507	0.093				
7	SLR TEST	BT	1.67	0.758	0.138	151	18	3.29	<0.01 Significant
		AT	1.07	1.01	0.185				
		DIF	0.60	0.498	0.097				
8	ODI	BT	44.60	3.80	0.69	465	30	18.99	<0.01 Significant
		AT	34.40	2.06	0.37				
		DIF	10.20	2.94	0.53				

- *DashamuladiKwatha* chosen for the study were having *UshnaVirya*, *Deepana* and *Kapha-VataShamaka* properties. So by their virtue, they help in dissolving the *Samprapti of Gridhrasi*.
- All the drugs were having anti-inflammatory and analgesic properties as

well. Therefore helps in relieving the pain and inflammation of nerve, if any

- Present study reveals that the selected management have potential effect on *Gridhrasi* with the added advantage of being free from side effects.



CONCLUSION

Dashmuladi Kwatha is definitely helpful in the treatment of *Gridhrasi*. It is easily available and can be consumed easily. It is also cost effective. Study concluded that as the chronicity of disease increases, the effect of the study drug decreases. Study drug is effective only in acute state of disease. Addition of supplementary treatment either in the form of *Panchkarma* or addition of *Rasa kalpa* may help in relieving the symptoms. These results of *Dashmuladi Kwatha* are encouraging and further research is necessary.



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MANAGEMENT OF LATERAL RECTUS PALSY WITH AYURVEDIC TREATMENT – CASE STUDY.

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ABSTRACT A male patient of around 52 years presented with diplopia & inward rotation of left eye, patient use to cover the left eye with cloth to avoid diplopia. He was diagnosed as left Abducent (VIth) nerve palsy. MRI & CT brain was done. MRI report- Chronic ischemia of bilateral periventricular white matter. Both orbits normal (Nonspecific infarct). He was treated with Panchaindriya vardhan taila nasya followed by local Snehan & Swedan supported by oral medicines. Yield convincing results with good compliance of the patients. The study needs to be further continued with larger samples to generalize the results.

KEYWORDS :

INTRODUCTION

Lateral rectus palsy is a rare disorder encountered in elderly persons. The etiology of VIth nerve palsy is a disease with few causes like trauma, aneurysm, ischemia, demyelination, etc & the inward rotation of eye disturbs the visual alignment of the eyes¹. It causes Diplopia which makes the patient's life miserable & patient use to cover the affected eye to avoid diplopia².

Epidemiology – VIth nerve palsy falls into the categories – Trauma – 03-30%, Aneurysm – 0.6%, Ischemic - 0 – 36%, Idiopathic – 08-30%, Demyelination – 10 – 30%. VIth cranial nerve is the most commonly affected of all cranial nerves. It is second most commonly affected after IVth nerve with an incidence of 2.5 cases per lakhs of the population. Who is at high risk for VIth nerve palsy? There is no specific Gender or Age group that is significantly more at risk.

Symptoms are double vision – diplopia, mild headache. Only treatment is Corticosteroids & masking of eye with dark goggles. Causes – most common in elderly is Stroke. It is commonly caused in children due to Trauma. Other causes are viral illness, Brain oedema, traumatic multiple sclerosis, Diabetic Neuropathy, Increased intracranial tension³.

Pathophysiology – VIth nerve palsy is frequently seen as a post viral syndrome in younger patients & as in Ischemic mononeuropathy in the adult population. Mononeuritis is caused either due to diabetes mellitus or as a result of ischemia, hypertension, and compression of nerve by lesion, head injury, meningitis, multiple sclerosis, stroke⁴.

Causes – most of all Lateral rectus palsy are acquired in later stage of life.

Poor blood supply to VIth nerve is caused by high BP, diabetes, smoking, i.e micro vascular diseases. Direct pressure on VIth nerve caused by tumors, middle ear infections, due to raised intra cranial tension, etc. Head injuries can cause lateral rectus palsy due to increase in intracranial pressure. Inflammation in the region of the nerve⁵.

Typical features of Lateral rectus palsy- Sudden onset of horizontal diplopia- double vision, worse when patient looks to the affected side. Limited or no outward movement of affected eye, patient compensate this by turning head to the affected side. A convergent squint or strabismus that is large when the patient tries to look an object in the distance.

Case Study: A male patient of around 52 years presented with diplopia & inward rotation of left eye, patient use to cover the left eye with cloth to avoid diplopia. He was diagnosed as left Abducent (VIth) nerve palsy. MRI & CT brain. MRI report- Chronic ischemia of bilateral periventricular white matter. Both orbits normal (Nonspecific infarct). No E/O DM, Hypertension; RBS level – 97 mg/dl; HIV – I & II – Negative.

Treatment: He was receiving treatment from Neurologist as well as Ophthalmologist with unsatisfactory results. He was diagnosed as in Urdhvajatrugat vyadhi & was treated by Panchaindriya vardhan taila Nasya along with internal medicine & eye exercises

- Mukha manya bhagi Snehan, swedan
- Followed by Panchaindriya Vardhan taila nasya.
- Cap Palsineuron - 1bid
- Brahmi vati - 2 tabs bid.
- Tab Neurobion forte- 1 od
- Ashwagandha, shatavari, shunthi, yashtimadhu siddha milk was given as balya.
- Nasya was given for 21 days consequently.

Drugs

1. Palsineuron – it's a proprietary formulation by Phytopharma.

Ingredients:

- a) Mahavata Vidhwams Ras – a traditional Ayurvedic Medicine with herbal and mineral ingredients – 60 mg.
- b) Sameer Pannag Ras – a traditional Ayurvedic Medicine with herbal and metallic ingredients – 60 mg.
- c) Ekangveer Ras – a traditional Ayurvedic Medicine with herbal and metal ingredients – 60 mg
- d) Sootshekhar Ras – a traditional Ayurvedic Medicine with herbal and metal ingredients – 60 mg
- e) Khurasani Ova – Hyoscyamus niger – 60 mg
- f) Lajjalu – Touch me not plant – Mimosa pudica – lajari – 60 mg.

2. Panchaindriya vardhan taila – it's a proprietary formulation by Rajsan⁶.

Ingredients:

Yashtimadhu, Pimpali, Vala, Manjishta, Punarnava, Vavding, Gokharu, Ringani, Tila oil.

3. Brahmi vati - it's a formulation by Baidyanath⁷ the bulk formulation is prepared with following Ingredients and the doses of 3 Ratti (375 mg)/ tablet. 2 tablets bid was given to the patient.

Ingredients:

- a) Brahmi – Bacopa monnieri – 20 g
- b) Shankhapushpi – Convolvulus pluricaulis – dried leaf – 20 g
- c) Vacha – Acorus calamus – 10 g
- d) Maricha – black pepper – 5 g
- e) Gavkava – 20 g
- f) Swarna Makshika Bhasma – Calx of Copper and Iron pyrite – 10 g
- g) Rasasindhur – a compound of purified Mercury and Sulphur – 10 g.

Conclusion

Lateral rectus palsy is a disease of diverse etiology. The inward rotation of eye ball creates visual problems like diplopia. The condition is worst for treatment with uncertain results. According to

ayurved it was taken as Urvdhava Jatrugata vyadhi with Vaat dosha predominance & was treated with Nasya supported by oral medicines. The patient was relieved completely within 03 months period, with good functioning of lateral rectus muscle & complete relief from diplopia. The results observed were convincing needs to be evaluated with larger samples.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Efficacy of Kshara Application in the Management of Internal Hemorrhoids- A Case Study

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Abstract

A 59-year-old male patient came to the Outpatient department, CSMSS Ayurved Mahavidyalaya, Aurangabad, with complaints of prolapsing pile mass during defecation and bleeding while passing stool. The case was diagnosed as "Raktarsha" - 11 & 7 'o' clock position II degree internal hemorrhoids, deeply situated, projecting one and caused by pitta and rakta; with bleeding tendency. Kshara karma (application of caustic alkaline paste) intervention was done in this case to internal hemorrhoids under local anesthesia. The pile mass and per rectal bleeding resolved in 7 days and the patient was relieved from all symptoms within 21 days. No complications were reported after the procedure. The result of the Pratisaraneeya Kshara karma showed marked relief.

Keywords: Arshas, Kshara karma, internal hemorrhoids, piles.

Introduction

Kshara is a derivative of plant drug ashes in the form of solutions, powder or crystals, all of which have the basic quality of being alkaline in nature. Acharya Sushruta has explained in detail regarding Kshara by dedicating a separate chapter which no other author has made. The prepared drug substance is called Kshara because it causes Ksharana (Destruction of tissue) to Mamsa and other Dhatu. Acharya Sushruta defines the Kshara as the substance possessing Ksharana and Kshanan (Destruction) properties and told that Kshara have Chedana (Excision), Bhedana and Lekhana (Scraping) properties and also has Tridosahara (Equilibrium of Vaata, Pitta and Kapha) properties and he has narrated Kshara considering its scope in Shalya Tantra. The classification of Kshara can be done in various ways on the basis of administration i.e. Paneeya and Pratisaraneeya, concentration i.e. Mrudu, Madhyama and Teekshna.[10]

Kshara karma measures for hemorrhoids are mentioned in classical Ayurvedic texts, but it is not widely practiced in all over India. Therefore, this paper is being written to document the typical features of and outcomes of Kshara karma in management of hemorrhoids.

Hemorrhoids occur in everyone; gradually, they become large and cause problems in only 4% of the general population and their prevalence peaks in people over 50 years of age.[1] Hemorrhoids that cause problems are found in 2 : 1 ratio of men and women.[2]

Different treatment modalities are available like expectant medical therapy, injection treatment, rubber band ligation, manual dilatation, cryosurgery, infrared coagulation, and operative treatments like formal hemorrhoidectomy.[3] However, the risk of recurrence or of developing an infection of the wound after the operation is high.[4] Risk or complications of Milligan-Morgan hemorrhoidectomy are pain - varies virtually nil to very severe, retention of urine - 7% of patients required catheterization, secondary hemorrhage - 1.2% patients, development of abscess or fistula.[5] Also, the patient requires longer hospitalization in some of the procedures.

Kshara karma (application of Pratisaraneeya kshara): It is a non-surgical procedure of Ayurveda indicated for the management of hemorrhoids. A medicine (alkaline in nature) derived from a combination of various herbs is applied to the pile mass with the help of a special slit proctoscope.[6] It is

a type of chemical cauterization. The *Kshara karma* method and preparation of the herbal combination of treating piles has been described in detail in the ancient text Sushruta Samhita. And also, the superiority of kshara over sharp instruments (*sastras*) and accessory sharp instruments (*anusastras*) has been mentioned in Sushruta Samhita.[9]

10 Kg of *Achyranthes aspera* (*Apamarga*) is burnt to get 1 kg of ash. One Kg of ash is mixed with six times of water to form a solution, which is filtered using a sterile cloth. The filtrate was boiled slowly to reduce it to 2/3 of quantity, followed by addition of 100 g of Oyster or Pearl (*shukthi*) shell powder. The solution is again boiled slowly. To this solution, 10 g of powdered *Plumbago zeylanica* (*Citraka*), *Gloriosa superba* (*Langali*), *Acorus calamus* (*Vacha*), and Coral (*Pravala*) are added to get semisolid, brownish-colored paste; this is collected and stored in dry glass bottle.

Acharya Sushruta has narrated Kshara as an Anushastra [6] and one of the Upakrama for abhyantar arsha[7] and it has been proved to be effective in treating many disorders like Dushta Vrana, Bhagandara, Vrana, Charmakeela.

Case Report

A 59-year-old male patient came to the Outpatient department, CSMSS Ayurved Mahavidyalaya, Aurangabad, with complaints of prolapsed pile mass during defecation, but mass returns spontaneously to the anal canal and occasional bleeding twice in a week during defecation since 11 months. Proctoscopic examination confirmed the diagnosis as a case of 11 & 7 'o' clock position second-degree internal hemorrhoids.

The patient was under allopathic treatment for the above complaints and did not try any other system of medications. After careful interrogation of the patient, the following causative factors were identified as mentioned in classical texts. i.e., daily two-wheeler riding (*utkata, kathina visamasana*), intake of more spicy (*vidahi*), sweet (*madhura*) and cold (*sita*) food, irregular food habits (*ajirna bhojana*), and straining to pass stool (*pratata atipravanhana*) habitually. This is a primary disease (*Svatantra vyadhi*), with impaired digestion (*agnimandya*) as the underlying pathogenesis.

The patient was not willing to undergo modern surgery and requested Ayurvedic treatment. Hence, *Kshara karma* procedure was offered. This particular case was treated by *Kshara karma* because it was having symptoms of '*Raktarsha*' (bleeding piles) with soft-elevated, well-defined mass. The bleeding was also noted during proctoscopic examination. The *Kshara karma* application in treating "*Raktarsha*" has been indicated in the ancient text Susruta-Samhita[8]

Before planning treatment, Complete blood count and other tests were done to rule out conditions like Anemia, Clotting disorder, other infective disorder, Human immunodeficiency virus, Diabetes Mellitus, and Hepatitis.

The patient was kept in lithotomy position then lubricated Arshoyantra (proctoscope) was introduced in anal canal (under local anesthesia) and the selected pile mass was arrested in the slit and cleaned thoroughly with gauze piece. Pratisaraniya kshara was applied on 11 and 7 'O' clock position internal hemorrhoids one after the other. After 2 minutes minutes when samyak dagdha lakshana appear the Kshara was washed out from the pile mass with nimbu swaras and Yashtimadhu ghrita was applied to overcome the burning sensation. It was observed that the pile mass has reduced in size and its color has turned to blackish brown (*pakva jambu phalavarna in shatamatrakala*).[7]. The patient was discharged on the same day after 3 hours of observation, as there was no postoperative bleeding.

Patient was asked to attend surgical clinic for anal examination once a week for 4 weeks. Diet and lifestyle guidelines and corrections were suggested to the patient and patient was expected to follow these guidelines for at least 3 months. For this one-month period, following medications were prescribed to cure digestive impairment (*agnimandya*), to reduce pain and inflammation and promote healing.

Orally: Haridradi Kashayam (50 ml with honey, twice in a day after meal), Gandharv Haritaki 4 gm with lukewarm water was given daily at bed time. Lukewarm sitz bath(triphala quath avgah) was advised after each defecation twice in a day. After sloughing out of pile mass (usually in 3-5 days) Jatayadi taila(5ml twice a day) was applied in anal canal for healing purpose. .

During each follow-up visit, signs and symptoms were assessed. There was moderate to mild pain, tenderness, inflammation, and brownish black discharge on first visit and second visit. During the third and fourth visit, there was no pain, tenderness, discharge, or anal stricture and the internal hemorrhoids had completely resolved Table 1

Table 1- Follow-up observation form

Follow up visit	1 st Visit (after 7 days)	2 nd Visit (after 14 days)	3 rd Visit (after 21 days)	4 th Visit (after 28 days)
General observations				
Appetite	Normal	Normal	Normal	Normal
Bowels	Regular	Regular	Regular	Regular
Sleep	Normal	Normal	Normal	Normal
Micturition	Regular	Regular	Regular	Regular
Blood pressure	154/90 mmHg	130/90 mmHg	134/74 mmHg	130/90 mmHg
Pulse	70/minute	70/minute	68/minute	70/minute
Patient's observation				
a) Pain	Moderate	Mild		
b) Pus				
c) Mucus	Mild	Mild		
d) Blood	Mild			
e) Itching		Mild	Mild (Occasional)	
f) Burning sensation	Moderate	Mild		
Surgeon's observation				
Discharge	Mild	Mild		
Sloughing	Mild			
Tenderness	Moderate	Mild		
Inflammation	Moderate	Mild		
Discoloration	Red	Red	Color of scar	Color of scar
Proctoscopic examination	Mucosal ulcer	Granulation	Pile mass disappeared	Normal

Follow-up observation form

To assess pain in this particular case, following criteria were adopted:

Severe - To relieve from pain, analgesic injections are required/Pain or discomfort dose not reduce after oral analgesics.

Moderate - To relieve from pain, oral analgesics are required.

Mild - Feeling discomfort within tolerable limit, no requirement of analgesic either orally or in other route.

Nil - No discomfort in any manner in the site, no analgesics.

Discharge –

Severe - Changing sanitary pads or cotton pads minimum 2 times a day

Moderate - Changing of pads once a day only

Mild - No requirement of pads

Nil - Area is completely dry

Tenderness standard assessment

Severe - Patient feeling pain by touching perianal area. Not possible to perform P/R examination.

Moderate - Little finger P/R can be done, patient feeling very much tolerable pain

Mild - Index finger P/R done with very much tolerable pain

Nil - Index finger insertion to anal canal without any pain or discomfort

Discussion

Pratisaraneeya kshara was applied to the internal hemorrhoids. It was observed that the Pile mass became black in 50 seconds as described in the Sushruta Samhita. nimbu swaras (citric acid) was used to neutralize the *kshara* after proper burning of pile mass.

Pratisaraneeya kshara causes coagulation of Hemorrhoid plexus (cauterization of pile mass), necrosis of tissue followed by fibrosis of plexus, adhesion of mucosal, submucosal coat helps in prevention of further dilatation of veins and prevents prolapse of regional mucosa of anus. This makes permanent radical obliteration of Hemorrhoids.

Detailed action of *Pratisaraneeya kshara* from the time of application up to 21 days are shown in Table 2. The whole treatment that was given to the patient is presented below as a flow chart.

Table 2-

Days	Surgeon's observation	Patient's observation
1 st day -Immediately after kshara application (within 1 min)	Coagulation of Hemorrhoid plexus Blackish discoloration of mass	Mild pain, mild burning sensation
2 nd day	Edema and softening of coagulated mass, with initiation of sloughing	Pain, swelling
3 to 6 days	Sloughing, necrosis of mass	Blackish discharge with blood stain, with tissues sloughing, pain, burning sensation
7 to 12 days	Mucosal ulcer on the site No mass on site	Mild to moderate burning sensation while passing motion lasts for 30 minutes, stools mixed with few drops of bleeding
13 to 21 days	Healing of ulcer	No symptoms except mild discomfort
After 21 days	Scar on the site with complete obliteration, fibrosis of hemorrhoid plexus, and adhering of scar to muscular coat	No symptoms

Action of Pratisaraneeya kshara

In present day practice, application of *Kshara* is found to be a safe, efficacious, and cost-effective method for management of internal hemorrhoids. Compilation of case reports and clinical studies are needed to standardize the treatment protocol and define outcome measures. In this way, comprehensive treatment guidelines can be formulated.

Conclusion

Pratisaraneeya kshara was found effective in obliterating the hemorrhoid mass within 21 days of application. The patient was followed up regularly and proctoscopic examination did not reveal any evidence of recurrence of the hemorrhoids. The patient was on active treatment for only a period of one months. Diet restrictions were followed for another year. This case study shows that a combination of *kshara karma*, conservative treatment (*samana aushadhis*), diet restrictions, and life style modifications administered over a period of 3 months is effective in obliterating the pile mass as well as preventing recurrence on a long-term basis.

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Importance of Post - Mortem (Medicolegal Autopsy)

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Abstract

Autopsy means auto =self, opis=view, Greek autopsia means seeing with one's own eyes, literally means to see for one self. A medico-legal autopsy (Necropsy) Necros=dead, opis =view post=after, mortem -death. Post mortem is a special type of scientific examination of dead body carried out under the laws of the state mainly for the protection of its citizens and to assist the identification and prosecution of guilty in case of unnatural death. It requires state permission and must meet with certain essential requirement. Post mortem examination are done in mortuaries. It requires a specialized approach and technical knowledge and crime detection. Confirm identity by the police officer or constable or the relatives. Always take signature of the person identifying. Never performs an autopsy examination without an authorization order. The main aim of post mortem should be identity, the cause and minor of death and identity the deceased if un known. To collect evidence from the body that can be used to prove or disprove and individual guilt or innocence and to confirm or deny the account of how the death occurred. To provide Expert testimony if the case goes to trial. In charge of infanticide, to decide whether the infant was born alive.

Key words: Post mortem, Medico legal, Autopsy, Necropsy.

Aim and Objectives

- 1) To create awareness about Medico legal Autopsy
- 2) Detail study about Medico legal Autopsy.
- 3) Rules and regulation about Medico legal Autopsy.
- 4) Study related act for conducting Medico legal Autopsy.
- 5) Precautions before conducting Medico Legal Autopsy.

Introduction:

Post mortem examination or autopsy in a medico legal case is an important duty and responsibility of a Medical officer. Without a detailed post mortem examination, no investigation of death could be considered complete and satisfactory. Post mortem examinations are done in mortuaries where the dead bodies are stocked, post mortem examinations are performed and the dead bodies are made over to the relatives for performing last rites. The dead bodies are required to be treated with dignity and minimum requirement of a morgue, Any indignity offered to human corpse is punishable u/s 297 IPC. Such as decomposed and unidentified dead bodies should be disposed of within 72 hours of their arrival in morgue. Post mortem examination of Medico legal cases requires a specialized approach and technical knowledge of law and crime detection.

History:-

As per historical background it is very difficult to mention when the first medical autopsy was held in this World, but from the record it is seen that antistius the physician examined the body of Julius Caser. (100-4B.C.) and opined that out of twenty three injuries, only one injury is in chest was fatal. First performed Medico legal Autopsy Mr. Bartolonao Devarignana of Bologana -Italy in 1302.

Autopsy is said to performed in the year 1559 when king Henry 2nd suffered a fatal injury and died eleven days later Dr.Ambroise pare, a celebrated French Surgeon, dissected the body and discovered a subdural hematoma.

In INDIA Dr. Buckeley at Chennai in 1693.

Dr. Hamilton performed Autopsy at Kolkata in 1725.

Rules ,Principle And Procedure :

1. All registered medical practitioner can also perform this with an authorization by the state.
2. Consent –for medical autopsy no consent is required by legal permission or authorization (requisition from police is a must)
3. Legal information –Legal formalities in taking up a case for medico-legal autopsy are authorization ,identification of the deceased ,facts about case ,place of performing autopsy .
4. Never perform an autopsy examination without an authorization order.
5. A dead body is better identified prior to autopsy.If the deceased is a known person it is mandatory to get it identified.
6. If the deceased is unknown efforts are made in noticing the factors which could help in establishing the identifying letter.

In those cases with no criminological background is suspicion, the dead body is the property of the heir of the deceased. No post mortem can be undertaken in those cases without the consent of heirs. Failure to the procure this consent may create a serious complication for medical officer and some time may lead to litigation and a compensation suit.

For better autopsy result always try to study all available facts about the case prior to autopsy and includes inquest report issue by police, hospital records (If any such as wound certificate, case file/ sheet.

Avoid the unnecessary delay in performing autopsy .Do not allow unauthorized person into the mortuary, if allowed record a statement from him or her giving reasons for his or her presence and signature for being present during the autopsy.

An autopsy is better done in day light .It should not be done in sufficient artificial light in order to prevent missing of finding such as anemia ,Jaundice, color change in P.M. lividity. How ever, in exigency situations for law and order problems medico-legal autopsy may be conducted even after dusk or in the night with an order from DC. Understanding artificial light having daylight effect.

Video recording should be done of the whole procedure. Body, instrument, table should be keep clean orderly in time.

Prepare the P.M. notes during autopsy .P.M. report should prepare immediately or within twenty four hours. Report should be in triplicates one for investigating officer, second copy for office file and third one for the doctor who does the autopsy and sign duly. However this report only to an authorized police officer /constable routed through proper channel.

Types of autopsy

- 1.Medico-legal autopsy
- 2.Hospital autopsy- Done for academic and research purpose ,no legal issue involve also called clinical or pathological autopsy ,permission of relatives required.
- 3.Psychological autopsy
- 4.Endoscopic autopsy
- 5.Virtual autopsy .

Examination at time of autopsy

- 1.External examination –from head to toe.
- 2.Internal examination

Skull, thorax, abdomen should be opened and examined as a routine; no autopsy is complete until all part of the body have been examined and dissected in details.

Skin incisions are of three types

1. I –Shaped
2. Y-Shaped
3. Y-Modified shape.

Conclusion : After studying all aspect we came to conclusion that

- 1.Post mortem is very important in all suspicious death for carrying out cause of death .
- 2.All precaution should be taken at every step from receiving corpus and all external internal examination.
3. In medico-legal autopsy no need to take permission or consent from relatives.
- 4.Preserve viscera in proper manner and sealed and labeled should be send to forensic laboratory.

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TO STUDY THE EFFECT BILVADI CHURNA (Y.R.) IN THE MANAGEMENT OF GRAHANI DOSHA

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INTRODUCTION

Now a day's Sedentary life style, defective dietary habits and stress play a key role in the development of all disease. These all factors primarily initiate GI tract disturbances leading to poor digestion, absorption and retention capacity of gut. One of the most common digestive disorders prevalent in the society is "Grahanidosha". Acharya Vagbhatta described Agnimandya as the root cause of Arsha, Atisara and Grahanidosha, while Acharya Sushruta considered Atisara as one of the predisposing factor of "Grahani Roga". Grahani has inter related with Agni. According to Ayurveda Vata, Pitta and Kapha are susceptible to imbalance and vitiation. In turn, they vitiate other structural and functional elements of the body. Samana Vayu, Pachaka Pitta and Kledaka Kaph are the main doshas confined to the organ

Grahani. Samana Vayu always move throughout Koshtha and responsible for Annam Gruhanati, Pachayati, Vivechayati Munchati. helps in Agni Sandhukshana. Pachaka Pitta participates in the digestion of food. Kledaka Kapha is said to be located in the Amashaya, moistens the food brought to this place, disintegrates and liquefies it.

The distinction between Grahani Dosha and Grahani Roga.

The functional aspects of Grahani is Agni. Therefore all the etiological factors of Agni Dushti may cause Grahani Dosha and finally results in Grahani Roga. Grahani Dosha is the first stage of Grahani Roga. Acharya Charaka, has said Tikshna, Manda, Vishama - Agnis may cause Grahani Dosha but Grahani Roga is the outcome of only Mandagni. Grahani Dosha can be linked to disorders of small intestine and Grahani Roga to Malabsorption Syndrome. Hence Bilvadi churna is commonly prescribed which balance Vata- Kapha and improves the Pitta. It is mainly used in digestive disorders such as Ama and Mandagni.

AIMS AND OBJECTIVES

To evaluate the effect of Bilvadi churna along with Takra in the management of Grahanidosha.

MATERIALS AND METHODS

Total 30 were examined out of which 24 patients were fulfilling the criteria for Diagnosis of Disease.

A) Inclusion Criteria

1. Patient having age between 20 years to 60 years.
2. Patients having symptom of Grahanidosha, i.e. Muhur Baddha / Drava Mala Pravritti Durgandhita / Picchila Mala Pravritti, Madhur/ Tikkat/ Amla Udgar Pravritti, Arochaka (Anorexia), Praseka (Hypersalivation), Vidaha (Burning sensation), Trishna (Thirst) etc
3. Uncomplicated cases with classical pictures of Grahanidosha have been selected irrespective of sex, caste, religion and profession.
4. Patients have been divided in two groups.

B) Exclusion Criteria

1. Patients > 20 & < 60 Age groups.
2. Disease like Acute diarrhea, cancer of Intestine and major illness like cardiac disease, Bleeding disorders, HIV, Tuberculosis of intestine Gastric and Peptic ulcer, uncontrolled D. M. and H.T etc., were excluded.

Investigations

Laboratory investigations were carried out before including the patients under the study to rule out any other pathological conditions.

1. Routine hematological investigations – Hemoglobin (Hb), total count (TC), differential count (DC), erythrocyte sedimentation rate (ESR), packed cell volume (PCV).
2. Urine examination – Routine and microscopic.
3. Stool examination – Routine and microscopic.

Above investigations has been done before and after treatment to see patients general condition and to rule out any other pathology. These investigations were not the part of diagnostic criteria for Grahani dosha.

Method of preparation of drug: Bilvadi churna contains:

Bilva, Chitrak, Chavak & Shunthi, all taken equal parts.

Anupan: Takra (Buttermilk).

Dose & Duration

Dose of 3 gm were administered along after meal two times a day for the duration of 4 weeks.

Criteria for Assessment

The patients were examined weekly and their status was noted. Assessment was done on the basis of progress in Rogabala, Dehabala, Chetasabala and Agnibala by specific scoring pattern. The results were analyzed statistically by Paired t-test.

Total effect of therapy

The obtained results were measured according to the grades given below,

1. Complete Remission 100% relief.
2. Marked Improvement 76% to 99% relief.
3. Moderate Improvement 51% to 75% relief.
4. Mild Improvement 26% to 50% relief.
5. Unchanged = & 0.05 Insignificant P.

Statistical Analysis

The Paired t-test is applied to the statistical data for evaluating the difference in the B.T. and A.T. Scores of subjective parameters. The obtained results were interpreted as: P >0.05 Insignificant P.

OBSERVATION AND RESULTS

Evaluating the overall effect of therapy, it was observed relief by Bilwadi churna in 15 patients had Moderate improvement i.e. (62.50%), in 08 patients i.e 33.34%. had Marked improvement & 01 patients i.e 4.16%. had mild improvement., it was observed that none of the patients showed complete remission and remained unchanged. (Table No. 3).

Table 1. Karma of Bilwadi Churna ingredients.

S.N.	Dravya	Latin Name	Karma/Action
1	Bilwa	Aegle marmelos corr	Kashaya, tikta Laghu, ruksha Usna Katu Kapha-vata shamaka, mrudurechaka
2	Chitraka Katu	Plumbago zeylanica	Tikta Laghu, Ruksha, Tikshana Usna Katu
3	Shunthi	Zingiber officinale	Katu Laghu, Snigdha, Tikshna Usna Madhura
4	Chavya	Piper chaba	Katu Laghu, Ruksha, Usna Katu

Table -2 Effect of therapy on signs and symptoms of Grahanidosha.

S.N.	Symptoms	N	Mean Score		Difference D	% Relief	S.D	S.E.	t	P	Significant
			BT	AT							
1	Muhurbaddha-Muhurdrava Mala Pravitti	24	3.29	0.61	2.68	79.5 %	0.95	0.26	10.25	<0.001	S
2	Durgandhit/Pichhila Mala Pravitti	24	3.49	0.87	2.62	75.4%	0.77	0.19	14.46	<0.001	S
3	Udgara Pravritti-Madhur/ Tikta/ Amla	17	2.27	0.72	1.55	68.8%	0.54	0.20	7.77	<0.001	S
4	Bala-Kshaya	11	2.51	0.87	1.64	65.1%	0.50	0.13	13	<0.001	S
5	Vidaha	16	2.54	0.48	2.06	81.4%	0.75	0.18	11.36	<0.001	S
6	Chardi	09	1.84	0.62	1.22	66.7%	0.6	0.17	7.41	<0.001	S

Table - 3: Overall effect of therapy on 24 Patients of Grahanidosha.

Drug Complete remission	Marked Improvement	Moderate Improvement	Mild improvement	Unchanged
00%	33.34%	62.50%	4.16%	00%

DISCUSSION

Agni situated in Jathara is significant from all of agni because it nourish to all Agni in the body. Impaired the function of Jatharagni leads to various diseases. Grahani Roga is an larger and chronic condition of Grahani Dosha. When the vitiated Doshas get restricted to only the organ Grahani, then could be known as Grahani Dosha. When the vitiated Doshas pass through the Rasadi Sapt Dhatus then it could be known as Grahani Roga. Grahani Dosha is vitiation of Agni i.e. functional deformity of Grahani regarding production of Pachaka Pitta

and Ama for digestion, but when it converts in structural deformity then it can be considered as Grahani Roga. Therefore here drug was given having Deepana and Pachana properties. The drugs in Biwadi Churna has Katu- Tikta, Laghu- Usna- Sukshma- Snigdha guna, Usna virya, Katu vipaka which lead to Shoshana of drava part of pitta and normalize the Agneya part of pitta. Usna Virya, Katu Rasa, Katu vipaka which perform as Deepana Pachana. After pachana due to usna virya they absorb the diluted portion from the mala. As the Takra is Laghu in Guna, having Deepana properties and attains Madhura Paka, it does not aggravate and increase Pitta; due to Kashaya Rasa, Ushna Veerya, Vikasi and Ruksha Gunas it is useful in Kapha; as fresh made Takra is Madhur, slightly Amla, it will not produce Daha in the Kosta and it is also Vatahara. Hence it found good relief in Grahani dosha.

CONCLUSION

This particular kalpa contains mostly those drugs which have Deepana-Pachana, Vata-anulomana, Shoolahara, properties which are, Katu Tikta-Madhura-, Laghu- ushna- Snigdha guna prominent with Katu vipaka & Usna virya. The research studies regarding ingredients of Biwadi Churna also prove results on gastrointestinal tract. So the kalpa is to be approved in case of Grahani Dosha or Ama arise diseases by observing Prakruti, Desha, Kala, Vaya and Avastha of the patient and Roga Bala.

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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Conceptual Review of *Gurvadi Gunas*

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Abstract:

The definition of guna is that the attribute which is associated with the Dravya but not responsible for action. Gurvadi gunas are those which starts with Guru. According to Ayurveda gunas are 41 in number. The classification of these are Sarth gunas are 5, Gurvadi gunas are 20, Atma gunas are 6, and Paradi gunas are 10. Doshvaishmya is responsible for the disease and treated with the help of Dravyas having Gurvadi gunas. Ayurveda's basic principle Samanya vishesh siddhant is useful to treat this doshvaishmya. All the basic constituent of body having Gurvadi gunas.

Aim: - The aim is to describe the Gurvadi gunas according to different Samhita Granthas which are beneficial for practice.

Objective: - To elaborate Gurvadi gunas according to different samhitas.

Key Words :- Gurvadi, Gunas, Action, Body, vat, pitta, kapha.

Introduction:

The synonym of *Gurvadi guna* is *Dwanda guna*, *Sharir guna*, *Chikistopyogi guna*. *Gurvadi gunas* are the property of the body constituents which can be numerated such as heaviness-lightness, coldness-hotness, unctuousness-roughness, dullness-sharpness, stability-mobility, softness-hardness, nonsliminess-sliminess, smoothness-courseness, minuteness-grossness, solidity-liquidity.¹

Action of *Gurvadi gunas*:-The constituents having heaviness are increased by the prolonged use of heavy food items while those having lightness are decreased. On the other hand the lightness is increased by the light food items and heaviness is decreased. In this way all properties of the constituents are increased by the use of similar substance and decreased by the that contrary ones.²

Material and method:

Materials: For the present review of *gurvadi gunas* detailed literary study is performed. The detail content of and references are analysed from available principal texts referred are *Charak samhita*, *Sushrut samhita*, *Ashtang sangrah*, *Ashtanghritya*, and some other ayurvedic texts .

Method: Descriptive and conceptual study.

Literary Review: - *Gurvadi gunas* are responsible to increase or decrease body constituents hence flesh is increased more in comparison with other *dhatu*s by flesh ,similarly blood by blood, fat by fat ,muscle fat by muscle fat, bone by cartilage, bone marrow by bone marrow ,semen by semen and foetus by immature foetus.³

According to *Ashtang sangrah* *Gurvadi gunas* are *Guru*, *Manda*, *Him*, *Snigdha*, *Shlaksna*, *Sandra*, *Mrudu*, *Sthira*, *Sukshma*, *Vishad* and its contrary *guna* which are 20 in number.⁴

In *Shashilekha Indu* describe contrary *gunas* like *Guru-Laghu*, *Manda -Tikshna*, *Him-Ushna*, *Snigdha-Ruksha*, *Shlaksna-Parush*, *Sandra -Drava*, *Mrudu -kathin*, *Sthira -Chala*, *Sukshma-Sthula*, *Vishad -Picchila*.⁵

According to Dalhan commentator of Sushrut samhita gunas are Sheeta-Ushna, Snigdha-Ruksha, Manda-Tikshna, Guru-Laghu, Picchil-Vishad, Shlakshna-Parush, Kathin-Mrudu, Drava-Sandra, Sthir-Sar, Sthula- Sukshma, are twenty in number.⁶

The action of guru and laghu guna elaborated by giving the meaning of sada-angaglani, upalepo-malvrudhi, balam-shleshma, tarpan –truptijanan, bruhanodehavruddhikar. Laghu is having opposite action it is asadanulepadikrut-kaphahara, lekhan-pattalikaran⁷.

Sheeta is lhadan, stambhan, murcha, truta, swed, dahajit. Ushna is contrary of sheeta and pachan is speciality. Dalhan describe lhadan-sukhakari, pachan –vranadinam.⁸

Snigdha is responsible for sneha, mardavkrut, balavarnakar. Ruksha is contrary of snigdha specially stambhan and khara. Sneha-snehadikaran, ruksha –roukshaya kathinyakar, stambhan for Atisaradinam, khara-karkash⁹.

Manda helps sustainance of the body and tikshna penetrating into the tissue producing burning sensation, ripening and exudation. Manda is yatrakaro means sharir sthayitwadehasya¹¹.

Picchila is enlivening, strengthening and uniting, increase Kapha and difficult for digestion. Vishad is the opposite of it, produces absences moistness (evaporation), sucking and healing. Dalhan elaborated jeevan-prandharan, sandhano-bhagnasya. Vishad is asandhmo-ajeevano asleshi, kledachushan-ardribhav vinashkar.¹³

Shlakshna should be understood similar to picchil. Karkash (coarseness) should be understood as vishad.

Mrudu is of opposite to tikshna and produces debility, cating, bestous strength¹⁴

Drava produces moistness and Sandra produces thickness of body parts and tissues and binding.¹⁵

Dalhan elaborated prakledan means ardrabhavkar, bandhankarak means upachaykarak.¹⁶

Sara causes downward movement of materials such as flatus, faeces, urine and fetus. Sukshma is the capacity to move even inside minute channels.

Vyavayi spreads all over body first and then undergoes digestion. Vikasi spreads all over the body causing looseness of the bindings in the tissues while spreading. Ashukari produces quick action just like oil moving on water. Sungadha betows happiness is subtle helps taste and is soft while Durgandh produces nausea and bad taste¹⁷

In Ashtanghritya guru (heavy), manda (slow), hima (cold), snigdha (unctuous) sandra (solid), mrudu (soft), sthira (stable), sukshma (minute) and vishad (nonslimy) these ten along with their respective opposites are twenty guna¹⁸

Arundutta elaborated opposite ten gunas which are laghu, tikshna, ushna, ruksha, khara, drava, kathin, sara, sthula, picchila opposite guna of guru is laghu, manda's opposite tikshna, hima's opposite ushna, snigdha's opposite ruksha, shlakshna's opposite khara, sandra's opposite drava, mrudu's opposite kathin, sthira's opposite sara and sukshma's opposite sthula, vishad's opposite picchila.¹⁹

In Ayurved rasayan vyakhya Hemadri elaborated the definition of Gurvadi gunas.

Guru-Dravyasya bruhaneshakti, Langhane Laghu, Shamane Manda, Shodhane Tikshna, Stambhane Hima, Swedane Ushna, Kledane Snigdha, Shoshane Ruksha, Ropane Shlakshna, Lekhane Khara, Prasadane Sandra, Vilodane Drava, Shlathane Mrudu, Drudhane Kathina, Dharane Sthira, Prerane Chala, Vivarane Sukshma, Snvarane Sthula, Kshalane Vishada, Lepane Picchila²⁰

In Bhavprakasha pharmacological properties are described as Laghu is considered the best and ideal. The drug having laghu guna is capable of removing kapha and digests easily. Guru guna reduces vata and acts as tonik. It increases kapha and digests very late. Snigdha guna reduces vata, increases kapha, aphrodisiac and yields physical strength. Ruksha guna increases vata and reduces

kapha. *Tikshna guna* increase *pitta*, reduces *kapha* and *vata* and act as *lekhana*. *Shlakshna* which is hard and of high density has no oily content inside. *Sthira guna* retains flatus and feces where as *sara guna* causes them to flow out. *Picchila* is sticky, strength giving, tissues binding, heals fractures, increases *kapha* and is heavy. *Vishada* removes *kleda* and heals ulcers and wounds. *Sheeta* is pleasant causes rigidity of muscles and relieves from unconsciousness, thirst, sweat, burning sensation. *Ushna* helps in digestion. *Sthula* causes bulkiness to the body and obstruct the *strotasa*. *Sukshma guna* is that which penetrates into the smallest and minutest tissues and it is known as penetrating property. *Drava* enhances and spreads secretions and *Sandra* or *shuksha* acts opposite to it. *Ashu guna* spreads in the body very quickly like as oil drop in water. *Manda guna* or *alpa guna* are retards all function of body.²¹

Conclusion:-

After the detailed study regarding to *Gurvadi gunas Maharshi Charak* described opposite of *Manda* is *Tikshna* while *Sushrut and Bhavmihra* described opposite of *Manda* is *Ashu*. *Maharshi Sushrut* described *Tikshna guna* in opposite of *Mrudu guna* and *Vyavayi* and *Vikasi* are opposite of *Manda*.

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YOGA AND REPRODUCTIVE HEALTH**Dr. Sandhya M. Yennawar*¹ and Dr. Vanita Puri (Giri)²**

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ABSTRACT

In the present era of globalization there has been a transient change in the life style to a more sedentary existence overtime, lack of physical exercise, stress, strain, high caloric food and indiscriminate dietary habit, result in metabolic, endocrinal, reproductive, alimentary, nervous and cardiovascular etc. disturbances. Therefore, Women faces various problems related to the reproductive disorder like delay puberty, various disorder related to menstruation i.e.(Oligomenorrhoea, Polymenorrhoea, Metrorrhagia, DUB, Dysmenorrhoea), Yonivyapada, P.C.O.D, Garbhavyapad, i.e (IUGR, IUD, etc), Garbhopadravas i.e.(hypermesis-Garbhini chhadri), Garbhini pandu, Garbhajanya

vishamayata (Pre-eclampsia - eclampsia) etc. Sutikarog, Stanyakshaya, Stanyadushti, Etc. To overcome through this problem the people are looking forward to Ayurveda and allied Branches for successful option. "Yoga is one of these."

KEYWORDS: Yoga, Reproductive, Yonivyapada, Garbhavyapad, Garbhajanya Vishamayata.

INTRODUCTION

The God has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause.

Concept of "Maternal and child health" has gained importance in modern science in recent era but the concept of healthy reproduction was a primary concern of Ayurveda since old time.

Yoga means "union."

Union of mind with super natural power having separated from the disharmonious worldly objects. Mind is a battle field of satva (the tranquil) Rajas (the Passinate) and tamas (the inert) qualities of nature. Yogik processes greatly help the development of mental potentialities and powers.

In Ayurveda Charak sharir sthan Indicate that yoga is highly essential for the human being, so he has indicated that isolation of my mind from its object leads to moksha , Which is ultimate end of human life.

Maharshi Patanjali describes Asthtang Yoga as follows.

- 1) Yama – Abstention
- 2) Niyama – Strict observance
- 3) Asana- Easy posture
- 4) Pranayama- Control of breath
- 5) Pratyahara- Withdrawal of sense
- 6) Dharana- Concentration
- 7) Dhyan- Meditation
- 8) Samadhi- Contemplation

According to Patanjali ashtang yoga first two that is Yama, Niyama are mainly concerned with person's behavior towards outer world especially with regard to ethics and morality.

Rest are i.e. Asana, Pranayama, Pratyahora, Dhyan, and Samadhi mainly concerned with regulation of activities of mind. These are very useful to correct the various disorders of women life as follows.

1. Asana (posture)

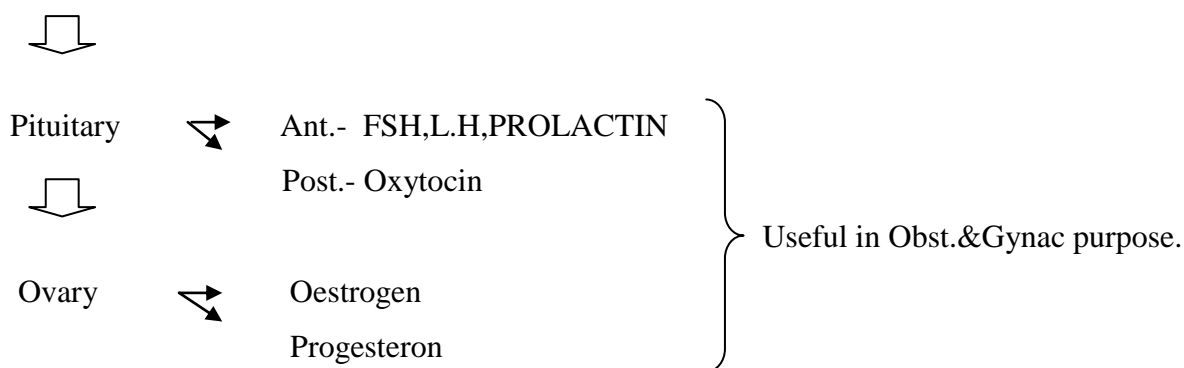
- * The steady and comfortable posture brings about better co-ordination of muscular system with nervous system.
- * Integrate central nervous system with autonomic nervous system through their intertwined musculature.
- * Increase the compatibility of sympathetic and parasympathetic branches of autonomous sympathetic to dominate the Rajasika sympathetic component.
- * Increase in correcting excessive or insufficient secretion of endocrine gland (hormone), so that their optimal integration is achieved.

* Hormones go to shake our emotional making their taming produces emotionally balance and mentally poised personality and building a strong will.

“Sarvangasana, Shirshasan, Yogamudra, Halasan, Bhujangasan, Shalabhasan, Ushtrasana” help.

a) To improve blood circulation and also the muscle tone of blood vessels help in removal of accumulated toxins and metabolic wastes from the body. Help in control the miscarriage and pregnancy complications.

b) To activate the pituitary gland and thyroid gland hypothalamus, adrenal gland,
Hypothalamus (GnRh)



Three month (daily 10 to 15 minutes) practice noticed that the normal development of secondary sexual character well development of breast, glowing face, regularities and correction of menses, correction of PCOD, infertility, removal of inferiority complex, physical and mental stress, unhappiness, which is most important for garbhadhan for future a healthy progeny.

Sukhasan - Improve blood supply to uterus and pelvic organ.

Siddhasan - Waist and lower Region become flexible.

Padmasan - Maintain the intra-abdominal pressure.

Improve the utero-placental foetal blood supply to get proper nourishment. It helps in full term pregnancy avoid IUGR, IUD, foetal distress, premature labour, as well as help in normal labour process.

Baddha padmasan

Strengthen the breast tissue and keep them in good form. In purperial period help in involution reproductive organ.

Garbhasan - Dysmenorrhea.

Yoga mudra - Dysmenorrhea.

Gomukhasan - Useful in backache, Cure D.M., Leucorrhoea, Semen debilities, inguinal hernia, and tightness in genital organs after delivery.

2] Pranayama, Dhyan

a) During pregnancy disorder like anxiety, depression, panic disorder, bipolar mood, obsessive-compulsive disorder.

Increased resistance in uterine artery blood flow to leading to decreased, blood low to developing foetus, results in miscarriage, IUGR, IUD, foetal distress.

Therefore psychotherapy plays an important role to cure this condition.

Therefore Pranayam, Dhyan, helps to achieve a perfect balance between body and mind, also help in mood Swings and make one more calm and relaxed.

b) Also helps in “Post-partum blues” syndrome. (Difficulty in making choices, eating, insomnia, crying for no reasons).

c) During pranayama process

Purak (Inhalation of breath).

Kumbhak (Retention of breath).

Rechak (Exhalation of breath).

} Trains are body to stand in high Co₂ pressure.

Pranayama tackle the ego sense and maintain the equilibrium and mental calm, helps in garbhadhan continuation of pregnancy, as well as in family planning.

D) Ujjayini, Shitali Pranayama prevent the high B.P., purifies the blood and improves blood circulation to great extent.

3] Bandha: Means to bind

Pranayama, Dhyan in the position of Jalandhar, Uddiyana and mula bandha cures the disease of intestine, abdomen, kidney, piles during pregnancy.

4] Mudras: (finger posture)

It stabilizes the union of Pran (inhalation) and apan (exhalation).



Directly action upon kundalini Shakti



Which shines and illuminate the whole body.



Apart from these days are numerous physiological, cultural and therapeutic benefits of yogic exercise, to maintain the health of women.

Yoga develops harmony , good fellowship, compassion, love and it is concept which provides human brotherhood in its most real senses and these is no fear of war or AID'S which we have today in the society.



Padmasana(Dhyana Mudra)



Gomukhasana



Bhadrasana



Garbhasana



Vajrasana



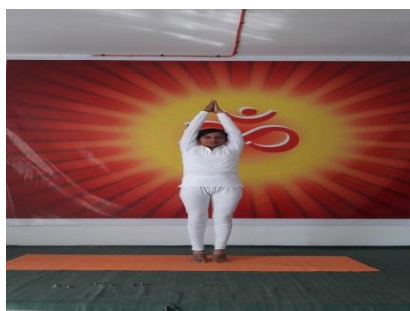
Yogamudra



Badha Padmasana



Siddhasana



Tadasana



Vrukshasana



Trikonasana



Ushtrasana



Naukasana



Bhujangasana



Sarvangasana



Halasana



Pranayama (Anulom-Vilom)

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Review on Deepana And Pachana Karma

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Abstract:

Background: Treatment in Ayurveda is multifaceted; at sometimes it addresses the importance of Shodhana and in other context the Upakramas like Shamana play a major role. For either of such selection the state of Doshas, it's Anubandha, Sthanaetc. Play crucial role. Deepana and Pachana have equal importance in both the sectors of treatment. The vague understanding of the terms and its application may yield many complications. Through this paper the differences between Deepanaand Pachanaon literary and applicative grounds are considered, to clear up the dogma that exists as they are one and the same.

Aims and Objectives: To critically analyze the concepts of Deepana and Pachana.

Materials and Methods: In Ayurvedic classics the concepts of Deepana and Pachana are available in scattered manner; hence this study was designed to analyze both the technical terms and its differences in clinical application becomes pivotal interest.

Conclusion: Deepana Karma is limited only to Agni-Deepthi. Pachana does both Ama Pachana and Agni Deepana and are mainly Ruksha Dravyas.

Key Words: Deepana, Pachana, Agni, Ama

Introduction:

Agni is the chief factor responsible for maintaining the life span, complexion, vitality, good health, enthusiasm, plumpness, glow, ojas, and luster etc.[1] Agni is responsible for the maintenance of health in its normalcy whereas abnormalcy in the form Mandagni, Atiagniand Vishamagni disturbs the normalcy leading to various disorders.

“Rogah Sarve Api Manda Agnenah” - Vagbhata

The most probable cause for the manifestation of disease is Mandagni[2] (hypo functioning of Agni) which leads to improper digestion there by leading to the formation of Ama, which is the root cause for the manifestation of the diseases. Thus the treatment is mainly targeted towards the Agni there by correcting the Ama. Deepana and Pachana are aimed in correcting the Agni.

Review of Literature:

Deepana and Pachana are the treatment modality which are used either as the Purvakarma (~pre- operative procedures) before any Shodhana Chikitsa (~purificatory measures) or adopted as the main treatment modality in many of the diseases. In either of the situations it is the Agni and Ama being corrected. Agni is the chief factor which is responsible for maintaining the Swaasthya in its normalcy and produces various diseases in its hypo and hyper functioning state.

Deepana

Deepanaare those Dravyas (~drugs) or Karma (~activity) like Snana, Vyayama etc. which increases the Agni but are incapable of Ama Pachana [3]. The best Dravyafor Deepana is Mishi according to Acharya Sharangdhara. According to Acharya Charaka there are Deepaniya Dasemani i.e.

Pippali, Pippali Mula, Chavya, Chitraka, Srngavera, Amlavetasa, Maricha, Ajamoda, Bhallataka Asthi and Hingu Niryasa [4].

Apart from this there are various *Dravyas* and *Yogas* and *Bahya Prayoga* which acts as *Deepana*.

Pachana

Pachana are those *Dravyas* or *Karma* which does *Ama Pachana* where as it does not increase the *Agni* and the best *Dravya* for *Pachana* is *Nagakasara* according to *Acharya Sharangdhara [5]*. According to *Arunadatta* the *Dravya* or *Kriya* which increases the digestive capacity is *Pachana [6]* also there are various *Bahya Prayoga* and *Dravyas* which acts as *Pachana*.

Astanga Hrudhayakara has categorized the *Chikitsa* into two kinds i.e. *Santarpana* or *Brimhana* and *Apatarpana* or *Langhana Chikitsa* which is collectively called *Dwividha Upakrama*. *Langhana* is the prime line of treatment in the case of *Sama Rogas* and is divided into *Shodhana (~purification therapy)* and *Shamana (~alleviation therapy)*. *Shamana* is categorized into seven i.e. *Deepana, Pachana, Kshata Nigraha (~controlling hunger), Pippasa Nigraha (~controlling thirst), Vyayama (~physical exercise), Atapa Sevana (~exposure to sun) and Maruta Sevana (~exposure to wind) [7]*.

Acharya Charaka has classified *Chikitsa* into six categories i.e. *Langhana, Brimhana, Snehana, Rukshana, Swedana and Sthambana*. *Langhana* is further divided into ten varieties i.e. four types of *Shodhana [Vamana (~emesis), Virechana (~purgation), Shiro Virechana (~nasal drops) and Asthapana Basti (~decoction enema)]*, *Pippasa Nigraha, Maruta Sevana, Atapa Sevana, Pachana, Upavasa (~fasting) and Vyayama [8]*. According to *Harita* there are six types of *Langhana [9]* *Anashana (~absence of intake of food), Vamana (~emesis), Virechana (~purgation), Raktamokshana (~blood letting), Tapta Toya Pana (~intake of hot water), Swedana Karma (~Sudation)*. *Deepana* and *Pachana* are the *Langhana Chikitsa* which are mainly indicated in the diseases like *Chardi, Atisara, Hrdroga, Visuchika, Alasaka, Jwara, Vibandha, Gaurava, Udgara, Hrlasa, Arochaka* which are caused due to the vitiation of *Kapha* and *Pitta* and diseases which are of *Madhyama Bala [10]*.

Table 1: Showing predominant Rasa in Deepana.

<i>Deepana</i>			
Sr. No.	Charaka Sutra 26/42	Sushruta Sutra 42/9(1-5)/&10	AstangaHridatya Sutra 10/10-21
1	Amla	Amla	Amla
2	Katu	Katu	Lavana
3	Tikta	Tikta	Katu
4	Lavana		

Table 2: Showing predominant Rasa in Pachana.

<i>Pachana</i>			
Sr. No.	Charaka Sutra 26/42	Sushruta Sutra 42/9(1-5)/&10	AstangaHridatya Sutra 10/10-21
1	Lavana	Amla	Amla
2	Tikta	Lavana	Katu
3		Katu	

Guna Dharma of Deepana and Pachana Dravyas.

Deepana and *Pachana* being *Langhana Chikitsa* has the predominance of *Laghu Guna* along with *Ushna (~hot), Tikshna (~penetrating), Vishada (~non-unctous), Ruksha (~dry), Suksma (~entering into minute pore), Khara (~rough), Sara (~moving), Kathina (~hard) [11]*. The predominant *Mahabhuta* in *Deepana* is *Agni* and *Pachana* has addition of *Vayu Mahabhuta* along with *Agni Mahabhuta*. *Agni*

Mahabhuta possess the *Gunas* like *Ushna*, *Tikshna*, *Laghu* etc. and *Vayu Mahabhuta* possess the *Gunas* like *Laghu*, *Sheeta*, *Ruksha* [12] etc.

Role of Deepana, Pachana and Rukshana in Sama Doshas

Sama Vata Dosh

A caution is needed especially in the case of *Vata Dosh*. One should be highly vigilant on the appearance of *Nirama Lakshana* because further indulgence in *Deepana* and *Pachana* provokes *Vata Dosh*. Hence *Snigdha Dravyas* like *Ghrita* is ideal.

Sama Pitta Dosh

Pitta Dosh should be treated very carefully, only in the case of *Sama Avastha* and *Sadrava* condition of *Pitta*, *Deepana* and *Pachana* has to be administered.

Sama Kapha Dosh

In *Sama Kapha Deepana* and *Pachana* is indicated also it is stated as *Kapha* is the *Drava Dhathu* hence can withstand the effects of *Deepana* and *Pachana*. As *Ama* and *Kapha* are similar *Gunas* thus *Deepana* and *Pachana Dravya* having opposite quality becomes ideal [13].

It is said that *Kapha* and *Pitta* are *Drava Dhathus* hence can withstand *Deepana* and *Pachana* to more extent when compared with *Vata Dosh*.

Some of the factors which affect on the action of *Deepana*, *Pachana* and *Rukshana* are,

Anupana-

Typical *Anupana* are been advised by *Acharayas* for eg – *Hinguvasthaka Churna* should be mixed with first morsel with *Ghrita* and should be consumed. Other wise *Ushnodaka* stands a universal *Anupana* as it has *Deepana* and *Pachana Gunas*. The *Anupana* according to *Doshas* are

- **Vata Dosh** – *Snigdha* and *Ushna*
- **Pitta Dosh** – *Madhura* and *Sheeta*
- **Kapha Dosh** – *Ruksha* and *Ushna* [14]

Aushada Sevana Kala – Invariably all *Ama Avasthas* produces *Arochaka*, in such cases medicine should be mixed with food, in *Samana Vaigunya* and in *Mandagni*, the medicine is given in the middle of the meal, also in the case of *Urdhwa Jatrugata Rogas* and medicine for attaining *Lekhana*, *Pachana*, *Shamana*, the medicine should be administered at night on empty stomach [15].

Matra – all the factors of *Dosha Aushadha Nirupana* like *Dosha*, *Aushadha*, *Prakruthi*, *Vaya*, *Desha*, *Kala*, *Satmya* etc. have to be thoroughly examined and *Matra* should be fixed, also it depends upon the respective *Kalpana* like *Churna* has to be consumed in one *Karsha*.

Application of Deepana and Pachana

- In *Grahani Chikitsa* it is said that for achieving *Deepana* in the case of *Bahu Pitta*, *Tikta Rasa* along with *Madhura Rasa* can be used, in *Bahu Vata*, *Lavana* and *Amla Rasa* along with *Sneha* and in case of *Bahu Kapha* and *Krusha* alternate *Snigdha* and *Ruksha Dravyas* should be administered [16].
- According to *Tisatacharya* of *Chikitsa Kallika*, he has enumerated the *Pachana Kashaya* according to the *Doshas* [17] i.e.
 - 1) **Vata Dosh** – *Rasna Kwatha*, *Shunti Kwatha*
 - 2) **Pitta Dosh** – *Patola Kwatha*, *Atarusha Kwatha*
 - 3) **Kapha Dosh** – *Picchu marda Kwatha*, *Phala Traya*

Kwatha

- In the *Jwara Chikitsa* 5 *Kashaya Yogas* have been enumerated i.e.
 1. *Sheeta Kashaya* prepared of *Musta* and *Parpata* - *Daha* and *Alpa Bala Doshas*

2. *Shunthi and Parpata Kashaya*
3. *Parpata and Duralabha Kashaya- Mandagni and in Pitta Kaphaja Jwara*
4. *Kirata Tikta, Musta, Guduchi, Shunthi Kashaya – Vata Kaphaja Jwara*
5. *Patha, Ushira, Udhichya Kashaya –Pittaja Jwara*

Deepana Pachana plays a very important role in the *Shodhana*. *Deepana Pachana* is mainly adopted for three purposes in *Shodhana* i.e.

As Purvakarmain Shodhana

According to *AstangaSangraha*, prior to the administration of *Sneha Pana*, *Mridu Bhesaja* should be administered for increasing *Agni* and for attaining *Kostha Laghutha* (~lightness of the GI Tract) i.e. *Deepana* and *Pachana*[18].

As Pascat Karma in Shodhana

After the *Shodhana* there will be *Agnimandhya*. As a small fire turns into huge fire by the addition of *Trna* (dried grass) and *Gomaya* (cowdung cake) similarly after *Shodhana*, *Peyadi Krama* helps in increasing the *Agni* and thus capable of digesting food. Thus to increase the *Agni* various *Deepana* and *Pachana Yavagu* are explained in *Apamarga Tanduliya Adhyaya*, second chapter of *sutrasthana of Charaka Samhita*[19]. There are totally 28 *Yavagu Kalpana*.

To treat the Vyapatof Shodhana

Deepana Pachana is the *Chikitsa* in the case of *Adhmana*, *Parikartika*, *Sravaand Sthamba Vyapad* of *Vamana* and *Virechana* [20], also in *Klama*, *Ayoga*, *Sravaand Parikartika Vyapad* of *Basti*[21] and *Kapha Avaruta*, *Vata Avruta* and *AmaAvruta Vyapad* of *Sneha Basti*[22].

Duration of Deepanaand PachanaChikitsa

In general there is no mention of duration of *Deepana* and *Pachana* in classics it should be continued until the *Samyak Lakshana* of *Langhana* is seen. The *Samyak Langhana Lakshana* are proper elimination of *Vata*, *Mutra* and *Purisha* (flatus, urine and faeces), feeling of lightness of the body, feeling of purity of the chest, belching, throat and mouth, disappearance of drowsiness and exertion, appearance of sweat and taste for food and appearance of hunger and thirst[23].

Limitation of Deepanaand Pachana

The *Doshas* all eviated by *Shamana* like *Deepana*, *Pachana* etc. at times get aggravated but those eliminated by *Shodhana* do not recur. Unless the tree is uprooted from its root, it will grow. Such is the case of vitiated *Doshas*. They go on causing diseases unless they are eliminated from their roots. According to *Chakrapani*, *Shodhana* is considered as elimination of *Doshas* from the *Mula*. *Shamana* also does the *Dosha Nirhana* but it is not upto that extent of *Shodhana* and diseases recur with the association of favourable *Hetu* whereas that diseases treated by *Shodhana* will not recur and undergoes *Prakopa* with only *Balavan Hetu*. In the *Langhana*, *Pachana* etc. *Shamana Chikitsa*, the *Dosha* responsible for the production of disease is pacified but the *Dosha* are not removed from its *Mulabhuta Ashaya* thus when associated with favorable condition *Dosha Prakopa* occurs[24].

Discussion:

Acharya Sharangdhara had rightly identified *Deepana and Pachana* as important role in *Chikitsa* and had explained it in separate chapter i.e. *Deepana Pachana Adhyaya* in the *Prathama Khanda*. *Deepana* and *Pachana* are included under *Sapta Vidha Shaman* according to *Acharya Vagbhata*, whereas *Acharya Charaka* has not described *Deepana*, he has only described *Pachana* under *Dasha Vidha Langhana*. The *Deepaniya Dasemani* contains *Dravyas* which are both *Deepana* and

Pachana; *Pachana Dravyas* also brings about *Agni Deepthi*. Thus *Deepana* is not explained separately in *Dasha Vidha Langhana*. This can be well understood with an example of a hot charcoal which is incapable of producing the fire unless the ash which is covered over it is removed, similarly when the *Ama Dosha* is being removed by the *Pachana* there is *Agni Vrudhi*.

Deepana

Acharya Sharangdhara opines *Deepana* as that which increases the *Agni* but does not do the *Ama Pachana*. The *Mahabhuta* predominant in *Deepana* is *Agni Mahabhuta*. Thus as the *Deepana Dravya* has the predominance of only *Agni* it just increases the *Agni*. According to *Adhmalla*, *Deepana* increases the *Jatharagni*, as the other two *Agni* i.e. *Bhutagni* and *Dhatwagni* are depended upon it. Thus increasing *Jatharagni*, will also lead to the increase of *Bhutagni* and *Dhatwagni*. Thus *Deepana Dravyas* are used in the conditions where we have to increase the *Agni* say in the case of before intake of a meal. *Yoga-Ratnakaraha* rightly pointed out that, before taking food one should always chew small pieces of *Ardraka* well mixed with *Lavana* and it promotes *Agni*[25].

Pachana

Almost all the *Acharayas* have opined that *Pachana* increases the *Agni Pakthu Shakthi* i.e. the digestive capacity, where as *Sharangdhara* has opined that *Pachana* is that which only does the *Pachana* but does not increase the *Agni*. The *Mahabhuta* predominant is *Agni* and *Vayu* thus by *Agni Mahabhuta* here is *Agni Vrudhi* and by the predominance of *Vayu Mahabhuta* *Pachana* is enhanced. Thus *Pachana* is considered as those *Dravyas* which are having both *Agni Vrudhi* and *Pachana* action. The *Pachana Dravya* invariably brings *Bala* to *Agni*, though *Arunadatta* does not substantiate which *Agni* is made *Bala*. The *Vibandha Sama Avasthas* are being made *Pachana* by this *Bala Yukta Agni* and *Paka* occurs. In such context the complete conversion of *Paka* process should bring the *Nirama Lakshanas* (*Nirama Viparayaya*). It can be made out that *Pachana Dravyas* are *Rooksha Dravyas* like *Choorna*, *Arishta* etc. but for *Deepana* such *Ruksha Guna* is *Apradhana*, both *Snigdha* and *Ruksha* does *Deepana*.

Deepana and Pachana in Purvakarma of Shodhana

According to *Astangakara* *Deepana Pachana* has to be adopted prior to the administration of *Snehana* and *Swedana* and finally *Shodhana* have to be administered according to the condition and *Bala* of the patient. It is very important to bring the *Doshas* from the *Shakha* (~extremities) to *Kostha* (~alimentary tract) which is very necessary for *Shodhana* [26].

Shodhana can be employed only in the case of *Upasthitha Doshas* i.e. when *Doshas* are in *Kostha* and in *Pradhana Avastha*[27].

In the perspective of *Vyadhi Pratyayika*, *Deepana* should be reserved and *Pachana* should be initiated as *Pachana Dravyas* bring about *Agni-Deepana*. In case *Agni Deepthi* is not achieved even after the *Nirama Avastha* one should think of *Deepana Dravyas*.

Conclusion:

Deepana Karma is limited only to *Agni Deepthi*, while *Pachana* does both *Ama Pachana* and *Agni Deepana* and are mainly *Rooksha Dravyas*. *Deepana Dravyas* have predominance of *Laghu* and *Ushna Gunas* where as *Ruksha* and *Ushnagunas* are predominant in *Pachana*. *Pachana* itself acts as *Rukshana* in majority of the cases. *Deepana* and *Pachana Karma* can be utilized in both *Swasthya Rakshanam* and *Athura Vikara Prashamana*. The calendar events, observing festivals and *Ahara Karma* are nothing but curtailed application of *Deepana* and *Pachana*.

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TRADITIONAL USED PLANTS AGAINST COGNITIVE DECLINE

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ABSTRACT

The medicinal plants in classical literature of Ayurved and traditional folk care health practices provide clues to new area of pharmaceutical research. The numbers of plants had been mentioned in Ayurveda for curing various pathophysiological stages of ailment and these are being practiced in various traditional streams in different parts of India. The present study aims to focus selected herbs that can be beneficial over psychological factors like cognition. Cognitive behavioral performance can be commonly noticed with gradually increasing forgetfulness generally due to old age or some neuropathological factors. It may be troublesome or embarrassing to observe such suffering individual with mild behavior problems. But consistent or increasing concern about your mental performance may suggest Cognitive Decline. Ayurveda considers three *Gunās* i.e., *Satva*, *Raja* and *Tama* along with *Tridoshas* and their disequilibrium leads to abnormal functioning and behavior pattern of mental health. The significance of mental health is equally emphasized under the definition of health by WHO along with physical health. Today's upcoming lifestyle in terms of diet and regimen leads to a number of Psychological factors. Cognitive Decline is one of them. The selected herbal drugs possess *Sadnyastapan* property and are helpful in cognitive enhancement. Ayurveda mentioned a list of plants that are used and practiced for the treatment of neurological disorders in traditional indigenous medicine. The medicinal plants possess positive effects on various cognitive functions by means of their multifold action. The selected mentioned drugs in the study can be useful for treatment of neuropsychiatric disorders and capable of enhancing cognitive performance. These herbs can prove better medicaments in case of Cognitive Decline.

KEYWORDS: Ayurveda, Cognition, *Pradnyaparadha*, *Sadnyasthapan*, *Medhya*.

INTRODUCTION

Medicinal herbs are a potential source of therapeutic aids and have gained significant importance in the healthcare system all over the world for both humans and animals in diseased conditions and to maintain proper health. The medicinal plants have been used for the prevention as well as curing of various ailments in the ancient indigenous science of Ayurveda. More than 2000 herbal plants are being used in the treatment of a number of diseases all over India. Out of which many plants found to be useful in the treatment for the management of symptoms associated with brain functioning and neurological disorders. These drugs are grouped under "*Medhya* drugs" supposed to act on mind and the nervous system¹.

In Ayurvedic literature, Acharya Charaka had mentioned that the improper usage of *Kala* (time), *Buddhi* (intellect) and *Indriya* (Senses) leads to prognosis of ill health of body and mind².

WHO defines health as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity³. Both physical and mental health contribute to maintain good health of a person. Central nervous system co-ordinates all body functions in an organism through its complex integrated circuits. Body and mind is the place where various factors

lead to the genesis of diseases. And at the same place happiness is experienced.

According to Ayurvedic literature, mind has three folds-*Satva*, *Rajz* and *Tam*. The equilibrium among them is necessary to maintain a healthy condition of mind⁴. While *Vata*, *Pitta*, *Kapha* are the three *Doshas* responsible for maintaining physical health. Their unequilibrium among themselves results in ill health and leads to prognosis of various mental diseases associated with behavioral and physiological symptoms.

Modern Review

The word cognition comes from the Latin verb *cognacs*. (con = with & gnus = to know).

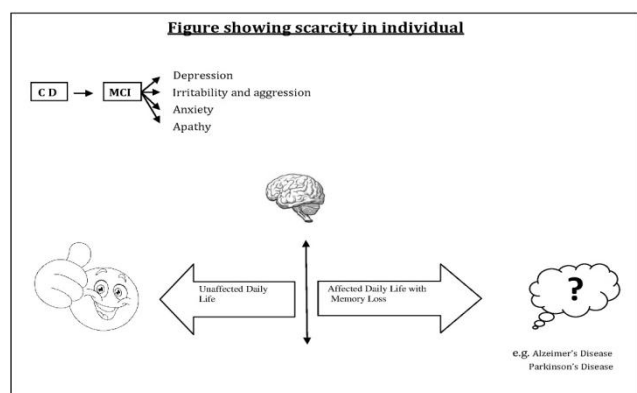
Cognitive Decline (CD) is a cognitive deficit that is present with many of neuropsychiatric conditions and/or alone as a developmental deficit. CD is a brain function syndrome involving the onset and evolution of cognitive impairments beyond those expected based on the age and education of the individual without significant interference of daily activity⁷.

It is a transitional stage between normal aging and Dementia. CD can be present with a variety of symptoms. Individual with MCI (Memory Cognitive Impairment) does not meet diagnostic guidelines for dementia.

In CD, memory loss is the predominant symptom. Memory is a relatively permanent storage form of the learned information⁸. e.g. trouble in recalling ones name. It is known as ‘amnesic MCI’. This symptom is mostly seen at earlier stage of Alzheimer disease, while individuals may not meet neuropathological criteria for the disease⁹.

A person with MCI is at an increased risk of developing Alzheimer's or another dementia.

Figure showing scarcity in individual



In ‘nonamnesic MCI’, individual have impairment in domains (groups of related items) other than memory. In this case, memory is working but starts forgetting important information.

DIAGNOSIS

CD is difficult to diagnose clinically but it can be experienced by- Depression, Irritability and aggression, Anxiety and Apathy.

It is diagnosed on the basis of:

1. Evidence of memory impairment
2. Prevention of general cognitive and functional abilities
3. Absence of diagnosed dementia

It requires considerable clinical judgment. Minute clinical observation, Neuro imaging, blood tests and neuropsychological testing are helpful for diagnosis of CD.

TREATMENT

No medications are currently approved by the U.S. Food and Drug Administration (FDA) to treat mild cognitive impairment, expect treatment with Benzodiazepine and barbiturates.

DISCUSION

Symptoms observed in CD resemble the symptoms as mentioned by Charak under first chapter of *Sharirsthana* in the Samhita.

Budhya Vishanm Vidnyam...[Charak Samhita/ Sharirsthana-1/101]

Visham dnyan, Aathyoogya dnyan Alpa dnyan of subjective cognition is the *Pradnyaparadha*.

Dhee Dhruti Smruti Vibhransha

..... Dnyatatvya Dukhahetawa [Charak Samhita/Sharirstana1/98]

Repeated consumption of unhealthy food and regimen for the body, results in *Pradnyaaparadha*. It has three folds-*Dhee* (intellect), *Dhruti* (Cognition) and *Smruti* (Memory)¹⁰. These all together or alone becomes individual incapable of working in day to day life. Above mentioned three folds of *Pradnyaaparadha* split ends in unbeneficial happenings for health by individual¹¹. This group of related responsible factors is the *Pradnyaaparadha*. It is the root cause for starting prognosis by means of vitiation of bodily *Tridosha* and neurological *Doshas*. Ultimately it result in deteriorate condition of the body.

Ayurved therapy

Prashatmatyaoshaghei

.....Smrutee Samadhibhi [Charak Samhita/ Sutrasthana 1/ 58.]

The treatment of neurological condition include *Dnyan* (Spiritual knowledge), *Vignyan* (Medical knowledge), *Dhairya* (Patience), *Smruti* (Memory) and *Samadhi* (Concentration)¹². Acharya Charaka also mentioned specific group of drugs that are beneficial in maintaining healthy neurological condition. It includes ten different herbs that posses supporting resuscitative multi-dimensional action for proper working in such impairments. *Satvajaya* (psychotherapy) and *Rasayan* (adaptogens- including immunomodulators, anti-stress and rejuvenation drugs) therapy also found to be useful in treating physiocycological condition.

Hingukaitaryamedavacha.....

...Etedasemanisadnyasthapan bhawanti. [Charak Samhita/ Sutrastana 4/ 48]

It is the group of ten herbs including *Hingu*, *Kaitarya*, *Arimeda*, *Vacha*, *Chorak*, *Vayastha*, *Golomi*, *Jatila*, *Palankasha*, *Katuki*¹³. These herbs shows therapeutic action in neurological disorders by possible mechanism of action by means of attributes possessed by each individual as summarized in the chart. There are also list of drugs like *Shankhpushpi*, *Jyotismati*, *Nagadamani*, *Vedamusk* practiced for in different parts of India¹⁴.

The herbal drugs useful in neuropsychiatric disorders and capable of enhancing cognitive performance are summarized in the following table.

Table showing useful herb in CD

S. No.	Latin Name of herb	Common Indian Name	Part Used	Active Chemical Constituents	Recent Studies Done
1.	<i>Ferula narthex</i> (Boiss)	<i>Hinga</i>	Exudates	Asaresinotannol, Disulphide	Act on CNS ¹³ as radical
2.	<i>Melia azedarach</i> (Linn)	<i>Mahanimba</i>	Flower, Leaves	Azadiridin, Margocin	Scavenging activity. ¹⁴
3.	<i>Acorus caramus</i> (Linn)	<i>Vacha</i>	Root	Asarones, Acorones, B-fanrese, Octaoic acid	Act as immunostimulants ¹⁵ and enhance humoral immune responses. ¹⁶
4.	<i>Acacia farisiana</i> (Willd)	<i>Irimeda</i>	Heart -	Catachin, Catechutaic	Acts on CNS. ¹⁷

			wood	acid, B-sitosterol	
5.	<i>Agelica archangelica</i> (Linn)	<i>Chandda</i>	Root	Acidic compounds, Coumarins	Antioxidant and Free Radical Scavenging Activities. ¹⁸
6.	<i>Cetallia asiatica</i> (Linn)	<i>Brhami</i>	Whole plant	Cassia acid, Asiatiside, Madecassoide, Brahmi acid	Acts as anticonvulsant. ¹⁹
7.	<i>Selinum tenuifolium</i> (Wall)	<i>Jatamansi bheda</i>	Root	Athracyaosides, Flavois Acid, Quioes, Polyphenols	Cognitive-enhancing and anti-oxidant properties. ²⁰
8.	<i>Nardostachus jatamansi</i> (DC)	<i>Jatamansi</i>	Root	Jatamansin, Jatamansone	Act on inflammatory coindition. ²¹
9.	<i>Commiphora Mukula</i> (Hook)	<i>Gugglu</i>	Exudates	Comphorie, Quercin, Guggul-tetrol, Ferulic acid	Shows antioxidant properties. ²²
10.	<i>Picrorhiza kurro</i> (Royle)	<i>Katuki</i>	Root	Picrorhizin, Kutkin, D-maitol, Kutakiol	Acts Antioxidant. ²³
11.	<i>Celastrus paniculatus</i> Willd	<i>Jyotishyamati</i>	Seed	(1 α , 2 α , 8 β , 9 β)-1, 8-bis (acetyloxy)-2, 9-bis (benzoyloxy)-14-hydr oxy- β -dihydroagarofuran	Shows Immunomodulatory ²⁴ action
12.	<i>Salix caprea</i> Linn	<i>Jalavtetas</i>	Flower	Kaempferol, Luteolin, Apigenin, Naringenin quercetin isorhamnetin, Luteolinsalicaprin Capreoside, Salicapreoside	Shows Anti inflammatory activity ²⁵ .

Though the selected drugs showed differences in term of *Rasa, Veerya, Vipak, Guna, Karma*, they have multi-fold actions which in turn alter the neuropsychiatric activity during development and ageing in CD in terms of pathogenesis. The scientific studies conducted in recent years with these drugs have proven targeted approach such as anti-convulsion properties, anti-inflammatory activity, neuro-protective effect, increased blood flow at neuropathy, which is responsible for the improvement of overall brain function.

CONCLUSION

1. CD remains leading cause of mental and physical disability and its conventional therapy provide moderate relief.
2. The symptoms in CD resembles with the symptoms mentioned by Charak as in '*Pradnyaparadha*.'
3. Selected plants are found to be promising for cognitive enhancing property, leading to the development of valuable medicine for CD in terms of safety.

SCOPE OF STUDY

Though modern existing parameters come from in-vivo studies, assessment of possible effect by using these herbal drugs can be studied to better determine the efficacy.

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