

Dravya pariksha vidhi w. s. r. to anukta dravya

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ABSTRACT

This article deals with the concept of Anukta Dravya and 'Dravya Pariksha Vidhi'. Dravya Pariksha Vidhi plays an important role in the field of Dravyaguna. It is basically the study methodology described regarding a new drug. An attempt is made to understand the each point mentioned under Dravya Pariksha Vidhi thoroughly and understand their importance in case of drug study. The biggest advantage of applying this method is that, we could find Ayurvedic attributes like Rasapanchaka, gunas, etc. for a totally new drug and thus, facilitate its use in Ayurvedic therapeutics. It was also observed that it is quite similar to the Pharmacognostic study method for natural drug and thus, it can be concluded that, studying a new drug by combing both methods would be more beneficial for the acceptance of new drug.

Keywords: Anukta dravya, Dravya pariksha Vidhi, Pharmacognostic study

INTRODUCTION

Ayurveda deals with every aspects of human life. The principles of Ayurveda are eternal but its applications can be modified as per the timely changes in society. Literary meaning of the word 'Anukta' is 'unsaid' and unuttered.

The knowledge about medicinally useful plants in the early age scientifically documented and systematically organized in Ayurvedic Samhita, Nighantus and other texts. Codified information regarding plants of folklore origin is not documented in the classical texts of Ayurveda. Multiple exotic plants are existent in India which are not referred to either in classical literature of Ayurveda and are commonly referred to as Anukta Dravya in Ayurveda. A good number of such medicinal plants have been discretely mentioned at numerous instances. The complete description of such medicinal plants in terms of their pharmacodynamics properties i.e. name, identification, morphology, rasa, guna, virya, vipaka etc. Simultaneously, the

plants should be described botanically and evaluated for their pharmacodynamics so that they can be successfully utilized in therapeutics and documented by incorporating into Ayurvedic Materia Medica (Nighantus) for future reference.

WHO has appreciated the importance of medicinal plants for public health care and has framed guidelines to support the developing nations in their efforts to formulate national policies on traditional medicines and to study their potential usefulness as therapeutic agents.^[1] This has increased the responsibility of Ayurvedic experts. It is the high time to work on an anukta dravya when the world is looking at us primarily because of our knowledge of medicinal plants.^[2]

NEED:

Many important medicinal plants have been red listed and many are on the way. Anukta dravyas may solve the problem of scarcity of medicinal plants.

We are in era of newly emerging diseases; anukta dravyas may help in findings their solution.

Ethno-botanical studies carry a great importance in Ayurveda, Charaka clearly directs to collect information about known and unknown dravyas from forest dwellers, shepherds tribes etc.^[3] their serious studies may expand our knowledge of herbs.

Above all, it is our duty to keep introducing new dravyas in Dravyaguna Vigyana so as to maintain the Shashwata (everlasting) feature of Ayurveda

Acharya Charaka's view and guidelines (C. Vi. 8/87) proved to be a source of light or the basic guideline for the later

researchers, who studied new drugs. Thus, later evolved Nighantus followed this and studied new drugs; and described them in their compendium. Many drugs from other healthcare systems or which were not found in India, were later incorporated in Ayurveda. This has led to new addition. For example, Yashtimadhu, Hingu were originally from Gulf region, Dalchini and Lanka were from Sri-lanka, but we find their references as well as elaborate description in classical texts of Ayurveda.

Thus, following this tradition, we must find out such commonly used as well as folk medicines, which do not have mention in Ayurvedic Samhitas. Such time tested drugs, are needed to be studied by Dravyaguna Researchers. In Ayurveda, this can be attained with the help Dravya Pariksha Vidhi in Vimansthana of Charaka Samhita. Thus, this article aims at proper understanding of Dravya Pariksha Vidhi and its applicability in today,s era.

AIMS AND OBJECTIVES

The study is carried out with an aim to review the Basic concept of dravya Pariksha Vidhi, try to understand it thoroughly and find its applicability in practice.

MATERIALS

This study was carried out after searching various medical databases like Pubmed, Dhara etc. and classical texts like Charaka Samhita, Sushruta Samhita and books like Dravyaguna Vigyana by different authors etc. related to Anukta dravya and the concept of 'Dravya Pariksha Vidhi.'

The suggested approaches for documenting Anukta dravya may involve following steps:

1. Collecting primary information about the Anukta dravya through folklore and extensive study literature.
2. Identification with the help of botanical and pharmacognostical studies
3. Nomenclature as per criteria laid down by different Nighantus esp. Raj Nighantu.
4. Evaluation of characteristics of Anukta dravya which contributed towards the biological actions such as rasa, guna virya, vipaka and prabhava in healthy volunteers.
5. Establishment of logical rational of biological actions which correlate properties of Anukta dravya with its pharmacological action.
6. Toxicity studies in animals.
7. Pharmacological studies.
8. Clinical studies.
9. Evaluation and validation of ethnobotanical claims. To confirm safe and effective use of plants material for human being.
10. Inclusion in Ayurvedic pharmacopoeia with possible benefit.

Collecting information about Anukta dravya:

- Documentation through folklore^[4]
- Comprehensive survey of literature^[5]: comprehensive review of books, journals and previous research works. Computerized search of published

and unpublished works related to the study.

Identification:

After recording local name, its botanical identification is done. Plants are identified according to Bentham & Hooker's system of classification.^[6] All relevant books available on Indian indigenous medicinal plants are consult for correct identification and verification.

Nomenclature:

Nomenclature of a substance is very essential for proper identification and to distinguish a particular substance from others. 'Nama' is defined by the learned as the word, which on being pronounced suggests some entity and is used in alphabets. The nomenclature also highlights that our ancestors had a keen sense of observation. In Ayurveda, methodology of nomenclature is multinomial. A plant is referred to by many names. Each name describes a particular feature or a specific attribute of the plant.^[7]

Name of plants are selected on the basis of varied criteria including Raj nighantu and Dhanavantari nighantu. In Dhanavantari nighantu,^[8] the names of plants, one or many assigned according to their habitat, form, color, potency, taste, effect, etc.

In Raj nighantu,^[9] seven basis of names and synonyms of plants are described.

1. Rudhi (Traditional usages) e.g. Atarushaka, Guduchi
2. Prabhava (Effect) e.g. Krimighna
3. Desha (Habitat) e.g. Vaidehi, Magadhi

4. Lanchhana (Morphological charactes) e.g. Chitratandula
5. Upama (Simile) e.g. Varahikanda
6. Virya (Potency) e.g. Ushana
7. Itaravhava (Names prevalent in other factors or other regions) e.g. Kakavha

According to guidelines given in both nighantus regarding nomenclature of new medicinal plants, the nomenclature of Anukta Dravya is done. Further, there is a need for synthesis of contemporary and Ayurvedic knowledge, which will help the future generation to use Anukta Dravya, the ignored medicinal plants, of great value.

Dravya Pariksha Vidhi as per Charaka Samhita:

तस्यापीयं परीक्षा-
इदमेवंप्रकृत्येवंगुणमेवंप्रभावमस्मिन् देशे
जातमस्मिन्नृतावेवंगृहीतमेवमुपस्कृतमनया च
मात्रया युक्तमस्मिन् व्याधावेवंधस्य पुरुषस्ये
एतावन्तं दोषमपकर्षत्यपशमयति वा यदन्यदपि
च एवं विधं भेषजं भवेतच्चानेन विशेषेण
युक्तमिति ॥

च. वि. 8/87

As per the description Acharya Charaka has given guidelines for drug standardization, which are as relevant in today's era too. It indicates that a drug should be studied as follows:^[10]

1. Prakruti: Name, Natural order of drug and botanical morphology.
2. Guna: Physical – Rasa, Virya, Gunas and chemical properties
3. Prabhava: Therapeutic actions.
4. Desha: Botanical distribution
5. Rutu Gruhitam: Time and method of collection
6. Nihit: Method of preservation

7. Upaskrit: Sanskar, Pharmaceutical processing for its preparations
8. Matra: Dosage
9. Vyadhi: Various diseases in which drug can be therapeutically used
10. Evam vidham purushasya: Clinical trials or in which person it is probably useful

Prakruti of a Drug:

It includes Namarupa and nature of the drug. Ayurveda stressed to utilize the knowledge and experience regarding drug identification, of cowherds, hermits, huntsmen, forest dwellers etc.^[11] It helps in developing crude knowledge regarding identity of a drug and ascertain it. It has reduced confusion regarding classification and identification of a drug especially in case of unknown or folklore medicine.

Guna:

These properties will explain the therapeutic actions of drug and also help in identification and standardization of drug. It includes Rasa, Veerya, Vipaka, Gurvadi gunas and Panchbhautikatwa of the drug.^[12]

1. Determination of Rasa:

Rasa of a drug is gustatory appeal.^[13] It is told by Charaka that “रसो निपाते द्रव्यानां”. The taste perceived immediately on dropping the drug on tongue is its Rasa.

To find out the Rasa of the new drug, Nipata method and Taste threshold method can be followed.

Nipata method:^[14]

Powder of the drug is used in the experimental study to ascertain its Rasa. The study is conducted in volunteers who are able to identify the taste and express it. Volunteers are requested to taste the powder after washing their mouth with distilled water. They are then requested to write down the taste they felt instantaneously and the taste felt after half a minute on a paper.

The taste perceived in first half minute is considered as the Pradhana Rasa and that perceived after as Anurasa.

Taste threshold method:

It is the assessment of degree of variation of taste through taste threshold method. Dr. Shiv Charana Dhyani has worked on primary, comparative & superlative degrees of rasas e.g. Madhura-Madhuratara-Madhuratama and has fixed taste thresholds. This method involves forming solutions of drug by mixing 5gm of drug in 50ml of water—cold water, hot water and boiling with water. Again tasting is done after specific repeated dilutions and threshold is counted by noting down the last reading of dilution where taste is perceived and is compared with the available data regarding Taste-threshold scale of that specific Rasa and accordingly Taste-threshold for the drug is specified.^[13]

Determination of Gunas:

As per Ayurveda Guna means physiochemical (Bhautika) or pharmacological (Karmuka) properties of the dravya.^{[12][13][14]} While considering Gunas of a dravya, Karmuka gunas are expected to be considered. The Gunas inherent in a dravya can be inferred by their rasa, applications and biological

responses. They can be inferred also by its known Pharmacological actions.

Determination of Vipaka:

In Ayurveda, Vipaka is associated with the Rasa i.e. a fixed Vipaka is associated with corresponding Rasa. thus, It can be assessed by the knowledge of rasa.^[13] Vipaka of a drug is inferred by its properties after it has undergone digestive and metabolic transformations.^[13] Thus, Vipaka can be assessed by its action produced on Doshas, Dhatus and Malas. It can also be assessed on the basis of the available literary information, regarding its properties and actions.^[13] It would be based upon the Trividha Vipaka Vada of Ayurveda.

Determination of Veerya:

Veerya of a drug can be understood according to endothermic and exothermic reaction method mentioned by Dr. S.C. Dhyani.^[13] Assessment of Veerya is done by the Endothermic and Exothermic reaction in distilled water. 100gm of drug is added to 100ml of distilled water. And, the reactions were noted for an hour. The results are concluded by the rise or fall in temperature. Veerya can also be assessed by Anumana, by its effect on appetite, sleep and basic metabolic rate. But in this method, it is necessary to consider Ashtavidha Veerya mentioned by Shushruta as it would facilitate the understanding of Veerya more correctly. These 8 types of Veerya are considered as the elaborate description of 2 types of Veerya.

Classification of Ashtavidha Veeryas^[13]

| | |
|---------------|-------------------------|
| Sheeta | Guru, Snigdha, Mrudu |
| Ushna | Laghu, Ruksha, Teekshna |

Determination of Prabhava:

Prabhava is a unique action of a drug. It can be defined as an action of a dravya which we cannot attribute to any of its rasapanchaka. No test parameters are available for its assessment.

Determination of Panch-bhautikatwa or Bhutika constitution:

Acharya Sushruta has given a good hint regarding the identification of Mahabhuta dominance. According to him assessment of dominant mahabhuta can be done by two ways:^[15]

1. By identification of taste & its intensity i.e. Asvadato
2. By identification of perceivable Guna-karmas i.e. Bhutaganadi

Accordingly, an attempt was made and a calculation method was developed in the study, “A study of Samskara and its role in alteration of Panch-bhautika composition of dravya”, by Dr. Dilip Nalge, Jamnagar. 2004.

In this method of calculation, percentage of mahabhuta dominance, using the gunakarmas of parthivadi dravyas mentioned by Bruhat-trayee and Ashtanga-Hridaya. Gunakarmas mentioned in texts are the maximum perceivable guna-karmas of any dravya. So these are more important regarding identification of mahabhuta dominance. As identification of mahabhuta dominance is itself a vast topic. It needs number of separate research works to be carried out to develop parameters for assessment of mahabhuta dominance.

The Asvadato or “taste with tongue” method is comparatively easy criterion to determine mahabhuta dominance, as specific rasas are having dominance of specific mahabhutas. But this has limitations, as this is only helpful in the case of Samana pratyayarabdha dravyas, as the arambhika mahabhutas of rasa and dravya karmas are same in Samana pratyayarabdha dravyas. So by understanding taste only, one may become able to understand dominance of mahabhutas in that dravya also.

Prabhava: (Specific action of Drug)

Prabhava stands for specific action of a drug. In modern terms, Prabhava is ‘Pharmacodynamics’ of a drug i.e. effects of a drug on various organs, body systems are studied. It can be inferred, on the basis of available literature references regarding the action of drug.

According to Ayurveda, actions of drug can be divided as-

- a. Action on Dosha
- b. Action on Dhatu
- c. Action on Mala
- d. Action on Strotas

Desha: (Habitat)

The soil, air, temperature, rainfall, sunlight and altitude are the important factors for the growth and development of plant. Since, they vary from place to place, knowledge about the habitat of any drug is very important. Some plants are found in specific regions while some can be found everywhere. Even if the plant is available everywhere, its chemical constituents vary in amount, which is proved by many researchers. According to Ayurveda, a drug should be collected from Prashasta desha. Thus,

study of ecological conditions play an important role in drug study.

Rutum Gruhitam: (Season and method of collection)

Drug should be collected in prashasta kala. Time is important factor as it imparts direct effect on potency of drug. In Ayurveda, Prashasta Ritu^[16] for drug collection is well described.

Nihitam: (Method of Preservation)

Preservation is also an important factor as it imparts direct effect on drug. In Ayurveda drug's preservation is well described.^[17] Even modern sciences states that a standard quality drug can be obtained only if it is collected by Good collection practices and preserved by Good storage practices related guideline must be followed as it may affect the physical as well as chemical properties of a drug.

Upaskrit: (Pharmaceutical processing)

Many preparations can be made from single drug to make it more potent, preserved, palatable and clinically effective.^[12] Information about pharmaceutical preparation mentioned, related to the study drug can collected and an attempt could be made to consider its use in various Ayurvedic kalpas.

Matra: (Dosage)

This is fixing the dosage of a drug.^[12] In Ayurveda, it is fixed according to severity of disease, age, time, koshtha and agni of the patient.

Vyadhi: (Various diseases in which drug can be useful)

A single drug can be used in different diseases, symptoms at different

places.^[13] Hence knowledge from different people in different places regarding its use should be compiled. The applicability of the drug as a possible therapeutic agent can be decided according to its uses mentioned in literature sources studied. Some of its possible applications can also be inferred according to its assessed Rasapanchaka.

Evam Vidham Purushasya: (Clinical trials or Person to whom it is to be administered)

Drug should be studied in clinical trials, which provide more valid base for the acceptance of a drug, as it is the best way to evaluate any drug's medicinal utility. Thus, it is needed to be studied according to Ayurvedic perspective of clinical trials but not before verifying its safety profile.

MODERN CONCEPT OF PHARMACOGNOSY:

The American Society of Pharmacognosy defines Pharmacognosy as "the study of the physical, chemical, biochemical and biological properties of drugs, drug substances or potential drugs or drug substances of natural origin as well as the search for new drugs from natural sources."^[18]

It is the study of medicinal uses of various naturally occurring drugs its history, sources, distribution, method of cultivation, active constituents, medicinal uses, identification test, preservation methods, substitutes and adulterants.^[19]

Scheme for Pharmacognostical Studies of natural drug:^[20]

- ✓ Official name, synonyms and vernacular terms.
- ✓ Biological source and family

- ✓ Geographical source and habitat
- ✓ History and introduction of crude drug
- ✓ Cultivation, collection and processing of drug
- ✓ Morphological or Macroscopic traits
- ✓ Microscopic or histological studies
- ✓ Chemical constituents and qualitative chemical tests
- ✓ Pharmacological actions, therapeutic and other pharmaceutical uses and formulations
- ✓ Commercial varieties, substitutes and adulterants
- ✓ Quality control of crude drug and phytopharmaceuticals derived from them

Macroscopic, microscopic qualitative analysis and chemical analysis are needed to be done in order to understand or achieve proper standardization of a drug.

From the above points, it is clear that Pharmacognostic study covers thorough information regarding a natural drug. Thus, this can be co-related with the Dravya Pariksha Vidhi in Vimanasthana of Charaka Samhita.

Applicability of Dravya Pariksha Vidhi:^[21]

1. The study of any new drug by Dravya Pariksha Vidhi- C.Vi. 8/87 would facilitate its inclusion to the Ayurvedic Compendium.
2. It is most applicable for the study of Anukta Dravyas
3. When a drug is studied according to the 'Dravya Pariksha Vidhi', it is studied according to the

attributes of Ayurveda, thus, we can get a complete standard profile of the drug according to the Ayurvedic point of view.

4. It would facilitate the use of drug in Ayurvedic practice once its Rasapanchaka etc. are known.

CONCLUSION:

Thus it can be concluded that if a new drug is studied according to the "Ayurvedic- perspective" as well as by modern Pharmacognostic view, it would provide a more firm base for its acceptance in Ayurveda therapeutics.

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Review study on medical emergency and their management in Tamakshwasa w.s.r. Bronchial asthma.

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Abstract:

Today, population is moving with modernization in the 21st century a lot of new diseases emerge out; many are life style disorders out of them Asthma is the most common chronic lower respiratory disease in adults and childhood throughout the world and *Ayurved* addresses it as *Tamakshwasa*.

Respiration is the evident feature of life which is carried out by *Prana vayu*. This sole sign of life is affected in the disease *Tamakshwasa*, causing in the impediment to the respiratory function. *Tamakshwasa* is correlated with Bronchial Asthma on the basis of its feature and *etiopathogenesis*.

As Prevalence of Asthma is increasing steadily over the lateral part of the last century, first in the developed and developing world.

This Article Represent the review study on the emergency management of *Tamakshwasa* (Bronchial Asthma) through ayurved with supporting evidences from studies conducted which includes combination of *shaman chikitsa* and life style management.

Keywords: *Ayurveda*, Emergency, *Atyayik avstha*, *Vegavstha*, *Darun*, *Sadya*, *Ashu*, *Bronchial Asthama*, *Tamakshwasa*.

Introduction:

In modern science Tamakshwasa can be Correlated with Bronchial Asthma which is a chronic inflammatory disease of Airway . In modern medicine there is no cure for Asthma symptoms can be typically be improved. At present several chronic recurrent respiratory disorders are increasingly seen all over the global population . In ayurveda described one of such disorder as Tamakshwasa (Bronchial Asthma).

Development of large industrial complexes has increased the air pollution. Mass industrallization and urbanization has destroyed the ecological balance of environment. Weak exposure to flour or cotton dust, animal fur, smoke, and wide variety of chemicals has been linked to increased risk of Asthma, this express the '*Pranavaha Strotas*'.¹

Modern medicine is much advanced in treating the infectious diseases , but limitations in treating disease like asthma provides only palliative treatment. The

current management of Tamakshwasa (Bronchial Asthma) is only providing short term symptomatic relief but does not provide any long term relief to the patient. On the other hand prolonged use of this drug are not safe, as it has many adverse effect with systemic manifestation and as the chronicity increases drug dose dependency increases and dialates the lung tissue to such an extent that at last it leads to respiratory failure.

The management of Tamakshwasa in ayurveda comprises *Shodhan* and *Shaman* Chikitsa, this concept depends on Bala (power,ability,streantg,immunity); Shodhana indicated in Balawan Rugna of Shwasa and Shaman Chikitsa in Durbala Rugna. In ayurveda Ashtma can be effectively and safely manage the condition without inducing any drug depending where Panchkarma procedures and use of internal medication detoxifies the body, provides nutrition amd increases the elasticity of lung tissue it also developes natural immunity of the body thus decreasing episodic recurrences of the disease.

Ayurvedic Aspect of Tamakshwasa (Bronchial Asthma):

Causes Of Asthma:

- 1) Allergens:** Pollen , grass ,skin dander , hair , dust and fog.
- 2) Irritants:** Cold air , sudden climatic change , cigarette , chemical fumes, paint and scented products.
- 3) Diet:** Junk foods , processed potatos , beer, wine, preservatives and additives.
- 4) Medicines :** Aspirin And Beta Blockers

Management of Tamakshwasa:

Nidaan-Parivarjanam:

Chikitsa is defined as “ Nidanparivarjan” or avoidance of causative factors. *Ayurveda* basically being emphatic about “*swasthyarakshan*” give priority to prophylactic management. This is very much applicable in the case of *Tamaka Shwasa*. The “agantuk hetu” have to be avoided in the first place. Being a “*Yapya roga*”, avoidance of triggering factors and providing quality of life with minimum medication is

the aim of Asthma management. *Charaka* says, the primary importance in *Shwasa Chikitsa* is the avoidance of causative factors. Both *Ayurveda* and Modern scientist agree to this fact.

The management of *Tamaka Shwasa* has two aspects:

1. Management of *Vegavastha* of *Tamaka Shwasa*; i.e. acute exacerbations, and
2. Chronic management of the *Avegavastha*, where the frequency, duration and intensity of the attacks are minimized / totally cured to give a quality life to the patient.

1. VEGAVASTHA:

In *Vegavastha Charaka, Sushruta, Vagbhata*, all the *Acharyas* have emphasized on the *Shodhana* therapy in the starting of *Chikitsa* and after that use of *Shamana yogas*. Patient who is in *Vegavastha* should be first anointed with salted oil and then subjected to sudation either by methods of steam (*Nadi Sweda*), hot bed sudation (*Prastara*) or mixed sudation. This is a specific condition where *Sneha* with *Lavana* is indicated. In *Snehadhaya Charaka* has mentioned properties of *Salavana Sneha*. It supervenes within short period of time because both of them are having *Sukshma* property hence having

greater penetration power. It is also having *Doshasanghata Vicchedakara* property. *Taila* is having *Ushna* property, and thus alleviates *Vata*, and does not increase *Kapha*, therefore it is better for *Abhyanga*. In *Shwasa Grathita Kapha* (Mucous plug) is present; and *Salavana Sneha* is useful in *Vilayana* of this *Grathitha Kapha*, thereby removing the *Sanga* (Obstruction of airway). Once the *Kapha* is removed from airways, it flows back to its base in *Amashaya* from where it is expelled out by *Vamana*. After a classical *Vamana therapy*, the left out *Dosha* has to be eliminated by fumigation therapy or *Dhupana*.

2. AVEGAVASTHA:

In *Avegavastha* due consideration should be given to avoid pathogenesis which further leads to exacerbations. However, *Acharya Charaka* has divided the patients of *Shwasa* into two categories.

1. Those who are strong and with predominance of *Kapha*.
2. Those who are weak and with predominance of *Vata* and who are ununctuous.

The choice of management of *Shwasa* in *Alpabala* patient is *Tarpana* and *Shamana*. *Shodhana* therapy should be administered only if extremely essential, if the patient is having good *Dehabala* and *Satwabala*, and when all other measures fail. In the last *shloka* of *Shwasa chikitsa*, *Acharya Charaka* says *Brimhana* is considered the best option compared to *shamana* and *karshana* when treating *Tamaka Shwasa* patient. In the *Shamana Chikitsa* the used drugs should be *Vatakaphaghna*, *Ushna* and *Vatanulomana*. Also he said that, any remedy which aggravates *vata* and pacify *kapha* or which pacify *vata* and aggravates

kapha or which pacifies both *vata* and *kapha* should be used for the management of *Tamaka Shwasa*. *Sushruta* has described different medicated *ghrita-kalpana* for *Shamana Chikitsa*. *Acharya Sushruta* has advised to do both *Vamana*, *Virechana* in *Shwasa* management while *Acharya Charaka* has described first *Vamana* in *Shwasa* may be as an emergency and after that *Virechana* with *Vata-shleshmahara dravya* especially for *Tamaka Shwasa* in between the two attacks or *avegavastha*. *Virechana* is best for *Srotoshodhan* and *Pitta Shamaka Chikitsa* and the *Pitta sthana Samudbhava* of *Shwasa Roga* can be explained in the terms of the importance of *Ama* in the *Samprapti*, which is produced in *Adho-Amashaya*, may be duodenum- the main site of digestion, which is explained as the *Pitta Sthana* by *Chakrapani-datta*. Hence, the specific management of *Tamaka Shwasa* according to *Charaka* is *Virechana*. Keeping in mind the *Samprapti* of *Tamaka Shwasa*, the ultimate aim of treatment should be to clear out the *Pranavaha Srotasa*, pacify *Vata* and remove the blockage due to *Kapha*. According to *Vagbhata* following is main principle of treatment:

1. *Balvana -kaphadhika - Karshana chikitsa*
2. *Durbala-bala- Brimhana*
3. *Vridhdha (old person) - Shamana Chikitsa*

The author of *Yogaratanakar* has mentioned that except *Snehavasti*, all other methods of *Shodhana Chikitsa* should be adopted in *Tamaka Swasa*. (*Yoga Ratnakar. Swa.chi.1*)

Shamana Yoga

For the management of *Shwasa*, Acharya Charaka has given 10 drugs under *Shwasahara Mahakashaya*:

Kachur, Pushkarmoola, Amlavetas, Chotila, Hingu, Agar, Tulsi, Bhumyalaki, Chanda (Chorpushpi) and Jeevanti and 10 drugs in Kasahara Mahakashay: Pippali, Kasamarda, Kantakari, Brihati, Agastya, Karkatshringi, Tulsi, Vasa, Vanshlochana, Dalchini, Talispatra

Acharya Sushruta has described various kind of drugs under *Vidarigandhadi varga, Sursadi gana* and ***Dashmul gana*** for the management of *Shwasa roga*. Different forms of commonly used preparations, given in different *Ayurvedic samhitas*, for the management of *Tamaka Shwasa* can be summarised as follows:

- **Churna:** *Sitopaladi Churna, Talisadi Churna, Muktyadya Churna, Sauvarchaladi churna, Shatyadi Churna, Krishnadi Churna, Paushkaradi Churna, Shunthyadi Churna* etc.
- **Kwatha:** *kulathyadhi kwath Dashmuladi Kwatha, Bharangyadi Kwatha, Vasadi Kwatha, Sheerishadi Kwatha, Amritadi Kwatha* etc.
- **Vati:** *Vyoshadi Vati, Marichyadi Vati, Khadiradi Vati, Lavangadi Vati* etc.
- **Awaleha & Leha:** *Kantakari avaleha, Chyavanprasha, Vasa haritakya leha, Chitraka –haritaki avaleha, Haridradi leha* etc.
- **Ghrita:** *Manahshiladi Ghrita, Vasa Ghrita, Shatpala Ghrita, Tejovatyadi Ghrita, Dashmuladi Ghrita.*

- **Kshara:** *Arka Kshara, Apamarga Kshara, Ashvagandha Kshara* etc.
- **Aasava-Arishta:** *Kanakasava, Pathadyasava, Somasava* etc.
- **Bhasma-Rasa:** *Abhraka bhasma, Shringa bhasma, Shwasa kuthar rasa, Shwasa-kasa-chintamadi rasa, Laxmivilas rasa* etc.
- **Yavagu & Yusha:** *Dashmuladi Yavagu, Hingvadi Yavagu, Pushkaradi Yavagu, Rasnadi Yusha, Kasmarda Yusha.*
- **Dhumpana & Nasya:** *Chandana dhumpana, Guggulu dhumpana, Haridradi dhumpana, Lashunadi nasya.*

Herbs For Asthma:

1. Bala offer Bronchodilator effect.
2. Yastimadhu prevents airway obstruction.
3. Pepper +Honey + Little onion juice.
4. Garlic also reduces the asthmatic severity.
5. Gotu Kola and Vasa Relief Pitta type Ashtma.
6. Herbal tea of ajwain, tulsi, pepper and ginger acts as natural expectorant.
7. Ephedra, thyme, pepper and cayenne help to reduces kapha type Asthma.
8. Gum of Asfetida + Honey is also useful in Asthma.

Ayurveda Formulation For Asthma:

- *Sitopalati Churna* Reduces chest congestion
- *Kantkari Avleha* reduces frequency of asthmatic attacks.
- *Talisadi churna* offers relief allergic bronchitis.
- *Vasarishta* acts as expectorants.
- *Padmapatradi yoga* increased peak expiratory flow rate.

- Shwaskuthar Rasa reduces obstruction.
- Swasa Sudharna helps to maintain normal respiration.

Formulation To Relief Childhood Asthma:

- ❖ Bharangyadi Avleha
- ❖ Shirishavleha
- ❖ Nayopayam Avleha
- ❖ Vasa Haritaki Avleha
- ❖ Kantkari Avleha

Pathya-Apathya In Tamakshwasa:

Pathya:

- *Annavarga: Mudaga, Yava, Kullathha, Purana shashtik, Rakta shalidhanya, Wheat.*
- *Shakvarga: Padwal, Jivanti, Chawali*
- *Phalvarga: Nimbu, Draksha, Amalki, Amlavetes, Bilva, Amlarasa, Pakva-kushmanda etc*
- *Dugdhavarga: Ajadugdha, Ghrita, Puranghrita.*
- *Maanssvarga: Janagla maans rasa, maans of tittar, lava, deer, rabbit*
- *Peya: Ushna jala, Madhu, Arishta, Gomutra, sauviraka.*
- *Vihara: Diwaswpna, Pranayama, Ushnajala snana, Avagha-swedana, Abhyanga, Dhoompna.*

Apathya:

- *Annavarga: Rukshanna, Guru and vishtambhi Aahara, Kapha-vata vardhak Ahara.*
- *Shakvarga: Kadwa shaka, Surasava.*
- *Phalvarga: Apakvakushmanda.*
- *Dugdhavarga: Dadhi, Unboiled milk.*
- *Maansvarga: Matsya, Anuo maans.*
- *Peya: Sheetal, Dushit jal*
- *Vihara: Exposure to cold, dust, pollution, vyayama, excess*

indulgence in sexual activities, tension and suppression of natural urges.

Conclusion:

Prevalence of Bronchial Asthma is increasing due to excessive pollution overcrowding occupational conditions stress and poor hygiene etc these etiological factors acts as aggravating factors in developing acute attacks of asthma mostly in atopic individuals. Therefore, Nidanparivarjana has got a significant role to play in the management of the disease Tamakshwasa. Also, various principles of ayurveda and many formulations can be used according to Roga and Rogi Bala, during Vegavstha and Avegavstha and asper palatability of the patient for free flow of *prana vayu* so that srothorodha is removed and free flow of *prana vayu* may occur thereby curing the attack of disease Tamakshwasa.

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Clinical trials of *shashtikshali pinda sweda* in *sandhigatvata* w.s.r. to Osteoarthritis. Sonawne Ramesh Dnyanoba¹, Mahendra Bansilala Toshniwal²

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ABSTRACT

Irregular lifestyle is responsible for early degenerative changes in body Tissue and plays important role in manifestation of such degenerative disorder. The effect on *Sandhi* by *prakupit vata* is main phenomenon in *samprapti* of sandhigat vata. Panchakarma is one of most effective healing modality in Ayurveda medicine it promotes detoxification and rejuvenation. Out of Panchakarma Sankar sweda is important for Dhatu Kshayajanya vata vyadhi as it specifies vitiated dosha also having Bruhan action gives strength to the muscles. In sandhigat vata Acharya Charaka mentioned repeated use of Snehana and Swedana so here, we used shashtikshali pinda sweda for 30 patients the osteoarthritis were selected for study.

Keywords- Sandhigatvata, Osteoarthritis, Snehana, Swedana, Sankar sweda, Shashtikshali pinda sweda.

Introduction-

Sandhigat vata is one of vata vyadhi ; characterized by sandhishoola (joint pain), sandhishootha (swelling of joint). Osteoarthritis is degenerative joint disorders represent failure of Diaarthodial (movable synovial joint) joint.⁷

हन्ति सन्धिगतः सन्धिन्
शुलाटोपौ करोति च । मा.नि

The incidence of Osteoarthritis in India is high as 12% it is estimated that approx. 4 out of 100 people are affected by

Osteoarthritis. It is most common articular disorder begins asymptotically in the 2nd and 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathogenic changes in weight bearing joint 25% of Male and 16% Female. In Ayurvedic classics local application is one of the treatment for Shoola and Shotha. Sankar Sweda is one of the Sweda Explained by Acharyas for the treatment of it.¹

तिलमाषकुल्थाम्लघृतततैलामिषौदनैः।
पायसैः कृशरैर्मासैः पिंडस्वेदं प्रयोजयेत् ॥

च.सू. १४/२५

Shashtikshali pinda sweda belongs to category of Agniswedana as well as Snigdha sweda. This is also popularly known as 'NAVKARKIZI' (Navkar=New rice, Kizhi=Potali). This is easy and effective procedure of swedana and is ideal in Healthy persons, in children and also in patient suffering from illness due to morbid vata dosha.^{2,3} In this study total 30 patient have the cardinal symptoms of Sandhigat vata selected.

Aim & objective –

To observed the effect of shashtikshali pinda sweda in sandhigatvata w.s.r. to osteoarthritis.

Materials and Methods-

Patient suffering from sandhigatvata were selected from OPD and IPD of Panchakarma department in our Ayurved college. Criteria for diagnosis of

Sandhigatvata were selected on the basis of sign and symptom described in charaka. Patient have been given Shashtikshali pinda sweda upto 30 to 45 min for 7 days.

INCLUSION CRITERIA-

1. Patient having classical sign & symptoms of sandhigatvata.(Sandhithana - Janusandhi).
2. Gender- with respective both gender.
3. Age - 30 to 80
4. Patient indicated for shashtikshali pinda sweda.
5. Patient willing to giving written consent.

EXCLUSION CRITERIA-

- 1) Patient with samavasthya of sandhigatvata.
- 2) Patient with other diseases like Amvata,Vatrakta.
- 3) Patient with other joint disorder complication like fractures & other surgical operatives.
- 4) Autoimmune diseases like SLE etc. Systemic disorder like CRF,LVF,HIV.
- 5) Female with ANC & PNC.

⁴POORVAKARMA-

Requirement-

- 1) Abhanga table.
- 2) Cotton cloth 18 x 18"
- 3) Cotton thread 8.
- 4) No Utensils & other material for preparation of Decoction

| Sr. no. | Contents of Measurements | pindasweda |
|---------|-----------------------------|------------|
| 1. | Bala mula choorna 50 gms | |
| 2. | Rice 250 gms | |
| 3. | Milk 500 ml | |

Method of Preparation-

- a) Decoction-** Take 50 gm of balamula choorna add 4 lit of water and boil it in a vessel and reduce it up to 1 lit decoction.
- b) Rice-** From above decoction take ½ lit in separate vessel and add ½ lit milk 250 gms of rice and cook like a paste.
- c) Bolus-** Keep the cooked paste into 2 cleaned cloth pieces measuring 18x18" and prepare into bolus that is, pottali. The remaining half decoction should be used for dipping the bolus while performing the fomentation.



A



B



C



D

PRADHANKARMA-

After evacuating the bowel & bladder. Patient in minimum cloths is then made to lie down on the Abhangya table in supine position. Hold The Pinda in the Right hand after making it suitably warmed by dipping in Decoction.

The temperature of the Pinda has to be tested by keeping left hand on it, Confirm whether the heat suitable to patient. After confirmation of the temperature give gentle massage with Pottali on the Janusandhi & the Pottali will be changed as soon as its temperature becomes less. The massage should be done slowly.



PASCHATKARMA-

The content of Pottali should be mixed with reaming Decoction and make it lukewarm and apply this paste to the Janusandhi. After 10 to 15 min the paste should be removed. Advised to take Luke warm water bath and complete rest for ½ hour.

PRECAUTION AFTER PROCEDURE-

1) Avoid immediate exposure to cold breeze, open air and contact with cold water.

2) Immediate stop the procedure if patient feels excessive pain during the procedure.

Criteria for assessment-

1)Sandhishoola-

| | |
|---------|---|
| Grade 0 | No pain |
| Grade 1 | Pain present but tolerable |
| Grade 2 | Pain present but difficult to tolerable |
| Grade 3 | Intolerable pain and taking analgesics |

2)Prasaran Akunchanvedana

| | |
|---------|--|
| Grade 0 | Absent |
| Grade 1 | Without wincing of face |
| Grade 2 | With wincing of face |
| Grade 3 | Shout or prevent the movement of joint |

3)Vatapurnadrutisparsha-

| | |
|---------|--|
| Grade 0 | Absent crepitus |
| Grade 1 | Palpable crepitus |
| Grade 2 | Palpable and Audible crepitus on moving joint forcibly |
| Grade 3 | Palpable and always audible crepitus |

Scoring

| | |
|----------------------|-----|
| Over all Assesment | |
| Mild Improvement | 0-3 |
| Moderate Improvement | 4-6 |
| Marked Improvement | 7-9 |

Overall effect of Therapy shahstikshali pinda Sweda in Sandhigat vata:

For assessing the severity of *Sandhigat vata* in each patient the above adopted scores and assessed as follows.

Showing overall effect of therapy

| | |
|--------------|---------------|
| GRADE | score |
| Mild | 1 (0-3 score) |
| Moderate | 2 (4-6 score) |
| Marked | 3 (>7 score) |

| Symptoms | Before Treatment | After treatment |
|----------------------|------------------|-----------------|
| Sandhishool | Grade 2 | Grade 1 |
| Prasaran Akunchan | Grade 2 | Grade 1 |
| Vatpurnadrutisparsha | Grade 2 | Grade 0 |
| Total | 6 | 2 |

RESULTS:

In the attributes like Janusandhi shoola, Prasaran Akunchana, Vatpurnadrutisparsha. Study reveals that occurred with treatment had marked improvement was seen in patients of sandhigatvata.

DISCUSSION:

The procedure where stimulating the body temperature by contact with the external heat source and there by producing the sweda for therapeutic reason is termed as swedana. Through swedana one can achieve the therapeutic benefits in the form of elimination of shola, prasaran akunchana, vatpurnadruti sparsha. Shatishalikipind sweda is snigdha, Sthira, Balavardhana, Dehdardhayakrita. Bala & Godhughdha is Rasayana and Vatahara. Further the Swedana cleans and open up the channels of strotasa thus facilitates more nourishment and free movement of Vata dosha.⁴

Effect of Heat

Due to heat – Vasodilatation particularly in superficial tissues where the heating is greatest, simulation of superficial nerves

endings can also cause a reflex dilatation of arterioles. By this necessary oxygen and nutritive materials are supplied.

Heat has been applied as counter irritant, which is the thermal stimulant may affect the pain sensation. Heat is having indirect effect on muscle tissue - increase temperature - muscle relaxation, increase muscle action efficiency.

Increase activity of sweat gland - Reflex stimulation of sweat gland resulting effect of heat on the sensory nerve endings.

Conclusion-

Sandhigata vata is one of the Vata vyadhi can be correlated with Osteoarthritis. Swedana are prescribed as one of the line of treatment for it. In sandhigatvata sweda plays an important role. Shashtikshali Pinda sweda, a form of Sankar sweda explained in the classics serve the purpose of alleviation of vitiated Vata dosha. The benefits of procedure is achieved more rather than the absorption of the drug.⁶

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A CASE STUDY OF AGNIKARMA IN THE MANAGEMENT OF WART.

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ABSTRACT

Ayurveda a science of life. In *Ayurveda*, *Sushrut Aamhita* mainly deals with surgical aspects of treatment. In *Shalyatantra* along with surgical procedures there is description of para-surgical procedures such as *Ksharkarma*, *Agnikarma*, *Jalaukavacharan* etc. *Aacharya Sushrut* described *Agnikarma* as an effective management for various diseases. There are various types and instruments for *Agnikarma*. For *Twak Agnikarma*, *Sushruta* advised *Shalaka*. Wart can be correlated with *Charmkeel* and it can be treated with *Agnikarma*. So, in present study we selected *Shalaka Agnikarma* for treating a patient of wart. The study carried out at OPD of Shalyatantra in CSMSS Ayurved Mahavidyalaya, Aurangabad. The treatment showed good results and a good acceptance of treatment by patient also observed.

Keywords: *Agnikarma*, Wart, *Shalaka*, *Charmkeel*.

1. INTRODUCTION

Sushruta described surgical as well as para-surgical treatments in *Sushrut Samhita*. In para-surgical procedures *Agnikarma Ksharkarma* etc. are mentioned. *Agnikarma* is a therapeutic cauterization. Wart is a disease which can be called as *Charmkeel* in *Ayurveda*. *Ayurveda* states that *Charmkeel* caused by *Vata* and *Kapha*.¹ In modern science wart caused by human papiloma virus.² Mostly it is a painless disease but may become painful after any trauma. In modern science the treatment advised for treating wart is excision. But many times, it was not accepted by patient. This one is a case of 30 years female having wart near right nostril. She took various treatments, but recurrence was there.

We decided to use *Agnikarma* in the treatment. General and local examination of patient was done. Size of the wart was near about 5 to 6 mm in diameter. Some routine

blood tests were carried out. No any other medication was used except local application of *Kumarri (Aloe Vera Linn.)*.

2. MATERIALS AND METHODS

2.1. Materials

- ◆ *Shalaka*
- ◆ *Kumari (Aloe Vera Linn.) magaj*
- ◆ Gas stove
- ◆ Cotton
- ◆ Betadine liquid

2.2. Methods

2.2.1. Objective

To study effect of *Agnikarma* on wart.

2.2.2. Case report

Patient was a 30 years female teacher by profession. She came in OPD with the complaint of wart near her right nostril. The wart was present

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since 3 years. Patient took different medications along with excision two times but recurrence was there. We decided to treat that wart with *Agnikarma* with *Shalaka*. Then the wart was removed with hot *Shalaka* from its base. The *Agnikarma* was done until get the *Samyadagdha lakshanas* as described by *sushruta*.³ A little burning was felt by patient at the site which controlled by local application of *Kumara (Aloe Vera Linn.) magaj*. After procedure no dressing was done. Patient went home on same day and advised to visit OPD on next day.

3. RESULTS AND DISCUSSION

Patient had no any complains at *Agnikarma* site only a small wound was present at site. Instructed to continue use *Kumari (Aloe Vera Linn.)* for next seven days. The wound caused by procedure was healed in a period of seven days. Patient was followed up for a period of 3 months. No any recurrence was observed. *Wart* is produced by vitiated *Vata dosha* with *Anubhandha* of *Kapha*⁴ so, *Agnikarma* is considered as best therapy to pacify these *doshas*. Due to *Ushan, Sukshma, Ashukari guna* it pacifies vitiated *Vata Kapha dosha*. And hence may effective in treatment of wart. *Sushruta* described that the diseases treated with *Agnikarma* do not recur.⁵ Also *Agnikarma* is advised for *Vedanashaman* hence, no pain occurred in treatment.

4. CONCLUSION

Wart is one of the most common problems among society. It appears mostly in middle aged people. After *Agnikarma* there is relief

from the disease wart in the patient. Also no any unwanted results observed during the procedure and follow-up. *Agnikarma* is simple to apply, economical and no any hospitalization is needed. The initial hypothesis was found correct that wart can be treated with *Agnikarma*. As we conduct the study on a single patient it can't be claimed as a final. A study on a large number of patients need to be conduct to see the efficacy of *Agnikarma* on wart.

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Clinical trials of *shashtikshali pinda sweda* in *sandhigatvata* w.s.r. to Osteoarthritis. Sonawne Ramesh Dnyanoba¹, Mahendra Bansilala Toshniwal²

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ABSTRACT

Irregular lifestyle is responsible for early degenerative changes in body Tissue and plays important role in manifestation of such degenerative disorder. The effect on *Sandhi* by *prakupit vata* is main phenomenon in *samprapti* of sandhigat vata. Panchakarma is one of most effective healing modality in Ayurveda medicine it promotes detoxification and rejuvenation. Out of Panchakarma Sankar sweda is important for Dhatu Kshayajanya vata vyadhi as it specifies vitiated dosha also having Bruhan action gives strength to the muscles. In sandhigat vata Acharya Charaka mentioned repeated use of Snehana and Swedana so here, we used shashtikshali pinda sweda for 30 patients the osteoarthritis were selected for study.

Keywords- Sandhigatvata, Osteoarthritis, Snehana, Swedana, Sankar sweda, Shashtikshali pinda sweda.

Introduction-

Sandhigat vata is one of vata vyadhi ; characterized by sandhishoola (joint pain), sandhishootha (swelling of joint). Osteoarthritis is degenerative joint disorders represent failure of Diaarthodial (movable synovial joint) joint.⁷

हन्ति सन्धिगतः सन्धिन्
शुलाटोपौ करोति च । मा.नि

The incidence of Osteoarthritis in India is high as 12% it is estimated that approx. 4 out of 100 people are affected by

Osteoarthritis. It is most common articular disorder begins asymptotically in the 2nd and 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathogenic changes in weight bearing joint 25% of Male and 16% Female. In Ayurvedic classics local application is one of the treatment for Shoola and Shotha. Sankar Sweda is one of the Sweda Explained by Acharyas for the treatment of it.¹

तिलमाषकुल्थाम्लघृतततैलामिषौदनैः ।
पायसैः कृशरैर्मासैः पिंडस्वेदं प्रयोजयेत् ॥

च.सू. १४/२५

Shashtikshali pinda sweda belongs to category of Agniswedana as well as Snigdha sweda. This is also popularly known as 'NAVKARKIZI' (Navkar=New rice, Kizhi=Potali). This is easy and effective procedure of swedana and is ideal in Healthy persons, in children and also in patient suffering from illness due to morbid vata dosha.^{2,3} In this study total 30 patient have the cardinal symptoms of Sandhigat vata selected.

Aim & objective –

To observed the effect of shashtikshali pinda sweda in sandhigatvata w.s.r. to osteoarthritis.

Materials and Methods-

Patient suffering from sandhigatvata were selected from OPD and IPD of Panchakarma department in our Ayurved college. Criteria for diagnosis of

Sandhigatvata were selected on the basis of sign and symptom described in charaka. Patient have been given Shashtikshali pinda sweda upto 30 to 45 min for 7 days.

INCLUSION CRITERIA-

1. Patient having classical sign & symptoms of sandhigatvata.(Sandhithana - Janusandhi).
2. Gender- with respective both gender.
3. Age - 30 to 80
4. Patient indicated for shashtikshali pinda sweda.
5. Patient willing to giving written consent.

EXCLUSION CRITERIA-

- 1) Patient with samavasthya of sandhigatvata.
- 2) Patient with other diseases like Amvata,Vatrakta.
- 3) Patient with other joint disorder complication like fractures & other surgical operatives.
- 4) Autoimmune diseases like SLE etc. Systemic disorder like CRF,LVF,HIV.
- 5) Female with ANC & PNC.

⁴POORVAKARMA-

Requirement-

- 1) Abhanga table.
- 2) Cotton cloth 18 x 18"
- 3) Cotton thread 8.
- 4) No Utensils & other material for preparation of Decoction

| Sr. no. | Contents of Measurements | pindasweda |
|---------|-----------------------------|------------|
| 1. | Bala mula choorna 50 gms | |
| 2. | Rice 250 gms | |
| 3. | Milk 500 ml | |

Method of Preparation-

- a) Decoction-** Take 50 gm of balamula choorna add 4 lit of water and boil it in a vessel and reduce it up to 1 lit decoction.
- b) Rice-** From above decoction take ½ lit in separate vessel and add ½ lit milk 250 gms of rice and cook like a paste.
- c) Bolus-** Keep the cooked paste into 2 cleaned cloth pieces measuring 18x18" and prepare into bolus that is, pottali. The remaining half decoction should be used for dipping the bolus while performing the fomentation.



A



B



C



D

PRADHANKARMA-

After evacuating the bowel & bladder. Patient in minimum cloths is then made to lie down on the Abhangya table in supine position. Hold The Pinda in the Right hand after making it suitably warmed by dipping in Decoction.

The temperature of the Pinda has to be tested by keeping left hand on it, Confirm whether the heat suitable to patient. After confirmation of the temperature give gentle massage with Pottali on the Janusandhi & the Pottali will be changed as soon as its temperature becomes less. The massage should be done slowly.



PASCHATKARMA-

The content of Pottali should be mixed with reaming Decoction and make it lukewarm and apply this paste to the Janusandhi. After 10 to 15 min the paste should be removed. Advised to take Luke warm water bath and complete rest for ½ hour.

PRECAUTION AFTER PROCEDURE-

1) Avoid immediate exposure to cold breeze, open air and contact with cold water.

2) Immediate stop the procedure if patient feels excessive pain during the procedure.

Criteria for assessment-

1)Sandhishoola-

| | |
|---------|---|
| Grade 0 | No pain |
| Grade 1 | Pain present but tolerable |
| Grade 2 | Pain present but difficult to tolerable |
| Grade 3 | Intolerable pain and taking analgesics |

2)Prasaran Akunchanvedana

| | |
|---------|--|
| Grade 0 | Absent |
| Grade 1 | Without wincing of face |
| Grade 2 | With wincing of face |
| Grade 3 | Shout or prevent the movement of joint |

3)Vatapurnadrutisparsha-

| | |
|---------|--|
| Grade 0 | Absent crepitus |
| Grade 1 | Palpable crepitus |
| Grade 2 | Palpable and Audible crepitus on moving joint forcibly |
| Grade 3 | Palpable and always audible crepitus |

Scoring

| | |
|----------------------|-----|
| Over all Assesment | |
| Mild Improvement | 0-3 |
| Moderate Improvement | 4-6 |
| Marked Improvement | 7-9 |

Overall effect of Therapy shahstikshali pinda Sweda in Sandhigat vata:

For assessing the severity of *Sandhigat vata* in each patient the above adopted scores and assessed as follows.

Showing overall effect of therapy

| | |
|--------------|---------------|
| GRADE | score |
| Mild | 1 (0-3 score) |
| Moderate | 2 (4-6 score) |
| Marked | 3 (>7 score) |

| Symptoms | Before Treatment | After treatment |
|----------------------|------------------|-----------------|
| Sandhishool | Grade 2 | Grade 1 |
| Prasaran Akunchan | Grade 2 | Grade 1 |
| Vatpurnadrutisparsha | Grade 2 | Grade 0 |
| Total | 6 | 2 |

RESULTS:

In the attributes like Janusandhi shoola, Prasaran Akunchana, Vatpurnadrutisparsha. Study reveals that occurred with treatment had marked improvement was seen in patients of sandhigatvata.

DISCUSSION:

The procedure where stimulating the body temperature by contact with the external heat source and there by producing the sweda for therapeutic reason is termed as swedana. Through swedana one can achieve the therapeutic benefits in the form of elimination of shola, prasaran akunchana, vatpurnadruti sparsha. Shatishalikipind sweda is snigdha, Sthira, Balavardhana, Dehdardhayakrita. Bala & Godhughdha is Rasayana and Vatahara. Further the Swedana cleans and open up the channels of strotasa thus facilitates more nourishment and free movement of Vata dosha.⁴

Effect of Heat

Due to heat – Vasodilatation particularly in superficial tissues where the heating is greatest, simulation of superficial nerves

endings can also cause a reflex dilatation of arterioles. By this necessary oxygen and nutritive materials are supplied.

Heat has been applied as counter irritant, which is the thermal stimulant may affect the pain sensation. Heat is having indirect effect on muscle tissue - increase temperature - muscle relaxation, increase muscle action efficiency.

Increase activity of sweat gland - Reflex stimulation of sweat gland resulting effect of heat on the sensory nerve endings.

Conclusion-

Sandhigata vata is one of the Vata vyadhi can be correlated with Osteoarthritis. Swedana are prescribed as one of the line of treatment for it. In sandhigatvata sweda plays an important role. Shashtikshali Pinda sweda, a form of Sankar sweda explained in the classics serve the purpose of alleviation of vitiated Vata dosha. The benefits of procedure is achieved more rather than the absorption of the drug.⁶

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Review Article On Shukrajanan Mahakashay**Vd Jyotsna V Kulkarni**Associate Professor, Department Of Dravyaguna,
CSMSS Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad**Abstract :-**

Shukra is a broad concept in Ayurveda that is the resultant outcome of food metabolism i.e. ahar into rasa, rakt upto shukradhatu. Ayurveda is evident of drugs acting on shukra. Mainly embarked for infertility due to male and female factors. Infertility itself does not stand alone, it is a result of some other disease, so drug acting towards eradicating the underlying cause. Charakacharya hence compiled 10 drugs in Shukrajanan Mahakashaya.

Key Works :- Shukrajanan Mahakashay**Introduction :-**

The body shows basis of seven dhatus namely Rasa, Rakt, Mansa, Meda, Asthi, Majja and Shukra. The origin of the shukra dhatu are breast and penis respectively in females and males. These two sites are stated by Shushrut Acharya. The form of shukra is being described as liquid with small similar to honey, colour like oil or honey. The duration for formation of Shukra from ahar varies as per different acharyas, as per some duration of one month is required, as per others a period of seven nights. The karmas of Sukradhatu are described in terms of strength and vital energy of body. The reference for same are found in Shushrut Samhita.

Any kind of deformity or abnormality that occurs in the Shukra dhatu leads to decrease in age, impotency or failure to conceive. In some cases hemorrhage takes place and abortion take place.

Hence Charak has started certain dravyas that act on Sukradhatu. In sutrasthan he mentioned 50 Mahakashayas among which Shukrashodhan and Shukrajanan are two mahakashayas. Heere the Shukrajanan Mahakashaya is being discussed.

In this Shukrajanan Mahakashaya, the drugs from ashtvarg are stated, bu these drugs are getting depleted with the eve of time and hence it is suggested by the samhitarakas to substitute these drugs with other available herbal drugs. For Jevak – Rushbhak – Vidharikand can use, instead of Kakoli – Kshirkakoli – Ashwagandha can use and instead of Meda – Vrudharuha – Shatavari can use.

Vidarikand³ :-

Latin name – Pueraria tuberosa Dc, Family – Fabaceae

Distribution – Kokan hilly areas, Western Himalaya, Shimala, Kumau, found besides river and streams.

Morphology :- Creeper that extends to greater area.

Bark with 12 mm thickness with trifoliate leaves.

The leaflets being 10-15 mm in length and flowers occurs in inflorescence. The legumes are 5 – 7.5 cm

length containing 2-6 seeds within. Rhizomes are present below ground level called as Vidarikand. It is

round, brown in colour and 60 cm in length and 75

cm n circumference. Old Rhizomes are more than 20

kg in weight. These rhizomes are sweet in test, sheet

viryatmak and guru snigdha gunatmak. These

rhizomes creates sperms i.e., shukrotpatti.

Ashwagandha⁴ :-

Latin Name – Withania Somnifera Family – SOLLANACEAE.

Distribution – This shrub is found in two types.

Market species is withania ashwagandha (Nagori)

being used for strength, vital energy. In vatvyadhi,

apasmad wild variety of ashwagandha must used.

Nagori ashwagandha is of tikt, kashay ras and ushn

virya. It stimulates spermatogenesis.

Mudgaparni⁵ :-

Latin Name : Phaseolus tribulus Family – Fabaceae

Morphology : This drug is in climber form with

leaves triserrate and rounded, legumes with seeds

white in appearance. The plant is madhur and tikt

rasatmak with sheet virya and ruksh guna. Tikt ras

stimulate shukradhatwagni and madhur ras produces the sperm.

Mashparni :-

Latin Name : *Tremanus labialis* Family – Fabaceae

This drug is also act same as mudgaparni.

Meda is found in Nepal but since the drug is not available shatavari is used as substitute drug.

Vrudharusha I.E., Shatvari⁶ :-

Latin Name : *Asparagus racemosus* . Family – Liliaceae

Morphology : This shrub occurs in climber form. It have thorn instead of leaves. Flowers are minute, white aromatic. Fruit are round, small and turn red when get ripend. Roots of this drug are used in medicines. These are tikt madhur rasatmak, sheet viryatmak and guru snigdha gunatmak. They act as spermatogenetic i.e. increasing in sperm count. Other species of is Mahashatavari (*Asparagus Sarmantosus*) which found in south area of India and also act for increase in number of sperms.

Jatila I.E., Jatamansi⁷ :-

Latin Name : *Nordostyichys jatamansi*. Family – Valerianaceae

Distribution and Morphology : It is found in Himalaya. The drug has got hair on its root. These roots are aromatics and used in medication. Being with madhur, tikt, kashay rasa, sheet virya eradicate manasdosha like stress, fear. It act as shurajanak by prabhav.

Kulinga I.E., Gunja⁸ :-

Latin Name : *Abrus precatorius* linn family Fabaceae.

Morphology : It occurs in form of creeper. There are two types of gunja i.e., rakt and shwet. Leaves of this is sweet in taste. Flowers occur in inflorescence being white in colour. Fruits are in legume type in it shiny seeds with black pointed appearance. Gunja being poisonous drug need to purified i.e., shodhan process is essential before utilizing it in medication. For shodhan it is stated to boil it in cows milk for 3 hours and later its skin should be removed and wash it off in plain water. Gunja is tikt, ruksh in guna with ushn virya. Its roots are madhur, tikt and tikt ras stimulates the dhatu agni and madhur rasa of roots works for shukrajanan.

All above drugs are stated by Achary Charak in Chikiststasthan Vajikaran Adhyay. Some kalpas like Bruhani gutika, Apatyakari shastikadi gutika,

vajikaran ghrut, vrushya ghrut, apatyakar ksheer, vrushya payas are use for shukrajanan Karma. Vajikaran and Vrushya are both different concepts. Vajikaran means increase in capacity of sexual function and Vrushya means increase in number of sperm count. References are stated in Charak Samhita and Astang hrudhay. Madhur, tikt and snigdha gunatmak drugs acts as Vrushya. Shurajanak, Shukrapravartak and Shukrajanakpravartak are divisions of vajikaran. Madhur, snigdha, sheet drugs can use for shukrajanan while tikshn, ushn drugs can use for shukrapravartan.

Research Reviews :-

Vidarikand⁹ :-

Pueraria tuberosa DC used in medicinal preparation as tonic, aphrodisiac, galactogogus. It is reported to possess numerous activities like antioxidant and antifertility. Interestingly the plant is considered as treatment for sexual disorders but on the other hand recognized as antifertility activity. However this takes place at only higher doses and also because of the absence of any scientific study on traditionally claimed fertility enhancing properties of the drug. It was envisaged to carry out a systematic investigation of androgenic and fertility enhancing properties of the herb along with its possible action on the pituitary and testicular hormone level.

In vitro study was conducted with ethanolic extract of *pueraria tuberosa* on albino rats. It should improve sexual behavior in rats and mount latency and post ejaculation latency significantly reduced. It showed improved spermatogenesis in all groups compared to invitro marked increase in fructose concentration in seminal vesicles.

Ashwagandha¹⁰ :- Photochemical like alkaloids, steroidal lactones flavonoids, flavonoids, withanolids, withaferin, withanosides shows / prominent fertility status. In animal studies it is known to have gonadotropic function which increases gonadal weight by growing follicle size in female and increasing seminiferous tubule cell layer in male animals. On clinical trial the effect of 5 gm of ashwagandha root for 3 months on semen parameter of infertile men showed improvement in semen quality increased vitamin E, C and A and increased fertility.

Shatavari¹¹ :- The root extract increases milk production in females complaining of deficient milk

secretion. The aqueous fraction of the alcoholic fraction extract of root at 250 mg/kg administered intramuscularly was shown to cause both an increase in the weight of mammary gland lobuloalveolar tissue and the milk yield of oestrogen primed rats. The activity was attributed to the action of released corticosteroids or an increase in prolactin.

Effect On Uterus :- Glycosides shatavarin isolated from the root of *Asparagus racemosus* has been found to be responsible for the competitive block of oxytocin induced contraction of rat guinea pig and rabbits uteri in vitro as well as in vivo.

Gunja¹²:- The modern review are in contrast evidence which are stated as follows :-

Antispermatic effect – Ethanol extract of seeds administered intragastrically to male rats at dose of 100 mg/kg for 60 days was inactive. Ethanol / Water (1:1) extract of dried seeds administered by gastric intubation to rats at the dose of 250.0 mg/kg was active. Although no significant histological changes in the testes was reported, sperm concentration was significantly reduced in both cauda epididymis and tests after dosing for duration of 60 days.

Conclusion :-

The mahakashay described by Acharya Charak is useful and can be implemented in cases of various aspects including the increase in vital energy, immunity, healthcare in preventing measures. The growing urbanization, industrialization with reflecting implant on life style changes including eating habits and subsequent activities like sleeping, awakening schedules etc. All these affect the bodies metabolic activities, dosh and agni, saptdhatu and their functions. Disturbed physiological function ultimately affects the shukra dhatu resulting into infertility and impotency. Ayurvedic herbs like shatavari, ashwagandha are extremely useful to create the synergistic hormonal balance between the FSH and LH. Among the stated dravyas vidarikand, shatavari and ashwagandha can be used as their properties have been proved from the modern perspective through pharmacological and phytochemical screening.

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Ayurvedic Management in Aupsargika Roga-Dadru Kushtha: A Case Study

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Abstract: Ayurveda is a Science of life. 'Prevention is better than cure' is the basic concept of Ayurveda. The main aim of Ayurveda includes, preventing a healthy person from getting diseased and treatment of diagnosed person [1]. Ayurveda does not have a specific text as Epidemiology, but the principles described are compiled, analyzed and interpreted in the light of modern theories of epidemiology. Skin is a primary external covering of body mostly affected by fungal infections. In Ayurveda skin fungal infection is termed as Dadru (Tinea / Ringworm). It is one of the most common Twak Vikara affecting all the age group of population. Sansargajanya or Aupsargika Roga Nidana of Kushtha explained by Achaya Susrutha [2]. Incidence rate of Dadru gradually increasing day to day because of improper Vihara like uncleanness of body, sharing cloths of others etc. so this type of Dadru considered as Aupsargika Vyadhi. These Aupsargika / Sankramika Vyadhi spreads from person to person by Krimi through Sweda. Dadru can be diagnosed with the help of Varna (Raga), Samsthana (Pidika & Mandala), Adhishthana (Twak). It is Chirakari in Swabhava. Now days it is more common due to lifestyle changes and viruddha ahara. So therefore along with Snehapana, Shodhana, Shamana Chikitsa, Lifestyle modification also given for proper relief.

Keywords: Skin, Dadru Kushtha, Aupsargika vyadhi, Sansargajanya Vyadhi, Krimi, Snehapana, Shodhana Chikitsa, Shamana Chikitsa, Lifestyle modification.

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Introduction

Ayurveda is a science of life. According to Ayurveda daily & dietary habits plays a major role in any disease. If our Agni (Digestive fire) is normal, our immunity will remain powerful and thus no infection can overrule. Agni Mandya is the main reason for all disease formations [3]. It is ancient in its origin but its concept like Aupsargika Roga (Communicable disorders) and Janapadodhvamsa (Epidemics) still holds importance in this modern era. Acharyas mentioned various Aupsargika vyadhis and their routes of transmission.

'अतसीपुष्पवर्णानि ताम्राणि वा विसर्पाणि पिडकावन्ति च दद्रुकुष्ठानि ।' (सु.नि. 5/8) [4]

Acharya Charaka has explained Dadru under Kshudra Kushtha but Acharya Sushruta explained under Mahakushtha. Acharya Dalhana classified Dadru under Sita & Asita

kushtha. But Dadru kushtha spreads one person to another person by Bahya Malaja Krimi through sweda by Contact of Skin, sharing cloths, etc [2].

Important hetus described for Aupsargika Vyadhi [2]

‘प्रसङ्गाद् गात्रसंस्पर्शात्निश्वासात्सहभोजनात् ।

सहशय्याआसनच्चापि वस्त्र माल्यानुलेपनात् ।।

कुष्ठं ज्वरश्च शोषश्च नेत्रभिष्यन्द एव च ।

औपसर्गिकरोगाश्च संक्रामन्ति नरान् नरम्

।।’.....(सु.नि .5 / 32-33)

Kushtha Described as Sansargajanya Vyadhi (Contagious Disease) Usually Communicated Through

- Touch
- Breath or Nishwasa (droplet infection)
- Eating and drinking out of the same vessel
- Partaking of the same bed
- Using the wearing apparel, unguents and garlands of flowers previously used by the person.

Aim

Ayurvedic Management in Dadru Kushtha.

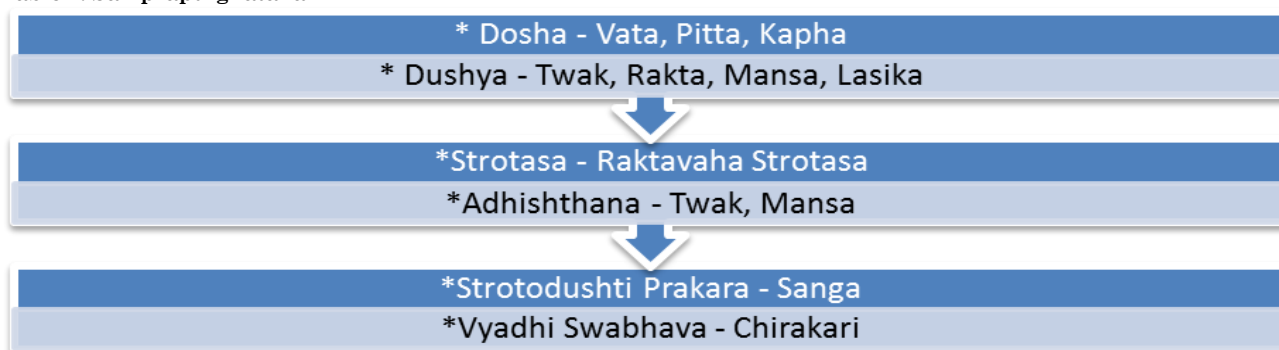
Objectives

- To study the effect of Snehapana.
- To study the effect of Shamana Chikitsa in the management of Dadru kushtha.

Table1: Nidana Panchaka

| |
|---|
| Hetu – Ruksha, madhura aahara, Samosa, vadapav, etc fast foods, cold drinks, icecream+ tea / coffee both together, contacts with infected persons cloths, Viruddha-ahara, dadhi, etc. |
| Poorvaroop – small Mandala formation over groin region, back, Itching. |
| Roopa – Red-blackish patches with clear border formation, more itching at night, mild burning sensation. |
| Upashaya – application of cream on patches. |
| Samprapti [5]: Hetu sevana --- Vatadi dosha prakopa --- Twak, Rakta, Mansa, Lasika dushti --- dosha, dushya sthanasanshraya in twaka --- Mandala formation, itching, skin discolouration forms --- Dadru Kushtha. |

Table 2: Samprapti ghataka



Materials and Methods

Case Study

A 22 year old male patient came to hospital with complaints of red-blackish patches (Mandala Utapatti) over the skin of Prushtha, Udara & Uru pradesha, itching since from 1 month.

Name of patient -ABC, age-22 year, male.

Religion-Muslim

Occupation-Student

Chief Complaints

- Red-blackish patches (Mandala utapatti) over the skin of Back, abdomen & groin region.
- Itching – more at night.
- Mild burning sensation.

Ashtavidha Pariksha

1. Nadi=80/min
2. 5. Shabda = Spashta

3. Mala=Samyaka
4. Sparsha = Anushna
5. Mutra=Samyaka
6. Druka = Prakruta
7. Jivha=Alpa Sama
8. Akrti = Madhyama

General Examination

PR = 80/ min

Bp = 110 / 70 mm of Hg

RS = AE=BE, Clear

CVS = Concious, oriented.

P/A = soft, no tenderness.

Personal History

- Dinacharya : Wake up at around 6 ‘o’ clock am, regular exercise like jogging, running, Late night sleep, Stress, eating Ruksha, Spicy, Fast food, etc.
- Occupation: Student.

Past History

Patient was all right before 2 months, patient

taken allopathic treatment for the same but after discontinuing the treatment the symptoms were aggravated, therefore patient was came to Ayurveda hospital.

Local Examination

Multiple erythematous papulo-vesicular lesions with sharp border central cleared round big patches (Mandala) along with

slight dandruff observed in Back, Abdomen & groin region.

Treatment

Snehapana

Acharyas Explained that Snehapana is indicated in the Vataj Kushtha. Here Sneha helps to decreases Rukshata of the skin and helps to reduce itching.

Table 3: Shamana Chikitsa

| Ghrita | Matra | Kala | Anupana |
|---------------------------------|---------|-------------------------------------|-------------|
| Mahatiktaka Ghrita [6] | 10 ml | Pratah & Sayam kala | Koshna Jala |
| Kalpa / Yoga | Matra | Kala | Anupana |
| 1. Arogyavardhini Vati [7] | 250 mgm | Adhobhakta (After meals 2 times) | Ushnodaka |
| 2. Gandhaka Rasayana [8] | 125 mgm | Adhobhakta (After meals 2 times) | Ushnodaka |
| 3. Pippali + Vidanga Churna [9] | 10 gm | Purva bhakta (before meals 2 times) | Ushnodaka |
| 4. Bhunimbadi Kwatha [10] | 40 ml | Adhobhakta (After meals 2 times) | - |

In Kushtha, Acharya Charaka mentioned that Snana is also important. So therefore daily Triphala Kwatha Snana has been given to the patient [11]. Along with treatment proper Pathya - Apathya (Do's and don'ts) had been followed by the patient.

Pathya

- **Aahara** = Snigdha aahara, ghritapana, Mudga, godhuma, Nimba, Haridra, Aamalaki, Karvellaka, Dadima, Madhu, Tikta rasatmak ahra, etc.
- **Vihara** = Exercise, Yoga, Dhyana, Abhyanga, Snana, etc.

Apathya

- **Aahara** = Avoid extra salt intake, fruit salads, hot & spicy foods, bakery products, fast food, milk, pickle, curd, Ruksha , Abhishyandi aahara, Masha, Lavana rasa, Mulaka,cold drinks, Madhura rasa dravyas, Guda, Tila, etc.
- **Vihara** = Avoid stress, diwasvapa, ratri jagarana (Late Night Sleep), lying down position after dinner, excessive atapa sevana, avoid application of soaps, detergent on skin, etc.

Table 4: Obsrvation

| Symptoms | Before Treatment | After Treatment |
|--|------------------|-----------------|
| 1. Red-blackish patches (Mandala utapatti) over the skin of Prushtha, Udara & Uru pradesha | +++++ | ++ |
| 2. Itching | ++++++ | ++ |
| 3. Mild burning sensation | ++ | Complete relief |

Gradation of Symptoms

1 - 3 = Mild; 4 - 6 = Moderate; 7 - 10 = Severe

+ = Mild, ++ = Moderate, +++ = Severe

Result

On comparison with pre intervention condition of the patient, there was a marked difference in patient post treatment the featured which showed the marked difference in all symptoms and complete relief.

Discussion

In this study, observations, are done before and after treatment based on symptoms gradation and result obtained are the red-blackish patches over back, abdomen, thighs before treatment was 5 + and after treatment was 2 +, Itching before treatment was 6 + and after treatment was 2 +, Mild burning sensation before treatment was 2 + and after treatment was complete relief. Discussion is

also done with the help of Samprapti Bhanga of Dadru Kushtha.

- Snehapana: Itching in Dadru kushtha is caused due to vitiation of Kapha and Vata by Ruksha guna. Vata & Kapha dosha causes Mandala Utpatti over the skin and it spreads all over as it progresses. So therefore Snigdha guna is very important in the management of Dadru Kushtha. Snehapana in empty stomach causes proper Agni dipti (Digestive fire) reduces Vata vitiation, thus there is reduced Mandala utpatti & Itching.
- Arogyavardhini Vati: It helps to reduce Vikruti in Pakvashaya, Agni Dushti, helps to destroy Krumi which are important causative factor for development of Kushtha.
- Gandhaka Rasayana: It is used as Kushtha & Krumi nashaka. Helps to relief itching & Vata vitiation.
- Pippali + Vidanga Churna: Pippali has Ushna-Tikshna gunas which helps to reduce Mandala formation and Vidanga helps to decrease Krumi in the skin.
- Bhunimbadi Kwatha: It is mainly indicated for Kushtha.

Conclusion

Thus present case study concludes that Snehapana and Shamana Chikitsa are significantly effective in the Dadru Kushtha with lifestyle modification and proper diet regimen.

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A Literary Review Of Basic Concept Of Ayurved Chikitsa According To Shatkriyakala**Vd. Yogita S. Shrotriya,**MD (Physiology), Associate Professor,
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Yeola, Nashik, MS, India**Abstract-**

The health of body and mind depends on quality of food and unpolluted environment. If the food is contaminated and environment is polluted many diseases are spread. In Ayurveda Acharya Sushruta has told the six consecutive stages called Shatkriyakala, the pathogenesis of the diseases. The treatment given according to the stage can stop further progress of the disease. Also the disease is cured completely without any recurrence.

Keyword- Chikitsa, Shatkriyakala, Sanchaya, Prakopa, Prasara, Sthansanshraya, Vyakti, Bheda.

Introduction-

For healthy human the basic needs are hygienic and quality food and unpolluted environment. If the food is contaminated and environment is polluted then various diseases spread. These diseases are treated with the medicines like Modern, Ayurveda, Homeopathy or Yunani. Some people do yoga, physiotherapy or naturopathy etc. While treating with Ayurveda the diagnosis was done on the basis of six consecutive stages known as shatkriyakala. Acharya sushruta has described¹ Shatkriyakala in sutra sthana, vranaprashna adhyaya in detail. Acharya Vagbhata has also mentioned in sutra sthana². Sanchaya, Prakopa, Prasara, Sthansanshraya, Vyakti and Bheda are six consecutive stages of pathophysiology. The treatment of each stage is different. When we treat the dosha in primary stage, the dosha can not spread into another. The pathophysiology of the disease is stopped and disease is cured completely. Also no possibility of recurrence of the disease.

Aim –To study basic concept of ayurveda chikitsa according to consecutive stages of vyadhi i.e. Shatkriyakala.

Objects-

- 1) To review vyadhi samprapti according to Shatkriyakala
- 2) To review basic concepts of chikitsa according to i.e. Shatkriyakala

Literary review –Ayurveda has told swasthya means dosha samyavastha

And vyadhi means dosha vaishamyavastha. According to Sushrutacharya vyadhisamprapti is a process in which aggregated dosha undergo

The Sanchaya, Prakopa, Prasara Sthansanshraya, Vyakti and Bheda awastha called as Shatkriyakala. Chikitsa is a process of sampraptibhanga. The chikitsa done according to kriyakala is shuddha chikitsa with this we can easily achieve doshasamyavastha and can stop the punarudbhava of vyadhi. The kala and basic chikitsa concepts are Shat means six, Kriya means karma or action Kala means the stage³

1. **Sanchaya**-means swasthana sanhatirupa vriddhi of dosha. Vriddha doshas sanchaya sthana are Hridnabhi urdhwa, Madhya, adha sthana⁴

Vriddha awastha or sanchayaawastha of dosha is of two types

1. swabhavika is * Bala, tarun, vriddha awastha*
Ritu- Vat chaya- ruksha, laghu, vishada, vishatambha aadi + Ushna ritu⁵grishma (aadankala)
Pittachaya-tiksha, drava, puti, nila, pita aadi+sheeta ritu varsha (visargakala)
Kaphachaya -sheeta, guru, pichchila, snigdha aadi+sheeta ritu hemant (aadankala)
2. Aswabhavikavridhhi-pradnyaparadha, astmyaindriyarthasanyoga
Dosha Lakshana of chaya -vat-sthabdhapurna koshatatha, pitta-pitavbhasata, mandoshmata, kapha-angagauravam, aalasy⁶

Chikitsa-is called as pratham kriyakalai.e. aadya karmavasara Chayakaran vidweshya

Nidan parivarjana-by avoiding aahar viharaja dosha vriddhikar hetu i.e vidweshotpanna hetu, we can stop the chaya awastha of dosha.

e.g.In vat sanchaya stabdhapurna koshtatha is treated with ushnodaka and koshta snehapana⁷. Also by avoiding chaya hetu of vata we can stop prakopawastha,with this there was swasthana prashama of vata .

pittachaya: langhana pachana,tikta sheeta chikitsa with nidanparivarjan.

Kaphachaya: langhana tikta katu ushna ruksha chikitsa with nidana parivarjana

1.Prakopa- uttar gariya awastha of dosha. Vilayanarupa vriddhi of dosha is called as doshaprakopa, is swabhavika and pradnyaparadhajanya prakopa is aswabhavika. Swabhavika doshaprakopa of vata in varsha ritu is due to ruksha aadi aahara ,vihara and sheeta guna vriddhi due to rain.

Pitta prakopa-tikshna aadi ,aahar viharaja+ushna guna vriddhi due to aatapa (hotness) in Sharad ritu. Snigdhadhi aahara viharajanya sanchit kapha in hemant shishira get dravatwa because of heat in vasant ritu and lead to kapha prakopjanya vikara.

Prakopa Lakshana of vata-koshta tod sancharan Pitta-amlaka pipasa paridaha Kapha – annadweshya, Hridgaurava (hridayotkledascha)

Chikitsa –For⁸chayapurvak prakopa-samshodhana, achayapurvak prakopa-samshaman.

Rituprabhavaj doshaprakopa-shodhanchikitsa i.e. nirharana of prakopitdosha by urdhwa or adha marga. It can stop dosha prasara and sandoshawastha is maintained.

For aam dosha the treatment is langhana ,laghu anna,ruksha aadhan,tikta yusha for pachana,deepan,snehan,swedan and then shodhana by near sthana. Doshasthana related to shodhanakarma are Aamashayasth –vaman,urdhwa jatrugata-nasya, adha aamashayastha-virechana, pakwashayastha-basti e.g. pittaprakopaka aahar viharaja →agnimandhya →aamashayagat dushit pitta→prakupita pitta cause urdwagati is treated bynirharana of pitta by vamaana karma .This samyavastha of dosha is swasthawastha.

3.Prasara- Due to vyayam, ushmana, taikshnyat, avacharana rajoguna of vayo is increased and prakupita dosha spread to other sthana .This is called as prasaravastha of dosha.These sthana are bahya,madhyam,abhyantar rogmarga.

Prasarakshana of Vata-vimargagaman, aatopa Pitta-aosha , chosha , paridaha, dhoomayana Kapha-aroachaka, avipaka, angasad, chchardi

The dosha lakshana are due to anshansh bala vikalpa samprapti ,anubandhanubandhi bhava.

Chikitsa-• nidan parivarjana

- Viparita guna ichcha - e.g. by sheeta guna vriddhijanya vat kaphaj dushti ushnam abhinandannti,for ushna guna vriddhijanya pitta raktaj dushti sheeta guna preeti. Hetu,vyakta linga shaman chikitsa⁹

- Anya sthana prasara of dosha sthanivat uacharet- e.g.* vayo pitta sthanagat pittavat pratikara*pitta kapha sthanagata kaphavat upacharet*kapha vat sthangata vatavat uacharet.

e.g.Atisar-pittasthanagat vatprakopa pittashamakchikitsa

- Amlapitta-kaphasthanagat-pittaprakopa-vaman chikitsa
- Shwasa-vatsthanagat-kaphaprakopa-snehan swedan kriya.
- Sam sannipat pittam aadi uacharaniyam.
- Sansarge gariyan shesha dosha avirodhe chikitsa.

Doshas prakriti sam samvet i.e. vat pittadushtijanya shoshanatmak bhava and pitta shlashma vikriti visham samvet bhava also considered during chikitsa.Leen shakhagat dosha in prasaravastha come into kostha by vriddhi, abhishyand, paka,vayunigraha.

4.Sthansanshraya- Chaturtha kriyakala .Prakupita dosha in prasaravastha are accumulated in vigunsthana of dushta strotasa.

Lakshana called as purvarupa means bhavi vyadhi janannmukheshu dosheshu purvarupavastha¹⁰ e.g. •Urdhwagat- Gulma,vidradhi, udar,agnisanga, aanah,visuchika, atisar,pravahika, vilambika

- Bastigat-prameh ashamari mutragat, mutradoshaprabhruti
- Gudagat-bhagandhar,arsha
- Vrishangat-vridhdhi
- Urdhwajatrugat-urdhwajan

- Twak mansa shonita-shudraroga,kushta visarpa,
- Medagat-granthi apache,arbhuda,galganda ,aalaji
- Asthigat-vidradhi ,anushayi
- Padgat –shlipad,vatshonita,vatkantaka
- Sarvangagat-jwara,vatvyadhi,pandu,prameha,shosha aadi
- Medragat-nirudhdhprakashya,upadansha,shukradosha

5.Vyakti – pancham kriyakala,vyadhijati lakshana vyakti¹¹

Dosha sanghaat at twacha mansa sthanagat-shoph , arbuda

Santap-jwara, atisaran-atisar,puran-uda

Chikitsa- vyadhe pratyanka chikitsa

Vyadhi is treated with samanya chikitsa sutra of vyadhi¹²e.g.Jwara –langhana, swedana, kala, yavagu, tikta rasa

6. Bheda-shashtam kriyakala

Due to bhedavastha dirgha kalanubadha of dosha is considered .

If vriddha dosha are not treated in chayavastha afterdirghakalanubandha of doshdushyasammurchana undergo dhatugatavstha i.e. bheda vastha of dosh is seen. The vyadhi prakara according to dosha ,gati,sthana etc . asadhyavastha of vyadhi .e.g. vranarambhak hetu vrana bhavam aapanna.

Chikitsa -e.g.Raktapitta-Pratimargam cha haranam Raktapitta vidhiyate.

Kushta –vatottareshu sarpi vamanam shleshmottreshu kushateshu,pittottareshu moksho raktasya virecham cha agre.

Here the chikitsa is according to vyadhi bheda.

*According to shatkriya kala the basic concepts of chikitsa are

Swasthavyakti shodhan kala for vat dosha-varsha,for pitta dosha –sharada,for kapha dosha –vasant,for rakta dhatu sharadrutu.

Shamanchikitsa –vata-snigdhaadya ushnachikitsa, pitta-mandadya sheet, kapha- rukshadaya ushnachikitsa.

¹²Charaka samhita chikitsa sthana 3/142, Ayurved dipika part2, vd kushavaha, chaukhamba, Varanasi 1st edition2009

Dosha Samanvaya in jwara and atisara purvam pittam upacharet,for the other vyadhi vatamaadi upacharet.

Conclusion-

- The chikitsa done according to chikitsasutra of vyadhi related to shatkriyakaaljanya vyadhi avastha is shuddha chikitsa
- The chikitsa given for vyadhi is alpa kala and sahasasadhya when we treat the dosha or vyadhi in chaya avastha or purva rupavastha.
- Apunarudbhava of vyadhi by treating vyadhi according to shatkriyakala.
- We can select aushadhi dravya for shodhana and shaman with shatkriyakala.
- We can cure the ritu udbhavajanya vyadhi with ritucharya,also we can judge the dosha bala and vyadhibala and can treat the disease easily.

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Concept of Immunity in Ayurvedic Perspective

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Abstract: Ayurveda is the science of life, which mentioned various principles for prevention and treatment of diseases. According to Ayurveda, the power of body which decreases the damaging power of the disease and stops the genesis of the disease is known as 'Vyadhikshamatva'. It is defined as the capacity of the body to resist pathogenic agents. It is the ability of the body to resist the entry of different types of foreign bodies like bacteria, virus, toxic substances, etc. It is also known as 'Immunity' or 'Body Resistance'. Resistance to disease or immunity against disease is of two kinds i.e. the one which attenuate the manifested disease and other variety prevents the manifestation of diseases. In Ayurveda it can be correlated with Vyadhikshamatva. It is depends on Bala (Sharira and Manasa), Ojas, Kapha dosha, Dhatu Saarata and proper Aahara -Vihara. Ayurveda described various principles and modalities like Dinacharya, Ritucharya. It helps people to stay healthy which means to stay away from diseases. Ayurveda explain it many years ago. Also Ayurveda mentioned about unique concepts like Ratricharya which is also very useful and important for health. With the help of Rasayana, Achara rasayana, proper Aahara-Vihara and Sadvritta produces good immunity and health. Persons having good Sharira and Manasa Bala then they also have good immunity against diseases. With the help of all described principles and modalities provides prevention from diseases and health maintenance improves person's immunity against diseases.

Keywords: Vyadhikshmatva, Immunity, Bala, Ojas, Kapha dosha, Dhatu saarata, Dincharya, Ritucharya, Ratricharya, Aahara, Vihara, Rasayana, Sadvritta.

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Introduction

Ayurvedic system of medicine is not only deals with treating the diseases but also aims to prevention the disease. Ayurveda is the science which mentioned various principles for prevention and treatment of disease. 'Prevention is better than cure' is the basic concept of Ayurveda. Curing a diseased person And redefining his healthy status is the primary goal of a physician. It is the science which laid emphasis on the preventive aspect [1].

Ayurveda advice to lead good life and avoid bad lifestyle is read whereas diagnosis and treatment of diseases is well proposed in science of Ayurveda. Acharya Charak said that 'Ayurveda is a Shashwata Science' [2]. Ayurveda is one of the greatest gifts of the sages of ancient India to the mankind. Ayurveda is not only a system of medicine in the conventional sense of curing disease. It is also a way of life that teaches us how to maintain and protect mental and physical

health and achieve longevity [3]. Ayurveda has adopted holistic approach to maintain healthy and long life. Ayurveda has also recognized the role of psychosocial stress in maintenance of physical and mental health. Vyadhikshamatva is described in Ayurveda and this concept is considered equivalent to immunity. It is the most significant concepts developed in Ayurveda literature. For the first time Acharya Charaka has introduced the term 'Vyadhikshamatva' in Ayurveda. It means all doshas are neither of equal strength nor all the bodies capable of resisting disease equally [4].

न च सर्वाणि शरीराणि व्याधिक्षमत्वे समर्थानि भवन्ति ।'..... (च.सु.28/7)

Immunity in Ayurveda is known by the word 'Vyadhikshamatva'. The term Vyadhikshamatva is formed by two words 'Vyadhi' + 'Kshamatva'.

Vyadhi

Meaning is to harm, to injure, to damage, or to hurt or Disease.

Kshamatva

Resistance or to composed, to suppress anger or to keep quite or to resist.

चक्रपाणि टिका

व्याधिक्षमत्वं व्याधिबलविरोधित्वं व्याधिउत्पादप्रतिबन्धकत्वमिति ।'..... (च.सु.28/7)

The definition of Vyadhikshamatva given by Chakrapani that Vyadhikshamatva denotes the resisting power of the body, which reacts to arrest the progress occurrence or reoccurrence of diseases.

It is the biological defensive power of the body to fight against the ongoing afflicted diseases and to prevent the future development of disease⁴. In this definition two significant terms; 'Vyadhi Bala Virodhitvam' and 'Vyadhi Utpada Pratibandhatva' have been used in a particular order.

In modern science, immunity is defined as the ability of the body to recognize the harmful antigen and eliminate it through body defense system and by forming specific antibodies against the antigens [5]. In Ashtanga Sangraha, in 'Virruddhanna Vigyaniya Adhyaya' Acharya Vagbhatta described about Virruddha-Aahara that is consumption of Apathya having not equal doshas or dosha prakopa (vitiation) and not all the doshas having same Bala because Vyadhikshamatva differs in every Sharira and in every person [6].

Vyadhikshamatva implies a resistance against the loss of the integrity, proportion, and interrelationship amongst the individuals doshas (Regulating and functioning mechanism) and Dhatu (Constructing and Supporting mechanism). Various factors which contribute towards Vyadhikshamatva are normal doshas, equilibrium state of dhatus, normal Agni (digestive fire), etc. Sushruta one of the great proponents of Ayurveda defined health in his classical text called 'Sushruta Samhita'.

According to Acharya Sushruta health is balance between Dosha (Vata, Pitta, and Kapha) , Agni (Panchabhoutikagni + Sapta dhatvagni + Jathargani), Dhatu , Mala and also Prasannata of Aatma, Indriya and Mana [7].

Table 1: Components of Healthy Person

| Components | Function |
|------------|---------------------------------------|
| Dosha | Regulating and functioning mechanism |
| Dhatu | Constructing and Supporting mechanism |
| Mala | Excretory mechanism |
| Agni | Bio-Transformative activity |
| Aatma | The Source of Unlimited Living |
| Mana | Mediator |
| Indriya | Sense organs |

Charakotakt Prashasata Purush Lakshanas

Acharya Charaka explained about 'Prashasta Purusha Lakshanas' [8]

(persons having good health and immunity against any diseases) which are as follows;

- **Sama Mansa Pramana** those who having equal Mamsa constitution all over

the body. Which comes from the proper digestion, Dhatu bala

- **Sama Sanhanana Pramana** Persons having equal Compaction all over the body developed due to balanced Agni, Dosha, Dushya, Mana and Sharira Bala.
- **Dridha-Indriya** In Ayurveda there are 11 types of references of 'Indriyas' (Sense organs). In that 5 Gyanendriya, 5 Karmendriya and one Ubhayendriya Mana. If Persons having good Bala in the Sharira then Mind have control over Dyanendriya and Karmendriya. So Indriya Bala helps to enhance immunity power in the body.
- **Kshudha, Pipasa, Atapa, Shita Sahatva** this all are for Control over mind. It helps to reduce the Moha of Mana and Mind. This enhances Manasa bala and therefore also increases immune response.
- **Vyayama Sansaha Persons** having ability for doing excessive physical exercise. If Vyayama Shakti is proper then persons Karma Shakti is also proper. This increases immunity of all the body parts.
- **Sama pakta those** who having proper and good digestive power. It causes nourishment of all the Sharira Dhatus.
- **Sama Jaran those** who having proper digestion; are having proper 'Jaranashakti'. It helps to reduce anti-ageing effect and changes.

Materials and Methods

In Ayurveda, there are various literatures available in Samhita's about Vyadhikshamatva. It is very important factor that decides about a person's disease resisting power. There are some factors that help for Vyadhikshamatva in the body.

Ayurveda describes various principles and modalities for maintaining health like Dinacharya, Ritucharya, Ratricharya, Rasayana therapy, Proper Aahara-Vihara, Vyayama, Sadvritta, Achara Rasayana etc. with the help of implementation of all this modalities Sharira Bala, Manasa Bala and Vyadhikshamatva also increases.

Bala (Strength of the Body)

The Vyadhikshamatva mostly depends on 'Bala' that opposes the disorder state of doshas. Acharya Charaka describes that the maintenance of health depends entirely upon

the Bala. In Ayurveda Bala are 'Sharira Bala' and 'Manasa Bala'. They both are important for the health and good immunity. Sharira Bala is depends on Udana Vayu, Agni, Meda, Majja, Asthi, Shukra. It is divided into three types and also they are known as types of Vyadhikshamatva.

Types of Vyadhikshamatva / Bala [9]

Sahaja Bala (Innate Immunity)

‘सहजं यच्छरिरसत्वयोः प्राकृतं |’.....
(च.सु.11/36)

It comes from the parents and it is inherited. According to Ayurveda, genetics factors are defined at the cellular level. It means it is developed through the Prakrut 'Sharira' and 'Satva' i.e. combination of Manobala and by birth natural and stable Dhatu vrudhhi.

Kalaja Bala (Acquired Immunity)

‘कालकृतमृतुविभागजं वयःकृतं च |’.....
(च.सु.11/36)

According to Kalaja Bala, the time of day, season, and one's age are important factors for enhancing immunity. Strength is greater in the early morning, spring season and youth than in evening, summer and old age.

Yuktikruta Bala (Artificial Immunity)

‘युक्तिकृतं पुनःतद्यदाहारचेष्टायोगजम् |’.....
(च.सु.11/36)

The Bala which is developed through the proper use of Aahara and Vihara, Rasayana and Vajikarana yoga are known as 'Yuktikruta Bala'. It provides strength to the body.

Factors which Enhance Immunity [10]

There are 13 factors described in Charaka Samhita; which are helpful for increasing Strength of the body or Sharira. Also improves Vyadhikshamatva (Immunity) of the body against any diseases.

Balavat Purushe Deshe Janma (Place of Birth)

Birth in the strengthen peoples races or Kula which helps to provide good strength. It means where the person born that place is known as 'Desha'. The birth in the country of strengthen peoples is natural strength

providers. Ex. The peoples of the Sindhu, Punjab, Afghanistan area considered as Strengthen and strong people on the basis of their height, weight and healthy status. These places had already stronger persons or human beings by birth.

Balavat Kale Janma (Time of Birth)

The birth in the healthy seasons like Hemant or Shishira are natural strength offering. As per Ayurveda 'Hemant' and 'Shishira' are considered to be the healthiest among all the ritus. In this Ritus, Agni bala is strong therefore people tend to eat more food in this season.

Sukhakar Kalyoga (Favorable Weather)

The birth occurs in the favorable weather or Sukha Yoga avoiding disease formation in the body according to Bala. The happy period of life is a natural strength offering? During happy time the positive mood and approach towards life boosts the immunity and fills the person with energy and enthusiasm.

Bija Guna Sampat

The genetically healthy ovum and sperm give birth to healthy and strength offspring. This is also a natural bala enhancer. The defects in genes or defects in the ovum and sperm leads to diseases like AIDS, Syphilis, diabetes, asthma, piles, epilepsy, etc.

Kshetra Guna Sampat

The healthy state of uterus with respect to nutrition during intrauterine life is a natural strength enhancer. It helps to provide good Sharira Bala.

Aahara Sampat

The balanced nutritious diet or Shada-Rasatmaka Aahara provides Strength to the Sapta dhatu and develops proper Dhatu Saarata. Proper Satvika Aahara and Vihara help to nourishment of the Mana or Mind. It forms high energy levels in the body which causes proper Reading, Writing and hearing capacity and also helps to developed proper strength, immunity of Body and immunity of Agni (digestive power).

Sharira Sampat

The well-built of body is a natural strength provider. There are no any defects in the anatomy and physiology of the body, because Immunity depends on it.

Ex. Congenital heart anomaly leads to disease formation in the body.

Satmya Sampat

'Satmya' is a condition when any Aahara or Vihara we trying or doing daily which causing no harm to the body are known as 'Satmya'. Ex. Madhura Ras Abhyasa etc. The adaptability of the body to all the foods is a natural strength enhancer. The compatibility to all the Shada Rasa leads to balanced diet leads to strong body. Ex. Allergy of dust, pollens leads to Pranavaha Strotasa Dushti.

Satva Sampat

The healthy mental health helps to fight against all the diseases. Satva Parikshana is important in examination of 'Manasika Vyadhi'. If Satva Bala is proper, good then Sharira Bala is also good. As 'Vivekananda' said that; the Mind is everything. What we think we become. If we think we are healthy; mind also gives positive energy to the body and if we think we are not healthy then mind also shows negative effects over body.

Swabhava-San-Siddhi

It refers to the person's engagement in strength increasing measures. In Chakrapanika it is described as Swabhava of Bala. Capacity of doing work.

Yauwanam

It means Taruna avastha i.e. young age. In this age Sharira Bala is strongest among all the ages. If the Bala is strong then Vyadhikshamatva is also strong in this age.

Karma

It refers as 'Karmaj Bala' or 'Purva Karmaj Bala'; it is obtained through the physical exercise. It provides muscle strength, increases appetite and boosts immunity. In Ayurveda Papakarma is also an etiological factor for disease development. Ex. Kushtha, Shivtra Kushtha, etc.

Sanharsha

It means 'Utsaaha' i.e. 'Karyeshu Aarambha'. It is related to mind. If the mind is cheerful then level of Serotonin is high, which is helpful for immune response. It is an orgasm obtained after intercourse. This releases happy endorphins in the body which gives

pleasing sensation and happy and contented mood.

Ojas [11]

The most essential fraction of all body tissue is called as 'Ojas'.i.e. 'Shreshtha Dhatu Sara'. Even though it resided in the heart, it circulated all over the body through the cardiovascular system to maintain the normal healthy status of the body. It is very important factor for developing immunity because it is made up from all the Sharira Dhatu equal constitution and if this is lost, life also lost and if it remains intact, life continues.

Synonyms

Bala, Prana, Dhatusneha, Dhatu Teja, Jivashonita, Shukra Sara.

Nature

It is Snigdha (unctuous), Somatmaka (Mild & Cool).

Varna

Ishata Lohita –Pita.

Prakruta Kapha Dosha

‘स चैवौजः स्मृतः काये स च पाप्मोपदिश्यते || प्राकृतस्तु बलं श्लेष्मा विकृतोमल उच्यते | (च.सु.17/117)

- Acharya Charaka stated that; when Kapha dosha is in Prakruta state known as 'Bala' and 'Oja'. Likewise when it is in Vikruta state called 'Mala' and 'Papma' (disease) [12].
- According to Acharya Sushruta; 'Kapha' (Shleshma) is a factor that helps to unites all body constituents [13]. Therefore it is also called as 'Balasa' or 'Bala'.
- Sharira Bala is depends on 'Mansa Dhatu'. There is 'Ashraya-Ashrayi relation' between Kapha dosha and Mansa Dhatu [14].
- Kapha is Snigdha in nature which provides strength to the Mansa dhatu and helps to increase work carrying capacity in the body.
- As 'Vyayamashakti' depends on the strength of the body likewise 'Vyadhikshamatva' (Immunity) also depends on body's strength.

Functions [15]

Sthirata, Bala Prapti, Sharira Dhridhata, Purana, Ropana, Snehana, etc.

Aahara and Vihara

All humans and animals 'Prana' (Life) is depends on Aahara. The chief source of energy is food. Nutrition is the science of food and relation of food with health. Proper Aahara helps to provide-Dhatu poshana, Sharira Bala, Manasika Bala, etc. As Aahara beneficial for maintaining health, 'Vihara' is also important for strength of the body and health. As in Ayurveda both Aahara and Vihara plays an important role in improving health.

Samyaka Agni

As per Ayurveda, 'Manda Agni' is responsible for all diseases and when Agni is in Samyaka state it provides good health, strength to the body [16].

Dhatu Saarata and Dhatu Poshana

This is important factor which helps to enhance the immunity and strength of the body. Because Dhatu Sara and Poshana are depends on Aahara, Vihara, Ojas, etc. The strength of the body is related to immunity and it also depends upon the healthiness of tissues.

Manobala

As per Ayurveda, 'Mana' is important 'Indriya' (Sense organ) and therefore Sharira and Manasika Bala plays important role in making 'Swasthya' and boosting immunity. It is mainly placed in 'Hrudhaya'. The Manobala is increased through the various modalities like Yama, Niyama, Dhyana, Dharana, Samadhi, and discipline for lifestyle. In 'Ashtanga Hridaya' and 'Charaka Samhita'; there are explanation about the persons who have a good immunity and those are not early afflicted by the any diseases.

- 'व्यायामस्निग्धदिप्ताग्निवयःस्थ बल शालीनाम् | विरोध्यपि न पीडायै सात्म्यमल्पं च भोजनम् ||'.....(अ.ह.सु.7/47) [17]
- अरुणदत्त टिका : वयःस्थ – तरुण | [8]

Vyayama

‘व्यायामशक्तिरपि कर्मशक्त्या परीक्ष्या |’.....
(च.वि.8/121)

According to Ayurveda, examination of Vyayama is done with the help of persons ‘Karma Shakti’ i.e. capacity of doing physical work [18]. Vyayama helps to increase Circulation in the whole body and gives strength to the all body organs. In Ayurveda Vyayama is not only for Sharira ; it is also for the Vaka (Mouth) and Mana [19].

Vyayama for Sharira

No Vegadharana (Suppression of natural urges), No Vishama Cheshta (odd works), daily taking Snana (Bath for Sharira Mala nirharana), etc.

Vyayama for Vaka

Mouna dharana (Silence holding), No excessive talking, no unrelated talking, no Parusha vachana, etc.

Vyayama for Mana

Avoid Bhaya (Fear), Krodha (Anger), Lobha (greed), Moha (attachment), Irshya (Jealousy), neglect negative thoughts, always think Positive thoughts.

Snigdha

Snigdha is one of the Guna which causes Snigdhatva in the body and provides strength to the body. In Charaka Samhita, there is description about how should be a ‘Snigdha Aahara’ i.e. the Aahara which provides following benefits to the body; are Agni vrudhhi (increases digestive power), Kshipram Jaram Gacchati (good Jaranshakti), Vatanulomana, Proper anabolism of body, increases power of Indriyas, Varna Prasadam, increases Bala of Sharira and Mana, [20] etc.

Diptagni

Person having good digestive power and good appetite. Agni is referred as bio-transformative energy. As Agni is proper it helps to increase strength and immunity.

Vaya:stha (Taruna)

In Tarunya Avastha (Young age) the Sharira Bala is good i.e. Kalaja Bala which is developed according to the Age, Ritu etc. Young individual having capacity to resist

any disease. Therefore in Young age Immunity power is also good.

Balavana

Here Bala is not only Sharira Bala ; it is Manasa Bala also. There is correlation between Sharira and Manasa Bala. If Manasa Bala is proper / good then Vyadhikshamatva is also good.

Satmyato -Alpata

‘Satmya’ is defined as a thing or substance or habit that is useful for the body or a substance conducive to a person. Acharya Charaka explains that in Satmya person with the use of mild drugs, food / Aahara; the immunity of that person increases [21].

Methods to enhance Immunity

Ayurveda is the science of life. As its aim that not only cure the diseases but important to prevent from the disease and also from its reoccurrence.

‘मानवो येन विधिना स्वस्थः तिष्ठति सर्वदा | तमेव कारयेद् वैद्यो यतः स्वास्थ्यं सदेप्सितम् | |

दिनचर्या निशाचर्या ऋतुचर्या यथोदिताम् | आचरन्पुरुषः स्वस्थः यदा तिष्ठति नान्यथा | |’

..... (भा.प्र.पु.5/12-13) [22]

A many years ago Acharyas explained and described about how we build a good health and immunity. According to Ayurveda, there are various rules which are helps to maintain the health.

As there are Many References in Ayurveda Which Are

Implementation of Dinacharya, Ritucharya, Ratricharya, Vyayama, Adharniya Vega (Non suppressing the natural urges), Dharniya vega (Suppressing the suppressible urges), Sadvritta (Code of good conduct for mental health and social behavior), Rasayana therapy, Achara Rasayana (Behavioral conduct), proper Aahara , Proper Vihara, etc.

Dinacharya (Daily Regimen)

‘Dina’ – day’

‘Acharya’ -to follow’ or ‘close to’.

Each and every individual for maintaining

healthy conditions of body and mind, should follow this concept called ‘Dinacharya’. It is one of the principles mentioned in Ayurveda in context to prevention. Ayurveda perceives that health depends on a healthy lifestyle. It includes steps when we wake up till night when we sleep. As every karma of the Dinacharya helps to improve and boost immunity of the body organs. It works as a Shodhana karma of the body. As it helps to expel out impurities from the Sharira.

Brahme-Muhurte Uttishthe [23]

Brahma = Knowledge

Muhurta = Time / Kala i.e. best time for getting knowledge.

‘ब्राह्मे मुहूर्ते उत्तिष्ठेत् स्वस्थो रक्षार्थमायुषः ।’.....
(अ.ह.सु.2/1)

A healthy man should give up his bed in Brahma Muhurta to protect his Ayu. Brahma Muhurta is the 14th Muhurta Kala of the night. One Muhurta is = 48 minutes. It is the best time for the maintenance of all types of physical, mental and spiritual activities of the body. This helps in rejuvenating the various physiological function of the body. It is the best time for hormone secretion.

Importance

In the last part of night Vata dosha is predominant. It is responsible for flexibility, body movements, functioning of organs, mental activities such as recalling,

understanding, proper secretion and release of hormone enzymes.

Scientific Explanation

- Early morning is the time when secretion of Cortisol hormone is maximum. Cortisol is a steroid hormone that regulates a wide range of processes throughout the body. Including metabolism and immune response. Also it helps to relieve the stress.
- It improves concentration and memory, energy, & boosts mental health.
- Pineal gland secretion is maximum in early morning, which maintains the body’s circadian rhythm.
- Stimulates to production of melatonin (Mood elevator), which gives prime health throughout the day [24].

Swamukha Darshana (Darpana Darshanam) [25]

‘स्वमाननं वृते पश्येद् यदिच्छोच्चिरजिवितम् ।’..... (भा.प्र.पु.5/17)

It is a unique concept explained in the ‘Bhavprakasha Samhita’.

I.e. looking own face into Ghee or Mirror.

Benefits

- Provides ‘Ayushyam’ (Increase prolongs longevity).
- Avoids mental confliction.

Table 2: Dantadhvana according to ayurveda

| Kala | Dantkashtha | Kashtha length | Dravya |
|-------------------------|---------------|----------------|--|
| Pratah (morning) | Having | | Arka, Nyagrodha, Khadira, Karanj [26], |
| Bhuktva (after meals) | Kaninika agra | 12 angula | Trikatu- Kshaudra [27], etc. |

Dantadhavana (Tooth Brushing)

In Bhavaprakash Samhita, they mentioned about various special Dantakashtha and its benefits [27].

Ex. A) Arka Kashtha -Virya Prapti

Udumbara-Vakasiddhi

- It is important to increase the immunity or immune power of the Teeth, gums, facial muscles, etc.

- It stimulates taste perception and increases the salivation.
- Saliva contains lysozyme and secretory IgA which acts as antimicrobial agents.

Jivha-Nirlekhana (Tongue Cleaning)

It is described in

Charaka , Sushruta and Ashtang sangraha, Bhavaprakasha Samhitas.

Material used for Shalaka

Suvarna, Rajat, Tamra [28]

Varkshya (Made up from Plant) [29]

- It removes impurities of tongue.
- It will benefit in bad odour of mouth, cure edema, and gives taste [30].
- According to Acupressure theory, tongue has many more acupressure points which initiate the proper functioning of vital organs like liver, kidney, bladder, stomach, and intestine [31].

Anjana (Application of Collyrium in Eyes)

- It is of two types; Stravi-anjana and Rasanjana [32].
- When Anjana dravyas are applied, it causes irritation to eyelids and conjunctiva and enhances the circulation.
- It is for Netra shodhana or Netra dosha Harnartha.

Tambulasevana (Chewing Betel Leaves) [33]

- It helps to improve Ruchi (stimulates taste buds), helps to clean mouth, keeps freshness and fragrances in the mouth.
- Drugs used are -Javitri, Jayaphala, Lavanga, Karpura, Kankola, piperment, Pugaphala.
- Increase salivation.
- It is acts as a 'Hrudhya'.

Nasya

- It is one of the important Shodhana procedure as it is described as Nasa is a door of Shira Sthana, therefore the nasal drops are also helpful to destroy vitiated doshas from the Shira sthana [34].
- There are various types of Nasya which are used according to disease and dosha Vrudhi.
- Sticky nature of the Nasya dravyas like Anu taila, etc. avoids the entry of dust particles into the nasal tract.
- Nasya dravyas triggers the nerve endings and sends the message to the CNS and initiates the normal physiological functions of the body.

Sneha Gandusha dharana (Retaining Oil in the Mouth)

- Prevents Asya, Kantha Shosha and prevents Oshtha Sphutana, makes the teeth healthy and strong [35].
- The Sukhoshna Gandusha and Kavala dravyas are used which improves the circulation of oral cavity.
- Gargling procedure of Kavala poses the massaging effect over the oral mucosa and even strengthens the muscles of cheek, face and jaw bones.

Dhumpana (Medicated Fume Inhalation)

- When the Dhumpana dravyas are lightened with fire, it releases the smoke, soot and even CO₂.
- It helps to destroy all doshas above head and neck. It is used in various diseases like Aruchi, Khalitya, hair fall, Krimi, Buddhi Moha, Ati-Nidra, gives Bala to Shira (Head), Kapala (Forehead), Ura (Chest) , etc [36].
- Disinfective action of the dhumpana dravyas like Haridra, Guggula and Vacha cleanses the respiratory tract, oral cavity and pharynx.

Abhyanga (Oil Massage)

- Massage enhances the overall blood circulation and transport the potency of drugs to desired part.
- Massage triggers the acupressure point which induces the release of endorphins which shows analgesic effect.
- Abhyanga goes upto Rasa Raktadi – Majja dhatu and gives strength to the dhatu [37].
- Ex. Asthi dhatu -700 Matra, Majja dhatu - 900 Matra [38].
- It helps to increase circulation of body and improves the immune power of all dhatus, Sharira.

Vyayama (Physical Exercise)

- Vyayama increases the carbohydrate metabolism (Glycoly sis) and causes lipolysis of accumulated adipose tissue (Gluconeogenesis) thereby causes abolishment of extra fat.
- It increases O₂ supply to remote tissues.

- The perspiration takes out the accumulated toxins from the body.
- Vyayama helps to increase circulation all over the body and provides strength to the all body parts.

Udvartana

- It helps to decrease Kapha, helps for Meda Vilayana.
- It provides strength to the body.
- Helps for Twak Prasadana.
- It also acts as Vata shaman and increases circulation through the skin [39].

Chankramana [40]

- It is mentioned by Acharya Sushruta; we should correlate it with walking as in modern terminology.
- It is a variety of exercise which does not cause any kind of trouble to the body.
- It is beneficial for health as it increases Ayu (lifespan), Medha, Agni, Indriya.
- It clears the channels / Strotasa of the body and increases the perceptive power of the body organs.

Snana (Bath)

- Daily Snana improves enthusiasm, strength, appetite and removes sweat & other impurities from the body.
- Snana is works as ‘Ayushyam’, ‘Vrushyam’, Ojaskaram Param [41].

Ritucharya (Seasonal Regimen)

‘ऋतुविशेषवशाच्चाहारविहारसेवनप्रतिपादनार्थम् ऋतुचर्या |’..... (अरुणदत्त टिका - अ.ह.सु.3/1)

In order to achieve maximum benefits from the good qualities of the atmosphere and protection from the bad effect, Ayurveda has prescribed certain rules, in regard to diet, behavior and medicines, called ‘Seasonal regimen or Ritucharya’. If we follow proper Ritucharya according to respective Ritus then definitely we are avoiding diseases and developing lifestyle disorders.

Also helps to maintain body’s homeostasis process. As per Ritucharya in every Ritu there is Sanchaya, Prakopa and Shamana of every Dosha. So therefore according to Dosha, Prakruti and Chaya- Prakopadi there is changes in Ritucharya also and there prevention are also described. Also explained about Ahara, Vihara, Shayana, every aspect of lifestyle which must to be done. There is Ritu and Bala relationship which is differs according to Ritus [42].

Table 3: Relationship of ritu and bala

| S.No. | Ritu | Bala |
|-------|------------------|---------------|
| 1 | Shishira, Hemant | Uttama Bala |
| 2 | Vasanta, Sharada | Madhyama Bala |
| 3 | Grishma, Varsha | Heena Bala |

It helps to enhance the Sharira Bala and Manasika Bala of the person and also helps to regulate the all body functions. In Ayurveda there is Shodhana Chikitsa explained about every Dosha prakopa and

there Shuddhi is done according to Ritu. If proper Shodhana are done then we all free from respected Dosha and their Vyadhi. This is very useful to maintain health and good immunity [43].

Table 4: Shodhan ritu according to ayurveda

| Shodhana : Ritu | Shodhana : Dosha |
|-----------------|------------------|
| Varsha | Vata dosha |
| Sharada | Pitta dosha |
| Hemant | Kapha dosha |

Ex. Varsha Ritucharya [44]

- Jathargani -Durbala
- Dosha-Vata Prakopa
- Kriya-Snigdha Churna Udavartana, Snana, Sugandhi Dravya Lepa, Sugandhi Pushpa Mala Dharana, etc.
- Vastra (Clothes) -Clean and pure.

- Aahara-Madhu, Amla, Lavana, Snigdha, Godhuma, Shali, Jangala Mansa, Sanskruta Yusha, Madhvika, Arishta, etc.
- Jala-Mahendra Tapta Jala, Sarasa Jala, Kaupa Jala, etc.
- Vihara-Divaswapa, Vyayama, Atapa sevana, Vyavaya etc.

Ratricharya (Night Regimen) [45]

‘निशाकरकराकिर्णे सौधपृष्ठे निशासु च ।’.....
(अ.ह.सु.3/37)

Acharya Vagbhatta said that the people who are always cautions in analyzing their Dincharya and Ratricharya never get afflicted with sufferings.

- Vriddha Vagbhatta has given a synoptic review of night regimen, incorporating the dietetics, state of mind, place of sleeping, types of bed and direction of keeping head and legs at the time of sleeping.
- In his opinion one should retire to bed after taking light and wholesome food, with peaceful, fair minded, and having accounted entire activities of day.
- The sleeping place should be open and dirt free, the head end should neither be elevated nor depressed.
- It helps for the betterment of health at both physical and mental levels.

Adharniya Vega (Non Suppressing the Natural Urges)

- Vega dharana itself a unique concept of Ayurveda explained in Ashtang Hridaya and Charaka Samhita.
- Urges are the physiological body reflexes to eliminate toxins out of the body. If this physiology is altered, then it leads to pathology due to disturbance in the normal body physiology.
- Ex. There is mentioning of Hridroga symptom due to long term suppression of Adharniya vega.

Dharniya Vega (Suppressing the Suppressible Urges)

Vega Dharana is of two types; Adharniya and Dharniya Vegas.

‘रोगाः सर्वेऽपि जायन्ते वेगोदिरणधारणैः ।’
..... (अ.ह.सु.4/22)

As described in Ashtanga Hrudhaya, ‘Vega Udirana’ or ‘Vega Dharana’ are responsible for all the disease formation [46]. But there are some Vegas which are necessary for health. Which are known as ‘Dharniya Vega’ Which are; Lobha, Irshya (jealousy), Dvesha, Matsarya, Raga, etc [47]. Acharya Charaka explained Dharniya Vega as Shariraka, Manasika and Kayika Dharniya Vegas.

Sadvritta (Code of Good Conduct for Mental Health and Social Behavior) [48]

- Sadvritta give the detail knowledge about ‘what to do, what should not to do and also ‘How to live’.
- In Charaka Samhita, Acharya Charaka mentioned the importance of Sadvritta as the person who follows the entire code of good conduct, will get healthy life without suffering from any type of disease.

Rasayana Therapy (Rejuvenating therapy / Macrobiotics / Life threatening drugs)

It is the very unique and important concept described in Ayurveda. It is one of the eight major clinical disciplines of Ayurveda. The object of this branch of knowledge is to remove the diseases and prevent ageing process. They are made up for increasing longevity of life and keep body healthy, away from ageing process.

- Rasayana plays a very important role in boosting immunity in the body. Essential for improvement of Sapta dhatus.
- Ex.1) Drugs having Immuno-Modulatory action: Punarnava, Guduchi, Daru haridra, Haritaki, Ardraka, etc.
- 2) Drugs improving Immunity: Pippali Rasayana, Haridra, Aamalaki, Bhumyamalaki, Kutaki, Nimba, etc.
- In Charaka Samhita, Acharya Charaka explained in ‘Agreya Sangraha’ about Nitya Rasayana which is....

‘क्षीरघृताभ्यासो रसायनानाम् ।’.....
(च.सु.25/40)

Daily consumption of 'Kshira' and 'Ghrita' is one of the 'Rasayana' and which helps to maintain Arogya and provides good Vyadhikshamatva [49].

Benefits

Dirgha Ayu (Long life), Aarogya prapti (good health), Increases Sharira and Indriya Bala , All Dhatu Vruddhi, delays ageing effects and gives Tarunyata (Young age looking), Increases Smriti, Medha, Varna, Swara, etc [50].

Achara Rasayana (Behavioral Conduct)

- Being a holistic science with equal focus on the body, mind, and soul, Ayurveda also describes a type of Rasayana for 'Psychological and Spiritual health' called as "Achara Rasayana". Charaka emphasizes the 'Achara Rasayana', and Sushruta elaborates 'Ajasrika Rasayana', that is the effort to obtain health.
- Acharya Charaka; first and only Samhitakara introduced the unique concept of Achara Rasayana.
- It is a right code of socio-behavioral conduct; it teaches us a preferred lifestyle with defined do's and don'ts.

Proper Aahara

'Aahara' is a very important factor in our life. This is an essential for every mankind for living. Therefore Ayurveda describes 'Aahara Vidhi Vidhana, Aahara Parinamkara Bhava, etc. In Bhavaprakasha Samhita [51], there is some rules given for the food consumption (Bhojana Krama) which are;

- Before Meal: Lavana and Adraka Sevan as it increases appetite and Dadimadi Amla rasa should be taken.
- After Lavana- Adraka: Madhura rasa is taken.
- In the middle of the Meal: Amla, Lavana rasa should be taken.
- In the Last part of the Meal: Katu, Tikta and Kashaya Rasa should be taken.

Acharya Charaka says that one part of stomach should be for solid food, one part for liquid and the remaining portion should be left for various digestive juices, doshas, and enzymes for the digestion.

‘सर्वरसाभ्यासो बलकराणाम् ।’.....
(च.सु.25/40)

So Aahara should be Shadrasatmaka, contains Panchbhautika Dravyas. This is a natural strength and health provider.

Proper Vihara

- As Aahara is important for leaving life, Vihara is also helpful in maintaining health and immunity.
- So that, - daily exercise, sleep and Sadavritta should be practiced according to season, age and time.

Discussion

Immunity in Ayurveda refers to prevention of disease and quick recovery from disease. Vyadhikshamatva is the biological defensive power of the body to fight against the diseases and to prevent the future development of diseases. As in modern science immunity had 2 types; Innate and Acquired immunity. In which inborn capacity is Innate and Resistance developed in the body against any specific foreign body like bacteria, viruses, toxins, vaccines or transplanted tissues are Acquired Immunity.

In Ayurveda Vyadhikshamatva is mostly depends on the Bala of the body. Therefore, the types of Bala are correlated with the types of immunity in Ayurveda. As Sahaja Bala which is comes from Parents and inherited it develops and increases the innate immunity in the body. Kalaja Bala which is developed due to the Ritu, Kala and according to age factor helps to form the Acquired immunity.

Ex. In Adana Kala strength of the body is naturally decreases and in Visarga Kala it is naturally increases. The Yuktikruta Bala which is comes from the Aahara , Vihara and Rasayana, Vajikarana medicines are useful to develop the Artificial immunity or Passive immunity. For that body helps through the Bala Vruddhikara Bhava which helps to maintain proper health and immunity from Childhood to old age.

By following rules and principles like Dincharya which is daily regimen helps to set a proper daily regimen, proper rules for living life, Ritucharya also helps to provides proper Aahara, Vihara, etc according to every

Ritu, Rasayana therapy forms strength and health and helps to avoid ageing effects.

Achara Rasayana are gives a proper Behavioral conduct for Physical as well as Psychological health, Sadvritta-a code of conduct for social behavior and mental health, Vega Dharana which is a very big cause for disease development now a days; that are called as Natural Urges that are suppressing due to work, shyness etc. through all this principles implementation in our life we are able to form a natural immunity against all diseases. It is helpful to developed naturally Ojas, Bala, Kapha Dosh, Dhatu Saarata, etc are increasing immunity in our body.

Conclusion

Vyadhikshamatva is a resistance to diseases or immunity against all diseases. It is correlated with Immunity. It is depends on Bala, Ojas, Kapha, Aahara – Vihara, Dhatu Sarata- Poshana, Manobala which helps to enhance strength of the body and helps to improve immunity. As like following rules and principles described in Ayurveda ; which are Dincharya, Ratricharya , Ritucharya, Sadvritta, Achara rasayana etc are when implemented in daily life it helps to provide good health and immunity. Also it forms physical and psychological health, spiritual health.

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AYURVEDIC MANAGEMENT OF CERVICAL EROSION THROUGH PANCHVALKAL KWATH YONIDHAWAN AND KAMPILLAK TAILA YONIPICHU – A CASE REPORT

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ABSTRACT

Cervical erosion is one of the commonest complaint of female at present. Cervical erosion (Ectropion) is a benign lesion which sometimes becomes much troublesome due to its chronicity and nature of recurrence. It is the replacement of the Stratified Squamous epithelium of portio-vaginalis by Coloumnar Epithelium of endocervix.^[1] Erosion of Cervical mucosa is usually associated with leucorrhoea due to chronic endocervicitis. Considering the feature of cervical erosion it can be correlated with *Garbhashaya Grivagata Vrana*. Separate description of treatment on cervical erosion is not available in *Ayurveda*, but on study of Etiological factors, sign &

symptoms of disease, it is found to be caused by *kapha-pitta dosha prakop* which affects *Yoni & Garbhashaya Mukha* leading to *Garbhashaya Grivagata Vrana*. To overcome this problem *Ayurveda* suggest the very effective treatment based on affecting *doshas* & etiological factors, patient was treated by *ayurvedic* line of treatment i.e. *Yonidhavan* with *Panchavalkal kwath* & *Yonipichu* with *Kampillak Taila*, and got result. so the case is presented.

KEYWORDS: Cervical erosion, *Yonidhavan*, *Yonidhupan*, *Panchavalkal kwath*, *Grbhashaya grivagat vrana*.

INTRODUCTION

Cervical erosion is a commonest gynecological condition seen in OPD's & is also known as cervical ectopy. It is common finding on routine pelvic examination during the fertile age

group females. It is not a fatal condition, an ectopy is easily recognized on inspection as a bright red area continuous with the endocervix and with clearly defined outer edge.

The demarcation line between the two epithelium moves to and from the external OS, and it is said to be healed when the erosion advancing towards the OS. During this process the obstruction of ducts takes place and produces Nabothelium cyst.

It is asymptomatic in initial stage but later on it progress to show many symptoms like-White discharge^[2] (leucorrhoea), contact bleeding, and other symptoms like infertility, backache, pelvic discomfort, itching-burning vulva, dyspareunia etc. It adversely affects the physiological and psychological health of women and even interferes in their professional life.

Cervical erosion can be considered as *Garbhashay Grivagata vrana*^[3] as it resembles the features of *Vrana* as explained in the *Ayurvedic* classics. In modern system of medicine treatment of cervical erosion as cryosurgery or diathermy cauterization etc are used to destruct the columnar epithelium & facilitate the growth of new healthy stratified squamous epithelium^[4], these have various side effects like- excessive mucoid discharge per vagina for a long time, sometimes cervical stenosis, accidental burn, bleeding and recurrence of disease.

Hence the *Ayurvedic* management seems to be more effective, non surgical, cost effective and have negligible side effects. The *Ayurvedic* treatment having the properties like *Vrana shodhan*, *ropan*, *stambhan*, *Kapha Pitta shamak*, *dahanashak* can effectively cure this disease.

So in present case study patient was treated with *panchvalkal kwath Yonidhavan* and *kampillak taila Yonipichu*.

AIM AND OBJECTIVE

To evaluate the efficacy of *Panchvalkal kwatha Yonidhavan* and *kampillak taila Yonipichu* in the management of cervical erosion.

MATERIAL AND METHODS

Study Center: C.S.M.S.S. Ayurved Rugnalaya, Aurangabad.

Study Details

Name of pt: xxx

Reg.no. OPD No. - 43020

Date of first visit : 30/11/2019

Age : 25 yrs

Gender : Female

Religion : Hindu

Occupation : Housewife

Diet : Veg & Non veg

Chief Complaints

1. Per-vaginal white Discharge with foul smell since 1 yr
2. Itching at vulval site since 1 yr
3. Low backache since 6 months
4. Dyspareunia since 2 months
5. Burning micturation since 15 days

Marriage Life: 6 years

Menstrual History: 3-4 days/28-30 days, regular, moderate, painless.

Obstetrics History: G₂ P₂ L₂ A₀ D₀

Brief History

25 years old patient having married life 6 yrs having 1 male & 1 female child complaining of:

1. Per-vaginal white Discharge with foul smell since 1 yr
2. Itching at vulval site since 1 yr
3. low backache since 6 months
4. Dyspareunia since 2 months
5. Burning micturation since 15 days

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 Rugnalaya Aurangabad for management.

General Examination

1.Nadi = 78/min

2.Mala = Samyak malpravrutti

3. Mutra = Sadah mutrapravrutti
4. Jivha = Niram
5. Shabda = Spashta
6. Sparsha = Anushna
7. Druka = Prakrut (alpashwetata)
8. Akrti = Madhyam

Local Examination

P/S examination = white discharge, cervicitis ++, cervical erosion ++

P/V examination = Ut. AVAF, normal in size, fornices clear

So patient was diagnosed as a case of cervical erosion and few investigations were carried out–

Blood investigations

Hb = 10.8gm%, RBC= 3.19 mill/cu/mm, WBC = 8600 / cu.mm

TLC. N%= 60, L%= 35, M% = 02, B% = 0

platelet = 2,80,000 /cu.mm, ESR 14 mm/hr.

RBS = 88 mg/dl

HIV I & II, HbsAg, VDRL = negative,

Urine routine and microscopic = normal

Pap's smear for cervical cytology = negative for malignancy.

DIAGNOSIS: Cervical erosion (*Garbhashaya grivagat vrana*)

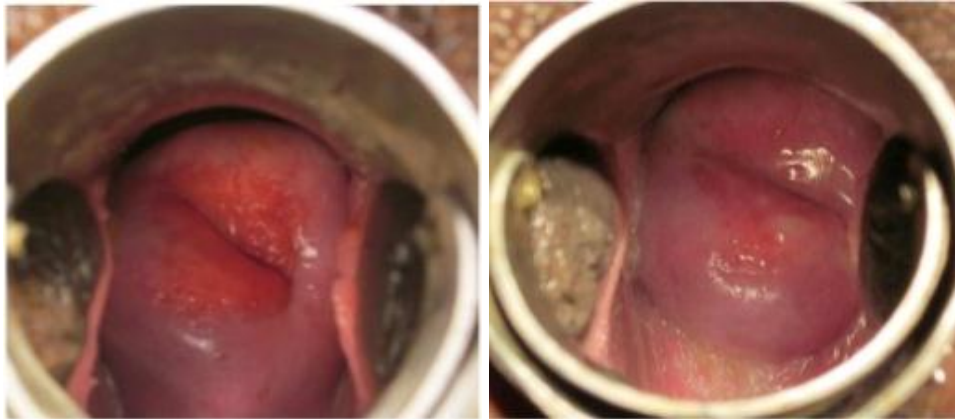
TREATMENT

After taking written informed consent, lithotomy position given to the patient. *Yonidhavan* with 500ml freshly prepared *Panchavalkal Kwatha* was done. After *yonidhavan* a *pichu* soaked in *kampillak taila* was kept in *yoni* focusing on eroded area of cervix with the help of Cusco's speculum, Speculum was removed and *Yonipichu* should kept inside vagina for about 3-4hrs. It was kept close to cervix in such way that some length of thread remains outside of the vagina. Patient was explained well to remove the *pichu* by holding the thread.

Duration of trial:- 15 days

RESULTS

The present drug gave the relief to the symptoms mainly White discharge, Gradually the eroded area also minimizes, Other symptoms like low backache, lower abdominal pain & dyspareunia, burning micturation got relief gradually.



Before Treatment

After Treatment

DISCUSSION

Cervical erosion is found in the fertile age group that is 20-35 years because of repeated deliveries there is local trauma to the cervix which may produce erosion. Due to hyperplasia of cervical glands various symptoms like vaginal discharge, back pain, pelvic discomfort etc. produce which are disturbing elements in the daily life style of the woman.

The probable mode of action of therapy is to prevent congestion or hyperemia, thus prevented regeneration of superficial columnar cell.

Panchavalkal Kwatha^[5]

The contents of *panchavalkal* are *kaphapittashamak*, *Dahanashak*, *Stambhak*, *Yonishodhak*, *Shothhar*, *Raktapittashamak*.

Due to this properties it decreases vaginal discharge, local inflammatory symptoms, foul smell & reduces hyperaemia of cervix by its Anti-inflammatory, Anti-microbial, effect it work on chronic cervicitis, thus *panchavalkal kwatha Yonidhavan* reduces discharge, pain & inflammation of cervix.

Kampillak Taila^[6]

Drugs present in *kampillak taila*, *kampillak* & *daruharidra* having anti- inflammatory & antibacterial activities which prevent eroded area of cervix from infection & help in decrease

vaginal discharge. Both ingredients in *taila* having *Vranashodhan*, *Vranaropan*, *shothhara*, & *Stambhan* properties, which helps in decreasing vaginal discharge & helps to heal the eroded area of cervix.

CONCLUSION

The present study showed the effects of *panchvalkal kwatha Yonidhavan* & *Kampillak taila Yonipichu* on cervical erosion.

Hence in this case we can conclude that *Sthanik Chikitsa* in the form of *Yonidhavan* & *Yonipichu* is highly effective in disintegration of pathogenesis of *Garbhashaya Grivagata Vrana* (cervical erosion).

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A REVIEW STUDY ON MATERNAL AND CHILD HEALTH CARE THROUGH AYURVEDA

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ABSTRACT

Motherhood is a divine blessing. Healthy and safe motherhood begins before conception with good nutrition and healthy lifestyle. It continues with appropriate prenatal care and preventing problems if they arise. The ideal outcome is full term pregnancy without unnecessary interventions, the delivery of a healthy baby and healthy postpartum period in a positive environment that supports the physical and emotional needs of mother, baby and family. For every woman, bearing and bringing up a healthy offspring is a joyful experience. However this natural process turns into a nightmare for a large number of communities having high maternal mortality ratios. To avoid this, in India which has her unique geopolitical and social realities there is a need to carve out her own solutions which are women centered, culturally acceptable, cost effective and easily available. Ayurveda, the

ancient science of life focusses on protection of health based lifestyle followed by curing the ill person. Hence Ayurveda could play a significant role in prevention of obstetric complications protecting the health of mother and baby as well as providing simple, healthier, effective remedies. This paper highlights the purifactory and other methodology adopted in preconceptional care, establishment of Garbhini Swasthya through Masanumasik Garbhini Paricharya, effective Prasav Paricharya and various major components of Sutika Paricharya aiming to explain Maternal and child health care through Ayurveda.

INTRODUCTION

Pregnancy and childbirth are one of the most critical events in a woman's life that maintain the community and existence of human species. However this natural phenomenon turns into a nightmare for large number of communities having high maternal mortality ratio across the globe. Most maternal and infant mortality strategies focus only on enhancing access to curative and emergency obstetric care as prescribed internationally. In a country like ours, which is blessed with unique holistic ayurvedic medical science, there is a need to skillfully carve out solutions which are women centered, culturally acceptable, cost effective and easily accessible.

The main and objective of maternal and child health care in ayurvedic system is to ensure good health for expectant mother, ensuring prevention and treatment of pregnancy related diseases, avoiding any obstetric complication and ensuring smooth delivery of a healthy child.

The various ancient ayurvedic texts provide detailed description for ensuring the development of healthy uterus, conception of healthy ova and sperm in the uterus followed by normal development of the fetus. The ideal situations are related to wholesome diet and regimen depending on the digestive powers and mental condition of expectant mother.

Maternal and child health care has been elaborately described in many ayurvedic texts like Charak Samhita, Sushrut Samhita, and Kashyap Samhita etc. which should be implemented in today's era. Here is a glimpse of the ayurvedic systems strength in the area of maternal and child health.

Maternal and Child health can be broadly divided into following aspects...

1. Pre-Conceptional Care
2. Antenatal Care (Garbhini Paricharya)
3. Care During Child Birth (Prasav Paricharya)
4. Post Natal Care (Sutika Paricharya)

1) Pre Conceptional Care

Pre conceptional care can be defined as the care or advice to couple planning a pregnancy well before the actual conception.^[1] As there is an increasing incidence of congenital

anomalies and prenatal deaths, Ayurved can contribute with the effective pre conceptional care.

The purifactory methods and other methodology adopted in pre conceptional care in Ayurved seems to give a contribution of healthy progeny. The aims and objectives of pre conceptional care is to identify the high risk factors, stabilizing the previous disease, improve the base level health, to prevent the repetitive reproductive disease and to ensure that woman enters pregnancy with optimal state of health which would be safe for both herself and foetus.^[2]

1. Age Criteria
2. Diet
3. Rajaswalacharya
4. Atulyagotravivah
5. Garbhasambhavsamagri
6. Garbhadhan Vidhi

1. Age Criteria

Acharyas consider 25 years for male and 16 for female as appropriate age for marriage.^[3] At this age both are fully matured. If girl is less than 15, there are chances of neural tube defect in fetus. Increase in the age ie. 30 years there is incidence of downs syndrome.^[4]

2. Diet

Diet for male-Milk and Ghee prepared from sweet drugs.

Diet for female-Oil and Black Gram. Is advised for a period of one month

Astang Hrudaya Advocates Ghee especially Phalaghrita and Mahakalyanakghrita.^[5]

When we see the contents of milk it is good source of calcium and many nutrients like Proteins (essential amino acids), Vitamins etc. Consumption of milk also increases blood concentration of insulin like growth factor. It is major determinant of growth.^[6]

Ghee is rich in Vit A and E, conjugated linoleic acid, has antioxidant and antiviral properties. Butyric acid in it supports production of killer T cells in the gut, thus helps in healthy immune system.^[7]

Black gram is the rich source of folic acid which is required to prevent the neural tube defects, acts as potent antioxidant, so helps to reduce the oxidative stress, it also contains proteins and fibres.

3. Rajaswalacharya

Chraka says to follow celibacy, sleep on grass bed, avoid day sleep, excessive talking, Massage and bathing. Then after 3 days take bath, wear white clothes and do the offspring to the god.^[8]

When we practically observe these. It is probably indicated during menstrual period to provide adequate rest to the lady and certain time for herself. When primordial follicles developing into graffian follicles, these will keep her away from environmental Xenoestrogens and mutagens which may cause mutation leading to fetal anomalies.^[9]

4. Atulyagotravivaha

Ayurveda says marriages should not be consanguineous.^[10] If marriages are consanguineous then there may be chances of Prameha (Diabetes), Kushtha(Skin disorders), Arsha(Piles), Khaandoshtha(Cleft lip/palate). Recent updates also says that such marriages may carry recessive traits.^[11]

5. Garbhasambhavsamagri

Factors required for proper fetal development.

- a) Rutukala - Fertile period.
- b) Kshetra – Female herself as well as healthy uterus.
- c) Ambu – Nutrition to the child in the form of rasadhatu.
- d) Beeja – Healthy Sperm and Ovum.^[12]

6. Garbhadhan Vidhi (Procedure for conception)

It starts from the selection of right partner followed by purificatory methods like snehan (oleation therapy), swedan (sudation therapy), Panchakarma (purificatory methods), then specific diet for male & female for 1 month. Following all this pre-requisites one should do the Putresthi Yagnya (spiritual method to do the offerings to God) or any spiritual things like homa, havan etc can be done. After this on an auspicious day couples were made to take shalyanna (rice preparation) mixed with milk is consumed & body is anointed with oil, then advised to do the coital act. Afterwards for lady strenuous work is avoided and advised to maintain the celibacy till the signs of pregnancy arrived.^[13]

Pregnacy should always be planned and not by chance. These Ayurved preconceptional measures should be implemented and planned accordingly. Along with the classically told

methods few additions like folic acid, iron, calcium supplementation & taking care of BMI, avoiding habits like alcohol, tobacco, & avoiding use of narcotics would yield much more better & desired results.

2) Antenatal Care (GARBHINI PARICHARYA)

Garbha definition -- Garbha is the union of shukra (sperm), shonitha(ovum) jeeva (life) atma (soul) in womb of mother.

Garbha is completely dependent on mother for nutrition and growth. So whatever diet the pregnant woman consumes performs three functions

1. Nourishment of the woman's body itself
2. Formation of milk
3. Nourishment of the fetus

To protect garbha, adopting garbhini paricharya by pregnant women is much essential because a pregnancy in total duration consumes about 60000kcal^[13] over and above normal metabolic requirements. On an average, normal healthy woman gains 12kg of weight during pregnancy, several studies have indicated that weight gain of poor Indian women averaged 6.5kg during pregnancy.

So here Ayurveda plays an important role by dietic regimen for healthy child and mother.

| Month | Chraka Samhita | Sushrut Samhita | Ashtang Sangraha | Harita |
|----------------------------------|--|--|----------------------------------|---|
| 1 st [14,15,16] | Ksheera | Madhura sheeta drava ahara | Aushadha sidha ksheera | Madhuyasti, madhuka pushpa with Navaneeta, madhu, madhura ksheera |
| 2 nd [15,16,17,18] | Ksheera with madhura rasa | Same as 1st month | Same as charaka | Madhura sidha ksheera with kakoli |
| 3 rd [15,16,17,18,19] | Ksheera with madhu ghrita | Same as 1st month | Ksheera with madhu ghrita | Krushara |
| 4 th [15,16,17,18] | Ksheera with navaneeta | Shastika shali anna with dadhi, navaneeta, jangalamamsa rasa | Ksheera with 1 tola of navaneeta | Medicated odana |
| 5 th [15,16,17,18] | Ghrita prepared with navaneeta extracted ksheera | Cooked shastika odana with ksheera, ghrita, jangala mamsa rasa, ghrita | Same as charaka | Payasa |
| 6 th [15,16,17,18] | Ghrita prepared from maddhura | Ghrita or yavagu gokshura | Same as charaka | Madhura dadhi |

| | | | | |
|--|---|--|--|--------------------------------|
| | aushdha | | | |
| 7 th ^[15,16,17,18] | Same as 6th month | Ghrita prepared with prathakparnyadi gana | Same as charaka | Ghritakhanda |
| 8 th ^[15,16,17,18] | Ksheera yavagu mixed with ghrita | Asthapana basti with badara kwatha mixed with bala, atibala, shatapushpa | Ksheera yavagu mixed with ghrita. Asthapana basti with badari kwatha. Anuvasana basti with taila with medicated madhura aushadha | Ksheera yavagu |
| 9 th ^[15,16,17,18] | Anuvasana basti with taila prepared with madhura aushadha | Snehayukta yavagu, jangala mamsa rasa upto the period of delivery | Same as charaka | Different varieties of cereals |

- During 1st trimester of pregnancy most women experience nausea and vomiting, thus can not take proper diet. Use of cold and sweet liquid diet and milk will prevent dehydration and supply required nourishment, besides the drugs of Madura group being anabolic will help in maintenance of proper health of mother and foetus.
- Fourth month onwards muscular tissues of foetus grows sufficiently requiring more protein which is supplied by use of meat-soup.
- By the end of second trimester most women suffer from oedema of feet and other complications of water accumulation. Use of gokshura a good diuretic in 6th month will prevent retention of water as well as its complications.
- The drugs of vidarigandhadi group are diuretic, anabolic, relieves emaciation and suppress pitta, kapha, their regular use in 7th month might help in maintaining health of mother and foetus.
- Most women experience constipation in late pregnancy due to pressure of gravid uterus over the bowels and effect of progesterone. Use of enema in 8th month will relieve this constipation, besides this may also affect the autonomous nervous system governing myometrium and help in regulating their function during labour.
- Milk and drugs of madhura group have been advice for entire period .Milk is a whole diet. The drugs of madhura group are anabolic, thus use of this will help in maintenance of proper health of mother and growth and development of foetus.^[13]

After following the dietic regimen From 1st to 9th month, the woman remains healthy and delivers the child possessing good health, energy or strength, voice, compactness, much superior to other progeny.

Womens Kukshi (abdomen), sacral region, flanks and back become soft, apan vayu moves into its right path, faeces, urine and placenta are excreted by its respective passage. Skin and nail become sof. Women gains strength and complexion. She delivers easily at proper time.

3) Care During Childbirth (PRASAV PARICHARYA)

Care during Childbirth is regarded as a natural process at the same time Ayurveda lays emphasis on preparedness and readiness to deal with any complication.

For a safe and easy childbirth Acharya suhruta proposes that before the ninth month of pregnancy, a wooden hut must be prepared for delivery in the vicinity of the woman`s residence termed as **Sutikagara**. This hut must be equipped with light, fire, water and necessary medicines and equipments. Curtains must be put to ensure privacy and to avoid direct light falling into the eyes of newborn (a direct contrast to the modern room which is bright lit to the maximum). This hut must be neat and clean and with well fitted doors and windows. About 10 herbs and foods-oil, Madhu, Ghrita, Tail etc. that are considered essential during labour must be kept at hand. Equipments such as needles, resuscitation tools and other relevant instruments must be kept ready.

The woman is expected to be in this maternity hut in the ninth month of pregnancy. Ayurveda says that she must be accompanied and assisted by wise women (dais / Well trained nurses) who are good hearted, have an attitude to serve others; affectionate; have a strong character; free from grief, having endurance and capable of making the woman happy and at peace. The woman must feel comfortable to give birth in company of these women. Physician or surgical intervention is required only if serious complications arise.

Again a detailed regimen - (**prasav paricharya**) comprising of diet, emotions and postures is suggested with a view to facilitate smooth labour and ensure survival. The placenta, cord and the foetus are seen as a unit and the expulsion of placenta is included in the process of childbirth. It is also considered that the life force exists in all the three components, the foetus, cord and the placenta. Therefore the survival of a baby is linked to the other two –

cord and the placenta. Measures are suggested to ensure downward movement of apan vayu-responsible for expulsion processes of the body.

Wise women (Dai / Well trained Nurses) are advised to utter words of encouragement to the women in labour.

The mental-emotional linkages with childbirth and expulsion of placenta are strongly emphasized highlighting the fact that if the woman is tense, worried or shocked, childbirth or expulsion of placenta may be delayed.

Post Natal Care (SUTIKA PARICHARYA)

A woman who has just given birth to a child followed by expulsion of the placenta is called as Sutika.^[21]

When it comes to postpartum care Ayurveda suggests women to be treated with warmth, wetness and care. This purpose can be achieved by rectifying food preparations according to imbalance of dosha aimed at supporting digestion, restoration and lactation.

Protocol of Sutika Paricharya can be divided into three major components.

1. Ashwasana (Psychological Reassurance)
2. Vihara (Normal daily activities and therapeutic procedures)
3. Ahara (Normal diet in puerperium)

1. Ashwasana

It is most important work which stabilises psychology of puerperal.

Psychological reassurance helps to avoid puerperal psychological disorders like baby blues, postpartum depression, and rare condition called post partom psychosis.

2. Vihara (Various Regimen for internal, external and local therapies for Sutika)

| Chraka | Sushruta | Ashtang Sangraha | Kashyap |
|--------------|---------------------|------------------|--------------|
| Snehapan | Abhyanga | Abhyanga | Ashwasana |
| Abhyanga | Parisichna | Snehapana | Sanvahana |
| Udarveshtana | Dushtashonitshuddhi | Udarveshtana | Udarmardana |
| Parishechana | Parishechana | Udvartana | Udarveshtana |
| | | | Yonisnehana |
| | | | Yoniswedana |
| | | | Snana |
| | | | Dhupana |

1) Abhyanga

Abhyanga given to Sutika may be Sthanika (udara or yoni) or Sarvadaihika with the help of Ghrita and Taila especially with Bala Taila which is Vatasanshamaka, Rasayana to Mamsadhathu; Shramahara. Abhyanga tones up the pelvic floor, abdominal, back muscle, tissues and relieve the muscle spasm. It also helps in recovery from soft tissue injury by increased circulation. Improves the digestion, increases red blood cells & prevents anaemia. It prevents thrombosis by rubbing & friction improves the venous blood flow by dilating superficial blood vessels. Abhyanga at lower back helps for proper drainage of lochia. Yoni Abhyanga tones up vagina and perineum and prevents laxity and prolapse, alleviates pain and heals vaginal and perineal wounds.^[22]

2) Parisheka & Avagaha

Parisheka is pouring hot water in a stream, it is vatakaphahara, vedanahara, does agnideepti, twakaprasannata, srotoniramalata, so that abnormal blood clots accumulated in uterine cavity after the delivery of Garbha excreted properly and Vata Dosha also subsides.^[23]

3) Udaraveshtana (Pattabandana)

It prevents vitiation of vatadosha by compressing hollow space produced after expulsion of foetus. Abdomen should be tightly wrapped with long cotton cloth after bath. It provides support to the back & abdomen. It mainly helps the uterus to shrink back to its normal size. Also helps to straighten back after pregnancy, improving posture.^[24]

4) Yonidhupana

Vaginal defence is lowered due to hypoestrogenic state and patient is prone for infection. Dhupana will maintain the hygiene of the perineum. It keeps episiotomy healthy, hastens its healing process. The drugs used like kusta, agaru, guggulu have the properties like jantugna, kandugna, shothahara, vranashodhana, ropana.^[25] In Yonipindana vagina is advised to cover completely. This restricts entry of Vata and prevents vagina from various infections.

MODE OF ACTION OF DIET & DRUGS**1) Snehapana**

The Sneha (Ghrita/ Taila / Vasa/ Majja) given to sutika is mixed with dravyas like Pippali, Pippalimoola, Chavya, Chitraka, Shringavera, Yavani, Upakunchika. These all should be advised considering Prakruti, Agni, Kala, Desha of sutika. These dravyas do agnideepana & amapachana. It also avoids vataprakopa. These dravyas helps to digest the sneha and act as

appetizer.^[26] Ghrita is Vata pitta shamaka, Balya, Rasayan, Agnideepak, Raktavikaranashak, & Yogavahi.

Ghrita provides many essential fatty acids such as omega 6 which provides anti-inflammatory properties. Ghrita 0.04g/tbsp, which includes 17 amino acids essential for good health. It contains 3% linoleic acid, an antioxidant. It also contains vitamins A, D,E,K.^[27]

2) Garbhashayashodhana

Drugs like Panchakola are given with warmed jaggery water for excretion of Dushta Shonita from uterus. These drugs having the garbhashayashodhaka & garbhashayasankochaka properties, removes the dushtashonita or sheshadosha from grabhashaya.

It normalises the lochial discharge & does proper uterine involution. Kashyapa advised Udarapeedana for Shonita shuddhi.^[28] This may facilitate uterine stimulation inducing contraction which may result in expulsion of residual blood clots.

3) Snehayavagu or Ksheerayavagu

Yavagupana in the form of manda, peya with sneha or kwatha stimulate the agni, it is grahi, laghu in nature, dhatuposhana, tarpana properties, easily digestible & absorbable, reduces thirst thus does the maintenance of water in the body.

Ksheera is rich source of proteins, vitamins and calcium provides energy & maintains tissue.^[29]

4) Yusha

Yusha is given to the Sutikais prepared of Yava, Kola, Kulatha. It is semisolid, rich in protein. It act as agnideepaka, balya, swedajanana, pusti sukhaprasadana.^[30,31]

5) Mamsa Rasa

Meat is an excellent source of iron, Vitamins, essential amino acids and trace elements. Madhura, brimhaniya drugs are anabolic and helpful to recover maternal system from stress and strain of labour and help in galactogenesis and enhance the property of maternal milk.^[32]

Drugs

Pippali, Pippalimula, Chavya, Chitraka, Shringavera are Ushna, Teekshna, Deepana, Pachana, Shoolagna & Kaphavatashamaka, so it is helpful in reducing Agnimandya & shoola

in sutika. It is also helpful for prakrityonigataraktasrava. These drugs are katurasatmaka & katuvipaki has the properties of shonitasanghatbhedana leads to no yonigatasrava because of this garbhashayashuddhi occurs.

Pippali, Pippalimula are anti-inflammatory^[33] & shows anti bacterial activity.^[34] It is also useful for the recovery of the relaxed organs soon after delivery.^[32]

Chavya is liver stimulant & blood cleansing and has rejuvenating properties.

Chitraka is useful as appetizer, digestive, anti-helminthic, causes uterine contractions, and cures postpartum disorders.

Shunthi is known to stimulate digestion. It has anti-inflammatory, antimicrobial property. Kola is a good source of calcium, phosphorus, Vitamin A. It has anti-oxidant property, wound healing & anti-inflammatory properties.

Kulatha is an excellent source of iron, molybdenum and manganese. It has antispasmodic activity and is used in uterine disorders and anemia.

Ervaruka has 94% water content, keeps the body hydrated, regulates blood pressure, aids in digestion and acts as a diuretic. It contains magnesium, potassium, silica, and vitamin A, B, C and K.

Yava is a good source of fibre. It contains copper, phosphorus, zinc and Vitamin E. Rice gruel prepared with vidaryadigana act as rasayana. Therefore the above mentioned drugs are administered during suthika kala for the wellbeing of the Suthika.^[35]

CLINICAL SIGNIFICANCE OF SUTIKA PARICHARYA

1. In Sutika agni is manda, agni deepana is the need of treatment for few days immediately after delivery, which may be needed prior to the administration of brihana drugs. The drugs which are used instantly after delivery are agnivardhaka by their nature.
2. Use of snehana suppresses vata.
3. Uttama rasa produces uttama stanya which depends on quality of agni.
4. Yava, Kola laghuannapaana is advised after 5 days, this form of food helps to replenish Dhatu.

5. Advise for the usage of mamsa rasa & brihana dravyas, using jeevaniya or brihaniya or madhura dravyas. This might act as dhatu vardhaka and helps to maintain proper lactation.
6. Abhyanga recommended by using bala taila in nyubja position, which might help to restraint vitiated vata, spiralling the abdominal muscles.
7. Parisechana by using kwatha prepared by vataharadravyas act as vedanahara, kledahara.
8. Udarapattabandhana -Wrapping the abdomen with long and clean cloth, which in turn helps abdomen to retrieve its normal position and there is no accumulation of vata in vacant sites.
9. Dhupana as rakshoghna and vedanahara is mentioned by using kushtha, guggulu and agaru.
10. To prevent the complaints during Sutika Kala such as UTI, Backache, Thirst, Anxiety, Anger, Disturbed Sleep, Depression etc.^[36]

CONCLUSION

Ayurveda-the science of life could contribute significantly in improving mother's and newborn's health as well as reducing diseases and disabilities. The holistic regimen advised during various stages of pregnancy and childbirth comprising of thoughts, action, dietary modifications and herbs aims to ensure a healthy and smooth childbirth at the same time sustain the overall health, nutrition and wellbeing of both the woman and the baby. The measures are simple, easy to follow by women and families at the household level since the emphasis is on the use of locally available resources.

The main focus of this regimen is woman herself, if she is healthy; the child is going to be healthy. The use of locally available resources in preventive and promotive regimen reduces cost of curative obstetric services.

The approach underlying this regimen can become one of the core strategies essential to improve overall health of the women and upcoming generation.

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STUDY OF SUCHIVEDHAN IN MANAGEMENT OF AVABAHUKA WITH SPECIAL REFERENCE TO FROZEN SHOULDER

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ABSTRACT Pain is as old as mankind. Man is looking for different methods for pain relief. In textual references of Ayurveda, the disease Frozen shoulder is closely related to *Avabahuka*. In *Sushrut Samhita*, eight types of *shastra* karmas are explained. '*Vedhan karma*' is one of them and '*Suchi*' is one of the instruments used for it. In this study, we done *Suchivedhan* in 5 diagnosed patients of Frozen shoulder, that is having complaints of pain and restricted movements of shoulder joint.

KEYWORDS : Avabahuka, Suchivedhan, Frozen shoulder.

INTRODUCTION

Ayurveda, a life science, is a rich store house of time tested effective medicines for several obstinate and incurable diseases. Main objective of Ayurveda is to maintain the health of healthy person and to cure the diseased one. *Shalyatantra* is the most important branch of Ayurveda having many surgical para-surgical procedures described in detail.

In *Avabahuka*, the vitiated *Vata* is localized in the shoulder region. *Vata* dries up the ligaments of the shoulder and constricts the *Snayu* at the joint^{[1][3][5]}.

In *Samhitas*, there is a very little description regarding *Suchivedhana*. The procedure is still remained untouched from practical use, so thought to explore the Science behind the procedure.

OBJECTIVES:

Primary- To evaluate the effect of *Suchivedhan* in *Avabahuka* with special reference to Frozen shoulder.
Secondary-

1. To evaluate the improvement in the movements of shoulder.
2. To achieve immediate relief of pain in Frozen shoulder.

METHODOLOGY

Selection of patients- Patients of *Avabahuka* fulfilling inclusion criteria.

Duration of study- 21 Days for each patient.

Follow up- on 0th, 7th, 14th and 21st day.

Study location- OPD and IPD of our college Hospital.

In this study, in the time period of 6 months, I treated 5 patients of frozen shoulder with *Suchivedhan*.

Diagnostic criteria-

A. Physical Examination

1. Functionally restricted movements of shoulder joints (Glenohumeral)
2. Absence of history of previous major shoulder injury or surgery.

B. Radiological Examination

No changes in cartilaginous joint space (normal plain radiograph).

INCLUSION CRITERIA

1. Patients diagnosed as Frozen shoulder.
2. Patients of either sex.
3. Age group of patients between 21 years to 60 years.

EXCLUSION CRITERIA

1. Patients less than 21 years and more than 60 years of age.
2. Pregnant women.
3. Patients having major trauma and anatomical deformity.
4. Patients suffering from severe systemic disorders Diabetes mellitus and RHD.
5. HIV, HBsAg reactive patients.

WITHDRAWAL CRITERIA

1. Occurrence of serious adverse effect.

2. If the protocol has been violated or patient is not willing to continue the treatment.

Procedure -

Suchivedhana -

"*Siravyadha Vidhi Adhyaya*" has been explained in *Shushruta Samhita*, in which *Vyadhana* of specific *Siras* in specific diseases is mentioned.

The word '*Vyadhya*' has so many meanings, in which, 'to let out entrapped *Vayu*', is one of them.

This '*Vedhan*' must be done by hollow needle. If the blood vessel is large, the blood can be evacuated. But if the *Sira* is non-visible, it is to be pricked by needle till it bleeds or may not bleed.

Depth of *Viddha karma* -

Sushruta Samhita has mentioned properly the level of depth of *Viddha karma* according to the area where this procedure has to be performed^[4].

- When it is performed on *Mansal pradasha*, it is one *Yava*.
- In case of bone, the hole should be of *Ardha-Yava Matra*.
- On skin, it is *Ardha-Yava Matra* or *Vrihi matra*.

The instrument should be used *Vrihimukhen Yantra* for *Vyadhan* in *Mansal pradasha*.

Material-

1. Insulin needle no. 26
2. Spirit
3. Cotton swab
4. Surgical gloves

PROCEDURE-

The site of *Viddhakarma* cleaned with spirit and *Suchivedhana* done with the help of insulin needle number 26, on the painful points. Then dry swab kept at that site if any drop of blood came.

Duration of the Treatment - 21 days

Sthanik Snehan (Abhyanga) - Til Taila

Sthanik Swedana - Nadi sweda

a) Subjective Criteria -

Mobility Gradation

Grade 0 - Normal movement with no pain.

Grade 1 - Normal movement with mild pain.

Grade 2 - Restriction of movement with mild pain.

Grade 3 - Restriction of movement with moderate to severe pain.

Pain -

Absent-0

Mild- 1

Moderate-2

Severe -3

Tingling at shoulder and respective hand-

Absent -0

Mild -1

Moderate -2

b) Objective Criteria –

The movements will be assessed measuring the angles using **Goniometer**.

Movements of shoulder joint:

- Abduction
- Adduction
- Flexion
- Extension
- Internal rotation
- External rotation

Investigations –

- a) Blood - 1) HB% 2) BSL® 3) BT, CT 4) HIV 5) HBsAg
- b) X-ray – AP view and lateral view of affected shoulder joint.

c) Overall assessment criteria –

| Sr. | Result | Percentage |
|-----|----------------------|--|
| 1. | Cured | >75 % Improvement in Subjective and Objective parameters. |
| 2. | Marked Improvement | >50 to 75% Improvement in Subjective and Objective parameters. |
| 3. | Moderate Improvement | >25 to 50% Improvement in Subjective and Objective parameters. |
| 4. | Mild Improvement | >Upto 25% Improvement in Subjective and Objective parameters. |
| 5. | Unchanged | > No change in Subjective and Objective parameters. |

Observation table

| Patient Id code | Pain | | | Mobility of joint | | | Tingling | | | Total cured % |
|-----------------|------|----|-----|-------------------|----|-----|----------|----|-----|---------------|
| | BT | AT | % | BT | AT | % | BT | AT | % | |
| A | 3 | 1 | 67 | 2 | 1 | 50 | 2 | 0 | 100 | 72 |
| B | 2 | 0 | 100 | 2 | 1 | 50 | 1 | 0 | 100 | 83 |
| C | 3 | 1 | 67 | 3 | 1 | 66 | 2 | 1 | 50 | 61 |
| D | 2 | 1 | 50 | 1 | 0 | 100 | 2 | 1 | 50 | 66.66 |
| E | 3 | 2 | 33 | 1 | 1 | 00 | 1 | 1 | 00 | 11 |

Cured in % = (BT – AT) / BT x 100

Objective Criteria

| Patient → | 1 | | 2 | | 3 | | 4 | | 5 | |
|----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | BT | AT | BT | AT | BT | AT | BT | AT | BT | AT |
| Shoulder Movements ↓ | | | | | | | | | | |
| 1.Adduction | 50 | 50 | 40 | 40 | 30 | 40 | 40 | 50 | 40 | 50 |
| 2.Abduction | 90 | 120 | 120 | 140 | 130 | 130 | 140 | 140 | 120 | 130 |
| 3.Flexion | 120 | 160 | 100 | 170 | 110 | 150 | 120 | 160 | 70 | 100 |
| 4.Extension | 30 | 50 | 40 | 60 | 50 | 50 | 40 | 50 | 50 | 60 |
| 5.Internal rotation | 60 | 90 | 50 | 80 | 50 | 90 | 60 | 80 | 50 | 60 |
| 6.External rotation | 60 | 80 | 50 | 90 | 50 | 60 | 70 | 80 | 50 | 80 |

DISCUSSION

Total five patients of Frozen shoulder studied. Each patient treated with *suchivedhan karma*.

For *Suchivedhana* we use Insulin needle No. 26. This needle has 13 mm length (which exactly matches with the length of *Vrihi*), 0.45 mm breadth. So it should be pierced 2 mm to 4 mm for skin, 4 mm to 6 mm for *Mamsa* and 6-10 mm for *Snayu, Asthi* and *Sandhi*.

Discussion regarding clinical parameters-

1. Pain- It is found that, *Suchivedhan* is effective in reducing pain of shoulder. It instantly relieved pain in almost all patients. Local tenderness reduced significantly.
2. Mobility of shoulder joint- After *suchivedhan*, grade of mobility increased significantly. At first, the patients came with restriction of movements and moderate to severe pain at shoulder. After *suchivedhan*, stiffness of joint reduced and movements became normal.

3. Tingling sensation at shoulder and respective hand was present in 3 patients. It significantly reduced after first sitting.

Management of diseases caused due to 'Vata' by *suchivedhan* have been described in many classical texts of *Ayurveda*²³.

As observed that the chief complaints of pain and stiffness were present in all five patients. The disease *Avabahuka* is *vata-kapha* dominant. The change of lifestyle, heavy weight lifting will lead to vitiation of vata, which produces diseases like *Avabahuka*. Some patients got relief immediately after one sitting and some after 2-3 sittings.

Sira always carry all *Doshas* i.e. *Vata, Pitta* and *Kapha*, along with *Rakta*. Physiological and mental functions go well when *Prakrut Vayu* is moving in its own direction. Vitiating *Vayu* moving in *Sira* produces different *Vata Vyadhi*. *Vedana* indicates deranged or vitiated *Vayu* and this is the ideal indication for *Viddha Karma*. *Siravedha* is a broad term used for removal of blood. It could be of any type, Venesection, Leech, Horn, Gourd or even a prick.

Raktamokshana if performed in correct manner on proper indicated points results in relieving pain and reduction in severity. It also produces a state of well-being. When *Siravedha* is performed, the most vitiated *dosha* i.e. *Rakta* is released, similarly on *Suchi-Viddha* the most vitiated *Dosha* is released.¹⁷

Interpretation of these results is as follows:

1. It removes the obstruction of blood vessels and establish circulation.
2. It reduces the load of pathogens circulating in blood.

CONCLUSION

Probable mode of action of *Suchivedhan* –

Suchivedhan is a simple, economical and effective procedure in the management of *Avabahuka*, without producing any adverse effect.

Vedhan karma is predominantly indicated in *Vataj Dosha* having *kapha* or *pitta* in *Avabahuka*, and in *Pitta, Rakta* and *Kaphaj Vyadhi*.

Suchivedhan help to remove *Awarana* of *kapha dosha* giving way to *Anuloman Gati* of vitiated *vata*. Thus *suchivedhan* indirectly cures the symptoms.

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An Observational Study of Mutravegdharan As A Hetu In Shirshool**Vd.Dhananjay Arvind Charjan.**PG Scholar (Ayurved Samhita & Siddhant)
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CSMSS Ayurved Mahavidyalay Aurangabad**Introduction:**

Ayurveda is the most ancient and traditional system of medicine in India. The Ayurvedic system of medication is based on many centuries of experience in medical practice handed down through generations. Ayurvedic medicine originated in the early civilizations of India some 3,000-5,000 years ago making Ayurvedic medicine the oldest surviving healing system in the world.

Therefore Ayurveda aims to maintain the condition of health i.e., SwasthyaRakshana. Ayurveda has two aims i.e. protection and promotion of health and secondly get rid from the disease. To attain these aims, various Ayurvedic Acharya have described Dincharya (daily regimen), Rutucharya (regimen to be followed according to season), Sadavritta (regimen of good conduct) etc. in detail. Acharya Charaka mentioned Swastha Chatuska in the Sutrasthana. In this Chatuska, some important concepts related with food quantity, RutuCharya (seasonal regimen), Dincharya, Dharneeya Adharneeya Vega(Non Suppressible Urges), described in detail.¹

As defined by World Health Organization (WHO), health is a "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity." Health is a dynamic condition resulting from a body's constant adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis.²

The body too has some expressions sometimes they are silent languages or signals given to us conveying something which may be related to our body mechanism. They are generated by the intelligent system of our body. Our mind transmitter

should be alert and ready to catch, understand and respond to those expressions. These expressions come in the form of natural body reflexes or urges. Ayurveda calls them as Vegas.

Granthakaras describes thirteen urges which should never be suppressed. There are two types of natural urges namely Dharneeya Vegas (suppressible urges) and Adharaneeya Vegas (non-suppressible urges).³

The body produces 13 types of vegas, They are as below mentioned.⁴

1. Vata (adhovata) – urge to fart or pass the flatus
2. Vita (pureesha) – urge for defecation
3. Mutra – urge for urination
4. Kshavathu – urge to sneeze
5. Trut – urge to drink water or thirst reflex
6. Kshudha – urge to take food or hunger reflex
7. Nidra – urge to sleep
8. Kasa – urge to cough
9. Shramashwasa – urge of breathing on exertion
10. Jrumbha – urge to yawn
11. Ashru – urge to weep, tears
12. Chhardi – urge to vomit
13. Retas – urge for ejaculation of semen

1. Shirshool is distinguishing symptom to specific vegadharana:

In this study, Shirshool is considered and decided to study its etiopathogenesis with reference to Mutraveg. Shirshool happens due to suppression of Mutraveg.

1. Mutra Veg rodha (Suppression of urge of urine):^{5,6,7}

Suppressing the vega to pass mutra causes pains in the body especially BastiShool (pain in urinary bladder) MehanaShoola (pain in penis), Mutrakruchata (difficulty in micturition), **Shirshool (headache)**, Malaavrodha (constipation).

Mutraveg:

Mutraveg(Urination) is the release of urine from the urinary bladder through the urethra to outside the body. It is an excretion of urinary system. It is also known as micturition, voiding, uresis.

In healthy humans, the process of urination is under voluntary control. In infants, some elderly individuals, and those with neurological injury, urination may occur as a reflex. It is normal for adult humans to urinate up to seven times during the day.⁸

Physiology of Urination:

Physiologically, urination involves coordination between the central, autonomic, and somatic nervous systems. Brain centers that regulate urination include the pontine micturition center, periaqueductal gray, and the cerebral cortex.⁹

Rationale of study:

रोगाः सर्वेऽपि जायन्ते वेगो दीरणधारणैः | - अ.ह.सु. 4/22

The word 'Vegdharan' has two components Veg + Dharan; Veg means natural urge & Dharan is suppression, thus Vegdharan means suppression of natural urges. Initiation of Vega are normal body activities through which unwanted body materials are excreted, this is a process timely carried out by body at regular intervals & controlled by nervous system, suppression of which not only stops the elimination of waste products but also brings strain and disorders of nervous system causing many diseases. This develops in those who have regular habit of suppressing urges over long period and not immediately. So it is very important to respond to these urges and not to suppress them, because its suppression may result in causing various diseases affecting the body. Ayurveda explains that there are different natural urges exerted by human body.

In many societies and in many social classes, even mentioning the need to urinate is seen as a social transgression, despite it being a universal need.

Even today, many adults avoid stating that they need to urinate. Shirshool is one of the symptom which is the result of suppression of Mutraveg.

Now a days, most of the people are not aware of untold effect of suppression of natural urges on body. Due to jobs, workload, travelling and other many more reasons like not having toilets facilities in the premises etc. women have to face this problem

mainly in the society. Acceptability of outdoor urination in a public place varies with the situation and with customs, also hampers Urination urge.

Likewise most of people who are busy in their office work, hold natural urges of Urination due to busy office hours. long distance travelling by bus which may lead to symptoms along with Shirshool.

Primary Objectives :-

- To observe the Mutravegdharan as a hetu in Shirshool.
- To observe the association of Mutravegdharan and Shirshool.
- To observe the association of Mutravegdharan and Shirshool.

I. Types of study design : Case Control study

- I. Duration of study : 1 Month
- II. Method of selection of study subjects (eligibility criteria)

a. Inclusion Criteria:

1. Diagnosed patients of Shirshool.
2. Patients of Either gender will be taken.
3. Patients of age between 20 to 50 Years will be taken.

b. Exclusion criteria:

1. Known Patients of brain tumor, any systematic illness like
2. tuberculosis, cancer, HIV.
3. Patients suffered from epilepsy, schizophrenia or any other mental disorders.
4. Patients of cervical spondylitis, Migrain, traumatic injury to head.
5. Any acute illness like typhoid, malaria, diarrhea, hyperacidity.

C. Inclusion criteria for control group-

1. Individuals who suppress Mutraveg are taken.
2. Individuals of either gender will be taken.
3. Age group between 20 to 50 years will be taken.

Exclusion Criteria for Control Group-

1. Known Patients of brain tumor, any systematic illness like tuberculosis, cancer, HIV.
2. Patients suffered from epilepsy, schizophrenia or any other mental disorders.
3. Patients of cervical spondylitis, Migrain, traumatic injury to head.
4. Any acute illness like typhoid, malaria, diarrhea, hyperacidity.

Withdrawal criteria

Those subjects will be considered for withdrawals which are not compliance with study protocol.

III. Method of selection of comparator (control group)

Comparator will be selected from same age group either from hospital, surrounding vicinity, friend or relative of patients considering inclusion and exclusion criteria.

IV. Matching criteria:

| Criteria | Group-A | Group-B |
|-----------|---------------------------|---------------------------|
| Age & Sex | 20-50 years of either sex | 20-50 years of either sex |
| Symptoms | Shirshool | Having Mutravegdharan |

V. Operational definitions

1. Dincharya (daily regimen),
2. Rutucharya (regimen to be followed according to season),
3. Sadavritta (regimen of good conduct)
4. Vegdharan means suppression of natural urges.
5. Veg- The term Veg means flow, stream, current, impulse, energy etc. Vegas are defined as a tendency for function, eagerness for an activity.

VII. Research methodology

Sample size-100

Sampling technique -

50 patients of Shirshool will be taken and 50 individual who suppresses the Mutraveg but not having Shirshool will be taken then their randomization will be done.

Methods of data collection relevant to subjectives:

A special Questionnaire and Case report proforma will be prepared for basic demography as well as clinical history and other information

Study instruments/data collection tools:

Questionnaire and Case report proforma

“मूत्रवेगधारणवशिरशूलयांचासबंधअभ्यासकरण्यासाठी 20 ते

50 वयोगटातील लोकांचे निरीक्षण आत्मक अध्ययन.”

Assessment criteria will be done under subjective parameter

Subjective criteria

Gradation for Mutra - Vegadharan:

1. Mutra(urination)

| No. | Description | Grade |
|-----|---|-------|
| 1 | No suppression of Urination, usually do urination just after sensation | 0 |
| 2 | 5-30 minutes Suppression of urination after sensation with mild discomfort. | 1 |
| 3 | 30-60 minutes suppression of urination after sensation with moderate discomfort | 2 |
| 4 | Suppression of urination after sensation with moderate discomfort | 3 |
| 5 | Suppression of urination after sensation with uncomfortable pain | 4 |

2. Suppression of urination according to days

| Sr. No | Description | Daily | 3 to 4 Day | Weekly |
|--------|---|-------|------------|--------|
| 1 | No suppression of Urination, usually do urination just after sensation | | | |
| 2 | 5-30 minutes Suppression of urination after sensation with mild discomfort | | | |
| 3 | 30-60 minutes suppression of urination after sensation with moderate discomfort | | | |
| 4 | Suppression of urination after sensation with moderate discomfort | | | |
| 5 | Suppression of urination after sensation with uncomfortable pain | | | |

3. Shirshool:

| No. | Description | Grade |
|-----|---|-------|
| 1 | No Shirshool | 0 |
| 2 | Occasional Shirshool, bearable | 1 |
| 3 | Intermittent, not affect daily routine | 2 |
| 4 | Frequent, affecting daily routine work | 3 |
| 5 | Unbearable Shirshool affects the daily work | 4 |

Discussion: Discussion On Observations

- 1) It was noted in the study that out of 50 individuals of Shirshool & 50 individuals who suppresses Mutravega but not having shirshool
- 2) Individuals noted to be belonging to the profession of Drivers were 30.9%, followed by Doctors 25.8%, students 18.6%, teachers 13.4% and Shopkeepers 11.3%. Such a study population was taken as they

are most likely to suppress the urge of micturation either due to nature of job, due to habit or lack of facilities.

On the basis of the observations appropriate statistical tests were applied.

On Application of statistics on the Questionnaire score i.e the tendency of suppression of mutra veg and the score of the total symptoms of mutraveg dharan seen were found to be statistically significant Hence the hypothesis that suppression of mutraveg is a Hetu Of Shirshool is accepted with the help of this study.

On the basis of statistical tests we can hence conclude that the tendency of suppression of micturation and the severity of the symptoms seen vary according to different professions.

Major cause for this can be attributed to lack of facilities and due to the face to face dealing with customers, shopkeepers tend to do more suppression of mutra veg, similar is the case of drivers and doctors.

It is comparatively less in students and least in teachers who have easier access to facilities in their respective schools and colleges and can comparatively take frequent bathroom breaks.

Conclusion:

Symptoms of Mutravegdharan 23.71% of the study population show mild symptoms, 71.13% of the study population show moderate symptoms and 5.14% of the study population show severe symptoms Shirshool due to mutraveg dharan.

These changes in degrees of severity or absence of certain lakshanas seen in some individuals may be also due to habits related to veg dharan, individual prakruti, the dietary habits of the individual along with vihar.

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Concept of Immunity in Ayurvedic Perspective

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Abstract: Ayurveda is the science of life, which mentioned various principles for prevention and treatment of diseases. According to Ayurveda, the power of body which decreases the damaging power of the disease and stops the genesis of the disease is known as 'Vyadhikshamatva'. It is defined as the capacity of the body to resist pathogenic agents. It is the ability of the body to resist the entry of different types of foreign bodies like bacteria, virus, toxic substances, etc. It is also known as 'Immunity' or 'Body Resistance'. Resistance to disease or immunity against disease is of two kinds i.e. the one which attenuate the manifested disease and other variety prevents the manifestation of diseases. In Ayurveda it can be correlated with Vyadhikshamatva. It is depends on Bala (Sharira and Manasa), Ojas, Kapha dosha, Dhatu Saarata and proper Aahara -Vihara. Ayurveda described various principles and modalities like Dinacharya, Ritucharya. It helps people to stay healthy which means to stay away from diseases. Ayurveda explain it many years ago. Also Ayurveda mentioned about unique concepts like Ratricharya which is also very useful and important for health. With the help of Rasayana, Achara rasayana, proper Aahara-Vihara and Sadvritta produces good immunity and health. Persons having good Sharira and Manasa Bala then they also have good immunity against diseases. With the help of all described principles and modalities provides prevention from diseases and health maintenance improves person's immunity against diseases.

Keywords: Vyadhikshmatva, Immunity, Bala, Ojas, Kapha dosha, Dhatu saarata, Dincharya, Ritucharya, Ratricharya, Aahara, Vihara, Rasayana, Sadvritta.

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Introduction

Ayurvedic system of medicine is not only deals with treating the diseases but also aims to prevention the disease. Ayurveda is the science which mentioned various principles for prevention and treatment of disease. 'Prevention is better than cure' is the basic concept of Ayurveda. Curing a diseased person And redefining his healthy status is the primary goal of a physician. It is the science which laid emphasis on the preventive aspect [1].

Ayurveda advice to lead good life and avoid bad lifestyle is read whereas diagnosis and treatment of diseases is well proposed in science of Ayurveda. Acharya Charak said that 'Ayurveda is a Shashwata Science' [2]. Ayurveda is one of the greatest gifts of the sages of ancient India to the mankind. Ayurveda is not only a system of medicine in the conventional sense of curing disease. It is also a way of life that teaches us how to maintain and protect mental and physical

health and achieve longevity [3]. Ayurveda has adopted holistic approach to maintain healthy and long life. Ayurveda has also recognized the role of psychosocial stress in maintenance of physical and mental health. Vyadhikshamatva is described in Ayurveda and this concept is considered equivalent to immunity. It is the most significant concepts developed in Ayurveda literature. For the first time Acharya Charaka has introduced the term 'Vyadhikshamatva' in Ayurveda. It means all doshas are neither of equal strength nor all the bodies capable of resisting disease equally [4].

न च सर्वाणि शरीराणि व्याधिक्षमत्वे समर्थानि भवन्ति ।'..... (च.सु.28/7)

Immunity in Ayurveda is known by the word 'Vyadhikshamatva'. The term Vyadhikshamatva is formed by two words 'Vyadhi' + 'Kshamatva'.

Vyadhi

Meaning is to harm, to injure, to damage, or to hurt or Disease.

Kshamatva

Resistance or to composed, to suppress anger or to keep quite or to resist.

चक्रपाणि टिका

व्याधिक्षमत्वं व्याधिबलविरोधित्वं व्याधिउत्पादप्रतिबन्धकत्वमिति ।'..... (च.सु.28/7)

The definition of Vyadhikshamatva given by Chakrapani that Vyadhikshamatva denotes the resisting power of the body, which reacts to arrest the progress occurrence or reoccurrence of diseases.

It is the biological defensive power of the body to fight against the ongoing afflicted diseases and to prevent the future development of disease⁴. In this definition two significant terms; 'Vyadhi Bala Virodhitvam' and 'Vyadhi Utpada Pratibandhatva' have been used in a particular order.

In modern science, immunity is defined as the ability of the body to recognize the harmful antigen and eliminate it through body defense system and by forming specific antibodies against the antigens [5]. In Ashtanga Sangraha, in 'Virruddhanna Vigyaniya Adhyaya' Acharya Vagbhatta described about Virruddha-Aahara that is consumption of Apathya having not equal doshas or dosha prakopa (vitiation) and not all the doshas having same Bala because Vyadhikshamatva differs in every Sharira and in every person [6].

Vyadhikshamatva implies a resistance against the loss of the integrity, proportion, and interrelationship amongst the individuals doshas (Regulating and functioning mechanism) and Dhatu (Constructing and Supporting mechanism). Various factors which contribute towards Vyadhikshamatva are normal doshas, equilibrium state of dhatus, normal Agni (digestive fire), etc. Sushruta one of the great proponents of Ayurveda defined health in his classical text called 'Sushruta Samhita'.

According to Acharya Sushruta health is balance between Dosha (Vata, Pitta, and Kapha) , Agni (Panchabhoutikagni + Sapta dhatvagni + Jathargani), Dhatu , Mala and also Prasannata of Aatma, Indriya and Mana [7].

Table 1: Components of Healthy Person

| Components | Function |
|------------|---------------------------------------|
| Dosha | Regulating and functioning mechanism |
| Dhatu | Constructing and Supporting mechanism |
| Mala | Excretory mechanism |
| Agni | Bio-Transformative activity |
| Aatma | The Source of Unlimited Living |
| Mana | Mediator |
| Indriya | Sense organs |

Charakotakt Prashasata Purush Lakshanas

Acharya Charaka explained about 'Prashasta Purusha Lakshanas' [8]

(persons having good health and immunity against any diseases) which are as follows;

- **Sama Mansa Pramana** those who having equal Mamsa constitution all over

the body. Which comes from the proper digestion, Dhatu bala

- **Sama Sanhanana Pramana** Persons having equal Compaction all over the body developed due to balanced Agni, Dosha, Dushya, Mana and Sharira Bala.
- **Dridha-Indriya** In Ayurveda there are 11 types of references of 'Indriyas' (Sense organs). In that 5 Gyanendriya, 5 Karmendriya and one Ubhayendriya Mana. If Persons having good Bala in the Sharira then Mind have control over Dyanendriya and Karmendriya. So Indriya Bala helps to enhance immunity power in the body.
- **Kshudha, Pipasa, Atapa, Shita Sahatva** this all are for Control over mind. It helps to reduce the Moha of Mana and Mind. This enhances Manasa bala and therefore also increases immune response.
- **Vyayama Sansaha Persons** having ability for doing excessive physical exercise. If Vyayama Shakti is proper then persons Karma Shakti is also proper. This increases immunity of all the body parts.
- **Sama pakta** those who having proper and good digestive power. It causes nourishment of all the Sharira Dhatus.
- **Sama Jaran** those who having proper digestion; are having proper 'Jaranashakti'. It helps to reduce anti-ageing effect and changes.

Materials and Methods

In Ayurveda, there are various literatures available in Samhita's about Vyadhikshamatva. It is very important factor that decides about a person's disease resisting power. There are some factors that help for Vyadhikshamatva in the body.

Ayurveda describes various principles and modalities for maintaining health like Dinacharya, Ritucharya, Ratricharya, Rasayana therapy, Proper Aahara-Vihara, Vyayama, Sadvritta, Achara Rasayana etc. with the help of implementation of all this modalities Sharira Bala, Manasa Bala and Vyadhikshamatva also increases.

Bala (Strength of the Body)

The Vyadhikshamatva mostly depends on 'Bala' that opposes the disorder state of doshas. Acharya Charaka describes that the maintenance of health depends entirely upon

the Bala. In Ayurveda Bala are 'Sharira Bala' and 'Manasa Bala'. They both are important for the health and good immunity. Sharira Bala is depends on Udana Vayu, Agni, Meda, Majja, Asthi, Shukra. It is divided into three types and also they are known as types of Vyadhikshamatva.

Types of Vyadhikshamatva / Bala [9]

Sahaja Bala (Innate Immunity)

‘सहजं यच्छरिरसत्वयोः प्राकृतं |’.....
(च.सु.11/36)

It comes from the parents and it is inherited. According to Ayurveda, genetics factors are defined at the cellular level. It means it is developed through the Prakrut 'Sharira' and 'Satva' i.e. combination of Manobala and by birth natural and stable Dhatu vrudhhi.

Kalaja Bala (Acquired Immunity)

‘कालकृतमृतुविभागजं वयःकृतं च |’.....
(च.सु.11/36)

According to Kalaja Bala, the time of day, season, and one's age are important factors for enhancing immunity. Strength is greater in the early morning, spring season and youth than in evening, summer and old age.

Yuktikruta Bala (Artificial Immunity)

‘युक्तिकृतं पुनःतद्यदाहारचेष्टायोगजम् |’.....
(च.सु.11/36)

The Bala which is developed through the proper use of Aahara and Vihara, Rasayana and Vajikarana yoga are known as 'Yuktikruta Bala'. It provides strength to the body.

Factors which Enhance Immunity [10]

There are 13 factors described in Charaka Samhita; which are helpful for increasing Strength of the body or Sharira. Also improves Vyadhikshamatva (Immunity) of the body against any diseases.

Balavat Purushe Deshe Janma (Place of Birth)

Birth in the strengthen peoples races or Kula which helps to provide good strength. It means where the person born that place is known as 'Desha'. The birth in the country of strengthen peoples is natural strength

providers. Ex. The peoples of the Sindhu, Punjab, Afghanistan area considered as Strengthen and strong people on the basis of their height, weight and healthy status. These places had already stronger persons or human beings by birth.

Balavat Kale Janma (Time of Birth)

The birth in the healthy seasons like Hemant or Shishira are natural strength offering. As per Ayurveda 'Hemant' and 'Shishira' are considered to be the healthiest among all the ritus. In this Ritus, Agni bala is strong therefore people tend to eat more food in this season.

Sukhakar Kalyoga (Favorable Weather)

The birth occurs in the favorable weather or Sukha Yoga avoiding disease formation in the body according to Bala. The happy period of life is a natural strength offering? During happy time the positive mood and approach towards life boosts the immunity and fills the person with energy and enthusiasm.

Bija Guna Sampat

The genetically healthy ovum and sperm give birth to healthy and strength offspring. This is also a natural bala enhancer. The defects in genes or defects in the ovum and sperm leads to diseases like AIDS, Syphilis, diabetes, asthma, piles, epilepsy, etc.

Kshetra Guna Sampat

The healthy state of uterus with respect to nutrition during intrauterine life is a natural strength enhancer. It helps to provide good Sharira Bala.

Aahara Sampat

The balanced nutritious diet or Shada-Rasatmaka Aahara provides Strength to the Sapta dhatu and develops proper Dhatu Saarata. Proper Satvika Aahara and Vihara help to nourishment of the Mana or Mind. It forms high energy levels in the body which causes proper Reading, Writing and hearing capacity and also helps to developed proper strength, immunity of Body and immunity of Agni (digestive power).

Sharira Sampat

The well-built of body is a natural strength provider. There are no any defects in the anatomy and physiology of the body, because Immunity depends on it.

Ex. Congenital heart anomaly leads to disease formation in the body.

Satmya Sampat

'Satmya' is a condition when any Aahara or Vihara we trying or doing daily which causing no harm to the body are known as 'Satmya'. Ex. Madhura Ras Abhyasa etc. The adaptability of the body to all the foods is a natural strength enhancer. The compatibility to all the Shada Rasa leads to balanced diet leads to strong body. Ex. Allergy of dust, pollens leads to Pranavaha Strotasa Dushti.

Satva Sampat

The healthy mental health helps to fight against all the diseases. Satva Parikshana is important in examination of 'Manasika Vyadhi'. If Satva Bala is proper, good then Sharira Bala is also good. As 'Vivekananda' said that; the Mind is everything. What we think we become. If we think we are healthy; mind also gives positive energy to the body and if we think we are not healthy then mind also shows negative effects over body.

Swabhava-San-Siddhi

It refers to the person's engagement in strength increasing measures. In Chakrapanika it is described as Swabhava of Bala. Capacity of doing work.

Yauwanam

It means Taruna avastha i.e. young age. In this age Sharira Bala is strongest among all the ages. If the Bala is strong then Vyadhikshamatva is also strong in this age.

Karma

It refers as 'Karmaj Bala' or 'Purva Karmaj Bala'; it is obtained through the physical exercise. It provides muscle strength, increases appetite and boosts immunity. In Ayurveda Papakarma is also an etiological factor for disease development. Ex. Kushtha, Shivtra Kushtha, etc.

Sanharsha

It means 'Utsaaha' i.e. 'Karyeshu Aarambha'. It is related to mind. If the mind is cheerful then level of Serotonin is high, which is helpful for immune response. It is an orgasm obtained after intercourse. This releases happy endorphins in the body which gives

pleasing sensation and happy and contented mood.

Ojas [11]

The most essential fraction of all body tissue is called as 'Ojas'.i.e. 'Shreshtha Dhatu Sara'. Even though it resided in the heart, it circulated all over the body through the cardiovascular system to maintain the normal healthy status of the body. It is very important factor for developing immunity because it is made up from all the Sharira Dhatu equal constitution and if this is lost, life also lost and if it remains intact, life continues.

Synonyms

Bala, Prana, Dhatusneha, Dhatu Teja, Jivashonita, Shukra Sara.

Nature

It is Snigdha (unctuous), Somatmaka (Mild & Cool).

Varna

Ishata Lohita –Pita.

Prakruta Kapha Dosha

‘स चैवौजः स्मृतः काये स च पाप्मोपदिश्यते || प्राकृतस्तु बलं श्लेष्मा विकृतोमल उच्यते | (च.सु.17/117)

- Acharya Charaka stated that; when Kapha dosha is in Prakruta state known as 'Bala' and 'Oja'. Likewise when it is in Vikruta state called 'Mala' and 'Papma' (disease) [12].
- According to Acharya Sushruta; 'Kapha' (Shleshma) is a factor that helps to unites all body constituents [13]. Therefore it is also called as 'Balasa' or 'Bala'.
- Sharira Bala is depends on 'Mansa Dhatu'. There is 'Ashraya-Ashrayi relation' between Kapha dosha and Mansa Dhatu [14].
- Kapha is Snigdha in nature which provides strength to the Mansa dhatu and helps to increase work carrying capacity in the body.
- As 'Vyayamashakti' depends on the strength of the body likewise 'Vyadhikshamatva' (Immunity) also depends on body's strength.

Functions [15]

Sthirata, Bala Prapti, Sharira Dhridhata, Purana, Ropana, Snehana, etc.

Aahara and Vihara

All humans and animals 'Prana' (Life) is depends on Aahara. The chief source of energy is food. Nutrition is the science of food and relation of food with health. Proper Aahara helps to provide-Dhatu poshana, Sharira Bala, Manasika Bala, etc. As Aahara beneficial for maintaining health, 'Vihara' is also important for strength of the body and health. As in Ayurveda both Aahara and Vihara plays an important role in improving health.

Samyaka Agni

As per Ayurveda, 'Manda Agni' is responsible for all diseases and when Agni is in Samyaka state it provides good health, strength to the body [16].

Dhatu Saarata and Dhatu Poshana

This is important factor which helps to enhance the immunity and strength of the body. Because Dhatu Sara and Poshana are depends on Aahara, Vihara, Ojas, etc. The strength of the body is related to immunity and it also depends upon the healthiness of tissues.

Manobala

As per Ayurveda, 'Mana' is important 'Indriya' (Sense organ) and therefore Sharira and Manasika Bala plays important role in making 'Swasthya' and boosting immunity. It is mainly placed in 'Hrudhaya'. The Manobala is increased through the various modalities like Yama, Niyama, Dhyana, Dharana, Samadhi, and discipline for lifestyle. In 'Ashtanga Hridaya' and 'Charaka Samhita'; there are explanation about the persons who have a good immunity and those are not early afflicted by the any diseases.

- 'व्यायामस्निग्धदिप्ताग्निवयःस्थ बल शालीनाम् | विरोध्यपि न पीडायै सात्म्यमल्पं च भोजनम् ||'.....(अ.ह.सु.7/47) [17]
- अरुणदत्त टिका : वयःस्थ – तरुण | [8]

Vyayama

‘व्यायामशक्तिरपि कर्मशक्त्या परीक्ष्या |’.....
(च.वि.8/121)

According to Ayurveda, examination of Vyayama is done with the help of persons ‘Karma Shakti’ i.e. capacity of doing physical work [18]. Vyayama helps to increase Circulation in the whole body and gives strength to the all body organs. In Ayurveda Vyayama is not only for Sharira ; it is also for the Vaka (Mouth) and Mana [19].

Vyayama for Sharira

No Vegadharana (Suppression of natural urges), No Vishama Cheshta (odd works), daily taking Snana (Bath for Sharira Mala nirharana), etc.

Vyayama for Vaka

Mouna dharana (Silence holding), No excessive talking, no unrelated talking, no Parusha vachana, etc.

Vyayama for Mana

Avoid Bhaya (Fear), Krodha (Anger), Lobha (greed), Moha (attachment), Irshya (Jealousy), neglect negative thoughts, always think Positive thoughts.

Snigdha

Snigdha is one of the Guna which causes Snigdhatva in the body and provides strength to the body. In Charaka Samhita, there is description about how should be a ‘Snigdha Aahara’ i.e. the Aahara which provides following benefits to the body; are Agni vrudhhi (increases digestive power), Kshipram Jaram Gacchati (good Jaranshakti), Vatanulomana, Proper anabolism of body, increases power of Indriyas, Varna Prasadam, increases Bala of Sharira and Mana, [20] etc.

Diptagni

Person having good digestive power and good appetite. Agni is referred as bio-transformative energy. As Agni is proper it helps to increase strength and immunity.

Vaya:stha (Taruna)

In Tarunya Avastha (Young age) the Sharira Bala is good i.e. Kalaja Bala which is developed according to the Age, Ritu etc. Young individual having capacity to resist

any disease. Therefore in Young age Immunity power is also good.

Balavana

Here Bala is not only Sharira Bala ; it is Manasa Bala also. There is correlation between Sharira and Manasa Bala. If Manasa Bala is proper / good then Vyadhikshamatva is also good.

Satmyato -Alpata

‘Satmya’ is defined as a thing or substance or habit that is useful for the body or a substance conducive to a person. Acharya Charaka explains that in Satmya person with the use of mild drugs, food / Aahara; the immunity of that person increases [21].

Methods to enhance Immunity

Ayurveda is the science of life. As its aim that not only cure the diseases but important to prevent from the disease and also from its reoccurrence.

‘मानवो येन विधिना स्वस्थः तिष्ठति सर्वदा | तमेव कारयेद् वैद्यो यतः स्वास्थ्यं सदेप्सितम् | |

दिनचर्या निशाचर्या ऋतुचर्या यथोदिताम् | आचरन्पुरुषः स्वस्थः यदा तिष्ठति नान्यथा | |’

..... (भा.प्र.पु.5/12-13) [22]

A many years ago Acharyas explained and described about how we build a good health and immunity. According to Ayurveda, there are various rules which are helps to maintain the health.

As there are Many References in Ayurveda Which Are

Implementation of Dinacharya, Ritucharya, Ratricharya, Vyayama, Adharniya Vega (Non suppressing the natural urges), Dharniya vega (Suppressing the suppressible urges), Sadvritta (Code of good conduct for mental health and social behavior), Rasayana therapy, Achara Rasayana (Behavioral conduct), proper Aahara , Proper Vihara, etc.

Dinacharya (Daily Regimen)

‘Dina’ – day’

‘Acharya’ -to follow’ or ‘close to’.

Each and every individual for maintaining

healthy conditions of body and mind, should follow this concept called ‘Dinacharya’. It is one of the principles mentioned in Ayurveda in context to prevention. Ayurveda perceives that health depends on a healthy lifestyle. It includes steps when we wake up till night when we sleep. As every karma of the Dinacharya helps to improve and boost immunity of the body organs. It works as a Shodhana karma of the body. As it helps to expel out impurities from the Sharira.

Brahme-Muhurte Uttishthe [23]

Brahma = Knowledge

Muhurta = Time / Kala i.e. best time for getting knowledge.

‘ब्राह्मे मुहूर्ते उत्तिष्ठेत् स्वस्थो रक्षार्थमायुषः ।’.....
(अ.ह.सु.2/1)

A healthy man should give up his bed in Brahma Muhurta to protect his Ayu. Brahma Muhurta is the 14th Muhurta Kala of the night. One Muhurta is = 48 minutes. It is the best time for the maintenance of all types of physical, mental and spiritual activities of the body. This helps in rejuvenating the various physiological function of the body. It is the best time for hormone secretion.

Importance

In the last part of night Vata dosha is predominant. It is responsible for flexibility, body movements, functioning of organs, mental activities such as recalling,

understanding, proper secretion and release of hormone enzymes.

Scientific Explanation

- Early morning is the time when secretion of Cortisol hormone is maximum. Cortisol is a steroid hormone that regulates a wide range of processes throughout the body. Including metabolism and immune response. Also it helps to relieve the stress.
- It improves concentration and memory, energy, & boosts mental health.
- Pineal gland secretion is maximum in early morning, which maintains the body’s circadian rhythm.
- Stimulates to production of melatonin (Mood elevator), which gives prime health throughout the day [24].

Swamukha Darshana (Darpana Darshanam) [25]

‘स्वमाननं वृते पश्येद् यदिच्छोच्चिरजिवितम् ।’..... (भा.प्र.पु.5/17)

It is a unique concept explained in the ‘Bhavprakasha Samhita’.

I.e. looking own face into Ghee or Mirror.

Benefits

- Provides ‘Ayushyam’ (Increase prolongs longevity).
- Avoids mental confliction.

Table 2: Dantadhvana according to ayurveda

| Kala | Dantkashtha | Kashtha length | Dravya |
|-------------------------|---------------|----------------|--|
| Pratah (morning) | Having | | Arka, Nyagrodha, Khadira, Karanj [26], |
| Bhuktva (after meals) | Kaninika agra | 12 angula | Trikatu- Kshaudra [27], etc. |

Dantadhavana (Tooth Brushing)

In Bhavaprakash Samhita, they mentioned about various special Dantakashtha and its benefits [27].

Ex. A) Arka Kashtha -Virya Prapti

Udumbara-Vakasiddhi

- It is important to increase the immunity or immune power of the Teeth, gums, facial muscles, etc.

- It stimulates taste perception and increases the salivation.
- Saliva contains lysozyme and secretory IgA which acts as antimicrobial agents.

Jivha-Nirlekhana (Tongue Cleaning)

It is described in

Charaka , Sushruta and Ashtang sangraha, Bhavaprakasha Samhitas.

Material used for Shalaka

Suvarna, Rajat, Tamra [28]

Varkshya (Made up from Plant) [29]

- It removes impurities of tongue.
- It will benefit in bad odour of mouth, cure edema, and gives taste [30].
- According to Acupressure theory, tongue has many more acupressure points which initiate the proper functioning of vital organs like liver, kidney, bladder, stomach, and intestine [31].

Anjana (Application of Collyrium in Eyes)

- It is of two types; Stravi-anjana and Rasanjana [32].
- When Anjana dravyas are applied, it causes irritation to eyelids and conjunctiva and enhances the circulation.
- It is for Netra shodhana or Netra dosha Harnartha.

Tambulasevana (Chewing Betel Leaves) [33]

- It helps to improve Ruchi (stimulates taste buds), helps to clean mouth, keeps freshness and fragrances in the mouth.
- Drugs used are -Javitri, Jayaphala, Lavanga, Karpura, Kankola, piperment, Pugaphala.
- Increase salivation.
- It is acts as a 'Hrudhya'.

Nasya

- It is one of the important Shodhana procedure as it is described as Nasa is a door of Shira Sthana, therefore the nasal drops are also helpful to destroy vitiated doshas from the Shira sthana [34].
- There are various types of Nasya which are used according to disease and dosha Vrudhi.
- Sticky nature of the Nasya dravyas like Anu taila, etc. avoids the entry of dust particles into the nasal tract.
- Nasya dravyas triggers the nerve endings and sends the message to the CNS and initiates the normal physiological functions of the body.

Sneha Gandusha dharana (Retaining Oil in the Mouth)

- Prevents Asya, Kantha Shosha and prevents Oshtha Sphutana, makes the teeth healthy and strong [35].
- The Sukhoshna Gandusha and Kavala dravyas are used which improves the circulation of oral cavity.
- Gargling procedure of Kavala poses the massaging effect over the oral mucosa and even strengthens the muscles of cheek, face and jaw bones.

Dhumpana (Medicated Fume Inhalation)

- When the Dhumpana dravyas are lightened with fire, it releases the smoke, soot and even CO₂.
- It helps to destroy all doshas above head and neck. It is used in various diseases like Aruchi, Khalitya, hair fall, Krimi, Buddhi Moha, Ati-Nidra, gives Bala to Shira (Head), Kapala (Forehead), Ura (Chest) , etc [36].
- Disinfective action of the dhumpana dravyas like Haridra, Guggula and Vacha cleanses the respiratory tract, oral cavity and pharynx.

Abhyanga (Oil Massage)

- Massage enhances the overall blood circulation and transport the potency of drugs to desired part.
- Massage triggers the acupressure point which induces the release of endorphins which shows analgesic effect.
- Abhyanga goes upto Rasa Raktadi – Majja dhatu and gives strength to the dhatu [37].
- Ex. Asthi dhatu -700 Matra, Majja dhatu - 900 Matra [38].
- It helps to increase circulation of body and improves the immune power of all dhatus, Sharira.

Vyayama (Physical Exercise)

- Vyayama increases the carbohydrate metabolism (Glycoly sis) and causes lipolysis of accumulated adipose tissue (Gluconeogenesis) thereby causes abolishment of extra fat.
- It increases O₂ supply to remote tissues.

- The perspiration takes out the accumulated toxins from the body.
- Vyayama helps to increase circulation all over the body and provides strength to the all body parts.

Udvartana

- It helps to decrease Kapha, helps for Meda Vilayana.
- It provides strength to the body.
- Helps for Twak Prasadana.
- It also acts as Vata shaman and increases circulation through the skin [39].

Chankramana [40]

- It is mentioned by Acharya Sushruta; we should correlate it with walking as in modern terminology.
- It is a variety of exercise which does not cause any kind of trouble to the body.
- It is beneficial for health as it increases Ayu (lifespan), Medha, Agni, Indriya.
- It clears the channels / Strotasa of the body and increases the perceptive power of the body organs.

Snana (Bath)

- Daily Snana improves enthusiasm, strength, appetite and removes sweat & other impurities from the body.
- Snana is works as ‘Ayushyam’, ‘Vrushyam’, Ojaskaram Param [41].

Ritucharya (Seasonal Regimen)

‘ऋतुविशेषवशाच्चाहारविहारसेवनप्रतिपादनार्थम् ऋतुचर्या |’..... (अरुणदत्त टिका - अ.ह.सु.3/1)

In order to achieve maximum benefits from the good qualities of the atmosphere and protection from the bad effect, Ayurveda has prescribed certain rules, in regard to diet, behavior and medicines, called ‘Seasonal regimen or Ritucharya’. If we follow proper Ritucharya according to respective Ritus then definitely we are avoiding diseases and developing lifestyle disorders.

Also helps to maintain body’s homeostasis process. As per Ritucharya in every Ritu there is Sanchaya, Prakopa and Shamana of every Dosha. So therefore according to Dosha, Prakruti and Chaya- Prakopadi there is changes in Ritucharya also and there prevention are also described. Also explained about Ahara, Vihara, Shayana, every aspect of lifestyle which must to be done. There is Ritu and Bala relationship which is differs according to Ritus [42].

Table 3: Relationship of ritu and bala

| S.No. | Ritu | Bala |
|-------|------------------|---------------|
| 1 | Shishira, Hemant | Uttama Bala |
| 2 | Vasanta, Sharada | Madhyama Bala |
| 3 | Grishma, Varsha | Heena Bala |

It helps to enhance the Sharira Bala and Manasika Bala of the person and also helps to regulate the all body functions. In Ayurveda there is Shodhana Chikitsa explained about every Dosha prakopa and

there Shuddhi is done according to Ritu. If proper Shodhana are done then we all free from respected Dosha and their Vyadhi. This is very useful to maintain health and good immunity [43].

Table 4: Shodhan ritu according to ayurveda

| Shodhana : Ritu | Shodhana : Dosha |
|-----------------|------------------|
| Varsha | Vata dosha |
| Sharada | Pitta dosha |
| Hemant | Kapha dosha |

Ex. Varsha Ritucharya [44]

- Jathargani -Durbala
- Dosha-Vata Prakopa
- Kriya-Snigdha Churna Udavartana, Snana, Sugandhi Dravya Lepa, Sugandhi Pushpa Mala Dharana, etc.
- Vastra (Clothes) -Clean and pure.

- Aahara-Madhu, Amla, Lavana, Snigdha, Godhuma, Shali, Jangala Mansa, Sanskruta Yusha, Madhvika, Arishta, etc.
- Jala-Mahendra Tapta Jala, Sarasa Jala, Kaupa Jala, etc.
- Vihara-Divaswapa, Vyayama, Atapa sevana, Vyavaya etc.

Ratricharya (Night Regimen) [45]

‘निशाकरकराकिर्णे सौधपृष्ठे निशासु च ।’.....
(अ.ह.सु.3/37)

Acharya Vagbhatta said that the people who are always cautions in analyzing their Dincharya and Ratricharya never get afflicted with sufferings.

- Vriddha Vagbhatta has given a synoptic review of night regimen, incorporating the dietetics, state of mind, place of sleeping, types of bed and direction of keeping head and legs at the time of sleeping.
- In his opinion one should retire to bed after taking light and wholesome food, with peaceful, fair minded, and having accounted entire activities of day.
- The sleeping place should be open and dirt free, the head end should neither be elevated nor depressed.
- It helps for the betterment of health at both physical and mental levels.

Adharniya Vega (Non Suppressing the Natural Urges)

- Vega dharana itself a unique concept of Ayurveda explained in Ashtang Hridaya and Charaka Samhita.
- Urges are the physiological body reflexes to eliminate toxins out of the body. If this physiology is altered, then it leads to pathology due to disturbance in the normal body physiology.
- Ex. There is mentioning of Hridroga symptom due to long term suppression of Adharniya vega.

Dharniya Vega (Suppressing the Suppressible Urges)

Vega Dharana is of two types; Adharniya and Dharniya Vegas.

‘रोगाः सर्वेऽपि जायन्ते वेगोदिरणधारणैः ।’
..... (अ.ह.सु.4/22)

As described in Ashtanga Hrudhaya, ‘Vega Udirana’ or ‘Vega Dharana’ are responsible for all the disease formation [46]. But there are some Vegas which are necessary for health. Which are known as ‘Dharniya Vega’ Which are; Lobha, Irshya (jealousy), Dvesha, Matsarya, Raga, etc [47]. Acharya Charaka explained Dharniya Vega as- Shariraka, Manasika and Kayika Dharniya Vegas.

Sadvritta (Code of Good Conduct for Mental Health and Social Behavior) [48]

- Sadvritta give the detail knowledge about ‘what to do, what should not to do and also ‘How to live’.
- In Charaka Samhita, Acharya Charaka mentioned the importance of Sadvritta as the person who follows the entire code of good conduct, will get healthy life without suffering from any type of disease.

Rasayana Therapy (Rejuvenating therapy / Macrobiotics / Life threatening drugs)

It is the very unique and important concept described in Ayurveda. It is one of the eight major clinical disciplines of Ayurveda. The object of this branch of knowledge is to remove the diseases and prevent ageing process. They are made up for increasing longevity of life and keep body healthy, away from ageing process.

- Rasayana plays a very important role in boosting immunity in the body. Essential for improvement of Sapta dhatus.
- Ex.1) Drugs having Immuno-Modulatory action: Punarnava, Guduchi, Daru haridra, Haritaki, Ardraka, etc.
- 2) Drugs improving Immunity: Pippali Rasayana, Haridra, Aamalaki, Bhumyamalaki, Kutaki, Nimba, etc.
- In Charaka Samhita, Acharya Charaka explained in ‘Agreya Sangraha’ about Nitya Rasayana which is....

‘क्षीरघृताभ्यासो रसायनानाम् ।’.....
(च.सु.25/40)

Daily consumption of 'Kshira' and 'Ghrita' is one of the 'Rasayana' and which helps to maintain Arogya and provides good Vyadhikshamatva [49].

Benefits

Dirgha Ayu (Long life), Aarogya prapti (good health), Increases Sharira and Indriya Bala , All Dhatu Vruddhi, delays ageing effects and gives Tarunyata (Young age looking), Increases Smriti, Medha, Varna, Swara, etc [50].

Achara Rasayana (Behavioral Conduct)

- Being a holistic science with equal focus on the body, mind, and soul, Ayurveda also describes a type of Rasayana for 'Psychological and Spiritual health' called as "Achara Rasayana". Charaka emphasizes the 'Achara Rasayana', and Sushruta elaborates 'Ajasrika Rasayana', that is the effort to obtain health.
- Acharya Charaka; first and only Samhitakara introduced the unique concept of Achara Rasayana.
- It is a right code of socio-behavioral conduct; it teaches us a preferred lifestyle with defined do's and don'ts.

Proper Aahara

'Aahara' is a very important factor in our life. This is an essential for every mankind for living. Therefore Ayurveda describes 'Aahara Vidhi Vidhana, Aahara Parinamkara Bhava, etc. In Bhavaprakasha Samhita [51], there is some rules given for the food consumption (Bhojana Krama) which are;

- Before Meal: Lavana and Adraka Sevan as it increases appetite and Dadimadi Amla rasa should be taken.
- After Lavana- Adraka: Madhura rasa is taken.
- In the middle of the Meal: Amla, Lavana rasa should be taken.
- In the Last part of the Meal: Katu, Tikta and Kashaya Rasa should be taken.

Acharya Charaka says that one part of stomach should be for solid food, one part for liquid and the remaining portion should be left for various digestive juices, doshas, and enzymes for the digestion.

‘सर्वरसाभ्यासो बलकराणाम् ।’.....
(च.सु.25/40)

So Aahara should be Shadrasatmaka, contains Panchbhautika Dravyas. This is a natural strength and health provider.

Proper Vihara

- As Aahara is important for leaving life, Vihara is also helpful in maintaining health and immunity.
- So that, - daily exercise, sleep and Sadavritta should be practiced according to season, age and time.

Discussion

Immunity in Ayurveda refers to prevention of disease and quick recovery from disease. Vyadhikshamatva is the biological defensive power of the body to fight against the diseases and to prevent the future development of diseases. As in modern science immunity had 2 types; Innate and Acquired immunity. In which inborn capacity is Innate and Resistance developed in the body against any specific foreign body like bacteria, viruses, toxins, vaccines or transplanted tissues are Acquired Immunity.

In Ayurveda Vyadhikshamatva is mostly depends on the Bala of the body. Therefore, the types of Bala are correlated with the types of immunity in Ayurveda. As Sahaja Bala which is comes from Parents and inherited it develops and increases the innate immunity in the body. Kalaja Bala which is developed due to the Ritu, Kala and according to age factor helps to form the Acquired immunity.

Ex. In Adana Kala strength of the body is naturally decreases and in Visarga Kala it is naturally increases. The Yuktikruta Bala which is comes from the Aahara , Vihara and Rasayana, Vajikarana medicines are useful to develop the Artificial immunity or Passive immunity. For that body helps through the Bala Vruddhikara Bhava which helps to maintain proper health and immunity from Childhood to old age.

By following rules and principles like Dincharya which is daily regimen helps to set a proper daily regimen, proper rules for living life, Ritucharya also helps to provides proper Aahara, Vihara, etc according to every

Ritu, Rasayana therapy forms strength and health and helps to avoid ageing effects.

Achara Rasayana are gives a proper Behavioral conduct for Physical as well as Psychological health, Sadvritta-a code of conduct for social behavior and mental health, Vega Dharana which is a very big cause for disease development now a days; that are called as Natural Urges that are suppressing due to work, shyness etc. through all this principles implementation in our life we are able to form a natural immunity against all diseases. It is helpful to developed naturally Ojas, Bala, Kapha Dosh, Dhatu Saarata, etc are increasing immunity in our body.

Conclusion

Vyadhikshamatva is a resistance to diseases or immunity against all diseases. It is correlated with Immunity. It is depends on Bala, Ojas, Kapha, Aahara – Vihara, Dhatu Sarata- Poshana, Manobala which helps to enhance strength of the body and helps to improve immunity. As like following rules and principles described in Ayurveda ; which are Dincharya, Ratricharya , Ritucharya, Sadvritta, Achara rasayana etc are when implemented in daily life it helps to provide good health and immunity. Also it forms physical and psychological health, spiritual health.

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To Evaluate Efficacy Of Jalaukavacharan & Ayurvedic Drugs In The Management Of Kroshtuksheersha -A case Study

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Abstract

The knee joint is one of the strongest and most important joints in the human body. It allows the lower leg to move relative to the thigh while supporting the body's weight. Movements at the knee joint are essential to many everyday activities, including walking, running, sitting and standing. The knee, also known as the tibiofemoral joint, is a synovial hinge joint formed between three bones: the femur, tibia, and patella. Kroshtuksheersha is one of the Vatavyadhi. It is mentioned by Acharya Sushruta symptoms, it is not a shuddha Vatika disorder rather is similar to that of Vatarakta³. This disease affects only knee joints. Diagnosis of the disease is made mainly on the basis of clinical symptoms like Jaanu sandhi shopha (Inflammation of Knee joint) and Janu Madhya Maharuja (Severe pain in knee joint). In this study initially vatashamak and raktashodhak drugs were used. After suppression of all symptoms of inflammation, Abhyantar snehapana was given for complete shaman of Vata dosha. Assessment of improvement was done on basis of measurement of circumference of knee joint, degree of mobility of knee joint and scaling of pain and tenderness. This case report showed that combined Ayurvedic modalities resulted in relief of overall condition of the patient in 2 months.

Keywords : Kroshtuksheersha, Ayurvedic management, Knee joint, Abhyantar Snehapana

Introduction

The knee joint is one of the strongest and most important joints in the human body. It allows the lower leg to move relative to the thigh while supporting the body's weight. Movements at the knee joint are essential to many everyday activities, including walking, running, sitting and standing. The knee, also known as the tibiofemoral joint, is a synovial hinge joint formed between three bones: the femur, tibia, and patella.

Vata is the only Dosh which is responsible for vitiation of other two Doshas as well as the Dhatus and Malas.¹ It is also said that Pitta and Kapha are Pangu (lame) without the involvement of Vata². Sushruta has called it as "Swayambhu bhagwana"³.

Kroshtuksheersha is one of the Vatavyadhi. It is mentioned by Acharya Sushruta. symptoms, it is not a shuddha Vatika disorder rather is similar to that of Vatarakta⁴. This disease affects only knee joints. Diagnosis of the disease is made mainly on the basis of clinical symptoms like Jaanusandhishopha (Inflammation of Knee joint) and Janu Madhya Maharuja (Severe pain in knee joint).

In this case only Left Knee joint was involved. The case was not considered as Vatarakta because it does not affect any other joint of the body nor started from hasta- padamoola. Kroshtuksheersha is mentioned in all Ayurvedic Samhitas:

- 1) Sushrut Samhita,
- 2) Ashtang Hridaya⁵
- 3) Yogratnaka⁶
- 4) Madhavidana⁷.

Kroshtuksheersha has predominance of Vata and Raktadosha. The specific causative factor and treatment of Kroshtuksheersha, has not been mentioned in texts. It must be similar to treatment of Vatarakta due to same dosha involvement.

Aims & Objectives:

To evaluate efficacy of Jalaukavacharan & Ayurvedic Drugs in the management of a case of Kroshtuksheersha.

Materials And Methods

Center of Study: - The present case study was done in the Dept. of Panchakarma, at C.S.M.S.S. Ayurved college, Kanchanwadi Aurangabad.

Case Report

Basic information of the patient

oAge -12 yrs
o Religion –Hindu

PradhanVedana(Chief complaints)-

- a. Pain in Left knee joint since 1 year.
- b. Swelling in left knee joint since 8 months.
- c. Unable to walk without support since 3 months.
- d. Occasional low grade fever.

Vartaman Vyadhivritta (History of present illness)-

The patient was apparently normal before 1 year. Gradually he felt pain in left knee joint with recurrent fever. He took Allopathic treatment. There was no significant relief. Then he came to our Panchakarma department for Ayurvedic treatment.

Purva Vyadhivritta (History of past illness)-

Patient has no significant past history of any similar attacks, trauma or any major disease related to present complaint.

Kulaja Vritta(Family history)-

No significant family history was present.

On Examination-

- General condition was afebrile.
- Vitals were normal.

Locomotory system Examination-

- Left knee joint swelling along with fluctuation and raised local temperature.
- Incomplete extension of left knee joints with degree of mobility diminished in both knee joints.
- Tenderness was present in left knee joint.
- No muscular wasting observed.

Diagnosis - On the basis of clinical history and examination the condition was diagnosed as Kroshtuksheersha.

Treatment protocol-Total duration- 2 months, Follow up done in every 15 days.

1st month

1. Jalaukavchhana– 3 Jalauka were used.
2. Dhanyamladhara
3. Lepa (for local Application)- Guduchipatradichoorna
4. Samshamanivati – 2 Tab TDS
5. Tab.Raktayog – 2 Tab TDS
6. Crape bandage to use on left knee joint.

2nd Month

1. Jalaukavchhana– 3 Jalauka were used.

2. Abhyantarsnehapna – Karaskarghrita (25ml/day)
3. ManjisthadiGhanVati -2 Tab TDS
4. Tab.Raktayog – 2 Tab TDS
5. Crape bandage to use on left knee joint.

Assessment criteria –

The improvement of condition of the patient was assessed on the basis of

1. Degree of Mobility

A) Flexion

| | | |
|---|---------|---------------------------------------|
| 1 | Grade 0 | Normal range of flexion - 130 degrees |
| 2 | Grade 1 | Mild -120 Degree-130 Degree |
| 3 | Grade 2 | Moderate- 60 Degree to 119 Degree |
| 4 | Grade 3 | Severe- 0 Degree to 59 Degree |

B) Extension

| | | |
|---|---------|--|
| 1 | Grade 0 | Normal range of flexion - 135 .degrees |
| 2 | Grade 1 | Mild 125 Degree to 135Degree |
| 3 | Grade 2 | Moderate 65 Degree to 115 Degree |
| 4 | Grade 3 | Severe 0 to 64 Degree to Degree |

2) Tenderness

| | | |
|---|---------|---------------------------------------|
| 1 | Grade 0 | No tenderness |
| 2 | Grade 1 | Tenderness to palpation without wince |
| 3 | Grade 2 | Tenderness with wince or grimace |
| 4 | Grade 3 | Tenderness with withdrawal |
| 5 | Grade 4 | Patient doesn't allow palpation |

3) Pain

| | | |
|---|---------|---|
| 1 | Grade 0 | Absent or no pain |
| 2 | Grade 1 | Mild Perception of pain, but not interfering his normal activity |
| 3 | Grade 2 | Moderate Perception of pain, interfering normal activities and looking painful. |
| 4 | Grade 3 | Severe Excessive pain, associated with painful cries, agonising look and interfered normal activities |

4) Swelling of Knee joint

| | | Before Treatment | After Treatment |
|---|------------------|------------------|-----------------|
| 1 | Above Knee Joint | 12 inch | 11 inch |
| 2 | Mid knee Joint | 13.5 inch | 13 inch |
| 3 | Below Knee Joint | 11 inch | 10 inch |

| | Symptoms | Before Treatment | After Treatment |
|---|--|------------------------|------------------------|
| 1 | Degree of Mobility a)Flexion b)Extension | a)Grade-3 a)Grade-3 | b)Grade-1 b)Grade-1 |
| 2 | Tenderness | Grade-2 | Grade-0 |
| 3 | Pain | Grade-3 | Grade-1 |

Result And Discussion

Kroshtuksheersha is a Vatavyadhi which specifically affects knee joints. Its chief characteristics are severe pain along with redness and inflammation of knee joints, and prime Doshas involved are Vata and Rakta. According to Ayurvedic concepts, wherever shophya is present there must be involvement of sama pittadosha and as there is inflammation it must have involvement of Pitta (responsible for redness and warmth). Considering the above facts, composite treatment plan was adopted, by first doing Jalaukavachara along with shothahara and vatashamaka drugs. After initial treatment, when inflammation (Amavastha) is being reduced, Raktashodhak and vatsamak drugs were given along with Abhyantar snehapan was done to improve sandhisanchalan. For the basis of improvement in disease objective parameters were assessed as swelling of knee joints, mobility of knee joints, pain and tenderness in knee joints. After treatment for 2 months it was observed that patient became asymptomatic.

Conclusion

This case report showed that combined *Jalaukavachara* and *Abhyantar Snehapan* Along with few Ayurvedic medicines is effective in treatment of *Kroshtuksheersha*. No adverse effect was found in the patient during and after the treatment.

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REVIEW: SOURCE OF CALCIUM FROM AHARDRAVYAVd. Pradnya Bhagwan Wakode*¹, Vd. Jyotsna V. Kulkarni² and Dr. Aparna. M. Ghotankar³¹P.G. Scholar, ²Reader P.G. Guide, ³MD. PhD. HOD

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ABSTRACT

Ayurveda is science of life, it has its effect on every aspect of life like in healthy state or in diseased state. Acharya Charaka has explained everything about ahara i.e. diet for maintaining health and prevention for disease. Diet plays an important role in nourishment of body and nourishment of bone depends upon balanced diet. Calcium found in many ahardravya. Body needs calcium to maintain strong bones and to carry out many important function. All most all calcium is stored in bones and teeth, where it supports their structure and hardness.

KEYWORDS: Ahardravya, calcium, bone health.**INTRODUCTION**

Ayurveda is science of life, it has its effect on every aspect of life like in healthy state or in diseased state. Calcium is the most common mineral in the body. It supports skeletal integrity and dental health, nerve conduction, Heartbeat regulation, muscle contraction, and weight maintenance.

Eating calcium rich food helps to maintain overall health especially in childhood, lactating mother, old age people, post menopausal women and to prevent osteoporosis. For proper absorption and use of calcium body needs sufficient amount of other essential nutrients, specially vit D and vit K. Most of calcium rich food also contains these additional nutrients.

The process of ossification (formation of bones healing) is known as sandhankar karma in Ayurved and Dravya which perform sandhankar karma is enriched with calcium mineral. The word sandhankar refers for healing of asthidhatu and Disease related with asthidhatu is with deficiency of calcium or less formation of calcium mineral in body.

In Ayurveda Acharya Charaka explained all ahardravya in sutrasthana adhyay no 27. i.e. Annapanvidhi.^[1] In that all dietary product are described under different category known as varga. Ahara (food) is an important tool in Ayurveda. Ahara itself act as an aushadha. And all varga contain the food which has high dietary value including calcium. And they play important role in maintaining strength of asthidhatu. Asthidhatu can be anatomically correlated to bones and teeth of body and 90% of bones composed of calcium. So calcium deficiency may directly

proportional to asthidhatu kshya. So balancing the calcium percentage is important in daily routine.

AIM

To calculate the percentage of calcium from ahardravya.

OBJECTIVE

To know the dietary value of ahardravya.

Need of study

From these we will get the option for medicinal intake as well as pathya in calcium deficiency disease. It will help as prevention from calcium deficiency disease, and supportive diet.

MATERIAL AND METHOD

Data collected from traditional textbook of Ayurveda and web search.

OBSERVATION

Calcium mineral is one of the most important factor for body balance. The daily intake of calcium depend upon age.

The following chart shows the daily needs of calcium in mg.^[2]

| Age | Required calcium per day |
|---------------------------------------|--------------------------|
| 1. birth to 6 month | 200mg |
| 2. infant 7 to 12 month | 260mg |
| 3. child 1 to 3 year | 700mg |
| 4. child 4 to 8 year | 1000mg |
| 5. child 9 to 13 year | 1300mg |
| 6. teens 14 to 18 year | 1300mg |
| 7. adult 19 to 50 year | 1000mg |
| 8. adult men 51 to 70 year | 1000mg |
| 9. adult female 51 to 70 year | 1200mg |
| 10. adult 71 and older | 1200mg |
| 11. pregnant and breast feeding women | 1300mg |

As per above chart from all of these the demand of calcium in body is mostly high in lactating mother and pregnant women. In India where is large population and due to poverty they can not afford expensive treatment during pregnancy and after delivery. So these ahardravaya which are described in Charaka sutrasthana are easily available in market and reasonable in price so every one can afford, and due to interference of digestion, amount of calcium is not get absorbed, so to fulfill this we can advice calcium rich diet so that daily need of calcium fulfilled. it is always better to take in the form of diet rather than medication acharya charaka has explained ahardravaya in 27th adhyay i.e. annapanvidhi with different varga like shook dhanya, shami dhanya, aharyogi Dravya, phal varga, shak varga, harita varga.

Shook dhanya^[3]

Acharya charaka described different variety of rice. It includes raktshali, mothi shal, shakunhrut, trunak, dirghshooka, gour dhanya, panduka, langula, basmati, lohawal, sariva, pramodak, tapniya. from all these we use rice in our daily diet but nowadays we used to polished rice which is cause for loss of mineral in that.

Shami varga^[4]

Shami dhanya include different pulses, like moong, udad, rajmash, kulitha, mataki, harbhara, and tila. calcium percentage of these shami dhanya are as follow.

| Shami dhanya | Calcium percentage per 100gm |
|-----------------------|------------------------------|
| 1. Mudg (moong) | 13.5mg |
| 2. Mash (Udid) | 138mg |
| 3. Rajmash (rajma) | 5.3mg |
| 4. Kulitha | 287mg |
| 5. Makushtha (Mataki) | 15mg |
| 6. Chanaka (Harbhara) | 10mg |
| 7. Tila | 97mg |

Phala varga^[5]

Phala varga contains the all fruits, ripe fruits, raw fruits, dry fruits. like draksha, khajoor, raw mango etc.

The calcium percentage from these varga are as follow.

| Phala varga | Calcium percentage per 100gm |
|--------------------------|------------------------------|
| 1. mudvika (manuka) | 1% |
| 2. kharjoor(khajoor) | 76% |
| 3. falgu (anjir) | 3% |
| 4. Apakva amra (kairi) | 5.1% |
| 5. Badar (bor) | 2% |
| 6. Narikel (naral) | 5% |
| 7. amalki (awala) | 4.50% |
| 8. dadim (dalimb, anar) | 1% |
| 9. narangi (santri) | 72% |
| 10. amlika (chinch) | 9% |
| 11. Vatam (badam) | 8% |
| 12. Akhshod(akhrod) | 20% |

Shak varga^[6]

Shak varga includes green leafy vegetable. Like patha, changeri, dudhi bhopala. And many more.

The calcium percentage in shak varga are as follow.

| Shak varga | Calcium percentage of shak varga in 100gm |
|---------------------------------|---|
| 1. Patha | 4.2% |
| 2. Changeri | 36% |
| 3. Kakamachi | 8% |
| 4. Dudhibhopla | 6% |
| 5. Matar | 2% |
| 6. Ambatchuka | 44% |
| 7. Tandulaja | 276 mg |
| 8. ratali (sweet potato) | 31% |
| 9. kardai | 215 mg |
| 10. kakdi | 14% |
| 11. sarshap shak (mohari patra) | 155mg |
| 12. kobi (cauliflower) | 626 mg |

Harita varga^[7]

It includes adrak, mula, nimbu like Dravya.

The calcium percentage in harita Dravya are as follow.

| Harita varga | Calcium percentage in 100gm |
|------------------------|-----------------------------|
| 1. adraka (adrak) | 11% |
| 2. jambir (nimbu) | 2% |
| 3. Mulaka (mula) | 2% |
| 4. Suras (tulas) | 4% |
| 5. Yawani (ajwain) | 0% |
| 6. Rajika (mohair) | 266mg |
| 7. Dhanyak (kothimbir) | 5% |
| 8. Grujjan (gajar) | 3% |
| 9. Palandu (kanda) | 2% |
| 10. rason (lasun), | 5% |
| 11. tomato | 13% |
| 12. Mashroom | 2.9% |

Aharyogi Dravya^[8]

In ahardravya it includes the different type of oils, like kardai taila, mohari taila, etc. and spices like mire, hinga.

The calcium percentage in aharyogi Dravya are as follow.

| Aharyogi dravya | Calcium percentage in 100gm |
|---------------------------------|-----------------------------|
| 1. sarshap taila (mohari taila) | 0% |
| 2. Mire | 454mg |
| 3. Hinga | 690mg |
| 4. ajaji (jira) | 93% |
| 5. Methi | 17% |
| 6. dhanya (dhane) | 55mg |
| 7. suryafula taila | 35.8% |

Other daily intake of food

The all above varga are explained in charak samhita by acharya charaka. The explained classification of these ahardravya as per ancient time. Now a days no one is taking food as like ancient rule. So maintaning the balance of health we need to arrange daily diet as per current condition. so here are summary of daily diet which mostly taken on daily basis.

The calcium percentage of other daily diet are as follow^[9]

| Other daily diet | Calcium percentage in 100gm |
|------------------|-----------------------------|
| 1. milk | 300mg /cup |
| 2. pohe | 33mg/ cup |
| 3. sprouts | 13.5 mg/ cup |
| 4. wheat | 34 mg |
| 5. jowar | 1% |
| 6. bajari | 1% |
| 7. Nachani | 344mg |
| 8. Ahaliva | 266.5 mg |
| 9. Pulses | 3.3mg |
| 10. Ground nuts | 92mg |
| 11. Rice | 11 mg |
| 12. Masoor | 2% |
| 13. Spinach | 99mg |
| 14. Butter | 24mg |
| 15. Curd | 83mg |
| 16. potato | 12mg. |

DISCUSSION

The lack of calcium is known as Hypocalcemia. Many people are at an increased risk for calcium deficiency as the growing age. This deficiency may be due to various factors, such as poor calcium intake over a long period of time, especially in childhood and vitamin D deficiency. Medications that may decresase calcium absorption, dietary intolerance to foods rich in calcium, hormonal changes, especially in women, certain genetic factors.

Women need to increase their calcium intake earlier in life than men, starting In middle age. In menopause

condition, calcium requirement increased. During menopause, women should also increase their calcium intake to reduce the risk of osteoporosis and calcium deficiency disease. Other causes of hypocalcemia include malnutrition and malabsorption, low level of vitamin D.

As per collected data and observation Nachani has highest source of calcium and second one is ahaliva, mohari and milk stands on 3rd highest source of calcium which we can include in daily intake, so to prevent the loss of asthidhatu and post menopausal condition, we can use these ahardravya in daily intake of food,

The requirement chart shows us that the adult female, lactating mother, pregnant women, children need more calcium i.e. 1000mg per day. For child, teens, adult and lactating mother need 1300mg per day. So with the help of ahardravya mentioned by acharya charaka we can protect our body from deficiency of calcium. Calcium deficiency disease can prevent by including calcium in your diet every day.

Day by day with busy schedule of every one, no one is taking seriously loss of minerals in their body but neglecting these things leads for osteoporosis in old age and may results in fracture, severe backpain.

When we go with modern medicine i.e. tablet form of calcium, it is harmful for kidney, the excretion of our body may disturbed. And using tablet form of calcium on daily basis is not possible and also not affordable for poor people. hence using ahardravya like Nachani, milk, ahaliva, kulitha, tandulja spices like mohari, hinga, dhane, jira and oil like kardai taila, suryafula taila, etc . which are easily available and without any side effect on human body we can manage balance of calcium in our body and fulfill the daily requirement and stop the complication which due to happen with medication. Along with these ahardravya suggest itself indirectly pathya for kidney stones and other kidney disorders.

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CONCEPT OF ENDOCRINOLOGY IN AYURVEDIC PERSPECTIVE WITH SPECIAL REFERENCE TO TEJMAHABHUT.

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ABSTRACT

Endocrine system controls body activities by releasing mediators, which are called hormones. Hormones are information transferring molecules, which are released from one group of cells and travel via blood stream but regulates activity of cells in the other one or different group of cells. In *Ayurveda*, Endocrinology is not separately mentioned. According to *Ayurveda*, the universe is *Panchabhutic*. It simply means that the universe is made up of by five basic elements. On this line, the human body is considered *Panchbhautic*. Whatever exists in this universe, that is represented in human body. *Prithvi, Aap, Tej, Vayu, Aakash* these are the five basic elements which construct the human body. Out of these five elements, *Tejmahabhut* performs activities in the universe, as well as in the human body. *Tejmahabhut* gives energy to the universe. This activity is performed in the universe by the Sun. energy is responsible for bio transformative activities. These activities are performed in body by *Agni* and *Pitta Dosha*. Any activity which is related to biotransformation is considered to be due to *Tejmahabhuta*. Hormones causes biotransformation activity and its characteristic features are similar to the functions of *TejMahabhuta*. When we study the characteristics and functions of *TejMahabhuta* and Hormones, we will find relation among them. This perspective approach is discussed in this paper.

Keywords: Hormone, *Tej mahabhut*, Concept of *Agni*.

1. INTRODUCTION

Endocrinology takes important role in Homeostasis mechanism of body. Endocrine system controls body activities by releasing mediators, which are called hormones. Hormones are information transferring molecules, which are released from one group of cells and travel via blood stream but regulates activity of cells in the other one or different group of cells. In *Ayurveda*, Endocrinology is not separately mentioned. According to *Ayurveda*, the universe is *panchabhutic*.¹ It simply means that the universe is made up of by five basic elements.

This shows that the human body in the Universe is considered to be *panchabhutic*. Whatever exists in this universe, that is represented in human body. *Prithvi, Aap, Tej, Vayu* and *Aakash*, these are the five basic elements which construct the human body.²

Out of these five elements, *Tejmahabhut* performs activities in the universe, as well as in the human body.³ *Tejmahabhut* gives energy to the universe.⁴ These activities are performed by the Sun. Energy is responsible for bio transformative activities. These activities are performed in body by *Agni* and *Pitta Dosha*.⁵ Any

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activity which is related to biotransformation is considered to be due to *Tejmahabhuta*. Endocrine glands releases hormones. Hormones causes bio transformative activities and its characteristic features are as similar as that of *Tejmahabhut*. The activity of hormone and characteristic functions of *TejMahabhut*. When we study both of them, we will find the relation amongst them. This perspective approach will be discussed in this paper.

2. MATERIAL AND METHODS

All available literature related to the study was reviewed from Ayurvedic classical texts and Modern text books. Collected literary data was analyzed to find out similarities and dissimilarities between *Tejamahabhuta (Agni)* and Hormones were presented.

3. OBSERVATIONS & RESULTS

One of the principle functions of the endocrine system is to maintain internal homeostasis. The second principle function is reproduction. The bio transformative activity is carried out by hormone. In human body this function is carried out by *Agni* and *Pitta Dosha*. This phenomenon is called as *Parinaman*,⁶ or *Pak* process. Therefore, hormone itself has properties of *Tejmahabhuta*. As soon as hormone reaches its target cells, it can affect the intracellular metabolism and modify the cell function. Why it is necessary to include endocrine secretions i.e. hormone in *Tejmahabhut*? The answer is, the characteristic feature of *Tejmahabhutais* as similar as to the hormones. The characteristic features of *TejMahabhut* are *Ushna*, *Tikshna*, *Sukshma*, *Laghu*, *Ruksha*, *Vishada*, *Daha*, *Paka*, *Prabha*, *Prakasha* and *Varnakar*.

*Ushna (Hot)*⁸

Some hormones increase body heat while circulating through blood. E.g. HCG, Thyroxine.

*Tikshna (penetrating power)*⁹

Certain hormones, particularly the steroid hormones are able to penetrate the cell membrane due to their smaller size and lipid permeability.

As a result, these compounds can modify intracellular metabolism directly. E.g. Oestrogen.

3. *Sukshma (microscopic)*¹⁰

Hormones act in very low concentration. As soon as hormone reduces its target cell, it can affect the intracellular metabolism to modify the cell function. E.g. Glucagon, Growth hormone, Testosterone, Oestrogen, Vasopressin.

4. *Laghu (low molecular weight)*¹¹

Hormones are destroyed and excreted as soon as their functions are over. Some hormones work quickly and destroyed quickly. E.g. Epinephrine (Adrenaline).

5. *Ruksha (unctuous)*¹²

Hormones are not ordinarily stored, except in the gland of origin. They do not have any accumulative action. E.g. Thromboxane A2 causes vasoconstriction.¹³

6. *Vishad (detergent like)*¹⁴

Some of the prostaglandins are anti lipolytic agents. These hormones inhibit the release of free fatty acids from adipose tissue.¹⁵

7. *Roop (structure)*

The hormones have specific structure. The known hormones include protein with molecular weight of 30,000 or less. The majority of hormones are peptides, proteins, glycoproteins or amino acid derivatives and steroids. As per body point of view, *TejMahabhut* is represented by *Agni* and *Pitta Dosha*. *Acharya Charaka* mentioned that function of *Agni* is carried out through *pittadosha*.¹⁶ Hormones are released / secreted in to the blood stream prior to use. According to *Ayurveda*, Blood has *panchabhutic* properties. Blood is the location site for the *Pitta Dosha*.¹⁷

Ushnatva (Hotness) of *Agni* is carried out by *Pitta Dosha* via blood stream. Mechanism of hormones is carried out by blood, so hormones is considered as *TejMahabhuta* substance. Hormones activity is carried out by *Agni* or *Pitta*. According to *Ayurveda* vitiation of *Agni* causes disturbances in health issues.¹⁸ *Jatha-*

ragni plays important role for digestion. The characteristic feature of *Jatharagni* is present in *Dhatwagni*.¹⁹ If the potency of *dhatwagni* decreases, respective *dhatu* will be increased in mass and if the potency of *dhatwagni* increases respective *dhatu* will be decreases in size.

The effects produced by the hypo activity or the hyperactive activity of a particular gland should not be explained by the fault of that gland, but also a by the changes produced in other related glands (central action) and due to the disturbances of the peripheral action of the related hormones.

4. DISCUSSION

In human body, cellular metabolism is under control of *dhatwagni*. They are *Rasadhatwagni*²⁰ etc. *Rasadhatwagni* acts on *rasa* nutrient part of *Aahararasa* (chyme).²¹ After that *Rasadhatu* nourishes and excretory part, *kapha* will be formed. In addition, *upadhatu-stanya* and *raja* will be formed, like that *dhatu* nourishes by itself with *dhatwagni*. Similarly, hormone acts on special cells of the body. As soon as hormone reaches its target cells, it can affect the intracellular metabolism to modify the cell function.

If the potency of the *dhatwagni* is low, the effect on that *dhatu* will be expressed. Similarly, the potency of the *dhatwagni* is high the effect on *dhatu* will show characteristic feature. Like that, if a hormone is present in excess the number of target cell receptors may decrease, an effect called down regulation. For example - when certain cells of testes are exposed to a high concentration of Luteinizing hormone (LH), the number of LH receptors decreases. Down regulation decreases the responsiveness of target cell to the hormone. In contrast, when a hormone is deficient, the number of receptors may increase. This phenomenon is called as up regulation makes the target tissue more sensitive to that particular hormone.²²

When *dhatwagni* diminishes his potency, then particular *dhatu* increased in mass and function and when *dhatwagni* accelerated his

potency then particular *dhatu* decreases in mass and decreases its function also.²³ Thyroxine, Tetra iodothyronine are the thyroid hormone. Thyroxine has a protein anabolic effect including enhancement of growth of all body tissue.

In hyperthyroidism excess protein catabolism causes muscular weakness, extreme fatigue, mild tremors in the hands, body weight decreases, intolerance to heat, increased sweating.²⁴ Hence, we can say that thyroxin acts like *Mansadhatwagni*. Increased secretion of thyroid hormone is called as hyperthyroidism. The characteristic feature of hyperthyroidism is same as *Mansadhatu kshaya*.²⁵ *Ghani*, *Gand shushkata*, *Sphika shushkata*, *Sandhivedana* are the characteristic features of *Mansadhatu Kshaya*.²⁵ Myxedema is the hypothyroidism in adults, characterized by generalized edematous appearance. Swelling of the face, bagginess under the eyes, non-pitting type of edema, increase in body weight etc. these symptoms²⁶ are as similar as to *Mansa dhatu Vriddhi*.²⁷ *Gandar-buda*, *Granthi*, *Gand vriddhi*, *Udarvriddhi*, *Kathadi adhimansa* etc. are the characteristic features of *Mansadhatu Vriddhi*.²⁷

Insulin, Gluco-corticosteroides, Glucagon these hormones which act like *Medodhatwagni*. Insulin is secreted by Beta cells of Islets of Langerhans of pancreas. Insulin stimulates the synthesis of fat. It also increases the storage of fat in the adipose tissue. Insulin transport the excess glucose into the cells particularly the liver cells.²⁸ Insulin promotes the synthesis of lipids by activating the enzymes, which converts the glucose into fatty acids -> fatty acids into-> triglycerides. Deficiency of insulin causes DM; this type of DM is called Insulin dependent DM (IDDM). Diabetes develops due to the absence or reduced no. of insulin receptors in the cells of the body is called type II diabetes or it is also called as non-insulin dependent diabetes mellitus (NIDDM).

The pathogenesis of *Prameha* caused by decreased potency of *Medodhatwagni*²⁹. Due to lack of potency in *Medodhatwagni* excessive fat stores in the body and characteristic features of



Medodhatwagni vridhhi.³⁰ **Insulin** promotes the storage of fat in adipose tissue. In *Medovridhhi*, the role of Insulin hormone is very important.³¹ **Glucagon** secreted by alpha cells in the Islets of Langerhans of pancreas. Glucagon shows lipolytic and ketogenic action. It increases the release of free fatty acids from adipose tissue.³² *Medo dhatu* deteriorated (*Medadhātu kshaya*) features are found in the over activity of Glucagon hormone.³³

Parathormone, Calcitonin, these hormones act on the metabolism of Calcium. These hormones maintain blood calcium level.³⁴ Parathormone enhances the resorption of Calcium from the bones (Osteoclastic activity) by acting on osteoblast & osteoclasts of the bone. Role of Parathormone in the activation of Vit. D is very essential for Calcium absorption from the g.i. tract. Calcitonin stimulates osteoblastic activity & facilitates the deposition of Calcium on bones & inhibits the resorption of Calcium from bones.³⁵ These both hormones acting on bone, their functions are as similar as *Asthi Dhatwagni*.

Testosterones is responsible for the distinguishing characters of masculine body.³⁶ Oestrogen is responsible for the development of secondary sexual characters in females.³⁷ Testosterone & Oestrogen both are responsible for reproductive activity, so their functions are as similar as *Shukragni*.

5. CONCLUSION

Various hormone activities act like *Agni*. Some hormones are act on GI Tract under the influence of *Jatharagni*; some hormones are act on cellular metabolism under the influence of *Bhutagni* and *Dhatwagni*. According to *Ayurved*, all biotransformative activities can be carried out by *Tej mahabhut*. Therefore, we can say that endocrine hormones are the part of *Tej mahabhut*.

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REVIEW ARTICLE

A Literary Review of Paapkarm / Sinful Deeds with Special Reference to Ayurveda

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Abstract: Immoral acts conducted by humans are considered to be Paapkarma / Sinful deeds). Pradhnyaparadh causes Paapkarma. Paapkarma is said to be a Adrushtahetu for various disorders. If human beings conduct is unrighteous, it affects the environment. This leads to seasonal disturbances which causes the deformation of medicine, water and air, and causes various diseases. It spreads negativity in the environment which has a harmful impact on human body. This is an example of 'Lok Purush Samya Siddhant'. Paapkarma or sinful deeds lead to reduction of immunity, increase in diseases and shortening of average life expectancy. To avoid this, it is necessary to understand Paapkarma which is described in Ayurveda. Satvavajayachikitsa is the main chikitsa to prevent Paapkarma as well as to cure diseases occurred by it. This article provides information and solution about Paapkarma.

Keywords: Paapkarma, Pradhnyaparadh, Satvavajayachikitsa.

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Introduction

According to Acharya Sushrut, a person is called a healthy person or Swastha in whom dos has must be in equilibrium, Agni must be in a balanced state, Dhatu-Malamust work in a normal state, the Indriya (sensory and motor organs), mind and Atma must be in a pleasant state [1] It is essential to protect health for staying healthy which is the first purpose of Ayurveda. There are many measures described in Ayurveda for the protection of health as well as to cure the diseases when they occurred.

For Example

- To follow Dincharya (Daily regimen)
- To follow Rutucharya (Seasonal Regimen)
- To follow Achar Rasayan

- To follow Rasayanchikitsa
- To follow Sadvrutta
- To follow Aahar vidhi vidhan
- Panchakarma chikitsa (Yuktivavyapashraychikitsa)
- Daivavyapashraychikitsa etc.

While describing the Dincharya, Acharya Vagbhata has mentioned ten Paapkarma (Immoral Acts or sinful deeds) occurred by the body, speech and mind. These Paapkarma are troublesome. Therefore, it is said that they should be renounced from body, speech and mind [2]. Actions that are against Dharma are called Adharma. Dharma produces virtue and Adharma produces sins. Both are related to body, speech and mind [3].

Undesirable deeds cause Paapkarma. Therefore, intellect and thoughts are also corrupted. As a result, bad deeds and various ailments also arise. While mentioning Dharaniya Vega, Acharya Charak says that, one desirous of his wellbeing during his lifetime and after should suppress urges relating to rashness and evil deeds mentally, orally and physically [4].

The threefold alternative of Karma (i.e. Ayog, Atiyog and mithyayog) is called Pradhnyaparadh (Intellectual error) [5]. Dashvidha Paapkarma described by Acharya Vagbhata and wrong utilisation with regards to body, mind and speech (i.e. Mithyayog of body, mind and speech) described by Acharya Charak seems to be similar. At present, the entire world is living under the threat of Covid-19 pandemic. This situation is emerging and spreading due to Pradhnyaparadh.

To eradicate it, one has to follow the code of conduct along with medical plans mentioned in Ayurveda. Pradhnyaparadh is the root cause of sharirik, manasik and agantuj disorders. Therefore, it is necessary to study Pradhnyaparadh, Paapkarma and the line of treatment for diseases occurred due to them.

Aim

To review Paapkarma from Ayurvedic samhitas.

Material and Methods

- Charak, Sushrut and Vagbhat Samhitas have been reviewed.
- Online references have been reviewed.

Review of Literature

Review of Paap/Paapkarma

Etymology (Nirukti)

पातिरक्षति अस्मादात्मानमिति (इत्यमरः)

Sin is what we want to protect ourselves from. Paapakarma means behaviour that produces evil karma, action that results in misery, conduct that is harmful to the individual and society. Misconduct, iniquity means Paapkarma (sinful deeds). The Karma that degrades spiritual and social values as well as destroys economic and natural resources is Paap/ sinful Karma.

A person who commits in is called a Sinner or a criminal. Just as it is also a sin to do irresponsible deeds, it is also a sin not to do obligatory deeds [6].

Synonyms (Paryaya)

पडकम्, पाप्मा, किल्बिषम्, कलुषम्, दुष्कृतम् (इत्यमरः)

पातकम्, पापकम्, शल्यम् (शब्दरत्नावली)

Acharya Vagbhata has described ten *Paapkarma*.

हिंसास्तेयान्यथाकामं पैशुन्यं परुषानृते॥

सम्भिन्नालापं व्यापादमभिध्यां दृग्विपर्ययम्॥

पापं कर्मेति दशधा कायवाङ्मनसैस्त्यजेत्॥A.H.s.a.2

21,22 ; A.S.s.a.3/54

Hinsa, Steya, Anyathakama, Paishunya, Parush, Anrut, Sambhinnalap, Vyapad, Abhidhya and Drukviparyay are the ten Paapkarma. One should avoid these physically, orally and mentally. Acharya Arundatta in his 'Sarvanga Sundara' commentary mentioned that, out of ten Paapkarma Hinsa, Steya and Anyathakama are Kayik Paapkarma (physical sinful deeds) Paishunya, Parush, Anrut, Sambhinnalap are Vachik Paapkarma (sinful deeds by speech), Vyapad, Abhidhya and Drukviparyaya are Manasik Paapkarma (sinful deeds by mind) [7]. Acharya Gangadhar Roy in his 'Jalpakaalpataru' commentary also mentioned Vachik, Kayik and Manasik Paapkarma [8]. References of Paapkarma are also found in some ancient texts.

कायेन त्रिविधं कर्म वाचा च पितृविधम् ।

मनसा त्रिविधं चैव दशकर्म पथांत्यजेत् । ।

ये पापानि न कुर्वन्ति मनोवाक्कर्म बुद्धिभिः ।

ते तपन्ति महात्मानो न शरीरस्य शोषणम् । ।

E. g., in Mahabharat Explanation about Dashvidha Paapkarma is stated [9].

Hinsa

It means violence, causing injury to others, killing, hurting or torturing animals, and human beings against the law, hurting others through body, speech and mind.

Steya

It means stealing, robbing, taking or abducting another's substances.

Anyathakam

It means unlawful sex activity. Desire of perceiving objects of senses by improper way is also anyathakam.

Paishunya vachan

It means to slander another person or to say bad things about another person.

Parushavachan

It means to speak harsh or unpleasant word.

Anrut vachan

Lying is anrut Vachan.

Sambhinnalap

It means irrelevant, inadequate speech or speaking at improper time.

Vyapad

Thinking of someone's evil is Vyapad.

Abhidhya

It means not tolerating the good things of others or wishing to grab money etc. of others.

Dhrukviparyay

It means non-belief in the Aptavakya or non-belief in principles stated in the treaties.

Table 1: Meaning of all Paap Karma by some commentators

| S.N. | Name of paap karma | Arundatta | Hemadri | Indu | Chakrapani | Dalhan | Gangadharai |
|------|--------------------|--|---|-----------------------------|------------------------------------|--|--|
| 1 | hinsa | हिंसा- प्राण्युपघात [10] | हिंसा- प्राणिवधः [11] | प्राणातिपातः [12] | विधिरहिताप्राणिपीडा [13] | -- | -- |
| 2 | steya | स्तेयचौर्यम् [10] | स्तेयचौर्यम् [11] | परद्रव्यापहारः [12] | परद्रव्यग्रहणम् [13] | -- | -- |
| 3 | anyat haka m | अन्यथाकामोनिषिद्ध कामसेवा/पशुस्त्रीगुरु दारगमनादि [10] | अन्यथाकामोऽन्या गमनम् [11] | अगम्यागमनमति [12] | स्त्रीभोगः परस्त्रीभोगः [13] | -- | -- |
| 4 | paish unya vachan | पैशुन्यं परेषां भेदकृदवचनम् [10] | पैशुन्यं परस्याऽप्रत्यक्षतद्वेषकिर्तनम् [11] | परेषां भेदकृदवचनम् [12] | सूचकम् – परानिष्टजनकाभिधायकम् [14] | पैशुन्यं सूचकता, [16] पैशुन्यं सूचकता, दौर्जन्यमितियावत् [17] | सूचकस्यातिशयेन परेषामनिष्टजनकाभिधायकस्य वाक्यस्य [23] सूचकम्- खलोकित [24] |
| 5 | parush vachan | परुषममृदुवचनम् [10] | पैशुन्यं परस्याऽप्रत्यक्षतद्वेषकिर्तनम्। प्रत्यक्षंतु परुषम् [11] | परुषवचनम् [12] | परोद्वेजकं वचनम् [14] | उद्वेजनं परुषवचनैः [18] परुषः कर्कशः [19] परुषवाक्यकर्कशवचनम् [20] | परुषस्य परद्वेजकस्य कर्कशात्मकस्य वाक्यस्य [25] परुषवचनं कर्कशोक्तिः [26] |
| 6 | anrut vachan | अनृतसत्यवचनम् [10] | अनृतमसत्यम् [11] | असत्यवचनम् [12] | अपार्थक्यम् [14] | असत्यम् [21] | मिथ्यात्मकस्य वाक्यस्य [27] |
| 7 | sambhinnalap | सम्भिन्नालापोऽसम्बद्धप्रलपनम् [10] | सम्भिन्नालापोऽसत्प्रलापः [11] | असम्बद्धप्रलापश्च [12] | अकालयुक्तमप्रशस्तावागतम् [14] | -- | अकालवचनं यस्मिन्काले यद्वक्तव्यं तन्नोक्त्वा तदितरकाले वचनम्। कलहवचनं स्फूर्तम्। अप्रियवचनं कटुकितः। अबद्धवचनं सम्बन्धवचनम् [28] |
| 8 | vyapad | व्यापादः प्राण्युपघातचिन्ता [10] | व्यापादः परानिष्टचिन्तनम् [11] | व्यापादः सत्त्वविद्वेष [12] | -- | -- | द्वेषो वैरं परापकारे मनः प्रवृत्तिः [29] |
| 9 | abhid | अभिध्यापरगुणादयस | अभिध्यापरस्वापहर | परस्वापहरच्छा [12] | मनसा पराभिद्रोहचि | ईर्ष्यापरस | परस्वविषयकस्पृ |

| | | | | | | | |
|----|----------------|---|--|--|---|-------------------------|-----------------------------------|
| | hya | हिष्णुताविषयस्पृहावा [10] | जेच्छा [11] | | न्तनं,यदिवापरद्रव्य विषयेस्पृहा [15] समानेद्रव्येपरसम्बन्धप्रतिषेधेच्छाई ष्या ¹⁵ | म्पत्तावस हिष्णुता [22] | हायाश्चवेगानित्य न्वयः [30] |
| 10 | drukvi paryaya | दृग्विपर्ययंशास्त्रदृष्टि वैपरित्यनास्तिकत्वा दि [10] | दृग्विपर्ययःआप्तवा क्येष्वप्रमाणबुद्धिः [11] | दृक्शब्देनाप्तदृष्टोऽर्थ उच्यते।मिथ्यादृष्टिश्चादृ ग्विपर्ययःशास्त्रदृष्टिवैप रीत्यम्नास्तिकत्वमिति यावत् [12] | -- | -- | मिथ्यादर्शननास्ति क्यबुद्धिः [31] |

Review of Dharaniya Vega (Suppressible Urges)

Acharya Charak has described Dharaniya Vega in SutrasthanaAdhyay 7/26. One desirous of his wellbeing during his lifetime and after, should suppress urges relating to rashness and evil deeds mentally, orally and physically.

Manasik Dharaniya Vega (Suppressible Urges Related to Mind)

A wise person should refrain from satisfying the urges relating to greed, grief, fear, vanity, shamelessness, jealousy, too much of attachment and malice [32].

Vachik Dharaniya Vega (Suppressible Urges Related to Speech)

One should also refrain from letting loose the urges of speaking extremely harsh words,back-biting, lying and use of untimely words [33].

Kayik Dharniya Vega (Suppressible Urges Related to Body)

Violence to others whatsoever, urges related to such physical actions including adultery, theft and persecution are to be restrained [34]. The physical restraint prescribed in the present verse also includes such careless insulting acts like stretching the legs before superiors, etc [35]. Acharya Vagbhata has stated Dharniyavega in Sutrasthan Adhyay 4. For the wellbeing and happiness in both the worlds (Ihalok- in this life and paraloka-life in the other world) one should always control the senses(mind and the five sense organs) and also should suppress the urges like greed, jealousy, hatred, envy, anger etc [36].

Review of Karma

Vocal, mental and physical action is the Karma. Acharya Charak has described

excessive utilisation (Atiyog), non-utilisation (Ayog) and wrong utilisation (Mithyayog) of Karma [37]. Suppression of natural urges, their artificial manifestation, unbalanced slipping, falling and posture, excessive itching etc. of the body, bodily assault, excessive massage, excessive holding of breath and exposing oneself to excessive torture are the examples of wrong utilisation of the body [37]. Examples of wrong utilisation of the body with regard to speech are back-biting, lying, useless quarrels, unpleasant utterance, irrelevant unfavourable talks and harsh talk [37].

Wrong utilisation relating to mind are fear, anxiety, anger, greed, confusion, vanity, envy and misconceptions [37]. Apart from the non-utilisation and excessive utilisation of speech, mind and body, such as their actions which are not conducive to the maintenance of good health in this life nor even to happiness in the life beyond are all to be treated as cases of wrong utilisation. This shows those sinful deeds/Paapkarma are also the causes of diseases. Such sinful deeds are products of wrong utilisation of speech, mind and body and are in their turn causes of diseases [38].

Such wretched human beings, who are of sinful conduct, speech and mind, back-biters, those who are quarrelsome by nature, those who indulge in sarcastic remarks about others, the greedy, those who envy the prosperity of others, the cruel, those who indulge in defaming others, the fickle minded, those who serve the enemy, those devoid of compassion and those who do not follow the virtuous course of life are to be boycotted [39].The virtuous one, who is free from all vices relating to mind, speech and physical actions, is indeed happy and he alone enjoys the fruits of virtue, wealth and desire [40].

Review of Pradhnyaparadh: (Intellectual Error)

The unwholesome action performed by one whose intellect, restraint and memory are deranged is known as Pradhnyaparadh. It vitiates all the doshas Sharirik as well as Manasik [41]. Three fold actions i.e. relating to speech, mind and body further divided into three categories in the form of non-utilisation, excessive utilisation and wrong utilisation constitute intellectual errors. (Pradhnyaparadh).

Forcible stimulation of natural urges and suppression of manifested ones, exhibition of undue strength, over indulgence in sexual act, negligence of the time of treatment, initiation of action in improper time (i.e. non-utilisation, excessive utilisation and impaired utilisation of therapies), loss of modesty and good conduct, disrespect for respectable ones, enjoyment of harmful objects, resorting to the factors which are responsible for the causation of Madness, moments without any regard for temporal or local propriety, friendship with persons of bad actions, avoidance of the healthy activities (described in su.10/19-28), malice, vanity, fear anger, greed, ignorance, intoxication and be wild erment or bad actions arising out of any of them or other physical evil acts arising out of rajas and tamas constitute intellectual blasphemy/error leading to the causation of various ailments [42].

Intellectual pseudo- conception and improper conduct represent intellectual blasphemy / error. All this falls under the purview of the mind [43].

The sense faculties (Indriya) are capable of perceiving their respective objects (Arth) only when they are motivated by the mind [44].

Principle of Psycho Pathogenesis

The sense faculties get vitiated due to the excessive utilisation, non-utilisation, and wrong utilisation of their respective objects. The vitiated sense faculties, in their turn also vitiate the mind. However, they come to normalcy if the objects are properly utilised and then the perception of various objects are properly regulated [45]. Thinking constitutes the object of the mind. So, the proper utilisation or excessive, on and wrong utilisation of mind or mental faculty is responsible for normal or abnormal mental conditions respectively [46].

It is essential to have a healthy mind for a healthy and happy life. For that Sharirik and Manasik both doshas should be in balanced state. Balanced manasik doshas means backing of raja and tama and increase of satvaguna. In short vitiation of Manasdosha causes Kama, Krodh, Lobha, Irsha etc. which result into Paapkarma.

Review of Disorders Caused By Non-Suppression of Dharaniya Vega/Paapkarma

In Charak Samhita, Acharya Charak described Kayik, Vachik and Manasikdharaniya Vega. He didn't describe ill effects caused by non-suppression of dharaniya Vega in detail. After referring the Samhita, it is observed that Dharniya Vega is the hetus for various disorders.

Table 2: Showing Dharniya Vega and disorders caused by non-suppression of Dharaniya Vega/ Paapkarma

| S. n. | Dharniya Vega | Disorders caused by non-suppression of Dharaniya Vega/ Paapkarma |
|-------|------------------|---|
| 1 | Bhaya (Fear) | Raktadushti, Udakvahsrotodushti, [47], pittajvikar, Swedovahsrotodushti [48], Vatavyadhi, Unmad, [49] Apsmar, Hrudrog, Klaibya, Trushna, Pandu, Shukra&Ojakshay [50], VatajChhardi, [51]Urustambha, Arochak, Atisar [52] etc. |
| 2 | Chinta (Anxiety) | Rasvahsrotodushti [53], Klaibya, Hrudrog, Vatvyadhi, Pandu, [54] Stanyarog [55], Ojakshay etc. |
| 3 | Krodh (Anger) | Raktadushti, pittajvikar, Swedovahsrotodushti, Pratishyay, Vatavyadhi, [56] Trushna [57], Twak dosh, Karshya, Vatarakta, Pandu, PittajKaas, Atisar, Shukra-Ojakshay, Stanyarog, Arochak [58] etc. |
| 4 | Shok (Grief) | Raktadushti, Swedovahsrotodushti, vaataj and pittajvikar, VatajGulma [59], Apsmar, Vatavyadhi, Trushna, Pandu, VatajChhardi, Shukra-Ojakshay, Arochak, Karshya, VatajPrameh, VatajJwar [60], Trushna, Atisar, Mudhagarbha [61], Tandra [62], etc. |
| 5 | Lobha (Greed) | Raktadushti, Mansasheithilya, Shukra-, Ojakshay, Arochak, Unmad, Apsmar [63], Aampradoshak [64], tridoshajvikar [65], etc. |
| 6 | Irsha (Jealousy) | Vatajvikar, Shukra-Ojakshay, Atisar, Klaibya [66], etc. |
| 7 | Maan (Vanity) | Klaibya, vaat- pittajvikar |
| 8 | Dvesha (Hatred) | DwishtharthajChhardi [67], vaatajvikar |

| | | |
|----|--|---|
| 9 | Vadha(Hurt) | Agantuj Shotha [68],Aganuj Vrana [69],Mudhagarbha, Arsha |
| 10 | Anyathakaam (Unlawful sex activity) | Raktadushti, Yonivyapad [70],tridoshajvikar,Guhyarog [71], Shukravahsrotodushti [72],Kushtha,Pratishyay,Shwas,Kaas,Hikka,Udavart [73],Urahkshat , Pratishyay,Arsha,Shukrashmari,Mudhagarbha |
| 11 | Mithyacharan/Paapkarma (Sinful deeds) | Kushtha [74], Udar [75], Prameh,Shvitra |
| 12 | Sahas (Rash behavior) | Rajyakshma [76],urahkshat [77], vaatajvikar |

Review of Paapkarma Chikitsa

Pradhnyaparadhis the main cause of Paapkarma/ Sinful deeds. The actions created by thepradhnyaparadh aggravate the shaririktridosha as well as Manasik raja and tamadosha to create sharirikandmanasikvyadhies respectively.

Preventive and Curative Measures for the Paapkarma are as Follows

Nidan Parivarjan (Avoidance of Causative Factors)

Paapkarma should be avoided by body, speech and mind. It means pradhnyaparadh should be avoided. For that one should follow the principles mentioned in the texts regarding Dincharya, Rutucharya, Aahar-Vihar, Aachar rasayan, Sadvritta, Yoga, Satvavajay chikitsa, Daivavyapashray-Yuktivyapashraychikitsa, Dharniya vega.

These also help to prevent from Paapkarma and to cure the diseases occurred due to them. Mental disorders occurred if one become a victim of impulses like greed, grief, fear, anger, jealousy etc. To prevent and to protect mental health one has to follow the above principles regarding Dincharya etc.

To Follow Sadvritta

Sad means 'good' and Vritta means 'behaviour' or 'conduct'. Sadvrittameans good behaviour or code of right behaviour.Sadvritta mentioned in Ayurveda classical texts highlights the importance of socio-cultural factors in the maintenance of mental and social health [78].

To maintain health and to prevent disease one should follow Sadvritta. Asatmendriyarthanyog and Pradhnyaparadh cause various physical and mental diseases and also some sinful deeds.

To avoid these, in classical textsSadvritta is mentioned. In Charak Samhita Sutrasthana Adhyay 8 Acharya Charak stated many types of Sadvritta e.g. sharirik, mansik, Samajik, Dharmik, vyavaharik Sadvrittaetc. Sushrutacharya explained Sadvritta in

chikitsa sthanaadhyay24. In Dincharya adhyay of sutrasthan, Acharya Vagbhata described Sadvritta. All the activities of the human beings are meant for happiness only. Such happiness will not be happened without Dharma i.e. right conduct. Therefore, one must always pursue right conduct [79].

To Follow Achar Rasayana

Acharammeans the ethical and moral activities described in Shastra. Achar Rasayan is the means to acquire rasayan effect through social and personal conducts [80]. It provides excellent mental, physical, social and spiritual health without having any medicine. Acharya Charak has mentioned it in Chikitsa Sthana adhyay1.

To Follow Satvavajayachikitsa

The word 'Satva' refers to Mana i.e. mind and 'Avajay'refers to conquering or win over [54]Hence Satvavajay means to have control over the mind and thus abstaining from things that are not good for the health. Satvavajaychikitsa not only prevents the impairments of Dhee, Dhriti and Smriti but also brings them back to the normal state, playing a significant role in the maintenance of harmonious state between these three factors ultimately leading to happy, healthy state of individual [81].

Satvavajaychikitsa specially described by Acharya Charak for the Manas Vikar. The best approaches to achieve the goal of satvavajayis by developing the Jnana, Vigyana, Dhairya, Smriti and Samadhi (meditation). Acharya Charak and Vagbhata stated that manasikdoshacan be reconciled only by taking recourse to spiritual and scriptural knowledge, patience, memory and meditation [82-83].

Satvavajayachikitsa (psychotherapy) is aimed at regaining the normal mental activity by conducting practice of Yama, Niyam, Asan and Pranayam. These remedies ensure free circulation of PranVayu (oxygen) throughout the body resulting in removal of

blockage of channels of circulation linked to mind [84].

Yuktivyapashraychikitsa

If physical ailments occur by sinful deeds, then Yuktivyapashraychikitsa should do accordingly. Shirodhara, shirobasti help to lower down stress and strain of the person.

Daivavyapashraychikitsa

Prayachitta is a part of Daivavyapashraychikitsa. It means cleansing of thoughts through chanting of divine mantras, fasting, and manidharan etc. Daivavyapashraya methods create confidence and remove the fear and negative thoughts. It works at the level of mind and thereby influences the body [85].

Yogabhyas

Happiness and miseries are felt due to the contact of soul, the sense organs, mind and object of senses. Both these types of sensations disappear when the mind is concentrated and contained in the soul and the supernatural power in the mind and the body is attained. This state is known as Yoga [86]. Those who are practicing yoga, attained eight supernatural powers (entering others body, thought reading, doing things at will, supernatural vision, supernatural audition, miraculous memory, uncommon brilliance and invisibility when so desired).

All these are achieved through the purity of the mind that means free from rajas and tamas [87]. According to Patanjali yoga Sutra, yoga is the restraint of the mind. To remain free from physical and mental ailments one should follow Ashtang yoga i.e., Yam, Niyam, Asan, Pranayam, Pratyahar, Dharna, Dhyana and Samadhi described in Patanjali yoga Sutra.

Discussion

Hinsa

Physical, verbal and mental misconduct is Hinsa (violence). According to Acharya Arundattahinsa comes under Kayikpaapkarmaphysical (sinful deeds). There are different types of violence. It can include bullying, child maltreatment, community violence, domestic violence, sexual violence, psychological violence etc. To hurt someone verbally is also violence and to have bad thoughts about someone in one's mind is also considered as violence.

Suicidal tendencies increase due to stress, strain, frustration.

It is a kind of Hinsa. Violent tendency is based on mind filled with greed, anger, jealousy, frustration, stress-strain etc. This is why violence is on the rise all over the world and it arises under the influence of raja and tamaguna of mind.

Due to anger Pitta get aggravated and many pittajvyadhis are also occur. Non-violence i.e. Ahinsa is possible under the influence of satvaguna. One should adopt the path of nonviolence so the feelings of greed, anger and hatred etc. do not arise. Non-violence means not committing violence, not hurting any living being physically, mentally and verbally. Non-violence is the supreme religion.

Dharma means Punya (good deeds). Only by good deeds keep the mind remain pure. Ahinsa is mentioned in Acharrasayan by Acharya Charak [88]. Adopting ahinsa brings benefits of rasayana. Even though Hinsa is a sinful deed, it is not so in all cases. In the treatment of many diseases, Ayurvedic texts have described the use of Mansa ras, Mansa. E.g. Rajyakshma, Raktapitta [89]. As per the disease, Ayurveda stated the benefits and drawbacks of consuming meat.

It does not state violence as its result. When a person cannot survive without the use of meat and is committing violence for the same then he should do whatever it takes to protect his life. According to the Vedic verse "सर्वत्र आत्मानं गोपायीतम्" | if violence is conducted in order to protect one's life, it is not considered asin. However, if violence is conducted despite availability of other means of survival, it is considered a sin [90].

Although violence in Ayurveda is directed towards health (life protection) and disease alleviation, it is still wrong. According to Acharya Chakrapani, the rituals described in Ayurveda do not only teach the rituals of Dharma Sadhana but also the rituals of Arogya Sadhana. Therefore the principle of Ayurveda is that all creatures should be friendly when there is no special purpose. To give another example, the Killing of terrorists or people with evil tendencies, enemies of the country is not violence. It cannot be a sin as it protects the country from undesirable things [91].

These should be considered as good deeds. Satvavajayachikitsa should be practiced for becoming free from anger, greed, jealousy etc. Yama is a part of Ashtang yoga [92]. It means detachment, restraint of body and mind. In order to increase Satvaguna in the mind, Yama describes us how to deal with society and other creatures. Ahinsa comes under Yama.

Following this keeps one away from diseases. Anger is the root cause of hinsa and various pittaj diseases. So to avoid this, Ahimsa should be practiced.

Steya

Steya means to steal. To take thing which belongs to someone else and is not one's own through mind, speech and body is known as stealing. This Paapkarma is committed out of jealousy and greed. Today looting/ stealing is rampant in our society. We came across many thefts like theft of money, theft of various materials, theft of organs, theft of literature etc. A thing earned in an unjust manner is theft.

This not only lowers a person's mental state but also creates fear in his mind which can lead to many mental disorders. Therefore one should follow Asteya. Asteya means no stealing. Instead of stealing things, make a sincere effort to earn them. To stay away from Steya, one should follow satvavajayachikitsa (psychological therapy) which is restraint of mind from the unwholesome objects and follow the principles of Sadvruttamentioned in Ayurveda texts.

Anyathakam

Due to Intense libido, sometimes unlawful sex activity happens. Its side effects are seen on body as well as on mind. It causes illusion, mental fatigue, and saptadhatukshayandindriyakshay.

Nowadays this type of sexual activity is becoming more and more prevalent in the world which has led to increased incidence of incurable diseases like AIDS as well as other mental disorders, diseases of Vata.

This way Anyathakam is a Paapkarma. Brahmacharya must be practiced to avoid Anyathakam. Brahmacharya means restraint of the senses and acceptance of good feelings [93]. Adherence to proper brahmacharya brings memory, intellect,

health, strength, protection of Shukra Dhatu, symptoms of aging are slowed down and immunity increases.

The other meaning of Anyathakam is desire of perceiving objects of senses by improper way. It affects one's mind and causes many mental and physical ailments. Wrong utilisation of all sense organs i.e. indriyascauses disorders of the senses, e.g. Visual impairment, deafness, indigestion, acidity etc. In such cases if mind is controlled by Satvavajaychikitsa, the senses can be controlled. Following of Sadvrutta also helps to control senses.

Paishunya Vachan

Paishunya means to slander another person or to say bad things about another person related to him due to jealousy, hatred, fear, and feeling of insecurity. This creates distance between individuals. The relationship between them deteriorates. Slandering words are used in politics. Divorce rate in society seems to be on the rise often because of this type of use of Paishunyavachan.

So this is a kind of sin/Paapkarma. One should avoid such words for one's own momentary pleasure. Bitter words are like weapons. Just as a weapon strikes the body and harms it, in the same way the mind is wounded by bitter words. So avoid bitter language. Control the mind by following Sadvrutta and Satvavajayachikitsa.

Parush Vachan

Due to anger, hatred, jealousy, ego etc. one uses harsh or unpleasant word to hurt someone. This creates dissatisfaction in individuals. Sharirik and manasikdoshas get vitiated and cause various diseases. The words one speaks to others can leave a huge impact and create a lasting memory either good or bad. The Parushvachan creates bad lasting memory. So always be careful when speaking or handling the words. Parushvachanis the wrong utilisation of shrotrendriya. Thus it is a Paapkarm. So avoid it by following Sadvrutta.

Anrut Vachan

Lying is Anrutvachan. If one is constantly lying for one's own interest then it becomes a habit to lie. One lie creates a chain of many lies. Lies are used because of false knowledge as well as due to anger and hatred despite

having proper knowledge. Untruth are also spoken because of the feelings of desire of having something which is not possible, anger and greed that arise in the mind.

Today, we often see examples of people lying to achieve things they can't achieve on their own. This causes injustice to other people. So lying is a Paapkarma. By speaking untruth,

raja, tamadosha of mana become strong and Satvaguna decreases. Due to false knowledge, anger and hatred only when the said word is free from raja-tama and the satvaguna flourishes, there is proper knowledge. Speaking the truth purifies the mind. Truth is the worshipper of Dharma, so it is acceptable but untruth is the worshipper of Adharma, so it is unacceptable.

Truth alone wins, not untruth. The one who is truthful gets the benefits of Rasayanchikitsa. According to Acharya Chakrapani, telling a lie is prohibited only when this causes some harm to otherwise if one can save the life of another living being by telling a lie, this cannot be treated as a sinful deed [94].

Sambhinnalap

It means irrelevant speech or speaking at inappropriate time. Speaking irrelevantly and at inappropriate time does not achieve the desired work of the person, instead it is a loss. Others also suffer. If there is such a constant irrelevant talk, Udanvayu gets vitiated and does not work properly. Tendency to speak is not proper, produces weakness, immunity decreases and various physical and mental disorders occur.

E.g. Urdhwajatrugatvyadhi, Unmad, Apsmar. Sambhinnalap can occur due to stress and strain. To become free from stress and strain, activities should be planned to increase satvaguna and quality of life. These include observance of silence, God providence, chanting of Mantra etc. By adopting these methods mind becomes pure, while the voice also becomes pure. One must speak at appropriate time with descent words and in brief true and in a pleasing manner.

Vyapad

Comparing and competing with the person cause jealousy and temptation. As a result

enmity arises and out of it undesirable thoughts of others are created. This is called Vyapad. Feelings of insecurity also lead to criticism out of which again undesirable thoughts of others are created.

If jealousy, attachment, prevails, it has an adverse effect on the mind. Vitiating of raja, tamaguna occurs. So avoid comparing yourself to others. Accompany a good person. Follow the code of conduct. Definitely mind will free from jealousy, Attachment etc.

Abhidhya

Intolerance of another's virtues due to jealousy, greed, hatred etc. or the desire to seize another's property means Abhidhya. This is happening due to sensual greed. So it is important to have control on mind. This is possible by practising Sadvrutta, Acharrasayan and by refraining dharniyavega.

Drukviparyay

It means non-belief in the Aptavakya or non-belief in the principles stated in the classical texts by respectable Acharya. This happens due to ego, hatred, thoughtlessness etc. Principles of Ayurveda are eternal. To fulfil the purpose of Ayurveda, it is necessary to have faith on these principles. One should follow the principles stated by Acharya regarding dinacharya, ritucharya, Roganutpadan, Annapanvidhi in the Ayurveda classic texts. It will promote physical as well as mental health and prevent physical and mental disorders.

Otherwise, if drukviparyaya is observed then many Lifestyle disorders like Prameh, Sthaulya, Unmad, Apsmar, Twakvicar will occur. So, ego, hatred, thoughtlessness etc. should be abandoned from the mind by practicing the principles stated by authoritative persons. These all Paapkarma are Adharma. It affects the environment causing seasonal disturbances. Due to this there will be deformation of water, medicine, air. These cause various diseases or pandemic condition.

Conclusion

Evil deeds by body, mind and speech are the Paapkarma/sinful deeds. The root cause of Paapkarma is pradhnyaparadh. It causes vitiating of Sharirik and Manasikdoshas

which are responsible for doing Paapkarma. It can be prevented and cured by adopting following measures.

- Nidanparivarjan
- Refrain from suppressible natural urges
- Sadvrutta and Achar Rasayan
- Satvavajayachikitsa
- Daiva and Yuktivyapashraya chikitsa
- Aptopdesha
- Ashtang yoga

Doing so, leads to detachment from sinful deeds, attains health and senses are conquered through restraint of mind.

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AYURVEDIC MANAGEMENT OF DUCHENNE MUSCULAR DYSTROPHY

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ABSTRACT

Duchenne muscular dystrophy is a neuromuscular disorder characterized by deficient dystrophin protein in the muscle. The main symptoms the patient presented were delay in expressive and receptive language development, visual discontent, hyperkinetic behaviour, and inability to initiate and maintain social contact with peers. The data obtained from the family, following clinical examination, laboratory investigation results and assessment of mental status were significant for the diagnosis of Autism Spectrum Disorder, hyperkinetic behaviour and Duchenne Muscular Dystrophy. In Ayurveda it has been classified under Medomamsa dusti further vitiates the Vata doshas occurs due to the Bheejabagahaavyava Dusti. In modern medicine there is no significant treatment available for this diseases while in Ayurvedic panchakrma therapy shows significant results in all signs and symptoms of this diseases.

KEYWORDS: Duchenne Muscular Dystrophy (DMD); Developmental Disorders; Ayurvedic Management.**1. INTRODUCTION**

Duchenne muscular dystrophy is a neuromuscular disorder. The estimated prevalence of Duchene muscular dystrophy was 1 in every 7,250 males aged 5-25 years.^[1] Duchene muscular dystrophy was characterized by motor impairments, difficulties in walking, waddling, toe walking, difficulties in climbing stairs, running or lifting off the ground. Para-clinically, an increase in serum creatinine level can be observed. In Ayurveda this pathogenesis occurs due to the Bheejabagahaavyava Dusti which leads to Vata Parkopa takes sthana samshraya in Mamsa and medo Dhatu vitiates and depletes them (x-linked progressive degenerative disorder of muscle tissue.^[2] Acharya Charaka has clearly mentioned about the close relation of both Mamsa and Medo Dhatu Viz. to Dhatukshayaj vata pathogenesis which in term degrades and causes the Dusti.^[3]

2. Duchenne Muscular Dystrophy**Definition**

Duchenne Muscular Dystrophy is caused by a change (mutation) of the gene that makes a protein called dystrophin. This protein is needed for muscle cells to keep their shape and work properly. An abnormal gene cannot make this protein and without it, muscle cells collapse and die.^[4] Xlinked recessive mutation of the dystrophin gene that affects males almost exclusively. Progressive weakness in hip and shoulder girdle muscles

beginning by age 5; by age 12, the majority were non-ambulatory in the era prior to the use of glucocorticoids. Survival beyond age 25 is rare. Associated problems include tendon and muscle contractures, progressive kyphoscoliosis, impaired pulmonary function, cardiomyopathy, and intellectual impairment. Palpable enlargement and firmness of some muscles.^[5] The presence of cardiomyopathy can be considered a particular symptom in muscular dystrophy, so a neuromuscular evaluation is necessary in this case. It may be asymptomatic until the final stage of the disease. Scoliosis is a complication that develops especially after the loss of ambulation and should be regularly radiological assessed.^[6]

3. Signs and Symptoms of DMD

The first symptoms of DMD usually appear between 2 to 5 years of age. Symptoms of DMD may include:

- **Muscle weakness** – The first muscles that are affected are those around the hips and upper thighs. Children may have difficulty walking, running, jumping, climbing stairs or standing up from the floor.
- **Loss of muscle coordination** – Children may seem unsteady, clumsy, fall often or “waddle” when they walk.
- **Muscle size** – As the muscles are damaged, the muscle is replaced by fat and connective tissue and can shrink (atrophy). The calf muscles often become

larger (hypertrophy) and other muscles may be enlarged early on.

- **Toe walking** – The muscles become tight around joints, limiting movement. When walking becomes difficult, children may walk on their “tippy-toes” or balls of their feet.
- **Learning disabilities** – Some children have learning difficulties, which are usually not severe and usually do not get worse. DMD is a progressive disorder, meaning the muscles get weaker over time. The muscle weakness spreads and begins to affect the ability to walk. Later on, muscles of the heart and those around the lungs become affected.

4. Examination of the Child

Reviewing the results of the following tests

- **Blood tests - CK level** - Muscles that are weak or damaged leak an enzyme called CK (creatinine phosphokinase) into the blood. High levels of CK in children can be a sign of DMD or another muscle disease.
- **Genetic tests** - Checking a sample of blood for the abnormal gene for DMD.
- **Muscle biopsy** - A biopsy is a procedure to take a tiny sample of muscle to be examined under a microscope. A biopsy is only needed if the first genetic test returns with a negative result. This occurs in about one-third (30%) of cases. The procedure is done in the clinic and takes about 20 minutes. The sample is usually taken from the thigh muscle (quadriceps). First the area is ‘frozen’ or numbed with a local anaesthetic. Then the doctor makes a tiny cut (incision) and removes a sample of muscle with a needle. The incision is closed with a stitch that will need to be removed in a few days.

How child get DMD: DMD is inherited. The abnormal gene for DMD is found on the X chromosome, passed down from the mother. In about 66% of the cases, the mother carries the disease causing gene in all the cells of the body (see below) and will need to be tested to see if she does carry the gene mutation. In about 33% of the cases, the mutation is only in the ovary (germline mosaicism) or randomly occurs during the development of the embryo.

5. Modern Treatment of DMD

The health care team at the Neuromuscular and Neurometabolic Centre will recommend a treatment plan to meet your child’s needs. The goals of treatment are to control symptoms, keep muscles working as long as possible and give your child the best possible quality of life. There is no cure for DMD.

- **Physiotherapy** - It is important for your child to be active. Using muscles helps them stay as strong as possible. Inactivity, such as bed rest, can cause the muscles to break down faster
- **Corticosteroids** - Steroid medications can slow the progress of the disorder. It is important to remember that side effects are possible with all medications.

Ayurvedic Management of DMD: Acharya’s have mentioned specific chikitsa sootra for the condition by considering its severity and importance which can easily be understood by the Vaidyas.^[7] Acharyas while explaining the dhatupaka avastha clearly signifies the importance of Agni which is whole and sole responsible for the formation of the next dhatus. Thus correction of agni should be done by administration of deepana and pachana dravyas in order to strengthen the process, doshas must be balanced and metabolic toxins must be eliminated from dhatus through panchakarma.^[8] The pre-operative process quoted by Acharyas has the concept of “Brhmanyastu mrudu langyet” that signifies the usage of Rukshana for better brihmana treatment modalities.^[9] for example udvartana which helps in the removal of srotorodha and does Sthiri karana of angas. Pachana medicines are also explained as a mode of Rukshana chikitsa and it is also must in the treatment of DMD initially with deepana, like parishekha with Dhanyamla.^[10,11] Panchakarma the penta bio purifactory methods of Ayurveda i.e. Vamana, Virechana, Niruha, Anuvansan and Nasya are of prime importance.^[12] Vamana of mrudu kind i.e. using the drugs like madana phala which has anapaitava as guna, has least complications, if the person is present with kapha sthana gata pitta or utkilstha kapha lekhas as it pacifies the vitiated kapha but also corrects the depleted medas.^[13,14] Another set of data shows usage of vacha as dravya for the vamana which signifies major improvement in paediatrics age for the neuromuscular disorder.^[15] Virechana Karma of mrudu in nature explained under Vatsya upkarma has anulomana property and tridoshaharaproperty.^[16] Thus, its repeated course is beneficial.

Amritprasha ghrutha and Tikta ghrutas are used as shodhana snehapana. Research has shown that Virechana does the detoxification which lead to better absorption of Rasyana Drugs, other Bruhana Dravyas and correction of Agni.^[17] Basti is another variety of the Karma especially Bruhana variety of basti which clearly shows its efficacy in this condition for example usage of Mamsa rasa Basti and yapana basti (contains madhanaphala) with kala and karma format, considering the condition as gambhir dhatu gata vikara.^[18] Tikta Ghruthas, Ashwanganadha ghrutha and Chagalayadi ghrutha can be administered as Anuvansa basti.^[19,20] It also rejuvenates the body and further helps in improving from the dhatukshaya caused due by the vata dosha that is why both virechana and basti are explained in the principle of Medomamsa dusti.^[21]

Nasya has less importance when we talk about genetic disorder however it is assumed that it can be used for the treatment of various associated symptoms like depression due to its mana prasdana action.^[22] After the purification Rasyana therapy can be adopted. Not only these invasive therapies like virechana, Basti etc, but upkarma i.e Para panchakarma procedures are very much essential for the same. It is very well understood in the

treatment principle of Vataroga by Charaka and Yogaratnakar that upakarmas like Abhyanga, Swedana are having prime treatment modalities.^[23] Snehana both bhaya and abhyanta helps to pacifies the vata dosha.^[24] In contrast Abhyanga a variety of bhaya sneha with oil like Balaashwagandhalakshadi taila, Mahanaryana Taila and Mahamamsadi taila helps in subsiding the vata dosha, improves the tonicity of the muscle and compacts the body.^[25,26] Whereas swedana like Shastikashaali panda swedana also improves the tone of the body.^[27] Swedana karma increases the metabolic activity which in turn increases the oxygen demand and blood flow. This vasodilatation stimulates the superficial nerve ending causing a reflex dilatation of the arterioles. Due to the effect of heat on the sensory nerve ending there will be a reflex stimulation of sweat glands in the areas exposed to heat. This rise in temperature induces muscle relaxation and increases the efficacy of muscle action as the increased blood supply ensures the optimum condition for the muscle contraction.^[28] Swedana also acts by the mechanism of thermoregulation regulated by skin and coordinated with the functions of the other excretory organs. These Ayurvedic treatment used for the management of DMD.

6. CONCLUSIONS

Duchenne muscular dystrophy is a neuromuscular disorder There is no any satisfactory treatment for the DMD in other pathies except Ayurveda where as in Ayurveda have lots of description of etiopathology and management of mansagata drushti which can be co related with the DMD. This article is an attempt to highlighting on details of DMD and its Ayurvedic management.

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“A Literary review of *Oja* and *Visha Gunas*.”

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Abstract-

Ayurveda is a well known ancient Indian medical science. It deals with every aspect of life. Longevity of life and it's protection being its prime goal. It also gives remedies for dreadful diseases and disorders. Food is life of living being all living animals yearn for food. Food offers them colour, luster, speech, life, happiness nourishment and strength. We should be conscious from what food we get strength and what food can be harmful to our body and living. According to Ayurveda whatever strengthens and sustains our life is *oja* and whatever deteriorates our health is *visha*. *Oja* is accepted as excellent part of all *dhatu*s. Job of *oja* is to build soul, body and sense organs and mind together, that too harmoniously. On the other hand *visha* is substance that produces sadness and deteriorates our body whenever comes in contact.

Key Words- Ayurved, *Oja*, *Visha*, Guna, Properties

Introduction-

It is the property of substance that decides how it is going to affect on the body. The functioning of *visha* and *oja* is altogether opposite we need to study these opposite functioning. These opposite functioning is merely due to their opposite properties or *gunas*. This article is an effort to study the opposite properties or *gunas* of *visha* and *oja*.

All the *gunas* present in *visha* are very much penetrative and fatal and vitiate the body while *oja gunas* give strength and vitality to the body.

Visha gunas can be altered by processing (*samskara*) to be used in medicine. It is rightly said that a poison can be a good medicine if processed and used properly and a medicine becomes fatal if used improperly¹

Aim And Objective –

To compare *oja* and *visha gunas* according to different ayurvedic texts.

Material And Methods :

तदेव सर्वान् धातुन् प्रविष्टम्
तेषाम्प्रभावातिशयमानं तत्तेज उच्यते ॥² अ. ह.
सु. ११/३७

Oja enters in every *dhatu* by it's tremendous strength and gathers *teja*.
विषं हि देहं सम्प्राप्यं प्राग्दुषयति शोणीतं |
कफ पित्तानिलाश्रतु समंदोषम् सहाशयान्।
ततो हृदयमास्थाय देहोच्छेदाय कल्पते ॥³
अ. ह. ऊ. ३५/९-१०

On the other hand *visha* vitiates *shonita* and other *dhatu*s and destroys life after entering heart and demolishing *oja*.
The whole study is based on literary review collected from classical ayurvedic texts. This study is carried out under following heads

1. Definition of *visha*
2. Definition of *oja*
3. Definition of *guna*
4. No. of *oja gunas* and their functions as stated in different ayurvedic texts
5. Number of *visha gunas* mentioned in different texts
6. *Visha guna* comparison according to different texts
7. *Visha guna* and their probable action
8. *Visha, madya, oja* comparison
9. Discussion
10. Conclusion

11. References

देहम् प्रविश्य यद्द्रव्यम् दुषयित्वा रसादिकान्
॥
स्वास्थ्यम् प्राणहरम् च स्यात् तद् द्रव्यम् विषं
उच्यते ॥⁴
च. चि. २३/९२ पं. काशिनाथ शास्त्री

Any substance, which enters the body from any route, vitiates bodily tissues, leads to destruction of health and destroys life is called as *visha*.

देहस्थिति निबन्धनम् ॥⁵ अ. ह. सु. ११/३७

What strengthens and sustains our life is *oja*. *oja* is referred as excellent *dhatu* and power of the body. it is the entity which has strength to keep body, sense organ, mind and soul together in functional harmony.

Guna nirukti : *guna amantrate* – Which attracts substances having different Properties. are *gunas*. ancient ayurvedic texts differ as far as no of *gunas* is concerned. According to *vaisheshik darshan* it is 24. according to *nyay darshan* also it is 24, while according to *charak samhita* it is 41. these *charkokt 41 gunas* are further divided as 5-*bhautik guna*, 20-*gurvadiguna*, 10-*paradi guna* and 6-*aatma gunas*.

The *gurvadi gunas* are a pair of 10 properties that are opposite to each other e.g. *Guru *laghu*.

A comparative chart of *visha, madya, oja* and *ghrita gunas* is given.

| <i>Ojas</i> ⁶ | <i>Ghrita</i> ⁷ | <i>Madya</i> ⁸ | <i>Visha</i> ⁹ |
|--------------------------|----------------------------|---------------------------|---------------------------|
| <i>Guru</i> | <i>laghu</i> | <i>Laghu</i> | <i>Laghu</i> |
| <i>Sheeta</i> | <i>Sheeta</i> | <i>Ushna</i> | <i>Ushna</i> |
| <i>Mrudu</i> | <i>Mrudu</i> | <i>Teekshna</i> | <i>Teekshna</i> |
| <i>Shlakshna</i> | <i>Shlakshna</i> | <i>Sukshma</i> | <i>Sukshma</i> |
| <i>Bahala</i> | <i>yogvahi</i> | <i>Vishada</i> | <i>Vishada</i> |

| | | | |
|-----------------|-------------------------|----------------|-----------------------|
| <i>Madhura</i> | <i>Madhura</i> | <i>Amla</i> | <i>Anirdeshyarasa</i> |
| <i>Sthira</i> | <i>Soumya</i> | <i>Vyavayi</i> | <i>Vyavayi</i> |
| <i>Prasanna</i> | <i>Prasanna</i> | <i>Aashu</i> | <i>Aashu</i> |
| <i>Picchila</i> | <i>Alpa abhishyandi</i> | <i>Vikasi</i> | <i>Vikasi</i> |
| <i>Snigdha</i> | <i>Snigdha</i> | <i>Ruksha</i> | <i>Ruksha</i> |

Visha gunas stated by different acharyas.

| <i>guna</i> | <i>Brihat trayi</i> | | | | <i>Laghu trayi</i> | |
|-----------------------------------|---|----------------------------|---|---|---|----------------------------------|
| | <i>Su. samhita</i> ¹⁰ <i>yogratnak</i> <i>ar</i> | <i>Charak</i> ¹ | <i>Ash.</i> <i>sangrah</i> ¹² | <i>Asht.</i> <i>hriday</i> ¹³ | <i>Shar.</i> <i>samhi</i> <i>ta</i> ¹⁴ | <i>Bhavprakash</i> ¹⁵ |
| <i>ruksh</i> | ✓ | ✓ | ✓ | ✓ | X | X |
| <i>ushna</i> | ✓ | ✓ | ✓ | ✓ | <i>aagne</i> <i>y</i> | <i>aagney</i> |
| <i>tikshna</i> | ✓ | ✓ | ✓ | ✓ | X | X |
| <i>Sukshma</i> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Aashu</i> | ✓ | ✓ | ✓ | ✓ | X | X |
| <i>Vyavayi</i> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Vikasi</i> | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <i>Vishad</i> | ✓ | ✓ | ✓ | ✓ | X | X |
| <i>Laghu</i> | ✓ | ✓ | ✓ | ✓ | X | X |
| <i>Apaki</i> | ✓ | X | X | <i>Visham paki</i> | X | X |
| <i>Anirdeshy</i> <i>a rasa</i> | X | ✓ | <i>Avyaktarasa</i> | <i>Avyaktarasa</i> | X | X |
| <i>Chhedhi</i> | X | X | X | X | ✓ | ✓ |
| <i>Madavah</i> <i>a</i> | X | X | X | X | ✓ | ✓ |
| <i>Jivitahar</i> | X | X | X | X | ✓ | ✓ |
| <i>Yogvahi</i> | X | X | X | X | ✓ | ✓ |
| TOTAL | 10 | 10 | 10 | 11 | 8 | 7 |

Visha gunas and their action-

Some other *visha gunas* like *yogwahi* described by *bhavprakash* & *sharangdhar* needs to be elaborated. The

yogwahi *guna* carries or increases the effectiveness of other *gunas* beside him. *Madavahi* *guna* effects brain function s & increses *tamo* *guna*. These *visha*

gunas are exactly opposite to *oja gunas* | and similar to *madya gunas*.

| Sr. no. | <i>guna</i> | <i>Su. samhita</i> ¹⁶ (<i>kalp. sthan 2/19</i>) | <i>Charak samhita</i> ¹⁷ (<i>chi23/24</i>) | <i>Asht. Sangrah</i> ¹⁸ (<i>utt. 4/14</i>) | <i>Shar. samhita</i> ¹⁹ (<i>purva khanda 4/12</i>) |
|---------|------------------------|--|---|---|---|
| 1 | <i>ruksh</i> | <i>Vaat prakopa</i> | <i>Vaat prakopa</i> | <i>Vaat prakopa</i> | - |
| 2 | <i>ushna</i> | <i>Rakta, pitta prakopa</i> | <i>pitta prakopa</i> | <i>pitta prakopa</i> | - |
| 3 | <i>tikshna</i> | <i>Sarva dosha prakop, matimoha utpatti</i> | <i>marmaghna</i> | <i>Rakta, pitta prakopa</i> | - |
| 4 | <i>Sukshma</i> | <i>Sharir avayay pravesh</i> | <i>Asruka prakopa</i> | | <i>Dehasya sukshma chhidra pravesh</i> |
| 5 | <i>Aashu</i> | <i>Sheeghra mrityu</i> | <i>Deha vyapti</i> | <i>Aashu deha vyapti</i> | - |
| 6 | <i>Vyavayi</i> | <i>Prakritim bhajet</i> | <i>Deha vyapti</i> | | <i>Purva vyapyakhil kaya tatra pakam gachhati</i> |
| 7 | <i>Vikasi</i> | | | <i>Marm chhedan</i> | <i>Sandhibandh shithilkar</i> |
| 8 | <i>Vishad</i> | | <i>Gati dosha</i> | | - |
| 9 | <i>Laghu</i> | <i>dushchikitsya</i> | <i>durupkram</i> | <i>durnirharan</i> | - |
| 10 | <i>Apaki</i> | <i>Durhara, pran ghatak</i> | | <i>Avashya mrityukarak</i> | - |
| 11 | <i>Anirdeshya rasa</i> | - | <i>Kapha prakopa</i> | <i>Rasashch sarvanuvartate</i> | - |

***Oja gunas* and their action stated by different acharyas**

| <i>Aacharya</i> | <i>rupa</i> | <i>gandh</i> | <i>sparsha</i> | <i>rasa</i> | <i>Karya (function)</i> |
|-----------------|---|--------------|---|---------------|---|
| <i>charak</i> | <i>Eeshat peet, grhit saman</i> ²⁰ | <i>laja</i> | <i>Sheet, mrudu, shlakshna, Pichhila, prasanna,</i> | <i>madhur</i> | <i>Sarva dhatusar, hridayasth, pranashray, Jeevanubandh</i> ²¹ |

| | | | | | |
|-------------------------------------|---|--|---|---------------|--|
| | | | <i>snigdha, guru</i> | | |
| <i>Chakradatta (commentary)</i> | <i>Shwet varna</i> | | | | <i>Shukra vishesh, sthiropchit dhatvarth, sarva cheshtasu avightarth</i> |
| <i>sushruta</i> | <i>Shukla, peetabh</i> | | <i>Snighdha, sheeta, guru, sthira, sara, mrudu, vivikta</i> | <i>madhur</i> | <i>Dhatusneha, savayavadehashth, aatmakaryakar, pranayatan, sharer bala²²</i> |
| <i>dalhan</i> | <i>Shwetvarna, tailvarna , kshoudra varna</i> | | | | <i>Ushma, jeev shonit</i> |
| <i>vaghat</i> | <i>Eeshllohit peetak</i> | | <i>snighdhasomatmak</i> | | <i>Dhatusaar, shukramal, dhatutej, jeev sheel shleshma, sarva vyapi²³</i> |
| <i>sharangdhar</i> | | | | | <i>Shukra upadhatu²⁴</i> |
| <i>arundatta</i> | | | | | <i>Shat binduk hridayasth</i> |
| <i>kashyap</i> | | | | | <i>Sarva dhatu saar, garbhini garbharambhak</i> |
| <i>Astang sangrah</i> | | | | | <i>Shukrasaar²⁵</i> |

Discussion-

Ayurvedic ancient texts have mentioned the properties of *oja* and *visha*. *Oja* is said to be unctuous, excellent *dhatu* and power of body and is located in heart. Ayurved mentions two types of *oja* i. e. *Para* and *apara*. *Para oja* is the principal type and eight drops in physiological measure. Though the properties of *para* and *apara oja* are similar function of *para oja* are superior compared to *apara oja*. The comparison is very similar to properties of *madya* and *visha*. The properties are similar but

visha is far more fatal and penetrative than *madya*.

Conclusion-

The properties of *oja* and *visha* are opposite to each other. *Oja* is said to be the unctuous part of the body having two types *para* and *apara*. *Para* resides in the heart while *apara* resides in whole body. Most important function of *oja* is to keep body alive and also to sustain the living body. It is synonymously called *bala* means power. On the other hand *visha* is a substance which creates sadness. It is fatal to body even in small amount. It vitiates *doshas*

and ultimately deteriorates *swasthya* and *prana* by destroying *para oja*. *Para oja* remains in the heart and constitutes a healthy life. While *visha* vitiates all *dhatu*s, *doshas* and brings death after entering in heart by deteriorating *oja*.

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**THERAPEUTIC USES OF CHITRAKA (PLUMBAGO ZEYLANICA LINN.) WITH A
NOTE ON IT'S PHARMACOLOGICAL ACTIONS. -A REVIEW**Dr. V. G. Mulke*¹ and Dr. A. M. Ghotankar²¹PG Scholar, Department of Dravyaguna, CSMSS Ayurved College, Kanchanwadi, Aurangabad.²HOD, Professor, Department of Dravyaguna, CSMSS Ayurved College, Kanchanwadi, Aurangabad.***Corresponding Author: Dr. V. G. Mulke**

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ABSTRACT

Traditional system of medicinal plant consists of various medicinal and pharmacological uses. Medical practitioners are using medicinal plant widely for curing various diseases in their day to day practices, Chitraka (*Plumbago zeylanica Linn.*) is one amongst these, found all over the world, expressed a valuable tank of new bioactive molecules. The present review aimed to compile complete information of pharmacological action of Chitraka (*Plumbago zeylanica Linn.*) with special emphasis on its various classical and scientifically documents. Plant mainly contains plumbagin, naphthaquinones, alkaloids, glycosides, steroids, triterpenoids, tannins, phenolic compounds, flavanoids, glucopyranoside, sitosterol saponins, coumarins, carbohydrates, fixed oil and fats and proteins compounds. Is commonly used in Ayurvedic Preparations. Different parts of this plant are traditionally used for the treatment of illness including, rheumatic pains, liver diseases, fever, diabetes, kidney disease anti-fungal, anti-tumor, disease of heart.

KEYWORDS: Chitraka (*Plumbago zeylanica Linn.*) Phytoconstituent, Ayurveda, Pharmacological Action.**INTRODUCTION**

Plants are one of the most important sources of medicine, large number of Drugs are derived from plants, Chitraka has been botanically identified as *Plumbago zeylanica Linn.* belongs to family Plumbaginaceae. It is perennial, sub-scandant shrub, herb one of the common plants used in Indian traditional system of medicine. The family Plumbaginaceae consists of 10 genera and 280 species. *P. zeylanica* common, wild in cultivation due to Its more therapeutic uses.

P. zeylanica roots were reported to possess antioxidant, hypolipidemic, anti atherosclerotic, central nervous system stimulant and anti-fertility properties.^[1] The root is used as laxative, expectorant, astringent, abortifacient, and in dysentery.^[2,3] In traditional system of medicine to cure various ailments like body pain, headache, fever and inflammation.^[4]

The main purpose of reviewing the *Plumbago zeylanica* plant is to investigate the usefulness of plant for human health. It is an important herb in the Indian traditional medicine systems.

ClassificationKingdom: Plantae
Order: Caryophyllales
Family: PlumbaginaceaeGenus: *Plumbago*Species: *zeylanica***Classification according to Ayurveda**

Charak: Dipanya, Sulaprasmana, Arsoghna, Lekhanya.

Susruta: Pippalayadi, Mustadi, Amalakyadi.

Vagbhata: Pippalayadi, Mustadi, Varunadi, Aragwadhadi.^[5]**Synonyms of chitraka**

Sanskrit - Chitraka, Agni, Shikha, Vahni, Agnik, Hutashan, shikhi, vanhi, Nirdahani, Jyoti, Anal, vyal, Ushan, Dahana, Hutabhuk, Sikhi.

English - Ceylon leadwort, white leadwort.

Botanical Description

It is perennial herb, sometimes in shady places, stems- 0.6 -1.5 long somewhat woody, spreading, terete, striate, glabrous. leaves - thin 3.8- 7.5 by 2.2- 3.8 cm ovate, subacute, entire glabrous, somewhat glaucous beneath reticulately veined, shortly and abruptly attenuated into a short petiole. Petiole- Narrow, amplexicaul at the base and there often didated into stipule like auricles. flower - in elongate spikes rhachis glandular, striate, bracteoles ovate, acyminate, shorter than calyx, glandular or not *Capsule*-Enclosed Within the persistent calyx, oblong, pointed.

Seed- Oblong.

Flowering and fruiting time –winter season and onwards.^[6]

Ayurvedic properties of Chitraka^[7,8]

Guna -Laghu, Ruksha, Tikshana.

Rasa -Katu.

Virya- Ushana.

Vipaka- Katu.

Doshagnata- Kapha vata shamak.

Karma and uses

Chitraka has very useful medicine in traditional system hence take important place in Ayurveda.

Dipana, Pachana, Lekana, Grahi, Krimighna, Garbhashay sankochaka, Swedjana, Rasayana, Rochaka

Krimighna, Kushtahara, RaktapIttaprakopaka, Kaphaghna, Kanthya, Garbhasravakara, Garbhashaya Sankochak, Swedajanana, Jwaraghna, Shool, Shothahara, Lekhana, Vajikarana, Visphotajanana, Uttejaka, Madak, Katupaushatika, Rasayana, Triptighna, Stanyasodhak, Sukra sodhaka.^[9]

Phytochemical Constituents: Chitraka has been explored phytochemically by various researchers and found to possess number of chemical Constituent like plumbagin, free glucose and fructose and enzymes Protase, and Invertase, Chitranone. 3-Chloroblumbagin, Droserone. Elliptinone, Isozeylinone Isozellan-one, Zeylanone and Zeylinone, MarItone, Plumbagic acid, Dihydrosterone, B-sistosterol etc.^[10]

Part used, Medical Formulation and doses

Part used- Root, Bark

Some important formulation- Chitraka HarItaki, Chitrakadi vati, Chitraka Ghruta, Chitrakadi leha, Chitraka Rasayan.^[11]

Dose - Powder 1-2 gm.^[12]

The properties of Chitraka

Chitraka is useful in disease.^[13]

Arsha- Chitrakamool churna paste with Takra.

Atisar- Chitrakamool churna paste with Takra.

Grahani - Chitrakadya gutika Chitraka ghruta.

Siktameha - Chitrakamoola kwath is useful.

Pandu - Balamool and Chitraka 10gm to be taken with warm water.

Medorog - Chitrakamool churna with honey.

Shlipad - Chitrakamool with Devdaru lepa.

Vranashoth - Chitrakamool lepa.

Kushtha -Chitrakamool churna with water.

Switra kushtha - Chitraka and Trikatu are mixed with honey and cow urine should be kept in a jar coated with ghee for a night and take orally.

Rasayana- Chitrakamool churna With Ghruta or Honey or Milk for 1 month.

Pharmacological Action

Chitraka (Plumbago zeylanica Linn.) utilised for centuries from Samhita kala to treat a wide range of diseases, showed great potential as safe and Useful multi-purpose medicinal plant. Apart from Its traditional uses, A lot of recent researches have done hepato-protective, immunomodulatory, antitumor hypolipidemic and cardioprotective. Moreover, various parts of plants are reported to possess abortifacient, and anticancer etc.

Antibacterial Action

plumbagin induces ros-mediated apoptosis in human promyelocytic leukaemia cells *in vivo*-plumbagin, a naphthoquinone from the roots of *P. zeylanica* is known to possess anticancer and anti- bacterial Action. The results showed that i.p. injection of plumbagin (2 mg/kg body weight) daily for 3 weeks resulted in a 64.49% reduction of tumor volume compared with the control. These results indicate that plumbagin has potential as a novel therapeutic agent for myeloid leukemia.^[14]

Anti-bacterial Action of *P. zeylanica* roots on some pneumonia causing pathogens. The anti-bacterial Action of polar (aqueous) and non-polar (pet. Ether) extracts was prepared from the roots of *P. zeylanica*. Minimum inhibitory concentration value of this particular compound showed comparative Action resembling the commonly used broad spectrum antibiotic, tetracycline.^[15]

Antiviral Action

Antiviral Action of some Ethiopian medicinal plants used for the treatment of dermatological disorders. In this study, the antiviral Action of the 80% methanolic extracts of *Acokanthera schimperi*, *Euphorbiae schimperi*, *Inula confertiflora*,

Mutinus elegans, and *P. zeylanica* plants have been examined against cox-sackievirus B3 (CVB3), influenza A virus and herpes simplex virus type1 Kupka (HSV-1) using cytopathic effect (CPE) inhibitory assays in HeLa, MDCK, and GMK cells, respective lym CVB3 was inhibited by the extracts of *P. zeylanica* and HSV-1 by *I. confertiflora*.^[16]

Antiplasmodial Action

Study carried out in-vitro screening of Indian medicinal plants for antiplasmodial properties against Plasmodium falciparum. Of 80 analysed ethanol extracts, from 47 species, significant effects were found for 31 of the extracts one of that was *P. zeylanica*.^[17]

Anticonvulsant Action

Study on pharmacological and clinical therapeutically uses of Ayurvedic medicinal plants, one of which was *P. zeylanica*. Leaf extract of this plant were evaluated for anticonvulsant Action using PTZ induced convulsion and maximum electro shocked induced convulsion. It was found that extract has no anticonvulsant Action.^[18]

Antioxidant Action

In vitro antioxidant Action and total phenolic content of methanolic extracts of *P. zeylanica* (root), *A. calamus* (rhizome), *H. indicus* (stem) and *H. antidysenteryka* (bark). The order of antioxidant potential according to FTC assay was found to be highest in *P. zeylanica*.^[19]

Antiarthritic Action

The role of an ethyl acetate fraction of the root extract of *P. zeylanica* in Its antiarthritic Action in collagen type II-induced arthritis in DBA/1 mice and in the suppression of humoral antibody and stimulation of T cell mediated responses. PZE-6 suppressed collagen type II-induced arthritis in DBA/1 mice in a dose-dependent manner. In addition, the treatment With *P. zeylanica* stimulated Con A induced T-cell proliferation to normal levels in arthritic mice.^[20]

Wound healing Action

Wound healing effects of *H. indicum*, *P. zeylanica* and *A. indica* in rats. The ethanolic extracts of *H. indicum*, *P. zeylanica* and *A. indica* were evaluated for their wound healing Action in rats. *H. indicum* possesses better wound healing Action than *P. zeylanica* and *A. indica*.^[21]

Anti-inflammatory Action

Experimental study to evaluate anti-inflammatory Action of *Phyllanthus emblica*, *P. zeylanica* and *C. rotundus* in acute models of inflammation, namely carrageenan induced rat paw edema and acetic acid induced peritonitis in mice. In carrageenan induced paw oedema, *P. emblica*, *P. zeylanica* and *C. rotundus* showed a trend to reduce the oedema while the combination of *P. emblica* + *P. zeylanica* (PI: 20.64%) showed results comparable to aspirin (23.74%). Whereas in a model of acetic acid induced peritonitis, all the plant drugs, that is, *P. emblica*, *P. zeylanica*, *C. rotundus* and a combination of *P. emblica* + *P. zeylanica* showed a significant decrease in the protein content of the peritoneal exudates compared with the disease control group ($p < 0.05$).^[22]

Hyperlipidaemic Action

Effect of *P. zeylanica* in hyperlipidaemic rabbits and Its modification by vitamin E. There was significant reduction in serum total cholesterol, LDL cholesterol and triglyceride levels. Marked reduction was observed with the formulation of *P. zeylanica* and vitamin E. The total cholesterol/HDL and LDL/HDL cholesterol ratios were found significantly ($p < 0.01$) decreased.^[23]

Blood coagulation Action

The structure of *Plumbago zeylanica* active principle compound is similar to that of vitamin K. The *P. zeylanica* extract (2 mg/kg body weight) and naphthoquinone (2mg/kg body weight) given to individual groups were screened for Its effect on bleeding time (BT), clotting time (CT), prothrombin time (PT), platelet count and platelet adhesion in albino rats after 1-day, 15-day and 31-day treatment. There was no change observed in treated groups and control group but the platelet

adhesion was significantly decreased in *Plumbago zeylanica* and naphthaquinone-treated animals.^[24]

DISCUSSION

In this article reviews that Chitraka (*Plumbago zeylanica* Linn.) is used for centuries in Ayurvedic medicine for the treatment of various disease. It is also known as Agni. It's all synonyms are related to Agni. It useful in diseases of digestive system, such as Grahani, Arsha, Pandu, Kushta, Krimi, act as Dipan, pachana.

The traditional knowledge, medicinal uses, pharmacological and therapeutic applications of the plant *Plumbago zeylanica* L. Described. It content active chemical constituent such as plumbagin, Chitrane, zeylanone and many useful naphthaquinone as a multi-purpose medicinal uses.

CONCLUSION

The evidence presented in this review has showed that *Plumbago zeylanica* L. has great potential to be used medical practice for the treatment and management of various metabolic, hepatotoxic, diabetes, inflammation, viral, cancer and other disease complications.

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A REVIEW STUDY ON AYURVEDIC MANNAGEMENT OF MALE INFERTILITY

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ABSTRACT

Even after trying to get pregnant with frequent, unprotected intercourse for at least a year there is no success in 5-10 percent of couples. They are classified as infertile. In about half the cases, male infertility is a factor. Causes of male infertility include abnormal sperm production or function and/or impaired delivery of sperm. General health and lifestyle issues such as, excessive smoking, alcohol intake, degrading environment, changes in food habits, and deskbound work, stress etc. are affecting the fertility. Ayurveda realized the problem of male sexual dysfunction thousands of years ago and developed a separate specialty, namely, Vaajeekarana-chikitsa. It has also recommended an appropriate use of plant-based remedies, a proper lifestyle and nutritious diet for improving overall health and treating male infertility.

In this paper we are putting forward the causes and treatment of male infertility as described in Ayurveda.

KEYWORDS: male infertility, vaajeekarana-chikitsha, shukra dushti.

INTRODUCTION

A highly fertile couple practising coitus regularly take an average of 6-7 months to achieve a pregnancy, and four out of five women conceive within 1 year of commencing regular coitus without contraception. Failure to conceive during 12-18 months despite adequate opportunity is therefore always acceptable as justifying full investigation. A strong case can be made for investigating infertility of only 1 year's duration especially if the woman is aged over 30

years or the man is aged over 40 years. A clinical examination of both partners, and possibly semen analysis is indicated as soon as any couple becomes worried.^[1]

Male reproductive health has social and psychological impact on normal life. A normal male reproductive health is a compound result of normal functioning of male reproductive system. In the last 50 years, a significant decrease in human fertility has been observed. It has also been stated that 15% of couples have fertility problems. Among infertile couples, it is man who is responsible for 50% cases of infertility. The studies indicate that 6% of men aged 15-44 years are infertile or their fertility is significantly compromised. Reports in recent years have shown that incidence of male infertility has increased as a result of various factors such as environmental pollution, stress and lifestyle. Although there are several lifestyle factors which contribute to male factor infertility, we will focus in this review on only certain factors such as psychological stress, genital heat, smoking, and alcohol, and these are responsible for decline in male reproductive health directly or indirectly.

Causes of Male Infertility

Ayurveda explains following causes for male infertility

अतिव्यवायाद्वयायामादसात्म्यानां च सेवनात् ।

अकाले वाऽप्ययोनी वा मैथुनं न च गच्छतः ॥

च.चि. ३०-१३५

- **Ativyavayat** - Over indulgence in sexual activity
- **Atikamat** - Over exertion, it may include any kind of physical exertion or strenuous mental efforts.
- **Avyayamat** - Over relaxation, laziness or spending very leisure life.
- **Asatmyanam cha sevanat**- 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 and Pitta Dosha, ultimately causing Shukra kshaya i.e. deficit in Shukra Dhatu qualitatively and quantitatively.
- **Akale** - It means at inappropriate time; i.e. before desirable age specifically before age of 16 in females and 18 in that of males, or beyond the age of 65-70 where the body faces generalised debility. Another aspect explains having intercourse very frequently and many times (5-6 times) in a day also leads to debility of Shukra dhatu.

- **Ayonyau** - indulging into sex in other than natural ways, le Masturbation oral or anal sex etc.
- **Maithunam Na Cha Gachataha** - Suppression of sexual urge.

*रुक्षतिक्त कषायातिलवणाम्लोष्णसेवनात्।
नारीणामरसज्ञानां गमनाज्जरया तथा ॥
चिन्ताशोकादविसम्भाच्छस्त्रक्षाराग्निविभ्रमात् ।
भयात्क्रोधाद्गीचाराद्वचाधिभिः करशितस्य च ॥*

च.चि. ३० - १३६- १३७

- Repeatedly having more food which are *Ruksha* (dry), *Tikta* (bitter), *Kashaya* (astringent), *Lavan* (salty), *Amla* (sour), *Ushna* (hot).
- Having intercourse with women who are not sexually interested.
- Old age tension sadness cheating are also the causes of infertility.
- Complication of inappropriately operated surgery, *agnikarma* & *ksharkarma*.
- Fear, anger, chronic disease also causes infertility.

Behavioral factors

Excessive sexual indulgence, untimely sexual congress, sexual abuse, absolute sexual abstinence, bodily exertion in excess, suppression of natural urges and sexual congress with an unresponsive woman. also behavioural habits like sleeping very late at night, hectic lifestyle leads to disparity of Rakta and Pitta Dosha, ultimately causing Shukra kshaya i.e. deficit in Shukra Dhatu qualitatively and quantitatively.

Psychological factors

Grief, anxiety, fear, anger and lack of mutual love and confidence. Sleeping very late at night, hectic lifestyle leads to disparity of Rakta and Pitta Dosha, ultimately causing Shukra kshaya i.e. deficit in Shukra Dhatu qualitatively and quantitatively.

Klaibya (Loss of libido)

Causes like Psychic, dietary, exhaustion of sukra, old age, mental worries, debilitating diseases (like T.B, Diabetes mellitus), over strain, excessive indulgence in sex are considered as contributory factors of quantitative and qualitative diminution of sukra.

TREATMENT

Ayurvedic concept about prevention of male infertility in the classics of Ayurveda the following charya's (conducts) have been mentioned with which a person will be able to be infertile. Healthy and cure many of lifestyle disorders such like.^[2,3]

- Dinacharya
- Ritucharya
- Ratricharya
- Trayopasthambha palana
- Sadvritha
- Achara rasayana
- Ashtanga yoga

In the management of male infertility requires some alteration in lifestyle and food habits.

In the Ayurvedic classics the following karmas have also been mentioned for treatment of infertility are:

The treatment includes, Shodhan Chikitsa i.e. cleansing therapy depending upon dominance of deranged doshas.

- Vaman in Kapha dushti,
- Virechan in Pitta dosha,
- Basti in case of Vata dushti
- Panchakarma therapies like Abhyanga, Shirodhara, Nasya endows great deal of physical and mental relaxation.
- Regular exercise and yoga promotes added assistance.
- One should practice pelvic floor exercises, padmasana moola bandha to strengthen and optimize the functionality of the desired organs.
- Treating obstructions or infections if any, with medicines like Gokshur, Guduchi, Triphala, etc.
- Uttar Basti treatment serves beneficial in cases of obstructive pathologies, it will strengthen the muscles of urinary tract and reproductive system.
- Rejuvenation^[4] and Aphrodisiac^[5] treatment plays an important role.
- **Rejuvenation** therapy reinforces the body and it revitalizes internally and externally thus enhances body endurance and also assists in creating healthier sperms Medicines like

Chyawanprash, Musali pak, Rasayanvati Kandarpe paak, Kushmanda avleha, etc serves the purpose.

▪ **Aphrodisiac** Therapies are of 3 types:

1. Sperm generating or enhancing sperm count.
2. Those which helps in ejaculation of seminal fluid.
3. Medicines which serve both the above purpose.

Medicines like *Kapikacchu*, *Gokshura*, *Ashwagandha*, *Shatavari*, *Yashtimadhu* plays an essential role in improving count of efficient sperms.

- **Kapikacchu** (*Mucuna pruriens*), which has been found to increase sperm concentration and motility.^[6]
- **Gokshura** (*Tribulus terrestris*), which raises testosterone levels.^[7]
- **Ashwagandha** (*Withania somnifera*), which enhances spermatogenesis via a presumed testosterone-like effect.^[8]
- **Shatavari** (*Asparagus racemosus*), which appears to enhance fertility by reducing oxidative stress.^[9]
- **Yashtimadhu** (*Glycyrrhiza glabra*), found to improve semen quality.^[10]

All the used in the form of medicated milk or ghee, because revitalization of cells is an integral part of the treatment above mentioned medicines can be used in powder form or for superior results they should be Necessary Diet Modifications.

- Almonds, walnuts, pumpkin seeds, black currants, dates, figs, apricots, and raisins. Milk, milk-date shake. milk-mango shake can also be cherished.
- Fresh, organic fruits, fruit juices and vegetables
- Dairy products like lassi, butter, cream especially intake of Milk and Ghee should be increased. They can be taken in medicated form or plainly.
- Spices such as *ajwain* powder, *cumin*, *turmeric* cleanses the genitourinary tract.
- Vegetarians must include pulses & Non-vegetarians can include preparations of eggs, meat (Goat meat). Soups Increases appetite and also provides desired nutrition.
- Rice pudding or vermicelle pudding, sweet preparation of suji in ghee is also beneficial.

CONCLUSION

This article includes a review of the Ayurvedic management of male infertility.

Ayurvedic treatment can enhance the production of sperms. Shodhan karmas are very useful in male infertility. Patients with complaints of loss of libido (*Klaibya*) can have good results with the help of Ayurvedic herbs.

Ayurveda not only explained medicines but also explained lifestyle and food habits regarding the male infertility.

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THE MANAGEMENT OF MOOTRASHMARI WITH SHWETPARPATI

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ABSTRACTS

Ashmari (urolithiasis) is a frequent clinical problem with an incidence of 0.1% to 6% in general population. The disease is prevalent irrespective of their socio-economic and cultural background. It is estimated that about 5-7 million patients are suffering from urinary calculus in India with male to female ratio of 2:1. The peak incidence is observed in 2nd to 3rd decades of life. There are different treatment lines for the management of Ashmari in modern system. In spite of all these techniques, surgical management remains as a treatment of choice. Recurrence is inevitable in 60% of cases. But these techniques can develop complications and are not affordable to an average Indian patient. So there is a need to find out an alternative management.

Management of urinary disease occupies an important place in Ayurveda. Even though a lot of research has been done in Ashmari management, there is still a vast scope to explore new avenues. Hence the proper, cost effective, simple, safe, conservative i.e. Swetaparpati is advised.

KEYWORDS: Mutrashmari, Shwet Parpati, Ayurveda, Urolithiasis.

INTRODUCTION

Many causes can be attributed to the formation of renal calculi. Current opinion about the etiology is varied viz. dietic, altered urinary solutes, colloids, decreased urinary output of citrate, recurrent urinary tract infection and immobilization and parathyroid tumoure. According to sushruta dietary factors are responsible for formation of calculi. He has

described that when kapha dosha is vitiated due to improper ahara and vihara, it reaches urinary system and gets dried up by vitiated Vayu to form the calculus. Mootravardha is another cause attributed to the formation of Ashmari. Obstruction uropathy may be due to any cause, can precipitate the calculus formation, because during the obstruction of urine, there is delayed excretion of urinary salts and if it is habitual in any individual it results in crystallization. It is clearly described under the chapter of suppression of urges that suppressing the urge to pass urine can result in calculus formation. This fact olds true till today when most of the urologists and biochemists considered these as the basic factors in the formation of stone. This fact is further stressed upon by acharya sushruta when he says that even pure water kept in a pitcher for sometime results in formation of slush in the same way habitual obstructive pathology in the formation of calculus in the urinary tract. While defining shalya it has been postulated by sushruta that any condition which gives pricking pain, like that caused by throne, may it be physical, psychological, physiological or pathological comes under the scope of shalya. It means to say that any foreign body in our biological system acts as a shalya. In this way urolithiasis comes under this category, unless they are expelled out of the body either medically or surgically, they continue to act as foreign body and in response produce burning micturition, haematuria, anuria, episodic attacks of acute pain which requires hospitalization and sometimes emergent surgical intervention.

Since ancient times many of the drugs therapies are being used as lithotripter and diuretic to reduce the sufferers of the excruciating misery. Researchers are relentlessly pursuing their quest to identify the drugs having lithotripter action.

A drug which can correct crystalloid- colloid imbalance and relive the binding mucin of calculi and is antiseptic, anti spasmodic and diuretic can relax the detruser muscle of urinary bladder and prevent super saturation of urine and possess anti- inflammatory properties can have a possible role in the management of urolithiasis.

Swetha parpati is a mineral compound, discretion of which is available in Siddayoga sangraha of 20th century. It is the credit of Sri. Yadavji Trikamji Acharya who adopted its conceptual basics and a particular pharmaceutical process i.e., parpati kalpana. Swetaparpati is a combination of three mineral kshara namely Navasagara Spatika and Suryakshara in the ratio of 1:2:16 respectively. It is a known drug having the properties of (diuretic) ashmaribhedaka (lithotriptic). Shoolagni (anti- spasmodic).

MATERIAL AND METHODS

Material

Shwet parpati in powder form.

Methods

The most important requirement in the clinical study is a well defined protocol. So, in the present study following protocol was followed.

Source of data

The present clinical study on the management of mutrashmari was carried out at N.K.J.A.M.C. Bidar. This study was carried out at O. P. D. level and the work was limited according to the facilities available in the P. G. Dept. of shalya Tantra. The data was also collected by conducting camps for the purpose of clinical study during the year 2008-09.

Selection criteria

The selection of cases was done on the bases of clinical presentation and the diagnosis was established accordingly. The patients were registered according to the proforma prepared for the study irrespective of their sex, occupation and socio – economic status.

Inclusive criteria

- Age group between 16-65 years
- Chronicity of the disease less than one year
- Size of the calculi up to 10 mm.
- Irrespective of site logging the urinary tract
- Mild and moderate Hydronephrosis can be included for the study.
- Established cases of stone and recurrent stone history.

Esclusive Criteria

- Age group below 16 and above 65 years.
- Calculus with severe hydronephrosis.
- Obstructive calculi with severe infection.
- Calculi with severe systemic disorder.
- Calculi in pregnant women.

DISCUSSION AND RESULT

The effectiveness of the treatment in respect to each parameter is tabulated on the basis of the difference between the scores before treatment and after treatment.

Pain: The effectiveness is 81.25% with t-value 14.66 and the level of significance of p-value is <0.01 , which is highly significant.

Haematuria: The effectiveness is 78.12% with t-value 13.22 and the level of significance of p-value is <0.01 , which is highly significant.

Dysuria: The effectiveness is 83.87% with t-value 11.30 and the level of significance of p-value is <0.01 , which is highly significant.

Size of stone: The effectiveness is 71.05% with t-value 11.22 and the level of significance of p-value is <0.01 , which is highly significant.

Site of stone: The effectiveness 83.87% with t-value 11.30 and the level of significance of p-value is <0.01 , which is highly significant

Dislodgement: The effectiveness is 81.25% with t-value 4.30 and the level of significance of p-value is <0.01 , which is highly significant.

Overall clinical assessment of result

Finally the clinically assessment was carried out on overall results of the effect of Swetaparpati on each individual sign and symptoms and collectively presented in the form of cured maximum improvement, moderate improvement, mild improvement no improvement.

However it was evident that after 21 days 4 patients were cured, 5 had maximum improvement, 5 had moderate improvement, 1 had mild improvement and 0 patients with no improvement.

Swetaparpati has a significant role in the management of Mootrashmari as a majority of patients showed a highly significant response through relief of symptoms, reduction in size of stone and elimination of stone as it is having lithotriptic action, can correct crystalloid colloid imbalance, antiseptic, antispasmodic and diuretic in action.

CONCLUSION

Following conclusion were drawn after analysis of review (Ayurvedic, Modern and Drug), clinical observation and interpretations on the parameters.

Urinary disorders have specific identity in both Modern and Ayurvedic systems.

Diseases of urinary systems are classified on the basis of Mootra athipravruyhi and Mootra apravruthi. Ashmari is mentioned under Mootraghata, which is stone formation in urinary system. Ashmari is considered as maharoga being it is 'Sudusthara' and 'Dusschikitsya' i.e. difficult to cure. Swetaparpati was capable of reducing Pain intensity Swetaparpati was capable of reducing Haematuria Swetaparpati was capable of reducing Dysuria Swetaparpati was capable of reducing Size of stone Swetaparpati was capable of reducing Site of stone Swetaparpati was capable of reducing Dislodgement of stone.

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ROLE OF DHATRI KWATH IN MUTRAKRICHCHRA

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ABSTRACT

In the speedy era of competition we don't have enough time to take care of our own health that renders the disease to us. Our ignorance to natural urges like micturition, defecation in busy schedule serve as oil to fire. Due to etiological factors like *Ajirnashan* (indigestion), *Adhyashan* (frequent eating), *Atirukshannapan* (eating dry food), *Atimadyapan* (drinking alcohol) various diseases occur including *Mutrakrucchra* (Dysuria). The symptoms of *Mutrakrucchra* are very distressing which disturbs routine life and when ignored will lead to severe complications like pyelonephritis. Modern science has established treatment of this disease by using antibiotics, anti-inflammatory drugs. It has got side effects and

toxic effects. *Ayurvedic* counterpart for this disease is safe and effective, easily available & gives alternative for this disease. *Dhati Kwath* is one of the medicated *Kwath* listed in *Bhaishajya Ratnawali* in the treatment of *Mutrakrucchra*.

KEYWORDS: *Mutrakrichchra*, Urinary tract infection, *Dhatryadi Kwath*.

MATERIAL AND METHODS

Study type- Open randomize study **Sample size-** Thirty 60 patients

Place of study- O.P.D. and I.P.D. of *Shalya tantra* Department.

Inclusion criteria

1) Patients in age group 12-60 years of either sex irrespective of religion, occupation &

Socioeconomic states.

- 2) Patients having textual *lakshanas* of Mootrakrichhra.
- 3) Patients having sign & symptoms of Dysuria.
- 4) Patients willing to participate in the study will be selected explaining them the details about study.

Exclusion Criteria

- 1) Patients of diabetes mellitus
- 2) Known cases of congenital urinary tract anomalies
- 3) Immuno compromised patients like HIV, tuberculosis, leprosy
- 4) Known cases suffering from bladder outflow obstruction in conditions like stricture, BPH and renal stone Urinary tract Carcinoma etc.
- 5) Known cases suffering from organic disorders and renal failure pyelonephritis.
- 6) Age group below 12yrs. & old age above 60yrs.

Group A: Trial Group (30 patients)

***Dhatryadi Kwath*^[6]**

Firstly all raw materials (*Bharad* form) were taken and properly cleaned.

- 1) *Dhatri (Emblica officinalis)*
- 2) *Draksha (Vitis vinifera)*
- 3) *Vidari (Pueraria tuberosa)*
- 4) *Yashtimadhu (Glycerrhiza glabra)*
- 5) *Gokshur (Tribulus terrestris)*
- 6) *Sharkara*

Method: A prospective, randomized, single blind, controlled clinical trial was conducted on 60 patients.

Procedure: Permission for conduction of clinical trial and no objection certificate from institutional ethical committee was taken.

1) Preparation of *Dhatri Kwath*^[7]

All above constituents were taken with the help of *Tula Yantra* in equal quantity (4g each) and properly mixing done. The *kwath* (decoction) was prepared as given in *Sharangdhar*

Samhita as follows: *Bharad churna* of all above contents (20g) mixed with 16 times water (320 ml). Then using *mandagni* (low heat), mixture was boiled till its 1/8th part should be remained (40 ml). Stirring was done in between the procedure. Then *kvatha* was filtered and allow to cool it (*koshna*) then *Madhu* was added in it and then given to patients for drinking. The *Kwath* is prepared in *Rasashatra Bhaishajya Kalpana* dept.

- 1) This treatment was given to patients for 10 days after every 3 days follow up.
- 2) **Dose:** Age group 12-60 yrs 80ml in 2 divided doses i.e. 40 ml BD.
- 3) **Seven kala:** *Apana kali* i.e. *Bhojanpurva*
- 4) (Before meal)^[8]
- 5) **Anupan:** *Sita*
- 6) **Route of administration:** Oral route.
- 7) **Total duration of study:** 10 days.
- 8) **Follow up:** - After every 3 days for 10 days.

Group “B”: (Controlled Group): Other 30 patients were given Tab Norflox.

Content-Norfloxacin

- 1) It is synthetic chemotherapeutic antibacterial agent used to treat urinary tract infections^[9,10]
- 2) **Dose:** Age group 12-60 yrs 400mg in 2 divided doses
- 3) **Sevena kala:** *Apana kali* i.e. *Bhojanpurva*
- 4) (Before meal)
- 5) **Route of administration:** Oral route.
- 6) **Total duration of study:** 10 days.

Follow up: After every 3 days for 10 days.

RESULTS

This clinical trial has been proved to be effective all clinical symptoms seen in the patients with significant results. *Agnivardhak* effect also found in good number of patients and in some patients got relief from complaints like *Aruchi* etc. *DHATRI kwath* is effective in *mootrakruchra*. *DHATRI kwath* with *sita* is easily available and safe. The drug was given by oral route; there is no need of hospitalization. The drug can be given on O.P.D. basis. No side effects or adverse reaction noted by this drug and seems to be very safe in every age

group.

DISCUSSION

Ayurvedic treatment is designed to bring out total *sampraptibhanga*. While the modern aspect of treatment only concentrate on pathogenic organisms. The *Ayurvediya* treatment also aims at strengthening the *dosha*, *dhatu*s and *malas* and for non- recurrence of the disease condition. This all can be achieved by employing suitable drug system. With the given observation, now it is time to draw some conclusions.

In the comparison of *Mootra varna* significant difference was observed on D10 ($\chi^2 = 10$, $df=1$) in comparison of group A with Group B. In the comparison of *Mootra gandha* significant difference was observed on D10 ($\chi^2 = 4.80$, $df=1$) in comparison of group A with Group B.

CONCLUSION

Mootrakruchra is commonly found in females (34 females & 26 males). It affects the 21-40 years age group mostly. In regards to *prakruti*, *pittapradhanvata* & *vatapradhan pitta prakruti* peoples are mainly affected. After the treatment *sadaha*, *sashula*, *muhurmuhu* & *sarakta mootra pravrutti* were definitely found to be relieved more in trial group as compared to those of the control group. *Sadahamootrapravrutti* was found to be relieved at a more extent in trial group as compared to control group. *Shitpurvakjwarprachiti* & number of pus cells is found to be decreased in both group simultaneously. Along with these symptoms, *DHATRI kwath* was found to be effective for colicky pain in abdomen, *Aruchi* etc. Control group i.e. Tab Norflox was also found to be effective in painful & burning micturition but at a lesser extent compared to the trial group. During study the patients of trial group did not show any major complication, or adverse reaction, thus it may be said that drug was well tolerated. In Urine examination, RBC count, Pus cells, Crystals etc. also found to be decreased after the treatment in trial group. In post- operative patients, those with administration of the *DHATRI kwath* burning micturition due to catheterization was certainly found to be decreased than those to whom the drug was not given. From the study, it can be concluded that administration of *DHATRI kwath* is an effective treatment modality for *mootrakruchra* especially for *sadaha* and *sashulamuhurmuhu* and *saraktamootrapravrutti*.

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A SINGLE-CASE STUDY OF MANAGEMENT OF JALODARA WITH SPECIAL REFERENCE TO ASCITES

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ABSTRACT

Udararoga is one among the Astamahagada described in Ayurveda. It is mentioned in all the three Brihatraee texts (Charak samhita, Sushruta samhita, Asthang Hridaya). In which there is Swedavaha and Ambuvaha srotasdusti having Kukshiadhmanatopa (Abdominal distension), Shophapadasya (Swelling on ankle, feet & hand), Mandagni (Indigestion and loss of appetite), Pandu (anemia & jaundice), Karshya (Lean and thin body), Mandajwara (Mild fever), shinbala (Weakness), Udakapurnadrutishodhasansparsha (fluid thrill) etc symptoms and signs are quite similar to ascitis. Ascitis is a accumulation of free fluid within the peritoneal cavity. Small amounts of ascites are asymptomatic, but with larger accumulations of fluid i.e > 1 litre there is abdominal distension, fullness in the flanks, shifting

dullness on percussion etc. A case of 29 years aged male patient presenting with Udarvridhi (abdominal distention), Adhmana, Kshudhamandya (decreased appetite), Udar shoola, Sarvanga Shotha, Dourbalya (general weakness) diagnosed as Udarvyadhi (Ascites). Patient was treated with an integrated approach of Ayurveda and Allopathy medications (which were simultaneously withdrawn). Ayurvedic management with drugs such as provocation of digestion, Nitya virechana with Godugdha and Pathya- Apathy palana-only milk diet that acts on root of pathology of Ascites and by breaking down of pathogenesis gives good result in Udarvyadhi. Appreciable results were observed in the form of reduction in abdominal girth, Decreased Edema, Increased Appetite, Increased Strength and significant changes in investigation.

KEYWORDS: Jalodara, Ascitis, Ayurvedic management-Shaman chikitsa, Virechana.

INTRODUCTION

The udararoga is classified into Astamahagada in the three Brihatraee texts (Charak samhita, Sushruta samhita, Asthang Hridaya). Mandagni has the key role to play in its development. There are eight types of Udararoga jalodara is one of them which is basically considered to be the disease in which there is filling of jaliya ansh/jal inside the udara. Accumulated Doshas obstructs the srotases carrying sweat, and water and vitate Prana vayu, Agni and Apana vayu, as a result of which Udara Roga is manifested. In which there is Swedavaha and Ambuvaha srotasdusti Kukshiadhmanatopa (Abdominal distension), Shophapadasya (Swelling on ankle, feet & hand), Mandagni(Indigestion and loss of appetite), Pandu(anemia & jaundice), Karshya(Lean and thin body), Mandajwara(Mild fever), shinbala (Weakness), Udakapurnadrutishodhasansparsha (fluid thrill) etc symptoms and signs, as there are multiple factors involved in the causation of Udararoga. In other terms, Udara is manifested because of vitiated Rasa dhatu portion which gets extravagated from Kosktha and Grahani gets collected in Udara.

Ayurvedic management for this disease includes oral medications as well as Virechana for specific treatment to reduce accumulation of fluid, as well as treatment to remove the obstruction. Udararoga is parallel term to Ascitis where in Ascitis there is abnormal collection of fluid in the peritoneal cavity caused by imbalance existence between plasma oncotic pressure and total boby sodium-water excess. According to Acharyas the rational and important treatment of this disease mentioned is Agnisandhukshan, Virechana, and Pathyapathya-Godugdha has prime importance in the treatment of Udararoga. Treatment should aim at Vata alleviation (Prana and Apana) and to remove obstruction in channels of Sweda and Udakavaha, increase digestive fire and expel waste products, which are accumulated in channels.

CASE REPORT

29 years-old male came with following chief complaints: Sarvanga shotha for 6 months, abdominal distension for 6 months, Adhmana, Swashkasthata, generalized weakness.

HISTORY OF PRESENT ILLNESS

The patient was alright before 8 months. After that, the patient had low grade fever and headache. Thereafter, the patient got swelling over face and gradually over the whole body,

pedal edema, abdominal distension, loss of appetites, abdominal pain etc. For this, the patient took allopathic medicine for 3 months but did not have relief; hence he came to Panchakarma department, and was treated on the basis of OPD and IPD for daily observation.

PAST HISTORY

- No history of tuberculosis, diabetes mellitus, hypertension, hypothyroidism, any surgery or chronic illness.

FAMILY HISTORY

- No evidence of similar complaints in the family.

PHYSICAL EXAMINATION

- Bilateral pedal edema : +++
- Pulse : 78/min
- Blood pressure : 120/80 mmhg
- Respiratory rate : 18/min
- Body temperature : 98.4 F
- Mild pallor
- No icterus

SYSTEMIC EXAMINATION (Per abdomen)

- Inspection : Distended abdomen
- Palpation: Hepatomegaly, splenomegaly, tenderness in the right and left hypochondriac region.
- Percussion: Shifting dullness and fluid thrill: present.

INVESTIGATION

Table 1: Investigation before and after treatment.

| Parameters | Before treatment | After treatment |
|------------------------------------|------------------|-----------------|
| Haematology parameters | | |
| Hemoglobin % | 15.8 | 15.5 |
| Total Leukocyte Count (cells/cumm) | 22800 | 7300 |
| Red Blood Cells (million cells/ml) | 5.80 | 5.85 |
| Platelet count (/mm ³) | 513000 | 317000 |
| Total Protein (g/dl) | 5.14 | 6.6 |
| Albumin (g/dl) | 2.58 | 4.23 |
| Serum creatinine (mg/dl) | 2.45 | 0.72 |
| Urine Protein | 1597.6 | 9.4 |

| | | |
|--|---|---|
| Urine Creatinine | 66.46 | 82.04 |
| Urinary Protein Creatinine Ratio | 24.0385 | 0.1146 |
| HBsAg, Hepatitis A, Hepatitis C antibodies | Negative | Negative |
| Imaging USG abdomen | USG of abdomen and pelvis reveals normal sized kidney with mildly increased echogenecity – To correlate with KFT'S. Minimal Ascitis. No mass lesion. No calculus disease seen. No other Abnormality seen. | USG Abdomen and Pelvis study reveals No significant abnormality |

TREATMENT

Table 2.

| Date | Medicine | Dose and time |
|--|--|--|
| 31/10/2019 | Punarnavadi kashyam Tablet Medoyog Pancharvinda choorna Dashamula haritki leham + Gomutra haritaki | 15ml BD 2 tablets TDS 5 grams BD 1 tsp + 2 tablets BD |
| 07/11/2019 | Punarnavadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Praval Panchamruta Gandharvahastadi Erandatailam | 15ml BD 2 tablets BD 2 tablets TDS 5 grams BD 2 tablets BD 10ml HS |
| *13/11/2019 To 18/11/2019 (IPD) | Punarnavadi kashyam Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Gandharvahastadi Erandatailam | 15ml BD 15ml BD 2 tablets BD 2 tablets TDS 2 tablets BD 10ml HS |
| 22/11/2019 | Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Praval Panchamruta Brahatyadi kashyam Gandharvahastadi Erandatailam | 15ml BD 2 tablets BD 2 tablets BD 2 tablets TDS 2 tablets BD 15ml BD 10ml HS |
| 02/12/2019 | Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Praval Panchamruta Brahatyadi kashyam Gandharvahastadi Erandatailam | 15ml BD 2 tablets BD 2 tablets BD 2 tablets TDS 2 tablets BD 15ml BD 10ml HS |

| | | |
|------------|---|---|
| 13/12/2019 | Patolakaturohinyadi kashyam Vayugulika Gandharvahastadi Erandatailam Pancharvinda choorna Tablet Raktayog Dusparshakadi kashyam | 15ml BD 2 tablets BD 10ml HS 2 tablets TDS 2 tablets BD 15ml BD |
| 28/12/2019 | Patolakaturohinyadi kashyam Vayugulika Tablet Medoyog Pancharvinda choorna Dusparshakadi kashyam Brahatyadi kashyam Gandharvahastadi Erandatailam Chandraprabha vatika | 15ml BD 2 tablets BD 2 tablets BD 2 tablets TDS 15ml BD 15ml BD 10ml HS 2 tablets BD |
| 13/01/2020 | Gandharvahastadi Erandatailam Patolakaturohinyadi kashyam Chandraprabha vatika Vayugulika Tablet Medoyog Pancharvinda choorna | 10ml HS 15ml BD 2 tablets BD 2 tablets BD 2 tablets BD 2 tablets TDS |

With addition to Allopathic medications

| Date | Medicine | Dose and time |
|------------|---|--|
| 04/10/2019 | Tablet Omnacortil 20mg Tablet Razo 20mg Tablet Eldocal 500mg Tablet Aldactone 50mg | Morning at 8 am Before breakfast Afternoon 2 pm Morning at 8 am |
| 21/10/2019 | Tablet Omnacortil 40mg Tablet Razo 20mg Tablet Eldocal 500mg Tablet Aldactone 50mg | Morning at 8 am Before breakfast Afternoon 2 pm Morning at 8 am |
| 12/11/2019 | Tablet Omnacortil 30mg Tablet Razo 20mg Tablet Eldocal 500mg Tablet Aldactone 50mg | Morning at 8 am Before breakfast Afternoon 2 pm Morning at 8 am |
| 02/12/2019 | Tablet Omnacortil 20mg Tablet Razo 20mg | Morning at 8 am Before breakfast |
| 13/01/2020 | Tablet Omnacortil 10mg | Morning at 8 am |

And simultaneously the dose of Tablet Omnacortil was reduced to 5mg then 2.5mg and then withdrawn.

PATHYA-APATHYA

Diet was restricted to the patient and he was kept on only Godugdha. All type of food items and water were restricted for 3 months. Whenever the patient was hungry or thirsty, he was given Godugdha only. Medicines were also given with cow milk as adjuvant.

RESULTS

Significant result was found in all symptoms, abdominal girth and Weight.

Table 3:

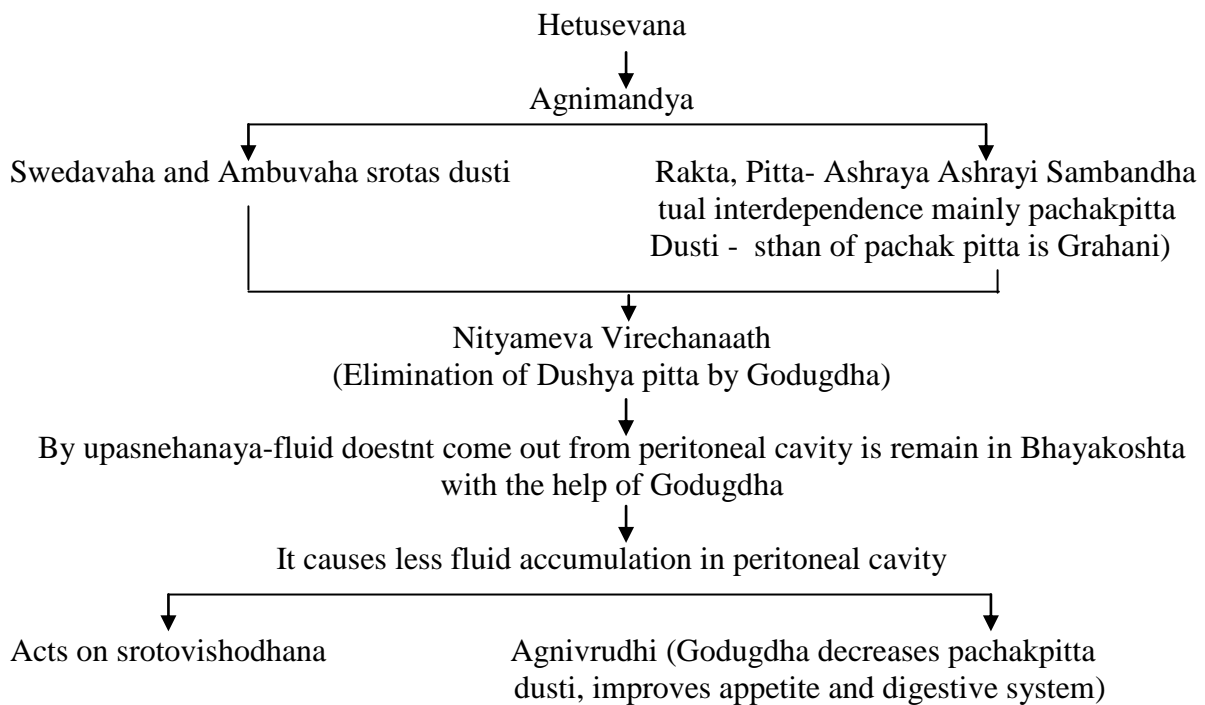
| Date | Sarvanga shoof | Abdominal distension | Adhmana | Swashkasthata | Generalized weakness |
|------------|----------------|----------------------|---------|---------------|----------------------|
| 31/10/2019 | +++ | +++ | ++ | ++ | +++ |
| 07/11/2019 | ++ | ++ | + | ++ | +++ |
| 13/11/2019 | + | + | + | ++ | ++ |
| 22/11/2019 | + | + | - | + | + |
| 02/12/2019 | - | + | - | + | + |
| 13/12/2019 | - | + | - | - | - |
| 28/12/2019 | - | - | - | - | - |
| 13/01/2020 | - | - | - | - | - |

Table 4: Measurement of Abdominal girth.

| Date | 4cm below umbilicus(cm) | At umbilicus (cm) | 4cm above umbilicus (cm) |
|------------|-------------------------|-------------------|--------------------------|
| 31/10/2019 | 93 | 90 | 86.5 |
| 07/11/2019 | 92.5 | 90.0 | 86.5 |
| 13/11/2019 | 91.5 | 88.5 | 84.0 |
| 22/11/2019 | 90.0 | 87.0 | 82.5 |
| 02/12/2019 | 88.0 | 85.5 | 81.0 |
| 13/12/2019 | 86.5 | 83.5 | 79.5 |
| 28/12/2019 | 84.5 | 82.5 | 76.0 |
| 13/01/2020 | 82.0 | 80.0 | 74.0 |

Table 5: Measurement of weight in kg.

| Date | Weight in kilograms |
|------------|---------------------|
| 31/10/2019 | 66.7 |
| 07/11/2019 | 62.6 |
| 13/11/2019 | 61.3 |
| 22/11/2019 | 60 |
| 02/12/2019 | 59.5 |
| 13/12/2019 | 58 |
| 28/12/2019 | 57.5 |
| 13/01/2020 | 56 |

DISCUSSION**DISCUSSION ON TREATMENT OF ASCITIS****NIDANA PARIVARJANA (Avoid causative factors)**

Acharya sushruta has said nidana parivarjana is prime line of treatment for any cause of disease uttarantra adhya 1st for this diet and water intake was restricted and the patient was kept only on Godugdha.

AGNIDIPTI (Provocation of Digestion)

In this condition Agni plays a major role in the manifestation of disease where the Aprakrutha Ahara paka mala, and all Malaswaroopa is accumulating in the Udara leads to this Ghora vyadhi where Mandagni, Malinabhojana and Malasanchaya are considered as main Nidanas.

NITYA VIRECHANA Chikitsa Sutra of Jalodara is "NityaVirechana." To break up the Sanga of all Dosha and retained fluid and separate them, Virechana is necessary. Liver (Yakrita) is the Mulasthan of Rakta. Rakta-Pitta has Ashraya and AshrayiSambandha (mutual interdependence), hence for elimination of vitiated Pitta Dosha, purgation is the best treatment. Virechana also decreases abdominal girth and edema by decreasing fluid in the abdominal cavity. Gomutraharithaki for 8 days were given then Gandharvahastadi Erandatailam was given for 2 months. This was given for Vatanulomana purpose. Apana Vayu is also included in Samprapti of Jalodara. Because of Gandharvahastadi Erandatailam,

Apana Vayu moves toward its normal path and it helps counteracting pathology. It also posses laxative effect.

APYAM DOSHAHARANAM AND STROTO SHODHANA (Removal of accumulated fluid) the following medication were given

| Drug Name | Dosha | Indication | Reference |
|---|---|--|--|
| Punarnavadi Kashyam (given for 20 days) | Reduces Kapha Dosha balances Vata Dosha | Anti-edema Anti-inflammatory Mutrala | Sahasrayoga |
| Panchavrvinda Choorna (given for 75 days) | Pittahara | Mutravisarajaneeya General body weakness, aphrodisiac, improves strength and stamina Rasayana, vrishya | Astangahridayam Rasayanavidhiadhyaya 39/48 |
| Tablet Medoyog (given for 75 days) | Pittahara (vrukka is medovaha strotas mulasthanana) | Tritiyak Jwar, Medo-Dhatvagni Mandya, Medo-Poshak | Sahasrayoga |
| Dashamula Haritkileham (given for 8 days) | Kapha-pittahara | Pravruddha shopha, Genito-urinary diseases, Aruchi, Gulma,Udara, Pleeha roga,etc | Ashtangahridayam, Chikitsasthanam, Adhyayam 17/14-16 |
| Vayu gulika (given for 60 days) | Balances vata and kapha | Indigestion, Colic abdominal pain, Anorexia, Hicup, Sprain, convulsions, epilepsy and nerve disorders | Sahasrayoga |
| Praval Panchamruta (given for 35 days) | Balances pitta dosha | Ascites, splenic disorders, jeerna agnimandya, indigestion, parinamshoola, mutrakrucchra, mutradada,etc | Bhaishajya Ratnavali Gulma rogadhikara 139-143 |
| Patolakaturohinyadi Kashyam (given for 60 days) | Kapha-pitta shamak | Liver diseases, lack of appetite, vomiting, allergic skin manifestations, and diseases due to to toxicity | Ashtangahridayam, Chikitsasthanam, Adhyayam 19 |
| Brahatyadi Kashyam (given for 55 days) | Vatakaphahar | diuretic action(mutrala) anti-inflammatory, antilithiatic actions | Ashtangahridayam, Chikitsasthanam, Adhyayam 11/35 |
| Dusparshakadi Kashyam (given for 30 days) | Vatakaphahar | Arshas, bhagandara, atisara and shulahara. | Ashtangahridayam, Chikitsasthanam, Adhyayam 8 |

CONCLUSION

Jalodara are described in Ayurveda as the type of Udararoga. The management of this disease complex was made to manage the present case with Nitya Virechana by Godugdha as explained Acharya Charaka in sutrasthan 1st Adhaya shloka 109 to 113 it can be used as treatment modality in Shodhana and Shamana Chikitsa, diet restriction and Ayurvedic medicines had shown improvement in all the symptoms of Jalodar. In the present case, abdominal girth, pedal edema and all above-mentioned symptoms were significantly improved without any side effect. Although the patient was kept only on milk diet, no any side effects were noted during and after the treatment. Hence, it can also be concluded that it increases urine creation and are not harmful to the body if given in suitable dose, rather it gives more benefits. Hence, it can be concluded that Ayurvedic medicines with Nitya Virechana give better result in ascites without side effect.

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To rule out efficacy of *argemone maxicana swaras lepa* in the management of *vicharchika w. s. r. to eczema*

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ABSTRACT:

Vicharchika is one of the type of *Kshudrakushtha* having *Tridoshaja* origin. Different *Aacharyas* described different dominance of *Doshaj* in *Vicharchika*. Regarding *Lakshanas* to a greater extent *Vicharchika* resembles with Eczema. The present study was carried out to rule out the efficacy of *Argemone Maxicana Swaras Lepa* in the management of *Vicharchika*. For this study total 30 patients were taken from the Opd and IpD of CSMSS Ayurved Mahavidyalaya and Rugnalaya, Aurangabad. Treatment given for 15 days. The overall assessment of *Lakshanas* showed excellent result in 08 patients, good result in 16 patients, moderate result in 05 patients and very less results in one patient.

Keywords: *Vicharchika*, Eczema, *Argemone maxicana*

INTRODUCTION:

Skin diseases have increased markedly now a days because of faulty food habits, lack of exercise, increasing pollution and sedentary life style. Ayurveda described a wide range of skin disorders under the heading *Kushtha* which has been classified

into two main categories like *Mahakushtha* and *Kshudrakushtha*. Among *Kshudrakushtha*, *Vicharchika* is the one which can be correlated with Eczema to a greater extent. Eczema and Dermatitis are the synonym of each other having characteristics like itching, eruption, depigmentation, discharge, dryness, pain, scaling which are quite similar to *Lakshanas* of *Vicharchika* described by different *Aacharyas*. *Vicharchika* being one among *Kshudrakushtha* is also a *Tridoshaja* and *Rasa, Rakta, Mansa Dhatu Pradoshaja Vikara* in which *Kapha Doshaj* being responsible for *Kandu* (itching), *Pitta* being responsible for *Strava* (discharge), *Vata* being responsible for *Vaivarnya* (discolouration). Though *Vicharchika* is not a life threatening disease, it may impact individual's quality of life or daily routine and may cause physical or emotional discomfort. Modern medicine have greatly advanced in Dermatology but still it does not offer satisfactory results and may cause side effects. Ayurveda described different treatment modalities among which *Lepa Chikitsa* is the one which is the type of

Bahyaparimarjana Chikitsa. Argemone Maxicana (Swarnakshiri) has properties like Laghu-Ruksha Guna, Tikta Rasa, Katu Vipaka and Sheeta Virya. Also Argemone Maxicana has Vranashodhana, Vranaropana and Kushthaghna Karma. Having Kaphapittahara Karma Argemone Maxicana is said to be effective in Vicharchika.

AIM : To rule out efficacy of *Argemone Maxicana Swaras Lepa* in the management of *Vicharchika* w.s.r.to Eczema

OBJECTIVES :

- 1) Detail study of *Bahyaparimarjana chikitsa.*
- 1) Detail study of *Argemone Maxicana Swaras* according to Ayurveda and modern view.
- 2) Detail study of *Vicharchika* and Eczema.

MATERIAL AND METHODS :

Sample size : 30

Sample source : Patients were collected from Opd and Ipd of CSMSS Ayurved Mahavidyalay & Rugnalay, Aurangabad.

- Material : 1) *Argemona Maxicana* leaves
 2) Distilled water 3) Vessels
 4) Cotton swab 5) Gloves
 6) Cotton cloth

Methods :

Purvakarma :- Fresh leaves of *Argemona Maxicana* were identified, collected and cleaned thorns of leaves were removed out. By crushing that leaves, *Swaras* taken out .

Pradhan karma :- Cleaning of the part were done by cotton swab and distilled water. Then fresh *swaras lepa* applied over that affected part with help of cotton swab in the opposite direction of hair follicles. Thin layer of *swaras lepa* made over the affected part and kept for sometime and removed out before it gets dried.

Paschat karma :- The site of *Lepa* cleaned by distilled water with help of cotton swab. This treatment given for 15 days.

INCLUSION CRITERIA : Patients between age group 16-70 yrs irrespective of gender, occupation, socioeconomic status and duration of illness were selected. patients who presented with classical sign and symptoms of *Vicharchika*.

EXCLUSION CRITERIA : Patients with uncontrolled diabetes mellitus type 2 ,hypertention and other systemic disorders which can interfere with the treatment.

OBSERVATION AND RESULT:

1)Age wise distribution of patients

| Age in yrs | No.of patients | Percentage % |
|------------|----------------|--------------|
| 15-30 | 10 | 33.33% |
| 31-45 | 16 | 53.33% |
| 46-60 | 04 | 13.33% |

2)Gender wise distribution

| | No.of patients | Percentage % |
|-----------|----------------|--------------|
| Married | 21 | 70% |
| Unmarried | 09 | 30% |

3)Occupation wise distribution

| | No.of patients | Percentage% |
|-----------|----------------|-------------|
| Worker | 13 | 43.33% |
| Service | 11 | 36.66% |
| Housewife | 04 | 13.33% |
| Student | 03 | 10% |

4)Education wise distribution

| | No.of patients | Percentage% |
|------------|----------------|-------------|
| Educated | 18 | 60% |
| Uneducated | 12 | 40% |

5)Family history wise distribution

| | No.of patients | Percentage% |
|---------|----------------|-------------|
| Present | 07 | 23.33% |
| Absent | 23 | 76.66% |

6) Socioeconomic status wise distribution

| | No. of patients | Percentage% |
|--------------|-----------------|-------------|
| Rich | 05 | 16.66% |
| Middle class | 14 | 46.66% |
| Poor | 11 | 36.66% |

7) Sharir prakruti wise distribution

| | No. of patients | Percentage% |
|--------------------|-----------------|-------------|
| <i>Kaphavataj</i> | 10 | 33.33% |
| <i>Vatakaphaj</i> | 04 | 13.33% |
| <i>Vatapittaj</i> | 04 | 13.33% |
| <i>Kaphapittaj</i> | 03 | 10% |
| <i>Pittakaphaj</i> | 03 | 10% |
| <i>Pittavataj</i> | 06 | 20% |

8) Duration of illness wise distribution

| | No. of patients | Percentage% |
|-------------------|-----------------|-------------|
| 1month-6months | 12 | 40% |
| 7month-12months | 09 | 30% |
| 13months-18months | 03 | 10% |
| 19months-24months | 04 | 13.33% |

9) Agni wise distribution

| | No. of patients | Percentage% |
|----------------|-----------------|-------------|
| <i>Visham</i> | 11 | 36.66% |
| <i>Manda</i> | 08 | 26.66% |
| <i>Tikshna</i> | 06 | 20% |
| <i>Sama</i> | 05 | 16.66% |

10) Koshtha wise distribution

| | No. of patients | Percentage% |
|----------------|-----------------|-------------|
| <i>Krura</i> | 15 | 50% |
| <i>Mrudu</i> | 16 | 20% |
| <i>Madhyam</i> | 09 | 30% |

11) Mala (bowel habits) wise distribution

| | No. of patients | Percentage% |
|----------------|-----------------|-------------|
| <i>Samyak</i> | 11 | 36.66% |
| <i>Asamyak</i> | 19 | 63.33% |

12) Aaharaj hetu wise distribution

| | No. of patients | Percentage% |
|---------------------|-----------------|-------------|
| <i>Vishamashana</i> | 07 | 23.33% |
| <i>Samashana</i> | 06 | 20% |
| <i>Adhyashana</i> | 04 | 13.33% |

13) Viharaj hetu wise distribution

| | No. of patients | Percentage% |
|--------------------------|-----------------|-------------|
| <i>Vegvidharan</i> | 08 | 26.66% |
| <i>Diwaswap</i> | 05 | 16.66% |
| <i>Shitoshna apachar</i> | 06 | 20% |
| None | 11 | 36.66% |

14) Lakshana wise distribution

| | No. of patients | Percentage% |
|------------------|-----------------|-------------|
| <i>Kandu</i> | 25 | 83.33% |
| <i>Vaivarnya</i> | 30 | 100% |
| <i>Strava</i> | 22 | 73.33% |
| <i>Rukshata</i> | 30 | 100% |
| <i>Raji</i> | 24 | 80% |

ASSESSMENT OF SUBJECTIVE CRITERIA:

1) Results on *Kandu* (itching)

| | BT | AT |
|--|----------------|----------------|
| No itching | 05 (16.66%) | 16 (53.33%) |
| Mild (present but not annoying or troublesome) | 06 (20%) | 13 (43.33%) |
| Moderate (troublesome but does not interfere with daily routine) | 15 (50%) | 01 (03.33%) |
| Intense (severe itching which is sufficiently troublesome and blood spot come out) | 04 (13.33%) | 00 (00.00%) |

2)Results on Vaivarnya (Depigmentation)

| | BT | AT |
|---|-------------|----------|
| Absent or normal skin colour | 00 (00%) | 06 (20%) |
| Brownish red discolouration (<i>Rakta/Arun</i>) | 10 (33.33%) | 21 (70%) |
| Blackish red discolouration (<i>Shyava</i>) | 14 (46.66%) | 03 (10%) |
| Blackish discolouration (<i>Krishna</i>) | 06 (20%) | 00 (00%) |

3)Results on Strava (Discharge)

| | BT | AT |
|--|-------------|----------|
| None | 09 (30%) | 24 (80%) |
| Mild (moisture on skin lesion) | 11 (36.66%) | 06 (20%) |
| Moderate (weeping from skin after itching) | 10 (33.33%) | 00 (00%) |
| Severe (profuse weeping making cloths wet) | 00 (00%) | 00 (00%) |

4)Results on Rukshata (Dryness)

| | BT | AT |
|---|-------------|-------------|
| Normal (no dryness) | 05 (16.66%) | 08 (26.66%) |
| <i>Rukshata</i> (dryness with rough skin) | 15 (50%) | 22 (73.33%) |
| <i>Khara</i> (dryness with scaling) | 10 (33.33%) | 00 (00%) |
| <i>Parusha</i> (dryness with cracking) | 00 (00%) | 00 (00%) |

5)Results on Raji (Scaling)

| | BT | AT |
|----------------------------------|-------------|----------|
| None (no scaling) | 07 (23.33%) | 24 (80%) |
| Mild (only scaling) | 13 (43.33%) | 06 (20%) |
| Moderate (Irritation on rubbing) | 10 (33.33%) | 00 (00%) |
| Severe (bleeding on rubbing) | 00 (00%) | 00 (00%) |

OVERALL ASSESSMENT AFTER CLINICAL TRIAL:

| Overall result | % of relief |
|------------------|-------------|
| Excellent result | 08 (26.66%) |
| Good result | 16 (53.33%) |
| Moderate result | 05 (16.66%) |
| No/mild result | 01 (3.33%) |

DISCUSSION:

All skin diseases in *Ayurveda* have been described under the heading *Kushtha* which is again subdivided into *Mahakushtha* and *Kshudrakushtha*. *Vicharchika* being one of the *Kshudrakushtha* runs a chronic course. *Vicharchika* refer to distinctive reaction pattern in the skin which can be either chronic or acute and is due to no. of causes. Skin is the first organ of body interacting with environmental stimuli. Variation in the environmental stimuli and body's natural ability to deal with these stimuli results in spontaneous remission and relapses. Interaction with these stimuli result in specific reaction pattern producing characteristics skin lesions in different parts of the body. The 1st manifestation is erythema, 2nd is eruption in eczema which itches and causes vesiculation or blistering of skin. These vesicles breakdown and causes oozing from affected area. If the condition persist skin tends to become thickened and scales may come out. According to most of the ayurvedic texts all types of *Kushtha* are considered as *Rakta Pradoshaja Vikara*. *Vicharchika* is stated to be *Tridoshaja* in origin and produced invariably by the vitiation of seven factors viz. three *Doshaj*(*Vata, Pitta, Kapha*) and four *Dushyas* (*Twak, Mansa, Rakta, Lasika*). Role of external application in *Kushtha* is as important as internal medication.

Aacharya Charaka has described *Lepa* as *Sadyah Siddhi Karaka*. *Bahirparimarjana Chikitsa* is also important in *Twak Dosh*. So that *Argemone Maxicana Patra Swaras Lepa* had been selected. *Argemone Maxicana* has the properties like *Laghu Ruksha Guna, Tikta Rasa, Katu Vipaka, Sheeta Virya*. Also it has *Vranashodhana Vranaropana* and properties. These properties helps in *Samprapti Vighatana* and removing *Khavaigunya* in *Twacha*. For this study total 40 patients were selected from opd and ipd of CSMSS Ayurved Mahavidyalaya and Rugnalaya Aurangabad. Out of them 30 patients completed the full course and 10 patients discontinued the treatment. Maximum no. of patients were from age group 31 to 45 yrs and maximum were married. By occupation most of the patients found labour workers. This shows that workers are doing work in polluted environment and lack of awareness about hygiene found to aggravate the disease. Family history of *Kushtha* found absent in maximum no. of patients. Most of the patients were from middle class. Patients were having *Sanmashamana* and *Vishamashana* type of *Ahar*. These are the causes of *Agnimandya, Strtodushti*. *Aharaj Hetus* are chief responsible factors in production of disease. Among them *Viruddha ahar* and *Mithya Ahar* are common. *Viharaj Hetu* like sudden changes from cold to heat and vice versa, exhaustion and sunlight also play important role in production of disease. Also most of the patients found indulging into high amount of *Madhura, Katu, Lavana Rasa* in their diet. *Madhura Rasa* vitiates *Kapha Dosh* and *Ras Dhatu*. *Katu* and *Lavana Rasa* aggravates *Ushna Tikshna Guna* which in turn aggravates *Pitta* and *Rakta*. Along with these factors psychological factors like anger, stress,

anxiety etc leads to *Agnimandya* and *Raktdushti*. In *Lakshnawise* assessment *Rukshata* and *Vaivarnya* found in 30(100%) patients, *Kandu* in 25(83.33%) patients, *Raji* in 24(80%) patients, *Strava* in 22(73.33%) patients. The overall assessment of treatment showed good result in 16(53.33%) patients, excellent result in 08 (26.66%) patients, moderate result in 05(16.66%) patients and mild result in 01 (3.33%) patient.

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PHOTOGRAPH:





A case study of *Agnikarma* in the management of *Avabahuka* w. s. r. to frozen shoulder

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ABSTRACT

Avabahuka is a disease of Amsa sandhi (Shoulder joint). Acharya Sushruta have described Avabahuka as a one of the type of VataVyadhi. It is one of the commonest musculoskeletal disorder. In Avabahuka, Vata gets lodged at the root of shoulder, subsequently constricting the veins and producing the loss of movements of the shoulder. Avabahuka can be co-relate with Frozen shoulder having same complaints. Acharya Sushruta have mentioned Agnikarma for the treatment of Avabahuka.

Keywords: Avabahuka, Agnikarma, shoulder joint, Vatavyadhi

INTRODUCTION

Acharya Sushruta have described Avabahuka under eight types of Vatavyadhi. It is a disease caused by vitiated Vatadosha localizing around the amsapradesha (shoulder joint) causing shoshana of amsa sandhi leading to akunchana of sira present with bahupraspanditahara². In Avabahuka, there is pain, shoulder stiffness, restriction in shoulder joint range of motion, shosh seen³. Avabahuka can be co-relate to frozen shoulder which is a common occurrence. Pathologically, the two layers of the synovial membrane become adherent to each other. Clinically, the patient (usually 40-60 years of age) complains of progressively increasing

pain in the shoulder, stiffness in the joint and restrictions of all movements. The surrounding muscles show disuse atrophy. The disease is self limiting and the patient may recover spontaneously in about two years⁴. As shoulder joint is involved in the Avabahuka, Acharya Sushruta mentioned Agnikarma for the treatment of Avabahuka⁵.

CASE REPORT

- Name of patient –XYZ
- Age- 34 years, Sex- female
- Occupation –Housewife,
- Religion-Hindu Marital status – Married

CHIEF COMPLAINTS

- Pain at Right shoulder joint- from 2 months
- Restricted range of movement
- Stiffness

CASE HISTORY-

34 Years female patient came with pain at right shoulder joint, stiffness, restricted range of movement since two months. She took allopathic medicine in the form of oral pain killers, local ointment, but her symptoms persisted. So she came to Ayurved Mahavidyalaya .

GENERAL EXAMINATION

- Pulse rate – 76/min

- BP -110/70 mm of hg Weight _52 kg
- P/A –soft - Liver and Spleen not palpable

Shoulder Joint Examination - Pain over at shoulder joint Tenderness

Restriction of Range of Movement

- 1) Adduction –0⁰
- 2) Abduction _50⁰
- 3) Flexion –40⁰
- 4) Extension _30⁰

ASHTAVIDHA PARIKSHA

1. Nadi- 76/min
2. Shabda -Spashta
3. Mala-Prakrut
4. Sparsha -Anushnasheet
5. Mutra -Prakrut
6. Druka –Upnetrachawapar
7. Jivha -Niram
8. Aakruti –madhyam

TREATMENT - AGNIKARMA ON

Right shoulder joint

PROCEDURE OF AGNIKARMA-

1. After taking written informed consent ,Agnikarma was done
2. Agnikarma in the form of samyaktwakdagdha was done by making multiple dots over skin with red hot Panchadhatushalaka covering pain points⁶.
3. After covering all pain points, fresh pulp of aloe Vera is applied.
4. Above procedure was repeated twice over period of 7 days. On every setting

patients examined for range of movement.

RESULTS-

After three settings of Agnikarma, there is

significant reduction in pain, there is no tenderness at shoulder joint with improvement in range of movement.

| Restriction in range of movement | Before treatment | After 1 st setting | After 2 nd setting | After 3 rd setting |
|----------------------------------|------------------|-------------------------------|-------------------------------|-------------------------------|
| Adduction | 00 | 50 | 10 ⁰ | 20 ⁰ |
| Abduction | 50 ⁰ | 60 ⁰ | 75 ⁰ | 100 ⁰ |
| Flexion | 40 ⁰ | 50 ⁰ | 60 ⁰ | 85 ⁰ |
| Extension | 30 ⁰ | 35 ⁰ | 40 ⁰ | 50 ⁰ |

DISCUSSION

Avabahuka is produced by vitiated vata and kapha, so Agnikarma is considered as best therapy. The properties of agni are sukshma, laghu, tikshna and ushnaguna. It works on both vata and kapha dosha. It works on vata by its ushna and tikshna guna and on the kapha dosha by laghu, sukshma, tikshna and ushna guna.

CONCLUSION

Avabahuka is one of the most common problems which affect mostly in middle age group of patients. After Agnikarma there is relief of signs and symptoms of Frozen shoulder especially on local tenderness and stiffness. The treatment applied was simple, economical

and required no hospitalization and could be done at OPD level. So Agnikarma was effective in the management of Agnikarma.

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Clinical study to evaluate the efficacy of dhatryadi kwath in the management of pittaj mutrakuchhra in children

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Abstract

Kumara or bala avastha means childhood age described by traditional science of Indian medical system. Pittajmutra kruchhra can compare with lower urinary tract infection in modern science.

Urinary tract infection (uti) is a common medical problem in children, affecting 3-10% girls and 1-3% boys. They are an important cause of morbidity and might result in renal damage often in association with vesicoureteric reflux.⁴

Uti has been considered a risk factor for the development of renal insufficiency or end stage renal disease in children, although some have questioned the importance of uti as an isolated risk factor, because only 2% of children with renal insufficiency report a history of uti.⁵

Uti accounts for large number of patient attending in opd. There are many antibiotics, diuretics, antipyretics etc. Drugs are explained in modern science, but they have their own side effects like nausea, vomiting, drug hyper-sensitivity, abdominal disturbances, dizziness, muscle cramps etc. So, there is requirement to find low cost, harmless and preventive drug prepared from natural sources in the management of mutrakuchhra.

Keywords: pittaja mutrakuchhra, dhatryadi kwatha, uti.

Introduction:-

Ayurveda is a system of medicine with historical roots in the Indian subcontinent. Globalized and modernized practices derived from ayurveda tradition are a type complementary or alternative medicine. In countries beyond India, ayurveda and practices have been integrated in general wellness applications and in some cases in medical use.

Mutprakuchcha is horripilation, shivering of body parts and pain during micturition, bites lips and touches the urinary bladder (region) with hand in children. Mutrakuchhra is characterized by dahapravrutti (burning sensation), sarujapravrutti (painful), and muhurmuhu mutrapravrutti (frequency of micturition). There are 8 types of mutrakuchhra. Pittaj mutrakuchhra is one of the most leading types of mutrakuchhra i.e. Burnings sensation at micturition. Slightly yellowish or reddish, painful scanty micturition.¹⁰

Primary objective

- To study the effect of dhatryadi kwatha in the management of pittaj mutrakuchhra.
- To study the concepts of mutrakuchhra and urinary tract infection from ayurvedic and modern science contexts.

Types of study design:-

Randomized clinical study

Duration of study:- 7 days

Methods of selection of study subjects

V. Matching criteria:

I) Inclusion criteria

- I. Diagnosed patients of Pittaj mutrakuchhra.
- II. Patients of either gender will be taken.
- III. Patients of age between 5 to 12 years will be taken.

II) Exclusion criteria

- I. Patients below age 5 and above 12 years.
- II. Patients with congenital abnormalities.
- III. Patients with phimosis, hematuria, renal failure, nephritic syndrome.
- IV. Patients with renal tuberculosis, acute glomerulonephritis, renal calculi.

III) Withdrawal criteria

Those subjects will be considered for withdrawals which are not compliance with study protocol.

Materials and methods:

Diagnosed patients of pittaj mutrakruhra taken as sample. They were given kwatha of dhatryadi kwatha (contains- amalaki, yashtimadhu, draksha, gokshura, vidari)

Pathya ahara and vihara were advised to the subjects.

1) Drug source:-

Dhatryadikwatha will be prepared in the pharmacy as per standard reference given by sharangdhara samhita madhya makhanda adhyaya 2 shlok 1.

Review of pittaja mutrakruhra chikitsa

The chikitsa of pittaja mutrakruhra can be done shamana chikitsa.

Shamana:-

- Dhatryadi kwatha contains amalaki, yashtimadhu, vidari, draksha, gokshura relieves pittaja mutrakruhra.

Urinary tract infection

Urinary tract infection (uti) is defined as multiplication of organism in urinary tract. Upper urinary tract infection is infection involving the kidney and lower urinary tract infection is infection involving the bladder, prostate, and urethra. Urinary tract infections are the most commonly found bacterial infections. Considering different factors.

Uti is classified based on site of infection:-

- 1) upper uti
- 2) lower uti

Upper uti includes infection to kidneys and prostate producing pyelonephritis, prostatitis, intrarenal and perinephric abscesses. Lower uti includes infection of bladder (cystitis) and urethra (urethritis).

Lower uti are often considered superficial (or mucosal) infections are generally common in female child.

Symptoms

- dysuria
- burning sensation
- frequency of micturition.

Treatment

According to modern medicine, painkillers, such as acetaminophen (tylenol) or ibuprofen, may relieve discomfort.

Antibiotics commonly used for bacterial uti are nitrofurantoin, trimethoprim sulfamethoxazole, amoxicillin, cephalosporins, ciprofloxacin, and levofloxacin.

IV) study settings

1. All the clinical studies will be carried at our ayurveda hospital opd & ipd.
2. Pathological investigation will be done at ayurveda hospital, department of pathology (urine routine /microscopic).

V) study population

All the diagnosed cases of pittaj mutrakruhra attending in our ayurved hospital opd and ipd.

VI) operational definitions

A. Materials :

1) Samplesource:-

Diagnosed patients of pittaj mutrakruhra from opd and ipd of kaumarbhritya department of ayurvedic rugnalaya will be taken as sample.

2) Drug source:-

- I) Raw material collected as per guidance of dravyaguna department.
- II) Dhatryadikwath will be prepared in the pharmacy as per standard reference given by sharangdhara samhita Madhya makhanda adhyaya 2 shlok 1.³

VII Dhatryadi kwath¹

Ingradients ⁶⁻⁹

| Sr . No. | Drugs name | Latin name | Rasa | Virya | Vipak a |
|----------|------------|----------------------|-------------------------|--------|---------|
| 1. | Amalaki | Embelica Officinalis | Panchrasa, Lavanvarjita | Sheeta | Madhura |

| | | | | | |
|----|-------------------------|------------------------|--------|--------|--------|
| 2. | Yashtimadhu/ Mulethi | Glycyrrhiza Glabra | Madhur | Sheeta | Madhur |
| 3 | Vidari | Pueraria Tuberosa | Madhur | Sheeta | Madhur |
| 4. | Draksha | Vitis vinifera | Madhur | Sheeta | Madhur |
| 5. | Gokshura | Tribulus Terrestris | Madhur | Sheeta | Madhur |

| | |
|---|---|
| Severe burning which is not tolerable at Starting & prolonged for long time | 3 |
|---|---|

3. Muhurmuhu mutrapravrutti (frequency of micturition)

| Symptoms | Grade |
|---|-------|
| No frequent micturition (normal 6 to 8 Times) | 0 |
| Frequent but controllable (8 to 10 Times) | 1 |
| Often frequent not able to control (10 To 12 times) | 2 |
| Many times, more than 12 | 3 |

VIII) Methods of data collection relevant to objectives

Data will be collected by history taking and physical examination of patient on first day and after every follow up of patient.

IX) Data management and analysis procedure:-

Collected data will be presented in the form of tables and charts.

Assessment criteria of work:-

Subjective criteria

1. Sarujam mutrapravrutti (painful micturition)

| Symptoms | Grade |
|--|-------|
| No pain | 0 |
| Mild pain occasional only at starting of Micturition | 1 |
| Moderate- tolerable at starting & During micturition | 2 |
| Severe, unable to tolerate at starting & prolonged for long time | 3 |

2. Sadaha mutrapravrutti (burning micturition)

| Symptoms | Grade |
|--|-------|
| No burning micturition | 0 |
| Mild burning in morning or at starting Of micturition | 1 |
| Moderate burning to lera bleat starting & during micturition | 2 |

Discussion

- it was noted in the study that out of 40 patients of pittaja mutrakruhra who has decrease the symptoms .
- on the basis of observations appropriate statistical tests were applied. On application of statistics on the questionnaire score i.e. The tendency of suppression of sarujam mutrapravrutti, sadaha mutrapravrutti, muhurmuhu mutrapravrutti.

Conclusion

- the article emphasized management of pittaja mutrakruhra using various ancient approaches of ayurveda science such as herbal remedies. This article mentioned importances of dhatriyadi kwatha in the management of pittaja mutrakruhra.
- pittaja mutrakruhra when viewed under the lens of conventional medicine can be correlated with uti as both diseases symptoms are similar.
- the incidence rate of pittaja mutrakruhra is more prevalent in children.
- it is found that pittaja mutrakruhra is more prevalent amongst vata pittaja prakriti children.
- based on the clinical research work it is interpreted in the form of tara-tama bhava of symptoms as krucchrata pradhana, daha pradhana, peetavarna mutra pradhana and raktavarna mutra pradhana.
- the ayurvedic medicine acts as mootrala, shothahara, dahahara, mutravirajaniya,

vatanulomana.

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REVIEW ON LEKHANIYA DRAVYA BY ACHARYA CHARAK

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ABSTRACT

‘Lekhana’ means that which has the ability to scrap out the excess tissues from the area where it is located. Such drugs are indeed essential to decrease the body weight. In recent decades, because of the changed life style, daily routine, food habits and environmental changes, the population of unhealthy people is increasing even in developed countries, which made them victim of many diseases. Sthaulya (obesity) is one of them. Obesity has become major health problem over the world affecting people of all ages, sex and ethnicities. Acharya charak has mentioned ‘lekhaniya dravya’,^[1] which do scraping by absorbing fluid part from dhatu and mala. It includes 10 drugs which are mainly made with the combination of Vayu and Agni mahabhuta.

KEYWORDS: lekhaniya dravya, sthaulya, lekhana.

INTRODUCTION

Person having heaviness and bulkiness of the body due to extensive growth especially in abdomen region is called as ‘sthula’ and the state of sthula is called as ‘sthaulya’. Sthaulya person is a person in whom excessive and abnormal increase of medo dhatu along with mamsa dhatu is found, it results into pendulous appearance of buttocks, belly, breasts and whose increased bulk is not matched by a corresponding increase in energy.

Now a days in fast pace life, people are more inclined to food which is low in cost, palatable and readily available in pre packaged forms. But it serves high caloric density resulting in obesity.

Obesity was considered to be a disease of affluence in past but, now a days it is increasingly seen in socioeconomically deprived class, as well. The modern science fails to give a safe and effective remedy.

Aim of ayurveda is to maintain health of healthy person and to cure the disease of diseased person.^[2]

Acharya charak has mentioned ‘lekhniya dravya’ on sthaulya. The drugs which causes depication of our body dhatu’s and also makes our body feel light and lean. Those are called as lekhniya dravya.^[3]

Lekhniya dravya^[4]

| Sr no | Name of dravya | Guna | Rasa | Vipak | Virya | Doshghnata |
|-------|----------------|-----------------------|--------------------|-------|-------|-----------------------|
| 1. | Musta | Laghu,ruksha | Katu,tikta,kashaya | Katu | Sheet | Pittakaphghna |
| 2. | Kustha | Laghu,tikshna,snigdha | Tikta,katu,madhur, | Katu | Ushna | Kaphvatghna |
| 3. | Haridra | Laghu,ruksha | Tikta,madhur | Katu | Ushna | kaphpittaghna |
| 4. | Daru Haridra | Laghu,ruksha | Tikta,kashaya | Katu | Ushna | Pittakaphghna |
| 5. | Vacha | Laghu,ruksha,tikshna | Tikta,katu | Katu | Ushna | Kaphvatghna,Pittalar |
| 6. | Ativisha | Laghu,ruksha | Tikta,katu | Katu | Ushna | Tridoshghna |
| 7. | Katurhohini | Laghu,ruksha | Tikta | Katu | Sheet | Kaphpittaghna, Vatkar |
| 8. | Chitrak | Laghu,ruksha,tikshna | Katu | Katu | Ushna | Vatkaphghna, Pittakar |
| 9. | Chirbilwa | Laghu,ruksha | Tikta,kashaya | Katu | Ushna | Kaphpittashamak |
| 10. | Haimvati | Laghu,ruksha | Katu,tikta | Katu | Ushna | Kaphvatshamaks |

Lekhniya gana^[5]

1. **Musta:** Circulation provider, absorbant, scraping digestive and carminative. It improves lactation, relieves fever, burning sensation, excessive thirst. Commonly known as nut grass.
2. **Kushtha:** Purifier of the semen, clearant, digestive, blood purifier, fat metabolizer and wormicidal.
3. **Haridra:** Epilator, complexion enhancer, liptolytic, anti hyperglycemic. Turmeric is one of the very useful and famous ayurvedic herbs. It is used in many forms and through many routes of administration, such as – nasal, oral, over the skin.
4. **Daru Haridra:** Skin detoxifier, eye tonic, scraping, liver stimulant, hair tonic, anti hyperglycemic. Daru haridra is used in Ayurveda to treat eye disorders, skin disorders, diabetes.
5. **Vacha:** Stimulant, scraping, memory enhancer, carminative, digestive, anti spasmodic. Improves speech, intelligence.
6. **Ativisa:** Anti helminthic, anti pyretic, diaphoretic, scraping, metabolizer, absorbant. Atis is an Ayurvedic herb, especially used in diseases of children.
7. **Katurohini:** purgative, liver stimulant, blood purifier, anti hyperglycemic. Kutki is a powerful Ayurvedic herb used in treating mainly chronic fever, skin disorders and diabetes. It is also used in purgation.
8. **Chitraka:** Digestive, carminative, abortifacient, stimulant.
9. **Chirbilva:** Blood purifier, laxative, circulation provider, vaso constrictor. In Ayurveda it is used for the treatment of localized swelling, skin diseases, nausea, diabetes, indigestion, piles and acts as blood purifier.
10. **Haimavati:** Stimulant, memory enhancer, absorbant, anti helminthic.
11. The above mentioned drugs of lekhniiya gana are dry, rough, light, hot and motile in nature. They are bitter pungent and astringent in taste and most of the drugs are hot in potency and undergo pungent kind of metabolic transformation. Due to these qualities they act as scraping agents in therapeutic action.

Therapeutic uses of lekhniiya dravya

The above mentioned drugs are useful in mamsa medo vriddhi vikaras like malignancy, abscess, hyperthyroidism, type II DM, obesity, worm infection, fatty liver.

Qualities of lekhniiya dravya

The above mentioned drugs of lekhniiya gana are rough, dry, light, hot, minute and motile in nature. They are bitter, pungent and astringent in taste and most of drugs are hot in potency, i.e. Katu vipak. Due to these qualities they act as scraping agents in therapeutic action.

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Basic Concepts of Vatvyadhi Chikitsa- An Overview

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Abstract

Human beings are inviting many diseases because of fast running life with change in diet and sleeping habits. Due to daily routine, travelling and increased activities many people are suffering from multiple types of musculo-skeletal diseases (MSDs). According to Ayurveda these diseases are described as Vatvyadhi. Thorough Rogi (patient) and Rog (disease) Parikshana (examination) and applying basic concepts of Vatvyadhichikitsa, patients get more relief.

Keywords: Vatvyadhi, Dincharya, Ritucharya, Chikitsa, Rogiparikshana, Rogparikshana.

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Introduction

Many people around us are suffering from multiple diseases due to daily travelling, change in dietary and sleeping habits. According to Ayurveda, Vyadhi (disease) means imbalance of Tridosha (Vata, Pitta, Kapha) (Kunte2005a). Among Tridosha, Vata is responsible for almost all vyadhi (Tripathi2017). Sandhigatvat (O.A.), Pakshaghat (Hemiplegia), Gridhrasi (Sciatica),

Manyasthambha (Cervical spondylosis) etc. are mentioned as Vatavyadhi in Ayurved texts (Kushavaha 2012a). Modern science diagnosed them as Musculo-skeletal disorders. Musculoskeletal disorders (MSDs) are conditions that can affect muscles, bones and joints. They can cause pain and discomfort that interferes with daily activities. Early diagnosis and treatment may help early recovery without any deformity. Causes of MSDs are age,

occupation, activity level, life style, family history. (Kristeen C, 2018).

The patients of MSDs are taking treatment from different pathies like Modern science, Homeopathy, Ayurveda, Naturopathy, Unani etc. But in Ayurveda many preventive measures are also described eg. guidelines for Dincharya (daily chores) Ritucharya (monthly chores) and Sadvritta. In Ayurveda the diagnosis of disease is based on Rogipariksha (examination of patient) and Rogpariksha (examination of disease). When patients of Vatavyadhi are diagnosed and treated with Ayurvedic management, it is observed that maximum patients get complete cure without any complications..

Methods of Diagnosis of Vatvyadhi

Proportionately so many outpatients are suffering from vatvyadhi. While diagnosing these patients if following pariksha is considered, patients get good relief with Ayurved chikitsa (treatment).

Rogi (Rugna) pariksha (Kushvah 2012b)

Rogpariksha (Kunte 2005b)

In daily practice Ayurvedacharya (Ayurved-practitioner) consider following points for Rogi and Rogpariksha.

A. Rogipariksha- should consist of

1. Vaya (age) (Kushavaha 2012c)- Balyavastha (childage)/ Tarunyavastha (young age)/ Vriddhavastha (old age)

It is helpful to decide the dosha, hetu (causes), drugs and dose of drugs. Eg. Balyavastha, due to excessive intake of milk kaphaj and krumijanya vyadhi (parasitic diseases) are more common.

In Tarunyavastha, due to irregular diet, more travelling, excessive intake of any rasa (taste eg. pungent, salty etc),spicy food and habits like smoking, alcohol consumption pittajvyadhi (Gastritis, ulcers etc) are more common.

In Vriddhavastha, dhatukshaya due to chronic diseases, agnimandya (loss of appetite) weight loss, sleep disturbances, stress etc. Vatvyadhi are more common.

2. Prakriti (Kushvaha 2012d) (vataj/ pittaj/ kaphaj / vatkaphaj/ vatpittaj/ kaphapittaj / tridoshaja etc)-

One can select drugs, dosage and duration of the drugs according to Prakriti. For example - Longterm use of Sneha (oil) chikitsa in kaphprakriti, Ushna (hot) chikitsa in pittaprakriti and Ruksha (dry) chikitsa in Vataprakriti may lead to bad progress in vyadhiavastha.

e.g. A 27 years old female patient of pittaprakriti married 3 yrs ago. She was suffering with Gridhrasi (Sciatica) and was treated with Rasnasaptakkwatha. She was unable to conceive. Also suffering from burning micturation and leucorrhoea. For that

she was treated with shaman chikitsa ghrutpana (snehpana) and mruduvirechana(mildlaxative) with avipattikar churna. Then she got conceived and Gridhrasi was also relieved. Here the result was seen due to ushna and sheet vyattysat chikitsa (hot and cold alternate treatment). One can give Rasana saptak kwatha for long duration in vat kaphprakriti than pittaparakriti.

We need to inform in the beginning itself a patient of vatprakriti desiring weight gain that it is difficult for him to gain weight because of his prakriti.

3. Aahar (diet) (Kunte 2005c)- Many types of diet such as vegetarian, non-vegetarian, chinese, Punjabi snacks, refrigerated items, milkshakes, cold-drinks, milk products, bakery products, having milk with meals, irregular intake of madhur (sweet) amla (sour) and lavan (salty) katu (pungent) rasa. Non proportionate intake of water, Drinking more tea and coffee ,all these work as viruddhaahara i.e. vyadhihetu. This type of diet is not proper diet. Proper diet (aaharvidhividhan) is quoted in Charaksamhita (kushvaha 2012e.). Improper diet causes vitiation of dosha. All these with Vyasana are more important in amanirmiti leading to vyadhisamprapti (pathophysiology). Example, a family consuming milk with khichdi for dinner daily is prone to kushtha (skin disease).

4. Vihara- Daily travelling in all age groups, more use of AC, Cooler, working near heat in factories and more exposure to sunlight in farmers and street vendors, night duties, shifting duties working in damp/wet conditions etc are the causes of diseases due to vihara. For example one young male patient of Mandal Kushtha (Psoriasis) working as Gondhali (night singer) the hetu observed was daily divaswap (sleeping at daytime) and jagaran. In computer users and tailors, neck and back pain is observed more.

5. Bala (strength) (Kunte 2005d)- Alpa (minimum)/ Madhyam (medium)/ Uttam (optimum) bala. Alpabala with mridukoshtha the matra of virechanadravya is alpa.

e.g. a female patient 24years old without any snehapaan had 20 malapravruttivega(loose motions)with 5gm avipattikarchurna (Shatri p922) Same dose having no result in others. For Uttambala aushadhimatra is also uttam.

Upchaya- Krisha (thin), madhyamand sthula (obeys).

Krisha patient – mostly shaman chikitsa is advised.

Madhyam- can give shaman with shodhan.

Sthula- can give shodhan in some conditions with shaman chikitsa.

6. Agniparikshan (Kunte 2005e)- (Manda/ Vishama/ Tikshna Agni.)

Doshdushti can be recognized depending on which guna (quality) has caused Agnidushti. Many times in menopausal age group agni is tikshna. The symptoms seen are hastapaddaah (burning) netradaah, Atyartav (menorrhgia) etc. In mandagni shoth (oedema) and Pandutva (pallor) are main symptoms. In agniparikshana some patients describe good appetite but on examination samata (improper digestion) is seen. Many times patients take food only to follow regular timings without having good appetite leading to aamnirmiti. Due to samata mukhashosha (dryness of mouth) occurs and patients take more intake of water. Here agnidushti is due to ruksh guna of vata and ushna guna of pitta.

Along with above priksana Krimi Itihas (History of worm) is also important in vyadhinidana (diagnosis) and chikitsa (treatment).

A thin diabetic Female patient of 30 yrs in IPD taking Injection Mixtard insulin daily complaining loose motions. Suspecting krimi mala parikshana was done, multiple pieces of Tape worm were found. After that, krimighnabasti, abhyantar krimighna chikitsa of Acharya Charaka was given. Then paralyzed thread like Tape worm was removed manually. She was suffering from Apatarpanjanya (deficiency) Prameha (DM). Here Krimichikitsa is more useful in vyadhichikitsa.

Ashatavidhpariksha (Nadi, Mala, Mutra, Jivha, Shabda, Sparsha, Drik, Aakriti) described by 'Aacharya Yogratanakar' is one among the methods of Rogi-pariksha.

Basic vyadhichikitsa depends on sam and niramavastha of dosha. Nadi (pulse) pariksha is used to determine doshavastha and cardiac activities. Mala (stool), Mutra (urine), Jivha (tongue), Shabda (voice), Sparsh (touch) and Aakriti give knowledge of sam and niramavastha of dosha..

B. Rogpariksha-

Rog- Nava (acute), Jirna (chronic) vyadhiavastha.

Sadhyasadhyata (prognosis) of vydhi is considered according to vyadhiavastha.

Charak Acharya mentioned Shwitra is asadhya after one year (Kunte 2005f).

For jirna awastha shodhana is required.

Kulvritta (family history) is essential to know vyadhibala and sadhyasadhyata.

'Aacharya Sushruta' (Dalhana2006) mentioned Shatkriyakaal is also important in Rog and Rogiparikshan and for management of dosha. One can decide dushta strotasa (systems) with the help of Shatakriyakala. For dushtadosha sthanivat upacharet (chikitsa). According to lakshana (symptoms), doshawastha is diagnosed eg. Chayakaranvidweshha, chikitsa is Nidanparivarjan. In Bheda awasthadoshaja vyadhilakshana are present and it can be

asadhyaavastha. Chaya, prakopaavastha - sadhya, Prasara, vyaktiavastha-krichrasadhya. Nidanpanchak (Vyadhihetu, purvarup, rupa, upshayanupashay, samprapti), vyadhimarga, doshagati are mentioned in Samhita for Rogpariksha and management of vyadhi.

According to Upashaya/ Anupshaya chikitsa, one can predict dosha and vyadhi awastha. eg vataj-upashaya with sneha, samkaph anupshaya. Parikshana of Santarpan/ Apatarpanjanyavyadhi is also needful in chikitsa. In Santarpanjanyavyadhi Apatarpanjanyachikita. In Apatarpanjanyavyadi Santarpanjanya chikitsa is useful. Arishtalakshana parikshan is for prognosis of disease.

The following investigations for diagnosis of Vatvyadhi.

Dhatukshayajanya Vatajprakar/ sandhigat vat-Haemogram,

Samavastha of dosha- ESR, R.A. Factor, Uric acid, ASO Titre, C- reactive protein, Urine routine microscopic, serum calcium, BSL, Joint X -RAY, MRI

Pakshaghat –CT scanning

Koshtashritvyadhi-- Scopy, USG etc related to the patient.

Ayurvedic management of Vatvyadhi-

Guidelines of management of vatvyadhi mentioned by Aachararya in Samhita.

According to Charakacharya (pp7,8) Mandagni due to mithyaaaharvihara is the main cause of Samprapti (pathophysiology) of Vatvyadhi. According to other pathies more intake of water, proteins, vitamins are useful for healthy body. But Ayurveda Samhitakara mentioned Dincharya, Ritucharyaand Prakritiwiseaahar and vihara for healthy body. Pathyapathya according to vyadhi is also mentioned by Ayurveda.

In Samavastha due to jatharagni and dhatwagnimandhya Langhan i.e. Apatarpan is useful for aampachana and agnideepana. Laghu, Bharjit (fried) aahareg Laja, Peya, Manda, Vilepi, Yusha (Charaksutrasthana 22, 23, 27) can be used. Aaharsevankala, Aushadhasevankala mentioned by Ashtang Hridaya sutrasthana 12 with Anupana also inform to the patient. We need to inform take food only after diagestion of first food, when kshudhavega arises.

Malanulomana (complete evacuation of bowel and urine etc) - Due to anulomana, vatadoes proper functions. Shoola lakshana aggravates due to vatavrodha (obstruction), relieved with vatanulomana.

e.g. Katiprushtashoola (lumbar, backache), Sandhigata (joint pain), aamashayagat (stomachache), pakwashayagat (colicy pain) aadivata also causes supti (numbness), sthambha (straightening), dah, chimchimayana

(tingling), etc. Aftermalanulomana with Gandhrvaharitaki/ dugdha with goghrot/ erandasneha (Castor oil)/ drakshasidhaghrita according to awastha help to relieve that lakshana.

Kashayakalpana- Fresh kashaya made by bharada like Guduchi, Punarnava, Rasna, Devdaru with Sunthi churn(powder) prakshep or with sunthisidha erandatail prakshepa according to patient is given with proper dose and kala. It plays important role in samawastha for upashama. Rasnapanchak (Shastri A)/ RASNASAPTAK, (Bhaishajya Ratnavali 26/69) Punarnavadikashaya etc are also useful. For Niramavastha Ashwagandha, Shatavari, Yashti, Gokshur, Bala can be used with above dravya. Rasayanchurna with Goghrot and Madhu is very useful in dhatukshayajanyaavastha. In Raktapittanubhandhivata Triphala, Mustha, Nimbbaadidravya for pachana are useful.

Vatvyadhi can be treated with chikitsasutra of aamdosha, aavruttavata and Gulma mentioned in Charaksamhita.

Essential guggulakalpa can be given according to doshavastha.

In Vatajshool- Yogarajguggulu (Bhaishajya Ratnavali), Trayodashangaguggulu

Pittajshool- Triphalaguggulu, Kaishorguggulu etc.

samavastha- Simhanadguggulu, Rasnadiguggulu aadi drugs are useful. The dependence on steroids and painkillers becomes negligible.

In Bahu (excess) dosha, niramavastha of dosha with uttam rugnabala and shodhaniyaavastha of vyadhi, Shodhana was given. Recurrence of vyadhi occurs due to giving only Shamana chikitsa in Shodhaniyavyadhi. Bastichikitsa, Bahyaabhyantarsnehana, Murdhnitaila were used. Mostly matrabasti with Narayantaila, Balaguduchyaditaila, Balataila, Sahacharadi taila etc are given according to awastha. Nasyachikitsa in Ardita (facial palsy), Avabahuk (frozen shoulder), Manyasthambha (cervical spondylosis) etc gives best result. Rugnaparikshana doing thoroughly gives line of treatment up to apunarodbhava (complete cure) of vyadhi.

Conclusion

Rogipariksha and Rogpariksha doing thoroughly, give line of treatment up to apunarodbhava of vatvyadhi. Vatvyadhi (MSDs) can be cured with Ayurvedic management without any other bad effects on body.

Table1-The Properties of the Drugs according to Ayurveda and Chemical Composition

| Dravya Name | Latin name | Part Used | Rasa | Guna | Virya | Vipaka | Doshagnata/rogghnata/karmukta | Chemical Composition |
|--------------|------------------------------|-------------------------------------|------------------------|--------------------------|--------|--------|--|--|
| Guduchi | <i>Tinospora cardifolia</i> | Stem, leaf, arial roots | Tikta Kashay | Guru, snigdha | Ushna | Madhur | Tridoshahara, medhya, rasayan, deepaniya | Diterpenoid, tinosporide, betasitosterol, glycosider |
| Ashwagan dha | <i>Withania somnifera</i> | root, leaf | Katu, tikta, Kashay | Laghu, snigdha | ushna | Katu | Kaphavathara, balya, shukravardhak, rasayan, vataghna, deepan, bruhaniya, nidrakar | Alkaloids, isopilletierine, anferine, bitter alkaloids with some hypnotic activity |
| Sunthi | <i>Zinziper officinale</i> | Rhizome | Katu | ,laghu snigdha | Ushna | Madhur | Vatakaphaharade epan, aadhamana, shulahara, pandu | 12% yellowvolatileoil,gingerol,gingesin,carbohydrates, |
| Musta | <i>Cyperus rotundus</i> | Tubers | Tiktkatu, kashaya | Laghu, ruksha | Sheeta | Katu | Kaphapittahara, dipan, pachan | Cineol, copadienecyperen1&2 |
| Punarnava | <i>Boerha diffusa</i> | Whole plant, leaves, roots | Madhur, itkta, kashaya | Laghu, ruksha | Ushna | Katu | Kaphavathara, sothahara, dipan | Hentriacontane, betaitosterol, oxalikacid, dglucosepunarnavoside |
| Rasna | <i>Plushea lanceolata</i> | Leaves | Tikta | Guru | Ushna | Katu | Kaphavathara | Protein,pluchine,flavonoids,quercetin and isorrhamentin, |
| Devdaru | <i>Cadres deodara</i> | Bark, heart wood oil, leaves, resin | Tikta, katu, kashay | Ruksha,laghu | Ushna | Katu | Kaphavathara, dipana, kasahara, mehaghna, antiinflammatory | Dark colouroil, resinmethylacetophenone, atlantone, deodarin, toxifoline |
| Erand | <i>Ricinus communis</i> | Root leaf seed oil | Madhura katu kashaya | Snigdha tikshna, sukshma | Ushna | Madhur | Vatahara, rechana, vrushya, angamardaprashama | Ricininelupeol, lipids, phosphatides |
| Gokshur | <i>Tribulus terrestrics,</i> | Fruit, root | Madhur | Guru, snigdha | Shita | Madhur | Vatpittahara, mutrala, rasayana,balya, deepan, vrushya, keshavardhana | chlorogenin, diogeningitogenincamp esterol, astragalin, dioscin |
| Guggul | <i>Commifera mukul</i> | Oleo resin/gum | Tikta katu | Laghu, ruksha, sukshma | Ushna | Katu | Tridoshahara, rasayana, vrushya, lekhan, bhagnasandhankrita, balya, deepan | Oleoresin, z-gugguisterane, e-guggulsteron, guggulighans 1,2 guggulu mukulo |
| Yashti-madhu | <i>Glyserrhiza glabra</i> | Root | Madhur | Guru, snigdha | Shit | Madhur | Tridoshahara, rasayana, vrusha, medhya, vedanahara | Glyserrhizin, glycerhizenicacid, isoliquiritin |

| | | | | | | | | |
|----------|-----------------------------|-------|---|------------------|-------|--------|---|--|
| Haritaki | <i>Terminalia chebula</i> | fruit | Tikta Madhur Amla katu, kashay | Laghu, ruksha | Ushna | Madhur | Rasayan, treatment of allergic conditions, powerful eye tonic, helpful in treatment of uti, reduces inflammation, anuloman, deepan | 20 to 40% of tannin, betasitosterol, anthraquinones. |
| Bibhitak | <i>Terminalia bellirica</i> | Fruit | Kashay | Ruksha, laghu | Ushna | Madhur | Kaphapittashama k, kasnashak, bhedan, kruminashan | Tannins, ellagicacid, glucose, fructose |
| Amalaki | <i>Emblica officinalis</i> | Fruit | Madhur, amla, katu, tikta, kashay | Laghu, ruksha | Sheet | Madhur | Tridoshar, vrushya, rasayan, vayasthapan, chakshushya. | Tannins, phyllemblicacid, phenolic compounds |

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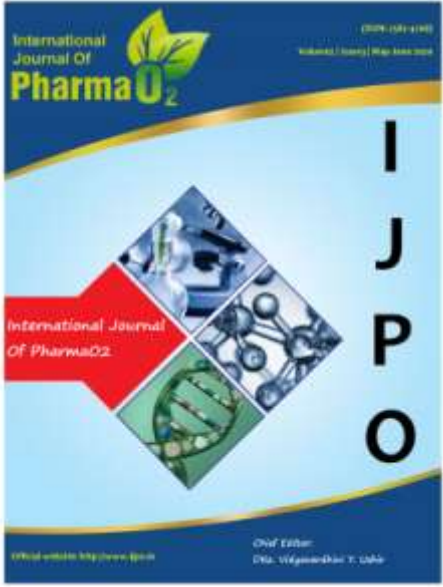
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STUDY OF PRAMEHA SAMPRAPTI BY EVALUATING BADHATVA AND BAHUTVA OF DUSHYA**Dr. Madhavi Gaikwad¹, Dr. Komal Kishanrao Patil*² and Dr. Deepali Amale³**Associate Professor¹, PG Scholar², Professor & H.O.D. of Rog Nidan Department³
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ABSTRACT

Charaka has explained Prameha in Ashtomahagada. Prameha is a Kulaj Vikar (Hereditary) and Jataj Prameha (Juvenile diabetes) is Incurable. Dosh Dushya Sangraha of Prameha is as- Dosh- Kapha, Pitta, Vata. Involved Dushya are Rasa, Rakta, Mamsa, Meda, Majja, Shukra, Oja, Ambu, Vasa, and Lasiaka. 'Dosh Dushya Samurchana Janito Vyadhi'. Symptoms of disease are depends up on the involvement of Dushyas. Ten Dushyas are involved in samprapti of Prameha. Symptoms reflecting in patient depend upon how much Dushti occurs. Ex. Prameha Pidaka are not seen in all types of Prameha Rugna. Sandhivishlesh, Sirashyathilya etc. occur only when Dushya Dushti occurs. Dosh Sanga occurs at the place of kha vaigunya. Where there is more Kha Vaigunya more symptoms will be expressed in disease. Different type of Lakshana are created by single Dosh by disturbing different types of Dushya.

KEYWORDS: Prameha, Samprapti, Dushyas.**INTRODUCTION**

Acharya Charak Has explained Prameha in Ashtomahagad.^[1] Acharya Charak has been described the Utpatti of Prameha in Nidansthan. He stated that Prameha is a Kulaj Vikar (Hereditary) and Jataj Prameha (Juvenile diabetes) is Incurable.^[2] Due to lack of proper management it becomes Asadhya in later stage. There is increased frequency of micturition and increase urinary output in this disease. Therefore it is called Prameha.

In Ayurveda there are 20 types of Prameha, 10 Types of Kaphaj Prameha, 6 Pittaj Prameha and 4 vataj Prameha. Prameha is life threatening life style originated disease. It is basically belongs to Medovaha, Mutravaha and Udakavaha Stratas. Prameha is a Santarpan Janya Vyadhi.

The Diabetes mellitus has been generally classified in to 2 types Type 1 and Type 2. According to WHO 220 million people have Type 2 Diabetes mellitus. It is a fast growing health hazard and Silent Killer. India has more Diabetes than any other country in the world. The top countries for number of persons with Diabetes are India, China, and United States of America. India has now been declared by WHO as the Diabetes Capital of the world.^[3]

As Prameha is Tridoshaj Vyadhi with Ten Dushyas there is possibility of loss of combination of dosh dushyas. Ayurvedic Samhita state that Sahaj Prameha occurs due

to defect in Beej. In Prameha dushta Kapha is called as Bahu Drava Shleshma that means increase in Drava Guna of Kapha.

कफः सपित्तः पवनच् दोशाः मेदोअस्त्रशुकाम्बुवसालसिकाः।
मज्जा रसओजः पिशित च दुश्याः प्रमेहिनाम्, विशतिरेव मेहाः
॥ च. चि. अ. ६।८^[4]

Dosha Dushya Sangraha of Prameha is as- Dosh- Kapha, Pitta, Vata. Involved Dushya are Rasa, Rakta, Mansa, Meda, Majja, Shukra, Oja, Ambu, Vasa, Lasika.^[5] Except Raktadhatu all Dushyas Kapha category. Meda and Mamsa are important Dushyas and are compulsory involved in all types of Prameha. Pecularity of Meda and Mamsa Dhatu is both of them are Bahu (excess in quantity) and Abadha (Aghana i.e. flabby or loosely bonded). Without proper knowledge of Hetusevan and Dosh Dushyas Sangraha one cannot suggest Nidan Parivarjan to any patient.

AIM AND OBJECTIVES**Aim**

Study of Prameha Samprapti by evaluating Badhatva and Bahutva of Dushya.

Objectives

1. To Explore Dosha – Dushya in Prameha Samprapti in detail.
2. To elaborate relation between Dosha- Dushya in aetiology of Prameha.
3. To evaluate Badhatva and Bahutva of Dushya in Prameha.

MATERIALS AND METHODS

For the present review detailed literary study performed. The detailed content and references are analysed from available text. Principle text referred are Charak Samhita, Sushrut Samhita, Vagbhat Samhita and other Samhita. Relevant references are taken from other modern books. Some other Ayurvedic books also referred.

Dushyas

Nidan, Dosha, Dushyas are the three factors responsible for the manifestation of every disease. But are having Anukulatva of these factors is important in Madhumeha. All Acharyas narrated Dushya Sangraha and their involvement in the pathogenesis, but Charaka specially enumerated a group and named it as a Dushya Vissha (Ch. Ni. 4/7) again he mentioned them in Chikitsasthana also. Sushruta also narrated the Dushyas but he typically mentioned them along with the Doshic type (Su. Ni. 6/9) but he commonly included Meda in each type. Only Vagbhata mentioned Sweda as a Dushya along with above Dushyas (A. H. Ni. 10/14). Meda vitiation is common and dominant Dushya in the pathogenesis of Madhumeha. Kapha and Meda have close resemblance in regard to functions as well as qualitative parameters. Both get vitiated more or less by same etiological factors.

In Prameha vitiation of Meda results in two way.

Qualitative: Abadha (Asamhat) Normal function of Meda is to produce unctuousness in the body along with Dridhatva i.e. compactness. So this Abadhatva causes derangement in the structure of Meda producing Shaithilya in the body. This can be well correlated with FFA excess.

Quantitative: Bahu - Here in the pathogenesis, Meda is in excess quantity. This MedoDhatu is Aparivakva (Ama) (Su. Ni. 6/4)

1) Medadhatu

It is the dominant Dushyas in all types of Pramehas. Both quantitatively and qualitatively it is vitiated. Abadhatva is qualitative and Bahutva is quantitative vitiation. Sharir Shaithilya is produced by Abadha Meda and Bahutva of Meda leads to Dhatwagnimandya. Dhatwagnimandya leads to Medo Vrudhi in turn.

2) Raktadhatu

Sushrut has specially mentioned Rakta as Dushya in Samprapti of Pittaj Prameha. The Provoked Pitta gives its manifestation in the form of Rakta Dushti. The

symptoms and signs due to its involvement are Daha, Pidaka and Vidradhi.

3) Shukradhatu

The normal function of the shukra dhatu is to maintain Dehabala, Shukra is also a constituent of the Sahaj Prameha. Prameha is a Kulaj Vikara and occurs as a result of Beej Dosha. Vyan and Apan are the causative factors for Shukra Dosha and Prameha. Vata causes depletion of Shukra Dosha and Prameha. Vata causes depletion of Shukra Dhatu and causes Shukra Meha.

4) Kleda

Kleda itself is an important Dushya in Prameha. It makes other Dushyas susceptible for the progression of the Samprapti. Kleda promotes analogy between Dosha and Dushya. The increase Kleda with Bahudrava Sleshma and Bahvabadha Meda amalgamates with vitiated Doshas and Dushyas resulting in increased amount and frequency of urine along with adding Samatva to it thus altering its turbidity, specific gravity and transparency.

5) Vasa

Vasameha is subtype of Vataj Prameha. Vasa is the Upadhatu of Mamsa and the unctuousness present in the Mamsa. It has been described in the text as one of the four main Sneha Dravyas. The provoked Vata draws Vasa towards the Basti and excretes it through the urine in the form of Sneha.

6) Lasika

The liquid component present just beneath the skin is lasika. It is excreted from the skin in the form of sweat. The Dushti in the form of Bahutva, Lasika is described as a Dushyas in Hastimeha. The provoked Vata draws Lasika toward the Basti and excreted through the urine leading to massive micturition.

7) Majjadhatu

In the Samprapti of Madhumeha, Majja gets depleted as a result of Vataprakopa. The provoked Vata draws Majja towards Basti and excretes through Mutravaha Srotas leading to Majjameha which signifies the highest degree of vitiation.

8) Rasadhatu

Kapha is the mala of Rasdhatu which is having the close resemblance with each other so naturally when the kapha gets vitiated the rasdhatu also gets vitiated, showing the same symptomatology which is clearly mentioned by vagbhata "Raso api shelshmavata."^[6] Thus rasdhatu is very much important in the precipitation of the disease which shows the features like Alasya, Gaurava, Karshya etc.

9) Oja

Oja plays active part as Dushya in Samprapti of Madhumeha. Vitiation of oja causes the Ojomeha which is the synonym of the madhumeha. In madhumeha as there is Dhatushaithilya due to the unhealthy formation

of the dhatus as oja is the sarbhuta of all the dhatus there is ojakshaya which results in to Gurugatrata, Murccha, Nidra, Tandra and Daurbalya.

10) Mamsadhatu

It has been described as one of the main Dushya in Kaphaja Prameha and Avaranjanya Madhumeha. Kapha and Mamsa both gives strength to body. The vitiated Mamsa loses its normal consistency and develops Shaithilya which results in to the formation of space for the accumulation of morbid matter. That in this turn results in to Putimamsa Pidaka.^[7]

DISCUSSION

Diabetes mellitus termed as Silent Killer. Ten Dushyas are involved in samprapti of Prameha. Symptoms reflecting in patient depends up on how much Dushti occurs. Ex. Prameha Pidaka are not seen all types of Prameha Rugna. Sandhivishlesh Sirashyathilya are occurred only when Dushya Dushti occurred. Dosh sanga occurs at the place of kha vaigunya. Where there is more Kha Vaigunya more symptoms will be expressed in disease. Different type of Lakshana are created by single Dosha by disturbing different types of Dushya.

CONCLUSION

Today some disease have turn out to be burning problem of society. Diabetes mellitus is one of them. Diabetes mellitus is the world leading disorder now a days. It has triggered the research for safe and effective alternatives. So there is intense need to know the graveness of the disease and to understand the proper relation of Dosha-Dushya in etiology of Prameha. Medadhatu is the dominant Dushyas in all types of Pramehas. Ten Dushyas are involved in Samprapti of Prameha. Symptoms reflecting in patient depends up on how much Dushti occurs. Where there is more Kha Vaigunya more symptoms will be expressed in disease. Thus we can conclude that In Madhumeha there is Shaithilya in Ghan Dushyas like Meda and Mansa while there is Bahutva in Drava Dushyas like Rasa, Rakta.

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Ayurvedic perspective of treating *Nidranash*

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ABSTRACT

Sleep restores energy to the body and provides relaxation particularly to the nervous system. It helps in building and restoring the control of the brain and nervous system over the muscles glands and other body systems. *Nidra* (Sleep) has its important role in healthy life. The word *Nidranasha* denotes the phase of devoid of sleep which itself is the main *Lakshana* of this condition. *Ayurveda* indicates psychological respite as key along with *Vataghna* treatment in managing insomnia. Entire management is prescribed in the form of specific procedures, psychiatric treatment, drugs and Diet.

Keywords: *Nidra*, *Nidranash*, *Chikitsa*

INTRODUCTION

In Ayurveda, health is explained as complete balance state of *Dosha* (Three substance), *Dhatu* (Fundamental principle), *Mala* (Waste matter), *Agni* (Digestive power), *Mann* (Mind) and *Indriyas* (Phenomenological faculties). This means health is not only absence of disease but also a complete balance state of mental and social wellbeing. *Nidranasha* is one of the *Vataja Nanatmaja Vikara* in *Charak Samhita* where it is mainly caused by *Vata Dosha* and according to *Sushruta Acharya* *Nidranasha* is also caused due to *Pitta Dosha*.

Modern medicine does not provide curative treatment for insomnia. It just frequently prescribes sedative & hypnotic like benzodiazepines drug as a therapy of insomnia, which leads to dependency of drugs which in then shows many side effect on individuals.

Nidranasha:

- It means the conjugation of *Manah* to its *Vividha Anubandha Vishayas* to create wakefulness creating loss of sleep.
- *Nidranasha* can be broadly defined as the loss of sleep or the derangement in the quality and quantity of sleep. *Anidra* or *Nidranasha* is enumerated as one of the *Nanatmaja Vikara* of *Vata Dosha*.
- It is also included as one of the symptoms in *Vata & Pitta Dosha Vriddhi Lakshanas* and certain diseases.
- *Kaphadosha*, *Tamas*, *Hridaya* and *Samjnavaha Srotas* are responsible for the induction of sleep. the *Manasa Karanas* enlisted in the Hetus of *Nidranasha* vitiates *Rajas* and *Tamas*. These *Manasa Doshas* produce an impact on *Sharirik* *Doshas* and vitiates them, thus results in *Nidranasha*

- In *Samprapti* of *Nidranasha Manasa Hetu* along with *Sharirika Hetu* also plays an important role.

Management:

In *Charaka Samhita* there are three types of *Chikitsa* mentioned for physical and mental disorders.

- 1} *Daivavyapashraya*- Spiritual therapy
- 2} *Yuktivyapashraya*- Physical therapy
- 3} *Satvavajaya* – Mental therapy

1. *Nidan Parivarjan*

2. *Panchakarma in Nidranash*

- According to Acharya Sushruta, treatment of *nidranasha* includes i. *Abhyanga* ii. *Murdhni taila* iii. *Gatra udvartan* iv. *Samvahan*

- Among *sneha kalpana*, *Moordhni Tailam* is said to be highly effective in inducing good quality of sleep. The *Moordhni Tailam* constitutes four varieties of therapeutic procedures i.e. *Shiroabhyanga*, *Shirodhara*, *Shiropichu*, *Shirobasti*.

- I. *Shiroabhyanga*

(Application of medicated or simple oil on head).

- II.

Shirodhara/shiraseka (Pouring of any medicated liquid which is lukewarm over the forehead).

- III. *Shiropichu*:

Keeping a piece of gauze or cotton soaked in medicated

oil on the anterior fontanelle of head is called *Shiropichu*.

- IV. *Shirobasti* (It is a special procedure where medicated oil is kept over the head by using a leather bag for a specific period).

- *Nasya* is indicated as *Sukhaswapna Prabhodhaka* in *Samhitas* and *Jatamansi* is indicated as *Nidrajanana* in Ayurvedic texts. *Jatamansi* acts by its *Vatashamak* effect due to its *Madhura Rasa* and *Sheeta Veerya* by reducing *Pitta Dosha*, it has *Snigdha Guna* which increases *Kapha Dosha* and thus acts as *Nidrajanana*.

3. *Shaman chikitsa* in *Nidranash*

Nidranasha itself is a *Upadrava* of some disorders, such as *Vataja* and *Pittaja Moha*. From day to day practice we observe that patients who are suffering from *Madhumeha* and hypertension usually develop *Nidranasha* over time.

Aushadhi Upachara- *Vacha*, *Priyangu*, *Bramhi*, *Aragwadh*, *Jyotismati*, *Jatamansi*, *Shankhpushpi*, *Aparajita*.

PATHYA **APATHYA**: *Pathya* is a regimen which does not impair the body system and which is pleasant to the mind. And *Apathya* is a regimen which adversely affects the body and mind. It is stated that there is no point in planning a treatment if one does not follow

Pathyaapathaya. In *Nidranasha* it is important to change the diet and lifestyle so as to get the result of the treatment.

4. *Manasikaa Upachara:*

Manonukul Vishay Graham, Manokul Sabda Graham, Manokul Ganda Graham, Mrudu Shayya, Sukha Shayya, Nischinta, Nityatrupti, Bhaya Tyaga, Chinta Tyaga, Lobha Tyaga, Swasteerna Shayya, Sukhavartalabha, Santosha

5. *Adravya chikitsa :*

There are some more ways mentioned in *Samhitas* to induce good sleep such as;

- Listening to good music and news.
- Living without worry.
- Pleasant smell and sound also helps to induce sleep.
- Gentle rubbing all over body.
- To keep the mind in a calm and happy state.
- To be satisfied always.

6. *Achara Rasayana* is very important in the role of *Nidranasha*; *Achara Rasayana* is a procedure of social and mental conduct, which can acquire the *Rasayana* effect on the body and mind. It is also said as '*Nitya Rasayana*' in *Charaka Chikitsa Sthana*, which has direct effect on the potentiating of *Satva Guna* of the mind.

DISCUSSION

Researches show that improper sleep can increase risk of developing obesity, diabetes, high blood pressure or heart disease. Ayurveda has enlightened about this fact centuries ago and mentioned various causes, symptoms and remedies for

Nidranasha. The line of treatment mentioned according to different *Samhitas* is *Vatahara* treatment, along with mental relaxation.

In *Ayurvedic Sharir Rachana*, brain is formed by *Majjadhatu*. It describes that the nature of *Majjadhatu* is unctuous and oily. In *Nidranasha* this unctuousness is reduced then it causes local aggravation of *Vata* which leads to degenerative condition of brain. *Shiropichu* is utilized to restore this unctuousness and oiliness nature of brain and promote the regeneration of injured tissue, which then promote sleep.

In *Nasya* drug administered to the nasal cavity rapidly traverses through *cribriform* plate into CNS by olfactory neurons. Lipid soluble drugs are much more rapidly absorbed by nasal mucosa, so *Sneha Pradhan Dravya* gets absorbed and reduces *Vata* and *Pitta Dosha*, which directly works as *Nidrajanana*.

CONCLUSION

- A sound sleep in the night regenerates the power of mind and body to accept new challenges, maintains health, proficiency and emotional well being. People suffering from *Nidranasha* cannot concentrate in daily routine, which leads to many problems related with mind and body
- In *Samhitas* *Moordhni Tailam*, *Nasya*, *Abhayanga*, *Udvartana*, *Samvahana* are mentioned as some of the treatment for *Nidranasha*.
- Ayurveda indicates psychological respite as key along with *Vataghna* treatment in managing insomnia. Entire management is prescribed in the form of specific procedures, psychiatric treatment, drugs and Diet.

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IMPORTANCE OF STHANIK CHIKITSA IN OBSTETRICS AND GYNECOLOGY

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ABSTRACT

Female gender is the unique creation of this universe undergoing different physical & psychological changes as she reaches different stages in her life, which includes puberty, reproductivity, pregnancy, labour, puerperium, menopause & her responsibilities still go on. Ayurveda explains both oral and local procedures like Yonidhupan, Yonidhavan (vaginal douche), Yoniparishek, Yonilepa (paste), Yonivarti (fumigation), Yonipichu (tampon). The unique local procedures are more convenient for women because she can do her daily activity without disturbance. This Ayurvedic management seems to be more practical, effective, economic and non-surgical with negligible side effects. Dhupan dravya contains various volatile oils, as

we create dhup its volatile oil forms fumes act on the wound. Fumes have penetrating power. So it can be reached to micro and deeper levels and act there. Shodhan tail helps to convert the dushta vrana into shudha vrana. Ropan tail helps in formation of healthy granulation and wound healing. Due to Yoni Dhupan all dhatu kleda gets absorbed from wound site which actually helps in wound construction. Due to dhupan dravya property and action it doesn't provide favorable conditions for bacteria to grow. Thus we conclude that the holistic approach (Sthanik chikitsa) of ayurvedic system of medicine gives completely relief to the patients from Yoni kshata. Sthanik chikitsa in streerog and prasutitantra are very encouraging. Medicines used in the Sthanik chikitsa are cheap, effective and easily available.

KEYWORDS: Sthanik Chikitsa, Yonidhupan, Yonidhavan, Yoniparishek, Yonilepa, Yonivarti, Yonipichu, Gynecological disorders.

INTRODUCTION

Female gender is the unique creation of this universe undergoing different physical & psychological changes as she reaches different stages in her life, which includes puberty, reproductivity, pregnancy, labour, puerperium, menopause & her responsibilities still go on.

During these stages many gynecological problems takes place and no women is an exception for these illness. Female genitals are very much prone to infections since they are moist, covered and near to anal region.

For that since ancient time various treatment modalities explained in different forms with the drugs available in the nature. Ayurveda explains both oral and local procedures like Yonidhupan, Yonidhavan (vaginal douche), Yoniparishek, Yonilepa (paste), Yonivarti (fumigation), Yonipichu (tampoon).

The unique local procedures are more convenient for women because she can do her daily activity without disturbance. This Ayurvedic management seems to be more practical, effective, economic and non-surgical with negligible side effects.

Women and child health is a key issue in social integrity. Traditional knowledge of Ayurveda when scientifically applied and practiced can achieve this objective.

सर्वाव्यापन्नयोनि तु कर्मभिः वमनादिभिः ।
मृदुभि पञ्चभिः नारी स्निग्धस्विन्नामुपाचरेत् ॥
सर्वतः सुविशुद्धायाः शेषं कर्म विधीयते ।
बस्त्यभ्यङ्गपरीषेक प्रलेप पिचुधारणम् ॥
च. चि. ३०

After proper oleation and sudation, emesis, purgative, basti, nasya, raktamokshan all five purifying measures should be used.^[1] Only after proper cleansing of doshas through upper and lower passages. Other procedure like Yonidhupan, Yonidhavan (vaginal douche), Yoniparishek, Yonilepa (paste), Yonivarti (fumigation), Yonipichu (tampoon) should be given in various gynecological disorders as follows –

1. Yoni Dhavan (Vaginal Douche)^[2]

Yoni + Dhavan

योनि धावति शुध्यति इति धावनम् ।

| Sthan | Prathamavarta (Vagina) |
|-----------------|---|
| Chikitsa Kala | Rutukalavasthet 8 to15 Days |
| Time | 1 to 1.5 min. |
| Chikitsa Dravya | Kwath, Sukhoshna Jal, Kshirpak |
| Dravya Praman | 500 ml – 1000 ml |
| Arhata | Yonigata Shweta strava, Yonidaha, Yonishool, Yonishotha, Rajodushti, Yonivyapad |
| Instrument | Enaema Pot, Rubber Catheter (No. 14/16), Asepto syringe with rubber bulb |
| Upadrava | Adhik ushna dravya – Yonidaha, Adhik sheet dravya – No Proper Relief |

2. Yoni Parishek (Vaginal irrigation)^[3]

Yoni + Parishek

| Sthan | Bahya-Yoni |
|-----------------|--|
| Time | 5 to 10 min. |
| Chikitsa Dravya | Siddha Tail, Kwatha, Sukhoshna Jal |
| Arhata | Yoni vrana(Vitap-vrana), Yoni Pitika, Yoni Shotha, Vataj Yonivyapada |

3. Kalka Dharan^[4]

Kalka

शुष्कं द्रव्यं द्रवेणा प्लुत्य पिष्टम् ।

चूर्णीकृतम् आद्रम् औषधी द्रव्यम् ॥

| Sthan | Prathamavarta |
|---------------|---|
| Chikitsa Kala | Rutukala |
| Time | 1 to 2 hrs |
| Dravya Praman | 50 gms |
| Arhata | Upapluta Yonivyapad – Lodhra, Vataja Yonivyapad – Tila Taila Pittaja Yonivyapad – Panchvalkal, Kaphaja Yonivyapad – Priyangu + Gelaphal Acharana Yonivyapad, Yoni Kandu |
| Instrument | Gauze piece, Aushadhi Dravya Kalka |
| Upadrava | Yonidaha, Yoni Rukshata, Yoni Dushti. |

4. Pinda Chikitsa (Veshwar Pinda)^[5]

- Prepared Boiled Nirasthi Mansa kalka
- It's Ushna viryatmka (Due to direct contact with heat)

| Sthan | Prathamavarta |
|-----------------|--|
| Chikitsa Kala | |
| Time | 3 to 4 hrs (Amutraveg) |
| Chikitsa Dravya | Nirasthi mansa |
| Dravya Praman | |
| Arhata | <ul style="list-style-type: none"> • Kaphadhikya • Kledadhikya |

| | |
|------------|--|
| | Sransa शुण्ठीमरिचकृष्णाभिधान्यकाजाजिदाडिमैः । पिप्पलीमूलसंयुक्तै वेशवार स्मृतो बुधैः ॥ |
| Instrument | Gauze piece, Aushadhi nirasthi mansa Kalka, |
| Upadrava | Yonidaha, Yoni Rukshata, Yoni Dushti. |

5. Lepa Chikitsa (Paste)^[6] Types of Lepa-: 3 Types

Pralepa – Thin Pradeha – Thick Aalepa – Medium

Lepa Chikitsa

| Sthan | Prathamavarta / Stana |
|--------|---|
| Time | 3 to 4 Hrs. till Dry |
| Arhata | Yoni-Shaithilya – Palasha + Udumbar Phala + Tila Taila. Aparasanga – Guda + Shunthi Lepa (Yonisthani) Stana Vidradhi – Amavasthet Dashang lepa Garbha strava – Pitta Shamak dravya Granthi – Punarnava, sarshap, Nishottara, +Shankha Churna Lepa Upadansha Vrana – 1. Morchud + Kasis + Rasanjan +Manashila 2. Vada + arjun + Jambu + Pathya + Lodhra +Haridra Stana Roga – Kanakpatra lepa Vrana Shotha – Panchavalkal + Ghrut Apakva Vidradhi – Yava + Godhum + Mudga + Ghruta |

6. Pichu Chikitsa (Tampon)^[7]

Types-: 1. Lambakar – 1 angul thick & 4 angul long

3. Modakakar – 1 Inch (Length-width-breadth)

| Sthan | Prathamavarta – Lambakar Dvitiyavarta - Modakakar |
|----------|--|
| Time | 5 to 6 Hrs. / Aamutravega |
| Arhata | Yonivyapad Garbhini Paricharya (9 th Month) Aparasanga – Shatapushpa + Hingu + Koshta +Madanphala (Siddha Taila) Garbha- Nirodhan – Nimba Taila / Saindhav Tail Vataj Yonivyapada – Guduchyadi Taila, Rasnadi Taila Sannipataj Yonivyapada – Shrimada Kwath Pichu Udavarta Yonivyapada – Tila Taila Pichu Acharana/Vipluta Yonivyapada – Tagar+Kushtha+Saindhav Sidhha Tila Taila Pichu |
| Upadrava | Strav-Dushti, Yoni-Dushti. |

- Beejahin karpas is kept in the Gauze piece and tied with cotton thread
- Size - 3×3cm/6×3cm –According to the size of vaginal orifice
- Shape –Vruttkar, Lambakar
- Instrument - Swab holding Forceps, swab, Stain steel bowl, karpas pichu (Tampon), Surgical gloves

- Sthan – Yonimarg (Prathamavarta)
- Purva karma- Patient is made to void Urine
- Patient is made to lie on a table in lithotomy position
- Bedpan will be kept
- Sterile and autoclaved Karpas pichu and medicated oil was taken in surgical tray
- Pradhan karma : - The Pichu was soaked in 10-20 of medicated oil
- Vaginal orifice was cleaned with triphala kwath
- Labia majora and minora gently separated by the fingers of left hand and with the right hand the pichu was placed 2-3 inch deep in vagina such a way that the thread was remain outside
- Pashchat Karma – Patient is advised to lie down on table for 10-20 mi.
- Pichu will be kept in in vagina for 5-6 hrs.
- Pichu will be removed after urination or defecation

7. Varti – Vikeshika^[8] Vartikriya (Nirmanvidhi)

चतुर्गुणेन क्वाथेन पाकात् वर्त्यकारता कर्तव्या ॥

Types of Varti

1. Karpas Varti
2. Kalka Varti According to Sthana:-
 1. Phalavarti / Gudavarti
 2. Yonivarti
 3. Vranavarti

Varti Chikitsa

| Sthan | Yonisthanastha Vrana, Yonistha Vrana |
|--------------------|---|
| Chikitsa Kalavadhi | 2 to 3 Hrs. |
| Arhata | <ul style="list-style-type: none"> • Yonidushti • Kaphaj Yonivyapad:- Pimpali + Saindhav + Kushtha + Ushir + Balantshepa (Kalka Varti) -Varahpitta bhavit varti / Panchavalkal varti -Yava choorna +Masha choorna+ Saindhav + Arka bhavit Varti • Anartav (Rajpravrtak):- Katutumbi beej + Danti +Pippali+ Guda + Madanphala beej + Sura + Yashtimadhu + Snuhikshir (Kalka Varti) • Karnini Yonivyapad:- Kushtha + Pippali + Arkapatra(Komal) + Sandhav + Ajamutra • Udavarta Yonivyapada – Yava,Godhum, Kinva, Kushtha, Shatapushpa, Priyangu, Bala, Akhuparni Kalka • Acharana/Vipluta Yonivyapada – Gopitta/Matsyapitta : 21 times Bhavana – Kshoumvastra varti |

8. YONI DHUPAN (Fomentation)^[9]

धूपनद्रव्यैः धूमदानम् धूपनम् । (धूमद्रव्यांनी योनिला धूरी देणे)

| | |
|----------------------|--|
| Sthan – | Bahya Yoni |
| Chikitsa Kalavadhi – | 3 to 5 min. |
| Prakar – | 1.Chikitsa Swaroop |
| | 2.Swasthya Rakshanarth |
| Kashyapokta- | 1. Jangam-Balgrahat |
| | 2.Udbhij – Stree rog |
| Dhoopan Dravya – | Guggul, Devdar, Vidanga, Vacha, Nimbapatra, Kushtha, Agar, Goursarshap, Shatpushpa |
| Arhata – | Dushta Vrana, Yonigat Pooyastrav- (Purulent Vaginal Discharge) |
| | Upapluta- Ral+ Yava+ Guggul+ Trikatu + Kadu Tumbi Bij + Tail. |
| | Yonikandu – Bruhati + Daruharidra + Haridra. |
| | Vilambit Aavi – Katutumbi + Sarshap + Sarpakat + Dhoop. |
| | Sutika Paricharya – Kushtha + Agar + Guggul + Nyagrodha. |
| | Santati pratibandhak – Nimbkashtha |

DISCUSSION

- Due to Yoni parishek all debris are washed out and disinfection of wound is achieved.
- Due to Yoni Dhupan all dhatu kleda gets absorbed from wound site which actually helps in wound construction. Due to dhupan dravya property and action it doesn't provide favorable conditions for bacteria to grow.
- Dhupan dravya contains various volatile oils, as we create dhup its volatile oil forms fumes act on the wound. Fumes have penetrating power. So it can be reached to micro and deeper levels and act there.
- Shodhan tail helps to convert the dushta vrana into shudha vrana. Ropan tail helps in formation of healthy granulation and wound healing.
- Yoni prakshana by kwatha of antiseptic property helps to keep the vaginal and peri vaginal part sterile.

CONCLUSION

- Thus we conclude that the holistic approach (Sthanik chikitsa) of Ayurvedic system of medicine gives completely relief to the patients from Yoni kshata.
- Sthanik chikitsa in streerog and prasutitantra are very encouraging.
- Medicines used in the Sthanik chikitsa are cheap, effective and easily available.
- Uttar basti removes the blockage of tubal lumen by directly acting on the obstruction and restores the normal endometrium.

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A review article on *Jalaukavacharan* in the management of *Dushta Vrana*

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ABSTRACT

Method of removing blood from the body using jalauka (leech) is considered as the most easy and convenient method. Blood vitiated by vata, pitta and kapha should be removed from the body, by using sringa, jalauka and alabu respectively. Jalauka is ideal to remove blood vitiated by pitta. The medicinal leech, *Hirudo medicinalis*, is one of the few examples of the use of invertebrates in the treatment of human disease. Leech therapy also known as Hirudotherapy (mentioned as Jalaukavacharan in Ayurveda) played an important role because it was used for medicinal "blood-letting" and "purification".

"The destruction / break / rupture / discontinuity of body tissue / part of body, is called Vrana." The healing of wound or an ulcer is the natural response of the body. Naturally wound will heal in one week if no doshic invasion or infection takes place. The vrana more than a week called dushta vrana which fail to heal for a long period and result into chronic wound (dheergha kalanubandhi dushta vrana), such vrana needs shodhana (Abhyantara) and ropana (Bahya) chikitsa. Virechana and Jatyadi ghruta application as well as jalaukavacharan (leech therapy) are the best line of management for vata-pitta pradushtaja dushta vrana.

KEYWORDS: Dushta Vrana, Bloodletting, Jalaukavacharan.

INTRODUCTION

Shalya Tantra is one of the important branches of Ayurveda in which surgical and para surgical techniques have been described for management of various surgical diseases. Dushta Vrana is one of them which have been managed by human being from starting of civilization. The first thing which the men came across was the injury from different sources which caused him the Vrana (wound).

The concept of Vrana is as old as human life. 'Vrana' from the starting of life is described as a common and major problem faced by human. Thus, description of Vrana is found in most of literature related with human health. The earliest reference of Vrana is found in Vedic literature in context of injuries. Basic concept of wound cleansing, closure and splitting has been described in various medical systems. Vrana is the most important and widely described chapter of Shalya Tantra by Sushruta¹.

Sushruta is known for excellence in surgical procedures. He has described Vrana very precisely and in scientific manner with reference to Satkriyakala, types², sub types², Shashti Upakrama³ (60) procedures for Vrana management), Vrana upadrava (Complications), Sadhaya⁵ Asadhatya (Prognosis), Vranavastu etc. He has clearly mentioned that the Vranavastu

(scars) of a Vrana (wound) never disappear after complete healing and its imprint persists lifelong, that lesion is called Vrana¹⁰. Every aspect about Vrana is described very beautifully and coherently.

Ayurvedic treatises have classified the Vrana as Nija Vrana and Aagantuja Vrana^{4 5 6}. It is further classified into 16 sub-types (15 Doshaja Prakara + 1 Shuddha Vrana)³.

“The term wound is break in the continuity of soft parts of body structures caused by violence of trauma of tissue”.⁸

Ulcer is defined as “A local defect or excavation of the surface, of an organ of tissue produced by sloughing of necrotic tissue.”⁹

“Ulcer word is derived from Latin word “ulcer”. It means an open sore or lesion of the skin or mucous membrane accompanied by sloughing or inflamed necrosed tissue.”¹⁰

The management of Dushta Vrana has been described in various Ayurvedic texts. Many formulations are in use for centuries. Among these Jalaukavacharan (leech therapy) described in Sushruta samhita¹¹. It is most widely used in various types of Dushta Vrana.

DUSHTA VRANA LAKSHANA⁷

- Durgandhita
- Pooyayukta
- Atipooyasrava
- Utsangi
- Chirkali Dooshita,
- Atigandha
- Varna-Srava,
- Vedanayukta,
- Suddha lakshanaviparita.

MANAGEMENT OF DUSHTA VRANA

Jalaukavacharan (Method of leech applying on the body)⁵

Poorva karma (Before procedure):

1. Proper snehana (oleation) and swedana (sudation) of the patient.
2. The patient should be made either to sit or lie down.
3. Part preparation: Cleaning of place by turmeric water. Patient’s skin is cleaned thoroughly with soap and water.
4. Purification of leech by pouring the leech in haridra powder (turmeric powder) and water.

Pradhan karma (Main procedure):

1. After knowing that leech is free from fatigue, picked up and made to catch (bite) the place of the disease.
2. Smooth, white moist cotton wool or piece of cotton cloth should be put on it and its mouth moistened with a drop of water after, if it does not bite, a drop of milk or blood should be put at its mouth or even a small incision may made on the patient body.
3. When it makes its mouth in the shape of a horse’s hoop, and lifts its neck then it is to be understood as biting.
4. When it sucks blood, cover the leech with wet cotton.
5. With the appearance of pricking pain and itching at the site of bite, it to be understood that it is sucking pure blood. When it begins to suck pure blood it should be removed. If it does not leave off easily, then powder of saindhava should be sprinkled on over its mouth.

Paschat karma (After procedure):

1. After it falls off, its body should be sprinkled with rice flour, its mouth bathed with oil added with salt, held (lifted up) at its tail end by the thumb and fingers of the left hand

and its body kneaded slowly in the downward direction with the thumb and fingers of the right hand and make it vomit all the blood it has consumed, till signs of complete vomiting appear.

2. Signs of complete vomiting is that it moves fastly to and fro in search of food when put into the vessel of water. Those which is not vomited completely, develops an incurable disease known as Indramada.
3. After it became completely vomited it should be put into the pot.
4. The patients are where the leeches have been put should be examined for local infection.
5. The minor wounds can be cleaned and washed.

INDICATIONS

Eczema, Psoriasis, Osteoarthritis, Rheumatoid arthritis, Cellulitis, Sciatica, Varicose veins, Diabetic wound, Boils and abscesses, Alopecia, Herpes zoster etc.

DISCUSSION

A wound is a break in the integrity of the skin or tissues often, which may be associated with disruption of the structure and function. There are two types of wound tidy and untidy.

Types of wound Healing

1. Primary Healing (First intention): - It occurs in a clean incised wound or surgical wounds edges are approximated with sutures. There is more epithelial regeneration than fibrosis. Wound heals rapidly with complete closure. Scar will be linear smooth and supple.
2. Secondary Healing (Second Intention): - It occurs in a wound with extensive soft tissue loss like in major trauma, burns and wound with sepsis. It heals slowly with fibrosis. It leads into a wide scar, often

hypertrophied and contracted Stages of Wound Healing

- (1) Stage of Inflammation
- (2) Stage of granulation tissue formation and organization.
- (3) Stage of Epithelialization
- (4) Stage of scar formation and resorption
- (5) Stage of maturation

CONCLUSION

Non-Healing to Healing.

Leech is the best parasurgical sharp live instrument. Leech saliva contains so many chemicals which are useful to human being. Blood-letting is second one important line of treatment of Vrana-Shotha. Leech saliva contains anticoagulant chemical which is useful for sandhan. Only Leech is useful for shodhan and ropan also because of its – saliva contains a chemical which has powerful antibacterial action and it is proved today. Leech treatment is the best divine solution for such ulcer like diabetic and tubercular ulcer. If we do leech therapy locally in diabetic patients at the beginning stage then we must can save the patient from amputatia. Leech can be the best remedy because Leech saliva contains a powerful chemical which destroys foreign-body or bacteria. Leech is safe, live antibiotic.

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A Clinical Study of RaktArsha Managed with Ayurvedic Treatment w. s. r. to 1st degree internal Haemorrhoid.

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ABSTRACT:

In the present era *Arsha* has become most common and distressing disease due to Sedentary life style and irregular habits. *RaktArshas* is one of the *bheda of Ardra Arshas*. Per rectal bleeding is the chief complaint in 1st degree internal *haemorrhoid*. Bleeding through Haemorrhoids can leads to Anaemia which ultimately leads to serious complications. Stoppage of bleeding is primary goal in the *RaktArsha*. In bleeding *Tikta Rasatmaka Dravyas* are given to the patients for *Agnisandeepan*, haemostasis & *Pachna* of *Doshas*.

So, in the present study single patient study taken. The result of the study was assessed on the basis of clinical improvement.

KEYWORD: *RaktArsha*, 1st degree internal Haemorrhoid, *Agnisandeepan*.

INTRODUCTION:

Today's sedentary life style, irregular eating and bowel habits causes

many diseases in that haemorrhoid is one of the frequent problems.

Haemorrhoid (Greek: *haima*-Blood, *rhoos*-Flowing; synonym: piles, Latin: *Pila*- a ball)¹

Haemorrhoids are defined as dilated plexus of superior haemorrhoidal veins in relation to anal canal².

Commonly three positions are seen in primary piles as at 3,7 and 11 'O' Clock positions (when the patient is in the *lithotomy* position)³. *Aacharya Sushruta* described *Arsha* under '*ASHTAUMAHAGADA*'⁴. According to *Charak Samhita Arsha* never occur without the aggravation of all three *Doshas*. It is because of the predominance of one or all three *Doshas* that different types of *Arshas* are determined⁵. From the treatment point of view *Arsha* may be divided into 2 groups viz. *ShushkArsha* (Dry piles) & *Sravi Arsha* (*Exudating/Bleeding* piles). *Sravi Arsha* which occurs due to the dominance of *Pitta & Rakta*⁶.

Among all types of *Arshas*, *Sravi Arsha* can be leads to life threatening

complications if not treated during early stage. Bleeding through pile mass can leads to Anaemia which ultimately leads to serious complications. Stoppage of bleeding is primary goal in the *RaktArsha* (bleeding piles).

Bheshaja Chikitsa is more effective in early stage of *RaktArsha* and has greatest advantage of wider acceptability by the patients.

In bleeding *Tikta Rasatmaka Dravyas* are given to the patients for *Agnisandeepan*, haemostasis & *Pachna* of *Doshas*⁷ and *Sheeta Veerya* is mainly *Pittashamaka* and *Pitta* is the main *Dosha* responsible for bleeding piles.

AIM AND OBJECTIVES:

To Study the Clinical Management of *RaktArsha* with *Ayurvedic* Treatment w. s. r. to 1st degree internal Haemorrhoid.

MATERIALS AND METHOD:

CASE REPORT: -

Name of patient – XYZ

Gender – Female

Age – 36 years

Occupation – Housewife

Religion – Hindu

Desh – *Sadharan*

Marital status – Married

CHIEF COMPLAINTS:

- 1) Per rectal drop wise bleeding - Since 15 days
- 2) Constipation – On & Off Since 15 days

CASE HISTORY:

A 36 yrs female patient suffered from per rectal drop wise bleeding after defecation and constipation. Onset of these symptoms are last from 2 wks.

Past history: No H/O - DM/HTN/IHD/COPD

Personal History:

- a. **Addiction-** Tea 2-3 times per day
- b. **Dietary Habits-** Irregular, spicy food
- c. **Bowel Habits-** Hard stool (Constipation On & Off)
- d. **Nature of work-** Sedentary

Family History: NO History found

GENERAL EXAMINATION:

1. Pulse rate – 82/min
2. BP – 110/70 mm of Hg
3. Weight – 56 kg
4. P/A – Soft
5. Liver and Spleen- not palpable
6. S/E - CNS, CVS, RS - NAD

ASHTAVIDHA PARIKSHA:

1. *Nadi* - 82/min
2. *Shabda* - *Spashta*
3. *Mutra* – 5-6 times per day
4. *Spardha* - *Ushna*
5. *Mala* – *Malavsthambh* (1-2 times per day)
6. *Druk* – *Prakrut*
7. *Jivha* - *Saam*
8. *Aakruti* – *Madhyam*

LOCAL EXMINATION:

P/R Examination:

Perianal region: Normal

Anal Region – No any abnormal growth, No any discharge

Sphincter Tone - Relaxed

Proctoscopy – 1st degree internal haemorrhoid present at 11 o' clock.

No congestion

GRADATION OF SYMPTOMS:

1) AMOUNT OF BLEEDING PER ANUM:

| Sr.no. | | Grade |
|--------|--|-------|
| 1) | No bleeding | 0 |
| 2) | Soiling of faeces with blood or staining of hand / tissue paper on cleaning after defecation | 1 |
| 3) | Drop by drop 5-10 drops | 2 |
| 4) | Drop by drop >10 drops / during entire act of defecation | 3 |
| 5) | Jet of blood /Splashes in the pan | 4 |

2) FREQUENCY OF BLEEDING PER ANUM:

| Sr.no. | | Grade |
|--------|-----------------------|-------|
| 1) | No Bleeding | 0 |
| 2) | Once in a week | 1 |
| 3) | Twice in a week | 2 |
| 4) | >3 -5 times in a week | 3 |
| 5) | Daily | 4 |

3) CONSTIPATION:

| Sr. no. | | Grade |
|---------|--|-------|
| 1) | Absent | 0 |
| 2) | No requirement of laxatives only diet modification | 1 |
| 3) | Requires laxative | 2 |
| 4) | Not reliving by laxatives | 3 |

TREATMENT:

- 1) Chandanadi Kwath 50ml BD after meal
- 2) Gandharv haritaki churna 5gm H.S

Follow up Taken on 1st, 7th, 14th days of Treatment.

RESULT:

| Symptoms | 0 day | 7 th day | 14 th day |
|-------------------------------|-------|---------------------|----------------------|
| Amount of bleeding per rectal | 2 | 2 | 1 |
| Frequency of bleeding | 3 | 2 | 1 |
| Constipation | 2 | 1 | 0 |

DISCUSSION:

1. *Arsha* is a *Tridoshaj Vyadhi* that arises from Mandagni and Ama formation.
2. The principal of treatment of *RaktArsha* includes three chief clinical effects- (1) *Agni Deepan*, (2) *Vatanuloman* and (3) *Raktasthambhan*.
3. *Chandanadi Kwath* contains 8 ingredients⁸ – *Raktachandana*, *Kiratatikta*, *Dhanvayasa*, *Shunthi*, *Daruharidra*, *Twak*, *Ushir*, *Nimba*.

pharmacological actions of *Chandanadi Kwath*⁹-

Raktachandana has *Madhura -Tikta Rasa*, *Guru - Ruksha Guna*, *Sheeta Veerya*, *Katu Vipaka*. So, it has *Kaphapittashamak*, *Daahaprashmana*, *Sthambhaka* properties.

It acts as Anti-inflammatory, anthelmintic in action¹⁰.

Kiratatikta has Tikta – Rasa, Laghu - Ruksha Guna, Sheeta Veerya, Katu Vipaka.

So, it has *Kaphapittashamak, Raktashodhaka, Agni-Deepana, Aampachana* properties. It acts as antibacterial, antifungal, antiviral, anticancer, anti-inflammatory in action¹¹.

Dhanvayasa has Madhura - Tikta - Kashya Rasa, Laghu - Snigdha Guna, Sheeta Veerya, Madhura Vipaka. So, it has *Kaphapittahara, Arshoghna, Daha prashamana, Rakta Shodhaka, Rakta Sthambhaka* properties. It acts as astringent, antiviral, antimicrobial, antiseptic, anti-inflammatory, antioxidant in action¹².

Shunthi has Katu Rasa, Laghu - Snigdha Guna, Ushna veerya, Madhura Vipaka. So, it has *Vatakaphashamaka, Shothahara, Arshoghna, Vedanasthapaka, Agni-Deepana, Pachana, Vatanulomana* Properties. It is Anti-inflammatory, Antibacterial, Antipyretic, Antioxidant and Analgesic in action¹³.

Daruharidra has Tikta - Kashay Rasa, Laghu - Ruksha Guna, Ushna Virya, Katu Vipaka. So, it has *Kaphapittahar, Arshoghna, Shothhara, Vedana sthapana, Rakta Sthambhana* Properties. It is Anti-inflammatory, Hepatoprotective, Antidiabetic, Anticancer, Antimalarial, Antimicrobial, Antioxidant in action¹⁴.

Twak has Madhura – Katu - Tikta Rasa, Laghu – Ruksha - Tikshna Guna, Ushna Virya, Katu Vipaka. So, it has *Vatakaphnashaka, Agnimandyahara, Arshoghna, Shothhara, Vedana Sthapana, Rakta Shodhaka* properties. It is blood purifier, digestive, antiseptic, antifungal,

antiviral, antibacterial, antioxidant, anti-inflammatory in action¹⁵.

Ushir has Madhura – Tikta Rasa, Laghu – Ruksha Guna, Sheeta Veerya, Katu Vipaka. So, it has *Kaphapittahghna, Agni-Deepana, Pachana, Raktstambhaka* Properties. It is antifungal, cooling, haemostatic, expectorant, antispasmodic in action¹⁶.

Nimb has Tikta - Kashay Rasa, Laghu Guna, Sheeta Veerya, Katu Vipaka. So, it has *Kaphapittahghna, Daahprashmana, Rakta Shodhaka, Vranpachana, Vranashodhanaka* Properties. It is Antibacterial, Antiviral, Anthelmintic, Antiseptic, Anti-inflammatory in action¹⁷.

Owing to all the above mentioned properties of the constituents of *Chandanadi Kwath*, it helps in breaking the pathology of *RaktArsha* by its *Vatanulomana, Deepan, Pachana, Rakta shodhana, Raktastambhana* properties.

4. *Gandharav Haritaki Churna:*

This *churna* acts as a *anulomak* thus helps in relieving constipation.

CONCLUSION:

1. From the above case study, it was concluded that in *Chandanadi Kwath* most of the drug are *Tikta-Kashay Rasa* and *Sheeta Veeryatmak* so it helps in *Agnisandeepana & Pachna* of *Doshas, Vatanulomaka* and *Raktastambhaka*.
2. *Gandharv haritaki Churna* helps in relieving the constipation.

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Study of *Parishek* with *Kwath* in wound management by two different Methods of *Kwath* preparation.

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ABSTRACT

In the management of post operative ano rectal wounds Sits bath plays gold Slandered role in wound management. In Ayuevedic surgical Practice, wound-wash is given with various decoctions. *Acharya Sushruta* has described *Shastiupakramas* (60 procedures) for management of Wound. In CSMSS *Ayurved Mahavidyalaya* in Regular Practice *Triphala Kwath* is being used. This study involves two different preparation methods of *Triphala Kwath* and there clinical significance. The present study aimed to evaluate the “Effect of *Vran Dhavan(Parishek)* in Wound Care and healing process”.

Keywords:- *Vranopakram*, *Vran Dhawan*, *Parishek*, *Post operated wound care*.

INTRODUCTION every Post Surgical wound if not kept clean and sterile tend to be infected and In Ayuevedic surgery Practice. Wound-wash given with various Preparations.¹ *Acharya Sushruta* has described *Shastiupakramas* (60 procedures) for management of Wound in this he described *Parishek* as one of the *Vranopakram*.² And For *Parishek Kwath* preparations are mostly used.³ As it can be prepared fresh at the time and due to boiling fulfills all sterility criteria. The conventional way of *kwath* preparation⁴ is Taking One Pal *Matra* (~50gm) Of Raw powder Ingredient and 16 time water and boiling it to get 1/4th Decoction. In this process raw Ingredients used which have uneven particle size. Hence the contaminated dust particle along with ingredient dust remains in *kwath*. While

using this *kwath* these particles stays on wound surface and washed by normal saline or distil water hence the contact time of *kwath* with wound is very less. Here in this study Ingredients Packed in Cotton cloth pouch, this pouch of cloth with 16 time water used for boiling to get 1/4th Decoction. And this preparation used for Wound *Parishek*

Aim and Objective:

- To evaluate the effect of *Parishek* in Wound Healing

MATERIALS AND METHODS:-

Inclusion Criteria:- All the post operated cases of *Anorectal Surgeries* (Post Partial *Fistulectomy*, Post *Fissurotomy* Post *Hemorrhoidectomy*) which having wound size in between 0.5 cm to 3 cm

Exclusion Criteria: - Sinuses with single opening and blind track,

Criteria of Assesment⁵

- 1) Active Bleeding
- 2) Discharge
- 3) Granulation
- 4) Odour

| | | | | |
|------------------------|---------------|----------------|---------------|-----------------------|
| Active Bleeding | Sever | Moderate | Mild | No Bleeding |
| Discharge | Thick Pus | Blood | <i>Sirous</i> | No Discharge |
| Granulation | Black Debries | Yellow Slough | Red Bleeder | Pink Granulating Buds |
| Colour | Black | Yellow | Red | Pink |
| Odour | Foul | <i>Putried</i> | Blood | No Odour |

Methodology

Group A: - *Kwath* Prepared by Conventional way taken for Wound irrigation for Five Patient for seven days.

Group B: - *Kwath* Prepared by Pouch Method taken for Wound irrigation for five patients for seven days.

RESULTS:

| GROUP A | Patient 1 | | Patient 1 | | Patient 1 | | Patient 1 | | Patient 1 | |
|------------------------|-----------|--------------|-------------|---------------|-----------|--------------|-----------|--------------|-----------|--------------|
| | BT | AT | BT | AT | BT | AT | BT | AT | BT | AT |
| Active Bleeding | Mild | No Bleeding | Mild | Mild | Moderate | No Bleeding | Moderate | No Bleeding | Moderate | No Bleeding |
| Discharge | Thick Pus | No Discharge | Thick Pus | <i>Sirous</i> | Blood | No Discharge | Thick Pus | No Discharge | Blood | No Discharge |
| Granulation | Red | Pink | Black | Red | Yellow | Pink | Yellow | Pink | Yellow | Pink |

| | | | | | | | | | | |
|---------------|---------|------------------|----------|---------|----------|------------------|----------|------------------|----------|------------------|
| ion | Bleeder | Granulating Buds | Debrides | Bleeder | w Slough | Granulating Buds | w Slough | Granulating Buds | w Slough | Granulating Buds |
| Colour | Red | Pink | Black | Red | Yellow | Pink | Yellow | Pink | Yellow | Pink |
| Odour | Putrid | No Odour | Foul | Putrid | Putrid | No Odour | Putrid | No Odour | Putrid | No Odour |

| GROUP B | Patient 1 | | Patient 1 | | Patient 1 | | Patient 1 | | Patient 1 | |
|------------------------|------------------|-------------|------------------|-----------------------|------------------|-----------------------|------------------|-------------|------------------|-------------|
| | BT | AT | BT | AT | BT | AT | BT | AT | BT | AT |
| Active Bleeding | Mild | Mild | Mild | No Bleeding | Mild | No Bleeding | Moderate | Mild | Moderate | Mild |
| Discharge | Thick Pus | Thick Pus | Sirous | No Discharge | Sirous | No Discharge | Blood | Sirous | Blood | Sirous |
| Granulation | Black Debrides | Red Bleeder | Red Bleeder | Pink Granulating Buds | Red Bleeder | Pink Granulating Buds | Yellow Slough | Red Bleeder | Yellow Slough | Red Bleeder |
| Colour | Black | yellow | Red | Pink | Red | Pink | Yellow | Red | Yellow | Red |
| Odour | Foul | Foul | Putrid | No Odour | Putrid | No Odour | Putrid | Putrid | Putrid | Blood |

DISCUSSION:

Effect on **Active Bleeding was stopped or decreased in both the groups satisfactorily.**

Discharge:- in group A discharges stopped in about 60% and **decreased** satisfactorily 40% , where is in group B moisture tend to increase discharge in early days and took longer to decrease in 60% and in 40 % there was insignificant discharge.

Granulation In Group A Earlier Granulation Started As compared to Group B

Colour In Group A Colour Changes were proportionally changed with respect to duration where is in group B It was uncertain.

Odour In Group A odour Changes were proportionally changed with respect to duration where is in group B It was uncertain.

Probable mode of action of *Triphala kwath* is an antioxidant rich herbal formulation, is known to exhibit antioxidant, immunomodulatory, antimutagenic, antiviral, antibacterial and antifungal properties.

CONCLUSION: - by using *triphala kwath* for wound wash as per said method, By cleaning wound with *triphala kwath* only increases *kwath* contact time with wound floor and the aqueous extracts of the ingredients possessing antimicrobial, antioxidant and anti-inflammatory effects along with wound healing property gives better result. Where is by giving wound wash with *kwath* in conventional way and later on cleaning with sterile water and or normal saline makes the use of *kwath* forbidden. Hence while considering *Parishek* as a major step in wound healing as a part of shashti Upakrama the *kwath* used for *Parishek* would be prepared and used in such a way that the *kwath* will not be washed out after *Parishek*

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Methods of Kwath preparation.

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Trividh Karma – A Review study from Sushruta Samhita.

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Abstract –

Ayurveda the Science of life which has given importance to preventive as well as curative modalities of treatments. *Ayurveda* has been divided into eight branches according to Rights of treatments i.e. *Ashtangas*. Among the *Ashtangas* *Shalya Tantra* is one of the most important branch of *Ayurveda*. *Sushruta* has described various treatment modalities for treatment of diseases. *Shalyatantra* includes many Surgical and Parasurgical procedures. For performing these procedures *Acharya* has been described number of karmas i.e. *Trividh karma*, *Ashtavidh Sashtrakarma*.

Keywords: *Trividh karma*, *Ashtavidh Sashtrakarma*, *Poorva karma*, pre-operative, *Pradhana karma*, operative, *Paschat karma*, post-operative

INTRODUCTION

Acharya Sushruta the Father of Surgery has defined *Shalya Tantra* as it is the name of that branch which describes the methods of removal of different kinds of foreign bodies, such as grass, wood, stone, sand, bone, hair and nail; pus, exudation, vitiated ulcer, use of caustic alkalies and fire and diagnosis of ulcers or wounds¹. *Shalya* means any foreign body

or substance which can harm to body and mind of human beings².

In *Shalya Tantra*, various Surgical and *Parasurgical* procedures have been explained. *Acharya Sushruta* described *Trividh Karmas* namely *Poorva karma* (pre-operative), *Pradhana karma* (operative) and *Paschat karma* (post-operative)³. *Sushrutacharya* was well aware about the complications of surgery, so he described *trividh karma* to minimize the complications and he has been given equal importance to all the 3 karmas as per the view of treatment.

Trividh Karma-

1) Purva Karma-

It means Pre-Operative procedure. Firstly it includes Proper diagnosis, Proper and Detail History taking, General and Local examination of patient. Later on *Purva Karma* includes collection of all the essential equipment's. *Acharya Sushruta* has explained the list of materials required for the surgeon for performing surgical procedure should be collected, instruments (both sharp and blunt) caustic, fire, probes, horn, leeches, gourd (blood sucking apparatus) *Jambhavostha* (a cauterization probe), cotton, gauze, suture and ligation materials, medicinal leaves, bandages,

honey, ghee, milk, oil milk etc. and water to mitigate thirst, ointment, decoction, paste, fan, cold and hot water, frying pan and other earthen vessels, beddings and seats, obedient, steady and muscular strong *paricharak* should be kept ready to hold the patient during surgery⁴

Sushruta has also described the preoperative appreciation of foreign body, its size, shape and exact location within the body and appropriate instrument for its removal should be selected preoperatively. He has also mentioned the preoperative diet and Nil by mouth for various types of surgeries, before all operations patient should take light diet only. Apart from these some exceptions such as artificial or instrumental delivery, abdominal conditions, piles, calculus disease, fistula-in-ano, and surgical conditions of mouth the patient should be kept Nil by mouth before surgery⁵. Proper *Purva Karma* is required to prevent any complications or destruction of main action and ensuring the success.

2) *Pradhana Karma* –

Acharya Sushruta also mentioned the importance of sterilization of instruments to prevent post operative infection by heating sharp instruments in fire.

Pradhan Karma includes the *Shashtra Karma*, before doing the main surgical procedure worship of Agni, Brahman and Vaidya should be done on the *prospitious* moment and constellation by offering curd, sanctified rice, Different types of food drinks and gems; then offer oblation, sacrificial ritual and spiritual motets of benediction. After that the light diet is given and the patient and maintain the patients position as *Purvabhimukh* and the surgeon Should sit opposite side of the

patient Besides of *Marma, Sira, Snayu, Sandhi, Asthi, Dhamani* the incision should be done only once and its in the direction of Loma (Hairs) till the total drainage of pus⁶. Oblique incision should be given in the following regions – eyebrow, cheek, temple, forehead, eyelid, lip, *axilla*, belly and groin⁷. The experienced surgeon should make the circular or semicircular incision in the upper and lower limbs and in *Guda* and *Medhra*⁸. *Acharya Sushruta* has described eight type of *shashtra Karma*.

ASHTAVIDH SHASTRAKARMA⁹ -

| Sr. No. | Shastra Karma Names |
|---------|---------------------|
| 1) | <i>Chedya</i> |
| 2) | <i>Bhedya</i> |
| 3) | <i>Lekhya</i> |
| 4) | <i>Vedhya</i> |
| 5) | <i>Yeshya</i> |
| 6) | <i>Aaharya</i> |
| 7) | <i>Visravya</i> |
| 8) | <i>Sivyam</i> |

1) *Chedana* –

Means excision of diseased part from the normal part of the body by using *Mandlagra, Karpatra, Vrudhipatrea, Mudrika, Utapalpatra* etc. *Chedan Karma* is indicated in *Fistula-in-ano, Granthi*, pigmented moles, sinuses, new growths, haemorrhoids, warts, foreign bodies situated in the bone, *Jatamani, Mansarbud, Kotha, Valmika, Shatapaunak* (variety of *fistula-in-ano*), penile ulcers, *keloid* and excessive granulation tissue formation.

2) *Bhedana* –

Means incision made for opening a cavity to drain out collection like pus, blood, calculus etc. *Bhedana Karma* is indicated in all types of *Vidradhi* except *Tridoshaj, Vataj, Pittaj and Kaphaj*

types of *Granthi* , *Visarpa*, *Vruddhiroga* , *Vidarika*, *Pramehapidaka*, *Shopha*, *Stanaroga*, *Avamanthaka*, *Kumbhika*, *anusayi*, *sinuses*, the two varieties of *vrana*, disease of the throat, *puskarika*, *alaji*, almost all minor diseases, abscess of the soft palate, gingival abscess, *Tundikeri*, *Gilayu* and other suppurating diseases, *Bastiroga* and other diseases of the urinary bladder, and *Medoroga*.

3) *Lekhana* –

Means Scrapping. It is indicated in the following diseases, four types of *Rohini* (*Diphtheria*), *Kilasa* (*Leucoderma*), *Upajihva* (*Uvilitis*), *Medoroga*, *Danta- vaidarbha*, *Granthi* (*lymphadinitis*), *Vrana- vartma* (*disease of eyelids*), *Adhi-jivha*, *Arsha* , *Mandala* (*tuberculoid leprosy*), *Mansa-kandi* (*keloid*) and *Mansonnati* .

4) *Vedhana* –

Means puncturing .it is indicated for venipuncture of various types *Vikrut Siras*, *Mutravruddhi*(*Hydrocele*) and *Jalodara* (*Ascites*) for aspiration of fluids.

5) *Yeshana* –

Means probing. It is done by using probes of different Size and shape . it is indicated in sinuses, ulcer with impacted foreign body and those with tortuous tracks.

6) *Aaharana* –

Means extraction. It is done by using *Dantashanku*, *Nakhapatra*, *Anguli* etc. extraction is indicated for the three kind of *Vataj*, *Pittaj*, *Kaphaj* types of *Sharkara*, *Dantmala* , *Karnamala* , *Ashmari* (urinary calculi), all kinds of foreign bodies, *Mudhagarbha* and accumulated faeces in the rectum.

7) *Visravana* –

Means letting or drainage of Blood and pus by using needle.. It is indicated in five kinds of *Vidradhi* (abscess) except *Sannipataja Saruja Vataja Kustha*, *Ekdeshaj shopha* ,*Palyamaya* (*diseases of the earlobes*), *Shlipada* , *visajusta shonita* (*blood vitiated by poison*), *Arbuda* (*malignant tumours*), *Visarpa* , the first three kind of *granthi* (*vataja*, *pittaja*, *kaphaja- syphilis*), *Stanroga* (*diseases of the breast*), *Vidarika* (pustule in groin and axilla), *Sausira* (small sinus of the tooth), *Gala shaluka* (epiglositis), *Kantaka* (inflammation of tongue), *Krimidanta* (caries of teeth), *Dantavesta* (gingivitis), *Upakush* ,*Shitada* (scurvy), *Danta pupputa* (gingivitis) and *Kshudra rogas* (minor disease).

8) *Sivana* –

Sivana Means suturing. by using different types of needle according to body parts, it is indicated for diseases arising from fat such as tumor etc which have been incised, scraped well, *Sadyovrana* (traumatic wound) and diseases localized on movable joints.

Types of *Sivana*¹⁰ –

| Sr. No. | <i>Sivana</i> types | Suture types |
|---------|---------------------|-----------------------------------|
| 1 | <i>Rujugranthi</i> | Interrupted suturing |
| 2 | <i>Anuvellita</i> | Continuous suturing |
| 3 | <i>Gophanika</i> | Blanket or button – hole suturing |
| 4 | <i>Tunnasevani</i> | Halstead's sub-cuticular suturing |

3) *Pashchat karma* –

After the completion of the surgery, the patient should be assured by sprinkling cold water on his mouth and feet. The

wound should be irrigated and pressed slowly, massaged and washed with decoction, then the decoction remained in the wound should be wiped out with a cotton swab and a Gauze containing thick paste of sesames, honey and ghee, neither too Soft nor too rough to be inserted into the wound . After covering with medicated paste and putting a piece of gauze, it should be bandaged. Fumigate it with analgesic and disinfectant drugs like *guggulu, agaru, vacha, sarjras, salt, nimb patra* etc. The patient is kept in post operative care unit i.e. *vranitagara* By following all *Raskshoghna Karma* for protection of wound and Patient for 10 days.

DISCUSSION:

As per review from *Sushrut Samhita Acharya Sushruta* has mentioned *Trividh karmas* and its Step by step implementation during surgical procedures . Acharya described *Purva Karma , Pradahan karama and Paschat Karma* in detail. He also explained *Ashtavidh karma* i.e. Main Surgical procedure under Heading of *Pradahan Karma*.

CONCLUSION :

The study can be concluded that *Acharya Susruta* has mentioned *Trividh Kramas* are Very useful For performing *Surgical* as well as para- Surgical procedures .From the study of above review article we can understand about the deep knowledge of *Susrutacharya* . *Acharya Susruta* has given prime importance to surgical procedures and he

explained details about the Procedures under the main Heading of *Trividh Karmas* as *Purva, Pradhan* and *Paschat Karma* are very essential for a successful surgery without any complications and getting the complete relief from disease.

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Ayurvedic and modern perspective of *Asthibhagna*- a conceptual study

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ABSTRACT -

Acharya sushruta has mentioned detailed diagnosis and management for all orthopaedic injuries under the heading bhagna. This study explores the concept of asthibhagna, the traditional system of fracture management, and compares it to the understanding of fractures and their treatment in the modern times. Today we are able to examine the fractured bone directly under radiological examination. In absence of this, sushruta had evolved this useful and more logical of determination of types of fracture by inference, and their management through traction, manipulation by pressure, by reduction and immobilization. Many of the principles of fracture treatment defined centuries ago are still relevant and used in the conventional fracture management. The modern medicine takes over in the management of complicated, simple and compound fractures with the introduction of many surgical interventions like the intramedullary devices that hasten fracture union and healing potential. The use of specific type of splints in form of the bark of different trees, the use of decoctions and the role of diet are the distinguishing features of traditional treatment. it would be worthwhile to explore these unique features for use in the present times.

Keywords: *Fracture, Bhang, Sushruta, Asthi.*

INTRODUCTION:

Ayurveda is a complete science of life where we get elaborate description about prevention and management of disease. Ayurvedic systems of medicine do not limit themselves to just fulfilling the needs of primary health care, but also reach out to certain specialised areas. One such popular but little known area is that of fracture management. Today we are able to examine the fractured bone directly under radiological examination. In absence of this, sushruta had evolved extremely useful, logical and detailed methods of determining the types of fractures and their management.

The principles laid down by the ayurvedic text are so relevant that they are practiced even in the present times by the modern orthopaedic surgeons.

In traditional ayurveda practice, the fracture of bones and their treatment was first mentioned in sushrut samhita nidana sthana and chikitsa sthana from the view of surgical management of in 1500 B.C. Many interesting facts have been described in ancient ayurvedic classics on the management and treatment of fractures including different kinds of bandages and slings to be used.

This study helps to explore the hidden skills, power and methods of identification and treatment of fractures according to ancient times and simultaneously comparing it to the understanding and treatment of fractures according to the highly evolved and accepted modern medicine.

Such a study could potentially arouse interest as well as broaden the limited vision of main field conventional medicine professionals to the little known ancient techniques and methods of treatment.

AIMS AND OBJECTIVES:

The aim of this study is to compare the concepts of diagnosis and management of fractures (Asthibhagna) from the point of view of modern medicine and ayurveda.

- To understand the concept of asthibhagna according to ayurveda.
- To identify the similarities and differences between the classification, treatment and assessment of fractures according to conventional medicine and ayurveda.

AYURVEDIC PERSPECTIVE:

Fracture is termed as "Bhagna" in ayurveda which means breach/break in movements/continuity of bone. Bhagna is of two types' sandhimukta or dislocation and Kandabhagna i.e. bone fracture.

MODERN PERSPECTIVE:

Fracture is a break in the surface of bone, either across its cortex or through its articular surface.

ETIOLOGY

AYURVEDIC PERSPECTIVE-

Breaches in movements of bone are of several types according to the nature of injury such as by slip, pressure, striking, excessive movements, bites of ferocious and other animals such tiger etc. Breaking of bones are said to be of many

kinds caused by trauma of different types such as falling, squeezing, pulling with force, and bite by wild animals etc. Its location is at two places viz. Sandhi- at joints, Asandhi- at other places apart from joints. Bones get broken from a fall from height, assault etc. It is of two kinds as sandhigata- localised in the joint and asandhigata- in places other than joints.

MODERN PERSPECTIVE-

- Fractures can happen in variety of ways, but there are there are common causes:
- When the force on the bone is too large and occurs suddenly as in road traffic accidents, fall etc.
- When the force on the is chronic and repetitive e.g. prolonged standing as in a policeman, nurse, etc.
- When the natural resistance of the bone is eroded by a disease process (e.g. tumour, infection, osteoporosis etc.) that a bone succumbs to the insult and breaks. When the bone breaks, it is bound to injure the surrounding soft tissues like muscles, ligaments, etc.

AYURVEDIC PERSPECTIVE SYMPTOMS:

Excessive swelling, inability to bear shaking, movement and touch, crepitus on pressure, looseness of the part, appearance of various types of pain and no relief in any position. profound swelling, throbbing pain, twisting pain, intolerance to touch (guarding), sound produced on squeezing, drooping down of the part, sever pain in all position.

profound swelling and sever pain in all positions, inability to perform even slight movement, production of cracking sound

on rubbing are the features of fracture in brief.

In all these kinds general features found are; drooping of the part, swelling and sever pain, crackling sound on movement, tenderness, pulsating or pricking pain, without comfort in any position.

Drooping down of the body part, swelling, pain increasing greatly, increase of discomfort day after day, slight sound coming up at the site of fracture when touched, intolerance to touch (guarding), pulsating and pricking pains, not feeling comfortable in any position- are the symptoms of fracture.

MODERN PERSPECTIVE SYMPTOMS:

- Pain: this is very subjective symptom and is invariably the first and the most important complaint. It may be mild, moderate and severe and may be due to tearing of periosteum (which contains the nerve endings), soft tissue injury, vascular injury, nerve injury, etc.
- Swelling: it is due to soft tissue injury, medullary bleeding and reactionary haemorrhage. Swelling is usually more in fracture and less in dislocation for obvious reasons.
- Deformity: patients with displaced fractures and dislocations usually present with deformity of varying severity.
- Inability to use affected part is another frequent complaint.

SIGNS

- Tenderness: this is an important clinical sign in bone and joint injuries and it is usually seen after trauma. Importance of tenderness methods of elicitation and grading is mentioned in the box.

- Swelling: the swelling is examined for shape, size (mild, moderate, severe), consistency (cystic, hard, soft), tenderness, fluctuation, etc.
- Deformity: this is usually seen in displaced fractures and dislocations, un-displaced fractures, mild strains and sprains show no deformities. Some of the deformities are very characteristic and specific and help in making a spot diagnosis.
- Abnormal mobility between fracture fragments is a sure sign in fracture.
- Loss of transmitted movements: when one end of the limb is rotated, it automatically transmitted to the other end. Due to the break in the continuity, this is no longer possible in displaced fractures.
- Crepitus: this is an abnormal grating sensation produced by the friction between two ragged surfaces of the fracture fragments. Obviously, it is electable only in displaced fractures. It should be elicited very gently and the end of the clinical examination.
- Shortening: limb shortening of various degrees is common in bone and joint injuries.

CLASSIFICATION OF FRACTURES AYURVEDIC PERSPECTIVE:

There are 12 types of fractures such as- *karaktaka, ashvakarna, churnita, pichhita, asthichhallita, kandabhagna, majjanugata, atipaaita, vakra, chinna, paaita and sphutita.*

Features are as follows- at both ends of the bone there is hyperaesthesia and in the middle fracture point is raised like a cyst this is known as karkataka. That projected

like horses ear is ashvakarnaka. If there is sound on palpation, it is churnnita. In pichhita the affection is extensive and with sever swelling. When bone is lowered and projected in sides respectively it is asthichhallit. It is kandabhagna if it moves on shaking. When a portion of bone pierces pith of the other end and digs out the other marrow it is known as majjanugata. When bone is completely it is atipatita. When bone is bent but not separated it is vakra. If one of the sides remains intact it is known as chhinaa. Patita is that which has many small cracks with pain. If the site is as if full of awns, inflamed, large and having many cracks it is known as sphutita. Karkata is specially caused by pressure from both ends of the bone making a tumour like swelling in the centre of the bone resembling a crab in appearance. Vakra is the curvature of the bone without being dislocated. Bone swollen as though full of thorns, with many fissures is sphutita. Bone broken in two parts hangs loose on touch is vellitaka. Portion of bone being lost at the side is asthichhallita. Bone bulged up like the ear of the horse is ashvakarna. Bone becoming thick and having great swelling is pichhita. Thin multiple cracks on bone associated with pain is darita. That producing sound on touch is churnnita. Broken bone getting in to the centre of another bone is atipatita. Broken bone piercing another bone from side sesita. The wound of the fracture when lifted sinking into the bone marrow is majjanugata.

Kanda bhagna is of 12 types. Namely- karkataka, ashvakarna, vichurnita, pichhita, asthichhallita, kandabhagna, atipatita, majjanugata, sphuta, vakra and two types of chinna. These twelve are the kinds of bhagna.

MODERN PERSPECTIVE

Simple or compound: the bone can break within its soft tissue envelope and may not communicate to the exterior or it may rip through its soft tissue itself may be damaged by the external forces, exposing the bone to the external atmosphere.

Based on the extent of fracture line:

- Incomplete fracture- it involves only one surface or cortex of the bone
- Complete fracture- here the fracture involves both the cortices and the entire bone. a complete fracture could be un-displaced or displaced.

Based on fracture patterns:

- Linear fracture- these could be transverse, oblique or spiral. Any fracture that forms an angle less than 30 degree with the horizontal line is called transverse. Angle equal to or more than 30 is termed as oblique.
- Comminuted fracture- here the fracture fragments are more than 2 in number. They are further sub classified in to <50% comminution or more than 50% comminution. Butterfly shaped fractures are also included in this group and could be less than 50% or equal to more than 50%.
- Segmental fractures- a fracture can be break in to fragments and the fragments could be two-level, three-level, and a longitudinal split or comminuted.
- Bone loss- this could be a <50% bone loss, more than 50% bone loss, or a complete bone loss.

ATYPICAL FRACTURES:

- Greenstick fractures: it is seen exclusively in children. Here the bone is elastic and usually bends

due to buckling or breaking of one cortex when a force is applied. This is called a greenstick fracture.

- Impacted fracture: here the fracture fragments are impacted in to each other and are not separated and displaced'
- Stress or fatigue fracture: it is usually an incomplete fracture commonly seen in athletes and in bone subjected to chronic and repetitive stress
- Pathological fracture: it occurs in diseased bone and is usually spontaneous. The force required to bring about a pathological fracture is trivial.
- Hairline of crack fracture: it is very fine break in the bone that is difficult to diagnose clinically. Radiology usually helps or still better is CT scan.
- Torus fracture: this is just buckling of the outer cortex.

PRINCIPLE OF MANAGEMENT:

Management of closed fractures

Ayurvedic perspective:

One should rise up the slipped down, press down, the elevated one, retract the excessively thrown out and pull out that which has moved below. All joints movable, immovable should be set to their normal position by these setting procedures- traction, compression, extension and bandaging by a wise surgeon. Barks of madhuka, udumbara, ashwathha, palasa, arjuna, vansha, sarja and vata should be collected for the use as splint. For paste manjishta, madhuka, raktachandana and flour of Sali rice mixed with ghee washed hundred times should be collected. Bandaging should be done every week in saumya, on every five days in

moderate seasons and every third day in hot seasons or as required by the condition of bhagna. Well cooled decoction of nyagrodhadi drugs should be used for sprinkling while in case of painful condition; milk cooked with panchmoola should be used for sprinkling or the learned surgeon should use lukewarm chakrataila.

Sprinkling and past should be verily be cold and prepared of dosha alleviating drugs according to time and dosha.

Bone which is drooping down should be lifted up; that raised should be pushed down, that which has moved away should be pulled, that which has sunk should be elevated. Manipulations such as rotation, squeezing, elevating, restraining the part of the body with bandages etc. should be followed. All joints of the body moveable and immovable should be placed firmly in their correct position and made immovable for restraining methods.

Then thick or thin, flat, smooth, pieces of either the bark or the wood of trees such as kadamb, udumbara, ashwathha, sarja, Arjuna, palasha or vansha are cut out. These are known as kusha and wrapped in a cloth smeared with more of ghee, and inserted (on all sides of the joint) and over them bandaging done. Bandaging should be opened at the intervals of three days in summers, of seven days in dewy seasons or at suitable time depending upon the predominant doshas in the fracture. Afterword's the area should be bathed with decoction of nyagrodhadigana made cold or with milk boiled with drugs of panchmoola; this will relieve pain. Considering the nature of place and time the wise physician should make use of chakrataila added with drugs mitigating vata, comfortably warm. Application of

drug and pouring liquids should be done continuously and in very cold condition.

First of all the site of fracture should be bathed with cold water followed by application of mud plaster and bandaged inserting kusha suitably. The bone if slide down should be lifted up and if elevated should be pulled down, if the broken end found below the bone it should be lifted up and placed in proper position. Barks of kadamb, udumbara, ashwathha, sarja, Arjuna, palasha or vansha are cut-out and should be made use of as kusha. A thick bandage is tied over the splint. it should be tight but not loose. During cold and winter seasons the bandage should be removed once in a week, and once in three days in summer days; every five days after one month or at a suitable time depending on the condition of the fracture. Manjishtha and madhuka macerated in the water, adds with shatdhauta ghreeta and flour of rice- all mixed well should be used for application over the area. Rice flour, saindhava salt and juice of ripe fruit of amlika made as a thin past and applied. It subsides the swelling and pain due to the trauma and other external causes.

Roots of aamrataka, amalki phala, shigru patra, roots of punarnava, vardhamana and kembuka- all together macerated either with kanjika and buttermilk and cooked over fire and applied as poultice relieves pain, swelling and helps in quick healing. Decoction of either nyagrodhadigana or panchmuladi gana added with milk and poured in lukewarm condition over the lesion, is beneficial to relieve pain or chakrataila may be applied. He should be provided with foods that do not cause heart burn and food prepaid from flour of grains. The fractured part which is also swollen should be carefully protected from assault

etc. it should be bathed with cold liquids constantly if there is no wound on the part.

MODERN PERSPECTIVE

Simple fractures are managed by conservative and operative methods.

Conservative methods

- For un-displaced fractures, incomplete fractures, impacted fractures;
- Cuff and collar sling for upper limb fracture
- Strapping for fracture clavicle, fracture rib, finger of toe fracture etc.
- Plaster slabs; plaster of Paris slab can be used to support the injured limb usually as a first aid measure.
- Rest. and NSAIDs for pain relief and to reduce the inflammation.
- Masterly inactivity in certain cases like impacted fracture neck of femur, etc.

For the displaced fractures here the aim is to restore back the normal anatomy of the bone by either open or closed reduction.

Management of fracture by closed reduction:

- This consists of resuscitation, reduction, rotation and rehabilitation
- Resuscitation: resuscitation is the topmost priority if the patient is in shock following a fracture.
- Reduction of the fracture fragments if it is displaced. Usually it is done under general anaesthesia after adequate radiographic study.

Reduction methods are:

- Closed reduction: it is adopted for simple fractures. The technique followed is traction and counter traction. It is a blind technique and needs considerable skill and

expertise. It commonly results in malunion.

- Continuous traction: certain examples where continuous traction can be used for reduction of fractures are gallow's traction for fracture shaft femur in children, balanced skeletal traction for adult shaft femur fractures, etc.
- Open traction: it is done when the above methods fails or if there are specific, indications such as:
 - Displaced intra-articular fractures
 - Type 3rd and 4th epiphyseal injuries
 - Major avascular fractures
 - Non-union
 - Replantation of extremitiesRelative
 - Multiple fractures
 - Delayed union
 - Loss of reduction
 - Pathological fracture
 - For better nursing care
 - To avoid prolonged bed restRetention: once the fracture fragments are reduced, it has to be retained in that position till the fracture unites; otherwise it tends to get displaced due to the action of muscles, gravity and inherent factors.
Retention methods after closed reduction are:
 - By plaster of Paris splints this is the most common splint employed. It could be a slab(encircles half the limb) or cast(encircles the whole limb) or a functional brace(which permits the mobility while the fracture is still under the cast)
 - By continuous traction to overcome the muscle force after the closed reduction. The traction

could be skin of skeletal traction and is employed as fixed, balanced or combined types of tractions.

- Use the functional braces these can be used after three weeks, once the fracture becomes sticky.

Rehabilitation: it is by way of physiotherapy and exercises (both active and passive)

Methods of open reduction:

After the exposure, the fracture is reduced by direct methods and fracture is reduced without exposing by positioning and traction over the fracture tables, skeletal traction, tensioner, lamina spreader, etc.

Principles of open reduction (known after lambotte)

Suggested by lambotte includes:

- Exposure: the fracture is adequately exposed through a proper approach.
- Reduction: of the fracture fragments under direct vision is carried out.
- Definitive stabilization: of the fracture by using plates and screws or intramedullary nail, etc. is done later.
- Temporary stabilization: by K-wire is done first if necessary.

Retention after open reduction:

After the open reduction the fracture fragment invariably needs to be fixed internally by various implants such as k-wires, screws, intramedullary nails, plates and screws, interlocking nails, hip implants, spine implants, steel wires.

The rehabilitation process is same as for closed management of fractures.

MANAGEMENT OF COMPOUND FRACTURES:

Ayurvedic management:

In case of compound fracture the wound should be treated with past of

plants mixed with plenty of ghee and honey. The remaining regimen should be as in fractures. In case of fractures associated with wound, the wound should be treated with ghee, honey and astringent drugs placed on it. Later the treatment of fracture is adopted. Muscles of wound which are hanging loose are smeared with honey and ghee and pushed in to the wound and bandaged. Noted that they are in good shape and correct place. The wound should be dusted with powder of either phalini, lodhra, kataphala, samanga and dhataki or of panchvalkala added with honey and sukta (sour gruel) or with powder of dhataki and lodhra. By this the wound heals quickly.

In case of fracture with wound the wound should be bathed with decoction of drugs. Astringent taste added with more of honey and ghee. Remaining treatment is like that described for fractures. Muscles which are hanging loose in the wound should be smeared with honey and ghee and then cut, sutured and bandaged appropriately. Observing that these are well adhered, fine powder of phalini, lodhra, kataphala, samanga and dhataki: or of dhataki and lodhra should be sprinkled over them; by this the wound heals quickly.

If the fracture is having a wound, the wound should be smeared with mixture of ghee and more of honey, then decoction of drugs poured on it warm and then treatment indicated for fractures adopted. Medicated fats described in the treatment of vatvyadhi may also be used here.

MODERN PERSPECTIVE:

Compound fractures are usually serious injuries and are due to high-velocity trauma. They may be associated with multisystem and multiskeletal injuries. The

approach should be more cautious and the following protocol is recommended.

- General physical examination: this is of vital importance since the patient is usually in shock. Levels of consciousness, pulse, blood pressure etc. should be recorded.
- Examination of other systems: examinations should be carried out for head injury, neck and face injury, chest injury, blunt injury abdomen, pelvic fractures and spine fractures.

TREATMENT PLAN:

After stabilizing the general condition of the patient, surgical debridement is planned under strict aseptic measures in a major operation theatre. Debridement is the most important step in the management of compound fractures. It consists of the following steps.

- Exploration of the wound: the wound should be sufficiently explored proximally and distally to have a proper assessment of the extent of damage.
- Excision of all nonviable structure is important to prevent infection.
- Evacuation of foreign body to prevent the further infection.
- External fixators are used to fix the fracture fragments after debridement.

DEFINITIVE WOUND CARE:

This is an extremely important step as the primary objective of treatment in open fracture is to convert an open wound into closed wound. The wound closer should be primary or secondary.

Criteria for primary closure:

- All necrotic material should be removed
- Circulation should be normal

- Nerve supply should be intact
- Patients general condition should be stable
- Wound should be closed without tension
- No dead space should be left after closer
- There should not be any multisystem injury.

If all the above criteria are met, primary suturing is preferred to close the wound. The following alternative measures are considered in the event of the above criteria not being met.

- Splint skin graft
- Pedicle or flap graft
- Secondary suturing after 2-3 weeks
- Relaxing incisions to mobilise the neighbouring skin.
- Biological dressing(homologous or heterologous skin)
- To live it open and follow by regular dressings, wound inspection and closer later.

Role of antibiotics:

It will not replace the wound debridement. Topical antibiotic have very little role. Parenteral administration is recommended. The choice of antibiotics is usually is broad spectrum.

Role of AGGS and ATS:

The patient has to be protected against tetanus and gas gangrene by effective immunization against them.

COMPLICATIONS AND DEBRIDEMENTAL FACTORS:

AYURVEDIC PERSPECTIVE:

Out of them (fractures) churnita, china, atipatita and majjanugata are curable with difficulty. If pelvic bone is cracked, dislocated, drooped and rubbing the pubic region, it should be discarded. If the skull is not unified, forehead is smashed and

there is fracture in intermammary region, it should be discarded. The surgeon should remain vigilant and take all necessary steps so that it does not suppurate because in case of suppuration of muscles, vessels and ligament it becomes difficult to cure. Bhagna is cured with difficulty if patients eat little, has no self-control, is of vaatika constitution or is afflicted with complications.

The patient of bhagna should abstain salts, pungent, alkali, sours, coitus, sun-heat, physical exercise and rough food.

Darita, churnita, atipatita, sesita and majjanugata are difficult to cure in the emaciated, the very young or very old, who can't with stands the therapies, who eats too much, who have predominance of vata, who are suffering from leprosy and complications. Bhinna kind of fracture of katikapala or dislocation, uptista fracture of the bone of the jaghana, vivartita kind of kurpura, churnita kind at lalata (forehead), that causing separation of the kapala and that happening between the head and the back of the temples- all these are incurable. By loose bandaging the immobilization of joint is not achieved and by tight bandaging there will be severe pain, burning sensation, ripening and swelling.

The bone which has been crushed in very small pieces, that which causes sound on touching, in which pieces of bone have entered the marrow cavity, the condition whereby trauma very little portion of bone is left inside the body, that condition in which raising the fracture portion makes it sink into the marrow- all these kinds are difficult to cure; so also those found in persons who are emaciated, debilitated, having predominance of vata in their body and who consume very little food. Fracture of the pelvic bone in its fat portion, dislocation of joints of the waist

and crushing fractures of the pubic bone should be refused. Skull bone not knit together, the forehead bone broken to pieces and that fracture which has occurred in the middle of the temples, head and breast should be refused. Physician should not allow ripening in the fracture site; since muscles, veins, tendons, joints which develop pus do not stick together. Exertion is not good for him; for it will produce dislocation of the joint. The patient of fracture should not indulge in things which are salty, pungent, alkaline and sour; copulation, exposure to sunlight, dry food, exercises.

MODERN PERSPECTIVE:

CHRONIC COMPLICATIONS

- Delayed union
- Non-union
- Shortening of long bones
- Malunion
- Avascular necrosis
- Joint stiffness
- Post traumatic arthritis: it is commonly seen in the intraarticular fractures, malunion etc.

ACUTE COMPLICATIONS

- Shock
- Acute respiratory distress syndrome
- Neurovascular injuries
- Volkmann's ischemia/compartmental syndrome
- Deep vein thrombosis
- Crush syndrome

PECULIAR COMPLICATIONS:

- Infection
- Chronic osteomyelitis
- Gas gangrene
- Tetanus
- Hypovolemic shock

DETRIMENTAL FACTORS:

- Poor circulation

- Infection
- Segmental fractures
- Comminution
- Osteoporosis
- Soft tissue interposition

Unique features of Ayurvedic treatment for fracture healing:

SPECIAL DECOCTIONS:

For paste, manjishta, madhuka, raktachandana, and flour of Sali rice mixed with shatdhauta ghrita should be collected. Well cooled decoction of nyagrodhadi drugs should be used for sprinkling while in case of painful condition. Milk cooked with panchmoola should be used for sprinkling or the learned surgeon should use lukewarm chakrataila. Sprinkling and paste should be verily cold and prepared of doshas alleviating drugs according to time and doshas.

In fracture of upper part of the body i.e. mastishka ear-filling, intake of ghrita and snuffing if useful while in that of extremities enema is applicable. Gandhataila which alleviates all diseases caused by vata and is suitable for king. Oils of trapusa, bibhitaka, priyala mixed with muscle fat should be cooked with kakolyadi drugs along with 10 times milk. This excellent oil unites fracture very quickly and is used as intake, massage, snuffing, enema, sprinkling.

SPECIAL DIETARY AND HERBAL SUPPLEMENTS:

The learned surgeon should provide Sali rice, meat-soup, milk, ghee, pea-soup and weight promoting food and drugs to the patient suffering from bhagna. The patient of bhagna should drink milk of primiparous cow mixed with ghee, processed with kakolyadi drugs, well cooled and added with laksha early in the morning.

The patient of bhagna should drink ghrishtikshira (milk of the cow which has calved within a week) added with ghee and processed with kakolyadi drugs mixing it with laksha early in the morning.

Asthisamhara together with ghee, laksha, godhuma and Arjuna should be consumed with milk everyday by the patient of fracture and dislocation of joints. By consuming the paste of rasona, madhu, laksha, ghee and sugar fractures like china, Bhinna gets united quickly. Powder of shrugalvinna consumed along with soup of meat everyday heals the fracture within three weeks. Powder of Abha (babbula) Added with honey and consumed for 3 days, it helps to unite the fractures making the bone similar to diamond (in hardness). Abha, triphala, vyosa al l equal parts added to guggula are pounded well and made into pills; helps in union of fracture.

FRACTURE BED:

For those having fracture and dislocation of leg and thigh, wooden cot is suitable. In this for stabilizing, five nails are provided so that there should not be any movement in the affected part. For this two nails on each side of the joint and one at the sole are fixed. This procedure should be adopted in case of fracture and dislocation of hip, vertebral column and clavicle too.

For persons having fracture of waist, legs and thighs making them lie on kapata (hard wooden flank) is ideal for restraining him. It should be well equipped with five pegs, two each for the forelegs cum thighs and flanks and one for the sole (the part of the body are tied to these pegs and thus immobilised). The same procedure should be adopted in cases of dislocation and fractures of the pelvis,

vertebral column, chest and chest and collar bone.

CONCLUSION:

Many similarities can be found both in Ayurveda and modern medicine in understanding and treatment of fractures. The symptoms of fracture as understood according to modern medicine have been mentioned centuries ago in the Ayurvedic texts. Today we are able to examine the fractured bone directly under radiological examination. In the absence of this, the ancient system had evolved extremely useful, logical and detailed methods of determining the different types of fractures and their management. Special techniques like management of compound fracture have been dealt separately. The wounds are dressed before immobilising the fracture. There is also an indication of the use of practical physiotherapy in the texts. This could be compared to the rehabilitation post fracture section in modern medicine. An interesting feature in sushruta's technique of dealing with fractures is the method of immobilising the injured limb by using fracture bed "KAPATASHAYAN". The modern medicine take over in the management of complicated, simple and compound fractures with the introduction of many surgical interventions like intramedullary devices that hasten fracture union and healing potential. Diet and application of herbal pastes and decoctions play an integral role in accelerating fracture healing. The favouring and the contra-indicated diets influence the time and quality of healing. These are indeed the unique features of Ayurvedic treatment. Properly united fracture must satisfy the condition such as absence of gaps between the broken fragments, shortening deformity, return of painless and easy

movements. If only the surgeon is convinced that these four features exist clinically, should the bone injury be declared as ideally healed.

It can therefore be concluded that the principles lay down by Ayurvedic texts are extremely relevant and many of them are practiced by the modern orthopaedic surgeons even in the present times. It would also probably be worthwhile, in the time to come, to explore the role of diet and decoction mentioned in Ayurveda for accelerating the fracture healing.

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वर्षे ७४ वे

“ यशस्वी चिकित्सेचा राजमार्ग ”

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या अंकातील विचारांशी संपादक सहमत असतीलच असे नाही, ती मते लेखकांची समजावीत.

पुरुष वंध्यत्वचिकित्सा विशेषांकासाठी लेखकांना आवाहन

आयुर्वेद पत्रिकेतर्फे दरवर्षी चिकित्सोपयोगी विशेषांक प्रसिद्ध केले जातात. त्यामध्ये अनेक ज्येष्ठ, अनुभवी व तज्ञ वैद्यांची मते, अनुभव तसेच विचारप्रवर्तक लेखांचाही समावेश असतो. यावेळी विशेषांकाच्या मालिकेत आपण नवीन पुष्प गुंफणार आहोत. यावर्षी पुरुष वंध्यत्वचिकित्सा विशेषांक प्रसिद्ध होणार आहे. यासाठी सर्व लेखकांच्या अभ्यासपूर्ण व चिकित्सोपयोगी लेखांचे स्वागतच आहे. या विषयांतर्गत खालीलप्रमाणे काही आयाम संपादक मंडळ सुचवित आहे.

१) पुरुष - शारीररचना, शारीर क्रिया २) पुरुष वंध्यत्व - हेतु, प्रकार, लक्षणे, संप्राप्ति ३) पुरुष वंध्यत्व- चिकित्सा - शमन, शोधन-पंचकर्म, उत्तरबस्ति ४) पुरुष वंध्यत्व - साध्यासाध्यत्व ५) पुरुष वंध्यत्व - रसौषधी कल्प, वनौषधी कल्प, रसायन कल्प, वाजीकरण कल्प ६) पुरुष वंध्यत्व - समुपदेशन ७) पुरुष वंध्यत्व - आधुनिक वैद्यक, शारीररचना, क्रिया, कारणे, चिकित्सा - औषधी, शस्त्रकर्म ८) पुरुष वंध्यत्व - रूग्णानुभव ९) पुरुष वंध्यत्व - नवीन संशोधन (आयुर्वेदीय दृष्टीकोन) १०) शुक्र धातु, वृद्धि, क्षय-हेतु, लक्षण, चिकित्सा ११) शुक्रवह स्रोतस १२) क्लैब्य, नपुंसकता, षंडता - प्रकार, हेतु, लक्षण, चिकित्सा १३) लैंगिक भाव, लैंगिकता, व्यसन, लैंगिक व्यवहार (behavior) १४) मैथुन वेग - शुक्रोदीरण (ejaculation) प्राकृत धारण, उदीरण

- तसेच आपणास जी उपयुक्त माहिती वाटते त्याविषयीचे लिखाणही आपण पाठवू शकता.
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संपादक

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वैद्य एकनाथ कुलकर्णी

१८ जुलै २०२० रोजी आयुर्वेद पत्रिका हे मासिक वयाची ७३ वर्षे पूर्ण करून ७४ व्या वर्षात पदार्पण करत आहे. याचा आपणा सर्वांना आनंद आहे. १८ जुलै १९४७ रोजी आयुर्वेद पत्रिकेचा पहिला अंक आयुर्वेद सेवा संघाने प्रकाशित केला. सुरवातीला काही वर्षे आयुर्वेद पत्रिका हे पाक्षिक होते. त्यानंतर ते मासिक झाले. १९४७ सालापासून नियमितपणे आणि अखंडितपणे प्रकाशित होणारे आयुर्वेद पत्रिका हे भारतातील एकमेव मासिक आहे. प्रारंभीच्या काळापासूनच वैद्यांचे अनेक प्रश्न सोडविण्यासाठी आयुर्वेद पत्रिका प्रयत्न करित आहे. वैद्यांचे कायदा व व्यवहार या विषयाचे प्रश्न मांडण्याचे काम आयुर्वेद पत्रिकेने केले त्याचबरोबर आयुर्वेद महाविद्यालये, आयुर्वेदीय रुग्णालये, आयुर्वेदीय औषधांचे कारखाने यांचे ही प्रश्न आयुर्वेद पत्रिकेने मांडले. वैद्यांचे ज्ञान आणि कौशल्य वाढविण्यासाठी आयुर्वेद पत्रिका विविध लेख व सदरांच्या माध्यमातून सातत्याने प्रयत्न करत आहे.. आयुर्वेदाचे विद्यार्थी, अध्यापक, संशोधक यांना आयुर्वेद पत्रिकेचा सातत्याने उपयोग होत आहे. अनेक आयुर्वेदीय लेखक आयुर्वेद पत्रिकेने घडविले आहेत. ४ पिढ्यांच्या वैद्यांवर आयुर्वेद पत्रिकेने संस्कार केले आहेत. लेखांच्या, माहितीच्या व बातम्यांच्या प्रसिद्धीबरोबरच आयुर्वेद क्षेत्रातील उत्तम रुग्णानुभव लिहिणारे वैद्य, लेखक, संशोधक, उत्तम वाचक, उत्तम ग्रंथ यांना दरवर्षी पुरस्कार देण्याचे कार्य ही आयुर्वेद पत्रिका करत आहे. असे पुरस्कार देणारे आयुर्वेद पत्रिका हे एकमेव आयुर्वेदीय मासिक आहे.. या सर्व कार्यामुळे आयुर्वेद पत्रिकेची लोकप्रियता दिवसेंदिवस वाढत आहे. गेल्या ३ वर्षांपासून आयुर्वेद पत्रिकेचा चेहरामोहरा बदलून गेला आहे . ए ४ चा मोठा आकार, ८ रंगीत पाने, आकर्षक मुखपृष्ठ आणि ६० पानांचा भरगच्च मजकूर, उत्तम कागद व छपाई असलेले आयुर्वेद पत्रिका हे एकमेव मासिक आहे. त्यामुळे आयुर्वेद पत्रिकेची मागणी वाढत आहे. अनेक वाचक दर महिन्याला आयुर्वेद पत्रिकेची आतुरतेने वाट पहात असतात. मार्च २०१९ पासून कोविड १९ च्या महामारीमुळे संपूर्ण भारतात टाळेबंदी जाहीर झाली. तरीही आयुर्वेद पत्रिकेच्या प्रकाशनात खंड

पडला नाही. आता आयुर्वेद पत्रिकेने डिजिटल अंकाचे प्रकाशन सुरु केले. या डिजिटल अंकाची लिंक/पीडीएफ प्रत वाचकांना नियमितपणे पाठविली जाते. आयुर्वेद पत्रिकेचे हे डिजिटल रूप ही सर्व वाचकांना आवडत आहे. आयुर्वेद पत्रिकेने एक व्हाट्सएप ग्रुप ही सुरु केला आहे. आयुर्वेद पत्रिकेची वेबसाईट www.ayurvedpatika.org ही प्रेक्षणीय आहे. वैद्यांच्या ज्ञान व कौशल्यात भर घालण्यासाठी रुग्णानुभव, चिकित्सानवनीत, औषधीकरण, पंचकर्म, मलौषधीसंहिता इ. पुस्तके ही आयुर्वेद पत्रिकेने प्रकाशित केली आहेत. या पुस्तकांना ही वैद्यांची प्रचंड मागणी आहे.. वैद्यांना उपयुक्त ठरणारे अनेक विशेषांक ही आयुर्वेद पत्रिकेने प्रसिद्ध केले आहेत. आयुर्वेद पत्रिकेचे जुने अंक ही विक्रीसाठी उपलब्ध आहेत या पुस्तकांना, विशेषांकांना व जुन्या अंकांना ही वैद्यांची प्रचंड मागणी आहे. अशा प्रकारे आयुर्वेद पत्रिकेची ७३ वर्षांची वाटचाल प्रगतीशील व अभिनंदनीय आहे. 'प्राप्तकाल हा विशाल भूधर सुंदर लेणी तयात खोदा' असे एका कवीने म्हटले आहे. त्यानुसार आयुर्वेद पत्रिकेने ही अशी सुंदर अक्षर लेणी कोरली आहेत व वैद्यमनावर आपला ठसा उमटविला आहे. आयुर्वेदपत्रिकेच्या या प्रदीर्घ वैभवशाली प्रवासात आयुर्वेद पत्रिकेचे वर्गणीदार, हितचिंतक, जाहिरातदार, आयुर्वेद सेवा संघाचे पदाधिकारी व सदस्य, वैद्य, अध्यापक, लेखक, विद्यार्थी, कर्मचारी, मुद्रक यांचे बहुमोल सहकार्य लाभले आहे. त्याबद्दल आयुर्वेद पत्रिका या सर्वांची ऋणी आहे. त्या सर्वांना विनम्र अभिवादन. आणि सर्वेऽत्र सुखिनः सन्तु। सर्वे सन्तु निरामयाः॥ सर्वे भद्राणि पश्यन्तु। न कश्चित् दुःखमाप्नुयात्॥ ही प्रार्थना. आयुर्वेद पत्रिकेच्या ७३ व्या वर्धापन दिनानिमित्त सर्वांना हार्दिक शुभेच्छा! आयुर्वेद पत्रिका ही दीर्घायू होवो! ही प्रार्थना!

वैद्य एकनाथ कुलकर्णी

संपादक, प्राध्यापक, कायचिकित्सा विभाग,
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हितोपदेश

कृत्स्नो हि लोको बुद्धिमतामाचार्यः शत्रुश्चाबुद्धिमताम् ।

चरक विमानस्थान ८/१४

अर्थ – बुद्धिमान माणसाला हे सारे जग आजूबाजूची परिस्थिती हे जणू काही एखाद्या मार्गदर्शकाप्रमाणे गुरुप्रमाणे भासते तर बुद्धी नसणाऱ्याला मात्र ते शत्रुप्रमाणे दुःखदायक वाटते.

बोधकथा

'चर्चिल' ची गोष्ट

ब्रिटनचे महापुरुष सर विन्स्टन चर्चिल त्यांच्या हजरजबाबीपणाविषयी प्रसिद्ध होते. एकदा पार्लमेंटमध्ये ते मंत्रिमंडळावर टीका करीत होते. मंत्रिमंडळाचे आर्थिक धोरण उधळपट्टीचे होते व त्यातून पोंडाची किंमत कमी होत होती. म्हणून चर्चिल टीका करत होते.

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त्यावर मजूर पक्षाचा नेता ओरडला. "मग आता तुमचा घोडा विका स्वस्त किंमतीत!"

त्यावर चर्चिल शांतपणे म्हणाले, "तेवढी एकच वस्तू उरलेली आहे की, ती केवळ माझ्या ताब्यात असल्यामुळे तिची किंमत वाढलेली आहे."

तेव्हा पार्लमेंटमध्ये हशा व टाळ्यांचा गजर झाला. एखादी वस्तू कोणाच्या ताब्यात आहे यावरून तिची किंमत ठरू शकते. यावरून चर्चिल यांनी केलेला विनोद अनेकांना भावला होता.

तात्पर्य व भाष्य –

वैद्यमित्र हो! आयुर्वेद हा ही कुणाच्या हातात आहे यावरून त्याचे महत्त्व, किंमत इ. अनेक गोष्टी ठरू शकतात. रसायन चिकित्सेबद्दल तर असेच म्हणावे लागेल की, रसायन संकल्पना वैद्यांच्या ताब्यात आहे म्हणून तिचे महत्त्व अधिक आहे.

रसायन म्हणजे नेमके काय? याविषयी कितीही भाषांतर केली, आधुनिक शास्त्रातील प्रतिशब्द वापरण्याचे प्रयत्न केले तरी 'रसायन' म्हणजे काय हे समजून घेण्यासाठी 'जावे त्यांच्या वंशा तेव्हा कळेल' या न्यायाने आधी वैद्य व्हावेच लागते. रसायन घेताना व देताना नेमका काय परिणाम साधायचा आहे व नेमके कोणते औषध वापरावे हे केवळ वैद्यच ठरवू शकतो. टॉनिक, रेझिस्टंस पॉवर, इम्युनिटी असे कितीही शब्दप्रयोग तुलनात्मक वापरले तरी रसायन शब्दाची पूर्तता त्यात होऊ शकत नाही.

'लाभोपायो हि शस्तानां रसादीनां रसायनम्।' या श्लोकाचे इंग्रजीत कुणी भाषांतर करू पाहणे म्हणजे 'सर्वपित्री अमावस्येला सवाष्ण ब्राह्मणांनी कढी व धिरडी ओरपून खाल्ली' या वाक्याचे इंग्रजी भाषांतर करण्यासारखे आहे.

अशी रसायन चिकित्सेसारखी अनेक झाकले माणिक रत्ने केवळ तज्ञ आयुर्वेदीय मंडळींच्याच ताब्यात आहे तोपर्यंतच शास्त्राला अभिप्रेत असणारी किंमत व मूल्य जगात आहे. आम्ही त्यावर सखोल अभ्यास केला पाहिजे. आमच्या हातून ते सिद्धांत निसटू देऊ नये. अन्यथा शास्त्राचे अवमूल्यन होण्याची शक्यता नाकारता येत नाही.

मॉडर्न रिसर्चच्या नावाखाली विदेशी कंपन्यांनी ताबा घेत फक्त महागडी औषधे बाजारात आणली म्हणजे आयुर्वेदाची किंमत वाढली असे नसते तर तज्ञ वैद्यांच्या हाती असणारे मूळसिद्धांत हे खरे मूल्य आहे.

म्हणून अष्टांग हृदयकार म्हणतात की ...

एतत्तदमृतं साक्षाज्जगत्यायासवर्जितम्।

याति हालाहलत्वं तु सद्यो दुर्भाजनास्थितम्॥

(अष्टांग हृदय उत्तरस्थान-४०/७५)

अर्थ- आयुर्वेद शास्त्र हे पृथ्वीवरील आपल्याला मिळालेले जणू अमृतच आहे पण अयोग्य, अपात्र ठिकाणी कुणाच्या हातात गेल्यास अमृताचे हलाहल विष होण्यास वेळ लागणार नाही.

संकलन – वैद्य आशुतोष यार्दी, नाशिक

बोधकथा हे तरंगपुरवणीतील लोकप्रिय सदर आहे.

वनौषधी विश्व

शहाजिरे

दीपक, स्तन्यजनक, पोटाच्या विकारांवर गुणकारी!

संस्कृत :- कृष्ण जीरक, मराठी नाव:- काळे जीरे,
हिंदी:-कलौंजी,काला जीरा

B.S.- Nigella sativa, Family:- Ranunculaceae

काळे जिरे वनस्पतीचा संदर्भ प्राचीन इजिप्तच्या इतिहासात अढळतो. शहाजिरे काश्मीर, पंजाब, इराण, अफगणिस्तानात होतात. तिकडून आपल्याकडे त्याच्या बिया येतात. थंड व कोरड्या हवेच्या प्रदेशात काळ्या जिऱ्याची लागवड करतात. हे क्षुप असून २० ते ३० से.मी. उंच वाढते. फुले नाजूक असून फिककट निळ्या आणि पांढऱ्या रंगाची असतात. प्रत्येक फुलाला ५ ते १० पाकळ्या असतात.

पाने एका रेषेत असतात (Linear) फळे मोठी असतात. प्रत्येक फळात ३ ते ७ follicles असतात. प्रत्येकात अनेक बिया असतात. काळे जिरे लागवडीसाठी थंड, कोरडे हवामान, सूर्य प्रकाश आवश्यक असल्याने नोव्हेंबर-डिसेंबर अखेरीस लागवड करतात. ११० ते १५० दिवसात पीक तयार होते. ह्या काळात (मार्च महिन्यात) उष्ण हवामान आवश्यक असते.

पोषण मूल्य- प्रति १०० ग्रॅम- १) ऊर्जा-३४५ कॅलरीज २)कबोदके-३४% ३)मेद-५०% ४)प्रथिने- १६%

काळ्या जिऱ्यामधून चांगल्या प्रमाणात तंतुमय पदार्थ (Dietary fibre) स्फुरद, थायामीन, ताम्र, लोह, मॅग्नेशियम मॅग्नेनीज, पोटॅशियम मिळतात. काळ्या जिऱ्यात उडनशील तेल आहे. ह्या तेलातील १)Thymoquinone २) Carvacrol ३)t-anethol

४)4-terpine हे ४ घटकAntioxidant म्हणून काम करतात. काळ्या जिऱ्यांमध्ये संपृक्त मेद (Saturated fat) तसेच सोडीयम कमी असते. Cholesterol ही खूप कमी असते. वाळलेल्या ४ ते ५ बिया (जास्तीत जास्त) दुपारी तसेच संध्याकाळी १ अशा घेतल्यास लड्डुपणा कमी होण्यास उपयुक्त ठरतात.

१)जिरा पाणी (जिरा water)- ४ ते ५ बिया पाण्यात घालून उकळून गार करून, गाळून घ्यावे. हे पाणी सकाळी उपाशी पोटी प्यावे. ह्या मुळे अन्न पाचन चांगले होते व पोट साफ होण्यास मदत होते. पोट दुखी, मुरडा येणे ह्या तक्रारींमध्ये गुणकारी. २) मोसंबीचा रस काळे जिरे तेला सोबत घेतल्यास

त्वचा विकारामध्ये गुणकारी आहे. ३)काळे जिरे तेल खोबरेल तेलात मिसळून केसांना लावल्यास केसांची वाढ होते. काही विशिष्ट त्वचा विकारात गुणकारी आहे. बाह्य उपयोगाने त्वचा दाह (लाली, सूज, वेदना) कमी होतो. ४)बियांचा उपयोग श्वासनलिकांचा दाह, हगवण ह्या आजारात उपचारासाठी केला जातो.

काळे जिरे औषधी गुणधर्म: १)प्रतिकार शक्ती वाढवते (संसर्गास विरोध करणशाची क्षमता). २) दैनंदिन जीवनाचा भाग म्हणून बिया मधाबरोबर अथवा पाण्याबरोबर घेता येतात. लड्डुपणा कमी करण्यास सहाय्यक आहे. ३)रक्तातील कोलेस्टेरॉल कमी करण्यास सहाय्यक. ४)जंतु नाशक. ५)रक्तातील साखरेचे प्रमाण नियंत्रित राखण्यास सहाय्यक. ६)पोटात व्रण होण्यास प्रतिबंध करते. ७)यकृत संरक्षणास सहाय्यक ८)कर्करोगाशी लढा देण्याचे गुणधर्म ९)स्तन्य जनक १०)काळे जिरे सॉफ्ट जेल तसेच कॅप्स्युल स्वरूपात मिळतात. ह्याने त्वरित संपृक्त स्वरूपात औषध उपलब्ध होते. ११)काळे जिरे तेल रोज १ ग्रॅम जुनाट संधीदाह विकारात ८ आठवडे लावल्यावर लाली, सूज, वेदना कमी झाल्या तसेच Oxidative Stress ही कमी झाला.

महत्त्वाची सूचना: ह्या तेलाचा बाह्य उपयोग करताना काही रुग्णांमध्ये त्वचेचा दाह झाल्याचे आढळले आहे. त्यामुळे ह्या तेलाची अॅलर्जी आहे का बघण्यासाठी अगोदर पॅच टेस्ट करून घ्यावी. गर्भारपणी काळे जिरे ह्यांचे सेवन वैद्य/डॉक्टर यांचे सल्ल्याने व त्यांचे देखरेखीसाठी अल्प प्रमाणातच करावे.

आरोग्यदृष्ट्या काळे जिरे याचे महत्त्व लक्षात घेऊन जगभर संशोधन चालू आहे. ह्या संशोधनावर आधारित अमेरिकेत ६ तर ब्रिटनने १ पेटंट घेतलेले आहे.

संदर्भ:- मराठवाड्यातील सामान्य वनौषधी वा. ना. नाईक

प्रा. सुभाष पतके
एम्.फार्म. (फार्माकॉग्रेसी)
मो.नं.: ९८२२३०८८३८

आयुर्वेद पत्रिकेचे
जुने अंक विकत मिळतील
संपर्क
संपादक, आयुर्वेद पत्रिका

स्वयंपाकघर हा एक दवाखाना आहे.

अनुभविक चिकित्सा

श्वेतचंदन

देवपूजेत देवांना गंध लावण्यासाठी पांढरे चंदनाचे लाकूड पाण्यात उगाळून वापरतात. चंदनाचे वृक्ष असतात व त्या लाकडापासून चंदन तेल निघते. ते सुवासिक असते. अत्तर बनविण्यासाठी ते तेल वापरले जाते. चंदनाचे गंध थंड आहे. पित्तशामक आहे. चंदनचुरा मिळतो. तो काढ्यात वापरतात.

पित्तज्वरावर चंदनफांट (काढा) – पित्तज्वरात चंदनाचा चहा करून घ्यावा. पाव ते अर्धा चमचा चंदनचूर्ण, २० तोळे उकळत्या पाण्यात टाकून झाकण ठेवून उकळणे बंद करावे. गार झाल्यावर गाळून प्यावे. काढ्याप्रमाणे चंदन उकळल्यास सुगंधी द्रव्य उडून जाते. म्हणून ही पद्धत वापरतात. याला फांट म्हणतात. थंड पाण्यात उगाळलेले चंदन अंगास लावले असता दाह व वेदना कमी होतात. थंड प्रकृतीला चंदन मानवत नाहीत. सर्दी होते. पित्तप्रधान मधुमेहावरील औषधात चंदन उपयोगी आहे. **स्त्रियांचा कुजका मासिक स्राव** – पित्तदुष्टीमुळे पुवाप्रमाणे कुजका वास, स्त्रियांच्या मासिक स्रावाला येत असेल तर चंदनाचा व जेष्ठमधाचा फांट प्यावा.

चंदनाचा चुरा विस्तवावर किंवा तापलेल्या तव्यावर टाकून धूर करावा. हवा शुद्ध होते. श्वासमार्गातील दोष दूर होतात. सौम्य गंधाने हवाही शुद्ध, प्रसन्न होते

कै. वैद्य बिंदुमाधवशास्त्री पंडित यांच्या घरातील औषधे आणि आरोग्य भाग १ या पुस्तकातून साभार

आरोग्यरुचिरा

नारळाच्या दुधातील कारल्याची भाजी

साहित्य : कारले, तूप, मोहरी, उडदाची डाळ, हळद, जिरे पावडर, सैंधव मीठ, जाड नारळाचे दूध, कढीपत्ता.

कृती : कारल्याचे बारीक तुकडे करून, थोडी वाफ आणून घेणे ओला नारळ किसून त्यात पाणी घालून मिक्सरवर फिरवून दूध काढावे, कढईत २ चमचे चांगले तूप घालून मोहरी, उडीद डाळ, कढीपत्ता, हळद घालून फोडणी करावी. त्यात कारल्याच्या फोडी घालून चांगली वाफ आणावी. नंतर चवीनुसार सैंधव, तिखट, जिरे पावडर, नारळाचे दूध घालून भाजीला उकळी आणावी व गरम भाकरी, पोळी बरोबर खावी.

उपयोग : शरीरातील क्लेद कमी करून बृंहणाचे काम करते.

वैद्य अनिता कुलकर्णी, मो.नं.९८६०६१७१९७

वैद्यिकविधी विनियोग

कोविड १९ (कोरोना) प्रतिबंध

वैद्यराजाय नमः! मित्रांनो कोविड१९ च्या काळात आपल्या सर्व तरुण वैद्यांनी सरकारी यंत्रणेमध्ये जो विविध स्तरावर सहभाग दाखवला तो अभूतपूर्व आहे.

कोविड १९ रुग्णांना संयम व योग्य औषधोपचार देऊन व्याधीक्षमत्व वाढवून स्वास्थ्य निर्माण करून मृत्यूदर कमी करण्यात अनमोल सहकार्य केले आहे. कोरोना संपर्काने विशेषतः व्यसनी, जीर्ण व्याधी असणाऱ्या रुग्णांना आत्यधिक अवस्थेतील व्हेंटिलेटरवर ठेवावे लागेल व काही दगावले देखील! परंतु शुध्द शाकाहारी व योगाभ्यासकांना त्रास झाला नाही. हे या निमित्ताने जगासमोर आले!

मित्रांनो मला ठाऊक आहे की तुमच्या पैकी अनेकांनी कोरोना ग्रस्तांना मानसिक, बौद्धिक, भावनिक, आत्मिक बल दिले असणार. तसेच स्वतः व स्वतःच्या कुटुंबाला आधार दिला असणार. वैद्यिकविधी हेच तर सांगतो की, कोरोना असो की साक्षात यमराज, आपलं ज्ञान हे नक्कीच सक्षमीकरण करते. आणि आता हा वर्षाऋतु, ढगाळ वातावरण वातप्रकोप तर निसर्गतः होणार!

प्रतिश्यायात् संजायते कासः कासात् संजायते क्षयः।

या सूत्रानुसार ऋतुचक्र प्राणवहस्रोतसांवर आघात करणार व तोच तर या आगंतुज कोरोनाचा देखील स्वभाव आहे, मार्गग होण्याची दिशा आहे. म्हणून जास्त खबरदारी घेणे गरजेचे आहे. यासाठी काही त्रास असो नसो, खालील गोष्टी प्रत्येकाने जरूर अंमलात आणाव्यात. इरिमेदादि तेलाने गंडूष करावे. याने मुख,दंत,हिरड्या, गल, घशापर्यंत विषनाशक कार्य होऊन स्थानिक प्रतिकार शक्ती वाढणार आहे. तर अणुतेल नाकात सकाळी व दुपारी दोन थेंब सोडावे आणि निलगिरी तेल गरमपाण्यात टाकून हुंगावे. तसेच कनकासव दोन चमचे जेवणा नंतर पाण्यासोबत घ्यावे. तर च्यवनप्राश एक चमचा सकाळ संध्याकाळ घ्यावा. आयुषकाढा हर्बल टी म्हणून तर घ्यायचाच आहे आणि ही वरील सर्व उत्पादने आपल्या औषधी भवनने तज्ञ वैद्यांच्या देखरेखीखाली बनवली आहेत. म्हणून जरूर उपयोगात आणा स्वतः आणि रुग्णांना देखील !

डॉ. हरीश गर्गे

व्हाट्सॲप.नं.- ९४०५३६६१६०

खाद्यपदार्थांचे वैविध्य एक वेगळी ऊर्जा देते.

स्वयंपाक घरातील औषधी द्रव्ये

काळे मिरे

संस्कृत - मरिच, इंग्रजी - Black Pepper

गुणधर्म : लघु, तीक्ष्ण, तिखट, कटु विपाक, उष्ण

रोगघ्नत्व : कफ शोधक, वात वाहिनी उत्तेजक, यकृतरोग,

प्लीहारोग स्त्री संबधी विकार, जंत नाशक

दोषकार्य : वात-कफ शामक, पित्तवर्धक

बाह्य उपचार : लेप, रांजणवाडी, तारुण्यपिटीका लेप

कल्प (औषधी) : मरिचादि तेल (शीतपित्तावर उपयोगी)

डॉ. उदय भावे यांच्या 'गृहसंजीवनी' या पुस्तकातून साभार

नवा अभ्यास - नवे संशोधन

करोनासाथ आणि शस्त्रकर्म

जगभरातील करोना साथ आवाक्यात आलेली नसून त्याची भयावहता वाढत चाललेली आहे. करोना साथीमुळे दैनंदिन वैद्यकीय सेवेवर देखील मूलगामी परिणाम झालेले असून रुग्णांना होणाऱ्या त्रासात त्याची भरच पडलेली आहे. करोनापूर्व काळात दैनंदिन होणारी शस्त्रकर्म हा नित्याचा भाग होता. जगभरात दिवसभरात कोटींच्या घरात शस्त्रकर्म होत होती. मात्र आता दैनंदिन नित्याची शस्त्रकर्म करणे हे अवघड बनले आहे. याचे कारण समोर आलेल्या काही नोंदी. शस्त्रकर्म करत असताना तो रुग्ण जर करोना बाधित असेल आणि लक्षण रहित असल्याने ते लक्षात आले नसेल किंवा आधी करोना बाधित नसल्याने शस्त्रकर्म केले गेले पण नंतर लगेचच त्याला करोना ची बाधा झाली तर अशा रुग्णामध्ये कमालीची गुंतागुंत निर्माण होणे व त्यामुळे त्याचा मृत्यू होणे याचे प्रमाण अचानक वाढलेले आढळून आले आहे. यामध्ये न्यूमोनिया व थ्रोम्बोसिस ही दोन प्रमुख कारणे समोर आली आहेत. चेन नॅशन, अरी बिटर्मन यांनी World Journal Of Surgery च्या ताज्या अंकामध्ये मध्ये हा डेटा प्रसिद्ध केला आहे. यासाठी त्यांनी पबमेड वरील प्रसिद्ध लेखांचे डेटा अॅनालिसिस करून अशा रुग्णामध्ये असणारा मृत्युदर हा प्रमाणापेक्षा खूप जास्त असल्याचे नोंदवलेले आहे. या परिस्थितीत शस्त्रकर्म करणे अत्यंत जिकिरीचे बनलेले आहे. रुग्णाचा मृत्यू झाल्यास वा गुंतागुंत झाल्यास त्याच्या नातेवाईकांकडून डॉक्टर वा हॉस्पिटल विरुद्ध तक्रारी होऊ शकतात, तसेच डॉक्टर व

स्टाफ ला करोनाची बाधा होऊ शकते अशा अनेक अवघड परिस्थिती निर्माण होऊ शकतात. त्यामुळे केवळ अत्यवस्थ रुग्णामध्ये शस्त्रकर्म करणे, ते करत असताना त्याआधी करोना तपासणी करणे, नंतर रुग्णांवर सतत लक्ष ठेवणे, नातेवाईकाची गर्दी होऊ न देणे, पीपीई चा वापर अशा अनेक गोष्टी कराव्या लागत आहेत. यामुळे शस्त्रकर्माचा खर्च देखील लक्षणीयरित्या वाढलेला आहे.

संकलन - वैद्य पंकज दीक्षित, मो.नं.९०११०४५३७९

औषधी भवन निर्मित विशेष उत्पादन

Tab. Flue Five

आजच्या धकाधकीच्या प्रदूषणयुक्त वातावरणात शरीराची प्रतिकारक्षमता कमी झालेली असते. तसेच पावसाळी कोंदट, ढगाळ वातावरणात संसर्गजन्य साथीच्या आजारांचे प्रमाण वाढते. त्यामुळे शरीराला विविध संसर्गजन्य आजार होतात. आजच्या कोविड-१९ आजाराच्या पार्श्वभूमीवर हे प्रकर्षाने जाणवते. अशा वेळी शरीराचे व्याधीक्षमत्व चांगले असणे महत्त्वाचे आहे. त्याबरोबर झालेल्या व्याधीवर व्याधीप्रत्यनिक चिकित्सा प्राधान्याने करणे गरजेचे आहे. अशा काळात ज्वर, प्रतिश्याय, कास, अंगमर्द, शिरःशूल अशी एक किंवा अनेक लक्षण समुच्चय असलेले फ्ल्यु सदृश्य आजार होतात. या आजारांवर ५ आयुर्वेदिक औषधांचे युनिक मिश्रण असलेले अप्रतिम औषध म्हणजे Tab. Flue Five. त्रिभुवनकिर्ती, तालीसादी चूर्ण, सूतशेखर, यष्टिमधु, गोदंती भस्म या औषधांचे उत्कृष्ट मिश्रण असून त्याला शुण्ठी क्राधाची भावना आहे. त्रिभुवनकिर्ती कफ वातदोषांवर, ज्वरघ्न, प्रतिश्यायहर आहे. तालीसादी चूर्ण हे कास, प्रतिश्याय यावर उपयुक्त आहे. सूतशेखर हा पित्तघ्न, विषघ्न, ज्वरघ्न आहे. शिरःशूल, अम्लपित्त यावर सूतशेखर उपयुक्त आहे. गोदंती भस्म हे ज्वरघ्न, शिरःशूलहर असून अंगमर्द कमी करते. यष्टिमधु श्वास, कास यावर उपयुक्त आहे. सुंठ विश्वभेषज म्हणून प्रसिद्ध आहे. सर्व प्रकारचे ज्वर, श्वास, कास, प्रतिश्याय यावर ती उपयुक्त आहे. असे हे अनुभविक औषध असून अनेक डॉक्टर आणि वैद्यांनी अनेक वर्षांपासून याचा दैनंदिन व्यवसायात अनुभव घेतला आहे. अनेक जनरल प्रॅक्टिशनर्स या औषधाचा यशस्वी वापर करतात. वैद्यमंडळी वरील औषधे वेगवेगळी देण्यापेक्षा वरील औषधांचे मिश्रण म्हणून Tab. Flue Five वापरतात.

डॉ. गोपाल मेघःश्याम सावकार,

सहाय्यक महाव्यवस्थापक, औषधी भवन, नाशिक

आयुष विभागाने पुरस्कृत केलेल्या करोना प्रतिबंधक क्वाथातील

मिरे हे प्रमुख घटकद्रव्य आहे.

उज्वल फार्मास्यूटीकल्स, अकोला द्वारा निर्मित

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घशाशी तिखट-आंबट पाणी येणे

पित्ताची उलटी होणे

अम्लपित्ताने डोकेदुखी

इ. विकारावर गुणकारी



१९७५

पासून
अनुभवसिध्द, शास्त्रशुध्द
व गुणकारी

आयुर्वेदिक
औषधांचे निर्माते

सुंठसिद्ध
एरंडेल तेलाचे
३५ वर्षांपासून
निर्माते

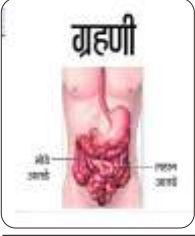
सस्पेन्शन
व
टॅबलेट स्वरूपात
उपलब्ध

अधिक माहितीसाठी संपर्क

गोविंदा आयुर्वेदा

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आम्लपित्त योग्य पथ्याने बरे होते.



ग्रहणी दोष चिकित्सा



वैद्य मिलिंद रामपूरकर

ग्रहणीदोषजन्य आमाशय समुत्थ विकारात त्या त्या व्याधी लक्षणाच्या विशेष चिकित्सेसोबत परतन्त्र ग्रहणी दोष चिकित्सा अवश्य करावी.

उदर परिक्षण, मल परिक्षण व तेराही स्रोतसांचे परिक्षण नंतर व्याधि अवस्थेचे निश्चित निदान अपेक्षित आहे.

सर्वस्त्रिदोषजो यक्ष्मा दोषाणां तु बलाबलं।

परिश्य अवस्थिकं वैद्यः शोषिणं समुपाचरेत् ॥

च.चि.८/६३

येथे यक्ष्म्याचे सामान्यत्वाने त्रिदोषजत्व सांगितले आहे. दोषबल/अबलत्वानुसार भेद करून सामान्य व विशेष चिकित्सा करावयाची असते. हे राजयक्ष्मा संदर्भात जरी सांगितले असले तरी सर्वच व्याधी चिकित्सेत हा विचार चरकांनी अवलंबिला आहे.

दूष्यं देशं बलं कालं अनलं प्रकृतिं वयः ।

सत्त्वं सात्म्यं तथाहारं प्रवस्थाश्च पृथक् विधाः ॥

सूक्ष्मसूक्ष्माः समीक्ष्यैषां दोषौषध निरूपणे ।

अ.ह.सू.१२/६७-६८

ह्या सर्व गोष्टीची सूक्ष्म समीक्षा करून चिकित्सा प्रारंभ करावयाचा असतो.

रोगमादौ परीक्षेत् तदनंतरमौषधम् ।

ततः कर्म भिषक् पश्चात् ज्ञानपूर्वं समाचरेत् ॥

अ.ह.सू.१२/२३-२४

प्रथमतः रोगाचे निश्चित आवस्थिकी निदानानंतरच चिकित्सेचा विचार आहे.

उत्क्लेश प्रथम अवस्था -

सविष्टम्भ प्रसेकार्ति विदाह अरुचि गौरवैः ।

सामता असूनही मलविष्टम्भ सोबत अरुची व गौरव ही लक्षणे असतात. सेवित अन्नाचा विदाहासोबत प्रसेक व अरति ही दोष उत्क्लेश अवस्थेची लक्षणे असताना **ग्रहणीमाश्रितं दोष विदाहाहार मूर्च्छितम्** ही व्याधी अवस्था समजून घ्यावयाची आहे. या अवस्थेत प्रथम अवस्थापाक विकृती असल्यामुळे मला मध्येही पिच्छीलता, कृतेऽपिऽकृते संज्ञा ही लक्षणे जाणवतात.

अशा वेळी आमावस्था असूनही उत्क्लेशावस्था म्हणजेच दोष स्वयंप्रवृत्त असल्यामुळे दोषाचे शोधन करावे, असा निर्देश आहे.

उद्धरेत् इति वमेत् । त्यासाठी सुखोष्ण जल, मदनफळ, मदनफळ पिप्पली,

सर्षप आदि द्रव्यांचा दोषानुबन्ध व दोषबलानुसार वापर करावा. प्रबल उत्क्लेशावस्थेत केवळ गळ्यात अंगुलीस्पर्श किंवा कोष्ण जलही दोष उद्धरणासाठी पुरते. दोष उत्क्लेशावस्था अज्ञान व उपेक्षेने वैद्या कडून दुर्लक्षिले गेले तर गंधर्व हरितकी (अनुलोमना साठी) किंवा उग्रगंधी द्रव्यामुळे ही आपोआप उत्क्लेश होवून दोषशोधन होते. या उत्क्लेशानंतर प्रायः अरति, विष्टंभादि लक्षण उपशमित होतात.

विदाह, भ्रम, अरति असून शोधन शक्य नसेल तर -

सुवर्ण सूतशेखर-१ गोळी रोज +

साधा सूतशेखर २ गोळी +

हिंवाष्टक चूर्ण - ५००मि.ग्रा. - २ वेळा.

लीनं पक्काशयस्थं वा अपि स्राव्यं सदीपनैः ।

शरीरानुगते सामे रसे लंघनपाचनम् ॥ च.चि.१५/७५

१. लीनं - अनूतक्लिष्टम्

२. पक्काशयस्थमिती - अधोगतत्वेन पक्काशय समिपगतम्

३. स्राव्यमिती - विरेचनीयम्

४. सदीपनैरिती - दीपन द्रव्य संयुक्तैः विरेचन प्रयोगैः

५. शरीरानुगते - इति शरीरे व्यापके

६. सामे रसे - इति अपक्वे रसे

आमश्चात्रापक्व रसरूप एवेत ।

आहाररसस्य रससंबंधेन शरीर व्यापकतया दुर्घटत्वात् ॥

७. लंघनं - अनशनं

८. पाचनं - यवाग्वादिनाम्

ही अवस्था प्रायः रुग्णामध्ये आढळते. साम दोष उत्क्लिष्ट नसतात स्थानसंश्रय अधो आमाशय (पच्यमानाशयात) पक्काशय समिपस्थ असतो. मलामध्ये पिच्छिलता, दुर्गंध व बहुधा रुग्णाला मल प्रवर्तन एकशः वा अनेकशः असूनही कृत संज्ञता जाणवत नाही. अशा अवस्थेत चिकित्सा करताना

ग्रहणात् ग्रहणी मता।

दीपन द्रव्यांसोबत विरेचन करावयाचे आहे. या अवस्थेसाठी आम्ही परंपरेने यशस्वी अनुभूत **चित्रक हरितकी** या कल्पाची योजना करतो.

या मध्ये प्रत्येकी १ कि.ग्रा. - चित्रक, दशमूल, आमलकी व गुळवेल यांचा समप्रमाणात १/८ प्रमाणित क्राथ

त्यात - हरितकी (वस्त्रगाळ चूर्ण) - २.५ कि.ग्रा. शिजवून - किंचित घन झाल्यावर (पिठले हाटताना जशी रेघ उमटते) - २० कि.ग्रा. गुळ टाकून अवलेहत्व प्राप्त होते.

प्रक्षेप - वस्त्रगाळ - त्रिकटू + त्रिफळा + त्रिजातक + चित्रक + यवक्षार + मध - हा कल्प योगरत्नाकर मध्ये प्रतिश्याय अधिकारात आला आहे.

देण्याची पद्धत - अनन्नकाळी

- सकाळी (रिकाम्यापोटी) १० ग्रा. व सायंकाळी ४ वाजता १० ग्रा. (दुपारी १२ वाजता जेवण झाले असताना) या पद्धतीने दिला जातो

सकाळी अवलेह घेतल्यानंतर व दुपारचा घेतल्यानंतर व रात्री जेवणामध्ये काहीही खावयाचे नाही.

पित्तानुबंध असेल तर अवलेहा सोबत नंतर दूध द्यावे. हा कल्प सामान्यतः ७ दिवस द्यावयाचा आहे. त्यानंतर पचनाची अधिक आवश्यकता जाणवत असेल तर

अग्नितुंडी वटी - २५० मि.ग्रा. - २ वेळा (गरजेनुसार) - मांसगत आम पचन करणारा कुचला कल्प.

शूल , आध्मान प्रधान लक्षणे असतील तर -

हिंवाष्टक चूर्ण - भोजनापूर्वी २.५ - ५ ग्रा. - २ वेळा

(१/२ हिं + त्रिकटू + अजमोदा + सैन्धव + जिरक + कृष्ण जीरक)

(४० ग्रा. हिं , प्रत्येक वस्तू ४०० ग्रा., कडूजिरे - १०० ग्रा., जिरे - ७०० ग्रा.)

अनुपान -

- असंहत पिच्छिल मल (कृते अपि अकृत संज्ञता) असेल तर कोष्णजल अनुपान म्हणून किंवा तक्र अनुपान द्यावे.

भिन्नामश्लेष्मसंसृष्टगुरुवर्चः प्रवर्तनम् ।

अकृशस्यापि दौर्बल्यमालस्यं च कफात्मके ॥

च.चि १५/७०

- मलामध्ये ग्रथितता असेल तर सोबत अनुपान म्हणून घृत द्यावे.

- सोबत यकृत वृद्धी असताना आरोग्यवर्धिनी २५० ते ५०० मि.ग्रा. ७ दिवस द्यावे.

विशुद्ध आमाशयायास्मै पंचकोलादिभिःशृतम् । च.चि १५/७६

य अवस्थेत काढा गरज असेल तर आसव स्वरूपात ही-
१. पंचकोलासव - कफानुबंध - १० मि.ली. - २ वेळा भोजनोत्तर

२. भूनिंबादी काढा- पित्तानुबंध - १० मि.ली. - २ वेळा मुखपाक, विदग्धपाक - अ) भृंगराजासव - पित्तानुबंध - १० मि.ली. - २ वेळा

ब) अम्लपित्त मिश्रण - पित्तानुबंध - १० मि.ली. - २ वेळा

क) परिपाठादि काढा

गरज उपलब्धतेनुसार विकल्प आहेत.

३. भल्लातकासव - कफवातानुबंध - ५ मि.ली. - २ वेळा (उष्ण काळ व पित्त प्रकृतीत विशेष काळजी पूर्वक)

४. दशमूलारिष्ट - वातानुबंध - १० मि.ली. - २ वेळा

सोबत **मल वातानुलोमना** साठी

- कफवातानुबंध असेल तर गंधर्व हरितकी १० ग्रा. रात्री झोपण्यापूर्वी (अनुपान - कोष्णजल)

स्नेह मलवातानुलोमन -

पित्तानुबंध - अविपत्तिकर - १० ग्रा. / संसन- आरग्वध कपिला वटी

हा क्रम दिल्यानंतर असंहत, शिथिल, द्रव, कृष्णाभ, पिच्छिल मल प्रवर्तन सुरु होते व हे ही निरीक्षण महत्वाचे आहे उदर परिक्षणात उदर स्तंभ कमी होऊन उदर मार्दव निर्माण होते. त्या सोबत व्याधि लक्षणांमध्ये मार्दव जाणवते.

विदग्ध पाक असेल तर (सामावस्था) मौक्तिक कामदुधा, परिपाठादि काढा, घृत-गैरिक जिव्हा प्रतिसारणाने उपशय मिळतो.

उदरशूल - आध्मान असेल तर

- **हिंगुकर्पूर वटी** (हिं + कर्पूर + खुरासनी ओवा + जटामांसी + पिप्पलीमूळ + डिक समभाग एकत्र करुन) २ गोळी - २ वेळा भोजनोत्तर कोष्णजला सह द्यावे.

- **चित्रक हरितकी** हा अवलेह प्रधान कल्प आहे, गुरु आहे म्हणून अनन्नकाळी दिला जातो. तसेच दोषशोधन साठी दिला आहे. यामुळे महास्रोतसात लीन झालेले दोष पाचनाद्वारे विलग होवुन अनुषंगिक वर वर्णिलेल्या औषधांच्या बळाने (गरजेनुसार इतर स्थानातील ही) सुटे होतात, त्याना द्रवीभूत दोषांना शरीराबाहेर काढून टाकण्यासाठी अधिक बलाच्या शोधन (विरेचन) स्राव्य सदीपनै ची गरज असते म्हणून चित्रक हरितकी सुरु आहे तोपर्यन्त व नंतर ही गरजे प्रमाणे मलवातानुलोमना साठी औषध देण्याची आवश्यकता असते.

अपक्वात् आहारात् रसादयः न भवन्ति। (चरक)

-पित्त प्रकृती व पित्तानुबंध असेल तर **अविपत्तिकर चूर्ण** (५ ते १० ग्रा.),
 -कफ वातानुबंध असेल तर **गंधर्व हरितकी चूर्ण** (५ते१० ग्रा.)
 -त्यापेक्षा ही संसन गरज असेल तर **आरग्वध कपिला** (५००मि.ग्रं. ते १ ग्रा.) सारखे अनुलोमन पुरते असा अनेकशः अनुभव आहे.

दीर्घकाळ ही औषध वापरायची असेल तर व्याधि व रुग्णबलानुसार विरेचन औषधांचा उपयोग करताना शक्यतो सस्नेह मलवातानुलोमन औषधांची योजना करावी. कारण रुक्ष मलवातानुलोमन औषधांचा सतत दीर्घकाळ वापर कोष्ठा मध्ये रुक्षता निर्माण करतो व ग्रथित ,रुक्ष मल निर्माण होवु शकते. शक्यतो इच्छाभेदी इ. औषधांचा दीर्घकाळ उपयोग टाळावा. विरेचन व मलवातानुलोमन सुरु असताना शक्यतो रोजचे मल परीक्षण विषयी रुग्णास जागृत करावे, विरेचन प्रक्रियेत मल स्वरूप व वेगांवर वैद्याचे लक्ष हवे.

मलवातानुलोमन नसेल तर चित्रक हरितकी वापरानंतर उदरदाह, मुखपाक आदि लक्षणे होवुन विदग्ध धातूपाक सुरु होतो तो टाळावा. या औषधीं सोबतच आहारजन्य लंघन व पाचन चिकित्सा ही महत्त्वाची ठरते.

च.सू.३/१८ श्लोकामध्ये वरील दीपनीय व पाचनीय यवांगु चे वर्णन आहे. अवस्थेनुसार या औषध - आहार कल्पनेची योजना महत्त्वाची व उपयुक्त ठरते. असे चरक सूत्रांवरिल टीकेत चक्रपाणी स्पष्ट करतात.

लंघन :- मध्ये अनशन , हे अनशन रुग्ण व आतुर बलानुसार आहे. यात निराहार लंघन आहे तसेच, अल्पाहार / लघु आहार / रुप आहार योजनेचे प्रयोजन आहे.

**पाचनं शमनीयं वा कषायं पाययेत् भिषक्।
 ज्वरितं षडहेऽतीते लघ्वन्नप्रतिभोजितम्॥**

च. चि.३/१६०

यवागू संदर्भात ज्वर चिकित्सेत -

यावज्जर मृदूभावाद षडाहं वा विचक्षणः।

यवागू ६ दिवस पर्यंत किंवा ज्वर मृदू भाव येइपर्यंत लंघनात सांगितली आहे. ज्वर ही अवस्था आमाशयसमुत्थ ग्रहणी दोषजन्य विकारात ही आढळतो.

मुस्तपर्पटकोशीरचंदनोदीच्यनागरैः।

शृतशीतं जलं दद्यात् पिपासाज्वरशान्तये ॥

च. चि.३/१४५

नागरमोथा , पित्तपापडा , उशिर , रक्तचंदन आणि सुंठ याचे शृतशीत जल या आमदोषावस्थेत रस व उदकगत आमपचनासाठी विशेषत्वाने कार्य करते. या सोबत यकृतवृद्धी

अनुबंध असेल तर या शृतशीत जल हिमाचा अत्यंत उपयोग होतो (कामलाच्या अवस्थांमध्ये या जलाच्या परिणामी सिरम बिलिरुबिन वेगाने कमी होते, तर साम शोथ प्रधान अवस्थेत मूत्र वृद्धि व क्लेद पाचन करुन शोधन सुरु होते,असा अनुभव आहे.)

तमुवाच्य भगवान आत्रेयः

१) **ज्वरितस्य काय समूत्थान देशकालान अभिसमिक्ष्य पचनार्थम् पानीयं उष्णं प्रयच्छन्ति भिषकः।**

२) **ज्वरो हि आमाशय समुत्थः**

३) **प्रायो भेषजानि च आमाशय समुत्थानां विकाराणां पाचन वमन अपतर्पण समर्थिने भवन्ति ।**

पाचनार्थम् च पानीयं उष्णम् ।

तद्धि तेषां पीतं - वातानुलोमयति

अग्निचोदर्यमुदीरयति,

क्षिप्रं जरां गच्छति,

श्लेष्माणं परिशोषयति,

स्वल्पं अपि च पीतं तृष्णाप्रशमनायोपकल्पते

तथा अयुक्तं अपि चैतन नात्यर्थोत्सन्नपित्ते(प्रवृद्ध पित्ते चक्र.) उष्णेन हि दाह, भ्रम, प्रलापातिसारे भूयोऽभिवर्धन्ते

- च. वि.३/४०

वरील उद्धरणे स्वयंस्पष्ट आहेत व आमाशय समुत्थ ग्रहणी दोष सामावस्थेच्या संप्राप्ति भंगास उपयुक्त आहेत. या पुढची मध्यम व्याधी व अल्प रुग्ण बलात वरील यवागू अत्यंत उपयुक्त ठरतात, हा अनुभव आहे.

वैद्य मिलिंद रामपूरकर

सहयोगी प्राध्यापक(संहिता सिद्धांत)

रा.अ.पोदार आयुर्वेद महाविद्यालय, मुंबई.

नित्य व्यवसायातील

उपयुक्त संग्राह्य पुस्तक

गुरुवर्य वैद्य श्री. कृ. करमरकर

यांच्या मौलिक विचारांच्या

लेखांचा संग्रह

चिकित्सा नवनीत

(सुधारित दुसरी आवृत्ती)

पृष्ठे - ३२८ किंमत - रू. ३००/-

ग्रहणीतील शोथस्वरूप संप्राप्ती ही गुल्मात समाविष्ट होते.



पाणी - एक हेतु आणि अगणित व्याधी



वैद्य नरहर प्रभु

भरपूर पाणी प्या व आपले शरीर निरोगी ठेवा असा कंठशोष होईपर्यंत प्रचार गेली अनेक वर्षे नियोजनबद्ध पद्धतीने चालू आहे. कामाच्या व्यापात दिवसा पाणी प्यायल्यास वारंवार वॉशरूमला जावे लागते म्हणून अनेक जण घरी आल्यावर भरपूर पाणी पितात. जेवते वेळी पाणी पिऊ नये असा चुकीचा प्रचार असल्यामुळे भोजन करते वेळी पाणी पीत नाहीत. त्यामुळे झोपतेवेळी ग्लास दोन ग्लास पाणी पिणाऱ्या व्यक्तींची संख्या फार जास्त आहे. काहीजणांना तेही पाणी अपुरे वाटते म्हणून झोपतेवेळी उशाजवळ थंड पाण्याची बाटली घेऊन झोपतात. रात्री जेव्हा जेव्हा जाग येईल तेव्हा तेव्हा पाणी पिऊन संपूर्ण एक लिटर पाणी रात्रभरात संपवले जाते. रात्री जेवणानंतर फार जास्त प्रमाणात पाणी पिणे हा अनेक रोगांचा हेतू आहे. निदान परिवर्जन ही चिकित्सेची पहिली पायरी असलेल्यामुळे तसेच निदान परिवर्जना शिवाय रोग समूळ नष्ट होत नाही हे आपल्याला माहित असल्यामुळे रोगाचा हेतु शोधून काढणे अनिवार्य ठरते. हेतु शोधण्यासाठी अगोदर शास्त्र माहित असणे आवश्यक असले तरी हेतु शोधणे ही एक कला आहे, हे मान्य करावे लागेल.

रात्री झोपतेवेळी पाणी पिणे हे अनेक व्याधींचे कारण आहे हे निश्चित करण्यासाठी पुढील काही सूत्रांचा आपण या दृष्टिकोनातून अभ्यास करू या.

१) न अनौषधीभूतं किंचित् द्रव्यम्।

सृष्टीमध्ये असे एकही द्रव्य नाही की जे औषध नाही.

पृथ्वी अप् तेज वाय्वाकाश काल दिक् आत्मा मनांसि नव एव द्रव्याणि।

पृथ्वी, जल, तेज, वायु, आकाश, काल, दिशा, आत्मा आणि मन हीच फक्त ९ द्रव्य आहेत. हे आपण पदार्थ विज्ञानात शिकलो आहोत. म्हणजे पाणी द्रव्य आहे आणि वरील संदर्भ १ अनुसार पाणी हे औषध आहे.

उर्ध्वजत्रुविकारेषु स्वप्नकाले प्रशस्यते। अ.ह.सू.१३.४१

विविध औषध सेवन काल आपल्या ग्रंथांमध्ये वर्णन केले आहेत. ऊर्ध्वजत्रु विकारासाठी रात्री झोपतेवेळी औषध घ्यावे असा ग्रंथाधार आहे. याचाच अर्थ असा की स्वप्नकाली

प्राशन केलेल्या औषधांचा परिणाम उर्ध्व जत्रुवर होणार. म्हणजे रात्री झोपते वेळी जर पाणी प्यायले तर त्याच्या गुणांचा परिणाम उर्ध्वजत्रु वर होणार हे निश्चित आहे.

पाणी हे शीत गुणाचे आहे.

शीत स्पर्शवत् आपः।

ऊर्ध्वजत्रुत जेथे जेथे पोकळ्या आहेत तेथे तेथे हे पाणी जाऊन साठते व आपल्या शीत गुणाचा प्रताप दाखवते. नाकाच्या आसमंतातील सर्व पोकळ्या पाण्याने भरतात व प्रतिश्याय निर्माण करतात. सकाळी उठल्याबरोबर धडाधड शिंका येतात. शिरः शूल, अर्धावभेदक, भ्रम (व्हर्टिगो) हे व्याधी निर्माण होतात. पाण्याच्या द्रवत्वाचा परिणाम म्हणून कर्णनाद, कर्णस्राव, लालास्राव, अश्रुस्राव, नेत्राभिष्यंद इत्यादि व्याधी किंवा लक्षणे निर्माण होतात. रात्री झोपतेवेळी पाणी पिण्याचा परिणाम गळ्यामधील थायरॉईड वरही होतो. कारण हा अवयव ऊर्ध्वजत्रु क्षेत्रात आहे. अति पाणी पिण्याचा परिणाम पाण्याच्या मेटॅबॉलिझम वर झाल्यामुळे (TSH) वाढते. रात्री जेवणानंतर रात्री झोपेपर्यंत पाणी पिणे क्रमाने हळूहळू बंद केले की (TSH) नॉर्मल होते. औषध घ्यावे लागत नाही.

पाण्याचे आणखी एक वैशिष्ट्य चरकाचार्यांनी नमूद केले आहे..

जलं स्तम्भनानाम् श्रेष्ठम्।

च.सू.२५

स्तंभ निर्मितीसाठी पाणी सर्वश्रेष्ठ आहे असे चरकाचार्य म्हणतात. स्तंभ -

अशीतिवातविकारेषु एकः।

च.सू.२८/२१

निश्चलनीकरणम्।

च.सू.१३/७५

दण्डवत् स्तब्धता।

सु.चि.५/६

जडीमा।

सु.उ.४३/८

बाहूरुजङ्घादीनां सङ्कुञ्चनाद्यभावः। अरु.

निष्क्रियत्वम्।

हे.अ.ह.सू.१२/५१

स्तंभ हा ८० वातविकारांपैकी एक आहे. स्तंभ म्हणजे निश्चल होणे, दंडा प्रमाणे स्तब्ध असणे, जडपणा, बाहू-मांड्या-जंघा यामधील हालचालीचा अभाव, कार्यहानी होणे, ही सर्व लक्षणे आपल्याला अर्दित, मन्यास्तंभ, हनुस्तंभ, अवबाहुक, टेनिस एल्बो, कार्पल टनेल सिंड्रोम, पाष्णी शूल या व्याधी रूपाने

पाणी आहे तर जीवन आहे.

दिसतात. वरील विवेचनावरून हे स्पष्ट होते की रुग्ण परीक्षणाच्या वेळी पाणी पिण्याबाबतचे प्रश्न विचारून, पाणी या हेतुचा विचार करणे आवश्यक ठरते. रात्री जेवणानंतर सर्व द्रवपदार्थ पिणे बंद करून प्लासिबो चिकित्सा देऊन प्रतिश्याय, पाष्णीशूल, मन्यास्तंभ, अवबाहुक, कर्णस्राव, व्हर्टिगो व्याधींचे रुग्णांमध्ये चांगला उपशय मिळाला आहे. त्यामुळे वरील संकल्पना योग्य आहे याची प्रचिती येते. माझ्या अनेक व्याख्यानांमधून ही संकल्पना सांगितली आहे व या व्याख्यानांना उपस्थित असलेल्या वैद्यकीय व्यावसायिकांनाही अनुभव आला आहे. वाचकांना नम्र विनंती आहे या संकल्पनेनुसार तुम्हाला तुमच्या रुग्णांमध्ये उपशय दिसून आल्यास कृपया प्रस्तुत लेखकाला कळवावे.

आपण सगळ्यांनी लक्षात ठेवणे आवश्यक आहे की विषाणू, जीवाणू व रासायनिक दृष्टिकोनातून १००% शुद्ध पाणी सुद्धा अयोग्यवेळी, अयोग्य प्रमाणात व अयोग्य पद्धतीने प्यायले गेल्यास अगणित व्याधी निर्माण होतात.

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JEEVAN SHATAVARIN® 1

| Traditional Name | Quantity |
|-------------------|----------|
| Yashtimadhu | 0.416gm |
| Shaakbeej | 0.416gm |
| Ksheerkakoli | 0.416gm |
| Devdaru | 0.416gm |
| Shatavari Swarasa | 2.08gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Jeevanti | 0.14gm |
| Sugar | q.s. |

JEEVAN SHATAVARIN® 2

| Traditional Name | Quantity |
|-------------------|----------|
| Pashanbheda | 0.7gm |
| Krishna-Til | 0.7gm |
| Manjishta | 0.7gm |
| Mudgaparni | 0.14gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

JEEVAN SHATAVARIN® 3

| Traditional Name | Quantity |
|-------------------|----------|
| Bandak | 0.4gm |
| Ksheerkakoli | 0.33gm |
| Manjishta | 0.33gm |
| Nilofar | 0.33gm |
| Sariva | 0.33gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

Main ingredient being **SHATAVARI SWARASA** - Along with **JEEVANEYA GANA** herbs, Namely **Mudgaparni, Maashparni, Jeevanti and Also contains Masanumasik** Herbs of each month makes it highly potent kalpa of maternity care! '**Shatavari**' the golden herb in the form of swarasa ensures maximum benefits fortified with **Jeevaneeya Herbs** which authentic Ayurvedic wisdom makes it Vaidya's first choice of recommendation.

रुग्ण परीक्षण करताना रुग्णाला पाणी पिण्याविषयीचे प्रश्न विचारावेत



आयुर्वेद व आजचे युग



वैद्य पल्लवी सतीशराव थोटे

आयुर्वेद म्हणजे नेमके आहे तरी काय? केवळ आरोग्यशास्त्र, नव्हे तर आयुर्विषयी ज्ञान देणारे शास्त्र होय. प्रश्न असा निर्माण होतो की, ५ हजार वर्षांपूर्वी लिहिले गेलेले हे शास्त्र आजच्या २१ व्या शतकात अभ्यासण्याची गरज आहे का? व त्याचा कितपत उपयोग होऊ शकतो? २१ व्या शतकात धकाधकीच्या जीवनशैलीमुळे मानवाला मधुमेह, कॅन्सर, अतिलक्ष्मणा आदि NCD (Non-Communicable disease) नी ग्रासले आहे. नुकत्याच WHO च्या प्रकाशित अहवालानुसार भारत देश हा मधुमेहाची राजधानी बनणार आहे व सध्या उपलब्ध असलेली चिकित्सा पद्धती पूर्णतः फलदायी नसल्याचे दिसून येत आहे. अमेरिकन कॅन्सर असोसिएशन ने अरबो डॉलर खर्च केले परंतु कॅन्सर सारख्या आजारावर पूर्णतः बरे करणारी चिकित्सा पद्धती उपलब्ध नाही. अँटीबायोटिक रेझिस्टंट, हार्ट अँटक किंवा संधिवाताच्या उपचारासाठी उपयोगात येत असलेल्या औषोधोपचारांनी किडनी फेल्युअर व इतर अनेक समस्या आढळून येतात. सध्याच्या युरोपियन देशातील नवीन चिकित्सा दृष्टिकोन PPPM(Predictive, Preventive, Personalized Medicine) आहे. मग आयुर्वेद या शास्त्राकडे याचे उत्तर मिळू शकते का?..... ५ हजार वर्षांपूर्वी सांगितलेला चिकित्सेचा दृष्टीकोन **स्वस्थस्य स्वास्थ्य रक्षणम्....**(Health promotion, disease prevention, early diagnosis and personalized treatment) Horizon याच्याशी म्हणजेच PPPM याच्याशी साधर्म्य दर्शवतो. अत्याधुनिक दृष्टिकोन असणारी आपली प्राचीन चिकित्सा पद्धती ही समाजातील प्रत्येक स्तरापर्यंत पोहचवणे गरजेचे आहे. परंतु आज काही आव्हाने पण समोर आहेत.

१) Scientific evidence- एकविसाव्या शतकामध्ये scientific evidence ही काळाची आवश्यकता निर्माण झाली आहे- (यथोक्त पुरावा नाही.)

२) ग्रंथाचे शोधन - हेतुस्कंध, त्यासोबतच नवीन लक्षणस्कंध व चिकित्सास्कंध (आदिचा) विचार करणे.

३)भारतातील बहुतांश औषधी वनस्पती या endangered झालेल्या आहे.

४) गेल्या ५० वर्षांत उपयोगात असलेली आधुनिक संशोधन प्रणाली.

५)आयुर्वेदाचे अध्ययन - भाषांतरित पुस्तके.

१) चरकांच्या काळामध्ये धर्म ही संकल्पना अतिशय महत्वाची होती. धर्माचे अबाधितत्व रहावे या नुसार तद्कालीन शास्त्राची रचना आढळते. काळाच्या ओघात धर्म ही संकल्पना लोप पावली.

आज २१ व्या शतकात Scientific evidence ही काळाची आवश्यकता निर्माण झाली आहे. आपले वैद्य लोक आयुर्वेदिक चिकित्सा पद्धती वापरून अनेक लोकांना बरे करत असले तरी त्याचा यथोक्त पुरावा नाही. Pub-med या जागतिक database वर आयुर्वेद या नावाने Case report search केल्यास १५० च्या आत संख्या येते व त्यापैकी अधिकतम हे आयुर्वेदाने कशा प्रकारे रुग्णाचा व्याधी (symptoms) वाढला याचा ऊहापोह करणारी आहे. आपण बरा केलेल्या रुग्ण विषयक विचार, प्रकृती, अग्नी सात्म्य सत्व आदि भावाचा विचार हा केस रिपोर्ट आदि लिहून प्रकाशित करणे, महत्वाचे आहे. आपला अनुभव हा Pub-Med मधल्या Ancient Science Of Life किंवा JAIM² UGC Approved Journal ला प्रकाशित करणे गरजेचे आहे कारण आपण जर unauthorized journal ला प्रकाशित केले तर त्याचा लिमिटेड उपयोग होतो. आयुष मंत्रालयाला Policy बनविण्यासाठी data आवश्यक आहे. जो यथार्थ आहे.

२)दोषाः कदाचित् कुप्यन्ति जिता लंघन पाचनैः।

जिताःसंशोधनैः ये तु न तेषां पुनरुद्भवः।च. सू. १६/२०

जसे दोषाचे शोधन हे व्याधी प्रशमनाकरिता महत्वाचे सांगितले आहे, त्याचप्रमाणे काळानुसार शास्त्राचे शोधन होणे महत्वाचे आहे. किंबहुना यापूर्वीच्या काळात ते झाले. वाग्भटांनी अष्टांगहृदय हा ग्रंथ चरक संहिता आणि सुश्रुत संहिता यामधून **नातिसंक्षेपणातिविस्तार** या पद्धतीने लिहिलेला ग्रंथ आहे. तरी सुद्धा चरक व सुश्रुतांनी उल्लेख न केलेला गर्भशंकु वाग्भटांनी वर्णन केला आहे. उत्तरतंत्रात वाग्भटांनी अम्यसंग्रह नव्याने लिहिला आहे. संहिता अध्ययन करत असताना असे आढळून येते की गंगाधर राय यांच्या जल्प कल्पतरु टीकेनंतर ग्रंथाचे

आयुर्वेद हे Evidence based science च आहे

शोधन फ़ारसे झालेले दिसत नाही. आज लोक कित्येक तास खुर्चीत एकाच आसनात बसून राहतात, पाश्चात्य संस्कृती नुसार पिझ्झा, बर्गर खातात. धकाधकीच्या जीवनामुळे ताणतणाव वाढला आहे. त्यामुळे अद्यावत हेतु, लक्षण व चिकित्सा याचा विचार करून शास्त्राचे मूलभूत सिद्धांत अबाधित राखून ग्रंथाचे शोधन करणे, अतिशय महत्वाचे झाले आहे.

३) काही रिसर्च पेपर यानुसार अशी माहिती मिळते, की भारतातील बहुतांश औषधी वनस्पती या endangered झालेल्या आहे. सामान्यतः उपयोगात येणाऱ्या कल्पांमध्ये त्याची substitute वापरण्यात येते. औषधी वनस्पती भेसळ होत आहे. दिवसेंदिवस वनांचा होणारा नाश यावर प्रतिबंध घालणे आवश्यक आहे. भारतामध्ये ज्या औषधी वनस्पती साठी आवश्यक वातावरण आहे, अशा वनस्पतीची शेती करणे उपयोगाचे ठरू शकते. खडकाळ जमीन असल्यास जिथे पिक व्यवस्थित उत्पन्न होत नाही त्या ठिकाणी अश्मरी या आजारावर कार्य करणारी पाषाणभेद वनस्पतीची लागवड करण्यासाठी प्रोत्साहन द्यायला पाहिजे, यामुळे औषधी वनस्पती पण उत्तम गुणधर्माची व वीर्याची मिळेल. काळाच्या ओघात दुर्मिळ होत असलेल्या औषधी वनस्पती या आदिवासी काही जमातीने जपून ठेवलेल्या आढळतात. अशा आदिवासी लोकांना काही प्रोत्साहन देणे. फ़ार आवश्यक झाले आहे. आयुर्वेदातील काही थोर आचार्यांच्या संशोधनानुसार गेल्या ५० वर्षांत उपयोगात असलेल्या आधुनिक संशोधन प्रणालीमुळे कुठल्याही प्रकारचा उपयोग झाला नाही. आयुर्वेदिक तत्व समजण्यास उपयोग झाला नाही किंवा आयुर्वेदाच्या विद्यार्थ्यांच्या आकलनात भर पडली नाही. आयुर्वेदातील मूलभूत तत्वे अबाधित राखून शास्त्रातील संशोधनास उपकारक संशोधन प्रणाली बनवणे उपयोगाचे ठरू शकेल. आयुर्वेदिक तत्वांस आधुनिक संशोधन प्रणालीत बांधण्याचा निरर्थक प्रयत्न करू नये.

४) आयुर्वेदाचे अध्ययन हे संस्कृत भाषेतून होणे गरजेचे आहे. सध्याच्या काळात उपलब्ध असलेली भाषांतरित पुस्तके वाचून विद्यार्थ्यांच्या आकलनात भर पडत नाही किंवा त्याच्या तर्क बुद्धीत वाढ होत नाही आयुर्वेद पुस्तके ही सध्याच्या आयुर्वेदातील संशोधनानी युक्त असावी. यासोबतच आयुर्वेदाची संहिता समजण्यासाठी आयुर्वेदाची प्राचीन लिखाण पद्धती समजून घेणे, गरजेचे आहे. उदा. तंत्रयुक्ती आदि.

उत्तम विद्यार्थी बनवण्याचे व बनण्याचे संहिताकारांनी जे मापदंड सांगितले आहे, त्यानुसार अभ्यासक्रमाची योजना केल्यास आयुर्वेदाच्या अथांग सागरातील मोती आपल्याला

मिळू शकेल. वैद्य रमा जयसुंदर या केम्ब्रिज विद्यापीठाच्या पी. एच.डी धारक आयुर्वेदाचार्यांनी गायत्री मंत्र १०८ वेळा ब्राह्ममुहूर्तावर 2.30 am - 3am ला उच्चारल्याने Cynophotometry या आधुनिक प्रक्रियेचा उपयोग करून त्याचा brain activity वर काय परिणाम होतो हे सिद्ध केले. मुख्य म्हणजे प्रयोगानंतर हे आढळून आले की, गायत्री मंत्र हा संस्कृत मधून उच्चारल्यानंतर brain activity मध्ये symmetrical function आढळून येते. परंतु इंग्लिशमधून जेव्हा गायत्री मंत्राचा अर्थ पठण केला गेला तेव्हा symmetrical function आढळून आले नाही. तेव्हा मंत्र म्हणजे काय हे समजवून घेणे आजच्या काळात गरजेचे झाले आहे.

आयुर्वेद ही जगातील उपचार पद्धती- आपण हे आव्हान Interdisciplinary research च्या माध्यमातून पूर्ण करू शकतो. Biology, Physics, Chemistry आदिच्या तत्वांद्वारा आपण आयुर्वेदाची तत्वे जागतिक स्तरावर पोहोचवायची असती तर आयुर्वेद तत्व ही जगाच्या परिभाषेत मांडणे फार गरजेचे आहे. याद्वारे आपण भारताची संस्कृती व मूल्येही जगापर्यंत पोहोचवू शकतो. शालेय जीवनापासून आयुर्वेदविषयक मुलांना माहिती देणे महत्वाचे ठरू शकते. आयुर्वेदामध्ये वर्णित सद्वृत्त व आचार रसायन, सात्विक आहार, राजसिक आहार विषयक विवेचन, गर्भसंस्कार, दिनचर्या, ऋतुचर्या, आहारविषयक नियम, रसावर आधारित चिकित्सा आदि विषयांचा प्रचार करणे. आयुर्वेद घराघरात पोहोचवण्यासाठी आयुर्वेद जागृती अभियान राबवणे महत्वाचे आहे. स्वच्छ भारत अभियान प्रमाणे **आयुर्वेद माझा अभियान** शासनाने राबवावे. शहराच्या वेगवेगळ्या भागातून फिरता आयुर्वेद दवाखान्याची व्यवस्था करावी. यामध्ये यापन बस्ती आदि देण्याकरिता सुविधा असावी.

याप्रमाणे काही उपाय योजले जावू शकतात. नव्या युगातील आव्हानाला उत्तर देण्यासाठी आज आयुर्वेदाची नितांत गरज आहे.

माझे शास्त्र हे ज्या मूलभूत सिद्धांताचा उपयोग करून लिहिले गेले आहे ते आज पृथ्वी, वायु, आकाश, तेज जल आदि तत्व अस्तित्वात आहे. किंबहुना जिथे जीव आहे, तिथे हे तत्व राहतील.

माझ्या शास्त्रात वर्णन तीन प्रकृती लोक (वातज, पित्तज, कफज) आजही दिसताहेत. या शास्त्रात उल्लेखलेली कार्यकारण वादप्रणाली पञ्चमहाभूत सिद्धांत, लोकपुरुष साम्यता ही आजही आढळून येते, गरज आहे या सर्वांना समजण्याची. माझ्या आयुर्वेदाने शुद्ध चिकित्सा म्हणजे काय हे

हातच्या कंकणाला आरसा कशाला...!

वर्णन केले प्रयोगः शमयेद्व्याधिं योऽन्यमन्यमुदीरयेत्। नासौ विशुद्धः शुद्धस्तु शमयेद्यो न कोपयेत्॥ च.नि.८-२३ चिकित्सा ती नव्हे जी एका आजाराला बरे करुन दुसऱ्याला निर्माण करते. शुद्ध चिकित्सा ती आहे जी एका आजाराला बरे करताना, अन्य आजार किंवा उपद्रव निर्माण करत नाही.

आयुर्वेदाचे नूतनीकरण झाल्यास आयुर्वेद हा कुठल्याही देशात कमीत कमी साधन संपत्ती वापरुन शुद्ध चिकित्सा पद्धती म्हणून उपयोगात येऊ शकते. आयुर्वेद ही कुठल्याही देशात कमीत कमी साधन संपत्ती वापरुन शुद्ध चिकित्सा पद्धती म्हणून उपयोगात येऊ शकतो. आयुर्वेद ही येणाऱ्या युगातील समस्या वर उपाय असणारी योग्य उपचार पद्धती ठरू शकते.

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वैद्य पल्लवी सतीशराव थोटे
पदव्युत्तर विद्यार्थिनी
श्री आयुर्वेद महाविद्यालय नागपूर

शब्दकोडे क्रमांक - १०

वैद्य रमा खटावकर

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शब्दसंकेत

(उत्तर पुढील अंकात)

आडवे शब्द - १) व्याधीचा एक प्रकार, जो दुसऱ्या व्याधीचे कारण असतो. ५) दोष,धातू,मल यांची स्वस्थ शरीरातील स्थिती ६) अन्नपदार्थ सुरक्षित ठेवण्याची पूर्वीची जागा ७) शिराचे उपांग ८) अशस्त्र लेखनाचे साधन ९) मलसंचय अथवा गुदसंकोचाने झालेला उदर व्याधीचा प्रकार १४) अग्नीसमीत असलेला वायूचा प्रकार १६) औषधी वनस्पती एकत्रित मिळण्याचे ठिकाण १७) स्वस्तिक यंत्राचा एक प्रकार १८) उरप्रदेश, छाती.
उभे शब्द - १) विषयापासून निवृत्त होण्याची मनाची व शरीराची अवस्था २) पित्तशमन, शीत, मधुर, कठीण फळ ३) एकादश पैकी काम करणारी पाच इंद्रिये ४) बंधाचा एक प्रकार ५) टीका, स्पष्टीकरण ६) समुद्रात मिळणारे एक औषधी द्रव्य ७) तीस बस्तींची मालिका (विशिष्ट क्रमाने रोज एक, अशा ३० बस्ती देण्याचा उपक्रम) ९) जेवणानंतरही केले जाते असे एकमेव योगासन १०) रुचिकर, हृदय, तीक्ष्ण उष्ण आहारद्रव्य ११) गुरुता, वजन १३) एक असाधारण व्याधी, ज्यात शरीर दंडुक्याप्रमाणे ताठ होते. १५) मनुष्य १६) कक्षा

शब्दकोडे क्रमांक - ९ चे उत्तर

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आयुर्वेदाला सिद्ध करायला आधुनिक प्रमाणांची गरज आहे?



वैद्य सविता अंबादास कुलकर्णी

कै. वैद्य मो. य. लेले स्मृती लेख

उदावर्त



वैद्य स्नेहल विजय बोरसे

विषय प्रवेश:- एक ५५ वर्षीय स्त्री रुग्णा वामतः कटि, पार्श्व, वंक्षण प्रांतात शूल हे प्रमुख लक्षण घेऊन पंचकर्म बाह्यरुग्ण विभागात आली. अॅलोपॅथी उपचारादरम्यान USG आदि तपासण्या नॉर्मल असल्याने आणि लक्षणात उपशय मिळत नसल्याने केवळ आयुर्वेदीय उपचारार्थ रुग्ण मोठ्या आशेने चिकित्सेसाठी आली.

रुग्णेची प्रमुख लक्षणे :- १) वामकुक्षी (वामतः) कटि, पार्श्व, वंक्षणसंधीप्रांतात शूल (प्रातःकाळी व उपाशीपोटी वेदना अधिक्य) : ३ वर्षांपासून २) उद्गारप्रवृत्ती: ७-८ महिन्यांपासून ३) मलकाठिण्य, ग्रथित मलप्रवृत्ती : ३ महिन्यांपासून

रुग्ण इतिहास:- वय ५५ वर्षे (वातदोष काळ).

व्यवसाय-गृहिणी. पूर्वव्याधीवृत्त- कुलवृत्त : अविशेष.

आहार- कटु व लवण रसातिसेवन, रुक्ष आहार सेवन.

दधी/कढी- ३/७ दिवस

इतर: उपवास: २/७ दिवस. जागरण; अति चंक्रमण: (रोज ३ किमी). उष:पान : ३ ग्लास कोमट पाणी रोज सकाळी.

मानस हेतु: चिडचिड (+). संतापी स्वभाव.

रजोइतिहास: १२ वर्षांपूर्वी रजोनिवृत्ती. ५ अपत्य (प्राकृत प्रसव). प्रसूतीचर्या पालन नाही. गर्भस्त्राव/गर्भपात- नाही.

रुग्णपरिक्षणे: नाडी - वातप्रधान पित्त, दुर्बल.

मल-मलकाठिण्य, ग्रथितता, सशूलप्रवृत्ती.

मूत्र- मूत्रकृच्छ्रता. जिव्हा- साम. निद्रा- खण्डीत.

क्षुधा-मध्यमवेगी. देहभार- ७२.२ किग्रॅ.

उदर-सर्वत्र गौरव, पिडनोत्तर शूल, वातसंचित ध्वनी

कटि, पार्श्व प्रदेशी पिडनोत्तर शूल. सर्वांग स्नायु शैथिल्य.

व्याधी विनिश्चय: रुग्ण लक्षणे आणि इतिहास बघता व्याधी निदान उदावर्त केले. लक्षणे:-

करोति विण्मारुतसङ्गं क्रमात् उदावर्तमतः सुघोरम्।

रुक्बस्तिहृतकुक्ष्युदरेषुअभीक्षणं

सपृष्ठपाश्वैश्वतिदारुणा स्यात् ॥

च.चि. २६

त्रिमर्मीयचिकित्सितम् अध्यायात आचार्य चरकांनी उदावर्त व्याधीचे वर्णन केले आहे. प्रवृद्ध वातदोषाच्या उर्ध्वगमनाकडे दुर्लक्ष झाल्यास उदावर्तजनित भयावह विकार उत्पन्न होऊ शकतात. त्यामुळे दोषप्राधान्य आणि दोषगती

लक्षात घेऊन तात्काळ चिकित्सा करावी.

चिकित्सा विवेचन: *सदर रुग्णेला उपाशीपोटी वेदनाधिक्य व उद्गारप्रवृत्ती हे वात आणि पित्ताधिक्य असल्याचे दर्शवते. *ग्रथित मल रौक्ष्य आणि औष्ण्य दाखवते. *उद्गारप्रवृत्ती वाताची (अपानाची) उर्ध्वगती दर्शवते. *प्रसूति इतिहास अपानाची दुष्टी त्याचप्रमाणे अत्याधिक कटु, रसात्मक रुक्ष आहार, जागरण, चंक्रमण, रुग्णेचे वय आदि हेतुही वातवृद्धीस कारणीभूत ठरतात. *त्यामुळे चिकित्सा विचार करताना वातदोषाचे अनुलोमन करणे महत्त्वाचे वाटले.

बस्तिचिकित्सा: वातदोषाची परम चिकित्सा म्हणून बस्तिचे महत्त्व सर्वांना माहितीच आहे. वैद्य दातार शास्त्रींनी पांचभौतिक चिकित्सेत वर्णिलेले अनुलोमक तैल जे व्यवहारात चिंचालवण तैल नावाने प्रसिद्ध आहे, त्याचा स्नेहन स्वेदनपूर्वक मात्राबस्ति देण्याचे निश्चित केले.

चिंचालवण तैल (अनुलोमक तैल) कार्मुकत्व: पांचभौतिक चिकित्साकांनुसार हेतुसेवनाने पचनकार्य बिघडून अपानकक्षा बिघडते. बद्धकोष्ठ निर्माण होऊन आन्त्राच्या ठिकाणी रुक्षता वाढू लागते. अपानवायु प्रतिलोमित होतो. मलाचे वटक बनून आकाशाची पोकळी कमी होते. अवरोध तीव्र होऊन उदावर्त सारख्या अनेक व्याधींचा पाया घातला जातो.

१)**तैल:** *स्निग्ध, गुरु, उष्ण, व्यावायी असून पार्थिव आहे. *रुक्ष, लघु, शीत, सूक्ष्म अशा वाताच्या गुणांच्या न्हास करते. *सर गुणाने मल बाहेर काढला जातो. *स्रोतसांची रुक्षता आणि खरता कमी होते.

२)**चिंच:** *अम्ल रसात्मक *स्निग्धत्वात् अम्लो रसो विण्मूत्रवातान् बहिः क्षिपति। *अम्लो रसः मूढवातानुलोमनो विशेषेण। *दोषाणां तथा मलानां पाचनं कृत्वा स्रोतोविबन्धं दूरि करोति। *पार्थिवत्वेन मलान् अधो नयति। *अम्लरसेन वातानुलोमनं भवति शूलस्य प्रशमनम् च।

(वै.गो.आ.फडके-द्रव्यगुणविज्ञानीयम्)

३)**सैन्धव:** *सूक्ष्म स्रोतोगामी, मधुर विपाकामुळे सृष्टविण्मूत्र गुणधर्म. *लवण रसः स्निग्धोष्णगुरुगुणत्वात् वातं शमयति। *लवणो रसः सरः। तोयगुणबाहुल्यात् पुरीषमधो नयति। *तेन वातमूत्रपुरोषाणां निःसरणं सुखेन भवति।

(उर्वरित मजकूर पान क्र. २५ वर)

बस्ती ही अर्धी चिकित्सा आहे.



“ मी आई झाले...
निरीगी व सुदृढ बाळाची...
धन्यवाद मासानुमास...”

स्वप्न आईचे... सुदृढ संततीचे

मूल होतच नाही.. सतत गर्भपात होतोय.. गर्भारपणात ब्लडप्रेसर वाढतंय..
आई हायचॅंय... सुदृढ निरीगी बाळ हवंय...
हुषार अव्यंग मूल जन्माला घालायचंय.. पोटात गर्भाची वाढ थांबलीय..

किंवा या संबंधित इतर त्रासांसाठी आजच डॉक्टरांना भेटा आणि
विद्यानंद लॅब्सच्या मासमानुमासबद्दल माहिती जाणून घ्या.

**Think before you leap and
Plan before you conceive.**



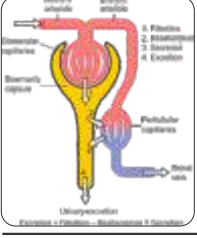
विद्यानंद लॅब्स प्रा. लि.

फॅक्टरी - पोस्ट खर्डी, ता. शहापूर, जि. दाणे. भ्रमणध्वनी: ९९८७६८४०५५
कार्यालय: ८, नानक सोसायटी, मादंगा रोड, (प.), मुंबई-४०० ०९६.
संपर्क: ९८९२८९४०९९, ९९८७६८४०५२

डॉक्टर व वैद्यांच्या माहितीसाठी



सुप्रजा जननासाठी प्रयत्न करावेत.



मधुमेह उपद्रवजन्य वृक्करोग - आयुर्वेद चिकित्सा



वैद्य राजन कुलकर्णी

मधुमेह व्याधीच्या उपद्रवामध्ये आधुनिक शास्त्राने चार महत्त्वाचे उपद्रव वर्णन केलेले आहे.

- * वृक्क रोग (Diabetic Nephropathy) सूक्ष्म सिरा वाहिनी जन्य परिणाम स्थूल सिरावाहिनी परिणाम
- * नेत्ररोग (Diabetic Retinopathy)
- * वातजन्य रोग (Diabetic Neuropathy)
- * हृद् शिर पाद सिरा परिणाम जन्य रोग (Diabetic vascular diseases and Microvascular diseases)

यापैकी हृद् शिर पाद सिरा परिणाम जन्य मधुमेह व्यापदांमध्ये हृद्रोग (IHD), पक्षवध (Stroke), पादव्रण (Diabetic foot) हे बृहत् सिरा परिणामामुळे होतात. यापैकी मधुमेहामुळे वृक्कावर सिरा परिणामामुळे होणाऱ्या विकाराबद्दल आधुनिक विचारातून पाहू.

मधुमेहज वृक्क विकार हे वृक्क विकारातील प्रमुख कारण आहे. वृक्काच्या असंख्य गाळणी यंत्रातील सिरांच्या घट्टपणामुळे (thickening) वृक्कीय रक्तदाब (glomerular hypertension) व वृक्कीय गाळणी वेग (eGFR) कमी होतो. मूत्राघात किंवा Nephrotic Syndrome होईपर्यंत याची विशेष लक्षणेही ही रुग्णात दिसत नाहीत. याचे निदान मूत्रातील प्रोटिन्स (urinary albumin) वरून होते. एकदा का मधुमेहाचे निदान झाले की वर्षातून एक वेळा मूत्रातील albumin च्या प्रमाणावरून मधुमेहाचा वृक्कावर परिणाम झाल्याचे कळून येईल. Albumin Creatinine ratio व 24 तासातील मूत्रातील albumin चे प्रमाण बघितले जाते. हा ratio 30mg पेक्षा अधिक असणे किंवा मूत्रातून अल्ब्युमिन बाहेर पडण्याचे प्रमाण 30 ते 300mg/ प्रतिदिन येत असल्यास मधुमेहज वृक्करोगाचे निदान करता येते. साधारणतः 80% लोकांना मधुमेहाचे उपद्रव म्हणून वृक्क विकार होतात.

हेतू: १) मधुमेहाची योग्य प्रकारे चिकित्सा न करणे. यामुळे वृक्कीय सिरावर परिणाम होऊन रक्तदाब वाढून गाळणी यंत्रावर परिणाम होऊन वृक्काचे कार्य बिघडते व पुढे तो मूत्राघाता कडे जातो. २) धूम्रपान करणे. ३) कोलेस्टेरॉलची पातळी वाढणे.

४) मधुमेह व वृक्क विकाराची अनुवंशिकता.
लक्षण: १) रक्तदाब नियंत्रित न होणे. २) मूत्रामध्ये प्रोटीन

मिळणे. ३) हस्त, पाद, गुल्फ व नेत्रा भोवती शोथ येणे. ४) अग्निमांद्य, हल्लास व छर्दी, सतत कंडू, क्लम. ५) मनो गोंधळ वा एकाग्रता न होणे.

उपद्रव: १) मधुमेहज उपद्रव हे हळूहळू महिना ते वर्षापर्यंत वाढतात. उदक संचिती (Fluid retention) मुळे कक्षा व पादभागी शोथ येणे, रक्तदाब वाढणे व फुफ्फुसामध्ये जल संचिती (Pleural oedema) होणे. २) रक्तामध्ये पोटॅशियम ची मात्रा वाढणे. ३) रक्तवाहिनी (पक्षवध) व हृदयाचे विकार होणे. ४) नेत्रातील सिरावर परिणाम होऊन दृष्टी वर परिणाम होणे (Diabetic Retinopathy). ५) पादव्रण, ध्वजभंग, अतिसार असे नाडी व सिरावर परिणाम होणे. ६) गर्भिणी स्त्रियांमध्ये गर्भ व मातेवर परिणाम होणे.

वृक्कावर कायमस्वरूपी दुष्परिणाम होऊन (End stage kidney disease) ज्यामुळे डायलेसिस व वृक्क बदलण्याची शस्त्रक्रिया करावी लागणे.

प्रयोग शालेय परीक्षण: * CBC * Sr.Creatinin * Blood Urea * eGFR * Urine for microalbumin * Renal Function Test * X ray KUB and USB * CT and MRI * Kidney biopsy

आधुनिक शास्त्रानुसार उपचारात वृक्काचे दुष्परिणाम हळूहळू होणे व अन्य उपद्रवांची चिकित्सा करणे. ACE inhibitor जे वृक्काची प्रोटीन level कमी करून वृक्कीय दुष्परिणाम कमी करतात.

आयुर्वेदीय चिकित्सा विचार

आयुर्वेदिक ग्रंथांमध्ये मधुमेह परिणामाने वृक्क विकार नावाने उपद्रव वर्णित नसले तरी दूष्य संग्रहामध्ये असणारी क्लेद दुष्टी वृक्क विकाराकडे नेते. या ठिकाणी होणाऱ्या संप्राप्ती मध्ये मधुमेहाच्या उपद्रवात्मक वृक्कातील सूक्ष्म सिरांची विकृती लक्षात घेतली पाहिजे.

प्रमेहाच्या संप्राप्तीत त्रिदोषातील कफ कुपित होऊन शिथिल शरीरात पसरतो. मेद अधिक व शिथिल होण्याने तो मेदाला दूषित करतो. विकृत कफ, मेद व मांस वाढल्याने दूषित मेदासोबत क्लेद व मांसाची संबद्ध येवून क्लेदाला दूषित करून मूत्राची दुष्टी होते. बस्ति प्रदेशात मूत्रवह स्रोतस मेद व क्लेदाने भरून जाते व प्रमेहाची उत्पत्ती होते. म्हणून प्रमेहाच्या

मधुमेहाचे उपद्रव पथ्य व औषधाने टाळता येतात.

चिकित्सेत कफ, मेद, क्लेद यांना कमी करणारी अपतर्पण चिकित्सा केली जाते. म्हणून स्थूल व बलवान प्रमेही रुग्णात दोषाधिकता असल्यास शोधन (वमन विरेचन) देऊन नंतर वृक्कावर कार्य करणारी द्रव्ये शमन चिकित्सेत द्यावीत. अशोधनार्ह प्रमेही रुग्णात व बलवान प्रमेही रुग्ण ज्याचे सम्यक शोधन झाले आहे अशा रुग्णांना शमन चिकित्सेत पुढील योग वापरावे...

सामान्य प्रमेह नाशक योग:

१) त्रिफळा, दारूहळद, देवदारु, नागरमोथा यांना सम मात्रेत घेऊन क्वाथ करून रुग्णास द्यावा. २) आवळ्याच्या ताज्या रसात हळद व मध टाकून पिण्यास द्यावे. ३)फलत्रिकादि क्वाथ-त्रिफळा, दारूहळद, देवदारु, नागरमोथा, इंद्रायणी, मूर्वा यांचा क्वाथ हळद कल्क व मध टाकून तो पिण्यास द्यावा. ४)मूत्राचा वर्ण, गंध, स्वरूप, मात्रा, घनता इत्यादी पाहून चरकांनी १० प्रमेह नाशक योग सांगितले आहेत. त्याचाही विचार करावा. ५)विडंगादि लोह-विडंग, त्रिफळा, मुस्ता, छोटी पिंपळी, सुंठ, श्वेत जिरे, शाही जिरे व लोह भस्म हा योग प्रमेह व मूत्रदोष कमी करतो. ६)शिलाजतू प्रयोग-शाल सारादि गणाच्या औषधांनी शुद्ध शिलाजीत ला घोटून बलानुसार द्यावे. हे पचल्यावर मांसरस प्यावे. ७)बस्ति- सुश्रुता नुसार वमन विरेचना नंतर सुरसादि गणातील औषधांच्या काढ्यात सुंठ, देवदार व नागरमोथा यांचे चूर्ण मध आणि सेंधव घालून त्याचा आस्थापन बस्ति द्यावा. ८)शोधनोत्तर सुश्रुतांनी काढ्याचे पाच कल्प सर्व प्रमेहाचा नाश करतात असे सांगितले आहे. ९)न्यग्रौधादि चूर्ण-(चक्रदत्त)-वट, औदुंबर, पिंपळ, सोनपाठा, बहावा, असनाद, आम्र, जम्बू, कवठ, चारोळी, अर्जुन, धव, महु, जेष्ठमध, लोध्र, वरुण, पारीभद्र, पटोल, मेषशुंगी, दंती, चित्रक, तूर, करडा, इंद्रयव व भल्लातक हे सर्व समभाग घेऊन हे चूर्ण मधासह चाटवावे. वरुण त्रिफळा क्वाथ प्यावा. १०)त्र्युषणादि गुग्गुळ (चक्रदत्त)-त्रिकटु, त्रिफळा चूर्ण समान भाग घेऊन व सर्वा समान शुद्ध गुग्गुळ मिसळून गोखरु क्वाथाने गोळी बनवावी. ती गोळी देश, काल, बलानुसार सेवन करावी. ११)चंद्रप्रभा- हा योग 250mg त्रिफळा क्वाथाच्या अनुपानाने अपान काळी द्यावा. यातील शिलाजीत व गुग्गुळ कफ, मेद, क्लेदाचे शोषण करतात. तर त्रिकटु, पिंपळी, चित्रक ही द्रव्ये धात्वानिवर्धनाचे कार्य करतात. यातील लोह व माक्षिक भस्म धातूंचे अबध्दत्व कमी करून ते बल देतात. वरील सर्व चिकित्सा प्रमेहावर कार्य करते त्यामुळे त्याचे उपद्रव वृक्क रोगावरही परिणाम करतात. यात क्लेद दुष्टी कमी होऊन सिरांचा घट्टपणा कमी होतो. त्यामुळे वृक्काच्या गाळणी यंत्रातील वृक्कीय रक्तदाब कमी होऊन वृक्कीय गाळणी वेग वाढतो व तो

रुग्ण मूत्राघातापासून वाचतो. म्हणून चिकित्सा सुरु असताना प्रोटीन व क्रिएटिनिन नियमितपणे तपासावे.

निदान परिवर्जन व पथ्यापथ्य: १)धूम्रपान करीत असल्यास ते टाळावे. २)एका ठिकाणी बसू नये. ३)दिवास्वप्न, नूतन धान्य, दही, मध, तेल, साखर, क्षार, आंबट पदार्थ, पिष्टमय पदार्थ व मांसाहार टाळावा. ४)आहारात वरी, नाचणी, गोधूम हे भाजून सेवन करावे. मूग, कुळीथ, जुने तांदूळ, कारली, दोडकी अशा कडू रसाच्या भाज्या खाव्यात.

प्रमेह निवृत्ती लक्षणे: प्रमेह रुग्णाला जेव्हा स्वच्छ व तिक्त-कटु रसात्मक मूत्रप्रवृत्ती होऊ लागते तेव्हा त्याचा प्रमेह बरा झाला असे समजावे.

अपुनर्भव चिकित्सा: शिलाजित रस, माक्षिक योग, वसंत कुसुमाकर.

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देशानामामयानां च विपरीतगुणं गुणैः।

सात्म्यमिच्छन्ति सात्म्यज्ञानश्रेष्ठितं चाद्यमेव च॥

च.सू. ६/५०

हेतुव्याधिविपर्यस्त विपर्यस्तार्थकारिणाम्।

औषधान्निविहाराणामुपयोगं सुखावहम्॥

विद्यादुपशयं व्याधेः स हि सात्म्यमिति स्मृतः।

मा नि १/८,९ (निदानपंचकातील 'उपशय' व्याख्या)

आपल्या शरीरासाठी जे सुखकारक असते ते म्हणजे 'सात्म्य'. देश व रोग यांच्या विपरीत गुणांचा व विपरीत कार्य करणारा आहार आणि विहार हा त्या देश व रोगासाठी सात्म्य समजावा. यामुळेच 'सात्म्य' ला 'उपशय' असेही म्हटले आहे.

तत् त्रिविधं प्रवरावरमध्यविभागेन; सप्तविधं तु रसैकैकत्वेन सर्वरसोपयोगाच्च। तत्र सर्वरसं प्रवरम्, अवरमेकरसं, मध्यं तु प्रवरावरमध्यस्थम्। तत्रावरमध्याभ्यां सात्म्याभ्यां क्रमेणैव प्रवरमुपपादयेत् सात्म्यम्। सर्वरसमपि च सात्म्यमुपपन्नः प्रकृत्याद्युपयोक्त्रष्टमानि सर्वाण्याहारविधिविशेषायतनान्यभिसमीक्ष्य हितमेवानुरुध्येत॥ च.वि.१/२०

सात्म्याचे प्रकार केलेले आहेत.

१) त्रिविध- i)प्रवर (श्रेष्ठ), ii)मध्य, iii)अवर (हीन)

२) सप्तविध- i)एकेका रसाचे सात्म्य (अवर)

(मधुर, अम्ल, लवण, तिक्त, कटु, कषाय)

ii)सर्वरस सात्म्य(प्रवर)iii) यांच्या मधील मध्य सात्म्य

३) चतुर्विध सात्म्य- i) ऋतुसात्म्य ii) ओकसात्म्य

iii) देशसात्म्य iv) व्याधीसात्म्य (उत्तरोत्तर बलवान)

i) ऋतुसात्म्य- तस्याशिताद्याहाराद्वलं वर्णश्च वर्धते। यस्यर्तुसात्म्यं विदितं चेष्टाहारव्यपाश्रयम्॥ च.सू.६/३
कोणत्या ऋतुत कोणता आहार-विहार अनुकूल वा प्रतिकूल असतो हे जाणणे म्हणजे ऋतुसात्म्य होय.

ii) देशसात्म्य- देशः पुनः स्थानं स द्रव्याणामुत्पत्तिप्रचारौ देशसात्म्यं चाचष्टे॥ च.वि१/२२(५)
(टीका चक्रदत्त) देशसात्म्येन च देशविपरीत गुणं सात्म्यं गृह्यते यथा आनूपे उष्णरुक्षादि, धन्वनिच शीतस्निग्धादि।

रोग्याची शारीरिक स्थिती योग्य प्रकारे जाणण्यासाठी व औषधींचे गुणधर्म समजून घेण्यासाठी देश अर्थात भूमीचे ज्ञान महत्त्वपूर्ण आहे. जसे आनूप देशातील व्यक्तीला उष्ण, रुक्ष आहार हितकर (सात्म्य) आहे याउलट जांगल प्रदेशातील व्यक्तींना शीत, स्निग्ध असा आहार- विहार स्वस्थ ठेवणारा ठरतो.

iii) व्याधीसात्म्य- व्याधी ज्या गुणांचा आहे त्याच्या विपरीत गुणधर्माचा आहार-विहार व्याधीसात्म्य समजावा. जसे निराम संधीगत वातात तीळ तेल, नारायण तैल, अनुवासन बस्ती, लाक्षा, गुग्गळ कल्प यांसारखी बृंहण चिकित्सा दिली जाते.

iv) ओकसात्म्य- उपशेते यदौचित्यादोकः सात्म्यं तदुच्यते॥ च.सू. ६/४९

'अपथ्यकर' असूनही जो केवळ निरंतर अभ्यासाने (सवयीमुळे) बाधाकर ठरत नाही म्हणजेच विकार उत्पन्न करत नाही त्यास 'ओकसात्म्य' समजावे

गङ्गाधरस्तु 'ओकसात्म्यम्' इति पठति, ओकादौचित्यात् सात्म्यमित्योकसात्म्यमित्युच्यते इति च व्याख्यानयति।

'ओक' या शब्दाचा अर्थ 'घर'...!!! अर्थात सवय होऊन जाणे. मनुष्यप्राणी ज्या प्रकारचा आहार नित्य, प्रतिदिन सेवन करतो ते पदार्थच त्याच्यासाठी सात्म्य म्हणजेच अनुकूल बनतात. यालाच 'ओकसात्म्य' म्हटले आहे.

उपयोक्ता पुनर्यस्तमाहारमुपयुङ्क्ते यदायत्तमोकसात्म्यम्॥

इत्यष्टावाहारविधिविशेषायतनानि व्याख्यातानि

सात्म्य हाच उपशय

(चक्रदत्त टीका) यदायत्तमोकसात्म्यमिति भोक्तृपुरुषापेक्षं ह्यभ्याससात्म्यं भवति; कस्यचिद्धि किंश्चिदेवाभ्यासात् पथ्यमपथ्यं वा सात्म्यं भवति ॥२॥ च.वि.१

जो आहाराचा उपयोग करतो त्यास उपयोक्ता म्हणलेले आहे. ओकसात्म्य हे त्याच्याच अधीन असते. रुग्ण चिकित्सार्थ आपल्याकडे आल्यानंतर कोणत्या गोष्टी त्याला ओकसात्म्य झालेल्या आहेत याची माहिती असणे आवश्यक असते.

सात्म्यतश्चेति सात्म्यं नाम तद्यत् सातत्येनोप सेव्यमानमुपशेते। तत्र ये घृतक्षीरतैलमांसरससात्म्याः सर्वरससात्म्याश्च ये बलवन्तः क्लेशसहाश्रिरजीविनश्च भवन्ति; रुक्षसात्म्याः पुनरेकसात्म्याश्च ये ते प्रायेणाल्पबला अल्पक्लेशसहा अल्पायुषोऽल्पसाधनाश्च भवन्ति, व्यामिश्रसात्म्यास्तु ये ते मध्यबलाः सात्म्यनिमित्ततो भवन्ति।

च.वि ८/११८

(चक्रदत्त टीका) सात्म्यतश्चेत्यत्र सात्म्यशब्देन ओकसात्म्यमुच्यते, प्रकृतिसात्म्यादीनां भेषजादिपरीक्षयैव परीक्षितत्वादिति ज्ञेयम्।

जो पदार्थ सतत सेवन करूनही प्रकृतीशी अनुकूल राहतो त्यास सात्म्य (टीकेत-ओकसात्म्य) असे समजावे. घृत, दुग्ध, तैल, मांसरस यांचे ज्यांना सात्म्य आहे ते बलवान, कष्ट सहन करू शकणारे दीर्घायु असतात.

ज्यांना रुक्ष पदार्थांचे सात्म्य असते ते अल्पबल, कष्ट सहन करण्याची अल्पशक्ती असणारे, अल्पायु आणि अल्प साधनयुक्त असतात.

मिश्रित सात्म्य असणाऱ्या व्यक्ती मध्यम बलवान, मध्यम आयु आणि मध्यम साधनयुक्त असतात.

विधिशोणित्तीय अध्यायातही शुद्ध रक्त बनण्यासाठी देशसात्म्य, कालसात्म्य व 'ओकसात्म्यही' आवश्यक असते असा उल्लेख केलेला आहे.

विधिना शोणितं जातं शुद्धं भवति देहिनाम्।

देशकालौकसात्म्यानां विधिर्यः सम्प्रकाशितः॥

च.सू. २४/३

च. नि. ६ शोषनिदानातही ओकसात्म्यचा उल्लेख आलेला आहे. प्रकृतिकरणादयो रसविमाने प्रपञ्चनीयाः। अत्र चोपशय शब्देन उपयोक्ता पुनर्यस्तमाहारमाहरति, यदायत्तमोकसात्म्यम्। च.नि. ६/१०-११ (वि.अ.१)

सुश्रुतानेही ओकसात्म्यचा अर्थ वर्णन केलेला आहे. ओकसात्म्यमभ्याससात्म्यं ओकशब्दोऽयम् उच् समवाय इत्यनेन धातुना व्युत्पादिता इति व्याख्याति।

सु. शा १०/१९-२०(डल्हण)

ओकसात्म्य व सात्म्य यातील मुख्य फरक म्हणजे

ओकसात्म्यात विरुद्ध/अनुकूल आहार-विहार देखील त्या व्यक्तीस सवयीने सात्म्य (हितकर) होतो मात्र इतर सात्म्यात मात्र त्या त्या देश, काळ, ऋतु, व्याधीनुरूप गोष्टी शरीरास अनुकूल होणार आहेत का नाही हे ठरते.

दोन्हीतील साधर्म्य म्हणजेच या दोन्ही गोष्टी शरीरास बाधाकर ठरत नाहीत अर्थात दोषदुष्टी घडवून आणत नाहीत. उलट शरीरास हितकर ठरतात. इंग्लंड, अमेरिकेसारख्या देशात शीत वातावरणामुळे मैद्याचे पदार्थ, मांसहार, मद्य त्या प्रदेशातील लोकांना सात्म्य बनलेले असते तेच भारतात तांदूळ, ज्वारी, बाजरी हे पदार्थ सात्म्य बनलेले आहेत.

याउलट एखादी व्यक्ती दूध व केळी किंवा दूध, मीठ, भात, अनेक वर्षे खात असेल व तिच्यावर त्याचा कोणताही परीणाम झाला नाही तर ते त्या व्यक्तीस 'ओकसात्म्य' झाले असे समजावे.

रुग्ण व्याधी चिकित्सा देताना सात्म्य औषध, अन्न, विहार यांचा वैद्याने अवश्य विचार करावा व रुग्णास 'ओकसात्म्य' असणाऱ्या गोष्टींकडेही लक्ष द्यावे ज्यामुळे त्याची चिकित्सा 'यशस्वी चिकित्सा' ठरू शकेल.

वैद्य जपा जयंत फडके

पदव्युत्तर विद्यार्थिनी

आ.से.संघ.आयुर्वेद महाविद्यालय, नाशिक

(पान क्र. १९ वरून पुढे)

* सर्वमलानां च संघातानां विच्छेदनं, विकलेदनम्, द्रावणं च कृत्वा तेषां निःसरणं करोति।

(वै. गो. आ. फडके -द्रव्यगुणविज्ञानीयम्)

या तैलाचे ५ दिवस बस्ति (मात्रा-६०ml) दिल्यानंतर रुग्णाला ८०% उपशय जाणवला. या बस्तिमुळे वाताची रुक्षता कमी झाली, मलवटकांचे भेदन झाले, स्नेहनामुळे मलनिःसरण होऊन अपानवायुचे अनुलोमन झाले. आन्त्राला बल प्राप्त झाले. मार्गावरोध दूर होऊन शूल हे प्रमुख लक्षण कमी झाले.

शमन चिकित्सेत पाचनार्थ शंखवटी भोजनोत्तर आणि गंधर्व हरितकी चूर्ण रात्री झोपताना कोमट पाण्यासह १० दिवसांसाठी दिले. रुग्णा पुनर्तपासणीसाठी आली असता तिला पूर्ण उपशय मिळाल्याचे लक्षात आले.

वैद्य सविता अंबादास कुलकर्णी पंचकर्म विभागप्रमुख

आ.से.सं. आरोग्यशाळा रुग्णालय, नाशिक

वैद्य स्नेहल विजय बोरसे

तृतीयवर्ष M.D.

रुग्णाचा इतिहास घेताना सात्म्यासात्म्याचा इतिहास घेणे आवश्यक.



वैद्य मनोज जगताप

‘स्तन’ अनुक्त मातृज अवयव



वैद्य ज्योती जगताप

मांसशोणितमेदोमज्जहन्नाभियकृत्प्लीहान्त्र

गुदप्रभृतीनि मृदूनि मातृजानि। सु. शा. ३/३३

गर्भातील मांस, रक्त, मेद, मज्जा, हृदय, नाभी, यकृत, प्लीहा, आन्त्र, गुद इ. अवयव मातृज अवयव आहेत. मातृज, पितृज, रसज, सत्वज, सात्म्यज व आत्मज अशा सहा घटकांचा गर्भ तयार होतो त्याला षड्भावात्मक गर्भ असे म्हणतात.

चरक व सुश्रुत या दोन्ही संहितांमध्ये वर्णित मातृज अवयव/भाव यामध्ये स्तनांचा स्पष्ट उल्लेख नाही. ग्रंथोक्त इ. अवयव जे सांगितले आहे त्यामध्ये स्तनांचा समावेश होऊ शकतो का? ‘मृदूनि मातृजानि’ या सूत्रानुसार स्तन हा मातृज अवयव मानावा का? हा या लेखाचा विषय आहे.

*स्तनौ कुचौ। अमर.द्वि मनुष्य.पृ.२९५

स्त्री स्तन शब्दादौ पयोधरौ। अमर.तृ.नानार्थवर्ग.पृ.५९५
कुच, स्तन, पयोधर ही पर्यायी नावे आहेत.

*चतुर्थमङ्गं वक्षस्तु तदुपांगान्यथ ब्रुवे। स्तनौ पुंसस्तथा नार्या विशेष उभयोरयम्।।

यौवनागमने नार्याः पीवरौ भवतःस्तनौ। गर्भवत्याः

प्रसूतायास्तावेव क्षीरपूरितौ।। भा.प्र.पू.३/७३-७४

स्तन हे वसाचा भाग आहे. स्त्री व पुरुष दोहोंमध्ये उपस्थित असतात. तारुण्यावस्थेत स्त्रियांमध्ये विकसित होतात. प्रसूती पश्चात क्षीरपूर्ण होतात.

*स्तन हे शुक्रवह स्रोतसाचे मूलस्थान आहे.

स्तनांचे ठिकाणी १० पेशी अधिक असतात.

स्तनमूल व स्तनरोहित ही मर्मे स्तनांचे आश्रयाने राहतात. स्तनवाही सिरा या उर्ध्वगामी धमन्यांमध्ये वर्णित आहे स्तन्य हा रसाचा उपधातु आहे. त्याची अभिव्यक्ती स्तन या अवयवाद्वारे होते. रसधातु हा सौम्य मृदु कफाप्रमाणे आहे. आधुनिक शास्त्रातील वर्णनावरून लक्षात येते की स्तन हा रचनेनुसार मृदु अवयव आहे. यामुळे स्तन हा मातृज अवयव मानण्यामध्ये अडचण नाही.

षड्भावात्मक गर्भातील मातृज व पितृज हे भाव शारीरिक आहेत. रसज व सात्म्यज भाव पोषणाशी संबंधित तर सत्वज व आत्मज हे मानसिक भाव आहेत. रुग्णपरिक्षण करत असताना व्याधीचे निदान व चिकित्सा करताना षड्भावांचा विशेषतः

मातृज व पितृज या भावांचा व्यवहारिक उपयोग होतो.

उदाहारणार्थ खालित्य/पालित्य इ. केश संबंधित तक्रार असताना रुग्णाच्या/रुग्णेच्या वडिलांचे केश कसे होते किंवा आहेत याचा इतिहास पाहतो कारण केश हा पितृज भाव आहे. जर वडिलांना कमी वयात टक्कल पडले असेल तर रुग्णाला टक्कल असल्यास चिकित्सेचा फारसा उपयोग होत नाही. विल्सन डिसीज या आजारात शरीरातील सर्व मृदु अवयवांमध्ये तांबे (कॉपर) साठते. हा आनुवंशिक व्याधी असून यामध्ये स्त्रिया या वाहक असतात. आयुर्वेदानुसार सर्व मातृज अवयव मृदु आहेत त्यामुळे या व्याधीची संगती लागते.

स्तन या अवयवाचा मातृज अवयव धरून चिकित्सकीय काही विचार होऊ शकतो का? आताचे काळात स्तनार्बुद या व्याधीचे प्रमाण वाढले आहे. अनेकदा रुग्णामध्ये आधीच्या पिढीत म्हणजे मातृज/पितृज कुलात या व्याधीचा इतिहास मिळतो. स्तन मातृज अवयव आहेत हे सिद्ध करण्यासाठी आपण याचा आधार घेऊ शकतो.

या अनुषंगाने एक अध्ययन केले. कोकिलाबेन रुग्णालय अंधेरी येथे पूर्व परवानगी द्वारे स्तनार्बुद असणाऱ्या ३१६ रुग्णांचे अध्ययन केले. या सर्व रुग्णांमध्ये सदर व्याधीचा मातृज किंवा पितृज कुलात इतिहास होता का याची विचारणा केली. ३१६ रुग्णांपैकी ११० रुग्णांमध्ये स्तनार्बुद व्याधीचा कुलवृत्तांत (मातृज/पितृज) मिळाला. ११० रुग्णांपैकी ९० रुग्णांमध्ये मातृज कुलात (आई/आजी/मावशी) या व्याधीचा इतिहास मिळाला. उर्वरित १६ रुग्णांमध्ये पितृज कुलात व्याधी इतिहास मिळाला तर ४ रुग्णांमध्ये दोन्ही मातृज व पितृज कुलामध्ये व्याधी इतिहास मिळाला.

सांख्यिक अध्ययनांती मातृज कुलामध्ये व्याधी इतिहास असणाऱ्या रुग्णांची संख्या लक्षणीय (सिग्नीफिकंट) आढळली. Research Database चे अध्ययनानंतर ५-१०% रुग्णांमध्ये स्तनार्बुद आनुवंशिक व्याधी आढळली. जर कोणाच्या मातृज/पितृज कुलामध्ये आई/आजी/मावशी यांना स्तनार्बुद झाला असेल तर सदर रुग्णाला स्तनार्बुद होण्याची शक्यता वाढते. असे संशोधन आढळले.

(उर्वरित मजकूर पान क्र. ४२ वर)

आयुर्वेदीय शारीर विचार दैनंदिन चिकित्सेत उपयुक्त आहे.



प्रा. गुरुवर्य डॉ. सुभाषचंद्र रानडे यांचे सहस्रचंद्रदर्शन

वैद्य एकनाथ कुलकर्णी

पुणे येथील प्राध्यापक डॉ. सुभाषचंद्र भालचंद्र रानडे यांनी २७ जून २०२० रोजी वयाची ८० वर्षे पूर्ण करून ८१ व्या वर्षात पदार्पण केले आहे. रानडे सरांचे व्यक्तिमत्व चंद्रासारखेच शीतल, शुभ्र, ज्ञानप्रकाश देणारे आणि प्रेरणादायी आहे. वयाच्या ८१ व्या वर्षी भारतामध्ये व्यक्तीचा सहस्रचंद्रदर्शन सोहळा साजरा केला जातो. रानडे सरांचा ही ८१ वा वाढदिवस म्हणजेच सहस्रचंद्रदर्शन सोहळा पुणे येथे साधेपणाने साजरा झाला. कोविड १९ च्या महामारीमुळे हा समारंभ मोठ्या प्रमाणात साजरा होऊ शकला नाही. परंतु गुजराथ राज्यातील आणंद येथील आयुर्वेद संकुल या संस्थेतर्फे त्यांचा हा वाढदिवस पहाटे ५ वाजल्यापासून विविध धार्मिक व आयुर्वेद प्रचार कार्यक्रमाचे आयोजन करून साजरा करण्यात आला. फेसबुक वर त्यास प्रसिद्धी दिलेली असल्यामुळे जगातील हजारो लोकांनी हा सोहळा पाहिला आहे. आयुर्वेद पत्रिका आणि रानडे सर यांचे अतूट नाते आहे. आयुर्वेद पत्रिकेचे ते सन्माननीय ज्येष्ठ लेखक व मार्गदर्शक आहेत आणि मोठे देणगीदार ही आहेत. त्यांच्या या ८१व्या वाढदिवसाची दखल घेणे हे आयुर्वेद पत्रिकेचे कर्तव्य आहे. म्हणून त्यांच्या जीवन कार्याचा परिचय या लेखाद्वारे आम्ही करून देत आहोत. त्यांना निरामय दीर्घायुष्य प्राप्त होवो ही शुभेच्छा ही देत आहोत.

जानेवारी २०१४ चा आयुर्वेद पत्रिकेचा अंक हा डॉ. सौ. सुनंदा व डॉ. श्री सुभाष रानडे विशेषांक म्हणून प्रसिद्ध झालेला आहे. १०८ पानांच्या त्या अंकामध्ये रानडे सर आणि त्यांच्या सुविद्य पत्नी डॉ. सौ. सुनंदा रानडे यांच्या समग्र जीवन कार्याचा परिचय करून देण्याचा प्रयत्न केला आहे. जिज्ञासूंनी तो अंक अवश्य वाचावा. या लेखात त्यांचा अल्प परिचय व २०१४ नंतरच्या त्यांनी प्राप्त केलेल्या यशाचा आढावा घेतला आहे. वैद्य सुभाष रानडे सरांचा जन्म वाई येथे २७ जून १९४०



प्रा. डॉ. सुभाष रानडे

रोजी झाला . १९६२ साली त्यांनी पुणे येथील टिळक आयुर्वेद महाविद्यालयातून बी. ए. एम.एस ही पदवी मिळवली. त्यानंतर काही वर्षे पावस येथील प्राथमिक आरोग्य केंद्रात वैद्यकीय अधिकारी म्हणून त्यांनी कार्य केले. १९६६ साली पूर्वाश्रमीच्या डॉ. सुनंदा संसारे यांच्याशी त्यांचा विवाह झाला आणि राजाराणीचा संसार सुरु झाला. रानडे सर घरात व मित्रपरिवारात राजा किंवा राजाभाऊ या नावानेच संबोधले जातात. खरोखरच हा राजा माणूस आहे.

१९६८ च्या सुमारास हे राजा राणी पावस सोडून पुण्याला आले. रानडे सर टिळक आयुर्वेद महाविद्यालयात अध्यापक म्हणून कार्य करू लागले व सुनंदाताई ताराचंद रुग्णालयातील संशोधन विभागात कार्य करू लागल्या. १९७३ साली रानडे सरांनी पुणे विद्यापीठाची एम्. ए.एस्सी. ही पदव्युत्तर पदवी संपादन केली. अध्यापनाचे कार्य चालू असताना विद्यार्थ्यांची पाठ्य पुस्तकांची गरज लक्षात घेऊन त्यांनी आयुर्वेदाच्या विद्यार्थ्यांसाठी पाठ्यपुस्तके लिहिण्यास सुरुवात केली.

आयुर्वेदाच्या परिचय व इतिहासापासून संशोधन पद्धतीपर्यंत सर्व प्रकारची पुस्तके त्यांनी लिहिली व त्यामुळे ते आयुर्वेदाच्या सर्व विद्यार्थ्यांचे गुरु व मित्र ही झाले. आजपर्यंत त्यांनी आयुर्वेद विषयक १७० पुस्तके लिहिली आहेत. मराठी, हिंदी, मल्याळम बरोबरच इंग्लिश, स्पॅनिश, जर्मन, फ्रेंच, इटालियन, ग्रीक अशा १३ परदेशीय भाषांमध्ये त्यांनी पुस्तके लिहिली आहेत. टाळेबंदी च्या काळात ही त्यांनी आणि डॉ. सुनंदा यांनी नुकतेच **Clinical Diagnosis In Ayurveda** हे पुस्तक लिहिले आहे. जगातील ७७ देशामध्ये प्रवास करून १९८१ पासून ते जगभरात आयुर्वेद प्रचार व शिक्षणाचे कार्य करत आहेत. खरोखरच सर्व जग त्यांनी पादाक्रांत केले आहे व ते आयुर्वेदाचे विश्वगुरु झाले आहेत. त्यांनी लिहिलेले

तस्मै श्री गुरवे नमः।

Around the world with Ayurveda and Yoga

हे पुस्तक वाचल्यावर हे पटते. टिळक आयुर्वेद महाविद्यालयात त्यांनी दीर्घकाळ अध्यापन केले त्यानंतर ते अष्टांग आयुर्वेद महाविद्यालयात प्राध्यापक व प्राचार्य होते. पुणे विद्यापीठाच्या आंतर विद्याशाखीय आरोग्य विभागाचे ते विभागप्रमुख होते. जगातील लोकांना आयुर्वेदाचे प्रशिक्षण देण्यासाठी त्यांनी International Academy of Ayurved या संस्थेची स्थापना केली. या संस्थेतर्फे त्यांनी अनेक जागतिक आयुर्वेद परिषदांचे व प्रशिक्षण वर्गाचे आयोजन केले व अजून ही ते हे कार्य करत आहेत. विविध आयुर्वेद विषयावरील सी. डी. तसेच इ बुक्स ही त्यांनी प्रकाशित केली आहेत. आयुर्वेदाचे अनेक ऑनलाईन कोर्सेस ही ते अनेक वर्षा पासून चालवत आहेत. परदेशातील अनेक विद्यापीठे व संस्थामध्ये ते अतिथी प्राध्यापक आहेत ते आयुर्वेदाचे प्रोफेसर इमेरीटस ही आहेत. देशातील व परदेशातील आकाशवाणी व दूरदर्शन वरून त्यांची अनेक व्याख्याने झाली आहेत. त्यांच्या अनेक मुलाखती ही प्रसारित झाल्या आहेत. भारताचे माननीय राष्ट्रपती यांनी त्यांची बनारस हिंदू विद्यापीठाच्या कूलगुरुंचे प्रतिनिधी म्हणून ही तीन वर्षांसाठी नेमणूक केली होती. राष्ट्रीय आयुर्वेद विद्यापीठानेही रत्नसदस्यत्व बहाल करून त्यांच्या सन्मान केला.

जागतिक स्तरावरचे अनेक धन्वंतरी व जीवनगौरव पुरस्कार त्यांना प्राप्त झाले आहेत. पुणे, अहमदनगर, नाशिक, नांदेड, येथील विविध संस्थानी त्यांना जीवन गौरव, उत्कृष्ट चिकित्सक पुरस्कार देऊन सन्मानित केले आहे. तनमन प्रेरणा पुरस्कार त्यांना पुणे येथे मिळाला. सांडू आयुर्वेद गौरव पुरस्कार त्यांना नगपूर येथे राष्ट्रीय स्वयंसेवक संघाचे सरसंघचालक आदरणीय डॉ. मोहन भागवत यांच्या हस्ते केंद्रीय आयुष मंत्री नामदार श्री श्रीपाद नाईक यांच्या उपस्थितीत देण्यात आला. महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचा जीवन गौरव पुरस्कार ही त्यांना मिळाला. त्यांना अलिकडच्या काळात मिळालेले हे पुरस्कार आहेत. त्यांच्या सर्व जीवन प्रवासात त्यांच्या सुविद्य पत्नी डॉ. सुनंदाताई यांचा ही महत्वाचा सहभाग आहे. रानडे सर स्वतः गुणवंत आहेत आणि इतर गुणी लोकांचे नेहमी कौतुक करतात. हा एक दुर्मिळ गुण त्यांच्यामध्ये आहे. आपल्यासारखेच अनेक लेखक आणि विदेशात व स्वदेशात अनेक आयुर्वेद प्रचारक त्यांनी घडविले. ते दानशूर आहेत. आदर्श शिक्षक आहेत, आदर्श मित्र, आदर्श कुटुंबप्रमुख ही आहेत.

योग व अध्यात्माची त्यांना आवड आहे. ते चांगले

क्रिकेटपटू आहेत. उत्तम हस्ताक्षर व नीटनेटकेपणा हा ही त्यांचा अनुकरणीय गुण आहे. आयुर्वेद क्षेत्रातील त्यांचे सातत्यपूर्ण लेखन कार्य विचारात घेतले तर ते या काळातील ऋषी आहेत असेच म्हणावे लागेल. एखाद्या विद्यापीठाने त्यांना डि.लीट ही सन्माननीय पदवी तसेच शासनाने त्यांना पद्मभूषण हा सन्मान द्यावा अशी त्यांची योग्यता आहे. हे सन्मान त्यांना लवकरच प्राप्त होवोत ही सदिच्छा! २०१४ साली त्यांच्या बद्दल मी ८ श्लोक लिहिले होते होते. त्यात सुधारणा करून खालील सुभाषाष्टक मी त्यांना अर्पण करीत आहे.

॥श्री सुभाषाष्टकम्॥

भालचन्द्रसुतं वैद्यं रानडेकुलभूषणम् ।

सुनन्दायाः वरं वन्दे सुभाषं च पुनः पुनः॥१॥

पुण्यपत्तनरत्नं च भारतस्य च गौरवम् ।

वैद्यशिरोमणिं वन्दे सुभाषं च पुनः पुनः॥२॥

आयुर्वेदप्रणेतारमायुर्वेदप्रचारकम् ।

विश्वसंचारिणं वन्दे सुभाषं च पुनः पुनः॥३॥

लेखकं नैकग्रंथानांश्रेष्ठाध्यापकमेव च ।

भाषकं बहुभाषाणां वन्देऽहं तं पुनः पुनः॥४॥

संयोजकं सभानां च विदेशेषु विशेषतः ।

सभाध्यक्षं तथा वन्दे सुभाषं च पुनः पुनः॥५॥

विद्या वितर्को विज्ञानं स्मृतिस्तत्परता क्रिया ।

षड्गुणाः यस्य शोभन्ते वन्देऽहं तं पुनः पुनः॥६॥

प्राणाभिसरं वैद्यं सर्वसद्गुणमंडितम् ।

निर्मल सदयं वन्दे सुभाषं च पुनः पुनः॥७॥

सन्मार्गदीपकं नित्यं प्रसन्नं पावनं शुभम् ।

श्रीनाथवरदं वन्दे सुभाषं च पुनः पुनः॥८॥

८१ व्या वाढदिवसानिमित्त रानडे सरांना विनम्र अभिवादन. त्यांना निरामय दीर्घायुष्य लाभो. जीवेत शरदः शतम । हीच शुभेच्छा!!

प्रा. वैद्य एकनाथ कुलकर्णी

संपादक, आयुर्वेद पत्रिका

प्राध्यापक, कायचिकित्सा विभाग

आ.से.सं. आयुर्वेद महाविद्यालय नाशिक

ग्रंथसंपदा हीच धनसंपदा

॥ आयुर्वेद पत्रिका ॥

जुलै २०२०।२८

NavnathTM

नवनाथ हर्बल्स,
नाशिक

प्रोनर्जी
ग्रॅन्युल्स



प्रोनर्जी ग्रॅन्युल्स हे आयुर्वेदातील चॉकलेट स्वादातील उत्तम पेय असून, ह्यात लहानांपासून मोठ्यां पर्यंत सगळ्यांना आवडणारे व शरिराला पोषक असे घटक आहेत. बुद्धीवर्धक, चलबिचल कमी करणाऱ्यासाठी, स्मरणशक्ती वर्धक, उत्साह वर्धक. तसेच शरीर बळकट व मजबुत करणे, हृदयाला बळकटी देणे इ. महत्वाचे कार्य करतात.

सर्व मेडीकल शॉप्स मध्ये उपलब्ध.
कस्टमर केअर मो. ९८२२१११४९८, ९४२०६९०३९८

कोरफड तैलम्



सौंदर्य वर्धक व
केसांची वाढ होण्या
करिता अत्यंत गुणकारी,
डोक्यातील कोंडा
कमी होवून,
केस मुलायम होतात.

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नवनाथ हर्बल्स,
नाशिक

सर्व मेडीकल शॉप्स मध्ये उपलब्ध.
कस्टमर केअर मो. ९८२२१११४९८, ९४२०६९०३९८

जाश्वंद तैलम्



केसातील कोंडा नाहिसा
करणे. केस पांढरे न
होऊ देण्यास मदत करते.
केसांचे गळणे थांबवून
केसांची वाढ करते.

NavnathTM

नवनाथ हर्बल्स,
नाशिक

सर्व मेडीकल शॉप्स मध्ये उपलब्ध.
कस्टमर केअर मो. ९८२२१११४९८, ९४२०६९०३९८

शतधौत घृत



शतधौत घृत खास त्वचा विकारासाठी असून ह्यात गाईच्या शुध्द तुपाचा वापर केलेला आहे. गाईचे शुध्द तुप १०० वेळा धुवून त्यात कुठलेही मिश्रीत औषध न वापरता केलेले पुर्णतः नैसर्गिक आहे. ह्याचा वापराने त्वचेवर येणाऱ्या पुटकुळ्या, मुरुम व उष्णतेचे विकार तसेच आजारी रुग्णांना व मधुमेह रुग्णांना लवकर बरे न होणाऱ्या त्वचेच्या जळमा, (Bed Sorse) अशा विकारावर अत्यंत गुणकारी आहे. तसेच मुळव्याधीवर देखील अत्यंत उपयोगी असे औषध आहे.

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आयुष क्वाथ
डिस्पर्सिबल टॅबलेट्स

प्रत्येक टॅबलेटमध्ये समाविष्ट:



तुळशी
(Ocimum sanctum)
२२२.२ मि.ग्रा.



त्वक् (दालचिनी)
(Cinnamomum zeylanicum)
१११.१ मि.ग्रा.



शुंठी
(Zingiber officinale)
१११.१ मि.ग्रा.



मरीच
(Piper nigrum)
५५.६ मि.ग्रा.

मात्रा व अनुपान: 1 ते 6 गोळ्या दिवसातून 2 वेळा सेवन करा. आपले बल पाहून मात्रा निश्चत करा. योग्य मात्रा समजून घेण्यासाठी कृपया आपल्या आयुर्वेद चिकित्सकाचा सल्ला घ्या.

तयार करण्याची विधि: 1 गोळी 1 छोट्या ग्लासात (150 मि.लि.) उकळलेल्या पाण्यात टाकून, गोळी पूर्ण विरघळे पर्यंत ढवळावे तसेच चहा सारखे प्यावे. यामध्ये चवीसाठी द्राक्षा (काळ्या मनुका) चा रस, लिंबाचा रस अथवा गूळ मिसळू शकता. कोणत्याही गरम पदार्थांमध्ये मध मिसळून सेवन करण्याची अनुमती आयुर्वेद देत नाही.



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लहानांसाठी - एक लहान चमचा (५ ग्रॅम) दिवसातून २ वेळा

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रक्ताची कमतरता, शुक्रक्षय, रोगप्रतिकार क्षमता
वाढविण्यासाठी, लहानांपासून मोठ्यांपर्यंत
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औषधी भवन

आयुर्वेद सेवा संघ, नाशिक - ४२२ ००३.

फोन : ०२५३-२५१३२८५, २५१५४९३



Clinical trials on Medoroga (Obesity) with LekhanBasti ,Yoga and Diet Control.

Vd. Seema Naringe

Vd. Shubhangi Dighade



Abstract: According to Ayurveda Medoroga (Obesity) is a Santarpanjanya Vyadhi and included in Kapha-nanatmaj vikaras .Medoroga can be correlated with Obesity which is a health hazard and a term used for excess body weight. The main causes of Obesity are Hereditary problem, Endocrinal problems, Lack of exercise and Over eating or improper diet. Many researches are going on Obesity worldwide still obesity is a most common disease and patients are increasing day by day. Ayurveda in respect to treatment of Medoroga mainly focus on diet, Vyayama and Panchkarma and Diet control in Medoroga. In this clinical trials 30 patients were randomly divided into three groups

A,B,C and treatment were given for 60 days.

Group A-LekhanBasti with Bashpaswedana for 15 days and follow up for 45 days.

Group B-Yogana for 60 days

Group C-Diet control for 60 days

After complete course of treatment the data collected is statistically analysed and tabulated. Present study has proved that Group A shown better and significant results than group B and C but statistically three groups are equally effective in treatment of Medoroga.

Keywords :Medoroga, Obesity, LekhanBasti, Yoga, Diet control.

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|-------------------|----------|
| Sariva | 0.4gm |
| Durlabha | 0.25gm |
| Rasna | 0.25gm |
| Bharangi | 0.33gm |
| Yashtimadhu | 0.4gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

JEEVAN SHATAVARIN® 5

| Traditional Name | Quantity |
|-------------------|----------|
| Kantakari | 0.4gm |
| Bruhatai | 0.4gm |
| Gambhari | 0.4gm |
| Vata | 0.4gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

JEEVAN SHATAVARIN® 6

| Traditional Name | Quantity |
|-------------------|----------|
| Prushniparni | 0.33gm |
| Bala | 0.33gm |
| Shigru | 0.33gm |
| Gokshur | 0.33gm |
| Gambhari | 0.33gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

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स्थौल्य व्याधीचे प्रमाण सध्या खूप वाढत आहे.

Introduction: Medoroga is the result of excessive accumulation of medodhatu due to excessive consumption of Ahara and specially Guru, Snigdha and Madhur (sweet) Aahara, lack of exercise, day time sleep and also due to Bijdosaha i.e. Hereditary. (1) Medovruddhi is the main cause of Medoroga (2) which is purely a metabolic disorder due to medodhatuagnimandya. Obesity means excessive body weight and according to modern science along with over eating and lack of exercise, stress, Endocrine gland secretion also the main causes of Obesity (3). It is well known fact that if Medoroga patients do not get timely treatments, it may lead to many complications such as Diabetes, Hypertension, Coronary heart disease etc. It may also result into decrease in life expectancy. Acharya Charaka mentioned Karshan Chikitsa in Sthaulya (4). Sushrutacharya mentioned Vyayama, Lekhanbasti, and Medogna Aahar (diet) and drugs (5) Though a lot of work has been done on this subject still there is lacuna in the total management of Medoroga. Present study is carried out with Lekhana Basti, Yoga and Diet control.

Aims and Objectives- Clinical trials were carried out with following Aims and Objectives

1. To assess the efficacy of Lekhana Basti on Medoroga.
2. To compare the results of Lekhanbasti with Yoga and Diet control

Materials and methods-

- A. Level of the study - O.P.D/I.P.D
- B. Design of the study - Single blind study.
- B. Centre for study - CG Ayurved Medical college
- C. Number of groups - Three groups
- D. Schedule of the therapy -
- C. Number of groups - Three groups

Group A- Bashpaswedana with Dashmulquath and Lekhanabasti for 15 days then regular follow up for

[Table No 1]

Ingredients of Lekhan Basti

| Medicine | Uttam matra | Madhyam matra | Awara matra |
|---------------|-------------|---------------|-------------|
| Trifala quath | 200 ml | 150 ml | 100 ml |
| Honey | 200 ml | 150 ml | 100 ml |
| Gomutra | 200 ml | 150 ml | 100 ml |
| Yawakshar | 5 gr | 5 gr | 5 gr |
| Shilajit | 3 gr | 3 gr | 3 gr |
| Hing | 3 gr | 3 gr | 3 gr |
| Kasis | 6 gr | 6 gr | 6 gr |
| Tutha | 3 gr | 3 gr | 3 gr |
| Saindhava | 3 gr | 3 gr | 3 gr |

45 days.

Group B- Yogasanas for 60 days.

In the present study following Asnas (9) were performed from the Patients daily followed by Pranayama and Yognidra (10)

Pawanmuktasana, Sihasana, Trikonasan, Uttanpad Asana, Ardhalasana, Bhujangasana, Shalabhasana, Dhanurasana, Surya Namaskarasana.

Pranayama - Bhramari, Nadishodhana, Bhastrika, Yognidra

Group C- Diet control for 60 days.

Patients were given following Diet chart - based on Sthaulyachikitsa (11)

6am - Two to three glass lukewarm water (12)

8am - Papaya, Apple fruits

11 am - sprouted pulses or salad (1 bowl), 2 chapatis, 1/2 bowl rice of puran shali, 1 bowl Mug dal, 1 bowl leafy or other vegetables sabji, butter milk 1 glass (made from creamless milk)

4 pm - butter milk 1 glass

8 pm - mug sabji 2 chapatis, 1/2 bowl puran shali rice, 1 bowl Mug dal, 1 bowl leafy or other vegetable Sabji, butter milk 1 glass (made from creamless milk)

10 pm - 1 cup milk.

Only 1-2 tea spoons of oil was used for cooking

D. Schedule of the therapy-

Preparation of Lekhan Basti: Lekhan Basti preparation is mentioned in Sushrut Samhita Chikitsasthanchapter (7) In this clinical trials Lekhan Basti is prepared as follows (8). It is a combination of Trifalquath, Gomutra, Honey, but Ushaka is not used and in Kasisdwaya instead of Pushpa Kasis Kasisbhasma is included in double dose. Dose of Lekhana Basti was decided according to koshtha. During this study only Madhyamatra and Awarmatrawas given to the patient as follows

नियमित योगसानांचा अभ्यास स्थौल्यनाशक आहे.

E.Duration of the study- 60 days

Inclusion criteria: 1) Patients fulfilling subjective criteria were selected for the study
2) Patients with age between 12 to 60 were included in study
3) Patients with body mass index more than 30 included in study.

Exclusion criteria: Patients with any associated complications like Cardiac problem, Renal problem, Haemorrhoids, Duodenal ulcer, Gastric ulcer were excluded from study.

Subjective parameters: Patients having following subjective parameters(13) were included in study

1) Angagaurav 2) Dourbalya 3) Atikshudha
4) Atipipasa 5) Swedadhikya 6) Sandhishula
7) Kshudraswas

Objective parameters: 1) Weight 2) Body mass index (14)

Classification: [Table No 2]

| Rating | BMI(Kg/m ²) |
|-----------------|-------------------------|
| Grade 1 Obesity | 30 TO 34.99 |
| Grade 2 Obesity | 35-39.99 |
| Grade 3 Obesity | > 40 |

3) Waist circumference : It was measured with abdomen relaxed, horizontal measure taken at the level of narrowest part of torso below bottom of rib cage and above umbilicus. 4) Hip Circumference : While standing erect horizontal measure taken at a level of maximum circumference of hips/buttocks. 5) Waist hip ratio: Waist circumference is divided by Hip circumference to determine Waist to Hip ratio.(15)

[Table No 3]

| Classification | Men | Women |
|----------------------|----------|------------|
| High risk | > 1.0 | >0.86 |
| Moderately High risk | 0.96-1.0 | 0.81 -0.85 |
| Lower risk | <0.95 | < 0.80 |

6) Skin fold Measurement: These were taken on the

following sites
[Table No 4]

| Men | Women |
|------------|---------|
| Tricep | Chest |
| Suprailiac | Abdomen |
| Thigh | Thigh |

other parameters monitored were Temperature, Pulse, Blood pressure, Respiration.

Investigations : investigations done before and after treatment were: 1) Hb% 2) Blood sugar - Fasting and post meal 3) Urine analysis : Routine, Microscopic, urine sugar 4) Serum cholesterol 5) Lipid profile.

Assessment of Clinical Results: Detailed clinical observations were noted every week on special profarma for the assessment of the results.

1) Complete improvement: Relief in signs and symptoms above 75% after treatment and reduction in weight above 5kg.

2) Marked improvement: Relief in signs and symptoms between 50 %- 75% after treatment and reduction in weight between 4 - 5kg.

3) Moderate improvement: Relief in signs and symptoms between 25% - 49% after treatment and reduction in weight between 2-3 kg.

4) Complete improvement: Relief in signs and symptoms between 0 - 24% after treatment and reduction in weight above 1-2kg.

Observation : In the present study to study and compare the effect of Lekhanbasti, Yoga and Diet control on Obesity 32 patients aged between 12 to 60 were included the observations made during clinical trials were as follows: 1) The majority of Medoroga patients were in between 20 to 40 years age group (56.6%). 2) Age wise distribution of patients shows that female patients were more affected (93.75%). 3) Maximum incidence of patients were found in Mixed (non veg) diet (65.62%) and people with habit of Snigdha (84.37%) and Guru (93.75%) food products.

4) Occurrence of Medoroga was more in Housewives(61.90%) and in people having habit of Day time sleep (62.5%) respectively.

5) Study shows that Medoroga is more common in educated people(87.3) and people with less physical work(50%).

स्थूल रुग्णांच्या चिकित्सेचा सातत्याने पाठपुरावा करणे आवश्यक.

6)Prakrutiwise distribution of patients shows that incidenceofMedoroga is more in Kaphaprakruti (53.12%)

7)Koshtha and Agniwise distribution of patients shows that majority of patients were ofMadhyamKoshtha (50%) and Tikshnaagni (68.5%) respectively.

8)Higher % of Medoroga patients were in Grade II Obesity.

Results and Discussion : Present clinical trials shows following results

1)All the three groups are equally effective with resect to symptom Dourbalya as all the calculated value of F is less than critical value of F for (2,27) degrees of freedom at 5% level of significance (F-0.952647),Angagaurav(1.297792), Trushnadhikya(2.814815),Swedadhikya(F-1.475155),Ksudrashwas(F-0.972199), Sandhishul (F-0.184735)

2)All the three groups are equally effective with resect to symptom Body weight (F-0.2032) and Body Mass Index (F-1.374293) at 5%level of significance.

3)All the three groups are equally effective with resect to Waist Hip ratio (F-0.2032) and Skin Fold Measurement (Tricep F-1.374293) , (Suprailiac F-0.74385) , (Thigh F-0.287507) at 5%level of significance.

4) Group C shows good results in normalization of Lipid Profile but results are statistically insignificant so statistically all the three groups are equally effective with respect to Serum cholesterol(F-1.690652),Serum triglycerides (F-0.246124),HDL(F-1.402240),LDL(F-0.018676) at 5%level of significance.

5) Group A of LekhanaBasti shows better result in subjective parameters than Group B and Group C but the results were statistically insignificant.

Overall results are encouraging with two course of LekhanaBasti treatment for as compared to onecourse of Basti treatment carried out by previous scholars. Though all results are statically significant it needs further trials to draw final conclusions with more clinical data.

Statistical Analysis: On the basis of various data collected in this clinical trials were tabulated and were analysed statistically using Anova Test.

For all the subjective and objective parameters the calculated values of F using Anova technique were as follows.

For all the parameters : Ho:m1=m2=m3

Means there is no significant difference between three s treatments group and all are equally effective in each parameters The Anova table for Subjective and Objective parameters

[Table No 5]

Statistical Analysis

| Parameters | Source of variation | Sum of squares | Degrees of freedom | Mean sum of squares | Variance ration F | Critical value of F at 5% level of significance | Significance |
|-----------------|---------------------|----------------|--------------------|---------------------|-------------------|---|----------------|
| Dourbalya | Treatment | 75.8730 | 2 | 379.365 | 0.952647 | 3.38519 | Insignificance |
| | Error | 995.5556 | 25 | 39.8222 | | | |
| | Total | 1071.429 | 27 | ----- | | | |
| Angagaurav | Treatment | 207.20 | 2 | 103.60 | 1.297792 | 3.3690 | Insignificance |
| | Error | 995.5556 | 25 | 79.8290 | | | |
| | Total | 1071.429 | 27 | ----- | | | |
| Body weight | Treatment | 1.8666 | 2 | 0.93333 | 0.2032 | 3.35413 | Insignificance |
| | Error | 124 | 27 | 4.59259 | | | |
| | Total | 125.8666 | 29 | ----- | | | |
| Body Mass Index | Treatment | 8.67 | 2 | 4.3357 | 1.374293 | 3.35413 | Insignificance |
| | Error | 85.18 | 27 | 3.1549 | | | |
| | Total | 93.85 | 29 | ----- | | | |

बाल, तरुण व स्त्रियांमध्ये स्थौल्याचे प्रमाण वाढत आहे.

| | | | | | | | |
|--------------------------------|-----------|----------|----|----------|----------|---------|----------------|
| Waist to Hip ratio | Treatment | 0.01 | 2 | 0.0007 | 0.5331 | 3.35413 | Insignificance |
| | Error | 0.036 | 27 | 0.0013 | | | |
| | Total | 0.038 | 29 | ----- | | | |
| Hip measurement | Treatment | 1.8666 | 2 | 0.9333 | 0.709859 | 3.35413 | Insignificance |
| | Error | 35.5 | 27 | 1.3148 | | | |
| | Total | 37.36 | 29 | ----- | | | |
| Skin Fold Measurement (Tricep) | Treatment | 0.8446 | 2 | 0.4223 | 0.52553 | 3.38519 | Insignificance |
| | Error | 19.9977 | 25 | 0.7999 | | | |
| | Total | 20.8424 | 27 | ----- | | | |
| Serum Triglycerides | Treatment | 887.9027 | 2 | 443.951 | 0.2461 | 3.5218 | Insignificance |
| | Error | 34271.69 | 19 | 1803.773 | | | |
| | Total | 35159.59 | 21 | ----- | | | |
| Serum Cholesterol | Treatment | 6611.534 | 2 | 31155.76 | 1.690652 | 3.35413 | Insignificance |
| | Error | 50110.35 | 27 | 1855.93 | | | |
| | Total | 56421.88 | 29 | ----- | | | |

It can be seen from above table that in all subjective and objective parameters all three group shows statistically equally effective result in Medoroga.

Assessment of results of Group A [Table No 6]

| Sr.no. | Results | No.of patients | Percentage |
|--------|----------------------|----------------|------------|
| 1 | Complete improvement | 3 | 30 |
| 2 | Marked improvement | 3 | 30 |
| 3 | Moderate improvement | 3 | 30 |
| 4 | Mild improvement | 1 | 10 |

In Group A complete improvement that is decreased in weight above 75% as seen in 3 patients(30%),Marked improvement is seen in 3 patients (30%),Moderate improvement is seen in 3 patients (30%) and Mild improvement is in only 1 patients.

Assessment of results of Group B [Table No 7]

| Sr.no. | Results | No.of patients | Percentage |
|--------|----------------------|----------------|------------|
| 1 | Complete improvement | 2 | 20 |
| 2 | Marked improvement | 2 | 20 |
| 3 | Moderate improvement | 1 | 10 |
| 4 | Mild improvement | 5 | 50 |

In Group B complete improvement is seen in 2 patients (20%).Marked improvement is seen in 2 patient(20%) ,Moderate improvement in 1 patients(10%) and Mild improvement in 5 patients(50%).

Assessment of results of Group C [Table No 8]

| Sr.no. | Results | No.of patients | Percentage |
|--------|----------------------|----------------|------------|
| 1 | Complete improvement | 2 | 20 |
| 2 | Marked improvement | 3 | 30 |
| 3 | Moderate improvement | 0 | 0 |
| 4 | Mild improvement | 5 | 50 |

In Group C complete improvement is seen in 2 patients(20%).Marked improvement is seen in 3 patients(30%) ,Moderate improvement in not seen in any patients(00%) and Mild improvement in 5 patient(50%).

Discussion: Medoroga is hazardous metabolic disorder in which Kapha and Meda are excessively increased with vitiated Vata.Hence treatment should control Kapha and Meda and take care of vitiated Vata.so in this study lekhanabasti, Yoga and Diet control were used which acts on samprapti vighatana (etiopathogenesis) of Medoroga.

Probable mode of action of LekhanaBasti: The drug in Bastidravya were of Katu, Tiktarasatmak, Katuvipaki and Ushnaviryatmak with Laghu and Rukshagunas help in aampachana and corrects the strotorodha so this quickly helps in lekhan of Meda and Kapha,which again helps in strotorodha .As Bastidravya acts on Pakvashaya it lubricates the bowel and helps in proper Malshudhhi and bringaVatanulomana which restores the function of Apanvayu as well as improves the status of Samanvayu.Samanvayu helps in stimulation of Agni and helps in formation of samyakaahar rasa .This leads to good poshan of Medodhatu and its

अभ्यासाला संख्याशास्त्राने सिद्ध करण्याची सवय आत्मसात करावी.

position due to which newly formed Medodhatuisin correct form that is correction of Dushya. This correction of Dosha and Dushya helps in breaking the aetio pathogenesis of Medoroga.

Probable mode of Yogasana on Medoroga: These patients were advised to do yoga according to their body capacity or limit. These Asnas like Simhasana, Ardha Halasana, Bhujangasana rebalance the nervous and endocrinal pathways gradually. Asnas like Teikonasana, Uttanpadasana, Shalabhasana, Bhujangasana, Dhanurasana reduces the fat and increases stamina. ., Surya namaskara are extremely useful to decrease laziness, reduction in body weight, body fat. Bharamari and Nadishodhana Pranayama are useful in increasing vitality with 3 minutes Bhastrika speed up metabolism and reduces fat. (16). Yognidra helps in reducing stress, help to maintain disciplined life style and increase the positive approach to reduce Medoroga.

Probable mode of Diet control on Medoroga: Hot Water works on Kapha and Medovruddhi and is Vatanulomaka and does the karshan karma. Chapati was made with Jaw aata which is with kapha and medoharaproperties. Puranshali rice are also have medoghnaoproperties. Mugdal used for dal is also aptarpak means low in calorie. Takra is also with Pachak and Apatarpak gunas. So overall all the diet given in this study is with low calorie and so balances the excess Medodhatu which is the main cause of Medoroga. Milk given at night balances vitiated Vata and with Satwik gunas balances rajotamovruddhi which also help in Management of Medooga. Fasting can cause inevitable rebound reflex of overeating so in present study low calorie wholesome food diet is advised. Sugar, sweets, spices, oily food refined foods which disturb the digestion avoided and whole grain, fruit and green vegetables advised.

Conclusion- On the basis of clinical observations and results we can conclude that treatment with lekhanbasti for 15 days and follow up for 45 days is equally effective with that of Yogasanas and Diet control for 60 days though clinically Lekhan Basti shows more effective results but these results are clinically insignificant. The results may be attributed to disease modifying effect of these Management which act as Medoghna and breaks

aetiopathology of disease so we can conclude that these Lekhana Basti, Yogasana and Diet control are safe and equally effective in Management of Medoroga.

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(उर्वरित मजकूर पान क्र. ५० वर)

स्थौल्य चिकित्सेत लेखन बस्तीचा वापर अधिक व्हायला हवा.



इन्फेक्शन व आयुर्वेद



वैद्य ऋतेश दि. दामले

इन्फेक्शन अर्थात जंतुसंसर्ग. सर्दी, ताप, खोकला, जखमेतील जंतुसंसर्गापासून ते हिपेटायटीस, न्युमोनिया, मेनिंगजायटीस, कॅन्सर इ. अनेक रोगांमध्ये जंतुसंसर्ग अर्थात इन्फेक्शनचा विचार केला जातो. यादी केल्यास यात अनेक नावे टाकावी लागतील. नुसता व्हायरल इन्फेक्शनचाच विचार करायचा झाला तर केवळ व्हायरसच्याच २१९ प्रजाती आहेत ज्यांचे इन्फेक्शन माणसाला होऊ शकते. अनेक इन्फेक्शनस व त्यामुळे होणारे अनेक व्याधी आजवर मानवाला ज्ञात झाले आहेत. व्हायरल, बॅक्टेरियल, फंगल, प्रोटोज़ुअल हे प्रमुख इन्फेक्शनचे प्रकार आपल्याला सगळ्यांनाच माहिती आहेत. कोविड-१९ हा त्यातीलच एक प्रकार, जो सध्या सर्व जगात मृत्युचे तांडव करत आहे.

आयुर्वेदात इन्फेक्शनने होणारे रोग सांगितले आहेत असा स्पष्ट उल्लेख नसला तरी त्याच्याशी साधर्म्य दाखवणारे काही संदर्भ नक्कीच चिंतनीय आहेत. Immuno compromised person can easily catch various types of infection- असं इंग्रजीमधून सांगितलं की त्यात सायन्स आहे असं तथाकथित सुशिक्षितांना वाटतं, पण त्याच विचारवंतांना देहिनं न हि निर्दोषं ज्वरः समुपसेवते। या सूत्राची किंवा राजयक्ष्मामधील विविध सूत्रांची व्याप्ती मात्र समजावून घ्यायची नसते. अॅलोपॅथी सोडून जगात अनेक वैद्यकशास्त्रे आहेत. प्रत्येकात संक्रामक रोगांचे वर्णन असेलही. पण प्रत्येक शास्त्राची शास्त्र मांडण्याची एक पद्धत असते ती समजावून घेणे गरजेचे असते. एकापेक्षा अनेक शास्त्रांचे ज्ञान असणे हे केव्हाही चांगलेच आहे. आयुर्वेदानेही याची प्रशंसाच केली आहे. पण विशिष्ट संज्ञा जसे की Epidemic, pathogen, infection, intoxication, carrier, latency, virulence इ. terminology समजून घ्यायच्या तर आपण जसे pathophysiology ची पुस्तकं वाचू आणि अर्वाचीन शास्त्राचाच विचार करू. तसेच आयुर्वेदिक तत्वज्ञान हे अॅलोपॅथीच्या चष्यातून वाचणे केवळ अशक्य आहे.

सूक्ष्म अशा जंतुंचा शरीरात प्रवेश होत असतो व रोग निर्माण होतो या संकल्पनेबद्दल आयुर्वेदात अनेक चिंतनीय

विषय आहेत. फक्त चरकसंहितेमधील अशा सूत्रांचा ऊहापोह करण्याचा प्रयत्न केला आहे.

१) **ज्वरोत्पत्ती कथा:** ही गोष्ट आहे त्रेतायुगातली. जेव्हा भगवान शंकरांनी अक्रोध व्रत धारण केले होते. जप-तप यांमध्ये रत रहाणा-या महात्मन् पुरुषांच्या यज्ञात असुर शक्ती विघ्ने आणत होती. या असुरांच्या विनाशासाठी इंद्रदेव सक्षम असूनही त्यांनी या गोष्टीची दखल घेतली नाही. त्याच वेळेस दक्ष प्रजापती यांनी एक यज्ञ केला. हा यज्ञ होताना वेदोक्त शंकराचे जे मंत्र व आहुती सांगतली आहे त्याचा उल्लेख जाणीवपूर्वक टाळला गेला. भगवान शंकरांचे अक्रोध व्रत पूर्ण झाल्यावर त्यांना हा वृत्तांत कळाला तेव्हा त्यांनी रौद्ररूप धारण केले व आपले तिसरे नेत्र उघडले व त्यात सर्व असुर नष्ट झाले. सर्व देवादिकांनी शिवस्तुती गायली. तेव्हा शिव शांत झाले. पण त्यांच्यामुळे निर्माण झालेला क्रोधाग्नि-जो भस्म स्वरूप आहे, ज्याला तीन शिर व नऊ नेत्र आहेत, ज्याचे शरीर अग्निज्वाळने लिप्त आहे, ज्याचे पोट व जंघा अरुंद आहे, अशा भस्म स्वरूप क्रोधाग्नि ने भगवान शंकरांना विचारले की, आता तुम्ही शांत झाले आहात तर माझे प्रयोजन काय ? मी आता काय करू ?

तमुवाचेश्वरः क्रोधं ज्वरो लोके भविष्यसि। जन्मादौ निधने च त्वमपचारान्तरेषु च। च. चि. ३/२५

तेव्हा शिवाने त्यास सांगितले की तू भूलोकात जाऊन जीवांमध्ये ज्वर (ताप) म्हणून रहा. एखाद्या जीवाच्या जन्म व मृत्युसमयी तसेच जे लोक अपथ्यकर आहार विहार करतील अशांच्या शरीरात तू प्रविष्ट हो.

वरील गोष्टीतून काय लक्षात येते ? की,

१) सज्ञानी असूनही इंद्राप्रमाणे एखाद्या आपत्तीचे निवारण न केल्यास परिणाम भयंकर होऊ शकतात. २) ज्वराचे कारण हे रुद्रप्रकोप / क्रोध स्वरूप अर्थात् सूक्ष्म आहे. जे जीवस्वरूप आहे. ३) ज्वराची लक्षणे ही ताप/संताप/ उष्णता निर्माण करणारी असतात. ४) जे जीवजन्तु अपथ्याचे(अपचारान्तरेषु) सेवन करतात त्यांना ज्वर होतो ५) याउलट असाही अर्थ काढावा की जे अपथ्य करत नाहीत त्यांना हेतु घडूनही ज्वर होणार नाही.

रोगोत्पत्तीच्या कथांचा सखोल अभ्यास करावा.

२) देहिनं न हि निर्दोषं ज्वराः समुपसेवते। च.चि.३/१२
टीका-समुपसेवते इति भाषया भूतविशेषरूपस्य
ज्वरस्यावेशं दर्शयति, विग्रहश्च ज्वरस्य स्वतंत्रे वक्तव्य एव
ज्वरस्त्रिपादस्त्रिशिराः इत्यादिनोक्तः।।

निर्दोष अशा शरीरामध्ये अर्थात् दोषवैषम्य नसलेल्या
शरीरामध्ये ज्वर होऊ शकत नाही. ह्या सूत्रामध्ये चरकाचार्यांनी
समुपसेवते हे क्रियापद वापरलेले आहे. याठिकाणी भवति हे
क्रियापदसुद्धा वापरता आले असते. यावर टीका लिहीताना
चक्रपाणिनी वर्णन केले आहे की समुपसेवते या शब्दाने
भूतविशेष अर्थात् विशिष्ट पांचभौतिक शरीर असलेला जीव
शरीरात प्रवेश करतो, असा अर्थ अभिप्रेत आहे. त्यामुळे या
सूत्रातून असाही अर्थ घ्यावा की ज्याच्या शरीरात दोष विकृती
आहे त्यालाच इन्फेक्शन होईल. जर हेतुसेवनच नसेल तर
संप्राप्ती घडणार नाही. याचा अनुभव आपल्याला सध्याच्या
Covid-१९ च्या साथीमध्ये येतच आहे. रेड झोन असलेल्या
शहरात प्रत्येक व्यक्तीस व्याधी होईलच असे नाही. एखाद्या
Covid-१९ च्या रुग्णाच्या संपर्कात आलेल्या व्यक्तीस
suspect म्हणून त्याला विलगीकरण कक्षात ठेवले जाते. पण
त्याला लक्षणे दिसतीलच असे नाही. जीवाणू शरीरात जाणे व
तो व्याधीस कारणीभूत होणे ह्या दोन वेगवेगळ्या घटना आहेत.
त्यामुळेचा आजपर्यंतचा डेटा पाहिल्यावर आपल्याला असेही
दिसून येते की Covid-१९ ची लागण झालेल्या एकूण
रुग्णांपैकी ७०% पेक्षा जास्त रुग्ण हे लक्षणे न दाखवणारे
(asymptomatic) आहेत.

३) जीर्णज्वरेषु तु सर्वेष्वेव सर्पिषः पानं प्रशस्यते
यथास्वौषधसिद्धस्य, सर्पिः हि स्नेहाद्वातं शमयति,
संस्कारात् कफं, शैत्यात् पित्तमूष्माणं च, **** ।।

च.नि. १/३७

चक्र. टीका -

----।, ऊष्माणं चेति ज्वरप्रभावभूतमूष्माणं, न
पित्तोष्माणं, तस्य पिताग्रहणेनैव ग्रहणात्। -----
ज्वरे तु पित्तोष्मा ज्वरप्रभावेण वर्धते, स च प्रभावो ज्वरस्य
दोषदुष्यविशेषात्मकस्य, तथा ज्वरस्त्रिपादस्त्रिशिराः
इत्याद्युक्तप्राणिविशेषस्य ज्ञेयः।

उपरोक्त श्लोकात जीर्ण ज्वरामध्ये घृत प्रशस्ती वर्णन
केलेली आहे. घृतावर केलेल्या औषधी संस्काराने कफाचे
शमन होते, स्निग्ध गुणाने वाताचे शमन होते व शीत गुणाने
पित्ताचे व उष्ण्याचे शमन होते. वास्तविक पाहता त्रिदोषांमध्ये
उष्ण हा गुण केवळ पित्ताचाच असूनही उष्माणः या शब्दाचा

वेगळा उल्लेख झाला आहे. यावर चक्रपाणिनी सांगितले आहे की
ज्वरामध्ये ऊष्मा हा प्रभावाने वाढतो. तो वाढण्याची दोन
कारणे आहेत. १) दोष-दूष्य संमूर्च्छनेमुळे २) त्रिपाद, त्रिशिर
असलेले जे जीवजंतू(प्राणी विशेष) शरीरात प्रवेशित झाल्याने.

चक्रपाणि हे अकराव्या दशकात होऊन गेले. त्यांनी
इन्फेक्शन चे हे तत्व अर्वाचीन शास्त्राच्या फार आधी सांगून
ठेवले आहे.

४) ज्वर व राजयक्ष्मा संबंध :

जसे ज्वराची उत्पत्ती किंवा विप्रकृष्ट हेतु हा
रुद्रप्रकोप/ क्रोधस्वरूप आहे तसेच राजयक्ष्माची उत्पत्ती
देखील क्रोधस्वरूपच आहे. एकाकडून दुस-याला क्रोधस्वरूप
व्याधीचे संक्रमण हे देखील ज्वर व यक्ष्मा उत्पत्तीच्या कथेमध्ये
समान आहे. याची कथा आपण पुढे पाहणारच आहोत. पण
त्याची खाली दिलेले क्षयसंबंधीचे संदर्भ चिंतनीय आहेत.

अ) क्षयस्तमो ज्वरः पाप्मा मृत्युश्चोक्ता यमात्मका।

च.चि.३/१३

ज्वराचे स्वरूप / प्रकृती सांगताना ज्वर हा क्षयस्वरूप
अर्थात् देहधातुक्षय करणारा सांगितला आहे. धातुक्षय हे शोष /
यक्ष्मा चे देखील कारण आहे हे आपण जाणतोच.

ब) ज्वरे लङ्घनमेवादावुपदिष्टे मृते ज्वरात्।।

क्षयानिलभयक्रोधकामशोकश्रमोद्भवात्।। च.चि.३/१३९

चक्र.टीका - क्षयशब्देन धातुक्षयकृतं ज्वरं किंवा
राजयक्ष्मज्वरं गृह्णाति।

ज्वरात लंघन हे उपकारक असले तरी त्याचे अपवाद
अर्थात् लंघन कोणाला देऊ नये हे उपरोक्त श्लोकात सांगितले
आहे. याच्या टीकेवरून आपल्याला असे दिसून येईल की क्षय
शब्दाने धातुक्षयज्वर आणि राजयक्ष्मामध्ये दिसणारा
लक्षण स्वरूप ज्वर अशा दोघांचा अर्थबोध घ्यावा.

क) च.चि.८ / ३८-४७ टीका अन्ये तु

अंसपार्श्वभितापश्च इत्यादिवक्ष्यमाणलक्षणत्रयं वर्णयन्ति।
केचित्तु अंसपार्श्वभितापश्च इत्यादिकं यक्ष्मसंबन्धिज्वरलक्षणं
वदन्ति।

अंसपार्श्वभितापश्च इ. जी राजयक्ष्माची लक्षणे
सांगितली आहेत तीच लक्षणे ज्वराची मानावीत असे टीकाकार
म्हणतात.

५) यक्ष्मा उत्पत्ती कथा : राजयक्ष्मा व्याधीच्या उत्पत्तीची
कथा सर्वश्रुत आहेच. तरी ती आपण थोडक्यात पाहू, चंद्राच्या
२८ पत्नींपैकी रोहिणी सोबत त्याची विशेष आसक्ती होती. अशा
व्यवहारामुळे शुक्रक्षय व परिणामी देहक्षय झाला. चंद्राच्या शेष

लंघन कोणाला देऊ नये याचा ही विचार आवश्यक.

२७ पत्नी चंद्राच्या या व्यवहारामुळे व्यथित झाल्या व सर्व इति वृत्तांत त्यांचे पिता प्रजापती यांना सांगितला. तेव्हा प्रजापतींच्या निःश्वासातून मूर्तिमान क्रोध बाहेर पडला. त्यामुळे आधीच रजोगुणयुक्त व दुर्बल असलेल्या चंद्रास यक्ष्याने आक्रांत केले. गुरुक्रोधाने चंद्रमा प्रभाहीन झाला. पण चंद्राची बुद्धी शुद्ध / पवित्र झाली आहे असे समजल्यावर स्वतः दक्ष प्रजापती यांनी अश्विनीकुमारांकडून त्यांची चिकित्सा केली. पुढे अश्विनीकुमारांच्या हुंकारातून / निश्वासातून यक्ष्मा भूलोकात आला.

ज्वरोत्पत्ती व राजयक्ष्माच्या उत्पत्ती कथेमध्ये अनेक गोष्टी मिळत्याजुळत्या आहेत. १) दोनही गोष्टीत क्रोध हा मूर्तिमान घटक म्हणून वर्णित आहे. २) या मूर्तिमान घटकाद्वारेच एकाचा व्याधी हा दुसऱ्याला झाला. ३) ज्वराच्या व यक्ष्मा उत्पत्तीच्या कथेत ज्याला व्याधी झाला आहे त्या रुग्णाच्या शरीराचे विशिष्ट वर्णन आढळते. जसे की अपथ्य सेवन केलेल्या शरीरात ज्वर प्रवेशित होऊ शकतो, धातुक्षय / शुक्रक्षय झालेल्या शरीरातच राजयक्ष्मा प्रवेश करतो. ४) राजयक्ष्माच्या कथेवरून असेही समजते की चिकित्सा करणाऱ्याकडूनही व्याधी दुसऱ्यास होऊ शकतो. आजच्या भाषेत म्हणायचे झाले तर वैद्य / डॉक्टर रोगाचा carrier ठरू शकतो.

६) क्रोधो यक्ष्मा ज्वरो रोग एकार्थो दुःखसंज्ञकः।

च.चि.८/११

त्यामुळेच क्रोध, यक्ष्मा, ज्वर, रोग हे एकमेकांचे पर्यायी शब्द म्हणून वर्णित आहेत. विशिष्ट क्रोधस्वरूपाने, सूक्ष्म मूर्तिमान घटकाने ज्वर व राजयक्ष्माची निर्मिती आपण आधीच पाहिली आहे.

७) गुरुक्रोधेन इति यक्ष्मरूपेण । च.चि.८/८ चक्र.टीका चक्रपाणि टीकेतही गुरुक्रोध ह यक्ष्मा स्वरूप वर्णित आहे.

८) वरील मुद्यांच्या आधारे यक्ष्माचे इन्फेक्शनशी साधर्म्य मानले तरी केवळ यक्ष्माच्या शरीरातील प्रवेशाने व्याधी निर्मिती होईलच असे नाही. अर्थात् राजयक्ष्माची संप्राप्ती घडेलच असे नाही. ही संप्राप्ती घडण्यासाठी क्षयजन्य हेतू घडणे आवश्यकच आहे. प्रमेह, वातव्याधी, कुष्ठ, पांडू अशा निज व्याधींची विशिष्ट अशी संप्राप्ती वर्णित आहे. हे व्याधी व्याधीसंकर म्हणून दुसऱ्या व्याधीसोबत होऊ शकतात. पण यांचा अनुबंध म्हणून उल्लेख आपल्याला वाचनात येत नाही. उदा. प्रमेहाचा अनुबंध झाला अथवा पांडू व्याधी अनुबंध स्वरूपात झाला इ. पण चरकसंहितेमध्ये बऱ्याच व्याधीमध्ये यक्ष्माचा अनुबंध झाला असे वर्णन वाचण्यात येते व हे

वैशिष्ट्यपूर्ण असेच आहे. शरीर एका विशिष्ट अवस्थेला प्राप्त झाल्याशिवाय एखाद्या व्यक्तीला यक्ष्मा होत नाही. दुसऱ्या शब्दात सांगायचे झाले तर धातुक्षय झालेले शरीर हे यक्ष्माच्या अनुबंधासाठी अनुकूल (Prone) होते. हे खालील संदर्भावरून थोडक्यात समजावून घेऊ.

अ) उपेक्षिते भवेत्तस्मिन्ननुबंधो हि यक्ष्मणः ।

प्रागेवागमनात्तस्य तस्मात्तं त्वरया जयेत्॥ च.चि. ११/ १५

क्षतक्षीण पुरुषाची उपेक्षा केल्यास त्याला यक्ष्माचा अनुबंध होऊ शकतो. त्यामुळे उपेक्षा न करता त्वरित चिकित्सा करावी.

ब) क्षयज इति क्षयो धातुक्षयः। तेन राजयक्ष्मसंबन्धानां क्षीणधातुपुरुषभवानां तथा जराकासस्य च धातुक्षयजस्य क्षयजशब्देन ग्रहणं भवति। क्षतजेन उरःक्षतपूर्वकयक्ष्मभवस्य तथा क्षतक्षीणस्य च कासस्य ग्रहणं भवति।

च.चि.१८/४ कास, चक्रपाणि टीका

कास व्याधीच्या पाच प्रकारांचे वर्णन करताना क्षयज शब्दाची ही टीका आहे. यामध्ये राजयक्ष्माचे वर्णन करताना ज्या धातुक्षीण व्यक्तीचा उल्लेख आहे अशांचा विचार देखील क्षयज कासात करावा असा उल्लेख आहे.

क) अतिव्यवायेत्यादिना क्षतजमाह। **** । अयं च कासः साहसजयक्ष्मरूपेऽप्युक्तो ज्ञेयः ॥

च.चि.१८/२०-२३ कास, चक्रपाणि टीका

क्षतज कासातही क्षयजन्य हेतूंचे वर्णन आहे व या प्रकारच्या कासातही साहसज यक्ष्माची लक्षणे दिसू शकतात असा संदर्भ चक्रपाणि टीकेत मिळतो.

ड) अप्रतीकाराच्चानुबध्यते यक्ष्मणा यथोपदेश्यमाण रूपेण। च.नि.शोषनिदान ६/७

शोषाचा वेळीच प्रतीकार न केल्यास यक्ष्माचा अनुबंध होऊ शकतो, असा उल्लेख शोषनिदान अध्यायात सापडतो.

इन्फेक्शन शरीरात जाणे व शरीराचे व्याधीक्षमत्व कमी असणे ह्या दोन्ही गोष्टी जिथे जुळून येतील तिथेच व्याधीची लक्षणे दिसू शकतात. हे आपण राजयक्ष्मा मधील काही उदाहरणांवरून पाहिलेच आहे. त्यामुळे फक्त कीटकनाशके / सॅनिटायझर फवारण्यासोबतच व्याधीक्षमत्व निर्माण करण्याकडे देखील लक्ष दिले पाहिजे.

जर कुठलासा एक सूक्ष्म व्हायरस या जगात टिकण्यासाठी स्वतः मध्ये बदल घडवून आणतो तर आपण आपले व्याधीक्षमत्व टिकवण्यासाठी (सहज, कालज, युक्तीकृत) प्रयत्न करणे आपल्याला भागच आहे. covid-१९ च्या या

क्रोध हा अनेक रोगांचे कारण आहे.

साथीच्या काळात अशा आयुर्वेदीक प्रॉडक्ट्स चे पेव फुटले आहे. याशिवाय covid-19 च्या आयुर्वेदिक protocol ची अपेक्षा ठेवली जात आहे. या सर्व औषधांचा एका मर्यादित स्वरूपात चांगला उपयोग होईलही. पण ठराविक औषधे ठराविक कालवधीसाठी भिन्न आहार-विहार व भिन्न प्रकृतीच्या रोग्यांना तेवढ्याच परिणामकारकपणे उपयोगी पडतील ही अपेक्षाच चुकीची आहे. वैयक्तिक रुग्ण परीक्षा, निदान व चिकित्सा (Individualisation of treatment) हाच आयुर्वेदाचा एकमेव protocol आहे.

डॉ. ऋतेश दि. दामले

एम्.डी. आयुर्वेद (कायचिकित्सा)

डी.इ.एम्.एस्(रुबी हॉल क्लिनिक)

असिस्टंट प्रोफेसर,

सुमतीभाई शाह आयुर्वेद महाविद्यालय,पुणे

मो. नं.- ९४२३५६९२४२

(पान क्र. २६ वरून पुढे)

आयुर्वेदानुसार स्तन हा मातृज अवयव असण्याच्या शक्यतेला यामुळे दुजोरा मिळतो. स्तनाचा समावेश मातृज अवयवांमध्ये करू शकतो. ज्या रुग्णांना स्तनार्बुद झाला आहे त्यांना प्रबोधन करू शकतो की तुमच्या मुलीला/ बहिणीला/ भाचीला हा व्याधी होण्याची शक्यता आहे तरी त्यांची नियमित काळजी घ्यावी व तपासणी करावी. जेणेकरून वेळेवर याचे निदान होऊ शकेल.

अर्थातच सर्व ज्येष्ठ व मान्यवर वैद्यांनी यावर आपले मत मांडावे ही विनंती. धन्यवाद.

वैद्य मनोज जगताप

सहयोगी प्राध्यापक,

YMTAMC, Kharghar

मो. नं.:९७६९९३२३७०

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संपर्क - संपादक आयुर्वेद पत्रिका

गणेशवाडी, पंचवटी, नाशिक ४२२००३

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आयुर्वेदीय चिकित्सा व्यक्तीनुरूप बदलते.



Conceptual Study Of Ama According To Ayurved And Modern Point Of View.



Vd. Pallavi Pimparkar

Abstract- Ama is peculiar concept in Ayurved. *Ama* is considered as an undigested or partially digested or partially metabolized substance which requires further transformation and if retained as such it may produce obstruction in micro and macro channels of the body which untimely creates condition of srotovaigunya and cause disease.

In modern point of view, Ama can be correlated with Free radical. Free radicals are atom, ion, or molecules that contain one or more unpaired which requires neutralization by free radical scavenger. As like Ama in modern science free radical is also root cause of disease. Here is sincere effort has been carried out to understand concept of Ama in Ayurveda and in modern point of view.

Keyword- Ama, srotovaigunya, free radical

Introduction - The concept of *Ama* in Ayurveda is deep rooted. The term "Ama" means unripe, uncooked, undigested, substance. It is caused by impaired function of Agni. As per Ayurveda, disease state is due to disturbances on deviation in equilibrium of Dosha-Dhatu-Mala. Ama has important factor in pathology of any disease.

In modern physiology, Ama can be correlated with Free radicals. Free radicals are atoms, ions or molecules that contain one or more unpaired electron, which requires neutralization by free radical scavengers. The majority of free radicals that damage biological systems are oxygen free radicals, and these are known as "Reactive oxygen species". Thus it exists in incomplete

metabolic state which is also the state of Ama described as Avipakam (incompletely metabolized). This Ama is responsible for the production of various diseases. In the same way, free radicals are also found to be root cause of many diseases.

Aim And Objective - 1) To review the concept of Ama as per Ayurveda classics. 2) To review the concept of Ama in modern view.

Material And Methodology- Ayurveda textual materials were referred, mainly Charaka samhita, Sushruta samhita, Ashtanga hridaya and available commentaries of these samhita, for the study. Some modern books of biochemistry journals etc. have also been looked over. From these books references have been collected.

Concept Of Ama- As per the Ayurveda classics all the diseases have their origin from Ama which is produced due to the malfunctioning of Agni. So it can be said that it is the base of all the diseases. Therefore it is very important to know in detail about Ama.

Definition -

ऊष्मणोल्पबलत्वेन धातुमाद्यमपाचितम् ।

दुष्टमामाशयगतं रसं आमं प्रचक्षते ॥ (अ.ह.सू.१३/२४)

Due to hypo function of Ushma (Agni), the food which is not completely /properly digested, yields immature Rasa in Amashaya and due to its retention up to longer time, undergoes fermentation and or Putrefaction is known as '*Ama*'.

***Ama utapatti hetu-** It has been accepted by Acharyas that etiological factors which cause Mandagni are responsible for production of Ama. Ama and agnimandya are interdependent to each

‘आम’ ही आयुर्वेदातील वैशिष्ट्यपूर्ण संकल्पना आहे.

other. Following are chief causative factors of Ama mentioned by Acharyas Charaka.

***Ahara-** abhojan, atibhojan, ajirn, abhojan, asatmyabhojan, guru, ruksha, suskshma, vishtambhi and vidhibhojan, vishama.

***Iatrogenic causes-** Erroneous administration of virechana, vamana, sneha karma.

***Vihar -** Vegavidharana, divashayan, aalasya,

***Manasika-** Food consumption while mental instability due to Kama, krodha, lobha, moha, shoka. etc

***Miscellaneous-** Adverse desha, kala, rutu

***Ama Swarup-** Though Ama may originate at various levels in different structures, it possesses certain inherent qualities

1. Drava, 2. Guru 3. Snigdha 4. Pichchila 5. Tantal 6. Avipakva 7. Asanyukta 8. Daurgandh, 9. Abhisyadi 10. Srotoavarodha 11. Katu- Amla Rasa, 12. Shuktata

***Symptoms Produced Due To Ama**

स्रोतोरोधबलभ्रंशगौरवानिलमूढताः ।

आलस्यापक्तिनिष्ठीवमलसंगारुचिक्लमाः ॥ (वा.सू. १३/२३)

Ama produced guruta, pichhila, mandta, Abhisyadi, Kelda which obstruct annavaha and rasvaha strotas and produced symptom like Srotorodha (obstruction of channels), Balbhransha (loss of strength), Gaurava (feeling of heaviness), Anilmudhata (obstruction of vayu), Alasya (laziness), Apakti (indigestion), Nisthiva (excessive salivation), Malasanga (constipation), Aruchi (anorexia), and Klama (fatigue)

***Concept Of Free Radical Theory-**

***Defination** - A free radical can be defined as any molecular species capable of independent existence that contains an unpaired electron in an atomic orbital.

***Presenting form-** It contains one or more unpaired electron, which requires neutralization by free radicals scavengers. Thus it exists in an incomplete metabolic state. Free radicals are inassimilable to body components and exists in Free State. Putrifaction and foul smell generates after

destruction of cells by free radicals. To seek stability in their structure they quickly interact with the healthy molecules of the body thus setting chain reaction

***Nidan-** Free radicals are formed due to deficiency of certain enzymes incomplete metabolism. It is formed due to Pollutants, dangerous chemicals, certain food products, some carcinogen agents etc.

***Site of production** - Anywhere in any cell of body

***Discussion- Similarities between Ama and Free Radical in production of Disease:**

*According to Sushrut, a disease is produced in six steps viz. sanchaya, prakopa, prasara, sthanasamsraya, vyakti and bhedavastha. In case of diseases produced by Ama, sanchaya of Ama is first step. Similar is the case with free radicals. At certain site due to impairment in action of free radical scavengers, increased production of free radicals takes place. When this sanchaya or accumulation is in small amount it does not cause any harmful effects, but if treatment is not given, this sanchaya exceeds the threshold and starts producing minimal symptoms, this is the state of prakopa. After this state, Ama goes into circulation; same is the case with free radicals.

*Now this Ama requires a site for creating disease in form of khavaigunya, which should be considered as weakness in any body tissue where Ama may be sthanasamsraya, or may adhere with this tissue or cells. In case of free radicals also, they look for a site, which is weak and can easily take part in electron exchange with them. Therefore depending upon this site of khavaigunya different diseases are produced in different manner from same root cause, i.e. Ama or free radicals. This is the stage of sthanasamsraya. Now symptoms of disease become clear. All pathologies described in modern science are from this stage. In modern science, stages earlier

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to this are rarely considered. After this stage, pathology at gross level becomes visible. If even at this stage the disease is not treated it leads to complications, which are described in Ayurvedic classics as upadravas.

*From above discussion, it becomes clear that the method of production of disease at its basic level is described in similar manner in modern as well as in Ayurvedic literature. The above mentioned process of pathogenesis can be presented in a flow chart as follows: **AMA** → Dhatavagni Daurbalya → Sanchya of Ama → Prasara of Ama → Sthanasamsrya → Site of Khavaigunya → Production of Disease → **FREE RADICAL** → Impaired Action Free Radicals Scavengers → Increased production of Free Radical → Circulation of Free Radicals → Weak Cell Membranes → Production of Disease

Conclusion - The entire discussion shows the concept of Ama in Ayurvedic and in modern point of view they shows various similarities between Ama and Free radicals in term of definition, properties, type, site of production, mechanism of producing diseases. The two concept are found to be similar which shows Ama in Ayurvedic and in modern view.

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आयुर्वेद वार्ता

आयुर्वेद महाविद्यालय शीव, मुंबई येथील विद्यार्थ्यांचे सुयश

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ नाशिक यांच्या नुकत्याच प्रसिद्ध झालेल्या उन्हाळी २०१९ च्या परीक्षेच्या गुणवत्ता यादीत आयुर्विद्या प्रसारक मंडळ संचालित आयुर्वेद महाविद्यालय शीव, मुंबई येथील द्वितीय वर्ष बी.ए.एम्.एस्. ची विद्यार्थिनी कु.नीरजा अय्यर हिने संपूर्ण महाराष्ट्रातून सर्वाधिक गुण मिळवून गुणवत्ता यादीत प्रथम क्रमांक व सुवर्णपदक प्राप्त केले. त्याच वर्गातील कु.सिद्धी कार्लेकर हिने गुणवत्ता यादीत संपूर्ण महाराष्ट्रातून द्वितीय क्रमांक प्राप्त केला. तृतीय वर्ष बी.ए.एम्.एस्. ची विद्यार्थिनी कु.किर्ती गायकवाड हिला गुणवत्ता यादीत संपूर्ण महाराष्ट्रात द्वितीय क्रमांक प्राप्त झाला. याच महाविद्यालयातील कु.प्रतिक्षा ढगे, कु.किर्ती गायकवाड, कु. नीरजा अय्यर या विद्यार्थिनींना सन २०१६-१७, २०१७-१८, २०१८-१९ या वर्षी महाराष्ट्र आरोग्य विज्ञान विद्यापीठाची सुवर्णपदके प्राप्त झाली आहेत. या सर्व यशस्वी विद्यार्थिनींचे आयुर्विद्या प्रसारक मंडळाचे सर्व विश्वस्त प्राचार्य वैद्य एस्.एम्. सातपुते, उपप्राचार्य वैद्य अशोक रामटेके, उपप्राचार्य वैद्य रविकांत मोरे व सर्व अध्यापक व अध्यापकेतर कर्मचारी व विद्यार्थी यांनी हार्दिक अभिनंदन केले.

सर्व रोग आमोदभव आहेत.



डॉ. सुनंदा व सुभाष रानडे फाउंडेशन तर्फे पारितोषिक प्राप्त लेख
औषधी कल्पांच्या फलश्रुतींचे अध्ययन
लोहासवम् (भाग ३)



वैद्य अभय कुलकर्णी, एम्.डी.

वैद्य राजश्री कुलकर्णी, एम्.डी.

**लोहासवममुं मर्त्यः पिबेद्वह्निकरं परम् । पाण्डुश्चयथु
गुल्मानि जठराण्यर्शांसां रुजम् ॥
कुष्ठं प्लीहामयं कण्डूं कासं श्वासं भगन्दरम् । अरोचकं
च ग्रहणीं हृद्रोगं च विनाशयेत् ॥**

लोहासवाचा मुख्य अधिकार असलेल्या पाण्डु रोगामधील लोहासवाचे कार्य व अग्निवृद्धिकर कार्य या संबंधी विस्तृत माहिती मागील दोन भागांमध्ये बघितल्यानंतर ह्या भागात आपण लोहासवाच्या फलश्रुतीतील इतर व्याधींमध्ये ते कसे काम करते हे बघणार आहोत.

औषधांच्या फलश्रुतीच्या अध्ययनाच्या निमित्ताने एक गोष्ट लक्षात आली ती अशी की लोहासवाचा व नवायस लोहाचा पाठ अगदी सारखा आहे, दोन्ही कल्पांमध्ये एकसारखीच घटक द्रव्ये आहेत, फक्त या दोन्ही कल्पांत लोहाच्या प्रमाणात फरक आहे नवायस लोहात सर्वांच्या समभाग (सर्व नऊ द्रव्ये एक एक भाग व लोह नऊ भाग म्हणूनच त्याचे नाव नव-अयस असे आहे.) तर लोहासवात लोहासह सर्व द्रव्ये चार - चार पल आहेत. तसेच नवायस हे चूर्ण स्वरूपात आहे तर लोहासव हे द्रव स्वरूपात. आपण खरं तर फलश्रुतीच्या अभ्यासात घटक द्रव्यांचा व त्यांच्या गुणधर्मांचा विचार करणे टाळले आहे कारण तो एक स्वतंत्रपणे अभ्यासण्याचा विस्तृत विषय आहे आणि फलश्रुतींमधल्या व्याधींच्या वर्णनामागची संगती अभ्यासणे हा आपला ह्या मालिकेचा मुख्य उद्देश आहे. पण जे अत्यंत ठळकपणे जाणवते ते निरीक्षण समोर ठेवायलाच हवे. ह्या दोन कल्पांमधील साधर्म्य हे त्यापैकीच एक निरीक्षण. हे साम्य केवळ घटक द्रव्यांपुरतेच मर्यादित नाही तर फलश्रुतीतल्या रोग समूहाच्या यादी बाबत पण आहे असे दिसते. लोहासव व नवायस लोह ह्या दोन्ही कल्पांची घटक द्रव्येही सारखी आहेत, फलश्रुतीतली रोगांची यादी ही साधारण सारखीच आहे व रोगाधिकार ही एकच आहे. ह्याचा अर्थ ह्या दोन्ही कल्पांमधील घटक द्रव्यांचा समूह हा ह्या रोग समूहावर कार्यकारी आहे असे स्पष्ट होते.

लोहासव हे उत्तम अग्निदिप्तीकर असून पाण्डु, शोथ, गुल्म, उदर व प्लीहोदर, अर्श, कुष्ठ, कण्डू, कास, श्वास,

भगंदर, अरोचक, ग्रहणी व हृद्रोग ह्या व्याधी/अवस्था व लक्षणे ह्यावर कार्यकारी ठरते असे वर्णन फलश्रुतीमध्ये आहे. गंमत अशी आहे की वरील ज्या लक्षण समूहांवर लोहासव कार्यकारी ठरते, याच घटक द्रव्यांचा चूर्ण स्वरूपातला कल्प ज्यास नवायस लोह म्हणतात तो कल्प, चरकाचार्यांच्या मते **भक्षयेत्पाण्डुहृद्रोगकुष्ठार्शःकामलापहम् ।** म्हणजे ह्याचे सेवन केले असता पाण्डु, हृद्रोग, कुष्ठ, अर्श व कामला हे विकार नष्ट करते, ह्याच नवायसाचे वर्णन सुश्रुताचार्यांनी प्रमेह पिडका ह्या अधिकारात केले आहे. प्रमेह पिडका चिकित्सेत बरोबरच शोथ चिकित्से मध्ये ही वर्णन केले आहे. सुश्रुताचार्यांच्या नुसार नवायसाचे गुणधर्मांचे वेगळ्याच दृष्टीकोनातून वर्णन केले आहे.

एतेन जाठर्यं न भवति, सन्नोऽग्निराप्यायते, दुर्नामशोफ पाण्डुकुष्ठरोगाविपाककासश्वासप्रमेहाश्च न भवन्ति। असे वर्णन आहे. म्हणजे ह्या मुळे स्थूलता निर्माण होत नाही, मंद झालेला अग्नि प्रदीप्त होतो, अर्श, शोथ, पाण्डु, कुष्ठ, अविपाक, कास, श्वास व प्रमेह होत नाहीत असे वर्णन आहे. एकाच औषधाचे दोन आचार्यांनी वेगवेगळे गुणधर्म वर्णन केले आहेत. ते एकत्र केले तर लोहासवाच्या फलश्रुतीमध्ये वर्णन केलेले बहुतांश रोग समाविष्ट होतात.

जे लोहासवाच्या फलश्रुतीत या व्यतिरिक्त वर्णन केलेले व्याधी आहेत ते उदर, प्लीहोदर, भगंदर, अरोचक, ग्रहणी व गुल्म हे आहेत, याचा अर्थ ह्याच घटक द्रव्यांचा आसव ह्या स्वरूपातला व लोहाच्या वेगळ्या प्रमाणातला कल्प बनविला तर त्याचे कार्य अधिक व्यापक होते. औषधाचे आणखी वेगळे स्वरूप म्हणजे घृत अधिकार आणि नवायस लोह व लोहासवातल्या घटक द्रव्यांमध्ये थोडा बदल म्हणजे त्रिकटु, त्रिफळा, चित्रक, विडंग, हे समान घटक व लोह वगळून चव्य, धान्यक हे दोन वेगळे घटक असलेला त्र्युषणादि घृत नावाचा योग चरकाचार्यांनी गुल्म चिकित्सेत वर्णन केलेला आहे. नवायसाच्या चरक, सुश्रुत ह्या दोन्हीही ग्रंथातल्या पाठांच्या फलश्रुतीत गुल्माचा उल्लेख नाही मात्र आसव स्वरूपातल्या लोहासवात व घृत स्वरूपातल्या कल्पात गुल्माचा उल्लेख आहे. पण लोहासवाच्या फलश्रुतीत कामला व प्रमेह, स्थौल्य यांचा

लोहासव हा वैद्यांच्या नित्य वापरातील कल्प आहे.

उल्लेख नाही. ह्याचा अर्थ चूर्ण स्वरूपातल्या घटकांचा संयोग गुल्मांत काम करत नाही व आसव स्वरूपातला द्रव्य संयोग प्रमेह व स्थौल्य यात काम करत नसावा. हे सर्व विस्तृतपणे सांगण्याचा उद्देश असा की लोहासवाच्या फलश्रुतीमधल्या रोग समूहाच्या यादीत पाण्डु, शोथ, गुल्म, उदर व प्लीहोदर, अर्श, कुष्ठ, कण्डू, कास, श्वास, भगंदर, अरोचक, ग्रहणी व हृद्रोग ह्याच रोगांचा समावेश करण्यामागे घटक द्रव्यांचा विशिष्ट संयोग हे एक महत्त्वाचे कारण आहे. त्रिकटु, त्रिफळा, त्रिमद (चित्रक, विडंग व मुस्ता) व लोह हा द्रव्य समूह असला की या रोगांवर काम घडते हा बोध आपल्याला या अभ्यासातून मिळतो. म्हणून प्रत्येक कल्पांतल्या प्रत्येक घटकाचे स्वतंत्र महत्त्व व विशिष्ट कार्य आहे तसेच विशेष म्हणजे कोणत्या स्वरूपात हा द्रव्यसंयोग दिला जातो त्यानुसारही त्याचे कसे कार्य घडते हे ठरते, जसे की नवायसामध्ये चूर्ण स्वरूपात स्थूलता हे विशेष कार्य, लोहासवात आसव स्वरूपात भगंदर, ग्रहणी, उदर इ. विशेष कार्य व त्र्युषणादि घृत मध्ये घृत स्वरूपात गुल्मावर कार्य होते त्यामुळे औषध कल्पात प्रत्येक घटक आहे हे बघणे व त्या त्या व्याधी किंवा अवस्थामध्ये त्याच स्वरूपातला कल्प वापरावा हे अपेक्षित आहे हे लक्षात घ्यायला हवे.

खालील तक्त्यामध्ये लोहासव व नवायसाच्या फलश्रुतीतील रोगांची यादी दिलेली आहे व वेगळे व्याधी अधोरेखित केलेले आहेत या वरून एकच द्रव्य समूहाचे वेगवेगळ्या स्वरूपात कोणत्या व्याधींवर विशेषत्वाने काम होते ते चटकन लक्षात येते.

| अनु. क्र | लोहासव | नवायस लोह(चरक व सुश्रुत) |
|----------|----------------|--------------------------|
| १ | पाण्डु | पाण्डु |
| २ | हृद्रोग | हृद्रोग |
| ३ | कुष्ठ | कुष्ठ |
| ४ | अर्श | अर्श |
| ५ | शोथ | शोथ |
| ६ | श्वास | श्वास |
| ७ | कास | कास |
| ८ | अग्निमांद्य | अग्निमांद्य |
| ९ | अरोचक | अविपाक |
| १० | गुल्म | प्रमेह |
| ११ | उदर व प्लीहोदर | जाठर्य |
| १२ | भगंदर | कामला |
| १३ | ग्रहणी | |
| १४ | कण्डू | |

लोहासवाच्या फलश्रुतीत पाण्डु नंतर जर कोणत्या व्याधीचे वर्णन असेल तर ते शोथ ह्या व्याधीचे आहे. रस-रक्तसंवहन हे लोहासवाचे कार्यक्षेत्र आहे हे आपण मागच्या भागात बघितले, शोथ हा रस-रक्तसंवहनातील विकृतीचा आजार आहे असे त्या व्याधीच्या संप्राप्तीच्या वर्णनावरून लक्षात येते.

**बाह्याः सिराः प्राप्य यदा कफासृक्पित्तानि सन्दूषयतीह वायुः।
तैर्बद्धमार्गः स तदा विसर्पन्नुत्सेध लिङ्गं श्वयथुं करोति॥८॥**

च.चि १२

पित्तरक्तकफान्वायुः दुष्टो दुष्टान् बहिःसिराः।

नीत्वा रुध्दगतिस्तैर्हि कुर्यात्त्वड्मांससंश्रयम्॥

उत्सेधं संहतं शोफं तमाहुर्निचयादतः। सर्व...॥

अ.ह. नि. १३/२१

ह्या संप्राप्ती नुसार दुष्ट पित्त, कफ व रक्त ह्यांना बाह्य सिरांमध्ये नेऊन त्यांच्याकडूनच गति अवरुध्द झाल्यामुळे त्वचा व मांस ह्यांच्या ठिकाणी स्थानसंश्रय करून उत्सेध लक्षण असेला शोथ निर्माण करतो. वरवर पाहता हे संप्राप्तीचे असे वर्णन खूपच ढोबळ वाटते त्यावरून व्याधी प्रक्रियेचा काहीच अंदाज येत नाही. असे होते याचे कारण आपण हे वर्णन तुकड्या तुकड्याने म्हणजे वेगळे काढून स्वतंत्रपणे वाचतो, आयुर्वेदातले शारीर न लक्षात घेता वाचतो. व्याधी संकल्पना पूर्णपणे समजून घेऊन व आयुर्वेदीय शारीर लक्षात घेऊन ह्या संप्राप्तीकडे बघितलं तर शरीरात काय घडत असावे ह्याचा अचूक अंदाज येतो. शोथातला मुख्य लक्षात घेण्यासारखा भाग म्हणजे रस-रक्त संवहन ज्यामुळे घडते तो वायु (व्यान वायु) बिघडणे ही शोथातली मुख्य विकृती आहे आणि बहिः सिराः (बाह्य सिरा) म्हणजे शाखांमधील रक्तवाहिन्यां (Peripheral circulation)मध्ये वहन होत असलेले रक्त, पित्त व कफ दुष्ट झाल्यामुळे हा अडथळा निर्माण होतो व त्यामुळे वात बिघडतो आणि म्हणून शोथाची मुख्य संप्राप्ती घडते. लोहासव हा आसव स्वरूपातला हा कल्प असल्याने सूक्ष्मस्रोतोगामी होऊन वहनातील रक्त, पित्त व कफ ह्यांचा मार्गावरोध दूर करण्याचे काम करते. लोहासव हे रस-रक्त संवहनामध्ये म्हणजेच रस व रक्तवह स्रोतसांमध्ये कार्यरत असलेल्या धात्वाग्नि व्यापारात बिघाड झाल्यामुळे शोथ निर्माण होत असेल तर तो बिघाड दुरुस्त करण्याचे काम करते (आयुर्वेदातल्या स्रोतस् संकल्पनेनुसार परिणाम आपद्यमान धातूंचे म्हणजे रुपांतर होत असलेल्या धातूंचे अभिवहन स्रोतसे करतात ह्या स्रोतसांच्या व्याख्येनुसार हा तर्क मांडला आहे). ह्याचा व्यापक अर्थ लक्षात घेतला तर लोहासव हे Cellular level किंवा Tissue level वर होणारे Micro-Inflammation व

बहुकल्पं बहुगुणं संपन्नं योग्यमौषधम्।

॥ आयुर्वेद पत्रिका ॥

जुलै २०२०। ४७

Impaired Metabolism सुधारण्याचे काम करत असावे असा तर्क करता येतो. ह्या पार्श्वभूमीवर विशेष लक्षात घेण्यासारखी बाब म्हणजे लोहासवाच्या फलश्रुतीत ते हृद्रोगावर काम करते असे वर्णन आहे तो केवळ योगायोग नव्हे. **Athero-Sclerosis** या स्थितीवर (जी **Micro Inflammation** मुळे उत्पन्न होते असे नवे संशोधन सांगते) आणि त्यातून उद्भवणाऱ्या **Coronary artery disease** ह्यात रस धात्वाग्नि दुष्टी दूर करण्याचे कार्य झाल्यामुळे उपयोगी पडू शकते. नवायस लोह जर लोहासवाच्या अनुपानाने दिले तर अधिक परिणामकारक होईल असे दोन्ही कल्पांच्या फलश्रुतीच्या अध्ययनातून समजते.

लोहासवाच्या फलश्रुतीतल्या शोथ आणि इतर व्याधींचा विचार करता एक गोष्ट लक्षात येते की ह्यातील रक्तदुष्टी हे समानसूत्र आहे आणि ह्या व्याधींमधील संप्राप्तीतला रक्तप्रदोष नाहीसा करण्याचे काम लोहासव करत असावे.

शोथाच्या संप्राप्तीत रक्त हे दूष्य आहे तसे ते पाण्डु, कुष्ठ, गुल्म, प्लीहोदर, भगंदर ह्यांतही एक प्रमुख दूष्य आहे, चरकसंहितेतले रक्तप्रदोषज विकार बघितले तर लोहासवाच्या फलश्रुतीतील १४ लक्षणांपैकी ८ लक्षणे हे रक्तप्रदोषज विकार म्हणून वर्णन केलेले आहेत. त्यामुळे रक्तप्रदोष हे लोहासवाचे कार्यक्षेत्र आहे असे म्हणायला हरकत नाही.

| अनु. क्र | रक्तप्रदोषज विकार |
|----------|-------------------|
| १ | गुल्म |
| २ | वैवर्ण्यम् |
| ३ | अग्निसाद |
| ४ | अरुचिः |
| ५ | कुष्ठ |
| ६ | कण्डु |
| ७ | प्लीह |
| ८ | कामला |

शोथामध्ये दशमूळही काम करते, पुनर्नवा ही काम करते आणि आता आपण म्हणतोय की लोहासव, नवायस ही कार्य करते, मग कसं काम करते आणि या औषधांच्या शोथघ्न कार्यात काही वेगळेपणा आहे का असा स्वाभाविकच पुढचा प्रश्न येतो. दशमूळ हे वातशमनाचे कार्य करते तर पुनर्नवा रक्त, पित्त ह्यावर कार्य करते आणि म्हणून शोथ ह्या व्याधीत उपयुक्त ठरते. एखाद्या व्याधीच्या संप्राप्तीत अनेक स्तरावर बिघाड झालेला असतो आणि अनेक घटक निरनिराळ्या प्रकारे दुष्ट झालेले असतात, त्या व्याधीवरचे औषध हे त्या व्याधीच्या संप्राप्तीतला

कोणता बिघाड कसा दुरुस्त करणार आहे याची नेमकी माहिती सांगता येणे म्हणजे त्या औषधाची **Mode of Action** समजणे. लोहासवाच्या आत्तापर्यंतच्या अध्ययनावरून ते शोथ संप्राप्तीमधल्या रक्तप्रदोष नाहीसा करते असे म्हणता येईल, रसापासून रक्त बनण्याच्या धात्वाग्निच्या प्रक्रियेतील बिघाड दुरुस्त करून लोहासव हे कार्य करते हे आपण मागे बघितले, त्यामुळे रक्ताचे एकुणच कार्य सुधारण्यासाठी लोहासव उपयुक्त ठरते. ह्या औषधाच्या फलश्रुतीतल्या यादीत वर्णन केलेल्या प्रत्येक व्याधीच्या संप्राप्तीतली रक्तदुष्टी, अग्नि, विशेषतः धात्वाग्नि स्तरावरची विकृती लोहासव नाहीशी करते असे नेमकेपणाने आपल्याला म्हणता येईल.

अग्निमांद्य, कण्डू, कुष्ठ, पाण्डु, अरोचक व शोथ हा लोहासवाचा रोग समूह व ह्यात स्थौल्य, प्रमेहपिडका, कामला हे नवायस रोग मधील रोग समूहातले व्याधी एकत्र केले तर हे आपल्याला आणखी एका ठिकाणी एकत्रपणे पाहायला मिळतात ते म्हणजे संतर्पणोत्थ विकारांच्या यादीमध्ये ! चरकसंहितेत सूत्रस्थानात संतर्पणीय अध्यायात अति संतर्पणामुळे होणाऱ्या रोगांमध्ये यांचा समावेश आहे.

रोगास्तस्योपजायन्ते सन्तर्पणनिमित्तजाः।

प्रमेहपिडकाकोठकण्डूपाण्ड्वामयज्वराः॥५॥

कुष्ठान्यामप्रदोषाश्चमूत्रकृच्छ्रमरोचकः।

तन्द्रा क्लैब्यमतिस्थौल्यमालस्यं गुरुगात्रता॥६॥

इन्द्रियस्रोतसां लेपो बुद्धेर्मोहः प्रमीलकः।

शोफाश्चैवंविधाश्चान्ये शीघ्रमप्रतिकुर्वतः॥७॥च.सू.२२

संतर्पणोत्थ विकारांपैकी बहुतांशी रोग लोहासवाच्या व नवायसाच्या फलश्रुतीत आढळतात याचा अर्थ लोहासव व नवायस लोह हे कल्प संतर्पणोत्थ विकारांमध्ये काम करण्याच्या अपेक्षेने रचले गेले आहेत. म्हणजे आणखी नेमकेपणाने सांगायचे झाल्यास लोहासव व नवायस लोह हे रक्त धातूची अतिसंतर्पणामुळे होणारी दुष्टी दूर करणारे औषध आहे असे म्हणता येईल.

लोहासवा सारखा म्हणजे त्याच वर्गातला अरिष्ट कल्प लोहारिष्ट सुश्रुतसंहितेत प्रमेहपिडका चिकित्सेत आलेला आहे. ह्या कल्पाची घटक द्रव्ये वेगळी आहेत पण फलश्रुतीतल्या रोगांची यादी बघितली तर त्यात शोफ, गुल्म, कुष्ठ, मेह, पाण्डु व प्लीहोदर तसेच विषम ज्वर असा म्हणजे लोहासवात वर्णन केलेल्या रोगसमूहाशी बहुतांशी साम्य असणारा आहे आणि यात असे स्पष्टपणे म्हटलेले आहे की हा कल्प काश्च्य म्हणजे

नवायस लोह या औषधास लोहासवाचे अनुपान द्यावे.

कृशता निर्माण करणारा आहे, मंद झालेला अग्नि प्रदीप्त करणारा तसेच **अभिष्यन्दापहरणो** म्हणजे शरीरातील अतिरिक्त क्लेद कमी करणारा आहे. डल्हणाने ह्या अभिष्यन्द शब्दाचे स्पष्टीकरण देताना

अत्राभिष्यन्दशब्देनमूत्रनिःस्यन्दोऽभिधीयते।। १२-१९।।
असे म्हटले आहे. म्हणजे मूत्ररूपात बाहेर पडणारा क्लेद म्हणायचे आहे हे स्पष्टपणे म्हणले आहे. रोगसमूहात साम्य आहे तसेच कार्यपध्दतीतही नवायसाशी साम्य आहे.

कार्श्यकृद्बलिनामेष सन्नस्याग्नेःप्रसाधकः ।

शोफनुद्गुल्महृत्कुष्ठमेहपाण्ड्वामयापहः।।१८।।

प्लीहोदरहरःशीघ्रं विषमज्वरनाशनः ।

अभिष्यन्दापहरणो लोहारिष्ठो महागुणः।।१९।। सु.चि. १२
यावरून असे म्हणता येईल की लोहाचा द्रव स्वरूपातला कल्प हा अपतर्पण करण्याचे कार्य करतो.

पाण्डु विकाराचे दोन प्रकारचे रुग्ण आपल्याला व्यवसायात बघायला मिळतात. मोल मजूरी करणारे रुग्ण व सुखवस्तु घरातील रुग्ण, ह्या दोन्ही प्रकारात पाण्डु आढळतो. त्यामुळे शहरीभागातल्या रुग्णांना होणाऱ्या सुखवस्तु घरांमधील रुग्णांमध्ये आढळणाऱ्या पाण्डुत हे अधिक उपयोगी पडतील. हे नेमकेपणाने समजल्याने संप्राप्तीतल्या साधर्म्यामुळे व कार्य करण्याच्या पध्दतीमुळे हृद्रोगातले रस धात्वाग्नि दुष्टी नाहीशी करण्याचे कार्य लोहासव करते ह्या म्हणण्याला अधिक पुष्टी मिळते. लोहासव रक्ताबरोबरच रसधातूवरही काम करते म्हणून पाण्डु व हृद्रोग ह्यावर काम करते. कारण हृद्रोगाच्या संप्राप्तीत रसदुष्टी ही प्रमुख घटना आहे.

दूषयित्वा रसं दोषाः विगुणा हृदयं गताः । हृदि बाधां प्रकुर्वन्ति हृद्रोगं तं प्रचक्षते ।।

लोहासव हे पाण्डु व कुष्ठ ह्या व्याधींमध्ये काम करते असे वर्णन आहे म्हणजे ते शरीर शैथिल्य ह्या भावावर काम करत असावे कारण शैथिल्य ही ह्या दोन्ही व्याधींच्या संप्राप्ती मधली समान घटना आहे आणि अतिरिक्त क्लेदांमुळे शरीरात शैथिल्य निर्माण होते व अतिरिक्त क्लेदावर जे औषध काम करेल ते शैथिल्यावरही करेल हे तर्कसुसंगतच आहे. लोहासव हे रक्तगामी औषध असल्याने रक्तातील शैथिल्य कमी करते आणि ह्याच गुणधर्मांमुळे ते पाण्डुरोग व कुष्ठ ह्या विकारांच्या संप्राप्तीतील मुख्य घटनेवर काम करते.

फलश्रुतीतल्या पहिल्याच ओळीत लोहासव हे अग्निवृद्धिकर आहे अस वर्णनआहे, हा गुणधर्म आहे म्हणून ते गुल्म, अर्श, उदर व ग्रहणी, अरोचक ह्या रोग समूहावर काम

करते कारण अग्निमांद्य ही ह्या व्याधींमधील मुख्य विकृतीअसते. गुल्मावर कोणतेही औषध काम करणार असेल तर त्या औषधाला वाताच्या रुक्ष ह्या गुणावर काम करावे लागेल याबाबतीत लोहासवाचा सूक्ष्म स्रोतोगामी व वातानुलोमन करणारा गुण कामी येतो. ह्याच वातानुलोमन करण्याच्या आसव-कल्पाच्या गुणधर्मांमुळे अर्शामधली रुजा कमी होत असावी कारण कोणताही शूल हा वायु विगुण झाल्यानेच होतो असा आयुर्वेदाचा सिध्दांत आहे. शोथ नाहीसा करणे व विगुण झालेल्या वायुचे अनुलोमन करणे ह्या दोन्ही गुणधर्मांमुळे हे रुजा नाहीशी करण्याचे काम होत असावे. अर्शामध्ये रुजा असणे ह्या अवस्था विशेषात लोहासव उपयोगी पडते असे अधिक तपशीलवार वर्णन येथे आढळते. लाक्षणिक चिकित्से साठी आयुर्वेदात फार कमी कल्प बघायला मिळतात, लोहासव हा असा एक लाक्षणिक उपशय देणारा कल्प आहे. अर्शातील रुजा ह्या लक्षणानंतर कण्डू ह्या लक्षणाचा समावेश फलश्रुतीतल्या यादीत आहे. ह्याच धर्तीवर कण्डू ह्या लक्षणाकडे ही बघितले पाहिजे अर्शातील रुजा तसेच त्वचा विकारांतले कण्डू ह्या लक्षणाचा ही उल्लेख येथे आहे. येथे रक्तप्रदोष ह्यावर विशेषत्वाने काम होत असल्याने कण्डूघ्न कार्य घडत असावे. ह्या कण्डूच्या जोडीला कुष्ठाचे वर्णन आहे. लोहासव हे कास श्वासावर काम करते ते ही लाक्षणिक कास-श्वासावर असावे असे वाटते विशेषतः पाण्डुरोगामुळे निर्माण होणाऱ्या श्वासात व कासात काम करणारे हे औषध असावे.

मागे बघितल्या प्रमाणे अतिसंतर्पणामुळे निर्माण होणाऱ्या रक्तदुष्टीच्या अवस्थेत लोहासव उपयोगी पडते आणि शैथिल्य कमी करणारे आहे या तर्काशी सुसंगत कार्य लोहासवाचे दिसते ते म्हणजे शरीरातील क्लेदाची दुष्टी कमी करण्याचे म्हणून त्याच्या फलश्रुतीत भगंदर, कास व श्वास ह्यांत उपयोगी पडते असा उल्लेख आढळतो. भगन्दरामध्ये मांस व शोणित यांची दुष्टी होते असे संप्राप्तीत वर्णन आहे म्हणजे येथेही रक्तप्रदोष नाहीसा करण्याचे व क्लेद तसेच मांसप्रदोष कमी करण्याचे काम हे दोन्ही कल्प करतात असे म्हणायला वाव आहे, कारण ज्या अर्थी प्रमेहपिडका वर हे कल्प काम करतात त्याअर्थी ते मांसप्रदोषा वर काम करतात हे नक्की. कारण प्रमेहात मांसप्रदोष निर्माण झाल्यावरच प्रमेह पिडका होतात असे स्पष्ट वर्णन आहे.

हृदय, प्लीहा ह्या अवयवांचा उल्लेख लोहासवाच्या फलश्रुतीत आहे, प्लीहेवर काम करते म्हणजे यकृतावरही काम करते हे ओघाने आलेच आणि हे तीनही अवयव रक्ताशी साक्षात संबंध असणारे आहेत म्हणून या अवयवांवर लोहासव काम करते. थोडक्यात सांगायचे झाल्यास रक्त धातुची दुष्टी, शैथिल्य,

पांडुजन्य श्वासकासात लोहासव उपयुक्त आहे.

रक्तधात्वाग्नि मार्फत इतर धात्वाग्नि ह्यावर अपतर्पण जातीचे काम करणारे वर्ण, बल व ओज वाढविणारे हे औषध आहे हे लक्षांत घ्यायला हवे. लोहासवाच्या कार्याची व्याप्ती विस्तृत आहे. ती जाणून घेतली तर लोहासव हे चिकित्सेतले एक महत्त्वपूर्ण औषध ठरू शकते हे जाणवेल.

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फोन ९८२२५३७२४०

आयुर्वेद पत्रिका जाहिरात दरपत्रक

| जाहिरातीचा प्रकार | जाहिरात दर | |
|----------------------------|------------|----------|
| | १ अंक | १२ अंक |
| अ. ब्लॅक अँड व्हाईट | | |
| १. आतील पूर्ण पान | २००० | २०,००० |
| २. आतील अर्धे पान | १२०० | १२,००० |
| ३. आतील पाव पान | ६५० | ६,५०० |
| ब. रंगीत जाहिरात | | |
| १. मुखपृष्ठ क्रमांक २ | ६००० | ६०,००० |
| २. मलपृष्ठ क्रमांक ३ | ६००० | ६०,००० |
| ३. आतील पूर्ण पान | ५००० | ५०,००० |
| ४. मध्यवर्ती पूर्ण पान | ६००० | ६०,००० |
| ५. मध्यवर्ती २ पूर्ण पान | ११००० | १,१०,००० |

(पान क्र. ३८ पासून पुढे)

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Vd. Prashant Patil

Importance of Garbhopghatkara Bhavas



Vd. Mayuri S. Patwari

Abstract :- Transformation of a woman to mother is the beautiful phase of a woman's life .One of the great wonders of nature is the growth of the fetus in mother's womb .i.e. pregnancy. Pregnancy is a delicate condition which is most vulnerable & affected by factors like environmental ,food habits , psychological.

There are some factors which are affecting fetus during pregnancy & which is neglected by people in large extent due to life style changes & those factors can be correlated with Garbhopghatkar bhava's. In this study an effort is made to explain the garbhopghatkar bhavas with their importance in preventing probable complications during pregnancy.

Keywords :- Garbhopghatkar bhava.

Introduction : Transformation of of a woman to mother is the beautiful phase of a woman's life .One of the great wonders of nature is the growth of the fetus in mother's womb .i.e. pregnancy.

Pregnancy is a delicate condition which is most vulnerable & affected by factors like environmental ,food habits , psychological. So ,During pregnancy, mother should be very careful about her food habits , nearby environment , psychological status this can be co-related with Aahara , Vihara & Mansik hetu according to ayurveda. As Ayurveda aims at " PREVENTION IS BETTER THAN CURE ", There are the DO's & DON'Ts explained for the garbhini (pregnant woman).

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| | |
|-------------------|--------|
| Singhada | 0.33gm |
| Kamal | 0.33gm |
| Manuka | 0.33gm |
| Kasheru | 0.33gm |
| Yashtimadhu | 0.33gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

JEEVAN[®] SHATAVARIN[®] 8

| | |
|-------------------|--------|
| Khadir | 0.28gm |
| Bilva | 0.28gm |
| Bruhati | 0.28gm |
| Patol | 0.28gm |
| Ikshumul | 0.28gm |
| Kantakari | 0.28gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

JEEVAN[®] SHATAVARIN[®] 9

| | |
|-------------------|--------|
| Yashtimadhu | 0.4gm |
| Durlabha | 0.4gm |
| Ksheerkakoli | 0.4gm |
| Sariva | 0.4gm |
| Shatavari Swarasa | 2.08gm |
| Jeevanti | 0.14gm |
| Mudgaparni | 0.14gm |
| Maashparni | 0.14gm |
| Sugar | q.s. |

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गर्भोपघातकर भावांचे ज्ञान वैद्यांनी गर्भिणीला करून द्यावे.

The factors that are likely to harm fetus or can be called as contraindications during pregnancy are explained under "GARBHOPGHATKAR BHAVAS" There are some factors which are affecting fetus during pregnancy & which is neglected by people in large extent due to life style changes & those factors can be correlated with Garbhopghatkar bhava's. Now a days ,life style of people get changed which causes so many health issues causing miscarriage .

Things which has to be avoided during pregnancy to avoid any complications during pregnancy can be called as rules to be followed by pregnant woman for healthy pregnancy are explained as Garbhopghatkar bhava. Garbhopghatkar bhavas & its effects on the fetus explained in this article

Materials & Methods :- The study was done with the help of literature review from classical ayurvedic texts ,research articles & websites.

Observations :-

Garbhopghatkar Bhava :-The specific rules which have to be followed by garbhini during garbhini avastha. Garbhopghatkar bhavas are **explained by aacharya :-**

Charaka ,Sushruta , Vagbhata ,Kashayapa

Aahara to be contraindicated during pregnancy :

Here we have listed aahara to be contraindicated during pregnancy according to different aacharyas

Aacharya Charaka: Excessive heavy, hot, pungent food substances, Wine Excessive meat

Sushruta: Dried food, Putrified food, Stale food, Wet food (food with high water content).

Vagbhata: Pungent food, Excessive hot food, Excessive meat, wine

Kashyapa: Cold water, Garlic.

Harita: Pulses, Heavy & sour substances, Pulses, Heavy & sour substances, Excessive hot milk Garlic, onion, Surana., Edibles causing burning sensation (in abdomen)

Bhavamishra: Excessive meat

Yogratnakara: Polluted & incompatible food

Viahara contraindicated during pregnancy :-

Here we have listed vihara to be contraindicated during pregnancy according to different aacharyas:

Charaka: Excessive exercise, Excessive coitus, Harsh & violent activities, Sholud not wear red garments, Travelling, Ride over vehicle.

Sushruta: Excessive exercise, Excessive coitus, Excessive satiation, Excessive emaciation, Sleeping in day, Awakening at night, Ride on vehicle, Squatting, Untimely use of snehana (oleation), Suppression of natural urges, Avoid outing, Avoid visiting lonely places, Excessive massage of oil ,Should not fatigue herself, Blood letting.

Vagbhata: Excessive exercise, Excessive coitus, Excessive walking, Sleeping in day, Awakening at night, Suppression of natural urges, Indigestion, Prolonged stay in hot sun or near fire , Squatting , Abnormal hard postures, Fasting, Excessive massage of oil, Carrying heavy weight, Covering herself with heavy sheet, Use of red garments, Blood letting, Purifying measures(shodhana procedures).

Kashyapa: Seeing solar & lunar eclipse, looking at decling moon, sunset, Should not tie anything from thread or rope or loosen her all the bonds , Carrying heavy weight, Abnormal hard postures, Avoid tremoring, Excessive laughing & trauma, Tight cloths.

Bhavamishra: Sitting & sleeping in very soft & high places, Going to river bank, Drinking rain water.

Yogratnakara : Vaman karma, Kshara application, Swedan karma(sudation).

Mansik Hetu (Psychological Status) To Be Contraindicated During Pregnancy

Here we have listed MANSIK HETU to be contraindicated during pregnancy according to different aacharyas :

Charak : (not specified)

Sushruta : grief, anger, disgrace.

Vagbhata : anger, grief, fear, terror, excitement. harita: anger, grief,

Bhavamishra: association with the women whose child is died.

Discussion:- The aahara contraindicated in pregnancy are explained under garbhopghatkar bhavas in ayurveda .

Tikshna ushna padartha ,shusha ,ruksha,paryushit aahara leads to garbhastrava, garbha shushkata ,akala prasava due to reduced uteroplacental flow causing malnutrition during pregnancy. Guru padartha sevana leads to pregnancy toxemia due to increased weight of mother & fetus causing difficulty in labour. Nitya madya sevana is harmful mostly in first trimester as organ development

गर्भिणीचे मानसिक आरोग्य जपावे.

occurs during first trimester leading to fetal alcohol spectrum disorders. Mans aahara sevan in excessive quantity may lead to miscarriage ,fetal abnormalities, preterm labour , this may be due to infection .Excessive garlic & onion in daily aahara leads to heartburn in the pregnanat woman as garlic has the property as a natural blood thinner & this may cause excessive bleeding during delivery. Garlic may lower Blood pressure it can also cause low BSL due to increased insulin release. It may also lead to hypothyroidism by lowering the ability absorb iodine. Pulses should be avoided due to the fear of infection.

The Vihara contraindicated in pregnancy:- The garbhopghatkar bhavas includes some specific vihara that has to be avoided during Pregnancy state to prevent the probable complications. Excessive exercise, coitus may precipitate abortion by provoking contractions. Excess coitus may increase the risk of PROM(Pre Labour Rupture of Membrane). Excessive travelling ,ride over vehicle, carrying heavy weight may lead to abortion due to increased abdominal pressure . Prolonged Squatting & Abnormal hard postures may influence placental & uterine blood flow.It may also cause miscarriage ,preterm labour due to increased intrauterine pressure. Malnutrition , LBW baby, Baby with mental retardation May be the result of excessive fasting. Excessive laughing & trauma may lead to placental abruption causing placental separation.,fetal injury. Sleeping in day & Awakening at night may alter circadian rhythm. Seeing solar & lunar eclipse should be avoided for preventing mother & fetus from harmful radiations.

Psychological Factors (Mansik) Contraindicated In Pregnancy :- All the psychological factors explained above may be contraindicated due to - Stress & negative emotional status may lead to :-

- 1.Depressed immunological condition.
- 2.Disrupts the normal hypo -thalamo- pituitary axis due to excessive production of stress hormone & cortisol.
- 3.Instability or excitability of autonomic nervoussystem As per above elaboration , Garbhopghatkar bhavas have an important role for preventing hazardous effects on foetus . Thus ,To prevent untoward effect , the Knowledge about garbhopghatkar bhavas &its effects on the fetus is important .By having its exact knowledge & role, we

can maintain the pregnancy & can prevent the pregnancy loss which is the most common complication due to Garbhopghatkar bhavas . we can also help to the family to get a healthy progeny preventing some of the fetal birth defects .

Conclusion:-

With the proper knowledge of garbhopghatkar bhavas & its implementation in the antenatal care ,we can avoid problems like abortions, preterm labour ,malnutrition.etc..& Thus this will help to get healthy progeny & healthy mother as a good outcome of pregnancy.

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आयुर्वेदोक्त गर्भिणीपरिचर्या पालनाचे प्रशिक्षण वैद्यांनी द्यावे.



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Role of Ayurveda in Lifestyle Disorders

Abstract: The aim of Ayurveda is to protect the health of healthy and to alleviate the disorders in the diseased. Who is healthy? The one whose dosh, dhatu, mala, Agni are balanced with prasanna (glad) atmaa(soul), indriya (psyche organ) and mana (mind). The vitiation of dosha, dhatu, mala caused by improper aahar, vihar and aachar leads to diseases. In present era bad food habits, sedentary life style, sleep deprivation, over stress predisposes to many diseases that are Life Style Disorders. They are also known as non-communicable diseases (NCD) of the world. Life Style Disorders is an umbrella term given to all the diseases because of unhealthy life styles that is, the diseases linked with the way people live their life. This is the root cause of this era's multidimensional Life Style Disorders. Some of Lifestyle disorders are the major cause of mortality in today's world with interfering in natural comfort and daily routine of wellbeing. Lifestyle Disorders are generally complex to cure, the conventional medical system with its structural approach is still struggling to keep the check as one disease condition leads to another. Ayurveda is recognized as the foremost life science and describes various modalities to prevent and manage Life Style Disorders and the world being attracted towards its potential. These various modalities are - Dincharya, Ritucharya, Adharniya vega, Dharniya vega, Ashta aahar vidhi visheshayatana, Aharavidhi, Sadvrutta palana, Rasayana, Aachar rasayana, Panchkarma, Pathyapathya, etc. These modalities are important to maintain a healthy physical life along with psychological set up. It has a great effect in prevention and cure of Life Style Disorders.

Key words: Life Style Disorders, Non Communi-

cable Diseases (NCD), Prevention, Ayurveda.

Introduction: Life style disorders are defined as diseases linked with the way people live their life. In the recent time, there is an increasing incidence of life style disorders such as type 2 diabetes, hypertension, arthritis, obesity, insomnia, cardiovascular problem, high cholesterol, hypothyroidism, asthma, PCOD, arteriosclerosis, stroke, depression, Alzheimer's disease, cancer, cirrhosis of liver, COPD etc.⁽¹⁾ These disorders affect even the younger people. Some life style disorders are the major cause of mortality in today's world with interfering to natural comfort and daily routine of wellbeing. Life style disorders are internationally known as non-communicable diseases (NCD), or Chronic diseases of life style which are generally acquired. A life style is a characteristic bundle of behaviors that makes sense to both others and one self in a given time and place. A life style also reflects an individual's attitude, values or social view. Ayurveda is a science which imparts knowledge about life and by which life is attained complete physical, psychological and spiritual wellbeing.⁽²⁾

On the basis of fundamentals of Ayurveda which available in classical literature, a concept of life style which should be adopted for present era will be drawn in to the light. The world being attracted towards its potential and Ayurveda provides better solution in the form of various modalities like daily and seasonal life regimen i.e. Dincharya and Ritucharya, proper dietary management, detoxification i.e. Panchkarma, rejuvenation therapy i.e. rasayana, code of good conduct i.e. Sadvrutta, urges i.e. Adharniya vega Dharniya vega, pathya apathya. These modalities are important to maintain healthy physical life along with happy psychological setup. It has great effect in prevention and care of life style disorders.

Incidence: According to ICMR (Indian council of

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deaths due to non-communicable diseases (NCD'S) has increased from 37.09% in 1990 to 61.08% in 2016 as per national family health survey 2015-16, 11% of women (1 in 10) and 15% of men (1 in 7) of age 15-49 are hypertensive.⁽³⁾

With increasing prevalence of life style diseases in India, one of four Indians is at risk of dying from NCD'S like diabetes, cardio vascular ailments or cancer before the age of 70 according to various global and domestic organizations. 14-15 % of people in India suffers from arthritis experts say the government need to urgently build awareness programs for NCD'S in line with that of HIV and TB.⁽⁴⁾ NCD'S contribute to around 5.87 million (60%) of all death in India. The prevalence of diabetes in India (second highest) is 11% among the south East Asia region countries.⁽⁵⁾

Causes (Hetu): Vihar includes routine daily activities like time of wake and sleep, exercise, sports, kind of job. And the way of thinking which reflects in personal activities. According to Ayurveda as acharya Charkad described the 'pranajapadha' which might we said the cause of Life Style Disorders. The whole some action performed by one whose dhi (intellect) dhriti (restraint) and smriti (memory) are deranged is known as 'pranajapadha' (intellectual error). It vitiates all the doshas. A wrong discrimination between eternal and non-eternal as well as wholesome and unwholesome is the buddhi vibransha. Due to dhriti vibransha it is not possible to control mind indulged in sensual pleasures from whole some abject. In smriti vibransha the recollection of the knowledge of reality is impaired.⁽⁶⁾ Now a day it reflect as-

Ahar (Diet)- Excessive eating, frequently eating fast food, unhealthy food habits, cold drinks, artificial sweeteners, viruddha ahar, irregular and odd timing of food eating, drinking less or more quantity of water, excessive drinking of water just after lunch and dinner, use of tobacco, alcohol and smoking.

Vihar (Daily routine)- Sedentary life style, sleeping late at night, late morning awakening, sleeping just after lunch, wrong initiation of action like doing forcible urges or their suppression. Already known unwholesome things like lack of exercise, avoidance of code of noble conduct, poor

exposure to sun light and fresh air, holding up dharniya vega like urine, stool, flatus, kasa (cough), vomiting etc. Not holding up Dharniya vega like lobha, shoka, bhaya, krodha etc., less physical activity, excessive physical exercise followed by high proteinaceous diet immediately, the nature and duration of work, the amount of time you spent with your loved ones, non-avoidable risk factors such as age, gender, heredity etc. Latest new causes are excessive use of smart phone, headphones, laptops etc.

Prevention through Ayurveda: The aim of Ayurveda is for both healthy and diseased person so the different modalities told by acharya are beneficial in prevention and management of Life Style Disorders. These modalities are

1) Dincharya (daily regimen) 2) Rutucharya (seasonal regimen) 3) Ahar (proper dietary management) 4) Adharniya and Dharniya vega (Urges) 5) Sadvrutta and Achar Rasayana (code of good conduct) 6) Panchkarma (detoxification and bio purification) 7) Rasayana (rejuvenation therapy)

Dincharya: Ayurveda acharya suggests wake up from sleep at brahma muhurta considering the condition of digestion of food of previous night whether properly done or not. Early morning 3 AM to 6 AM is the ideal time. After getting urges of urine and stool naturally, one should eliminate them. Regular use of anjana, nasya, abhyanga (oil massage), exercise half of the capacity (ardhashaktivyayam), bath. These are beneficial for good health. Food should be taken after bath and never before it, proper food taken as per rules, avoid late night sleep and go to sleep with pleasant mind. All these included in dincharya are important because normal circadian rhythms are very important in routine to maintain biological clock. It leads in good health, recovering and preventing disorders of life styles.⁽⁷⁾

Rutucharya: Six ritu (seasons) are classified according to weather and Acharya explains various rules regarding diet and lifestyle as per ritu. Ritucharya plays an important role in preventive measures for different diseases including Life Style Disorders. During Hemant ritu food should be fatty, having sweet, sour and salty taste. Predominantly including milk, ghee and oil should be taken. Do exercise and massage, use of warm

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house and blanket. In Shishira do all regimen described in Hemanta more vigorously and in greater measure. Vasantarutu hampers the digestive activity producing many diseases, so care should be taken. Do exercise and massage. Avoid food which is cold, hard to digest and more in quantity. Avoid cold drinks, chilled water, ice-cream, lassi, fatty food, AC, sleeping during day etc. Sour and sweet taste should be avoided in Vasanta. In Grishma rutu avoid exercise pungent, sour and salty food. The food should be sweet, cold, liquid and easy to digest. Milk, ghee, grapes, rice, coconut water, sugar are to be made use of. In varsha rutu use soups and pulses processed with oil, ginger etc. Use boiled water, food which is dry and hot, easy to digest. Sour and salty taste should be used. In Sharada rutu food and drinks should be cold, easy to digest, less in quantity with astringent, sweet and bitter tastes. Sleeping during day should be avoided in all rutu except grishma. Rutusandhi charya -the last and first seven days of rutu's are together known as rutusandhi. During this period the regimen of the previous season should be discontinued gradually and those of the succeeding season adopted slowly. If it is done suddenly disease developed.⁽⁸⁾

Ahar: One should take food in proper quantity and this quantity of food depends on the power of digestion (Agni). Whatever quantity of food taken gets digested in time without disturbing normalcy (prakruti) should be regarded as measure of proper quantity. The intake of heavy food is advised as one third or half of the saturation point and not excessive saturation even in case of easily digestible food in order to maintain the proper strength of Agni. The food taken in proper quantity provides certainly strength, complexion and happy life.⁽⁹⁾ Diet should be changes according to season, age and disease. It is not possible to derive entire beneficial effects of food only on the basis of its quantity because all the eight factors of the method of dieting have their divided effect. Nature (prakruti) of food, processing, combination, quantity, place, time, rules of use and consumer. One should use warm food, unctuous, in proper quantity, after the previous food is digested, non-antagonistic, in favorable place, with all the favorable accessories, not too fast, not too slow, not while talking or laughing and with full concentration after due consideration to the self.⁽¹⁰⁾ Use of hita ahar

(wholesome diet) promotes health and longevity and ahita ahar (unwholesome diet) promotes manifestation of different disorders.

Vega: Non suppressible urges are 13 and should not suppress these impending urges of urine, faeces, semen, flatus, vomiting, sneezing, eructation, yawning, hunger, thirst, tears, sleep, and breathing after exertion. One urge cough (kasa) told by vagbhata. The disorders which arise due to suppression of these impending urges are described by acharya's with their treatment. One should not hold up these urges. Suppressible urges are the urges which should be held up and these are related to Thought, Speech and Action. The urges of thoughts are greed, grief, fear, anger, vanity, shamelessness, envy, excessive attachment and desire of taking property of another should be held up wise. The impending urges of speech are harsh, betraying, lie and untimely used. Whatever bodily action causes pain to others like adultery, theft and violence are action urges. By holding up these suppressible urges the person become really happy, enjoys and earn virtue, wealth and desires.⁽¹¹⁾

Sadvrutta⁽¹²⁾ and Achar Rasayana⁽¹³⁾: The code of good conduct gives the healthy life and lives a long life without any abnormality. These codes are regime of bathing and cleaning of body, apply oil to head; ear; nose; feet daily, self-control, free from anxiety, fearless, limited sexual relations, early sleeping and awaking, always talk truth, keep patience, free from anger, while eating do not do other things like reading; watching T.V., not to eat curd at night, live peaceful not violent, pleasing speech, free from ego, avoid unwholesome diet.

Panchkarma: Panchkarma is combination of five procedures of bio purification. These are vamana (therapeutic emesis), virechana (therapeutic purgation), aasthapana basti (therapeutic decoction enema), anuvasana basti (therapeutic oil enema), and shirovirechana/nasya. Ayurveda gives special attention more on the preventive aspect of the Panchkarma rather than curative aspect. Administration of medicines after Panchkarma facilitates drug absorption and increase the effectiveness of drug. Panchakarma maintain normalcy of sense organs and mind, improved intellect, the old age does not get his hold easily and man lives long life free from disorders, eliminate

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toxins from body, keep tridoshas balanced etc.⁽¹⁴⁾ These all help in the prevention as well as management of many Life Style Disorders.

Rasayana: Every human wants to live long and healthy. This is possible by promoting rejuvenation. Rasayana is one of the eight clinical branches of Ayurveda.⁽¹⁵⁾ The means by which one gets the excellence of rasa (the nourishing fluid which is produced immediately after digestion) is known as Rasayana. Rasayana attains long life, memory, intellect, freedom from disease, youth, excellence of luster complexion and voice, excellent strength of body and sense organs.⁽¹⁶⁾ Rasayana keeps free from old age, weakness, disease and death.⁽¹⁷⁾ Rasayana cures morbid sleep, physical as well as mental fatigue, laziness. Rasayana maintains proper balance among vata, pitta and kapha.⁽¹⁸⁾ Rasayana includes multiangled approach by taking care of not only body but also mind and spirit. These all help in the prevention as well as management of many Life Style Disorders.

Conclusion: Ayurveda helps in attaining healthy and qualitative physical life along with psychological set up. Proper ahar and vihar maintains digestion and strength. Rasayana, panchkarma, Sadvrutta enhances the vyadhikshamatva and bala of an individual. Ayurveda also emphasizes the prevention of diseases. Thus implementation of all modalities described in Ayurveda has great effect in promotion of health and prevention of Life Style Disorders.

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आयुर्वेद वार्ता

Short Film Making स्पर्धेत आयुर्वेद सेवा संघ, आयुर्वेद महाविद्यालयाचे यश

AllIA(All India Institute of Ayurveda)नवी दिल्ली, यांनी कोरोनाच्या पार्श्वभूमीवर Short film making competition आयोजित केली होती. त्यांत Self Care For Preventive Health & Boosting Immunity Throught Ayurveda या विषयावर पदवी, पदव्युत्तर, पी.एच.डी, मेडीकल ऑफीसर, अध्यापक वर्ग या गटात संपूर्ण भारतातून Short film मागविण्यात आल्या. त्या स्पर्धेत आयुर्वेद सेवा संघ, संचलित आयुर्वेद महाविद्यालय नाशिक येथील रोगनिदान विभागाच्या विभागप्रमुख वै. शितल सूर्यकांत चव्हाण तसेच महाविद्यालयातील चतुर्थ वर्षातील विद्यार्थी कु. प्रीतम कळवणकर यांच्या टीमला Category F (Faculty) मध्ये द्वितीय क्रमांकाचे १०,०००/- रुपयांचे पारितोषिक प्राप्त झाले. आपणांस <https://youtu.be/8dKQFTeUgdk> या Link वर ही Short film बघण्यास मिळेल. कोरोनावर मात करण्यासाठी भारतीय संस्कृतीचा व आयुर्वेद रसायन थेरपी चा वापर कसा होतो? याचे सविस्तर वर्णन या Short film मध्ये करण्यात आले आहे. 'आयुष' मंत्रालय, दिल्ली यांनी व्याधीक्षमत्व वाढविण्याच्या दृष्टीने जे उपाय सांगितले ते सर्व वर्णन या film मध्ये आहेत. यासाठी आयुर्वेद सेवा संघ संस्थेतील सर्व पदाधिकारी, महाविद्यालयाचे प्राचार्य वैद्य दासरी सर व सर्व अध्यापकांचे मार्गदर्शन लाभले.

वैद्य कमलेश महाजन यांची Online व्याख्याने

आ.से.सं. आयुर्वेद महाविद्यालय नाशिक येथील स्वस्थवृत्त विभागातील सहाय्यक प्राध्यापक वै. कमलेश महाजन यांचे दि. १८ जून २०२० रोजी रोटरी क्लब ऑफ नंदुरबार तर्फे Ayurvedic Art of living या विषयावर Online व्याख्यान झाले. दि. २१ जून २०२० रोजी भाऊसाहेब मूळक आयुर्वेद महाविद्यालय नंदनवन नागपूर यांच्या तर्फे Mind Yoga या विषयावर Online व्याख्यान

झाले. दि. १० जून २०२० रोजी विश्व आयुर्वेद परिषद NIA Jaipur शाखा यांच्या तर्फे Scope & Practice of Swastharitta Ayurvedhic Principles या विषयावर व्याख्यान झाले.

आयुर्वेद महाविद्यालयातील पदव्युत्तर विद्यार्थ्यांचे सुयश



डावीकडून:
वैद्य नितीन कऱ्हाळे
वैद्य सुनिल पाल
वैद्य जपा फडके
वैद्य शिवानी गाडे
वैद्य अजिंक्य साखरे

आ. से. सं. आयुर्वेद महाविद्यालय नाशिक येथील पदव्युत्तर विद्यार्थ्यांना कोरोनाकालीन टाळेबंदीच्या काळात विविध स्पर्धात खालीलप्रमाणे पारितोषिके मिळाली.

१) वैद्य जपा जयंत फडके MD 2nd Year कायचिकित्सा:
१)आयुर्वेद सेवा संघ, आयुर्वेद महाविद्यालय, नाशिक येथे आंतरराष्ट्रीय योग दिनानिमित्त घेण्यात आलेल्या पोस्टर प्रेझेंटेशन स्पर्धेत प्रथम. २)आयुर्विचार तर्फे घेण्यात आलेल्या:
१)निबंध स्पर्धेत- प्रथम (११/०६/२०). २)निबंध स्पर्धेत- द्वितीय(२२/०६/२०). ३)डिजिटल पोस्टर स्पर्धेत-प्रथम (३०/०६/२०).

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१)आ.से.सं. आयुर्वेद महाविद्यालय नाशिक येथे आंतरराष्ट्रीय योग दिनानिमित्त घेण्यास आलेल्या निबंध स्पर्धेत प्रथम. २)आयुर्विचार तर्फे घेण्यास आलेल्या: १)निबंध स्पर्धेत- तृतीय क्रमांक. २)पोस्टर स्पर्धेत-प्रथम क्रमांक. ३)विश्व आयुर्वेद संघटन, नी रोग स्ट्रीट तर्फे घेण्यात आलेल्या पोस्टर प्रेझेंटेशन स्पर्धेत उत्तेजनार्थ. नाशिक आयुर्वेद व्यासपीठतर्फे आंतरराष्ट्रीय योग दिनानिमित्त घेण्यात आलेल्या 'ऑनलाईन योगासन' स्पर्धेत खालील विद्यार्थ्यांना पारितोषिके प्राप्त झाली. १)वैद्य अजिंक्य मेघ:श्याम साखरे - विभागून द्वितीय. २)वैद्य शिवानी विलास गाडे - तृतीय. ३)वैद्य नितीन मोतिराम कऱ्हाळे- उत्तेजनार्थ. सर्व विद्यार्थ्यांचे हार्दिक अभिनंदन

स्पर्धेतील यशाने हुरळुन जाऊ नये व अपयशाने हताश होऊ नये.

औषधी भवन, आयुर्वेद सेवा संघ निर्मित

Rx **संशमनी वटी**

(गुडुची घन वटी)

सर्व प्रकारच्या तापांवर, अजीर्ण, अम्लपित्त, दाह.
स्त्रीरोग विशेषतः कष्टार्तव,
अनियमित रजोप्रवृत्ती,
आमवात यांमध्ये उपयुक्त.

- रोगप्रतिकारशक्ती वर्धक
- त्रिदोष शामक
- रसायन



आपली मागणी नोंदविण्यासाठी
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औषधी भवन

आयुर्वेद सेवा संघ, नाशिक - ४२२ ००३.
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रोगप्रतिकार शक्ति वाढविण्यासाठी...

औषधी भवन, आयुर्वेद सेवा संघ निर्मित,

आयुष क्वाथ (चूर्ण)
Ayush Kwath powder

घटक -

तुलसी, दालचिनी, सुंठ, कृष्णमरिच

- रोगप्रतिकार शक्ति वाढविणारे औषध
- पचनशक्ति सुधारते.
- श्वसनसंस्थेच्या व्याधींवर उपयुक्त.
- सर्दी, कफ, खोकला, ताप, घसा दुखणे यावर अत्यंत उपयुक्त.

५० ग्रॅम मध्ये उपलब्ध...



CONCEPT OF “BRAHME MUHURTE UTTISHTET” AND ITS HEALTH BENEFITS

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Abstract :

Ayurveda is a science of life with aim of healthy long life and curing diseases to achieve *Purusharth Chatushtayas* in his life span. Brahma Muhurta is a specific time of waking up which sets and maintain biological clock in human being. This time also maintain its rhythm and pattern throughout day *Brahme Muhurte uttishtet* is one among the ayurvedic theories explained in *Dincharya* concept which has been attributed as preservation of health of healthy person. As per ideology *Brahma Muhurta* pacifies the time of vata that controls *Sharir Kriya and Mana*. So it is necessary for spiritual evolution. The person Who wakes up early in morning his ageing process remains normal. It is also perfect time to align us with cosmic power as per *Lok Purush Samya Siddhanta*.

Key words : Brahma Muhurta, Dincharya, biological clock, Spiritual Evolution, Purusharth chatushtayas, Lok Purush Samya Siddhanta

Introduction : Aacharya Vagbhat Says¹

“ब्राम्हे मुहूर्ते उत्तिष्ठेत्स्वस्थो रक्षार्थमायुषः । ” (अ.ह.सू. २/१)

Same kind of thought of Ayurveda is revised is modern saying “Early to bed, Early to rise, makes man

healthy, wealthy and wise”². This saying is time tested and very much acceptable fact worldwide.

Now a days some diseases like diabetes hypertension, insomnia, anxiety depression etc are affecting the majority of population. The root cause of these diseases are

deranged life style, bad eating habits, distorted natural sleep pattern. There is inherent and inborn biological clock in our body which regulates daily routine activity of human being. If the deranged life style affects biological clock then it may cause undesirable impact on human health *Brahma Muhurta* is a specific time of awakening which sets and maintain biological clock.

Aim – To Study the concept of Brahma Muhurta critically.

Objectives – To Study concept of relevance of Brahma Muhurte Uttishtet and its health benefits.

Material - Ayurved classical texts.

Methodology –

This is a literary & fundamental study.

The methodology of this study will be as follows :

Selection of Topic

Literary study regarding Brahma Muhurte Uttishtet and its health benefits.

Critical interpretation

Discussion

Conclusion

Defination³

“ब्रम्ह ज्ञानं तदर्थम अध्ययनध्यापि ब्रम्ह तस्य योग्योमुहूर्तो ब्रम्हः।”

The appropriate Muhurta or Kaal to aquire *Brahma Gyan* is called *Brahma Muhurta* *Brahma* means knowledge and time for perceiving this knowledge id known as *Brahma Muhurta*.

Brahma Muhurtakaal(time)⁴

Brahma Muhurta starts 96 minutes before sunrise it lasts for 48minutes *Brahma Muhurta* ends 48 minutes before sunrise from 4.24.00am to 5.11.59 am is *Brahma Muhurta* (If sunrise is taken at 6.00 am)



*According to swami shivanandji Brahma Muhurta is morning period between 3.30am to 5.30am⁵

*According to religious basis of hindu belief the last phase of night⁵

*According to Swami Gourangapada 48 minutes from 1hrs 36minutes to 48 minutes before sunrises⁵

Biological Circadian Rhythm and Brahma Muhurta

Brahma Muhurta is a specific time of awaking which sets and maintain rhythm and pattern of biological clock.

The Circadian Rhythm is any biological process that displays an endogenous oscillation of about 24 hrs. This rhythm driven by circadian clock which is widely observed in plant, animal, fungi etc.⁵

Biological Clock in human⁶

The biological Clock is controlled by part of brain called Suprachiasmatic Nucleus (SCN), a group of cells in the hypothalamus that responds to light and dark signals. From optic nerve of eye, light travels to SCN, signaling the

internal clock that it is a time to awake. The SCN signals to other parts of brain that control hormones, body temperature and other functions that plays a role in making us feel sleepy or awake.

The SCN also responds to light by delaying the release of other hormones like melatonin which is associated with sleep onset and is produced when eyes signals to SCN that it is dark. Melatonin level rise in evening and stay elevated through out night, promoting sleep.

Importance of BrahmaMuhurteUttishtet

A person who is interested in avoiding diseases, who is determined to protect his life, should get up in *Brahma Muhurtato* avoidvyadhis and Alakshmi (poverty). But a person with disease should sleep formaitaining *Dhatusamyata*.⁷

Precaution while rising on Brahma Muhurta⁸

“ब्राम्हे मुहूर्ते उत्तिष्ठेज्जीर्णाजीर्ण निरूपयन् ।” (अ.ह.सू २/१)

Before waking up early in morning one should assure proper

digestion of food taken during last night.

Indication

- 1) According to Acharya Vagbhat :- A healthy person, to maintain his healthy life.
- 2) According to Yogratnakar, Bhavprakash⁹ :-

“ ब्रह्मे मुहूर्ते बुध्येत स्वस्थो रक्षार्थमायुषः ।

सविधिशान्त्यर्थं स्मरेच्च मधुसुदन ॥”

A healthy person gets up at *Brahma Muhurta* and also stresses importance of remembering god after getting up.

- 3) According to Bhagvat Geeta¹⁰ :-

“ युक्ताहारविहारस्य युक्तचेष्टस्य कर्मसु ।

युक्तस्वप्नावबोधस्य योगो भवति दुःखहा ॥ ”

A person whose *Aahar-Vihar* is correct, whose activities and life style is perfect and whose sleeps and gets up perfectly will be free from all miseries.

- 4) According to Garga Samhita¹¹ :-

“ ब्रह्मे मुहूर्ते चोत्तायारमाकृष्णोत्तिच ब्रुवन्नात्वा

गुरुभुव चैवततोभुम्याम् पादन्यासेत् ॥”

One should rise at *Brahma Muhurta*, chant the holy names of Lord Krishna and Lord Balaram and bow down before one's guru, only then should one place his feet on ground.

Contraindication⁹

This regimen is not applicable for unhealthy persons, childrens, pregnant woman and aged persons.

Benefits¹¹ :-

- 1) It helps to maintain balance of blood PH.
- 2) Increases energy levels by providing critical nascent oxygen.
- 3) Disorganizes bacteria, yeasts by providing an oxygen rich environment thus supports immune system.
- 4) Heightens concentration by providing nascent oxygen and ionic selenium to brain, heart and kidneys.
- 5) Enhances absorption of vit. Minerals proteins, and other important nutrients by keeping intestinal villa clean and alkaline.

- 6) Improves circulation.
- 7) Improves concentration and memory.
- 8) Ozone necessary for body which is adequately present in atmosphere during *Brahma Muhurta* period. *Brahma Muhurta* is an intermittent duration between respiration and photosynthesis of all plants. The activities of entire world and especially of living beings are yet to be started. So pollution is at minimum.

Discussion :-

‘*Brahme Muhurte Uttishtet*’ enhances the intellectual property and human being because variety of compatible biological event that nurtures the neurons and every vital organs of body. The regimen *Brahme Muhurte Uttishtet* is wonderful concept gifted by Ayurveda to whole world under the concept of *Dincharya*. The *Dincharya* start with getting up from sleep in *Brahma Muhurta*.

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SUVARNA-PRASHAN AND KUTI PRAVESHNIK RASAYAN SIMILARITIES - A REVIEW.

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ABSTRACT

Rasayan chikitsa is rejuvenating therapy mentioned in Ayurveda. *Charaka* has mentioned two types of *Rasayan paddhati* viz. *Kutipraveshik rasayan* and *Vataatpik rasayan*. Out of these two methods of *Rasayanvidhi*, *Kutipraveshik rasayana* is more beneficial method but very difficult to implement practically. *Suvarnaprashan vidhi* is mentioned by various texts and indicated in neonates for rasayan purpose and good health. *Suvarnaprashan vidhi* is very simple method and its benefits are almost same. In present study *Kutipraveshik rasayan* and *Suvarnaprashan vidhi* were studied and compared on classical background regarding their benefits. Primary aim was to find alternative method for *Kutipraveshik rasayan*. After literary study and critical analysis of findings, we found some important similarities in between two methods. It can be said that by *Suvarnaprashan vidhi* we can gain more health to new generation. Present study is literary only hence has its own limitations. But we hope that this study has opened new dimensions and further clinical trials are expected to gain more strong evidence.

Keywords: *Suvarnaprashan*, *Kutipraveshik Rasayan*, 16 *sanskar*.

1. INTRODUCTION

There are 16 rites (*sanskar*) which are anticipated in the human's life.¹ *Jaatkarma* is the first rite after the birth. Sushrutacharya and Vagbhat both have described the *Suvarnaprashan* procedure in their respective Samhita.^{2,3} Kashyap samhita is especially related to child health. That's why, the *Suvarnaprashan* procedure has described in more details in Kashyapsamhita. All the benefits of this procedure for the children explained by Kashyap have also been explained by Acharya Charak in the context of *Kutipraveshik Rasayana*.

Benefits of *Suvarnaprashan* and

Kutipraveshik rasayan found in classical texts are very similar. In these circumstances, the comparison of *Suvarna-prashan* and *Kutipraveshik Rasayana* seems necessary. This study was carried to find out alternative to *Kutipraveshik Rasayana* as this method is difficult to execute. We hope this study has wide scope to new researchers to carry out further clinical trials.

2. METHODS

This study is Literary review. *Suvarnaprashan* and *Kutipraveshik rasayan* were reviewed critically from different classical texts (*samhitas*) to draw inferences. Similarities and dissimilarities were discussed on classical background.

3. RESULTS AND DISCUSSION

3.1. Benefits of *Suvarna-prashan* and *Ra-sayana*

3.1.1. *Suvarna-prashan*⁴

*Suvarnprashanam hi etad medhag-nibalavardhanam |
AyushyaM mangalaM punyaM
vrushyaM varnyaM grahapaham ||
Masatparam medhavi vyadhibhir-nach ghrushyate |
ShadabhirmasaH shrutadharaH
suvarnprashanat bhavet ||*

3.1.2. *Rasayana*⁵

*Dirhamayu smrutirmedha arogyaM
tarunaM vayaH |
prabhavarnaswaraudaryaM de-hendriyabalaM param ||
VaksiddhiM pranatiM kantiM
labhate na rasayanat |
Labhopayo hi shastanaM rasadi-naM rasayanaM ||*

Above *shlokas* (verse) shows the similarities between *Suvarna-prashana* and *Kutipraveschik rasayan*. Table 1 shows similarities between these two. In these circumstances, the comparison of *Suvarna-prashan* and *Kutipraveschik Rasayana* seems necessary in the context of similarities, dissimilarities and drawbacks if any.

3.2. Comparison between *Suvarna-prashan* and *Kutipraveschik Rasayana*

3.2.1. *Sharira shuddhi*

Shodhan vidhi is very important to get the benefits of the *Kutipraveschik Rasayana*. The need for the *Shodhan vidhi* is due to the fact that only a pure body can get the benefits from *Kutipraveschik Rasayana*. Just like the color applied to a dirty cloth sticks to the dirt and does not get applied properly, exactly the same way – the *Rasayana-prayog* done on an impure body does not yield the anticipated results.⁶ As a result, the one cannot get the described benefits of the *Rasayana*. In relation to *Suvarna-prashan*, the child conceived after *Beejshuddi* would be Pure and *Nirdosh* after

the birth. The few *Doshas* which are present after the birth can be removed from the body with the help of *Sadyavaman* as a part of *navajjat paricharya*. Such a child does not require any additional *Shuddi* since his body is already pure.

3.2.2 *Kutipravesch*

Staying in the *Kuti* till the time the *Rasayana-prayog* is completed, is an important aspect of *Rasayana-vidhi*. This procedure is termed as *Kutipraveschik Vidhi*.⁷ The reason one needs to stay in the *Kuti* during the procedure is the change in the climate can also impact the *Doshas* despite following the diet prescribed during the *Kutipravesch*. The climate conditions in the *Trigarbha Kuti* can be controlled and monitored to reduce impact of the change in climate during the procedure. The special settings can also be done for the new borns and pregnant women by using the *Agni* and *Dhupa*. This would restrict the development of any *Doshas* in the new borns. The new born would be kept in the *Kuti* for entire duration of the procedure and would be taken out after completion of the same to take the blessings from the god.

3.2.3 Diet (*Ahara*)

Milk is the main diet that would be followed during the *Kutipraveschik Rasayana*.⁸ Milk is *Satwik* and *Balawardhak* diet and is also a *Rasayana* by itself. That's why, there is no comparison of the milk with other diet that can be prescribed during the *Kutipravesch*. The new borns are also dependent on Milk for the growth. Hence, there is a similarity between *Suvarna-prashan* and *Kutipraveschik Rasayana* in the terms of the diet that needs to be followed.

3.2.4. *Rasayanadravya*

The *samhita* writers have described multiple *Rasayanadravya* among which *Suvarna Dhatu* is the one.⁹ *Rasayanadravya* or *Dhatu* are by nature long lasting and if they are consumed as prescribed then they can help make the human body also the long lasting one. This is an im-



portant principle in the evolution of *Rasashastra*. Gold is the best among all the *Dhatus* and Kashyap has prescribed the gold from the first day of the birth till six months. It has multiple benefits just like the *Rasayana*.

3.3. Comparative analysis

All the above description helps to understand the similarities between *Kutipraveshik Rasayana* and *Suvarna-prashan*. *Kutipraveshik rasayanavidhi* and *Suvarnprashan vidhi* has four main similarities in means of *Sharirshudhi*, *Trigarbha kuti*, *Dugdhar* and *Rasayan sevan* (Table 1). Therefore, daily administration of *Suvarnprashan* will make a big difference in child growth and development. It may be helpful to buildup lifelong immunity. Therefore, it is truly mentioned in Kashyap samhita that, *SukhdukhaM hi balanaM drushyate lehanashrayat* |¹⁰The above interpretation is related to *Suvarna-prashan* as described by Kashyap and *Kutipraveshik Rasayana* as described by Charak. *Suvarnprashan* is carried out at many places by Ayurvedic doctors on the occasion of *Pushya nakshatra*, i.e. once in a month only. The doctors need to consider that, *Suvarna* along with *Madhu* (honey) and *Ghruta* consumed daily can prove to be more beneficial.

4. CONCLUSION

The *Kutipraveshik Rasayana* procedure has almost been stopped nowadays due to the multiple problems to implement the same. In such circumstance, it would be beneficial to implement the *Suvarna-prashan* as prescribed by Kashyap to build a strong and competent generation for the new India. Clinical trials on same topic are needed for more strong evidences.

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TABLES

| SN | <i>Kutipravesnik Rasayan</i> | <i>Suvarnaprashan</i> |
|----|-------------------------------------|---|
| 1 | Sharirshuddhi by <i>Panchakarma</i> | Natural <i>Shuddha sharir</i> |
| 2 | <i>Trigarbha kuti</i> | Inside a protected room |
| 3 | <i>Dugdhaahaar</i> | <i>Dugdhaahar</i> |
| 4 | <i>Rasaayan sevan</i> | <i>Suvarn</i> has quality of <i>Rasayan</i> |

Table 1. Similarities between *Kutipravesnik rasayan* and *Suvarnaprashan*



A REVIEW ON AGNIKARMA IN GRIDHRASI (SCIATICA)-A CONCEPTUAL STUDY

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ABSTRACT

There are 80 vataja Nanatmaj Vikar. Gridhrasi is one of them. Pain is the major symptoms in Gridhrasi. Their is intense shooting pain start from sphik pradesha and radiates downword to kati, prushta, uru, janu, jangha and pada. It leads to difficulty in walking for patients. In modern science gridhrasi co-relates with sciatica as symptoms of both closely resembles with each other. Sciatica occurs due to spinal nerve irritation In modern science there is only conservative management like immobilization, anti-inflammatory, analgesic drugs, surgery is also suggested but it comes with lot of complications. In ayurveda acharya charaka has described Agnikarma, Snehana, Swedana, Basti, Siravedha in the management of Gridhrasi. In currant study we made an attempt

to explain Agnikarma in Gridhrasi.

KEYWORDS: Gridhrasi, Agnikarma, Sciatica.

INTRODUCTION

Gridhrasi is lifestyle disorder occurs due to advancement of busy professional and social life, Improper sitting postures in office continous travelling created under pressure to the spinal cord. Continuous over exertion, jerking movement sports also causes nerve irritation. Now a days this disease becoming a significant threat to working peoples, it also affect nearer structures of it and Pelvis. The main symptoms of it is pain in lower back and legs.^[1]

In Gridhrasi Pain starts from sphik pradesha and radiates downwards to kati, prushta, Uru, Janu, Jangha and pada.^[2] In modern science, In scitica pain referred in lower limb in both leg from back side.^[3] there is only conservative treatment available for this disease use of NSAIDs and sedative types of medicines physiotherapy. All this have their own side-effects and lastly Surgery is also one of the option with lots of complications.

In Ayurveda Acharya Charaka explained Gridhrasi in Sutrasthan also told its types. Vataja and Vatakaphaj Gridhrasi also described its symptoms are Ruk, Toda, Stambha, in sphik, kati, uru, janu, jangha and pada, acharya charaka also explained treatment of Gridhrasi contain snehana, swedana, basti, siravedh and agnikarma.^[4] Among these agnikarma is parasurgical procedure performed with the help of agni which is very effective simple, safe, cheap and having quick action. According to Sushrut Acharya the disease treated by Agnikarma do not relapse and moreover those incurable by medicines.^[5]

Agnikarma

Sushrut mentioned Agnikarma in Gridhrasi due to aggravated vata located in twak, mansa, sira, snayu sandhi, asthi.^[6]

Charakacharya mentioned Agnikarma in Gridhrasi at the site of antara -kandara gulpha pradesha^[7] i. e from mid of medial aspect to the mid of lateral aspect of lower limb, covering the dorsal surface at height of four angulas from medial malleolus and lateral malleolus.

Chakradatta and Yogaratnakara also explained Agnikarma in Gridhrasi over Kanishtika Anguli of Pada.^[8]

Procedure of agnikarma: It is performed in 3 steps.

- 1. Purvakarma:** The exact site of Agnikarma is marked and cleaned.
- 2. Pradhan karma:** The procedure of agnikarma is done by red hot shalaka at the marked site till samyak dagdha Lakshana were observed.
- 3. Paschata karma:** Pulp of aloe vera was applied over treated part and then powder of yashtimadhu and haridra was sprinkled.

DISCUSSION

Various theory are adapted just to explain the action of Agnikarma on Gridhrasi. The action of Agnikarma on Gridhrasi it contain both Ayurvedic and modern science explanations. The probable theories related to this topic are.

According to ayurveda^[9]

a) Effect on dosha

Gridhrasi is a disease of Vata-Dosha. Agni possesses: Ushna, tiksha, sushma guna which help in shamana of Vata and Kaph-Dosha it also removes strotovarodha and increases rasa-rakt samvahana to the affective part.

b) Effect of dhatu

Agnikarma helps in increasing datu agni so the metabolism of the dhatu level increases which helps to digest the amadosha.

According to modern science^[10]

a) Increase in metabolism

According to Dr. Ven Hanff the place where heat burns the local tissue metabolism is improved this various metabolic and regenerating changes takes place at the site of heat burns thus it leads to increase demand of oxygen and nutrients of the tissues of the site of heat burns. It also excrets the unwanted metabolites and toxins. This intensity of pain diseases.

b) Effect on temperatures

According to thermodynamics applied upon a biological system suggests that when thermal energy gets transfer from an instrument too tissue it gets increases. The thermostatic centre of body get immediately activated to distribute this localized rise in temperature through out the body as a result vasodilatation occurs and blood flow increases.^[12]

Rise in Temperature includes ralaxation of muscles and that's why there is reduction of musclespasm and pain.^[13] This by means of Agnikarma vasomotor center is affected along with the heat regulating centre in ' hypothalamus and generalized dilation of superficial blood vessels occurred.^[14]

CONCLUSION

Pain is the most uncomfortable factor in Gridhrasi for patients and Agnikarma shows highly significant results in it.

The entire therapy is easily tolerable by patients also it is very cheap, easily carried out in opd level and gives instant relief to the patient, also avoid the recurrence of disease. So it is the most effective therapy in Sciatica.

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**DURVA TAIL MATRA BASTI AN EFFECTIVE TREATMENT IN PARIKARTIKA: A
SINGLE CASE STUDY**

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ABSTRACT

Parikartika is a *Guda-gata vyadhi* related to Ano rectal diseases. This disease has been explained by all *Acharyas* in *Bruhatrayee*. Is the *Nirukti* of *Parikartika* i.e. cutting type of pain observed in *Guda pradasha*^[1]. *Parikartika* is a common painful condition among Anorectal diseases which resembles with fissure in ano. This is a case report of 27yr male patient with complaints of *Guda Pradesha Daha* (burning sensation at anal region), *Sarakta mala pravrutti* (streak like bleeding during defaecation), *Malavasthambha* (constipation) since last 5 days. He was treated with *Durva Tail Matra Basti* for 7 days. He got significant positive relief within 7 days.

KEYWORDS: *Parikartika, Guda-gata vyadhi, Malavasthambha, Durva Tail Matra Basti.*

INTRODUCTION

In *Ayurveda*, *Parikartika* disease has been explained as complications of various diseases like *Vatika jwara*, *Kaphajaarsha*, *Udavarta* and *Garbhini*. As per the classical description of signs and symptoms, the disease *Parikartika* can be correlated with fissure in ano. *Sushruta* has mentioned its name as *Parikartika*, which means cutting type of pain.^[2] Fissure-in-ano is a most troubling and painful condition found in majority of population irrespective of gender. This happens due to secondary life style, irregularity of diet, consumption of spicy and pungent food, faulty bowel habits and lack of local hygiene can contribute for initiation of this pathology. The cutting pain and burning pain are the cardinal symptoms of *Parikartika*. Hence, we can understand that there is an involvement of *Vata* and *Pitta Doshas*. Due to *Dushit apanavayu*, while passing faces *Guda* develops symptoms like *Gudadaha*, *Sarakta malpravrutti* & *Malavstambha*. *Durva Tail* has been recommended to subsides the immediate pain in fresh wound. *Basti* is a *Shreshta chikitsa* for *Adhobhaga* sharer *Dhoshas*. Hence this study of *Durva Tailmatra basti* for 7 days has been selected for this disease.

A Case report as follow

Age-27 yrs; Sex- Male

Complaints

1. *Gudapradesha daha* (Burning sensation at anal region)
2. *Sarakta mala pravrutti* (Streak like bleeding during defecation)
3. *Malavasthambha* (Constipation)

History of present illness

The patient had history of constipation since last 10 days and from last 5 days he had been suffering from burning sensation at anal region, stool mixed with blood. The pain was unbearable so patient came to hospital for further management.

Examination

| | |
|-----------|--------------------------|
| Pulse | -82/MIN |
| B. P. | -118/82 mm of hg |
| Urine | - 4-6 times/day, normal |
| Motion | -Irregular bowel habit |
| Sleep | -Normal |
| Addiction | - Smoking (since 10 yrs) |

Clinical examination

- Severe spasm
- Tenderness present
- No sign of discharge
- Mild active bleeding

MATERIAL AND METHODS

Disease Review

परिकर्तिकातत्रगुदानाम्मेड्बस्तिशिरसुसदाहपरिकर्तनेमलसंगो
।सु. चि. ३४/१६^[2]

परिसर्वतोभावेनकृन्तान्ततीवच्छिन्नतीववेदना।ड. ३४/१६^[1]

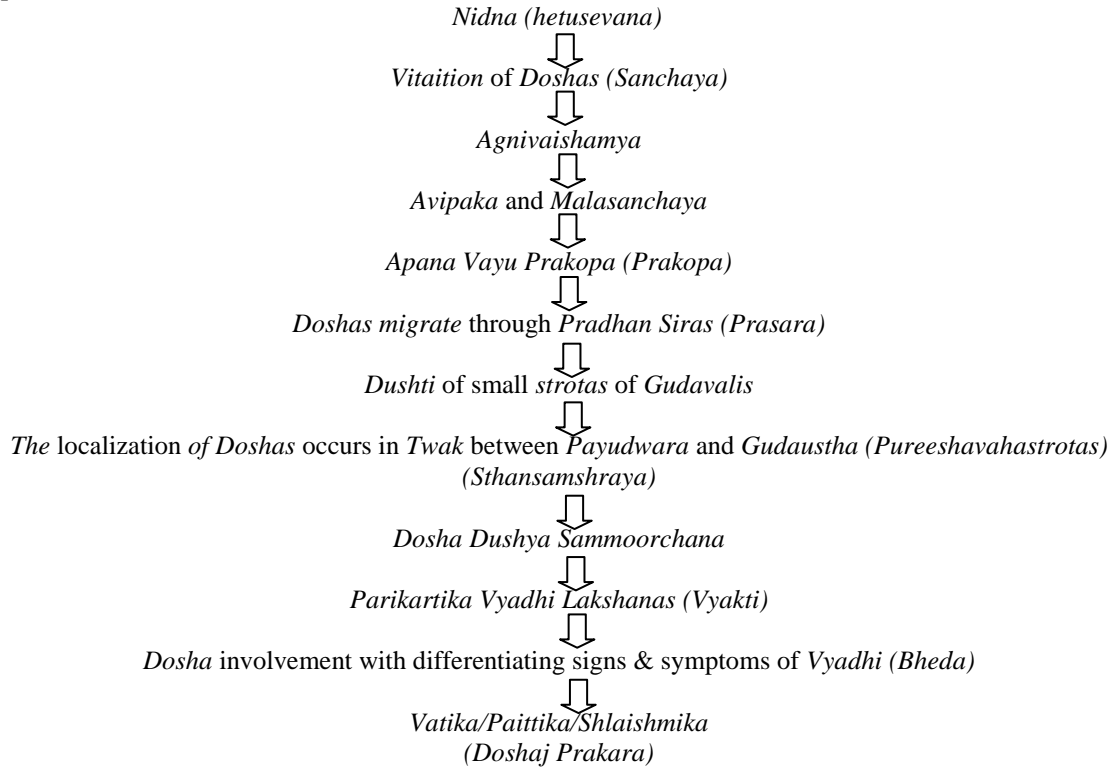
The term *Parikartika* is a condition in which patient experiences a burning sensation of pain as if *Guda* is being cut around with scissor. This disease is characterized by excessive cutting pain around the anus. *Kashyapa* says that *Parikartika* is the one having cutting and tearing pain in *Guda Pradesha*.^[4] In *Madhav nidana* the term *Parikartika* has been used in the description of *Vataja Grahani*. When a person consumes *Sandusta Ahara*, *Alpa Ahara*, *Atitakalin Ahara Sevana* and *Upavasa* by these causes *Vata* gets vitiated and does the vitiation of *Pachaka agni* and produce cutting type of pain in the *Guda pradasha* i.e. *Parikartika* (*Parikartika gude kartanvatpeeda*).

Defination^[5]

1. The term 'fissure' generally denotes a crack or a split or a cleft or a groove. The anal fissure (or fissure-in-ano) has been described as an acute superficial break in the continuity of the anoderm (anal skin) usually in the posterior midline of the anal margin.

2. "An anal fissure appears to be a longitudinal crack in the anal skin, but in reality it is true ulcer of the skin of the wall of the anal canal".
3. "An elongated ulcer in the long axis of the anal canal"^[6] (bailey and love)
4. "The squamous mucosa of the lower half of the anal canal is prone to superficial ulceration, which present clinically as an anal fissure. It is linear ulcer, usually situated in the posterior of the canal."
5. "An anal fissure is a site of chronic ulceration of the skin of the anal canal, often with a haemorrhoid or hypertrophied anal papilla at its upper end."
6. "This is a common disease of the anus which causes an amount of the suffering out of all proportion to the size of the lesion. A fissure consist essentially of a crack in the skin lived part of the anal canal which often shows considerable reluctance to heal".
7. "An abraded mucosa may progress to produce a superficial and fissure".
8. "Examination of the lower half of the anal canal by separation of the buttocks to open up the peri-anal region will reveal the presence of any simple anal fissure as it is located below the dentate line and is always confined to the anoderm in the mid posterior position or mid anterior position".
9. "Fissure in ano is painful linear ulcer in the long axis of the lower third of the anal canal"
10. Anal fissure is very common condition. It is important cause of severe anal pain.

Samprapti Chart



Drug review^[7]

Durva Tail has been prepared by *Durva* With classical *Sneha Kalpana*.

- ❖ *Rasa-* Madhur, Kashaya
- ❖ *Veerya-* Sheet
- ❖ *Vipaka -* Madhur
- ❖ *Gunn -* Laghu



Figure 1: Herbs of *durva*.

दुर्वा: कषायः मधुराश्च शीताः पित्ततृषारोचकवान्तिहन्त्र्यः।
सदाहमूर्च्छाग्रहभूतशांतीश्लेष्मश्रमध्वंसनतृप्तिदाश्च II
(रा.नि)

METHOD

The patient was given *Durva Tail Matra Basti* in the dose of 48ml intra-rectally once a day for 7 days. Also, patient is advised to taken *Triphala churna* with warm water during bed time for *Vatanulomana*.

Assessment criteria

1. *Gudadaha* (Anal Burning)
2. *Gudapeeda* (Cutting pain)
3. *Raktastrava* (Bleeding)
4. Constipation
5. Sphincter tone

Table 1: Results of study.

| Treatment | Dose | Day | OBSERVATION | | | |
|-------------------|------|-----------------|----------------------------------|--------------|--|----------------|
| | | | Burning Sensation At Anal Region | Constipation | Streak like bleeding during defecation | Sphincter Tone |
| <i>Durva Tail</i> | 48ml | 1 st | ++++ | +++ | ++ | ++ |
| | | 2 nd | +++ | ++ | ++ | + |
| | | 3 rd | ++ | ++ | + | + |
| | | 4 th | ++ | + | 0 | 0 |
| | | 5 th | + | + | 0 | 0 |
| | | 6 th | 0 | 0 | 0 | 0 |
| | | 7 th | 0 | 0 | 0 | 0 |

DISCUSSION

In this clinical examination patient started showing regressive improvement with *Durva Tail Matra Basti*. On 3rd day of treatment sphincter spasm, constipation, stool with streaked blood got reduced and on 6th day onwards patient did not show any sign and symptoms of the disease. This improvement was achieved with *Durva Tail Matra basti*. *Durva* has *Madhura & Kashaya*, *Sheeta Veerya*, *Madhur vipaka* and has *Kapha-pitta shamaka* property. *Durva* also has *Vrana Shodhana* and *Vrana ropana* properties that help for healing of anal fissure. *Til Tail* has soothing property and form a thin film layer over them and that allows early epithelization of wound. *Durva* has proven healing, anti-ulcerogenic, anti inflammatory and skin regeneration activity.

CONCLUSION

The use of *Durva Tail Matra basti* has a definite role in the treatment of fissure in ano in terms of cardinal and general symptoms & quick healing of ulcer too. So, on this basis it can be concluded that *Durva Tail Matra basti* showed effective results in the management of *Parikartika* (fissure in ano).

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AYURVED & MODERN PERSPECTIVE OF DENGUE FEVER (DANDAKA JWARA)Rahul Panditrao Surnar^{*1}, Avinash Deshmukh² and Deepali Amle³¹P.G. Scholar ²Associate Professor, ³HOD of Rog Nidan Department
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ABSTRACT

Dengue fever is a Viral disease, which spreads to the people through the bite of an infected Aedes Species (Aedes Aegypti or Aedes albopictus) mosquito. Dengue virus belongs to the family of Flaviviridae, having four serotypes that spread by the bite of infected Aedes mosquitoes. Dengue is common in more than 100 countries around the globe. Modern medicine does not have any specific treatment for this disease. Whatever treatment is available that is based on the signs & symptoms in this disease. In Ayurveda, Dengue fever can be correlated with *Dandaka Jwara*, which means joint pain. Because of this, it is also known as Breakbone fever. As there is no treatment of Dengue fever in modern science, Ayurveda can be very useful in managing the disease. But for this thorough understanding of Dengue fever from both the perspective i.e. Modern as well as Ayurved is necessary.

KEYWORDS: Dengue fever, Dengue Haemorrhagic fever, Breakbone, Dandaka jwar, Serotypes, Aedes Aegypti.**INTRODUCTION**

Dengue fever has been a serious disease in most tropical areas of the world, especially in Asia & Africa, and over the past 20 years, the disease has been considered the most widespread viral infection transmitted by insects. This particular disease has its dominance in Urban areas. The causative agent i.e. Dengue virus is arbovirus from genus Flavivirus.^[1] The virus belongs to the family of Flaviviridae and has four different serotypes (DEN-1, DEN-2, DEN-3, DEN-4).^[2] This virus is transmitted in Tropical & Subtropical areas by the vector- Aedes Aegypti Mosquito.^[3] Dengue is caused by one of the four related viruses: Virus 1,2,3,4. For this reason, a person can be infected with a dengue virus as many as four times in his or her lifetime.^[4] There is no specific treatment in modern science to treat Dengue. Whatever treatment is available, is based on symptoms manifested in Dengue.^[5] In Ayurveda, Dengue fever can be correlated with *Dandaka Jwara*. There is no separate chapter for *Dandaka Jwara*. The Description of *Dandaka Jwara* is given in the parishishta chapter of *Madhava Nidana*.^[6] It has been described that a particular species of Mosquito is the basic cause of spread of the fever called *Dandaka Jwara*. This fever mostly subsides within a week, however it is said to be more dangerous for the children & old people. Symptoms of *Dandaka Jwara* & Dengue fever are very similar to each other.

Study of Dengue fever from Modern & Ayurvedic perspective is very vital in understanding this disease.

3. Modern Perspective (Dengue Fever)**Etiopathogenesis**

Dengue fever affects people from all age group (Children, Adolescents & Adults). The proposed etiologies for Dengue virus infection.^[7]

- Viral replication primarily macrophages.
- Direct skin infection by the Virus.
- Immunological & Chemical –mediated mechanism induced by host-viral interaction.

4. Clinical Features

Transmission of Dengue virus into the humans occur with the bite of a special mosquito named Aedes Aegypti.

4.1 Classic Dengue Fever (Breakbone Fever)

The incubation period is usually 4-6 days (range 3-14 days) followed by abrupt onset of Fever, Chills, Headache, Retro-Orbital pain and Backache.^[8]

The fever is around 39-40° C & is followed by a remission phase lasting for few hours to 2 days, which is again followed by a second febrile phase of 1-2 days (Biphasic Curve).^[9]

Severe Headache, Myalgia, Painful joints, Metallic taste, Loss of appetite, Vomiting & Stomach pain are the reported manifestations.^[10] Dengue is also known as Breakbone fever because of the associated Myalgia & Joint pain.^[11] A transient generalised erythematous rash may also appear during first 24-48 hours.

The physical examination may reveal relative Bradycardia & Lymphadenopathy.^[12]

Leucopaenia & Neutropaenia is observed and Thrombocytopenia may occur due to increased platelet destruction, which contribute to bleeding.

Dengue fever may also be associated with haemorrhage, particularly Epistaxis, GI bleed, Haematuria, Menorrhagia. Dengue Haemorrhagic Fever (DHF) is the more severe form of Dengue fever.

4.2 Dengue Haemorrhagic Fever

Dengue Haemorrhagic fever (DHF) is more frequently observed during the secondary Dengue infection. Primary Dengue infection can also result DHF in infants due to maternally attained Dengue antibodies.^[13]

It is defined as an acute febrile illness with minor or major bleeding, Thrombocytopenia & evidence of plasma leakage & pleural & other effusions.

Susceptibility to DHF falls considerably after 12 years of age. Type 2 is more dangerous than other serotype.

Clinical Features^[14]

- High grade fever (38-40° C) for 2-7 days.
- It has positive tourniquet test.
- Petechiae, easily bruised skin & subcutaneous bleeding at venipuncture sites are present.
- Transudate due to excessive capillary permeability collects at the pleural & abdominal cavities.

4.3 Dengue Shock Syndrome^[15]

DSS is defined as DHF with the signs of circulatory failure, including narrow pulse pressure (30 mm of Hg), Hypotension or Frank shock.

The four warning signs of impending shock are:

1. Intense, sustained Abdominal pain.
2. Persistent Vomiting.
3. Restlessness or Lethargy
4. Sudden change from fever to hypothermia with sweating & prostration.

Patient may recover rapidly after volume replacement but shock may recur during the period of excessive capillary permeability.

5. Diagnostic Tests^[16]

Laboratory tests for confirming Dengue virus infection may involve detection of the virus, Viral nucleic acid, antigens or antibodies, or a combination of these techniques.

After the onset of illness, the virus can be detected in serum, plasma, circulating blood cells & other tissues for 4-5 days. During early stage of the disease, Virus isolation, nucleic acid or antigen detection can be used to diagnose the infection. At the end of the acute phase of

the infection, serology is the method of choice for diagnosis. IgM antibodies capture ELISA (MAC-ELISA) is especially useful in the diagnosis of recent infection.^[17] IgM antibodies are relatively specific for Dengue, but do not distinguish between various serotypes.

6. Treatments^[18]

Treatments of Dengue fever is symptomatic with paracetamol, rest & oral rehydration therapy.

In DHF the careful and repeated estimation of volume status and fluid replacement are the cornerstone in the management.

Dengue patients should preferably receive SDAP (Single donor apheresis platelets) as compared to RDP (Random donor platelets) to lower the risk of alloimmunisation, in case of severe Thrombocytopenia.

7. Ayurved perspective (Dandaka Jwara)

In Ayurveda, *Jwara* is considered as an important disease. It is an independent disease and also found in association with other diseases. *Jwara* as per Ayurveda, occurs due to *sharir & manas* doshas. *Sharir doshas* like *Vata, Pitta, Kapha* and *manas doshas* like *Raja & tama*. There are various types of *Jwara* mentioned in Ayurveda.

Dengue fever can be correlated with *Dandaka Jwara*. In Ayurveda there is no separate chapter of *Dandaka Jwara*, the description of *Dandaka Jwara* is given in the parishista chapter of *Madhava Nidana*.

Symptoms of *Dandaka Jwara* are similar with the *Vata-Kaphaj & Sannipataj Jwara*.

8. Purvarupa of Dandaka Jwara^[19]

Purvarupa of *Dandaka Jwara* as mentioned in Ayurveda are

- Angamarda
- Klama
- Aruchi
- Avasad

9. Rupa of Dandaka Jwara^[20]

Pupa (signs & symptoms) of *Dandaka Jwara* are:

- Severe breaking pain in the Bones & Joints.
- Swelling & tenderness over joints.
- Symptoms of common cold (Pratishyaya) like – Cough & Soar throat or Throat pain.
- Rise and Fall of Fever.

10. Treatments

As there is no treatment for Dengue in modern science Ayurveda can be very useful for providing an effective treatment and management of this disease. Ayurveda treatments particularly puts emphasis on strengthening the immune system and keeping the temperature of the body under control.

Ayurveda medicines will not only help in treating the symptoms like Jwara (By giving Jwarahar medicines) , Shoth(By giving Shothahar medicines) , Vedana(By giving vedanahar medicines) But also it will boost the immune system of the patient by giving him Balya & Rasayana medicines.

11. CONCLUSION

Dengue is posing a great challenge in front of our health care sector. As there is no effective treatment available in modern science to cure dengue. Chances of mortality with this disease increases manyfolds. By understanding the Ayurved aspect of this fever, it will be of much help in managing the patients of dengue. Ayurved medicines could be a game changer in the management of Dengue. So, understanding of Dengue fever from both the prespective i.e Modern as well as Ayurved is of prime importance in managing the disease more effectively.

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CORRELATION OF MAHASHWASA WITH KUSSMAUL'S BREATHING W.S.R. TO KETOACIDOSIS.

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ABSTRACT

In Ayurvedic literature Shwasa vyaadhi is explained. There are five types of Shwasa. Mahashwasa is one of them. it present as serious type. The lakshana of shwasa ucchhehi shwasiti, pranashtadnyana, vibhranta lochana, vikrutaakshoanano, vishirnavaaak, din, prashwasitam are represents the seriousness of disease, in DKA due to excessive concentration of ketone in blood the signs and symptoms can be correlated with symptoms of Mahashwasa. I have studied in detail mahashwasa, kussmal breathing, in DKA I found significant correlation.

KEYWORDS: Mahashwasa, kussmauls breathing, ketoacidosis.

INTRODUCTION

Pranavaha strotasa is vitiated in severe disease of other systems. In DM which is vyaadhi of medovaha strotasa when Diabetes ketoacidosis is one of the most serious and acute diabetes complications occurs pranavaha strotasa is vitiated. Ultimately, at the time of presentation and during diabetic ketoacidosis (DKA) treatment, multiple metabolic and electrolyte derangements may result in breathing compromise. In mahashwasa lakshnas similar to kussmauls breathing which is found in severe systemic disease like ketoacidosis (major cause of ketoacidosis Is uncontrolled DM) therefore I have decided to correlate mahashwasa with kussmaul breathing.

AIM AND OBJECTIVES

AIM

Correlation of Mahashwasa with Kussamauls breathing w.s.r. to Ketoacidosis.

OBJECTIVES

To study Correlation of Mahashwasa with Kussamaul breathing w.s.r. to Ketoacidosis.

MATERIALS AND METHODS

For the present review detailed literary study performed. The detailed content and referances are analysed from available text. Principle text referred are charaka samhita, sushruta samhita, vagbhata samhita and other samhita. Revalent references are taken from other modern books. some other Ayurvedic books also referred.

MAHASHWASA NIDAN^[1]

Kapha dosha janaka Nidanas of Shwasa roga includes Nishpava (flat pea), Masha (black gram), Pinyaka (residual part left after extraction of Sneha from seeds), Tila taila (sesam oil), Pishta(food prepared from rice flour), Shalooka (root or stalk of lotus), Vistambhi (food causing constipation) such as Kareera (bamboo shoot), Vidahi (substances causing sensation of burning) such as Maricha (burning)). Jalaja mamsa (meat of aquatic animals), Anoopamamsa (meat of animals living in marshy land), Dadhi (intake of curd), Ama ksheera sevana (intake of unboiled milk), Abhishyanda (one that increases secretion) and Dalhana are of the opinion of Matsya (fish), Masha (black gram), Phanitha (semi-boiled sugarcane juice) etc. Cha sevanath shlemajanam). Jalaja mamsa (meat of aquatic animals), Anoopamamsa (meat of animals living in marshy land), Dadhi (intake of curd), Ama ksheera sevana (intake of unboiled milk), Abhishyanda (one that increases secretion) and Dalhana are of the opinion of Matsya (fish), Masha (black gram), Phanitha (semi-boiled sugarcane juice), etc. Cha sevanath Shlemajanam(all food items that causes increase of Kapha Dosha), Kantorasaha pratheghatat (injury to the throat and chest region). Along with above nidana, Astanga sangraha has added Vamathu^[2] (vomiting) as Nidana of Shwasa roga. Apart from above Nidanas Charaka mentions Visha (poison) as Nidana of Shwasa roga.

SAMPRAPTI^[3]

Samprapthi or Pathogenesis of Shwasa roga according to Bruhatrayees can be traced as follows. Shwasa roga results due to Vata Prakopa in Pranavaha srotas. This is resulted due to Ura-sthitha kapha causing obstruction to Gathi of Vata leading to Pranoparodha. Shwasa roga results in Pranavaha srotas, owing to Vata Prakopa. It travels all over the Pranavaha srotas (breathing system) as a squeal, manifesting with difficulty in breathing. Tridoshas are involved in pathogenesis. An analysis into the Sthana of manifestation of Shwasa roga and inference on possible Doshas involved shows, involvement of Prana and Udana vata in

pathogenesis along with Avalambaka kapha, Shleshaka kapha and Pachaka pitta.^[3]

Arunadatta regards Shwasa as Amashaya samudhbhava vyadhi^[4] (25) (Amashaya origin). Charaka emphasizes that Pranavaha and Udakavaha srotas are involved in this disease. Further Acharya Charaka regards Shwasa as Pittasthana-vyadhi.^[5] (27) In this context Chakrapani comments Pittasya urdhwa sthana sambandha.^[6] (28) This points to Urdhwa Amashaya's involvement.

POORVAROOPA^[7]

Poorvaroopa (prodromal symptoms) of Shwasa roga includes Anaha (abdominal dissention), Parshwa shoola (pain in the flanks), Hrudaya peedana (a feeling of compression in cardiac region), Prana vayu vilomathva (impairment in breathing at onset of Shwasa roga).

ROOPA

उद्धूयमानवातो यः शब्दवहुःखितो नरः।
 उच्चैः श्वसिति संरुद्धो मत्तर्षभ इवानिशम् ॥४६॥
 प्रनष्टज्ञानविज्ञानस्तथा विभ्रान्तलोचनः।
 विकृताक्ष्याननो बद्धमूत्रवर्चा विशीर्णवाक् ॥४७॥
 दीनः प्रश्वसितं चास्य दूराद्विज्ञायते भृशम्।
 महाश्वासोपसृष्टः स क्षिप्रमेव विपद्यते ॥४८॥
 इति महाश्वासः ॥^[8]

Owing to the upward acceleration of agitated vayu a patient takes deep breath (Uccha Shwasa), which is constantly synonymous with loud sound like an angry horse, leading to obstruction to the respiratory tube. He loses his physical and mental senses, distorts his eyes and face, suffers from anemia and constipation, his voice is low, he loses his mental stamina and His heavy breathing is noticeable even from a distance this ailment is called mahashwasa a patient suffering from this instantaneously succumbs to death.^[8] This can be mentioned by Vibhrantha lochana as chanchala netra by Madhukosha^[9] (not set eyeballs), Visheerna vak commented by Chakrapani as Manda vachana (talks gradually with low tone), Deenaha (distressed), Nis- samjna commented by Dalhana as Chethana rahitaha (decreased consciousness), Pransta vijnana (loses consciousness of self and environment), Baddha varcha mootra (constipation and leakage of urine). Sushruta added Parshwa shoola (pain in flanks), Shushka kanta (dryness in throat region), Ati- ghosha^[10] (loud breath sound) among

Lakshanas. Astanga hrudaya mentions Sushka kanta (dryness in throat region), Muhu muhu karna-shankha-shiro-atiruk^[11] (frequent pain in ear, temporal region and head).

DIABETIC KETOACIDOSIS

Diabetes mellitus (DM) refers to a group of common metabolic disorders which share a phenotype of hyperglycemia.^[12] Ketoacidosis is a high anion gap in metabolic acidosis due to an excessive concentration of ketone (keto-anion) in the blood. Ketone bodies (acetoacetate, beta-hydroxybutyrate, acetone) are released into the blood from the liver when hepatic lipid metabolism has shifted to increased ketogenesis. There is a relative or absolute insulin deficiency in all cases. Diabetic ketoacidosis (DKA) and hyperosmolar hyperglycaemic condition (HHS) are potentially life-threatening complications in patients with diabetes mellitus that are two peaks in the continuum of uncontrolled diabetic status. DKA exists predominantly in people with type 1 diabetes, while HHS is seen in patients with type 2 diabetes under certain circumstances.^[13]

PATHOPHYSIOLOGY

The underlying metabolic abnormality in both DKA results from combining absolute or relative insulin deficiency with increased counter-regulatory hormones. Under DKA, insulin shortage and subsequent glucagon excess facilitate gluconeogenesis, glycogenolysis and the development of ketone body in the liver. The combination of insulin deficiency and hyperglycaemia reduces hepatic levels of fructose 2,6-bisphosphate, which alters the activity of phosphofructokinase and fructose 1,6-bisphosphate. Glucagon excess decreases the activity of pyruvate kinase, whereas insulin deficiency increases the activity of phosphoenolpyruvate carboxykinase and, thus, promoting gluconeogenesis. Ketosis results from marked increase in free fatty acid release from adipocytes secondary to insulin deficiency and increases ketone body (acetoacetate and β -hydroxybutyrate) formation in the liver through activation of carnitine palmitoyltransferase I secondary to hyperglucagonaemia.

CAUSES

Infections, especially pneumonia and urinary tract infection, remain the most common precipitating factor in the development of DKA. The first appearance of DKA can also be in patients with type 1 diabetes. Young patients with repeated episodes of DKA may have an underlying eating disorder, or may use insufficient insulin for fear of causing weight gain.

CLINICAL FEATURES OF DKA

usually develops in younger, lean type 1 diabetes patients and develops within a day.

Predominant signs of DKA include nausea and vomiting, extreme fatigue, likely excessive urine production, and severe abdominal pain.

Breathing is laboured in extreme DKA and has a dark, gushing character known as 'Kussmaul breathing.'

The abdomen can be delicate to the extent where an acute abdomen, such as acute pancreatitis, appendicitis or gastrointestinal perforation, may be suspected.

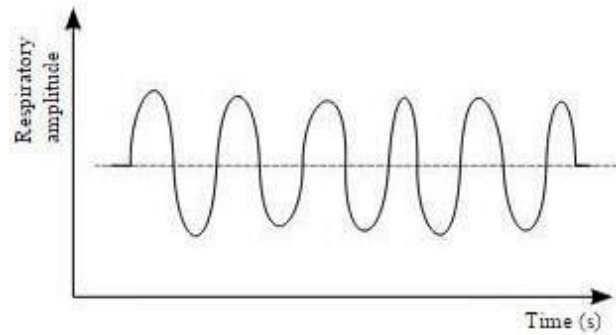
In DKA there is a 'ketotic' odor, sometimes defined as 'fruity.' This is expressed in an increased respiratory rate when Kussmaul respiration is present.

KUSSMAUL BREATHING

Metabolic acidosis would usually produce a respiratory response. Reducing serum bicarbonate and pH can result in hyperventilation and reduction of carbon dioxide (CO₂), partly preventing further reductions in pH and concentration of bicarbonates. Respiratory treatment for metabolic acidosis will result in a reduction in arterial CO₂ by 1.2 mmHg per 1 meq / L serum bicarbonate fall^[14] The respiratory response usually starts within 30 minutes of metabolic acidosis and is typically complete within 12-24 hours. However, a delay in respiratory compensation may occur when respiratory acidosis progresses rapidly; more than 4 meq / L of bicarbonate decreases within 6-12 hours. There is a limit to the capacity of the lungs to resist metabolic acidosis. Also at concentrations of serum bicarbonate below 6 meq / L, CO₂ levels can not fall below 8-12 mmHg.^[15] In addition, respiratory muscle exhaustion restricts the duration of the breathing compensation. Tachypnea initially occurs in patients, increased respiratory rate, which results in a decrease in CO₂ concentration. As acidosis progresses, the respiratory pattern evolves into hyperpnea, which raises the tidal volume, and eventually patients may develop a heavy, quick, and agonal breathing pattern called Kussmaul's breathing.^[16] Kussmaul respiration is a deep and laborious breathing pattern often associated with severe metabolic acidosis, particularly diabetic ketoacidosis (DKA), but also kidney failure.

Kussmaul breathing is a type of hyperventilation that is the lung's emergency response to acidosis. Kussmaul breathing causes a labored, deeper breathing rate. When the body

produces or ingests too much acid; or the kidneys or lungs are failing, blood acid levels increase. If the blood becomes too acidic, acidosis occurs, and the body takes action to restore the imbalance. The lungs can remove more acidic carbon dioxide (CO₂) than average, by using deeper, longer breaths.^[13]



DISCUSSION

Lakshanas of mahashwasa are similar to or match with kussmauls breathing symptom of DKA. Pranashtha dnyana vidnyan of mahashwasa is can be correlated with drowsiness in DKA with kussmauls breathing.

Vibhraantlochana can be correlated with anxious look of patient in DKA with kussmaul's breathing.

Vikrutaakshaanano can be correlated with dehydration causing sunken eyes in DKA with kussmaul's breathing.

Baddhavarcha of mahashwasa patient can be correlated with constipation in DKA patient with kussmaul's breathing.

Vishirnavaak can be correlated with due to severe debility, volume of voice is loud in DKA with kussamaul's breathing.

Din can be correlated with anxious look.

Prashwasitam can be correlated with increased respiratory rate in kussmaul's breathing of DKA patient.

CONCLUSION

From above discussion it is concluded that mahashwasa lakshanas are similar to kussmaul's

breathing of DKA. Therefore Mahashwasa can be correlated with Kussmaul's breathing w.s.r. to DKA.

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CONCEPTUAL STUDY OF ASHAYAPKARSHA GATI IN SHITPITTA VYADHI

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ABSTRACT

In Ayurveda, the actual intrinsic factors for Samanyaj Vyadhi are Vata, Pitta and Kapha. These Doshas are susceptible to imbalance and vitiation. In this vitiation or imbalance Doshgati plays important and vital role. Gati means movement and the word Dosh Gati implies movement of Doshas. Types of Dosh Gati are of four types, Koshtha- Shakha -Marmasthisandhi Gati, Vruddhi-Kshaya-Sthana Gati, Urdhwa-Adha-Tiryaka Gati and Ashayapkarsha gati. Here Ashayapkarsha means displacement from original place. In this, the vitiated vata dosha displaces normal pitta or kapha from its place. This displacement of pitta and kapha from its place causes various disorders due to imbalance of pitta and kapha. Shitpitta i.e. 'Shita' and 'Pitta' which indicates that these is mainly vitiation of 'Vata and Pitta Dosha' in manifestation of 'Shitapitta' but Shitapitta' having 'Vatika Dominency'. 'Prakupita Vata and Kapha {Pradushtau Kapha Marutau} due to 'Shita Marutadi Nidana {Shita Maruta Samsparshat} – when being

INTRODUCTION

According to aim of Ayurveda, knowledge of Dosha (functional forces or factors) is important. Tridosha defines the three fundamental energies or principles which govern the function of our bodies on the physical and emotional level. The three energies are known as Vata, pitta, and Kapha.^[1] In normal state, they help in the proper functioning of the body, but in abnormal state, they surely afflict the body by causing various kinds of disorders.^[2] Pittena Saha Sambhooya spreads internally and externally {Bahir-Antah Visarpatah} and resulted in to 'Shitapitta i.e Ashayapakarsha Gati. This review of literature highlights study of Ashayapakarsha Gati in Samprapti of shitapitta.

The disease produced at a place in the body where Pitta, Kapha are taken by Vata is same as the rain that occurs at the place where clouds are taken by the wind.^[3] When Doshas are in Pravrudhha (increased) and Kshina (decreased), symptoms of Doshas are found to be in hyper-state and hypo-state respectively which is useful in assessment.^[4] All the movements and activities in the body, take place due to Vata. Vata is the key force behind the physiological and pathological movement of the body elements. The disease produced at a place in the body where Pitta, Kapha are taken by Vata is same as the rain that occurs at the place where clouds are taken by the wind. Doshagati is nothing but different Awastha (states) such as Kshaya, Vruddhi (vitiated),

etc. Types of Doshgati are of four types, Koshtha-Shakha-Marmasthisandhi Gati, VruddhiKshaya-Sthana Gati, Urdhwa-Adha-Tiryaka Gati^[5] and Ashayapakarsha gati. Ashayapakarsha means displacement from original place. In this, the vitiated Vata Dosha displaces normal Pitta or Kapha from its place. Knowledge of Doshagati are important for proper diagnosis and treatment^[6]. Normally Doshagati occurs two times in a day.^[7,8] 'Madhavakara' described 'Shitapitta' and Udarda' as synonyms of each other [M. N. 50/41]; but then he quoted that 'Shitapitta' having 'Vatika Dominency' while 'Udarda' having 'Kaphaja Dominency' [M. N. 50/4]; and also mentioned specific character of 'Udarda' as 'Mandala' {rashes} having inflamed edges with depressed center [M. N. 50/5]. In the classics 'Kotha' has been described as the 'Itchy red rashes covering major part of skin and chronic in nature' [M. N. 50/6]. Though these three 'Shitapitta', 'Udarda' and 'Kotha' has been described as different entities, but they can be considered as different types of the 'Shitapitta' or 'Urticaria' as they all having same cardinal symptom i.e. 'Itchy red rashes on the skin' [M. N. 50]. Starting from 'Nidana Sevana' to the 'Vyakti' of symptoms of disease. 'Prakupita Vata and Kapha {Pradushtau Kapha Marutau} due to 'Shita Marutadi Nidana {Shita Maruta Samsparshat} – when being mixed with 'Pitta' {Pittena Saha Sambhooya} spreads internally and externally {Bahir-Antah Visarpatah} and resulted in to

'Shitapitta

If the shitapita Samprapti is studied as a Ashayapkarsha gati as vitiation of Vata and Kapha Dosha in Pitta Sthan where Pitta is Prakrut, but Lakshanas are of Pitta Dosha Prominently. Then only the Chikitsak can plan treatment accordingly.

Aim :-

Conceptual study of Ashayapkarsha Gati w.s.t. Samprapati Vivechan of Shitapita.

Objectives:-

1. To study literature meaning of Gati, Ashayapkarshgati, shitapita Samprapti.
2. To correlate sitapita Samprapti and Ashayapkarshgati of Dosha.

REVIEW OF LITERATURE

Concept of Dosha The factors which are not only capable of vitiation but also having the nature of vitiating other factors of the body are known as Dosha.

1. Vata dosha⁽⁹⁾- word Vata is derived from 'Va' dhatu which indicates Gati –any movement or Gandha –smell. So the element in the body which performs all movements is termed as Vata.

2. Pittadosha - The word Pitta is derived from 'Tap' which is related to Santap-heat which is responsible for every form of digestion in the body.

3. Kapha dosha- The etymological derivation of the word Shlesama is formed from 'Shlish' which means being in close contact as in an embrace, to be in very close proximity which indicates conjugation between two cells or molecules in the body to form any structure.

Concept of Doshagati –

क्षयः स्थानं च वृद्धिश्च दोषाणां त्रिविधा गतिः ।
ऊर्ध्वं चाधश्च तिर्यक्च विज्ञेया त्रिविधाऽपरा । | ११२ | ।
त्रिविधा चापरा कोष्ठशाखामर्मास्थिसन्धिषु ।
इत्युक्ता विधिभेदेन दोषाणां त्रिविधा गतिः । | ११३ | ।
च. सू. १७\११२,११३.^[10]

Gati means movements. So Doshagati means the movement of Dosha. Chakrapanidatta stated that Doshagati is nothing but different Awastha (states) such as Kshaya, Prakopa (vitiated), etc.^[10] Doshagati is a condition characterized by variation in the sites of Dosha depending on its equilibrium or unequilibrium state. In Equilibrium state, Doshas are present in their own site and performing normal functions whereas in unequilibrium state, Doshas are in hypo-state or hyperstate. Doshagati occurs in Roga-Marga (pathway of diseases) which^[11] includes Shakha (Sharirdhatus or body tissues excluding the Rasa Dhatu or plasma and including the Twak or skin), Koshttha (hollow organs and cavernous spaces or cavities of body) and Marma (vital organs). Dosha needs different treatment as per its site i.e. Koshtthadi Sthanam (places like Koshttha). So the knowledge of signs and symptoms is important for deciding proper line of treatment.^[12]

Prakruta (Physiological) and Vikruta (Pathological) Doshagati-

In Prakruta Doshagati, Doshas are in equilibrium state and are present in their own site in the body so they perform their normal functions. But when these Dosha get vitiated, Doshagati becomes Vikruta.^[13]

Vruddhi, Kshaya, and Sthana (Normal)

Gati- Diminution either in quantity or quality or action of Dosha or a combined diminution is considered as Kshaya^[14]. Increase either in quantity or quality or action of Dosha or a combined diminution is considered as Vruddhi. Sthana (place) refers to normal state of Dosha which maintains the physical and mental health. Kshayadi Gati describes specific Awastha of Dosha.^[5]

Urdhwa (Upward), Adha (Downward), and Tiryaka (Oblique) Gati- Movements of vitiated Doshas in upward or downward direction to manifest disease are called as Urdhwa, Adha Gati respectively.^[5] The movement of Dosha in oblique (Koshtha to Shakha) or transverse direction is known as Tiryaka Gati.

Koshtha, Shakha, and Marmasthisandhi (Vital Organs and Joints) Gati- Whenever the vitiated Doshas travel and get lodged in any of the three loci and manifest disease then the movement responsible is termed as Koshtha, Shakha or Marmasthisandhi Gati.^[5]

Ashayapakarsha Gati :-

प्रकृतिस्थं यदा पित्तं मारुतः श्लेष्मणः क्षये |
स्थानादादाय गात्रेषु यत्र यत्र विसर्पति | | ४५ | |
तदा भेदश्च दाहश्च तत्र तत्रानवस्थितः |
गात्रदेशे भवत्यस्य श्रमो दौर्बल्यमेव च | | ४६ | |
च. सू. १७/४५, ४६. [15]

Ashayapakarsha means displacement from original place. In this, the vitiated Vata Dosha displaces normal pitta or Kapha from its place. This displacement of pitta and Kapha from its place causes various disorders due to imbalance of pitta and Kapha. The sites of pitta and Kapha

become vacant, thus producing deficiency symptoms there in. In Ashayapakarsha, it is important to note that the pitta and Kapha are normal and not vitiated. It is the vitiated. Vata that displaces normal pitta and Kapha out of their places. Generally Ashayapakarsha is initiated by vitiated Vata Dosha. Vata aggravated due to the depletion of Kapha pulls or pushes normal pitta from its normal site¹⁵.

Concept of Shitapitta-

Nirukti of Shitapitta-

There isn't any 'Vyutpatti' or 'Nirukti' for 'Shitapitta' available in any texts. But it comprises of two words i.e. 'Shita' and 'Pitta' which indicates that these is mainly vitiation of 'Vata and Pitta Dosha' in manifestation of 'Shitapitta'.

PATHOGENESIS OF SHEETPITTA-

'Nidana' means the causative factors of disease. 'Nidana' having three effects in pathogenesis of disorder in pathogenesis of disorder i.e.

- Dosha Prakopa
- Dushya Dushti and

- Sroto

Vaigunya.

.वरटीदृष्टसंस्थानः शोथः सञ्जायते बहिः |
सकण्डूस्तोदबहुलश्छर्दिज्वरविदाहवान् | | ३ | |
उदरमिति तं विद्याच्छीतपित्तमथापरे |
वाताधिकं शीतपित्तमुदरस्तु कफाधिकः | | ४ | |

Pathogenesis of sheetapitta is because of etiological factor Vata Dosha got prakopa and in turn leads to the vitiation of Pitta Dosha and Rakta Dushti, further spreading to extremities and leading to the manifestation of wheals (maculopapular

rash), the sheetapitta.[16-17] The role of Vata Dosha in the manifestation was done by the presence of symptoms like dryness, pain and aggravating factors like exposure to the cold climate. Similarly, the role of pitta in the manifestation was done by the presence of symptoms like burning sensation and presence of itching indicates involvement of Kapha in the manifestation.

Concept of Samprapti of shitapita-

"Sheeta Maaruta Samsparshat Pradustou Kapha Maruthou"

"Pittena Saha Sambhooya Bahirantah Visarpatah"

"Bahiranthah Iti Bahi Twachi Antah Shoonitadou"

The impaired (vitiated) Vata, Pitta and Kapha being mixed up with one another lead to the formation of Amadosha very much like the yielding of toxic substance and cause pathological symptoms of Sheetapitta.

"Anye Doshebhyo Evathi Dushtebohyo Annonya Moorchanath" "Kodravebhyo Vishasya Eva Vadantyamasya Sambhavam"

1) Due to Sheetamaaruta Samsparsha Vata and Kapha are concomitantly vitiated in the body and they mix with Pitta Dosha (which is already provoked due to its own causative factors). The vitiated Tridoshas spread internally into Raktadi Dhatus, take Sthana Samshraya in the Twak and thus manifestation of the disease Sheetapitta will take place.

2) In fact Dalhana points out the possibility of manifestation of Sheetapitta due to suppression of the urge for vomiting. Here it is imperative to deal with the mechanism of Chardinigrahana leading to cause

Sheetapitta. Chardi occurs when the aggravated Kapha and Pitta move upwards by the Udana and Vyana Vayu¹⁸. Vamana eliminates Dushita Anna, Apakwa Pitta and Kapha from the body . Due to improper emesis or suppression of the urge for vomiting, the aggravated Kapha and Pitta will be retained and accumulate in the body as Ama. (Mala Sanchaya Roopi). "..... Kechit Malasanchayath" (Madhukosha of M.N.).

The term Mala used here applies to Kapha and Pitta which are not properly eliminated. Malas by definition encompass a variety of substances, produced in both normal and abnormal functioning of the body. By implication, vitiated Doshas are also included under the term Mala. In this connection Acharya Sushruta holds the point of view that, due to Chardi Nigraha, Vayu, in combination with aggravated Pitta and Kapha enters into the Tiryag Siras (vessels) which are transversely spread (Sirah Samprapadhyā) and reaches Bahya Roga Marga (Samudduya Bahya Margam Prati). The regions of the skin, in which these above said morbid diathesis are deposited, produce Mandalas.

DISCUSSION -Ayurveda is designed for healthy and long lifespan. Dosha are basic principle of Ayurveda. and Doshagati is very important principle as it plays very important role in treatment. Movement of Dosha is called Doshagati. All the movements and activities in the body, take place due to Vata. Vata is the key force behind the physiological and pathological movement of body elements. Pitta, Kapha, Malas, Dhatus are all lame. They don't have independent movement in the body.

They move from one place to the other only when mobilized or motivated by Vata. The knowledge of Ashayapkarsha will help the physician in understanding the pathological states of Doshas in a proper way to differentially diagnose the conditions and to implement comprehensive treatment. In Sheetpitta as per Ayurvedic science is a Tridoshaja Vyadhi. Initially, after Nidaan sevana (etiological factors) vitiation of Kapha and Vata takes place then they start to spread out in the whole body both externally and internally by mixing with Pitta. The Tridoshas travelling internally causes Dushti (pathogenesis) of Rasa and Rakta Dhatus after that Rasa vaha and Rakta vaha Sroto dushti occurs these on reaching to Vigna Twaka (sensitized skin) produce symptoms like Toda, Daha, Kandu, etc. Knowledge of Doshagati is also useful in deciding the line of treatment.

CONCLUSION

Charakacharya enriched Ayurveda with the knowledge of Doshgati. Its diagnostic and therapeutic usefulness with entirety is mentioned in Ayurvedic classics. Health can be summarized as Prakrut Gati of Doshas and Vikrut Gati defines illness. We cannot determine the nature of health without accounting Doshgati. The proper knowledge of Doshgati helps us to modify the daily & seasonal regimen. Diagnosis and treatment of any disease cannot be complete without considering Ashayapkarsha Gati. So knowledge of Doshagati is very important in present era and in practice also.

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STUDY OF SAMPRAPTI BHED IN RAJYAKSHMA WITH SPECIAL REFERECE TO CHATURVIDH YAKSHMA HETU

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ABSTRACT

Ayurveda - "science of life" is considered as the traditional system of medicine of India. The aim of this system is to prevent illness, heal the sick and preserve life. For the fulfillment of second aim of Ayurveda, it is necessary to diagnose the disease. It is not possible to cure a disease without proper diagnose. That is why Ayurveda has been described "Trisutra Ayurveda i.e. Hetu, Linga and Aushadha". Rajayakshma is a Madhyama Rogamarga Vyadhi manifested Shosha. Due to indulging in Sahasa, Vega Sandarana, Kshaya, Vishamashana, there is the manifestation of Ekadasha Rupa where it affects the Tridosha and Sapta Dhatu. Ayurveda classics gives importance to Nidana because it is a Sarva Tantra Siddanta that effect will always be going to imitate the cause i.e. Karya Karana Bhava. Before understanding Chikitsa the knowledge of Nidana and the Samprati is very necessary. Chikitsa is nothing but the Nidana Parivarjana and Samprapti Vighatana. Rajayakshma is an unique disease the classification of disease has been done on the basis of Nidana and Samprapti. According to the involved Nidana as Rajayakshma devided as Sahasajanya Rajayakshma, Vega Sandarana janya Rajayakshma, Kshaya janya Rajayakshma, and Vishamashana janya Rajayakshma. As per the process of disease Rajayakshma is classified as anuloma Kshaya and Pratiloma Kshaya.

Key words: Rajayakshma, Samprapti, Nidana, Sahasa, Sandharana, Khaya, Vishamashana.

Introduction

According to Ayurveda, health is defined as the state where physical body, senses, and psyche are in original or natural state with respect to body and function⁽¹⁾. The imbalance state of all those are known as Dhatu Vaishamy. There are so many diseases (Vyadhi) have been described in Ayurveda. Rajayakshma is also one of them. Rajayakshma is considered as king of all diseases⁽²⁾. Rajayakshma is group of diseases gets manifested with the vitiation of Tridosha and Sapta Dhatu. Due to indulging in Sahasa, Vega Sandarana, Kshaya, Vishamashana, there is the manifestation of Ekadasha Rupa.⁽³⁾ In modern era Shosha is considering as tuberculosis. It is a major public health problem. In India due to the Environmental Changes, Changes in Behavioural Dietic Habits, Poor Quality Of Life, Population Explosion, Under Nutrition, and Lack of Awareness about cause of disease and Modern Life Style. The causes and path of disease are changed in their pattern. The definition of Chikitsa explained by Acharya Charaka is perfectly applicable in case of Rajayakshma. He says that the treatment of disorders should consist of such as Treatment is given with the objective of ensuring that no discordance will arise in the Dhatus and there is continuance of their concordance⁽⁴⁾.

Aim and Objectives: Aim

Study of Samprapti Bheda in Rajayakshma with special reference to Chaturvidh Yakshma Hetu

Objectives

1. To explore Yakshma Hetu and Samprapti in detail.

2. To enlighten the basic concept of Nidana and Samprapti of Rajayakshma to its full perspective.

Material and methods

1. References of Rajayakshma from various Samhita like Charaka, Sushruta, Vagbhatta etc.
2. Compilation of information about Rajayakshma from Samhita, relevant books, journals, and modern science has been made.

Rajayakshma Bheda

(A) On the basis of etiological factors – Chakrapani opines that according to the etiological factors

- Rajayakshma can be classified into 4 types
1. Sahasaja Rajayakshma
 2. Sandharanaja Rajayakshma
 3. Kshayaja Rajayakshma
 4. Vishmashanaja Rajayakshma

Nidan⁽⁵⁾

वेगरोधात् क्षयाच्चैव साहसद्विषमाशनात् ।
द्विदोषो जायते यक्ष्मा गदो हेतुचतुष्टयात् ॥ मा. द्धन. १०/१

After going through all the classics, it is found that there are four major causes of Rajayakshma that can cause the disease singly or combinedly. These are Sahasa, Vega Sandharana, Kshaya and Vishamashana.

1) Sahasa –

It means excessive and strenuous work or fight or exercise beyond one's capacity. Weak person fight with strong person, Hardworking with exertion, Excessive talkative/speaks too much Swims in water for long distance, Forceful massage, Application of pressure by feet, Runs fast to cover a long distance, indulging such other regimens, excessive physical exercise, studying for long duration, Fasting, Carries heavy weight,

Injury, Heavy vehicle raiding following down from, height any other type of injury (6). Due to these in excesses vitiates Vata that affects the Kapha normally residing in Urha Pradesh vitiates Pitta moves upwards side wards and downwards.

2) Vega Sandharana –

This means suppression of natural urges for defecation, micturition etc. the person who are in front of king attending meeting with wise peoples, while travelling high or low vehicle, in front of female. Than Vata gets aggravated, this aggravated Vata will vitiates Pitta and Kapha(7).

3) Kshaya –

Kshaya means depletion. Acharya Sushruta has described it as the synonym of Shosha and explains that the loss of capability of body todo work is called Kshaya(8). Gangadhara comments that in Rajayakshma it refers to depletion of Rasa Dhatu and Shukra while Yogendranath says that it refers to depletion of Shukra, Oja and Sneha. This may be because Rasa and Oja are taken as synonyms. According to both Acharya Charaka and Acharya Sushruta this depletion of Dhatus can take place by two ways that can be termed as (i) Anuloma Kshaya and (ii) Pratiloma Kshaya. Anuloma Kshaya means the depletion of Dhatus takes place in the direction of their nourishment i.e. Rasa then Rakta then Mamsa and so on. Pratiloma Kshaya means the depletion of Dhatus takes place in the direction opposite to their nourishment i.e. Shukra then Majja then Asthi and so on (9). According to Acharya Charaka, can be divided into 2 categories i.e. Psychological like Bhaya, Shoka, Chinta, Udvega etc. and next is nutritional like intake of Ruksha Anna Pana by intake of less quantity of food, fasting by weak

body, Ativyavaya Anahara. which when ingested lead to depletion of Dhatus by increasing Vata Dosha, inspite of giving nourishment to the body.

4) Vishmashana

Vishamashana was the main hetu of Rajayakshma in 29% volunteer. Akala bhojan, Alpa bhojan and Akala+Alpa bhojan were the reasons of Vishamashana in most of the volunteers. A person who has not followed rules of diet and took irregular diet, then it leads to the vitiation of vata dosha, which further aggravates the other two dosha. Imbalanced dosha obstruct the channels, by which Dhatu are not nourished properly and produce Rajayakshma due to irregular diet (vishamashana).

Rajayakshma Samprapti (10)

तैरुदीणोऽद्वनलः द्वितो कर्क चोदीयफ सवफतः।
शरीरसन्धीनाद्ववश्य तान् द्वसराश्च प्रीडयन्॥
मुखाद्वन स्रोतसाो रुद्धा तथैवाद्वतद्ववृत्य वा।
सिफनूवफमधस्तियफग्यथास्वो जनयेऽदरदान्॥ अ.ह
.द्वन. ५/५, ६

In case of Rajayakshma Acharya Charaka has mentioned the pathogenesis of all the four types of Rajayakshma in details in Nidana Sthana. A common pathogenesis has been described in Chikitsa Sthana. Further, the pathogenesis of each of Ekadasharupa except Jwara has also been discussed by Acharya Charaka. Other Acharyas have mentioned pathogenesis of two types viz. Anuloma Kshaya and Pratiloma Kshaya.

Vishishta Samprapti

1. Sahasaja Rajayakshma

Excessive indulgence of various Sahasa Karma beyond ones capacity leads to injury in the chest including lungs. The Urastha Vata moves in the injured part of

the chest and vitiates the local Kapha and Pitta. All these three Doshas together moves in the body upward, downward and obliquely and get localized in various body organs to produce symptoms accordingly. These symptoms have their own pathogenesis due to the Dosha vitiation on the specific sites viz. the Dosha situated in Sharira sandhi results in Jrimbha, Angamarda and Jwara. Jwara is caused by Vata provocation, Jrimbha occurs when the Dosha get lodged in Hanusandhi and when there is involvement of all Sandhis, Angamarda is observed. When Dosha is lodged in Amashaya, it results in Uroroga and Arochaka Uroroga here means the diseases of chest like Hridrava, Shoola etc. The Dosha situated in Amashaya causes diseases of chest because of the vicinity of chest to Amashaya. Yogendranath is of the view that Arochaka is caused because of Dosha situated in Rasana. Gangadhara opines that Arochaka is due to Dosha situated in Hridaya. When Dosha get situated in Kantha it causes Swarasada and when they get lodged in Pranavaha Srotas they results in Shwasa and Pratishyaya. When the Shirah gets occupied by provoked Dosha it causes Shirahshoola. Vata Dosha when get lodged in chest leads to Kanthodhwansa and Kasa. The continuous bouts of Kasa causes Shonitashthivana. Jyotishchandra suggests that it is because of the injury occurred in the Sira of Phuphusa. The Vata gets vitiated because of Rakta Kshaya leading to Daurbalya and manifest the disease. Varchobheda has been described as an additional symptom by Gangadhara and Yogindranath. Gangadhara mentions its occurrence because of Dosha situated in Guda. Yogendranathsen opines that to be because of Dosha vitiation in Amashaya. (11)

2. Sandharanja Rajayakshma

When any person suppresses the natural urges, it results in Vata provocation. This provoked Vata vitiates Pitta and Kapha. All these three move together through out the body upward, downward and obliquely. These then get settled in various sites. This all lead to manifestation of various symptoms as described earlier in Sahasaja Rajayakshma. Shoola and Purishabheda occur when Vata is vitiated by Ruksha and Chala Guna along with Pitta. Purishabheda leads to Atisara. both the latter symptoms occur due to Dosha anchored in Adhobhaga. Vitiating Vata when goes to Parshwa region it causes Atiruja. Gangadhara says that Shirahshoola occurs when Kapha Dosha occupy Shirah. Kasa, Jwara, Swarabheda and Pratishyaya are the other symptoms occurring in the disease (12). All these lead to gradual cachexia of the patient and ultimately Rajayakshma.

3. Kshayaja Rajayakshma

The manifestation of Rajayakshma by Kshaya takes place by two different pathways according to the direction in which depletion of Dhatus takes place. When a Durabala Prakriti person i.e. who is weak since birth indulges in the etiologic factors, it leads to depletion of Rasa residing in Hridaya. According to Gangadhara, Hridaya here refers to Manasa Sthana. The Rasa is the Sara of Annarasa and is Tajasa in nature. It is Dhatu Swarupa and provides nourishment to other Dhatus. According to Chakrapani and some other Acharya refers Rasa to be Ojas (13). Due to its unavailability next Dhatu get depleted. This leads to cachexia as a result of depletion of all Dhatus. If this condition is not treated it ultimately results into Rajayakshma.

4. Vishamashanaja Rajayakshma

Vishamashana Sevana leads to imbalance of all the three Doshas i.e. Vata, Pitta and Kapha. These imbalanced Doshas moves in the body and get lodged into the orifices of various Srotamsi. This results in formation of faeces and urine by what so ever is ingested and no other Dhatu is formed. The patient lives only on Upasthambhana of Purisha. The vitiated Doshas combines with malnourished Dhatus and results in various symptoms leading to severe cachexia in the patient.

Conclusion

Rajayakshma is a Tridoshaja Vyadhi with the dominance of Vata and Kapha Doshas and it is an ideal example for Madhyama Roga Marga. Here all the Sapta Dhatus are involved in the manifestation of Rajayakshma, where all Dhatu are in Kshayavasta. The symptoms of Rajayakshma is differs according to the involvement of Sahasa (by excessive stress and strain) Vegasandarana (suppressing the natural urges), Kshaya (diminishing if Dhatu) Vishamashana (opposite to dietary regimen). The manifestation of Rajayakshma by Kshaya takes place by two different pathways according to the direction in which depletion of Dhatus takes place. Before planning the treatment it is very necessary to understand the involvement of causes in the diseases and process of pathogenesis.

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Pathogenesis of Pulmonary Tuberculosis^{1,2}

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Introduction

Tuberculosis remains the classic example of a disease that is controlled almost entirely by *cell-mediated immunity*, involving the macrophage as the effector cell and the lymphocyte (especially the T-cell) as the immunoresponsive cell. This type of immunity is also called *acquired cellular resistance*; it and the antibody-type of immunity (involving B-lymphocytes) are the two basic immune mechanisms of the host.

Cell-mediated immunity is essentially a *local phenomenon* carried out by macrophages that are activated locally at the site of infection by lymphocytes and their lymphokines. It is intimately linked with cellular (or delayed) hypersensitivity.

Tuberculous granulomas are similar to the granulomas of berylliosis, sarcoidosis, and the systemic mycoses. The pneumoconioses and other fibrotic lung diseases (e.g., those induced by ozone, cadmium, or bleomycin) may also involve the same basic mechanisms.

In this review, the pathogenesis of tuberculosis is used to illustrate macrophage function, cell-mediated immunity, cellular hypersensitivity, and granuloma formation—all of which have bearing on a variety of diseases that affect mankind.

Genetic Factors

Genetic factors play important roles in many diseases, and tuberculosis is no exception (1–4). Because tuberculosis in rabbits is more like human tuberculosis than tuberculosis in most other species, Lurie (3, 5) developed inbred rabbit families that were genetically resistant or susceptible to this disease. The resistant rabbits (exposed to virulent bovine-type tubercle bacilli) had cavity formation and bronchogenic spread, whereas the genetically susceptible rabbits had noncavitary caseous foci with hematogenous spread. The resistant families mobilized more macrophages at the site of infection and formed mature epithelioid cells more rapidly than the susceptible families.

Mature epithelioid cells usually inhibited the growth of the tubercle bacillus in their cytoplasm, whereas immature epithelioid cells (found frequently in susceptible rabbits) usually allowed the bacillus to multiply there. (Epithelioid cells are large macrophages with a vesicular, or euchromatic nucleus, often resembling epithelial cells in appearance [see 6].)

In general, the resistant rabbits formed antibodies and developed cellular hypersensitivity more rapidly than susceptible rabbits (3, 5). Breeding of the resistant with susceptible rabbits (and back-crossing the F₁ hybrid) showed that the genetic factors controlling resistance to tuberculosis are multiple, additive, and dominant over those that control susceptibility (3). Studies with other animal species are consistent with this conclusion. They were reviewed by Lurie (3).

The role of genetic factors in the pathogenesis of tuberculosis in man is less clear than it is in animals. Genetic constitution is an important risk factor for the development of clinical tuberculosis (7). For instance, blacks with the HLA antigen Bw15 showed a higher incidence of tuberculosis and more advanced disease than blacks with other genotypes (8). Whether blacks on the whole are more susceptible to tuberculosis than whites has not been conclusively determined (2, 3, 9).

Some patients with recently diagnosed tuberculosis could be characterized as low responders to tuberculin (10). Low responsiveness was correlated with the presence of circulating suppressor adherent cells, probably monocytes. These findings seemed to have a genetic basis, although the genotypes of these patients were not studied.

The role of genetic factors in the immune response and in various infectious diseases was recently reviewed (11, 12). Additional references concerning HLA antigens and tuberculosis appear in (8) and (10).

A comparison of tuberculosis in *dif-*

ferent mammalian species gives further insight into the nature of native resistance to this disease (13–15). Such resistance is *not* related to degrees of tuberculin hypersensitivity. Rats and hamsters develop low degrees of sensitivity and show little or no caseation. Yet, rats are quite resistant and hamsters quite susceptible. Modern man and guinea pigs develop substantial degrees of hypersensitivity and show considerable caseation. Yet, man is rather resistant and the guinea pig quite susceptible.

In the final analysis, *what determines whether the disease progresses or regresses is the power of the macrophage to inhibit the growth of tubercle bacilli within its cytoplasm* (3). The macrophage cytoplasm of some mammalian species is probably not a favorable milieu for bacillary growth, especially after acquired resistance is superimposed on the native resistance (3).

Why tubercle bacilli survive within the macrophages of susceptible species is unknown. One of undoubtedly many reasons is that these bacilli can prevent the fusion of primary lysosomes with the phagocytic vacuole in which they live (16). Primary lysosomes contain microbicidins and hydrolytic enzymes that help kill the bacillus and break down its components.

Finally, differences exist in the susceptibility of various organs to tuberculosis, although the growth of bacilli in each organ is controlled by presumably identical macrophages arriving at the site from the bloodstream (3). In

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Role of *Yashtimadhu Siddha Til Tail Kawalgriha* in the Management of Oral submucous fibrosis (OSMF).

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ABSTRACT:

Oral submucous fibrosis (Osmf) is a chronic inflammatory condition of buccal mucosa with fibrosis, & restricted mouth opening (trismus) characterized by discoloration of buccal mucosa, intolerance to spicy foods & recurrent episodes of stomatitis. It is common in young population having the chewing habits of gutkha, pan masala, tobacco etc. It makes patients life miserable. As it is a precancerous condition it seeks attention towards this disease. Medical treatments with minor surgical options are available with unsatisfactory results. This study was aimed at finding the safe, effective & cheap alternative remedy of osmf. This study conducted on 60 diagnosed cases of osmf fulfilling eligibility criteria randomly divided in two groups trial group 30 treated with *yashtimadhu siddha til tail* & control group 30 treated with *til tail + saindhav kavalgriha*⁴ for one month with weekly follow-ups. Results in both the groups were

encouraging with minimal differences, mouth opening capacity & increased tolerance to spicy foods were the more appreciable results found in trial group. To get more results intervention can be extended for more periods. Before & after mouth opening capacity inter Dental distance between central maxillary & mandibular incisor teeth's by venire caliper, along with color of buccal mucosa, pliability of mucosa, cheek retraction & tolerance to spices were assessed for the outcome of treatments in both the Groups.

Keywords-

OSMF, Fibrosis, *Kawal Griha*, *Siddha tail*

Introduction:

Oral sub mucous fibrosis - definition-osmf can be defined as an insidious chronic disease affecting buccal mucosa, associated with juxtaepithelial inflammatory reaction

followed by fibroelastic changes in the lamina propria with epithelial atrophy leading to stiffness of oral mucosa causing trismus or inability to open mouth completely (restricted mouth opening)

Prevalence- 1.in India prevalence of osmf increased over the past four decades from 0.03% to 6.42% data published earlier reported an estimate of 5 million osmf patients in India & seen commonly in between 20 to 40 yrs. age group.(by N k Nigam 2014 cited by 16-20 Nov 2013 www.ncbi.nlm.nih.gov.)

2. Epidemiology of osmf –international journal of oral health www.ijohmr.com-recent data suggests that prevalence of osmf in India has increased from 0.03% to 6.42%. Out of all these patients 3 to 5% patients of osmf are likely to suffer from oral malignancies. osmf makes patients life miserable. to avoid it prevention is the best way .convincing the patients to give up chewing habits of betel nut, tobacco, lime or betel nut quid, gutkha, mava will help more. Early diagnosis & treatment will help to avoid the complications.

Etiological factors-

Chewing habits of betel nut, *gutkha*, *mawa*, *pan*, *Tobacco*, *smoking Vidi*, *cigarettes*’ etc. Alkaloids arecoline, present in *betel nut* along with tannins & lime causes potential damage to buccal mucosa ^[11].arecoline is the main culprit in pathogenesis of osmf ^[10] .arecoline nicotine, & lime work hand in hand to worsen the condition. The end result is oral malignancy, so something must be done before it.

Need of the study-

Osmf is a chronic disease with diverse etiology & disgusting symptoms along with its precancerous nature seeks the attention of clinicians, Available treatments include Local steroids, local injections of placental extracts ^[2],local hyaluronidase supplemented by oral vitamins & iron. Some surgical techniques like cutting fibrous bands, excision of fibrous tissues &repairing by human amnion graft. Application of pedicled buccal fat pad ^[1] are having encouraging results still it needs a safe ,effective, & cheap remedy of this disease .in allied sciences Ayurved is having ray of hope in this regard. So this study was conducted with complete Ayurvedic remedy & modern assessment tools.

Sign symptoms of OSMF-

1. Burning sensation in oral cavity with intolerance to spicy foods,
2. Recurrent episodes of stomatitis.
3. Change in color of buccal mucosa- discoloration of mucosa
4. Difficulty in opening mouth completely-Restricted mouth opening.
5. Dryness of buccal mucosa- Zerostomia.

OSMF-in Ayurved ^[7]

In Ayurved total 65 ^[7] *mukh rog* are explained by *Sushruta* & 65 by *Wagbhat* according to various sthans-sites like *oshtagat*, *dantgat*, *dantmoolgat*, *kanthgat*, *talugat* etc. osmf resembles with *Sarvasar*

vyadhi. Which means disease occupying entire oral cavity.

Treatment of *mukhrogas* explained are *Kawal*, *Gandush*, *pratisaran*, *Raktamokshan*, *dhoompan* etc.

In this study *kawal griha* was given to both the groups with different medicines.

MATERIALS & METHODS:

Inclusion criteria.

1. Patients of age group between 15 to 65 yrs of both the sexes .
2. Patients willing to complete the treatment for full term as prescribed.
3. Patients willing for necessary investigations.
4. Patients willing to give up chewing habits.

Exclusion criteria.

1. Patients who developed oral malignancies.
2. Patients of oral fungal infections.
3. Mouth opening less than one finger.

Patients- in this study 60 diagnosed patients of OSMF were enrolled with prior written consent.

Patients were randomly divided in two groups of 30 each as study group & control group

Study group treated with *Yashtimadhu siddha til tail Kawalgriha*. & Control group treated with *til tail+ saindhav Kawalgriha*.

Both the groups were treated for one month with weekly follow-ups.

1. Yashtimadhu siddha til tail was prepared as per tail siddhi vidhi as per Ayurvedic texts.

Kawalgriha also was given after local *snehan swedan* with *til tail* in both the groups.

Assessment criteria

2. Mouth opening capacity: inter incisoral distance-measured in terms of *swanguliPraman*. Like one finger, two fingers, three fingers etc. or in mm by vernier scale.
3. Fibrosis of buccal mucosa was assessed by change in color of mucosa, pliability of Buccal Mucosa was assessed by digital palpation& by cheek retraction.
4. Burning sensation in oral cavity-burning at rest or at having any normal food, or on Having Spicy foods was assessed before & after study in both the groups.

All the cases were screened for HB%, to rule out other possibilities, & Scrape cytology was done in cases of special interest.

TENTATIVE GRADATION OF OSMF

[3].

Grade`0` –Normal mucosa- Pink, smooth mucosa, no irritation on spicy foods, Full four fingers mouth Opening. full cheek retraction.

Grade-1`- Fibrosis with change in color of mucosa, irritation by spicy foods, mouth Opening restricted up to three fingers.

Grade-2`-Same as above with mouth opening 2 fingers or less, involvement of palate Cheek retraction reduced, pt unable to keep oral hygiene proper.

Grade-3`- Gross fibrosis with involvement of cheeks, soft palate, retro molar area, facial Pillars, & mouth opening

one finger tight & no cheek retraction possible.

Complete whitish discolored buccal mucosa.

Observations-

Table no.1

Sex wise distribution of patients

| Sr. no. | Sex | No. Of Patients | Percentage (%) |
|---------|--------|-----------------|----------------|
| 1 | Male | 40 | 66.66 |
| 2 | Female | 20 | 33.33 |
| | Total | 60 | 100 |

Table no. 2

Age wise distribution of Patients observed

| Sr. No | Age Group | No. Of Patients | Percentage (%) |
|--------|-----------|-----------------|----------------|
| 1 | 11-20 | 06 | 10 |
| 2 | 21-30 | 28 | 46.6 |
| 3 | 31-40 | 14 | 23.33 |
| 4 | 41-50 | 07 | 11.66 |
| 5 | 51-60 | 05 | 8.33 |
| | Total | 60 | 100 |

Table no. 3

Site wise distribution of Patients observed

| Sr. No | Site involved | No. of patients | Percentage (%) |
|--------|-----------------------------------|-----------------|----------------|
| 1 | Buccal (cheek) mucosa | 60 | 100 |
| 2 | Faucial pillars- Retro molar area | 45 | 75 |
| 3 | Soft palate | 29 | 48 |
| 4 | Floor of the mouth with tongue | 08 | 13.33 |

Table no.4

Habit wise distribution of Patients observed

| Sr. no. | Habits | No. Of Patients | Percentage (%) |
|---------|--|-----------------|-------------------------|
| 1 | Chewing habits Gutkha (Betel nut kwid) Tobacco Pan | 32 21 06 | 53.30 35.00 10.00 |
| 2 | Smoking | 15 | 25.00 |
| 3 | Alcohol | 07 | 11.60 |
| | Total | 60 | 100 |

RESULTS-

Average Increase in mouth opening capacity in mm by venire caliper .Along with improvement in other clinical signs & symptoms.

| | |
|----------------------|---------------|
| Study group | 4.1 mm |
| Control group | 3.2 mm |

Summary & conclusions

1. OSMF is a troublesome problem for clinicians since a longer period , *Gutkha & Tobacco* chewing habits in Indians yields high incidence of this disease.
2. Multifocal etiology, slow gradual progression of the disease & ignorance of patients about it with non-availability of effective treatment are the main hurdles in the management of osmf.
3. Disgusting symptoms & precancerous nature of the disease are the key aspects seeking attention towards this disease.
4. Both the treatments i.e. *Yashtimadhu siddha til tail & til tail+ saindhav*

Kawalgriha found effective in osmf with minimal differences.

5. Speed & extent of recovery in burning sensation & mouth opening capacity was faster with *Yashtimadhu siddha til tail* than *til tail saindhav*.
6. Treatment with *Yashtimadhu siddha til tail* proved to be very effective in recurrent stomatitis & good compliance of patients achieved.
7. In experimental group rate of improvement in mouth opening observed faster in 1st & 2nd grade osmf it was not good experience in grade 3 or advanced cases of osmf.
8. As fibrosis & inflammation both contribute to trismus, improvement in fibrosis & relief of spasm due to anti-inflammatory activities of *yashtimadhu* result up to average 4.1 mm increase in mouth opening in study group .average 3.2mm increase observed in control group.

CONCLUSION:

Yashtimadhu siddha til tail acts better on osmf, give best relief from symptoms like burning sensation, recurrent stomatitis & dryness of mouth, also yields good increase in mouth opening capacity. More results can be achieved on continuing the therapy for a longer time as fibrosis was

not completely disappeared in this study. Further research with new ideas can be done to relieve fibrosis completely.

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ROLE OF GUD CHATUSHKA IN MANAGEMENT OF ABHYANTAR ARSHA- A CASE STUDY

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ABSTRACT

Arsha is an extremely common problem and it has been reported since thousands of years. *Arsha* occurs due to unhealthy lifestyle (*viruddha ahar vihar*). *Arsha* is a lifestyle disease caused by change in way in which people live. Lack of physical activity, unhealthy food, addiction of cigarette (smoking) addiction of alcohol. Alcohol is a main caused of *Arsha*. In Ayurveda according to *Sushruta* contaminate *vata dosha* localised in *guda vali* and *vitiated twak, mamsa, meda* and *rakta* resulting in the *annavaha srotodushti*. In this disease *chikitsa* of *arsha* involves *Aushadhi chikitsa, Ksharkarma, Agnikarma* and *Shastrakarma*. Modern management of *arsha* is mainly surgical approach but result is less satisfactory. In this case study we are

looking for the role of *Gud chatushka* in management of *arsha*.

KEYWORDS: *Arsha, Durnam, Haemorrhoid, Piles, Gud chatushka.*

INTRODUCTION

Ayurveda is a Sanskrit word. Meaning AYUSH means life and *Veda* means knowledge of life. Ayurveda is a science of life and *shalyatantra* is important branch which present the surgical field. One of the prime important disease of *Ashta-mahagad Roga* is *Arsha*.^[1] Haemorrhoid is dilated veins within the anal canal in the subepithelial region.

Haemorrhoid are clearly divided into two categories. Internal haemorrhoid and external haemorrhoid clinical features are bleeding per rectum, constipation, prolapsed etc.^[2] It is occurred due to unhealthy and improper diet. Wrong habits of defecation. Haemorrhoid are dealt rationally under the concept of *arsha*. There are many treatments describes like haemorrhoidectomy, infra- red- coagulation, sclerotherapy, lord's dilation, cryo -surgery, stapler haemorrhoidectomy and rubber band ligation.^[3]

In Ayurveda according to Sushruta vitiated vata dosha vitiated localised in *Guda vali* and *vitiated twak, mansa, meda, rakta*.^[4] There are four types of Chikitsa are described.

1. *Aushadhi chikitsa*
2. *Ksharkarma*
3. *Agnikarma*
4. *Shastrakarma*.^[5]

Up to 80% of symptoms of haemorrhoids can usually be controlled by conservative treatment. (*Aushadhi chikitsa*).

We tried *Gud chatushka* when the patient is not fit for surgery, or in contraindicated, or patient is not willing for surgery.^[6]

ON EXAMINATION

General Examination- Moderate and afebrile. P/R- 76/min (regular)

BP- 120/90mmHg

No pallor, icterus was present.

LOCAL EXAMINATION

P/A- Soft

L/E- Perianal region-NAD

Anal region- No spasm, not painful

P/S- e/o-2nd degree internal haemorrhoid at 6 o' clock and 11 o' clock position.

Abhyantar Arsha

INVESTIGATIONS

CBC, BT, CT, RBS was normal.

HIV 1, HIV 2 and HBsAg- were non-reactive.

DIAGNOSIS

2nd degree internal haemorrhoid.

TREATMENT

1. *Gud chatushka Yoga* for 21 days.
2. Sitz bath with *Triphala kwath*.
3. *Kasisadi tail varti*.

MATERIALS

- 1) The selected patient diagnosed as *Abhyantar arsha* at OPD of our ayurved hospital.
- 2) *Gud* (Jaggery)
- 3) *Sunth* (Dry ginger)
- 4) *Pipal* (Piper louguw)
- 5) *Haritaki* (*Terminalia chebula*)
- 6) *Anardana* (*Punica granatum*)

METHOD

Sunth churna, pipal churna, harad churna and anardana mixed with gud in same quantity and given to a patient in tablet form.

GUD CHATUSHKA

Dosage: 5gm twice a day orally *Apankale* (before meals) Duration: 21days

Follow up: patient observed on 7th, 14th and 21st day.

ASSESSMENT CRITERIA**a) Objective criteria****1. Degree of internal haemorrhoids**

- a) 1st degree: Pile mass does not come out of anus.
- b) 2nd degree: Pile mass comes out only during defecations and is reduced spontaneously after defecations.
- c) 3rd degree: Piles come out only during defecations and don't return by themselves but need to be replace manually and then stay reduced.
- d) 4th degree: The piles that are permanently prolapsed.

2. Per rectal bleeding

- a) Absent (0) – No bleeding during defecation.

- b) Mild (+) - 5-10 drops per bowel habit.
- c) Moderate (++) 10 - 20 drops per bowel habit.
- d) Sever (+++) more than 20 drops per bowel habit.^[7]

b) Subjective Parameters

- 1. Constipation: present / absent.^[8]
- 2. Pruritus ani: present / absent.^[9]

OBSERVATION

Local examination after 21 days. Perianal region: NAD

P/R digital: No spasm

Proctoscopy: No e/o internal haemorrhoid.

In above case study, there was reduction in pruritus ani, P/R bleeding and got relief from constipation. At 21st day, there was no pile mass observed in proctoscope examination.

DISCUSSION

The causes of haemorrhoid are improper food (*viruddha ahar vihar*), improper digestive system, constipation, straining, boundless travelling etc. *Gunas* of *sunth* are *pachana*, *vibandha bhedana*.^[10] *Gunas* of *pipal* are *dipana*, *shula nashaka*, and *agnivardhana*.^[11] *Gunas* of *haritaki* are *dipana*, *pachana*, *anulomana* and *agnivardhana*, which help in *samprapti bhanga* of *arsha*. *Haritaki* has property to improve digestive system. It cleans the blockage of channels in the digestive system.^[12] *Gunas* of *anardana* are *tridoshanashaka*, *agnidipana*, *kapha pittaharaka*, *malavbandhaharak*.^[13] Due to *ushna* and *vatapittaja* property of *gud*, *agnidipana* and *pachana* takes place. Thus, all above properties of *suntha*, *pipal*, *haritaki*, *anardana* and *nissarak guna* of *gud* help to release *sanchit dosha* out though the *koshtha*. This leads to *samprapti vighatana* of *arsha vyadhi*.

CONCLUSION

In this case study, we got very good result of *Gud chatushka yoga*, an ayurvedic medicine. The treatment given for *abhyantar arsha* helped in relief of clinical features. This is also an attempt to provide safe and effective treatment to the patient.

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THE COVID-19 PANDEMIC: PRECAUTIONS AND SAFETY FOR SURGEON COMPREHENSIVE OVERVIEW AND OPERATIVE CARE

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ABSTRACT

The current COVID-19 pandemic underlines the importance of a mindful utilization of financial and human resources. Preserving resources and manpower is paramount in healthcare. It is important to ensure the ability of surgeons and specialized professionals to function through the pandemic. A conscious effort should be made to minimize infection in this sector. COVID-19 was originated from Wuhan city of Hubei Province in China in December 2019. Since, then it has spread in more than 213 countries and territories. It is a viral disease due to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) virus. The patients show flu-like symptoms with a dry cough, sore

throat, high fever and breathing problems. The disease due to SARS-CoV- 2 was named as COVID-19. About 2.2 million people have been infected with more than 0.15 million deaths globally. We aim to describe recommended clinical pathways for COVID-19- positive patients requiring acute non-deferrable surgical care. All hospitals should organize dedicated protocols and work force training as part of the effort to face the current pandemic. there is no treatment of this disease. However, prevention and management are the best options.

KEYWORDS: Corona-virus, COVID-19, emergency surgery, endoscopy, trauma, surgery guidelines, PPE, pandemic, patient safety, surgical critical care, operative care.

INTRODUCTION

Many people say that we, all the world, are at war against an insidious and invisible enemy. Health-care providers have always been the professionals most exposed to the risk of

contracting to any kind of infection due to the nature of their profession. For the sustainability of health-care during the Coronavirus Disease 2019 (COVID-19) Pandemic, these valuable and necessary people, who fight in the front line, should be protected from the infection as possible as it can. The current COVID-19 pandemic, “when the destructive effects of natural or man-made forces overwhelm the ability of a given area or community to meet the demand for health care.”^[1] It is known that an outbreak in the form of pneumonia of unknown origin has occurred in Wuhan in China’s Hubei Province in December 2019, killing 213 of the 9720 infected people in China and spreading in 19 other countries, infecting 106 people by January 31, 2020.^[2] The causative virus has been tentatively named “Severe Acute Respiratory Syndrome Coronavirus 2” (SARS-CoV-2) and finally named “Coronavirus Disease 2019 (COVID-19) by the World Health Organization. In about half of people infected with COVID-19, non-serious or overlooked symptoms occur, while in the other half the main symptoms are fever, fatigue and dry cough, myalgia and dyspnea.^[3,4] About half of the patients have co-existing diseases such as hypertension, diabetes and cardiovascular disease.^[4] Coronaviruses belong to the Corona-viridae family and appear just like spiked rings when observed through an electron microscope. The surface looks with various spikes, which are helpful to attack and bind living cells. The source of these viruses is some animals including bats. The word coronavirus is a derivative of the Latin corona, which means crown or halo, that states to the typical look indicative of a crown or a solar corona around the virions^[5] It is important to mention that the 2019–2020 outbreak is started in Wuhan, Hubei Province, China in December 2019 when a new strain of coronavirus was detected on 31st December 2019. World Health Organization (WHO) has given name to this virus as 2019-nCoV (Novel Coronavirus 2019, 2020) which was later renamed as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) by the International Committee on Taxonomy of Viruses. The diseases caused by this virus is called as corona virus disease 2019 and abbreviated as COVID-19 [CO: corona, VI: virus, D: disease and 19: 2019 year].^[6]

The risk of respiratory failure requiring critical care support in patients infected with COVID-19 is significant and prioritized, so critical care and anesthesiology teams should be prepared for the treatment and ongoing care of patients infected with COVID-19.^[7] we surgeons are still a little behind on this issue. However, there is a need for guidance on how to follow these patients in situations that require elective, emergency or mandatory surgery, although we have experience in surgical procedures in patients with hepatitis, cyst hydatid and HIV infection, we do not currently have any experience with COVID-19 infected patients. Protection of

health workers, other patients and wards, peri-operative treatment, measures for operating rooms and surgical instruments, and operational, peri-operative and post-operative management should be defined and known in detail in case of emergency operation in patients with suspected or confirmed COVID-19 infection. This will give health workers, especially surgeons, both protection from the disease and legal advantage.

It was aimed to establish a guide for establishing optimum protection conditions that could be done before, during and after surgical intervention, as specialists of surgical branches and anesthesiologists were at great risk in the treatment of patients infected with COVID-19.

In patients with suspected or approved COVID-19 infection, it is obvious that a special procedure should be performed beginning from the entry of patients to the hospital until their discharge from hospital. It is possible to evaluate the process from the point of view of the surgeon in 3 sub-sections: Evaluation phase, Perioperative phase, and Postoperative phase.^[8]

Background

The virus

SARS-CoV-2 is an enveloped, single stranded RNA virus that is 50-200 nm in diameter.^[8] Though genetically 85% similar to SARS-CoV, which was the culprit of the SARS epidemic in 2003, SARS-CoV-2 is a distinctly new coronavirus (see Table no.1)

Table 1: Fact sheet on COVID-19 *SARS-CoV-2 is found in faecal material but no known cases of faecal transmission are yet identified.^[9,10]

| SR.NO. | | |
|--------|------------------------|--|
| 1 | Disease name: | Coronavirus disease 2019 (COVID-19) |
| 2 | Causative agent: | SARS-CoV-2 |
| 3 | Origin of virus: | Zoonotic from bats |
| 4 | Route of transmission: | Mainly via droplet and contact aerosolized during aerosol-generating procedures potential faecal oral transmission* |
| 5 | Incubation period: | 14 days |

Clinical course

Patients present with fever, malaise, respiratory symptoms and occasionally gastrointestinal symptoms. 1% of patients with COVID-19 remain asymptomatic.^[9,11] In the prodrome period, patients are able to produce virus in the upper respiratory tract despite minimal symptoms, and unknowingly spread the disease^[12] The incubation period can last 14 days^[13] While 81% of patients have a mild clinical course, 14% have developed severe illness

requiring hospitalization and oxygen therapy, and 5% require ICU admission.^[14] Complications of COVID-19 includes pneumonia, pulmonary oedema, ARDS, multiple organ failure, septic shock requiring hospitalization and death.^[11] The case fatality ratio, which is the proportion of deaths from the disease, is currently estimated to be 0.25-3%, higher in elderly patients and those who are critically ill.^[15]

Characteristics of COVID-19 infection.^[16]

Table 2: Patient characteristics of those infected with COVID-19 in the incubation period patients may be asymptomatic, but are able to transmit the virus. ~1% patients remain asymptomatic throughout the course of disease. These patients were identified from screening close contacts of confirmed cases.

| | |
|--------------------|--|
| Risk factors | <ul style="list-style-type: none"> • Male gender • Comorbidities e.g.: Hypertension, diabetes, cerebral vascular disease, cardiovascular disease |
| | Less common symptoms |
| Symptoms and signs | <ul style="list-style-type: none"> • Asymptomatic* • Fever • Fatigue • Dry cough • Myalgia • Dyspnoea • Soar throat • Conjunctivitis • Loss of taste or smell • A rash on skin or discolouration of fingers or toes • Others: diarrhoea and nausea Serious symptoms <ul style="list-style-type: none"> • Difficulty breathing • Chest pain or pressure • Loss of speech or movement |
| Investigation | Blood tests: <ul style="list-style-type: none"> • Lymphopenia, Leucocytosis • Neutrophilia • Elevated lactate dehydrogenase • Prolonged INR Imaging: <ul style="list-style-type: none"> • Chest X-ray: consolidation • CT thorax: bilateral distribution of patchy shadows and ground glass opacity |
| Complications | <ul style="list-style-type: none"> • Shock • Acute respiratory distress syndrome (ARDS) • Arrhythmia • Acute renal injury |

Telescreening and Triage

live global tracking of reported cases can be done using the dashboard made accessible by the Center for Systems Science and Engineering at Johns Hopkins University 2. Figure 1 represents a screenshot of interactive tracking of COVID-19.^[17]

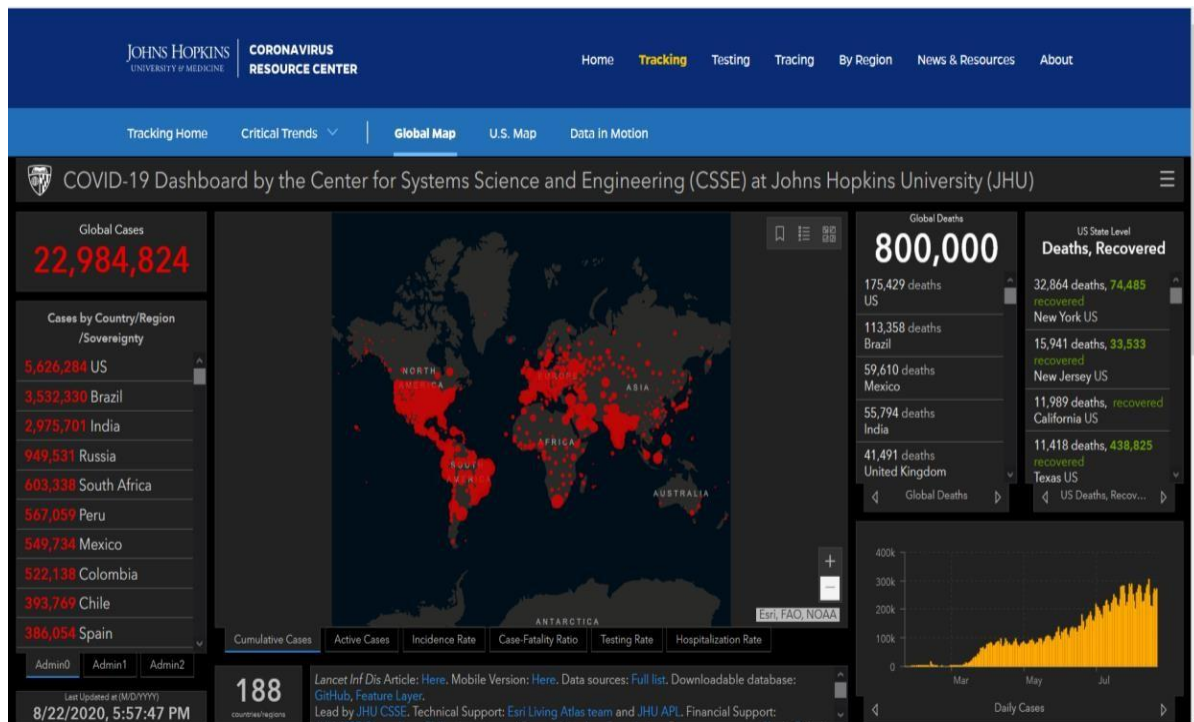


Figure 1: A screenshot of an interactive map of the global cases of COVID-19 by the Center for Systems Science and Engineering at Johns Hopkins University. This dashboard is continually

updated and can be accessed at <https://coronavirus.jhu.edu/map.html>. Site accessed August 22, 2020, 5:57:47pm.

Diagnosis

Diagnosis is made via two methods. The first is real time reverse-transcriptase polymerase chain reaction (rRT-PCR) of nasal swab and sputum.^[12] Currently rapid RT PCR test requires 2-4 hours turnover which indicates active infection. The second method of diagnosis is made based on contact history, clinical symptoms, and characteristic CT thorax finding.^[18] which is particularly useful when rRT-PCR is not available. Serological tests are not the mainstay of initial diagnosis as immunological responses could be delayed. They are primarily used for retrospective assessment of attack rate.^[19]

Potential treatment

Isolation remains the mainstay of containing COVID-19. Other than supportive treatment with oxygen therapy, anti-viral medications are being tested for their effectiveness against COVID-19. Current experimental treatment may include combinations of Kelatra, Remdesivir, Ribavirin, interferon-1beta and chloroquine.^[12] Effective treatment regime is yet to be developed and vaccine development is under way.^[12] The Centers for Disease Control and Prevention (CDC) currently recommends that discharge from hospital/isolation requires negative rRT PCR results from at least 2 consecutive sets of nasopharyngeal and throat swabs collected at least 24 hours apart from a patient with COVID-19.^[20]

Role of hospital and department

Caring for suspected and confirmed cases requires concerted efforts from hospital administration and frontline health care workers across all disciplines. The following measures are recommended: Training/Education.

- Information on disease transmission and prevention to be relayed to all theatre staff to encourage adherence to infection control protocols, possibly via hospital publications and online tutorials.
- Organize training on proper donning and doffing of personal protective equipment (PPE) including N95 respirator, goggles, face shield, gowns and gloves. Familiarize theatre staff with the location of gown up (usually outside isolation room) and gown down PPE protocols to avoid cross contamination.
- Conduct simulations involving anaesthesiologist, anaesthetic nurses or assistants to familiarize with modifications in workflow, particularly on induction, extubation, airway crises and cardiopulmonary resuscitation.
- Design cognitive aids to facilitate information consolidation.

Strategies for Surgery Department about Patients

- Prefer Non-surgical approach
- Conservative if justifiable
- Consider Risk Reduction (for patients and staff)
- Surgery in selected cases only
- Risk Laparotomy = Laparoscopy if use of
 - Filtered Gas Smoke Exhaust or
 - Water Lock Filters

- Consider Gasless Laparoscopy

COVID operating area

It is important to minimize the total number of operators working in the designated COA. Whenever possible, it is important to minimize to number of people working on a single infected case; ideally, this should also apply to cases spanning over multiple shifts. Operations for COVID patients might be organized with a dedicated on-call shift. This might require overnight or out of hours activities to optimize resource usage. This approach might facilitate segregation between COVID and non-COVID patients, who will continue to require surgical care. PPEs and stock required for hand hygiene must be constantly replenished within the COA. A specifically allocated filter area designed for COVID patients to enter the COA must be equipped with PPEs, hand hygiene station, and a dedicated IRHW bins. Handling of potentially infected linen should be adequately managed too. The use of machinery intended to facilitate moving and transferring patients should be minimized. All COA doors must be kept closed (including accessory rooms, sterilization spaces), and any equipment not necessary for the intervention must be moved away from COVID patients transit route.

Taking charge of the patient in COVID operating area

Special attention should be given to what, in non COVID times, is routine practice. Staff taking responsibility for positive or suspected infected patients must be limited to those who need to be primarily involved in each operation. A record must be kept of all operators involved in procedures on potentially infected patients. Personnel equipped with full PPEs must receive the patient in the COA, transfer the patient to the operating room minimizing environmental contamination and, after time-out, proceed to move the patient on the operating table in the allocated OR. All non-intubated patients must wear a surgical mask. Medical records must remain outside the operative room and must be consulted and updated there after adequate doffing.

Operating room preparation

Negative pressure Operative Rooms would be ideal to minimize infection risk.^[20] However, Operative Rooms are normally designed to have positive pressure air circulation. A high air exchange cycle rate (≥ 25 cycles/h) contributes to effectively reduce the viral load within Operative rooms.^[21] Equipment kept in each Operative Room must be minimized to what is strictly necessary on a case to case basis. Once the operation starts, all efforts must be made to

use what is available in the room and minimize staff transiting in and out the Operative Room, in order to minimize infection risk. Standard anesthetic trolleys should be replaced with dedicated pre-prepared ones with minimal but adequate stock. All required surgical material (i.e., stitches, scalpel blades) must be preemptively prepared in a sterilizable steel wire basket. Dedicated IRHW containers must be used for infected and sharp disposable instruments. Alcoholic solution for hand hygiene must always be available. Avoiding non-strictly necessary commonly used non-disposable devices is recommended. Disposable material in general should be preferred, including linen. All operators (i.e., surgeon, anesthetist, nurses, technicians) should enter the operative room timely, aiming to minimize time spent within the operative room itself. Once in the operative room, they should not leave until the operation is completed, and once out they should not re-enter.

Personnel dressing

Some procedures likely to generate aerosolized particles have been associated with increased coronavirus transmission: tracheal intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, and manual ventilation before intubation and bronchoscopy.^[22,23] An FFP3 mask should be therefore worn by operators working closer to the patient during these procedures. Given the conjunctiva's susceptibility to viral transmission, it is important to wear visors or goggles to protect the eyes from potential exposure of viral particles.^[24]

Anesthesiologic consideration

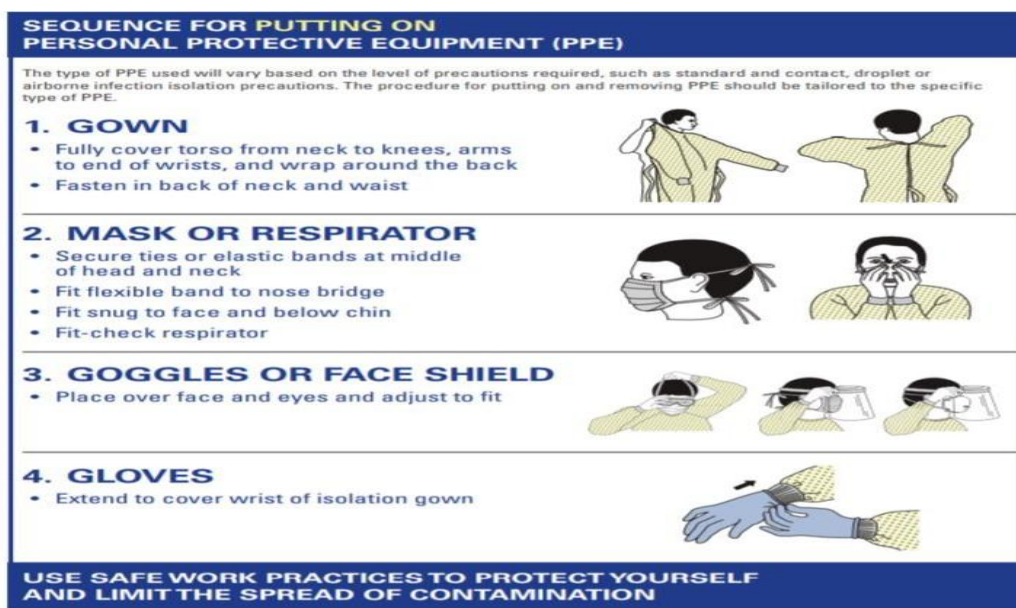
Careful anesthesiologic planning is recommended to minimize any infection potentially associated with unexpected complex endotracheal intubation procedures. A more liberal use of intubation might be justified in patients with acute respiratory failure, bypassing noninvasive ventilation techniques (e.g., CPAP or bi-PAP) in order to minimize the transmission risks.^[22] Disposable airway equipment should be preferred. Medical and nursing staff must be equipped with FFP3 filters during laryngoscopy and intubation.^[22] Intubations techniques with the highest chance of first-time success should be preferred to avoid repeated airway instrumentation.^[22] Awake intubation techniques should be avoided.

PPE KIT

In patients with confirmed or suspected COVID-19 infection, all operating room personnel are required to wear PPE under their surgical dress to prevent contamination. PPE is essential for all interventions requiring close contact, such as surgical intervention, intubation, regional

anesthesia, cannulation or catheterization. It is essential that all personnel and surgeons are trained to prevent contamination during the wearing and removal of these PPEs.

1. Waterproof Apron.
2. Mask: Traditional surgical mask does not provide protection if aerosols are present. N95 or FFP2/FFP3 type masks are required.
3. Glasses or face protective transparent barrier. But if the procedure produces aerosols, full-size barrier eye coverage is required. If not, just a partial barrier may be enough to prevent splashing or direct contamination.
4. Latex gloves.
5. It is recommended that all long-haired staff hold their hair under the bonnet and, if they have a beard, they should cut to make masks comfortable to sit.
6. Shoes must be without holes and cover the whole foot. Sterile rubber boots should be worn if possible.
7. After these preparations, standard sterile surgical aprons should be worn. Before surgical gloves are worn, the lower gloves should be washed with virucidal agents or alcohol. Since the mortality risks of COVID-19 infected patients who are diagnosed in preoperative period and need to be taken to emergency surgery are very high, the patients and their families should be informed about this.^[25]



Sequence for Putting on PPE^[26]

**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GLOVES**
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 - Discard gloves in a waste container
- 2. GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. GOWN**
 - Gown front and sleeves are contaminated!
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in a waste container
- 4. MASK OR RESPIRATOR**
 - Front of mask/respirator is contaminated — DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
 - Discard in a waste container

How to remove PPE kit^[26]

Operative care in COVID-19 patients

Peri-operative care

All medical staff should be performing their clinical tasks wearing gloves, hats, and disposable surgical masks correctly. Whenever a suspected patient or a COVID-19 diseased patient is encountered, extra precautions should be taken to keep protection at a high level. If this the case, all providers should utilize personal protective equipment (PPE) including fit-tested disposable N95 respirator, goggles, face shield, gowns, double-layered gloves, and protective footwear to achieve maximum droplet/contact isolation precautions.^[27,28,29]

Medical staff should complete personal hand hygiene before and after contact with patients and after removing gloves.^[27,28,29] As Medical staff has extensive contact with patients and their families as well as other health care providers, they are very likely to cause cross-infection. Because of that, the daily assessment of personnel health status and recording body temperature should be implemented. Any medical staff with an increase in his body temperature should be isolated and investigated for the possibility of acquiring the disease.^[27]

Properly protected anesthetists need to oxygenate patients with 100% O₂ for 3e5 min then to perform rapid sequence induction and intubation to avoid manual ventilation and decrease the

possibility of aerosolization of virus from airways. 30 Once PPE is removed proper handwashing before touching the surrounding environment. It is recommended to use a high-quality HMEF (Heat and Moisture Exchange Filter) between the facemask and breathing circuit. It is estimated that HMEF can remove 99.97% of airborne particles equal to or greater than 0.3 microns.^[24,30] Anesthetic equipment must be used by one person only as well as the anesthesia machine is strictly disinfected according to requirements after use.^[27]

After Surgery

- For the disinfection of floor and wall;
 - 1) Visible contamination must be completely removed before disinfection; blood and body fluids cleaning procedures should be followed;
 - 2) The floor and walls should be disinfected with a disinfectant containing 1000 mg/L chlorine via floor mopping, spraying or cleaning;
 - 3) It should be ensured that disinfection was performed for at least 30 minutes;
 - 4) The disinfection process should be done three times a day and the procedure must be repeated in case of contamination.

- For the disinfection of object surfaces
 - 1) Visible contamination must be completely removed before disinfection; blood and body fluids cleaning procedures should be followed.
 - 2) The surfaces of objects should be wiped with cloths containing disinfectants of 1000 mg/L chlorine and it should be rinsed with clean water after 30 minutes. The disinfection procedure should be performed three times a day (should be repeated when contamination is suspected).
 - 3) First clean areas, then more contaminated areas should be wiped. First the surfaces of objects which are not frequently touched should be wiped and then the surfaces of frequently touched objects should be wiped (when the surface of an object is cleaned, replace the used wiper with a new one).^[30]

Post-operative care

Post-operatively, specimens should be labeled as 2019-nCoV and handled as infectious specimens for treatment with the pathology department. Disease-free patients can be transferred to the regular surgical ward for their postoperative management. Daily assessment of body temperature as well as respiratory symptoms is mandatory.^[31] Any patient with new-

onset fever or cough should be isolated and investigated thoroughly to rule out 2019-nCoV infection. Suspected or confirmed patients should be isolated in a single room with a negative pressure, sufficient oxygen supply and nebulization should be considered. Postoperative rounds, medications and wound management should be performed under personal protection to avoid contact with secretions. In case of suspected COVID-19, all medical staff should be isolated and quarantined for observation until the patient is cleared. If the diagnosis of COVID-19 is confirmed or was previously identified, the medical staff involved in the surgery need to be isolated for 14 days after the surgery.^[31]

Waste disposal

It is advisable to set up a dedicated container for hazardous medical waste immediately outside the OR, to immediately dispose of all contaminated disposable material and PPEs. Containers should be closed and sealed before being transferred to the collection point. All sharps should be disposed of in a dedicated rigid plastic container. PPE should be worn when closing and transporting containers and removed immediately after. Any visibly damaged or contaminated container must be promptly replaced.^[32]

Linen management

Linen can be contaminated and must therefore be handled and transported with care, aiming to prevent infection spread. Disposable laundry should be preferred, when possible. All linen (sheets, pillowcases, crossbars, etc.) should be handled wearing PPE during collection, not placed on surfaces or floors, but directly inside dedicated containers. These must be sealed and immediately sent for cleaning and sterilization, limiting them being left outside the OR.

DISCUSSION

Responding to the COVID-19 pandemic, countries around the globe have increased hospital capacities, especially in terms of ICU beds and ventilators. Next to patients, any health care provider needs to be protected as well. It is imperative to functionally sustained healthcare capacity to avoid a worst case scenario: widespread COVID-19 transmission to OR staff increasing individual risk to physicians and nurses and subsequent depletion of essential human resources. Our comprehensive and robust recommendation serves as Pandemic Surgery Guidance during the exponential spread of the COVID-19 or future similar outbreaks throughout the world. We review them here as each single step has sound practical value:

1. Operations should be done in a negative pressure OR with separate passage. Operation observation is forbidden.

2. Operation sheets should be waterproof.
3. PPE shall be in accordance with level III protection standards.
4. The wearing process of personnel on the operating table (wearing two-layer surgical caps, three-layer sterile gloves, two masks, two pairs of shoe covers, two disposable surgical gowns, one medical protective clothing, one goggles, one protective screen and one boot cover).
5. Measures to prevent aerosol transmission. The smoke generated by the use of the electrosurgical equipment will form aerosols. During the operation, an aspirator can be used to absorb the smoke, but the suction operation can also cause the generation of aerosols. Therefore, it is recommended to reduce the negative pressure suction operation during the operation, and use the electrosurgical smoking device to reduce the diffusion of aerosols. Closed negative pressure suction system shall be used. The disposable negative pressure suction bag shall be added with effective chlorine containing disinfectant of 5000 mg/L – 10,000 mg/L before operation, and sealed after operation, and treated as infectious medical waste.

CONCLUSION

In the era of COVID-19 pandemic, all health care providers must implement standardized essential perioperative measures including the use of PPEs to control disease transmission, and avoid unwanted complications. In life saving procedures, all patients need to be managed as COVID-19 patients until results are confirmed.

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REVIEW OF PEPTIC ULCER DISEASE MANAGEMENT WITH MULTI - DISCIPLINARY APPROACH AND AYURVEDIC MODALITY

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ABSTRACT

Peptic ulcer is a broad term used for ulcers of digestive tract in the stomach or duodenum. Breaking of mucus lining or skin layer with inflammation in alimentary canal i.e. GI tract is basically termed as peptic ulcer. In present scenario due to stress, altered lifestyle, irregular food habits and use of various drugs like analgesics are main causes for development of this disease. Symptoms of peptic ulcers are found very common. The formation of peptic ulcers depends on the presence of acid and peptic activity in gastric juice plus a breakdown in mucosal defences. Number of synthetic drugs are available in modern medicinal science but use of such medicines is not cost effective and may

produce some adverse effects where as use of Ayurvedic medications are purely herbal in origin and known to have minimum adverse effects as well as more effective in terms of reducing symptoms. It also reduces the recurrence of symptoms. This article is an attempt to through light on alternative approaches for effective treatment of peptic ulcers by review of treatment options in Ayurveda.

KEYWORDS: peptic ulcer, PUD, Helicobacter pylori, Parinama shool, Annadrava shool.

INTRODUCTION

Ulcers are an open sore of the skin or mucus membrane characterized by sloughing of inflamed dead tissue.^[1] There are many types of ulcer such as mouth ulcer, oesophagus ulcer, peptic ulcer, and genital ulcer etc. Among all, the peptic ulcers are most commonly found. Acid peptic digestion of alimentary mucosa resulting in an ulcer is called as a peptic ulcer disease.^[2]

The corrosive effect of acid with proteolytic effect of pepsin are responsible for Peptic Ulcer Disease (PUD). Duodenum and stomach are common sites of PUD. Rarely they can occur in jejunum and in meckel's diverticulum when it contains ectopic gastric mucosa. Duodenal ulcers are commonly observed among age group of 20 – 50 years whereas Gastric ulcers are predominant in elderly age between i.e. 55-60 years.^[3] The name refers to the site of ulceration. A person may have both gastric and duodenal ulcers at the same time. Duodenal ulcers are four times more common than gastric ulcers. Also, duodenal ulcers are more common in male than in female.

Gastric ulcers are in the stomach, characterized by pain. Eating may increase pain rather than relieve pain. Other symptoms may include nausea, vomiting, and weight loss. Although patients with gastric ulcers have normal or diminished acid production, yet ulcers may occur even in complete absence of acid.^[4] Duodenal ulcers are found at the beginning of small intestine and are characterized by severe pain with burning sensation in upper abdomen that awakens patients from sleep. Generally, pain occurs when the stomach is empty and relieves after eating. A duodenal ulcer is more common in younger individuals and predominantly affects males. In the duodenum, ulcers may appear on its both the anterior and posterior wall.^[5]

In some cases, peptic ulcer can be life threatening with symptoms like bloody stool, severe abdominal pain, and cramps along with vomiting blood.^[6]

TYPES OF PUD^[7]

1. Depending on the site

- a. Duodenal ulcer:** Typically occurs in the first inch of the first part of the duodenum.
- b. Gastric ulcer:** Occurs in the lesser curvature adjacent to acid secreting parietal cell mass.
- c. Combined:** Gastric ulcer type II & Zollinger – Ellison syndrome
- d. Anastomotic ulcer**

2. Depending on the duration

- a. Chronic Peptic Ulcer**
- b. Acute Peptic Ulcer**

ETIOLOGY

PUD has various causes; however, *Helicobacter pylori* associated PUD and NSAID associated PUD account for majority of the disease etiology.^[8]

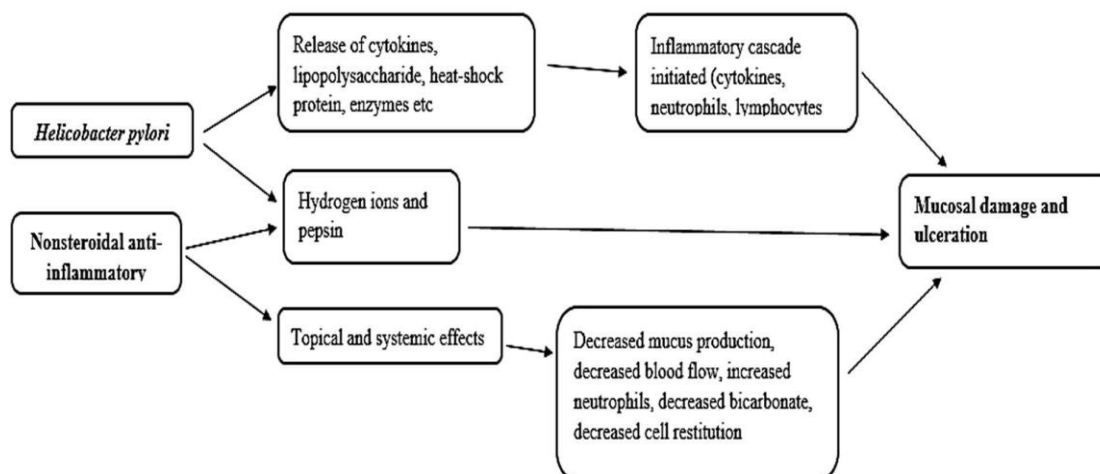
Common causes: *H. Pylori* infection, NSAIDs, Medications, Lifestyle (Smoking, acidic drinks, spicy food, irregular food habits).

Rare causes: Zollinger- Ellison's syndrome, Malignancy (Gastric or Lung cancer, Lymphomas), Stress (Acute illness, burns, head injury), Viral infection, Vascular insufficiency, Radiation therapy, Crohn's Disease, Chemotherapy.

PATHOPHYSIOLOGY

The pathophysiology of peptic ulcer disease involves an imbalance between offensive (acid, pepsin, and *Helicobacter pylori*) and defensive factors (mucin, prostaglandin, bicarbonate, nitric oxide, and growth factors).^[9]

Peptic ulcers are once believed to be caused by spicy food and stress; these have been found merely to be aggravating factors and the real causes have been found by research to include bacterial infection (*Helicobacter pylori*) or reaction to various medications, particularly NSAIDS (nonsteroidal anti-inflammatory drugs).^[10] *Helicobacter pylori*, NSAIDS drugs, emotional stress, alcohol abuse, and smoking are the principal etiological factors associated with peptic ulcer.^[11]



Pathophysiology of Peptic Ulcer

SIGNS OF PUD^[12]

In cases of PUD, The History is everything, Physical examination is nothing. Some of the important signs are.

1. Tenderness: Deep and in epigastric region, to the right of the middle. Localized over the site of lesion on deep palpation. Superficial tenderness may be present

2. Muscle guarding and rigidity: May be present with active ulcer or with deeply penetrating ulcer
3. Peristaltic waves may be observed in presence of obstruction. Gastric splash may suggest gastric retention due to duodenal ulcer near pylorus
4. Occult blood in a stool

CLINICAL SYMPTOMS OF PUD: CONTRASTED^[13]

A. Chronic gastric ulcer-patient usually beyond the middle age

Periodicity-The attack last for several weeks and are followed by intervals of freedom from 2 to 6months.

Pain - Epigastric and may occur immediately or any time up to 2hours after food. Pain may radiate through the back is relieved by lying down flat and practically never occurs at night.

Vomiting - In over 50% of cases vomiting is notable symptoms, it relieves the pain and may be self- induced.

Haematemesis and melaena - At some time or other 30%of patient with gastric ulcer suffer from bleeding from ulcer. The ratio of haematemesis to melaena is about 60:40%

Appetite is good but the sufferer is afraid to eat.

Diet - The patient learns to avoid fried foods, stews and curries. Milk, egg and fish are the staple diet.

Weight -loss of weight

CHRONIC DUODENAL ULCER

Occurs at any time during adult life but in most common between the edges of 25 to 50 .most common in male.

Periodicity - Well marked and classically attack come on in the spring and in autumn. Precepted by work worry and weather. These attack usually last from 2 to 6 weeks.

Pain - Severe and may double up the patient. It usually occurs 1-2.5hours after food. As it is often relieved by food the pain is known as Hunger pain'

Vomiting - Rare in duodenal ulceration unless it is self- induced, or stenosis has occurred.

Hematemesis and melaena - occurs in the ratio 40:60 more frequent than in case of gastric ulcer.

Appetite - exceptionally good

Weight - no loss of weight.

DIAGNOSIS OF PEPTIC ULCER

Non-Invasive tests^[14]

Simple blood, breath and stool tests can now detect *Helicobacter pylori* with a high degree of accuracy. Such non-invasive tests include

1. Blood Test (Hb & MCV)
2. Stool Test
3. Gastric Study
4. Fasting Plasma Gastrin concentration

Invasive Methods^[15]

1. Diagnostic Endoscopy
2. Barium Meal Study
3. Gastroscopy

COMPLICATIONS OF PUD^[16]

1. Bleeding: most common
2. Perforation: Acute or Chronic perforation into surrounding organs
3. Pyloric Stenosis
4. Malignancy at the site of ulcer
5. Pancreatitis due to posterior penetration of ulcer

AYURVEDA APPROACH FOR PEPTIC ULCER DISEASE

In Ayurveda, PUD can be correlated with *Annadrav Shoola* and *Parinam Shoola* in respect to signs and symptoms of the disease.

Annadrava Shoola^[17]

जीर्णे जीर्यत्यजीर्णं वा यत् शूलं उपजायते ।

पथ्यापथ्यप्रयोगेन भोजनाभोजनेन च ॥

न शमं याति नियमात्सोऽन्नद्रव उदाहृतः ॥

Madhav nidana has well described *Annadrava Shoola* which shows great similarity with Gastric ulcer. It is said to occur after complete digestion or during digestion or immediately after having food. It has no defined period for occurrence of pain. It is seen irrespective of *pathyakar* (healthy food) or *apathyakar ahara* i.e. intake of or over spicy, sour, hot, oily and

irritating food; consumption of alcohol.

The typical abdominal pain is chronic in nature; which does not generally respond even to the prescribe dietetic regimen in “Annadrava Shoola”. It is so named because it occurs during the secretion of “Annadrava” i.e. the gastric juice. The patient of “Annadrava Shoola” Consistent pain abdomen is primarily observed and does not subside with phases of digestion but sometimes after vomiting, patient is relieved from pain i.e. by emesis of surplus acid and in long term therapy by the addition of mild laxatives concurrently.

PARINAMA SHOOLA^[18]

भुक्ते जीर्यती यच्छूलं तदेव परिणामजम् |

The Parinama Shoola’, as the name itself is self - explanatory, is that type of pain which occurs at the time of “Parinama”, i.e., after the digestion of the 1st meal, or to say 2-3 hours after meals when the patient starts feeling hungry again.

Etiology and Pathogenesis of Parinama Shoola in Ayurveda

स्वैर्निदानेः प्रकुपितो वायुः सनिहितस्तदा |

कफपित्ते समावृत्य शूलकारी भवेद्बली ||

Madhav Nidana has explained causative factors behind “Parinama Shoola” (duodenal ulcer) are claimed to be: Over exertion; late night working i.e., less sleep; extra dry / fat free or uncongruous dietetic recipes; habit to starve; irregular eating habit; severe injuries leading to stress; constant tension& worry; sorrow; over annoyance; frequent constipation, consumption of cold and stored and fermented materials like alcohol.

Common symptoms of Parinam Shoola

कुक्षौ जठरपार्श्वेषु नाभी बस्तो स्तनांतरे |

पृष्ठमूलप्रदेशेषु सर्वेश्वेषु वा पुनः ||

भुक्तमात्रेऽथवा वान्ते जीर्णे ऽन्ने च प्रशाम्यति |

षष्ठीकत्रीहीशालीनामोदनेन विवर्धते |

तत्परिणामजं शूलं दुर्विज्ञेयं महागदम् ||

The relief from this pain is possible only with ingestion of some food which should be bland, non- spicy and non-irritant in nature. In case of *Parinama Shoola*, a physician is required to

study the case history in detail. The while prescribing the acid neutralizing and healing recipes, he should also give necessary regarding the personal conduct such as regularizing food habits; intake of bland food and milk; reduction in alcohol consumption; timely work & sleep; avoidance of tensions and worries etc.

Types of *Parinam Shoola*^[19]

1. *Vataj*
2. *Pittaja*
3. *Kafaja*
4. *Sannipataj*

Treatment options for *Parinama Shoola*^[20]

लघन प्रथमं कुर्यात् वमनं च विरेचनम् ।

बस्तिकर्म परं चात्र पक्तीशूलोपशान्तये ॥

General considerations in the treatment of ulcer in ayurveda ancient literature is not merely acid control, other factors have also been given due consider like reduction in acid, improving digestive process, improving liver functions , reduction in the intensity of pain and promoting healing and repairs. After thorough consideration of all the aspects of ulcer management, it may be stipulated that poly herbal drugs or single drug having multiple action (Acid neutralization, improvement digestion, improve liver functions, analgesic and anti-inflammatory action) offers faster healing and speedy recovery to the patients of ulcer.

DRUG TREATMENT OPTIONS IN MODERN SCIENCE

The drugs used in the treatment of peptic ulcer are classified as.

1. H₂-receptor Blockers

Cimetidine (Tagamet), Famotidine(Pepcid), Nizatidine(Axid)

2. Proton pump Inhibitors

Omeprazole(Losec), Pantoprazole(Protium), Rabeprazole(Pariet), Lansoprazole(Zoton)

3. Antibiotics

Metronidazole(Flagyl), Amoxicillin(Amoxil), Clarithromycin(Klaricid)

4. Miscellaneous

Bismuth (De-Nol), Sucralfate(Antepsin), Misoprostol(Cytotec).

THE STANDARD TREATMENT REGIMEN

It uses 2 antibiotics and a PPI^[21]

A) Proton pump inhibitors(PPIs): These drugs include Omeprazole (Prilosec), Lansoprazole (Prevacid), Esomeprazole (Nexium) and Rabeprazole (Aciphex). PPIs are important for all types of peptic ulcers and are a critical partner in antibiotic regimens. They reduce acidity in the intestinal tract and increase the ability of antibiotics to destroy *H. pylori*.

B) Antibiotics: The standard antibiotics are Clarithromycin (Biaxin) and Amoxicillin. Some doctors substitute the antibiotic Metronidazole (Flagyl) for either Clarithromycin or Amoxicillin.

- 1) Amoxicillin is a form of penicillin. It is inexpensive, but some people are allergic to it.
- 2) Clarithromycin (Biaxin) is a macrolide and is the most expensive antibiotic used against *Helicobacter pylori*. It is very effective, but there is growing bacterial resistance to this drug. Resistance rates tend to be higher in women and increase with age. Researchers fear that resistance will increase as more people use the drug.
- 3) Tetracycline is effective, but this medicine has unique side effects, including tooth discoloration in children. Pregnant women cannot take Tetracycline.
- 4) Ciprofloxacin (Cipro), a fluoroquinolone, is also sometimes used in ulcer regimens.
- 5) Metronidazole (Flagyl) was the mainstay in initial combination regimens for *Helicobacter pylori*.

As with Clarithromycin, however, there continues to be growing bacterial resistance to the drug. Today, about 25 - 35% of *Helicobacter pylori* bacteria are Metronidazole-resistant.

This combination treatment typically lasts for at least 14 days.

TREATMENT OF NSAIDS-INDUCED ULCERS

If NSAID-caused ulcers or bleeding are identified, patients should

- 1) Get tested for *Helicobacter pylori* and, if they are infected, take antibiotics.
- 2) Possibly use a PPI. Studies suggest these medications lower the risk for NSAID-caused ulcers, although they do not completely prevent them.

SURGICAL OPTIONS OF TREATMENT^[22]

A. Duodenal Ulcer

1. Vagotomy

Transection of Vagus nerve aimed to reduce psychic phase of acid secretion. It also decreases mobility of gastric muscles, hence hampers gastric emptying. Drainage procedure should

always accompany vagotomy.

2. Pyloroplasty

Widening of pyloric canal.

3. Gastro-jejunostomy

Bypass the pyloric canal by making the anastomosis between stomach and the jejunum.

4. Antrectomy

Excision of antrum and making the anastomosis between remnant of the stomach and the first coil of jejunum.

5. Partial Gastrectomy

Excision of distal 2/3rd of the stomach.

B. Gastric Ulcer

1. Gastrectomy (Billroth's I / II, Subtotal)

Excision of distal 2/3rd of the stomach anastomosis between remnant of the stomach and the duodenum.

2. Vagotomy

3. Pyloroplasty

ANTI - ULCER ACTIVITY OF AYURVEDA DRUGS

1. *Yashtimadhu*^[23] - *Glycyrrhiza glabra*

Name – Sanskrit - *Yashtimadhu* , Marathi - *Jeshthamadha*

Gana - *Kanthya*, *Jivaniya*, *Shonitsthapana* (*Aacharya Charaka*), *Kakolyadi*, *Sariwadi*, *Anjanadi* (*Aacharya Sushruta*)

Kul - *Shimbikula* (*Leguminosae*), *Upkula* – *Aparajita* (*Papilinosae*)

Guna - *Guru*, *Snigdha Rasa* - *Madhura Virya* - *Shita*

Vipaka - *Madhura*

Constitution - *Glycyrrhizin*

It is a sweet, moist, soothing, flavouring herb commonly known as “Liquorice”. The plant is widely used as a medicine from the ancient medical history of ayurveda. The glycyrrhetic acid of Liquorice showed potent in vitro activity against *H. pylori* indicating its antiulcer

effect on peptic ulcers.^[24] *Glabra* reduces stomach secretion produces thick protective mucus which covers the lining of stomach and therefore protects from peptic ulcers and other inflammatory diseases.^[25]

2. *Ashwattha*^[26] - *Ficus Religiosa*

Name – Sanskrit - *Ashwattha*, *Pippali*, Marathi-*Pimpal*

Gana – *Mutrasangrahnīya*, *Kashayaskandha* (Aacharya Charaka), *Nyagrodhadi* (Aacharya Sushruta), *Kshirivriksha*, *Panchavalkal* (Bhavprakash)

Kula - *Moraceae* *Guna* - *Guru*, *Ruksha*

Rasa - *Kashaya*, *Madhura* *Virya* - *Shita*

Vipaka-*Katu*

Chemical Constitution – Tannins, saponins, flavonoids, steroids, terpenoids and cardiac glycosides. It is one of the foremost plants utilized from antiquity till to date. *F. religiosa* possess a wide range of pharmacological activities anti-ulcer activity, anti-inflammatory activity, anti-microbial activity.^[27]

Shatawari^[28] - (*Asparagus racemosus*)

Name – Sanskrit – *Shatavari*, Marathi - *Shatavari*

Gana – *Balya*, *Vayasthapan* (Aacharya Charaka), *Vidarigandhadi*, *Kantakpanchmool*, *Pittaprashaman* (Aacharya Sushruta)

Kula – *Rasona* (*Liliaceae*) *Guna* - *Guru*, *Snigdha* *Rasa* – *Madhura*, *Tikta* *Virya* - *Shita*

Vipaka – *Madhura*

Chemical Composition - *Saponin*

It is a well-known Ayurvedic *Rasayana*. *Asparagus Racemosus* is reported to be antidiarrheal, antibacterial and antiulcer. The plant did not show any significant effect on acid and peptic activity, but it increased mucin secretion tremendously, suggesting cytoprotective property as the possible mechanism. The plant did not show any effect on acid secretion.^[29]

3. *Tulsi*^[30] - *Ocimum sanctum*

Name - Sanskrit-*Tulsi*, Marathi - *Tulas*

Ocimum sanctum (*Lamiaceae*) is commonly known as “holy basil” or “Sacred basil.”

Gana – *Swashara* (Aacharya Charaka), *Surasadi*, *Shirovirechan* (Aacharya Sushruta)

Kula – *Tulsi kula* (*Labiatae*) *Guna* - *Laghu*, *Ruksha*

Rasa – Katu, Tikta Virya - Ushna Vipaka - Katu Prabhav - Krimighna

Chemical Composition - alkaloids, tannins, saponins, flavonoids, and sterols

In Ayurvedic Indian Materia Medica describes the use of the plant in a variety of ailments. A tea prepared with the leaves of Tulsi is commonly used for intestinal disorders.^[31] In Recent Studies the fixed oil of *Ocimum sanctum* was administered in the doses of 1, 2, and 3 mL/kg intraperitoneally in the rats in which ulcer is induced by aspirin, indomethacin, alcohol, and stress induced ulceration. It reduces the ulcer index in dose-dependent manner.^[32]

4. *Shunthi*^[33] - *Zingiber officinale*

Name – Sanskrit - *Shunthi*, Nagar, *Vishwabheshaja*, *Aadraka* Marathi- *Sunthi*

It is commonly known as Ginger which is consumed as a flavouring agent and spice.

Gana – Truptighna, Arshoghna, Dipniya, Shool prashaman, Trushana nigrahana (Aacharya charaka), Pippalyadi, Trikatu (Aacharya Sushruta), Panchkol, Padushan (Bhavprakash)

Kula – Zingiberaceae

Guna – Shunthi - Laghu, Snigdha, Aadraka - Guru, Ruksha, Tikshna Rasa – Katu

Virya - Ushna

Vipaka – Shunthi - Madhura, Aadraka - Katu

Chemical Constituent-Oil of Ginger-Zingiberene, Zingiberol.

Powdered rhizome of ginger root has been used as a traditional remedy for gastrointestinal complaints including in treating peptic ulceration even though ginger promotes gastric secretions.^[34]

5. *Bhringaraj*^[35] - *Eclipta alba*

Name - Sanskrit – *Bhrungraj*, *Markav*, Marathi – *Maka Kula – Bhringaraj kula (Compositae)*

Guna - Ruksha, Laghu Rasa – Katu, Tikta Virya - Ushna

Vipaka – Katu

Chemical Constituent - Ecliptin alkaloid

It shows significant attenuation in lipid peroxidation, superoxide dismutase activity, whereas, elevate catalase enzyme levels. Antisecretory activity of *Eclipta alba* was evidenced by significant reduction in gastric volume, acid output and increase in gastric pH.^[36]

6. Vasa^[37]-*Adhatoda vasica*

Name – Sanskrit - *Vasa, Vasak, Vasika, Marathi – Adulsa Kula – Vasa kula (Acanthaceae)*

Guna – Ruksha, Laghu Rasa – Tikta, Kashaya Virya – Shita

Vipaka – Katu

Chemical Constituent - *Vasicine*

Adhatoda leaf powder showed a considerable degree of anti-ulcer activity in experimental rats when compared with controls. The highest degree of activity was observed in the ethanol-induced ulceration model.

These results suggest that in addition to its classically established pharmacological activities, *Adhatoda vasica* has immense potential as an anti-ulcer agent. Further research showed that a syrup of *Adhatoda* improved symptoms of dyspepsia.^[38]

7. Narikel^[39] -*Cocos nucifera*

Name-Sanscrit-Narikel Marathi-Mad, Naral

Cocos nucifera (L.) is an important member of the family *Arecaceae (palm family)*

Kula – Narikel kul (Palmae) Guna - Guru, Snigdha

Rasa – Madhura Virya - Shita Vipaka – Madhura

Chemical Constituent- A protective action against aspirin/histamine induced gastric damage has been protected with coconut water. Its kernel reduced the gastric acidity in the duodenal ulcer patient.^[40]

8. Durva^[41] - *Cynodon dactylon*

Name – Sanskrit - *Durva, Shatparva Marathi-Harali*

Gana – Prajasthapan, varnya (Aacharya charak)

Kula – Yava kula Guna - Laghu

Rasa – Kashaya, Madhura Virya - Shita

Vipaka – Madhura

Chemical Constituent - Essential oil *triticin* 12.4%. Other chemical composition are glycosides, saponin, tannins, flavonoids and carbohydrates.^[42]

CONCLUSION

From this review study we can conclude that studies with plant sources can result in novel and effective pattern of treatment. Current stalemates of modern medicine in the management of various ailments incline research tendencies to traditional medicine. In this respect, Ayurveda modality of medicine has introduced good protocols for treatment of various gastrointestinal disorders including peptic ulcers. All the remedies presented here had adequate evidence from traditional or scientific source for their efficacy in management of ulcers. This illustrates that multidisciplinary approach to Peptic Ulcer Disease is a need of era for betterment of patient and effective outcome.

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AN AYURVEDIC AND MODERN TREATMENT MODALITIES FOR VARICOSE VEINS-A REVIEW ARTICLE

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ABSTRACT

Varicose veins are twisted, enlarged veins near the surface of skin most common in legs and ankles. There are primary as well as secondary causes of varicose veins. The superficial perforating as well as the deep veins are involved in varicose veins. It occurs when valves become weak allowing blood to leak back-down leading to varicose, engorged and painful veins. The incidence of varicose vein is 5% in general population among which mostly are women. Although it is not a severe problem, but continuous pain causes disturbance in daily life. Modern science provides contemporary treatment for varicose veins which includes ligation, ligation with stripping, sclerotherapy, laser treatment, radial surgical approach, and bypass surgery. In *Ayurveda* our *Acharya* described *bheshaj chikitsa* and various *panchkarma* procedures like *Siravyadha* (venesection), *raktamokshan* (bloodletting), *jalaukavacharan* (leech therapy), *veshtana* (wrapping of clothes or crepe bandaging). In this review article an attempt has been made to review the study carried out on varicose veins.

KEYWORDS: Varicose veins, *Ayurvedic* treatment modalities, Modern treatment modalities.

INTRODUCTION

Varicose veins is common disease in present era. This is mainly a life style disorder. The common site of varicosity is lower limbs. **Varicosity is the penalty for verticality against gravity.** This is common statement made. The blood has to flow from the lower limbs into the heart against gravity because of the upright posture of human beings.^[1] The basic cause of varicose veins is incompetency of perforating valves of lower limbs. The predisposing factor

of varicose veins is prolonged standing and increased abdominal pressure like pregnancy, abdominal tumours.^[2]

Varicose veins have been described in *ayurvedic* text. It was first described by *Acharya Sushruta* in *Sushruta Samhita*. He has mentioned it as *siragranthi*. He has described *siragranthi* with etiology, pathology, clinical features and treatment. He has considered *vata (vyanavayu)* as causative factor.^[2]

Pathogenesis Of Varicose Veins

Sushruta has described its cause as a person undertakes excessive exercise get his network of vein affected due to *Vayu dosha* which in turn compresses squeezes and dries up and produce *granthi* which is raised and circular. The swollen bulging and twisted bluish veins that become visible just beneath the skin surface and filled with abnormal gathering of blood are known as varicose vein.^[3]



Primary Varicosity is due to^[3]

- Congenital incompetence or absence of valves.
- Weakness or wasting of muscles
- Stretching of deep fascia.
- Klippel – Trenaunay syndrome, avalvulia, parkesweber syndrome. Here varices are of atypical distribution.

Secondary Varicosities^[3]

- Recurrent thrombophlebitis
- Occupational-standing for long hours.
- Obstruction to venous return like abdominal tumour,
- Retroperitoneal fibrosis, lymphadenopathy, ascites.

- Pregnancy, obesity, chronic constipation
- Iliac vein thrombosis.
- Tricuspid valve incompetence.

Clinical Features^[3]

- Dragging pain, postural discomfort.
- Heaviness in the legs.
- Night time cramps-usually late night.
- Oedema feet, itching (feature of CVD).
- Discolouration /ulceration in the feet/painful walk.

Clinical Test^[3]

Clinical tests that may be used include

1) Trendelenburg test

To determine the site of venous reflux and the nature of the sapheno-femoral junction.

2) Trendelenburg test 1

Vein is emptied by elevating the limb and a tourniquet is tied just below the sapheno-femoral junction. Patient is asked to stand quickly. When tourniquet or thumb is released, rapid filling from above signifies saphenofemoral incompetence.

3) Trendelenburg test 2

After standing position tourniquet is not released. Filling of blood from below upward rapidly can be observed within 30-50 seconds. It signifies perforator incompetence.

4) Perthe's test

The affected lower limb is wrapped with elastic bandage and the patient is asked to walk around and exercise. Development of severe cramp like pain in the calf signifies DVT.

5) Three tourniquet test

To find out the site of incompetent perforator, three tourniquets are tied after emptying the vein.

- i. At saphenofemoral junction
- ii. Above knee level
- iii. Another below knee level

Patient is asked to stand and looked for filling of veins and site of filling. Then tourniquets are released from below upwards, again to see for incompetent perforators.

Treatment

As per *ayurveda*

1. *Veshtana*^[4] It is a *vata* dominant diseased condition *veshtana* (wrapping of cloth or crepe bandaging) gives symptomatic relief in aching pain, heaviness, numbness etc.
2. *Sira vyadha*^[4] (bloodletting through venesection) is found to be effective in its management.
3. Otherwise, Leech therapy can be carried out near the lesion. *Sushruta* and *Vagbhata* mention *Jalaukavacharna* (leech therapy) in the treatment of all venous diseases. Leech therapy comes under the *Raktmokshana* treatment which is one of the *Ayurveda Panchkarma*. It is safe, painless and highly effective. *Raktamokshana* is the refinement of blood so helpful in treating many skin and vascular disease.^[5]
4. The line of treatment of gout arthritis (*vatarakta chikitsa*) is applicable here also. It comprises of enema treatment (Basti treatment) and oral medicines.^[4]
5. There are some *Ayurvedic* oils available for local application to seek temporary relief. These are *Prasarini taila* and *Chandanabala taila*. *Mahanarayan* oil (whose main plant ingredient is *Shatavari*) is aid to be particularly useful, as is both *Brahmi* oil and Carrot Seed essential oil (mixed usually with some carrier oil). *Sahacharadi* oil is also said to be of great benefit^[6]

Great care must be taken never to massage any oil directly on the varicose veins, as it would increase pressure on them. A simple application is sufficient, without any pressure being exerted. For external treatment, apply oils very gently over the affected veins. Massage the affected leg – avoiding the vein – against the direction of the hair.^[6]

1) Naturopathy Management^[7]

- Warm water enema weekly twice.
- Daily alternate hot and cold hip bath.
- Hot Epsom salt bath twice a week.
- Mud therapy and steam bath twice a week.
- Cold packs applied over the affected part.

2) Herbs useful in varicose veins^[4]

- *Eranda*– castor roots –relieves pain and inflammation.
- *Chirabilva* – *Holoptelia integrifolia* – extensively used in vein related disorders such as piles.
- *Mandookparni* – Gotu kola
- *Manjistha* – *Rubia cordifolia* – Used in high *Pitta* conditions and blood vitiation due to *Pitta*
- *Guduchi* – *Tinispora cordifolia* – useful in relieving infection and inflammation.
- *Punarnava* – *Boehirraviva diffusa*
- *Sariva* – *Hemidesmus indica* – Like *Manjishtha*, it is also extensively used in high *Pitta* conditions.
- *Paranti* – *Ixora sp.*

3) Ayurvedic medicines useful in varicose veins^[4]

- *Kaishora guggulu* – It acts as – ageing skin health promoter, joint health, natural blood cleanser, useful as supportive dietary herbal supplement in many health conditions such as diabetes, skin diseases etc.
- *Sarivadyasava* – used in treatment of gout, diabetes and related skin complications, skin infection. It is a natural blood detox product.
- *Chirabilvadi Kashaya* – It is used in haemorrhoids, fistula, reduce burning sensation, it relieves bloating, improves digestion power.
- *Erandamooladi kashaya*
- *Rasnerandai kashaya* – It is used in treatment of gout, aches and pain related back, lumbar spondylosis, low back ache etc.
- *Guduchyadi kashaya* – Used in treatment of fever with burning sensation, vomiting etc.
- *Mahamanjishtadi kashaya* – Used in treatment of skin diseases.
- *Phalatrikadi kashaya* – It is used in the treatment of fever, vomiting and gastritis.
- *Punarnavashtak kwath* – Used in treatment of inflammatory conditions like myxedema, ascites.

4) Lifestyle advices^[4]

- Rest to the limbs – If your job makes you to stand for long hours, make sure to sit for a while, in between.

- Elevated legs – While sleeping, keep a pillow beneath your feet. This will keep the feet elevated and ensures that the blood flow is good in the legs.
- Moderate exercise – Not only makes your leg muscle strong, it also keeps the blood vessels in pretty good shape.
- Wearing Varicose Veins Socks, available in medical stores, is a good way of preventing/ treating varicose veins of feet and legs.

As Per Modern

1) Physical Therapy^[8]

Exercise and *Yogasanas* increase the muscle strength, stimulate the flow of blood and enhance the circulation. This relieves pain and other complications and thus promotes healthy veins. *Sarvangasana, Halasana, Pawanuktasana* are some the vitalizing and effective *yogasanas* for reducing the complications resulting from Varicose veins. In addition to this, the simple everyday activities such as walking, cycling, swimming, etc. help toning the muscles. The elevation of the legs using pillows or any other props overnight or for a few hours in the day time is recommended as it helps in better flow of blood. Massage therapy in which the tension is applied onto the muscles in the upward direction of the legs using oils such as citrus oils, olive oil, mustard oil, castor oil etc. also results in good circulation and proper drainage of blood.

2) Compression therapy^[8]

The therapy uses the special type of compression stockings which constricts the dilated veins by creating pressure on surface of the calves. Therefore, there is decrease in the passage of the veins which in turn results in increased blood movement towards the heart.

Non-Surgical Treatment

1) Laser treatments^[9]

Dermatologists use lasers to treat spider veins and small varicose veins. During laser treatment, dermatologist directs the laser light at the vein. Small spider veins may disappear immediately after treatment. Larger spider veins and varicose veins will darken, and patient will likely see them for 1 to 3 months before they disappear. To get complete clearing, patient may need 3 or more treatments. Most patients can return to work and many of their normal activities the next day. After each treatment, some patients need to wear compression stockings for a short time.

Every patient will need to protect the treated area from the sun for 3 to 4 weeks. This helps prevent dark spots from developing. Protecting your skin from the sun year round helps to prevent new spider veins and skin cancer.

2) Endovenous laser therapy^[9] (EVLT) and radio-frequency ablation (RFA)

EVLT and RFA are newer treatments. They often replace the need to surgically remove a vein.

Both treatments work inside the vein to destroy it. Dermatologists use EVLT to treat spider veins and small varicose veins. RFA is used to treat large varicose veins.

3) Sclerotherapy^[9]

Spider veins or angioectasis is treated using this technique. The technique involves use of sclerosing agents such as sodium salicylate, polidacanol, chromated glycine which is injected using small needles. The treatment is accompanied with compression stockings to be worn after the sclerotherapy so as to constrict the treated vessels. Side effects to this treatment include scars at the site of injection, neovascularization (formation of petite veins which may take a couple of months to year to disappear), swelling and small ulcers (in severe cases) 2, 7.

4) Ultrasound guided foam sclerotherapy^[9]

The method involves the damaging of the endothelial layer of the vein so as to create a blockage and scar formation in the dilated veins. The sclerosing agent here is in the form of foam as it provides larger surface area on the wall of the veins. The side effects to this treatment were bubble embolism and thrombophlebitis.

5) Endotheleal Ablation^[9]

The treatment involves use of energy from radio-frequency and lasers to fasten the affected veins. These treatments ensure a rapid recovery. It includes two of the following methods:

i. Radiofrequency ablation of the Varicose Veins

The affected veins are heated by using the bipolar generator and inducing radiofrequency catheter into it along with sheath able electrodes. This method is carried out at the temperature of $85 \pm 3^\circ\text{C}$.

ii. **Endovenous Ablation:** The method involves the closure of the vein by placing the catheter through the saphenous vein at the saphenofemoral junction (under the knee) and passing the laser fibre through it. This method is 98% successful method to cure the venous

insufficiency. Complications observed were stiffness in the limb, pain and bruising.

Surgical Treatment

1) Vein Stripping^[9]

This is a surgical technique in which the affected veins are treated by insertion of special wires made of any suitable material by providing a tear onto the saphenous vein so as to “strip” the veins. The leg is operated by giving general anaesthesia and known as bilateral surgery. Bleeding, bruising, infections may be observed as side effects.

2) Ambulatory Phlebectomy^[9]

The method in which the superficial veins are removed by performing incisions in the skin. The procedure is performed on the out patients by the dermatologist. The compression socks are continued to be worn after the surgery for some period of time. Temporary swelling and inflammation may be observed.

3) Saphenopopliteal junction ligation^[10]

Preoperative ultrasound localisation of junction should ideally be carried out. A transverse skin incision is made in popliteal fossa just below the termination of the vein. The deep fascia is divided vertically. The vein is found and traced to saphenopopliteal junction before it is divided. It is disastrous to divide or damage the popliteal vein. Tributaries may enter the short saphenous vein near its termination. After the vein has been divided, a stripper is passed upwards from the ankle, carefully dissecting off sural nerve to ensure that the whole of the lesser saphenous vein is removed. This obliterates the junction with the mid-calf perforating vein, which is responsible for many recurrences.

CONCLUSION

Varicose vein is a problematic disorder in today's life. These are a frequent occurrence. Commonly affect middle aged males, required to work standing for prolonged hours. The great saphenous and the communicating systems are most commonly involved, followed by great saphenous system alone.^[11] According to Ayurveda classics, varicose vein can be very much correlated to *Siraja granthi*.^[12] Being a kind of *Raktadushti Vikara* (Blood involved pathology) Overall, all treatment modalities appear to be safe and effective, and all the procedures for varicose veins have no any major side effect.

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REVIEW ON VATARAKTA VYADHI

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ABSTRACT

‘Vatarakta’ is a disease caused by both ‘Vata’ and ‘Rakta’ related with ‘Khavaigunya’, found in ‘Raktavaha Strotas’. Very attainment of the stage of the morbid transformation (Avasthantara Prapti) of vitiated Vayu and Rakta is called Vatarakta. This disease complex also includes different types of Arthritis, though it is generally interpreted as Gout. A certain form of inflammation of the small joints and swellings of the recurrent type occur in Gout. It occurs in acute attacks though it is chronic in nature. The main cause of Gout is the deposition of the uric acid crystals in the joint. The right treatment for it is avoiding the cause, Raktamokshan and Basti as a Shodhan Chikitsa and use of herbal supplements to correct the uric acid metabolism.

Keywords- Vatarakta, Gout, Raktamokshan, Basti, Shodhan Chikitsa, Shaman Chikitsa.

INTRODUCTION

Vitiated Vata and Rakta causes Vatarakta, which is a Vatavyadi type. (1) Margavarodh (Obstruction of Channels) is the main pathology of the disease. By their own etiological factors, Vata and Rakta are aggravated and vitiated. Ultimately Vayu gets obstructed by vitiated Rakta.

Gout is very similar to Vatarakta in the etiology and symptomatology. It is a pathological reaction of joints or periarticular tissues. It results from deposition of monosodium urate monohydrate crystals in joints and tissues. Gout is an inflammatory joint disease where mainly small joints become swollen, tender, painful and stiff. (2)

AIM

To review the concept of Vatarakta and its treatment.

OBJECTIVE

To review the concept of Vatarakta and Gout and its treatment for health benefits.

MATERIAL

Ayurvedic classical text, Allopathy Medicine text, different websites.

METHODOLOGY

This is a literary and fundamental study regarding Vatarakta and Gout and its treatment.

ETIOLOGY (3,4)

Generally, people of tender health who indulge in sweet food, leisurely eating and sedentary habits get afflicted by Vatarakta because of the following things-

1. Excessive intake of saline, sour, pungent, alkaline, unctuous, hot and uncooked food.
2. Intake of putrefied or dry meat of aquatic or marshy land inhabiting animals.
3. Excessive intake of oil, cake preparation or radish.
4. Excessive intake of Kulaltha, Masha, Nishpava, leafy vegetables etc, meat and sugarcane.
5. Excessive intake of curd, Aranala (Kanji), Souvira (sour preparation of dehusked barley, etc.), Sukta (vinegar), butter milk, alcohol and wine.
6. Intake of mutually contradictory food.
7. Intake of food before the previous meal is digested.
8. Resorting to anger in excess.
9. Sleeping during daytime and remaining awake at night.

In a person whose blood is vitiated by the above-mentioned causative factors, Vata gets aggravated because of the following-

10. Abhighata (Injury)
11. Ashuddhi (Omission of the purification of the body i.e. which are supposed to be done routinely during different seasons).

12. Excessive intake of Astringent, pungent, bitter and unctuous ingredients.
13. Intake of less food or obstinance from food.
14. Riding over horses, camels, or vehicles drawn by them.
15. Resorting to aquatic games, swimming and jumping.
16. Excessive warfaring in hot season which disturbs the equilibrium of the Vayu.
17. Indulgence in sexual intercourse, and
18. Suppression of the manifested natural urges.

PATHOGENESIS (5)

Because of the aforesaid factors (listed in items 1-9 above), Vayu is aggravated. Being obstructed in its course by the vitiated blood (caused due to factors listed in item nos.1-9 above), the excessively aggravated Vayu vitiates the entire blood. The disease thus caused is called Vatarakta.

The item nos.1 to 9 above, vitiate blood and the other described in items 10 to 18 cause aggravation of Vayu. Description of these factors in two separate groups implies that the morbidities in both Vayu and Rakta take place independently to ultimately give rise to Vatarakta.

PARTS OF BODY AFFECTED BY VATARAKTA (6)

The sites where Vatarakta is manifested are hands, feet, fingers including toes and all the joints. In the beginning, the hands and feet are afflicted. From this base, it

spread to all the other parts of the body because of the subtle pervasive nature of Vata and Rakta. Because of their fluidity and mobility, they (Vata and Rakta), while moving through the vessels, get obstructed in the joints which makes them further aggravated. Because of the tortuous nature of the course in the joints, the morbid matter gets lodged there.

Being localised in the joints, they get further associated with Pitta etc. (i.e. Kapha and Vayu aggravated because of other etiological factors) and produce different types of pain characterised by the nature of these elements. Therefore, in general, the disease gives rise to different types of pain which become excessively unbearable for the affected person.

GENERAL MANIFESTATIONS (7)

In such cases of Vatarakta, the patient feels trouble with touch (of the afflicted part), pricking and piercing pain, emaciation and numbness of the part. If Pitta is associated, the patient feels severe burning sensation in the feet and the swelling is reddish, a little soft and feels too hot. If Kapha is vitiated along with Rakta, there is itch and white, cold, protruded and fixed swelling (in the feet). If all the three Doshas are vitiated simultaneously along with Rakta, features of all of those appear.

TYPES OF VATARAKTA (8)

Vatarakta is of two types viz. 'Gambhira' (the deep) and 'Uttana' (protruded). The one involving skin and muscles is Uttana

and which involves internal parts is defined as Gambhira.

According to modern science, the disease Gout features two types, acute gout and chronic gout.

CLINICAL FEATURES OF ACUTE GOUT (9)

In almost all first attacks a single distal joint is affected in over 50% of cases. 'Podagra' (seizing the foot), swelling, erythema and extreme pain and tenderness of first meta-tarso-phalangeal joint are to be found. Other common sites are, in order of decreasing frequency, the ankle, midfoot, knee, small joints of hands, wrist and elbow. The axial skeleton and large proximal joints are rarely involved and never as the first site.

Typical attacks have the following characteristics

- ❖ Extremely rapid onset, reaching maximum severity in just 2-6 hours, often waking the patient in the early morning.
- ❖ Severe pain, often described as the 'worst pain ever'.
- ❖ Extreme tenderness-the patient is unable to wear a sock or let bedding rest on the joint.
- ❖ Marked swelling with overlying red, shiny skin.
- ❖ Self-limiting over 5-14 days with complete return to normality.

Gout is a true crystal deposition disease and is defined as the pathological reaction of the joints or the periarticular tissues in

the presence of monosodium urate monohydrate (MSU) crystals. MSU crystals preferentially deposit in peripheral connective tissues, in and around synovial joints, initially favouring lower rather than upper limbs and especially targeting the first MTP joints and small joints of feet and hands.

INVESTIGATIONS

Definitive diagnosis requires identification of MSU crystals in the aspirate from a joint, burs or tophus. In acute gout, synovial fluid shows increased turbidity due to greatly elevated cell count (790% of neutrophils).

Although hyperuricaemia is usually present, it does not confirm gout.

Measurement of 24-hour urinary uric acid excretion on a low purine diet will identify an over producer.

X-rays can assess the degree of joint damage.

MANAGEMENT

A fast acting oral NSAID and colchicine can give effective pain relief and is the standard treatment together with local ice pack.

Joint aspiration can give instant relief and when combined with an intra-articular steroid injection to prevent fluid reaccumulation, often effectively aborts the attack.

PRINCIPLES OF TREATMENT ACCORDING TO AYURVEDA (10)

The Uttana type of gout should be treated with Lepana (local application), Abhyang (anointing), Parishek (pouring of medicated decoction) and Avagahan (bathing in the tub filled with medicated decoction).

Gout with predominance of Vata should be treated with Sneha (unctuous therapies). In case of Vatarakta, predominance of Rakta, Raktamokshan (bloodletting) should be done, Virechana (purgation) in the cases of Pitta predominance and Vaman (emesis) should be administered in the cases of Kapha predominance. For Raktamokshan, needles, leeches, horn or alabu should be used.

Repeated basti with dry or mild substances should be administered. There is no better treatment for Vatarakta (Gout) than enema.

The decoction to be used are Vasadi kvath, Navkarshika kvath, Guducyadi kvath, Kokiladi kvath etc. The guggul preparation commonly used are Kaisora guggulu and Amruta guggulu.

The oil and ghrta which are generally use for anointing are Laghu marichadya taila, Brahamarichayadi taila, Pinda taila, Amrutadya ghrita, Mahatikta grita etc.

The juice, paste, powder or decoction of Guduchi, if taken for a long period cures Vatarakta.

UNWHOLSOMES

An expert physician should never allow a patient of Vatarakta to enjoy sleeping during day time, heat of fire, exercise, exposure to sun, copulation, intake of masa, kulatha, nispava, kalaya, kshra, meat of oviparous and marshy beings, incompatible food, curd, ikshu, mulaka, wine, tambula, kanjika, tila, bitter and hot substances, heavy and abhisyanidi (moisture producing) food, salt and saktu (flour of parched grains).

RESULT

For better result Ayurvedic Shaman and Shodhan chikitsa should be used.

DISCUSSION

When Ayurvedic treatment is concerned, the etiological factors are as important as the medicine administered. This means factors responsible for the prognosis of the disease have to be ruled out in the history of the patient. It is as important as medicine given, that the patient be suggested with wholesome and unwholesome (pathyapathya) treatment approach so as to restrict disease and its recurrence.

Purine is an important by-product of incomplete protein metabolism. It leads

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into the excess production of uric acid. Reduced renal clearance of uric acid and urate increases their level in the circulation. In the joint space, these crystals get deposited triggering an inflammatory response called 'Gouty Arthritis'. The fundamental biochemical hallmark of gout is hyperuricemia which results from increased production or decreased excretion of uric acid. (11)

Priorly what needs attention is the factors causing uric acid and urate crystals (MSU) deposition in the joint spaces are to be restricted. Shodhan chikitsa suggested in Vatarakta are Raktamokshan and Basti to normalise vitiated Vata and Rakta can be a superior treatment.

CONCLUSION

According to Ayurveda due to inaccurate Aahar and Vihar, doshas are vitiated in the body. Then dosha gets accumulated in the 'kha-vaigunya'. As per etiology and prognosis of Vatarakta (gout), removal of doshas and symptomatic treatment to relieve pain are the treatments. These include Raktamokshan and Basti as a Shodhan chikitsa and Lapan Abhag, Parishek, Avgahan, different kvathas like navakarshika kvath, kokiladi kvath, etc. Guggula yog and Guduchi yog as a Shaman chikitsa.

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Clinical Efficacy of *Amrutadi Kwath* in the Management of *Sheetapitta* with special reference to Urticaria

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ABSTRACT

Sheetapitta is one of the commonest skin ailments equated with Urticaria in modern science. Urticaria affects up to 20% of the population at some point in their lives. It results from an immediate hypersensitivity reaction, appears as edema or wheals over body, itching, and burning sensation. In modern aspects of medicine, antihistamines are mainly used along with steroids which have so many side effects and Urticaria is mostly resistant to this treatment. This specifies the necessity of research concerning alternative management of urticaria (*Sheetapitta*). In this context, *Amrutadi Kwatha* is a very unique herbal combination from *Chakradatta* mentioned in the treatment of Skin diseases like *Visarp*, *kushtha* and *Sheetapitta*. A simple randomized clinical trial carried in 30 Patients having symptoms of *Sheetapitta* with *Amrutadi kwath*. Clinical facts obtained from the study were analyzed with appropriate statistical methods. The drug was found to be effective clinically in pacifying symptoms of *Sheetapitta*. The present study provides strong shreds of evidence that prove effective management of *Sheetapitta* with *Amrutadi kwath*.

KEYWORDS

Sheetpitta, Urticaria, *Amrutadi Kwath*



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INTRODUCTION

Skin is the most noticeable part of the physique that reflects one's persona and the first structure of the body interacting with the environmental agents like physical, chemical & biological agents. *Sheetapitta* is one of the commonest skin disorders also known as Urticaria in modern terms, which affects 15-20% population at some point in their whole lives. Though Urticaria is not a life-threatening disease it may be a very problematic and frustrating condition for the patient.

Sheetapitta is a disorder in which *Vata* and *Kapha* are two *doshas* which are primarily disturbed due to *dosha prakopak hetu* and in combination with *pitta dosha* cause *Sheetapitta*¹. *Vata dosha* is dominant in *Sheetapitta* which leads to the formation of wheals, redness, itching over the skin².

Urticaria results from an immediate hypersensitivity reaction between antigen and antibody, which causes an increase in vascular permeability leading to edema (wheals). In this reaction, Histamine is thought to be the most important biochemical mediator. It causes vasodilatation and enhances the capillary permeability for fluid and plasma proteins from blood into the affected tissues. So the accumulation of fluid with protein causes local edema.

In modern aspects of medicine, antihistamines are mainly used along with steroids which have so many side effects and Urticaria is mostly resistant to this treatment so for known to the medical world. The present known treatment is still not an ideal one by any means. For the skin conditions like *Sheetapitta*, both *Shodhan* and *Shaman* treatment is mentioned in Ayurvedic classics³. The *Shodhana* procedures are laborious treatment procedure where the patients have to be hospitalized; moreover these procedures are only indicated in patients having *uttama bala*.

Various *Shaman aushadhi* are stated in Ayurvedic conventional textbooks. *Amrutadi Kwath* is a decoction of 10 herbs mentioned in *Chakradatta* for the management of several skin ailments like *visarp*, *kushtha*, *sheetapitta*⁴. Thus a simple randomized clinical trial was conducted on 30 patients to estimate the efficacy of *Amrutadi Kwath* on *sheetapitta*.

AIM AND OBJECTIVES

1. To specify the disease *Sheetapitta* with its clinical aspects.
2. To study the clinical efficacy of “*Amrutadi Kwath*”
3. To determine the exact indications for the efficacy of “*Amrutadi Kwath*”.



MATERIALS AND METHODS

A. Patients- 30 patients identified clinically on the basis of symptoms of *Sheetapitta* as described in *Ayurvedic texts*².

Inclusion criteria –

1. Patients between the age group of 16 to 60 of both sexes, irrespective of religion, occupation, and socio-economic status were selected.

2. Patients representing the following clinical symptoms of “*Sheetpitta*.”

Varati Damsha Sansthan Shotha (Hives), *Kandu* (itching), *Toda* (Pricking Sensation) *Chhardi* (Vomiting), *Jwara* (Fever), *Vidaha*(Burning Sensation).

Exclusion Criteria-

1. Patients below the age of 16 and above 60 years.

2. Patients of *Sheetapitta* with any complication.

3. Any other dermatological comorbidity.

4. Patients known to have a drug allergy or other hypersensitive reactions.

B) Drug:

A freshly prepared *Amrutadi Kwath* was given orally for 28 days with a dose of 20 ml twice a day. Patients were actually given the coarse powder of *kwath* ingredients 20gm/day and were explained the procedure to prepare *kwath* as per the classical text⁵.

Raw materials of *Amrutadi Kwath* were enlisted in Table no.1.

Table 1 Ingredients of *Amrutadi Kwath*

| Sr No. | Name of Drug | Latin Name | Family | Part Used |
|--------|------------------------|-----------------------------|----------------|-----------|
| 1 | <i>Amruta(Guduchi)</i> | <i>Tinospora cordifolia</i> | Menispermaceae | Stem |
| 2 | <i>Vasa</i> | <i>Adathoda vasaka</i> | Acanthaceae | Leaves |
| 3 | <i>Patola</i> | <i>Trichosanthes dioica</i> | Cucurbitaceae | Leaves |
| 4 | <i>Musta</i> | <i>Cyperus rotundus</i> | Cyperaceae | Root |
| 5 | <i>Saptaparna</i> | <i>Aistonia scholaris</i> | Apocynaceae | Bark |
| 6 | <i>Khadira</i> | <i>Acacia catechu</i> | Leguminoseae | Bark |
| 7 | <i>Anantmula</i> | <i>Hemidesmus indicus</i> | Asclepidaceae | Root |
| 8 | <i>Nimba</i> | <i>Azadirachta indica</i> | Maliaceae | Leaves |
| 9 | <i>Haridra</i> | <i>Curcuma longa</i> | Zingiberaceae | Rhizome |
| 10 | <i>Daruharidra</i> | <i>Berberis aristata</i> | Berberidaceae | Stem |

C) Follow Up:

Follow-up for further medication was done on 7th, 14th, 21th & 28th day. On the 29th day after the commencement of treatment, a thorough clinical assessment was done.

D) Criteria for assessment of clinical result –Table no. 2.

The efficacy of therapy was assessed on the basis of Subjective parameters before & after treatment. To give the result objectively and for statistical analysis of subjective parameters by using the Wilcoxon Signed Ranks test, a

**Table 2** Criteria for assessment

| Symptom | Grade 0 | Grade 1 | Grade 2 | Grade 3 |
|---|----------------------------------|--|--|---|
| <i>Varati Damsha Samsthana Shotha</i> (Hieve) | Absent | Locally scattered (on specific area) | Moderately scattered (Present on some part of the body) | Severely scattered (Present all over body) |
| <i>Kandu</i> (Itching) | Absent | Mild (Occasional) | Moderate (<i>Itching</i> disturbing normal activity) | Severe (<i>Itching</i> disturbing normal activity and sleep) |
| <i>Toda</i> (Pricking sensation) | Absent | Mild (Occasional) | Moderate (disturbing normal activity) | Severe (disturbing normal activity and sleep) |
| <i>Vidaha</i> (Burning) | Absent | Mild (Occasional) | Moderate (disturbing normal activity) | Severe (disturbing normal activity and sleep) |
| <i>Jwara</i> (Fever) | Absent (Normal body temperature) | Mild (<i>Fever</i> upto 100 ^o f) | Moderate (<i>Fever</i> 100 ^o f - 102 ^o f) | Severe (<i>Fever</i> more than 102 ^o f) |
| <i>Chardi</i> (Vomitting) | Absent | Mild (Occasionally) | Moderate (1 to 2 times a day) | Severe (more than 2 times a day) |

multidimensional scoring system was adopted. The score was given as follows.

1. Absence of Symptoms: 0 (-)
2. Mild Degree of Symptoms: 1 (+)
3. Moderate degree of Symptoms: 2 (++)
4. Severe degree of Symptoms: 3 (+++)

E) Criteria for the assessment of the overall effect of the therapy:

The total effect of the therapy was assessed considering the overall improvement symptoms on 29th day, as follows:

Table 3 Agni, Prakriti and Koshtha Observation

| Agni | Prakruti | Koshtha |
|-----------------------|--------------------------|---|
| Mandagni- 44% | <i>Vata-Kaphaj</i> - 20% | <i>Vata-Pittaj</i> -13% <i>Krur</i> -37% |
| Vishmagni-30% | <i>Kapha-Vataj</i> -20% | <i>Kapha-Pittaj</i> -10% <i>Madhyam</i> -33% |
| Tikshnagni-23% | <i>Pitta-Vataj</i> -20% | <i>Mrudu</i> -27% |
| Samagni - 3% | <i>Pitta-Kaphaj</i> -17% | <i>Sama</i> -3% |

2) Overall improvement-

A total of 19 patients had relieved symptoms above 70%, 11 patients had relief between 30-70% and no patient features a poor result.

3) Symptomatic improvement:

1. Excellent Results: Relief in Symptoms above 70%

2. Moderate Results: Relief in Symptoms between 30 to 70%

3. Poor Results: Relief in Symptoms below 30% or no change.

OBSERVATION AND RESULTS

1) All 30 patients included in the study were examined clinically for *Prakriti*, *Agni*, and *koshtha*. Observations documented were enlisted in table no.3.

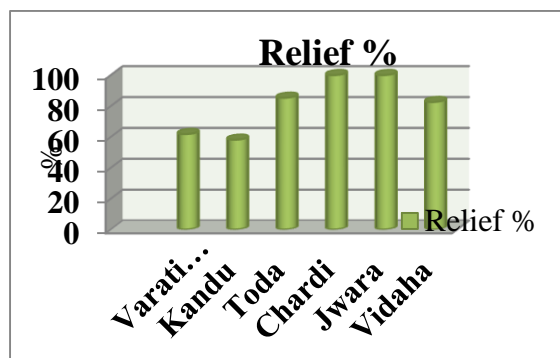
Varati Damsh Sansthan Shotha (61.8%), *Kandu* (58.14%), *Toda* (85.33%), *Chhardi* (100%), *Jwara* (100%), *Vidaha* (82.60%). As shown in table no.4 & Graph 1.

4) This apparent symptomatic improvement in the patients was proved by



Table 4 Symptom wise Relief % in 30 patients of *Sheetapitta*

| Symptom | Before treatment Score | After treatment Score | Difference | % Relief |
|-------------------------------------|------------------------|-----------------------|------------|----------|
| <i>Varati Damsh Sansthan Shotha</i> | 89 | 34 | 55 | 61.8 |
| <i>Kandu</i> | 86 | 36 | 50 | 58.14 |
| <i>Toda</i> | 75 | 11 | 64 | 85.33 |
| <i>Chhardi</i> | 11 | 0 | 11 | 100 |
| <i>Jwara</i> | 22 | 0 | 22 | 100 |
| <i>Vidaha</i> | 69 | 12 | 57 | 82.60 |



Graph No.1 Symptom wise relief % distribution in 30 patients of *Sheetapitta*

Table 5 Effect of Therapy on Symptoms in 30 Patients of *Sheetapitta* by Wilcoxon Signed Rank Test

| S No. | Symptom | W | T+ | T- | Median | Mean ± SD | | SD | Z | P |
|-------|------------------------------------|-----|-----|----|--------|-----------|-----------|-------|-------|---------|
| | | | | | | BT | AT | | | |
| 1 | <i>Varati Damsh Sansthn Shotha</i> | 465 | 465 | 0 | 2 | 2.97±0.18 | 1.13±0.57 | 48.62 | 4.77 | <0.0001 |
| 2 | <i>Kandu</i> | 435 | 435 | 0 | 2 | 2.87±0.35 | 1.20±0.66 | 48.62 | 4.15 | <0.0001 |
| 3 | <i>Toda</i> | 465 | 465 | 0 | 2 | 2.50±0.68 | 0.37±0.56 | 48.62 | 4.77 | <0.0001 |
| 4 | <i>Chhardi</i> | 21 | 21 | 0 | 0 | 0.37±0.76 | 0.00±0.00 | 48.62 | -4.36 | 0.0313 |
| 5 | <i>Jwara</i> | 78 | 78 | 0 | 0 | 0.73±0.98 | 0.00±0.00 | 48.62 | -3.19 | 0.0005 |
| 6 | <i>Vidaha</i> | 406 | 406 | 0 | 2 | 2.30±0.84 | 0.40±0.56 | 48.62 | 3.56 | <0.0001 |

5) A total mean score of 30 patients before treatment was found to be 11.73 and after treatment, the total mean score was reduced to 3.10. The difference between BT and AT was significant. Table No.6 shows that *Amrutadi Kwath* provides highly significant relief ($p < 0.0001$) i.e. 73.58% in total score of the patients.

DISCUSSION

Urticaria/ *Sheetapitta* is a disease characterized by red rashes with severe

itching. Though the disease is not a life-threatening condition, it makes worried the patient due to its appearance, severe itching disturbing routine and chronic nature. According to the observations mentioned in Table no.3

applying statistical tests to the assessment parameters (variables) mentioned above. According to the Wilcoxon Signed Rank test applied to each subjective criteria of assessment, *Amrutadi kwath* was found to be significantly effective in treating all the symptoms of *Sheetapitta* as per Table no.5.

1) *Mandagni* is the root cause of all diseases and *Vishamagni* indicates *Vata* dominance. These leads to *Kapha prakopa* and *Vataprakopa* respectively, which are initiators of the pathogenesis of *Sheetapitta*.



2) Incidence of *Sheetapitta* / Urticaria in three types of *Sharira Prakritis* (60%) it mostly leads to *Kapha* and *Vata prakopa*, which are initiators of the pathogenesis of *Sheetapitta*. Short term exposure to etiological factors can cause the sudden manifestation of the disease in this *prakriti* group.

3) In symptoms excellent to Moderate results were observed in *Varatidanshta Samsthana Shotha, Kandu, Toda, Daha, Jwara, and Chardi*. Among all the symptoms of *Sheetapitta, Chardi, and Jwar* were relieved completely, this may be due to *Kaphapittaghna, Raktashodhak, Deepan, Pachana* properties of *Amrutadi kwath*.

CONCLUSION

The above discussion indicates that *Mandagni* and *vishmagni* persons were mostly affected by the disease. *Sheetapitta* is more incident in *Vaat-Kaphapradhan, Kapha-Vatpradhan & Pitta-Vatapradhan Prakriti*.

Ingredients of *Amrutadi Kwath* have *Tridosha shamak, Vatapittaghna, Raktashodhak, Kandughna, Twakdoshahar* action. It purifies the *rasa, rakta dhatu*, and strengthens the *twacha* (Skin) by their *varnya* and *prasadana* activity. Thus we can conclude that *Amrutadi kwath* works

excellently on *Sheetapitta vyadhi*. This research will be one of the pieces of evidence to support the management of *Sheetapitta* for Ayurvedic practice.

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Amrutadi kwath Ingredients were authenticated in teaching Pharmacy of S.G.R.A.M. Solapur, Maharashtra.



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A STUDY ON RELATION OF OJA WITH VYADHIKSHAMATVA (IMMUNITY)

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ABSTRACTS

Ayurveda is a science of health. The aim of Ayurveda is to protect the health of healthy person and to cure the disease of patient. Better immunity is necessary for the prevention of disease. According to Ayurveda Oja helps to maintain the Vyadhikshamatva (Power of immunity) in our body. Oja is the excellent of the saptadhatus (Body Tissues). It is also called Sharirabala. Waning of Oja produces many pathological symptoms in the body, such as the person is fearful, weak, worried, deranged luster and mental ability, rough and emaciated, and even death also. Excessive exercise, Fasting, anxiety, rough and little diet, fear, grief, ruksa drink (like wine), Vigil, excessive discharge of blood, Semen etc are the factors responsible for waning of Oja. Taking viruddha gunatmaka ahara (Food having mutually contradictory

properties) also diminish oja. Proper diet and exercise increases the oja.

KEYWORDS:- Oja, Bala, Vyadhikshamatva, Saptadhatu, immunity.

INTRODUCTION

Ayurveda is a science of life the objects of this science are

- 1) To maintain the health of a healthy person and
- 2) To cure the disease of a patient.^[1]

According to Ayurveda our body constitutes with dosa, dhatu and mala. These are the basic elements of our body. If these three elements are in balanced state, then this condition is called prakriti or health and imbalanced state of these elements in our body is called disease.^[2] out of these three elements dhatus are of seven type viz Rasa, Rakta, Mansa, Meda, Asthi, Majja and Sukra. “Oja” is the excellent part of all saptadhatus. Just as ghee is assimilated in entire unctuous part of all seven dhatus.^[3] it is also called the ‘Bala’.^[4] the bala protect the body from disease.⁵ Diminished state of Oja in our body produce diseases in the body. Hence the “Oja” is responsible for Vyadhikshamatva. In this article we described the relation of Oja with Vyadhikshamatva.

AIMS AND OBJECTS

Oja is the excellence of the Saptadhatus. It is also called Bala of our body. It prevent the diseases. Our aim is

- 1) To study relation of Oja with Vyadhikshamatva.
- 2) To study the concepts of Oja.
- 3) To create awareness about life style and good health in the society.

MATERIAL AND METHODS

This is a conceptual study. Data is collected from Ayurved granthas, Text books and internets.

Review of literature

Importance of oja

Above mentioned “Oja” is the excellent part of the seven dhatus. It is located in the heart from the heart as a root, ten great vessels carrying oja to all over the body.^[6] Oja keeps body alive. Also it is sustainer of the living body. Oja is responsible for functionally tune body, soul mind and all sense organs with each other. Etiological factors of disease are dosa, these remain in physiological limits in health. Individuals with waning oja, become so weak that physiological limit of dosa also does not bring health to them, due to ‘Bala’ quality of oja individual shows well-nourished fleshy body with durability. Mamsadhatu is a representative of all seven dhatus. ‘Bala’ is responsible for quality of ‘oja’, all types of movements in living body are smooth and without any obstruction. Oja also responsible for voice of a person and pleasant colour of a person. Oja is also responsible for normal functions of sense organs.^[7]

Oja is very important factor of our body. We cannot survive without oja. When the oja is diminished, the person is fearful, weak, always worried, having disorders of sense organs, deranged luster and mental ability, rough and emaciated, the person dies if it is destroyed. In the body of the living beings the oja is produced first. This has the colour of ghee, taste of honey and smell of fried paddy. Excessive exercise, fasting, anxiety, rough and little diet, fear, grief, ununctuous drinks, vigil, excessive discharge of mucous, blood, semen, time factor (old age and receiving seasons) and injury by organism, these are the factors for waning of oja.^[8]

Acharya Charaka described the ten guna (properties) of oja. These are guru (heavy), Sita (cold), Mrudu (soft), Slaksna (smooth), Bahala (Viscous), Madhura (sweet), Sthira (stable), prasanna (Clear), Picchila (Slim) and snigdha (unctuous). Madya (wine) have opposite guna to that of oja. Wine counteracts the properties of ojas by its own properties disturbing quickly the mind. Hence by excessive drinking it damages the oja.^[9]

Acharya Vagbhata states that increase of oja is responsible for strong and healthy body. Which is obtained from Aushadhisiddha (medicated) milk, Ghrita (Ghee) etc.^[10] the food having sweet in taste, unctuous, light, cool, easy to digest increase oja.^[11]

Relation of oja with vyadhikshamatva

Charaka also states that the Rajnichara (Bacteria, viruses) try to destroy the oja. The Rajnichara destroys only the oja and not the body.^[12] Vyadhikshamatva is the capacity to oppose the genesis of disease meaning mechanism to stop any facility to fabricate disease. It clearly indicates that modern immunity matches with Ayurvedic Vyadhikshamatva.^[13] according to Ayurveda 'Bala' (Body strength) is of three types.

- 1) **Sahaj bala (congenital immunity):-** which is natural to the body and mind.
- 2) **Kalaj bala (time effected immunity):-** It is due to seasonal variations and age factor.
- 3) **Yuktikruta Bala (Acquired immunity):-** is produced by proper application of diet and exercise.^[14]

DISCUSSION

Above mentioned description indicates that according to Ayurveda oja is very important factor for maintaining the health of person. Oja is related with Vyadhikshamatva of the body. Diminished oja affects the immunity of the body resulting in genesis of many disorders in the body. Diminished oja may cause death also. Proper diet and exercise maintains the immunity

of the body. Proper use of milk and Ghrta enhance the immunity of the person. Bath facilitates oja.^[15] wearing of gems and ornaments promotes wealth auspiciousness, longevity, prosperity, destroys calamity, produces happiness, charms and ojas.^[16] Proper sleep enhance the immunity of a individual.^[17] the strength, health, life span and vital breath etc of a person depends upon his Agni (digestive power of the body).^[18]

Loss of digestive power of body produces all types of diseases in the body.^[19]

According to yoga journal magazine “Yoga helps lower stress hormones that compromise the immune system, while also conditioning the lungs and respiratory tract, stimulating the lymphatic system to out toxins from the body, and bringing Oxygenated blood to the various organs to ensure their optimal function.”

CONCLUSION

From above description it is concluded that oja is closely related with the immunity of a individual. Waning of oja causes decrease in immune system of the body. Increased state of oja maintains the immunity of a individual.

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A Review on Muscular Dystrophy in Children & It's Management

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Abstract:

Muscular dystrophies are a group of genetic disorders which causes weakness & muscle wasting of skeletal muscle. The term dystrophy is derived from Greek word, Dys means faulty & trophy means nourishment. Muscular dystrophy is a genetic disorder with X-linked recessive inheritance.

Most of the muscular dystrophies are progressive in nature and they worsen with time. Modern drugs give temporary relief from symptoms but they can not delay the process of weakness of muscles. Ayurveda slow down progression of disease by reducing kapha kshaya & consequently Mansa kshaya.

Ayurveda gives nutrition to muscles through Bruhan & Rasayan chikitsa which gives energy to affected child & keeps him ambulatory. Ayurvedic management includes Yoga which keeps child physically as well as mentally fit & happy.

Introduction:

Ayurveda is the most ancient and effective medical science. The pledged purpose of Ayurveda as a medical system is to ensure a healthier and longer life to the humanity. In Ashtanga Ayurveda Kaumarbharitya tantra is as precious as 'Agni' among all gods.

Muscular dystrophy means abnormal growth and poor nourishment of muscle fibres. The term dystrophy is taken from Greek word Dys means faulty, trophy means nourishment. Any disorder caused due to faulty nutrition is called as dystrophy.

Muscular dystrophy is a genetic disorder which leads to weakness and muscle wasting. Most of the muscular dystrophies are progressive in nature and conditions worsen with the time. It is a genetic disorder with X-linked recessive inheritance with affected males and carrier females. Modern science has got few limitations in management of muscular dystrophies. Modern drugs have shown temporary improvement in muscle weakness but it can not affect course of the disease. Physiotherapy helps in delaying the process of weakness of muscles. Ayurvedic treatment is effective in muscular dystrophy so patients are approaching ayurveda. Muscular dystrophies are

- a) Hereditary
- b) Progressive in nature
- c) Primary myopathies of normally formed muscles

All muscular dystrophies have different genetic trait and each differing in its clinical course and expression. Some diseases are severe at birth and rapid progressing and other follow very slow progression.

Types of Muscular dystrophy:-

1) Duchenne muscular dystrophy-

It is a X-linked recessive disease with affected males and carrier female due to deletion of one or more exons of the DMD gene, located on Xp21 locus. However 30% cases may be new mutations. Girls are very rarely affected, if having Turner syndrome (single X chromosome) or random inactivation of normal chromosome (Lyon hypothesis). It is a commonest hereditary myopathy in Indian children.

Primary product of DMD gene is an important cytoskeletal protein- **Dystrophin**, present in skeletal & smooth muscles, brain, peripheral nerves and many other tissues. This dystrophin is absent or severely deficient in DMD.

Boys are asymptomatic at birth with normal early development with normal early development including walking. In a typical

case of DMD, weakness usually begins at 2-3 years of age with

- Mild waddling (Trendelenburg) gait with a lordotic posture to adopt for gluteal weakness.
- Positive Gower sign, I.e. difficulty in standing from recumbent position due to pelvic girdle weakness. When asked to do so, he typically turns to his side, lifts his trunk up by supporting his weight on his arms and then stands up as if climbing upon his body with hand support.
- Pseudohypertrophy of calf muscles with wasting of thigh muscles. Tongue and forearms may also develop Pseudohypertrophy. Distal deep jerks, e.g. ankle and brachioradialis are stronger than proximal knee or biceps/triceps jerks.
- Progressive weakness of proximal muscles including respiratory involvement with weak cough and recurrent respiratory infection, and/or pharyngeal muscle weakness with recurrent aspirations, nasal twang and regurgitation. Distal muscle functions e.g. writing, etc. Are spared till terminal stage.

Associated features, e.g. cardiomyopathy and mild mental retardation or learning disabilities are present in nearly all cases with variable severity, not necessarily correlating with severity of muscular disease. Cardiomyopathy usually appears at ~10 years, though CCF and arrhythmia are uncommon till terminal stage and usually precipitated by intercurrent infections. Intermittent gastric dilatation with abdominal pain and vomiting is common.

Course:- Patient gradually develops muscle weakness and becomes bedridden by 7-10 years of age with development of contracture and scoliosis and die by 15-20 years due to respiratory failure, aspiration or congestive cardiac failure.

2) Becker muscular dystrophy-

It is milder variant, which usually present in late childhood with inability to raise hand above shoulder. Child remain ambulatory till 15-20 years and survive till 4th-5th decade. Milder deficiency of Dystrophin is present in BMD.

3) Limb Girdle muscular dystrophy-

It is group of slowly progressive inherited disorders, mainly affecting muscles of the hip and shoulder girdle. Some of them are autosomal dominant and others are recessive. Most cases present in adolescence.

4) Facio-Scapulo-Humeral muscular dystrophy-

It is autosomal dominant muscular dystrophy. It manifests at about puberty with facial weakness (inability to close eyes, whistle, smile) shoulder girdle weakness and upper limb weakness.

5) Myotonic Muscular dystrophy-

It presents with typical facial features, progressive weakness of distal muscles eg. hands. Presence of myotonia I.e. slow relaxation of muscles after contraction.

6) Congenital muscular dystrophy-

It is autosomal recessive muscular dystrophy consists of many distinct disorders all with severe diffuse hypotonia and proximal muscle weakness at birth. Facial, ocular and bulbar muscles are relatively spared. However further course is slow progressive and many cases are able to stand and walk with support in late childhood, unless contractures have developed.

CNS involvement is common with mental retardation and white matter changes on MRI. Cpk is moderately elevated and biopsy shows signs of muscular dystrophy with merosin deficiency on immuno histo chemist.

Diagnosis :-

1) Blood test

a) Creatinine phospho kinase level-

It is elevated in most of the carrier females and in patients in early stages even before clinical manifestations become obvious.

b) SGOT

c) SGPT

2) Electro Myography

EMG shows characteristic myopathic features. It can give the dystrophy diagnosis but can not distinguish the specific type of muscular dystrophy.

3) Histo pathology studies

Muscle biopsy shows diffuse changes of degeneration, variation in size and central nuclei of muscle fibres.

4) Prenatal diagnosis

It is possible as early as by 12 weeks by PCR DNA analysis on chronic villi samples.

Management according to Modern science-

- It is entirely supportive at present though experimental studies after discovery of dystrophin molecule are promising.
- Proper nutritional support should be given.
- Physiotherapy delays but does not prevent contractures.
- Treatment of respiratory infection. Diagnosis and management of congestive cardiac failure.
- Calcium supplements to prevent osteoporosis.
- Psychological support
- Steroids (Orally prednisolone 0.75 mg/kg/d for 10days)

Ayurvedic view

According to prachin ayurvedic samhitas muscular dystrophy presents as 'Mans-shosh'. In this vyadhi because of vitiated doshas there is progressive impairment in movements of child. It affects day today lifestyle of child.

It is considered under Adibalpravrut vyadhis.

• Nidan –

Causes of muscular dystrophy according to ayurveda-

- 1) Defect in matruj bhava as Mansa is derived from maternal factors.
- 2) Partly vitiated shukra or shonita.
- 3) Specific Beejabhag or Beejabhagavaya defect.

• Roop –

Progressive impairment in movements of child shows vitiation of Vata.

Metabolism is impaired because of Pitta dushti.

Because of Kapha dushti quality like 'Sthiratva' is impaired.

• Samprapti –

Due to defect in specific beej bhag(specific gene) or Matruj bhav- Mansa, there is defect in muscle.

According to ' Dhatu-parinaman Nyay' mansa is prepared from Sar bhag of Rakt dhatu. If Rakt dhatu is deficient in enzymes, proper conversion of rakt sar bhag into mansa does not occur which leads

to accumulation of rakt sar bhag producing 'Aam'. The part of Rakt sar bhag is necessary for proper development of other succeeding dhatus.

Because of improper development of Rakt sar bhag, there is improper development of mansa which results in muscle wasting and muscle dystrophy.

The clinical signs and symptoms with respect to doshas shows that there is dominance of Pitta in initial stage which is marked by defective dhatu-parinaman. When there is non production of concern enzymes due to genetic involvement resulting in Rakt dushti and vitiation of Pitta which results in Kapha-kshay. Progressive impairment in movements of child shows involvement of Vata. Mansa dhatu kshay is the chief reason for vitiation of Vata.

Samprapti Ghatak-

- Dosh- Tridosh
- Dushya- Ras, Rakt, Mansa
- Agni- Jatharagni, Rakt and Mansa dhatu agni
- Adhishthan- Mansa (muscle)

Sadhyasadhyatva

It is Asadhya but can be made Yapya by early detection and proper management.

Aim of the treatment-

- i) To slow down the progression of disease to maintain independent walking of child
- ii) To help child for living his normal life.

Chikitsa according to Ayurveda-

- As muscular dystrophy has genetic origin, Sannipatik nature and Yapya prognosis of disease, the management is done for bringing back the equilibrium of vitiated doshas by proper, timely and continuous langhan and bruhan procedures.
- The etiopathogenesis of the disease is mainly concerned with Sannipatik with Pitta predominance and dhatvagni mandya in initial stage, and hence management should be deepan, pachan followed by Pittahara ghratpan and virechan with madhur, tikta and shit dravyas.
- In the second stage, the vitiation of Pitta results in Kapha-kshay and consequently mansa kshay. So treatment should have bruhan and rasayan .
- In third stage Vatik complications are caused due to Kapha kshay and consequent dhatu-kshay. Hence these complications should be managed by snehan and mridu swedan.

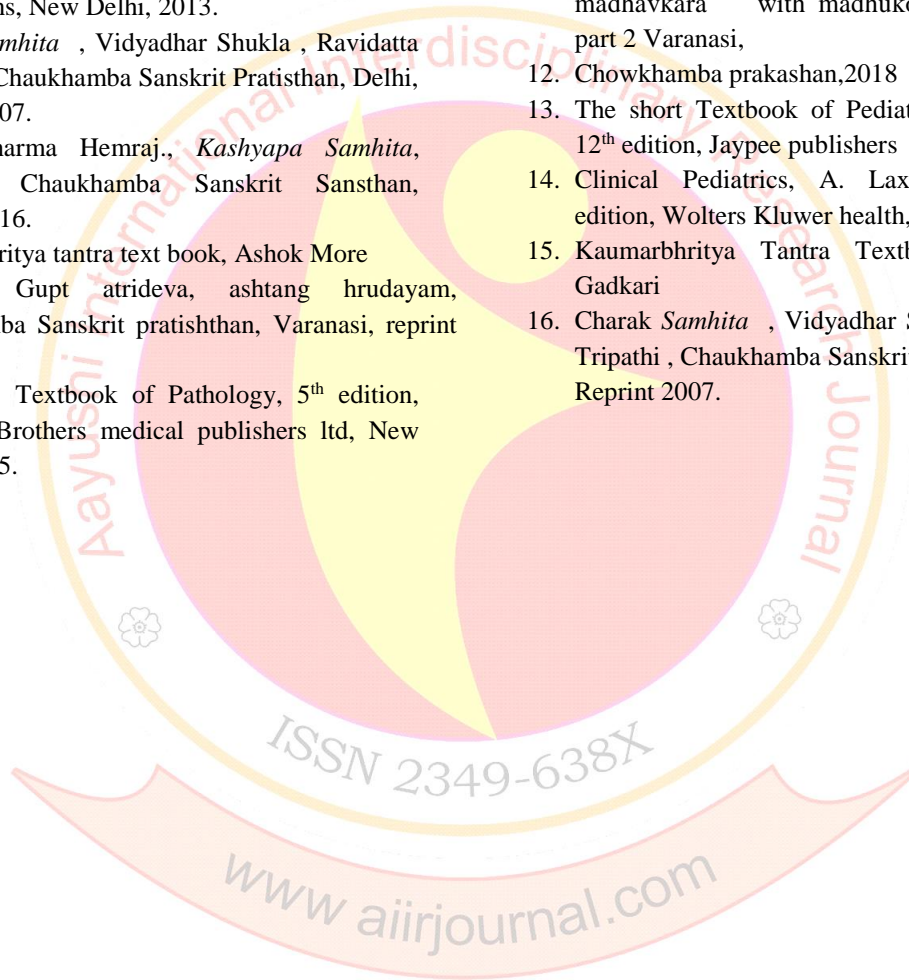
Hence Treatment protocol for management of muscular dystrophy includes-

- Deepan, Pachan

- Mrudu-Shodhan with madhur, tikta and shit dravyas
- Bruhan and Rasayan

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A Single Case Study on Management of Durdagdha Vrana with Bahirparimarjan Chikitsa.**Vd. Deepti Yogesh Gupta**

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Abstract

Burns are the most horrific traumas faced by any individual. May it be a female or male, burns cause physical as well as psychological impact on the injured. Severe pain associated with the injury sometimes lands patient into shock. It is thus highly important to reduce the pain of the patient. It also results in disturbance in social life as well as loss of self confidence. Thus, from the cosmetic point of view also, it is important to restore the healthy tissue.

Our Aacharyas have described various types of Vrana with their management in the Samhitas. Sushrutacharya, in Sushruta Samhita sutra sthana, ch. 12 Agnikarma vidhi adhyaaya have described Durdagdha Vrana. Taking the same into consideration, Sheeta and Ushna Chikitsa is given to a 32 yrs old male patient suffering with durdagdha Vrana caused due to electric shock at back following Bahirparimarjan Siddhanta.

Keywords: Durdagdha, Vrana, burn.

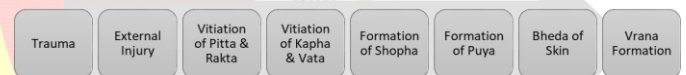
Introduction

Ayurveda is the science of life. It deals with all the aspects of life like; good, bad, happy, unhappy, advantageous as well as disadvantageous. It describes health as equilibrium of dosha, dhatu and mala. Aacharyas have divided Ayurveda into eighth parts for an ease of study as Shalya tantra, Shalakyata, Kaya chikitsa, Bhutavidya, Kaumarbhrutya, Agadatantra, Rasaayana tantra, Vaajikarana tantra. Sushrutaacharya has given prime importance to Shalya tantra. Shalya tantra primarily deals with extraction of the foreign material with help of yantra, shastra, kshara and agnikarma. It also signifies the importance of Vrana and its management.

Acharyas have given great importance to Vrana. Charak samhita dedicates 25th chapter of Chikitsa sthana for Vrana, whereas Acharya Sushruta has dedicated 6 chapters (12th, 18th, 19th, 21st, 22nd and 23rd) of Sutra sthana and Chikitsa sthana chapter 1 & 2 for various types of Vrana and their management. Sushruta samhita, sutra sthana, chapter 12 specifically deals with Vrana caused due to Agnikarma or Heat.

Acharya Sushruta in Chikitsa sthana classifies Vrana into two types as Nija and Aagantuja.¹ Nija Vrana occurs due to the vitiation of

Vata, Pitta, Kapha and Shonita.¹ Aagantuja Vrana can be caused due to external factors like blowing, winding, falling down, injury with fangs, teeth or nails as well as due to poisonous contacts, fire and weapons.²

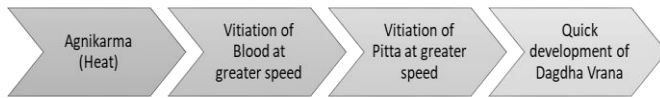
Agantuja Vrana Samprapti 3 –

Dagdha Vrana – Vrana caused by agnikarma, atisweda or daha, etc are termed as Dagdha Vrana. Sushrutacharya has classified Dagdha Vrana into four types as Plushta vrana, Durdagdha vrana, Samyak dagdha vrana and ati-dagdha vrana. Plushta vrana has pigmented area on skin associated with severe burning sensation. Durdagdha vrana has vesicles or blisters and associated is with severe pain, redness and paka or suppurations. Such vrana takes long time to heal.

Samprapati Of Dagdha 5-

Samyak Dagdha Vrana is bluish black in colour, without elevation or depression and superficial. Such vrana is expected as an aftereffect of Agnikarma. Ati-dagdha Vrana is associated with associated with fever, pain, burning sensation all over the body, severe thirst, fainting, stiffness of body and looseness of muscles. Such wounds take

long time to heal and leave scar after recovery of the wound.⁴



Dagdha Vrana Upadrava⁶ -

1. Loss and death of blood vessels, tendons and nerves in and around the area of burn.
2. Dehydration (Thirst)
3. Deepening of the ulcer floor and undetermined edges.
4. Death.

Management Of Dagdha Vrana⁷ -

1. Plushta Vrana – Agni pratapana & Ushna Aushadhi.
2. Durdagdha Vrana – Alternate Sheeta & Ushna chikitsa; application of ghruta, upanaha and sheeta pariseka.
3. Samyak dagdha vrana – application of madhu & ghruta.
4. Ati-dagdha Vrana – Excision of necrosed tissue followed by sheeta chikitsa, application of lepa, ghruta & bandha.

Burns⁸ – Tissue injuries developing from excessive exposure to thermal, chemical, electrical or radioactive agents. Burns are generally classified as Superficial and Deep. Pathological changes of burn are divided into Local and Systemic changes.

1. Local Changes –

- a. Severity of burn
- b. The extend of burns
- c. Vascular changes
- d. Infection

2. Systemic Changes -

- a. Shock
- b. Biochemical changes
- c. Changes of blood
- d. Systemic lesions.

Management Of Burns⁹ –

1. **Treatment of Shock –**
 - a. Sedation
 - b. Fluid resuscitation
 - c. Maintenance of airway

2. General Treatment –

- a. Escharotomy & fasciotomy
- b. Tetanus prophylaxis
- c. Antibiotics
- d. Nutritional support
- e. Gastric decompression
- f. Treatment of GI complications

3. Local Treatment –

- a. First aid measures
- b. Burn wound care
- c. Skin grafting
- d. Physical therapy & rehabilitation

Case Study

A 33 years old male patient visited Ayurvedic hospital OPD with H/O electric shock before 1 month and a burn wound at back.

On examination

- BP = 110/80 mm of HG
- PR = 80/min
- CVS = Normal
- RS = B/L equal & Clear
- CNS = conscious & oriented

Local examination –

A yellowish black colored hard vrana just above left infra scapular angle,

Figure 1: Day 1

surrounded by whitish colour skin flakes. Surrounding area had pinkish white discoloration of skin as a result of healed dagdha vrana.

On palpation – Hard to touch.

Ongoing treatment –

1. Antibiotic – BD
 2. Analgesic – BD
- From 1 month.



Treatment given – No intervention was made in internal medicine. Dressing was at OPD level in two phases.

1. Phase I – Aim of this phase was to remove the underlying sluff from the durdagdha vrana.
 - a. Vishgarbha taila dressing was done twice a day on the Vrana site. (Once at OPD and was advised to repeat the same at home after 8 hours.)
 - b. Surrounding area – Shatadhauta ghruta was applied 3 to 4 times a day.
 - c. was applied 3 to 4 times a day.



Figure 2 : Day 3



Figure 3 : Day 7



Figure 7 : Day 30

2. Phase II – As the sluff was cleared, patient developed severe burning sensation at the vrana site. Aim of this phase was to reduce burning sensation and enhance the healing process along with reducing the scar.

- a. Vranaropana Taila
- +
 - b. Pentaphyte P5 Ointment
 - +
 - c. Shatadhauta Ghruta

Were mixed in equal quantity and applied on the vrana site followed by dressing twice a day.



Figure 4 : Day 10



Figure 5 : Day 20



Figure 6 : Day 25

3. Phase III – Patient was advised to continue application of Shatadhauta ghruta at the scars 3 to 4 times a day for 20 days.

Observation –

Deep-seated sluff was successfully removed within 7 days of dressing without any special internal intervention and process of healing was facilitated. Burning sensation was completely settled within 3 settings of dressing, whereas patient reduced the dose of analgesic from twice a day to SOS immediately after initiating the phase I treatment.

Results –

Satisfactory results were obtained with minimal scar at the vrana site only.

Discussion –

At the first visit of patient, the vrana was yellowish black colored, hard to touch with tremendous sluff beneath. Sluff is a mass of dead tissue¹⁰ which results into spread of infection beneath. Vishagarbha taila is Ushna, Tikshna gunatmak with deep penetrating properties. By the virtue of its properties, it softens the outer hard layer and helps to scrap the pus and sluff beneath. Hence, Vishagarbha taila was selected for the initial management. At later phase, Vranaropana taila was used for dressing to facilitate healing. Pentaphyte P5 ointment is a proprietary medicine containing panchavalkal, reducing the burning sensation and helps to subside vitiated Pitta & Rakta. Shatadhauta ghruta facilitates skin regeneration.

Conclusion –

Vishagarbha taila is beneficial in removal of sluff from Vrana and combination of Vranaropana taila with Pentaphyte P 5 ointment facilitates quick healing with reducing daha significantly. Shatadhauta ghruta is highly effective in scar removal and healthy regeneration of skin.

Acknowledgement –

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A COMPREHENSIVE REVIEW ON AYURVEDIC APPROACH IN PALLIATIVE CARE

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ABSTRACT

Palliative care is a holistic approach towards individualistic health care of people suffering from life threatening conditions. There are many misconceptions about palliative care that needs to be resolved. In developing countries like India there is a huge gap between need and availability of sources for palliative care, creating urgent need of availability of more holistic & integrated approaches of palliative care like Ayurveda. This study aims at reviewing concepts & modalities of Ayurveda which can be integrated in palliative care. The concepts & misconceptions about palliative care are gainfully reviewed with Ayurvedic concepts of Diet, Sleep, *Rasayana* Therapy, Wound Care, Pain Management, Music Therapy and Yoga in the context of palliative care.

Keywords: Ayurveda, Palliative care, *Rasayana*, Pain management, Music therapy

INTRODUCTION

Palliative care is an integrated approach towards a specialized and customized holistic care for people suffering from life-limiting illnesses or life-threatening

conditions. It aims at improving the quality of life the patient and also to lessen the suffering of their loved ones. Although it does not replace active treat-

ment, it works towards alleviating the suffering incurred due to the underlying disease condition, or those due to the side effects of the ongoing treatment; or the anxiety or depression caused by the fear of the diagnosis and/or the unsure future¹. In 2014, the Sixty-seventh World Health Assembly resolved that “it is the ethical duty of health care professionals to alleviate pain & suffering, whether physical, psychosocial or spiritual irrespective of whether the disease or condition can be cured. The same resolution states that “palliative care is an ethical responsibility of health systems” and that integration of palliative care into public health care systems is essential for achievement of Sustainable Development Goal. Thus, palliative care is not an option but a medical and ethical necessity that should be accessible by anyone in need at all levels of health care systems². Palliative care in India is a relatively new concept; developed over the past 30 years, compared to 50 years in the developed nations. It is estimated that over 5.4 million people are in need of palliative care in India every year, which proves to be huge burden due to inadequacy of palliative care service³. This huge gap between the need and availability can be bridged with more aggressive holistic & integrated approaches. To sum it all palliative care is all about holistic approach catering to the physical, psychological, social & spiritual needs of a person and Ayurveda offers it all. The very purpose of Ayurveda is of preserving the Health & treating the diseased ones⁴; definition of Health given in Ayurveda defines health as a balanced state of all the basic physical elements such as *Dosha, Dhatu, Mala, Agni* along with congenial mind, senses & soul⁵. Due to its holistic & individualistic approach Ayurveda can be a beacon of hope in Palliative care in India & globally. In this article we will review concepts & modalities of Ayurveda which can prove to be very effective in palliative care.

Palliative Care Definition⁶

WHO defines palliative care as the prevention and relief of suffering of adult and pediatric patients and their families facing the problems associated with life-threatening illness. These problems include physical, psychological, social and spiritual suffering of patients

and psychological, social and spiritual suffering of family members.

It entails early identification and impeccable assessment and treatment of these problems;

- Enhances quality of life, promotes dignity and comfort, and may also positively influence the course of illness;
- Provides accompaniment for the patient and family throughout the course of illness;
- Should be integrated with and complement prevention, early diagnosis and treatment of serious or life-limiting health problems;
- Is applicable early in the course of illness in conjunction with other therapies that are intended to prolong life;
- Provides an alternative to disease-modifying and life-sustaining treatment of questionable value near the end of life and assists with decision-making about optimum use of life sustaining treatment;
- Is applicable to those living with long-term physical, psychological, social or spiritual sequelae of serious or life-threatening illnesses or their treatment;
- Accompanies and supports bereaved family members after the patient’s death, if needed;
- Seeks to mitigate the pathogenic effects of poverty on patients and families and to protect them from suffering financial hardship due to illness or disability;
- Does not intentionally hasten death, but provides whatever treatment is necessary to achieve an adequate level of comfort for the patient in the context of the patient’s values;
- Should be applied by health care workers at all levels of health care systems, including primary care providers, generalists and specialists in many disciplines and with various levels of palliative care training and skill, from basic to intermediate to specialists;
- Encourages active involvement by communities and community members;
- Should be accessible at all levels of health care systems and in patients’ homes and Improves con-

tinuity of care and thus strengthens health systems.

Misunderstandings About the Definition of Palliative Care⁷

A variety of barriers have impeded development and accessibility of palliative care services. There have been misunderstandings about the definition of palliative care. Most notably, sometimes it is not understood;

- That palliative care is not only for the dying but for any patient suffering in association with serious or life-threatening health problems;
- That palliative care is not an alternative to disease prevention and treatment but should be integrated with them;
- That palliative care not only relieves suffering, but also anticipates and prevents it;
- That there is a massive burden of unnecessary suffering due to pain, other physical symptoms, and psychological, social and spiritual distress

Palliative Care in India- Current Scenario⁸

Currently, there are over 908 palliative care centers in India, which are accessible to a mere 1% of a population of over 1.2 billion people. India is a nation which has the worst of both worlds' communicable diseases and infections are still rampant and there has been an exponential rise in the prevalence of chronic lifestyle diseases and cancer. It is estimated that 5.4 million people a year are in need of palliative care in India. However, these services, apart from being inadequate for such a large population, are mostly concentrated in large cities and regional Cancer Centers. Palliative care services in Kerala, however, are more far-reaching. Even though Kerala serves as a WHO model for palliative Care services for the developing world, the rest of the country is lagging behind due to lower literacy rates, unawareness of the concept of Palliative Care and varied cultural attitudes to chronic illness and death across different communities. Maharashtra has also announced a state palliative care policy in 2012 which, however, has not yet come to fruition.

Palliative Care & Ayurveda

Diet- Food is considered as one of the three main pillars of human health. Special emphasis is given on

detailed guidelines of dietary intake, seasonal dietary changes are explained thoroughly, and each food article is explained in detail. Do's & Don'ts about food is explained repeatedly. This shows us the importance of food in health. "We are what we eat"; Food is responsible for physical growth as well as mental health. So as given in Ayurveda, if food is used as medicine it can be very helpful in Palliative care. Agni is responsible for growth & development of body, digestion; it improves strength, luster, *Ojas*, radiance of skin & energy. One can lead a long and healthy life with optimum *Agni*⁹. Thus, a diet which improves & assesses Agni can be fruitfully used to improve vitality of an individual in palliative care. As per Ayurveda, in a chronic ill condition *Agni* undergoes hypo functioning state and thus demand for food is reduced and digestion is hampered. Thus, a special care of such patients with food which is easy to digest, yet nutritive and satisfying the taste is must. Some of the Ayurvedic dietary preparations which can be used in terminally ill patients can be *Yavagu & Manda* (main ingredient is rice), *Yusha* (main ingredient is pulse), *Mamsarasa* (meat soup), *Raga Shadava* (main ingredients are sugar, rock salt and juice of pomegranate), *Takra & Mantha Kalpana* (contains fruits, sugar, meat soup, milk, ghee). Such food preparations provide nutrition as well as it contains various medicinal extracts which may be useful to improve quality of life of patients and serve as a medicinal diet. Moreover, as these preparations are liquid, palatable & easy to digest, it can be ingested easily and restore hydration. Disease specific diet is explained in treatment of all the diseases which can be used wisely depending on the disease¹⁰.

Sleep- Sleep plays important role in health. it is also considered as basic pillar of health. Happiness and unhappiness, nourishment (good physique) and emaciation, strength and debility, sexual prowess and impotence, knowledge and ignorance, life and its absence i.e. death- all are dependent on sleep. Sleep taken at improper time, in excess or not at all destroys happiness, health and life¹¹. Yogratnakara mentioned that the patient, who gets sound sleep, feels lightness

in the body and his sense organs work properly and he will not deteriorate from the present health condition. Including suitable measures for sound sleep in Palliative care can make a significant difference. Such as:

- Massage, Uction, bath
- Intake of soup of domestic marshy and aquatic animals, *Shali* rice with curd, milk, unctuous substance
- Psychic pleasure
- Smell of scents of one's own choice
- Listening to the sounds of one's own taste
- *Samvahana* (light massage)
- *Netra Tarpana*
- Application of soothing ointments to the head and face
- Comfortable bed and residence¹²

Rasayana- *Rasayana* is a therapeutic way of promoting strength & immunity. One can attain longevity, memory, intelligence, healthy life, youthfulness, luster, good complexion & voice, optimum physical strength & sense organs. It is a means of achieving excellent qualities of all the *Dhatu* (*Rasa*, *Rakta* etc.)¹³

Use of suitable *Rasayana* according to age, Agni, strength & need of an individual by Ayurvedic experts can prove very beneficial in palliative care.

Wound care- Wounds are explained under the umbrella of *Vrana* in Ayurveda. Detailed wound care is given for every type of wound according to its stages. Acharya Sushruta has explained 60 therapeutic procedures for the wound healing called as *Shashtiupkrama*. Number of plants & other medicines are used in these steps for various purposes such as purification, disinfection, bandaging & healing etc.¹⁴

Diet is considered as one of the important factors for wound healing in Ayurveda. Edible & avoidable diet is explained with its effect in Ayurveda. Warm & light food should be consumed such as *Shali* rice with ghee, warm water, meat soup, wheat, *Mung* etc. should be taken in proper quantity & on proper time. This type of diet promotes wound healing. On the other hand, heavy, cold, sour, spicy & newly harvested food should be avoided. This type of food vitiates all *Dosha*'s which leads to inflammation, burning, pain etc.¹⁵

So, if suitable *Shashtiupramas* are followed with proper diet it will promote wound healing and can reduce the suffering of an individual in palliative care.

Pain management- Management of chronic Pain in palliative care can be done using Ayurveda interventions. Frequency, intensity & duration of pain can be reduced. *Basti*, *Shirodhara*, *Abhyanga* & *Swedana* may be utilized for the pain management & thus can keep patients as low as possible on WHO pain ladder. Similarly, some well-known morphine-induced complications viz. constipation can be managed through Ayurveda¹⁶.

Music Therapy- Music is a universal language. Use of music therapy is gaining ground globally. Ayurveda & Music both are originated from Vedas. Samveda is full of knowledge of music. Ayurveda has always used music therapy since age old times. From daily & seasonal regimes to *Chikitsaupkrama* of *Doshas* & particular diseases, music therapy is rooted in Ayurveda. Mental health care is a big aspect of palliative care, for which music therapy can work wonders. Different types of music can be used for therapy but Ayurvedic principles can be easily blended with Indian classical music. In fact, *Raga Chikitsa* is being widely used nowadays. For instance, in palliative care insomnia & stress can be seen commonly in which *Raga Darbari Kanada* has proven to work significantly¹⁷. So, use of music therapy should be promoted in palliative care for sufferers as well as for their family, friends & caretakers.

Yoga- Meditation and *Pranayama*, along with relaxing yoga poses, can help in dealing with the emotional aspects of chronic pain, reduce anxiety and depression effectively, and improve quality of life¹⁸. There is substantial evidence suggesting the efficacy of yoga practices in reducing the impact of exaggerated stress responses and coping with anxiety and depression. It mainly acts via down regulating the hypothalamic pituitary adrenal (HPA) axis and sympathetic nervous system¹⁹. Blending the wisdom of Yoga with the physical, mental & spiritual need of patients in palliative care can be an effective holistic approach for complete wellness plan for patients.

DISCUSSION

Despite the progress in health sciences, sometimes medical conditions cannot be cured. End of life phase & death are inevitable parts of life. These experiences are very personal & unique for everyone. If an individual is terminally ill & has life limiting condition, the focus of care mainly aims at ensuring the best quality of life & less suffering. Palliative care provides specialized health care to people at any age who are suffering due to life limiting terminal conditions. It also aims at improving quality of life of patient's loved ones.

Palliative care gives a chance to patients for pain & symptom management and for improvement of quality of life while receiving the curative measures. Support of palliative care can enable patients to be comfortable can make each day a positive experience towards the end of their lives. It can ease their concerns & can allow them to have the most of their time with their family & friends.

Optimum availability of palliative care is a big issue globally. In developing countries like India palliative care is like luxury. Societal & economical barriers are also an issue. Integrated approach will involve more health care services & health care providers in palliative care, which will be helpful in bridging the gap between need & availability of palliative care. Ayurveda is well received in India & now we can observe the acceptance globally. Being a holistic science itself, Ayurveda can be included or opt for palliative care easily. It provides wide range of concepts, approaches & therapies which can be formed into personalized palliative regimes for patients.

Ayurvedic Diet can provide nutrition as well as can serve the purpose of medicine when needed. As it is not merely given by nutritional requirements but patients digestive capacity, appetite, lifestyle, dietary habits, age, season, metabolism everything is taken into the consideration while designing the personalized diet, it can be a boon in palliative care. Issues of Mental health, immunity, insomnia, stress can be managed with *Rasayana* therapy, Music therapy, Yoga etc. procedures like *Snehana*, *Swedana*, *Basti*, *Shirodhara* can be used for improving the mobilization

and pain management. Complete wound care can be done through Ayurveda as *Vranopkrama*.

Health care providers of every discipline need to work together to ensure more patients are receiving the holistic, interdisciplinary approach for palliative care.

CONCLUSION

Ayurveda can play crucial role in various facets of palliative care including Diet & nutritional support, sleep management, wound care, pain management, mental health support, immunity etc. Ayurveda have wide scope in palliative care with its concepts & modalities, for the betterment of patient's condition, reducing the suffering & for improving the quality of life.

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Role of Ayurveda in ADHD – A Case Study Report**Dr. Andnd Jatal**Assistant professor,
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Aurangabad**Abstract**

In childhood period number of disorders is seen and many times it may be undiagnosed as childhood naughty activities one of them is ADHD (Attention deficit hyperactivity disorders). ADHD is a neurobehavioral disorder which affects the social, learning and behavioral abilities¹. In Ayurveda according to pain, psychiatric and behavioral disorders are described under heading of Unmada and Apasmara explain with treatment.

This is a case study report 6 years male child who was suffering from ADHD signs e.g. hyperactive behavior in social place as well as in classroom. Parents were feeling embracing movement in many times due to kid behavior. Parents were psychological pressure when kid had shouting for small work and activities sine 2 years.

Rasayan is source of boosting the Rasadidhatus (body tissue) which increase life span, improves Medha (intelligence), stabilizes youthfulness cure disease, so Brahmi Ghrita with gold is selected as choice of drug as best rejuvenator as it promotes memory² and intelligence improves speech and promotes health. It also provides nourishment to body tissue and also acts on mind. This case was successfully treated with help of internal medicine and behavior therapy.

Introduction

Attention deficit hyperactive disorder (ADHD) is one the most prevalent neurobehavioral disorder of childhood, which affects the social, learning and behavioral abilities with a prevalence rate in India 1:3 per³. The main characters of ADHD are hyperactivity, inattention and poor control on social behavior. Many times genetic cause was responsible and in some cases dopamine, dobutamine receptor are responsible but in lot of cases it is a behavior disorder⁴. Sometimes history of birth complication such as prolonged labor, toxemia and complicated delivery. Drug abuse and addition of mother (e.g. Alcohol, smoking during ANC period⁵).

Criteria are considered to be the criteria of diagnosis for ADHD explain in textbook⁶ according predominately hyperactive or predominately imitative – impulsive. Interview of class teacher and parents noted in 2 setting for better history and knowing complaints. According to this the child was suffering from more than 6 symptoms of it. The symptom may vary according to age such as motor, aggressive and disrupting behavior is frequently seen in preschool children. Unmada was said to be sadhya⁷ by treating it with internal medication along with therapeutic procedures such as Snehan, swedana

and Shirodhara but according to age I chosen internal medication.

Case Report

6 years male child come to college OPD with complaint of poor concentration as well as hyperactive behavior in school and difficulty in complete sentences during talking to him i.e. unable to speak proper sentence since last 2 years as associated complaint unable to control hunger period and unable to sustain in school activity. Parents were embarrassed due to their son's naughty behavior many times. Mother history told that after 3 years of age he was starting to shouting for small things e.g. toys, food.

Parents work out on investigation EEG and MRI brain were absolutely normal with Neuro physician opinion done. Also birth history insignificant and development were appropriate for age and no NICU admission. Mother history during ANC was insignificant so no any clue in history this was a case of neurobehavioral disorder ADHD.

Treatment

Day 1:- Genral examination + systemic examination followed by oral medication strated
Brahmi Ghrita two times a day with warm water
Day 15:- same complaint as it
Day 30:- same complaint as it
Day 45:- same complaint as it

Day 60:- same complaint as it
Day 75:- shouting of child and hyperactivity nature start decreases
Day 90:- child control hunger time up to lunch appropriate time after brake fast
Day 135:- shouting completely stop
Day 160:- hyperactive nature much control no embarrassing movement for parents
Day 180:- As routine nature as other child of its age child no fresh complaint

Observation and Result

The observation based on clinical picture noted before and after the course of treatment. Follow up every 15 days and observation noted also interview by parents. No any adverse reaction of drug and no any other supported treatment given for ADHD.

Result

On the 1st day of OPD child presented with sign of ADHD e.g. hyperactive nature, unable to sustain in classroom, playing in groups. Shouting for small things, naughty behavior, careless mistake anywhere, unable to control hunger time after breakfast. After complete 6 months treatment all symptom reduced and child behavior absolutely normal and no any complaint of parents about him. Again interview of class teacher and parents taken lot of changes in behavior noted with apprehension.

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Effect of *uttarbasti* locally in fallopian tubal block - a case study

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ABSTRACT: The present Case study was carried out to evaluate the role of *Uttar Basti* in tubal blockage, in order to establish it as a safer and cost-effective *Ayurvedic* treatment modality. The criteria for selection of patient tubal blockage diagnosed in *hysterosalpingography* (HSG). *Uttar Basti* was administered, after cessation of menstruation, to the screened patient, through hematological, urinary, and serological (HIV, VDRL, HBsAg) investigations. The results suggest that *Uttar Basti* is a highly significant treatment modality for tubal blockage in this Patient, with no apparent complications.

Uttarbasti is ideal local therapy is to be adopted in tubal block. *Kshartail* is very good *vata kaphashamak guna* and *lekhan* properties, *taila* is having the property to reach minute channels in body. *Phalaghruta* is best for all *yoniogas*, also to reduces *dhaha* which is due to *Kshar tail*.

Keywords: Tubal block, *Uttarbasti*, *Kshartail*, *Phalagruta*.

INTRODUCTION:

Artavavaha Srotas covers the whole female reproductive tract and encompasses it as a structural and functional unit from the hypothalamus to the uterus. It represents not only the hormones related to reproduction at the physiological level, but also covers all the structures related to female reproductive organs at the anatomical level. Fallopian tubes are very important structures of the *Artavavaha Srotas*, as they carry *Bija Rupi Artava*. Thus, fallopian tubes can be termed as *Bija Vaha Srotas*. Infertility is define as failure to conceive within one or more years of regular unprotected coitus. Causative factors related to – female (30 to 40%), male (40 to 50%), related both partner (10%) and unexplained cause is (10%). Factors related to female: (According to FIGO manual) are Tubal block causing

infertility (25 to 35%) , Uterus causes(1 to 10%) , Ovarian causes(30 to 40%)

Treatment for tubal block is *Tuboplasty*, *Ayurveda* is defined very differently Tubal blockage from modern science that the pathogenesis of It is initiated with the accumulation and vitiation of *kapha & vata Doshas*.

Acharya Sushruta has considered four factors essential for conception:

Ritu, *Kshetra* (genital organs especially uterus, fallopian tube), *Ambu* (nourishing substances) & *Beeja* (ovum and sperms)

Due to vitiation of *kapha vata Doshas* tubal block occurred. Any pathology in above factors can cause infertility In present case study tubal block treated with *Kshartailauttarbasti* followed by *Phalaghritauttarbasti*. Hence, this study was carried out as a very preliminary but sincere step on the path of infertility management through *Ayurveda*

AIMS: Evaluation of the efficacy of *Kshartail uttarbasti* followed by *Phalaghrita uttarbasti* locally

LITERATURE:

Artavavahi dhamanis (fallopian tubes), These are two in number having roots in the *Garbhashaya* and injuries to *Artavavahi Dhamnis*, which causes *Vandhyatva* (infertility).The fallopian tube being a part of the uterus (*Garbhashaya*) is automatically accepted as the place of fertilization. According to some authors, description of *Gavinis* in the *Atharvaveda* it's also compared with the fallopian tubes. For tubal

block, we can give *uttarbasti* in infertility due to tubal block³.

MATERIAL AND METHODS:

- Study carried out on one patient, which was selected according to selection criteria after clinical examination and investigation.
- *Kshartaila* and *Phalaghrita* is taken from GMP certified company.

Criteria of inclusion:

- Age between 20-35yrs
- Tubal block confirmed by HSG
- Unilateral/bilateral tubal block

Criteria of exclusion:

- Age below 20 and above 35yrs
- Genital tuberculosis
- PID
- Endometriosis
- Systemic tuberculosis
- Genital malignancy
- *Hydrosalphinx*
- Cervical erosion, *cervicitis*, *vulvovaginitis*
- Suffering with any severe illness
- Per tubal adhesions

Case report:

28yr old women wanted to investigate for primary infertility. She was housewife, married 10yrs back, staying with her husband.

- C/O-Pain during menstruation -1yr
- Menstrual history - 2-3/28days)regular

- In her systemic examination, all parameters are normal
- General condition was good
- P/A examination-NAD
- P/S-cervix-no erosion, discharge
- P/V-Cervix-normal
- Uterus-slight bulky, fx-tenderness both fx
- Investigation Reports are within normal limit.

HSG report shows that-mucosal irregularity noted in contrast pacified uterine cavity, with chronic inflammation. Right tube corneal block with left tube terminal block. Follicular study report was normal.

Her husbands-semen analysis report within normal limit. She was taken modern treatment for primary infertility from three years regularly. But, she was not conceives .

she under goes IUI for three cycle, treatment was fail. Lastly *tuboplasty* was advise by modern gynecologist, so she came for *Ayurvedic* treatment only.

Chikitsa :

Kshartail Uttarbasti 3ml is given on 5th day, 6th day & 7th day of menstrual cycle , followed by *phalaghru Uttarbasti* 3ml for 8thday , 9th day, 10th day , 11th day , 12th day .This treatment was given for three month.

After Three Months:

- No Pain during menstruation
- Systemic examination -All parameters are normal limits
- P/A-soft
- P/S – within normal limit
- Cervix-no erosion, discharge

- P/V –Cervix-normal
- Fx-no tenderness Uterus – normal size
- HSG Report – Rt. Fallopian tube cornual mild block, And at Lt. Fallopian tube within normal limit.

DISCUSSION:

According to *Ayurveda*, *Avarodha* (BLOCK) any *strotasa* of body is cause by *Vata* and *kapha* , in fallopian tubes block, *Apanavayu* vitiation is the reason. *Uttarbasti* is ideal local therapy is to be adopted in tubal block. *Kshartail* is very good *lekhan* property, also *taila* is having the property to reach minute channels in body.

Phalaghruta is best for all *yonirogas*, also to reduces *dhaha* which is due to *Kshar tail*. Hence, it can be concluded that the local treatment (*Sthanicchikitsa*) is giving encouraging results in case of tubal block. *Uttarbasti* with *Kshar tail* & *Phalaghruta* works very effective to relives tubal block in a short periods of three months time.

The most probable complications of *Uttar Basti*, are genitourinary infections and oil embolism. Good surveillance was carried out to diagnose any such complications as early as possible. However, the most encouraging point was that no feature of infection or oil embolism was observed during or after the procedure and even in the follow-up period. Proper antiseptic care, before and after the procedure does not allow any infection to grow. *Uttar Basti* carried out gently with a steady pace and confident skill prevents any complication like oil embolism, and severe abdominal pain.

Result:-

Kshartail uttar basti followed by *Phalagruta uttarbasti* having very good result in fallopian tubal block

However to confirm this observation further large scale evaluation with more parameters is required.

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Atyaik chikitsa in Sushrut Samhita w. s. r. to surgical emergency management **– A Review**

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ABSTRACT:

Ayurvedic system of medicine does not limit itself to just fulfilling the needs of primary health care, but also reach out to certain specialised areas such as emergency conditions management. *Sushruta* is a father of Indian Surgery and *Sushruta Samhita* is only complete book, which deals with the problems of practical surgery, especially emergency conditions. *Acharya Sushruta* has described various surgical emergencies namely; *Sadyo vrana*, *Badhgudodara*, *Asthibhagna*, *Ashmari*, *Chidrodar*, *Moodgarbha*, *Heamorrhage* and their management. Even though the clear guidelines for various emergencies was described by *Acharya Sushruta*, but over the due course of time these practices have become absolute. Surgery is highly developed in contemporary science and emergency management have emerged as a super specialty stream, but still there are certain conditions where they fall short. So a review of *Atyaik chikitsa* with special

reference to surgical emergency management according to *Acharya Sushruta* is being attempted, which may help to find solution for future.

KEY WORDS: *Sushrut samhita*,
emergency treatment

INTRODUCTION:

Ayurvedic system of medicine do not limit itself to just fulfilling the need of primary health care, but also reach out to certain specialized areas such as emergency management and many more such topics. *Sushrut Samhita* is the most ancient document in the field of Surgery not merely of India, but also of the whole world. Due to its contribution in the field of Surgery, *Acharya Sushrut*, is acknowledged as the “Father of Surgery”. *Sushruta*’s original text discusses in an elaborate manner about a myriad of surgical methods that include how to handle different emergency conditions like *Sadyovrana*, *Asthibhagna*, *Ashmari*, *Chidrodara*, *Moodgarbh* etc. the above

study helps to explore the hidden knowledge about emergency management in surgical field described by *Acharya sushruta*. The reason why *Shalya Tantra* was quite popular as it could provide fast relief compared to the slower process of recovery from herbs or medicines. The most popular physician of *Ayurvedic* medicine, *Charaka*, also recommended *Shalya Tantra* to treat certain diseases that need immediate attention. According to *Sushrut*, it is best to use *Shalya Tantra* when the problem with the body is beyond merely medicinal repair. He advised to use *Shalya Tantra* in various emergency conditions. The treatment not only gives faster relief to the person suffering but is also beneficial in circumstances when the internal medicine fails to cure. In the present time, though modern surgery has developed a lot but the basic procedures used in major conditions remained same which is given by *Acharya sushruta* that too three thousand years before.

MATERIAL AND METHODS

All the references have been collected and compiled from *Sushruta Samhita* and their available commentaries.

We have also referred the modern textbooks of Surgery given by various authors.

OBSERVATION:

Emergency Surgical procedures are widely described in *sushrut samhita* in relation to different conditions. The Importance of emergency operative procedures was well recognized and it was said that avoidance of some emergency surgeries might have fatal

outcome. Some examples of emergency management are as follows:

A. *SADHYO VRANA* (TRAUMATIC WOUND)

Acharya Sushruta has mentioned the six² varieties of *Sadhyo vrana* (accidental injuries) these are as follows;

- *Chhina vrana* (excised wound)
- *Bhinna vrana* (incised wound)
- *Viddha vrana* (punctured wound)
- *Kshata vrana* (lacerated wound)
- *Picchita vrana* (crushed wound)
- *Grishta vrana* (abrasion).

These are the injuries which need to give the instant and proper attention, as the serious injury on vital organ may lead to death of the patient. *Acharya Sushruta* mentioned *Shashti upakramas*³ (sixty therapeutic procedures) to cure the *Agantuja vrana* which also includes *Shodhana* (purification), *Ropana* (healing), *Bandhana* (bandaging), *Seevana* (suturing) etc. these all *upakramas* are very useful for as per the treatment of the *vrana* is concern.

Acharya Sushruta described the various types of dressing and dressing materials in *sutrasthana* for the first time to cover the wound at different sites of body. The 14 types of *bandha* (bandages) and their application are the unique features of *Sushruta*⁴. During the bandaging the use of cotton pad to secure the wound from friction is the original theme of *Sushruta* and it is still in practice. *Sushruta* first described the Suture material of absorbable / non- absorbable and synthetic/natural. According to *Sushruta*, bark of specific plants, silk,

hair, tendon are the suture materials⁵. He also used black ants (*Lasius niger*) during the suturing of ruptured intestine⁶ which is probably the first reference of absorbable type of suture material in history of medicine. These are the few examples related to the suturing techniques described in *sushruta samhita*.

B. BHAGNACHIKITSA

Asthi- Sandhi Bhagna Chikitsa (Fracture and dislocation of bone and its management)

Sushruta has given different types of the fracture of bones specially fracture of shaft (Kandabhagna⁸) and types of dislocation of joints (Sandhimukta⁷). He has given the detail of six types of dislocations and twelve varieties of fractures. He gave the principles of fracture treatment, viz., tight bandage, traction, manipulation, appositions and stabilization⁹. The same method is still practiced in modern orthopaedics. Also he has explained the use of kusha (splint), *kapatshayana* in detail. In *kapatshayana* he used the 5 kil. This is an example of internal fixation done for immobilization in *sushruta's* era which we see in today's *orthopaedic* practice.

C. Raktastambhana Karma (Arrest Of Bleeding):

Raktastambhana is nothing but the method to arrest the active bleeding in different cases of injury. Sushruta has pointed out four methods to stop the bleeding, these are as follows:

1. *Sandhan*
2. *Skandana*
3. *Dahan*

4. *Pachana*¹⁰

In the *Sandhan*, steps he had advised to make opposition of the cut edges with stitches; in *Skandana*, to use cold things, like snow or ice which causes thickening of blood by coagulation and also do the capillary contraction which helps to stop the active bleeding; in the *Dahan*, by cauterization of vessels with *kshara* (chemicals) or Agni (heat); in *Pachana*, application of styptic decoctions, to contract the vessels locally. The technique to use the Agni, to stop the bleeding during surgery, is the original concept of *Sushruta*, which is later modified by the modern scientist to develop in the form of electric *cautery*. Apart from the use of *cautery*, he explained use of astringent herbs through local and oral administration, which is similar to conventional styptic drugs of present era.

D. ASHMARI CHIKITSA (TREATMENT OF URINARY STONE)

If we go through the *sushruta's* description about the *Ashmari chikitsa* we will come to know that he was well aware of the urinary stones, their varieties; the anatomy of urinary bladder, along with its relations is well recorded in chapter '*Ashmarichikitsopakramah*' (Chapter on urinary stones) in *chikitsasthana adhyaya*.

Acharya Sushruta considered *Ashmari* as one of the emergency conditions, which once not treated successfully, may lead to the death of the patient¹¹. So he elaborated the detail description of methods of extraction (by *perineal lithotomy*), and operative complications and post-operative wound management, which may be the first

reference of surgical management of calculus in history of surgery. The extraction of stone from the urinary bladder, by pushing the stone upward through inserting the finger in rectum, is still helpful in operation of vesicle calculus.

E. CHIDRODARA AND ITS MANAGEMENT

Chidrodara is a condition that we can compare it with the intestinal perforation in modern science. Now today we all are well aware of this condition like its severity and management, if not treated on time may be fatal to the patient. *Acharya sushruta* had given the operative procedure for this condition that to very before in *sushrut samhita*. In operations of *Chidrodara*¹² (intestinal perforation), the *anastomosis* of intestine, by clinching the head of black ant, is the basic idea of *Sushruta*, is the best example of usage of biological substance as absorbable suture material. This is still useful in modification form, like in place of black ant we use absorbable suture, like catgut. This signifies the concept of absorbable suture material in gut repair, was known to ancient Indian surgeons, long back before the invention of catgut. This is the best example for the emergency management done by *Acharya sushrut*.

F. REPLACEMENT OF BLOOD VOLUME

In case of perforation, or piercing of any bodily *kosthas*, attended with excessive *haemorrhage* or bleeding, the patient was made to drink (a portion of animal) blood¹³, was the concept of *Acharya Sushruta*, which later established as blood transfusion.

G. MOODHGARBHA MANAGEMENT

It is also considered as a medical emergency, where saving of mother's life is important, when foetus is dead¹⁴. *Acharya Sushruta's* management of moodgarbh is somehow similar to the procedure of caesarean section¹⁵ of modern era. Caesarean section is more advanced technique, and can save life of both mother and child. The application of the forceps in cases of difficult labour and other obstetric operations, involving the destruction and mutilation of the child, such as craniotomy, were first systematically described in the *Sushruta Samhita*. *Sushruta*, who advocates Caesarean section in hopeless cases of obstruction, lays down that, the instrument should be employed only in those cases where the proportion between the child and the maternal passage is so defective that medicated plasters, fumigations, etc. are not sufficient to affect a natural delivery.

H. BADDHAGUDODARA MANAGEMENT

In intestinal obstruction, after proper examination of cause of obstruction— stone, hairs, faeces or other material are removed by making an incision below the umbilicus on left side, leaving four finger breadths from the central line, and four finger breadth of intestine, is taken out and reinserting it into its normal position, following suturing¹⁶, is the concept of *Acharya Sushruta* which is in practice today also as *laparotomy*.

I. SANDHAN KARMA

Plastic surgery is a specialized branch of surgery, devoted to the treatment of

deformities of face and other parts of body. The importance of plastic surgery is, to restore the appearance and function of parts of body destroyed or damaged by disease or injury. The plastic operations of *otoplasty* and *rhinoplasty* are described in *Sushruta Samhita*.

J. DAKODARA (ASCITIS) MANAGEMENT:

Vedhan karma i.e. tapping is performed. *Vedhan* is done below left lateral to umbilicus, (4 *angula* from line of hair) with the help of *Vrihimukha shastra* (trocher), to the depth of thickness of the centre of thumb, and a *Nadi* (canula) is fixed to the trocher for removing fluid, and abdomen is bandaged tight after that. All fluid should not be drained in one day itself, as it will lead to complications, was mentioned clearly by *Sushruta*¹⁷, which is applicable today also.

K. MANAGEMENT OF DAGDH VRANAS (BURNS)¹⁸

Sushruta has divided burns into four types i.e. *Plushta*, *Durdaghda*, *Samyak daghda* and *Atidaghda*; and has given a detailed description of their symptoms according to the types along with the management like *Sheet Aalepa*, use of *Ghrit* and honey over the wound, which is very much similar to the concept, which is applied in modern science like—cleaning of wound with antiseptic agent, use of silver sulfadiazine cream, 1% silver nitrate, tangential excision followed by grafting¹⁹.

L. MANAGEMENT OF PAIN

The *Sushruta* was the first person, who has used the alcohol²⁰ to alleviate the pain during surgery. He had also used the *Bhanga*²¹ (*Cannabis sativa*) during the surgery. The knowledge of alleviating the pain during the surgery was started from *Sushruta* and later this knowledge flourishes by modern surgeons, to establish it as a separate branch of medical science, known as *Anaesthesiology*.

DISCUSSION:

As *Sushruta Samhita* is the main classical text book related to *Shalya Tantra*, so the surgical disorders including emergency conditions, which require surgical management e.g. *Sadyo vrana*, *Asthibhagna*, *Haemorrhage*, *Ashmari*, *Chidrodara*, *Moodgarbh*, *Bhadgudodara* etc. are described in details in this *Samhita*. The types of *Sadyo-Vrana* (Traumatic Wound) are the six, which are unchanged in the Modern textbook of Surgery. The management of these wounds requires *Sushruta* already shows immediate attention of Surgeon as it. *Sushruta* described the *chikitsa* of *Asthi* and *Sandhi Bhagna* under the heading of *Bhagna*. He had kept both the *Sandhi Bhagna* and *Asthi Bhagna* (*Kanda Bhagna*) in a single heading. The signs and symptoms are still relevant while their basic principles of management are remained unchanged even these days like traction, manipulation, apposition, and stabilization. The newer techniques has been added in modern *orthopaedic* surgery but without intervening the basic concepts of *Sushruta's* views. The technique to use the *Agni*, to stop the bleeding during Surgery is the original concept of *Sushruta*, which is later modified by modern scientist to develop in the form of

electric cautery. The technique for *perineal lithotomy* for the vesicle calculus is no more relevant now but the new technique of lithotomy is the advancement of *perineal* technique. In the operation of *Chidrodara*, the *anastomosis* of intestine by clinching the head of the black ant is the basic idea of *Sushruta* and is the best example of usage of biological substance as absorbable suture material. This is still useful in modified form like in the place of black ant we use the absorbable suture material in gut repair was known to ancient Indian surgeons long back before the invention of catgut, etc. and we take pride in saying that, by the methods recommended in the *Sushrut Samhita*, patients were successfully treated in past. In the present time, though modern surgery has developed a lot, but the basic procedures used in majority of conditions remains the same.

CONCLUSION:

Sushruta Samhita is a beautiful composition of *Acharya Sushruta*, with sequential arrangement and detailed description of the topics in form of verses. The above discussion is very exemplary and is just a glimpse of the universal approach of *Ayurvedic Shalya Chikitsa* and specifically, its contribution in the field of surgical emergencies. *Acharya Sushruta* has covered every branch of medical science, but has given more emphasis on surgery. This is why *Sushruta* is considered truly as the “Father of Surgery”. It is extremely essential that we put his principles into practice and preserve the dignity of our noble profession. That would be the ideal tribute to this legendary figure and our contribution to future generations.

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Atyaik chikitsa in Sushrut Samhita w. s. r. to surgical emergency management – A Review

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Clinical Trial of *Tikta Ksheera Basti* in the Management of Lumbar Spondylosis

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Abstract:- Human life has become more stressful in this era. Sedentary lifestyle, Occupational Factors like prolonged standing, poor posture etc. are playing a large role in increased prevalence of the common lumbar spinal disorder i.e. Lumbar Spondylosis. In *Ayurveda*, no special entity can be correlated with Lumbar Spondylosis. It comes under *Vataja Nanatmaka Vikara* as *Katigraha*. Since it is a lumbar spinal disorder, it can also be said as *Asthyashrita Vikara*. *Vata Vikara* are best treated with *Basti* and *Tikta Ksheeraor Ghrita yukta Bati* is said to relieve the symptoms of *Asthyashrit Vikara*. So, taking all these factors into consideration, *Tikta Ksheera Basti* was tried to alleviate the signs and symptoms of patients having Lumbar spondylosis. Assessment was done with regard to low back pain, Tingling sensation in lower back and lower limbs, Stiffness at lower back and lower limbs, Movements of joints of low back and lower limbs, Gait and Straight Leg Rising Test (SLRT). The data was collected before and after administration of *Basti Karma*. This 21 days trial proved to be significantly efficacious in reducing signs and symptoms of Lumbar Spondylosis.

Keywords:- Lumbar Spondylosis, Katigraha, Asthyashrita Vikara, Vataja nanatmak Vikara and Tikta Ksheera Basti.

I. INTRODUCTION

Ayurveda is an ancient science of life. Its aim is not only about preventing the diseases but also it is always proved to be effective for the treatments of various diseases. In today's era, due to increasing stressful conditions, sedentary lifestyle various diseases are increasing. Lumbar spondylosis is one of them. Ageing, obesity, occupational causes like prolonged sitting or standing, poor posture, poor sleeping positions, lack of exercise, excessive use of vehicles are various risk factors associated with Lumbar Spondylosis.¹

Lumbar spondylosis is the term which covers degenerative disc disease and osteoarthritic change in lumbar spine.² In this disease, the spine is compressed by narrowing of the space in the vertebrae causing variety of problems ranging from lower back pain which is sometimes radiating in nature (Sciatica), numbness, tingling sensation in both lower limbs to the stiffness of the lumbar vertebrae.³

While thinking about the treatment of Lumbar spondylosis; in modern science, only symptomatic treatment like NSAIDs, steroids and physiotherapy are available. The first two of them are known to induce severe hepatic and renal damage. In some severe conditions, surgical management is advised which does not guarantee full recovery and also may induce various disabilities.⁴

According to *Ayurvedic Samhitas*, there is no specific clinical entity which resembles with Lumbar spondylosis. Although *Acharya Charaka* in *Vataj Nanatmaja Vikara* mentions *Katigraha* which means *Stambha* (spasticity) in lower back. Since Lumbar spondylosis is the disease affecting the bones; it can also be considered as *Asthyashrita Vyadhi*. The symptoms like lower back pain, tingling sensations, and stiffness etc. are seen to be predominantly due to *Vata Dosha* as mentioned by *Acharya Charaka*.⁵

In all, Lumbar spondylosis can be considered as vitiated *Vata Dosha* affecting bones of Lumbar (Kati) region. The best treatment for *Vata Vikara* is known to be *Basti*.⁶ For *Asthyashrit Vyadhis*, *Acharya Charaka* mentioned that *Tikta Ksheera Basti* is very useful.⁷

Keeping all these factors in mind, it was hypothesized that *Tikta Ksheera Basti* may prove effective in relieving the symptoms of Lumbar spondylosis like lower back pain, tingling sensation in lower limbs, spasticity etc. So the present study entitled "Clinical trial of *Tikta Ksheera Basti* in the management of Lumbar Spondylosis" was undertaken.

II. MATERIAL AND METHODS

Study Design- The study is single group clinical trial. Total 20 patients were registered in this study.

Source of Data- 20 diagnosed patients of Lumbar Spondylosis coming under inclusion criteria and approaching the OPD of SVERDCT's *Swami Vivekanand Ayurved Medical College, Shrigonda, Ahmednagar* were selected for the study irrespective of age, Sex, Religion and Socio-economic status.

➤ *Inclusion Criteria* –

- Patients having signs and symptoms of Lumbar Spondylosis.
- Patients who are willing for "*Basti Karma*"

➤ *Exclusion Criteria* –

- Patients with severe trauma, fractures of vertebra, Ankylosing Spondylosis, Gout etc.
- Patients suffering from any other major systemic diseases such as Cardiac problems, renal failure, DM, Rheumatoid arthritis etc.
- Patients discontinuing treatment.

➤ *Method of Collection of Data* –

A special proforma containing details necessary for the study was prepared. Investigations were carried out as and when necessary.

Duration of Therapy – 21 days.

Intervention- *Tikta Ksheera Basti Karma*.

➤ *Contents of Tikta Ksheera Basti-*

- * *Guduchi* – *Tinospora cordifolia* – 10 gm
- * *Musta* – *Cyperus rotundus* – 10 gm
- * *Kantakari* – *Solanum xanthocarpum* – 10 gm.
- * *Godugdha* – Cow milk – 240 ml
- * *Jala* (Water) – 480 ml.

➤ *Method of Preparation of Tikta Ksheera Paka*⁸–

In a steel vessel, 480 ml of water was taken. The *Yavakuta Choorna* (coarse powder) of all the *Tikta Dravyas* were added into water. In that mixture, milk was added and the whole mixture kept on the stove to boil.

When the water content of the mixture evaporated completely, the stove turned off. It was kept to cool down to lukewarm temperature. Then it was used to administer as *Basti Drava* to the Patient. Fresh *Tikta Ksheerapaka* was prepared for each patient every day.

➤ *Method of administration of Tikta Ksheera Basti* –

The patients were asked to have lunch prior to *Basti Karma*. The patients were subjected to following protocol of *Basti Karma*⁹–

A. Basti Poorva Karma (Preparatory Measures for Basti Karma)-

Patient were subjected to local *Snehabhyanga* (massage with oil) with *Ksheerabala taila*¹⁰ for 20 minutes at the lower abdomen and lumbo-sacral region which was immediately followed by –
Local *Swedana* (fomentation) for 15 minutes at lower abdomen and lumbo-sacral region with *Dashamoola Kwatha*¹¹*Nadi Sweda*.

B. Basti Pradhana Karma (Main Procedure – Basti daana- Administration of Basti) –

The patients were asked to sleep in left lateral position with right leg flexed and held near abdomen while left leg kept straight. The *Basti* was administered with the help of modified forms of *Bastinetra* i.e. Sterilized Rubber Catheter no. 9 and *Basti Putaka* i.e. IV set and infusion bottle.

Firstly the infusion bottle was emptied, cleaned and refilled with lukewarm *Tikta Ksheera Basti Drava*. The

connector of IV set was connected to Infusion bottle and the air bubbles from IV set were removed out with liquid *Basti* contents. The rubber catheter was connected to the access part of IV set instead of needle. The infusion bottle hanged on the IV stand. The catheter was lubricated with *Ksheerabala Taila* while inserted into the anointed anal opening. The catheter was inserted further into anal canal parallel to the vertebral canal. Then the *Basti* was administered to the patient by drip method over the period of 30 – 45 minutes.

After complete emptying of Infusion bottle, the catheter from anal opening of the patients was removed and patient was advised to relax in supine position for 5 minutes.

C. Pashchata Karma (Post operative procedure) –

The anal opening of the patient was pressed with cotton gauze in case of leaking of *Basti Drava* (liquid) if any. The patients were asked to evacuate bowel only when they felt like evacuating naturally.

➤ *Criteria for assessment* –

1. Low back pain (*Katishool*) –

| | | |
|---|---|-----------------------------|
| 0 | - | no pain while walking |
| 1 | - | Mild pain while walking |
| 2 | - | Moderate pain while walking |
| 3 | - | Severe pain while walking |

2. Tingling sensation in lower back and lower limbs –

| | | |
|---|---|-----------------------------|
| 0 | - | no tingling sensation |
| 1 | - | Mild tingling sensation |
| 2 | - | Moderate tingling sensation |
| 3 | - | Severe tingling sensation |

3. Stiffness in lower back and lower limbs (*Stambha*) –

| | | |
|---|---|--------------------------------|
| 0 | - | no stiffness |
| 1 | - | Stiffness for 10 to 30 minutes |
| 2 | - | Stiffness for 30 to 60 minutes |
| 3 | - | Stiffness for more than 1 hr. |

4. Movements of both hip joints –

| | | |
|---|---|--------------------------------|
| 0 | - | Normal movement |
| 1 | - | Mildly restricted movement |
| 2 | - | Moderately restricted movement |
| 3 | - | Severely restricted movement |

5. Gait of the patient –

| | | |
|---|---|----------------------|
| 0 | - | Unchanged |
| 1 | - | Occasionally changed |
| 2 | - | Walks with support |
| 3 | - | Unable to walk |

6. Straight Leg Rising Test (SLRT) - It was measured in degrees before treatment and after treatment.

Before commencing the treatment, all the assessment criteria were recorded and the data was termed as Before Treatment (BT). While the data recorded of all the assessment criteria after completion of therapy was termed as After Treatment (AT).

➤ *Data Analysis* –

The data collected was rendered to Master Chart and the tables were constructed. Wilcoxon's signed Rank test was applied for the statistical analysis of the data.

Observation and Results –**Table no. 1 showing Age wise and Sex wise Distribution of 20 patients of Lumbar Spondylosis**

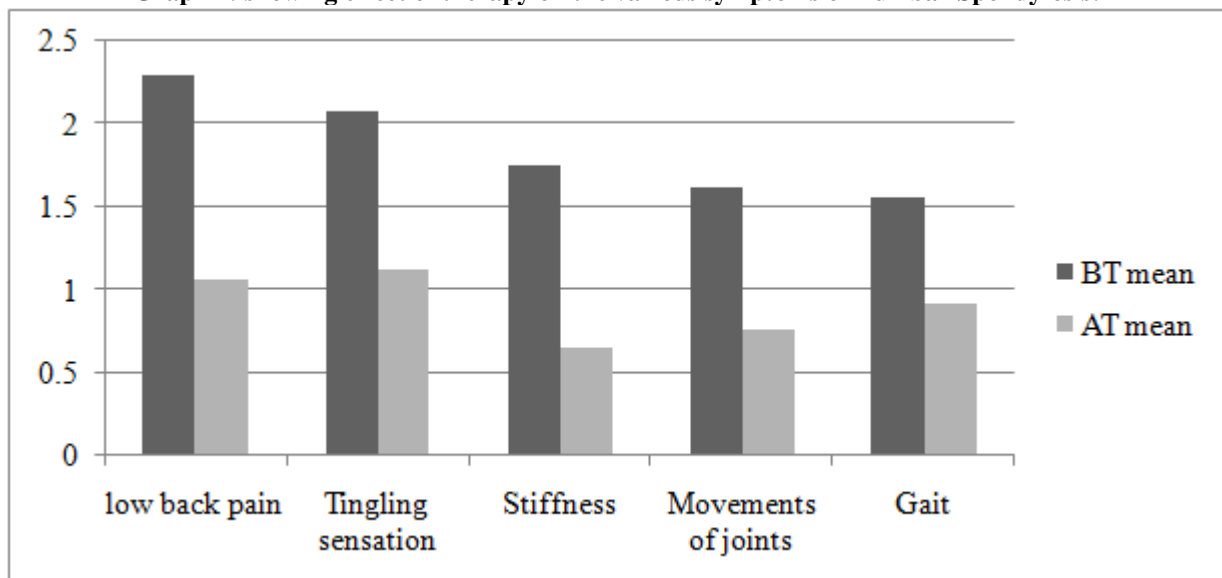
| Age | Male | Female | No. of Patients |
|---------------|------|--------|-----------------|
| 20 – 30 years | 2 | 1 | 03 |
| 31 – 40 years | 3 | 3 | 06 |
| 41 – 50 years | 3 | 2 | 05 |
| 51 – 60 years | 4 | 1 | 05 |
| 61 – 70 years | 1 | 0 | 01 |
| 71 – 80 years | 0 | 0 | 0 |

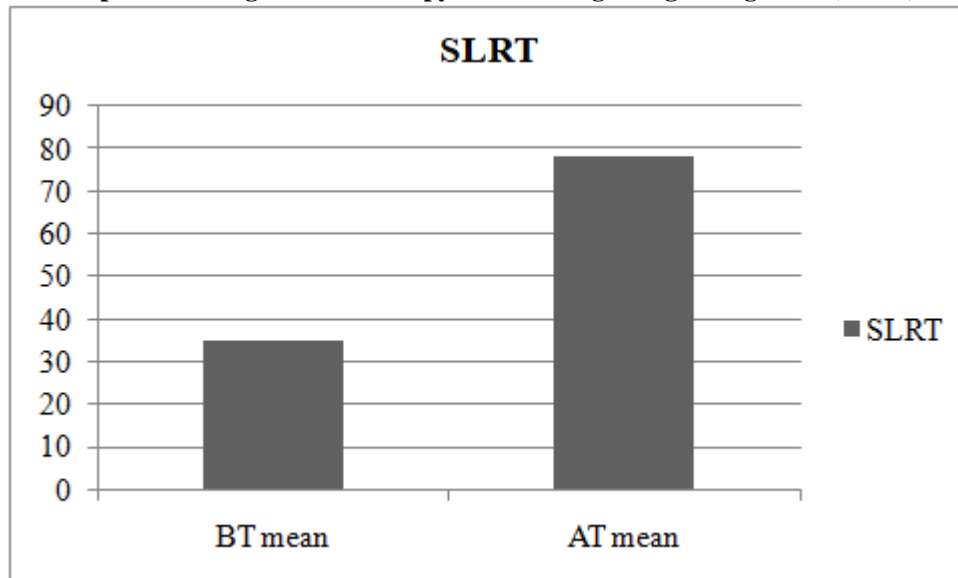
The study shows that the maximum patients were male i.e. 65%. Most of the patients (80%) were from middle age group i.e. 31 – 60 years of age.

Table no. 2 showing Results of ‘Wilcoxon Signed Rank Test’ for the various symptoms of Lumbar Spondylosis

| Symptoms | BT mean | AT mean | Diff. mean | SD | z value | p value |
|---------------------|---------|---------|------------|-------|---------|----------|
| Lower back pain | 2.30 | 1.06 | 1.24 | 43.91 | 4.62 | p < 0.05 |
| Tingling | 2.08 | 1.12 | 0.96 | 36.28 | 4.10 | p < 0.05 |
| Stambha | 1.75 | 0.65 | 1.1 | 19.33 | 3.51 | p < 0.05 |
| Movements of joints | 1.62 | 0.76 | 0.86 | 18.30 | 3.38 | p < 0.05 |
| Gait | 1.56 | 0.92 | 0.64 | 17.60 | 3.20 | p < 0.05 |
| SLRT | 34.82 | 78.34 | 43.32 | 49.3 | 5.17 | p < 0.05 |

It is clear from above table that all the signs and symptoms of Lumbar spondylosis viz. low back pain, tingling sensation in low back and lower limbs, stiffness, movements of low back and lower limbs, gait and Straight leg rising test (SLRT) showed significant improvement with p < 0.05.

Graph 1: showing effect of therapy on the various symptoms of Lumbar Spondylosis:

Graph 2: showing effect of therapy on the Straight Leg Rising Tests (SLRT):

III. DISCUSSION

The study shows that number of male patients was more probably because of the etiological factors of low back pain like excessive usage of vehicles on an uneven road; sedentary lifestyle, lack of exercise, prolonged sitting or standing etc. are more common in them due to occupational causes. Most of the patients were found from middle age group.

It can be seen that proper *Snehana* and *Swedana karma* is very essential part of *BastiKarma*. *Snehabhyanga* with *Ksheerabala Taila*¹⁰ helped in relieving all *Vataja* Symptoms like Pain, Tingling sensation etc. While *Swedana* helped in relieving Stiffness.¹²

Acharya Charak mentions that in all *Vataja Vikara*, *Basti* is the main procedural treatment⁵. *Acharya Sushruta* says that the *Basti* which is correctly administered remains in the *Pakwashaya* (Rectum), *Shroni* (Pelvis) and *Adhonabhi* (Hypogastrium) then it gets absorbed through *Srotasa* into the body and removes out the *Doshas* through anus.¹³

In *Kalpasthanana*, where *Acharya Sushruta* mentioned the *Asthigata Vishavega*, *Dalhana* commented that “*Asthidhara Kala*” is nothing but “*Purishadhara Kala*”. So the route of nutrition of both the *Kalas* must definitely be interrelated. Modern science also states that Calcium is excreted through the stool. So, administering *Ksheera Basti* must have helped in making up this deficiency.

For treating *Asthigata Vikara*, the *Dravya* which has *Snigdha* and *Shoshana* property is required which is nutritious for *Asthi dhatu* by producing *Khara guna*. The *Dravya* having such contradictory properties is not available. So, *Acharyas* developed this combination of *Tikta Rasa* combined with *Ksheera* or *Ghrita* which helps to treat *Asthigata Vikara*¹⁴.

Guduchi, *Kantakari* and *Musta* are all *Tiktarasatmaka Dravyas*. *Guduchi* is *Rasayana*, *Balya* and *Tridosahara*; *Musta* has *Deepana pachana guna* which helped in proper absorption of *Basti*. *Kantakari* has *Vatahara* and relieves *shoola*. So, it shows that *Tiktara Dravya siddha Ksheera Basti* must have helped in significantly treating this specific *Asthyashrit Vata Vikara* present in *Kati* (Lumbar region) i.e. Lumbar Spondylosis.

Thus it can be said that present study entitled “Clinical trial of *Tikta Ksheera Basti* in the management of Lumbar Spondylosis” shown encouraging results.

IV. CONCLUSION

Lumbar Spondylosis is a common entity majorly reflecting as “Low back pain” these days. *Tikta Ksheera Basti* along with preoperative and postoperative procedure exhibit better results including significant reduction in signs and symptoms. The therapy did not show any adverse effect in any patient. Other *Tikta Dravyas* can be tried in future for making *Ksheerapaka*. It is relatively cost effective therapy which can be used in the patients of Lumbar Spondylosis.

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Ayurvedic Management Of Grahani (Irritable Bowel Syndrome)- A Case Study**1.Puja Vitthal Kohakade,**PG scholar, Department of Kayachikitsa,
CSMSS Ayurved College, Kanchanwadi, Aurangabad**2.Dr. Yashashri Vitonde**Associate professor , Department of Kayachikitsa,
CSMSS Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad.**3.Dr. A.K. Burley**Professor, Department of Kayachikitsa,
CSMSS Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad.**Corresponding Author:** Dr. Yashashri A. Vitonde**Abstract**

Grahani is a disease of great clinical relevance in modern era because of its direct link with improper food habits & stressful lifestyles of present era. Grahani is main functional part of Mahastrotas and also known as a pittadhara kala. Ayurveda characterised the disease by passage of stool with constipation or diarrhoea & with undigested or digested food particles. This disease also associate with thirst, pedel oedema, abdominal cramping, pain, fever and vomiting. The symptoms of Grahani resembles most of IBS symptoms. So we can correlate the Grahani rog with IBS. Whole world looking towards Ayurveda for safe treatment modalities. So it is essential to find out the effective therapeutic procedure from our science. A diagnosed case of Grahani discussed here. In this case study, patient was administered Bramhi ghan vati, Bilvadi leha etc.

Keywords- Grahani , IBS, Brahmi ghana vati, Bilvadileha.

Introduction-

Grahani is the seat of Jatharagni & is supported and nourished by the strength of Agni . Grahani is situated above nabhi region.¹ The disease in which Grahani or small intestine gets vitiated and there is impairment of Agni is called Grahani. When digestive fire – Agni, which resides in the Grahani, is affected by incorrect lifestyle and eating habits affects the digestive process causing food to be either partially digested or over digested, it leads to formation of Grahani roga. Ingested food is to be digested, absorbed and assimilated which is unavoidable for the maintenance of life and is performed by Agni.²

Grahani roga as described in Ayurveda is chronic bowel disease affecting the Mahastrotas, means GIT. The cardinal symptoms of Grahani roga is alternate constipation and diarrhoea with blood and mucous along with abdominal pain and progressive emaciation. Grahani roga is caused by Mandagni. Due to Mandagni all doshas will vitiate consequently it caused structural impairment of Grahani, which in turns leads to malfunctioning of

Grahani, resulting into infrequent evacuation of the bowel , which are hard or in liquid form .

Irritable bowel syndrome with abdominal pain or discomfort that occurs in association with altered bowel habits over a period of at least three months in the absence of any detectable organic cause. Diagnosis of IBS also includes identifying key stressors/ triggers such as emotional, physical & psychological distress including anxiety and depression.³

Brahmi ghan vati contains only Brahmi. Brahmi has Medhya property.⁴ In psychiatry, Brahmi has found its use in the treatment of agitation, anxiety and depression.⁵ The trial drug Brahmi ghan vati was given 500 mg orally twice a day after meal.

The trial drug Bilvadi leha was given 10 mg per orally twice a day after food with lukewarm water for 2 months. Patient was guided regarding pathya/apathya regimen. Bilvadi leha has grahi, ushna and Jatharagni vardhak properties. Bilvadi leha contains bilva, musta, dhanyak, jiraka, ella, twaka, nagkeser, shunthi, marich, pippali, guda.⁶

Case study –

A 45 year female patient , housewife came to hospital with symptoms like recurrent abdominal pain or discomfort and marked change in bowel habit

for at least six month. Pain is relieved by defecation. Patient was suffering with above complaints since six month. As routine patient was examined and diagnosed by Ayurvedic approach. Ashtavidh pariksha has been done .

Patient name- ABC 45 yrs/ female
 Religion- Hindu
 Occupation- Service
 OPD no – 20907
 IPD no- 3921
 DOA- 20/9/2020

Chief complaints

- Abdominal pain
- Alternate constipation & diarrhoea

Past history- There is no any past history HTN, DM, TB or endocrine disorders.

On examination-

G.C.-Afebrile
 Temperature- 98 F
 Pulse rate- 68/min
 BP-140/90 mmHg
 Weight- 80 kg
 CVS- S1 & S2 normal
 RS- chest clear AEBE
 CNS- concious, oriented
 P/A-Soft
 Jivha- saam
 Mala- Asamyak
 Mutra- samyak

Treatment protocol-

Samanya chikitsa- All agnivardhak diet had been followed. Patient had been given warm water & laghu Ahara.

Vishesh Chikitsa- Shaman chikitsa

Abhyantara Aushadha was given to patient for 2 month

- 1) Brahmi Ghana vati – 500 mg BD after meal
- 2) Bilvadi leha – 10 gm BD after meal
- 3) Panchamrut parpati 500 mg BD with Ghрут after meal.

Pathya- Warm water, Laghu aahara
 Apathya- Spicy - oily food, Divaswap.

Follow up was taken by 2 month & observation was carried out, No new complaints raised during follow up period related to study.

Observation –

In the treatment period the patient had not taken anything except these medicine . Assessment criteria were based on the cardinal symptoms as follows—

| Sr.no | Observation | Before treatment | After treatment |
|-------|--------------------------------------|------------------|-----------------|
| 1 | Abdominal pain | ++ | + |
| 2 | Alternate constipation and diarrhoea | +++ | + |

Gradation-

- + — mild
- ++ — moderate
- +++ — severe

Discussion-

Grahani is the disease of Agnivikriti . Formation of Aamdosha at different levels is the main samprapti responsible for disease. Brahmi was having Medhya and anti-anxiety and anti depression properties.The ingredients of Bilvadi leha were having maximum of katu rasa followed by Tikta rasa & Katu vipaka & Ushna veerya which acts as deepna , pachana , Ruchikar , shodhan & Kaphaghna properties.

Conclusion-

In this case, complaints of patient are decreased in 2 months . In conclusion, Grahani can be controlled by using Ayurveda treatment for long period time with following proper diet.

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- 6) Yoga Ratnakar



Ayurvedic Management of Vicharchika - A case study**1.Kripa Mahesh Shah,**PG Scholar, Department of Kayachikitsa,
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Dr. Yashashri A. Vitonde

Abstract-

The term Eczema (Dermatitis) refer to inflammation of the skin. Eczema manifest as erythema, vesiculation & oozing in the acute stage, scalling & crusting in subacute stage and lichenification (hyperpigmentation, accentuation of skin marking & thickening of the skin) in the chronic stage. The world wide prevalence of atopic dermatitis ranges from 15% –20%. The exact cause of eczema is unknown. According to Ayurveda, Vegavarodh, Atichinta are the causes of Rakta dushti. The sign and symptoms of eczema can be correlated with Vicharchika which is one of type Kshudrakushta. All Kushthas are having Tridoshaja origin; hence Vicharchika can be explained in similar manner. The symptoms of Vicharchika are Kandu (itching), pidika (eruptions), shyavta (blackish discoloration), strava (discharge). The involvement of Vata results in dry, blackish lesion of eczema, itching in the affected areas is due to Kapha where as Pitta is responsible for Strava. No satisfactory treatment is available in contemporary medicine. Main line of treatment is shodhana and shaman. A patient approached to out patient department with chief complaints of discharge, edema, and erythematous skin lesions with intense itching at the dorsal aspect of both hands was treated with Raktamokshan and few preparations. A remarkable improvement in the condition was observed in a span of 2 months with the help of shodhana and shamanaoushadis.

Keywords- Vicharchika, Raktamokshan, Bramhi Ghana vati**Introduction-**

Skin is the largest organ of body, near about 20 square feet in surface area.¹ It is one of the five special sense organs. It protects the internal organs, muscles, bones from deleterious environmental influences like temperature, infectious organisms, chemicals and mechanical injuries etc. Majority of the skin disease are not fatal, but create comparatively greater stress and strain to the patient. Another reason for the skin diseases being more painful and irritant are pollen grains, dust, infection and stress. In current era, lots of facilities and upgraded technologies for treatment portion of patient, even though many diseases may still in progressive phase in the society. Vicharchika is one such kind of disease. Medical science, have inflammatory mediators, for example, prostaglandins, Helper T cells. Its clinical features

are redness, swelling, scaling, weeping, and crusting, and itching. All severe forms of eczema have a huge effect on life quality. Effective therapeutic agents in contemporary medicine are limited in number and may have long term toxic side effects.² The mainline of treatment in Ayurveda for vicharchika is shodhana, which eliminate the vitiated doshas. Abnormalities of Raktadhatu and Twaka caused by morbidity of Kapha, Pitta dosha were predominantly treated by Jalaukavcharana. It was observed that Jalaukavcharan having effective and curative role in Vicharchika.³ Therefore it was concluded that Jalaukavcharan is the best remedy for Vicharchika. Parallel to shodhana, shamanaoushadis help to correct the dhatus and bring them to normalcy.

Case study-

Name: ABC

Age: 38 year

OPD/IPD No. –30832/ 6895

Date- 14/09/2020

Gender: Female
 Residence: Jalna
 Occupation: Was working as house wife, daily work related with detergents and soap.
 Religion: Hindu
 Drug history: She was taken oral Antifungal, Analgesic drug daily from 4 yrs.
 Menstrual history – Irregular (5/ 45 days).
 Personal history: No such addiction was noted
 Family history: No abnormality detected.
 Past history: Chronic Constipation
 Chief complaints-
 Ubhay hasta pidika
 Alpastrava
 Kandru
 Shyav varnata
 Duration- from 4 years

Past history- Chronic Constipation

On Examination:
 G.C- Good, Afebrile
 Temperature- 98.0 F
 Pulse Rate- 74/min
 Blood pressure- 130/90 mm Hg
 Weight- 72 kg
 CVS- S1 and S2 Normal
 RS- Chest clear AEBE
 CNS- Conscious, Well oriented
 P/A- Soft, non tender
 Jivha- Saam
 Mala- Samyak
 Mutra- Samyak

Treatment protocol –

The patient was first explained the need of Shodhan therapy i.e. Raktamokshan. Raktamokshan was advised in raktamansagata kushta⁴ and raktapradoshaja vikara⁵. Jalaukalcharana not only purifies the strotas but also let the other parts becomes free from diseases and action is so fast than other treatment. Rakta-mokshana provide better relief than other shodhana karma.

Pathyapathyais followed completely.

The details of Treatment protocol are as follows,

Raktamokshan (Jalauka) -

- 1) Snehapana –Mahatiktaghrita 20ml each day for 20 days
- 2) Raktamokshan- with Jalauka.

Shaman Chikitsa -

- 1) Aarogyavardhini vati
500 mg BD after meal
- 2) Panchatiktaghrita guggulu
500 mg BD after meal
- 3) Gandhak Rasayan
BD after meal
- 4) Avipatkar churna
6 gms in night with koshnajala.
- 5) Bramhi Ghana vati
500 mg BD after meal

Above treatment was given for 2 months.

Pathya– Laghu aahara, luke warm water etc.

Apathya– Ruksha, tikshna aahara, viruddha aahara, vegaavarodh, divaswap, atichintan etc

Observation-

In the treatment period, the patient had not taken anything except these medicines. Assessment criteria were based on the cardinal symptoms as-

| Sr. No. | Observation | Before treatment | After treatment |
|---------|--------------------|------------------|-----------------|
| 1) | Ubhay hasta pidika | +++ | + |
| 2) | Kandru | +++ | + |
| 3) | Strava | ++ | + |
| 4) | Shyavvarnata | ++ | + |

Discussion-

By the Raktamokshana, oedema reduced, redness and erythema reduced after Jalaukavcharan. Itching reduced immediately after Jalaukavcharan. Vicharchika being a Kshudra Kustha is mentioned under RaktaPradoshaja vikara by Charakacharya. According to Vagbhatacharya, it is under Rakta- vriddhi and under Raktapittaja roga by Bhela. Rakta and Pitta are having Ashrayashray sambhandha. While assessing the rogmarga, it is a bahya margaja which involves Rakta dhatu and Twak with large amounts doshas which are eliminated by the Raktamokshana. All shaman aushadis are explained in kushtha while Brahmi has found its use in the treatment of agitation, anxiety and depression.⁶

Conclusion-

Raktamokshan as Shodhana Chikitsa and Shamana Aushadhi treatment, both in combinations

when followed systematically, had given markable relief from symptoms in Vicharchika.

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REVIEW ARTICLE ON RAKTAMOKSHANA- THE MIRACULOUS THERAPY

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ABSTRACT

The rapid modernization in India, fast food culture, stressful and speedy life, prevalent in urban areas is spreading its wings in remote villages too. Nowadays human beings are vulnerable to many disorders due to their altered life style and food habits. Considering the importance of Rakta in the causation and transmission of various diseases, Sushruta has considered rakta as fourth dosa. Dushtarakta is more distressing and common disorder prevalent in present era. It is characterized by severe pain, tenderness, inflammation and burning sensation in the affected area etc. Sedentary lifestyle along with mental stress, consumption of non-vegetarian and highly protein diet, excessive alcohol intake are some of the precipitating factors which causes acute exacerbation of vitiated rakta disorders. By shodhanachikitsa it can be cure and prevented. Raktamokshana, in simple words is the procedure of allowing the blood to bleed for therapeutic purposes. The other Panchakarmas eliminates the morbid dosha, while raktamokshana eliminate the vitiated Rakta, along with rakta, pitta is also likely to be eliminated as both these are interlinked. The utility and significance of Raktamokshana is unique through which number of diseases can be relieved.

No: of References: 07

INTRODUCTION:

Ayurveda has probably given the first detailed, rational, systematic description of raktamokshana for several illnesses. It is also considered one among shodhana (purificatory) procedures. Raktamokshan means letting of blood which is mainly indicated in certain disease state especially when there is a Raktadushti and also during physiological function. [1] Sushruta , Father of Indian Surgery, has given all the information regarding bloodletting in detail in his treatise "Sushruta Samhita". [2]

To expel out the vitiated blood, seven procedures were advocated: Venesection(Sira vedhan) Horn application (Sringa avacharana) Gourd application (Alabu avacharana) Leech application (Jalauka avacharana) Scrapping (Prachana Karma) Cupping glass application (ghati yantra avacharana) Needle application (Suchi avacharana) [3]

Main function of Rakta Dhatu is provided life i.e. Jeevan to living beings, Any fluctuations i.e. reduction or increase in its quantity may lead to various pathology. Hence to relieve the patients from these pathologies Rakta mokshana (bloodletting) is advocated as the supreme mode of treatment in our classics. Sira vedha (Venesection) is considered in some instances as half of the treatment of Shalyatantra itself. Raktamokshana Karma provides 'Ashu Vyadhya Shanti' as mentioned by Acharya Susruta as diseases do not get pacified so quickly and fully by therapeutic management like lepan etc as by siravedhana or raktamokashana . Acharya sushrut has cited that the person who regularly undergoes bloodletting will not get affected by shopha, twak dosha, visarpa, granthi etc disorders. [4]

AIMS & OBJECTIVES:

1) To explain the effect of Raktamokshana in terms of ayurvedic parameters.

2) To explain the effect of Raktamokshana in terms of modern parameters.

MATERIAL AND METHODS:

1)Literature review from Samhitas.

2)Literature review from Modern Text.

REVIEW OF LITERATURE**TYPES OF RAKTAMOKSHANA:**

Two type

1. Shastra visravana -Generally metallic instrument are used to carried out the this process. It is further divided into two category- Pracchana which means letting the blood pass through several incision and Siravyadhana, which is also known as venipuncture.

2. Anushastra visravana- The metallic instrument are not considered for carrying out this procedure. It is further divided into 3 categories:-

(1) Jalaukavacharana, which mean applying leeches on a particular area. This is mainly done for pitta dosha disorder.

(2) Alabu, which mean creating vaccum & extracting blood through the vaccum using a vegetable, which may be bottle guard or alabu. This is mainly done for treating the kapha dosha diseases.

(3) Shrungavacharana, which mean applying the cow's horns. This is mainly used for treating the vata disorder.

INDICATIONS OF RAKTAMOKSHANA THERAPY ARE [5][6]

Individuals with aggravated rakta and pitta dosha & high level of toxicity are recommended the raktamokshana therapy. The important diseases & complication to be treated with this

therapeutic therapy are-Gout, Eczema, Psoriasis, Filariasis, Glaucoma, Liver & spleen disorder, Osteoarthritis, Rheumatoid arthritis, Cellulites, Sciatica, Varicose Veins, Rheumatic Disease, Diabetic Wound, abscesses, Hypertension, Thrombosis (blood clot), Alopecia and Herpes zoster.

PROCEDURE OF RAKTAMOKSHANA [5-7]

Raktamokshana, the specialized detoxification process comprises the following steps

1. Preprocedure or poorva karma.
2. Main procedure or pradhana karma.
3. Post procedure or paschat karma.

PURVA KARMA:

It is preparatory phase before going to main karma. In this all the material should collected well eg cottan swab, gauze piece, instrument, gloves etc.

PRADHANA KARMA:

The various procedure can be considered under pradhana karma.

- PRACHHANA-This method helps to provide relief from stress, tension and anxiety.
- SIRAVYADHA-The patient either lies or sit in erect position. According to the disease the vein is selected. Then after proper oleation and sudation, the liquid gruel is injected. The size should be that of 1 brihi or half barley pramana in muscular area.
- JALAUKAVACHARANA-Small tiny sized nicks are applied near the affected region. As soon as the the blood oozes out.the leech is applied.its mouth is covered with a wet cottan cloth. After sucking of impure blood the leech will leave the area on its own.In any case

when it does not leave its own then turmeric powder is sprinkled on the leech.

- SHRINGA YANTRA-The horn is applied on the fleshy part of the body in this a vaccum area has been created by which blood is oozes out. PASCHAT KARMA: After completion of pradhana karma,dressing is done with medicated oils.

MODERN CONCEPT:

The extraction of blood for the cure of many disorders was in practice since antiquity until the late 19th century. In the good olden days, the physicians believed that for treating hypertension, bloodletting could sometimes have had a beneficial effect by reducing blood volume. Hippocrates was Dr.Deepika Sethi et. al., A Review Article on Raktamokshana and Its Mode of Action, IJPAAM 2018. also reported that bloodletting was in practice in Greece during the fifth century B.C. It was used to "treat" a wide range of diseases, becoming a standard treatment for almost every ailment, and was practiced prophylactically as well as therapeutically.

CONCLUSION:

Raktamokshana is one procedures among panchkarma which aims at excreting vitiated blood (Dushta rakta) from the body. Rakthamokshana means the procedure of blood letting for the therapeutic purpose for removing morbid doshas with blood or it can practised in blood born diseases, in pitta predominant diseases and also in a few vata disorders.This therapy in ayurveda is a partial or a complete treatment depending on the situation. It explained thousands of years ago and still holds an important place in ayurvedic treatment in curing many diseases, and have become a necessity in todays world due to changing food habits and lifestyle, for

curing ailments and also to maintain health. One who timely performs Raktamokshana never suffers from skin diseases, and other Raktaja vyadis mentioned above.

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**THERAPEUTIC USES OF LATAKARANJA (CAESALPINIA CRISTA LINN.) WITH A
NOTE ON IT'S PHARMACOLOGICAL ACTIONS. -A REVIEW**Dr. N. M. Khan*¹ and Dr. P. P. Surve²¹PG Scholar, Department of Dravyaguna, CSMSS Ayurved College, Kanchanwadi, Aurangabad.²Associate Professor, Department of Dravyaguna, CSMSS Ayurved College, Kanchanwadi, Aurangabad.***Corresponding Author: Dr. N. M. Khan**

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ABSTRACT

Traditional system of medicinal plant consists of various medicinal and pharmacological uses. Medical practitioners are using medicinal plant widely for curing various diseases in their day to day practices, Latakaranja (*Caesalpinia crista linn*) of family febaseae is a moderately size one among found deciduous forest of India. expressed a valuable tank of new bioactive molecules. The present review aimed to compile complete information of pharmacological action of Latakaranja (*Caesalpinia crista linn*) with special emphasis on its various classical and scientifically documents. Plant mainly contains, flavonoids, tannins, proteins, alkaloids, carbohydrate reducing sugar, phytosteroids, saponins, coumarins, triterpenoids, cassane –diterpenes, neo cassane-diterpenes, nor cassane –diterpenes, and many other bioactive compounds. Is commonly used in Ayurvedic Preparations. Different parts of this plant are traditionally used for the treatment of jwara, Sula, Atisara, Raktatisara, diabetic, leprosy, malatia, skin disease, antifungal, anti tumour, hepatoprotective.

KEYWORDS: Latakaranja (*Caesalpinia crista linn.*) Phytoconstituent, Ayurveda, Pharmacological Action.**INTRODUCTION**

Plants are one of the most important sources of medicine, large number of Drugs are derived from plants, Latakaranja has been botanically identified as *Caesalpinia crista* Linn. belongs to family caesalpinaceae. Latakaranja herb has the great medicinal importance in ancient Ayurveda. Today there is an renewed interest in traditional medicine and an increasing demand for more drugs from plant sources, this revival of interest in plant derived drug is mainly due to the current wide spread belief that "Green Medicine" is safe and more dependable than the costly synthetic drugs many of which have adverse side effect. It is prickly shrub or woody vine, herb one of the common plants used in Indian traditional system of medicine.

Caesalpinia crista linn exerted nootropic, anticonvulsant, antioxidant, antianxiety, adaptogenic, antimicrobial, antiprotozoal, anthelmintic, insecticidal, antiproliferative, antidiabetic, hypotensive, hepatoprotective, antioxidant, cardioprotective, anticancer and many other effects. The plant contained flavonoids, tannins, proteins, alkaloids, carbohydrates reducing sugars, phytosterols, triterpenoids, saponins, coumarins, furano-cassane-diterpenes, nor cassane-diterpenes, neo-cassane-diterpenes and many other bioactive compounds.

The main purpose of reviewing the *Caesalpinia crista*

linn plant is to highlight chemical constituents and the pharmacological and the therapeutic effect of the plant for human health. It is an important herb in the Indian traditional medicine systems.

MATERIALS AND METHODS**Classification**

Kingdom: Plantae
Order: Caryophyllales
Family: Plumbaginaceae

Classification

Kingdom: Plantae Order: fabales
Family: Fabaceae
Genus: *Caesalpinia*
Species: *Caesalpinia Crista*

Classification according to Ayurveda

BhavprakashNighantu: Guduchiadivarg^[1]
VaidyaBapulal G: Putikaranjadivarga^[2]

Synonyms of Latakaranja

Sanskrit, putikaranja, pootikaranja, latakaranja, kantkikaranja, Kuberaksha.

English – Bonduc fruit, fever nut ,physic nut.

Botanical Description

It is prickly shrub or woody vine, plant is an extensive climber, branches finely grey downy, widely distributed all over the world, specially throughout the tropical and sub tropical regions of south Asia.-. Plant has a length of 10m or more also known as Sagargoti (Marathi), leaves are 1m long bi-pinnate with reaches armed with stout, sharp recurved spines, the leaflets are 2.5cm long 10 pairs and oblong somewhat hairy, the fruits are v pods 5-7cm length oblong, inflate and covered with slender spines and contain one or two seeds, seeds are somewhat rounded or ovoid large, hairy, grey and shiny. The flowers are about 1cm long yellow, born in axillary, simple or paniced raceme.

Ayurvedic properties of Latakaranja

Guna – Laghu, Ruksha

Rasa - Katu

Virya Ushana.

Vipaka- Katu.

Doshagnata- Pacifies all the doshas.^[3]

Karma and uses

Latakaranjahas very useful medicine in traditional system hence take important place in Ayurveda. Dipan, Yakrututtejak, Grahi, Shoolparshaman, Krimighana Jwarahara, Shothaghana, Stambhana, Raktastambhana, Vednahara,, Krimighana, It is also used in diseases like Vishamjwara, Sutikajwara, shool, Swas, Vatvikar, Charmoroga, Shoot and Vrana etc.^[4]

Phytochemical Constituents: Latakaranja has been explored phytochemically by various researchers and found to possess number of chemical Constituent like Bonducin, Heptocasane, phytosterol alkaloids, flavonoids, triterpenoids, proteins, saponins, steroids, tannins and glycosides.

Part used, Medical Formulation and doses

Part used- Root, Bark, Leaf, Seeds.

Some important formulation-

Vishamjwaraghanivati, Kuberksataila

Dose –Bijmajjachooran powder 5 to 20gm in divided dose per day Patraswaras 10 to 20 ml. Moolachooran 10 to 15 gm.

The properties of Latakaranja

Latakaranja is useful in disease.^[13]

JWARA-Latakaranjabeejchurna with marich is useful.

SHAYAJ SWAS AND KASA- Latakaranjaseed kwath.

KRIMI-Latakaranjapatraswaras is useful.

TARUNYAPITIKA-Latakaranjabeejtaila is useful.

UDARSHOOL-Latakaranjabeejmajja with lavanga.

DRUSHTAVRANA- Latakaranjasneh is useful.

Pharmacological Action

Latakaranja (Caesalpinia Crista Linn.) utilised for centuries from Samhitakala to treat a wide range of diseases, showed great potential as safe and Useful multi-purpose medicinal plant. Apart from Its traditional

uses, A lot of recent researches have done hepato-protective, immunomodulatory, antitumor hypolipidemic and cardioprotective. Moreover, various parts of plants are reported to possess abortifacient, and anticancer etc.

1. Wound Healing

The wound healing activity of different extracts and fractions of seeds of *C. crista* has been studied using the excision, incision and dead space wound models in albino rats. Results showed that the group orally administered with the ethyl acetate fraction was the most effective. Closure of excision was 21% at day 4 and 100% at day 20. Values of the control group were 12% and 77% for the same duration. Tensile strength of the healing incision and dead space wounds was 285 g and 305 g, compared to the control group of 144 g and 157 g, respectively.^[5]

2. Antioxidant Action

Antioxidant properties of leaf and seed extracts of *C. crista* have been studied. The 70% methanol leaf extract was assayed using different assays for phenolic contents and antioxidant activities (Mandal et al., 2011). Total phenolic content was 50 mg GAE/ml while total flavonoid content was 107 QE/ml. Total antioxidant activity based on trolox equivalent antioxidant capacity (TEAC) was 0.6. IC50 values of scavenging were 0.4, 25, 34, 61 and 170 µg/ml for ROS of hydroxyl, superoxide, nitric oxide, singlet oxygen and hypochlorous acid, respectively. For in vivo experiments, oral administration of the leaf extract to normal mice for a week significantly enhanced the activity of antioxidant enzymes (Mandal et al., 2011).^[6]

3. Anti-inflammatory and Analgesic

Seeds of *C. crista* have been reported to possess anti-inflammatory and analgesic properties. Using the carrageenan-induced paw oedema method, the ethanol seed extract showed maximum inhibition of 74% at 300 mg/kg. Diclofenac, the standard, had a value of 88% at 13 mg/kg. The extract at 300 µg/ml concentration showed potent analgesic activity of 71% based on writhing reflexes in mice and 5.3 sec tail withdrawal latency using the tail immersion method. The aqueous extract of *C. crista* leaves was reported to inhibit 5-lipoxygenase with an IC50 value of 23 µg/ml compared to nordihydroguaiaretic acid used as the control which had an IC50 value of 8.6 µg/ml. 5-Lipoxygenase is a key enzyme in the biosynthesis of leukotriens, which are implicated in inflammatory and allergic.

4. Antibacterial and antiviral

Phytochemical study on the methanol leaf extract of *C. crista* afforded 2-hydroxytrideca-3,6-dienyl-pentanoate, octacosane-12,15-diene, along with 3-O-methyl ellagic acid 3'-O- α - rhamnopyranoside and β -sitosterol (Kumar et al., 2014). All the isolated compounds, extract and fractions were evaluated for in vitro antibacterial activity against various Gram-positive and Gram-negative bacteria. They were found to be significantly active against

Staphylococcus aureus and methicillin-resistant *S. aureus* with MIC ranging from 64–512 µg/ml. Against paramyxovirus and orthomyxovirus, significant or complete inhibition was exhibited by aqueous, ethanol and methanol extracts of *C. crista* (Patil and Sharma, 2012).^[9,10]

5. Effect on Alzheimer's Disease

Amyloid beta (A beta) is the major etiological factor implicated in Alzheimer's disease. The ability of *Caesalpinia crista* leaf aqueous extract was studied on the prevention of (i) the formation of oligomers and aggregates from monomers (Phase I: A beta(42) + extract incubation); (ii) the formation of fibrils from oligomers (Phase II: extract added after oligomers formation); and (iii) dis-aggregation of pre-formed fibrils (Phase III: aqueous extract added to matured fibrils and incubated for 9 days). The aggregation kinetics was monitored using thioflavin-T assay and transmission electron microscopy. The results showed that *Caesalpinia crista* aqueous extract was able to inhibit the A beta(42) aggregation from monomers and oligomers and also able to dis-aggregate the pre-formed fibrils.^[11]

6. Anticonvulsant Effects

The anticonvulsive effect of seed extract of *Caesalpinia crista* was investigated by pentylenetetrazole, maximal electro shock strychnine- and picrotoxin-induced convulsions models. Diazepam was used as a standard reference for all models except maximal electro shock model, wherein phenytoin was used as standard reference. Seed kernels of *Caesalpinia crista* were powdered and subjected to successive extraction with petroleum ether, ethanol, methanol and water. All the extracts were administered as suspension in 2% gum acacia in all the experiments. In pentylenetetrazole maximal electro shock, strychnine- and picrotoxin-induced convulsion models, the medium and high doses (600 and 800mg/kg) of the extract showed significant anticonvulsant activity.^[12]

7. Immunomodulatory Effects

The aqueous extract of *Caesalpinia crista* seeds was tested for its effect on cell mediated and humoral components of the immune system in rats. Administration of *Caesalpinia crista* seed extract produced an increase of 93.03 ± 4 mean hemagglutinating antibody titer and a change of 0.56 ± 0.058 mm in delayed type hypersensitivity as compared to control at a dose of 400 mg/kg bw.^[13]

The immunomodulatory activities of ethanolic extract of *Caesalpinia crista* seeds were tested via neutrophil adhesion test, haemagglutinating antibody titer, delayed-type hypersensitivity response, phagocytic activity and cyclophosphamide-induced myelosuppression. Oral administration of ethanolic seed extract of *Caesalpinia crista* (200-500 mg/kg) evoked a significant increase in percent neutrophil adhesion to nylon fibers, as well as a dose-dependent increase in antibody titer values, and

potentiated the delayed-type hypersensitivity reaction induced by sheep red blood cells. Also it prevented myelosuppression in cyclophosphamide treated rats with a good response towards phagocytosis in carbon clearance assay.^[14]

8. Antidiarrheal Effects

Antidiarrheal activities of fractions of methanolic leaf extracts of *C. crista* were evaluated at two doses (200 and 400mg) and compared with loperamide in castor oil – induced diarrheal model in rat. All fractions exhibited dose dependent anti diarrheal action. Ethyl acetate fraction exerted maximum inhibition (51.11%) against defaecation, whereas 57.75% inhibition was obtained for loperamide.^[15]

9. Hypotensive and antihypertensive effects

The administration of aqueous leaf extracts of *C. crista* induced progressive decrease of blood pressure. The hypotensive action of extracts was dose dependent and reversible. Similar results were obtained using acetylcholine. Hypotension induced by aqueous leaf extract of *C. crista* or acetylcholine were inhibited by atropine. On the other hand, it significantly reduced blood pressure caused by the prior administration of adrenaline. These results showed that the leaves of *Caesalpinia crista* exerted hypotensive and antihypertensive effect by different mechanisms.^[16]

10. Anticancer

The antidiabetic activity of ethanol and aqueous seed extracts of *C. crista* was evaluated in streptozotocin-induced diabetic mice. Both the extracts showed antidiabetic activity. There was a significant decrease in serum glucose, cholesterol and triglyceride when compared with the diabetic untreated group after 3 weeks of treatment.

DISCUSSION

In this article reviews that *Latakaranja* (*Caesalpinia crista* Linn.) is used for centuries in Ayurvedic medicine for the treatment of various diseases. It is known as fever nut because it is useful in many types of fever. It is also known as Stambhini, Vamihara, Pittaarshahara, Krumihara, Kushtaghana, Prahehajt. Apart of these, it is traditionally used in treatment of liver and spleen disorders. The traditional knowledge, medicinal uses, pharmacological and therapeutic applications of the plant.

Caesalpinia crista L. Described. It contains active chemical constituents such as flavonoids, tannins, alkaloids and carbohydrates and many useful compounds for treatment of various diseases.

CONCLUSION

The evidence presented in this review has shown that *Caesalpinia crista* L. has a wide range of chemical constituents to be used in medical practice for the

treatment and management of various human diseases. Like wound healing anti-diabetic, analgesic, hepatoprotective, cardioprotective etc.

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AN UNUSUAL VARIATION OF AXILLARY ARTERY – A CASE REPORT

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ABSTRACT

An unusual unilateral variation was observed in the branching pattern of Axillary artery of the right upper limb in an adult male cadaver. The posterior circumflex humeral artery which is branch of 3rd part of axillary artery had an unusual origin. The knowledge about such variations becomes essential and of utmost significance in various clinical procedures performed by the vascular surgeons, radiologists & clinical anatomists. Moreover the injuries of the brachial plexus are quite common and required exploration and repair. During such repair surgeries, the abnormal arterial branch may be matter of definite concern if its presence is not kept in mind.

KEYWORDS: Axillary artery, Subclavian artery, Anterior circumflex humeral artery, Posterior circumflex humeral artery, Subscapular Artery.

INTRODUCTION

Axillary artery (AA) is the continuation of Subclavian artery at the outer border of first rib and continues as a Brachial artery at the inferior border of Teres major muscle. Pectoralis minor divides the artery in three parts^[1] as the first part (Proximal), 2nd part (Posterior) and the 3rd part (distal) to the muscle as classically described in anatomical texts. Axillary artery gives six branches.^[2]

1st part gives

- 1) Superior thoracic artery

2nd part gives

- 1) Thoracoacromial artery (TAA)
- 2) Lateral Thoracic artery (LTA)

3rd part gives

- 1) Subscapular artery (SSA)
- 2) Anterior circumflex humeral artery (ACHA)
- 3) Posterior circumflex humeral artery (PCHA)

Although variations in the framework of branching pattern of Axillary artery is common. Awareness of these variations are very essential as a pre-operative vascular judgment for various surgical and other interventional radiological procedures.

CASE REPORT

Anatomical variation in branching pattern of Axillary artery has been observed in the right Upper Limb of middle aged male cadaver, during routine dissection of UG students in dissection hall of CSMSS Ayurved Mahavidyalaya, Aurangabad (Maharashtra). It was observed that the branching pattern of AA was not in usual pattern as described in Modern Anatomical texts.^[3]

After removal of skin of Pectoral region, superficial fascia, Pectoralis major muscle & Pectoralis minor muscles are incised and retracted completely to visualize the whole branching of Axillary artery underneath it. The branches of first and second part were seen as mentioned in the anatomical texts but there was an unusual variation in the branching of 3rd part of Axillary artery. Out of 3 branches of 3rd part of AA, posterior circumflex humeral artery (PCHA) arose from the stem of Subscapular artery instead of arising directly from the 3rd part of AA. PCHA travelled backwards round the head of Humerus & made anastomosis with the anterior circumflex humeral artery (ACHA) as seen in Fig 1.

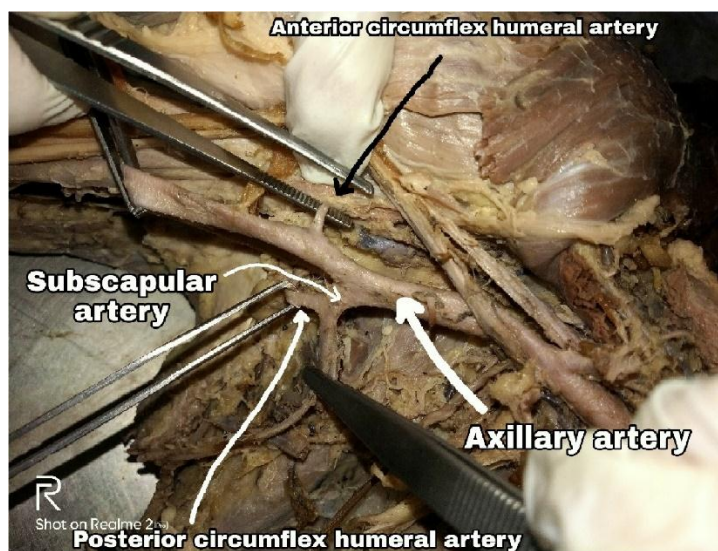


Fig no. 1

DISCUSSION

Anatomical variations are very common regarding branching pattern of AA as described by many previous researchers^[4,5,6], there is no fix pattern of origin and number of branches of AA. Any branch may originate from any part of AA.^[7,8,9]

In the present study PCHA originated from stem of Subscapular artery instead directly from 3rd part of Axillary artery.

Embryological Basis

Arterial variation was first mentioned by Van Haller in 1813. The persistence enlargement and differentiation of capillaries which form initial plexus may determine the type of variation.^[10]

The reason behind the development of any abnormal blood vessel is due to the choice of unusual paths in the primitive vascular plexus.^[11]

The defect of the proximal part of lateral branch of 7th cervical intersegment artery may result in such type of variation.^[12] Development of the pattern of blood vessels is also to some extent genetically predetermined.^[13]

CONCLUSION

The knowledge of the variation of Axillary artery and its branches is very important in the surgical and other interventional procedures to prevent many complications during

procedures. Sometimes the surgeon has to take on table decision to choose which vessel is appropriate for reconstructive surgery. This requires the knowledge of the normal as well as varied pattern of the vascular system so that a good post-surgical outcome is obtained. A humble attempt has been made to report a case which can contribute to the gross anatomical, diagnostic and therapeutic knowledge in medical sciences.

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CONCEPT OF COMMUNICABLE DISEASES IN AYURVEDA: AN EXPLICIT REVIEW

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ABSTRACT

Communicable disease is the disease that spreads from one person to another person through any medium of contact or by water, air and soil. As an ancient science of natural healing, *Ayurveda* has gained his own place in the world. It gives holistic as well as scientific approach in prevention of transmission of most of communicable diseases. Globally various researches are in progress for rediscovering hidden segments of knowledge in *Ayurveda* for benefit of human mankind. The practice of *Ayurveda* has been evidenced from Vedic period and evolved with time and by inputs based on experimental conclusions of practicing Vaidya and classical texts. *Ayurveda*, that includes various logical and rational concept related to the health and wellbeing.

Similarly, the historical perspective of communicable diseases is very vast as per the modern science and *Ayurveda* though clear mentioned text reference is not available to escalate infective organisms in *Ayurveda*. Yet some diseases have been described by Acharya as *Aupasargik Vyadhi* that means those diseases spread by contact to diseased person. This article is purposed for historical review on communicable diseases as per *Ayurveda* in a view to explore *Ayurveda* perspective of such diseases and their causative organisms. It may be helpful to trigger a thought process for multidisciplinary management of such diseases through *Ayurveda* and modern medicines.

KEYWORDS: *Ayurveda*, *Sankramak Roga*, *Vyadhi*, *Aupasargik Vyadhi*, *Krimi*,

Communicable, Infection, *Rogabala*.

INTRODUCTION

With advancement of science and technologies and explosion of population, lifestyle and work pattern in current situation has become very prone for spread of various communicable diseases such as Ebola, H1N1 influenza and recently we are facing global challenge of COVID-19 pandemic due to CoV2 virus. Stopping the spread of COVID-19 in country like India with diverse population and population habits is a challenge for health care sector. Awareness of population and their education is the only key for defeating this pandemic of COVID-19. Hence relevant knowledge of such communicable diseases needs to be explored and practiced for effective control over such communicable diseases.

As per modern science by ecological point of view disease can be defined as “a maladjustment of the human organism to the environment.” Or it can be simply defined as any deviation from normal functioning or state of complete physical or mental wellbeing.^[1] While communicable disease is defined as an illness due to specific infectious agents or its toxic products capable of being directly or indirectly transmitted from man to man or animal to man,^[2] Similar concept has been described in classical texts of *Ayurveda* as *Sankramak Roga* or *Aupasargik Vyadhi* by Sushruta.

प्रसंगात् गात्रसंस्पर्शात् निःश्वासात् सहभोजनात् ।

सहशय्यासनाच्चापी गंधमाल्यानुलेपनात् ॥

कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यंद एव च ।

औपसार्गिक रोगाश्च संक्रामन्ति नरान् नरम् ॥सु. नि.5

It is defined as disease which transmits through direct contact between man to man or by contact through sneezing, sharing food, bed or any kind of ornaments and lepa.^[3] Science of *Ayurveda* has been greatly evolved over the period in India. *Ayurveda* does not just encompass the knowledge of communicable and non-communicable diseases but also guides for their prevention and effective treatment by use of various drugs of plant and animal origin.

Concept of communicable disease in modern science

Communicable diseases refer to diseases that can be transmitted and make people ill. They are caused by infective agents (pathogens), e.g. bacteria and viruses, which invade the body and

multiply or release toxins to cause damages to normal body cells and their functions. In severe cases, they may lead to death. These infective agents can spread from a source of infection (e.g. patients, sick animals) to a person through various routes of transmission.

Crucial factors for the spread of communicable diseases include the infective agent, the source of infection, the mode of transmission and the host - the so-called 'chain of infection'. An infective agent is a microorganism (e.g. bacteria, viruses, fungi and parasite) that will cause an infection.

Modes of transmission of communicable diseases^[4]

| Mode of Transmission | Process of Transmission | Examples of Communicable Diseases |
|--|--|---|
| Contact Transmission | Through direct body contact with the infected person, e.g. lifting and assisting in taking baths Indirectly through contact with objects contaminated by infective agents, e.g. sharing towels, combs and clothes | Scabies Head lice Hand, foot and mouth disease Conjunctivitis MRSA infection Chickenpox (Has more than one mode of transmission) |
| Droplet Transmission | Through droplets expelled during sneezing, coughing, spitting or speaking. Touching of mucous membranes of the mouth, nose and eyes, etc. with hands contaminated with infective agents | Influenza Common cold SARS |
| Airborne Transmission | Infective agents attached on small particles or droplet nuclei, float in the air for some time and enter the body through respiratory tract | Chickenpox Pulmonary Tuberculosis (Smear positive) |
| Food Borne or Water-Borne Transmission | Infective agents enter the body through ingestion of contaminated food or water, or using contaminated utensils | Food poisoning Cholera Bacillary dysentery Hepatitis E, A Norovirus infection |
| Vector Borne Transmission | The infective agents either parasites or breed in the body of the insects such as mosquitoes, mites, ticks or vector via which humans are infected | Dengue Fever Malaria Japanese encephalitis Typhus |

Communicable diseases in classical texts of ayurveda

In *Charaka Samhita* role of *Vayu*, *Udak*, *Desha* and *Kala* has been mentioned as triggering factors of disease and epidemics termed as *Janapadodhwansa*.

प्रकृत्यादिभिर्भविः मनुष्याणां ये अन्ये भावाः सामान्याः, तत् वैगुण्यात् समानकालाः समानलिङ्गाश्च व्याधयः अभिनिर्वर्तमाना जनपदं उध्वंसयन्ति । ते तु खलु इमे भावाः सामान्या जनपदेषु भवन्ति तद्यथा – वायुः उदकं देशः काल इति ॥ च.वि. 3।5-6

Charaka also described *Vishama Jwara* correlating to malaria in modern science which greatly related to the epidemics.^[5]

Sushruta described diseases such as; *Kustha*, *Jwara* and *Shosha* are communicable and spreads through contaminated objects. The mode of diseases transmission may be *Prasnaga* including *Gatra Sansparsha*, *Ahar sevana* and sleeping with diseased person.^[6]

Pathological triggering of disease

Charaka described that *Rugnabala* plays important role towards the prevalence of communicable disease. *Charaka* believe that accumulation of causative factors like; vitiated *Doshas*, *Dushyas* along with depleted *Bala* enhance susceptibility towards the disease.^[7] Later when concept of microbes emphasized in *Ayurveda* then it was believed that microorganism vitiated *Doshas* which affect *Dhatus* and leads diseases if is *Bala* depleted. *Ayurveda* emphasises on individual immunity which is mainly responsible of development of disease. Modern science also marks the importance of immunity mainly in respect of communicable diseases. Therefore, person with low immunity is prone for development of communicable disease such as COVID-19.

The historical development of communicable diseases from Vedic kala

The ancient period of Indian Medical System empowered with lot of wisdom due to the presence of many great *saints*, however communicable disease not emphasized greatly in that time due to the lack of *Pratyaksha pramana*. Some descriptions on spreadable diseases were mentioned in *Vishnudharmottara Purana* and *Agni Purana* based on *Apratyaksha Aagama*, *Anumana* and *yukti pramana*. *Agnipurana* have some description on *Roganashak Aushadi* and *ahar-vihar* i.e. conduct for the prevention of diseases that already exist.

As per *Vishnudharmottara Purana*, *Lord Dhanvantri* transferred his knowledge to common people and residents of forest. *Lord Dhanvantri* spread knowledge about diseases and their treatments as per *Ayurveda* and this all information served as resources for other Indian physician like *Sushruta*. As per textual evident of *Vedic* period the causes of disease related to the poor lifestyle habits, diversified eating habits and disturbing natural pattern of living.^[8] Later, it was believed that diseases may be due to the some living micro-organism however their detailed description lacked. As per *Vishnudharmottara Purana* by *Lord Dhanvantri* more than 100 disease are due to the consumption of wrong food material and later this hypothesis correlated with concept of pathological microorganism.^[9]

Concept of ancient physicians about causes of communicable

Diseases

Sushruta earlier described *Sankarmna* (communicable) disease as *Aupsargika Roga*.^[10] which can spread through sexual intercourse, air contamination, physical contact, eating together, sharing objects and sleeping together. Here leprosy, tuberculosis, fevers and conjunctivitis were described along with some other diseases which can transmit from one to another person.^[10]

Dalhna Sushruta samhita described that diseases transmitted through *vayu*; *swasa*, *kasa* and *pratisyaya* etc. and described that diseases transmitted by *sparash indriya*; *jawara* and *masurika* etc. may considered as *sankramaka roga*.

Nibandh Sangrah Sushruta Samhita mentioned that *sankramaka roga* like *kushta*, *jwara*, *sosa* and *Netrabhishyanda* and may occur due to the inhaling contaminated air, contacting diseased person, sleeping and sharing cloths and eating together.

Acharaya Vagbhatt stated that similar mode of transmission for *sankramaka roga* like; *netrabhishy*, *twak vikar*, *kushta* and *updansh* etc.^[11]

Bhav prakash has emphasized skin disease like *kustha*, *upadamsa*, psychoses and other endemic fever as *sankramaka roga* which transmit though contacting one person to another including sexual contact and skin contact. *Phiranga Roga* is also mentioned as *Gandhara Roga* under the category of contagious disease. This term specifically related to the female suffered with disease and contact with such female may transmit *Phiranga Roga*.^[12]

Madhav Nidan mentioned that *aupsargika rogas* such as; *kushta*, *jawara*, *tuberculosis* and ophthalmias as well as *Upadamsha* and *Phiranga* may transmit through physical contact, sexual intercourse, inhalation of air, use of common cloths and garlands.^[13]

Yagvalygya samhita mentioned that *Darshan* (diseases by visiting), *Sparsh* (touching) and *Danat* (donating) as mode of transmission diseases like; *Twak roga*, *Akshi roga*, *Apasmar*, *Rajyakshma* and *Masurika* etc. which are considered as *Sankramaka Roga*.^[14]

Atharvveda from which *Ayurveda* has been emerged have mentioned role of *Krimi* along with *Rakshas*, *Yatuthan* and *Gandharav* in disease prevalence. Later concepts of *Skanda*, *Sukta* and

Mandal also came in practices. *Atharvaveda* brief about a prayer regarding to prevent *Krimi*,^[15] *Kushtha* & *Yakshama* diseases^[16] and *Krimi* infection which says that one should not get affected by these diseases. The literatures of this period also mentioned that sunrays can destroy *Krimi* and human body easily gets affected by *Krimi* in the absence of sunrays. The *Krimi* can enter body via contaminated water and foods. *Agnipurana* and *Garudh Purana* mentioned that microbes reside inside the abdomen in the form of *Krimi* and causes diseases.

Microbial consideration for diseases in ayurveda

The ancient physician of *Ayurveda* described *Krimi* including parasites and worms. *Chakravarthy* identified many intestinal worms. However, the ancient text of *Ayurveda* does not involve clear description of round worm, tape worm and thread worm. The development of early phase of *Ayurveda* was lacking use of equipment such as glass and microscope therefore physicians of these era were unable to justify whether invisible *Krimi* are microbes. The literature survey revealed that ancient Ayurvedic physicians were aware of the existence of microbes however they could not study about it in detail. Commentary of *Astanga Hridaya* described by *Arunadatta* clarifies that pathogen are invisible to the human eye and therefore microscopic.^[17]

Sushruta Samhita mentions that the pathogens are countless, and twenty categories are mentioned initially. In 4th *Adhyaya Kushthnidanadhyaya* of *Nidansthan*, *Aacharya Sushruta* have described *Aupasargik rogas* which are communicable diseases that spread through direct or indirect contact.^[18] *Sushruta* further narrate that physical contact, eating with others, expired air, sexual contact, sharing clothes and touching infected objects leads spread of infectious diseases from person to person.

Cakrapanidatta the commentator of *Charaka Samhita* explain the nomenclature of pathogens those are accepted well traditionally.

Bhela Samhita offered different nomenclature of pathogens.

Harita Samhita provides nomenclature for pathogens which differ from others and listed only thirteen names.

Aacharya Charak described epidemic as *Janapadodhwansa*^[19], destruction of a specific population due to communicable disease. The *Aacharya Charak* further describe that different peoples having different *prakruti*, *sarata* and *aahar* however common factors like air and

environment if vitiated then it may lead to diseases in specific area termed as *Janapadodhwans*. He finally concluded that *vayu, jala, desh* and *kala* lead *Janapadodhwans*, the modern science described this phenomenon as spread of infectious diseases/communicable disease. *Acharya Charaka* further mentioned that the *Janapadodhwans* (spread of communicable disease) related to the life style of an individual and peoples having disturbed life pattern are more vulnerable to communicable disease. *Dincharya, ritucharya* and *vegavidharan* play significant role towards the prevalence of communicable diseases as per *Charaka*.

Terms described for pathogens in ayurveda

Ayurveda perspective on microorganisms need to be explored with great extent to acknowledge contribution of *Ayurveda* and its current applicability in medical field. When scientific evidence-based literature written then initial phase involve descriptions of major terms related to pathogens:

Acharya Charaka has described terms for *Krimi* (pathogens) as *Keshad, Lomad, Lomadwipa, Sauras, Audumbar, Jantumatra (Matruka)*.^[20]

Acharya Sushruta described terms as *Nakhad, Dantad, Kushthaja, Parisarpa*.^[21]

Summary

The early development of *Ayurveda* possessed some idea about pathogens, but it was believing that body attracts pathogens after the pathological derangement means pathogens do not initiate disease but contributes towards the progression of disease ones it has started. Hence immunity or *Rugnabala* plays very important role in this disease process.

Charaka described *Vayu, Jala, Desh* and *Kala* as etiological factors for communicable disease. The role of pathogens in transmission of infectious diseases not recognized up to great extent. *Charaka* greatly dealt with epidemic concept of communicable diseases and explore spread of communicable disease to many populations. However, at that time the role of pathogens in disease transmission was not understood adequately.

Sushruta mentioned way of spreading of communicable diseases from one person to the other. The *Samhita* described various mode of disease transmission such as; interaction with infected person, physical contact, through breath, eating infected food, sexual intercourse and sharing cloths.

Vagbhata emphasized communicable diseases related to skin and state that accumulation of

kled (moisture) attracts organisms which eat away the skin, lymph and muscle. *Vagbhata* described term *avahana*; the process of invasion of skin diseases with pathogenic organisms. *Ayurveda* has given multiple ways of management for such kind of communicable diseases such as use of *Krimighna* drugs, use of *Rasayana* or *Bal wardhana* through panchakarma or medications for strengthening *Agni*.

Mode of transmission of diseases as mentioned in ayurveda gives us a comprehensive guideline for prevention of communicable diseases which are so applicable in this modern era including pandemics like COVID-19 also.

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