

5. PATHO - PHYSIOLOGY OF VARIOUS SPINAL DISORDERS & THEIR AYURVEDIC MANAGEMENT

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Spinal disorder is due to Vata Vaishamya. Spine is made up of Asthi dhatu, 7 cervical vertebra, 12 thoracic vertebra and 5 Lumber vertebra. Asthi is the Sthana of vatadosha and there is Ashrya. Ashrayi relation in between Vata and Ashti. Due to vikrut karma of vata stransa (dislocation slightly). Bhrinsha (distant dislocation) vyas (dilation). Swap (less of sensation). Contineuous pain. Sankoch (contraction) are related to spinal disorder. The vataprakop is due to dhatu kshayjanya and margavarodhajanya. For vata dosha tail is best shaman and Basti is best shodhan. In the vatadosha chikista shehan, swedan. Mrudu samshodhan basti is mentioned. For the vruddha dosha chikista vata is treated opposite order, for increase of vata brihan therapy and decrease langhana therapy is mentioned. The treatment for Avaranrahit vata ghratpan, Tailpana, majjapan is mentioned and for Avaranyukta vata mrudu virechan is beneficial.

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Bhasma and other dosage forms for all ages with different therapeutic applications. Though its use was very limited use in Bruhatrayis, with the development of Shodhana, Maranadi processes of Rasa Shastra, its internal use in therapeutics has gained importance. Swarna is an ingredient in all forms of Rasaushadhis viz. Khalveeya Rasayana, Kupipakwa Rasayana, Parpati Kalpana and Pottali Kalpas. Among all the classics, Bhaishajya Ratnavali is the most comprehensive source of Swarna Kalpa. According to Madhavakara, any Asadharana Vyadhi caused by Vikrutha Vata can be referred to as Vata Vyadhi. Hence, Vata Vyadhi comprises a wide range of neurological, neuro-muscular, musculo-skeletal and degenerative disorders. In Rasa classics, there are many references of various Swarna Kalpas which are claimed to be very effective in treating different Vata Vyadhis. These Swarna Kalpas possess comparatively higher percentage of Swarna Bhasma. Hence, this paper is intended to analyse the Pharmacokinetics and Pharmacodynamics of Swarna Kalpas in Vata Vyadhis.

Key words: Swarna Kalpa, Vata Vyadhi, Khalveeya Rasayana, Kupipakwa Rasayana, Parpati Kalpana, Pottali Kalpas, Pharmacokinetics, Pharmacodynamics.

48 AAMVATA - A SINGLE CASE STUDY

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Abstract :

Aamvata is acute joint disorder which is comparable to Rheumatic arthritis. The disease hampers patients routine work by severe fleeting type joint pain, swelling at joints, fever with involvement of heart.

Aamvata aggravates due to Aam & Vata dosha which circulates in the body through blood vessels & goes into shdeshma sthana Like Joints, Stomach, Heart, Head etc. The aim of our treatment is to detoxify Aam by giving Langhan, dry fomentation, basti & vata shamak aushadhi. In this study a patient 44 years female diagnosed as aamvata given above said treatment & successfully get relief without remission.

Key words: - Aamvata ,guggul, Aamvat, shool ,shoth.

32. AN INTEGRATED APPROACH IN THE MANAGEMENT OF RHEUMATIC ARTHRITIS & ITS COMPLICATIONS –AN OVERVIEW

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Abstract : In cases of complicated rheumatic arthritis there are not that much satisfactory answers in medicine. Help of Ayurvedic or contemporary medicines can be taken.

In acute attacks-

Appropriate antibiotics like penicillin or erythromycin can be tried. Penicillin, Salicyllates, NASIDS are recommended.

If cardiac involvement is there (valvular involvement, cardiomegally) then digitalisation associated with diuretics are given, antihypertensives of ACE inhibitor group like enalapril, captopril are given to reduce preload.

In Ayurvedic medicine disease similar to rheumatic arthritis is termed as Aamvat and explanations are correlating with symptoms like shifting arthralgia- sanchari sandhi shool, palpitation – rhaddhrav, dyspnoeaon exertion – shrama shwas etc and medicines are helpfull in Aamvat are castor oil, guggul kalpa, ayurvedic diuretics like gokhru punarnava etc are given. Arjun acts similar to digitalis and strengthens myocardium, dry hot sand bags applied to joints called ruksha swed helps to relieve joint pain.

After all this treatment patient is not satisfactorily improving, cardiac manifestations become troublesome and patient has to go for very costly operative treatments like valvotomy, valvoplasty etc which are possible for just 1 to 2 % of patient population. At very few centres are having operative facility also these procedures are expensive not in reach of all victims. So every patient can't approach to these centres.

After experience of many cases of rheumatic arthritis with RHD, it was noticed that patients approach to doctors is in complicated conditions or after cardiac involvement where there are restrictions for the treatment. Many patients are treated by general practitioners symptomatically and they miss this condition. So these frontline soldiers of medical profession should be trained about this disease. Many times this disease is diagnosed accidentally. Many cases are detected at the time of labour, pregnancy becomes at risk for such females. Many ladies hide their problem from their husband or relative due to social burdens. Many times injections of Penidure helps to open such cases to family members of newly married ladies and clashes start from there. Medicines are not take

To prevent such late complications each and every c n properly in continuation due to such socio economic stigmas and disease worsens in such fellows. hild of sore throat, tonsillitis should go for throat culture and be treated with proper antibiotics like erythromycin, penicillin etc. Each and every case of shifting arthralgia should be thought in the direction of rheumatic arthritis, investigated and treated properly. After diagnosis condition of the disease and further complications should be explained to patients and relatives. There should be a prompt data of such cases at every PHC level and cases should be followed promptly.

People should be educated about child health, specifically this disease. Treatment of rheumatic fever or arthritis should be given free like tuberculosis, leprosy etc. Children of rheumatic disease should b shifted to well equipped centres and proper nourishment should be given at such centres. Government should maintain data of such patients, home counselling of patients and relatives by health workers should be done. Well equipped centres for this disease should be started at every district or regional level. , Labour of such patients should be attended by experts.

33. A CLINICAL STUDY ON AYURVEDIC PRINCIPLE MANAGEMENT OF RHEUMATOID ARTHRITIS

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Abstract

Amavata is commonest disorder seen in middle age group .women are more affected by aamvat it was first described as an independent disease in MadhavaNidana. Though Ama and Vata are the predominant pathogenic factors but the disease represents

CONCEPTUAL STUDY OF SIDHMA & KITIBHA KUSHTHA IN COMPARISON WITH PSORIASIS & IT'S COMPLETE AYURVEDIC MANAGEMENT

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Introduction

Ayurveda has carved a niche for itself in the treatment of diseases. The efficacy and usefulness of this holistic & ancient method of treatment has been proved beyond the doubt in recent time. The need of an hour is to further explore & propagate the vast potential of Ayurveda.1

Psoriasis is a chronic recurrent, intractable disease with worldwide distribution of almost 10% of all skin diseases. The illusion of treating psoriasis continues & limitations of conventional modalities & disillusionment with systemic modalities like liver scare of Methotrexate, Mutagenic potential of PUVA, skeletal toxicity of retinoids & local & systemic side/toxic effects of corticosteroids necessitate search for newer & safer drugs.

In a paper published by the Journal of Investigative Dermatology in Jan 06, Dr. Helen S. Young and colleagues at the University of Manchester, in Manchester, UK, provide the first evidence that there are alterations in a gene involving the development of the vascular system that may contribute to psoriasis susceptibility. It has been previously observed that aspects of the vascular system, or blood vessel network in the skin, are altered in psoriasis. An essential regulator of vascular development produced by skin cells, called VEGF or Vascular Endothelial Growth Factor, is found in high levels in psoriatic skin lesions.2

Many basic Ayurvedic texts like Charaka, Sushruta & Vagbhata have explained Kustha as one of the Mahagada & this disease, which resembles with psoriasis. According to these references, psoriasis can be considered as vitiation of Vata & Kapha. Accumulation of low potency poison ama is the basic pathological changes taking place in the system. Irregular food habits, consumption of food stuff that can't be eaten together i.e. incompatible food, excessive intake of yogurt black gram, sea food sour & salted items etc. can activate the pathogenesis. Alcohol & tobacco will act as catalyst here. Ayurveda do emphasize on the effect of stress in the pathogenesis of psoriasis.3

Possession of anything, which is made of silver, is identified as sign of wealth, but not silvery scales on the skin stimulating... illness though not

contagious isolates the patients from their family & society, or else the patient himself hesitate to move with his society & family fearing of rejection.⁴

The reason of taking the shodhan & shaman the treatment to treat the disease is as follows,

Ayurveda aims at detoxification of the body or elimination of toxins from the body fluids. It is achieved by panchakarma treatment. As abhyanga, snehan, swedan, vaman, raktamokshan.

The selection of vamana, raktamokshan & Aarogyavardhini were taken into two groups because, the disease psoriasis is the external manifestation of the body's attempt to eliminate internal toxins that have accumulated in the lymphatics & blood stream by sleeping through intestinal walls.

According to Cayce, he is writer explains that psoriasis begins in the intestinal tract. In particular, when intestinal walls where the duodenum meets the jejunum become thin & smooth, toxins that are normally excreted become reabsorbed in to the lymphatic system & invade in the blood stream. The body's eliminative system primarily the liver & kidney then try to filter out toxins. When the liver is overloaded, toxins are eliminated through the skin. When the kidneys are overloaded, the lungs try to eliminate the toxins & become congested. Sometimes resulting in bronchial asthma. In times as toxins accumulate, psoriasis begins.⁵

That is why there is selection of shodhana & shamana treatment. In this research work, the emphasis has been made to study following Aims & objects,

1. Effect of Vamana Karma in the management of Kitibh.
2. The use of Raktamokshan Karma by Jallauka.
3. To see the effect of Shodhana & Shaman therapy.
4. To see the comparative results in both the groups.

Methods & Materials

60 patients of kitibh having above sign & symptoms were selected for present study. After complete examination & investigations they were divided into two groups

Selection of Patients

The patients who sign and symptoms of the disease were taken for study from O.P.D. & I.P.D. of C.S.M.S.S Ayurvedic Rugnalaya.

Clinical history of patients was recorded in a specially prepared proforma.

Research Methodology

Sampling Method: After complete examination of all the patients were divided into two groups by simple random sampling.

Treatment Group: Present clinical study includes two groups i.e.

Gr I: Vamana & Aarogyavardhini vati Dose of Vati was 500mg B.I.D for 45 days.

Gr II: Jallaukacharan & Aarogyavardhini vati Dose of Vati was 500mg B.I.D for 45 days.

Grading for the assessment of severity of Kitibh.

1. Erythematous silvery scales
Patch size by Vernier Calliper B.T. & A.T.
2. Rounded with defined margins Thickness of the patch with the help of the

Spherometer

3. Kandu
(+) Mild
(++) Moderate
(+++) Severe

4. Another criteria for the study was the photographic criteria which before treatment & after treatment

Aims & Objectives:

In the present study, the emphasis has been made to study following aims objectives,

1. To see the effect of Vamana Karma in the management of Kitibha (Psoriasis)
2. To see the use of Raktamokshan karma with the help of Jallauka.
3. To see the comparison between the Sidhma & Kitibha with special reference to Psoriasis.
4. To study the role of Arogyavardini vati with Shodhan chikitsa.
5. To study the effect of Shodhan & Shaman chikitsa in the management of Kitibha.

For this study, 60 known cases of psoriasis were selected randomly of either sex from O.P.D. of C.S.M.S.S. Ayurved rughnalya.

The patients were divided into two groups i.e. Gr I & Gr II
Gr I Vamana & Aarogyavardhini vati
Gr II Jallaukacharan & Aarogyavardhini vati

Assessment of clinical results:-

Clinical assessment of the disease was made on relief in cardinal signs & symptoms of disease & is based on the reduction in severity of the disease. For every major symptom scoring pattern was applied.

1. Cured: Patients who got relief in sign & symptoms above 75%.
2. Marked improvement: Patients who got relief in sign & symptoms above 50%.
3. Improvement: Patients who got relief in sign & symptoms above 25%.
4. Unchanged: Patients who did not get any relief in sign & symptoms.

Criteria for selection of patients

The patients who were having following sign & symptoms were selected for the study,

Inclusive Criteria:

1. Shwetabh, Aarakta or snigdha Krishna Varna i.e silvery erythematous scales.
2. Mandlakriti, i.e rounded with defined margins.
3. Kandu i.e itching.

Exclusive Criteria:

1. Use of immunosuppressive medication within past two months.
2. Pregnancy.
3. Patient who cannot be monitored regularly.
4. Patient who are suffering from Psoriatic Arthritis.
5. Along with Psoriasis patients suffering from any other systemic illness like

Diabetes Mellitus, Hypertension, I.H.D

Objective Criteria:

1. Size of the patch with the help of Vernier Calliper
2. Thickness of the patch with the help of Spherometer.
3. Total no. of patches on the body.
4. Photographical criteria.

Duration of Treatment : The patients were treated for duration of 45 days in each group. In Group I the patients were treated on Vamana & Aarogyavardini vati. The duration of vamana was 3 times in 45 days & Aarogyavardini vati was given for duration of 45 days. The vamana was given with prior vardhaman snehapan & after sansarjan kram during the whole procedure. 1st vamana was on 9th day after snehapan, 2nd was on 27th day & 3rd was on 44th day.

The jallukacharan was done 4 times in 45 days & Aarogyavardini vati was given for 45 days. The jallukacharan was done with the help of prior snehapan.

Result & Discussion

It was observed that the no. of male was more affected than female. 81% male 18.33% female, considering marital status 81.66% patients were married & 18.33% patients were unmarried but there was no relation of marriage with the disease. Most of the patients were from 20 to 40 years of age group.

According to habitat the role of alcohol consumption in the patients was more. Most of the patients were educated but there is no relation between disease and education.

According to duration of the disease patient was suffering from mostly 1-5 yrs of duration, with relapse of the disease. The ratio of relapse of disease was more in 1-5 yrs age

group than 5-10 yrs age group. Positive history of hereditary found in patients mostly it was from maternal side.

The life of patients got disturbed when he suffers the episodes of the disease. The diseased person get relief in sign & symptoms after long treatment but the next episode of the disease is worse than the previous.

The ratio of attending the patients in the OPD was more in winter season i.e. Shishir Rutu.

While the patients were taking the modern prescribed drugs they were suffering from many side effects.

The patients were observing the relief in the sign & symptoms in the month of March i.e. March phenomenon. The patients were interested in taking the Ayurvedic treatment for the disease. They were more interested in taking Shaman chikitsa than Shodhan chikitsa.

The patients got much relief in sign & symptoms after the treatment & during the study there was no relapse seen in the patients.

Sittings of vamana therapy were more effective in relieving kandu i.e. itching. The thickness of patch i.e. scaling, the length of patch was relieved more in the jallukacharan group.

In moderate to severe form of disease, the effect of group I was more seen. Jallukacharan treatment was more effective in localized patches & patches in big diameter. The symptoms were reduced after taking vaman but there of patch in diameter.

In comparison, Group II was more effective than Group I. To show the relief to the patients the criterion was very effective as disease before treatment & after treatment.

After the completion of study the character of Sidhma did not resemble to psoriasis but the characters of Kitibha were similar. As we can state that Kitibha can be correlated with Psoriasis.

Abscondance rate was very negligible. Due to the disease the involvement of Manovaha strotas was seen.

The aggravation in sign & symptoms was seen tremendously increased in patients as the disease doesn't spread on the exposed areas to sunlight. These types of patches were seen when the patient was under stress or anxiety.

On the completion of study, there was no such a specific etiological factor, which would define the diagnosis of Psoriasis / Kitibha.

There were very few hematological changes observed during the study.

Effect of treatment on subjective & objective parameters of 30 patients in Gr I is

Sr. No	Parameter	Mean	S.D	S.E	t
1.					

3.	Kandu	1.3	0.87	0.15	8.6
4.	No.of Patches	1.36	0.94	0.17	8

It is revealed that in Gr I treatment is highly effective in reducing the Kandu & was moderate effective in reducing the other symptoms. On other symptom like redish lesion i.e erythematous patches of skin covered with silvery scales were reduced all these symptoms recorded significant in 45 days duration of Shodhan & Shaman treatment.

Gr II

Sr. No	Parameter	Mean	S.D.	S.E.	t
1.	Vernier Calliper	11.7	6.15	1.12	10.44
2	Spherometer	0.66	0.43	0.07	9.4
3.	Kandu	1.26	0.88	0.60	7.8
4.	No.of Patches	1.13	0.75	0.13	8.6

In Gr II there was significant result in thickness of patches, length of patches. The other symptom like Kandu, no.of patches was reduced.

There was significant result in both the group of the disease but more results were seen in GrII as compared with Gr I treatment. It can be concluded from the above discussion that Gr I treatment & Gr II treatment are useful in reducing the symptom of disease over the study period. The two treatment were compared for significant relief for the symptoms. This test is applied to unpaired data of independent observations made on individuals of two different groups to test the difference between means.

Comparision of subjective and objective parameter of Gr I & Gr II

Sr. no.	Parameter	Gr I		Gr II		't' cal	
		Mean	S.E.	Mean	S.E.	Gr I	Gr II
1.	Vernier Calliper	18.9	2.63	11.7	1.12	6.5	10.44
2.	Spherometer	1.17	0.15	0.66	0.07	7.8	9.4
3.	Kandu	1.3	0.15	1.26	0.16	8.6	7.8
4.	No.of Patches	1.36	0.17	1.13	0.13	8	8.6

The relief recorded after 45 dsays in Gr I & Gr II are presented in above table along with average relief with their S.E.

Above table shows that the relief in sign & symptoms of disease. As it indicates that kandu lakshan is more relived in the Vaman group.

Reduction in the length if the patch was more reduced in the Jallaukacharan group.

According to the thickness of the patch, it was reduced more effectively in the jallaukacharan group.

Total no. of patches was reduced in both the groupsw.

Summary & Conclusion

Kitibha (Psoriasis) is a troublesome problem for clinicians since a longer period. No exact etiology, slow gradual or sudden progression of the disease & limited availability of treatment in modern sciences or non-availability of the effective treatment.

This study was aimed to see the role of Shaman & Panchakarma in the management of Kitibha.

The object of the study was to establish a safe, effective, economical therapy to treat the disease & prevent the relapse or to increase the duration of relapse in the patients.

Kitibha has mainly Vata-Kapha doshas, Twacha, Rakta, Lasika & mansa dhatu and dushyas & sarva Sharir twaka being the site.

This study of randomly selected 60 patients. Involvement of extensor surface of joints like elbow, knee, shin & erythematous silvery scales, involvement of presacral region was seen. Psoriasis arthritis was observed rare.

Recovery of kandu i.e. itching is very quick with Vamana & Arogyavardhini. Improvement was seen well in mild to moderate form of disease in Jallaukachara Arogyavardhini group but not in severe form of Kitibha.

Up to average of 21.73mm, 1.6mm & 1.02 in Vamana & Arogyavardhini group. 12.64mm, 1.41mm & 1.10 in Jallaukacharan & Arogyavardhini group was seen.

Though erythematous silvery scales, itching was reduced significantly the patches those were seen after treatment in both group were not disappeared completely.

Vamana & Arogyavardhini give best results in relieving kandu, patch thickness. Jallaukacharan gives best results in relieving patch size, no of patches, erythema after treatment.

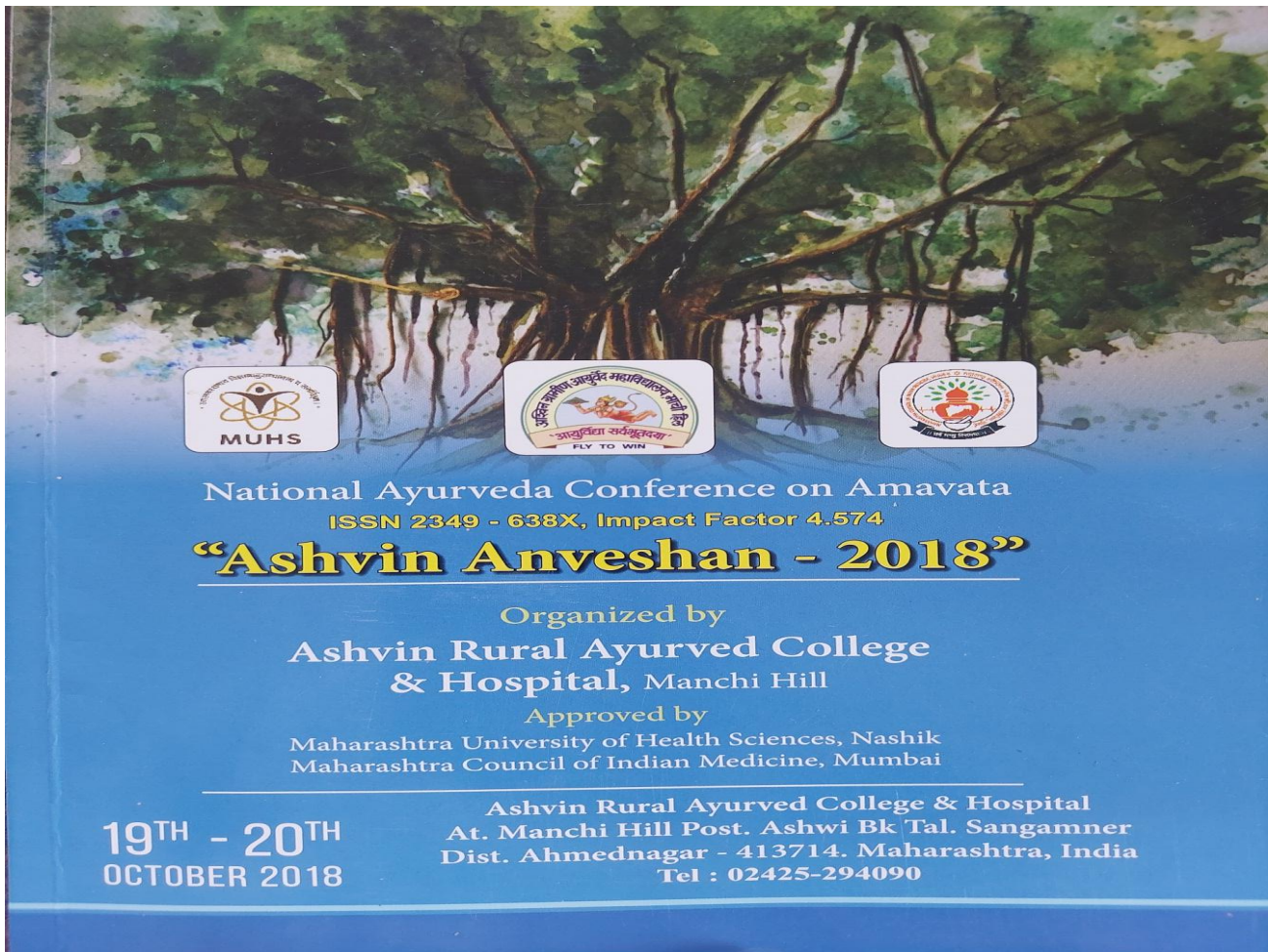
Thus it is evident that Gr II treatment is more effective than Gr I in Psoriasis.




As far it was very difficult to find out the role of pathological investigations in treating the disease Kitibha (Psoriasis).

Occurrence of disease was more in the Hemant and Shishir ritu followed by vasant.

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Amavata 10 patients were selected with classical symptoms of Amavata from Panchakarma OPD of Dr.D.Y.Patil school of Ayurved & Research Institute Nerul. First & last Saindhavadi tail matra basti of 50 ml. was followed by 8 no. of vaitaran Basti. Total 10 Basti was administered. Simhanad guggul 500mg. twice in a day for 30 days was advised as shaman aushadhi. The present clinical study has been undertaken to evolve the treatment procedure for amavata to observe the efficacy of vaitaran Basti & simhaanad guggul. The study has revealed that patients got significant result in functional score & swelling. Patients had got very significant result in morning stiffness, pain, tenderness & grip. Since amavata is an autoimmune disease patient may require second course of the same pattern.

Key words: Vaitaran Basti, Simhanad guggul, Amavata

16. STRUCTURAL CHANGES IN JOINTS IN CASE OF SANDHIGATWATA

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Abstract:-
Sandhigatwat is the disease produce because of vitiation of vata dosh. In modern terminology we consider its correlation with inflammation of joint called as arthritis. Arthritis is the most common type of joint disease affecting most of the people in old age. Arthritis is an leading cause for joint disability. It is an degenerative disorder arise from the breakdown of hyaline cartilage in synovial membrane. There is also involvement of other joint structures in the arthritis like ligaments. Heberden nodes represents palpable osteophytes in the deep joint. Also inflammatory changes in joints are notable.

Keywords:- Sandhigatwat, Vata dosh, Arthritis.

17. LITERARY RESEARCH IN EXPLORING PRINCIPLES AND PRACTICE OF BHASRIKA PRANAYAM IN PAIN TOLERANCE IN AMAVATA VYADHI

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Pranayama consists of three phases: Purak, Kumbhak and Rechak. Pranayama are beneficial for the treatment of cardiopulmonary diseases, autonomic nervous system imbalances, and psychologic or stress-related disorders.

Page No.
10

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Bhastrika, is a term derived from the "bellow" in which the breath is actively blasted in and out in multiple 'whooshes' with forced abdominal contraction. Bhastrika produce central neuronal activation, to improve the speed of reaction and to produce a balance between the sympathetic and the parasympathetic aspects of the autonomic nervous system.

Amavata is a disease caused due to the vitiation or aggravation of Vayu associated with Ama. Vitiated Vayu circulates the Ama all over the body through Dhamanias, takes shelter in the Shleshma Sthana

Pain is an unpleasant sensation that the brain interprets after a peripheral lesion of nociceptive intensity. Nociception is the conscious perception of pain that has mechanical, thermal or chemical origin. Nociceptors are peripheral receptors. They represent the end segment of the unmyelinated and myelinated dendrites of sensitive neurons that make a cutaneous nerve. They have a very high excitability threshold. Pain perception can be modulated according to the emotional behavior. Physical exercise contributes to an increase of pain tolerance. Bhasrika Pranayam contribute at both physical and mental level as it is meditative and speed up autonomic nervous system. By practice of Bhasrika Pranayam, nociceptive information can be inhibited by stimulation of the opioid receptors found at presynaptic level in primary afferent neurons. The sensory signals that enter at spinal cord level inhibit the nociceptive signals through a non-opioid gate mechanism.

Key Words : Bhasrika Pranayam, Pain tolerance, Amavata, Nociceptors.

18.A CASE STUDY ON THE AYURVEDIC MANAGEMENT OF AMAVATA

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Abstract:
When there is Improper digestion of food, toxins material are produced which is known as 'Ama' in Ayurveda. Amavata is correlate with Rheumatoid Arthritis in Modern science. It is an Autoimmune disease which causes inflammation in the Joints. Ama is produced due to Rasadhatwagni mandya. Ama is caused by Divaswap, Sea food with milk. etc. In present study a female patient of 37 yrs was complaining of Sarvang sandhi shula (Vrushik Dansh vat vedana), shoth, kriyakashtata, Aangamarda, Jwar, etc was diagnosed as Amavata. The Ayurvedic drug combination which include Ajmodadi churna, Musta, Shunti, Haritaki, Yograj Guggul...etc. Anupan- Koshna jal. Kala- Adhobhakti, was given for 60 days to manage 'Amavata'. It was observed in clinical Assessment that the drug therapy

Page No.
11

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131. EFFICACY OF DIET (PATHYA_APATHYA) IN MANAGEMENT OF AMAVATA**Vd. Nikhil Yuvraj Ahirrao**

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Reader

Abstract

Ayurvedic treatment, diet plays an important role in improving the joint health & to keep control on swelling & pain, since Ayurveda believes that the root cause of rheumatoid arthritis lies in impaired digestion & metabolism the rheumatoid arthritis diet also targeted to improve the same.

Ayurveda advise to include following food item to be included in rheumatoid arthritis as-Garlic, Buttermilk, longpepper, Barley, horse gram, Drumstick tree, Bittergourd (improve digestion very low in calories & good source of vitamin B12. It is good detoxifying.)

Hot water-beneficial to improve digestion & helps to bring lightness to the joints & improve flexibility.

132. CLINICAL STUDY ON THE EFFECT OF VAITARANA BASTI AND CHOORNA POTTALI SWEDA IN AMAVATA WITH SPECIAL REFERENCE TO RHEUMATOID ARTHRITIS IN ADOLESCENTS**Vd.Kavita K. Fadnavis**

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Amavata is a disease difficult to treat and need longer time to get treated. It occurs mainly due to derangement of agni resulting in production of ama which circulates in body with the help of vayu and gets located in sandhi (joints) causing pain, stiffness and swelling over the joints.

According to modern science, Rheumatoid arthritis is considered as an autoimmune disorder which consists symmetrical deforming small and large joint polyarthritis, often associated with systemic disturbances. There is no complete cure available for R.A.; only Disease Modifying Anti Rheumatoid Drugs (DMRDs) are used to reduce the symptoms which further may lead to various side effects.

Amavata resembles to Rheumatoid Arthritis (R.A.) which is a chronic autoimmune disease that causes inflammation and deformity of joints. It is a common disorder with varied clinical signs and symptoms related to multiple anatomical sites, both articular and extra articular. Therefore we can assume Amavata as Rheumatoid Arthritis.



AN INTEGRATED APPROACH IN THE MANAGEMENT OF CORNEAL ULCER & ITS
COMPLICATION: AN OVERVIEW

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Background- Corneal ulcer is the necrotizing condition of cornea after traumatic inflammation or irritation by local causes like chr. Dacryocystitis, conjunctivitis. In Ayurveda corneal ulcer is correlated with savrana shukra. Clinically there are many type of ulcers like suppurative keratitis, hypopion, myotic, marginal, dendritic, herpes zoster ophthalmicus. Most of them causes permanent opacities and other complications which may end in partial and total blindness

Aims- To treat the corneal ulcer without complication by an integrated approach

Methodology- A male patient of 35 yrs old giving H/O-F.B. insertion in rt. Eye. After removal of F.B. patient develop severe corneal ulcer having symptoms -pain, photophobia, watering, reduced vision. Pt. receiving local antibiotic and antiviral drugs along with systemic antibiotic but pt. doesn't get relief from above. Symptoms severity is increased since last 7 days.

Treatment – 1. Above local drops frequency is increased & systemic did not repeat. 2. leech application over rt. Eye lateral canthus region 2 times in a week.

Result- All the symptoms get improved within 3 days.

Conclusion- The integrated disease approach, treatment application and predicting prognosis will suffice the resultant outcome of the disease in the more favourable perspective which will herald a better approach in managing preventable corneal blindness.

CONCEPTUAL ANATOMICAL STUDY OF SIRAVEDHYA POINT PRESENT IN KURPARA SANDHI
PRADESHIA

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Background: Ayurveda is the science of wellbeing as well as the diseases curable. Theraktamokshanchikista used for healing many diseases. Acharya mentioned that siravedhya should not be performed on too cold, too hot, wind and cloudy day.

Objective: To study the anatomical structures correlated with Siravedhya point present in kurparasandhi.

Methodology: Literary study is done by the data completion from the Bruhatrayees, Laghutrayees and other classical books, analysed with the knowledge of contemporary science on the subject.

Results and Discussion: In diseases such as plihodar, yakrutodar Siravedhya is done on the site of kurpara sandhi abhyantar mention in sushrutsamhita. In plihodar Siravedhya is done on vanikurpara sandhi (left elbow joint). And in yakrutodarsiravedhya is done on dakshinkurpara sandhi (Right elbow joint). Anatomical structure in kurpara sandhi are brachioradialis, pronator teres, biceps brachii, tricep brachii muscles, radial nerve, median nerve. Median cubital vein etc. **Conclusion** Siravedhya is an effective treatment for many diseases. In the treatment of plihodar and yakrutodar for siravedhya median cubital vein of left and right side respectively is the specific site in kurpara sandhi.



MANAGEMENT OF ANJANANAMIKA (STYE) WITH JALOUKAVACHARAN: CASE STUDY

ABSTRACT

Anjanamika is one of the vartmagat vyadhi. There are many frequently encountered inflammatory conditions of eye, Stye is one of them. Which can be correlate with *anjananamika*. In such case, hot fomentation, NSAIDs, eye drops of antibiotics are usually preferred. Apart from these drugs having adverse effects, they are expensive. *Anjananamika predominated by raktadosha*. Inflammation processes manifesting in these tissues can be mainly attributed to vitiation *Pitta* and *Rakta*. *Jaloukavacharana* has been explained in our science under *Raktamokshana*, where it has a importance in treating *netraroga* by combating both *Pitta* and *Rakta*. So, the present case 24 yrs male patient of stye have been treated with *Jaloukavacharan* (leech therapy) where leech was applied upon the inflamed part of eye lid. Results-After leech application, severe pain and swelling at the inflamed area subside. Conclusion-*Jaloukavacharan* is cost effective treatment for relieving stye..

KEYWORDS- *Anjanamika*, *Stye*, *Raktamokshan*, *Jaloukavacharan*

INTRODUCTION-

"*Sarvendriyanam Nayan Pradhanam*". This quotation itself gives the importance of eyes (Netra). *Aacharya Sushruta* has described 76 eye diseases with their treatment both in medicinal and surgical way. Among 76 eye diseases *Anjananamika* which is one of the *vartmagata netraroga* predominated by *raktadosha* characterized soft (*Mrudvii*), slightly painful (*Mandaruja*), burning (*daha*), pricking (*Todavati*) and copper coloured (*Tamra*) small boil (*sukshma Pidika*) in the lid. In addition to this, describes that, it is a fixed to the eyelid (*sthira*) resembling green gram (*madga matra*) in shape and size, situated in the middle or at the end of eye lid (*madhye va vartmanoante*) with pain (*rugvati*) and itching sensation (*kandusha*). On the basis of clinical presentations it can be correlated with *Stye* which is a suppurative inflammation of lash follicle and its associated glands of zies or moll characterised by acute pain, swelling of lid, mild watering and photophobia. In such case, hot fomentation, NSAIDs, eye drops of antibiotics are usually preferred. Apart from these drugs having adverse effects, they are expensive *Anjananamika* which is one of the *vartmagata netraroga* predominated by *raktadosha*. Inflammation processes manifesting in these tissues can be mainly attributed to vitiation *Pitta* and *Rakta*. *Jaloukavacharana* has been explained in our science under *Raktamokshana*, where it has a importance in treating *netraroga* by combating both *Pitta* and *Rakta*.

Jaloukavacharana

It is a unique specialized therapy in *Ayurveda*, explained under *Raktamokshana* which helpful in correcting the vitiated *rakta* and *pitta dosha*. There is an indication of this therapy in case of emergency & even in persons those contraindicated for other *Raktamokshana* procedures. Among the indications *Netra* is also one. *Jaloukavacharana* provides beneficial effects in inflammatory condition of eyes.

Mode of Action

Medicinal leech is small factory to manufacture many biological active substances which reduces the inflammation by following ways:

1. Improves Blood circulation and Reduces congestion
2. Peripheral Vasodilator.
3. Anti-inflammatory action.
4. Antibiotic properties and Anaesthetic action.

CASE STUDY

A 29 year old male patient presented with complaints of swelling and redness over the left lower eyelid margin at the base of eyelash near inner canthus with severe pain, itching, mild watering, lid swelling since 4 days.

Ocular Examination

Left eye (OS)- localized, hard, red tender swelling at the eyelid (LL) margin was observed.



Sclera and cornea appearing normal.

Vision- Both eyes 6/6 i.e. Normal.

Systemic

No E/O DM, Hypertension

RBS level – 95 mg/dl;

Tridot- Negative.

Treatment

In the present case only one leech was applied to the affected side. (left lower lid).

RESULT

Just after removing the leech, the severe pain was reduced instantly. Though swelling and redness was not reduced at that time but gradually resolved on next 2 day. On third day, swelling, redness, watering, pain and scar mark of leech bite was also diminished. The patient was advised to avoid exposure to light and dust to wear goggles.

CONCLUSION

Anjananamika is common ocular problem can be correlate with *stye* which is inflammatory disease of eye. *Jaloukavacharan* is cost effective treatment for relieving *stye*. The benefits of leech are based on the combination of multiple effects as the saliva contains several bio-active substances thus *Jaloukavacharana* offer a safe & effective ways of relieving congestion & there by relieving other signs & symptoms, particularly in delicate areas. The study needs to be further continued with larger samples to generalize the results.

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Life Style Disorder In Shalakyatantra - Prevention & Management

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INTRODUCTION -

Ayurveda is an essential science of life and longevity. Shalakyatantra is a branch of Ashtangayurveda. The almost importance is given to the eyes by considering it as most vital sense organ. Now a days every person is running after life's goal. Hence does not have time to think and act healthy life. Not able to follow Dinacharya, Rutucharya, dietetic rules and regulation. It may be responsible for the life style disorder. Almost all the diseases are caused by mithyaahara and vihar which we follow. Increasing globalization brings nothing but the changing life style ignorance of health by sticking to the strict pattern of jobs.

Common life style diseases of Netra include-

Computer vision syndrome- Dry eyes

Diabetic retinopathy, hypertensive retinopathy, ARMD.

These diseases are mainly due to improper regimen and diet. Association between such defective lifestyle measures and subsequent eye diseases and their prevention procedures are searched and reviewed from different Ayurvedic literatures and online sources. So an attempt has been made to explore the procedure for preservation of eye health in relation of eye disease with mind, diet activities, sleep, daily and seasonal regimen. For preventing these type of eye diseases and for maintaining ocular health much has been described in texts of ayurveda, in the form of Dinacharya (daily regimen), Rutucharya (seasonal regimen) and specific therapies like Kriyakalpa are useful to restore eye health and proper vision. In this presentation I will be highlighting CVS.

Computer vision Syndrome (CVS) -

CVS is a condition resulting from focusing the eyes on computer or other display devices such as tablets, e-readers and smartphones for prolonged, uninterrupted periods of time.

Etiological factors of CVS -

Working for number of hours continuously without break. Distance from screen. Seating posture. Illumination at work place. Infrequent blinking of eyes.

Sign and Symptoms of CVS -

Eye strain, Headache, Blurred vision, Double vision, Dry eyes, Eye irritation,
Redness, Neck or back pain.

With correlation with sign symptoms we can relate it with Shushka akshipak of Sarvagata netraroga with predominance of Vata and pitta doshas.

Treatment for CVS

Kriyakalpa- Tarpan with Triphalaghrit or Jivaniyghrit, Shatavanghrit

Internal medication - Saptaamritlauha

Avipattikarachurna

Shatavanchurna and Yashtimadhuchurna.

Diabetic Retinopathy and Hypertensive Retinopathy -

Diabetes and Hypertension can cause secondary damage to the blood vessels of the retina. Life style factor Improper diet at odd time (Vishamashan) Stress

So prevention of this disease by maintaining healthy weight by Yoga and eating well greatly reduces the risk of diabetes and hypertension. It is also important to go for yearly comprehensive eye exam to monitor any changes.

Age Related Macular degeneration (ARMD) -

ARMD is the progressive deterioration of the macula that occurs with aging. Life style factor which can speed up the development ARMD. Smoking, UV exposure, poor diet and lack of exercise.

To avoid these problems or slow down the process of ocular degeneration Ayurveda advocates Chakshyushya Rasayan therapy. Chakshyushya Rasayan described in different samhitas.

According to modern medicine age related macular degeneration (ARMD), Age related Cataract are diseases which occur due to ageing and oxidative stress in day to day life process.

Central Serous Chorioretinopathy (CSR) is believed to be exacerbated by stress and corticosteroid use. A clinical condition like dry eye are other effect of oxidative stress.

For preventing these type of eye diseases and for maintaining ocular health much has been described in texts of Ayurveda, in the form of Dinacharya (daily regimen), Ritucharya (seasonal regimen) and specific therapies like Kriyakalpa are useful to restore eye health and proper vision.

The importance of preserving eye health and vision is rightly quoted by Vagbhata that "all effort should be made by men to protect the eyes, throughout the life; for the man who is blind this world is useless, the day and night are the same even though he may have wealth".

General measures to prevent Ocular Life style Diseases -

Abhyanga, Snanam (Bath), Nasya, Padavyanga, Padaprakshalan and Padatra Dharan. Use of umbrella. Use of umbrella protects the eyes from sun shine, heat, dust and smoke and it is chakshyushya. Nidra (Sleep) and Eye Health. Sleep rejuvenates the mind and body. Sound sleep is absolutely necessary for the eyes. Mana (Mind), Stress and Eye Health.

A good, balanced mental status is essential for proper functioning of the eyes because sense organs can perceive the objects only in the presence of mind. Trataka and Neti Kriya helps to improve vision and prevent the diseases of eye.

DISCUSSION -

Present day lifestyle choices i.e. low activity level, sedentary lifestyle, and progressive weight gain also contribute significantly to the risk of developing the metabolic syndrome, which consequently have their ill effect on the most vital organ Eye.

The causative factors for eye diseases explained in the classical text exactly fit the present day Lifestyle practices which in turn generate eye diseases. For example By food habits - Shuktaaranaala, amla, kulattha, maasa, ushna, kshara, katu rasapre dominant diet resembles the spicy and junk foods, by Activities Swapnaviparyayaat (Night shifts), a timadyapaana (Alcoholism), dhumanishevana (Smoking), atidravannapaana (cold drinks), pratataekshana atideeptadarshana, atisameepa darshana (Spending long hours in front of computer) and Manasika-Kopa, shoka, klesha (Stress induced agony).

Physical activity would be expected to have a beneficial effect on diabetic retinopathy through an attendant reduction in weight and decrease in blood pressure and systemic inflammation. Prevention of Diseases is possible by Lifestyle regulation and adopting Ayurvedic principles Kriya kalpas have a major role as a remedy for Lifestyle induced eye diseases.

Eye diseases due to ageing process are inevitable but can be delayed by taking Chakshyushya Rasayana (Rejuvenation therapies for eyes).

CONCLUSION

Thus various lifestyle factors are found closely associated with eye diseases.

The prevention modalities advocated in Ayurveda such as Tarpan, Aschyotana, Anjana, Nasya, Yogasanas etc. along with a few positive life style modifications may help considerably reducing the impact of ocular diseases in general population.

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Multi-Modal Approach In The Management Of Cerebro-vascular Accident (CVA) - A Case Report

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Abstract: This case report is about a female patient aged 52 years, a diagnosed case of CVA (stroke) with acute infarct in right middle cerebral artery associated with frontal subarachnoid haemorrhage who approached Department of Kayachikitsa, Sri Dharmasthala Manjunatheshwara college of Ayurveda & Hospital, Hassan with complaints of loss of strength in the left side of body associated with heaviness, inability to stand or walk since one and half months. On examination, the patient was conscious and oriented with power of 0/5 in left upper and lower limbs.

Methodology: The case was diagnosed as left sided Pakshaghata and was managed with nasya, basti, udwartana, abhyanga, shiro pichu, agni chikitsa lepa, oral medications along with physiotherapy.

Conclusion: After the treatment of 21 days there was improvement in muscle power to 1/5 in left upper limb and 2/5 in left lower limb, patient was able to walk with support. Further after following conservative medications for next 2 months the patient was able to walk without support with overall improvement in power from 0/5 to 3/5 in left lower limb and 0/5 to 1/5 in left upper limb.

Keywords: Ayurveda, Stroke, Cerebrovascular Accident (CVA), Pakshaghata.

EFFECT OF AYURVEDIC TREATMENT IN VRUKKAROGAW.S.R. TO CHRONIC KIDNEY DISEASE - A CASE STUDY

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Abstract: In Chronic Kidney Diseases, kidney fails to perform their normal function that excrete waste products and toxin from blood, balance body fluids, form urine and aids in other important functions of the body. Chronic Kidney Disease is associated with a constellation of sign and symptoms with or without reduced urine output but always with elevated serum urea, nitrogen and creatinine concentrations. The estimated glomerular filtration rate (eGFR) may progressively falls from normal of over 90ml/min/1.73m² to less than 15, at which point patient is said to have end stage kidney. It is usually slowly progressive over years.

In Ayurveda, it can compare with disease vrukkaraaga, characterized by Chardi, SarvangShoth, SarvangVedana, Agnimandya, Pandutva/Vim on twak, aayasa etc. A diagnosed case of CKD discussed here. In this case study patient was administered a combination of Chandra prabhara, Gokshuradi guggul, Gudmargharwali, Punamavashaktiwalh andpanchikarmasVajrabastifor 11 days. This Ayurvedic formulation showed highly significant result.

Keywords: Chronic Kidney Disease, Vrukkaraoga, Vajrabasti, eGFR, Sr.Creatinine

Ayurvedic Management of Sandhigat vata - A single case Study

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Abstract: Sandhigata vata is the commonest form of articular disorder. It is type of Vatavyadhi which mainly occurs in vrudhavastha due to Dhatukshaya, which limits daily activity such as walking, bathing, etc. Being a Vatavyadhi, located in asthisandhi and it occurs in old age, make it Kshulashadya. Vata dosh plays main role in the disease. Shula is a cardinal feature of the disease, associated with Sandhishotha and Vajrapadamuli sparsha, Prasaraan akunchan vedana. According to modern science, Sandhigat Vata co-related with osteoarthritis, which is one of the chronic degenerative inflammatory disease, which happens great distress to the quality of the life of a person. In Ayurveda Basti chikitsa is considered to be Aroha chikitsa for Vata dosha. So Yogabasti, Janubasti and shaman chikitsa is selected for the present case study.

Keywords: Sandhigat vata, Osteoarthritis, Dhatukshyanyaya vaatyadhi, Yogabasti

EFFICACY OF VEDANASTHAPAN GANA IN AVABAHUKA W.S.R. FROZEN SHOULDER

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Aims and objectives:

1. To clinical Evaluate the Efficacy of Vedana Sthapan Gana used in Avabahuka.
2. Whether the Group of Drugs (Vedana Sthapan) shows any Analgesic effect or not.

Methodology:

1. Literature study of Drugs of Vedanasthapan Gana.
2. Study Design: Single Group-Open Randomized Study.

Study design:

Name of drug	Vedanasthapan Gana
Form	Churna
Dose	2 grams TDS
Administration of drug	After meal (Internal)
Study duration	14 days
No. of Patients	3

Conclusion: This Study Concludes That the Vedanasthapan Gana Has Significant Effect in Tenderness And Pain Management in Avabahuk.

Keywords: Avabahuka, Vedana Sthapan Gana, Pain, Frozen Shoulder

The Effect of Kutaki Siddha Ghrith on Kitibh Kushtha (Psoriasis) –A Single Case Study (Role of Ayurveda in Autoimmune Disorders)

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Abstract : Kushtha is a term broadly used in Ayurveda for describing various skin diseases and does not mean Leprosy. Kitibh Kushtha, sometimes correlated with Psoriasis is a type of Kshudra Kushtha and Sukhsandhya Vikar seen in many patients since ages. Despite the advancement in Modern medicine for treating this condition, the relapse cases still continue to persist.

The dosha sandhikruti i.e. Dominant Doshas are Vata and Kapha in Kitibh Kushth. There are two basic methods of treatment in Ayurveda –Shodhan and Samprapti. The Dosha Sandhikruti i.e. presence of Doshas abnormally in excess quantity or volume requires treatment with

Shodhan and Samprapti. The Dosha Sandhikruti i.e. presence of Doshas abnormally in excess quantity or volume requires treatment with Shodhan and Samprapti. The Dosha Sandhikruti i.e. presence of Doshas abnormally in excess quantity or volume requires treatment with Shodhan and Samprapti.

Keywords: Psoriasis, Autoimmune Disorders, Diseases

Aims & Objectives:

- 1) To study the effect of Kutaki Siddha Ghrith on Kitibh Kushtha (Psoriasis)
- 2) To study the Samprapti of Kitibh Kushtha

Methodology:

- 1) A Clinical case study was conducted in IPD of the Hospital.
- 2) Literary information regarding the topic will be obtained from the classical texts of Ayurveda i.e. Brihatrayai and Laghutrayai.
- 3) Information will be taken from internet websites.

Conclusion: The Kutaki Siddha Ghrith was observed to have significant effect on the lesions and other symptoms in the patient of Kitibh Kushtha. The relapse was also controlled.

Keywords: Ayurveda, Autoimmune Disorders, Diseases

Awareness for Home Remedies for Skin and Hair Beauty

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Abstract : "Cosmetology" is the field related to the procedures to improve the appearance of skin and hair. Ayurvedic Cosmetology of Herbal dravyas is the safest way to gain the perfect results. Here is an attempt by Clinical project at OPD level for the awareness for home remedies in the said field.

Aim : To study the efficacy of Herbal dravyas in the field of Cosmetology for fairness of skin and healthy hair.

Methodology : Group A-

- 40 Patients treated for three months for fair complexion with following instructions to be carried out at home- 1) Wash face with Lukewarm water and dry with smooth cloth. 2) Apply mixture of smooth powders of Haridra (Curcuma longa), Amragandharidra (Curcuma amada), Dandharidra (Berberis aristata), Manjishtha (Rubiacordifolia), Sariva (Hemidesmus indicus), Yacha (Acorus calamus) and Ushheer (Velvetarizanolides) on face except Ophthalmic and lips area. 3) Provided all powders should be in same proportions and mixture should be made in Malai (Milk cream) if the skin is dry and in cooled milk after boiling without Malai (Milk cream) if the skin is oily. 4) Dry the skin in natural climate. 5) Wash it with Lukewarm water and 6) Procedure should be repeated after 10-15 days depends upon oiliness/dryness of hair.

Group B-

- 40 Patients treated for three months for healthy hair with following instructions to be carried out at home- 1) Wash hair with solution of smooth powders of Reetha (Sapindustrifolatus) and Shikakai (Acacia concinna) in same proportion in Lukewarm water. 2) Provided solution should be made at prior night. 3) Dry the hair in natural climate after drying with smooth cloth. 4) Apply Brahmi (Bacopa monnieri)- Bhrungraj (Eclipta alba) after full dryness and massage the hair scalp gently. 5) Keep it for 24 hrs at least and again wash the hair with the simple lukewarm water. 6) Procedure should be repeated after 10-15 days depends upon oiliness/dryness of hair.

Results: In Group A- Remarkable results (80%) In Group B- Moderate results (60%) After observation of results, one can say that "Ayurvedic Cosmetology" field can achieve a greater scope at National and International level though it was in a smaller scale.

Keywords: Cosmetology, Role of Ayurveda, Clinical Project



Conceptual study of efficacy of Takradhara in the management of Palitya w.s.r to Pre mature greying of hair.

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Aim : Conceptual study of efficacy of Takradhara in the management of Palitya w.s.r to Pre-Mature greying of hair.

Objective: 1) To study normal anatomy and physiology of hair- Ayurvedic and modern view. 2) To study the etio pathogenesis of Palitya. 3) To review the efficacy of Takradhara in the management of Palitya conceptually.

Methodology: 1) Palitya and Takradhara are studied through different Ayurvedic and Modern texts, journals, magazines, internet and previous research work. 2) It is a conceptual study based on data collected from various resources.

Conclusion: 1) Based on various reviews about Palitya and Takradhara from various resources, Takradhara is found to be beneficial in the management of Palitya. 2) Clinical and Experimental study have to be carried for assurance.

A Case Study Of Pain Management In Avabahuka

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Abstract : Avabahuka is one of the important Dhatu Kshayajanya Vata Vyadhi. It is one such disease which hampers most of the fore-said functions of the hand. In Ashtang Hrudaya Vagbhata explained that in Avabahuka Ansa Mulashila Vayu causes Sira Sankochan which results in restrictions of the movements of the affected hands. It is correlated with Frozen Shoulder, which is a condition characterized by stiffness and pain in the shoulder joint. Avabahuka includes Ansa Sandhi shoola, shlotha, stabdhata, sakushla kriya of hand etc. Although any of the classics do not mention about the shoola as a laxana of Avabahuka, it still is a feature practically seen in Avabahuka patients. This condition occurs more commonly in people with Diabetes Mellitus. Therefore now a days it is more important to treat for pain relief. In Ashtang Hrudaya Nasya treatment was given for Avabahuka. As it is Dhatu Kshayajanya Vata Vyadhi Acharya Charaka said that Snehana, Swedana was indicated along with Shman chikitsa, Ekangvira rasa, Mahayata Vajhwansa Rasa are given in Avabahuka for pain management.

Keywords : Avabahuka, Vata vyadhi, Dhatu Kshayajanya Vata Vyadhi, Shamana Chikitsa, Shodhana Chikitsa.

AYURVEDIC MANAGEMENT OF KITIBH (PSORIASIS)-A CASE STUDY

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Abstract : Kitibh is described in Ayurveda as kushtha vyadhi, it is type of kshudrakushtha. "shyav kinkhar sarsha parush kitibh matan" is unique line gives the description of kitibh-kushtha kitibh kushtha can be co-related with psoriasis. In today's era due to bad food habits, eating junk food, fast food, continue sitting work causes skin disorder. The prevalence rate of psoriasis in India is 0.44% to 2.8% and it can be increasing progressively. Ayurvedic medicine is oriented toward prevention, health maintenance and treatment of diseases. There is no satisfactory treatment given in modern medicine while in Ayurveda there is lots of description and treatment of kushtha should be given.

The present case study is successful Ayurvedic management of a case of kitibh (psoriasis). Here a case report of a 35 Years-female having with the complaint of hasta- pad and prushtha pradeshu trak shyava twakavabhyama, kandu, trakuksushtha, kinkharparsha etc. since 6 months, she was taking allopathic medicine but there is no satisfactory relief to her. Now she is came to our opd for ayurvedic treatment. She was treated with Ayurvedic medicine like aragayavardhini, vanyam gan dravya, manjistadi leath along with same panchkarma procedure like jalowachana, arahwathadi lepa, vanyam dravyam awgaha which give excellent result.



Ayurveda Management of Dadru Kushtha : Case series

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Abstract : Skin is the largest organ of human body. It's size and external location makes it susceptible to wide variety of disorders. We see an ordinary civic is too much aware about purity of skin, as it is an ornament of body. It is tough task of medical field to serve society in terms of healthy skin. In recent years, there has been a considerable increase in the incidence of skin diseases in the tropical and developing countries of India. Most of the skin diseases are caused due to bacterial or fungal infections. Poverty, Poor sanitation, Unhygienic conditions, Pollution are some of the reasons for infections. According to WHO prevalence rate of superficial mycosis infection is 20-25%. Tinea corporis is a superficial fungal skin infection of arms and legs. However it may occur on any part of the body. It frequently found in society. Clinically it may be analogous to Dadru Kushtha. Dadru is Pittakaphrapradhan kushtha having clinical features -Kandu (Itching), Raga (Erythema), Pidaka (Pustules) and Utsanna Mandala (Elevated circular skin lesion).

Case & Objectives: To evaluate combined efficacy of Laghumañjishthadi Kwatha and Durvadi Lepa in the management of Dadru Kushtha. Methodology: In present case series 6 patients of Dadru kushtha were taken in view of inclusion criteria. Laghumañjishthadi Kwatha was the main medicine and Durvadi Lepa as a topical application. ghumanjishthadi Bhaad 27 gm/day was given to the patient and procedure of kwatha Nirman explained as per classical text. Advice given to take freshly prepared kwatha every time.

Case : 25 ml kwatha twice in a day
Ushadhi sevan kala : Achobhakti (pyan udan kala)
Route of Administration : oral
Duration : 30 days
Follow up : After every 10th day.

Procedure : Durva and Hanidra churnas are mixed with water and make semisolid mixture i.e. Lepa was given to the patient as a local application on affected area (fill it dry up) once a day for 30 days duration.

Thickness of Lepa : 1/4th of Anguli of patient
Time : Once a day (Morning)
Duration : 30 days
Follow up : After every 10th day.

Conclusion : Dadru, one of the Kushtha, is a very contagious rigid skin disorder which is analogous to Tinea corporis. In present study both the Laghumañjishthadi Kwatha and Durvadi Lepa showed highly significant result. The maintenance of hygiene and Palyapathyas is a very important aspect during treatment.

Keywords : Skin, Dadru, Tinea corporis, Laghumañjishthadi Kwatha, Durvadi Lepa.

Fungal Infections of Skin: An Ayurvedic Perspective

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**Vd. Suryakiran P
Wagh, H.O.D. & Prof.

Abstract : Skin is extremely compound, largest organ of the human body. Therefore disorders of skin is great matter of interest. Skin diseases are common manifestation in present era. The patients of skin disease are additionally prone to experience physical, emotional & socio-economic embarrassment in the society due to the appearance. Skin is described as Sparshagnendriya. Touch sensation, therefore it plays a great role in physical & mental well being. The Study of Indian medical classics reveals that all skin diseases were considered as one of the broad heading of 'Kushtha'. The nature of Kushtha Roga is described by Charaka by the term 'Dirgharoga' (Chronic disease).

Kushtha which is further classified into Mahakushtha & Kshudrakushtha. Charaka has included Dadru in Kshudrakushtha where as Vagbhata & Sushruta have explained under Mahakushtha. It is one of the most common but miserable Tyakvikar. Affecting all the ages of population still stands as a challenge to different medical systems. It involves the clinical features like kandu, deersheprane, utsanna, mandal, raga, pidakas which exhibits involvement of kapita & pitta dosha. Vagbhata especially mentioned dadru as anusangka. On the basis of presenting symptomatology most of the scholars have simulated Dadru with 'Tinea' through modern perspective. Tinea refers to superficial infection with one of three fungal genera - microsporum, epidermophyton & trichophyton - collectively known as dermatophytes.

Keywords : Fungal infection, Kushtha, skin disease, tinea.

RISK FACTORS AND PREVENTIVE MEASURES OF ESSENTIAL HYPERTENSION IN LIGHT OF AYURVED

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Aims & Objectives :
1. To study the risk factors and preventive measures of hypertension in the light of Ayurved.
2. To review the ayurved literature for enlightening ayurved perspective of hypertension.

Methodology : This is based on conceptual study. Ayurved samhitas, modern literature, research updates on internet and in journals were searched, compiled and analyzed.

Conclusion : Essential hypertension constitutes for 90-95% of hypertensive population whose pathophysiology cannot be directly identified. Lifetime risk of HTN is 90% in men and women. Prevalence of this disease is increases day by day. Life style plays an important role in the development of hypertension. As hypertension not directly mentioned in ayurved, this disease can be explained and treated on the basis of basic principles of ayurved: beejdosha (genetic), jara avastha (Age), aalavan sevan (salt intake), sthoulya (obesity), ahar (improper diet), manasbhav (psychological stress), intellectual stress, bad habits are risk factors for HTN. Dinacharya, ritucharyapalan, rasayana, achar rasayana, beejshuddhi, shodhan chikitsa, garbhasanskar, masanumasik charya palan, vatagnha ahar, pathaya apathyas palan, avoid improper diet (alilavan sevan, junk food, incompatible food, Fatty food, anup mansa sevan), vyayam, yog, shrothara which plays an important role for the prevention of hypertension. Some ayurved drugs by various mode of action, can be useful for controlling Blood pressure and reducing the complications of hypertension.

Conclusion : This ayurved perspective mentions some key indicators for understanding risk factors and preventive approach for essential hypertension.

Keywords : Essential hypertension, risk factors, preventive measures, ayurved

Kitibh kushtha- A case study according to cosmetology perspective.

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Discussion : Kitibh kushtha i.e. Psoriasis is the common Autoimmune Skin disorder. WHO has classified it as a Psycho-cutaneous disease. Skin disorders are commonly observed due to altered lifestyle, lack of physical activity, poor hygiene, mental stress and improper food habits. It is a vataj type of Kshudra kushtha with vitiation of Pitta, Rakta, Twak, Lasika and mamsa dhatu in the body. It is chronic and recurrent inflammatory disease with erythematous dry and itchy scales all over the body. The removal of scale gives rise to pin point bleeding. Although it can manifest anywhere in the body, the characteristic site is the extensor surface over knees, elbows, occiput and sacrum. Itching is main symptom which creates huge disturbance in routine work and feeling of shyness for cosmetic point of view. Acharya Charaka has explained it as kashtha sadhya vyadhi with the treatment protocol of regular Snehapana, Virechana, Raktamokshan etc. So the aim of our treatment is to reduce the symptoms by physically, mentally and cosmetologically, with proper Shodhan, Shaman chikitsa and palyapathyas. In this study, a 52 yrs male patient diagnosed as Kitibh kushtha was given above treatment for 2 months and successfully get relief from the symptoms.

Keywords : Kitibh kushtha, Psoriasis, Autoimmune disorder, Cosmetic disorder, Mahatikta Ghit, Virechana, Aarogyawardhini vail.

‘ ATYAIK CHIKITSA IN HYPERTENSION – A CASE STUDY ’

STUDENT NAME : Dr. Jabeen Gani Shaikh , PG scholar (Kayachikitsa).

GUIDE NAME : Dr. S.G. Deshmukh , MD Kayachikitsa , Prof. & HOD of Dept. of
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Abstract :

Background :

Medical emergency is an injury or that is acute and poses an immediate risk to a person’s life or long term health. Hypertension is an important Worldwide public health challenge and remains a major cause of morbidity and mortality Worldwide. Hypertension is a condition when, blood flows through the blood vessels with a force greater than normal. Hypertension is directly responsible for 57% of all stroke deaths and 24% of all coronary heart diseases (CHD) deaths in India. It is called a ‘Silent killer’ because it rarely exhibits symptoms before it damages the heart, brain or kidney. In Ayurveda there is no description of such a single diseases which can resemble with Hypertension. But it can be correlated with ‘Aamashayagata Vata’.

Aim : Atyaik Chikitsa in Hypertension.

Methodology : This is a case study of 'Hypertension', where 47 years old male patient having symptoms of Atisrushta Shwasana, Bhrama, Udgara Pravrutti and Alpa adhmana. Examinations and investigations were indicating diagnosis of Hypertension.

Results and Conclusions : Significant results were observed and symptoms of Aamashayagata Vata related to Hypertension and values of hypertension was also reduced. Thus Anubhuta Yoga (Churna Preparation) and Shamana Chikitsa has significant effect in the management of Atyaik Chikitsa of Hypertension.

Keywords : Atyaik Chikitsa, Hypertension, Shamana Chikitsa, Aamashayagata Vata.

Objectives :

1. To study the effect of Anubhuta yoga in the emergency management of Hypertension.
2. To study the effect of Shamana Chikitsa (Rasagandha vati, Hridayarnava rasa and Laghu suta shekhara rasa) in the management of Aamashayagata Vata related to Hypertension.

Introduction :

The WHO has identified India as one of those nations that is going to have most of the lifestyle disorders in the near future¹. Hypertension is predominantly an asymptotic condition and the diagnosis is usually made at routine examination or when complications arises. In more than 95% of cases, a specific underlying cause of Hypertension cannot be found. Such a patient's are said to have essential hypertension. In about 5% of cases, hypertension can be shown to be a consequence of a specific disease or abnormality leading to sodium retention and peripheral vasoconstriction. There is little evidence that ' stress' causes hypertension². As per ayurvedic principles, in case of unknown disease, the physician should try to understand the nature of the disease through Dosha, the site of manifestation and etiological factors³. In Ayurveda it can be correlated with ' Aamashayagata Vata⁴.

Acharya Charaka described that ;

“हृत् नाभिपार्श्व उदर रूक् तृष्णा उद्गार विसूचिकाः ।

कासःकण्ठास्यशोषश्च श्वासश्च आमशयस्थिते ॥”.....(च.चि.२८/२७)

As per complaints patient having Atisrushta shwasana, Bhrama, Udgara Pravrutti and Alpa adhmana. It is found in correlation with Aamashayagata Vata.

Case study :

A 47 years old male patient having complaints of Atisrushta shwasana, Bhrama, Udgara Pravrutti and Alpa adhmana since yesterday.

Name of patient : ABC

Age : 47 years

Gender : Male

Weight : 67 kg

Profession : Official Computer work

Prakruti : Pittavatanubandhi

Chief Complaints :

A) Atisrushta shwasana. B) Bhrama C) Udgara Pravrutti D) Alpa adhmana

General examination :

PR – 80/min

BP – 170/110 mm of Hg

RS – AE=BE, Clear, 24/min

CVS – No murmur, S1 S2 normal

CNS – Concious, Oriented

P/A – Alpa Adhmana

Ashtavidha Pariksha :

- | | |
|-------------------------|----------------------|
| 1. Nadi –80/min. | 5. Shabda - Spashta |
| 2. Mala – Alpa baddhata | 6. Sparsha - Anushna |
| 3. Mutra – Samyaka. | 7. Druka - Prakruta |
| 4. Jivha –Alpa saam. | 8. Akruti – Madhyama |

Past History :

H/O – Hypertension (Since 15 years). Patient was not taking any allopathic medicine, but he was taking Ayurvedic ‘Anubhuta Yoga’. Now patient discontinued Anubhuta Yoga since 1 week.

Also there is H/O daily walking about 30-40 minutes and Jogging.

Chikitsa :

A) Anubhuta Yoga⁵ (Churna Preparation) :

It contains Sarpagandha, Arjuna, Jatamansi, Tagara, Taruni, Kutaki, Shankhpushpi, Pippalimoola, Brahmi and Musta. All drugs are taken in Sama Pramana.

Drug name	Latin name	Family	Gun a	Rasa	Vir ya	Vipa ka	Prabhav a	Karma
Sarpagan dha	Rouwolfia serpentina	Apocynaceae	Ushna	Tikta Kasha ya	Ushana	Katu	Nidrajanana	Hridaavsa dini, Anidra, Rakta-Vata adhikya
Arjuna	Terminalia arjuna	Combretaceae	Laghu, Shita	Kasha ya	Shita	Katu	Hridya	Hridroga
Jatamansi	Nordostachys jatamansi	Valerianaceae	Laghu Snigdha	Tikta Kasha ya Madhura	Shita	Katu	Bhtugna/ Manasdosha	Medhya Hridgraha Rakta dosha hara
Tagara	Valeriana wallichii	Valerianaceae	Laghu Snigdha	Tikta Katu Kasha ya	Ushana	Katu	-	Bhuta Apasmara Raktadosha
Taruni	Rosa centifolia	Rosaceae	Laghu Snigdha Shita	Tikta Kasha ya Madhura Katu	Shita	Madhura	Hridya	Hridya Rakta dosha hara
Kutaki	Picrorrhiza kurroa	Scrophulariaceae	Ruksha Laghu Shita	Tikta Katu	Shita	Katu	-	Hridya Rakta hara Shwasa
Shankhpushpi	Convolvulus pluricaulis	Convolvulaceae	Snigdha Picchila	Tikta	Shita	Madhura	Medhya	Medhakruta Nidrajanak Bhrama
Pippalimola	Root of Piper longum	Piperaceae	Laghu Ruksha	Katu	ushana	Madhura	-	Hridroga Rasayani Medhya

Brahmi	Bacopa monnieri	Scrophulariaceae	Laghu Shita	Tikta Kashaya Madhura	Shit a	Madhura	Medhya	Rasayani Raktajita
Musta	Cyperus rotundus	Cyperaceae	Laghu Ruks ha	Tikta Katu Kashaya	Shit a	Katu	-	Dipana Pachana Rakta dosha

B) Shamana Chikitsa :

Is done with Laghu Aahara, Langhana, Pachana and Kalpas.

Kalpa	Contents	Matra	Anupana
1. Hridayarnava rasa⁶ (Baidyanatha)	Parada, Gandhaka, Tamra bhasma	125 mgm	Ushnodaka
2. Rasagandha vati⁷ (Ayurveda Rasashala)	Dhamasa, Sadha Suta shekhar, Jatamansi	250 mgm	Ushnodaka
3. Laghu suta shekhara rasa⁸ (Baidyanatha)	Shunthi, Gairika	250 mgm	Chewing
4. Anubhuta Yoga	Sarpagandhadi 10 drugs	10 gm (in divided dose)	Ushnodaka

Along with Shamana Chikitsa proper Aahara and Vihara should be very important. For that Pathya – Apathya had given.

Pathya : Laghu aahara, bhrushta mudga, Vrihi, Godhuma, godugdha, jwara, dadima, yusha, Vishranti, Manuka (black), Laja etc.

Apathya : Lavana rasa, Amla rasa, Katu rasa or Padarth, Diwasvapa, Jagarana, Exertion, Travelling, heavy exercise, Atishrama etc.

Manas hetu Pathya-Apathya : Pralapa varjya, Chinta, Stress, etc.

Observation :

	Before treatment	After treatment
1. Bhrama	++++++	++
2. Atisrushta Shwasana	+++++++	++
3. Udgara Pravrutti	+++++	+
4. Alpa adhmana	++	+

Gradation of Symptoms :


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

BP Monitoring / Observation :

First day	Second day	Third day
1 pm = 170/110 mm of Hg	Advise Stress test for further evaluation	12 pm = 130/90 mm of Hg
6 pm = 150/100 mm of Hg	6 pm = 150/90 mm of Hg	
10 pm = 150/90 mm of Hg		

After 3 days, under observation and regular monitoring of blood pressure ‘ Anuloma Chikitsa’ is given.

C) Anuloma Chikitsa :

1. Draksha (7-8) Kala.		Siddha Dugdha Pana for 7 days at Apana
2. Aragvadhya Majja (5 gm)		

Discussion :

Discussion about Samprapti and its bhanga.

Samprapti

Hetu



1. Aahara – Paneera aadi katu, lavana, amla rasa pradhana (dinner) + Tikshna gunatmaka + Viruddhahara etc.
2. Vihara – Sitting work +++++
3. Stress



Aamashaya (Aama nirmiti, Jathargani mandya)



Rasadhatvagni mandya



Rasavaha Stroto dushti

Moolasthana : Hridhaya, Dasha dhamanya

Oojodushti



Raktagata dosha



Raktagata daab vrudhhi

Samprapti bhanga

“चिन्त्यानां अतिचिन्तनात्”⁹ + Aahara + Vihara



Aamshayagata saam Kapha, Pitta, Vata dushti

Rasavaha stroto dushti +
Manovaha stroto dushti



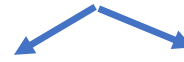
Atisrushta Shwasana, Bhrama,
Udgara Bahulya



For Pachana



Laghusutashekhara rasa



For Dipana, Pachana

For Hrudhaya &
Dasha dhamnya balya

Anubhuta Yoga

Rasagandha Vati
Hrudayarnava rasa

Dosha : Vata – Prana, Vyana, Udana, Samana, Apana,

Dhatu – Rasa, Rakta, Mansa

Pitta – Pachaka, Sadhaka

Mala - Pusrisha

Kapha – Bodhaka, Kledaka, Avalambaka

Ooja dushti

Observations :

This are done before and after treatment based on symptoms of Aamashayagata Vata related to hypertension.


- **Anubhuta Yoga (Churna Preparation):** In this yoga 10 drugs are included. Sarpagandha is well known drug contains Reserpine which helps to decrease the BP. Also acts as Nidrajanana. Arjuna, Taruni both having Prabhava of Hridya. Jatamansi, Shankhpushpi and Brahmi act as a Medhvardhaka, Nidrajanaka, having Rasayana property. Pippalimoola and Kutaki both are Hridhroga nashaka and having Dipana karma. Tagara is used for Rakta dosha dushti. In this disease Rasavaha strotodushti is found, therefore Musta is given for Dipana-Pachana.
- **Shamana Chikitsa :**
 - **Rasagandha Vati :** It is a Kalpa used for Hypertension and Insomnia. It is a 'Vyadhi Pratyanka Chikitsa'.
 - **Hridayarna rasa :** It contains Parada, Gandhaka and Tamra bhasma. Which is specially given in 'Hrudroga'.
 - **Laghu suta shekhara rasa :** It is given for Pachana because of sama pitta.

Conclusion :

Anubhuta yoga and Shamana Chikitsa are significantly effective in the management of Hypertension.

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AYURVED MANAGEMENT OF APASMARA ALONG WITH ANTI EPILEPTIC DRUG BRAHMI GHRUT - CASE STUDY

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GUIDE - DR. AMIT AWALASKAR
S.S.A.M. HADAPSAR, PUNE

Epilepsy is the most common presentation in neurological setting & stands next to stroke and dementia in its prevalence. The disease & its management have high impact on the quality of life of affected person and also discrimination in education and social acceptance. In Ayurveda, the similar presentation is named as 'Apasmara' has been explained with its etiology, symptoms, diagnosis and management. The available data is based on clinical finding of Acharya Charaka has mentioned Shodhana therapy along with Shamana therapy as a line of treatment of 'Apasmara'.

Aim & objective: To assess the efficacy of Brahmi ghrut with the help of 'Nasya karma' of Panchatarmas.

Method: Nasya karma was done without withdrawing the Anti epileptic drug and the patients with seizures. Assessment was done before treatment, after Shadhana and after shamana 2 months of follow-up.

Result - 'Brahmi ghrut' Nasya karma is effective in management of Apasmara and to improve the quality of life of the affected one.

Key words: Anti epileptic Drug, Brahmighrut, Epilepsy, Nasya karma, Apasmara

AYURVEDIC MANAGEMENT OF MIGRAINE –A CASE STUDY

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Background: - Migraine is a common neurological disorder. WHO estimated that there are 1.2 million visits for acute migraine attack. More than 4 million people have chronic daily migraine. Prophylactic drug treatment of migraine should be considered when the quality of life severely impaired. 90% sufferers are unable to work or function normally during their migraine. Migraine can be clinically co-related with Anantvata vyadhi. A 40 Yrs. Old female patient with complaining of severe headache which disturbs her routine work and came to OPD. She was taking allopathic medicine with all routine blood investigation, CT, MRI are normal. She is having some stress.

AIM: - To treat headache with Ayurvedic treatment as a complete solution.

Methodology: - A female of 40 yrs. Old, weight-87kg, prakriti-kapha-pitta, Lakshane - Headache, Amlodgar, Angagaurav, daha, swedatipravritti. After accessing her life-style for stress

1. Some yogasana along with 12 suryanamaskara are advised.
2. After patoladi ghrutapana Raktamokshana is done after 2 months interval for 6 months
3. Yograj guggulu 2TDS, Sutshekhar Ras 250mg BD, Godanti bhasma 250mg OD with pathyadi kwath 20ml BD. 1month

sheltered in, raktipitta – bleeding disorder caused by vitiation of pitta dosha in rakta
can be correlated to epistaxis. It is a type of urdhvaga raktapitta (disorders with bleeding
upper orifices), wherein the anubandhi dosha is kapha and which is said to be sukha
(easily curable). Various remedies are told in Ayurvedic texts for nasagata raktapitta and
among them are Nasya with Durva Svarasa and Dadima pushpa Svarasa. The present study was
conducted on a patient of epistaxis from the opd/ipd of Shalakyatantra, treating her with Durva
and Dadima pushpa Svarasa Nasya. The results on statical analysis, proved to be eventful. We
treat the epistaxis through Ayurveda treatment effectively.

PAIN MANAGEMENT IN PITTAJ ADHIMANTH BY JALAUKAWACHARAN

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Background

Adhimanth is one among the Netraroga explained in classics, which occurs due to negligence or
improper treatment of Abhishyanda. Adhimantha is of four types. Out of these Pittaj
adhimanth presents with features that are similar to acute congestive glaucoma. In this stage
signs and symptoms of Pittaj Abhishyanda becomes more severe. Severe pain and burning
sensation etc. are the symptoms. Here Pitta is the predominant Dosha. Pitta being the main
functioning factor of the eye, if it is vitiated and confined to the Sira Srotas, it reflects in the eye
and produces visual disturbances.

Aim:

Study the pain management in pittaj adhimanth by jalaukawacharan.

Material and Methods:

The data was collected from Ayurveda text books, *Vaidyas* and through personal experiences.

Discussion:

According to modern science, leech's saliva contains Hirudin Hyaluronidase enzyme which acts
as Anticoagulant, Local anesthetic, Anti-inflammatory Vasodilator, Antithrombotic, Hypotensive
and Analgesic effect.

Conclusion:

Jalaukawacharana is described under *Raktamokshana in Ayurveda*. It is one of the very effective
treatment modality for treating various *Netra roga*. The patients of Pittaj Adhimanth will feel
relief from pain and inflammation by jalaukawacharan due to the anti-inflammatory and
anesthetic effects of the leech's saliva. Hence more efforts should be undertaken to optimize
its utilization. More clinical trials are required to assess leech efficacy in pain management of
Pittaj Adhimanth (Acute congestive glaucoma).

Study The Efficacy Of Trivrutadi Leha In Udara (Jatodakavastha)**Vd. Alisha Hrushikesh Shinde**Assistant professor, Department of Kayachikitsa,
B.S.D.T.'s Ayurved Mahavidyalaya, Wagholi, Pune, Maharashtra, India**Vd. Anjali Aniruddha Deshpande**Head of department, Department of Kayachikitsa,
B.S.D.T.'s Ayurved Mahavidyalaya, Wagholi, Pune, Maharashtra, India**Abstract**

Udara vyadhi is considered as swelling over the abdomen. Udara is one of the kashtasadhya vyadhis and is included in 'Ashtamahagada'. Udara is correlated to Ascites as per modern medicine. In modern medical sciences, there is no conventional treatment regarding Ascites. There are so many modern medicines that can damage the liver. At this stage, Ayurveda can provide suitable treatment for Ascites which reduce the duration of illness and prevention of complications also. In Ayurveda, it is said that 'Nityavirechana' should be given to the patient for Udara. Hence clinical trial was done on patients with Udara (Jatodakavastha) with treatment of daily purgation. The study was undertaken in Sane guruji Hospital, Hadapsar, Pune on thirty patients with Udara (Jatodakavastha). 10gm of Trivrutadi leha from Vaidyraj aushadhashala was given to the patient orally on empty stomach, daily for 7 days and patient was advised only Godugdha in diet. Observations were analyzed with the help of One way ANOVA test for clinical variables, Wilcoxon Signed Rank Test for non-parametric clinical variables and Paired - t Test for parametric clinical variables. Nityavirechana has showed statistically significant reduction in abdominal fluid level. This study proved that Nityavirechana for 7 days by Trivrutadi leha is alternate, simple, safe and economical method of treating Udara-Jatodakavastha.

Key-words: Udara, Nityavirechana, Trivrutadi leha**Introduction**

The things like mental stress, family issues, financial problems, health issues being major conflicts in one's life that lead to addictions like alcohol consumption, drug abuse and many more. Chronic alcoholism is very injurious to the human body especially to the liver. Chronic alcohol intake causes cirrhosis of liver and on more progression, Udara called as Ascites. Studies have proven that, Indians have lesser ability to metabolize ethanol completely, due to genetic factors. Thus, alcoholism goes on adding familial, social and economic aspects as well along with medical aspects. The incidence of Ascites is approximately 75,000 per 100,000 cirrhotic individuals worldwide with a mortality rate of 50%, within 3 years. In Ascites, there is abnormal collection of fluid in abdomen. The disease is due to an imbalance exists between plasma oncotic pressure and total body sodium and water excess. It can also be seen in patients having cardiac diseases, TB, cancer, hepatitis and other liver diseases. Prevalence of Ascites is more in developing countries and in rural areas, and obviously more in male candidates. In Ayurveda, Udara vyadhi is considered as swelling over the abdomen i.e. Udaravrudhi. Udara is one of the

kashtasadhya vyadhis and is included in 'Ashtaumahagada'. Udara can also be seen in surgical cases like visceral perforation, intestinal obstruction, etc. Udara is a disease characterized by abnormal fluid collection within the peritoneal cavity. Udara causes discomfort to the patient for their daily routine work like walking over steps, lifting heavy objects, etc. Patient gets generalized weakness and becomes cachexic despite increase in abdominal girth due to fluid collection. If it remains untreated, the fluid gets more and more collected resulting in gross distension of abdomen. In Ayurvedic texts, Udara is divided into eight types- Vatodara, Pittodara, Kaphodara, Sannipatika Udara, Plihodara, Baddha-gudodara, Chhidrodara and Jalodara. According to collection of fluid, there are three stages of Udara- Ajatodakavastha, Pichchhavastha and Jatodakavastha.

In the backdrop of the resurgence of Ayurveda as an alternative or an ultimate anchor to; life style related and other chronic disorders which are unable to control by modern science. In such disorders; Ayurveda can offer a better hand than any other medical science.

In modern medical sciences, there is no conventional treatment regarding Ascites. There are so many modern medicines that can damage the liver. At this stage, Ayurveda can provide suitable treatment for Ascites and it can reduce the duration of illness and prevention of complications also. The basic line of treatment according to modern theory is same as that of Ayurveda. Ayurveda has described various drugs and preparations for the treatment of Udara. In Ayurveda, it is said that 'Nityavirechana' should be given to the patient for Udara, likewise in modern science, Diuretics is the line of treatment. According to modern theory, a patient of Ascites should be given rest and salt restricted diet while Ayurveda has already told to keep patient on 'kevala-godugdahara'.

So it was a challenging thing to study the effect of purgation on fluid level in Udara-Jatodakavastha. It had been decided to use 'Trivrutadi leha' from "Sahastrayogam" which is already in market by Vaidyaraj aushadhashala, Thrissur, Kerala. Hence, Trivrutadi leha was used in this clinical research work for easy palatability and availability. There are many drugs like Ichchhabhedhi rasa, Naracha rasa which are described for virechana chikitsa on Udara but in spite using tikshna virechana dravyas which contain Jaipala, the Trivrutadi leha containing Trivrut which is Sukhavirechaka was decided to use for trial.

The study has been done by considering Ayurveda aspects as well as modern parameters. Their probable explanation is discussed and the data statistically evaluated.

Materials And Methods

- This was a single center, clinical study.
- Screening and selection of patients was carried out at Kayachikitsa IPD of Sane Guruji Hospital, Hadapsar, Pune.
- The drug selected for the study 'Trivrutadi leha' is described in 'Sahastrayoga'. 'Trivrutadi leha', the prepared drug of Vaidyaraj aushadhashala, Thrissur, Kerala which is already in market was used for the study.
- Present study was conducted on single group of 30 patients.
- 30 patients were given Trivrutadi leha in the dose of 10gm daily in the morning for 7 days.

- Patients were advised only Godugdha in diet and Patta-bandhana of Arkapatra (leaves of Arka (Calotropis gigantean) tied with cotton cloth) was tied over abdomen for seven days.
- Observations were recorded daily, at follow up for 7 days.
- Data collected and the results obtained were subjected to statistical analysis. Statistical tests applied were One way ANOVA test for clinical variables, Wilcoxon Signed Rank Test for non-parametric clinical variables and Paired – t test for parametric clinical variables.

Inclusion criteria:

1. Patients having textual signs and symptoms of Udara (Jatodakavastha).
2. Age between 30 to 70 years; irrespective of gender, religion, socio-economic status and marital status.
3. Transudative ascites.

Exclusion criteria:

1. Pregnant and lactating women.
2. Patients with severe immune – compromised diseases like AIDS, Malignancy.
3. Shastrasadhya Udara like Chhidrodara, Baddhodara.
4. Known case of Diabetes mellitus.
5. Patients having PR bleeding.
6. Patients having life threatening conditions like hepatic encephalopathy, multi-organ failure.
7. Exudative ascites.

Basic ingredients of Trial drug i.e. Trivrutadi leha are listed below:

Drug	Rasa	Virya	Vipaka	Guna	Karma
Trivrut (Operculina turpethum)	Tikta-Katu	Ushna	Katu	Laghu,Ruksha	Rechana
Go-Ghruta	Madhura	Sheeta	Madhura	Snigdha	Pittaghna
Sharkara	Madhura	Sheeta	Madhura	Snigdha	Anulomana

Drug administration protocol:

	Trivrutadi leha
Dose	10 gm
Route	Oral
Anupana	Godugdha
Kala	Abhakta
Duration	7 days
Follow up	Daily

Clinical assessment:

The patients were enrolled in the study by screening them through diagnostic Ascitic fluid tapping for Ascitic fluid routine and microscopy examination to rule out transudative and exudative ascites. Subjective criteria for assessment include assessment of

symptoms and clinical examinations and objective criteria include radiological and hematological investigations.

Subjective criteria: -

Lakshana	Grade 0	Grade 1	Grade 2	Grade 3
1.Jatharagni				
a.Abhyavaharana shakti	2 to 3 lit.	1 to 2 lit.	½ to 1 lit.	Below ½ lit.
b.Jaranashakti	Upto 3 hrs	Upto 6 hrs	Upto 12 hrs	No hunger sensation
2.Daurbalya	No feeling of daurbalya	After routine Work is over	During routine work	Can not perform routine work
3.Gamane ashakti	Can walk easily	Walk with intervals in between	Walk with mechanical support	Walk with physical support

Abhyavaharana shakti was measured as a total quantity of intake of milk per day. Jarana shakti was calculated as time required for next hunger sensation after ingestion of milk at a time.

Clinical examination - Everted umbilicus, Prominent veins, Shifting dullness and Horse-shoe dullness at base line and on 7th day.

Objective Assessment:-

1. Abdominal girth and bipedal oedema, body weight, number of virechana vegas, total quantity of intake (milk) per day, quantity of urine output – measurements of these criteria were taken daily from 0 to 7 days.
2. Ultrasonography abdomen and pelvis was carried out before and after treatment.
3. Liver function test, Blood urea level, Serum Creatinine level, Haemogram – these hematological tests were performed before and after treatment.

Observations And Results

Observations:

	Frequency	Percent
1)Age Group (in years)		
30 to 40	9	30
41 to 50	11	36.66
51 to 60	5	16.67
61 to 70	5	16.67
Total	30	100
2)Gender		
Female	1	3.3
Male	29	96.7
Total	30	100.0

3)Marital Status		
Married	27	90.0
Unmarried	3	10.0
Total	30	100.0
4)Religion		
Hindu	28	93.3
Muslim	2	6.7
Total	30	100.0
5)Duration of Alcohol intake (in years)		
1 to 10	14	46.7
11 to 20	10	33.3
21 to 30	5	16.7
31 to 40	1	3.3
Total	30	100.0
6) Koshtha		
Krura	12	40.0
Madhyama	11	36.7
Mrudu	7	23.3
Total	30	100.0
7) HbsAg status		
Negative	24	80.0
Positive	6	20.0
Total	30	100.0

Parameters measured across Day 0 through Day 7:**Lakshanas-**

	Day 0	Day 0 %	Day 7	Day 7 %
1)Jatharagni-Abhyavaharana shakti				
2 to 3 litres	3	10.0	21	70.0
1 to 2 litres	13	43.3	8	26.7
1/2 to 1 litres	10	33.3	1	3.3
Below 1/2 litre	4	13.3	0	0.0
Total	30	100.0	30	100.0
2)Jatharagni-Jaran shakti				
Upto 3 hrs	0	0.0	19	63.3
Upto 6 hrs	5	16.7	11	36.7
Upto 12 hrs	14	46.7	0	0.0
No hunger sensation	11	36.7	0	0.0

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Total	30	100.0	30	100.0
3)Daurbalya				
No feeling of daurbalya	4	13.3	15	50.0
After routine work is over	7	23.3	14	46.7
During routine work	17	56.7	1	3.3
Cannot perform routine work	2	6.7	0	0.0
Total	30	100.0	30	100.0
4)Gamane-ashakti				
Can walk easily	9	30.0	24	80.0
Walk with intervals in between	16	53.3	4	13.3
Walk with mechanical support	2	6.7	2	6.7
Walk with physical support	3	10.0	0	0.0
Total	30	100.0	30	100.0
5)Abdominal girth-8cm above umbilicus (in cm)				
70 to 80	5	16.7	17	56.7
81 to 90	16	53.3	11	36.7
91 to 100	7	23.3	1	3.3
101 to 110	2	6.7	1	3.3
Total	30	100.0	30	100.0
6)Abdominal girth-on umbilicus (in cm)				
60 to 70	0	0.0	5	16.7
71 to 80	6	20.0	9	30.0
81 to 90	12	40.0	14	46.7
91 to 100	10	33.3	0	0.0
101 to 110	2	6.7	2	6.7
Total	30	100.0	30	100.0
7)AbdominalGirth-8cm below umbilicus (in cm)				
60 to 70	1	3.3	7	23.3
71 to 80	11	36.7	16	53.3
81 to 90	14	46.7	5	16.7
91 to 100	2	6.7	2	6.7
101 to 110	2	6.7	0	0.0
Total	30	100.0	30	100.0
8)Bipedal oedema-6cm from tip of great-toe (in cm)				
15 to 20	1	3.3	3	10.0
21 to 25	18	60.0	17	56.7
26 to 30	8	26.7	10	33.3
31 to 35	3	10.0	0	0.0
Total	30	100.0	30	100.0
9)Bipedal oedema-above ankle joint (in cm)				
15 to 20	20	66.7	26	86.7
21 to 25	8	26.7	4	13.3
26 to 30	2	6.7	0	0.0
31 to 35	0	0.0	0	0.0

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Total	30	100.0	30	100.0
10)Bipedal oedema-6cm below knee joint (in cm)				
15 to 20	1	3.3	2	6.7
21 to 25	9	30.0	9	30.0
26 to 30	12	40.0	11	36.7
31 to 35	5	16.7	6	20.0
36 to 40	2	6.7	1	3.3
41 to 45	1	3.3	1	3.3
Total	30	100.0	30	100.0
11)Body weight (in Kg)				
31 to 40	1	3.3	1	3.3
41 to 50	3	10.0	7	23.3
51 to 60	11	36.7	15	50.0
61 to 70	11	36.7	6	20.0
71 to 80	3	10.0	0	0.0
81 to 90	1	3.3	1	3.3
Total	30	100.0	30	100.0
12)Total number of Virechan vegas				
0 to 5	26	86.7	13	43.3
6 to 10	4	13.3	15	50.0
11 to 15	0	0.0	2	6.7
Total	30	100.0	30	100.0
13)Total intake (in milliliters)				
400 to 800	10	33.3	0	0.0
801 to 1200	9	30.0	3	10.0
1201 to 1600	5	16.7	4	13.3
1601 to 2000	4	13.3	4	13.3
2001 to 2400	1	3.3	6	20.0
2401 to 2800	1	3.3	10	33.3
2801 to 3200	0	0.0	2	6.7
3201 to 3600	0	0.0	0	0.0
3601 to 4000	0	0.0	1	3.3
Total	30	100.0	30	100.0
14)Urine output (in milliliters)				
400 to 800	12	40.0	6	20.0
801 to 1200	14	46.7	22	73.3
1201 to 1600	3	10.0	0	0.0
1601 to 2000	0	0.0	0	0.0

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2001 to 2400	1	3.3	2	6.7
Total	30	100.0	30	100.0

Non-parametric and Parametric variables measured before and after treatment

	Before Treatment	Before Treatment %	After Treatment	After Treatment %
1)Everted umbilicus				
Present	11	36.7	4	13.3
Absent	19	63.3	26	86.7
Total	30	100.0	30	100.0
2)Prominent veins				
Present	14	46.7	1	3.3
Absent	16	53.3	29	96.7
Total	30	100.0	30	100.0
3)Shifting Dullness				
Present	28	93.3	17	56.7
Absent	2	6.7	13	43.3
Total	30	100.0	30	100.0
4)Horse Shoe dullness				
Present	26	86.7	11	36.7
Absent	4	13.3	19	63.3
Total	30	100.0	30	100.0
5)USG (A+P)				
No ascites	0	0.0	7	23.3
Gross ascites	14	46.7	5	16.7
Mild ascites	4	13.3	11	36.7
Moderate ascites	10	33.3	3	10.0
Mild to moderate ascites	2	6.7	3	10.0
Moderate to gross ascites	0	0.0	1	3.3
Total	30	100.0	30	100.0
6)Total Protein				
0 to 2	0	0.0	0	0.0
3 to 5	10	33.3	12	40.0

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6 to 8	20	66.7	18	60.0
9 to 11	0	0.0	0	0.0
Total	30	100.0	30	100.0
7)Sr.Albumin				
0 to 2	6	20.0	6	20.0
3 to 5	24	80.0	24	80.0
6 to 8	0	0.0	0	0.0
9 to 11	0	0.0	0	0.0
Total	30	100.0	30	100.0
8)Sr.Globulin				
0 to 2	18	60.0	19	63.3
3 to 5	12	40.0	11	36.7
6 to 8	0	0.0	0	0.0
9 to 11	0	0.0	0	0.0
Total	30	100.0	30	100.0
9)Sr.Total Bilirubin				
0 to 2	20	66.7	26	86.7
3 to 5	7	23.3	3	10.0
6 to 8	2	6.7	1	3.3
9 to 11	1	3.3	0	0.0
Total	30	100.0	30	100.0
10)Sr.SGPT				
0 to 40	14	46.7	18	60.0
41 TO 50	8	26.6	9	30.0
51 to 100	5	16.6	3	10.0
101 to 150	1	3.3	0	0.0
151 to 200	1	3.3	0	0.0
201 to 250	1	3.3	0	0.0
Total	30	100.0	30	100.0
11)Sr.SGOT				
0 to 40	6	20.0	10	33.3
41 to50	3	10.0	3	10.0
51 to 100	15	50.0	14	46.7
101 to 150	3	10.0	2	6.7
151 to 200	2	6.7	0	0.0
201 to 250	1	3.3	1	3.3
Total	30	100.0	30	100.0
12)Sr. Creatinine				
0-0.50	3	10	3	10

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0.51-1.0	20	66.67	20	66.67
1.01-1.50	7	23.33	6	20
1.51-2.0	0	0	0	0
2.01-2.50	0	0	1	3.33
Total	30	100	30	100
13)Sr.Urea				
0 to 30	21	70.0	19	63.3
30 to 60	7	23.3	9	30.0
60 to 90	1	3.3	1	3.3
90 to 120	1	3.3	1	3.3
Total	30	100.0	30	100.0
14)Hemogram: Hb %				
8 to 11	24	80.0	26	86.7
12 to 16	6	20.0	4	13.3
Total	30	100.0	30	100.0
15) WBC				
4000 to 8000	24	80.0	23	76.7
8001 to 12000	5	16.7	6	20.0
12001 to 16000	1	3.3	1	3.3
Total	30	100.0	30	100.0
16)Platelets				
< 100000	11	36.7	8	26.7
100000 to 300000	15	50.0	14	46.7
300000 to 600000	4	13.3	8	26.7
Total	30	100.0	30	100.0

Results:

Measure	Type II Sum of Squares	df	Mean Square	F	P-value	% relief
1)Jatharagni Abhyavaharana shakti	36.810	2.834	12.986	26.133	0.01714	70.0
2)Jatharagni Jarana shakti	86.121	3.908	22.035	65.834	0.006213	63.3
3)Daurbalya	34.409	2.896	11.881	35.079	0.02311	50.0
4)Gamane ashakti	14.879	3.000	4.960	21.234	0.0250	80.0
5)Abdominal	1224.585	1.762	695.150	67.637	0.004552	--

girth: 8 cm above umbilicus						
6)Abdominal girth: on umbilicus	1316.891	1.706	772.029	63.118	0.003433	--
7)Abdominal girth: 8 cm below umbilicus	1126.369	1.942	579.978	71.014	0.001097	--
8)Bipedal oedema - 6 cm from tip of great toe	57.611	1.504	38.306	36.315	0.0186	--
9)Bipedal oedema - above ankle joint	52.835	1.562	33.823	31.681	0.0315	--
10)Bipedal oedema- 6 cm below knee joint	6.065	1.668	3.636	13.587	0.0491	--
11)Body weight	700.155	1.981	353.376	102.089	0.0302	--
12)Total virechan vegas	580.6724	4.045	143.554	19.862	0.017	--
13)Total intake	30834730.603	3.698	8339222.988	26.173	0.024	--
14)Urine output	886116.810	4.233	209334.480	1.440	0.0223	--

Non-parametric variables measured before and after treatment – Wilcoxon Signed Rank Test:

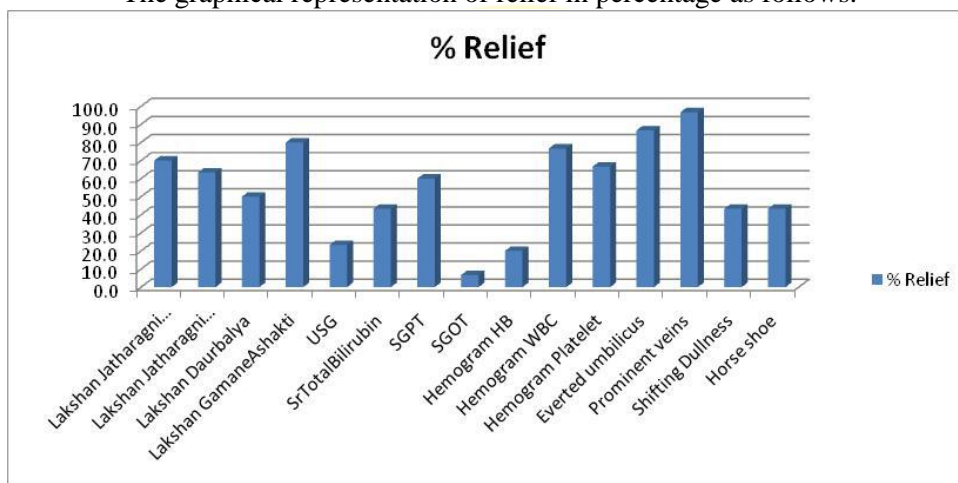
Measure	Z value	P- value	% Relief
1)Everted Umbilicus	2.646	.008	86.7
2)Prominent Veins	3.606	.032	96.7
3)Shifting Dullness	3.317	.001	43.3
4)Horse-shoe Dullness	3.873	.002	43.3

Parameters measured before and after treatment:

Measure	Mean	Std. Deviation	Std. Error Mean	T	df	P- value	% Relief
1)USG	1.767	1.305	.238	7.416	29	0.0358	23.3
2)Total Protein	.1333333	.9411414	.1718281	.776	29	0.22	
3)Sr. Albumin	.0533	.4869	.0889	.600	29	0.26	--

4)Sr. Globulin	.0800000	1.0223030	.1866461	.429	29	0.335	--
5)Sr. Bilirubin	.9360000	1.0803850	.1972504	4.745	29	0.0025	43.3
6) SGPT	16.9600000	39.3043439	7.1759586	2.363	29	0.0125	60.0
7) SGOT	12.9733333	31.4321045	5.7386909	2.261	29	.016	6.7
8)Sr. Creatinine	-.0503333	.3058564	.0558415	-.901	29	.187	--
9)Sr. Urea	-1.3100000	12.1780002	2.2233885	-.589	29	.280	--
10) Hb %	.0133333	1.1449238	.2090335	.064	29	.475	20.7
11)WBC	620.000	2498.607	456.181	1.359	29	.092	76.7
12)Platelet	-29796.667	117452.319	21443.762	-1.390	29	.088	66.7

The graphical representation of relief in percentage as follows:



Discussion

1. General discussion

Age- It is seen that this disease is common between age group 41 to 50 yrs.

Sex- We must say that this disease is more prevalent in males. Reason behind this was in maximum patients, history of chronic alcoholism was found. The males are mostly inclined towards vidahi, ushna, ati lavana ahara rather than a balanced diet.

Duration of alcohol intake- In all, 14 patients developed Udara-jatodakavastha having history of alcohol consumption upto 10 years. So, it can be said that Udara-jatodakavastha can also develop to patient having history of alcohol consumption less than 10 yrs.

Koshtha- Maximum patients of Udara-jatodakavastha were found having krura koshtha.

HbsAg status- HbsAg positive patients get affected with liver cirrhosis earlier than only alcohol consuming patients, comparatively patients also develop ascites in younger age. The 6 patients in the clinical trial were HbsAg positive.

2. Clinical features

Abhyavaharana shakti and Jarana shakti- Virechana expels the the sanchita malas and the obstruction in strotasas is removed, vatadosha gets anulomana gati and thus, jatharagnimandya resolves and patient feels hungry. Agnidipti is one of the samyak virechana lakshanas which was observed after treatment. The average increase in intake of milk that was 2-3 liters/day in 70% patients, indicates the improvement in abhyavaharana shakti. Jaransha shakti was improved in 63.33% patients which was indicated by the reduction in time period of hunger sensation.

Daarbalya-P value shows the difference is significant and 50% improvement was observed. Tikta-Kashaya rasa of Trivrut and Virechana karma improves amapachana and agnideepana, so it improves Rasa, Rakta and Mansa dhatu and daarbalya gets improved.

Gamane ashakti-Due to virechana, udaravruddhi decreases, hence shwaskruchchhata was relieved and as daarbalya is improved, patient can walk easily. P value shows the difference is significant and 80% improvement was seen.

Abdominal girth-P value shows the difference is highly significant. The P-value for 'Abdominal girth: 8 cm above umbilicus' measure is (P=0.004552), The P-value for 'Abdominal girth: on umbilicus' measure is (P=0.003433), The P-value for 'Abdominal girth: 8 cm below umbilicus' measure is (P=0.001097). Virechana decreases fluid level in abdominal cavity and thus improvement in abdominal girth.

Bipedal edema- P value shows the difference is significant for 6cm from the tip of great toe (P=0.0186) and above ankle joint (P=0.0315) and marginally significant for 6cm below knee joint (P=0.0491). As fluid level in abdomen is decreased by virechana, the edema over dependant part i.e. legs is also reduced.

Body weight- P value shows the difference is significant. As virechana causes reduction in fluid level of peritoneal cavity, abdominal girth and bipedal edema, the weight of patient also decreases. Maximum reduction in body weight was found to be 9 kg in a patient.

Total virechan vegas- P value shows the difference is significant. On an average 8-9 virechana vegas/day occur by Trivrutadi leha causing reduction in abdominal fluid level. On day 0, 26 patients were having 0-5 mala vegas while on day 7, 15 patients were having 6-10 virechana vegas. Maximum of 20 virechana vegas were occurred in a patient in a day.

Total intake- P value shows the difference is significant. As by virechana, jaranashakti and abhyavaharana shakti are increased, there is improvement in total intake also. On a day 0, 10 patients were taking 400-800ml milk while on day 7, 10 patients were taking 2400-2800ml milk.

Urine output- P value shows the difference is significant. Nityavirechana concept can also be applied to mutravirechana. Trivrutadi leha is also effective to increase urine

output. The average urine output was 900-1000 ml/day. Improvement in urine output was observed in 73.3% patients.

Everted umbilicus- P value shows the difference is significant and 86.7% improvement was observed. As there is loss of fluid volume in abdominal cavity due to virechana and reduction in abdominal girth, the everted umbilicus gets back to its position. On day 0, 11 patients were having everted umbilicus while on day 7, 4 patients were having everted umbilicus. 63.63% improvement was observed.

Prominent veins- P value shows the difference is significant and 96.7% improvement was observed. The stretched veins due to abdominal distension and strotorodha get their normal size and shape after reduction in abdominal girth due to virechana. On day0, 14 patients were having prominent veins while on day 7, only 1 patient was having prominent veins.

Shifting dullness- P value shows the difference is significant and 43.3% improvement was seen. On day0, 28 patients were having shifting dullness on examination while on day 7, 17 patients were having shifting dullness.

Horse-shoe dullness- P value shows the difference is significant and 43.3% improvement was observed. On day0, 26 patients were having horse-shoe dullness while on day 7, 11 patients were having horse-shoe dullness.

Sampraptibhanga of Udara:

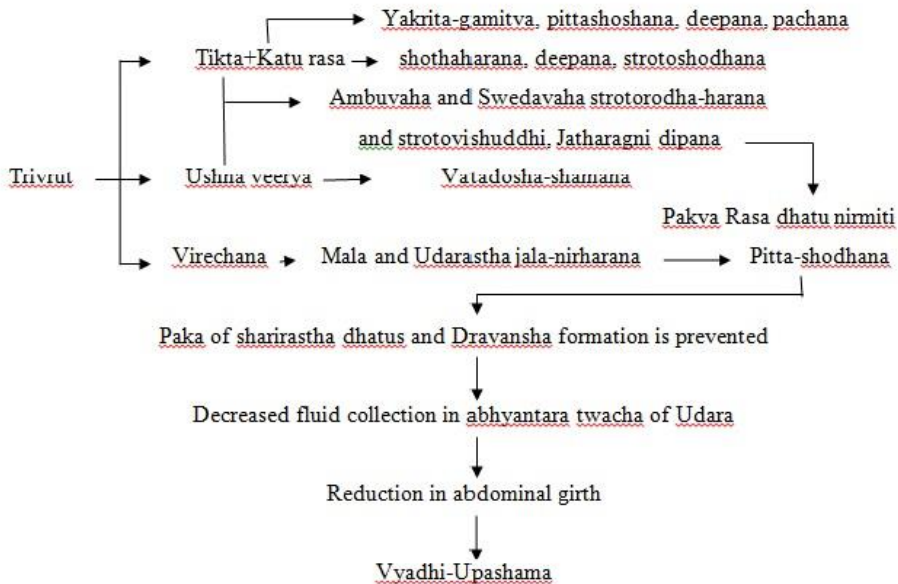
1. Action of Trivrutadi leha on Rasadhātu

Tikta rasa is Agnideepaka and Amapachaka which improves agnistatus and results into proper formation of Rasadhātu.

2. Action on Raktadhātu

Madhura vipaka and Sheeta virya of ghruta and sita act on pittadosha and ultimately vitiated Raktadhātu get normalized. It also acts on Yakrita to perform normal secretion and excretion of bile.

dile.

Trivrutadi leha in Udara-Jatodakavastha**3. Action on Mamsadhatu**

Samyaka Rasadhatu, Raktadhatu formation causes good nourishment of Mansadhatu.

4. Action on Annavaha Strotasa

Trivrutadi leha by its Pittashamana, Amapachana, Agnidipana, Vatanulomana, Virechana properties resolves Udara-vruddhi, Daurbalya, Padashotha.

3. Biochemical markers

Ultrasonography- Trivrutadi leha is effective in reduction of fluid level in abdominal cavity. Sonography report explains quantity of fluid in peritoneal cavity in terms of - Gross, Moderate and Mild ascites. Trivrutadi leha showed total fluid reduction in 23.3% cases of Udara-jatodakavastha. Trivrut from Trivrutadi leha has showed reduction in the ascitic quantity of fluid. On day 0, gross ascites was found in 14 patients while on day 7, 9 patients showed improvement with result of moderate or mild ascites, and 5 patients were found having gross ascites.

Sr. Total protein- There is not increase in total protein level due to Trivrutadi leha in Udara-jatodakavastha. 60% values were within normal limit after treatment. Hypoproteinemia was found in 6 patients on day 0. 4 patients were having normal protein level before treatment and less than normal after treatment.

Sr. Albumin and Sr. Globulin- There was no change observed in the levels of Sr. Albumin before and after treatment.

Sr. Total Bilirubin- 25 patients were having hyperbillirubinemia. Netramtrapitata were not parameters of the study but they found reduced after virechana as hyperbillirubinemia resolves . 43.3% values were within normal limits after treatment.

SGPT- 16 patients were having raised SGPT level. Due to Pittashodhana by virechana, netra-mutrapitata and agnimandya resolves and there is reduction in SGPT level. 60% values were within normal limits after treatment.

SGOT-21 patients were having raised SGOT level. Due to Pittashodhana by virechana, netra-mutrapitata and agnimandya resolves and there is reduction in SGOT level. 33.3% values were within normal limits after treatment.

Sr.Creatinine and BUL - There is no change in the values of serum creatinine level in most of the patients except 3 patients whose levels found raised than normal after treatment.

Haemogram- There is no increase in Hb% due to Trivrutadi leha in Udara-jatodakavastha in anaemic patients but WBC and Platelet counts were within normal limits after treatment. 21 patients were anaemic out of which only 6 patients were found having increased Hb% after treatment. Raised WBC count of 3 patients showed normal after treatment with Trivrutadi leha. 10 patients were having low platelet count, out of which 7 patients were having raised platelet count (WNL) after treatment.

Special Observations

1. Trivrutadi leha have showed excellent result in Udara-jatodakavastha in a patient of Dilated Cardiomyopathy.
2. Trivrutadi leha was useful in Hyperbilirubinemia.
3. Average 8-9 malavegas occurred in patients with 10gm dose.
4. Samyak virechana lakshanas like strotovishuddhi, indriya prasada, laghuta, urja, agnidipti, swasthya are observed in patients after treatment.
5. Jatharagnimandya showed rapid improvement within 48-72 hrs.
6. Trivrutadi leha was not effective in chronic kidney diseased patients.

Conclusion

Virechana by Trivrutadi leha was highly significant in the symptoms of Jatharagnimandya (70%), Gamane-ashakti (80%), Daurbalya (50%), and there was significant improvement in Udaravruddhi, Padashotha, and Body weight. However, it was found to be marked improvement in USG (A+P) for quantity of fluid, sr. Billirubin, SGOT, SGPT, WBC and Platelet count.

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Understanding of Term Sandhya W.S.R. Sanyas

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Abstract –

To treat all diseased conditions including critical conditions through Ayurveda, vaidya should have proper knowledge of those conditions explained in Samhita. Here we specially look towards Comma called as Sanyas in Ayurveda. In this condition Sandhya vikruti is important step of Samprapti. So knowledge of Sandhya is important to treat Sanyas. Sandhya means Artha grahan by Indriaya. When it hampered, the situation comes called as Sanyas. Sandhya vikruti found in various Dosha avastha, Vyadhi avastha, Karma vyapad, Arishta situation. While treating the Sandhya vikruti it is important to consider Vyadhi nidhan of that avastha, vitiated dosha, vikrut dhatu and hetu also. This literary study helps to find out the etiology and pathogenesis of Sandhya vikruti which can give a preventive measures and early intervention.

Introduction -

In today's modern era it is seen that near about all critical stage of diseases are mostly treated by modern medicine than Ayurveda. Comma (Sanyas) is one of the critical condition where people prefers mostly modern treatment. To treat this type of critical conditions successfully through Ayurveda there is need for an Ayurvedic practitioner to be equipped with an effective tool to manage the situation. One of them is proper understanding of vyadhi avastha from Samhita. To treat Comma (Sanyas) condition we must know about the term Sandhya.

Acharya Punarvasu Atreya mentioned Sandnyasthapan Gana in Mahakashaya which is main part of Bheshaja chatushka of Charak samhita. Sandhya vikruti is also associated with various vyadhi (diseases), Panchakarma chikitsa vyapad, Vishabadha, Marmaghata and Arishta lakshana. Let's take a brief outlook.

Material and Method -

All the Ayurveda literature related with term Sandhya have been collected and studied.

Aim and objective -

- To understand the term Sandhya and
- To understand Sandhya vikruti.
- To treat Sandhya vikruti.

Review –

Definition of term Sandhya –

संज्ञा: सं+ज्ञा+भावे अङ्।

Chetana, Buddhi (रतिखेदसमुत्पन्ना निद्रा संज्ञाविपर्ययः) Kalpadrum

Synonyms : Buddhi, Manisha, Dhishanaa, Dhi, Pradnya, Mati ---- Amarkosha

English meaning : Consciousness, To know, To Understand, Be aware of, Be on the Alert,

To make intelligible --- Apte

Clear knowledge or understanding -----Monier – Williams

The references of term Sandhya in Ayurvedic Samhita are as follows-

1. Dosh Avastha – Sandhya Relation

Dosha Avastha	Sandhya associated Symptoms	Reference
Pitta-Kapha kshina and Vata vrudha	प्रणाशयति संज्ञां च वेपयत्यथवा	Ch.Su.17
Vata kshina	प्रणाशयति संज्ञां च वेपयत्यथवा	Ah.Su.11

2. Sandhya related symptoms in different Karma avastha

Karma	Avastha	Refernce
Accha Sarpipaan in Saama Pitta	हत्वा संज्ञां च मारयेत्	Ch.Su.13
Swedan anarha	श्रान्तानां नष्टसंज्ञानां स्थूलानां पित्तमेहिनाम्	Ch.Su.14
Asthapan anarha	मत्तमूर्च्छितयोर्भृशं विचलितायां संज्ञायां	Ch.Si.02
Vaman-Virechan vyapada	हृद् ग्रह –जिह्वां खादति निःसंज्ञो दन्तान् किटिकिटापयन्	Ah.K.03
Vaman-Virechan vyapada	संज्ञाविभ्रंश	Ch.Si.06
Vaman-Virechan vyapada	वातशूल – मूर्च्छां भ्रमं मदं संज्ञानाशं च करोति	Su.Chi 34

3. Sandhya related Vhyadhi avastha

Vhyadhi	Avastha	Reference
Sanyas Samprapti	यदा तु रक्तवाहीनि रससंज्ञावहानि च	Ch.Su.24
Moha/Murcha Samprapti	हृत्पीडा जृम्भणं ग्लानिःसंज्ञानाशो बलस्य च	Su.U. 46
Unmada Samprapti	उन्मादम्	Ch.Ni.07

	पुनर्मनोबुद्धिसंज्ञाज्ञानस्मृतिभक्तिशीलचेष्टाचार विभ्रमं	
Unmad Rupa	विन्दत्यपास्तस्मृतिबुद्धिसंज्ञो भ्रमत्ययं चेत इतस्ततश्च	Ch.Chi.09
Apasmara Samaprapti	तद्यथा-अभीक्षणमपस्मरन्तं क्षणेन संज्ञां	Ch.Ni.08
Apasmara Samaprapti	संज्ञावहेषु स्रोतःसु दोषव्याप्लेषु मानवः	Su.U. 61
Jwara moksha lakshan	विसंज्ञो ज्वरवेगार्तः सक्रोध इव वीक्ष्यते	Ch.Chi.03
Agni Visarpa symptom	मर्मणि चोपतप्ते पवनोऽतिबलो भिनत्यङ्गान्यतिमात्रं प्रमोहयति संज्ञां	Ch.Chi.21
Agni Visarpa symptom	हरेत्संज्ञां निद्रां च श्वासमीरयेत्	Ah.Ni. 13
Kardam Visarpa symptom	कुणपगन्धी च भवति संज्ञास्मृतिहन्ता च	Ch.Chi.21
Mahahikka symptom	संज्ञां मुष्णाति गात्राणां स्तम्भं संजनयत्यपि	Ch.Chi.17
Apatanak symptom	दृष्टिं संस्तम्भ्य संज्ञां च हृत्वा कण्ठेन कूजति	Ch.Si.09
Skandapsmar Grahabadha	संज्ञानाशो मुहुः केशलुंचनं कन्धरानतिः	Ah.U. 03
Balaka Grahabadha	अथ कुमार उदिवजते त्रस्यति रोदिति नष्टसंज्ञो भवति नखदशनैर्धात्रीमात्मानं	Su.Sha.10
Sthavar vishabadha symptoms	षष्ठम् वेग-षष्ठे संज्ञाप्रणाशश्च	Ah.U. 35
Pittaj vishbadha symptoms	संज्ञानाशोष्णनिश्वासौ	Ch.Chi.23
kanthapidan janya symptom	निरुणद्धि लालास्त्रावं फेनागमनं संज्ञानाशं चापादयति	Su.Su.27
Marmastha shalya lakshana	रुजाभिभूतं तु ततः शरीरं प्रलीयते नश्यति चास्य संज्ञा	Su.Sha.6
Madhura rasa atiyoga	संज्ञास्वरप्रणाश	Ch.Su.26
Tamasi nidra	यदा संज्ञावहानि स्रोतांसि तमोभूयिष्ठः श्लेष्मा प्रतिपद्यते तदा तामसी नाम निद्रा संभवत्यनवबोधिनी सा प्रलय काले.....	Su.Sha.4
Pakwashayagata vaata	पक्वाशयमधिष्ठाय हत्वा संज्ञां च मारुत	Ch.In.10
Achikitsya rogi symptoms	यस्य धातुक्षयद् वायुः संज्ञां कर्म च नाशयेत्	Su.Su.15

4. Treatment for Sandhya –

for the treatment of Sandhya vikruti we must follow different types of Upakrama mentioned in Sanyas as well as in Unmad, Apasmar and Grahabadha chikitsa. Which mainly includes Trasan chikitsa.

स्त्रोतांसि चापिशुध्यन्ति ततः संज्ञां स विन्दति ।

Strotoshuddhi is very important to establish Sandhya

4.1 Sandhya sthapaka karma –

संमूर्च्छितानि तीक्ष्णानि मद्यानि विविधानि च । प्रभूतकट्टयुक्तानि तस्यास्ये गालयेन्मुहुः
मातुलुङ्गरसं तद्वन्महौषधसमायुतम् । तद्वत्सौवर्चलं दद्याद्युक्तं मद्याम्लकाजिकैः
हिंशूषणसमायुक्तं यावत् संज्ञाप्रबोधनम् । Ch.Su.24

4.2 Sandnyasthapan gana :

संज्ञा- ज्ञानं च स्थापयतीति संज्ञास्थापनम् । Chakrapani commentry

Sthapana means to establish Prakrut Sthiti, therefore Sandnyasthapan gana re-establish Sandhya in affected area of body.

Sandnyasthapan gana

हिंङ्.गुकैटर्यारिमेदावचाचोरकवयस्थागोलोमीजटीला

पलङ्.कषाशोकरोहिण्य इति दशेमानि संज्ञास्थापनानि भवन्ति । C.Su.4

4.3 Sandnyasthapak upkrama in different vhyadhi chikitsa -

Visha chikitsa - प्रतिसारणं प्रतिविषं संज्ञास्थापनं लेपः । C.Chi 23

Apatanak chikitsa - तीक्ष्णैः प्रथमनैः संज्ञा तासु मुक्तासु विन्दति । C.Si.9

Baladi Yapan Basti - हृद्गोगाध्मानब्रध्नपार्श्वपृष्ठकटीग्रहसंज्ञानाशबलक्षयेषु ।

Ch.Si.12

Discussion and Conclusion –

According to Ayurveda Sandhya means receiving complete knowledge of Vishaya through Indriya so that Buddhi can react accordingly. It is observed that in Sandhya vikruti there is vitiation of Agni and Pitta - Vata dosha . We mainly found Rakta and Oja dhatu vikruti. While studying Sandhya vikruti in Unmad, Apasmara, Mada, Murccha, Sanyas vyadhi we have to think about Mana and Buddhi.

Sandhya vikruti found in Pitta kapha kshina and vata vrudha avastha is manly due to dhatu kshaya. In kapha vitiation and Madhur rasa atiyoga avastha Sandhya vikruti happens mainly due to strotorodha.

In karma vyapad Sandnya vikruti happens mainly due to Vata dosha prakopa associated with dhatu kshaya. In this condition Vata shaman and dhatu vardhan is important to treat Sandnya vikruti.

Acharya Punarvasu Atreya explain Mada, Murccha, Sanyas samprapti in Vidhishonitiya adhaya of Sutrasthana. According to that Rakta dhatu dushti is main thing happened in these vyadhi. Also Sandnya vikruti in Visarpa vhyadhi is due to rakta dushti. To treat this condition Rakta dhatu prasadan is necessary.

In Hicca, Shwas, Marmaghata and Kantha pidan avastha Sandnya vikruti happens due to Pran vayu vikruti. Prana and Bala rakshan is Important to treat this conditions. In Vishabadha, visha vitiats all dosha immediately with its Vyavayi and Vikaashi Guna and ultimately harming Prana. To treat this condition immediate establishment of Sandnya is very important step.

During treating the serious conditions of patient we must know about sadhyasadhyatwa and Arishta lakshanas. When a Vaidya find Sandnya vikruti with arishata lakshana then it must be asadhya avastha.

To treat Sandnya vikruti we must follow different types of Upakrama mentioned in Sanyas as well as in Unmad, Apasmar and Grahabadha chikitsa. Which mainly includes Trasan chikitsa. Also we can use different kalpa mentioned in chikitsa of these vyadhi.

Dravyas from Sandnya sthanan gana can use in different samprapties of Sandnya vikruti. Many Vaidya use Sandnya sthanan gana with different kalpana like Gruta, Tail, Churna, Kalpana, kalka in basti etc. for treating Sandnya vikruti.

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Comparative Pharmaceutical And Analytical Study Of Shankha Bhasma Prepared From Two Different Methods Of Shankha Shodhan

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Abstract

Ayurveda is the supreme science which deals with health, diseases, and their management by using herbal, mineral, and animal originated drugs. Rasashastra being a branch of Ayurveda describes various minerals, metals, uses along with the procedures required to transform them into therapeutically fit medicines.

Shankha is a conch shell which is of ritual and religious importance in both Hinduism and Buddhism. The Shankha is the shell of a species of large predatory sea snail, Turbinella pyrum, which lives in the Indian Ocean and surrounding seas. The shell is porcelaneous, (i.e. the surface of the shell is strong, hard, shiny, and somewhat translucent, like porcelain). Which is easily available and it is used to prepare medicines without disturbance to environment so it can be treated as eco-friendly material.

Sudhawarga consists of different elements like Praval, Shauktik, Kaparda, Mauktik, Shankha.....etc.

Sudhawarga is available in three the categories i.e. Pranj, Audbhija, Khanija in nature. Shankha is classified as Pranj group. This is prepared by soaking the shell in Takra,

Jambeer Swaras and calcinating in covered crucibles and finally reducing it to powder.

Bhasma has its unique place in Ayurvedic Therapeutics. The process of Bhasmikaran is used to transform Dhatus and Khanij into Bhasmas. The metals and minerals obtained from ore have to undergo Sanskars like Shodhan, Maran, Amrutikaranetc. This makes them easily assimilable in the body. The process is long, but meticulous observation and "in process standardization" makes it sure that the final product i.e. the Bhasma is obtained.

Shankha Bhasma is selected for study considering its versatile use in medical science. It is routinely and widely use in Ayurvedic medicine.

Introduction

Ayurveda mainly gives importance to prevention of diseases through maintenance of health. It teaches us how to remain healthy i.e. free from disease and it also gives

information about life it also deals with management disease by using herbal minerals and animal originated drugs.

Ayu, the Indian system of medicine was the first and still remains the only one where metallic herbal preparations often called bhasmas, were widely recommended for the treatment of many chronic ailment since 7th century (B.C.).

Rasshastra describes various minerals, metals, uses along with the procedures required to transfer them in to therapeutically fit medicines. It brought a great easy to the patients as the drugs were more potent, fast acting with markedly reduced doses. Various specialized processing techniques like Shodhana sanskara, marana, jaran etc. are carried out for manufacturing Rasaushadhis which are tedious yet essential. Rasdravyas are highly potent and have wide range of therapeutic action.

Bhasma literally means ash and is an Indian mineral preparation made from precious metals and their naturally occurring salts. They undergo purification (Shodhana) and preparation method involved mardan, pachan and repeated incineration in sharavsamput (earthen pot) at specific temperature to make the minerals ready for human consumption. In Ayu. Minerals are combined with herbs that assist the assimilation and delivery of the ingredients to the human body.

It is well established that several metals play a vital role in the biochemical processes as well as in the cure of many diseases. Minerals are essential constituents of the bones, teeth, muscle, blood and nerves and play a vital role to our overall mental and physical wellbeing.

The human physiology is unable to manufacture minerals like it manufactures vitamins, proteins and enzymes. Iron, calcium, magnesium, manganese, copper and zinc are all found in the soil where they absorbed directly in different parts of plants and supply to our body through food chain along with some processes of shodhana and marana.

Metals and minerals do not react tissues of our body directly and hence bhasma is considered more powerful than almost any other healing preparation. Bhasmas are biologically produced nano partials and are taken along with milk, butter, honey, ghee. Thus this makes these elements easily assimilable eliminating their harmful effect and enhancing their biocompatibility. These are the natural and effective alternative to synthetic allopathic drugs.

In Rasshastra, dravyas are classified in different categories like Maharas, uparasa, Sadharanrasas, Sudhawarga.....Sudhawarga consists of the dravyas which is the form of calcium. Calcium is one of the essential component required to maintain health so sudhawarga has its own importance in our life. (The formulated bhasma has white colour so it is alos called as Shulkawarga).

Sudhawarga consists of different elements like Pravala, shauktika, mauktika Shankhas....Sudhawarga is available in three different catageries i.e. `pranija`, audhbhija, khanija in nature.

Rasartnakar classified following dravyas in shuklawarga. Chuna, (CaCO₃), Shankha (Concha shella), Shukti, waratica.

Shankha is a shell of Turbenella pyrum which is easily available and it is used to prepare medicine without disturbance to environment so it can be treated as eco friendly material.

Shankha is considered to be one of the auspicious object emerged from the sea during ksheer sager samudra manthan. In Indian mythology, the Shankha is regarded sacred and very auspicious. To initiate religious ceremony, the Shankha blows. It is a major Hindu article of prayer .It is said that Shankha blown, it purifies the environment from all evil effects

Scientific significance-

Conch shell significance can also be corroborated by science. If Shankha holds near our ear, the sound of gently humming ocean can be heard. This is actually the natural vibration or cosmic energy of the earth which gets magnified on entering the conch shell. These vibrations help to clear environmental pollution including healing the hole of the ozone layer which causes global warming. According to science the blowing of conch shell, enhances the positive psychological vibrations such as courage, determinations, hope, optimism, will power etc..in the blower as well as those, around him. Shankha bhasma is selected for study considering its versatile use in medical science. It is routinely and widely used in Ayu medicines. Vamavarti Shankhas are used for medicine

Shankhas can use in three forms-

- Shuddha Shankha in netra rog for external use
- Shuddha Shankha churna in Shankha vati ,Praval panchamrut,for internal use.
- Shankha Bhasma can be used in Agnikumar ras ,Sootashekhar as one of the ingredients.
- Shankha bhasma can be used as a single drug.

Shankha bhasma contains calcium, iron, and magnesium and is considered to possess amlapittahar (antacid) and pachan (digestive) property. Shankha bhasma with sheeta ,deepan and grahee property improves pachan and also helps in absorbing excessive liquid contained,most useful in digestive disorders like Amlapitta, Agnimandya, Chhardi, Adhman, Ajeerna, and Udarashoola.

Acharya developed different Shodhana dravyas due to different views and thinkings to achieve results. Shankha Shodhana processed by different ways using different Shodhana dravyas from which two are selected in this topic to study the effect on properties of final product.

Materials And Methods : The study carried out in following stapes.

Pharmaceutical Study:

- Shankha Shodhana by two different methods.
- Shankha Marana

Analytical Study:

- Physicochemical study.

Materials:

Shankha Shodhana :

- Vamavarta Shankha: It will be procured form the local market.

Shankha Shodhana Dravya :

It will be prepared as per the procedure describe in Ayurvedic formulary of India.

Dravya like: - Butter milk, Jameer Swaras.

Shankha Marana: Cow dung cakes for “Gajaputa” to be procured locally.

Gajaputa: Available in Ashvin Rural Ayurveda College.

Shankha Shodhana Methods:

In Ayurvedic Therapeutics Shankha Shodhan can be processed by different ways. During this study Shankha Shodhana carried out by following two processes to prepare Shankha Bhasma.

Method -1:

Shankha pieces are transferred in a muslin cloth and tied to form a pottly. This pottly is hang and heated in Jameer Swaras, with help of a Dolayantra for 1 yam (3 Hrs) and cleaned with warm water to obtain Shudh (purified) Shankha.

श्लोक :

शंखन्तु खण्डशःकृत्वा पीट्टल्यां स्थापयेद्भिषक् ।
दीलायन्त्रे चतुर्यामिं पचेन्नम्बीरवारिणा ॥६॥

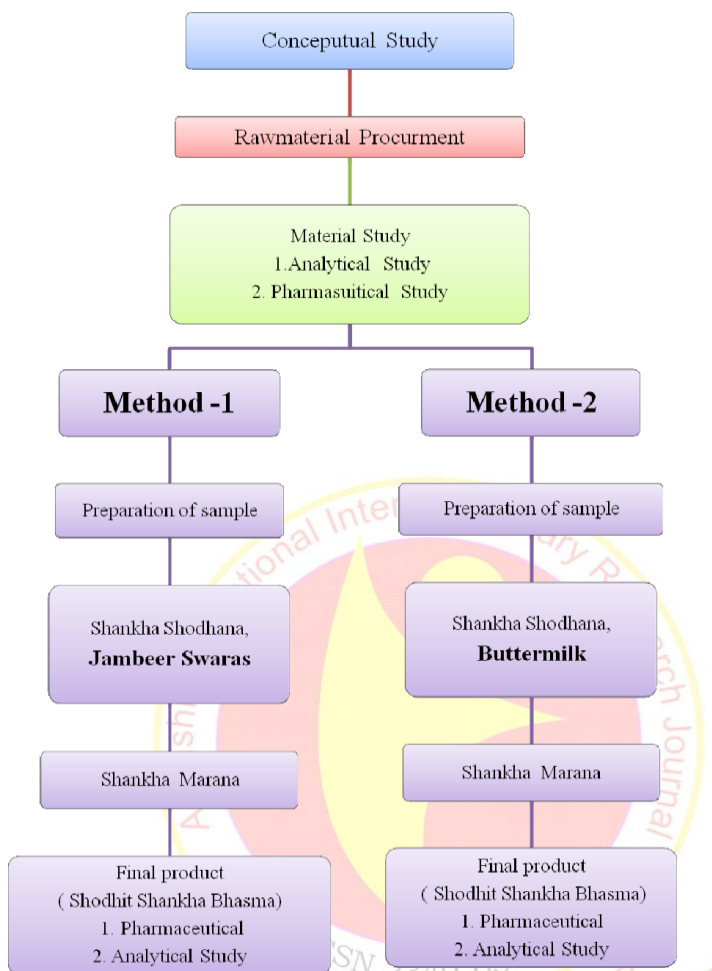
Method -2:

Cleaned Shankha pieces are kept in butter milk in Ghata yantra for 4 prahar (12 Hrs) and cleaned with warm water to obtain Shudh (purified) Shankha

Shankha Bhasma Preparation: Method Shudh (purified) Shankha is pounded to form fine pieces. Gajput to be given to obtain white- coloured Shankha Bhasma with a soft butter- like appearance. If after 1st Gajput the Bhasma obtained does not give white- appearance then it must be further processed with fresh lime juice and again given a Gajput. Generally 1-2 Gajput with fresh lime treatment give the optimum Shankha Bhasma

श्लोक :

शुद्धशंखस्य खण्डानि शरावे स्थापयेत्सुधीः।
शरावेण पिष्ट्वाथ यत्नात्सन्धिं प्रलेपयेत् ॥ १७ ॥
आतपे त्वथ संशीष्य पुटेद् गजपुटे भिषक् ।
स्वतः शीतं समुद्धृत्य खल्वै संचूर्णयेद्भिषक् ॥१८॥
चूर्णितञ्चाथ विज्ञाय सम्पुस्थं ततः पुटेत् ।
एवं पुटव्येनैव शंखको मृतिमाप्नुयात् ॥१९॥



Experimental Observations:

Sankha Bhasma is properly formed and consistent. Process standardization of Bhasma is done on Ayurvedic parameters like,

- 1.Samanya Pariksha includes Shabda, Sparsha, Roopa, Rasa, Gandha, Dhoom, Apunarbhav, Varitaratva, Uttam, Sthiratva, Rekhapoorna etc.
- 2.Vishesh Pariksha includes Dahakatva, Kachkach, etc.

Such tests are done as described in the particular textual references of the Sankha Bhasma preparations.

Standardization is done on modern parameters like, Loss on Drying, Acid Insoluble Ash, Loss on Ignition etc.

#	Physico Chemical Tests	Ayurvedic Test
1	Moisture content / loss on drying	Varitaratva
2	Particle size	Rekhapoornatwa
3	Total ash	Nirdhoom
4	Acid insulation ash	Kachkach,
5	Water soluble ash.	Dahakatva,
6	Calcium percentage	
7	Organoleptic Characteristics : Rupa , Rasa, Gandha, Sparsha	

Obesrvation And Discussion

“Comparative pharmaceutical & analytical study of Shankha bhasma prepared from two different methods of Shankha shodhan” The study was divided into three groups

- Literary review
- Practical study
- Analytical study

Literary review:

- In this topic we collected information from different granthas on Sudhawarga, Shankha, history of shankha, accourance of shankha, shodhan sanskar, importance of shodhan, maran sanskar, types of Agni, puta, bhasmakalpana, bhasma pariksha etc. (Varitaratwa pariksha not fulfilled by shankha bhasma as it is hydroscopic in nature).
- Shankha bhasma is Kashaya, katu, kshariya, laghu and sheeta, in nature.
- It is helpful in ajeerna, udarshoola, agnimandya, amlapitta and tarunyapitika.
- All the collection of literature was done Ayu. and Morden science, published paper and by using other electronic media...

Practical study:

In this study the process of shankha shodhan, shankha maran was carried out in two different ways as described in R.T. In this, shankha shodhan was done by

- Jamber swaras pachan for 12 hrs with the help of dolayantra.
- Takra nimajjan for 24 hrs in ghatayantra.
- Shankha was shiny white in colour before shodhan but looks dull white after shodhan process.
- PH value of takra (3.08) and Jamber (2.41) was recorded.
- Loss of weight during shankha shuddhikarn 0.6% for takra.

- Loss of weight during shankha shuddhikarn 1.16% for jambeer.
- Shankha bhasma was done by the bhavana of kumari swaras to reduce its kshariya properties.
- Three gajaputas required to prepared bhasma.
- Highest temperature was recorded 950°C to 1000°C during bhasmikaran.
- Shodhan(Jambeer) and maran process was carried out under observation and changes and temperature were recorded periodically.
- Loss of weight from Takara shodhit shankha to shankha bhasma 54 Grms i.e. 8.3%.
- Loss of weight from Jambeer shodhit shankha to shankha bhasma 57 Grms i.e. 7.6%.

Both the samples i.e. Shankha Bhasma -1 and Shankha Bhasma -2 used for the present study were analysed by following methods as described earlier and the observations and result of analysis are presented here.

Analysis of Shankha bhasma:

A) Organoleptic characters:

Organoleptic characters are often used for analysis of pharmaceuticals. Sometimes they play an important role in evaluating their quality. In Ayurvedic texts the general characters mentioned for evaluating the quality of bhasma preparations are mainly organoleptic in nature. The organoleptic character of the samples has been presented in Table 1.

TABLE - 1

	Organoleptic Parameter	Properties of SBM-1	Properties of SBM - 2
1	Colour	White	White
2	Taste	Teste less	Teste less
3	Touch	Smooth & fine	Smooth & fine
4	Odour	Not specific	Not specific
5	Rekhapurnatva	+ Ve	+ Ve
6	Varitaratva	.- Ve (due to hygroscopic)	.- Ve (due to hygroscopic)
7	Slakshnatva	+ Ve	+ Ve
8	Mrudatva	+ Ve	+ Ve
9	Niswadu	+ Ve	

A) Chemical Analysis:

According to Ayurvedic text generally a bhasma should possess the quality like Rekhapurnatva, Varitaratva, Slakshanatva, Mrudatva, and Niswadu.etc. The sample possesses almost all the desirable qualities.

Physico-chemical Parameters:

The physico-chemical parameters of the sample have been presented in Table 2.

TABLE - 2

.	Name of the test performed	SBM-1	SBM-2
1	Loss on Drying @ 110 0 C	0.29%	0.34%
2	pH of 1% Solution	10.22	10.38
3	Ash Content	73.76	74.95
4	Acid Insoluble Matter	0.02%	0.02%
5	Assay for Calcium	30.72%	29.12%
6	Water Soluble Ash	15mg/L	18mg/L
7	Iron content	0.17mg	0.22mg
8	Calcium oxide	1.42%	1.64%
10	Bulk Density	0.7884gms/cc	0.7952gms/cc

Note: SBM-1(Shodhit in Buttermilk) ,SBM-2 (Shodhit in Jambear Swaras)

Conclusion

1. Shankha bhasma was prepared by classical method of shodhana process done by Takra and Jambear swaras. Calcium % in shankha bhasma is greater than shodita shankha (row shankha).
2. In shodhana process, in takra and jambear bhavit shankha all analytical parameters shows very minimal difference.

3. As there is decrease in ash value, acid insoluble ash and calcium % has very minor difference.

Hence it can be concluded that shankha bhasma prepared by both the methods “Takra shodit shankha bhasma” and “Jambeer shodit shankha bhasma” are anytically equal.

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Pharmaceutico- Analytical Study Of Mahagandhak Wati**Vd. Dr. Jyotee Badave¹**(Professor and HOD- Rasashastra & Bhaishajya Kalpana Dept.
Ashvin Rural Ayurved College ,Manchi Hill, Sangamner.)¹**Vd. Sonali Madanrao Shewale²**(P.G.Scholar- Rasashastra & Bhaishajya Kalpana Dept.
Ashvi Rural Ayurved College ,Manchi Hill, Sangamner.)²**Abstract:**

Ras shastra is a shastra where Ras is Parad and the shastra in which all types of studies related to Ras (parad)and its kalpa's (Ras-Aushadhi's) study is done. Ras kalpas in ras shastra are superior than other Ayurvedic preparation as,Very small quantity is required,Easily palatable due to smaller dose,Faster therapeutic action, Can be used in diseases which are not curable by other drugs¹.

Ayurveda the science of life. Ayurveda is one of the most ancient system of life, health and cure.

Ayurvedic aushdhi formulations are mainly divided in two groups as below, Kashta Aushadhi,Ras Aushadhi. Mahagandhak wati contains herbs,metals and minerals in it,it is one of the herbomineral preparation that is rasaushadhi.

Keywords:- Rasaushadhi, Mahagandhak wati,Ras.

Introduction:

Predominantly metals,minerals are included in “Ras shastra” and plant drugs are used for preparation and mainly deal with “Bhaishyajya kalpna”.

Due to the great role of Bhaishajya in treatment, it's one of the Quadraplades of chikitsa².

Panchvidh kashay kalpna (Swaras, Kalka, Kwath, Hima, Fant) constitute the basic preparation of Ayurved Bhaishajya Kalpna the basic processing techniques of Bhaishajya Kalpna, are elaborately explained in the Samhita's.

Mahagandhak wati is one of the Ayurvedic preparation which contain shuddha Parad, shuddha Gandhak jatiphal, Jatikosh, Laung, and Arishtha patra with putpaka vidhi..Shuddha parad

Parad is a liquid metal; It is sarv rog har, vishaghna, that's why most of ras kalpa's are made up of Shuddh parad. Shuddh Gandhak is a best Rasayan, best in skin diseases and it improves the digestion. Shleshmal mal pravrutti har, dusht malnashak and also it improves the rog nashan shakti of Parad, krumihar, plihavrudhhi nashak and also viryavardha, then Jatiphal, Jatikosh, laung, Arishtha patra -these are deepan pachak, jwar

nashak, krumihar, shoolhar, stambhak., that's why specially used in , Grahani, Pravahika, Atisar, Prasootrog, Baal Atisar³.

Objectives :

- 1) To Study Mahagandhak wati and compile classical literature references of preparation.
- 2) To prepare Mahagandhak wati as per the classical of Bhaishajyaratnavali.
- 3) To carry out analytical tests of Mahagandhak wati.

Materials and Method:

1) Materials:

Shuddha parad , Shuddha Gandhak ,Jatiphala, Jaatikosh, Laung , Arishtha patra,Goghrita ,Jal, Khalva , Chulhika ,Mukta seep,Vastra ,Lohpatra. well equipped pharmaceutical lab.

Sr. No.	Name of Drug	Latin name	Rasa	Virya	Vipak	Karya
1)	Jaatiphal ,Jaatikosh	Myristica Fragrans. Houtt.	Tikta katu	Ushna	Katu	Mal- stambhak, Shoolhar
2)	Laung	Syzigium aromaticum, linn	Tikta katu	Shit	Katu	Deepan, Aam- pachan, Shoolhar
3)	Arishtha patra	Azadiracta indica	Tikta katu	Shit	Katu	Krimighna, Aruchihar.

Method:

By classical reference of Mahagandhaka wati⁴ :

The Pharmaceutical and analytical study of Mahagandhak wati is as follow:

- 1) Raw material collection
- 2) Parad Shodhan: Samanya⁵
- 3) Gandhak Shodhan: samanya⁶
- 4) Shukti shodhana⁷
- 5) Arishtha patra, Jatifal,Jaatikosh and Laung churna
- 6) Preparation of The Kajjali⁸
- 7) Poot⁹
- 8) Wati preparation¹⁰

After the collection of raw material, the samanya shodhana of Parada, gandhaka and Shukti is carried out, then the Kajjali from Shudhha Parada and gandhaka is made by mardana process, then Churn is prepared from dry jatifal, Jatikosh, laung and Arishtha patra.

kajjali is heated on mandagni, after melting it, above mentioned dravyas churna is mixed well by mardana, then the mixture is covered by a mukataseep sampoota, then the poot is given in Waluka yantra with the Madhyamagni.

As the poota got swangsheets mixture is removed. it can be used in powder form and wati form so, watis made with the help of water.

Matra: 6 gunja

Observation And Result:

On the basis of study of Mahagandhak wati, Observations and Results are as follow:

- 1) Pharmaceutical
- 2) Analytical

I) Observations and Results of Pharmaceutical study:

1) Table of the observation during Parada Shodhana.

Sr. No.	Materials	Before Shodhana	After Shodhana
1	Parada	250 gm	190 gm
2	Loss of Parada after shodhana	-----	60gm
3	Colour of Parada	Dull whitish	Shiny whitish

Result : For Parada shodhana 250 gms Parada was used, during trituration with rasona the colour became blackish. The colour of Parada before it was dull whitish and after it became shiny whitish. The weight of Parada after shodhana was 190 gms, This indicates that the 60 gms of Parada decreased during shodhana.

2) Table of the observation during Gandhaka Shodhana.

Sr. No.	Materials	Before Shodhana	After Shodhana
1	Gandhaka	250 gm	220 gm
2	Loss of Gandhaka after shodhana	-----	30gm
3	Colour of Gandhaka	Yellowish	Brighten yellow

Result :

For Gandhaka shodhana 250 gms Gandhaka was taken. The colour of Gandhaka before shodhana was yellowish and after it became bright yellow. The weight of Gandhaka after shodhana 220 gms, This indicates that the 30 gms of Gandhaka decreased during shodhana.

3) Observation and result of Shukti Shodhan:

While swedana process kept some free space at the upper portion of paatra, so that the nimbu swaras could not come out of it after boiling. After prakshalana shuktis were looking more shiny and bright.

Analysis result :

Sr. No	Parameter	Result
1	Description	Rounded dark Brownish coloured wati, Odour Pungent
2	pH 5 %	4.73
3	Water Soluble Extract	23.82%
4	Hardness	< 2 Kg/ Sq. cm
5	Solubility in Alcohol	9.15%
6	Solubility in Water	23.82%
7	Friability Test	0.001%
8	Total Ash Content	1.80%
9	Loss on drying @ 110 0c	14.17%
10	Average Weight	0.26 Gm
11	Average Diameter	0.712 sq. cm
12	Disintegration Time	43 Sec

Discussion :

Ayurveda is the ancient science of life and its primary aim is preservation of positive health and prevention of diseases with the help of daily regime, diet and Aushadhis. Ayurvedic Aushadhis are mainly divided in, Ras Aushadhi (Herbo mineral) and Kashtha aushadhi (Herbal). Rasaushadhi effectively follows the aim of Ayurveda. Ras is parad and Ras shastra is a shastra where all studies related Ras (parad) and its kalpas are done.

Rasa Shastra was developed with the use of toxic materials for therapeutic purposes, because of which many specialized techniques like Shodhana, Marana,

Amriteekarana etc. were invented to minimize their toxicity and to suit the therapeutic purpose.

Mahagandhak wati is a Herbomineral preparation among the Rasaushadhis and specially used in Grahani, Pravahika, Atisar, Prasoot rog, Baal Atisar and it has versatile therapeutic action with different Anupana's. Agnimandya is basic cause of all diseases hence to enhance the laghu guna¹¹ of Mahagandhak wati and to make it easily digestible agni sanskar is given twice .

Conclusion:

Shodhana transforms Parada into more lustrous one. Shodhana of gandhaka transforms it into more fresh yellow one. The shodhana of Shukti transforms it to clean and bright form. Dravyas mentioned was finely powdered and that helped to make a mixture properly. Every Dravya has different colour initially, but after mixing the whole mixture turned blackish. For the pootapaka vidhi madhyam agni is needed. Handmade gutikas shape and size were negligibly unequal from each other. Mahagandhak wati passed through carried out Analytisis as mentioned.

pH value is 4.3 it means the pH of Mahagandhak wati is acidic in nature, it means it helps to correct the Dushit Agni. Conclusions are drawn based on observations. Further more analytical studies and clinical studies should be encouraged to verify the therapeutics of Mahagandhak wati.

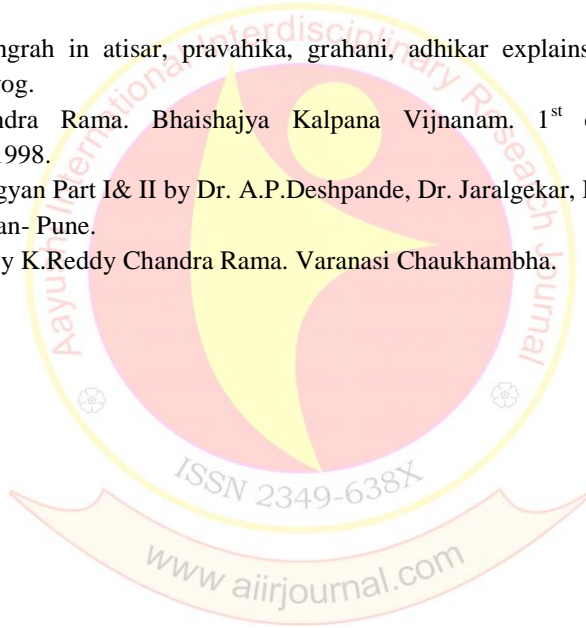
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Preparation Of Decoction and Rasakriya of Rasnapanchaka and its Standardization**Dr. Jyotee Badave**HOD Professor,dept. of Rasashastra & Bhaisjya kalpana
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Abstract

Ayurveda is a life science which explains about the different dosage forms. Acharya sharangdhar had told many number of effective basic formulation like panchavidha kashay Kalpanas i.e. swaras, kalka, Kwath, Hima, phant but for present era they require effective modification into new doses forms. There has been a development over the concept of drug dosage form in the modern texts of Ayurveda to increase palatability and also for easy absorption of the drug. Ayurvedic pharmacology gives fundamental importance to the various pharmacological activities of the drugs. It unravels multiple attributes of a single drug through different dosage forms and definite processing techniques. A better dosage form will lower the dose and provide optimum benefit. Ayurvedic pharmaceutics gives an important role in processing of drugs. Acharya sharandhar mentioned Different rasakriya. kashaya (decoction) are said to produce different pharmacological actions from Dhatu tarpana to Shoshana. A pharmacological evaluation of these different dosage forms and a rational understanding of their probable mode of action are necessary.

In this article we have studied Preparation of decoction and rasakriya of rasnapanchaka and its standerdization. Rasnapanchaka kwath is one of the ayurvedic preparation which contains- Rasna, Amruta, Erandmula, Deodaru, Nagar. Rasna panchak plays significant role in the treatment of amavata by reduction its symptoms. Rasna has been used since ancient times to treat various painful and swelling of the body joints.

Key words - panchavidha kashay Kalpana, Rasnapanchak kwath reskiya, standerdization .

Introduction:

Bhaishajya- kalpana basically deals with ayurvedic pharmaceutical preparations for this preparation herbal, mineral, animal, and metallic substance are use but bhaishajya kalpana deals mainly with herbal drugs.

As stated in charak samhita, one should modify the potensy of drug from lower to higher side and vice versa by combination, elemination, timing, processing, and method of administration. Processing is imprtont as stated in charak samhita. In initial stage herb were use without application of heat i.e after discovery of heat application number of phamacuical preparation were made. The selection of kashay kalpanas for treatment purpose depends on various factors like roga, rogibala etc. the use of these kashay kalpanas were very much reduced because of its short shelf life ,lack of proper protocol for testing there for practice of this medicine become difficult. These factors gave thoughts to ponder over new formulation that can be made from panchavidha kashay Kalpanas in ayurvedic pharmaceutics. The medicinal plants firstly converted into primary doses form like

swaras, kalka, kwath, hima, phant and then these primary doses form transformed into secondary doses form viz solid doses form (pills,powder,rasakriya). According to ayurvedic physician,medicine prepared by boiling drug on fire is called kwath kalpana. In rasakriya Any liquid preparation (kwath,Swaras,Phant) is boiled & reduced over mild fire to thicker consistency then the thicker drug mass were obtained it called as rasakriya.

Aim:

To prepare decoction and rasakriya of rasnapanchak and to standerdise it.

Objective:

1. To compile all the references of rasnapanchak kwath and rasakriya from the samhita.
2. To preprepare rasnapanchak rasakriya and standerdise the method.

Method :

The study of rasnapanchak kwath and its rasakriya prepared in step Rasna, Amruta, Erandmula, Devdaru, Nagar, were collected from GMP approved pharmacy.

Identification and authentication of raw material were carried out in the dravyaguna and Rasa shastra department of our institute.

Pharmacology of herbs of Rasnasapanchak kwath :

Drugs of Rasnapanchak kwath:

Sanskrit name	English name	Botnical name	Part use	Quantity
Rasna	Pluchea Root	Pluchea lanceolata oliver	Root	1 part
Erandamool a	Caster oil plant	Ricinus communis	root	1 part
Devdaru	Himalayan cedar	Cedrus deodar	wood	1 part
Nagar	Ginger root	Zingiber officinale	rhizome	1 part
Amruta		Tinospora cordifolia	stem	1 part

Name	Rasa	Guna	Virya	Vipak	Doshghanata & karma
Rasna	Tikta	Guru	Ushna	Katu	Kaphavather shothther
Erandamool a	Madhur, katu, kas hay	snigdha	ushna	madhur	Kaphavather vedanashapana
Devdaru	Tikta	Snigdha, Laghu	Ushna	Katu	Kaphavather shothther
Nagar	katu	Snigdha, Laghu	Ushna	Ushna	
Amruta	katu, kas hay	Laghu, Ushna	Ushna	madhur	Tridoshshamak, vedanastapak



Material for Preparation of kwath and rasakiya:

- Rasna
- Erandmula
- Nager
- Amruta
- Devdar
- Stainless steel pot
- Cloth
- Khalvyantra
- Laddle

- Bowl
- Measuring glass
- Gas
- Tray

Preparation of Kwath (from sharangdhar samhita):

One pala of coarsely powder drug is boiled with 16 parts of water in an earthen pot over mild fire till liquid is reduced to 1/8 of the original quantity.

- ❖ All five drug are made into yavakut churna separately.
- ❖ Then mixed it together & then collected into kwath patra.
- ❖ Add 16 times of water and it is kept over night next day morning contains are heated over mrudu agni till total contains get reduced to 1/8 part then contains are filtered with clean cloth

Preparation of rasakriya :

Any liquid preparation (kwath, Swaras, Phant) if boiled reduced over mild fire to thicker consistency then the thicker drug mass obtained is called rasakriya. The reduced drug material should stick to the bottom of the stainless steel pot.it was transpered to hot water bath. When drop of the final product added in water,it does not spread ,after tha heating procedure was stopped.then weight of wet reskriya taken and it is kept for drying .

- ❖ Rasnapanchak kwath kept on mandagni
- ❖ During this process it should be stirred with wooden ladle till it becomes semisolid .

Standerize the method by ayurvedic parameter as well as modern parameters used given by who guidelines.

Need of standardization

Standardization of Ayurvedic formulations is an important step for the establishment of a consistent biological activity, a consistent chemical profile, or simply a quality assurance program for production an manufacturing of herbal drugs. WHO specific guidelines for the assessment of the safety, efficacy and quality of herbal medicines as a prerequisite for global harmonization are of utmost importance.

Standardization is an important aspect for maintaining and assessing the quality and safety of the polyherbal formulation as these are combinations of more than one herb to attain the desire therapeutic effect. The polyherbal formulation of hyperlipdemia has been standardized on the basis of organoleptic properties, physical characteristics, and physico-chemical Properties.

Rasnapanachak kwath Analytical Study :

Organoleptic character

- 1) Colour – brown
- 2) Odour - Characteristic
- 3) Appearance – watery
- 4) Taste – bitter

Rasnapanachak rasakriya Analytical Study: Organoleptic character :

- 1) Colour - brownish
- 2) Odour - Characteristic
- 3) Taste - bitter
- 4) Appearance- lump form

Physico-Chemical Parameter :

- 1) Alcohol soluble extractive value - 30.11 %
- 2) Water soluble extractive value -35 to 45 %
- 3) Total ash – 11-14%
- 4) Bulk density- 0.5 to 0.7
- 5) LOD- 2 to 5 %
- 6) pH- 5- 6

Discussion :

Rasnapanachak kwath is one of the ayurvedic preparation which contains- Rasna, Erandmula, Devdaru, nager , Guduchi,. Rasnapanachak kwath mostly prescribed for Aamvata . As per describe in pharmacological properties its contains effectively act against vata ,But preparation of kwath is such a time spending activity ,also has few difficulties such as need of everyday fresh preparation, short shelf life, chance of microbialgrowth, transportation and fixing of unit dose. The development of new doses form without disturbing the basic principle of ayurveda is the need of current era.Hence considering these inconveniences an attempt has been made to prepare and standerdize rasakriya of Rasnapanachak kwath for additional advantages.

Conclusion :

1. Rasnapanachak Kwatha is an Ayurvedic polyherbal decoction prescribed for arthritis. These herbs are known for their anti-inflammatory activity, analgesic, anti-arthritis activity.
2. Present study is preliminary attempt on small scale to develop an easy to use and stable dosage form of Kwatha (decoction) preparations Though rasakriyai form

- is more stable and have more shelf life than decoction form.
3. Preparation of yavakuta choorna is essential for the preparation of kashaya as it helps in proper extraction of active principles.
 4. Mridu-agni or temperature below boiling point is advised for heating in optimal extraction of active principles.
 5. Rasakriya are prepared by further heating of the kashaya over mridu-agni till it is reduced to a semi solid consistency.
 6. Shelf life of rasakriya-18 month
 7. Rasnapanchak rasakriya parameter and their range within normal limit.
 8. pH- for this product,It ranges between5-6,means it is slightly acidic in nature.
 9. Bulk Density- ranges between 0.5 to 0.7 as it is less than one ,it has property to act on cell membrane.
 10. TLC- wet rasakriya shows 6 spots and dry sample shows 3 to 4 spots. It means that 6 spot present in wet rasakriya get either volatile or get oxidative degraiaon of the of the atmospheric oxygen.

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A Randomized Controlled Trial to Study Efficacy of Saptmushtik Yusha when given with Simhanad Guggulu in the Management of Amavata**Dr Badve Jyotee¹, Dr Pujari Abhijit²**1.Prof.&HOD Rasashastra & Bhaishajyakalpana Dept.
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Ashvin Rural Ayurved College,Manchi Hill,Sangamner,Dist.Ahmednagar**Abstract**

Rheumatoid arthritis could be a chronic inflammatory disorder affecting many joints including those within the hands and feet. Rheumatism is an auto immune disease which will cause joint pain and damage throughout your body. Amavata is a disease during which vitiation of vata dosha and accumulation of Ama occur in joint and it stimulates arthritis (RA) at modern paralane. Shamana (conservative) & shodhana (Biological purification of the body) treatment are advised in Ayurveda. Amavata symptoms include – joints pain with swelling, severe morning stiffness, restricted movement, malaise, anorexia etc. Investigation includes CRP, RA Factor, ESR, IgE and x-ray. Using pathya–apathya together with oral medication can help to cure amavata easily. Here Saptamushtik yusha is employed as pathya-apathya together with Simhanad guggulu and found a good improvement in a patient.

Keywords: Amavata, Rheumatoid Arthritis, Saptamushtik Yusha, Simhanad Guggulu

Introduction

Madhavakara firstly described Amavata[1]. It's a disease which affects the joints and prognosis isn't good . In Ayurveda classics, Acharyas have explained well the concepts of Dinacharya [2] and Ahar regimen. Ayurveda believes within the concept of agni or digestive element and therefore the impairment of this agni is termed mandagni. The disease is initiated by the consumption of Viruddha Ahara[3] and simultaneous indulgences in Viruddha Ahara with existence of this mandagni. Vata is said to be chief functional operator of the all kinds of voluntary or involuntary movements of body. Vitiated Vata Dosha together with Ama is termed as Amavata. Derangement of the Kaphadosha, especially Shleshak Kapha occurs within the Amavata[4]. Amavata is such a disease of chronic joint pain and body ache, in the midst of swelling of some or all of the Synovial joints. Angamarda (Body pain), Aruchi (Loss of taste), Trishna (Thirst), Alasya (Lack of enthusiasm), Gaurav (heaviness), Klama (Tiredness without doing work), Apaka (Indigestion) and Jwar (fever). within the later stage pain may begin to migrate from one joint to another with a Vrishcika Danshavat vedana and burning sensation [5]

In Amavata, Vata as a Dosha and Ama are chief pathogenic factor. They're exactly opposite within the properties so difficult to treat. It's the disease of Madhyam margag roga and having Chirkari Swabhava, sometimes it can also be acute. While ama is that the results of mandagni and is causative of varied disorders, amavata is more grievous than other saamarogas.

Amavata is correlated with Rheumatoid arthritis. The sign and symptoms of both diseases are very similar. Rheumatoid arthritis is an a auto immunological disease ,the precise etio-pathology of which isn't yet known. Arthritis may

be a chronic disease characterized by progressive damage of Synovial joints and variable extra-Articular manifestations. Tendon and bursal involvement are frequent and often clinically dominant in early disease. RA can affect any joint, but it's usually found in metacarpophalangeal, proximal interphalangeal and metatarsophalangeal joints, further as within the wrist and knee. Articular and Periarticular manifestation includes joint swelling and tenderness to palpation with morning stiffness and severe motion impairment within the involved joints . The prevalence of RA is 0.5-1% in Indian population; Women affected three times more than men. The prevalence of RA increases between 25-55 yrs old, after which it plateaus until the age of 75 and so decreases[7] .As a severely crippling disease with unfavourable prognosis, this disease may be a major health challenge. Attempts are made to know the role of trayodashaagnis, and specially jataragni within the pathogenesis of arthritis to understand the importance of improving jataragni to cause sampraptti vighatana.

Ayurvedic treatment, diet plays an a important role in improving the joint health and to keep control on swelling and pain, since ayurveda believe that the root cause of Rheumatoid arthritis lies in the impaired digestion and metabolism the Rheumatoid arthritis diet is also targeted to improve the same. Ayurveda advises to include following food items to be included in such as Garlic, Buttermilk, Pepper, Barley, Horsegram, Drumstick tree, Bittergaurd (improve digestion very low in calories and good source of vitamin B12 and it is good detoxifying agents). Hot water – beneficial to improve digestion and helps to bring lightness to the joints and improve flexibility. Many a times during treatment diet of patient is modified with the medicated form due to this patient will get dietary factors along with medicine with mixed fom at a one time this kalpas is called Yusha. Yusha kalpana include shimbi dhanya i.e.muga ,masur,tur,udida,etc.and their pachana is done in water. *Saptamushtik yusha* is one of them. It is advised along with oral medications and shown the great improvement in the patients.

Objective of the study

To study the role of Saptamushtik yusha as pathyapathya given with Sinhanad guggulu in the management of Aamvata

Materials and Methodology

Sampling Method

Patients of *Amavata* attending OPD will be screened for the study. Eligible and willing patients will be enrolled in the study.

Criteria of Assessment of Subjects

- Joint Score
- Stambhata (Morning Stiffness)
- Sandhishula (Joint Pain)
- Sandhishotha (Swelling of joint)
- Angamarda (Body Pain)
- Alasya (Laziness)

Objective Criteria

ESR

Materials Used

1.Sapta mushtika yusha:

Kulitha ,Yava ,Badar (bor), Dhanyaka, Sunthi ,Choti ela ,Muga (green)

Method of Preparation

40gm of above dravya is mixed with 5gm Shunthi and Pippali to prepare kalka. This kalka with 640ml jala is heated.This prepared jala is called as Sapthamushtik Yusha.

2.Simhanad Guggulu

- Triphala
- Shuddha Gandhak
- Shuddha Guggulu
- Erand tail

Method of Preparation:

Take an iron pan and put Erand Tail and Shuddha Guggulu. Simmer the ingredients until Shuddha Guggulu gets completely mixed in Erand Tail. Now, gradually add Triphala Churna in the iron pan with Shuddha Guggulu and Castor Oil. Simmer the mixture until it becomes thick and ready for Avaleha consistency. Now, put off the stove. Mix Shuddha Gandhak Powder in the mixture. Then make tablets of each 500 mg.

In present study the Sapthmushtik yusha as pathyapathya along with Sinhanaad Guggulu was used.

Case Report

A 39 Years male patient working as Housewife visited OPD (NO-4653) of Kayachikitsa, Ashvin Rural Ayurved College, Manchi hill, Sangamner having complaints of Pain and Swelling in both knee joints since 4 months, Morning stiffness more than 60mins since 15 days.

History of Present Illness

4 months before, the patient had a gradual onset of pain and swelling in both knee joint. Thereafter She had complained of morning stiffness since 15 days. For that she took allopathic treatment but did not get satisfactory result and for further management she came to Ashvin Rural Ayurved College.

Past History

No history of Diabetes, Hypertension, IHD.

On Examination

- Bp-120/80mmhg
- P-76/min
- RR-19/min
- Temp-97of
- Jivha-sam

Systemic Examination

- Inspection- Swelling present on knee joint
- Palpitation-Tenderness on knee joint

Investigation

ESR-56mm/hr

Treatment Plan

Saptamushtik Yusha as a pathyapathya is used alongwith Simhanad Guggulu

Drug Name	Tab. Simhanaad Guggulu
Dose	500mg(BD)
Route of Administration	Oral
Duration of treatment	28 Days
Follow up	7th day
Pathyapathya	Saptamushtik yusha
Anupan	Koshnajal

Table 1: Drug Name/Tablet**Observation and Results (Tables 2-8)**

Sr.No	Symptoms	Grade
1	No Stiffness	0
2	For 0-29 min	1
3	For 30-59 min	2
4	Above 60 min	3

Table 2: Assessment Criteria of Stambhata (Morning Stiffness).

Sr.No	Symptoms	Grade
1	No Pain	0
2	Pain at the beginning of physical activity	1
3	Pain permanently present during physical activity	2
4	Pain present even at rest	3

Table 3: Assessment of Sandhishula (Joint Pain).

Sr.No	Symptoms	Grade
1	Absent	0
2	2mm-4mm, slight pitting, disappears rapidly	1

3	4mm-6mm,pit is noticeably deep, may last more than 1 min	2
4	6mm-8mm,pit is very deep, last for 2 to 5 min	3

Table 4: Assessment of Sandhishotha (Joint Swelling)

Knee joint	Before Treatment	After Treatment
Left Knee	3	2
Right Knee	2	0

Table 5: Assessment of Sandhishula.

Knee joint	Before Treatment	After Treatment
Left Knee	2	1
Right Knee	2	1

Table 6: Assessment of Sandhishotha

Knee joint	Before Treatment	After Treatment
Left Knee	3	1
Right Knee	3	3

Table 7: Assessment of Stambhata

Investigation	Before Treatment	After Treatment
ESR	56MM/HR	20MM/HR

Table 8: Investigation for Treatment

Discussion

Chakradatta was first to explain within the treatment for *aamvata*. He gave Langhana, Swedana, Deepana, Virechana, Snehapana, and Basti as treatment module for *Amavata* [6]. Ama is that the chief causative consider *Amavata*, so treatment of Ama should be done first. The disease is initiated by the consumption of *Viruddha Ahara* and simultaneous indulgences in *Viruddha Ahara* within the pre-existence of *Mandagni*. Vata is that the chief functional operator of the all sorts of voluntary or involuntary movements of body. With the *pathyapathya* of *Saptamushtik Yusha*, *Simhanad Guggulu* 500mg twice every day with Luke warm water was given to patient. *Sharangdharokt Saptamushtik Yusha* is *Kapha-Vathara*, wins *Sannipat jwara* and *Amavata nashaka*, *Kanth*, *Hriday*, *Mukha shuddhikara*..Majority drugs of *Sinhanad Guggulu* have, *shothaghna*, *shoolaghna* properties.

Conclusion

It can be concluded that the combined effect of *pathyapathya* of *Saptamushtik Yusha* along with *Simhanad Guggulu* can be choice of drug for the management of

Amavata. But this is a single case study hence to prove its efficacy there is needed to conduct a study on large number of patient.

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An Ayurvedic Approach to *Kitibh Kushtha* with special reference to Psoriasis - A Case Report

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Abstract-

Kitibha Kushtha is mentioned as a type of Kshudra Kushtha in Ayurved, The modern equivalent of the disease is Psoriasis. Psoriasis is a common, chronic, recurrent inflammatory disease of the skin of unknown origin, characterized by well circumscribed erythematous, dry plaques of various size covered with scales. It is a common skin disease for any age. The present case study deals with an eight year old male patient having Plantar psoriasis vulgaris type. He has received modern medications for the same from various dermatologists for 3 years without getting any sustained relief. Though Ayurved mentions Shodhana therapy as a major part of treatment for any type of Kushtha, present study shows the effect of Shamana therapy on Kitibh Kushtha considering the age of the child. The patient was given internal as well as external Ayurvedic medications for four months along with Nidanaparivarjana. The efficacy of the therapy was mainly assessed on PASI (Psoriasis Area and Severity Index) score along with subjective criteria. The scoring was calculated before treatment and after treatment. Shamana therapy was found to be effective for sustained relief of the disease. Nidanaparivarjana also played an important role during the course of the treatment.

Keywords- *Kitibh Kushtha, Psoriasis vulgaris, Shodhana, Shamana, Nidanaparivarjana, PASI*

Introduction-

Skin not only covers and protects the body but also performs some important functions of excretion and metabolism. It reflects physical, mental and psychological state of an individual. It is unique in many ways, but no other organ demands so much attention and concern in both states of disease and health. In *Ayurved Samhitas*, the diseases which make the skin ugly and discolored are described under the heading of *Kushtha*.¹

Acharya Charak has described 7 *Mahakushtha* and 11 *Kshudrakushtha*, in total 18 types of *Kushtha*. *Kitibh Kushtha* is one of the *Kshudrakushtha* which is widely seen in any age group. Acharya Charak stated its signs as “*Shyava*” (blackish discoloration), “*Kinakarhasparsha*” (rough like *Vranasthana*) and “*Parusha*” (coarse).² Apart from this, Acharya Vagbhat added two more symptoms like “*Rukshata*” (dryness) and “*Kandu*” (itching).³ Though every *Kushtha* is *Tridoshaja*, Acharya Charaka mentioned *Vata* and *Kapha* dominance in *Kitibh Kushtha*.⁴ The *Dushyas* involved in the pathogenesis of *Kitibh Kushtha* are just like *Kushtha* which are *Twak (Rasa)*, *Rakta*, *Mamsa* and *Ambu (Lasika)*.

While going through the modern textbooks of dermatology, we acknowledge that Psoriasis is the type of skin disease which resembles *Kitibh Kushtha*. Psoriasis word is

derived from the word “*psora*” which means “*having an itch*”.⁵ Psoriasis is a chronic inflammatory hyper proliferative skin disease. It is characterized by well defined, erythematous, scaly plaques particularly affecting extensor surfaces, scalp, nails and soles. Psoriasis affects approximately 1.5 – 3 % of population.⁶

Modern science treats Psoriasis with topical Glucocorticoids, topical vitamine D analogue, Retinol, PUVA and Methotrexate or Cyclosporine orally for severe cases which are known teratogenics.⁷ Furthermore even after taking full treatment the nature of this disease is relapsing. These factors persuade the patients to seek for *Ayurved* management.

Case Report-

An eight year old male patient reported in the OPD of Kaumarbhritya Department of CSMSS Ayurved College, Aurangabad, Maharashtra complaining with well demarcated, wound like reddish scaly plaques at medial part of soles bilaterally. The wound also showed some silvery scales over it. The main concern of patient was severe itching.

The patient was apparently not having any complaint till the 5 year of age. However he had dry skin and less appetite for his age. Suddenly he developed small pustules over plantar aspects of both foot along with severe itching. The patient was immediately taken to the dermatologist for modern treatment. He was diagnosed as Plantar Psoriasis (Vulgaris type). He received oral as well as local medicines for it. The symptoms decreased for some time period but relapsed as soon as he stopped taking medications. Likewise patient often visited different dermatologists for the same but as soon as he stops taking the medicines the symptoms would relapse disturbing his daily activities like walking and playing. Patient also had mild fever intermittently in the last three years. Unable to tolerate the condition the patient came to our hospital for Ayurvedic Management.

General Examination-

- General condition- Good
- Pulse- 84/min.
- Respiratory System- Air entry bilaterally equal
- Cardio Vascular System- S1 S2 =Normal

Ashtavidha Parikshana-

- *Nadi- Vatapradhana Kapha*
- *Mootra- Samyak Pravritti*
- *Mala- Samyak Pravritti*
- *Shabda- Prakrut, Spashta*
- *Sparsha- Samashitoshna*
- *Druk- Prakrut*
- *Akruti- Krusha (Dourbalya)*
- *Agni- Kshudhaamaandya*
- *Prakruti- Vata-Kapha*

- *Koshtha- Madhyam*
- *Dehoshma- Prakrut*

Local Examination-

Lesions present on medial part of both the soles of the feet. They were scaly and wound like probably due to severe itching. They were symmetrical and well demarcated. Small silver scales were found on some of the wound due to incomplete healing. Auspitz sign was positive.

Brief History-

Socio-economic status- Lower middle class

Ahara Itivrutta (Dietic history)- Excessive and regular consumption of bread, biscuits, tomato, pickles, peanuts, spicy and fried food items.

Vihar Itivrutta- Not specific

Family History- No history of Psoriasis in maternal and paternal relatives.

Diagnosis- It was based on *Ayurved* textbooks especially *Charak Samhita* and *Ashtang Hridayam*. The signs and symptoms stated by both the *Acharyas* are “*Shyavata*” (Blackish discoloration), “*Kinakharasparsha*” (Rough like *Vranasthana*- woundlike), “*Parusha*” (Corase), “*Rukshata*” (dryness) and “*Kandu*” (itching).

Nidan Panchak-

Nidan- Paryushita annasevana (habitual eating of left over and preserved food items like bread, biscuits and pickles); **atyamlarasa sevana**(pickles, tomato); **atikaturasa sevana** (spicy food items); **Raktadushtikara ahara sevan** (habitual eating peanuts)

Poorvarupa- Kandu, Visphota (pustules), and **Raktavaivarnya**.

Rupa- Shyavata, Kinakharasparsha, Parusha, Rukshata, Kand and intermittent **jvarapravritti** and **Daurbalya**.

Samprapti- Due to habitual eating of preserved and left over food items, **atyamla, atikatu rasa ahara sevan** and **Raktadushtikara ahara sevana Vatapradhana Tridosha** vitiated and impurified **Rakta, Mamsa dhatu, Lasika** and **Twacha** causing **Shyavata, Vrana** like coarseness and **kandu**.

Samprapti Ghatak-

- **Dosha- Vata**kaphaadhana **Pittanubandhi**
- **Dushya- Rakta, Mamsa, Twak, Ambu (Lasika)**
- **Srotasa- Raktavaha**
- **Avastha- Jeerna** (Chronic)
- **Sadhyasadhya- Kashtasadhya**

Material And Methods-

First of all, patient was advised to avoid its dietic habits (*Nidanaparivarjana*). He was asked to stop eating bread, biscuits, pickles, tomatoes, peanuts and spicy food items.

The patient was then subjected to *Shaman Chikitsa* (Pacification Therapy) which was divided into *Bahya* (External) and *Abhyantar* (Internal) *Chikitsa* (Therapy).

The patient was followed up every 15 days (total 8 visits in 4 months) at OPD of CSMSS Ayurved College and Hosp. Aurangabad.

Table no. 1 showing *Abhyantar Shaman Chikitsa* – Internal Therapy Regimen

Visit	Medicines	Dose	Anupana
First And Second Visit	1. <i>Arogyavardhini vati</i> - 250 mg	1 tablet twice a day Mor.- Eve. After meals	With lukewarm water
	2. <i>Gandhak Rasayan</i> - 250 mg	1 tablet twice a day Mor-Eve. After meals	With milk
	3. <i>Khadirarishta</i> - 7.5 ml	Twice a day Mor.- eve. After meals	Added with equal amount of lukewarm water
Third Fourth and Fifth Visit	1. <i>Gandhak Rasayan</i> - 250 mg	1 tablet twice a day Mor-Eve. After meals	With milk
	2. <i>Khadirarishta</i> - 7.5 ml	Twice a day Mor.- eve. After meals	Added with equal amount of lukewarm water
	3. <i>Panchatikta ghrita guggulu</i> - 250 mg	1 tablet twice a day Mor.- Eve. After meals	With lukewarm water
Sixth Seventh And Eighth Visit	1. <i>Gandhak Rasayan</i> - 250 mg	1 tablet twice a day Mor.- Eve. After meals	With lukewarm water
	2. <i>Panchatikta ghrita guggulu</i> - 250 mg	1 tablet twice a day Mor.- Eve. After meals	With lukewarm water
	3. <i>Sanshamani Vati</i> - 250 mg	1 tablet twice a day Mor.- Eve. After meals	With lukewarm water

External Therapy-

Throughout the therapy of four months, the combination of *Jatyadi taila* along with *Karanja taila* was prescribed for local application twice a day i.e. at morning-after bath and at night- before sleep.

Observations-**1. Observations based on Subjective Criteria-****Table no.-2 showing remarkable effect of therapy on Subjective criteria**

Symptoms	BT	After 30 days	After 60 days	After 90 days	AT
<i>Shyavata</i>	++++	+++	++	+	+
<i>Kinkharasparsha</i>	++++	+++	+	-	-
<i>Parusha</i>	++++	+++	++	-	-
<i>Rukshata</i>	++++	+++	++	+	-
<i>Kandu</i>	++++	+++	++	+	-
<i>Jwarapravritti</i>	++	++	+	-	-

2. Observations based on Objective Criteria-

The patient also satisfied the criteria of Psoriasis developed by Fredrikson and Petterson.⁸ Efficacy of the treatment was assessed on PASI (Psoriasis Area and Severity Index) score. PASI score is a tool used to measure the severity and extent of Psoriasis.⁹ The Assessment was done before treatment i.e. BT. And After treatment i.e. AT.

Table no.3 showing Calculation of PASI Score before Treatment (BT) and after Treatment (AT)

	Head & Neck		Upper extremities		Trunk		Lower extremities	
	BT	AT	BT	AT	BT	AT	BT	AT
1.Erythema	0	0	0	0	0	0	3	0
2.Induration	0	0	0	0	0	0	3	0
3.Scaling	0	0	0	0	0	0	3	0
1 +2+3	0	0	0	0	0	0	9	0
Area	0	0	0	0	0	0	1	1
4 × 5	0	0	0	0	0	0	9	0
Body segment factor	0.1		0.2		0.3		0.4	
6 × 7	A=0		B=0		C=0		D = 3.6	D = 0.0

Table no. 4 showing effect of Ayurvedic Therapy on PASI Score

Total PASI score =	BT	AT
A + B + C + D	3.6	0.0



Figure 1- BT (First visit) Figure 2- Fourth visit Figure 3- AT (Eighth visit)

Discussion-

In modern point of view, the treatment of psoriasis mainly revolves around topical glucocorticoids, Vit.D analogue, Retinol & PUVA and orally Methotrexate or Cyclosporine which has its own hazardous effects. These limitations and disillusionment with systemic modalities necessitate the search for newer and safer mode of treatment for Psoriasis.

In Ayurved context, considering *Bahudoshavastha* (increased level of Doshas) of *Kushtha*, all *Acharya* emphasized primarily on *Shodhana chikitsa* (elimination or purification therapy). *Charak Acharya* mentions *Chikitsa Siddhant* (line of treatment) according to *Doshapradhanata* as – *Sarpipana* in *Vaatpradhana Kushtha*; *Vamana* in *Kaphapradhana Kushtha* and *Raktamokshana* and *Virechana* in *Pittapradhana Kushtha*.¹⁰ This *Shodhana* is mainly indicated for adults whereas children are mainly subjected to *Shamana* therapy.¹¹ Also *Nidanaparivarjana* always remains a first stream of management of Ayurved Treatment. The reported patient here significantly improved with the avoidance of causative factors.

Orally administered *Arogyavardhini Vati* has been specifically indicated in *Vatakaphapradhana Kushtha*; it also has *Deepana* (appetizer), *Pachana* (digestive) and *Malanashaka* (destroying waste products) properties.¹² Therefore, it was prescribed to the patient as patient was having decreased appetite.

The main impact of *Gandhak Rasayana* is found to be on *Rakta dhatu* and *Twacha* which are the main *Dushya* in the *Kitibh Kushtha*. It is specifically indicated in chronic skin diseases.¹³ Likewise its also found to be very useful in the conditions like *Twakdarana* (woundlike condition). So it helped the skin heal at the site of the lesions.

For *Shamana Snehapana* (for curing *Rukshata*), *Panchatikta Ghrita* having *Kushtha* as *Rogadhikara* was selected after completion of first month of therapy considering necessary *Pachana* was done. But its modified and palatable form was used considering the age of the patient. And it was *Panchatikta Ghrita Guggulu*.¹⁴ It specifically helped in *Vatashamana* (alleviation of *Vata*) by decreasing the symptom like *Rukshata*.

Along with these, *Khadirarishta* was prescribed to the patient. *Acharya Sharangdhara* mentioned *Kharirarishta* as “*Sarvakushthanivarana*”.¹⁵ The contents of

Khadirarishta like *Khadira*, *Devadaaru*, *Bakuchi*, *Darvi*, *Triphala* are *Tvachya*, *Varnaprasadaka*, *Kushthaghna* and *Kandughna* therefore it was given to the patient throughout the course of treatment and it worked miraculously. The coarseness, dryness, scaly lesions and excessive itching vanished leaving tiny patch of discolored skin.

Patient was *Krusha* and *Durbala*, he also had history of recurrent fever, considering this condition of patient *Sanshamani vati* was added in the treatment regimen at the sixth follow up (after 90 days of treatment commencement). It is specifically used in *Balyavastha* having *Jeerna Jwar* and also improves *Dhatu Pariposhana Kram*¹⁶

Locally applied combination of *Jatyadi taila* and *Karanja taila* was found to be helpful in healing the woundlike lesions, soothing the texture of skin by relieving the excessive dryness and itching. The *Vranaropaka* property of *Jatyadi taila*¹⁷ worked very well along with *Karanja taila* which is said to be *Kandughna*.¹⁸ Therefore this combination was continued for local application throughout the treatment.

By following this treatment regimen for four months, the patient got sustained relief from all the symptoms without any recurrence only some discolored patch remained. The patient was advised to avoid the *Nidanas* lifelong.

Conclusion-

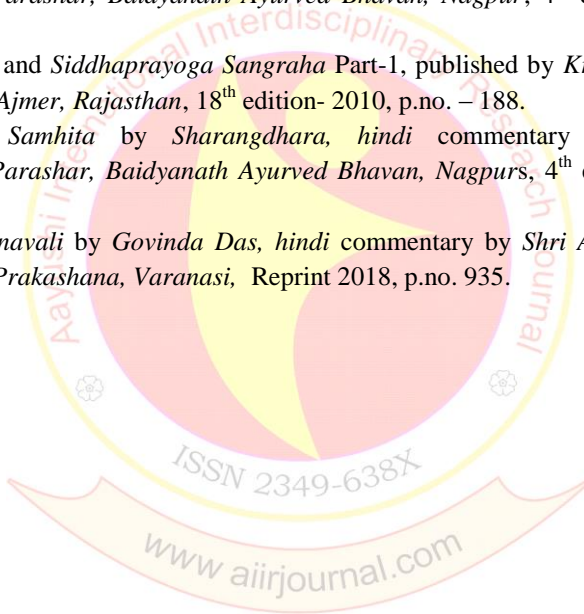
Kitibha Kushtha is a skin disorder which not only disturbs body but also mind. An Ayurvedic approach of management aims to give blissful life to the patient by decreasing vitiated *Doshas*.

From this study it can be concluded that the *Shaman Chikitsa* can also be very effective in the management of *Kitibha Kushtha* in the child.

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Physico-Chemical Analysis of Gandhashm Parpati Rasa

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Abstract

Parpati rasayanas are one amongst the murchita paradeeya aushadha yogas, that are therapeutically effective and qualitatively supreme formulations owing their lesser dose, a lot of palatableness, long period.Murchita paradeeya yogas like Parpati Rasayanas act as Roga nashaka and conjointly meant for Deha siddhi.These are having special place in each ayurvedic pharmacy and medical specialty. Parpati klapanas are well-liked among the process of mercury with high effectualness and are widely used. In rasa texts many varieties of parpati yogas are mentioned. Gandhashm parpati rasa is a herbo-mineral distinctive formulation, within which gandhaka shodhana is completed in different dravyas. During this article a humble try is formed to research Gandhashm Parpati Rasa pharmaceutically and analytically.

Keywords: Rasashastra, Parada, Gandhaka, Parpati Kalpana.

Introduction

Ras aushadhis are superior formulations among all Ayurvedic preparations because of less amount needed,easily edible,smaller dose,quick action and may well be utilized in diseases that do not seem to be curable by modern drugs.Rasa-shastra is one amongst the pharmaco-therapeutic branches of Ayurveda, which incorporates several of the inorganic, mineral, herbo-mineral preparations. The reference of rasa parpati for the first time was documented by Acharya Chakrapani. Parpati virtually implies that CRUST. The name parpati is given to the current preparation because of its type, the methodology of preparation and because it's formed within the kind of thin flakes with similarity of Papad. Parpati is additionally called as Pota bandha, Parpati bandha. Parpati alleviates nearly all diseases from childhood to maturity. Aside from different miraculous therapeutic effect of parada indicated in several style of rasaushadhis, the foremost common use of parpati style of rasaushadhi is for Grahani roga.In rasa texts many varieties of parpati yogas are mentioned.

Gandhashma parpati rasa is referenced in Raskamdheni.It is taken into account as a herbo-mineral unique formulation, within which gandhaka shodhana is completed in numerous herbal dravyas, and at last Gandhashma parpati rasa gets the standard of curing many ama originating diseases like Grahani, Arsha ,Ama shoola, Bhasmaka, Amavata, Jalodara, Gulma etc. In addition because it acts as a rasayana it also cures the disorders

like wrinkles and graying of hairs, which are major burning problems now a days. It's the responsibility of ayurvedic scholars to point out our positive quality and caliber in treating the diseases with quick results, which is simple to arrange, economical and not having any side effects, at the same time we've got to satisfy the latest advanced standards of drug pharmacopeia like analytical study, pharmaceutical study etc. Many studies had done already on Parpati kalpas but the pharmaceutical preparation and analysis of Gandhshma Parpati Rasa has not been done yet.

Considering above view the study was selected.

Aim And Objectives

To prepare Gandhashma Parpati rasa referenced in Rasa Kamadhenu and to analyse Gandhashma Parpati rasa physicochemically.

Materials And Methods

Apparatus: Khalvayantra, Palika Yantra, , Cow Dung, Kadali Patra(leaves of Musa sapientum Linn), Steel vessels, Spatula, Clothgas stove ,enameled tray etc.

Procedure:

Asuddha Gandhaka is finely powdered in Khalva yantra. Swarasa of Ardraka, Bhrngaraja, Bhanga and Kakmachi is squeezed out. Gandhaka is taken in a steel vessel smeared with goghrita and heated on mandagni till it melts. The melted Gandhaka is poured slowly but immediately in swarasa. When this melted Gandhaka came in contact with the swarasa, Gandhaka again gets solidified and some remains in granular form. This Gandhaka is collected from the Swarasa vessel, washed with hot water and dried and powdered. This process is repeated for 3 times for each swarasa separately. Each time fresh Swarasa is used for dhalan purpose. This shodhit gandhaka was triturated with half quantity of Shuddha Parada to prepare kajjali till it becomes as Kajjalabhasa, Slakshna, Anjana sadrusa sukshma, Rekhapurn, Varitar. Then seven bhavnas each of Ardrak swarasa and Kakmachi swarasa are given to the current kajjali.

Then this bhavit Kajjali is put in Palika yantra smeared with Ghee. Slow heat is given directly. After melting the whole mixture is poured on Kadali Patra smeared with ghee which is placed on the gomaya. Then the content is covered with another Kadali Patra and some amount of fresh Gomaya then pressed gently and allowed it to cool down. Flakes of Parpati are taken out. Impression of venation of kadali leaves is observed on parpati After the completion of the procedure, the flakes are kept for drying and powdered and preserved in an air tight glass bottle or jar.

Precautions–

Appropriate amount of ghee should be taken, otherwise the Parpati becomes mrudu paka.

Parpati should not be prepared in high flaming fire otherwise there is a chance of catching fire. So Mandagni should be maintained to melt the Kajjali.

Pressing should be done immediately after pouring melted material over the kadali leaf to get the proper Parpati (thin flakes/sheet).

Observation:**Table.no.1.Showing Observation of Gandhaka Shodhana :**

Tests	Ahsuddha Gandhaka	Shuddha Gandhaka
Consistency	Stony	Powder
Colour	Dull yellow	Greenish yellow
Touch	Hard	Smooth
Smell	Garlic	Typical smell

Table no.2.showing Observation Kajjali Bhavna:

Sr.No	Details	Quantity
1	Kajjali taken	300gm
2	Ardraka Swarasa required for procedure	685ml (approx)
3	Kakmachi Swarasa required for procedure	685ml (approx)
4	Kajjali Obtained after bhavna	335gm
5	Total weight gain after bhavna	35gm
6	Colour of Kajjali after bhavna	Bluish black
7	Smell of Kajjali	Typical smell

**Analytical Study**

For the standardization of the finished products, it's essential to analyse the prepared drugs, so that, quality of the drugs may be established. Fixation of a selected standard or a marker component may be a difficult task, because the Ayurvedic compounds contain multiple ingredients. In spite of that, the task is undertaken to evaluate and to compare the formulation with the available physico-chemical parameters.

Analytical study provides the target parameters to fix up the standards for quality of raw drugs, in process and finished products. Based on physical properties of substances various analytical methods are employed.

During this present era with the arrival of recent science and technology, apprehension regarding the security of metallic and mineral preparation has aroused hence it's necessary to analyse them to detect free metals, their solubility and other parameters regarding modern science.

Considering the above view GANDHASHM PARPATI RASA was analysed

Classicle Parameters:

Table.no.3 Showing Classicle parameters of Gandhashm parpati

Parameter	Result
A] Shabda	'kat' sound comes after breaking the parpati
B] Sparsha	Mrudu
C] Rupa	Krishna
D] Rasa	Niswadu
E] Gandh	Gandhak sadrush

Modern Parameters:

Physical tests:-

Organoleptic Characters :

Table.no 4.Showing Organoleptic Characters of Gandhashm Parpati :

Sr.No	Test	Observation
1	Colour	Black
2	Taste	Tasteless
3	Touch	Smooth
4	Odour	Sulphurous
5	Clarity	No clarity
6	Opalescence	No Opalescence

Physicochemical Tests:

Table.no 5: Showing various parameters for standardization of Gandhashm Parpati Rasa

Sr.No	Parameter	Batch 1	Batch 2	Batch 3
1.	LOSS ON DRYING	0.02 %	0.03 %	0.02%
2.	LOSS ON IGNITION	0.79 %	0.82 %	0.65 %
3.	TOTAL ASH	0.17 %	0.19 %	0.11 %

4.	ACID INSOLUBLE ASH	0.08 %	0.09 %	0.05%
5.	WATER SOLUBLE ASH	0.01 %	0.01%	0.01%
6.	SULPHUR CONTENT	38.95 %	39.24 %	38.89 %
7.	MERCURY CONTENT	35.50 %	34.46 %	35.51 %
8.	pH	6.4	6.2	6.5

Discussion:

The knowledge gained and the questions aroused throughout the study have been included under this section. The study has two phases i.e. pharmaceutical and analytical study. Before and after processing, change in the form of gandhak was observed. It also resembled the description mentioned in reference. It becomes porous in nature. Kajjali should be made fine, nischandra, varitar. Quantity of goghrita should be less. Mandagni should be maintained throughout. The stage at which heating is to be stopped is very important, which can be achieved with skill and experience. Stirring of kajjali should be done continuously.

Conclusion:

The parpati taken into this article ;Gandhashm Parpati can be used in the treatment of ama originating diseases like Grahani, Arsha, Ama shoola, Bhasmaka, Amavata, Jalodara, Gulma etc. According to classics Parpati kalpanas are also considered for their Rsayana effect. Major burning problems now a days like wrinkles and graying of hairs can be cured by the use of this Gandhashm Parpati Rasa with dose of 2 to 4 Ratti (120 to 480 mg approximately).

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Guillain Barre Syndrome – Ayurvedic Perspective And It's Management

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Abstract:

A patient with complaints of ubhayhastapada daurbalya and shula with chakramanakashtata visited to OP. He was not able to stand up after sitting position. He was treated with allopathic medicines previously and diagnosed with GBS.

Line of treatment we have adopted was with pachan chikitsa for 7 days. He was given basti with eranda, dashamula, palash siddha kwath for strotoshodhan along with sarvang snehan swedan and patrapinda swedan. Shaman chikitsa was given with kaishor guggulu and rasnapanchak kwath. After 7 days brihan and rasayan chikitsa was started with chatusneha basti and pinda swedan for 14 days. Makardhvaja , abhrak bhasma and vishtinduk vati was given internally.

The GBS symptoms were reduced remarkably with patient able to walk on his own and he can easily stand up on his legs after sitting with almost no muscle weakness.

Key words – Guillain barre syndrome, ubhayhastapada daurbalya and shula , Chatusneha basti , Pinda swedan

Introduction –

Guillain barre syndrome involves acute demyelinating polyradiculopathy which is auto immune in nature. Males are at slightly higher risk for GBS than females and also adults are more frequently affected than children. It is mostly preceded by an infectious illness such as respiratory or intestinal mostly due to influenza virus. There are multiple types of Guillain barre , but the most common form is acute inflammatory demyelinating polyradiculopathy.

Case Report –

A 24 yr old male patient came to opd with complaints of –

- 1) Ubhayhastapada daurbalya and shula
- 2) Ubhaypada gauravata
- 3) Chankramana kashtata
- 4) Ubhayhastakampan
- 5) Difficulty in standing after sitting position

Patient was complaining all above symptoms from 1 yr.

Past History –

Patient did not have any history of Hypertension / Diabetes mellitus / Asthma / Epilepsy/ Ischemic heart disease / Tuberculosis

No history of any major surgical illness.

No history of any addiction like alcohol / smoking / tobacco

Occupation – Maharashtra police constable

H/O – Malaria 2-3 times last year in a gap of 3-4 month.

N/H/O – Typhoid / chickenguniya / dengue / jaundice

Patient took treatment previously at Allopathy Hospital for same complaint, but he did not get complete relief.

He investigated for electro myelogram and nerve conduction velocity (EMG AND NCV) and diagnosed as Guillain barre syndrome (GBS).

Treatment received by patient in private hospital included –

INJ.Ceftriaxone 1 gm BD

INJ. Metro 500 mg TDS with vit b complex over a five days period.

Three times plasmapheresis done.

Patient was discharged and advised to continue physiotherapy.

Examination On Admission –

General Examination –

The general condition of patient was fair and afebrile.

pulse - 72/min

Blood pressure - 110/70 mm of hg

Respiratory rate – 20/min

Jivha – Alpa sama

Prakruti – Vatapittaj

Systemic Examination –

In the systemic examination findings of respiratory and cardiovascular system within normal limits. Abdomen was mildly distended; non tender and bowel sounds were present. Patient was conscious and well oriented and pupillary reaction to light was normal.

Deep tendon reflexes –

	ANKLE	KNEE	BICEP	TRICEP
RT	+1	+2	+2	+1
LT	+1	+2	+2	+1

Muscle power grade on admission –

	RT	LT
UL	4/5	4/5
LL	3/5	3/5

Superficial plantar reflex was absent on right side and mild flexion was present over left leg.

Investigations –

All routine studies of blood and urine were within normal limits.

EMG and NCV study were done and diagnosed with pure motor predominately demyelinating with diagnosis of GBS.

Material & Methods –

Initially treatment was started with pachan chikitsa for 7 days.

After confirming presence of intestinal motility basti started. Kwath of Eranda , Dashmula , Palash was used for niruha basti and anuvasan was given with sahachara taila. Quantity of basti was decided as per retaining capacity of patient which was 300ml for niruha and 60ml for anuvasan.

Koshna Mahamash taila was applied in anulome gati , all over body for 15 to 20 min for sarvang bahya snehan . Sarvang nadi swedan was given by nirgundi and dashamula siddha kwath for 20 mins.

Patrapinda swedan by using leaves of Ricinus communis and Calotropic gigantean along with Kottamuchukadi churna was done all over body for 20 to 30 mins for 7 days.

He was given orally –

- 1) Kaishor guggulu 2-tab TDS
- 2) Rasnapanchak Kwath 30ml BD

After pachan chikitsa brihan started with

- 1) Panchatikta ghruta guggula
- 2) Ashvagandha + shatavari + bala + kapikacchu + panchatikta siddha kshirapaka 30ml BD
- 3) Mahamash taila abhyanga
- 4) Chatusneha basti 30ml in 3:1 ratio with panchatikta niruha basti
- 5) Pinda swedan for 14 days
- 6) Makardhvaja rasa 60mg
Abhrak bhasma 120mg
Vishtinduk vati 2tab
Guduchi satva 500mg BD with honey.

Result –

After the treatment of total 28 days, patient was easily stood up on his legs after sitting and there was almost no weakness in bilateral upper limb and lower limb. His muscle power was improved remarkably.

Muscle power grade after treatment–

	RT	LT
UL	4/5	4/5
LL	4/5	4/5

Discussion –

Guillain barre syndrome is also called as acute inflammatory polyradiculopathy as inflammation is very important in pathogenesis. It is marked by inflammation of peripheral nerves affecting legs and arms due to viral infection. There is destruction of myelin sheath surrounding sensory and motor nerve fibers. Multifocal demyelination with inflammation result in conduction block.

According to Ayurveda –

Samprapti (Pathogenesis) can be given as follows –

Hetu

- 1) Sannikrushta hetu - Auto immune disorder
- 2) Sahayak hetu – Krumi (viral infection)

↓
Visha (shuktata - Sukshma, Vyavayi , Vikasi ,)

↓
Sarvadehik Vatanadi (Vyan Vayu) Dushti
(Rakta Pitta pradhan dushti)

↓
Vatanadi (Saurambh Pradhan samprapti)

↓
Vatanadi shotha

↓
Vyana vayu avarodh

↓
(Mansapeshi , snayu , kandara daurbalya)
Karmendriya hani (as per vatanadi)

Treatment was given in view of Sampraptibhanga. Initially for Pachan of saurambhjanya shotha over Vatanadi , basti was given with Eranda , dashamula , palash siddha niruha basti along with Patrapinda sweda. Kaishor guggulu and rasnapanchak kwath was given internally for pachan. When there is decrease in Vatanadi shotha and vayu avarodh ultimately there is vyana vayu anuloman over mansapeshi, snayu and kandara.

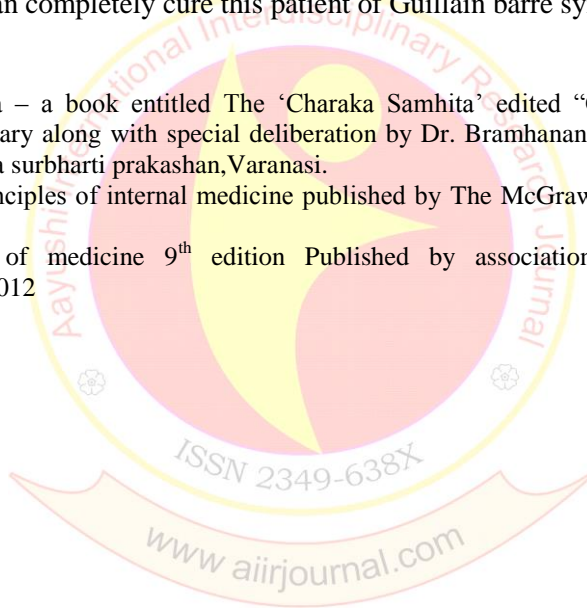
After pachan, line of treatment adopted was balya chaikitsa i.e to give strength to Vatanadi as well as mansa, snayu and kandara. Makardhvaj , abhrak bhasma , vishtinduk vati and guduchi satva was advised as it is balya to vatanadi. Panchatikta ghruta guggulu, Ashvagandha + shatavari + bala + kapikacchu + panchatikta siddha kshirapak , Mahamash taila abhyanga , Chatusneha basti , Pinda sweda was given for brihana of mansa , snayu and kandara and also vatanadi.

Conclusion -

Ayurvedic treatment along with the ayurvedic panchakarma chikitsa as well as shamanaushadhi we can completely cure this patient of Guillain barre syndrome definitely.

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A Single Case Study on Managing Vata-ashtila with Ashwagandha Churna**Dr.Rasika Ravindra Nirbhawne**PG Student, Dept. of Shalyatantra
SMBT Ayurved College & Hospital, Dhamangaon, Igatpuri**Dr. Datta Kumavat**Guide, Professor, Dept. of Shalyatantra
SMBT Ayurved College & Hospital, Dhamangaon, Igatpuri**Abstract:**

By the age 50 years and above probably males experience urological disorders which affects their day to day life. Benign Prostatic Hyperplasia (BPH) is a well-known obstructive urological disorder seen in men with this age group and is characterized by a non-malignant enlargement of the prostate resulting from excessive cellular growth. The predominant urinary symptoms like intermittency, weak stream, straining, incomplete emptying, urgency and frequency are present. This can be correlated with Vata-Ashthila described by Sushruta. Herbal drugs mentioned in the management of Vata-Ashthila not only reduce signs and symptoms but also improves quality of life.

In this case study, a well diagnosed benign prostatic hyperplasia was treated by Ashwagandha Churna with Milk twice daily for 21 consecutive days. The patient was assessed and objective parameter was post void residual urine. After completion of the treatment, relief was observed in symptoms. This case highlights that Benign Prostate Hyperplasia can be managed with conservative method.

Keywords: Vata-Ashthila, Ashwagandha Churna, Benign Prostatic Hyperplasia, Cellular Growth

Introduction:

By age 50 many changes related to age arises and sometimes they are inevitable. These changes lead to disturbance in usual life style of patient. Benign Prostatic Hyperplasia is one such condition which affects male individuals. This leads to problematic symptoms like intermittency, weak stream, straining, urgency, frequency, incomplete emptying and so on. Benign Prostate Hyperplasia is one of the most common obstructive urological disorder seen in males with advanced age group. BPH is a condition where there is increase in size of the prostate inside the capsule which exerts pressure on the urethra leading to the obstruction in th flow of urine.

Sir Benjamin Brodie's said that;

“When the hair becomes grey and thin, when there forms a white zone around the cornea, at the same time ordinarily, I dare say invariably, the prostate increases in size.”

Now-a-days available treatment for BPH is α - blockers and 5 α - reductase inhibitors which patient has to take for a longer period and gradually suffers with the

adverse effects. So, widely accepted treatment is surgical management with Trans Urethral Resection of the Prostate but still it has advantages and disadvantages.

In this regards, Ayurvedic approach using classical medicines in the management of BPH is required. *Sushruta* has mentioned 12 types of *Mutraghata* in *Sushruta samhita uttarantra*. *Vata-Asthila* has been described with near about similar symptoms as that are in Benign Prostatic Hyperplasia. Numerous types of drug formulations are mentioned in the *Samhita* regarding *Vata-Asthila*. Among them *Ashwagandha churna* was suggested to the patient. *Ashwagandha* has the properties like *Shothahar, Mutrala, Vata & Kapha dosha shamak*. It will be helpful for reducing the size of prostate and to enhance the tone of urinary bladder.

Case Report:

A 64 year old male patient came to Shalyatantra OPD of SMBT Ayurveda Hospital with complaints of increased frequency of micturition, weak stream, incomplete emptying of bladder, lower abdomen pain, and urgency since 6 months. Gradually, he was feeling more discomfort and his routine life disturbed. Patient was not having any major past surgical & medicinal history

General Examination:

- Pulse- 80/min
- BP- 140/90 mm of Hg
- Urine - Urgency and Frequency of micturition.
- Appetite – regular and good.

Systemic Examination:

- RS – AEBE Clear
- CVS – S₁ S₂ Normal
- CNS – Conscious, Oriented,
- P/A – Soft, slight tender at supra-pubic region

Local Examination:

External Urethral Meatus – Normal

No fibrosis felt at penile shaft

Per rectal digital examination: - Round shaped, tenderness absent.

- Free rectal mucosa and Soft consistency

- Size of prostate mild enlarged.

Investigations:

CBC and RBS were within normal limits.

Prostate-Specific Antigen (PSA) – 0.69 ng/ ml

Sr. Creatinine – 1.25 mg/dl.
USG – Prostate Gland Volume – 60 cc.
– Post Void Residual - 30 cc.

Treatment:

- *Ashwagandha Churna* 3 gm.
– Anupan – Godugdha.
Bhojanpashchat twice daily.

Material and Method:

- Duration of Study: 21 days.
- Follow up during treatment: on 7th, 15th and 21st.
- Follow up after treatment: on 30th day.
- Material: *Ashwagandha Churna* with *godugdha*.

Assessment Criteria:

- Urgency.
- Incomplete emptying of Bladder.
- Weak stream.
- Frequency of micturition.

Results and observations:

Investigational Findings:

Investigation	Before Treatment	After Treatment
Prostate Volume	60cc	30 cc
Serum Creatinine	1.25 mg/dl	0.98 mg/dl
Post Void Residual	30 cc	10cc

Discussion:

The concept of nodular hyperplasia in pathology is established but yet its cause is not known definitely. There are theories to understand etiology of BPH among which hormonal theory is more accepted. As it states that imbalance between androgen and estrogen may be the cause and even age factor is responsible. In old age estrogen level is increased whereas androgen decreases as per age. So prostate may have enlarged due to estrogenic hormone. 5 α reductase converts testosterone into dihydrotestosterone(DHT) and this DHT influences growth of prostate.

In Ayurveda, *vata-dosha* is the root cause in *mutraghata*; particullary *apan vata*. *Vata-Ashtila* is a type of *mutraghata* where vitiated *vata* along with *kapha dosha* creates *avrodha* in *mutramarga*. *Ashwagandha* being *tikta*, *madhura rasa* and *laghu*, *snigdha guna* acts as a *vata kapha shamaka*. It has *Mutrala* property which acts *mutravaha sansthana*

and because of its diuretic property it reduces symptoms such as incomplete emptying of bladder, frequency of micturition and weak stream. It has the property to reduce *Granthisotha*. Being *balya* it acts on muscles by giving strength. It has *shukrala* property that helps in production of testosterone. It increases serum level of LH & Testosterone revitalizes the natural balance of sexual hormone in men. So ultimately, it controls the growth of prostate gland and provides the relief in signs and symptoms. Due to properties of *madhura rasa, rasayan, vata-kapha shamaka* it nourishes & strengthen all the *dhatus* & regularizes the function of *apana vata*. Hence, all these properties of the trial drug and the action would have helped to control the benign growth of prostate.

Conclusion:

This case study highlighted that *Ashwagandha churna* is safe and effective in symptomatic management of Benign Prostatic Hyperplasia.

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A Case Discussion On Psoriasis

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Abstract:

Exact cause of the psoriasis is not known, but it is a chronic inflammatory and non infectious disease which affects epidermis causing large scaly lesions and plaques. Its chronicity increases by less immune response and factors causing skin inflammations. Western treatment therapies have number of side effects which can cause severe skin hazards. In Ayurveda it is mentioned as a *Kitibha kushta* and in chronic stage its treatment includes several panchakarma therapies which help in elimination of vitiated doshaj (toxins). In present case report a 48 years old lady presenting with a symptoms of thickened, dry and rough scaly skin lesion with large thick flakes over both the hands and legs treated with the several panchakarma therapies has been presented here.

Key Words: Psoriasis, *Kitibha kushta*, Panchakarma, lesions, Erythematous

Introduction:

Psoriasis is a non-infectious, chronic inflammatory disease of the skin, characterized by well defined erythematous plaques with silvery scale, with a predilection for the extensor surfaces and scalp, and a chronic fluctuating course.^[1] The exact cause of the psoriasis is unknown, although a genetic component may be involved. Emotional stress, infections, trauma and seasonal and hormonal changes trigger exacerbations of psoriasis.^[2] Standard western medical treatment for psoriasis can cause a great deal of harm to your body, such as skin irritation, liver damage, and skin cancer.^[3] In Ayurveda, psoriasis is one of the types of *kushta*.^[4]

Case Report:

A 48 year old lady presenting with a symptoms of thickened, dry and rough scaly skin lesion, over anterior to lateral region of both the hands (from elbow to wrist) and feet (from knee joint to ankles) and anterior to scalp, characterized with large thick plaques of raised skin and big flakes of dry skin that flake off, since 20 years.

Patients had taken different treatments for several years but found no cure, other than decreasing scaly lesions for some days which revert back after few days. When scaly lesions were off, she was complaining of red patched and itching.

As the duration of the disease was too long she was advised to undergo with the panchakarma therapies. She was administer *Vaman* first than *Virechan* and than *Raktamokshan* by *jalaukawacharan*

Results:

After *Vaman* therapy thickening of the skin was improved and plaques were also reduced the skin looks like reddish colored and dryness and roughness of the skin was also reduced. After 3 months of the *Vaman* she was administered *Virechan* therapy, after that thickness of the skin was almost removed but after a month amount of plaques and flakes was started to appear which was reduced after some days and than again starts to appears, than she was administered *Raktamokshan* by *jalaukawacharan* in every week for 12 weeks. After that skin redness, thickness, plaques and flakes was completely reduced and than never appeared. After each panchakarma therapy she was administered *Panchtikta ghrīta guggule vati*, *Arogya vardhini vati*, and *Gandhak rasayan* two pills two times a day and *Khadirarishta* 15 ml twice daily and regular application of *Psora oil*. This whole procedure takes around 10 months. Than with a follow up period of 8 months patient has shown no signs and symptoms of thickening, plaques, and flakes of the skin.

Discussion:

Traditionally psoriasis has been viewed as a hyper-proliferative disorder^[5] Initial research efforts focused on abnormal keratinocyte proliferation. More recently, emphasis has shifted to the role of T-lymphocytes as the critical effector cells necessary for the induction of psoriasis.^[6]

Psoriasis is a type of kushta, and in treatment of critical kushta (*Bahudoshaj*) it was advised to administered *samshodhan* (*vaman*, *virechan* etc.) for several times,^[7] which helps in complete elimination of *dosha* (toxins) from the body preventing its recurrence.

Mode Of Action:

***Dipan-pachan aushadhi* (appetizer and digestive):**

It improves digestive power and metabolism and does *Aampachan*.

***Snehapan* (Administration of medicated *ghrita*):**

Snehapan is carried out for 5 to 7 days depending on the vitiated *dosha* and digestive power. It helps in accumulation of the whole body toxins and prepares them for exit. It was administered till whole body gets *snigdha* (greasy).

***Sarvang Abhyang and Swedan* (whole body massage and steam bath):**

Massaging with oils and sudation in steam chamber facilitates the vitiated *dosha* (toxins) to liquefy and opens up the micro channels and move them towards the *koshta* (digestive tract) for elimination. In case of *vaman* it is done at last day of *snehapan* and in case of *virechan* it is carried out for two consecutive days after *snehapan*.

***Vaman*:**

It is the emetic process by which *doshas* are expelled out by mouth. It is usually done to eliminate kaphaj disorders. Emetic drugs are given which facilitate vomiting. Patient was emitted for 8 times which is considered as excellent (*uttam*). At the end of emitting *pitta* was appeared.

Virechan:

Virechan is the process by which *doshaj* are expelled out by anal route. It is usually done to eliminate *pittaj* disorders. Purgative drugs are given which enhance intestinal secretions and movements causing easy expulsion of *doshaj*. Patient was purgated for 15 times which is considered as moderate.

Raktamokshan:

It was done by applying leach on affected areas which sucks approximately 40 to 50 ml blood (*dushtarakta*). It helps in detoxification of blood. Around 3 to 4 *jalauka* was applied at one time, which was done on every week for 15 weeks.

Table 1 : Vaman process

Procedure	Medication	Dose	Duration
<i>Deepan-pachan</i>	<i>Dhanyaka-shunthi kwath</i>	40-50 ml in morning	7 days
	<i>Triphala churna</i>	2 g at bed time	
<i>Snehapana (drinking of medicated ghrita)</i>	<i>Panchatikta ghrita guggul</i>	30 ml, 60 ml, 90 ml, 120, 150 ml on five consecutive days	5 days
<i>Sarvang snehan</i>	<i>Mahamarichyadi taila</i>		1 day
<i>Sarvang swedan</i>			
<i>Vamana (emesis)</i>	<i>Madanphal churna, vacha churna, Yashtimadhu kwath</i>	4 gm, 2 gm and 2 liter resp.	1 day
<i>Samsarjan karma (post procedure)</i>	<i>Mand</i> (cooked moong dal water)	2 to 3 cups	for two days after <i>vaman</i> when filed hungry
	<i>Vilepi</i> (cooked rice with moong dal with excess water)	1 to 2 cup	for two days when filed hungry

Table 2 : Virechan process

Procedure	Medication	Dose	Duration
<i>Deepan-pachan</i>	<i>Dhanyaka-shunthi kwath</i>	40-50 ml in morning	7 days
	<i>Triphala churna</i>	2 g at bed time	

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Snehapana (drinking of medicated ghrita)	<i>Panchatikta ghrita guggul</i>	30 ml, 60 ml, 90 ml, 120, 150 ml on five consecutive days	5 days
Sarvang snehan	<i>Mahamarichyadi taila</i>		2 day
Sarvang swedan			
Virechan (purgation)	<i>Tab. Ichhabhedi ras</i> with <i>triphala quath</i> was given in early morning	two tab. of Ichhabhedi ras (100 mg each) with triphala quath 50 ml	1 day
Samsarjan karma (post procedure)	<i>Mand</i> (cooked moong dal water)	2 to 3 cups	for two days after <i>virechan</i> when filed hungry
	<i>Vilepi</i> (cooked rice with moong dal with more water)	1 to 2 cup	for two days when filed hungry

Table 3 : Raktamokshan process

Procedure	Medication	Dose	Duration
Abhyantar shehapan (drinking of medicated ghrit)	<i>Panchtikta ghrita guggul</i>	50 ml	One day on the day before raktamokshan
Jalaukavacharan (application of leach)		3 to 4 leach	on each week for 15 weeks

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Left Leg before Treatment



Left Leg after Treatment



Right hand before treatment



Right hand after treatment



Left hand before treatment



Left hand before treatment



Pharmaceutical and Analytical Standardization of “Mansapachak Vati”**Dr. Sayali Joglekar- Joshi***,Associate Professor,
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Seth Chandanmal Mutha Aryangla Ayurved Mahavidyalaya,
Satara, Maharashtra,**Dr. Sarang Deshpande,**Vice Principal and HOD,
Dept of Rasashastra and Bhaishajya Kalpana,
Vijayashree Ayurvedic medical college and Hospital, Jabalpur, M.P.**Abstract:**

In ancient Ayurvedic classics, many formulations are there like herbal, mineral and herbomineral in origin. These formulations are effective in many diseases depending upon their qualities and properties. In this study, we are dealing with Mansapachak vati which is herbal preparation.

In Charak Samhita, Uttarsthana, Acharya Charak mentioned Pachak Yoga in the treatment of Vishamjwara. “Mansapachak yoga” which is useful in the Treatment of Mansapatjwar. Many of the Ayurvedic paractitioners prescribe Mansapachak yoga in various dosage forms like kashaya (Decoction), Churna (Powder) as per their convenience. Dosage form for administration plays an important role in the reaction and delivery of particular drug on a specific system. Tablets are easy to prepare, packing, transportation and administration to patients. Hence tablet form is the most accepted dosage form amongst all.

In this study, formulation of “Mansapachak Yoga” is transformed to the tablet form by using modern equipments and analytical techniques. An effort is made to validate the pharmaceutical and analytical procedures to maintain the quality of product and to avoid batch to batch variation.

Pharmacopeial standards are set for this Ayurvedic formulation in tablet form. All the 3 samples were prepared by this method show identical characteristics and analytical parameters do not show much significant difference. These set parameters may be used for the further pharmaceutical preparations.

Keywords: Charak Samhita, Pachak Yoga, Mansapachak Tablet (MPT), Pharmaceutical standard.

Introduction:

Five Pachak Yoga mentioned in Treatment of “Vishamjwara” in *Jwara Chikitsa Adhyaya*[1]. They are *RasaPachak*, *RaktaPachak*, *MansaPachak*, *MedoPachak* and *Asthimajja Pachak*.

Abhishyandi aahar, junk food consumption ,excessive eating of food, eating of food which is hard to digest, sleeping at daytime causes *Mansavaha Strotodushti*[2] .

WHO have stated that 80% of populations are using herbs and other traditional medicines as their primary healthcare needs. Due to increased demands of herbal medicines worldwide, it is responsibility to provide the quality of product in standard dosage form is bestowed upon *Ayurvedic* industry. Dosage form plays an important role for specific action and their efficacy on the human body. Amongst all dosage forms, tablet is widely used like syrup, powder, injectable Tablets are easy to administer, delivers exact dose, more palatable, easy to transport, packaging. So *Mansapachak Yoga* is transformed into tablet form.

AYUSH, Govt. of India, is now working on development of S.O.P. for the manufacturing of Ayurvedic preparation to avoid batch to batch variations. This can be achieved by evaluating and analyzing herbal products using both *Ayurvedic* as well as modern techniques of standardization during and after preparation of finished product.

In original reference, *Mansapachak Yoga/Kalp* is nowhere mentioned as in *Vati* (Tablet) form. Here for proper administration of dosage and to avoid its bitter taste, the *kalpa* is modulated in *Vati[3]* (Tablet) form.

The ingredients and *Bhavana Dravya* used were same as described in original reference.

One of the major problems faced by the *Ayurveda* physician is the unavailability of unique pharmaceutical and analytical validation for herbal medicines and their formulations.

In this study, standardization of *Mansapachak Yog* in its *vati[4]* (tablet) form is an important step.

For establishment of physiochemical profile, Pharmaceutical and Analytical validation of “given” herbal drug is done.

Materials and Methods:

Mansapachak Yoga contains total 6 ingredients viz. Nimb, Patol, Musta, Triphala, Mrudvika, Vatsak. Decoction of all these drugs was used to give *Bhavana* in order to increase the potency of the drug.

The details of parts and quantity used are given below in Table No. 1

All the ingredients for this *kalpa* were collected from local authentic market and identified and authenticated at the quality control laboratory by using facilities of Shree Bramhachaitanya Ayurved, Nagpur, Maharashtra. All these herbal ingredients passed quality parameters described in API [5].

Table No. 1: Contents of the drug

Sr. No.	Sanskrit Name	Latin Name	Parts Used	Quantity for batch size 1 kg
1	<i>Nimb</i>	<i>Azadiracta indica</i>	Stem, bark	160 gm
2	<i>Patol</i>	<i>Trichosanthes dioica</i>	Stem, Bark	160 gm
3	<i>Musta</i>	<i>Cyperus rotandus</i>	Stem, Root	160 gm
4	<i>Mrudvika</i>	<i>Vitis vinifera</i>	Rhizomes	160 gm
5	<i>Kutaj</i>	<i>Holarrhena antidysentrica</i>	Bark	160gm
6	<i>Amalaki</i>	<i>Phyllanthus embelica</i>	Fruits	55gm
7	<i>Haritaki</i>	<i>Terminalia chebula</i>	Fruits	55gm
8	<i>Bibhitaki</i>	<i>Terminalia bellerica</i>	Fruits	55gm

Pharmaceutical Procedure:

All the ingredients mentioned in above table were mixed together in equal quantity of 250 gm each. It was then processed in mass pulveriser and sifted in mass sifter using sieve no. 80 to obtain fine power from it. The obtained mass was uniformly mixed in mass mixture and triturated in end runner for three *prahar* (9 hr approx) with the decoction made of the same ingredients which are mentioned above. After trituration it was dried in electric dryer at temperature not more than 60°C. The excipients were added in dried mass in the quantity of MCC 30 gm, Starch 50 gm. Then the mass was passed through multimill with sieve no. 2 and granules were prepared. After that tableting was done using tableting machine each of size 250 mg. About 3800 to 4000 tablets were obtained from each batch.

Observations and Results:

Physico- chemical analysis was done at quality control lab by using facilities of Shree Bramhachaitanya Ayurved, Nagpur, Maharashtra.

Table No. 2: Showing comparative physico- chemical study.

Sr. No.	Test Name	Sample A	Sample B	Sample C
1	Description	Light Buff Brown with characteristic odor	Dark Brown with characteristic odor	Brown with characteristic odor
2	Average Weight	0.270 gm	0.248gm	0.255gm
3	Uniformity in Weight	Not >5%	Not >5%	Not >5%
4	Diameter	8.20 mm	8.10mm	8.23mm
5	Thickness	3.57 mm	3.62 mm	3.55 mm

Aayushi International Interdisciplinary Research Journal (Monthly e-Journal) Website :- www.aiirjournal.com Contact :-Pramad P.Tandale I Mob. No.08999250451			ISSN 2349-638x Impact Factor 6.293	
6	Hardness[6]	2.51Kg/cm ²	2.54kg/cm ²	2.49kg/cm ²
7	Friability[7]	0.5% w/w	0.2% w/w	0.3% w/w
8	Disintegration[8]	11 min	13 min	14 min

Discussion:

Tablet is widely used dosage form. Exact dose can be delivered to the patient, easy for administration, palatable, easy to transport and packaging. This way tablets have more advantages over other dosage form.

Pharmaceutical and Analytical validation of *Mansapachak* Tablet(MPT) became possible by following every step in proper way and by modern Physico- chemical analysis of finished product.

Ingredients used in MPT are the same as mentioned in *Charak Samhita*. In order to increase the potency of these tablets *bhavana* with the *kwath* of same ingredients was given while manufacturing.

The appropriate processing sequence was strictly followed as per GMP norms and changes were noted after each step from pulverization of raw material to packaging of finished product. Finished product was examined by both classical as well as modern parameters to check batch to batch variations and consistency.

In all three sample batches quality control parameters for this drug doesn't show significant difference in their value which means the operating manufacturing process is similar and could be standardized. The analytical parameters for *Mansapachak vati* (tablet) which is prepared by the above said method may be set for SOP of this tablet as per table below.

Table No. 3: Showing set parameters for *Mansapachak* tablet

Sr.	Test Name	Parameters
1	Description	Light Brown, circular compressed, biconvex uncoated tablet with characteristic odour.
2	Average Weight	0.248 to 0.270 gm
3	Uniformity of weight	Complies
4	Diameter	8 mm to 8.2 mm
5	Thickness	3.5mm to 3.7mm
6	Hardness	2.3 Kg/cm ² to 2.5 Kg/cm ²
7	Friability	NMT 1%
8	Disintegration	NMT 30min

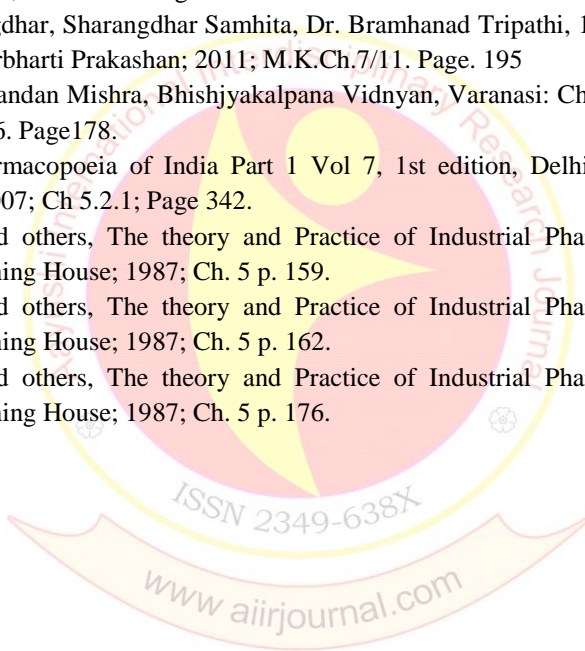
Conclusion:

The pharmaceutical and analytical process standardization of *Ayurvedic* formulation *Mansapachak Vati*(tablet) has been validated by using both *Ayurvedic* as well as modern physiochemical parameters. The validated method can be used for the

preparation of *Mansapachak Vati* (tablet) by which we get an optimal efficacy of the finished product. There are no significant variations observed in all the three batches prepared. The above study reveals *Mansapachak Vati* prepared by above method meets to the quality parameters. As there is no standard data published anywhere for this formulation, a comparison is not possible and current observations in this study may be referred for the future study.

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Role of Sutshekhar Ras in Management of Tamakshwas (Bronchial Asthma)**Dr. Shilpa Shambhu Waghule**

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Abstract-

Ayurvedic concept is of the opinion that Tamakshwasa (Bronchial Asthma) is a Yapya Vyadhi. The etiopathogenesis, signs, and symptoms of Tamakshwasa may be correlated with Bronchial Asthma. According to Ayurveda because of Hetu Sevan forms Pranvayu, Udanvayu Dushti creates congestion, inflammation in Pranvah Strotas. with the healp of Sutshekhar Ras Avarodh of Pranvayu can get reduce. As it is a Kapha-Vata predominant disorder, with this aim, a clinical study was undertaken on 15 patient group for duration of 2 weeks. The drug Sutshekhar Ras given orally, separately in each patient. All the patients were kept under strict dietary control during the treatment. The observation on effect of therapy was encouraging and showed less recurrence.

Introduction-

Bronchial Asthama is one of the most common chronic diseases globally and currently affects ~300 million people. There is rising incidence that appears to be associated with increased urbanization.¹

Bronchial Asthma is a chronic inflammatory disease of airway. It leads to recurrent episodes of wheezing, breathlessness, tightness of chest and cough particularly at night or early morning. As per Ayurveda, Shwasa is mainly caused by the Vata and Kapha doshas. Shwasa is broadly classified into five types Mahashwasa (Dyspnea major), Urdhawashwasa (Expiratory Dyspnea), Chinna shwasa (Chyne-stroke respiration), Kshudra shwasa (Dyspnea minor), Tamakshwasa (Bronchial Asthma). Asthma is a chronic and recurring condition. It has a tendency to keep appearing for years or even life time. As per Ayurveda the causes of Tamakshwasa are Intake of dry, cold, heavy, incompatible food and irregular intake of food, Excessive Intake of black gram, beans, sesame, meat of aquatic animals, Intake of cold water and exposure to cold climate, exposure to dust, smoke and wind, excessive exercise, over indulge in the sexual activity, trauma to throat, chest and vital organs and suppression of natural urges.

Going through previous research study² is taken to evaluate Sutshekhar rasa in management of Tamakshwas.

Objective:

To study the effect of Sutkhesar Ras in management of Tamakshwas (Br. Asthma).

Material and Method-

Patients attending OPD of Ayurveda Mahavidyalay, Shrishivajinagar, Tal.- Rahuri having symptoms of Tamakshwas (Bronchial Asthma) vyadhi.

Drug preparation:⁹

शुद्धसूतं मृतं स्वर्णं टंकणं वत्सनाभकम्।
व्योषमुन्मत्तबीजच गन्धकं ताम्रभस्मकम्॥
चातुर्जितशङ्खभस्मं बिल्वमज्जा कचोरकम्।
सर्वसमं क्षिपेत्खल्वे मर्दयं भृङ्गरसैर्दिनम्॥
गुजामात्रां वटीं कृत्वा भक्षयेन्मधुसर्पिणा॥

- यो. र.

Sutshekhar rasa has following ingredients: Loha bhasma, Abhrak Bhasma, Shudhha Tankan, Kachor, Pippali, Shunthi and Marich.

Rogadhikar-

रभोयमम्लपित्तघ्नो वान्तिशूलामयापहः।
पंचगुल्मापंचकासान्ग्रहण्यामयनाशनः।
त्रिदोषोत्थानिसारघ्नश्वासमन्दाग्निनाशनः।
उग्राहिककामुदावर्त देहेयाप्यगदापहाः।
मण्डलान्नात्रसन्देहः सर्वरोगहरः परः।
राजयक्ष्महरःसाक्षाद्रसोअयं सूतशेखरः।

- यो. र. अम्लपित्त चिकित्सा

Methodology:

Patients were selected from the OPD & IPD of the Kayachikista department of our institute; patients were selected from inclusion & exclusion criteria. Written consent was taken from patients. This study was carried out on 15 patients of Tamakshwas (Asthma) Parameters of signs and symptoms was scored on the basis of standard method

Inclusive criteria-^{3,4}

- Presence of symptoms of airflow obstruction (2 or more of cough, wheezing, dyspnea).
- Age > 12 years.
- Subject or subject's legal representative has signed the informed consent form.

Exclusive criteria -^{5,6}

- i. Obstructions involving large airways: foreign body in trachea or bronchus; vocal cord dysfunction; vascular rings or laryngeal webs; laryngo-tracheomalacia, tracheal stenosis or bronchostenosis; enlarged lymph nodes or tumor.
- ii. Obstructions involving small airways: viral bronchiolitis or obliterative bronchiolitis; cystic fibrosis; bronchopulmonary dysplasia.
- iii. Other causes: recurrent cough not due to asthma (i.e. secondary to drugs such as angiotensin-converting enzyme [ACE] inhibitors); aspiration from swallowing mechanism dysfunction or gastro-esophageal reflux; chronic obstructive pulmonary disease (chronic bronchitis or emphysema); congestive heart failure; pulmonary embolism; pulmonary infiltration with eosinophilia; vasculitis involving the lungs and airways; post-transplant patients.

Subjective criteria-⁷

Symptoms of Tamakshwas were taken as subjective parameters for assessment. These are as follows:

- | | |
|-----------------------------|--|
| A) Difficulty in breathing- | 0 -No difficulty breathing
1- Mild.
2- Moderate
3- Severe |
| B) Wheezing- | 0 - No wheezing
1 - Mild.
2 - Moderate
3 – Severe |
| C) Cough- | 0 - No cough
1 - Mild.
2 - Moderate
3 – Severe |
| D) Chest pain- | 0 – No chest pain
1 - Mild.
2 - Moderate
3 – Severe |

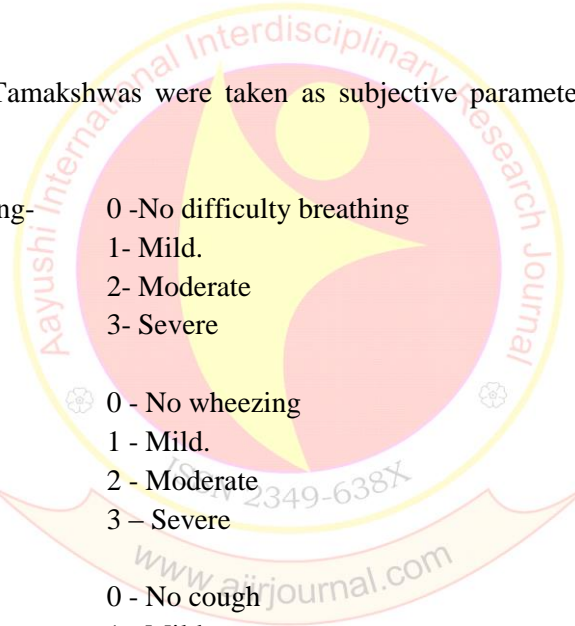


Table No. 1: Treatment Plan of study:

Sr. No.	Criteria	Description
1	Number of patients	15
2	Duration	2 weeks
3	Drug Dose	250mg-2 tabs
4	Anupan	Koshna jal (Warm water)

Criteria for assessment:

Before and after symptoms score were analysed and result obtained by percentage of reduction in symptoms accordingly

Table No. 2: Assessment criteria

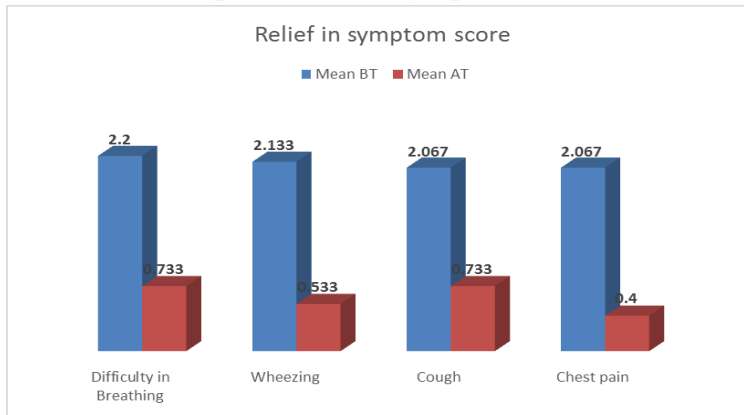
Sr. No.	Criteria	Result
1	> 75%	Marked improvement
2	50 – 75%	Moderate improvement
3	25 -50%	Mild improvement
4	< 25%	Poor improvement

Observation-

Observations of study in the form of gradation of symptoms of Tamakshwas were noted in observation table. Data then analyzed statistically by using Willcoxon signed rank test.

Table No-3 Statistical analysis

Sr. No.	Complaints	No. of Patients	Mean±SD		W	P	Result
			BT	AT			
1	Difficulty in Breathing	15	2.2±0.560	0.733±0.703	105	0.0001	Significant
2	Wheezing	15	2.133±0.743	0.533±0.639	120	<0.0001	Significant
3	Cough	15	2.067±0.703	0.733±0.593	120	<0.0001	Significant
4	Chest pain	15	2.067±0.703	0.4±0.507	120	<0.0001	Significant

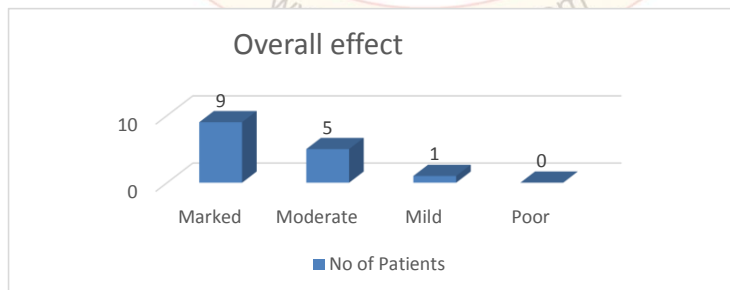
Graph 1: Relief in symptoms score

In the case of all symptoms Difficulty in Breathing, Wheezing, Cough and Chest pain the test has shown significant difference between before and after treatment grades.

It is hence concluded that Sutshekhar rasa is effective in management of Tamakshwas.

Table no 4: Overall effect of therapy

Sr. No.	Improvement Grade	Criteria	No. of patients	%
1	Marked	> 75%	9	60%
2	Moderate	50% - 75%	5	33.33%
3	Mild	25% - 50%	1	6.67%
4	Poor	< 25%	0	0

Graph No 2: Overall effect.

9 patients have shown Marked improvement, 5 patients have shown Moderate Improvement, 1 patient have shown Mild improvement while no patient have shown Poor improvement.

Discussion-

Poor iron status could promote asthma, lower the iron would be associated greater risk of Asthma (Tamakshwas), pulmonary inflammation, and decreased lung function.¹⁰

Loha bhasma has anti-inflammatory properties, suggestion stimulation, reduces gas- help to reduce instructions by Aampachan, Kaph pachan, reducing inflammation.

Abhrak Bhasma has dilator property. used as bronchodilator in Tamakshwas, has deepan pachan gunas to do Aampachan in Aam kaph obstruction.

Shudhha Tankan work as Vaat-Kaph nashan, anti-inflammatory Calicine Borax used for productive cough, breathing problem, wheezing, bronchitis.

Kachor is good in respiratory disease, it also manages inflammation of lung, infection due to inflammation, also has Kaph balancing. Property in respiratory disease-manage blockage.

Pippali (piper longum- piperine) - work on diseases like respiratory track, lung problem, asthma, and improve digestion.

Shunthi (dry ginger) - effective to release Kaph accumulation in the airway therefore prevent asthmatic attacks, open construction, increase lung health, reduce inflammation.

Marich (black paper) - has bronchodilator effect by acting on calcium channel in the airway, anti-inflammatory, good in whooping cough.

Sutshekhar Ras-has reducing Kaph accumulation property. Works on Dushit Vaat Dosh and by releasing congestion through digestion of Ama Dosh causing obstruction.¹¹

Sutshekhar Ras-Work as anti-inflammatory in lung disease, respiratory track, work as bronchodilator. give nutrition to lung, decrease symptoms like whooping cough in Asthma. Decrease wheezing, balances respiratory track.^{12,13}

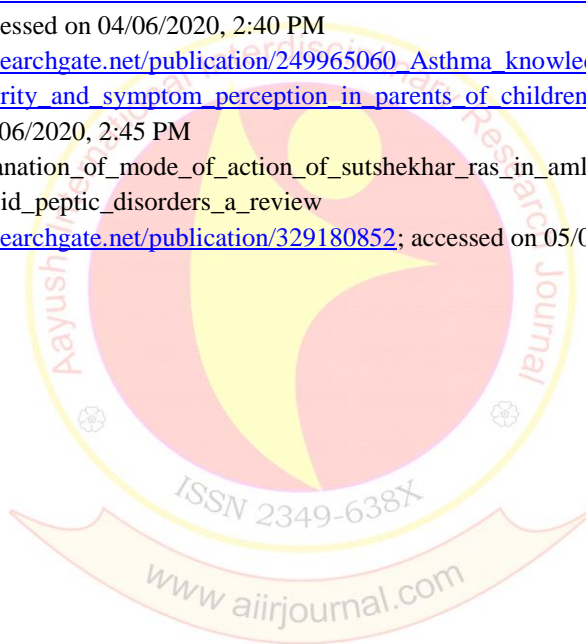
Conclusion-

Sutshekhar Ras is significantly effective in treatment of TamakTamakshwas (Bronchial Asthma).

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Urustambh -a case study

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Abstract:

*Ayurved is ancient science which deals with health and disease cure of human beings. [1]
Ayurved has described disease, diagnosis and treatment in its own scientific language.*

Urustambh is the disease which causes due to oily food habit, no exercise, digestive malfunctions, long time sitting habits, over eating like and non exertion life style.[2]

Key words: Urustambh, Stambha.

Introduction:

To maintain health and to cure diseases are two main aims of Ayurveda. [1]

In Ayurveda Urustambh disease is described in Charaka samhita. [3]

Due to etiological factors undigested material-aam unites with med dhaatu obstructs movements of body's fundamental biological energies-doshas and goes to lower parts of body especially to thighs.

These impacts on all periphery including boney vascular, muscular, nervous structures of thigh. [4]

Common symptoms: all the process described above results in symptoms like – heaviness and loss of power,pain,involuntary muscle cramps, restriction of movements,tiredness,no sensation of cold in thighs .[5]

“स्नेहाच्चामं चितं कोष्ठे वातादीन्मेदसासह ।रुध्वाऽऽशु गौरवदुरु यात्यधोगैः

सिरादिभिः ॥पुरयन सक्थि जग्घोरु दोषो मेदोबलोत्कटः ।अविधेय परिस्पंद जनयत्य
अल्पविक्रमः ॥”च.चि.27-11

“उरु श्लेष्मासमेदस्को वातपित्तेऽभिभूय तु । स्तंभयेतत्स्वैर्यशैत्याभ्यामुरुस्तंभस्ततस्तु
सः ॥” च.चि.27-14

Materials:

- 1] **Hetu: etiological factors**-Causes which lead to appearance in disease formation are hetu.

According to Ayurved urustambh can happen due to many causes like-after meal midday sleep[divaswaap], excess non-vegetarian diet, rice and fat rich heavy, cold food habits, no exercise, constipation, indigestion. [2]

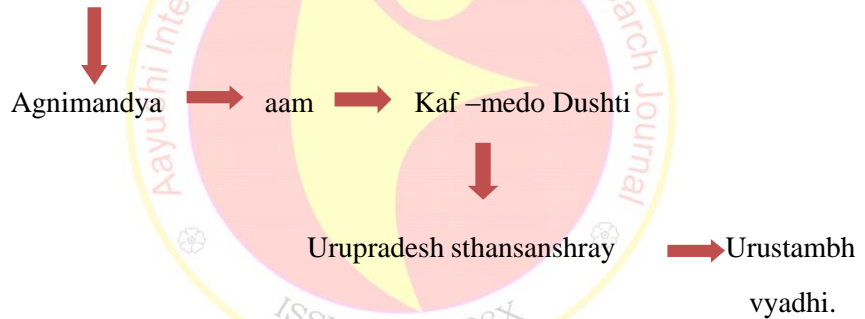
- 2] Patient of urustambh was taken from OPD of Kayachikitsa department in Ashwin rural ayurvedic college and hospital, Manchi.

- 3] Hetu for patient:

As told by patient he was used to take daily rice and heavy food diet. Dry fruits were eaten frequently in a day. He was used to take small breakfast at 8a.m., lunch at 2 p.m. after lunch 1 hour sleep, then khakara with tea at 5p.m and dinner at 10 p.m., mean while sitting work at shop.

- **Pathogenesis [samprapti]:**

Due to sedentary life style and improper food habit

**Methods****A] Treatment:**

- 1] In ayurveda there are specific guidelines to treat urustambh vyadhi .As urustambh causes due to kaf, aam and medo dushti so, no baahya sneahan and no Panchkarma only rukshan kriya is advised. [6]

“तस्य संशमनं नित्यं क्षपणं शोषणं तथा।युक्त्यपेक्षी भिषक कुर्यादधिकत्वात्
कफामयो॥” च.चि.27-23

“श्लेष्मणः क्षपणं यत् स्यान्नच मारुतमावहेत्॥

तत् सर्वं सर्वदा कार्यमुरुस्तम्भस्य भेषजम्। शरीर बलमग्नि च कार्येषा रक्षता
क्रिया॥” च.चि.27-60

I am going to explain a case of Urustambh.

Case report:

Patient name: Chandan,

Sex: male age: 56 years

Occupation: shopkeeper weight: 78kg

A – 56 years old male reported to the Ashwin rural ayurvedic college and hospital, Manchi, Sangamner, with complaints of pain, weakness and heaviness, in thighs since 3 years.

For that he taken allopathic medicine and various treatments but not satisfied, with oil massage the pain and heaviness was worsening.

He visited to Kayachikitsa OPD for further management.

Patient was thoroughly examined and detailed history was taken.

□ Differential diagnosis:

- 1] No sciatic pain
- 2] Worsening of symptoms with oil massage Duration of the study was 45 days.
Follow up was taken on 15th day, 30th day and 45th day of treatment.

2] Methods for drug preparation

Drug was prepared as per Charaka samhita in Ras shastra department in guidance of Dravyagun department of our college.

□ Ingredients of Devdarvyadi yoga [7] :

- Devadaar 1
- Haridra 1
- Daaruharidra 1
- Vacha 1
- Kutaki 1

□ Anupana: Madhu

3] Administration of drug:

- 1] Devdarvyadi yoga 5gm. tds with madhu 5ml orally for 30 days
- 3] Aampachak vati 2 bd for 7days
- 2] Nimb patra gomutra Bahya-lep on thighs bd for 30 days

With above medicinal treatment, diet and life style was advised as below up to 45 days.

- 1] Langhan for 1st day.[Only medicine and ushnodak frequently as required.]
- 2] Laghu Ahara- ushnodak paan with meals.
- 3] No breakfast.
- 4] No divaswaap
- 5] Walking for 20 minutes in early morning and evening.
- 6] Investigations were done before and after treatment.

Observations:**a] Table for observations in symptoms:**

Sr.no.	Follow up	Symptoms				Grade
		pain	heaviness	weakness [loss of power]	fatigue on movement	
1	On 1st day	+++	+++	+++	+++	12 [100%]
2	On 15th day	++	+++	++	++	9 [75%]
3	On 30th day	+	+	+	+	4 [33%]
4	On 45th day		+	+	+	3 [25%]

b] Investigations before and after:

- 1] serum cholesterol – [no significant change]
 - A] before treatment- 6mmol/lit
 - B] after treatment- 5.8mmol/lit
- 2] Blood glucose before and after was done –result- non diabetic
- 3] X-ray lumbar spine was done before treatment to rule out any boney structure involvement.
- 4] Weight
 - a] before treatment: 78kg
 - b] After treatment: 74 kg

Result:

On completion of treatment for 30 days patient was able to move his legs with less pain, movement was much free, there was less fatigue on leg movement and heaviness was decreased to better extent.

Near about 75% of relief in symptoms was recorded in 45 days. Pain was completely subsided .Though the investigational values were not lowered as much as expected.

Discussion:

- As Ayurved is science of life. [8]
- Ayurved has described all does and don'ts about disease. Also good management to cure the disease.
- We gave all directions to patient about life style modification and diet plan.
- At the end of treatment patient was happy as his symptoms were very less compared to at starting of treatment.

Conclusion:

With all things kept in mind if proper history taking and differential diagnosis done with proper medicine and proper diet and habit plans patients can be benefited to be free from chronic diseases like urustambh with ayurvedic treatment.

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A Clinical Study to Assess the Efficacy of Dashmulabaladi Churna In The Management of Vatakaphaja Gridhrasi

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Abstract-

Among all the neurological disorders Sciatica (Gridhrasi) is one of the severe debilitating syndromes. The cardinal signs and symptoms of Gridhrasi are Ruka (pain), Toda (pricking sensation), Stambha (stiffness) and Muhuspanadana (twitching) in the Sphika (Gluteal Region), Kati (Waist), Prishtha (Low Back), Uru (Thigh), Janu (Knee), Jangha (Calf) and Pada (Foot) respectively and Sakthikshepa Nigraha i.e. restricted lifting of the leg. Ayurveda categorized Gridhrasi as one of diseases caused by vitiation of Vata (one of the principle dosha in the body, responsible for the movement and functionality of the body). Sometimes even Kapha vitiation along with Vata (vata kaphaj) also causes Gridhrasi. To study Dhashmuldaladi kwath action to treat ghridhrasi 15 patients group were taken from institute, Dhashmulbaladi kwath given orally, separately to each patient for 15 days, most shown positive results in study.

Introduction-

Gridhrasi is the most obstinate and prominent, one amongst the 80 types of nanatmaja disorders. Gridhrasi is a painful condition in which the person can't sit and walk properly that hampers his normal activity. Almost all signs and symptoms of Gridhrasi resemble with the condition of sciatica, as described by the modern texts. Its detail symptomatology has been described in ayurveda classics since 5000 years while this condition was known to modern medical science just two centuries ago. As in this disease the patient walks like the bird gridhra and his legs become tense and slightly curved, so due to the resemblance with the gait of a vulture, Gridhrasi term might have been given to this disease. As the disease has not been described elaborately in Ayurveda classics, it has been seen that physician face a difficulty in treating such patients. So present study has been taken to understand the concept of disease gridhrasi and to achieve a treatment protocol accordingly.

Aim and objects-

“To Evaluate Efficacy of DashmulabaladiChurnain Management of VatkaphajaGridhrasi”

Material and Methods-

Patients attending the OPD of the institute having symptoms of Vatkaphaj Gridhrasi.

Drug Preparation-

Dhashmulbaladi kwath-

दशमूलिबलारास्नागुडूचीविश्वेषजम्।
पिबेदेरन्डितैलेन्।गृध्रसीखन्जपग्दुषु॥च.द.22/40.

Inclusive criteria-

1. Presence of Ruk, Toda, Stambha, and Spandana in the Sphik, Kati, Uru, and Pada
Tenderness along the course of the sciatic nerve
2. Patients in the age-group of 20–60 years

Exclusion criteria

- 1) Age: <20 years or >60 years
- 2) Spinal deformity, spinal tumors, severe traumatic injury, Carcinoma of the spine.
- 3) Uncontrolled diabetes mellitus, cardiovascular disease, and pregnancy

Subjective Criteria-

Stambha (Stiffness):

1. No stiffness - 0
2. Mild stiffness - 1
3. Moderate stiffness - 2
4. Severe stiffness - 3

Ruk (Pain):

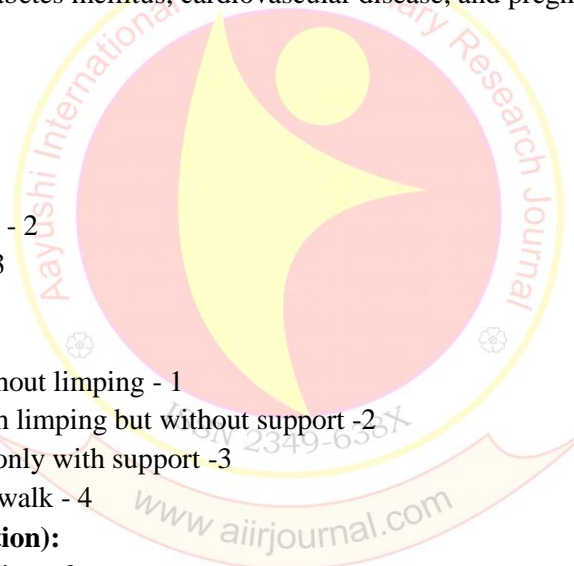
1. No pain - 0
2. Painful, walks without limping - 1
3. Painful, walks with limping but without support -2
4. Painful, can walk only with support -3
5. Painful, unable to walk - 4

Toda (Pricking Sensation):

1. No pricking sensation - 0
2. Mild pricking sensation - 1
3. Moderate pricking sensation - 2
4. Severe pricking sensation - 3

Spandana (Twitchings):

1. No twitching - 0
2. Mild twitching - 1
3. Moderate twitching - 2
4. Severe twitching - 3



Aruci (Anorexia):

1. No anorexia - 0
2. Mild anorexia - 1
3. Moderate anorexia - 2
4. Severe anorexia - 3

Tandra (Stupor):

1. No stupor - 0
2. Mild stupor - 1
3. Moderate stupor - 2
4. Severe stupor - 3

(Heaviness):

- | | |
|-------------------------|---|
| 1. No heaviness - | 0 |
| 2. Mild heaviness - | 1 |
| 3. Moderate heaviness - | 2 |
| 4. Severe heaviness - | 3 |

Observation-

The effect of Dhashmulbaladi kwath was studied in 15 patients suffering from Gridhrasi, fulfilling the inclusion criteria. All the selected patients completed the study.

Table No 1:-Showing the Overall Effect of Treatment

Effect on patients	Percentage%.	No. of patients
Cured	40 %	6
improvement.	30. %	4
Mod. improvement	20. %	3
Mild improvement	10. %	2

Conclusion:-

Dhashbalmuladi kwath is a Herbo-mineral combination with specific ingredients which makes the drug more potent against vata and kapha disorders. All of the drugs are having vatakaphahara qualities with ushna veerya which shows its action on both variants of Gridhrasi. It acts as a good amapachaka and dipana where it gives good result in vatakaphaja Gridhrasi in symptoms of aruchi, tandra and gaurava. Here in this study Dhashbalmuladi kwath with luke warm water as anupana was given in 15 patients. The overall effect of the medication revealed 40% patients got cured as well as got best improvement in the symptoms respectively. 30% got moderate relief while 20% got mild relief from the symptoms.

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Management Of Gouty Arthritis [Vatarakta] – A Case Study

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Abstract:

Gout is a disease in which there is defective metabolism of uric acid resulting in arthritis. Etiology and symptomatology of gout is very much similar to that of vatarakta in Ayurveda , involving mainly Vata and Rakta dushti.

A patient came to opd having complaints of Ubhay Gulfa sandhi shula and shotha , ubhay padatala daha with chankramana kashtata. He was investigated for raised serum uric acid level and diagnosed with Gouty arthritis. He stopped all allopathic medicines from 6 months on his own.

He was treated with Guduchyadi kwath niruha basti containing Guduchi , kokilaksha , amalaki , yashtimadhu , padmaka , manjishtha , Chandana and daruharidra for 14 days. Result received was very remarkable in joint pain and swelling as well as drop in serum uric acid level.

Key Words –

Gouty arthritis, Vatarakta , Guduchyadi kwath basti , Serum uric acid level

Introduction –

Gout is a metabolic disease that mot often affect middle aged to elderly men and postmenopausal women. It results from an increased body pool of urate with hyperuricemia. It is typically characterized by episode of acute and chronic arthritis. According to Ayurveda , in Vatarakta there is aggravated vata obstructed by vitiated pitta and rakta dhatu resulting in shula, shotha, vidaha of sandhi. Panchakrma procedure are very important in management of disease as it removes all the toxins from body. Basti is considered as main treatment in vatarakta.

Case Report –

A 31Yr old male patient came to OPD with complaints of –

- 1) Ubhay gulfasandhi shula
- 2) Ubhay gulfasandhi shotha
- 3) Ubhaypadatala daha
- 4) Chankramana kashtata

Patient was complaining all above symptoms from 7 to 8 months.

Past History –

Patient did not have any history of Hypertension / Diabetes mellitus / Asthama / Epilepsy/ Ischemic heart disease / Tuberculosis

No history of any major surgical illness.

No history of any addiction like alcohol / smoking / tobacco H/O – Typhoid in 2010.

N/H/O – Malaria / chickenguniya / dengue / jaundice H/O – RTA before 8yrs.

H/O – Multiple fracture before 10 yrs.

He received allopathic medicines Tab. Zyloric 100mg for 1month before 7month, than he stopped these medicines from 6 months on his own.

Examination On Admission –

General Examination –

The general condition of patient was fair and afebrile. pulse - 74/min

Blood pressure - 120/70 mm of hg

Respiratory rate – 18/min

Jivha – Alpa sama

Systemic Examination –

In the systemic examination findings of respiratory and cardiovascular system within normal limits. Abdomen was mildly distended, non tender and bowel sounds were present. Patient was conscious and well oriented and pupillary reaction to light was normal.

Deep tendon reflexes –

	ANKLE	KNEE	BICEP	TRICEP
RT	+2	+2	+2	+2
LT	+2	+2	+2	+2

Muscle power grade on admission –

	RT	LT
UL	5/5	5/5
LL	5/5	5/5

Superficial plantar reflex was flexion on both legs.

Investigations –

All routine studies of blood and urine were within normal limits.

X-RAY B/L Ankle joint was within normal limits.

Serum uric acid level on 7 / 5 / 2018 was **8.50 mg / dl**

Management –

Initially patient was treated with internal medicines , than he was given basti i.e medicated enema of Guduchyadi niruha basti for 14 days.

Materials & Methods–

Content of Guduchyadi basti are –

- 1) Guduchi
- 2) Kokilaksha

- 3) Amalaki
- 4) Yashtimadhu
- 5) Padmaka
- 6) Manjishtha
- 7) Chandana
- 8) Daruharidra
- 9) Tila taila
- 10) Saindhav
- 11) Madhu

Preparation of Basti –

Basti dravya will be mixed in the following manner. Initially madhu and saindhav are to be mixed and then til tail will be mixed then kwath of above mentioned dravya will be mixed properly. 350ml niruha basti given to the patient. Basti matra is decided according to retaining capacity of patient. Anuvasan basti was given with sahachar taila.

Observation and result –

- 1) Pain
- 2) Swelling
- 3) Burning sensation over joints
- 4) Serum uric acid level

Pain (Shula) –

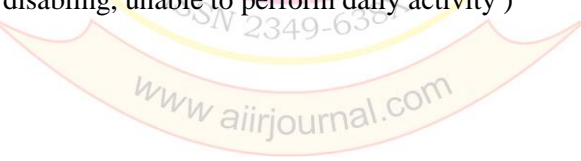
- 0 – No pain
- 1 – Mild pain (Nagging , annoying , interfering little with daily activity)
- 2 – Moderate pain (interferes significantly with daily activity)
- 3 – Severe pain (disabling, unable to perform daily activity)

Swelling (Shotha) –

- 0 – No swelling
- 1 – Mild swelling
- 2 – Moderate swelling
- 3 – Severe swelling

Burning Of Joint (Vidaha) –

- 0 – No burning
- 1 – Mild burning
- 2 – Moderate burning
- 3 – Severe burning



Serum Uric Acid Level –
Before and after treatment**Result –**

SR NO	CRITERIA	BEFORE	AFTER
1	PAIN	2	0
2	SWELLING	2	0
3	BURNING SENSATION	2	0
4	SERUM URIC ACID	8.5	5.4

Discussion –

In Vatarakta there is separate dushti of vata and rakta along with pitta dushti. Aggravated vata is blocked by vitiated rakta , which leads to more aggravation of vata. Panchakrma procedure are very important in management of disease as it removes all the toxins from body. Basti is considered as main treatment in vatarakta. Action of guduchyadi kwath basti dravyas is as follow

DRAVYA	RASA	VIRYA	VIPAK	ACTION
GUDUCHI	TIKTA KASHAY	USHNA	MADHURA	TRIDOSHAHAR
KOKILAKSH	MADHURA	SHEETA	MADHURA	VATAPITTA SHAMAK
AMALAKI	AMLAPRADHAN (PANCHARASA)	SHEETA	KATU	TRIDOSHAHAR
YASHTIMADHU	MADHURA	SHEETA	MADHURA	VATAPITTA SHAMAK
PADMAKA	TIKTA KASHAY	SHEETA	KATU	VEDANA STHAPAN
MANJISHTHA	TIKTA MADHURA KASHAY	USHNA	KATU	PITTAGHNA KAPHAGHNA
CHANDANA	TIKTA MADHURA	SHEETA	KATU	PITTASHAMAK DAHA PRASHAMAN
DARUHARIDRA	TIKTA KASHAYA	USHNA	KATU	PITTASHAMAK
TILA TAILA	MADHURA TIKTA KASHAY	USHNA	MADHURA	VATASHAMAK STROTO VISHODHAN
MADHU	MADHURA KASHAY	USHNA	MADHURA	YOGVAHI

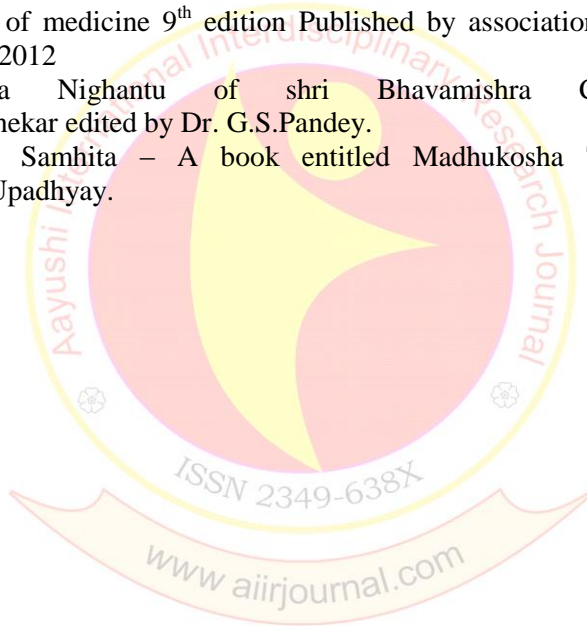
Thus dravyas of guduchyadi basti are tikta rasatmak , pittashamak , raktaprasadak and vedanasthapak

Conclusion –

Guduchyadi basti is very beneficial in treating this case of vatarakta with special reference to gout.

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Ayurvedic Management of Akshakasthi Bhagna – A case study**Vaidya Chetan B. Sonawane**

M.D. Ayurved Samhita,

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M.D. Rognidan Vikruti vidnyan

Abstract-

A 33 year old male patient with the complaints of Right shoulder swelling, severe pain, difficulty in movement of right hand was reported to vaidya after a road accident . He was diagnosed as complete fracture of right clavicular bone. It was diagnosed on the basis of history of trauma, patient complaints and fracture shown by Radiograph. He was treated with Ayurveda treatment and karma protocol given for Bhagna chikitsa. After 21 days of treatment fracture healed without any surgical interventions and patient able to do all his work with his right hand. This case report proves Ayurveda Bhagna Chikitsa works faster and easier than modern treatment.

Introduction

Akshakasthi (clavicle or collar bone) is a type of Nalakasthi (long bone) that connect the arm to the trunk of the body, located directly above the first rib. Medially it articulate with manubrium of sternum and laterally it articulate with acromian process of scapula. Most clavicular fractures occur when a fall on to the shoulder or on outstretched hand, a broken collar bone is a very painful and it make hard to move the arm. If the broken ends of bone are not shifted significantly out of its place then no need of surgery requires, but if broken ends shifted significantly it will need surgery. It takes about 6 to 8 weeks to heal (in Adults).

Ayurveda deals with Bhagna (Fracture) very easily. Acharya Shushruta gives treatment protocol for bhagna. It gives manipulations techniques like Ancchan, Pidan, Samkshep, bandha. Also during ayurvedic treatment there is no need of physiotherapy. Ayurvedic management is faster and cheaper than modern medicine.

Patient information

A 33 year old male patient, high school teacher had a trauma to his right hand and right shoulder due to road accident from two wheeler. He was unable to lift his right hand, also swelling over right shoulder and pain during movement. A bruises over right shoulder, right elbow, right eyebrow and right knee. Soon he was taken to our clinic since he is our patient.

Clinical findings

The patient was clinically examined. He has swelling and tenderness over Right shoulder, mainly over clavicle, crepitus from the fracture end. Difficulty in deep breathing. Also patient was unable to lift his affected hand. There is no sensory impairment and no pulse loss.

Diagnostic Assessment

Radiograph showed fracture of right clavicular bone at the joint of medial one third and lateral two third of bone.

Therapeutic intervention

According to protocol given by Acharya Shushruta for Bhagna i.e. Anchan, Pidan, Samkshep, Bandha are done. Also for that purpose taila dhara and lepa done.

First of all Brihatvaat chintamani Rasa vati 60 mg with honey given twice a day to reduce vata vitiation by Aghat.

Then Murivenna taila dhara (Ref. Sahastrayoga) over Manya, right shoulder and right hand for 20 minutes.

Then patient was ask to sit. One attendant ask to stretch right hand to outer side and then pressure applied over fractured clavicle so bone resets to its original position.

Then lepa of Raktachandan , Amraharidra, Yasthimadhu is placed over fracture site and bandha was done.

All above procedure repeated every time when changing the Lepa and Bandha once in three days. The procedure were repeated for 6 times.

With external treatment internal medication for vata shaman, Rakta prasadan and Bhagna sandhan was given which includes diet plan as Lavan, katu Amla rasa varjya ahar, complete rest, Madhura rasa, Mamsa rasa, Godhum satva, ksheerpaak of Arjun churna, Laksha churna, Yashtimadhu churna given.

Follow up and outcomes

After 15 days of ayurvedic bhagna chikitsa patient was asked to do movement of right shoulder joint and right hand movement. Numeric pain rating scale(NPRS) was 9 initially. Soon after 3 days of first dhara and bandha swelling was reduced. Then NPRS reduced upto 7 . Then after second follow up NPRS reduced to 5 and subsequently pain on movement reduced.

At the end of three weeks patient was able to move his right hand upto 180 degrees. After the end of one month he was able to write on black board through chalk. Also all rotatory movements of shoulder joint was achieved. At the end of 45 days full range of movement with weight bearing capacity achieved. Lastly pinda sweda done for 7 days.



Before Treatment



After treatment



Taila Dhara



Lepa followed by Bandha

Discussion

Acharya Shushruta described detail sign and symptoms of Bhagna in Nidansthana to diagnose fracture. Acharya also describe treatment of various fractures in bhagnachikitsa adhyaya of Chikitsasthana. The upakrama described for bhagna treatment are very much easier and useful.

श्वयथुबाहुल्यं स्पन्दनविवर्तनस्पर्शासहिष्णुत्वम् अवपीड्यमाने शब्दः सस्ताङ्गता

विविधवेदनाप्रादुर्भावः सर्वावस्थासु न शर्मलाभ इति समासेन काण्डभग्नलक्षणमुक्तम् ॥

सु.नि.१५/९

All these sign and symptom are present in the patient so it confirms Bhagna , also radiograph shows fracture.

Acharya Shushruta described every upakrama of bhagna chikitsa with all the details.

Manipulation method-

अवनामितमुन्नहयेदुन्नतं चावपीडयेत् । आञ्छेदतिक्षिप्तमधो गतं चोपरि वर्तयेत् ॥

आञ्छनैः पीडनैश्चैव सङ्क्षेपैर्बन्धनैस्तथा । सन्धीञ्छरीरे सर्वास्तु चलानप्यचलानपि ॥

एतैस्तु स्थापनोपायैः स्थापयेन्मतिमान् भिषक् ॥ सु.चि. ३/१७-१८

When we look towards ayurvedic chikitsa for bhagna, it has some unique characters. It not only suggests external treatment but also internal medicine and specific diet for Bhagna. According to modern medicine for immobilization of fractured site sling/bandage/plaster is done but in Ayurveda for immobilization purpose Lepa with Bandha are suggested which not only immobilizes the site but also reduces oedema and helps in Asthisandhan.

Many times long term use of plaster causes pressure sores, stiffness in muscles which further requires physiotherapy. But due to Ayurvedic treatment intermittent use of taila dhara during changing of Lepa and Bandha maintains the muscle elasticity and it resist muscle stiffnes.

Internal medication along with specific Bhagna sandhankar diet heals fracture site earlier than other treatment. The drugs selected are having property of Asthisandhan which heals fracture.

So Ayurveda can play a very much better role in the management of fracture and further studies will help to analyze its efficacy and mode of action in other types of fracture.

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Effect Of Brahmi Ghanavati And Jatamansi Siddha Tail Shirodhara On Mental Illness – A Clinical Study

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Introduction –

According to the state of mind, human life can be classified in two different ways. Firstly easy going, expected and favorable things to mind give feeling of satisfaction and happiness. On the other hand, some bad, unexpected and unwanted situations create negative approach of mind. Both these things are called as ‘sukha’ and ‘dukha’ in Ayurved. To deal with these things, mental health is the need of hour.

In day to day routine, stress is unavoidable, unwanted and undesirable factor of our life. Besides running away from the stressful situations, stress management helps us to tackle with stress by easier and friendly ways. This can be achieved by Shirodhara – an ancient Ayurvedic healing practice. Mental illness, stressful situation and equilibrium status of mind can be easily maintained by shirodhara without taking internal medication.

Aims & objectives –

To observe the rate of response to Brahmi Ghanavati and Jatamansi siddha taila Shirodhara when used as a treatment of mental illness with the help of clinical parameters.

Diagnosis of mental illness

Human body is well equipped to deal with stressful situations but only up to certain levels. After that body ceases to function smoothly and starts giving signals. These symptoms are restlessness, increased irritability, feeling of anger, forgetfulness, indigestion, fatigue, mentally drained up condition, lack of ability to feel pleasure or enjoyment and mainly the impulse to run away and hide from situation and inability to come to decision which indicates that the person is mentally ill.

Also, it is important to recognize whether we are under stressful condition or out of it. Many times even if we are under the influence of mental illness, our body reacts internally as well as externally. We fail to realize that we are reacting under stress. This also happens when cause of stress is long enough for us to get habitual to that.

Pathophysiology of mental illness

It again depends upon the individual's nature. Like status of emotion and level of things during problem. Mental illness gives force to think about it. Mind deals with it by means of previous experience and intelligence. Then the answer is found for the problem. If the above said process fails to success, the equilibrium state of mind gets disturbed.

Signs and symptoms of mental illness

Following could be the signs and symptoms of mental illness.

- i) Fatigue, ii) Weakness, iii) Nausea, iv) Anorexia, v) Indigestion, vi) Headache,
- vii) Restlessness, viii) Lack of memory, ix) Lack of concentration, x) Insomnia,
- xi) Hypertension, xii) Depression, xiii) Body ache and chain of diseases.

SHIRODHARA

Providing understanding and guidelines for the balance in body, mind and spirit, Ayurved gives us Shirodhara therapy, a part of Panchakarma therapy to maintain good mental health.

a) Benefits of Shirodhara

- i) Ultimate mental and emotional relaxation therapy.
- ii) Beneficial for curing insomnia.
- iii) Prevents hair loss, premature greying and cracking of hair.
- iv) Nourishes and rejuvenates the body.
- v) Gives strength to neck, head and shoulders.
- vi) Invigorates the body and mind and stimulate cognitive memory.
- vii) Helps to relieve fatigue, tension, anxiety, anger, hypertension and stress.
- viii) It improves concentration, intelligence, confidence and self esteem.

Materials and Methods –

Ashvin Rural Ayurved College Hospital, Manchi Hills was the field of research from where patients were registered for this project. It was an open labeled randomized clinical study. 45 patients having symptoms of mental illness were selected for the study. Patients of either male and female were selected within the age group between 30 to 60 years with different occupations. Brahmi ghanavati orally 2 tab 250 each after meals with normal water were given along with jatamansi tail siddha shirodhara after sarvanga snehana and swedan by bala tail and dashamoola kwath. The duration of treatment was 12 days.

Inclusion criteria and Exclusion Criteria

Following were the criteria taken for the experiment

Inclusion criteria

Patients being diagnosed for Mental Illness

Age group between 31 to 60 years

Patients who are working under stressful conditions

Exclusion Criteria

Patients below 31 years and above 60 years of age

Patients having Neurological problems

Patients taking antipsychotic, anti epileptic and same kind of drugs

Patients having any systemic problems for which any treatment is going on

Assessment Criteria

Based on symptoms According to severity they were classified as mild moderate and severe. Following symptoms were taken for study.

Vaichitya

Mild : irritable but calms in few min that is less than 30 min

Moderate: Irritable and heart rate increased more than 30 min

Severe: disturbance in routine through whole day.

Arati

Absent: Normal behavior

Mild : Feeling dull while doing routine work

Moderate: no interest in day to day activities, only mechanical work

Severe: Unnessisory thoughts, feeling depressed whole day

Loss of Concentration

Absent: Normal behavior

Mild: can concentrate for few minutes

Moderate: can concentrate for some self instructions

Severe: can not concentrate at all.

Insomnia

Absent : greater than 6 to 7 hours

Mild: 4 to 5 hours

Moderate: 2-3 hours

Severe : less than 2 hours

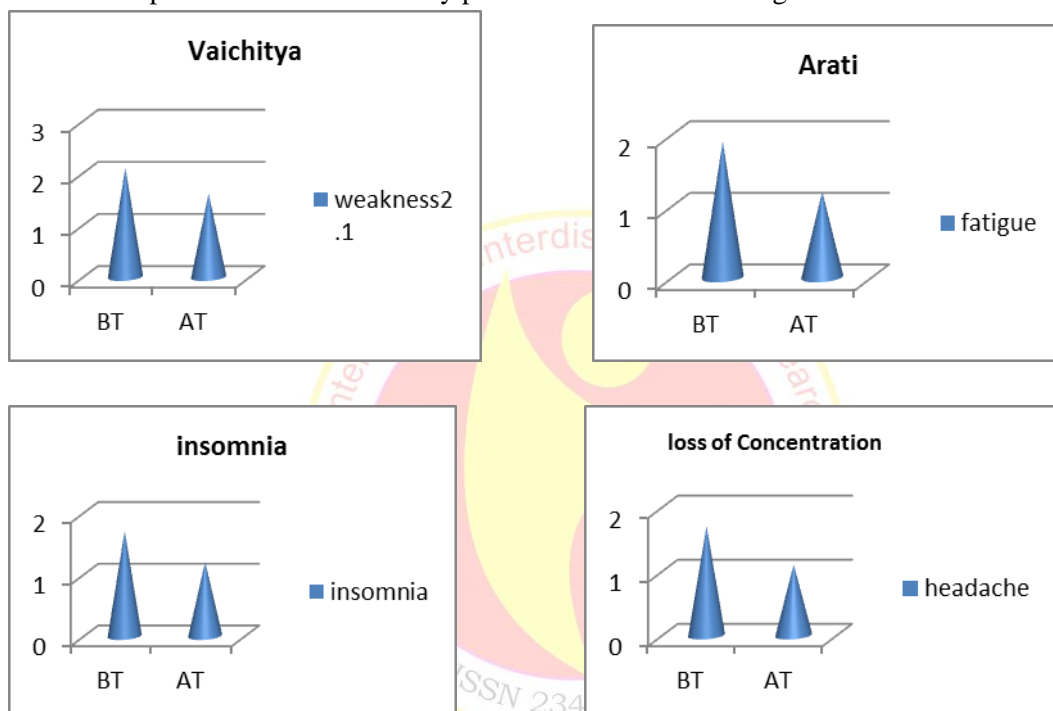
Discussion

The distribution of patients by age reveals the occurrence of the disease can take place at any age. The sex did not reveal any specific relation with the disease occurrence. The distribution of the patients by occupation revealed that patients which were in service as a target completion and answerability were likely to be more suffered from Mental illness. Vatapradhan prakriti people revealed more incidence might be due to tendency of

vatashamana. Patients having Madhyama and Avar Sattva affected more rather due to Manasabala.

Vaichitya was observed to reduce with markedly significant value after treatment. Arati was again observed to reduce significantly after treatment. Loss of concentration was again reduced with significance. Insomnia is reduced significantly but not relieved completely though patient showed better relief after treatment.

All parameters were tested by paired t test and showed significant results.



Conclusion

The experiment clearly concludes that Brahmi Ghanavati taken orally with Jatamansi siddha tail Shirodhara with Sarvang Snehan and Swedana as a Poorvakarma could be a remedy for Mental Illness without causing any complication and without any Internal Medication and may prove itself as a strong solution for these unanswered entities.

Being herbal preparation with taila, this Shirodhara can be used for long duration for the treatment of such type of disease since there was no Toxicity and Adverse Drug Reactions.

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Preventive And Curative Aspect In Ayurveda

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Abstract

Ayurveda is science of life. Ayurveda is to maintain the health of healthy person and to cure the disease. Ayurveda has unique principles and theories which is used to make a real positive science of life.

In today's stressful and fast life when we are becoming prone to various diseases so the preventive and curative aspect of Ayurveda is need of this living Era.

The first object of Ayurveda is related with preventive and promotive while second one is related with curative aspect of human beings.

1] Preventive aspect is subdivided into –

A] Swasthviritta (Personal Hygiene) consist of –

- Dincharya (Entire daily routine / schedule)
- Ritucharya (seasonal change in life style)
- Sadviritta (appropriate behavior)

B] The use of -

- Panchakarma
- Rasayan and Vajikarana

2] Curative aspect is subdivided into –

A] Antah Parimarjana (Internal Medicine) consist of-

- Sanshaman (curative action)
- Sanshodhan (internal purification of body)

B] Bahirparimarjan (External Medicinal Application)

C] Shastra Pranidhan (Surgical treatments)

The details will be elaborated in the paper of seminar.

A humble attempt has been made to Exposure the concept of Ayurveda.

Ayurveda is science of life. Ayurveda has unique principles and theories which is used to make a real positive life. In today's stressful and fast life we are becoming prone to various diseases so the preventive and curative aspect of Ayurveda is need of this living Era.

1] Preventive aspect subdivided into –

A] Swasthviritta (Personal hygiene) consists of

1] Dincharya (in. entire daily routine/schedule) –

In Sanskrit Din' means 'day' and "Acharya' means to follow so Dinacharya is an ideal daily schedule for us which takes into account the nature's master cycle and suggest

actions to follow. According to Ayurveda to maintain a healthy and disease free life one should follow a Dincharya.

One way to describe the daily cycle is in terms at doshas vata, pitta, kapha. Vata is dominant from 2 to 6 in the morning and afternoon. Pitta is dominant during mid day & mid night. Kapha is from 6 to 10 in morning and evening

The ideal schedule would be like

1. **Getting up** –i.e the day starts with sun rise and it ends with sunset

ब्रम्हो मुहुर्ते उत्तिष्ठेत्स्वस्यो रक्षार्थमायुषः। अ.हृदय २/१

This is the most fresh and pure time of the day.

2. **Evacuation of the body wastes** is. Going to toilet and latrine.
3. **Mukhamarjana** i.e. washing the mouth
4. **Dantadhavana** i.e. Brush the teeth
5. **Cleaning the tongue** i.e. Ayurveda considers the coating of the tongue as an indicator of Ama
6. **Prayer**
7. **Anjan** i.e. putting medicated drops/-creams in the eyes.
8. **Nasya** i.e. putting medicated oil drops in the nostrils.
9. **Gandush** i.e. gargling warm medicated oil water in the throat
10. **Abhyanga** i.e. massaging medicated oils. Title to the body
11. **Vyayama** i.e. exercise
12. **Snanaio** i.e. taking bath
13. **Bhojana** i.e. Eating meal
14. **Vyavasaya** e. work for earning money
15. **Ratricharya** is i.e. i) Sayambhojana - Dinner between 6 to 7pm
ii) Prayer
iii) Chintana - Evaluating our entire days work
iv) Nidra - sleep between 9.30 to 10.30 pm.

II]"Ritucharya"

The year according to Ayurveda is divided into two kaals:

- Aadaan kaal (Uttarayan)
- Visarga kal (Dakshinayaan)

In aadan kaal, the strength of the people is weakened. In Visarga kaal, the sun releases strength to the people.

- i) **Hemanta Ritu (Winter season)**
- ii) **Shishira Ritu (Cold and Dewy Season) Lifestyl**

Diet	Lifestyle
<ul style="list-style-type: none"> • Sweet, sour and salt taste food can be taken. In this season the digestive activity becomes more powerful. • Wheat / gram flour products, milk products. Sugarcane products and corn/edible oils can be taken as a part of food. 	<ul style="list-style-type: none"> • Massage with oil. • Udvertan with fine paste/powder of kumkum (kesar) • Exercise (Vayama) • Clothing leather, silk and wool. • Exposure to sunlight and fire to keep yourself warm

iii] Vasanta Ritu (Spring season)

- **In this season, increased kapha is liquefied by the heat of sun which causes diminished agni digestive activity) causing diseases**

Diet	Lifestyle
<ul style="list-style-type: none"> • Easily digestible food • Barley, honey. roasted mango juice can be taken as food • Asava, arista, sidhu, honey mixed with water and water boiled with extracts of chandan 	<ul style="list-style-type: none"> • Physical exercise • Dry message • Nasal medication can be taken • After massage bath with karpura/chandan/kum • Avoid sleeping during day time.

iv) Grishma Ritu (Summer Season)

- **In this season, Sun Rays become powerful, Kapha decreases vata increases day by day**

Diet	Lifestyle
<ul style="list-style-type: none"> • Sweet, light, and liquid food can be taken • Boiled rice with meat, cornflower, curd (yoghurt) can be taken in food • Drink very cold water Maddhuka date 	<ul style="list-style-type: none"> • Anoint body with chandan paste and take bath cold water. • Stay in cool places • Wear light dresses

v) Varsha Ritu (Rainy Season)

- **The Agni (digestive activity) weakens further and gets vitiated by doshas.**

Diet	Lifestyle
<ul style="list-style-type: none"> • Easily digestible food to be taken. • Pulses, meat juice, soups, old grains and can be taken in food 	<ul style="list-style-type: none"> • Panchkarma can be done. • Perfumes can be used. • Avoid sleeping at day time.

Vi Sharad Ritu (Autumn Season)

- Sudden exposed to sunlight and cold aggravates pita.

Diet	Lifestyle
<ul style="list-style-type: none"> • Bitter, astringent and sweet take can be included in food • Take easily digestible food like rice, green gram, amla, honey and sugar 	<ul style="list-style-type: none"> • Udvartana wits chandan. • Bath with warm water. • Pearls give soothing effect from Aggravated pitta

III] Sadvritta - (appropriate behaviour/noble acts)

- Pays respects to the Gods, cows, elderly people, teachers etc.
- Wear good herbs.
- Clean excretory passages and feet frequently
- Have a haircut, shave and nail cut thrice every fortnight
- Wear good dress, apply oil to the head, ears, nostrils & feet.
- Use an umbrella, a stick, shoes
- Stop exercise before excretion.
- Be truthful.
- Do not disclose other's defects, secrets.
- Do not to drink or food in excess quantity
- Do not take food which is dirty
- Do not take curd at night.
- Do not attend to any other work while under pressure or natural urge Do not let out sputum, excreta or urine in front of the wind, fire, water & sun, moon.
- Do not insult women etc.

B] The use of:

I] Panchkarma -

Panchakarma is the cornerstone to Ayurveda Management of disease.

Panchakarma is the process which gets to the root cause of the problem and corrects the essential balance of Trisha' in body

Panchkarma is not only good for alleviating disease but it is also a useful tool in minting excellent health Ayurveda advises undergoing Panchakarma at seasonal changes to clean the body, improve the digestion and metabolic processes i.e. Agni.

Panchakarma is a Sanskrit word that means five actions' on five treatments

If the doshas are vitiated beyond a particular level the shodhan chikitsa is indicated i.e Panchakarma chikitsa.

Aacharya Charak has described a wide use of Panchakarma Chikitsa for all diseases. The two separate sections Kalpa Sthanam and Siddhi Sthanam in Charak Samhita describe the details of panchakarma therapy

Panchakarma includes three parts namely

- **Poorva karma** which includes
Pachan (Digestion)
Snehan (Internal and external operation)
Swedan (Fomentation)
- **Pradhan Karma** (Main methods) which includes

1] **Vamana** - Emesis therapy

It is indicated in Kapha vyadhi in excess of kapha.

2] **Virechana**-Purgation Therapy

It is indicated in pittas vyadhi in the body

3] **Nasyam** - Nasal administration

In this therapy head, face and chest is massaged with specific herbal oil and then specific Ayurvedic oils, powder are administered in nostril

4] **Anuvasan banti** - Medicated of enemas

It is indicated in vata vyadhi. In this therapy medicated oil is introduced into the pakvashaya.

5] **Asthapana basti** - Niruha basti - linema of decoction

In this herbal decoctions are introduced in the pakvashaya for vatvyadhi.

6] **Raktamokshana** –

Raktamokshana is procedure to cleanse the blood.

II] Rasayan –

Rasayan is responsible for longevity, outstanding memory, intelligence par excellence, health, youth, complexion melodious voice, strength of body and sense organs, power of expressions, vigor eye, and it is the best means to obtain all dhatu Rasyaan is one of the acclaimed concepts that deals with rejuvenation of physical body and wellbeing of psyche (mind). It also depicts remedy in the form of aahar (food), vihaar and aachar (conduct) closely related to mental hygiene, immunity and intellect.

Classification

Kamya Rasayan

The word meaning desire is further classified into

- Prana kamya (longevity)
- Vyavasthapan (rejuvenation)

- Medha Kanya (intellect promoting)
- Varna (complexion)

These are the natural desires present in all

Naimittik Rasayan

In this process rasayan serves as a nimitta to treat a patient inflicted with a particular disease in order to restore health Example is of shilajit for treatment of diabetes mellitus

Naimittik Rasayan is also classified

- **Vata Tapik**
When rasayan is used in daily routine.
- **Kuti Praveshik**
This refers to use of rasayana in specially constructed Kuti
- **Poshak or Rasvardhak**
It refers to the assimilation into rasadhātu eg, shatavari
- **Agnivardhak**
Agni is increased in this process due to rasayan e.g. pippali.
- **Strotoshodak**
The action is by augmenting the micro-circulation in the body e.g. guggul.

III] Vajikaran :

Ayurveda is divided into eight branches. Vajikaran is one of the eight branches that deal with improving male sexual potency and thereby ensuring a suprajā. The main aim of Vajikaran is always successful copulation for healthy reproduction with sexual pleasure being just an additional benefit.

Vajikaran is the branch that deals with various aspects of sexual desire.

Who should have Vajikarana?

- Age group (between 16 to 70 years)
- Importance (with the exception of hereditary or matic impotence)
- Frequent indulgence in sex
- Shukra Kshay (oligo spermia)
- Dhanavan (rich)

Who should avoid Vajikarana?

- Before 16 years and after 70 years of age
- Duratma (evil minded people)
- Traumatic and hereditary impotence

Stree (female) is the greatest of all the vajikaran Dravya as said by Charak before vajikaran, pancha karma therapy is essential. Vajikaran deals not only with modes of

increasing sexual vigor but also psychosomatic disorders. E.g. Depression. Some of the most important herbs used in Vajikaran are Aswagandha (withania somnifera) Kapikachu (mucuna pruriens) shilajites.

2 Curative aspect - subdivided into –

In the event of the vitiation of bodily doshas generally three types of therapies are required to be applied to body.

A] Antah parimarjan consist ie. Internal medicine

a) Sanshaman i.e. curative action

The use of herbal or mineral remedies to correct imbalances in the doshas. These have the necessary medicinal qualities to stimulate Agni and restore balance in the doshas.

न शोधयति यद्योषान्स समान्नोदीरयत्यापि।

समीकरोति विषमान् शमन तच्च सप्तधा।।

पाचनं दीपनं शुत्स्व्यायामतपमारुताः।

अ. उदय १४/६

b) Samshoidhan-i.e. Internal purification of body

The method of removing the increased doshas from body by panch karma therapy.

यदीरयेद्वाहिदोषान्पच्यथा शोधनं च तत्।

अ. हृदय १४/५

B] Bahir-parimarjan - i.e. External medicinal application

The therapy which has its curative effect by external contact with the body such as abhyanga, lepana.

C] Shastra Praniidhan - i.e. surgical treatments

Surgical treatments comprises excision, incision, puncturing, rubbing. Sutering, probing, application of skharas and jalauka i.e. leeches.

The above mentioned three fold therapy have their utility for the cure of mental diseases like. Apasmara, unmade also.

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An Open Lable Study To Evaluate The Safety And Efficacy Of Jvarahara Yoga (Herbomineral Preparation) In The Patients With Mild To Moderate Sheetapurvak Jvara

1. Dr Chhapekar Shreerang
2. Dr Tawshikar Bhairav
3. Dr Wankhede Gopal

Abstract

The study was open labeled, prospervative in patients with mild to moderate Shitapurvak Jvara. The patients who are eligible to participate, by inclusion & exclusion criteria, have provided a written informed consent at the screening visit. The study had a single treatment of Jvarahara Yoga.

In fever, chills, body ache significant results were observed after treatment. No any adverse or unwanted observations were noted during and after the completion of treatment duration. Jvarahara yoga was found to be very effective in symptomatic improvement of Shitapurvak jvara within 3 days in terms of fever, chills and body ache. It also has potentiating antipyretic activity as seen by the decrease in body temperature. No side effects were seen with drug. There was good response in terms of compliance.

All patients in this study were completely informed, in accordance with GCPs and local regulatory authority requirements concerning the pertinent details and purpose of the study. A written consent form, approved by an IRB, was supplied by the investigators and was to be understood and signed by each patient prior to initiating any study procedures. The investigators were responsible for maintaining each patient's consent form in the study file and providing each patient with a copy of the consent form.

Introduction and Pathology

Vitiated dosa spreads slowly in minute channels of blood and other orifices and does not spread to all parts of the body simultaneously but only to predominant parts. This is the manner in which fever is seen with interrupted or irregular onset and relief. It is called visama jvara because of the irregular onset, action, time and reappearance.

Out of the eight main types of fever described in Ayurved, there is a certain category of fever referred as a visamajwara characterized by irregular onset, action and recurrence. It is this category of fever that can be correlated to shitapurvak jvara. The symptoms exhibited by patients suffering from this kind of fever vary according to its stages. Ayurvedic theory describe these stages as being due to the involvement of particular body tissues. Viz rasa (primary nutrient formed from the food), rakta (blood), mamsa (muscle), meda (adipose tissue), asthi (bone), majja (marrow), sukra (reproductive tissue).

For instance the classical texts like Caraka samhita, Sushrut samhita, and Ashtang hrdaya speaks of santata, a type of fever characterized by continuous fever for 7 days or more and symptoms such as heaviness of body, nausea, debility, vomiting, loss of appetite, delusion, giddiness, deliribium, rashes and thrust. The satata type presents twice a day (within 24 hr).

The anyedyushka type of fever is characterized by remission after 24 hours with symptoms of pain in the calves, thirst, high temperature, burning sensation, convulsions of hands/legs, and trembling.

The trutyak form of fever is characterized by remission on every third day and symptoms like low back pain, profuse sweating, thirst, fainting, delirium, vomiting, and loss of appetite. These can be correlated with the modern understanding of malaria. The ayurvedic understanding of this fever also anticipates mental symptoms such as confusion, intolerance, restlessness and fear that may arise in acute and chronic fever of high intensity, i.e. in a fever that persists for more than 21 days. The chaturthak type has an interval of 2 days and presents on every fourth day.

Treatment for every fever described in the ayurvedic medical texts is not uniform but needs to be varied according to the stage and specific tissues involved and the presentation of particular symptoms.

Methodology

Composition of jvarahara yoga

Each 500 mg tablet contains
Tribhuvankirti rasa 125 mg
Guduchi sattva 50 mg
Chirayata (*Swertia chirayata*) 100 mg
Nagarmotha (*Cyperus rotundus*) 100 mg
Shunthi (*Zingiber officinalis*) 100 mg
Excipients 25 mg

Desired Combined drug action

Jvarahara Yoga is a combination of drugs which combinely acts on overall pathogenesis of fever of any origin. Drugs like Guduchi sattva, Tribhuvan kirti rasa , Chirayata is of bitter nature and having proven and time tested antipyretic properties. Kutki, Indrajav, Trayaman these are liver tonic and helps in correcting metabolism, which is main cause of several fevers.

Herbs like Shunthi, Nagarmotha etc has clinically proven effects on jvara and rasadhatu.

Overall combination has detoxifying effects on liver, spleen etc. which is most important aspect to care for in case of shitapurvak jvar and other fevers.

Combinely it helps in rapid reduction of body temperature, chills, anorexia, bodyache and several other associated symptoms of fevers of various etiologies. It can also be used as a rejuvenating to the overall metabolism where repeated attacks of fever are occurring.

Thus, jvarahar yog is a holistic medicine of shitapurvak jvar and may be malarial fever, typhoid, flu, PUO and it is also effective in the conditions where fever is one of the associated symptoms of various diseases.

Clinical study

This study was single blind, open lable involving patients with shitapurvak jvar (fever wiyh chills) The study incorporated a matched pairs design. Each patient has

received a single treatment of investigational product (jvarahar yoga). The goal was to enroll approximately 80 patients in order of have 50 patients to provide data for analysis. The patients were evaluated for signs and symptoms of fever, chills and body ache by clinical/physical/laboratorial evaluation of the symptoms by the investigator. Concomitant medications and adverse events were assessed at each visit.

Screening Visit

The initial screening was performed just prior to enrollment. At this visit informed consent, medical history and patient demographics were obtained; physical examination, vital signs assessment (temperature, blood pressure, pulse, and weight) and nutritional evaluation were performed.

Visit S1 (After 6 hrs)

The patients who were eligible were entered in a 3 days active treatment period. At clinic visit parameters of Malaria were measured. The patients were administering the first dose of their allocated Investigational product (IP) at clinic & remain under observation during & after 30 minutes of dosing. Thereafter, they were allowed to take rest and admitted for 24 hrs in IPD. Follow up visits will be scheduled after 6 hrs, after 12 hrs, after 18 hrs, after 24 hrs then after every 12 hrs for 3 days after enrolment. A window period of ± 1 hour is acceptable at subsequent visits after screening.

Follow Up Visits

Patients were examined after 6 hrs, after 12 hrs, after 18 hrs, after 24 hrs then after every 12 hrs for 3 days. Study Visits thereafter until signs and symptoms of both treatment sites was demonstrated.

Main Criteria for Inclusion:

1. Patients aged between 31 to 60 years
2. Patients having symptoms like high grade fever with chills, bodyache

Exclusion criteria included:

Patients below 31 and above age 60 years
Patients having Typhoid, enfluenza, PUO..
Patients having complications of fever.

Selection Of Patients

Subjects were selected according to inclusion and exclusion at the OPD levels in multiple (4) centers. Adult male or female subjects between & including the ages of 31 to 60 years, with confirmed fever, chills and body ache were selected.

Measurements Assessed

Sign and symptoms for assessment of jvar was conducted at each study visit. Symptoms rating scales were age specific as follows:

Chills	0	absent or normal
	I	mild, During fever and subside after 15-30 mins
	II	Modderate, During fever and continuous
	III	severe, not relived by covering patient with woollen blanket and persistent

Fever 0 absent or normal
I Mild fever (98.6 to 100 d.c.)
II Moderate fever (100 to 102 d.c.)
III Severe fever (more than 102 d.c.)

Body ache 0 absent or normal
I mild During fever
II Moderate, during fever and bearable after fever subsides
III severe, persistent and not relieved by anything.

Vital Signs

Temperature (F), blood pressure (mmHg), pulse (bpm), and weight (kg) were assessed at screening, pre-treatment, and each subsequent study visit.

Observations and Results

Fever

fever	Before treatment	First 6 hrs	After 24 hrs	After 3 days
mean	1.833	0.8	0.3	0.03333
Median	2	1	0	0
Std. Deviation	0.6989	0.7611	0.4661	0.1826
Std. error	0.1276	0.139	0.0851	0.03333
P Value summary		***	***	***

chills

Chills	Before treatment	First 6 hrs	After 24 hrs	After 3 days
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P Value summary		***	***	***

Body ache

Body ache	Before treatment	First 6 hrs	After 24 hrs	After 3 days
mean	1.833	0.8	0.3	0.03333
Median	2	1	0	0
Std. Deviation	0.6989	0.7611	0.4661	0.1826
Std. error	0.1276	0.139	0.0851	0.03333
P Value summary		***	***	***

Results & Discussion

In the present clinical study, the efficacy of Jvarahar yog has been evaluated in 62 cases of shitapurvak jvar. Patients who presented with various symptoms like jvara, chills and body ache. In case of fever significant results were observed after treatment. In case of chills and body ache significant results were observed after end of treatment. And in case of abdominal pain associated with urinary disorders, significant results were observed after 2nd, 4th, 6th and 8th week of treatment. In case of Blood culture significant results were observed after end of treatment. No any adverse or unwanted observations were noted during and after the completion of treatment duration.

Conclusion

Jvarahar Yog was found to be very effective in symptomatic improvement of shitapurvak within 3 days in terms of fever, chills and body ache. It also has potentiating antipyretic activity as seen by the decrease in body temperature. No side effects were seen with drug. There was good response in terms of compliance.

Considering the excellent results of the clinical trial, it can be concluded that Jvarahar Yog is effective in the treatment of shitapurvak jvar with symptoms like fever, and body ache, without producing any undesirable side effects. It may be a good remedy for malaria also.

However, a larger clinical trial is proposed to evaluate its efficacy in a wider perspective. The clinical trial of Jvarahar Yog, an Ayurvedic preparation has proved its efficacy and safety in shitapurvak jvar.

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A Clinical Study Of Bilwa Karkatika Kwath In The Management Of Kaphaj Atisara

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Abstract-

Ayurveda is ancient science of life,^[1] firmly believes in “Swasthasya Swasthya Rakshanam Atursyavikar prashanam”. To maintain health and disease cure of human beings are two main aims of Ayurveda.^[2] Atisara is most common disease found in every age group. Atisara is well-described disease in almost all textbooks of Ayurveda.

Atisara is the disease which causes due to ingestion of contaminated food, water, over eating, improper food habits. Atisara is described in Charaka samhita - ancient holly book of ayurveda.^[3]

Key words: Atisara, loose motion s, diarrhoea, kaphaj atisara .

Introduction:

It is a know that most of the diseases are due to deficient digestive fire i.e. Agnimandya. This is also true in case of Atisara. According to Charaka samhita, due to etiological factors digestive system and digestive enzymes- Agni get disturbed, their capacity to digest food is diminished.⁴

Atisara can also be seen in Purishvah sroto dusthi .⁵ when agnimandya due to kapha dushak etiological factors then kaphaj atisara is seen. Atisara means excessive passing of stool from anus. Atisara comprises of two words ati and saranam. Ati means excess and saranam means gati. Therefore Atisara is a condition where watery stools are passed in excess & several times a day through anus. Diarrhoea is defined as the passage of loose, watery stools at least three times in 24 hours period. Diarrhoea is disease of intestinal disturbances, involves water & electrolyte imbalances. Diarrhea is usually caused by a virus or sometimes, contaminated food. Diarrhoea is the very burning problem especially in developing countries. . On the light of above, present study is carried out to know effective Ayurvedic treatment for Kaphaj Atisara i.e. Diarrhoea..

Objective of the study -

To study the efficacy of Bilwa Karkatika Kwath in the management of Atisara (Diarrhoea).

Case report- A 42 years old male patient reported to the Ashvin rural ayurvedic hospital, manchi hill, sangamner. With complaints of apakwa pichhil durgandhi alp shool yukt ,sapravahan mal pravrutti 4 to 5 times a day since 4 months.

For that he had taken treatment of allopathy medicine for few days. Treatments were useful for some days again same symptoms were started. Then he visited to kayachikitsa OPD for further management. Patient was thoroughly examined and detailed history was taken.

Material and Methods-

In the present study following drug were utilized.

1]Ingredients of bilwa karkatika kwath ^[8] :

Bilwa

Karkatshrungi

Musta

Haritaki

Sunthi

2]Ingredients for jal paan ^[9] :

Wala

Sunthi

Method of Preparation-

Drug was prepared as per Charaka samhita in Ras shastra department in guidance of Dravyagun department of our college.

Administration of drug-

1] Bilwa karkatika kwath . bd orally for 7 days

2] Wala sunthi jal frequently sip by sip for drinking . bd for 7days

3] On 3rd day patient was given Haritaki churna 5gm ^[10] at night single dose with warm water so as to clean his motion.

Pathya-apathya-

With above medicinal treatment, light diet was advised as below.

1] Langan on 1st day.

[Only medicine and ushnodak taking frequently as required was allowed to take.]

2] Laghu Ahara- ushnodak paan with meals

3] No breakfast

4] No divaswaap

Result-

- a) **Table 1: Effect of treatment of Bilwa Karkatika kwath on various assessment criteria (symptoms).**

Follow up	Symptoms				
properties of stool	apakwa	pichhil	durgandhi	shool	pravahan
On 1st day	++++	++++	++++	+++	++++
On 3rd day	++	++	++	+	++
On 5th day	+	+	+	+	+
On 7th day	no	+	+	no	no

- b) Investigations before and after:

1) Stool examination:

a.) before treatment: no worms, mucus cells present++

b.) After treatment: no worms, mucus cells absent

2) Blood glucose before and after was done –result- non diabetic

3) Weight

a.) before treatment: 74kg

b.) After treatment: 73 kg

Discussion:

3rd days haritaki dose next day morning patient had 3 to 4 motions of stool. We tried to keep patient out most on laghu aahar so agni vardhan can be easily done. After meal symptoms were worsening but due to sidhh jal patient was able to tolerate. Desire of frequent eating was more difficult problem.

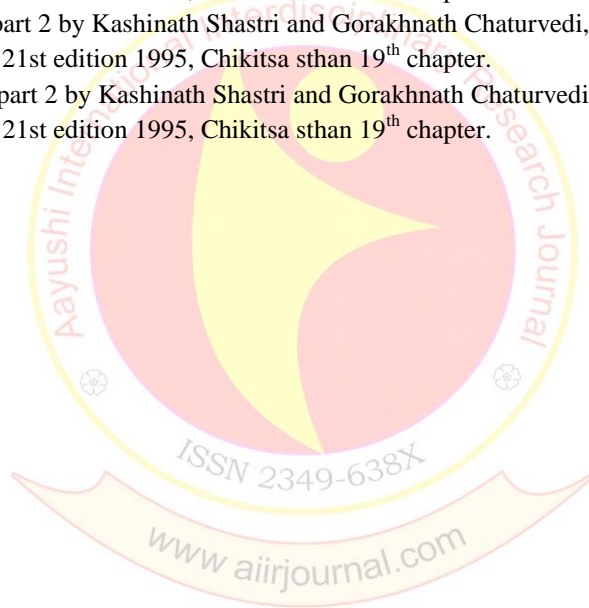
Conclusion-

It can be concluded that the Bilwa Karkatika Kwath is the choice of drugs for the management of Kaphaj Atisara. But this is a single case study hence to prove its efficacy there is needed to conduct a study on large number of patient.

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Vataj Kasa And Its Management By Vasavaleha And Kantakaryavaleha W S R To Pulmonary Eosinophilia – A Clinical Comparative Study

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Abstract

Clinical trial was randomized, single blind and comparative. Group A was given the drug Vasavaleha in a dose of 10 g twice a day after meals with Koshna jala and Group b was given the drug Kantakaryavaleha in a dose of 10 g twice a day after meals with Koshna jala. Both the groups were evaluated on the basis of Clinical as well as Laboratorial parameters. Follow up was taken up to 21 days and then after statistical analysis was done. Statistical analysis reveals that sign and symptoms like Ura shoola, Udar shoola, Shira shoola, Swarbheda, Swar ksheenata, Mukha shushkata, Shushka Kasan, Vega prasaktata etc are relieved much better in both the groups. No Adverse Drug Reaction or Toxicity signs have been observed which indicates proper preparation of drugs. Significant decrease was observed in ESR, TLC and Eosinophil count after treatment. Rest laboratorial parameters remained same however Polymorph count is significantly increased after treatment due to significant decrease in Eosinophil count.

Vasavaleha and Kantakaryavaleha were prepared accordingly to the textual reference in Sharangdhar Samhita. Firstly Ghrita Moorchhana was done with Triphala, Musta and Haridra to minimize unwanted qualities and improve efficacy of Ghrita. Analytical study was performed as per given in the book ' Pharmacopeial Standards for Ayurvedic Formulations' by CCRAS and with reference of previous work done Other findings of general quantitative analysis were as per the limits and as per specifications.

The experiment clearly concludes that Vasavaleha and Kantakaryavaleha could be a remedy for Vataj Kasa and may be for Kshataj and Kshayaj Kasa as said in texts without causing any Adverse Drug Reactions and may prove itself as a strong solution for unanswered infections. It also indicates that Duralabhadi leha be remedy for pulmonary Eosinophilia as this can be considered under Vataj Kasa.

Introduction

In Ayurved, for well being of the patients, several diseases have been described along with simple and various remedies. Kasa vyadhi somewhat troublesome, found in all the stages of life, which disturbs the patient physically, mentally and socially. Since ages Ayurveda is well known for its *maulik siddhantas* & the miraculous clinical efficacy enriched by specified procedures like *Panchakarmas*. The combination of *Bhaishaijya*

kalpanas which are invented by acharyas and followers, with the ancient traditional healing system of Ayurveda was the golden opportunity for vaidyas and acharyas to treat the patients in the World. Use of dravyas like Ghritas, tailas, avalehas along with some herbs with proper *samskaras* with a least quantity for faster and accurate results is a speciality of *Ayurveda* since ages.

In Ayurvedic texts, several preparations are mentioned under the title of Kasa. Since Samhita kala, Ayurved was enriched with the herbomineral, especially Siddha ghrita preparations which were proved to be magnificent on various aspects like faster and better results, higher efficacy in user's friendly dosage forms, that leads to convenience in administration, and more shelf life. *Kasa* is specified in 5 types & characterized by type of *kasan*. There are many types of *kalpas* which act on *Kasa*, described in different texts. *Vasavleha kanyakaryavaleha* are herbal preparations which may help to control Vataj Kasa all over. Both drugs could be a suitable remedy for *Vataj kasa* due to their ability of *samprapti vighatana* of Vataj Kasa.

To serve this purpose, the topic VATAJ KASA AND ITS MANAGEMENT BY VASAVALEHA AND KANTAKARYAVALEHA W S R TO PULMONARY EOSINOPHILIA – A CLINICAL COMPARATIVE STUDY was selected for research work.

Materials And Methods

While taking this unique topic in mind, following were the Aim and Objectives concerning it.

1. To compare the rate of response to Vasavaleha with that of Kanyakaryavaleha when used as a treatment of 'Vataj Kasa' with the help of Clinical and Investigatory parameters.
2. To characterize the safety and efficacy of vasavaleha as well as kanyakaryavaleha when used for period up to three weeks (21 days).
3. Any complication of 'Vataj kasa'.
4. Any Adverse reaction to the treatment.
5. Any other benefits of drug to the body.

30 Patients for each group were selected. Comparative Study was done between Vasavaleha given as 10g. bhojan Pashchat with Koshna jala as an Anupana and Kanyakaryavaleha which was given as 10 g. bhojan Pashchat with Koshna jala as an Anupana. The severity of the signs and symptoms was recorded on the basis of Gradation. The patients were followed up on 7th, 14th, and 21st day. The observations were recorded on the basis of gradation before and after treatment. The dropped out cases were not included in statistical analysis.

Blood sample of every subject was taken for following investigations: hB %, ESR, RBC, TLC, NEUTROPHILS, EOCINOPHILS, MONOCYTES, and BASOPHILS. X-Ray Chest A/P View was taken in relevant patient. The subjects were evaluated after treatment for the same. Observations were recorded on the basis of above said parameters before and after treatment. Drop out cases were not included in the statistical analysis.

Ura shool, shirashool, udarshool, swarabhes, swaraksheenata, mukhashushkata, shushka kasan, vega prasaktata, kanthakshobh and relief by shtheevana were the parameters. They are divided and catagorized according to mild, moderate and severe according to severity of symptoms and follow up was recorded. Ashtavidha, dashavidha and srotas parikshan along with vital parameters was done in each patient.

Observations and Discussion

Clinical Study

General Parameters-

The distribution of patients by age reveals the occurrence of the disease can take place at any age.

1. The sex did not reveal any specific relation with the disease occurrence.
2. The distribution of the patients by occupation revealed that patients which were in service were likely to be more suffered from Vataj Kasa.
3. Maximum affected number showed Vishamagni and Mandagni indicating that occurrence of the disease was more in patients having Vishamagni and Mandagni.
4. Aahar did not reveal any specific conclusion though incidence was more in Mishrahari people.
5. Kroor koshtthi people revealed more incidence might be due to tendency of Agnivaishamya.
6. patients having Madhyama and Avar Sattva affected more rather due to Manasabala.
7. Alpa Bala and Madhyamabala patients were affected mainly due to the lowered Vyadhipratyanikattva in those.
8. This is again not giving any specific result and relevance of disease in any particular Prakriti though incidence was more in Vatapradhan Prakriti.
9. Patients having Ruksha, Kashaya aahar, raja, doom sevan, were found more prone to Vataj Kasa.

Signs and Symptoms –

1. **Ura shoola** was observed to reduce with markedly significant value after treatment in both the groups but was found to be more effective in Group-B rather than

- Group-A due to tendency of the drug by acting Katu Rasa and Ushna Guna which is more effective in Shoola prashamana.
2. **Shira Shoola** was again observed to reduce significantly after treatment in both the groups but was found to be more effective in Group-B rather than Group-A since Guduchi and Kantakari being Ushna Veerya act as Vatanulomaka and Shoola har.
 3. **Udar Shoola** is again reduced with high significance but not relieved completely after treatment in Group-A. Group-B showed better improvement again because Guduchi and Kantakari have Deepana, Pachana, Laghu, Ushna, Sara properties.
 4. **Swarbheda** is reduced significantly but not relieved completely in both the groups after treatment though Group-A showed better relief than Group-B since Vasa has Swarya property which is specially mentioned in Bhavaprakash Nighantu.
 5. **Swara Ksheenata** is reduced with higher significance in both the groups but not relieved completely after treatment in both the groups. Still Group-A shows better improvement than Group-B since Vasa having Swarya property.
 6. **Mukha Shushkata** is reduced significantly in both the groups but not relieved completely after treatment. Snigdha Guna of Ghrita showed better result.
 7. **Shushka Kasan** which is a cardinal symptom of Vataj Kasa is magnificently reduced after treatment in both the groups since Ghrita itself has Vataghna property. With the help of Tikta, Katu Rasa and Ushna Guna it was overall more effective.
 8. **Vega Prasaktata** was again magnificently reduced in both the groups but not completely relieved in Group-A after treatment still Group-A showed statistically better result than Group-B after treatment.
 9. **Kantha Kshobha** was seen to get reduced after treatment in both the groups but not relieved completely after treatment and the Group-B showed much better improvement than Group-A due to Ushna, Snigdha, and Sara Guna, Guduchi Kantakari Siddha Ghrita played important role on irritation which was mainly caused by Ruksha, Sheet Guna and Pratilomita Vata.
 10. **Relief by Shtheevana** which was Upashayanupashayatmak symptom of Vataj Kasa showed magnificent improvement after treatment.
 11. **Relief by Snigdha, Amla, Lavana and Ushna Aahar** which was again Upashayanupashayatmak symptom of Vataj Kasa gave better Upashayatmak response after treatment in both the groups.

Laboratorical And Radiological Evaluation-

1. The Haemoglobin per cent did not alter significantly in both groups .
2. The ESR is significantly reduced in both the groups due infection was recovered.

3. The RBC count did not alter with significance in both the cases but it could be improved if both drugs were given for long duration since they would act by Tikta, Laghu, Ushna Gunas.
4. TLC counts was significantly reduced after treatment since the infection was recovered.
5. Polymorphs were increased significantly after treatment in both groups as due to markedly decrease in Eosinophil count.
6. The Lymphocyte count was somewhat increased due to relative decrease in Eosinophil count
7. The Eosinophil count was magnificently decreased in both the groups since Tropical (Pulmonary) Eosinophilia can be considered under Vataj Kasa.
8. Monocytes did not reveal significant change in counts before and after treatment.
9. Basophiles counts were not observed to change significantly again due to freshly diagnosed cases.
10. X-Ray Chest P/A view were done in required patients which showed better improvement after treatment.

Outstanding Output -

1. The clinical study reveals some magnificent facts that Pulmonary Eosinophilia can be taken under Vataj Kasa and both the drugs are also effective on Pulmonary eosinophilia. Also, can be used as an alternative in many resistant cases with minimal adverse drug reactions.
2. These drugs have given better efficacy in most other symptoms.
3. Both the drugs did not cause any ADRs in patients.

Presented work was carried out with institutional research criteria and was undertaken with some specified aspects only with many of the unavoidable limitations. This work could be studied with different aspects of various types of Kasa and Respiratory Tract Infections to get a definitive solution against much of these unanswered questions.

Also, research projects should be carried out with Ayurvedic Scholars taking these drugs as a future line of treatment in various Pranavaha Srotas Vyadhi and Respiratory Tract Infections in areas where the incidence of the disease is much more, and should come out with some useful outputs for the society.

Similarly, lots of preparations are mentioned in various Ayurvedic texts for Kasa. Many of the formulations are in use. These formulations can be studied on above mentioned parameters rigorously and vigorously to take them globally

Results And Conclusion:

The experiment clearly concludes that Vasavaleha and Kantakaryavaleha could be a remedy for Vataj Kasa and may be for Kshataj and Kshayaj Kasa as said in texts without causing any Adverse Drug Reactions and may prove itself as a strong solution for unanswered infections.

It also indicates that both drugs could be remedy for pulmonary Eosinophilia as this can be considered under Vataj Kasa.

Comparative study reveals that Kantakaryavaleha gave comparatively better improvement than Vasavaleha as considering percentage relief.

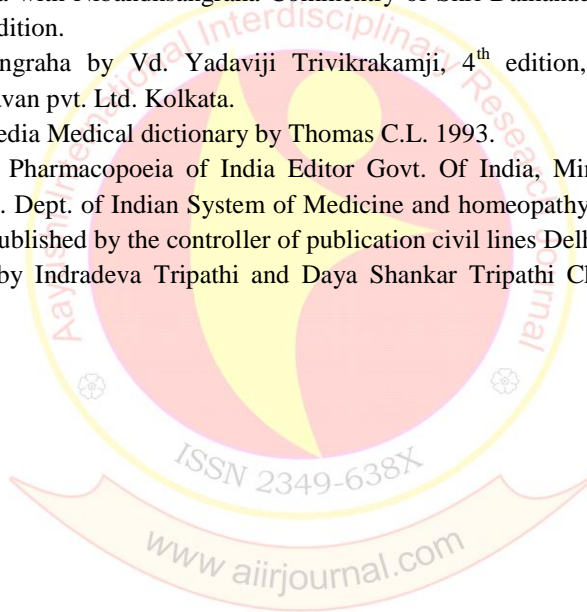
Being herbal preparation with Ghrita, both these drugs can be used for long duration for the treatment of Chronic Respiratory Tract Infections since there was no Toxicity and Adverse Drug Reactions.

It also concludes that drugs formulated by standard Operating Procedures (S.O.P.) in Ayurvedic texts prove efficacy and safety of Ayurvedic preparations.

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“Concept of Agni dushti with special reference to Vishada”

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Abstract :

Introduction : Ayurveda is the science which mentioned various principles for prevention and treatment of disease. It is also a way of life that teaches us how to maintain and protect mental and physical health and achieve longevity. 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.

Methodology : Aahara is the important key factor for transformation of consumed Aahara, Viharadi dravyas. In Ayurveda, Agnimandya is the reason for development of all disease formations in the body. The definition of Swasthya is explained in Ayurveda as it is the balance between Dosha, Dushya, Mala, Agni, Aatma, Indriya and Mana. As explained, the root cause of all diseases is the ‘Manasa’, hence the basic curing of the root causes of all diseases also should be at the mental level. Vishada is one the Manovikara explained in Ayurveda. It can be correlated with Depression.

Results : Vishada is one of the Vata-nanatmaja Vikara and it is the main factor that increases the range of all disease formation.

Conclusion : Vishad is one of the cause of Agnidushti. Hence before going to drug treatment for Agnidushti counselling is one of line treatment to recover Vishada.

Keywords : *Agni, Agnimandya, Manovikara, Vishada.*

Introduction :

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 health, physical health and achieve longevity¹. ‘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 physician². In Ayurveda a principle is based on assumption that , ‘Whatever exists in universe is represented in our body. In other words whatever is in our body is represented in universe.’ This principle is known as ‘Lokasya Pusrushasya’³. Ex. ‘Agni’ in living body represents Sun in universe. Fire cooks, burns, transforms the structure of matter, changes properties of matter. Similarly Agni in body digests, helps in absorption of digested material, transforms digested food into body entities, etc.

As it is said by Sushruta ; physical health is balanced between Dosha, Agni, Dhatu, Mala and Mental health is balanced between Aatma, Indriya & Mana i.e. importance is given to mental health. Mana is constituent of human body does not only represent the behavior of a person but also it helps to recognize a healthy state of a person. A healthy and calm mind always helps to keep person healthy⁴.

In Ayurveda, the root cause for all disease formation or development is ‘Agni-mandya’⁵. So importance of Samyaka Agni is very important. Vishada is explained as one of the Manasa Vikara in the Ayurveda according to Acharya Sushruta⁵.

Aim & Objectives :

Aim – To study the concept of Agni dushti w.s.r. to Vishada.

Objectives –

- To study the relation between Manasa bhava and Agni.
- To study the effect of Vishada on Agni dushti.

Methodology :

Agni is explained as bio-transformative activity of the body. In Ashtanga hrudaya ‘Agnimandya’ is explained as root cause of all disease formation in the body⁵. There are total 13 types of Agni’s are explained in the Ayurveda. In ‘Trividha-kukshiya Adhayaya’ Acharya Charaka has explained the Division of Aamashaya & intake of Aahara and signs of intake Aahara in Proper quantity⁶.

Hetus of Agni dushti⁷ :

The hetus like Abhojana, Atibhojana, Vyadhi karshana etc. are vitiates the Agni in the body; which causes indigestion. It leads to formation of various diseases like Ajirna, Alasaka, Visuchika etc. that causes dushti of Agni. Which further causes Agni mandya in the body and it develops various diseases in the body.

Relation between Mana and Agni:

As explained in - ‘Aahara – Vidhi vidhana⁸’ ;

‘तत्रेदमाहारविधिविधानमरोगाणामातुराणां चापि केषाञ्चित् काले प्रकृत्यैव हिततमं भुञ्जानानां भवति-
उष्णं, स्निग्धं, मात्रावत्, जीर्णं वीर्याविरुद्धम्, इष्टे देशे, इष्टसर्वोपकरणं, नातिद्रुतं, नातिविलम्बितम्,
अजल्पन् , अहसन्, तन्मना भुञ्जीत, आत्मानमभिसमीक्ष्य सम्यक्||’(च.वि.1/24)

- No talking or laughing during meal but ‘Aahara’ should be taken with full concentration.
- Acharya charaka says that the even pathya-Aahar taken in proper amount does not get digested, due to Chinta (worry), Shoka(sorrow), Bhaya (fear), Krodha (anger), Dukha (sadness) and in improper bedding and sleep⁹.
- There are chances to ingest unjustified food items by mistake.

- Indriya's also intake food through senses, so food must be of good Rupa, Rasa, Gandha and Sparsha.
- Aahara should be taken according to Satmya, Prakruti, Agni and Bala.

Dushti nidana of Rasavaha Strotas :

Rasa dhatu is first generation of Aahara rasa and is produced by digestion of Aahara rasa in Rasavaha strotas by Rasa-agni. Hence Rasa dhatu is product of digestion through Annavaha strotas and Rasavaha strotas¹⁰.

Acharya Charaka explained that excessive consumption of Guru, Sheeta, Snigdha ahara, Chinta and Ati-chinta leads to Rasavaha strotas dushti in the body. As we know, Rasa dhatu is produced or developed from the Aahara rasa. So therefore Rasa dhatu is vitiated in the body that causes Agni dushti¹¹.

Role of Manasa bhava in Agni dushti :

Chinta (Anxiety), Bhaya (Fear), Krodha (Anger), Shoka (Affliction), Kama (Pleasure) etc this all Manasa bhava / emotions directly effects on digestive enzymes cause indigestion i.e. Agnidushti .

Introduction of Vishada :

- Vishada - means Sadness / Fearful condition¹²;

in which Rajas and Tamas doshas are increases.

- Vishada & Shoka are aggravators of physical illnesses.

- Lakshanas of Vishada :

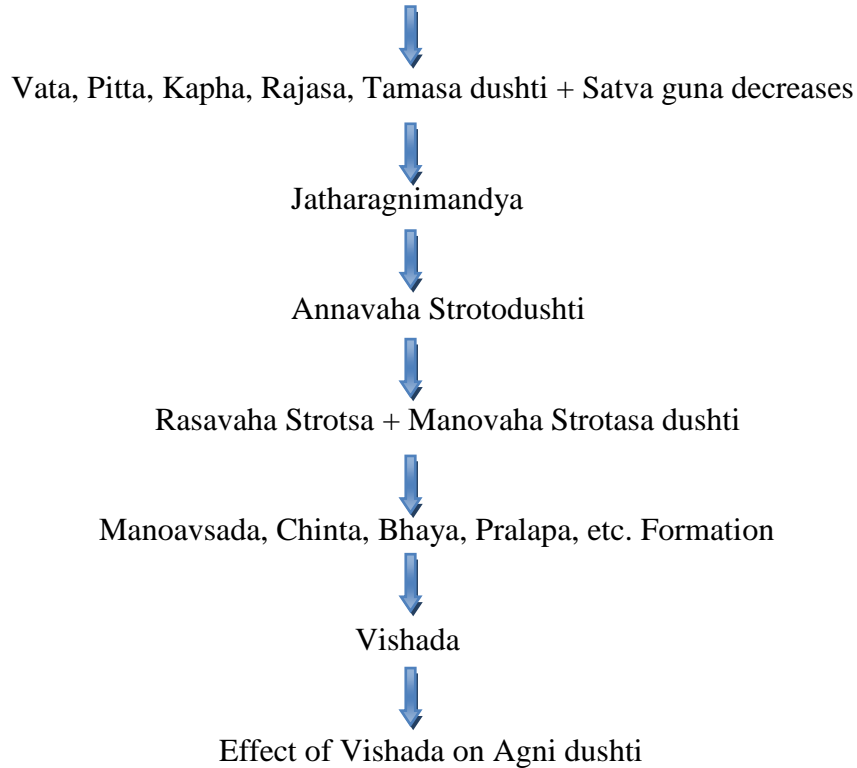
A) Kayika lakshana : Anidra, Atinidra, Aruchi, Hrutsbandana, Aplacheshta, Aalasyata, etc.

B) Vchika lakshana : Irrelevant talk, Alpavaka, Ativaka, etc.

C) Manasika lakshana : Atichinta, Bhaya, Dukha, Asthirata of Mana, Loss of self confidence, Arati, Smrutinasha, etc.

Samprapti of Vishada :

Hetu Sevana – Malina, Ayogya Aahara, Ayogya Vihara, Alpasatva, Pradnyaparadha, Manoaghata, Grahabadha, Asatmendriyarthasanyoga, Fear, etc.



What is the modern aspect for Agni dushti in Vishada :

- Effect of Mana on Agni dushti leads to decreases the Serotonin and increases Cortisol & Adrenaline level in the body.
- **Role of Mind on Digestion :**
 - a) Cephalic phase of gastric secretion , depressed mood suppress vagus nerve activities followed indigestion.
 - b) Good mood elevates proper taste and digestion.
 - c) Secretion of serotonin elevates vagus nerve activities followed proper digestion.

Discussion :

In Ayurveda, there is explanation of unique concepts in which Agni is most important concept in the body. If Agni is samyaka then there is proper digestion of Aahara and Aahara ghataka by the process of Agni. If it is vitiated then there is formation of various diseases in the body. The factors like Chinta, Bhaya, Krodha, Shoka etc . causes Agni dushti , which leads to Agni mandya in the body. Vishada is explained as one of the Manasa Vikara. If we eat Aahara in the proper quantity and with full concentration, relax mind then there is proper digestion of consumed food in the body. In Vishada there is Agni mandya or Agni dushti. So therefore Vishada directly affects on Agni dushti.

Conclusion :

In presence era, Sharirika as well as Manasika Vyadhis are also important. In ayurveda Vishada is explained which can be correlated with Depression¹³. In Ayurveda there are various references among Vishada. Mana is having Chala gunatva so control over mana is very important in Vishada. Health is one the most important for every person likewise Mental health is also important now a days. In Ayurveda a person is said to be healthy when there is balanced between Dosha, Dhatu, Mala, Agni, Mana, Aatma and Indriya in the body. There is relation between Mana and Agni. Vishada directly affects Agni dushti.

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A CASE STUDY OF CONSTIPATION WITH FISSURE TREATED WITH TRIPHALA KWATH AVAGHHA AND ANUVASAN BASTI

Dr. Anand Jatal

Constipation is a very common problem in children. Acharya Kashyapa explains Malavrodh in children also a Vyadhi and associated with other Vyadhi. It is also explain by both Acharya Charak and Shustruta. Constipation in children due to physical and psychological causes. In India a lot of constipation seen in daily practice of Pediatrics.

Vata is important for the normal body function. In the children Kapha dominance is there. Vata Dusti was main cause but kapha Dusti also involved. In constipation Apan Vayu Dusti with Vimargman leads to passing hard stool with abdominal pain and discomfort. Many times hard stool passing cause fissure in children was a new problem.

Chikista of constipation is use of Laxative; Anuvasan Basti was best treatment on Vata Dosha. Toilet training if need, anal dilation and Diet (Vegetables, plenty of fluids)

A 10 years old male patient was presented with complaint of a not passing stool day by day also with hard stool and abdominal pain on off since 1 year. He had occult blood in stool and throbbing pain during defecation. He was treated with laxative but not get relieved. This patient treated by Anuvasan Basti for 7 days two times with Triphala Kwath Avaghaha. After treatment he was free from constipation and associated symptom.