

PALASH (Butea frondosa Koen.ex.Roxb.): A DRUG REVIEW FROM BRUHATRAYI

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ABSTRACT

Palash (Butea frondosa Koen.ex.Roxb.) is an important medicinal plant & it is well familiar since *vedic kala* to the present era. It is also known with common names like Dhak, Flame of the forest, Bastard teak, Parrot tree. It is deciduous tree belonging to the family Fabaceae. It is use for medicinal purpose as well as for holy purpose. Here, Literary review from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha* for enlightening the references of medicinal values of *Palash*.

Keywords: *Palash*, *Charak samhita*, *Sushruta samhita*, *Ashtang Sangraha*.

INTRODUCTION

Palash (Butea frondosa Koen.ex.Roxb.) is a medium sized deciduous tree belonging to the family Fabaceae. It is commonly found throughout the greater part of the India upto about 915m altitude.¹ It is commonly called the flame of the forest due to its gorgeous canopy of scarlet flowers which looks like flame. It has antihelmintic, antiimplantation, antiovolatory, antileprotic, antigout, antiestrogenic, antispasmogenic, antifungal, astringent, aphrodisiac, antiasthmatic, bactericidal

property.² It is useful in various disease. Therefore, references of *Palash* was collected from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha*.

Aim: To study drug review of *Palash* from *Bruhatrayi*.

Objective:

1) Collection of *Palash* reference from *Bruhatrayi*.

2) Enlightening the use of *Palash* mentioned in *Bruhatrayi*.

Methods: References of *Palash* was collected from all *sthana* of Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha* was tabulated in the form of *Adhyaya* name, reference with context & was tabulated (was removed this words)

MATERIALS & METHODS:

Materials: All references of *Palash* was collected from Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha*.

1) Charak Samhita³

Table 1: The references of *Palash* in *Charak Samhita* as follows:

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Apamargatanduliyadhyaya</i>	<i>Aasthapan Basti Dravya</i>	<i>Ch.Su.2/10-13</i>
2.	<i>Aaragvadhyyadhyaya</i>	<i>Manshiladi lepa</i>	<i>Ch.Su.3/15-16</i>
3.	<i>Kushtanidanadhyaya</i>	<i>Pundrik Kushta Lakshana</i>	<i>Ch.Ni.5/(7/5)</i>
4.	<i>Rogabhishagajitiyavimanadhyaya</i>	<i>Adhyapana Vidhi</i>	<i>Ch.Vi.8/11</i>
5.	<i>Jatisutriyashariradhyaya</i>	<i>Uttam Santan kartavya</i>	<i>Ch.Sha.8/10</i>
6.	<i>Rasayanadhyaya</i>	<i>Amalak Rasayana</i>	<i>Ch.Chi.1/1/75</i>
7.	<i>Rasayanadhyaya</i>	<i>Pratham Amalakavaleha</i>	<i>Ch.Chi.1/2/7</i>
8.	<i>Rasayanadhyaya</i>	<i>Dvitiya Amalakavaleha</i>	<i>Ch.Chi.1/2/10</i>
9.	<i>Rasayanadhyaya</i>	<i>Louhadi Rasayana</i>	<i>Ch.Chi.1/3/15</i>
10.	<i>Rasayanadhyaya</i>	<i>Pippali Rasayana</i>	<i>Ch.Chi.1/3/32-35</i>
11.	<i>Rasayanadhyaya</i>	<i>Dronipraveshik Rasayana</i>	<i>Ch.Chi.1/4/7</i>
12.	<i>Rasayanadhyaya</i>	<i>Dvitiya Endrokta Rasayana</i>	<i>Ch.Chi.1/4/13-26</i>
13.	<i>Jwarachikitsadhyaya</i>	<i>Chandanadi Taila</i>	<i>Ch.Chi.3/258</i>
14.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>Ch.Chi.4/89</i>
15.	<i>Raktapittachikitsadhyaya</i>	<i>Ksharaprayog</i>	<i>Ch.Chi.4/94</i>
16.	<i>Gulmachikitsadhyaya</i>	<i>Raktagulmahar Kshara</i>	<i>Ch.Chi.5/173</i>
17.	<i>Kushtachikitsadhyaya</i>	<i>Triphaladi Churna</i>	<i>Ch.Chi.7/68-69</i>
18.	<i>Kushtachikitsadhyaya</i>	<i>Chitrakadi Lepa</i>	<i>Ch.Chi.7/85-86</i>
19.	<i>Kushtachikitsadhyaya</i>	<i>Mansadi Lepa</i>	<i>Ch.Chi.7/87</i>
20.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar Yoga</i>	<i>Ch.Chi.7/92-95</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Shwitra</i>	<i>Ch.Chi.7/165</i>
22.	<i>Pramehachikitsadhyaya</i>	<i>Pittaj Pramehahar Yoga</i>	<i>Ch.Chi.6/30-32</i>
23.	<i>KshataKshinachikitsadhyaya</i>	<i>Shwadrasthadi Ghruta</i>	<i>Ch.Chi.11/44-47</i>
24.	<i>Shwayathuchikitsadhyaya</i>	<i>Shothanashak Tail</i>	<i>Ch.Chi.12/65-66</i>
25.	<i>Udarachikitsadhyaya</i>	<i>Udararogahar Lepa</i>	<i>Ch.Chi.13/108</i>
26.	<i>Udarachikitsadhyaya</i>	<i>Parisheka</i>	<i>Ch.Chi.13/110</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Vataj Hrudroga</i>	<i>Ch.Chi.13/170-171</i>
28.	<i>Arshachikitsadhyaya</i>	<i>Yavagu Varnan</i>	<i>Ch.Chi.14/92</i>
29.	<i>Arshachikitsadhyaya</i>	<i>Shushkarsha –Shak Prayoga</i>	<i>Ch.Chi.14/122</i>
30.	<i>Grahanachikitsadhyaya</i>	<i>Palashadi Paniya</i>	<i>Ch.Chi.15/142-143</i>
31.	<i>Grahanachikitsadhyaya</i>	<i>Chaturtha Kshara</i>	<i>Ch.Chi.15/186-187</i>
32.	<i>Hikkashwasachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>Ch.Chi.17/141-144</i>

33.	<i>Kasachikitsadhyaya</i>	<i>Peya Varnan</i>	<i>Ch.Chi.18/77-78</i>
34.	<i>Kasachikitsadhyaya</i>	<i>Manashiladi Dhoom</i>	<i>Ch.Chi.18/146</i>
35.	<i>Atisarachikitsadhyaya</i>	<i>Agnidipan Dravya</i>	<i>Ch.Chi.19/26-29</i>
36.	<i>Atisarachikitsadhyaya</i>	<i>Pittaj Atisarhar</i>	<i>Ch.Chi.19/59-60</i>
37.	<i>Dvivraniyachikitsadhyaya</i>	<i>Pakvashotha Bhedan</i>	<i>Ch.Chi.25/53-54</i>
38.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pushkarmooladi Kwatha</i>	<i>Ch.Chi.26/85</i>
39.	<i>Trimarmiyachikitsadhyaya</i>	<i>Udumbaradi Leha</i>	<i>Ch.Chi.26/98</i>
40.	<i>Trimarmiyachikitsadhyaya</i>	<i>Ksharagushtika</i>	<i>Ch.Chi.26/192-193</i>
41.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pippalyadi Rasakriya</i>	<i>Ch.Chi.26/258</i>
42.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala Taila</i>	<i>Ch.Chi.28/148-156</i>
43.	<i>Vatashonitachikitsadhyaya</i>	<i>Mahapadma Taila</i>	<i>Ch.Chi.29/110-113</i>
44.	<i>Yonivyapatachikitsadhyaya</i>	<i>Udumbaradi Taila</i>	<i>Ch.Chi.30/73-76</i>
45.	<i>Yonivyapatachikitsadhyaya</i>	<i>Palashadi Kalka</i>	<i>Ch.Chi.30/122</i>
46.	<i>Yonivyapatachikitsadhyaya</i>	<i>Sanshodhan Basti</i>	<i>Ch.Chi.30/196-197</i>
47.	<i>Bastisutriyasidhidhyaya</i>	<i>Palash Basti Yoga</i>	<i>Ch.Si.3/44-45</i>
48.	<i>Bastivyapatasidhidhyaya</i>	<i>Darvadi yoga</i>	<i>Ch.Si.7/19-20</i>
49.	<i>Bastisidhidhyaya</i>	<i>Sangrahik Basti</i>	<i>Ch.Si.10/30-31</i>
50.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Cow</i>	<i>Ch.Si.11/24</i>
51.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Horse</i>	<i>Ch.Si.11/25</i>
52.	<i>Uttarbastisidhidhyaya</i>	<i>Erandamooladi Yapan Basti</i>	<i>Ch.Si.12/15(2)</i>
53.	<i>Uttarbastisidhidhyaya</i>	<i>Dvitiya Mooladi Yapan Basti</i>	<i>Ch.Si.12/15(6)</i>

2) *Sushruta Samhita* ⁴

Table 2: The references of *Palash* in *Sushruta Samhita* as follows:

Sr.No	Name of Adhyaya	Reference	Context
1.	<i>Shishyounpayanidhyaya</i>	<i>Ayurved Diksha Vidhi</i>	<i>S.Su.2/4</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Ritu Lakshan</i>	<i>S.Su.6/25-28</i>
3.	<i>Ksharpakvidhidhyaya</i>	<i>Pratisaraniya Kshar Nirman</i>	<i>S.Su.11/11</i>
4.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh sakun</i>	<i>S.Su.29/40</i>
5.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh Swapna</i>	<i>S.Su.29/64-65</i>
6.	<i>Dravyasangrahaniyadhyaya</i>	<i>Rodhradi Gana</i>	<i>S.Su.38/14-15</i>
7.	<i>Dravyasangrahaniyadhyaya</i>	<i>Mushkakadi Gana</i>	<i>S.Su.38/20-21</i>
8.	<i>Dravyasangrahaniyadhyaya</i>	<i>Ambhashtadi Gana</i>	<i>S.Su.38/46-47</i>
9.	<i>Dravyasangrahaniyadhyaya</i>	<i>Nyaghradhadi Gana</i>	<i>S.Su.38/48-49</i>
10.	<i>Dravdravyavidhidhyaya</i>	<i>Palash taila Guna</i>	<i>S.Su.45/121</i>
11.	<i>Annapanvidhidhyaya</i>	<i>Palash Phala Guna</i>	<i>S.Su.46/197</i>
12.	<i>Annapanvidhidhyaya</i>	<i>Palash Pushpa Guna</i>	<i>S.Su.46/288</i>
13.	<i>Shukrashonitashudhishariradhyaya</i>	<i>Grantibhoot Shukra-Artav yoga</i>	<i>S.Sha.2/9</i>
14.	<i>Garbhavyakaranashariradhyaya</i>	<i>Paittik Prakruti Lakashna</i>	<i>S.Sha.4/69</i>
15.	<i>Dvivraniyachikitsadhyaya</i>	<i>Paittik Vrana Lakashna</i>	<i>S.Chi.1/7</i>
16.	<i>Bhagnachikitsadhyaya</i>	<i>Kusha Varnan</i>	<i>S.Chi.3/6</i>
17.	<i>Vatavyadhichikitsadhyaya</i>	<i>Kalyanak Lavan</i>	<i>S.Chi.4/32</i>
18.	<i>Arshachikitsadhyaya</i>	<i>Adrushya Arsha Chikitsa</i>	<i>S.Chi.6/13</i>
19.	<i>Ashamarichikitsadhyaya</i>	<i>Ashmarihar Kshar</i>	<i>S.Chi.7/22</i>

20.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/7</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/10</i>
22.	<i>Mahakushtachikitsadhyaya</i>	<i>Asav Varnan</i>	<i>S.Chi.10/7</i>
23.	<i>Mahakushtachikitsadhyaya</i>	<i>Oushadhayaskruti</i>	<i>S.Chi.10/12</i>
24.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/7</i>
25.	<i>Pramehachikitsadhyaya</i>	<i>Yapanartha Yoga</i>	<i>S.Chi.11/8</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/9</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Plihodar Chikitsa</i>	<i>S.Chi.14/13</i>
28.	<i>Grantypachyabudagalchandachikitsadhyaya</i>	<i>Kaphaj Galganda Chikitsa</i>	<i>S.Chi.18/48-49</i>
29.	<i>Vrudhiupadanshashilipadachikitsadhyaya</i>	<i>Shleshmik Upadansha Prakashalan Kwath</i>	<i>S.Chi.19/42-44</i>
30.	<i>Kshudrarogachikitsadhyaya</i>	<i>Apakva Vidarika Chikitsa</i>	<i>S.Chi.20/13-15</i>
31.	<i>Snehoupayougikachikitsadhyaya</i>	<i>Sthavar Sneha Varnan</i>	<i>S.Chi.31/5</i>
32.	<i>Vamanavirechana Vyapatachikitsadhyaya</i>	<i>Parisrav vyapat</i>	<i>S.Chi.34/17</i>
33.	<i>Dundubhisvaniyakalpadhyaya</i>	<i>Sarva Sarpa Vishaghna Ksharagad</i>	<i>S.K.6/3</i>
34.	<i>Kitakalpadhyaya</i>	<i>Galgoulik Dashta Chikitsa</i>	<i>S.K.8/48</i>
35.	<i>Mushikakalpadhyaya</i>	<i>Krushna Mushak Dashta Chikitsa</i>	<i>S.K.7/13</i>
36.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Anjana</i>	<i>S.U.10/7</i>
37.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Churanajana</i>	<i>S.U.10/9</i>
38.	<i>Raktabhishyandapratishehadhyaya</i>	<i>Praklinnavatma Rasakriyanjana</i>	<i>S.U.12/49-50</i>
39.	<i>Drushtigatarogapratishehadhyaya</i>	<i>Paittik Timir Rasakriya</i>	<i>S.U.17/41</i>
40.	<i>Shitaputanapratishehadhyaya</i>	<i>Ghruta Prayoga</i>	<i>S.U.34/5</i>
41.	<i>Jwarapratishehadhyaya</i>	<i>Dahajwara</i>	<i>S.U.39/281-284</i>
42.	<i>Gulmapratishehadhyaya</i>	<i>Paniyaksharavaleha</i>	<i>S.U.42/40-44</i>
43.	<i>Gulmapratishehadhyaya</i>	<i>Raktamulma</i>	<i>S.U.42/19-21</i>
44.	<i>Gulmapratishehadhyaya</i>	<i>Pittaj Shula</i>	<i>S.U.42/106-107</i>
45.	<i>Raktapittapratishehadhyaya</i>	<i>Raktapittahar yoga</i>	<i>S.U.45/29</i>
46.	<i>Krumirogapratishehadhyaya</i>	<i>Krumihara Yoga</i>	<i>S.U.54/25</i>

3) Ashtanga Sangraha⁵

Table 3: The references of *Palash* in *Ashtanga Sangraha* as follows

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Dinacharyadhyaya</i>	<i>Danta Dhavan Nishedh Vruksha</i>	<i>As.Sn.Su.3/22</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Rutu Lakshana</i>	<i>As.Sn.Su.4/21-23</i>
3.	<i>Drava Dravya Vidnyaniyadhyaya</i>	<i>Kinshuk Tail Guna</i>	<i>As.Sn.Su.6/111</i>
4.	<i>AnnaswarupaVidnyaniya</i>	<i>Kinshuk Shak Guna</i>	<i>As.Sn.Su.7/124-126</i>
5.	<i>Annarakshavidhidhyaya</i>	<i>Hitakar Dravya for Water</i>	<i>As.Sn.Su.8/122-123</i>
6.	<i>Vividhoushadha Vidnyaniyadhyaya</i>	<i>Kinshuk Pushpa Guna</i>	<i>As.Sn.Su.12/87-88</i>
7.	<i>Vividhaganasangrahanadhyaya</i>	<i>Asanadi Gana</i>	<i>As.Sn.Su.16/13-14</i>
8.	<i>Vividhaganasangrahanadhyaya</i>	<i>Rodhradi Gana</i>	<i>As.Sn.Su.16/20-21</i>
9.	<i>Vividhaganasangrahanadhyaya</i>	<i>Mushkakadi Gana</i>	<i>As.Sn.Su.16/26</i>
10.	<i>Vividhaganasangrahanadhyaya</i>	<i>Ambhashthadi Gana</i>	<i>As.Sn.Su.16/32-33</i>
11.	<i>Vividhaganasangrahanadhyaya</i>	<i>Nyagrodhadi Gana</i>	<i>As.Sn.Su.16/35-36</i>
12.	<i>Rasabhedhiya Adhyaya</i>	<i>Kashaya Skandha</i>	<i>As.Sn.Su.18/25</i>

13.	<i>Sira Vyadh Vidhi Adhyaya</i>	<i>Siravedha- Purvakarma</i>	<i>As.Sn.Su.36/10</i>
14.	<i>Kshar Karma Vidhi Adhyaya</i>	<i>Madhyama Kshara Nirman</i>	<i>As.Sn.Su.39/10</i>
15.	<i>Putrakamiya Adhyaya</i>	<i>Granti Sukrahar yoga</i>	<i>As.Sn.Sha.1/34</i>
16.	<i>Jirna Jwarachikitsadhyaya</i>	<i>Jwara Pralaphar Yoga</i>	<i>As.Sn.Chi.2/78-81</i>
17.	<i>Raktapittachikitsadhyaya</i>	<i>Raktapittahar Yoga</i>	<i>As.Sn.Chi.3/36-38</i>
18.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>As.Sn.Chi.3/67</i>
19.	<i>Kasachikitsadhyaya</i>	<i>Peaya</i>	<i>As.Sn.Chi.4/25-26</i>
20.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Eladi Vati</i>	<i>As.Sn.Chi.5/11-13</i>
21.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Shwadrashatadi Ghruta</i>	<i>As.Sn.Chi.5/36-39</i>
22.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Dhoom Prayog</i>	<i>As.Sn.Chi.5/104-105</i>
23.	<i>Swasahidmachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>As.Sn.Chi.6/65</i>
24.	<i>Chardihrudrogatrushnachikitsadhyaya</i>	<i>Vataj Hrudroghar Yoga</i>	<i>As.Sn.Chi.8/21</i>
25.	<i>Arsharogachikitsadhyaya</i>	<i>Shushkarsha Ghruta Prayog</i>	<i>As.Sn.Chi.10/29</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Kaphaj pramehar Yoga</i>	<i>As.Sn.Chi.14/6</i>
27.	<i>Gulmachikitsadhyaya</i>	<i>Vataj Gulmahar Yoga</i>	<i>As.Sn.Chi.16/16</i>
28.	<i>Gulmachikitsadhyaya</i>	<i>Raktagula Bhedan Karma</i>	<i>As.Sn.Chi.16/47</i>
29.	<i>Udarchikitsadhyaya</i>	<i>Plihodar</i>	<i>As.Sn.Chi.17/33</i>
30.	<i>Shvayathuchikitsadhyaya</i>	<i>Lepa</i>	<i>As.Sn.Chi.19/9</i>
31.	<i>Kushtachikitsadhyaya</i>	<i>Ekanga shoth lepa</i>	<i>As.Sn.Chi.19/10</i>
32.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta- Ghruta</i>	<i>As.Sn.Chi.21/3</i>
33.	<i>Kushtachikitsadhyaya</i>	<i>Sura</i>	<i>As.Sn.Chi.21/18</i>
34.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/20</i>
35.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/21</i>
36.	<i>Kushtachikitsadhyaya</i>	<i>Vatak Kushta har yoga</i>	<i>As.Sn.Chi.21/40</i>
37.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar yoga</i>	<i>As.Sn.Chi.21/75</i>
38.	<i>Kushtachikitsadhyaya</i>	<i>Kushtahar yoga</i>	<i>As.Sn.Chi.21/74-76</i>
39.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shwitrakar yoga</i>	<i>As.Sn.Chi.22/5</i>
40.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shirogat Krumihar yoga</i>	<i>As.Sn.Chi.22/28</i>
41.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala tail</i>	<i>As.Sn.Chi.23/45</i>
42.	<i>Bastikalpadhyaya</i>	<i>Shodhanadi Basti</i>	<i>As.Sn.K.4/12</i>
43.	<i>Bastikalpadhyaya</i>	<i>Erandamooladi Basti</i>	<i>As.Sn.K.4/5</i>
44.	<i>Bastivyapatasiddhi Adhyaya</i>	<i>Gouravhar yoga</i>	<i>As.Sn.K.6/8</i>
45.	<i>Balamayapratishedhyaya</i>	<i>Vatadushit Stanya</i>	<i>As.Sn.U.2/12</i>
46.	<i>Snapanadhyaya</i>	<i>Snan bhumi</i>	<i>As.Sn.U.5/10</i>
47.	<i>Snapanadhyaya</i>	<i>Snan Vidhi</i>	<i>As.Sn.U.5/13</i>
48.	<i>Pratyek Grahapratishedhyaya</i>	<i>Shit Putana- Atisar</i>	<i>As.Sn.U.6/40</i>
49.	<i>Abhishyandhapratishedhyaya</i>	<i>Sarvanetra roghar Rasakriya</i>	<i>As.Sn.U.19/70</i>
50.	<i>Abhishyandhapratishedhyaya</i>	<i>Pillahar Anjana</i>	<i>As.Sn.U.20/32</i>
51.	<i>Karnarogapratishedhyaya</i>	<i>Raktajkarnashulhar yoga</i>	<i>As.Sn.U.22/24</i>
52.	<i>Mukhrogapratishedhyaya</i>	<i>Soushirhar yoga</i>	<i>As.Sn.U.26/27</i>
53.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Galgandahar yoga</i>	<i>As.Sn.U.26/49</i>
54.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Mukhpak lepa</i>	<i>As.Sn.U.26/58</i>
55.	<i>Shirorogapratishedhyaya</i>	<i>Indraluptahar lepa</i>	<i>As.Sn.U.28/36</i>
56.	<i>Shirorogapratishedhyaya</i>	<i>Khalityahar lepa</i>	<i>As.Sn.U.28/40</i>
57.	<i>Vranapratishedhyaya</i>	<i>Shotha daran karma</i>	<i>As.Sn.U.30/29</i>

58.	<i>Granthyadipratishedhyaya</i>	<i>Granti-Upnah chikitsa</i>	<i>As.Sn.U.35/5</i>
59.	<i>Granthyadipratishedhyaya</i>	<i>Kaphaj Grantihar lepa</i>	<i>As.Sn.U.35/9</i>
60.	<i>Granthyadipratishedhyaya</i>	<i>Kaphaj Arbud lepa</i>	<i>As.Sn.U.35/16</i>
61.	<i>Kshudrarogapratishedhyaya</i>	<i>Vidarikahar lepa</i>	<i>As.Sn.U.37/10</i>
62.	<i>Guhyarogapratishedhyaya</i>	<i>Upadanshar Kwath</i>	<i>As.Sn.U.39/5</i>
63.	<i>Guhyarogapratishedhyaya</i>	<i>Kaphaj Yonivyapat</i>	<i>As.Sn.U.39/67</i>
64.	<i>Guhyarogapratishedhyaya</i>	<i>Yonisrava</i>	<i>As.Sn.U.39/70</i>
65.	<i>Guhyarogapratishedhyaya</i>	<i>Shwetapradar</i>	<i>As.Sn.U.39/75</i>
66.	<i>Vishapratishedhyaya</i>	<i>Dushivishahar Yoga</i>	<i>As.Sn.U.40/110</i>

DISCUSSION

1. Charak samhita:

Sutrasthana - Palash is used for preparation of *Asthapan Basti* & *Manshiladi lepa* respectively in *Apamargatanduliyadhyaya* & *Aragvadiyadhyaya*.

Nidansthana - Lakshana of *Pundrik Kushta* in *Kushtanidanadhyaya*.

Vimansthana - *Rogbhishagjityadhyaya* for *Adhyapana Vidhi*.

Sharirsthana - *Jatisutriyadhyaya* for *Uttam santan prapti*.

Chikitsasthan - Useful as *Rasayana karma* in following diseases namely *Jwara, Raktapitta, Gulma, Kushta, Prameha, Kshtakshina, Shwayathu, Udar, Arsha, Grahani, Hikka, Shwas, Kasa, Atisara, Pakva shotha, Vataj vyadhi, Vatashonit & Yonivyapat*.

Siddhisthana- Preparation of *Palash Basti yoga, Darvyadi Yoga, Sangrahi Yoga, Basti* for cow & horse & *Yapan Basti* in respectively *adhyaya* i.e. *Bastisutriya Adhyaya, Basti Vyapat Adhyaya, Bastisiddhi Adhyaya, Phalmatrasiddhi Adhyaya & Uttarbasti Adhyaya*.

2. Sushrut samhita

Sutrasthana-It has reference in *Shishyouniya Adhyaya* for *Diksha vidhi & Ksharapakavidhi* for preparation of *Madhyama Kshar*. In *Rutucharya Adhyaya* it is indicator of *Vasant*

Rutu & lakshana of *Ashubh Shakun & Swapna* in *Viparitaviparita Swapna Nirदेशनीया Adhyaya*. In *Dravya Sangrahiya Adhyaya*, mentioned various *Gana* of *Palash* i.e. *Rodhradi, Mushkakadi, Ambashtadi, Nyagrodhadi*. The properties of *Palash Taila, Phala & Pushpa* described in *Dravadravyavidhi & Annapanvidhi Adhyaya* respectively.

Sharirsthana-To cure *Granti Shukra Arthav* in *Shukrashonit Shuddhi Sharir Adhyaya*. It is *lakshana* of *Paittik Prakruti* in *Garbha Vyakarana Sharir Adhyaya*.

Chikitsasthan-

It is *lakshana* of *Paittik Vrana* in *Dvivraniya Adhyaya*. It is used to prepare *kusha* in *Bhagnachikitsadhyaya*. It has therapeutic action in *Adurshya Arsha, Ashmari, Pittaj Kushta, Mahakushta, Prameha, plihodara, Kaphaj Galganda, Shailshmik Upadansh, Apakva Vidarika, Parisrav Vyapat* respectively *Adhyaya* i.e. *Arsha chikitsa Adhyaya, Ashmari Chikitsa Adhyaya, Kushta Chikitsa Adhyaya, Mahakushta chikitsa Adhyaya, Prameha chikitsa Adhyaya, Udar chikitsa Adhyaya, Granti apachi Arbud Galganda chikitsa Adhyaya, Vruddhi Updansha Shlipad chikitsa Adhyaya, Kshudraroga chikitsa Adhyaya, Vaman Virechana Vyapat chikitsa Adhyaya*. It is useful in *Kalyanak Lavana, Kshar Kalpana,*

Ayaskruti & Sthavar Sneha respectively *Vatavyadhichikitsa Adhyaya*, *Ashmari Chikitsa Adhyaya*, *Mahakushta chikitsa Adhyaya* & *Snehopyogikchikitsa Adhyaya*.

Kalpasthanas- For preparation of *Ksharagad* in *Dudanbhiswaniya Kalpadhyaya*. Useful in *Galgoulik & Krushna Mushik Drashta* respectively *Kitkalpa & Mushik kalpa Adhyaya*.

Uttartantras- In *Pittabhishyandapratishedha Adhyaya* used for preparation of *Anjana*, In *Raktabhishyandapratishedha* & *Drushtigatarogapratishedha Adhyaya* used for preparation of *Rasakriyanjana*. It has therapeutic action in *Daha Jwara, Raktagulma, Raktapitta, Krumi* in respectively *Jwarapratishedha, Gulmapratishedha, Raktapittapratishedha & Krumipratishedha Adhyaya*.

3. Asthanga sangraha Sutrasthanas

It is contraindicated for *Danta Dhavan* in *Dincharya Adhyaya*, indicator of *Vasant Rutu* in *Rutucharya Adhyaya*, Properties of *Kinshuk Tail, Shak & Pushpa* described in *Dravadravya, Annaswarupa & Vividhaoushadh Vigyaniya Adhyaya*. *Gana* i.e *Asnadi, Rodhradi, Amshtadi, Mushkakadi, Nyagrodhidi & kashaya Skanda* of *palash* mentioned in *Vividhaganasangraha &*

Rasabhedhiya Adhyaya. For preparation of *Madhyama Kshar* in *Ksharkarmavidhi Adhyaya*.

Sharirasthanas

Useful in *Granthi Sukra* in *Putrakamiya Adhyaya*.

Chikitsasthanas

It has medicinal properties in various diseases namely *Pralap Jwara, Raktapitta, Kasa, Kshat kshaya kasa, Shwas, Vataj Hrudroga, Shushka Arsha, Kaphaj Prameha, Vataj & Raktaj Gulma, Plihodar, Ekang shotha, Pittaj Kushta, Switra, Shirogat Krumi & Vataj Vyadhi*. It is ingredient of *Tejovtyadi Ghruta, Eladi Vati & Bala Tail*.

Kalpasthanas

It is ingredient of *Shodhanadi & Erandamooladi basti* in *Bastikalpa Adhyaya*. Useful in *Bastivyapat Gourav lakshna* in *Bastivyapat Siddhi Adhyaya*.

Uttartantras

It is mentioned to cure *Vata Dushta Stanya, Shitputana, Netra Rog, Pilla Rog, Raktaj Karna shula, Soushir, Kaphaj Galganda, Kaphaj Mukhapak, Khalitya, Indralupta, Kaphaj Granthi, Kaphaj Arbuda, Vidarika, Upandansha, Yonisrava, Shweta pradar, Kaphaj Yoni Vyapat*.

Table 4: Summary of references of *Palash* in *Bruhatrayi*.

Sr.No	Name of Samhita	Sutra sthana	Nidan sthana	Viman sthana	Sharir sthana	Indriya sthana	Chikitsa sthana	Kalpa sthana	Siddhi sthana	Uttar tantra	Total
1.	<i>Charaksamhita</i>	02	03	01	01	00	41	00	07	-	53
2.	<i>Sushrutsamhita</i>	12	00	-	02	-	18	03	-	11	46
3.	<i>Ashtang Sangraha</i>	14	00	-	01	-	26	03	-	22	66

CONCLUSION

From the present study, it is observed that total 165 references of *Palash* in *Bruhatrayi*. In

Charaksamhita, Sushrutsamhita & Ashtang Sangraha total no of references respectively found 53, 46 & 66. It is observed that the use of

Palash in various way not only to cure many number of diseases but also in holy purpose like *Diksha vidhi*. The availability of *Palash* tree is greater, so we have to do clinical trial with references of *Bruhatrayi*.

Ni.:Nidansthana
Vi.:Vimansthana
Sha.:Sharirsthana
Chi.:Chikitsasthan
Si.: Siddhisthana
K.:Kalpasthana
U.:Uttartantra

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ABBREVIATIONS

Ch.:Charak Samhita
S.: Sushrut Samhita
As.Sn.:Asthang Sangraha
Su.:Sutrasthana

PALASH (Butea frondosa Koen.ex.Roxb.): A DRUG REVIEW FROM BRUHATRAYI

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ABSTRACT

Palash (Butea frondosa Koen.ex.Roxb.) is an important medicinal plant & it is well familiar since *vedic kala* to the present era. It is also known with common names like Dhak, Flame of the forest, Bastard teak, Parrot tree. It is deciduous tree belonging to the family Fabaceae. It is use for medicinal purpose as well as for holy purpose. Here, Literary review from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha* for enlightening the references of medicinal values of *Palash*.

Keywords: *Palash*, *Charak samhita*, *Sushruta samhita*, *Ashtang Sangraha*.

INTRODUCTION

Palash (Butea frondosa Koen.ex.Roxb.) is a medium sized deciduous tree belonging to the family Fabaceae. It is commonly found throughout the greater part of the India upto about 915m altitude.¹ It is commonly called the flame of the forest due to its gorgeous canopy of scarlet flowers which looks like flame. It has antihelmintic, antiimplantation, antiovolatory, antileprotic, antigout, antiestrogenic, antispasmogenic, antifungal, astringent, aphrodisiac, antiasthmatic, bactericidal

property.² It is useful in various disease. Therefore, references of *Palash* was collected from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha*.

Aim: To study drug review of *Palash* from *Bruhatrayi*.

Objective:

1) Collection of *Palash* reference from *Bruhatrayi*.

2) Enlightening the use of *Palash* mentioned in *Bruhatrayi*.

Methods: References of *Palash* was collected from all *sthana* of Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha* was tabulated in the form of *Adhyaya* name, reference with context & was tabulated (was removed this words)

MATERIALS & METHODS:

Materials: All references of *Palash* was collected from Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha*.

1) Charak Samhita³

Table 1: The references of *Palash* in *Charak Samhita* as follows:

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Apamargatanduliyadhyaya</i>	<i>Aasthapan Basti Dravya</i>	<i>Ch.Su.2/10-13</i>
2.	<i>Aaragvadhyyadhyaya</i>	<i>Manshiladi lepa</i>	<i>Ch.Su.3/15-16</i>
3.	<i>Kushtanidanadhyaya</i>	<i>Pundrik Kushta Lakshana</i>	<i>Ch.Ni.5/(7/5)</i>
4.	<i>Rogabhishagajitiyavimanadhyaya</i>	<i>Adhyapana Vidhi</i>	<i>Ch.Vi.8/11</i>
5.	<i>Jatisutriyashariradhyaya</i>	<i>Uttam Santan kartavya</i>	<i>Ch.Sha.8/10</i>
6.	<i>Rasayanadhyaya</i>	<i>Amalak Rasayana</i>	<i>Ch.Chi.1/1/75</i>
7.	<i>Rasayanadhyaya</i>	<i>Pratham Amalakavaleha</i>	<i>Ch.Chi.1/2/7</i>
8.	<i>Rasayanadhyaya</i>	<i>Dvitiya Amalakavaleha</i>	<i>Ch.Chi.1/2/10</i>
9.	<i>Rasayanadhyaya</i>	<i>Louhadi Rasayana</i>	<i>Ch.Chi.1/3/15</i>
10.	<i>Rasayanadhyaya</i>	<i>Pippali Rasayana</i>	<i>Ch.Chi.1/3/32-35</i>
11.	<i>Rasayanadhyaya</i>	<i>Dronipraveshik Rasayana</i>	<i>Ch.Chi.1/4/7</i>
12.	<i>Rasayanadhyaya</i>	<i>Dvitiya Endrokta Rasayana</i>	<i>Ch.Chi.1/4/13-26</i>
13.	<i>Jwarachikitsadhyaya</i>	<i>Chandanadi Taila</i>	<i>Ch.Chi.3/258</i>
14.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>Ch.Chi.4/89</i>
15.	<i>Raktapittachikitsadhyaya</i>	<i>Ksharaprayog</i>	<i>Ch.Chi.4/94</i>
16.	<i>Gulmachikitsadhyaya</i>	<i>Raktagulmahar Kshara</i>	<i>Ch.Chi.5/173</i>
17.	<i>Kushtachikitsadhyaya</i>	<i>Triphaladi Churna</i>	<i>Ch.Chi.7/68-69</i>
18.	<i>Kushtachikitsadhyaya</i>	<i>Chitrakadi Lepa</i>	<i>Ch.Chi.7/85-86</i>
19.	<i>Kushtachikitsadhyaya</i>	<i>Mansadi Lepa</i>	<i>Ch.Chi.7/87</i>
20.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar Yoga</i>	<i>Ch.Chi.7/92-95</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Shwitra</i>	<i>Ch.Chi.7/165</i>
22.	<i>Pramehachikitsadhyaya</i>	<i>Pittaj Pramehahar Yoga</i>	<i>Ch.Chi.6/30-32</i>
23.	<i>KshataKshinachikitsadhyaya</i>	<i>Shwadrasthadi Ghruta</i>	<i>Ch.Chi.11/44-47</i>
24.	<i>Shwayathuchikitsadhyaya</i>	<i>Shothanashak Tail</i>	<i>Ch.Chi.12/65-66</i>
25.	<i>Udarachikitsadhyaya</i>	<i>Udararogahar Lepa</i>	<i>Ch.Chi.13/108</i>
26.	<i>Udarachikitsadhyaya</i>	<i>Parisheka</i>	<i>Ch.Chi.13/110</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Vataj Hrudroga</i>	<i>Ch.Chi.13/170-171</i>
28.	<i>Arshachikitsadhyaya</i>	<i>Yavagu Varnan</i>	<i>Ch.Chi.14/92</i>
29.	<i>Arshachikitsadhyaya</i>	<i>Shushkarsha –Shak Prayoga</i>	<i>Ch.Chi.14/122</i>
30.	<i>Grahanachikitsadhyaya</i>	<i>Palashadi Paniya</i>	<i>Ch.Chi.15/142-143</i>
31.	<i>Grahanachikitsadhyaya</i>	<i>Chaturtha Kshara</i>	<i>Ch.Chi.15/186-187</i>
32.	<i>Hikkashwasachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>Ch.Chi.17/141-144</i>

33.	<i>Kasachikitsadhyaya</i>	<i>Peya Varnan</i>	<i>Ch.Chi.18/77-78</i>
34.	<i>Kasachikitsadhyaya</i>	<i>Manashiladi Dhoom</i>	<i>Ch.Chi.18/146</i>
35.	<i>Atisarachikitsadhyaya</i>	<i>Agnidipan Dravya</i>	<i>Ch.Chi.19/26-29</i>
36.	<i>Atisarachikitsadhyaya</i>	<i>Pittaj Atisarhar</i>	<i>Ch.Chi.19/59-60</i>
37.	<i>Dvivraniyachikitsadhyaya</i>	<i>Pakvashotha Bhedan</i>	<i>Ch.Chi.25/53-54</i>
38.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pushkarmooladi Kwatha</i>	<i>Ch.Chi.26/85</i>
39.	<i>Trimarmiyachikitsadhyaya</i>	<i>Udumbaradi Leha</i>	<i>Ch.Chi.26/98</i>
40.	<i>Trimarmiyachikitsadhyaya</i>	<i>Ksharagushtika</i>	<i>Ch.Chi.26/192-193</i>
41.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pippalyadi Rasakriya</i>	<i>Ch.Chi.26/258</i>
42.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala Taila</i>	<i>Ch.Chi.28/148-156</i>
43.	<i>Vatashonitachikitsadhyaya</i>	<i>Mahapadma Taila</i>	<i>Ch.Chi.29/110-113</i>
44.	<i>Yonivyapatachikitsadhyaya</i>	<i>Udumbaradi Taila</i>	<i>Ch.Chi.30/73-76</i>
45.	<i>Yonivyapatachikitsadhyaya</i>	<i>Palashadi Kalka</i>	<i>Ch.Chi.30/122</i>
46.	<i>Yonivyapatachikitsadhyaya</i>	<i>Sanshodhan Basti</i>	<i>Ch.Chi.30/196-197</i>
47.	<i>Bastisutriyasidhidhyaya</i>	<i>Palash Basti Yoga</i>	<i>Ch.Si.3/44-45</i>
48.	<i>Bastivyapatasidhidhyaya</i>	<i>Darvadi yoga</i>	<i>Ch.Si.7/19-20</i>
49.	<i>Bastisidhidhyaya</i>	<i>Sangrahik Basti</i>	<i>Ch.Si.10/30-31</i>
50.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Cow</i>	<i>Ch.Si.11/24</i>
51.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Horse</i>	<i>Ch.Si.11/25</i>
52.	<i>Uttarbastisidhidhyaya</i>	<i>Erandamooladi Yapan Basti</i>	<i>Ch.Si.12/15(2)</i>
53.	<i>Uttarbastisidhidhyaya</i>	<i>Dvitiya Mooladi Yapan Basti</i>	<i>Ch.Si.12/15(6)</i>

2) *Sushruta Samhita* ⁴

Table 2: The references of *Palash* in *Sushruta Samhita* as follows:

Sr.No	Name of Adhyaya	Reference	Context
1.	<i>Shishyounpayanidhyaya</i>	<i>Ayurved Diksha Vidhi</i>	<i>S.Su.2/4</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Ritu Lakshan</i>	<i>S.Su.6/25-28</i>
3.	<i>Ksharpakvidhidhyaya</i>	<i>Pratisaraniya Kshar Nirman</i>	<i>S.Su.11/11</i>
4.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh sakun</i>	<i>S.Su.29/40</i>
5.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh Swapna</i>	<i>S.Su.29/64-65</i>
6.	<i>Dravyasangrahaniyadhyaya</i>	<i>Rodhradi Gana</i>	<i>S.Su.38/14-15</i>
7.	<i>Dravyasangrahaniyadhyaya</i>	<i>Mushkakadi Gana</i>	<i>S.Su.38/20-21</i>
8.	<i>Dravyasangrahaniyadhyaya</i>	<i>Ambhashtadi Gana</i>	<i>S.Su.38/46-47</i>
9.	<i>Dravyasangrahaniyadhyaya</i>	<i>Nyaghradhadi Gana</i>	<i>S.Su.38/48-49</i>
10.	<i>Dravdravyavidhidhyaya</i>	<i>Palash taila Guna</i>	<i>S.Su.45/121</i>
11.	<i>Annapanvidhidhyaya</i>	<i>Palash Phala Guna</i>	<i>S.Su.46/197</i>
12.	<i>Annapanvidhidhyaya</i>	<i>Palash Pushpa Guna</i>	<i>S.Su.46/288</i>
13.	<i>Shukrashonitashudhishariradhyaya</i>	<i>Grantibhoot Shukra-Artav yoga</i>	<i>S.Sha.2/9</i>
14.	<i>Garbhavyakaranashariradhyaya</i>	<i>Paittik Prakruti Lakashna</i>	<i>S.Sha.4/69</i>
15.	<i>Dvivraniyachikitsadhyaya</i>	<i>Paittik Vrana Lakashna</i>	<i>S.Chi.1/7</i>
16.	<i>Bhagnachikitsadhyaya</i>	<i>Kusha Varnan</i>	<i>S.Chi.3/6</i>
17.	<i>Vatavyadhichikitsadhyaya</i>	<i>Kalyanak Lavan</i>	<i>S.Chi.4/32</i>
18.	<i>Arshachikitsadhyaya</i>	<i>Adrushya Arsha Chikitsa</i>	<i>S.Chi.6/13</i>
19.	<i>Ashamarichikitsadhyaya</i>	<i>Ashmarihar Kshar</i>	<i>S.Chi.7/22</i>

20.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/7</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/10</i>
22.	<i>Mahakushtachikitsadhyaya</i>	<i>Asav Varnan</i>	<i>S.Chi.10/7</i>
23.	<i>Mahakushtachikitsadhyaya</i>	<i>Oushadhayaskruti</i>	<i>S.Chi.10/12</i>
24.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/7</i>
25.	<i>Pramehachikitsadhyaya</i>	<i>Yapanartha Yoga</i>	<i>S.Chi.11/8</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/9</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Plihodar Chikitsa</i>	<i>S.Chi.14/13</i>
28.	<i>Grantypachyarbudagal Gandachikitsadhyaya</i>	<i>Kaphaj Galganda Chikitsa</i>	<i>S.Chi.18/48-49</i>
29.	<i>Vrudhiupadanshashilipadachikitsadhyaya</i>	<i>Shleshmik Upadansha Prakashalan Kwath</i>	<i>S.Chi.19/42-44</i>
30.	<i>Kshudrarogachikitsadhyaya</i>	<i>Apakva Vidarika Chikitsa</i>	<i>S.Chi.20/13-15</i>
31.	<i>Snehoupayougikachikitsadhyaya</i>	<i>Sthavar Sneha Varnan</i>	<i>S.Chi.31/5</i>
32.	<i>Vamanavirechana Vyapatachikitsadhyaya</i>	<i>Parisrav vyapat</i>	<i>S.Chi.34/17</i>
33.	<i>Dundubhisvaniyakalpadhyaya</i>	<i>Sarva Sarpa Vishaghna Ksharagad</i>	<i>S.K.6/3</i>
34.	<i>Kitakalpadhyaya</i>	<i>Galgoulik Dashta Chikitsa</i>	<i>S.K.8/48</i>
35.	<i>Mushikakalpadhyaya</i>	<i>Krushna Mushak Dashta Chikitsa</i>	<i>S.K.7/13</i>
36.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Anjana</i>	<i>S.U.10/7</i>
37.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Churanajana</i>	<i>S.U.10/9</i>
38.	<i>Raktabhishyandapratishehadhyaya</i>	<i>Praklinnavatma Rasakriyanjana</i>	<i>S.U.12/49-50</i>
39.	<i>Drushtigatarogapratishehadhyaya</i>	<i>Paittik Timir Rasakriya</i>	<i>S.U.17/41</i>
40.	<i>Shitaputanapratishehadhyaya</i>	<i>Ghruta Prayoga</i>	<i>S.U.34/5</i>
41.	<i>Jwarapratishehadhyaya</i>	<i>Dahajwara</i>	<i>S.U.39/281-284</i>
42.	<i>Gulmapratishehadhyaya</i>	<i>Paniyaksharavaleha</i>	<i>S.U.42/40-44</i>
43.	<i>Gulmapratishehadhyaya</i>	<i>Raktamulma</i>	<i>S.U.42/19-21</i>
44.	<i>Gulmapratishehadhyaya</i>	<i>Pittaj Shula</i>	<i>S.U.42/106-107</i>
45.	<i>Raktapittapratishehadhyaya</i>	<i>Raktapittahar yoga</i>	<i>S.U.45/29</i>
46.	<i>Krumirogapratishehadhyaya</i>	<i>Krumihara Yoga</i>	<i>S.U.54/25</i>

3) Ashtanga Sangraha⁵

Table 3: The references of *Palash* in *Ashtanga Sangraha* as follows

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Dinacharyadhyaya</i>	<i>Danta Dhavan Nishedh Vruksha</i>	<i>As.Sn.Su.3/22</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Rutu Lakshana</i>	<i>As.Sn.Su.4/21-23</i>
3.	<i>Drava Dravya Vidnyaniyadhyaya</i>	<i>Kinshuk Tail Guna</i>	<i>As.Sn.Su.6/111</i>
4.	<i>AnnaswarupaVidnyaniya</i>	<i>Kinshuk Shak Guna</i>	<i>As.Sn.Su.7/124-126</i>
5.	<i>Annarakshavidhidhyaya</i>	<i>Hitakar Dravya for Water</i>	<i>As.Sn.Su.8/122-123</i>
6.	<i>Vividhoushadha Vidnyaniyadhyaya</i>	<i>Kinshuk Pushpa Guna</i>	<i>As.Sn.Su.12/87-88</i>
7.	<i>Vividhaganasangrahanadhyaya</i>	<i>Asanadi Gana</i>	<i>As.Sn.Su.16/13-14</i>
8.	<i>Vividhaganasangrahanadhyaya</i>	<i>Rodhradi Gana</i>	<i>As.Sn.Su.16/20-21</i>
9.	<i>Vividhaganasangrahanadhyaya</i>	<i>Mushkakadi Gana</i>	<i>As.Sn.Su.16/26</i>
10.	<i>Vividhaganasangrahanadhyaya</i>	<i>Ambhashthadi Gana</i>	<i>As.Sn.Su.16/32-33</i>
11.	<i>Vividhaganasangrahanadhyaya</i>	<i>Nyagrodhadi Gana</i>	<i>As.Sn.Su.16/35-36</i>
12.	<i>Rasabhedhiya Adhyaya</i>	<i>Kashaya Skandha</i>	<i>As.Sn.Su.18/25</i>

13.	<i>Sira Vyadh Vidhi Adhyaya</i>	<i>Siravedha- Purvakarma</i>	<i>As.Sn.Su.36/10</i>
14.	<i>Kshar Karma Vidhi Adhyaya</i>	<i>Madhyama Kshara Nirman</i>	<i>As.Sn.Su.39/10</i>
15.	<i>Putrakamiya Adhyaya</i>	<i>Granti Sukrahar yoga</i>	<i>As.Sn.Sha.1/34</i>
16.	<i>Jirna Jwarachikitsadhyaya</i>	<i>Jwara Pralaphar Yoga</i>	<i>As.Sn.Chi.2/78-81</i>
17.	<i>Raktapittachikitsadhyaya</i>	<i>Raktapittahar Yoga</i>	<i>As.Sn.Chi.3/36-38</i>
18.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>As.Sn.Chi.3/67</i>
19.	<i>Kasachikitsadhyaya</i>	<i>Peaya</i>	<i>As.Sn.Chi.4/25-26</i>
20.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Eladi Vati</i>	<i>As.Sn.Chi.5/11-13</i>
21.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Shwadrashatadi Ghruta</i>	<i>As.Sn.Chi.5/36-39</i>
22.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Dhoom Prayog</i>	<i>As.Sn.Chi.5/104-105</i>
23.	<i>Swasahidmachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>As.Sn.Chi.6/65</i>
24.	<i>Chardihrudrogatrushnachikitsadhyaya</i>	<i>Vataj Hrudroghar Yoga</i>	<i>As.Sn.Chi.8/21</i>
25.	<i>Arsharogachikitsadhyaya</i>	<i>Shushkarsha Ghruta Prayog</i>	<i>As.Sn.Chi.10/29</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Kaphaj pramehar Yoga</i>	<i>As.Sn.Chi.14/6</i>
27.	<i>Gulmachikitsadhyaya</i>	<i>Vataj Gulmahar Yoga</i>	<i>As.Sn.Chi.16/16</i>
28.	<i>Gulmachikitsadhyaya</i>	<i>Raktagula Bhedan Karma</i>	<i>As.Sn.Chi.16/47</i>
29.	<i>Udarchikitsadhyaya</i>	<i>Plihodar</i>	<i>As.Sn.Chi.17/33</i>
30.	<i>Shvayathuchikitsadhyaya</i>	<i>Lepa</i>	<i>As.Sn.Chi.19/9</i>
31.	<i>Kushtachikitsadhyaya</i>	<i>Ekanga shoth lepa</i>	<i>As.Sn.Chi.19/10</i>
32.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta- Ghruta</i>	<i>As.Sn.Chi.21/3</i>
33.	<i>Kushtachikitsadhyaya</i>	<i>Sura</i>	<i>As.Sn.Chi.21/18</i>
34.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/20</i>
35.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/21</i>
36.	<i>Kushtachikitsadhyaya</i>	<i>Vatak Kushta har yoga</i>	<i>As.Sn.Chi.21/40</i>
37.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar yoga</i>	<i>As.Sn.Chi.21/75</i>
38.	<i>Kushtachikitsadhyaya</i>	<i>Kushtahar yoga</i>	<i>As.Sn.Chi.21/74-76</i>
39.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shwitrakar yoga</i>	<i>As.Sn.Chi.22/5</i>
40.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shirogat Krumihar yoga</i>	<i>As.Sn.Chi.22/28</i>
41.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala tail</i>	<i>As.Sn.Chi.23/45</i>
42.	<i>Bastikalpadhyaya</i>	<i>Shodhanadi Basti</i>	<i>As.Sn.K.4/12</i>
43.	<i>Bastikalpadhyaya</i>	<i>Erandamooladi Basti</i>	<i>As.Sn.K.4/5</i>
44.	<i>Bastivyapatasiddhi Adhyaya</i>	<i>Gouravhar yoga</i>	<i>As.Sn.K.6/8</i>
45.	<i>Balamayapratishedhyaya</i>	<i>Vatadushit Stanya</i>	<i>As.Sn.U.2/12</i>
46.	<i>Snapanadhyaya</i>	<i>Snan bhumi</i>	<i>As.Sn.U.5/10</i>
47.	<i>Snapanadhyaya</i>	<i>Snan Vidhi</i>	<i>As.Sn.U.5/13</i>
48.	<i>Pratyek Grahapratishedhyaya</i>	<i>Shit Putana- Atisar</i>	<i>As.Sn.U.6/40</i>
49.	<i>Abhishyandhapratishedhyaya</i>	<i>Sarvanetra roghar Rasakriya</i>	<i>As.Sn.U.19/70</i>
50.	<i>Abhishyandhapratishedhyaya</i>	<i>Pillahar Anjana</i>	<i>As.Sn.U.20/32</i>
51.	<i>Karnarogapratishedhyaya</i>	<i>Raktajkarnashulhar yoga</i>	<i>As.Sn.U.22/24</i>
52.	<i>Mukhrogapratishedhyaya</i>	<i>Soushirhar yoga</i>	<i>As.Sn.U.26/27</i>
53.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Galgandahar yoga</i>	<i>As.Sn.U.26/49</i>
54.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Mukhpak lepa</i>	<i>As.Sn.U.26/58</i>
55.	<i>Shirorogapratishedhyaya</i>	<i>Indraluptahar lepa</i>	<i>As.Sn.U.28/36</i>
56.	<i>Shirorogapratishedhyaya</i>	<i>Khalityahar lepa</i>	<i>As.Sn.U.28/40</i>
57.	<i>Vranapratishedhyaya</i>	<i>Shotha daran karma</i>	<i>As.Sn.U.30/29</i>

58.	Granthyadipratishedhyaya	Granti-Upnah chikitsa	As.Sn.U.35/5
59.	Granthyadipratishedhyaya	Kaphaj Grantihar lepa	As.Sn.U.35/9
60.	Granthyadipratishedhyaya	Kaphaj Arbud lepa	As.Sn.U.35/16
61.	Kshudrarogapratishedhyaya	Vidarikahar lepa	As.Sn.U.37/10
62.	Guhyarogapratishedhyaya	Upadanshar Kwath	As.Sn.U.39/5
63.	Guhyarogapratishedhyaya	Kaphaj Yonivyapat	As.Sn.U.39/67
64.	Guhyarogapratishedhyaya	Yonisrava	As.Sn.U.39/70
65.	Guhyarogapratishedhyaya	Shwetapradar	As.Sn.U.39/75
66.	Vishapratishedhyaya	Dushivishahar Yoga	As.Sn.U.40/110

DISCUSSION

1. Charak samhita:

Sutrasthana - Palash is used for preparation of *Asthapan Basti* & *Manshiladi lepa* respectively in *Apamargatanduliyadhyaya* & *Aragvadiyadhyaya*.

Nidansthana - Lakshana of *Pundrik Kushta* in *Kushtanidanadhyaya*.

Vimansthana - *Rogbhishagjityadhyaya* for *Adhyapana Vidhi*.

Sharirsthana - *Jatisutriyadhyaya* for *Uttam santan prapti*.

Chikitsasthan - Useful as *Rasayana karma* in following diseases namely *Jwara*, *Raktapitta*, *Gulma*, *Kushta*, *Prameha*, *Kshtakshina*, *Shwayathu*, *Udar*, *Arsha*, *Grahani*, *Hikka*, *Shwas*, *Kasa*, *Atisara*, *Pakva shotha*, *Vataj vyadhi*, *Vatashonit* & *Yonivyapat*.

Siddhisthana- Preparation of *Palash Basti yoga*, *Darvyadi Yoga*, *Sangrahik Yoga*, *Basti* for cow & horse & *Yapan Basti* in respectively *adhyaya* i.e. *Bastisutriya Adhyaya*, *Basti Vyapat Adhyaya*, *Bastisiddhi Adhyaya*, *Phalmatrasiddhi Adhyaya* & *Uttarbasti Adhyaya*.

2. Sushrut samhita

Sutrasthana-It has reference in *Shishyouniya Adhyaya* for *Diksha vidhi* & *Ksharapakavidhi* for preparation of *Madhyama Kshar*. In *Rutucharya Adhyaya* it is indicator of *Vasant*

Rutu & *lakshana* of *Ashubh Shakun* & *Swapna* in *Viparitaviparita Swapna Nirदेशनीया Adhyaya*. In *Dravya Sangrahnīya Adhyaya*, mentioned various *Gana* of *Palash* i.e. *Rodhradi*, *Mushkakadi*, *Ambashtadi*, *Nyagrodhadi*. The properties of *Palash Taila*, *Phala* & *Pushpa* described in *Dravadravyavidhi* & *Annapanvidhi Adhyaya* respectively.

Sharirsthana-To cure *Granti Shukra Arthav* in *Shukrashonit Shuddhi Sharir Adhyaya*. It is *lakshana* of *Paittik Prakruti* in *Garbha Vyakarana Sharir Adhyaya*.

Chikitsasthan-

It is *lakshana* of *Paittik Vrana* in *Dvivranīya Adhyaya*. It is used to prepare *kusha* in *Bhagnachikitsadhyaya*. It has therapeutic action in *Adurshya Arsha*, *Ashmari*, *Pittaj Kushta*, *Mahakushta*, *Prameha*, *plihodara*, *Kaphaj Galganda*, *Shailshmik Upadansh*, *Apakva Vidarika*, *Parisrav Vyapat* respectively *Adhyaya* i.e. *Arsha chikitsa Adhyaya*, *Ashmari Chikitsa Adhyaya*, *Kushta Chikitsa Adhyaya*, *Mahakushta chikitsa Adhyaya*, *Prameha chikitsa Adhyaya*, *Udar chikitsa Adhyaya*, *Granti apachi Arbud Galganda chikitsa Adhyaya*, *Vruddhi Updansha Shlipad chikitsa Adhyaya*, *Kshudraroga chikitsa Adhyaya*, *Vaman Virechana Vyapat chikitsa Adhyaya*. It is useful in *Kalyanak Lavana*, *Kshar Kalpana*,

Ayaskruti & Sthavar Sneha respectively *Vatavyadhichikitsa Adhyaya*, *Ashmari Chikitsa Adhyaya*, *Mahakushta chikitsa Adhyaya* & *Snehopyogikchikitsa Adhyaya*.

Kalpasthanas- For preparation of *Ksharagad* in *Dudanbhiswaniya Kalpadhyaya*. Useful in *Galgoulik & Krushna Mushik Drashta* respectively *Kitkalpa & Mushik kalpa Adhyaya*.

Uttartantras- In *Pittabhishyandapratishedha Adhyaya* used for preparation of *Anjana*, In *Raktabhishyandapratishedha* & *Drushtigatarogapratishedha Adhyaya* used for preparation of *Rasakriyanjana*. It has therapeutic action in *Daha Jwara, Raktagulma, Raktapitta, Krumi* in respectively *Jwarapratishedha, Gulmapratishedha, Raktapittapratishedha & Krumipratishedha Adhyaya*.

3. Asthanga sangraha Sutrasthana

It is contraindicated for *Danta Dhavan* in *Dincharya Adhyaya*, indicator of *Vasant Rutu* in *Rutucharya Adhyaya*, Properties of *Kinshuk Tail, Shak & Pushpa* described in *Dravadravya, Annaswarupa & Vividhaoushadh Vigyaniya Adhyaya*. *Gana* i.e *Asnadi, Rodhradi, Amshtadi, Mushkakadi, Nyagrodhidi & kashaya Skanda* of *palash* mentioned in *Vividhaganasangraha &*

Rasabhedhiya Adhyaya. For preparation of *Madhyama Kshar* in *Ksharkarmavidhi Adhyaya*.

Sharirsthana

Useful in *Granthi Sukra* in *Putrakamiya Adhyaya*.

Chikitsasthanas

It has medicinal properties in various diseases namely *Pralap Jwara, Raktapitta, Kasa, Kshat kshaya kasa, Shwas, Vataj Hrudroga, Shushka Arsha, Kaphaj Prameha, Vataj & Raktaj Gulma, Plihodar, Ekang shotha, Pittaj Kushta, Switra, Shirogat Krumi & Vataj Vyadhi*. It is ingredient of *Tejovtyadi Ghruta, Eladi Vati & Bala Tail*.

Kalpasthanas

It is ingredient of *Shodhanadi & Erandamooladi basti* in *Bastikalpa Adhyaya*. Useful in *Bastivyapat Gourav lakshna* in *Bastivyapat Siddhi Adhyaya*.

Uttartantra

It is mentioned to cure *Vata Dushta Stanya, Shitputana, Netra Rog, Pilla Rog, Raktaj Karna shula, Soushir, Kaphaj Galganda, Kaphaj Mukhapak, Khalitya, Indralupta, Kaphaj Granthi, Kaphaj Arbuda, Vidarika, Upandansha, Yonisrava, Shweta pradar, Kaphaj Yoni Vyapat*.

Table 4: Summary of references of *Palash* in *Bruhatrayi*.

Sr.No	Name of Samhita	Sutra sthana	Nidan sthana	Viman sthana	Sharir sthana	Indriya sthana	Chikitsa sthana	Kalpa sthana	Siddhi sthana	Uttar tantra	Total
1.	<i>Charaksamhita</i>	02	03	01	01	00	41	00	07	-	53
2.	<i>Sushrutsamhita</i>	12	00	-	02	-	18	03	-	11	46
3.	<i>Ashtang Sangraha</i>	14	00	-	01	-	26	03	-	22	66

CONCLUSION

From the present study, it is observed that total 165 references of *Palash* in *Bruhatrayi*. In

Charaksamhita, Sushrutsamhita & Ashtang Sangraha total no of references respectively found 53, 46 & 66. It is observed that the use of

Palash in various way not only to cure many number of diseases but also in holy purpose like *Diksha vidhi*. The availability of *Palash* tree is greater, so we have to do clinical trial with references of *Bruhatrayi*.

Ni.:Nidansthana
Vi.:Vimansthana
Sha.:Sharirsthana
Chi.:Chikitsasthan
Si.: Siddhisthana
K.:Kalpasthana
U.:Uttartantra

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ABBREVIATIONS

Ch.:Charak Samhita
S.: Sushrut Samhita
As.Sn.:Asthanga Sangraha
Su.:Sutrasthana

PALASH (Butea frondosa Koen.ex.Roxb.): A DRUG REVIEW FROM BRUHATRAYI

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ABSTRACT

Palash (Butea frondosa Koen.ex.Roxb.) is an important medicinal plant & it is well familiar since *vedic kala* to the present era. It is also known with common names like Dhak, Flame of the forest, Bastard teak, Parrot tree. It is deciduous tree belonging to the family Fabaceae. It is use for medicinal purpose as well as for holy purpose. Here, Literary review from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha* for enlightening the references of medicinal values of *Palash*.

Keywords: *Palash*, *Charak samhita*, *Sushruta samhita*, *Ashtang Sangraha*.

INTRODUCTION

Palash (Butea frondosa Koen.ex.Roxb.) is a medium sized deciduous tree belonging to the family Fabaceae. It is commonly found throughout the greater part of the India upto about 915m altitude.¹ It is commonly called the flame of the forest due to its gorgeous canopy of scarlet flowers which looks like flame. It has antihelmintic, antiimplantation, antiovolatory, antileprotic, antigout, antiestrogenic, antispasmogenic, antifungal, astringent, aphrodisiac, antiasthmatic, bactericidal

property.² It is useful in various disease. Therefore, references of *Palash* was collected from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha*.

Aim: To study drug review of *Palash* from *Bruhatrayi*.

Objective:

1) Collection of *Palash* reference from *Bruhatrayi*.

2) Enlightening the use of *Palash* mentioned in *Bruhatrayi*.

Methods: References of *Palash* was collected from all *sthana* of Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha* was tabulated in the form of *Adhyaya* name, reference with context & was tabulated (was removed this words)

MATERIALS & METHODS:

Materials: All references of *Palash* was collected from Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha*.

1) Charak Samhita³

Table 1: The references of *Palash* in *Charak Samhita* as follows:

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Apamargatanduliyadhyaya</i>	<i>Aasthapan Basti Dravya</i>	<i>Ch.Su.2/10-13</i>
2.	<i>Aaragvadhyyadhyaya</i>	<i>Manshiladi lepa</i>	<i>Ch.Su.3/15-16</i>
3.	<i>Kushtanidanadhyaya</i>	<i>Pundrik Kushta Lakshana</i>	<i>Ch.Ni.5/(7/5)</i>
4.	<i>Rogabhishagajitiyavimanadhyaya</i>	<i>Adhyapana Vidhi</i>	<i>Ch.Vi.8/11</i>
5.	<i>Jatisutriyashariradhyaya</i>	<i>Uttam Santan kartavya</i>	<i>Ch.Sha.8/10</i>
6.	<i>Rasayanadhyaya</i>	<i>Amalak Rasayana</i>	<i>Ch.Chi.1/1/75</i>
7.	<i>Rasayanadhyaya</i>	<i>Pratham Amalakavaleha</i>	<i>Ch.Chi.1/2/7</i>
8.	<i>Rasayanadhyaya</i>	<i>Dvitiya Amalakavaleha</i>	<i>Ch.Chi.1/2/10</i>
9.	<i>Rasayanadhyaya</i>	<i>Louhadi Rasayana</i>	<i>Ch.Chi.1/3/15</i>
10.	<i>Rasayanadhyaya</i>	<i>Pippali Rasayana</i>	<i>Ch.Chi.1/3/32-35</i>
11.	<i>Rasayanadhyaya</i>	<i>Dronipraveshik Rasayana</i>	<i>Ch.Chi.1/4/7</i>
12.	<i>Rasayanadhyaya</i>	<i>Dvitiya Endrokta Rasayana</i>	<i>Ch.Chi.1/4/13-26</i>
13.	<i>Jwarachikitsadhyaya</i>	<i>Chandanadi Taila</i>	<i>Ch.Chi.3/258</i>
14.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>Ch.Chi.4/89</i>
15.	<i>Raktapittachikitsadhyaya</i>	<i>Ksharaprayog</i>	<i>Ch.Chi.4/94</i>
16.	<i>Gulmachikitsadhyaya</i>	<i>Raktagulmahar Kshara</i>	<i>Ch.Chi.5/173</i>
17.	<i>Kushtachikitsadhyaya</i>	<i>Triphaladi Churna</i>	<i>Ch.Chi.7/68-69</i>
18.	<i>Kushtachikitsadhyaya</i>	<i>Chitrakadi Lepa</i>	<i>Ch.Chi.7/85-86</i>
19.	<i>Kushtachikitsadhyaya</i>	<i>Mansadi Lepa</i>	<i>Ch.Chi.7/87</i>
20.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar Yoga</i>	<i>Ch.Chi.7/92-95</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Shwitra</i>	<i>Ch.Chi.7/165</i>
22.	<i>Pramehachikitsadhyaya</i>	<i>Pittaj Pramehahar Yoga</i>	<i>Ch.Chi.6/30-32</i>
23.	<i>KshataKshinachikitsadhyaya</i>	<i>Shwadrasthadi Ghruta</i>	<i>Ch.Chi.11/44-47</i>
24.	<i>Shwayathuchikitsadhyaya</i>	<i>Shothanashak Tail</i>	<i>Ch.Chi.12/65-66</i>
25.	<i>Udarachikitsadhyaya</i>	<i>Udararogahar Lepa</i>	<i>Ch.Chi.13/108</i>
26.	<i>Udarachikitsadhyaya</i>	<i>Parisheka</i>	<i>Ch.Chi.13/110</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Vataj Hrudroga</i>	<i>Ch.Chi.13/170-171</i>
28.	<i>Arshachikitsadhyaya</i>	<i>Yavagu Varnan</i>	<i>Ch.Chi.14/92</i>
29.	<i>Arshachikitsadhyaya</i>	<i>Shushkarsha –Shak Prayoga</i>	<i>Ch.Chi.14/122</i>
30.	<i>Grahanachikitsadhyaya</i>	<i>Palashadi Paniya</i>	<i>Ch.Chi.15/142-143</i>
31.	<i>Grahanachikitsadhyaya</i>	<i>Chaturtha Kshara</i>	<i>Ch.Chi.15/186-187</i>
32.	<i>Hikkashwasachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>Ch.Chi.17/141-144</i>

33.	<i>Kasachikitsadhyaya</i>	<i>Peya Varnan</i>	<i>Ch.Chi.18/77-78</i>
34.	<i>Kasachikitsadhyaya</i>	<i>Manashiladi Dhoom</i>	<i>Ch.Chi.18/146</i>
35.	<i>Atisarachikitsadhyaya</i>	<i>Agnidipan Dravya</i>	<i>Ch.Chi.19/26-29</i>
36.	<i>Atisarachikitsadhyaya</i>	<i>Pittaj Atisarhar</i>	<i>Ch.Chi.19/59-60</i>
37.	<i>Dvivraniyachikitsadhyaya</i>	<i>Pakvashotha Bhedan</i>	<i>Ch.Chi.25/53-54</i>
38.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pushkarmooladi Kwatha</i>	<i>Ch.Chi.26/85</i>
39.	<i>Trimarmiyachikitsadhyaya</i>	<i>Udumbaradi Leha</i>	<i>Ch.Chi.26/98</i>
40.	<i>Trimarmiyachikitsadhyaya</i>	<i>Ksharagushtika</i>	<i>Ch.Chi.26/192-193</i>
41.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pippalyadi Rasakriya</i>	<i>Ch.Chi.26/258</i>
42.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala Taila</i>	<i>Ch.Chi.28/148-156</i>
43.	<i>Vatashonitachikitsadhyaya</i>	<i>Mahapadma Taila</i>	<i>Ch.Chi.29/110-113</i>
44.	<i>Yonivyapatachikitsadhyaya</i>	<i>Udumbaradi Taila</i>	<i>Ch.Chi.30/73-76</i>
45.	<i>Yonivyapatachikitsadhyaya</i>	<i>Palashadi Kalka</i>	<i>Ch.Chi.30/122</i>
46.	<i>Yonivyapatachikitsadhyaya</i>	<i>Sanshodhan Basti</i>	<i>Ch.Chi.30/196-197</i>
47.	<i>Bastisutriyasidhidhyaya</i>	<i>Palash Basti Yoga</i>	<i>Ch.Si.3/44-45</i>
48.	<i>Bastivyapatasidhidhyaya</i>	<i>Darvadi yoga</i>	<i>Ch.Si.7/19-20</i>
49.	<i>Bastisidhidhyaya</i>	<i>Sangrahik Basti</i>	<i>Ch.Si.10/30-31</i>
50.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Cow</i>	<i>Ch.Si.11/24</i>
51.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Horse</i>	<i>Ch.Si.11/25</i>
52.	<i>Uttarbastisidhidhyaya</i>	<i>Erandamooladi Yapan Basti</i>	<i>Ch.Si.12/15(2)</i>
53.	<i>Uttarbastisidhidhyaya</i>	<i>Dvitiya Mooladi Yapan Basti</i>	<i>Ch.Si.12/15(6)</i>

2) *Sushruta Samhita* ⁴

Table 2: The references of *Palash* in *Sushruta Samhita* as follows:

Sr.No	Name of Adhyaya	Reference	Context
1.	<i>Shishyounpayanidhyaya</i>	<i>Ayurved Diksha Vidhi</i>	<i>S.Su.2/4</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Ritu Lakshan</i>	<i>S.Su.6/25-28</i>
3.	<i>Ksharpakvidhidhyaya</i>	<i>Pratisaraniya Kshar Nirman</i>	<i>S.Su.11/11</i>
4.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh sakun</i>	<i>S.Su.29/40</i>
5.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh Swapna</i>	<i>S.Su.29/64-65</i>
6.	<i>Dravyasangrahaniyadhyaya</i>	<i>Rodhradi Gana</i>	<i>S.Su.38/14-15</i>
7.	<i>Dravyasangrahaniyadhyaya</i>	<i>Mushkakadi Gana</i>	<i>S.Su.38/20-21</i>
8.	<i>Dravyasangrahaniyadhyaya</i>	<i>Ambhashtadi Gana</i>	<i>S.Su.38/46-47</i>
9.	<i>Dravyasangrahaniyadhyaya</i>	<i>Nyaghradhadi Gana</i>	<i>S.Su.38/48-49</i>
10.	<i>Dravdravyavidhidhyaya</i>	<i>Palash taila Guna</i>	<i>S.Su.45/121</i>
11.	<i>Annapanvidhidhyaya</i>	<i>Palash Phala Guna</i>	<i>S.Su.46/197</i>
12.	<i>Annapanvidhidhyaya</i>	<i>Palash Pushpa Guna</i>	<i>S.Su.46/288</i>
13.	<i>Shukrashonitashudhishariradhyaya</i>	<i>Grantibhoot Shukra-Artav yoga</i>	<i>S.Sha.2/9</i>
14.	<i>Garbhavyakaranashariradhyaya</i>	<i>Paittik Prakruti Lakashna</i>	<i>S.Sha.4/69</i>
15.	<i>Dvivraniyachikitsadhyaya</i>	<i>Paittik Vrana Lakashna</i>	<i>S.Chi.1/7</i>
16.	<i>Bhagnachikitsadhyaya</i>	<i>Kusha Varnan</i>	<i>S.Chi.3/6</i>
17.	<i>Vatavyadhichikitsadhyaya</i>	<i>Kalyanak Lavan</i>	<i>S.Chi.4/32</i>
18.	<i>Arshachikitsadhyaya</i>	<i>Adrushya Arsha Chikitsa</i>	<i>S.Chi.6/13</i>
19.	<i>Ashamarichikitsadhyaya</i>	<i>Ashmarihar Kshar</i>	<i>S.Chi.7/22</i>

20.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/7</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/10</i>
22.	<i>Mahakushtachikitsadhyaya</i>	<i>Asav Varnan</i>	<i>S.Chi.10/7</i>
23.	<i>Mahakushtachikitsadhyaya</i>	<i>Oushadhayaskruti</i>	<i>S.Chi.10/12</i>
24.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/7</i>
25.	<i>Pramehachikitsadhyaya</i>	<i>Yapanartha Yoga</i>	<i>S.Chi.11/8</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/9</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Plihodar Chikitsa</i>	<i>S.Chi.14/13</i>
28.	<i>Grantypachyabudagalchandachikitsadhyaya</i>	<i>Kaphaj Galganda Chikitsa</i>	<i>S.Chi.18/48-49</i>
29.	<i>Vrudhiupadanshashilipadachikitsadhyaya</i>	<i>Shleshmik Upadansha Prakashalan Kwath</i>	<i>S.Chi.19/42-44</i>
30.	<i>Kshudrarogachikitsadhyaya</i>	<i>Apakva Vidarika Chikitsa</i>	<i>S.Chi.20/13-15</i>
31.	<i>Snehoupayougikachikitsadhyaya</i>	<i>Sthavar Sneha Varnan</i>	<i>S.Chi.31/5</i>
32.	<i>Vamanavirechana Vyapatachikitsadhyaya</i>	<i>Parisrav vyapat</i>	<i>S.Chi.34/17</i>
33.	<i>Dundubhisvaniyakalpadhyaya</i>	<i>Sarva Sarpa Vishaghna Ksharagad</i>	<i>S.K.6/3</i>
34.	<i>Kitakalpadhyaya</i>	<i>Galgoulik Dashta Chikitsa</i>	<i>S.K.8/48</i>
35.	<i>Mushikakalpadhyaya</i>	<i>Krushna Mushak Dashta Chikitsa</i>	<i>S.K.7/13</i>
36.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Anjana</i>	<i>S.U.10/7</i>
37.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Churanajana</i>	<i>S.U.10/9</i>
38.	<i>Raktabhishyandapratishehadhyaya</i>	<i>Praklinnavatma Rasakriyanjana</i>	<i>S.U.12/49-50</i>
39.	<i>Drushtigatarogapratishehadhyaya</i>	<i>Paittik Timir Rasakriya</i>	<i>S.U.17/41</i>
40.	<i>Shitaputanapratishehadhyaya</i>	<i>Ghruta Prayoga</i>	<i>S.U.34/5</i>
41.	<i>Jwarapratishehadhyaya</i>	<i>Dahajwara</i>	<i>S.U.39/281-284</i>
42.	<i>Gulmapratishehadhyaya</i>	<i>Paniyaksharavaleha</i>	<i>S.U.42/40-44</i>
43.	<i>Gulmapratishehadhyaya</i>	<i>Raktamulma</i>	<i>S.U.42/19-21</i>
44.	<i>Gulmapratishehadhyaya</i>	<i>Pittaj Shula</i>	<i>S.U.42/106-107</i>
45.	<i>Raktapittapratishehadhyaya</i>	<i>Raktapittahar yoga</i>	<i>S.U.45/29</i>
46.	<i>Krumirogapratishehadhyaya</i>	<i>Krumihara Yoga</i>	<i>S.U.54/25</i>

3) Ashtanga Sangraha⁵

Table 3: The references of *Palash* in *Ashtanga Sangraha* as follows

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Dinacharyadhyaya</i>	<i>Danta Dhavan Nishedh Vruksha</i>	<i>As.Sn.Su.3/22</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Rutu Lakshana</i>	<i>As.Sn.Su.4/21-23</i>
3.	<i>Drava Dravya Vidnyaniyadhyaya</i>	<i>Kinshuk Tail Guna</i>	<i>As.Sn.Su.6/111</i>
4.	<i>AnnaswarupaVidnyaniya</i>	<i>Kinshuk Shak Guna</i>	<i>As.Sn.Su.7/124-126</i>
5.	<i>Annarakshavidhidhyaya</i>	<i>Hitakar Dravya for Water</i>	<i>As.Sn.Su.8/122-123</i>
6.	<i>Vividhoushadha Vidnyaniyadhyaya</i>	<i>Kinshuk Pushpa Guna</i>	<i>As.Sn.Su.12/87-88</i>
7.	<i>Vividhaganasangrahanadhyaya</i>	<i>Asanadi Gana</i>	<i>As.Sn.Su.16/13-14</i>
8.	<i>Vividhaganasangrahanadhyaya</i>	<i>Rodhradi Gana</i>	<i>As.Sn.Su.16/20-21</i>
9.	<i>Vividhaganasangrahanadhyaya</i>	<i>Mushkakadi Gana</i>	<i>As.Sn.Su.16/26</i>
10.	<i>Vividhaganasangrahanadhyaya</i>	<i>Ambhashthadi Gana</i>	<i>As.Sn.Su.16/32-33</i>
11.	<i>Vividhaganasangrahanadhyaya</i>	<i>Nyagrodhadi Gana</i>	<i>As.Sn.Su.16/35-36</i>
12.	<i>Rasabhedhiya Adhyaya</i>	<i>Kashaya Skandha</i>	<i>As.Sn.Su.18/25</i>

13.	<i>Sira Vyadh Vidhi Adhyaya</i>	<i>Siravedha- Purvakarma</i>	<i>As.Sn.Su.36/10</i>
14.	<i>Kshar Karma Vidhi Adhyaya</i>	<i>Madhyama Kshara Nirman</i>	<i>As.Sn.Su.39/10</i>
15.	<i>Putrakamiya Adhyaya</i>	<i>Granti Sukrahar yoga</i>	<i>As.Sn.Sha.1/34</i>
16.	<i>Jirna Jwarachikitsadhyaya</i>	<i>Jwara Pralaphar Yoga</i>	<i>As.Sn.Chi.2/78-81</i>
17.	<i>Raktapittachikitsadhyaya</i>	<i>Raktapittahar Yoga</i>	<i>As.Sn.Chi.3/36-38</i>
18.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>As.Sn.Chi.3/67</i>
19.	<i>Kasachikitsadhyaya</i>	<i>Peaya</i>	<i>As.Sn.Chi.4/25-26</i>
20.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Eladi Vati</i>	<i>As.Sn.Chi.5/11-13</i>
21.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Shwadrashatadi Ghruta</i>	<i>As.Sn.Chi.5/36-39</i>
22.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Dhoom Prayog</i>	<i>As.Sn.Chi.5/104-105</i>
23.	<i>Swasahidmachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>As.Sn.Chi.6/65</i>
24.	<i>Chardihrudrogatrushnachikitsadhyaya</i>	<i>Vataj Hrudroghar Yoga</i>	<i>As.Sn.Chi.8/21</i>
25.	<i>Arsharogachikitsadhyaya</i>	<i>Shushkarsha Ghruta Prayog</i>	<i>As.Sn.Chi.10/29</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Kaphaj pramehar Yoga</i>	<i>As.Sn.Chi.14/6</i>
27.	<i>Gulmachikitsadhyaya</i>	<i>Vataj Gulmahar Yoga</i>	<i>As.Sn.Chi.16/16</i>
28.	<i>Gulmachikitsadhyaya</i>	<i>Raktagula Bhedan Karma</i>	<i>As.Sn.Chi.16/47</i>
29.	<i>Udarchikitsadhyaya</i>	<i>Plihodar</i>	<i>As.Sn.Chi.17/33</i>
30.	<i>Shvayathuchikitsadhyaya</i>	<i>Lepa</i>	<i>As.Sn.Chi.19/9</i>
31.	<i>Kushtachikitsadhyaya</i>	<i>Ekanga shoth lepa</i>	<i>As.Sn.Chi.19/10</i>
32.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta- Ghruta</i>	<i>As.Sn.Chi.21/3</i>
33.	<i>Kushtachikitsadhyaya</i>	<i>Sura</i>	<i>As.Sn.Chi.21/18</i>
34.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/20</i>
35.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/21</i>
36.	<i>Kushtachikitsadhyaya</i>	<i>Vatak Kushta har yoga</i>	<i>As.Sn.Chi.21/40</i>
37.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar yoga</i>	<i>As.Sn.Chi.21/75</i>
38.	<i>Kushtachikitsadhyaya</i>	<i>Kushtahar yoga</i>	<i>As.Sn.Chi.21/74-76</i>
39.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shwitrakar yoga</i>	<i>As.Sn.Chi.22/5</i>
40.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shirogat Krumihar yoga</i>	<i>As.Sn.Chi.22/28</i>
41.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala tail</i>	<i>As.Sn.Chi.23/45</i>
42.	<i>Bastikalpadhyaya</i>	<i>Shodhanadi Basti</i>	<i>As.Sn.K.4/12</i>
43.	<i>Bastikalpadhyaya</i>	<i>Erandamooladi Basti</i>	<i>As.Sn.K.4/5</i>
44.	<i>Bastivyapatisiddhi Adhyaya</i>	<i>Gouravhar yoga</i>	<i>As.Sn.K.6/8</i>
45.	<i>Balamayapratishedhyaya</i>	<i>Vatadushit Stanya</i>	<i>As.Sn.U.2/12</i>
46.	<i>Snapanadhyaya</i>	<i>Snan bhumi</i>	<i>As.Sn.U.5/10</i>
47.	<i>Snapanadhyaya</i>	<i>Snan Vidhi</i>	<i>As.Sn.U.5/13</i>
48.	<i>Pratyek Grahapratishedhyaya</i>	<i>Shit Putana- Atisar</i>	<i>As.Sn.U.6/40</i>
49.	<i>Abhishyandhapratishedhyaya</i>	<i>Sarvanetra roghar Rasakriya</i>	<i>As.Sn.U.19/70</i>
50.	<i>Abhishyandhapratishedhyaya</i>	<i>Pillahar Anjana</i>	<i>As.Sn.U.20/32</i>
51.	<i>Karnarogapratishedhyaya</i>	<i>Raktajkarnashulhar yoga</i>	<i>As.Sn.U.22/24</i>
52.	<i>Mukhrogapratishedhyaya</i>	<i>Soushirhar yoga</i>	<i>As.Sn.U.26/27</i>
53.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Galgandahar yoga</i>	<i>As.Sn.U.26/49</i>
54.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Mukhpak lepa</i>	<i>As.Sn.U.26/58</i>
55.	<i>Shirorogapratishedhyaya</i>	<i>Indraluptahar lepa</i>	<i>As.Sn.U.28/36</i>
56.	<i>Shirorogapratishedhyaya</i>	<i>Khalityahar lepa</i>	<i>As.Sn.U.28/40</i>
57.	<i>Vranapratishedhyaya</i>	<i>Shotha daran karma</i>	<i>As.Sn.U.30/29</i>

58.	<i>Granthyadipratishedhyaya</i>	<i>Granti-Upnah chikitsa</i>	<i>As.Sn.U.35/5</i>
59.	<i>Granthyadipratishedhyaya</i>	<i>Kaphaj Grantihar lepa</i>	<i>As.Sn.U.35/9</i>
60.	<i>Granthyadipratishedhyaya</i>	<i>Kaphaj Arbud lepa</i>	<i>As.Sn.U.35/16</i>
61.	<i>Kshudrarogapratishedhyaya</i>	<i>Vidarikahar lepa</i>	<i>As.Sn.U.37/10</i>
62.	<i>Guhyarogapratishedhyaya</i>	<i>Upadanshar Kwath</i>	<i>As.Sn.U.39/5</i>
63.	<i>Guhyarogapratishedhyaya</i>	<i>Kaphaj Yonivyapat</i>	<i>As.Sn.U.39/67</i>
64.	<i>Guhyarogapratishedhyaya</i>	<i>Yonisrava</i>	<i>As.Sn.U.39/70</i>
65.	<i>Guhyarogapratishedhyaya</i>	<i>Shwetapradar</i>	<i>As.Sn.U.39/75</i>
66.	<i>Vishapratishedhyaya</i>	<i>Dushivishahar Yoga</i>	<i>As.Sn.U.40/110</i>

DISCUSSION

1. Charak samhita:

Sutrasthana - Palash is used for preparation of *Asthapan Basti* & *Manshiladi lepa* respectively in *Apamargatanduliyadhyaya* & *Aragvadiyadhyaya*.

Nidansthana - Lakshana of *Pundrik Kushta* in *Kushtanidanadhyaya*.

Vimansthana - *Rogbhishagjityadhyaya* for *Adhyapana Vidhi*.

Sharirsthana - *Jatisutriyadhyaya* for *Uttam santan prapti*.

Chikitsasthan - Useful as *Rasayana karma* in following diseases namely *Jwara*, *Raktapitta*, *Gulma*, *Kushta*, *Prameha*, *Kshtakshina*, *Shwayathu*, *Udar*, *Arsha*, *Grahani*, *Hikka*, *Shwas*, *Kasa*, *Atisara*, *Pakva shotha*, *Vataj vyadhi*, *Vatashonit* & *Yonivyapat*.

Siddhisthana- Preparation of *Palash Basti yoga*, *Darvyadi Yoga*, *Sangrahik Yoga*, *Basti* for cow & horse & *Yapan Basti* in respectively *adhyaya* i.e. *Bastisutriya Adhyaya*, *Basti Vyapat Adhyaya*, *Bastisiddhi Adhyaya*, *Phalmatrasiddhi Adhyaya* & *Uttarbasti Adhyaya*.

2. Sushrut samhita

Sutrasthana-It has reference in *Shishyouniya Adhyaya* for *Diksha vidhi* & *Ksharapakavidhi* for preparation of *Madhyama Kshar*. In *Rutucharya Adhyaya* it is indicator of *Vasant*

Rutu & *lakshana* of *Ashubh Shakun* & *Swapna* in *Viparitaviparita Swapna Nirदेशनीया Adhyaya*. In *Dravya Sangrahnīya Adhyaya*, mentioned various *Gana* of *Palash* i.e. *Rodhradi*, *Mushkakadi*, *Ambashtadi*, *Nyagrodhadi*. The properties of *Palash Taila*, *Phala* & *Pushpa* described in *Dravadravyavidhi* & *Annapanvidhi Adhyaya* respectively.

Sharirsthana-To cure *Granti Shukra Arthav* in *Shukrashonit Shuddhi Sharir Adhyaya*. It is *lakshana* of *Paittik Prakruti* in *Garbha Vyakarana Sharir Adhyaya*.

Chikitsasthan-

It is *lakshana* of *Paittik Vrana* in *Dvivranīya Adhyaya*. It is used to prepare *kusha* in *Bhagnachikitsadhyaya*. It has therapeutic action in *Adurshya Arsha*, *Ashmari*, *Pittaj Kushta*, *Mahakushta*, *Prameha*, *plihodara*, *Kaphaj Galganda*, *Shailshmik Upadansh*, *Apakva Vidarika*, *Parisrav Vyapat* respectively *Adhyaya* i.e. *Arsha chikitsa Adhyaya*, *Ashmari Chikitsa Adhyaya*, *Kushta Chikitsa Adhyaya*, *Mahakushta chikitsa Adhyaya*, *Prameha chikitsa Adhyaya*, *Udar chikitsa Adhyaya*, *Granti apachi Arbud Galganda chikitsa Adhyaya*, *Vruddhi Updansha Shlipad chikitsa Adhyaya*, *Kshudraroga chikitsa Adhyaya*, *Vaman Virechana Vyapat chikitsa Adhyaya*. It is useful in *Kalyanak Lavana*, *Kshar Kalpana*,

Ayaskruti & Sthavar Sneha respectively *Vatavyadhichikitsa Adhyaya*, *Ashmari Chikitsa Adhyaya*, *Mahakushta chikitsa Adhyaya* & *Snehopyogikchikitsa Adhyaya*.

Kalpasthanas- For preparation of *Ksharagad* in *Dudanbhiswaniya Kalpadhyaya*. Useful in *Galgoulik & Krushna Mushik Drashta* respectively *Kitkalpa & Mushik kalpa Adhyaya*.

Uttartantras- In *Pittabhishyandapratishedha Adhyaya* used for preparation of *Anjana*, In *Raktabhishyandapratishedha* & *Drushtigatarogapratishedha Adhyaya* used for preparation of *Rasakriyanjana*. It has therapeutic action in *Daha Jwara, Raktagulma, Raktapitta, Krumi* in respectively *Jwarapratishedha, Gulmapratishedha, Raktapittapratishedha & Krumipratishedha Adhyaya*.

3. Asthanga sangraha Sutrasthana

It is contraindicated for *Danta Dhavan* in *Dincharya Adhyaya*, indicator of *Vasant Rutu* in *Rutucharya Adhyaya*, Properties of *Kinshuk Tail, Shak & Pushpa* described in *Dravadravya, Annaswarupa & Vividhaoushadh Vigyaniya Adhyaya*. *Gana* i.e *Asnadi, Rodhradi, Amshtadi, Mushkakadi, Nyagrodhidi & kashaya Skanda* of *palash* mentioned in *Vividhaganasangraha &*

Rasabhedhiya Adhyaya. For preparation of *Madhyama Kshar* in *Ksharkarmavidhi Adhyaya*.

Sharirsthana

Useful in *Granthi Sukra* in *Putrakamiya Adhyaya*.

Chikitsasthanas

It has medicinal properties in various diseases namely *Pralap Jwara, Raktapitta, Kasa, Kshat kshaya kasa, Shwas, Vataj Hrudroga, Shushka Arsha, Kaphaj Prameha, Vataj & Raktaj Gulma, Plihodar, Ekang shotha, Pittaj Kushta, Switra, Shirogat Krumi & Vataj Vyadhi*. It is ingredient of *Tejovtyadi Ghruta, Eladi Vati & Bala Tail*.

Kalpasthanas

It is ingredient of *Shodhanadi & Erandamooladi basti* in *Bastikalpa Adhyaya*. Useful in *Bastivyapat Gourav lakshna* in *Bastivyapat Siddhi Adhyaya*.

Uttartantra

It is mentioned to cure *Vata Dushta Stanya, Shitputana, Netra Rog, Pilla Rog, Raktaj Karna shula, Soushir, Kaphaj Galganda, Kaphaj Mukhapak, Khalitya, Indralupta, Kaphaj Granthi, Kaphaj Arbuda, Vidarika, Upandansha, Yonisrava, Shweta pradar, Kaphaj Yoni Vyapat*.

Table 4: Summary of references of *Palash* in *Bruhatrayi*.

Sr.No	Name of Samhita	Sutra sthana	Nidan sthana	Viman sthana	Sharir sthana	Indriya sthana	Chikitsa sthana	Kalpa sthana	Siddhi sthana	Uttar tantra	Total
1.	<i>Charaksamhita</i>	02	03	01	01	00	41	00	07	-	53
2.	<i>Sushrutsamhita</i>	12	00	-	02	-	18	03	-	11	46
3.	<i>Ashtang Sangraha</i>	14	00	-	01	-	26	03	-	22	66

CONCLUSION

From the present study, it is observed that total 165 references of *Palash* in *Bruhatrayi*. In

Charaksamhita, Sushrutsamhita & Ashtang Sangraha total no of references respectively found 53, 46 & 66. It is observed that the use of

Palash in various way not only to cure many number of diseases but also in holy purpose like *Diksha vidhi*. The availability of *Palash* tree is greater, so we have to do clinical trial with references of *Bruhatrayi*.

Ni.:Nidansthana
Vi.:Vimansthana
Sha.:Sharirsthana
Chi.:Chikitsasthan
Si.: Siddhisthana
K.:Kalpasthana
U.:Uttartantra

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ABBREVIATIONS

Ch.:Charak Samhita
S.: Sushrut Samhita
As.Sn.:Asthang Sangraha
Su.:Sutrasthana

PALASH (Butea frondosa Koen.ex.Roxb.): A DRUG REVIEW FROM BRUHATRAYI

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ABSTRACT

Palash (Butea frondosa Koen.ex.Roxb.) is an important medicinal plant & it is well familiar since *vedic kala* to the present era. It is also known with common names like Dhak, Flame of the forest, Bastard teak, Parrot tree. It is deciduous tree belonging to the family Fabaceae. It is use for medicinal purpose as well as for holy purpose. Here, Literary review from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha* for enlightening the references of medicinal values of *Palash*.

Keywords: *Palash*, *Charak samhita*, *Sushruta samhita*, *Ashtang Sangraha*.

INTRODUCTION

Palash (Butea frondosa Koen.ex.Roxb.) is a medium sized deciduous tree belonging to the family Fabaceae. It is commonly found throughout the greater part of the India upto about 915m altitude.¹ It is commonly called the flame of the forest due to its gorgeous canopy of scarlet flowers which looks like flame. It has antihelmintic, antiimplantation, antiovolatory, antileprotic, antigout, antiestrogenic, antispasmogenic, antifungal, astringent, aphrodisiac, antiasthmatic, bactericidal

property.² It is useful in various disease. Therefore, references of *Palash* was collected from *Bruhatrayi* viz. *Charak samhita*, *Sushruta samhita* & *Ashtang Sangraha*.

Aim: To study drug review of *Palash* from *Bruhatrayi*.

Objective:

1) Collection of *Palash* reference from *Bruhatrayi*.

2) Enlightening the use of *Palash* mentioned in *Bruhatrayi*.

Methods: References of *Palash* was collected from all *sthana* of Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha* was tabulated in the form of *Adhyaya* name, reference with context & was tabulated (was removed this words)

MATERIALS & METHODS:

Materials: All references of *Palash* was collected from Original text *Charak Samhita*, *Sushrut Samhita* & *Asthang Sangraha*.

1) Charak Samhita³

Table 1: The references of *Palash* in *Charak Samhita* as follows:

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Apamargatanduliyadhyaya</i>	<i>Aasthapan Basti Dravya</i>	<i>Ch.Su.2/10-13</i>
2.	<i>Aaragvadhyyadhyaya</i>	<i>Manshiladi lepa</i>	<i>Ch.Su.3/15-16</i>
3.	<i>Kushtanidanadhyaya</i>	<i>Pundrik Kushta Lakshana</i>	<i>Ch.Ni.5/(7/5)</i>
4.	<i>Rogabhishagajitiyavimanadhyaya</i>	<i>Adhyapana Vidhi</i>	<i>Ch.Vi.8/11</i>
5.	<i>Jatisutriyashariradhyaya</i>	<i>Uttam Santan kartavya</i>	<i>Ch.Sha.8/10</i>
6.	<i>Rasayanadhyaya</i>	<i>Amalak Rasayana</i>	<i>Ch.Chi.1/1/75</i>
7.	<i>Rasayanadhyaya</i>	<i>Pratham Amalakavaleha</i>	<i>Ch.Chi.1/2/7</i>
8.	<i>Rasayanadhyaya</i>	<i>Dvitiya Amalakavaleha</i>	<i>Ch.Chi.1/2/10</i>
9.	<i>Rasayanadhyaya</i>	<i>Louhadi Rasayana</i>	<i>Ch.Chi.1/3/15</i>
10.	<i>Rasayanadhyaya</i>	<i>Pippali Rasayana</i>	<i>Ch.Chi.1/3/32-35</i>
11.	<i>Rasayanadhyaya</i>	<i>Dronipraveshik Rasayana</i>	<i>Ch.Chi.1/4/7</i>
12.	<i>Rasayanadhyaya</i>	<i>Dvitiya Endrokta Rasayana</i>	<i>Ch.Chi.1/4/13-26</i>
13.	<i>Jwarachikitsadhyaya</i>	<i>Chandanadi Taila</i>	<i>Ch.Chi.3/258</i>
14.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>Ch.Chi.4/89</i>
15.	<i>Raktapittachikitsadhyaya</i>	<i>Ksharaprayog</i>	<i>Ch.Chi.4/94</i>
16.	<i>Gulmachikitsadhyaya</i>	<i>Raktagulmahar Kshara</i>	<i>Ch.Chi.5/173</i>
17.	<i>Kushtachikitsadhyaya</i>	<i>Triphaladi Churna</i>	<i>Ch.Chi.7/68-69</i>
18.	<i>Kushtachikitsadhyaya</i>	<i>Chitrakadi Lepa</i>	<i>Ch.Chi.7/85-86</i>
19.	<i>Kushtachikitsadhyaya</i>	<i>Mansadi Lepa</i>	<i>Ch.Chi.7/87</i>
20.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar Yoga</i>	<i>Ch.Chi.7/92-95</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Shwitra</i>	<i>Ch.Chi.7/165</i>
22.	<i>Pramehachikitsadhyaya</i>	<i>Pittaj Pramehahar Yoga</i>	<i>Ch.Chi.6/30-32</i>
23.	<i>KshataKshinachikitsadhyaya</i>	<i>Shwadrasthadi Ghruta</i>	<i>Ch.Chi.11/44-47</i>
24.	<i>Shwayathuchikitsadhyaya</i>	<i>Shothanashak Tail</i>	<i>Ch.Chi.12/65-66</i>
25.	<i>Udarachikitsadhyaya</i>	<i>Udararogahar Lepa</i>	<i>Ch.Chi.13/108</i>
26.	<i>Udarachikitsadhyaya</i>	<i>Parisheka</i>	<i>Ch.Chi.13/110</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Vataj Hrudroga</i>	<i>Ch.Chi.13/170-171</i>
28.	<i>Arshachikitsadhyaya</i>	<i>Yavagu Varnan</i>	<i>Ch.Chi.14/92</i>
29.	<i>Arshachikitsadhyaya</i>	<i>Shushkarsha –Shak Prayoga</i>	<i>Ch.Chi.14/122</i>
30.	<i>Grahanachikitsadhyaya</i>	<i>Palashadi Paniya</i>	<i>Ch.Chi.15/142-143</i>
31.	<i>Grahanachikitsadhyaya</i>	<i>Chaturtha Kshara</i>	<i>Ch.Chi.15/186-187</i>
32.	<i>Hikkashwasachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>Ch.Chi.17/141-144</i>

33.	<i>Kasachikitsadhyaya</i>	<i>Peya Varnan</i>	<i>Ch.Chi.18/77-78</i>
34.	<i>Kasachikitsadhyaya</i>	<i>Manashiladi Dhoom</i>	<i>Ch.Chi.18/146</i>
35.	<i>Atisarachikitsadhyaya</i>	<i>Agnidipan Dravya</i>	<i>Ch.Chi.19/26-29</i>
36.	<i>Atisarachikitsadhyaya</i>	<i>Pittaj Atisarhar</i>	<i>Ch.Chi.19/59-60</i>
37.	<i>Dvivraniyachikitsadhyaya</i>	<i>Pakvashotha Bhedan</i>	<i>Ch.Chi.25/53-54</i>
38.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pushkarmooladi Kwatha</i>	<i>Ch.Chi.26/85</i>
39.	<i>Trimarmiyachikitsadhyaya</i>	<i>Udumbaradi Leha</i>	<i>Ch.Chi.26/98</i>
40.	<i>Trimarmiyachikitsadhyaya</i>	<i>Ksharagushtika</i>	<i>Ch.Chi.26/192-193</i>
41.	<i>Trimarmiyachikitsadhyaya</i>	<i>Pippalyadi Rasakriya</i>	<i>Ch.Chi.26/258</i>
42.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala Taila</i>	<i>Ch.Chi.28/148-156</i>
43.	<i>Vatashonitachikitsadhyaya</i>	<i>Mahapadma Taila</i>	<i>Ch.Chi.29/110-113</i>
44.	<i>Yonivyapatachikitsadhyaya</i>	<i>Udumbaradi Taila</i>	<i>Ch.Chi.30/73-76</i>
45.	<i>Yonivyapatachikitsadhyaya</i>	<i>Palashadi Kalka</i>	<i>Ch.Chi.30/122</i>
46.	<i>Yonivyapatachikitsadhyaya</i>	<i>Sanshodhan Basti</i>	<i>Ch.Chi.30/196-197</i>
47.	<i>Bastisutriyasidhidhyaya</i>	<i>Palash Basti Yoga</i>	<i>Ch.Si.3/44-45</i>
48.	<i>Bastivyapatasidhidhyaya</i>	<i>Darvadi yoga</i>	<i>Ch.Si.7/19-20</i>
49.	<i>Bastisidhidhyaya</i>	<i>Sangrahik Basti</i>	<i>Ch.Si.10/30-31</i>
50.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Cow</i>	<i>Ch.Si.11/24</i>
51.	<i>Phalamatrasidhidhyaya</i>	<i>Basti Dravya for Horse</i>	<i>Ch.Si.11/25</i>
52.	<i>Uttarbastisidhidhyaya</i>	<i>Erandamooladi Yapan Basti</i>	<i>Ch.Si.12/15(2)</i>
53.	<i>Uttarbastisidhidhyaya</i>	<i>Dvitiya Mooladi Yapan Basti</i>	<i>Ch.Si.12/15(6)</i>

2) *Sushruta Samhita* ⁴

Table 2: The references of *Palash* in *Sushruta Samhita* as follows:

Sr.No	Name of Adhyaya	Reference	Context
1.	<i>Shishyounpayanidhyaya</i>	<i>Ayurved Diksha Vidhi</i>	<i>S.Su.2/4</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Ritu Lakshan</i>	<i>S.Su.6/25-28</i>
3.	<i>Ksharpakvidhidhyaya</i>	<i>Pratisaraniya Kshar Nirman</i>	<i>S.Su.11/11</i>
4.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh sakun</i>	<i>S.Su.29/40</i>
5.	<i>Vipritavipritswapnanidarshaniyadhyaya</i>	<i>Ashubh Swapna</i>	<i>S.Su.29/64-65</i>
6.	<i>Dravyasangrahaniyadhyaya</i>	<i>Rodhradi Gana</i>	<i>S.Su.38/14-15</i>
7.	<i>Dravyasangrahaniyadhyaya</i>	<i>Mushkakadi Gana</i>	<i>S.Su.38/20-21</i>
8.	<i>Dravyasangrahaniyadhyaya</i>	<i>Ambhashtadi Gana</i>	<i>S.Su.38/46-47</i>
9.	<i>Dravyasangrahaniyadhyaya</i>	<i>Nyaghradhadi Gana</i>	<i>S.Su.38/48-49</i>
10.	<i>Dravdravyavidhidhyaya</i>	<i>Palash taila Guna</i>	<i>S.Su.45/121</i>
11.	<i>Annapanvidhidhyaya</i>	<i>Palash Phala Guna</i>	<i>S.Su.46/197</i>
12.	<i>Annapanvidhidhyaya</i>	<i>Palash Pushpa Guna</i>	<i>S.Su.46/288</i>
13.	<i>Shukrashonitashudhishariradhyaya</i>	<i>Grantibhoot Shukra-Artav yoga</i>	<i>S.Sha.2/9</i>
14.	<i>Garbhavyakaranashariradhyaya</i>	<i>Paittik Prakruti Lakashna</i>	<i>S.Sha.4/69</i>
15.	<i>Dvivraniyachikitsadhyaya</i>	<i>Paittik Vrana Lakashna</i>	<i>S.Chi.1/7</i>
16.	<i>Bhagnachikitsadhyaya</i>	<i>Kusha Varnan</i>	<i>S.Chi.3/6</i>
17.	<i>Vatavyadhichikitsadhyaya</i>	<i>Kalyanak Lavan</i>	<i>S.Chi.4/32</i>
18.	<i>Arshachikitsadhyaya</i>	<i>Adrushya Arsha Chikitsa</i>	<i>S.Chi.6/13</i>
19.	<i>Ashamarichikitsadhyaya</i>	<i>Ashmarihar Kshar</i>	<i>S.Chi.7/22</i>

20.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/7</i>
21.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta</i>	<i>S.Chi.9/10</i>
22.	<i>Mahakushtachikitsadhyaya</i>	<i>Asav Varnan</i>	<i>S.Chi.10/7</i>
23.	<i>Mahakushtachikitsadhyaya</i>	<i>Oushadhayaskruti</i>	<i>S.Chi.10/12</i>
24.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/7</i>
25.	<i>Pramehachikitsadhyaya</i>	<i>Yapanartha Yoga</i>	<i>S.Chi.11/8</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Prameहार Yoga</i>	<i>S.Chi.11/9</i>
27.	<i>Udarachikitsadhyaya</i>	<i>Plihodar Chikitsa</i>	<i>S.Chi.14/13</i>
28.	<i>Grantyapachyabudagalchandachikitsadhyaya</i>	<i>Kaphaj Galganda Chikitsa</i>	<i>S.Chi.18/48-49</i>
29.	<i>Vrudhiupadanshashilipadachikitsadhyaya</i>	<i>Shleshmik Upadansha Prakashalan Kwath</i>	<i>S.Chi.19/42-44</i>
30.	<i>Kshudrarogachikitsadhyaya</i>	<i>Apakva Vidarika Chikitsa</i>	<i>S.Chi.20/13-15</i>
31.	<i>Snehoupayougikachikitsadhyaya</i>	<i>Sthavar Sneha Varnan</i>	<i>S.Chi.31/5</i>
32.	<i>Vamanavirechana Vyapatachikitsadhyaya</i>	<i>Parisrav vyapat</i>	<i>S.Chi.34/17</i>
33.	<i>Dundubhisvaniyakalpadhyaya</i>	<i>Sarva Sarpa Vishaghna Ksharagad</i>	<i>S.K.6/3</i>
34.	<i>Kitakalpadhyaya</i>	<i>Galgoulik Dashta Chikitsa</i>	<i>S.K.8/48</i>
35.	<i>Mushikakalpadhyaya</i>	<i>Krushna Mushak Dashta Chikitsa</i>	<i>S.K.7/13</i>
36.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Anjana</i>	<i>S.U.10/7</i>
37.	<i>Pittabhishyandapratishehadhyaya</i>	<i>Churanajana</i>	<i>S.U.10/9</i>
38.	<i>Raktabhishyandapratishehadhyaya</i>	<i>Praklinnavatma Rasakriyanjana</i>	<i>S.U.12/49-50</i>
39.	<i>Drushtigatarogapratishehadhyaya</i>	<i>Paittik Timir Rasakriya</i>	<i>S.U.17/41</i>
40.	<i>Shitaputanapratishehadhyaya</i>	<i>Ghruta Prayoga</i>	<i>S.U.34/5</i>
41.	<i>Jwarapratishehadhyaya</i>	<i>Dahajwara</i>	<i>S.U.39/281-284</i>
42.	<i>Gulmapratishehadhyaya</i>	<i>Paniyaksharavaleha</i>	<i>S.U.42/40-44</i>
43.	<i>Gulmapratishehadhyaya</i>	<i>Raktamulma</i>	<i>S.U.42/19-21</i>
44.	<i>Gulmapratishehadhyaya</i>	<i>Pittaj Shula</i>	<i>S.U.42/106-107</i>
45.	<i>Raktapittapratishehadhyaya</i>	<i>Raktapittahar yoga</i>	<i>S.U.45/29</i>
46.	<i>Krumirogapratishehadhyaya</i>	<i>Krumihara Yoga</i>	<i>S.U.54/25</i>

3) Ashtanga Sangraha⁵

Table 3: The references of *Palash* in *Ashtanga Sangraha* as follows

Sr.No.	Name of Adhyaya	Reference	Context
1.	<i>Dinacharyadhyaya</i>	<i>Danta Dhavan Nishedh Vruksha</i>	<i>As.Sn.Su.3/22</i>
2.	<i>Rutucharyadhyaya</i>	<i>Vasanta Rutu Lakshana</i>	<i>As.Sn.Su.4/21-23</i>
3.	<i>Drava Dravya Vidnyaniyadhyaya</i>	<i>Kinshuk Tail Guna</i>	<i>As.Sn.Su.6/111</i>
4.	<i>AnnaswarupaVidnyaniya</i>	<i>Kinshuk Shak Guna</i>	<i>As.Sn.Su.7/124-126</i>
5.	<i>Annarakshavidhidhyaya</i>	<i>Hitakar Dravya for Water</i>	<i>As.Sn.Su.8/122-123</i>
6.	<i>Vividhoushadha Vidnyaniyadhyaya</i>	<i>Kinshuk Pushpa Guna</i>	<i>As.Sn.Su.12/87-88</i>
7.	<i>Vividhaganasangrahanadhyaya</i>	<i>Asanadi Gana</i>	<i>As.Sn.Su.16/13-14</i>
8.	<i>Vividhaganasangrahanadhyaya</i>	<i>Rodhradi Gana</i>	<i>As.Sn.Su.16/20-21</i>
9.	<i>Vividhaganasangrahanadhyaya</i>	<i>Mushkakadi Gana</i>	<i>As.Sn.Su.16/26</i>
10.	<i>Vividhaganasangrahanadhyaya</i>	<i>Ambhashthadi Gana</i>	<i>As.Sn.Su.16/32-33</i>
11.	<i>Vividhaganasangrahanadhyaya</i>	<i>Nyagrodhadi Gana</i>	<i>As.Sn.Su.16/35-36</i>
12.	<i>Rasabhedhiya Adhyaya</i>	<i>Kashaya Skandha</i>	<i>As.Sn.Su.18/25</i>

13.	<i>Sira Vyadh Vidhi Adhyaya</i>	<i>Siravedha- Purvakarma</i>	<i>As.Sn.Su.36/10</i>
14.	<i>Kshar Karma Vidhi Adhyaya</i>	<i>Madhyama Kshara Nirman</i>	<i>As.Sn.Su.39/10</i>
15.	<i>Putrakamiya Adhyaya</i>	<i>Granti Sukrahar yoga</i>	<i>As.Sn.Sha.1/34</i>
16.	<i>Jirna Jwarachikitsadhyaya</i>	<i>Jwara Pralaphar Yoga</i>	<i>As.Sn.Chi.2/78-81</i>
17.	<i>Raktapittachikitsadhyaya</i>	<i>Raktapittahar Yoga</i>	<i>As.Sn.Chi.3/36-38</i>
18.	<i>Raktapittachikitsadhyaya</i>	<i>Ghruta Prayog</i>	<i>As.Sn.Chi.3/67</i>
19.	<i>Kasachikitsadhyaya</i>	<i>Peaya</i>	<i>As.Sn.Chi.4/25-26</i>
20.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Eladi Vati</i>	<i>As.Sn.Chi.5/11-13</i>
21.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Shwadrashatadi Ghruta</i>	<i>As.Sn.Chi.5/36-39</i>
22.	<i>Kshat Kshaya kasachikitsadhyaya</i>	<i>Dhoom Prayog</i>	<i>As.Sn.Chi.5/104-105</i>
23.	<i>Swasahidmachikitsadhyaya</i>	<i>Tejovatyadi Ghruta</i>	<i>As.Sn.Chi.6/65</i>
24.	<i>Chardihrudrogatrushnachikitsadhyaya</i>	<i>Vataj Hrudroghar Yoga</i>	<i>As.Sn.Chi.8/21</i>
25.	<i>Arsharogachikitsadhyaya</i>	<i>Shushkarsha Ghruta Prayog</i>	<i>As.Sn.Chi.10/29</i>
26.	<i>Pramehachikitsadhyaya</i>	<i>Kaphaj pramehar Yoga</i>	<i>As.Sn.Chi.14/6</i>
27.	<i>Gulmachikitsadhyaya</i>	<i>Vataj Gulmahar Yoga</i>	<i>As.Sn.Chi.16/16</i>
28.	<i>Gulmachikitsadhyaya</i>	<i>Raktagula Bhedan Karma</i>	<i>As.Sn.Chi.16/47</i>
29.	<i>Udarchikitsadhyaya</i>	<i>Plihodar</i>	<i>As.Sn.Chi.17/33</i>
30.	<i>Shvayathuchikitsadhyaya</i>	<i>Lepa</i>	<i>As.Sn.Chi.19/9</i>
31.	<i>Kushtachikitsadhyaya</i>	<i>Ekanga shoth lepa</i>	<i>As.Sn.Chi.19/10</i>
32.	<i>Kushtachikitsadhyaya</i>	<i>Pittaj Kushta- Ghruta</i>	<i>As.Sn.Chi.21/3</i>
33.	<i>Kushtachikitsadhyaya</i>	<i>Sura</i>	<i>As.Sn.Chi.21/18</i>
34.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/20</i>
35.	<i>Kushtachikitsadhyaya</i>	<i>Ayaskruri Nirman</i>	<i>As.Sn.Chi.21/21</i>
36.	<i>Kushtachikitsadhyaya</i>	<i>Vatak Kushta har yoga</i>	<i>As.Sn.Chi.21/40</i>
37.	<i>Kushtachikitsadhyaya</i>	<i>Mandal Kushtahar yoga</i>	<i>As.Sn.Chi.21/75</i>
38.	<i>Kushtachikitsadhyaya</i>	<i>Kushtahar yoga</i>	<i>As.Sn.Chi.21/74-76</i>
39.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shwitrakar yoga</i>	<i>As.Sn.Chi.22/5</i>
40.	<i>Shwitrakrumichikitsadhyaya</i>	<i>Shirogat Krumihar yoga</i>	<i>As.Sn.Chi.22/28</i>
41.	<i>Vatavyadhichikitsadhyaya</i>	<i>Bala tail</i>	<i>As.Sn.Chi.23/45</i>
42.	<i>Bastikalpadhyaya</i>	<i>Shodhanadi Basti</i>	<i>As.Sn.K.4/12</i>
43.	<i>Bastikalpadhyaya</i>	<i>Erandamooladi Basti</i>	<i>As.Sn.K.4/5</i>
44.	<i>Bastivyapatasiddhi Adhyaya</i>	<i>Gouravhar yoga</i>	<i>As.Sn.K.6/8</i>
45.	<i>Balamayapratishedhyaya</i>	<i>Vatadushit Stanya</i>	<i>As.Sn.U.2/12</i>
46.	<i>Snapanadhyaya</i>	<i>Snan bhumi</i>	<i>As.Sn.U.5/10</i>
47.	<i>Snapanadhyaya</i>	<i>Snan Vidhi</i>	<i>As.Sn.U.5/13</i>
48.	<i>Pratyek Grahapratishedhyaya</i>	<i>Shit Putana- Atisar</i>	<i>As.Sn.U.6/40</i>
49.	<i>Abhishyandhapratishedhyaya</i>	<i>Sarvanetra roghar Rasakriya</i>	<i>As.Sn.U.19/70</i>
50.	<i>Abhishyandhapratishedhyaya</i>	<i>Pillahar Anjana</i>	<i>As.Sn.U.20/32</i>
51.	<i>Karnarogapratishedhyaya</i>	<i>Raktajkarnashulhar yoga</i>	<i>As.Sn.U.22/24</i>
52.	<i>Mukhrogapratishedhyaya</i>	<i>Soushirhar yoga</i>	<i>As.Sn.U.26/27</i>
53.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Galgandahar yoga</i>	<i>As.Sn.U.26/49</i>
54.	<i>Mukhrogapratishedhyaya</i>	<i>Kaphaj Mukhpak lepa</i>	<i>As.Sn.U.26/58</i>
55.	<i>Shirorogapratishedhyaya</i>	<i>Indraluptahar lepa</i>	<i>As.Sn.U.28/36</i>
56.	<i>Shirorogapratishedhyaya</i>	<i>Khalityahar lepa</i>	<i>As.Sn.U.28/40</i>
57.	<i>Vranapratishedhyaya</i>	<i>Shotha daran karma</i>	<i>As.Sn.U.30/29</i>

58.	<i>Granthyadipratishedhyaya</i>	<i>Granti-Upnah chikitsa</i>	<i>As.Sn.U.35/5</i>
59.	<i>Granthyadipratishedhyaya</i>	<i>Kaphaj Grantihar lepa</i>	<i>As.Sn.U.35/9</i>
60.	<i>Granthyadipratishedhyaya</i>	<i>Kaphaj Arbud lepa</i>	<i>As.Sn.U.35/16</i>
61.	<i>Kshudrarogapratishedhyaya</i>	<i>Vidarikahar lepa</i>	<i>As.Sn.U.37/10</i>
62.	<i>Guhyarogapratishedhyaya</i>	<i>Upadanshar Kwath</i>	<i>As.Sn.U.39/5</i>
63.	<i>Guhyarogapratishedhyaya</i>	<i>Kaphaj Yonivyapat</i>	<i>As.Sn.U.39/67</i>
64.	<i>Guhyarogapratishedhyaya</i>	<i>Yonisrava</i>	<i>As.Sn.U.39/70</i>
65.	<i>Guhyarogapratishedhyaya</i>	<i>Shwetapradar</i>	<i>As.Sn.U.39/75</i>
66.	<i>Vishapratishedhyaya</i>	<i>Dushivishahar Yoga</i>	<i>As.Sn.U.40/110</i>

DISCUSSION

1. Charak samhita:

Sutrasthana - Palash is used for preparation of *Asthapan Basti* & *Manshiladi lepa* respectively in *Apamargatanduliyadhyaya* & *Aragvadiyadhyaya*.

Nidansthana - Lakshana of *Pundrik Kushta* in *Kushtanidanadhyaya*.

Vimansthana - *Rogbhishagjityadhyaya* for *Adhyapana Vidhi*.

Sharirsthana - *Jatisutriyadhyaya* for *Uttam santan prapti*.

Chikitsasthan - Useful as *Rasayana karma* in following diseases namely *Jwara*, *Raktapitta*, *Gulma*, *Kushta*, *Prameha*, *Kshtakshina*, *Shwayathu*, *Udar*, *Arsha*, *Grahani*, *Hikka*, *Shwas*, *Kasa*, *Atisara*, *Pakva shotha*, *Vataj vyadhi*, *Vatashonit* & *Yonivyapat*.

Siddhisthana- Preparation of *Palash Basti yoga*, *Darvyadi Yoga*, *Sangrahik Yoga*, *Basti* for cow & horse & *Yapan Basti* in respectively *adhyaya* i.e. *Bastisutriya Adhyaya*, *Basti Vyapat Adhyaya*, *Bastisiddhi Adhyaya*, *Phalmatrasiddhi Adhyaya* & *Uttarbasti Adhyaya*.

2. Sushrut samhita

Sutrasthana-It has reference in *Shishyouniya Adhyaya* for *Diksha vidhi* & *Ksharapakavidhi* for preparation of *Madhyama Kshar*. In *Rutucharya Adhyaya* it is indicator of *Vasant*

Rutu & *lakshana* of *Ashubh Shakun* & *Swapna* in *Viparitaviparita Swapna Nirदेशनीया Adhyaya*. In *Dravya Sangrahnīya Adhyaya*, mentioned various *Gana* of *Palash* i.e. *Rodhradi*, *Mushkakadi*, *Ambashtadi*, *Nyagrodhadi*. The properties of *Palash Taila*, *Phala* & *Pushpa* described in *Dravadravyavidhi* & *Annapanvidhi Adhyaya* respectively.

Sharirsthana-To cure *Granti Shukra Arthav* in *Shukrashonit Shuddhi Sharir Adhyaya*. It is *lakshana* of *Paittik Prakruti* in *Garbha Vyakarana Sharir Adhyaya*.

Chikitsasthan-

It is *lakshana* of *Paittik Vrana* in *Dvivranīya Adhyaya*. It is used to prepare *kusha* in *Bhagnachikitsadhyaya*. It has therapeutic action in *Adurshya Arsha*, *Ashmari*, *Pittaj Kushta*, *Mahakushta*, *Prameha*, *plihodara*, *Kaphaj Galganda*, *Shailshmik Upadansh*, *Apakva Vidarika*, *Parisrav Vyapat* respectively *Adhyaya* i.e. *Arsha chikitsa Adhyaya*, *Ashmari Chikitsa Adhyaya*, *Kushta Chikitsa Adhyaya*, *Mahakushta chikitsa Adhyaya*, *Prameha chikitsa Adhyaya*, *Udar chikitsa Adhyaya*, *Granti apachi Arbud Galganda chikitsa Adhyaya*, *Vruddhi Updansha Shlipad chikitsa Adhyaya*, *Kshudraroga chikitsa Adhyaya*, *Vaman Virechana Vyapat chikitsa Adhyaya*. It is useful in *Kalyanak Lavana*, *Kshar Kalpana*,

Ayaskruti & Sthavar Sneha respectively *Vatavyadhichikitsa Adhyaya*, *Ashmari Chikitsa Adhyaya*, *Mahakushta chikitsa Adhyaya* & *Snehopyogikchikitsa Adhyaya*.

Kalpasthanas- For preparation of *Ksharagad* in *Dudanbhiswaniya Kalpadhyaya*. Useful in *Galgoulik & Krushna Mushik Drashta* respectively *Kitkalpa & Mushik kalpa Adhyaya*.

Uttartantras- In *Pittabhishyandapratishedha Adhyaya* used for preparation of *Anjana*, In *Raktabhishyandapratishedha* & *Drushtigatarogapratishedha Adhyaya* used for preparation of *Rasakriyanjana*. It has therapeutic action in *Daha Jwara, Raktagulma, Raktapitta, Krumi* in respectively *Jwarapratishedha, Gulmapratishedha, Raktapittapratishedha & Krumipratishedha Adhyaya*.

3. Asthanga sangraha Sutrasthanas

It is contraindicated for *Danta Dhavan* in *Dincharya Adhyaya*, indicator of *Vasant Rutu* in *Rutucharya Adhyaya*, Properties of *Kinshuk Tail, Shak & Pushpa* described in *Dravadravya, Annaswarupa & Vividhaoushadh Vigyaniya Adhyaya*. *Gana* i.e *Asnadi, Rodhradi, Amshtadi, Mushkakadi, Nyagrodhidi & kashaya Skanda* of *palash* mentioned in *Vividhaganasangraha &*

Rasabhedhiya Adhyaya. For preparation of *Madhyama Kshar* in *Ksharkarmavidhi Adhyaya*.

Sharirasthanas

Useful in *Granthi Sukra* in *Putrakamiya Adhyaya*.

Chikitsasthanas

It has medicinal properties in various diseases namely *Pralap Jwara, Raktapitta, Kasa, Kshat kshaya kasa, Shwas, Vataj Hrudroga, Shushka Arsha, Kaphaj Prameha, Vataj & Raktaj Gulma, Plihodar, Ekang shotha, Pittaj Kushta, Switra, Shirogat Krumi & Vataj Vyadhi*. It is ingredient of *Tejovtyadi Ghruta, Eladi Vati & Bala Tail*.

Kalpasthanas

It is ingredient of *Shodhanadi & Erandamooladi basti* in *Bastikalpa Adhyaya*. Useful in *Bastivyapat Gourav lakshna* in *Bastivyapat Siddhi Adhyaya*.

Uttartantras

It is mentioned to cure *Vata Dushta Stanya, Shitputana, Netra Rog, Pilla Rog, Raktaj Karna shula, Soushir, Kaphaj Galganda, Kaphaj Mukhapak, Khalitya, Indralupta, Kaphaj Granthi, Kaphaj Arbuda, Vidarika, Upandansha, Yonisrava, Shweta pradar, Kaphaj Yoni Vyapat*.

Table 4: Summary of references of *Palash* in *Bruhatrayi*.

Sr.No	Name of Samhita	Sutra sthana	Nidan sthana	Viman sthana	Sharir sthana	Indriya sthana	Chikitsa sthana	Kalpa sthana	Siddhi sthana	Uttar tantra	Total
1.	<i>Charaksamhita</i>	02	03	01	01	00	41	00	07	-	53
2.	<i>Sushrutsamhita</i>	12	00	-	02	-	18	03	-	11	46
3.	<i>Ashtang Sangraha</i>	14	00	-	01	-	26	03	-	22	66

CONCLUSION

From the present study, it is observed that total 165 references of *Palash* in *Bruhatrayi*. In

Charaksamhita, Sushrutsamhita & Ashtang Sangraha total no of references respectively found 53, 46 & 66. It is observed that the use of

Palash in various way not only to cure many number of diseases but also in holy purpose like *Diksha vidhi*. The availability of *Palash* tree is greater, so we have to do clinical trial with references of *Bruhatrayi*.

Ni.:Nidansthana
Vi.:Vimansthana
Sha.:Sharirsthana
Chi.:Chikitsasthan
Si.: Siddhisthana
K.:Kalpasthana
U.:Uttartantra

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ABBREVIATIONS

Ch.:Charak Samhita
S.: Sushrut Samhita
As.Sn.:Asthanga Sangraha
Su.:Sutrasthan



**A LITERARY REVIEW ON ARSHOGHNA(ANTI-HAEMORRHOIDAL)
DRAVYAS OF DHANWANTARI NIGHANTU**

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ABSTRACT
Arsha (Hemorrhoids) can be treated by many drugs having *Arshoghna* property explained in *Brihatnisi Charaka*, *Sushruta*, *Yajñikya*, *Samhita* and *Lagaditri*, (*Shukranghara*, *Dhanvantari* and *Madhav Nidani*). *Ayurveda* plays vital role in curing *Arsha*. Either through surgical intervention (*Ksharasutra* application) and without surgical intervention (*Arshoghna* *Dravya Prayoga*). In *Dhanvantari Nighantu*, *Acharya Mahendra* described numerous drugs acting on haemorrhoids (*Arshoghna* *Dravyas*). The present study is designed to get into the drugs with *Arshoghna* properties. 51 drugs were described for the treatment of hemorrhoids throughout the text of *Dhanvantari Nighantu*. In *Arsha* management the systemic medicines act by improving appetite, regularize bowel habits, sufficient action on blood vessels and maintaining *Ure* and *Stool* in equilibrium. Among all the *Arshoghna* drugs described in *Dhanvantari Nighantu*, maximum drugs are *Maye Pitta*, *Kapha* and *Kashaya* *Kare* *Pradhana*. *Katyavahana* property and *Lishya* in *Khya* these factors play important role in the management of *Arsha*.
Keywords: *Arshoghna* *Dravya*, Anti-haemorrhoidal drugs, *Dhanvantari Nighantu*.

INTRODUCTION: *Dhanvantari Nighantu* is one of the oldest *Nighantu* belonging to 10th century A.D and contains most of the newly added drugs and their properties. The author was the first to classify plant drugs on basis of medicinal properties. Many drugs having *Arshoghna* properties been mentioned in *Ayurveda* classics. *Dhanvantari Nighantu* is one important lexicon of plant drugs¹. Hence *Dhanvantari Nighantu* was selected for the study to note of the drugs mentioned for the treatment of *Arsha*. Haemorrhoids are considered as *Arsha* in *Ayurveda*. Haemorrhoids are dilated veins within the anal canal in the subepithelial region

formed by radicles of the superior, middle and inferior rectal veins². Lifestyle diseases refer to diseases that result because of choices people make in their life. They are mostly common in developed nations where people are inclined towards eating unhealthy foods, having a sedentary lifestyle and unhealthy habits like smoking and drinking alcohol³. Low roughage 'Western' diet may excite haemorrhoid formation⁴. There are six types of *Arsha* mentioned in the texts - those caused by *Vata*, *Pitta*, *Kapha*, *Rakta*, *Sannipata* and *Sahaja* told by *Acharya Sushruta*⁵. In unrestrained persons, by aforesaid exciting factors particularly

Viruddha (incompatible food), *Adhvashana* (eating before previous food is digested), *Striprasanga* (sexual intercourse), *Utkatukasana* (squatting position), *Prusthanya* (riding), *Vegavidharana* (suppression of natural urges) etc., *Doshas*-singly, dually, all or associated with *Rakta* (blood) are aggravated and spreads to chief passages, move downwards, reach anal folds and after vitiating them produce fleshy growths particularly in those having deficient digestive power; these tuber-like growth by rubbing with grass, wood, stone, clod, cloth etc. or by the excessive contact of cold water develop further which are known as haemorrhoids⁶. Premonitory symptoms of piles include *Anne-ashradha* (aversion to food), *Kruachatapakti* (digestion with difficulty), *Amlika* (hyperacidity), *Paridaha* (generalized burning sensation), *Vishrambha* (windformation), *Pipasa* (thirst), *Sakthisadana* (weakness in legs), *Atopa* (flatulence), *Karshya* (emaciation), *Udgarabahudya* (belching), *Akshnokshravatna* (swelling in eyes), *Antrakujana*, *Gudaparikartana* (cutting pain in anus), *Pandurogacashanka* (doubt of anemia), *Grahamiroga*, *Kasa* (cough), *Shwasa* (dyspnoea), *Balahani* (debility), *Bhrama* (giddiness), *Tandra* (drowsiness), *Nidra* (excessive sleep) and *Inariyadoubalya* (weakness of sense organs)⁷. The disease piles, complicated with *Trushma* (thirst), *Arochaka* (anorexia), *Shula* (colic pain), *Atprasrutashonita* (severe hemorrhage), *Shopha* (oedema) and

Atisara (diarrhoea) brings end to the patient⁸. The *Arsha* (hemorrhoids) can be best treated with *Ayurved* medicine, local *Kshara* application, medicament and para-surgical procedure like *Ksharasutra* ligation. The first degree piles can be treated with *Agnidipan*, *Pachun*, *Anuloman* drugs. First and second degree piles are best treated with medicine along with local *Kshara* and oil and *Matahar* application. Third and fourth degree piles can be treated with *Ksharasutra* ligation. The external thrombosed piles can best manage with the help of *Avagaha* *swedan* and *Jalaukavacharan* (leech application)⁹.

AIMS AND OBJECTIVES: To collect the information regarding the drugs mentioned as *Arshoghna* in *Dhanwantari Nighantu*. To analyze properties mentioned.

MATERIALS AND METHODS:

Materials: *Dhanwantari Nighantu* original text was searched for the drugs, having the property of *Arshoghna*, and was tabulated to analyze the properties of those drugs.

Method: The *Arshoghna* property was used with various synonyms also like *Arshoghna*, *Visheshat Gudajapaham*, *Rakturshara*, *Gudaraktahruta*, *Gudamkarnash*, *Gudartinash*, *Vatarshahara* etc. So all the drugs mentioned have these properties were identified and tabulated to know their source identify and the properties. After obtaining the list of the drugs the properties of the drugs will be analyzed for *Rasa panchaka* and analyzed systematically.

Table 1: List of *Arshoghna* mentioned in *Guduchayadi Varga* of *Dhanwantari Nighantu*

Sr. No.	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.) Miers. Menispermaceae	<i>Tikta Kashaya, Ushna, Guru, Grahi, Tridosha and Rakta Dasha Nashaka</i>	<i>Arshoghna, Jvara, Meha, Kushta, Pandu</i>	<i>Shloka - 5 to 7, Pg - 17</i>
2	<i>Kataphala</i>	<i>Myrica nagi</i> Thunb. Myricaceae	<i>Kapha Vata Nashaka.</i>	<i>Arshoghna, Gulma, Meha, Grahami, Pandu</i>	<i>Shloka - 73 to 74, Pg - 29</i>
3	<i>Kshitivar</i>	<i>Celoxia argentea</i> Linn.	<i>Kashaya, Grahi, Tridosha Nashaka</i>	<i>Arshoghna, Gulma, Pleeha,</i>	<i>Shloka - 151 to</i>

		<i>Amaranthaceae</i>		<i>Hrudroga, Basti Shodhaka</i>	152, Pg - 44
4	<i>Pashanabhed</i>	<i>Bergenia ligulata</i> Engl. <i>Saxifragaceae</i>	<i>Tikta, Shita</i>	<i>Arshoghna Gulma, Plecha, Hrudroga, Ashmari, Shishna shula</i>	<i>Shloka - 153 to 154, Pg - 44</i>
5	<i>Danti</i>	<i>Baliospermum montanum</i> Muell. - Arg. <i>Euphorbiaceae</i>	<i>Katu, Ushna, Kapha Vata Nashaka, Teekshna, Deepana, Shodana</i>	<i>Arshoghna Shula, Ashmari, Udara, Vrana Nashaka</i>	<i>Shloka - 219 to 220, Pg - 56</i>
6	<i>Varani (Danti Vishesha)</i>	<i>Baliospermum</i> Sp. <i>Euphorbiaceae</i>	<i>Tikta, Kapha Vata Nashaka, Deepana, Shodana</i>	<i>Arshoghna Shula, Twak Dosha, Udara</i>	<i>Shloka - 221 to 222, Pg - 56, 57</i>
7	<i>Apamarga</i>	<i>Achyranthes aspera</i> Linn. <i>Amaranthaceae</i>	<i>Tikta Katu, Ushna, Kapha and Rakta Dosha Nashaka, Grahi</i>	<i>Arshoghna Udara, Adaman, Kandu</i>	<i>Shloka - 252 to 254, Pg - 62, 63</i>
8	<i>Mahabala</i>	<i>Sida rhombifolia</i> Linn. <i>Molvaceae</i>	<i>Madhura, Shita, Snigdha, Tridosha Nashaka</i>	<i>Arshoghna Vishama-Jwara, Hrudroga, Shophra</i>	<i>Shloka - 272 to 273, Pg - 66</i>
9	<i>Sahaxraveerya (Shatavari Vishesha)</i>	<i>Asparagus surmentosus</i> Willd. <i>Liliaceae</i>	<i>Tikta Madhura, Shita, Laghu, Tridosha Nashaka</i>	<i>Arshoghna Grahani, Netra Roga, Kshaya</i>	<i>Shloka - 283 to 284, Pg - 68</i>

Table 2: List of Arshoghna mentioned in Nhatapushpadi Varga of Dhantantari Nighantu

Sr.no	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Mishreya</i>	<i>Foeniculum vulgare</i> Mill. <i>Umbelliferae</i>	<i>Tikta Madhura, Shita, Vata Pitta and Rakta Dosha Nashaka</i>	<i>Arshoghna Kshaya, Kshata-Ksheena</i>	<i>Shloka - 4 to 5, Pg - 70, 71</i>
2	<i>Hapusha</i>	<i>Juniperus communis</i> Linn. <i>Cupressaceae</i>	<i>Katu Tikta, Ushna, Guru, Vata Kapha Nashaka</i>	<i>Arshoghna Gulma, Udara, Shula, Krimighna</i>	<i>Shloka - 9 to 10, Pg - 71</i>
3	<i>Kuraja</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta Kshaya, Shita, Raksha</i>	<i>Arshoghna Kushta, Atisara</i>	<i>Shloka - 13 to 14, Page - 72</i>
4	<i>Indrayava</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta, Ushna, Deepana, Tridosha Nashaka</i>	<i>Arshoghna Chardi, Atisara, Shula</i>	<i>Shloka - 15 to 16, Pg - 72, 73</i>
5	<i>Hingupatri</i>	<i>Gardenia</i>	<i>Katu Tikta,</i>	<i>Arshoghna</i>	<i>Shloka -</i>

		<i>gummifera</i> Linn. Rubiaceae	<i>Ushna, Vata Kapha Nashaka</i>	<i>Gulma, Pleeha, Hrud & Busti shula, Krimighna</i>	38 to 39, Pg - 76, 77
6	<i>Tamalapatrum</i>	<i>Cinnamomum tamala</i> Nees & Eberm. Lauraceae	<i>Kapha Vata Nashaka</i>	<i>Arshoghna Aruchihara, Hrudasa Nashaka</i>	<i>Shloka - 52, 53, Pg - 79</i>
7	<i>Chiraka</i>	<i>Plumbago zeylanica</i> Linn. Plumbaginaceae	<i>Katu, Katu Vipaka, Ushna, Kapha Nashaka</i>	<i>Arshoghna Udara, Grahani, Kshaya, Pandu, Shopha</i>	<i>Shloka - 80 to 81, Pg - 84- 85</i>
8	<i>Amlavetasa</i>	<i>Garcinia pedunculata</i> Roxb. Guttiferaceae	<i>Kashaya Katu, Ushna, Ruksha, Kapha Vata Nashaka</i>	<i>Arshoghna Gulma, Hrudroga, Ashmari, Trushna, Krimighna</i>	<i>Shloka - 93 to 94, Pg - 87</i>

Table 3: List of Arshoghna mentioned in Chandanadi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Karchura</i>	<i>Curcuma zedoaria</i> Rose, Zingiberaceae	<i>Katu Tikta, Ushna, Vata Kapha Nashaka, Deepana</i>	<i>Arshoghna Gulma, Pleeha, Kushta, Kasa Aruchihara,</i>	<i>Shloka - 93 to 94, Pg - 108</i>
2	<i>Ambika</i>	<i>Hibiscus cannabinus</i> Linn. Malvaceae	<i>Tikta, Ushna, Kapha Nashaka</i>	<i>Arshoghna Shopha</i>	<i>Shloka - 107 to 108, Pg - 110</i>
3	<i>Bhallataka</i>	<i>Semecarpus anacardium</i> Linn.F. Anacardiaceae	<i>Katu Tikta Mudhwa, Ushna, Vata Kapha Nashaka</i>	<i>Arshoghna Krimighna, Gulma, Kushta, Grahani,</i>	<i>Shloka - 128 to 129, Pg - 114</i>
4	<i>Hema- makshikam (Tapyu)</i>	<i>Copper pyrite</i>	<i>Katu Tikta, Ushna, Tridoshu Nashaka</i>	<i>Arshoghna Shopha, Udara, Kshaya, Nashaka Busti roga, Mandagni.</i>	<i>Shloka - 133 to 135, Pg - 115.</i>
5	<i>Shufajatu</i>	<i>Asphaltum punjabianum</i> Black asphaltum.	<i>Tikta Katu, Ushna,</i>	<i>Arshoghna Shopha, Kushta, Kshaya, Udara, Ashuari.</i>	<i>Shloka - 146 to 147, Pg - 117</i>

Table 4: List of Arshoghna mentioned in Karveeradi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Rasana	<i>Allium sativum</i> Linn. Liliaceae	Madhura Tikta, Ushna, Kapha Nashaka, Guru, Snigdha	Arshoghna Gulma, Kasa Pleeha, Kushta, Aruchihara,	Shloka - 61 to 63, Pg - 132
2	Vansha	<i>Bambusa arundinacea</i> Willd. Poaceae	Katu Tikta Kashaya, Shita, Pita Rakta Dasha Nashaka	Arshoghna Mutrakurcha, Prameha, Daha	Shloka - 122 to 123, Pg - 143

Table 5: List of Arshoghna mentioned in Amradi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Beejapur	<i>Citrus medica</i> Linn. Rutaceae	Tikta Madhura, Shita, Vata Pita and Rakta Dasha Nashaka	Arshoghna Chardi, Shula, Aruchihara, Medhya	Shloka - 21, Pg - 152
2	Kashudra Amlika	<i>Oxalis corniculata</i> Linn. Oxalidaceae	Amla Katu Tikta, Ushna, Kapha Vata Nashaka, Grahni	Arshoghna Grahani, Anavata	Shloka - 31, Pg - 154
3	Arukam	<i>Prunus persica</i> Batsch. Rosaceae	Madhura, Shita Hridya	Arshoghna Meha	Shloka - 32 to 33, Pg - 154
4	Pilu	<i>Salvadora persica</i> Linn. Salvadoraceae	Madhura, Katu, Shita Kapha Vata Nashaka, Tikshna, Snigdha	Arshoghna Raktapita, Gulma	Shloka - 44 to 45, Pg - 156
5	Karira	<i>Capparis aphylla</i> , Roth. Capparidaceae	Madhura Tikta, Katu Ushna, Vata Kapha Nashaka	Arshoghna Aruchihara	Shloka - 91, Page - 165
6	Ashoka	<i>Saraca indica</i> Linn. Leguminosae	Madhura, Madhura Vipaka, Shita Sanahaniya	Arshoghna Krinighna, Sarva Vrana Vinashana	Shloka - 147 Pg - 177
7	Palasha Kinshuka	<i>Butea frondosa</i> Roxb. Leguminosae	Katu, Katu Vipaka, Ushna, Vata Kapha Nashaka	Arshoghna Gulma, Grahani, Krimihara, Plecha	Shloka - 148 to 150, Pg - 177

Table 6: List of Arshoghna mentioned in Savarnadi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Tamra	Copper	Tikta Madhura	Arshoghna	Shloka - 10,

			<i>Kashaya, Katu, Shita, Laghu, Lekhana</i>	<i>Gulma, Panda, Kushta, Shula, Udara</i>	Pg - 180
2	<i>Loha</i>	<i>Iron</i>	<i>Tikta Kashaya, Katu, Ushna, Ruksha Kapha Pita Nashaka</i>	<i>Arshoghna Prameha, Shula, Pandu, Kushta</i>	<i>Shloka - 28, Pg - 183</i>
3	<i>Ushtrapayaha</i>	<i>Camel's milk</i>	<i>Lavana, Ushna, Laghu, Ruksha, Vata Kapha Nashaka</i>	<i>Arshoghna Shopha, Udara, Krimihara</i>	<i>Shloka - 158, Pg - 207</i>
4	<i>Ajardadhi</i>	<i>Goat's butter</i>	<i>Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Swasa, Kasa</i>	<i>Shloka - 176, Pg - 210</i>
5	<i>Ushtridadihi</i>	<i>Camel's but- ter</i>	<i>Amila, Kshartya, Katu Vipaka, Vata Nashaka</i>	<i>Arshoghna Kushta, Krimihara</i>	<i>Shloka - 179, Pg - 211</i>
6	<i>Takra</i>	<i>Butter-milk</i>	<i>Kashaya, Ushna, Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Grahani, Shopha, Udara</i>	<i>Shloka - 195, Pg - 214</i>
7	<i>Navneetam</i>	<i>Product of Butter</i>	<i>Madhura, Madhura Vipaka, Shita, Hridya, Gruhi, Snigdha, Vata Pitta Nashaka</i>	<i>Arshoghna Grahani, Ardita, Aruchihara</i>	<i>Shloka - 209 to 212, Pg - 216, 217.</i>
8	<i>Sauviraka & Tushodaka</i>	<i>Alcohol Vari- ety</i>	<i>Pachana</i>	<i>Arshoghna Grahani</i>	<i>Shloka - 231, Page - 220.</i>
9	<i>Sura & Prassana</i>	<i>Alcohol Vari- ety</i>	<i>Bruhana, Deepana, Vata Nashaka</i>	<i>Arshoghna Grahani, Aruchihara</i>	<i>Shloka - 239 to 241, Pg - 222.</i>
10	<i>Jagala</i>	<i>Alcohol Vari- ety</i>	<i>Ushna, Pachana, Ruksha, Gruhi, Hridya, Vata Nashaka</i>	<i>Arshoghna Pravahika</i>	<i>Shloka - 244, Pg - 223.</i>
11	<i>Mardvikam</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Ushna, Hridya, Lekhana, Vata Pitta Nashaka</i>	<i>Arshoghna Prameha, Pandu</i>	<i>Shloka - 247, Page - 223.</i>
12	<i>Sharkara- Sidhu</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Madhura Vipaka, Deepana</i>	<i>Arshoghna Udara, Vibamihara</i>	<i>Shloka - 250, Pg - 224.</i>
13	<i>Maireya</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Kashaya, Guru, Teekshna, Vata Kapha Medahara</i>	<i>Arshoghna Gulma, Krimihara</i>	<i>Shloka - 253, Pg - 224.</i>

14	<i>Arishta</i>	<i>Liquid Form Medicinal Preparation</i>	<i>Deepana, Sara, Vata Kapha Nashaka</i>	<i>Arshoghna Udara, Shula, Gulma</i>	<i>Shloka - 257 - 258, Pg - 225.</i>
15	<i>Ushtrumansa</i>	<i>Camel's Meant</i>	<i>Madhura, Ushna, Laghu, Vata Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 353, Pg - 240.</i>
16	<i>Mutra</i>	<i>Urine</i>	<i>Katu, Lavana, Ushna, Raksha, Teekshna, Vata Kapha Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 444 to 446, Pg - 256.</i>
17	<i>Muhishamutra</i>	<i>Buffalo's Urine</i>	<i>Ushna</i>	<i>Arshoghna Prameha, Udara, Shula, Gulma</i>	<i>Shloka - 450, Pg - 257.</i>
18	<i>Ushramutra</i>	<i>Camel's Urine</i>	<i>Ushna, Vata Nashaka</i>	<i>Arshoghna Shotha, Kushta, Ummada, Krimihara</i>	<i>Shloka - 453, Pg - 258.</i>

Table 7: List of Arshoghna mentioned in Savarnadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Talla of following Drugs is Arshoghna	Properties	Uses	Reference
19	Talla (Oil)	<i>Danti, Sarshapa, Arishta, Sivarchala, Ingudi, Pllu, Shankhini, Sarala, Devadaru, Yuvarka, Ballataka, Mutaka, Kuranja, Shigru, Neepa, Agaru, Shishapa,</i>	<i>Katu, Tikshna, Kapha Vata Nashaka</i>	<i>Arshoghna Kushta Medahara</i>	<i>Shloka - 127-129, Pg - 202</i>

Table 8: List of Arshoghna mentioned in Mishrakadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Sarvoshadi	<i>Kushta, Jutamansi, Haridra, Daruharidra, Mura, Shaileya, Chumpaka, Vaaha, Karpura, Musta.</i>	<i>Triloshahara, Rasayana,</i>	<i>Arshoghna Mutradaha, Mukharoga Nashaka.</i>	<i>Shloka - 38-39, Pg - 266</i>

OBSERVATIONS & RESULTS: The above identified drugs were analyzed for the Rasa and Doshaghna and the following are noted:

Table 9: Dravya (Drugs) according to Rasapanchaka

Rasa	Number of drugs
Madhura	19
Amila	05
Lavana	04
Katu	23
Tikta	24
Kashaya	11

Table 10: Dravya (Drugs) according to Vipaka

Doshaghna	Number of drugs
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<i>Madhura</i>	18
<i>Amla</i>	03
<i>Katu</i>	30

Table 11: *Dravya* (Drugs) according to *Virya*

<i>Doshaghna</i>	Number of drugs
<i>Sheeta</i>	10
<i>Ushana</i>	41

Table 12: *Dravya* (Drugs) according to *Doshaghna*

<i>Doshaghna</i>	Number of drugs
<i>Vataghna</i>	06
<i>Pitaghna</i>	02
<i>Kaphaghna</i>	04
<i>Vata-Pitaghna</i>	05
<i>Vata-Kaphaghna</i>	22
<i>Pita-Kaphaghna</i>	04
<i>Tridoshaghna</i>	07
<i>Rakta Dasha Nashaka</i>	05

It is observed that, of the total drugs mentioned as *Arshoghna*, *Tikta Rasa Dravya* are maximum in number (24) followed by *Katu Rasa Dravya* (23), *Kashaya Rasa Dravya* (11), *Madhura* (19), *Amla* (05) and *Lavana* (04) *Dravya*. According to *Vipaka* *Katu*, *Madhura* & *Amla* drugs are found 30, 18 & 03 in number respectively. Most of the drugs are *Ushana Virya* (41) and *Sheeta Virya* drugs are 10 in number.

DISCUSSION: *Dhanvantari Nighantu* has given unique consideration to the disease *Arsha* (haemorrhoids) and used various drugs to treat this disease. Present study deals with extensive variety of drugs from *Dhanvantari Nighantu*. *Acharya Mahendra Bhogika* directly mentions the action of these following drugs as *Arshoghna*. Drugs from whole *Dhanvantari Nighantu* were screened for the action *Arshoghna* (Antihemorrhoid). 51 drugs were described for the treatment of haemorrhoids from the total 703 drugs. Out of these *Arshoghna* drugs 9, 8, 5 & 7 drugs belongs to *Guduchyadivarga*, *Shatapushpadivarga*, *Chandamuldivarga*, *Anradivarga* respectively. While in *Suvarnadivarga* (19), *Korveeradivarga* (2) *Mishrakadivarga* (1) drugs are stated for the treatment of *Arsha*. *Tikta Katu* & *Kashaya Rasa Pradhanata* are found in the maximum number drugs. *Tikta Rasa* is

Arochakaghna, *Dipana* and *Pachana*. *Katu Rasa* is *Agnidipana*, *Shwayathu-nashana* and *Rochayatisanum* while *Kashaya Rasa* is *Ropana*, *Shoshana* and *Stambhana*¹⁰. This is indicating that the drugs with *Tikta*, *Katu* and *Kashaya Rasa* play major role in the treatment of *Arsha*. As *Arsha* is a *Rakta-Mamsadharujanya-Vyadhi* it requires *Tikta* and *Kashaya Rasa Dravya* to purified the *Raktadosha* and *Katu Rasa* helps to reduce the *Mamsadushti*.

Most of the drugs mentioned are *Ushnavirya* (41) in nature and *Sheetavirya* are found in 10 in number. *Ushnavirya* destroys constipation and expels the stools freely and also helps to reduce the *Arshas* especially if the *Arshas* are dry. *Sheetavirya dravyas* help in the bleeding piles for stopping the excessive blood flow. *Madhura* (18) and *Katuvipaka* (30) *Dravyas* are mentioned to have the property of *Arshoghna*. *Madhura* and *Katuvipaka* can be considered to reduce bleeding piles and dry piles respectively. Most of the drugs possess the *Kshara*, *Guru* and *Tikshna* properties to be mostly acting on the *Arshas*. *Ksharaguna* helps to burn the extra mass formed in the pile mass and reduce burn the pile mass. While *Guru* and *Tikshnaguna* help to expel the faces properly. In management of

Arshas: The systemic medicines act by improving appetite, regularize bowel habits, astringent action on blood vessels and maintaining *Agni* and *Srotas* in equilibrium.

CONCLUSION: From the present study, it can be concluded that 51 drugs were mentioned in *Dhanvantari Nighantu* acting on the disease *Arshas*. It can also be said that the drugs having *Katu*, *Tikta*, *Kashaya rasa* dominancy, *Guru-Tikshna* & *Kshara* properties, *Ushnavireya* and *Katuvipaka* play major role in the management of *Arshu*. As the study is purely theoretical, it requires clinical correlation of the mentioned drugs.

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**A LITERARY REVIEW ON ARSHOGHNA(ANTI-HAEMORRHOIDAL)
DRAVYAS OF DHANWANTARI NIGHANTU**

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ABSTRACT
Arsha (Hemorrhoids) can be treated by many drugs having *Arshoghna* property explained in *Brihatnisi Charaka*, *Sushruta*, *Yagybhata*, *Samhita* and *Lagaditri*, (*Shukranigbha*, *Dhanvantari* and *Madhav Nidani*). Ayurveda plays vital role in curing Arsha. Either through surgical intervention (*Ksharasutra* application) and without surgical intervention (*Arshoghna* *Dravya Prayoga*). In *Dhanwantari Nighantu*, *Acharya Mahendra Dhangar* mentioned numerous drugs act on haemorrhoids (*Arshoghna* *Dravyas*). The present study is designed to get the drugs with *Arshoghna* properties. 51 drugs were described for the treatment of hemorrhoids throughout the text of *Dhanwantari Nighantu*. In Arsha management the ayurvedic medicines act by improving appetite, regularize bowel habits, sufficient action on blood vessels and maintaining *Ure* and *Stool* in equilibrium. Among all the *Arshoghna* drugs described in *Dhanwantari Nighantu*, maximum drugs are *Maye Pitta*, *Kaph* and *Kashaya* *Rasa* *Radhata*, *Katyavahana* property and *Lishya* in *Khya*. These factors play important role in the management of Arsha.
Keywords: *Arshoghna* *Dravya*, Anti-haemorrhoidal drugs, *Dhanwantari Nighantu*.

INTRODUCTION: *Dhanwantari Nighantu* is one of the oldest *Nighantu* belonging to 10th century A.D and contains most of the newly added drugs and their properties. The author was the first to classify plant drugs on basis of medicinal properties. Many drugs having *Arshoghna* properties been mentioned in *Ayurveda* classics. *Dhanwantari Nighantu* is one important lexicon of plant drugs¹. Hence *Dhanwantari Nighantu* was selected for the study to note of the drugs mentioned for the treatment of *Arsha*. Haemorrhoids are considered as *Arsha* in *Ayurveda*. Haemorrhoids are dilated veins within the anal canal in the subepithelial region

formed by radicles of the superior, middle and inferior rectal veins². Lifestyle diseases refer to diseases that result because of choices people make in their life. They are mostly common in developed nations where people are inclined towards eating unhealthy foods, having a sedentary lifestyle and unhealthy habits like smoking and drinking alcohol³. Low roughage 'Western' diet may excite haemorrhoid formation⁴. There are six types of *Arsha* mentioned in the texts - those caused by *Vata*, *Pitta*, *Kapha*, *Rakta*, *Sannipata* and *Sahaja* told by *Acharya Sushruta*⁵. In unrestrained persons, by aforesaid exciting factors particularly

Viruddha (incompatible food), *Adhvashana* (eating before previous food is digested), *Striprasanga* (sexual intercourse), *Utkatukasana* (squatting position), *Prusthanya* (riding), *Vegavidharana* (suppression of natural urges) etc., *Doshas*-singly, dually, all or associated with *Rakta* (blood) are aggravated and spreads to chief passages, move downwards, reach anal folds and after vitiating them produce fleshy growths particularly in those having deficient digestive power; these tuber-like growth by rubbing with grass, wood, stone, clod, cloth etc. or by the excessive contact of cold water develop further which are known as haemorrhoids⁶. Premonitory symptoms of piles include *Anne-ashradha* (aversion to food), *Kruachatapakti* (digestion with difficulty), *Amlika* (hyperacidity), *Paridaha* (generalized burning sensation), *Vishrambha* (windformation), *Pipasa* (thirst), *Sakthisadana* (weakness in legs), *Atopa* (flatulence), *Karshya* (emaciation), *Udgarabahudya* (belching), *Akshnokshravatna* (swelling in eyes), *Antrakujana*, *Gudaparikartana* (cutting pain in anus), *Pandurogacashanka* (doubt of anemia), *Grahamiroga*, *Kasa* (cough), *Shwasa* (dyspnoea), *Balahani* (debility), *Bhrama* (giddiness), *Tandra* (drowsiness), *Nidra* (excessive sleep) and *Inariyadoubalya* (weakness of sense organs)⁷. The disease piles, complicated with *Trushma* (thirst), *Arochaka* (anorexia), *Shula* (colic pain), *Atprasrutashonita* (severe hemorrhage), *Shopha* (oedema) and

Atisara (diarrhoea) brings end to the patient⁸. The *Arsha* (hemorrhoids) can be best treated with *Ayurved* medicine, local *Kshara* application, medicament and para-surgical procedure like *Ksharasutra* ligation. The first degree piles can be treated with *Agnidipan*, *Pachun*, *Anuloman* drugs. First and second degree piles are best treated with medicine along with local *Kshara* and oil and *Matahar* application. Third and fourth degree piles can be treated with *Ksharasutra* ligation. The external thrombosed piles can best manage with the help of *Avagaha* *swedan* and *Jalaukavacharan* (leech application)⁹.

AIMS AND OBJECTIVES: To collect the information regarding the drugs mentioned as *Arshoghna* in *Dhanwantari Nighantu*. To analyze properties mentioned.

MATERIALS AND METHODS:

Materials: *Dhanwantari Nighantu* original text was searched for the drugs, having the property of *Arshoghna*, and was tabulated to analyze the properties of those drugs.

Method: The *Arshoghna* property was used with various synonyms also like *Arshoghna*, *Visheshat Gudajapaham*, *Rakturshara*, *Gudaraktahruta*, *Gudamkurnash*, *Gudartinash*, *Vatarshahara* etc. So all the drugs mentioned have these properties were identified and tabulated to know their source identify and the properties. After obtaining the list of the drugs the properties of the drugs will be analyzed for *Rasa panchaka* and analyzed systematically.

Table 1: List of *Arshoghna* mentioned in *Guduchayadi Varga* of *Dhanwantari Nighantu*

Sr. No.	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.) Miers. Menispermaceae	<i>Tikta Kashaya, Ushna, Guru, Grahi, Tridosha and Rakta Dasha Nashaka</i>	<i>Arshoghna, Jvara, Meha, Kushta, Pandu</i>	<i>Shloka - 5 to 7, Pg - 17</i>
2	<i>Kataphala</i>	<i>Myrica nagi</i> Thunb. Myricaceae	<i>Kapha Vata Nashaka.</i>	<i>Arshoghna, Gulma, Meha, Grahami, Pandu</i>	<i>Shloka - 73 to 74, Pg - 29</i>
3	<i>Kshitivar</i>	<i>Celoxia argentea</i> Linn.	<i>Kashaya, Grahi, Tridosha Nashaka</i>	<i>Arshoghna, Gulma, Pleeha,</i>	<i>Shloka - 151 to</i>

		<i>Amaranthaceae</i>		<i>Hrudroga, Basti Shodhaka</i>	152, Pg - 44
4	<i>Pashanabhed</i>	<i>Bergenia ligulata</i> Engl. <i>Saxifragaceae</i>	<i>Tikta, Shita</i>	<i>Arshoghna Gulma, Plecha, Hrudroga, Ashmari, Shishna shula</i>	<i>Shloka - 153 to 154, Pg - 44</i>
5	<i>Danti</i>	<i>Baliospermum montanum</i> Muell. - Arg. <i>Euphorbiaceae</i>	<i>Katu, Ushna, Kapha Vata Nashaka, Teekshna, Deepana, Shodana</i>	<i>Arshoghna Shula, Ashmari, Udara, Vrana Nashaka</i>	<i>Shloka - 219 to 220, Pg - 56</i>
6	<i>Varani (Danti Vishesha)</i>	<i>Baliospermum</i> Sp. <i>Euphorbiaceae</i>	<i>Tikta, Kapha Vata Nashaka, Deepana, Shodana</i>	<i>Arshoghna Shula, Twak Dosh, Udara</i>	<i>Shloka - 221 to 222, Pg - 56, 57</i>
7	<i>Apamarga</i>	<i>Achyranthes aspera</i> Linn. <i>Amaranthaceae</i>	<i>Tikta Katu, Ushna, Kapha and Rakta Dosh Nashaka, Grahi</i>	<i>Arshoghna Udara, Adaman, Kandu</i>	<i>Shloka - 252 to 254, Pg - 62, 63</i>
8	<i>Mahabala</i>	<i>Sida rhombifolia</i> Linn. <i>Molvaceae</i>	<i>Madhura, Shita, Snigdha, Tridoshu Nashaka</i>	<i>Arshoghna Vishama-Jwara, Hrudroga, Shophra</i>	<i>Shloka - 272 to 273, Pg - 66</i>
9	<i>Sahaxraveerya (Shatavari Vishesha)</i>	<i>Asparagus surmentosus</i> Willd. <i>Liliaceae</i>	<i>Tikta Madhura, Shita, Laghu, Tridoshu Nashaka</i>	<i>Arshoghna Grahani, Netra Roga, Kshaya</i>	<i>Shloka - 283 to 284, Pg - 68</i>

Table 2: List of Arshoghna mentioned in Nhatapushpadi Varga of Dhantantari Nighantu

Sr.no	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Mishreya</i>	<i>Foeniculum vulgare</i> Mill. <i>Umbelliferae</i>	<i>Tikta Madhura, Shita, Vata Pitta and Rakta Dosh Nashaka</i>	<i>Arshoghna Kshaya, Kshata-Ksheena</i>	<i>Shloka - 4 to 5, Pg - 70, 71</i>
2	<i>Hapusha</i>	<i>Juniperus communis</i> Linn. <i>Cupressaceae</i>	<i>Katu Tikta, Ushna, Guru, Vata Kapha Nashaka</i>	<i>Arshoghna Gulma, Udara, Shula, Krimighna</i>	<i>Shloka - 9 to 10, Pg - 71</i>
3	<i>Kuraja</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta Kshaya, Shita, Raksha</i>	<i>Arshoghna Kushta, Atisara</i>	<i>Shloka - 13 to 14, Page - 72</i>
4	<i>Indrayava</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta, Ushna, Deepana, Tridoshu Nashaka</i>	<i>Arshoghna Chardi, Atisara, Shula</i>	<i>Shloka - 15 to 16, Pg - 72, 73</i>
5	<i>Hingupatri</i>	<i>Gardenia</i>	<i>Katu Tikta,</i>	<i>Arshoghna</i>	<i>Shloka -</i>

		<i>gummifera</i> Linn. Rubiaceae	<i>Ushna, Vata Kapha Nashaka</i>	<i>Gulma, Pleeha, Hrud & Busti shula, Krimighna</i>	38 to 39, Pg - 76, 77
6	<i>Tamalapatrum</i>	<i>Cinnamomum tamala</i> Nees & Eberm. Lauraceae	<i>Kapha Vata Nashaka</i>	<i>Arshoghna Aruchihara, Hrudasa Nashaka</i>	<i>Shloka - 52, 53, Pg - 79</i>
7	<i>Chiraka</i>	<i>Plumbago zeylanica</i> Linn. Plumbaginaceae	<i>Katu, Katu Vipaka, Ushna, Kapha Nashaka</i>	<i>Arshoghna Udara, Grahani, Kshaya, Pandu, Shopha</i>	<i>Shloka - 80 to 81, Pg - 84- 85</i>
8	<i>Amlavetasa</i>	<i>Garcinia pedunculata</i> Roxb. Guttiferaceae	<i>Kashaya Katu, Ushna, Ruksha, Kapha Vata Nashaka</i>	<i>Arshoghna Gulma, Hrudroga, Ashmari, Trushna, Krimighna</i>	<i>Shloka - 93 to 94, Pg - 87</i>

Table 3: List of Arshoghna mentioned in Chandanadi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Karchura</i>	<i>Curcuma zedoaria</i> Rosc. Zingiberaceae	<i>Katu Tikta, Ushna, Vata Kapha Nashaka, Deepana</i>	<i>Arshoghna Gulma, Pleeha, Kushta, Kasa Aruchihara,</i>	<i>Shloka - 93 to 94, Pg - 108</i>
2	<i>Ambika</i>	<i>Hibiscus cannabinus</i> Linn. Malvaceae	<i>Tikta, Ushna, Kapha Nashaka</i>	<i>Arshoghna Shopha</i>	<i>Shloka - 107 to 108, Pg - 110</i>
3	<i>Bhallataka</i>	<i>Semecarpus anacardium</i> Linn.F. Anacardiaceae	<i>Katu Tikta Madhura, Ushna, Vata Kapha Nashaka</i>	<i>Arshoghna Krimighna, Gulma, Kushta, Grahani,</i>	<i>Shloka - 128 to 129, Pg - 114</i>
4	<i>Hema- makshikam (Tapyu)</i>	<i>Copper pyrite</i>	<i>Katu Tikta, Ushna, Tridoshu Nashaka</i>	<i>Arshoghna Shopha, Udara, Kshaya, Nashaka Busti roga, Mandagni.</i>	<i>Shloka - 133 to 135, Pg - 115.</i>
5	<i>Shufajatu</i>	<i>Asphaltum punjabianum</i> Black asphaltum.	<i>Tikta Katu, Ushna,</i>	<i>Arshoghna Shopha, Kushta, Kshaya, Udara, Ashuari.</i>	<i>Shloka - 146 to 147, Pg - 117</i>

Table 4: List of Arshoghna mentioned in Karveeradi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Rasana	<i>Allium sativum</i> Linn. Liliaceae	Madhura Tikta, Ushna, Kapha Nashaka, Guru, Snigdha	Arshoghna Gulma, Kasa Pleeha, Kushta, Aruchihara,	Shloka - 61 to 63, Pg - 132
2	Vansha	<i>Bambusa arundinacea</i> Willd. Poaceae	Katu Tikta Kashaya, Shita, Pita Rakta Dasha Nashaka	Arshoghna Mutrakurcha, Prameha, Daha	Shloka - 122 to 123, Pg - 143

Table 5: List of Arshoghna mentioned in Amradi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Beejapur	<i>Citrus medica</i> Linn. Rutaceae	Tikta Madhura, Shita, Vata Pita and Rakta Dasha Nashaka	Arshoghna Chardi, Shula, Aruchihara, Medhya	Shloka - 21, Pg - 152
2	Kashura Amlika	<i>Oxalis corniculata</i> Linn. Oxalidaceae	Amla Katu Tikta, Ushna, Kapha Vata Nashaka, Grahni	Arshoghna Grahani, Anavata	Shloka - 31, Pg - 154
3	Arukam	<i>Prunus persica</i> Batsch. Rosaceae	Madhura, Shita Hridya	Arshoghna Meha	Shloka - 32 to 33, Pg - 154
4	Pilu	<i>Salvadora persica</i> Linn. Salvadoraceae	Madhura, Katu, Shita Kapha Vata Nashaka, Tikshna, Snigdha	Arshoghna Raktapita, Gulma	Shloka - 44 to 45, Pg - 156
5	Karira	<i>Capparis aphylla</i> , Roth. Capparidaceae	Madhura Tikta, Katu Ushna, Vata Kapha Nashaka	Arshoghna Aruchihara	Shloka - 91, Page - 165
6	Ashoka	<i>Saraca indica</i> Linn. Leguminosae	Madhura, Madhura Vipaka, Shita Sanahaniya	Arshoghna Krinighna, Sarva Vrana Vinashana	Shloka - 147 Pg - 177
7	Palasha Kinshuka	<i>Butea frondosa</i> Roxb. Leguminosae	Katu, Katu Vipaka, Ushna, Vata Kapha Nashaka	Arshoghna Gulma, Grahani, Krimihara, Plecha	Shloka - 148 to 150, Pg - 177

Table 6: List of Arshoghna mentioned in Savarnadi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Tamra	Copper	Tikta Madhura	Arshoghna	Shloka - 10,

			<i>Kashaya, Katu, Shita, Laghu, Lekhana</i>	<i>Gulma, Panda, Kushta, Shula, Udara</i>	Pg - 180
2	<i>Loha</i>	<i>Iron</i>	<i>Tikta Kashaya, Katu, Ushna, Ruksha Kapha Pita Nashaka</i>	<i>Arshoghna Prameha, Shula, Pandu, Kushta</i>	<i>Shloka - 28, Pg - 183</i>
3	<i>Ushtrapayaha</i>	<i>Camel's milk</i>	<i>Lavana, Ushna, Laghu, Ruksha, Vata Kapha Nashaka</i>	<i>Arshoghna Shopha, Udara, Krimihara</i>	<i>Shloka - 158, Pg - 207</i>
4	<i>Ajardadhi</i>	<i>Goat's butter</i>	<i>Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Swasa, Kasa</i>	<i>Shloka - 176, Pg - 210</i>
5	<i>Ushtridadihi</i>	<i>Camel's butter</i>	<i>Amila, Kshartya, Katu Vipaka, Vata Nashaka</i>	<i>Arshoghna Kushta, Krimihara</i>	<i>Shloka - 179, Pg - 211</i>
6	<i>Takra</i>	<i>Butter-milk</i>	<i>Kashaya, Ushna, Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Grahani, Shopha, Udara</i>	<i>Shloka - 195, Pg - 214</i>
7	<i>Navneetam</i>	<i>Product of Butter</i>	<i>Madhura, Madhura Vipaka, Shita, Hridya, Grahni, Snigdha, Vata Pitta Nashaka</i>	<i>Arshoghna Grahani, Ardita, Aruchihara</i>	<i>Shloka - 209 to 212, Pg - 216, 217.</i>
8	<i>Sauviraka & Tushodaka</i>	<i>Alcohol Vari- ety</i>	<i>Pachana</i>	<i>Arshoghna Grahani</i>	<i>Shloka - 231, Page - 220.</i>
9	<i>Sura & Prassana</i>	<i>Alcohol Vari- ety</i>	<i>Bruhana, Deepana, Vata Nashaka</i>	<i>Arshoghna Grahani, Aruchihara</i>	<i>Shloka - 239 to 241, Pg - 222.</i>
10	<i>Jagala</i>	<i>Alcohol Vari- ety</i>	<i>Ushna, Pachana, Ruksha, Grahni, Hridya, Vata Nashaka</i>	<i>Arshoghna Pravahika</i>	<i>Shloka - 244, Pg - 223.</i>
11	<i>Mardvikam</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Ushna, Hridya, Lekhana, Vata Pitta Nashaka</i>	<i>Arshoghna Prameha, Pandu</i>	<i>Shloka - 247, Page - 223.</i>
12	<i>Sharkara- Sidhu</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Madhura Vipaka, Deepana</i>	<i>Arshoghna Udara, Vibamihara</i>	<i>Shloka - 250, Pg - 224.</i>
13	<i>Maireya</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Kashaya, Guru, Teekshna, Vata Kapha Medahara</i>	<i>Arshoghna Gulma, Krimihara</i>	<i>Shloka - 253, Pg - 224.</i>

14	<i>Arishta</i>	<i>Liquid Form Medicinal Preparation</i>	<i>Deepana, Sara, Vata Kapha Nashaka</i>	<i>Arshoghna Udara, Shula, Gulma</i>	<i>Shloka - 257 - 258, Pg - 225.</i>
15	<i>Ushtrumansa</i>	<i>Camel's Meant</i>	<i>Madhura, Ushna, Laghu, Vata Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 353, Pg - 240.</i>
16	<i>Mutra</i>	<i>Urine</i>	<i>Katu, Lavana, Ushna, Raksha, Teekshna, Vata Kapha Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 444 to 446, Pg - 256.</i>
17	<i>Muhishamutra</i>	<i>Buffalo's Urine</i>	<i>Ushna</i>	<i>Arshoghna Prameha, Udara, Shula, Gulma</i>	<i>Shloka - 450, Pg - 257.</i>
18	<i>Ushramutra</i>	<i>Camel's Urine</i>	<i>Ushna, Vata Nashaka</i>	<i>Arshoghna Shotha, Kushta, Ummada, Krimihara</i>	<i>Shloka - 453, Pg - 258.</i>

Table 7: List of Arshoghna mentioned in Savarnadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Talla of following Drugs is Arshoghna	Properties	Uses	Reference	
19	Talla (Oil)	<i>Danti, Sarshapa, Arishta, Sivarchala, Ingudi, Pllu, Shankhini, Sarala, Devadaru, Tuvaraka, Ballataka</i>	<i>Mulaka, Kuranja, Shigru, Neepe, Agaru, Shishapa,</i>	<i>Katu, Tikshna, Kapha Vata Nashaka</i>	<i>Arshoghna Kushta Medahara</i>	<i>Shloka - 127-129, Pg - 202</i>

Table 8: List of Arshoghna mentioned in Mishrakadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Sarvushadi</i>	<i>Kushta, Jutamansi, Haridra, Daruharidra, Mura, Shaileya, Chumpaka, Vaacha, Karpura, Musta.</i>	<i>Triloshahara, Rasayana,</i>	<i>Arshoghna Mutradaha, Mukharoga Nashaka.</i>	<i>Shloka - 38-39, Pg - 266</i>

OBSERVATIONS & RESULTS: The above identified drugs were analyzed for the *Rasa* and *Doshaghna* and the following are noted:

Table 9: *Dravya* (Drugs) according to *Rasapanchaka*

<i>Rasa</i>	Number of drugs
<i>Madhura</i>	19
<i>Amila</i>	05
<i>Lavana</i>	04
<i>Katu</i>	23
<i>Tikta</i>	24
<i>Kashaya</i>	11

Table 10: *Dravya* (Drugs) according to *Vipaka*

<i>Doshaghna</i>	Number of drugs
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<i>Madhura</i>	18
<i>Amla</i>	03
<i>Katu</i>	30

Table 11: *Dravya* (Drugs) according to *Virya*

<i>Doshaghna</i>	Number of drugs
<i>Sheeta</i>	10
<i>Ushana</i>	41

Table 12: *Dravya* (Drugs) according to *Doshaghna*

<i>Doshaghna</i>	Number of drugs
<i>Vataghna</i>	06
<i>Pitaghna</i>	02
<i>Kaphaghna</i>	04
<i>Vata-Pitaghna</i>	05
<i>Vata-Kaphaghna</i>	22
<i>Pita-Kaphaghna</i>	04
<i>Tridoshaghna</i>	07
<i>Rakta Dosh Nashaka</i>	05

It is observed that, of the total drugs mentioned as *Arshoghna*, *Tikta Rasa Dravya* are maximum in number (24) followed by *Katu Rasa Dravya* (23), *Kashaya Rasa Dravya* (11), *Madhura* (19), *Amla* (05) and *Lavana* (04) *Dravya*. According to *Vipaka* *Katu*, *Madhura* & *Amla* drugs are found 30, 18 & 03 in number respectively. Most of the drugs are *Ushana Virya* (41) and *Sheeta Virya* drugs are 10 in number.

DISCUSSION: *Dhanvantari Nighantu* has given unique consideration to the disease *Arsha* (haemorrhoids) and used various drugs to treat this disease. Present study deals with extensive variety of drugs from *Dhanvantari Nighantu*. *Acharya Mahendra Bhogika* directly mentions the action of these following drugs as *Arshoghna*. Drugs from whole *Dhanvantari Nighantu* were screened for the action *Arshoghna* (Antihemorrhoid). 51 drugs were described for the treatment of haemorrhoids from the total 703 drugs. Out of these *Arshoghna* drugs 9, 8, 5 & 7 drugs belongs to *Guduchyadivarga*, *Shatapushpadivarga*, *Chandamuldivarga*, *Anradivarga* respectively. While in *Suvarnadivarga* (19), *Korveeradivarga* (2) *Mishrakadivarga* (1) drugs are stated for the treatment of *Arsha*. *Tikta Katu* & *Kashaya Rasa Pradhanata* are found in the maximum number drugs. *Tikta Rasa* is

Arochakaghna, *Dipana* and *Pachana*. *Katu Rasa* is *Agnidipana*, *Shwayathu-nashana* and *Rochayatisanum* while *Kashaya Rasa* is *Ropana*, *Shoshana* and *Stambhana*¹⁰. This is indicating that the drugs with *Tikta*, *Katu* and *Kashaya Rasa* play major role in the treatment of *Arsha*. As *Arsha* is a *Rakta-Mamsadharujanya-Vyadhi* it requires *Tikta* and *Kashaya Rasa Dravya* to purified the *Raktadosha* and *Katu Rasa* helps to reduce the *Mamsadushti*.

Most of the drugs mentioned are *Ushnavirya* (41) in nature and *Sheetavirya* are found in 10 in number. *Ushnavirya* destroys constipation and expels the stools freely and also helps to reduce the *Arshas* especially if the *Arshas* are dry. *Sheetaviryadravyas* help in the bleeding piles for stopping the excessive blood flow. *Madhura* (18) and *Katuvipaka* (30) *Dravyas* are mentioned to have the property of *Arshoghna*. *Madhura* and *Katuvipaka* can be considered to reduce bleeding piles and dry piles respectively. Most of the drugs possess the *Kshara*, *Guru* and *Tikshna* properties to be mostly acting on the *Arshas*. *Ksharaguna* helps to burn the extra mass formed in the pile mass and reduce burn the pile mass. While *Guru* and *Tikshnaguna* help to expel the faces properly. In management of

Arshas: The systemic medicines act by improving appetite, regularize bowel habits, astringent action on blood vessels and maintaining *Agni* and *Srotas* in equilibrium.

CONCLUSION: From the present study, it can be concluded that 51 drugs were mentioned in *Dhanvantari Nighantu* acting on the disease *Arshas*. It can also be said that the drugs having *Katu*, *Tikta*, *Kashaya rasa* dominancy, *Guru-Tikshna* & *Kshara* properties, *Ushnavireya* and *Katuvipaka* play major role in the management of *Arshu*. As the study is purely theoretical, it requires clinical correlation of the mentioned drugs.

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A LITERARY REVIEW ON ARSHOGHNA (ANTI-HAEMORRHOIDAL) DRAVYAS OF DHANWANTARI NIGHANTU

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ABSTRACT
Arsha (Hemorrhoids) can be treated by many drugs having *Arshoghna* property explained in *Brihatnisi Charaka*, *Sushruta*, *Yagybhata*, *Samhita* and *Lagaditri*, (*Shukranigbha*, *Dhanwantrasha* and *Madhav Nidani*). *Ayurveda* plays vital role in curing *Arsha*. Either through surgical intervention (*Ksharasutra* application) and without surgical intervention (*Arshoghna* *Dravya Prayoga*). In *Dhanwantrari Nighantu*, *Acharya Mahendra Dhangar* mentioned numerous drugs acting on haemorrhoids (*Arshoghna* *Dravyas*). The present study is designed to get into the drugs with *Arshoghna* properties. 51 drugs were described for the treatment of hemorrhoids throughout the text of *Dhanwantrari Nighantu*. In *Arsha* management the systemic medicines act by improving appetite, regularize bowel habits, sufficient action on blood vessels and maintaining *Ure* and *Stool* in equilibrium. Among all the *Arshoghna* drugs described in *Dhanwantrari Nighantu*, maximum drugs are *Maye Pitta*, *Kaph* and *Kashaya* *Rasa* *Radhata*, *Katyapahana* property and *Lshva* in *Khya*. These factors play important role in the management of *Arsha*.

Keywords: *Arshoghna* *Dravya*, Anti-haemorrhoidal drugs, *Dhanwantrari Nighantu*.

INTRODUCTION: *Dhanwantrari Nighantu* is one of the oldest *Nighantu* belonging to 10th century A.D and contains most of the newly added drugs and their properties. The author was the first to classify plant drugs on basis of medicinal properties. Many drugs having *Arshoghna* properties been mentioned in *Ayurveda* classics. *Dhanwantrari Nighantu* is one important lexicon of plant drugs¹. Hence *Dhanwantrari Nighantu* was selected for the study to note of the drugs mentioned for the treatment of *Arsha*. Haemorrhoids are considered as *Arsha* in *Ayurveda*. Haemorrhoids are dilated veins within the anal canal in the subepithelial region

formed by radicles of the superior, middle and inferior rectal veins². Lifestyle diseases refer to diseases that result because of choices people make in their life. They are mostly common in developed nations where people are inclined towards eating unhealthy foods, having a sedentary lifestyle and unhealthy habits like smoking and drinking alcohol³. Low roughage 'Western' diet may excite haemorrhoid formation⁴. There are six types of *Arsha* mentioned in the texts - those caused by *Vata*, *Pitta*, *Kapha*, *Rakta*, *Sannipata* and *Sahaja* told by *Acharya Sushruta*⁵. In unrestrained persons, by aforesaid exciting factors particularly

Viruddha (incompatible food), *Adhvashana* (eating before previous food is digested), *Striprasanga* (sexual intercourse), *Utkatukasana* (squatting position), *Prusthanya* (riding), *Vegavidharana* (suppression of natural urges) etc., *Doshas*-singly, dually, all or associated with *Rakta* (blood) are aggravated and spreads to chief passages, move downwards, reach anal folds and after vitiating them produce fleshy growths particularly in those having deficient digestive power; these tuber-like growth by rubbing with grass, wood, stone, clod, cloth etc. or by the excessive contact of cold water develop further which are known as haemorrhoids⁶. Premonitory symptoms of piles include *Anne-ashradha* (aversion to food), *Kruachatpakti* (digestion with difficulty), *Amlika* (hyperacidity), *Paridaha* (generalized burning sensation), *Vishrambha* (windformation), *Pipasa* (thirst), *Sakthisadana* (weakness in legs), *Atopa* (flatulence), *Karshya* (emaciation), *Udgarabudhya* (belching), *Akshnokshravatna* (swelling in eyes), *Antrakujana*, *Gudaparikartana* (cutting pain in anus), *Pandurogacashanka* (doubt of anemia), *Grahamiroga*, *Kasa* (cough), *Shwasa* (dyspnoea), *Balahani* (debility), *Bhrama* (giddiness), *Tandra* (drowsiness), *Nidra* (excessive sleep) and *Inariyadoubalya* (weakness of sense organs)⁷. The disease piles, complicated with *Trushma* (thirst), *Arochaka* (anorexia), *Shula* (colic pain), *Atprasrutashonita* (severe hemorrhage), *Shopha* (oedema) and

Atisara (diarrhoea) brings end to the patient⁸. The *Arsha* (hemorrhoids) can be best treated with *Ayurved* medicine, local *Kshara* application, medicament and para-surgical procedure like *Ksharasutra* ligation. The first degree piles can be treated with *Agnidipan*, *Pachun*, *Anuloman* drugs. First and second degree piles are best treated with medicine along with local *Kshara* and oil and *Matahar* application. Third and fourth degree piles can be treated with *Ksharasutra* ligation. The external thrombosed piles can best manage with the help of *Avagaha* *swedan* and *Jalaukavacharan* (leech application)⁹.

AIMS AND OBJECTIVES: To collect the information regarding the drugs mentioned as *Arshoghna* in *Dhanwantari Nighantu*. To analyze properties mentioned.

MATERIALS AND METHODS:

Materials: *Dhanwantari Nighantu* original text was searched for the drugs, having the property of *Arshoghna*, and was tabulated to analyze the properties of those drugs.

Method: The *Arshoghna* property was used with various synonyms also like *Arshoghna*, *Visheshat Gudajapaham*, *Rakturshara*, *Gudaraktahruta*, *Gudamkurnash*, *Gudartinash*, *Vatarshahara* etc. So all the drugs mentioned have these properties were identified and tabulated to know their source identify and the properties. After obtaining the list of the drugs the properties of the drugs will be analyzed for *Rasa panchaka* and analyzed systematically.

Table 1: List of *Arshoghna* mentioned in *Guduchayadi Varga* of *Dhanwantari Nighantu*

Sr. No.	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.) Miers. Menispermaceae	<i>Tikta Kashaya, Ushna, Guru, Grahi, Tridosha and Rakta Dasha Nashaka</i>	<i>Arshoghna, Jvara, Meha, Kushta, Pandu</i>	<i>Shloka - 5 to 7, Pg - 17</i>
2	<i>Kataphala</i>	<i>Myrica nagi</i> Thunb. Myricaceae	<i>Kapha Vata Nashaka.</i>	<i>Arshoghna, Gulma, Meha, Grahami, Pandu</i>	<i>Shloka - 73 to 74, Pg - 29</i>
3	<i>Kshitivar</i>	<i>Celoxia argentea</i> Linn.	<i>Kashaya, Grahi, Tridosha Nashaka</i>	<i>Arshoghna, Gulma, Pleeha,</i>	<i>Shloka - 151 to</i>

		<i>Amaranthaceae</i>		<i>Hrudroga, Basti Shodhaka</i>	152, Pg - 44
4	<i>Pashanabhed</i>	<i>Bergenia ligulata</i> Engl. <i>Saxifragaceae</i>	<i>Tikta, Shita</i>	<i>Arshoghna Gulma, Plecha, Hrudroga, Ashmari, Shishna shula</i>	<i>Shloka - 153 to 154, Pg - 44</i>
5	<i>Danti</i>	<i>Baliospermum montanum</i> Muell. - Arg. <i>Euphorbiaceae</i>	<i>Katu, Ushna, Kapha Vata Nashaka, Teekshna, Deepana, Shodana</i>	<i>Arshoghna Shula, Ashmari, Udara, Vrana Nashaka</i>	<i>Shloka - 219 to 220, Pg - 56</i>
6	<i>Varani (Danti Vishesha)</i>	<i>Baliospermum</i> Sp. <i>Euphorbiaceae</i>	<i>Tikta, Kapha Vata Nashaka, Deepana, Shodana</i>	<i>Arshoghna Shula, Twak Dosha, Udara</i>	<i>Shloka - 221 to 222, Pg - 56, 57</i>
7	<i>Apamarga</i>	<i>Achyranthes aspera</i> Linn. <i>Amaranthaceae</i>	<i>Tikta Katu, Ushna, Kapha and Rakta Dosha Nashaka, Grahi</i>	<i>Arshoghna Udara, Adaman, Kandu</i>	<i>Shloka - 252 to 254, Pg - 62, 63</i>
8	<i>Mahabala</i>	<i>Sida rhombifolia</i> Linn. <i>Molvaceae</i>	<i>Madhura, Shita, Snigdha, Tridosha Nashaka</i>	<i>Arshoghna Vishama-Jwara, Hrudroga, Shophra</i>	<i>Shloka - 272 to 273, Pg - 66</i>
9	<i>Sahaxraveerya (Shatavari Vishesha)</i>	<i>Asparagus surmentosus</i> Willd. <i>Liliaceae</i>	<i>Tikta Madhura, Shita, Laghu, Tridosha Nashaka</i>	<i>Arshoghna Grahani, Netra Roga, Kshaya</i>	<i>Shloka - 283 to 284, Pg - 68</i>

Table 2: List of Arshoghna mentioned in Nhatapushpadi Varga of Dhantantari Nighantu

Sr.no	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Mishreya</i>	<i>Foeniculum vulgare</i> Mill. <i>Umbelliferae</i>	<i>Tikta Madhura, Shita, Vata Pitta and Rakta Dosha Nashaka</i>	<i>Arshoghna Kshaya, Kshata-Ksheena</i>	<i>Shloka - 4 to 5, Pg - 70, 71</i>
2	<i>Hapuska</i>	<i>Juniperus communis</i> Linn. <i>Cupressaceae</i>	<i>Katu Tikta, Ushna, Guru, Vata Kapha Nashaka</i>	<i>Arshoghna Gulma, Udara, Shula, Krimighna</i>	<i>Shloka - 9 to 10, Pg - 71</i>
3	<i>Kuraja</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta Kshaya, Shita, Raksha</i>	<i>Arshoghna Kushta, Atisara</i>	<i>Shloka - 13 to 14, Page - 72</i>
4	<i>Indrayava</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta, Ushna, Deepana, Tridosha Nashaka</i>	<i>Arshoghna Chardi, Atisara, Shula</i>	<i>Shloka - 15 to 16, Pg - 72, 73</i>
5	<i>Hingupatri</i>	<i>Gardenia</i>	<i>Katu Tikta,</i>	<i>Arshoghna</i>	<i>Shloka -</i>

		<i>gummifera</i> Linn. Rubiaceae	<i>Ushna, Vata Kapha Nashaka</i>	<i>Gulma, Pleeha, Hrud & Busti shula, Krimighna</i>	38 to 39, Pg - 76, 77
6	<i>Tamalapatrum</i>	<i>Cinnamomum tamala</i> Nees & Eberm. Lauraceae	<i>Kapha Vata Nashaka</i>	<i>Arshoghna Aruchihara, Hrudasa Nashaka</i>	<i>Shloka - 52, 53, Pg - 79</i>
7	<i>Chiraka</i>	<i>Plumbago zeylanica</i> Linn. Plumbaginaceae	<i>Katu, Katu Vipaka, Ushna, Kapha Nashaka</i>	<i>Arshoghna Udara, Grahani, Kshaya, Pandu, Shopha</i>	<i>Shloka - 80 to 81, Pg - 84- 85</i>
8	<i>Amlavetasa</i>	<i>Garcinia pedunculata</i> Roxb. Guttiferaceae	<i>Kashaya Katu, Ushna, Ruksha, Kapha Vata Nashaka</i>	<i>Arshoghna Gulma, Hrudroga, Ashmari, Trushna, Krimighna</i>	<i>Shloka - 93 to 94, Pg - 87</i>

Table 3: List of Arshoghna mentioned in Chandanadi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Karchura</i>	<i>Curcuma zedoaria</i> Rose, Zingiberaceae	<i>Katu Tikta, Ushna, Vata Kapha Nashaka, Deepana</i>	<i>Arshoghna Gulma, Pleeha, Kushta, Kasa Aruchihara,</i>	<i>Shloka - 93 to 94, Pg - 108</i>
2	<i>Ambika</i>	<i>Hibiscus cannabinus</i> Linn. Malvaceae	<i>Tikta, Ushna, Kapha Nashaka</i>	<i>Arshoghna Shopha</i>	<i>Shloka - 107 to 108, Pg - 110</i>
3	<i>Bhallataka</i>	<i>Semecarpus anacardium</i> Linn.F. Anacardiaceae	<i>Katu Tikta Madhura, Ushna, Vata Kapha Nashaka</i>	<i>Arshoghna Krimighna, Gulma, Kushta, Grahani,</i>	<i>Shloka - 128 to 129, Pg - 114</i>
4	<i>Hema- makshikam (Tapyu)</i>	<i>Copper pyrite</i>	<i>Katu Tikta, Ushna, Tridoshu Nashaka</i>	<i>Arshoghna Shopha, Udara, Kshaya, Nashaka Busti roga, Mandagni.</i>	<i>Shloka - 133 to 135, Pg - 115.</i>
5	<i>Shufajatu</i>	<i>Asphaltum punjabianum</i> Black asphaltum.	<i>Tikta Katu, Ushna,</i>	<i>Arshoghna Shopha, Kushta, Kshaya, Udara, Ashuari.</i>	<i>Shloka - 146 to 147, Pg - 117</i>

Table 4: List of Arshoghna mentioned in Karveeradi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Rasana	<i>Allium sativum</i> Linn. Liliaceae	Madhura Tikta, Ushna, Kapha Nashaka, Guru, Snigdha	Arshoghna Gulma, Kasa Pleeha, Kushta, Aruchihara,	Shloka - 61 to 63, Pg - 132
2	Vansha	<i>Bambusa arundinacea</i> Willd. Poaceae	Katu Tikta Kashaya, Shita, Pita Rakta Dasha Nashaka	Arshoghna Mutrakurcha, Prameha, Daha	Shloka - 122 to 123, Pg - 143

Table 5: List of Arshoghna mentioned in Amradi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Beejapur	<i>Citrus medica</i> Linn. Rutaceae	Tikta Madhura, Shita, Vata Pita and Rakta Dasha Nashaka	Arshoghna Chardi, Shula, Aruchihara, Medhya	Shloka - 21, Pg - 152
2	Kashudra Amlika	<i>Oxalis corniculata</i> Linn. Oxalidaceae	Amla Katu Tikta, Ushna, Kapha Vata Nashaka, Grahni	Arshoghna Grahani, Anavata	Shloka - 31, Pg - 154
3	Arukam	<i>Prunus persica</i> Batsch. Rosaceae	Madhura, Shita Hridya	Arshoghna Meha	Shloka - 32 to 33, Pg - 154
4	Pilu	<i>Salvadora persica</i> Linn. Salvadoraceae	Madhura, Katu, Shita Kapha Vata Nashaka, Tikshna, Snigdha	Arshoghna Raktapita, Gulma	Shloka - 44 to 45, Pg - 156
5	Karira	<i>Capparis aphylla</i> , Roth. Capparidaceae	Madhura Tikta, Katu Ushna, Vata Kapha Nashaka	Arshoghna Aruchihara	Shloka - 91, Page - 165
6	Ashoka	<i>Saraca indica</i> Linn. Leguminosae	Madhura, Madhura Vipaka, Shita Sanahaniya	Arshoghna Krinighna, Sarva Vrana Vinashana	Shloka - 147 Pg - 177
7	Palasha Kinshuka	<i>Butea frondosa</i> Roxb. Leguminosae	Katu, Katu Vipaka, Ushna, Vata Kapha Nashaka	Arshoghna Gulma, Grahani, Krimihara, Plecha	Shloka - 148 to 150, Pg - 177

Table 6: List of Arshoghna mentioned in Savarnadi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Tamra	Copper	Tikta Madhura	Arshoghna	Shloka - 10,

			<i>Kashaya, Katu, Shita, Laghu, Lekhana</i>	<i>Gulma, Panda, Kushta, Shula, Udara</i>	Pg - 180
2	<i>Loha</i>	<i>Iron</i>	<i>Tikta Kashaya, Katu, Ushna, Ruksha Kapha Pita Nashaka</i>	<i>Arshoghna Prameha, Shula, Pandu, Kushta</i>	<i>Shloka - 28, Pg - 183</i>
3	<i>Ushtrapayaha</i>	<i>Camel's milk</i>	<i>Lavana, Ushna, Laghu, Ruksha, Vata Kapha Nashaka</i>	<i>Arshoghna Shopha, Udara, Krimihara</i>	<i>Shloka - 158, Pg - 207</i>
4	<i>Ajardadhi</i>	<i>Goat's butter</i>	<i>Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Swasa, Kasa</i>	<i>Shloka - 176, Pg - 210</i>
5	<i>Ushtridadihi</i>	<i>Camel's but- ter</i>	<i>Amila, Kshartya, Katu Vipaka, Vata Nashaka</i>	<i>Arshoghna Kushta, Krimihara</i>	<i>Shloka - 179, Pg - 211</i>
6	<i>Takra</i>	<i>Butter-milk</i>	<i>Kashaya, Ushna, Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Grahani, Shopha, Udara</i>	<i>Shloka - 195, Pg - 214</i>
7	<i>Navneetam</i>	<i>Product of Butter</i>	<i>Madhura, Madhura Vipaka, Shita, Hridya, Grahni, Snigdha, Vata Pitta Nashaka</i>	<i>Arshoghna Grahani, Ardita, Aruchihara</i>	<i>Shloka - 209 to 212, Pg - 216, 217.</i>
8	<i>Sauviraka & Tushodaka</i>	<i>Alcohol Vari- ety</i>	<i>Pachana</i>	<i>Arshoghna Grahani</i>	<i>Shloka - 231, Page - 220.</i>
9	<i>Sura & Prassana</i>	<i>Alcohol Vari- ety</i>	<i>Bruhana, Deepana, Vata Nashaka</i>	<i>Arshoghna Grahani, Aruchihara</i>	<i>Shloka - 239 to 241, Pg - 222.</i>
10	<i>Jagala</i>	<i>Alcohol Vari- ety</i>	<i>Ushna, Pachana, Ruksha, Grahni, Hridya, Vata Nashaka</i>	<i>Arshoghna Pravahika</i>	<i>Shloka - 244, Pg - 223.</i>
11	<i>Mardvikam</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Ushna, Hridya, Lekhana, Vata Pitta Nashaka</i>	<i>Arshoghna Prameha, Pandu</i>	<i>Shloka - 247, Page - 223.</i>
12	<i>Sharkara- Sidhu</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Madhura Vipaka, Deepana</i>	<i>Arshoghna Udara, Vibamihara</i>	<i>Shloka - 250, Pg - 224.</i>
13	<i>Maireya</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Kashaya, Guru, Teekshna, Vata Kapha Medahara</i>	<i>Arshoghna Gulma, Krimihara</i>	<i>Shloka - 253, Pg - 224.</i>

14	<i>Arishta</i>	<i>Liquid Form Medicinal Preparation</i>	<i>Deepana, Sara, Vata Kapha Nashaka</i>	<i>Arshoghna Udara, Shula, Gulma</i>	<i>Shloka - 257 - 258, Pg - 225.</i>
15	<i>Ushtrumansa</i>	<i>Camel's Meant</i>	<i>Madhura, Ushna, Laghu, Vata Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 353, Pg - 240.</i>
16	<i>Mutra</i>	<i>Urine</i>	<i>Katu, Lavana, Ushna, Raksha, Teekshna, Vata Kapha Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 444 to 446, Pg - 256.</i>
17	<i>Muhishamutra</i>	<i>Buffalo's Urine</i>	<i>Ushna</i>	<i>Arshoghna Prameha, Udara, Shula, Gulma</i>	<i>Shloka - 450, Pg - 257.</i>
18	<i>Ushramutra</i>	<i>Camel's Urine</i>	<i>Ushna, Vata Nashaka</i>	<i>Arshoghna Shotha, Kushta, Ummada, Krimihara</i>	<i>Shloka - 453, Pg - 258.</i>

Table 7: List of *Arshoghna* mentioned in *Savarnadi Varga* of *Dhanwantari Nighantu*.

Sr. No.	Drug name	Talla of following Drugs is <i>Arshoghna</i>	Properties	Uses	Reference
19	<i>Talla (Oil)</i>	<i>Danti, Sarshapa, Arishta, Sivarchala, Ingudi, Pllu, Shankhini, Sarala, Devadaru, Tuvaraka, Ballataka, Mutaka, Kuranja, Shigru, Neepa, Agaru, Shishapa,</i>	<i>Katu, Tikshna, Kapha Vata Nashaka</i>	<i>Arshoghna Kushta Medahara</i>	<i>Shloka - 127-129, Pg - 202</i>

Table 8: List of *Arshoghna* mentioned in *Mishrakadi Varga* of *Dhanwantari Nighantu*.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Sarvushadi</i>	<i>Kushta, Haridra, Mura, Chumpaka, Karpura, Musta, Jutamansi, Daruharidra, Shaileya, Vaacha,</i>	<i>Triloshahara, Rasayana,</i>	<i>Arshoghna Mutradaha, Mukharoga Nashaka.</i>	<i>Shloka - 38-39, Pg - 266</i>

OBSERVATIONS & RESULTS: The above identified drugs were analyzed for the *Rasa* and *Doshaghata* and the following are noted:

Table 9: *Dravya (Drugs)* according to *Rasapanchaka*

<i>Rasa</i>	Number of drugs
<i>Madhura</i>	19
<i>Amila</i>	05
<i>Lavana</i>	04
<i>Katu</i>	23
<i>Tikta</i>	24
<i>Kashaya</i>	11

Table 10: *Dravya (Drugs)* according to *Vipaka*

<i>Doshaghata</i>	Number of drugs
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<i>Madhura</i>	18
<i>Amla</i>	03
<i>Katu</i>	30

Table 11: *Dravya* (Drugs) according to *Virya*

<i>Doshaghna</i>	Number of drugs
<i>Sheeta</i>	10
<i>Ushana</i>	41

Table 12: *Dravya* (Drugs) according to *Doshaghna*

<i>Doshaghna</i>	Number of drugs
<i>Vataghna</i>	06
<i>Pitaghna</i>	02
<i>Kaphaghna</i>	04
<i>Vata-Pitaghna</i>	05
<i>Vata-Kaphaghna</i>	22
<i>Pita-Kaphaghna</i>	04
<i>Tridoshaghna</i>	07
<i>Rakta Dosh Nashaka</i>	05

It is observed that, of the total drugs mentioned as *Arshoghna*, *Tikta Rasa Dravya* are maximum in number (24) followed by *Katu Rasa Dravya* (23), *Kashaya Rasa Dravya* (11), *Madhura* (19), *Amla* (05) and *Lavana* (04) *Dravya*. According to *Vipaka* *Katu*, *Madhura* & *Amla* drugs are found 30, 18 & 03 in number respectively. Most of the drugs are *Ushana Virya* (41) and *Sheeta Virya* drugs are 10 in number.

DISCUSSION: *Dhanvantari Nighantu* has given unique consideration to the disease *Arsha* (haemorrhoids) and used various drugs to treat this disease. Present study deals with extensive variety of drugs from *Dhanvantari Nighantu*. *Acharya Mahendra Bhogika* directly mentions the action of these following drugs as *Arshoghna*. Drugs from whole *Dhanvantari Nighantu* were screened for the action *Arshoghna* (Antihemorrhoid). 51 drugs were described for the treatment of haemorrhoids from the total 703 drugs. Out of these *Arshoghna* drugs 9, 8, 5 & 7 drugs belongs to *Guduchyadivarga*, *Shatapushpadivarga*, *Chandamuldivarga*, *Anradivarga* respectively. While in *Suvarnadivarga* (19), *Korveeradivarga* (2) *Mishrakadivarga* (1) drugs are stated for the treatment of *Arsha*. *Tikta Katu* & *Kashaya Rasa Pradhanata* are found in the maximum number drugs. *Tikta Rasa* is

Arochakaghna, *Dipana* and *Pachana*. *Katu Rasa* is *Agnidipana*, *Shwayathunashana* and *Rochayatisanum* while *Kashaya Rasa* is *Ropana*, *Shoshana* and *Stambhana*¹⁰. This is indicating that the drugs with *Tikta*, *Katu* and *Kashaya Rasa* play major role in the treatment of *Arsha*. As *Arsha* is a *Rakta-Mamsadharujanya-Vyadhi* it requires *Tikta* and *Kashaya Rasa Dravya* to purified the *Raktadosha* and *Katu Rasa* helps to reduce the *Mamsadusti*.

Most of the drugs mentioned are *Ushnavirya* (41) in nature and *Sheetavirya* are found in 10 in number. *Ushnavirya* destroys constipation and expels the stools freely and also helps to reduce the *Arshas* especially if the *Arshas* are dry. *Sheetaviryadravyas* help in the bleeding piles for stopping the excessive blood flow. *Madhura* (18) and *Katuvipaka* (30) *Dravyas* are mentioned to have the property of *Arshoghna*. *Madhura* and *Katuvipaka* can be considered to reduce bleeding piles and dry piles respectively. Most of the drugs possess the *Kshara*, *Guru* and *Tikshna* properties to be mostly acting on the *Arshas*. *Ksharaguna* helps to burn the extra mass formed in the pile mass and reduce burn the pile mass. While *Guru* and *Tikshnaguna* help to expel the faces properly. In management of

Arshas: The systemic medicines act by improving appetite, regularize bowel habits, astringent action on blood vessels and maintaining *Agni* and *Srotas* in equilibrium.

CONCLUSION: From the present study, it can be concluded that 51 drugs were mentioned in *Dhanvantari Nighantu* acting on the disease *Arshas*. It can also be said that the drugs having *Katu*, *Tikta*, *Kashaya rasa* dominancy, *Guru-Tikshna* & *Kshara* properties, *Ushnavireya* and *Katuvipaka* play major role in the management of *Arshu*. As the study is purely theoretical, it requires clinical correlation of the mentioned drugs.

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**A LITERARY REVIEW ON ARSHOGHNA(ANTI-HAEMORRHOIDAL)
DRAVYAS OF DHANWANTARI NIGHANTU**

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ABSTRACT
Arsha (Hemorrhoids) can be treated by many drugs having *Arshoghna* property explained in *Brihatnisi Charaka*, *Sushruta*, *Yagybhata Samhita* and *Lagaditri* (*Shukranigbha*, *Dhanvantari* and *Madhav Nidani*). Ayurveda plays vital role in curing Arsha. Either through surgical intervention (*Ksharasutra* application) and without surgical intervention (*Arshoghna Dravya Prayoga*). In *Dhanwantari Nighantu*, Acharya Mahendra Dhangar mentioned numerous drugs act on haemorrhoids (*Arshoghna Dravya*). The present study is designed to get the drugs with *Arshoghna* properties. 51 drugs were described for the treatment of hemorrhoids throughout the text of *Dhanwantari Nighantu*. In Arsha management the ayurvedic medicines act by improving appetite, regularize bowel habits, sufficient action on blood vessels and maintaining *Ure* and *Stool* in equilibrium. Among all the *Arshoghna* drugs described in *Dhanwantari Nighantu*, maximum drugs are *Maye Pitta, Kapha* and *Kashaya Kasa* *Pradhana*. *Katuyapahana* property and *Leshya* in *Kriya* these factors play important role in the management of Arsha.
Keywords: *Arshoghna dravya*, Anti-haemorrhoidal drugs, *Dhanwantari Nighantu*.

INTRODUCTION: *Dhanwantari Nighantu* is one of the oldest *Nighantu* belonging to 10th century A.D and contains most of the newly added drugs and their properties. The author was the first to classify plant drugs on basis of medicinal properties. Many drugs having *Arshoghna* properties been mentioned in *Ayurveda* classics. *Dhanwantari Nighantu* is one important lexicon of plant drugs¹. Hence *Dhanwantari Nighantu* was selected for the study to note of the drugs mentioned for the treatment of *Arsha*. Haemorrhoids are considered as *Arsha* in *Ayurveda*. Haemorrhoids are dilated veins within the anal canal in the subepithelial region

formed by radicles of the superior, middle and inferior rectal veins². Lifestyle diseases refer to diseases that result because of choices people make in their life. They are mostly common in developed nations where people are inclined towards eating unhealthy foods, having a sedentary lifestyle and unhealthy habits like smoking and drinking alcohol³. Low roughage 'Western' diet may excite haemorrhoid formation⁴. There are six types of *Arsha* mentioned in the texts - those caused by *Vata, Pitta, Kapha, Rakta, Sannipata* and *Sahaja* told by Acharya *Sushruta*⁵. In unrestrained persons, by aforesaid exciting factors particularly

Viruddha (incompatible food), *Adhvashana* (eating before previous food is digested), *Striprasanga* (sexual intercourse), *Utkatukasana* (squatting position), *Prusthanya* (riding), *Vegavidharana* (suppression of natural urges) etc., *Doshas*-singly, dually, all or associated with *Rakta* (blood) are aggravated and spreads to chief passages, move downwards, reach anal folds and after vitiating them produce fleshy growths particularly in those having deficient digestive power; these tuber-like growth by rubbing with grass, wood, stone, clod, cloth etc. or by the excessive contact of cold water develop further which are known as haemorrhoids⁶. Premonitory symptoms of piles include *Anne-ashradha* (aversion to food), *Kruachhatpakti* (digestion with difficulty), *Amlika* (hyperacidity), *Paridaha* (generalized burning sensation), *Vishrambha* (windformation), *Pipasa* (thirst), *Sakthisadana* (weakness in legs), *Atopa* (flatulence), *Karshya* (emaciation), *Udgarabahudya* (belching), *Akshnokshravatna* (swelling in eyes), *Antrakujana*, *Gudaparikartana* (cutting pain in anus), *Pandurogacashanka* (doubt of anaemia), *Grahamiroga*, *Kasa* (cough), *Shwasa* (dyspnoea), *Balahani* (debility), *Bhrama* (giddiness), *Tandra* (drowsiness), *Nidra* (excessive sleep) and *Inariyadoubalya* (weakness of sense organs)⁷. The disease piles, complicated with *Trushma* (thirst), *Arochaka* (anorexia), *Shula* (colic pain), *Atprasrutashonita* (severe hemorrhage), *Shopha* (oedema) and

Atisara (diarrhoea) brings end to the patient⁸. The *Arsha* (hemorrhoids) can be best treated with *Ayurved* medicine, local *Kshara* application, medicament and para-surgical procedure like *Ksharasutra* ligation. The first degree piles can be treated with *Agnidipan*, *Pachun*, *Anuloman* drugs. First and second degree piles are best treated with medicine along with local *Kshara* and oil and *Matahar* application. Third and fourth degree piles can be treated with *Ksharasutra* ligation. The external thrombosed piles can best manage with the help of *Avagaha* *swedan* and *Jalaukavacharan* (leech application)⁹.

AIMS AND OBJECTIVES: To collect the information regarding the drugs mentioned as *Arshoghna* in *Dhanwantari Nighantu*. To analyze properties mentioned.

MATERIALS AND METHODS:

Materials: *Dhanwantari Nighantu* original text was searched for the drugs, having the property of *Arshoghna*, and was tabulated to analyze the properties of those drugs.

Method: The *Arshoghna* property was used with various synonyms also like *Arshoghna*, *Visheshat Gudajapaham*, *Rakturshara*, *Gudaraktahruta*, *Gudamkurnash*, *Gudartinash*, *Vatarshahara* etc. So all the drugs mentioned have these properties were identified and tabulated to know their source identify and the properties. After obtaining the list of the drugs the properties of the drugs will be analyzed for *Rasa panchaka* and analyzed systematically.

Table 1: List of *Arshoghna* mentioned in *Guduchayadi Varga* of *Dhanwantari Nighantu*

Sr. No.	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.) Miers. Menispermaceae	<i>Tikta Kashaya, Ushna, Guru, Grahi, Tridosha and Rakta Dasha Nashaka</i>	<i>Arshoghna, Jvara, Meha, Kushta, Pandu</i>	<i>Shloka - 5 to 7, Pg - 17</i>
2	<i>Kataphala</i>	<i>Myrica nagi</i> Thunb. Myricaceae	<i>Kapha Vata Nashaka.</i>	<i>Arshoghna, Gulma, Meha, Grahami, Pandu</i>	<i>Shloka - 73 to 74, Pg - 29</i>
3	<i>Kshitivar</i>	<i>Celoxia argentea</i> Linn.	<i>Kashaya, Grahi, Tridosha Nashaka</i>	<i>Arshoghna, Gulma, Pleeha,</i>	<i>Shloka - 151 to</i>

		<i>Amaranthaceae</i>		<i>Hrudroga, Basti Shodhaka</i>	152, Pg - 44
4	<i>Pashanabhed</i>	<i>Bergenia ligulata</i> Engl. <i>Saxifragaceae</i>	<i>Tikta, Shita</i>	<i>Arshoghna Gulma, Plecha, Hrudroga, Ashmari, Shishna shula</i>	<i>Shloka - 153 to 154, Pg - 44</i>
5	<i>Danti</i>	<i>Baliospermum montanum</i> Muell. - Arg. <i>Euphorbiaceae</i>	<i>Katu, Ushna, Kapha Vata Nashaka, Teekshna, Deepana, Shodana</i>	<i>Arshoghna Shula, Ashmari, Udara, Vrana Nashaka</i>	<i>Shloka - 219 to 220, Pg - 56</i>
6	<i>Varani (Danti Vishesha)</i>	<i>Baliospermum</i> Sp. <i>Euphorbiaceae</i>	<i>Tikta, Kapha Vata Nashaka, Deepana, Shodana</i>	<i>Arshoghna Shula, Twak Dosha, Udara</i>	<i>Shloka - 221 to 222, Pg - 56, 57</i>
7	<i>Apamarga</i>	<i>Achyranthes aspera</i> Linn. <i>Amaranthaceae</i>	<i>Tikta Katu, Ushna, Kapha and Rakta Dosha Nashaka, Grahi</i>	<i>Arshoghna Udara, Adamanu, Kandu</i>	<i>Shloka - 252 to 254, Pg - 62, 63</i>
8	<i>Mahabala</i>	<i>Sida rhombifolia</i> Linn. <i>Molvaceae</i>	<i>Madhura, Shita, Snigdha, Tridosha Nashaka</i>	<i>Arshoghna Vishama-Jwara, Hrudroga, Shophu</i>	<i>Shloka - 272 to 273, Pg - 66</i>
9	<i>Sahaxtraveerya (Shatavari Vishesha)</i>	<i>Asparagus surmentosus</i> Willd. <i>Liliaceae</i>	<i>Tikta Madhura, Shita, Laghu, Tridosha Nashaka</i>	<i>Arshoghna Grahani, Netra Roga, Kshaya</i>	<i>Shloka - 283 to 284, Pg - 68</i>

Table 2: List of Arshoghna mentioned in Nhatapushpadi Varga of Dhantwanti Nighantu

Sr.no	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Mishreya</i>	<i>Foeniculum vulgare</i> Mill. <i>Umbelliferae</i>	<i>Tikta Madhura, Shita, Vata Pitta and Rakta Dosha Nashaka</i>	<i>Arshoghna Kshaya, Kshata-Ksheena</i>	<i>Shloka - 4 to 5, Pg - 70, 71</i>
2	<i>Hapusha</i>	<i>Juniperus communis</i> Linn. <i>Cupressaceae</i>	<i>Katu Tikta, Ushna, Guru, Vata Kapha Nashaka</i>	<i>Arshoghna Gulma, Udara, Shula, Krimighna</i>	<i>Shloka - 9 to 10, Pg - 71</i>
3	<i>Kuraja</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta Kshaya, Shita, Raksha</i>	<i>Arshoghna Kushta, Atisara</i>	<i>Shloka - 13 to 14, Page - 72</i>
4	<i>Indrayava</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta, Ushna, Deepana, Tridosha Nashaka</i>	<i>Arshoghna Chardi, Atisara, Shula</i>	<i>Shloka - 15 to 16, Pg - 72, 73</i>
5	<i>Hingupatri</i>	<i>Gardenia</i>	<i>Katu Tikta,</i>	<i>Arshoghna</i>	<i>Shloka -</i>

		<i>gummifera</i> Linn. Rubiaceae	<i>Ushna, Vata Kapha Nashaka</i>	<i>Gulma, Pleeha, Hrud & Busti shula, Krimighna</i>	38 to 39, Pg - 76, 77
6	<i>Tamalapatrum</i>	<i>Cinnamomum tamala</i> Nees & Eberm. Lauraceae	<i>Kapha Vata Nashaka</i>	<i>Arshoghna Aruchihara, Hrudasa Nashaka</i>	<i>Shloka - 52, 53, Pg - 79</i>
7	<i>Chiraka</i>	<i>Plumbago zeylanica</i> Linn. Plumbaginaceae	<i>Katu, Katu Vipaka, Ushna, Kapha Nashaka</i>	<i>Arshoghna Udara, Grahani, Kshaya, Pandu, Shopha</i>	<i>Shloka - 80 to 81, Pg - 84- 85</i>
8	<i>Amlavetasa</i>	<i>Garcinia pedunculata</i> Roxb. Guttiferaceae	<i>Kashaya Katu, Ushna, Ruksha, Kapha Vata Nashaka</i>	<i>Arshoghna Gulma, Hrudroga, Ashmari, Trushna, Krimighna</i>	<i>Shloka - 93 to 94, Pg - 87</i>

Table 3: List of Arshoghna mentioned in Chandanadi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Karchura</i>	<i>Curcuma zedoaria</i> Rose, Zingiberaceae	<i>Katu Tikta, Ushna, Vata Kapha Nashaka, Deepana</i>	<i>Arshoghna Gulma, Pleeha, Kushta, Kasa Aruchihara,</i>	<i>Shloka - 93 to 94, Pg - 108</i>
2	<i>Ambika</i>	<i>Hibiscus cannabinus</i> Linn. Malvaceae	<i>Tikta, Ushna, Kapha Nashaka</i>	<i>Arshoghna Shopha</i>	<i>Shloka - 107 to 108, Pg - 110</i>
3	<i>Bhallataka</i>	<i>Semecarpus anacardium</i> Linn.F. Anacardiaceae	<i>Katu Tikta Mudhwa, Ushna, Vata Kapha Nashaka</i>	<i>Arshoghna Krimighna, Gulma, Kushta, Grahani,</i>	<i>Shloka - 128 to 129, Pg - 114</i>
4	<i>Hema- makshikam (Tapyu)</i>	<i>Copper pyrite</i>	<i>Katu Tikta, Ushna, Tridoshu Nashaka</i>	<i>Arshoghna Shopha, Udara, Kshaya, Nashaka Busti roga, Mandagni.</i>	<i>Shloka - 133 to 135, Pg - 115.</i>
5	<i>Shufajatu</i>	<i>Asphaltum punjabianum</i> Black asphaltum.	<i>Tikta Katu, Ushna,</i>	<i>Arshoghna Shopha, Kushta, Kshaya, Udara, Ashuari.</i>	<i>Shloka - 146 to 147, Pg - 117</i>

Table 4: List of Arshoghna mentioned in Karveeradi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Rasana	<i>Allium sativum</i> Linn. Liliaceae	Madhura Tikta, Ushna, Kapha Nashaka, Guru, Snigdha	Arshoghna Gulma, Kasa Pleeha, Kushta, Aruchihara,	Shloka - 61 to 63, Pg - 132
2	Vansha	<i>Bambusa arundinacea</i> Willd. Poaceae	Katu Tikta Kashaya, Shita, Pita Rakta Dasha Nashaka	Arshoghna Mutrakurcha, Prameha, Daha	Shloka - 122 to 123, Pg - 143

Table 5: List of Arshoghna mentioned in Amradi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Beejapur	<i>Citrus medica</i> Linn. Rutaceae	Tikta Madhura, Shita, Vata Pita and Rakta Dasha Nashaka	Arshoghna Chardi, Shula, Aruchihara, Medhya	Shloka - 21, Pg - 152
2	Kashura Amlika	<i>Oxalis corniculata</i> Linn. Oxalidaceae	Amla Katu Tikta, Ushna, Kapha Vata Nashaka, Grahni	Arshoghna Grahani, Anavata	Shloka - 31, Pg - 154
3	Arukam	<i>Prunus persica</i> Batsch. Rosaceae	Madhura, Shita Hridya	Arshoghna Meha	Shloka - 32 to 33, Pg - 154
4	Pilu	<i>Salvadora persica</i> Linn. Salvadoraceae	Madhura, Katu, Shita Kapha Vata Nashaka, Tikshna, Snigdha	Arshoghna Raktapita, Gulma	Shloka - 44 to 45, Pg - 156
5	Karira	<i>Capparis aphylla</i> , Roth. Capparidaceae	Madhura Tikta, Katu Ushna, Vata Kapha Nashaka	Arshoghna Aruchihara	Shloka - 91, Page - 165
6	Ashoka	<i>Saraca indica</i> Linn. Leguminosae	Madhura, Madhura Vipaka, Shita Sanahaniya	Arshoghna Krinighna, Sarva Vrana Vinashana	Shloka - 147 Pg - 177
7	Palasha Kinshuka	<i>Butea frondosa</i> Roxb. Leguminosae	Katu, Katu Vipaka, Ushna, Vata Kapha Nashaka	Arshoghna Gulma, Grahani, Krimihara, Plecha	Shloka - 148 to 150, Pg - 177

Table 6: List of Arshoghna mentioned in Savarnadi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Tamra	Copper	Tikta Madhura	Arshoghna	Shloka - 10,

			<i>Kashaya, Katu, Shita, Laghu, Lekhana</i>	<i>Gulma, Panda, Kushta, Shula, Udara</i>	Pg - 180
2	<i>Loha</i>	<i>Iron</i>	<i>Tikta Kashaya, Katu, Ushna, Ruksha Kapha Pita Nashaka</i>	<i>Arshoghna Prameha, Shula, Pandu, Kushta</i>	<i>Shloka - 28, Pg - 183</i>
3	<i>Ushtrapayaha</i>	<i>Camel's milk</i>	<i>Lavana, Ushna, Laghu, Ruksha, Vata Kapha Nashaka</i>	<i>Arshoghna Shopha, Udara, Krimihara</i>	<i>Shloka - 158, Pg - 207</i>
4	<i>Ajardadhi</i>	<i>Goat's butter</i>	<i>Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Swasa, Kasa</i>	<i>Shloka - 176, Pg - 210</i>
5	<i>Ushtridadihi</i>	<i>Camel's but- ter</i>	<i>Amila, Kshartya, Katu Vipaka, Vata Nashaka</i>	<i>Arshoghna Kushta, Krimihara</i>	<i>Shloka - 179, Pg - 211</i>
6	<i>Takra</i>	<i>Butter-milk</i>	<i>Kashaya, Ushna, Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Grahani, Shopha, Udara</i>	<i>Shloka - 195, Pg - 214</i>
7	<i>Navneetam</i>	<i>Product of Butter</i>	<i>Madhura, Madhura Vipaka, Shita, Hridya, Gruhi, Snigdha, Vata Pitta Nashaka</i>	<i>Arshoghna Grahani, Ardita, Aruchihara</i>	<i>Shloka - 209 to 212, Pg - 216, 217.</i>
8	<i>Sauviraka & Tushodaka</i>	<i>Alcohol Vari- ety</i>	<i>Pachana</i>	<i>Arshoghna Grahani</i>	<i>Shloka - 231, Page - 220.</i>
9	<i>Sura & Prassana</i>	<i>Alcohol Vari- ety</i>	<i>Bruhana, Deepana, Vata Nashaka</i>	<i>Arshoghna Grahani, Aruchihara</i>	<i>Shloka - 239 to 241, Pg - 222.</i>
10	<i>Jagala</i>	<i>Alcohol Vari- ety</i>	<i>Ushna, Pachana, Ruksha, Gruhi, Hridya, Vata Nashaka</i>	<i>Arshoghna Pravahika</i>	<i>Shloka - 244, Pg - 223.</i>
11	<i>Mardvikam</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Ushna, Hridya, Lekhana, Vata Pitta Nashaka</i>	<i>Arshoghna Prameha, Pandu</i>	<i>Shloka - 247, Page - 223.</i>
12	<i>Sharkara- Sidhu</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Madhura Vipaka, Deepana</i>	<i>Arshoghna Udara, Vibamihara</i>	<i>Shloka - 250, Pg - 224.</i>
13	<i>Maireya</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Kashaya, Guru, Teekshna, Vata Kapha Medahara</i>	<i>Arshoghna Gulma, Krimihara</i>	<i>Shloka - 253, Pg - 224.</i>

14	<i>Arishta</i>	<i>Liquid Form Medicinal Preparation</i>	<i>Deepana, Sara, Vata Kapha Nashaka</i>	<i>Arshoghna Udara, Shula, Gulma</i>	<i>Shloka - 257 - 258, Pg - 225.</i>
15	<i>Ushtrumansa</i>	<i>Camel's Meant</i>	<i>Madhura, Ushna, Laghu, Vata Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 353, Pg - 240.</i>
16	<i>Mutra</i>	<i>Urine</i>	<i>Katu, Lavana, Ushna, Raksha, Teekshna, Vata Kapha Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 444 to 446, Pg - 256.</i>
17	<i>Muhishamutra</i>	<i>Buffalo's Urine</i>	<i>Ushna</i>	<i>Arshoghna Prameha, Udara, Shula, Gulma</i>	<i>Shloka - 450, Pg - 257.</i>
18	<i>Ushramutra</i>	<i>Camel's Urine</i>	<i>Ushna, Vata Nashaka</i>	<i>Arshoghna Shotha, Kushta, Ummada, Krimihara</i>	<i>Shloka - 453, Pg - 258.</i>

Table 7: List of Arshoghna mentioned in Savarnadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Talla of following Drugs is Arshoghna	Properties	Uses	Reference	
19	Talla (Oil)	<i>Danti, Sarshapa, Arishta, Sivarchala, Ingudi, Pllu, Shankhini, Sarala, Devadaru, Tuvaraka, Ballataka</i>	<i>Mulaka, Kuranja, Shigru, Neepe, Agaru, Shishapa, Karpura, Musta</i>	<i>Katu, Tikshna, Kapha Vata Nashaka</i>	<i>Arshoghna Kushta Medahara</i>	<i>Shloka - 127-129, Pg - 202</i>

Table 8: List of Arshoghna mentioned in Mishrakadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Sarvushadi</i>	<i>Kushta, Jutamansi, Haridra, Daruharidra, Mura, Shaileya, Chumpaka, Vaacha, Karpura, Musta.</i>	<i>Triloshahara, Rasayana,</i>	<i>Arshoghna Mutradaha, Mukharoga Nashaka.</i>	<i>Shloka - 38-39, Pg - 266</i>

OBSERVATIONS & RESULTS: The above identified drugs were analyzed for the *Rasa* and *Doshaghata* and the following are noted:

Table 9: *Dravya* (Drugs) according to *Rasapanchaka*

<i>Rasa</i>	Number of drugs
<i>Madhura</i>	19
<i>Amila</i>	05
<i>Lavana</i>	04
<i>Katu</i>	23
<i>Tikta</i>	24
<i>Kashaya</i>	11

Table 10: *Dravya* (Drugs) according to *Vipaka*

<i>Doshaghata</i>	Number of drugs
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Madhura	18
Amla	03
Katu	30

Table 11: *Dravya* (Drugs) according to *Virya*

<i>Doshaghna</i>	Number of drugs
Sheeta	10
Ushana	41

Table 12: *Dravya* (Drugs) according to *Doshaghna*

<i>Doshaghna</i>	Number of drugs
Vataghna	06
Pitaghna	02
Kaphaghna	04
Vata-Pitaghna	05
Vata-Kaphaghna	22
Pita-Kaphaghna	04
Tridoshaghna	07
Rakta Dosh Nashaka	05

It is observed that, of the total drugs mentioned as *Arshoghna*, *Tikta Rasa Dravya* are maximum in number (24) followed by *Katu Rasa Dravya* (23), *Kashaya Rasa Dravya* (11), *Madhura* (19), *Amla* (05) and *Lavana* (04) *Dravya*. According to *Vipaka* *Katu*, *Madhura* & *Amla* drugs are found 30, 18 & 03 in number respectively. Most of the drugs are *Ushana Virya* (41) and *Sheeta Virya* drugs are 10 in number.

DISCUSSION: *Dhanvantari Nighantu* has given unique consideration to the disease *Arsha* (haemorrhoids) and used various drugs to treat this disease. Present study deals with extensive variety of drugs from *Dhanvantari Nighantu*. *Acharya Mahendra Bhogika* directly mentions the action of these following drugs as *Arshoghna*. Drugs from whole *Dhanvantari Nighantu* were screened for the action *Arshoghna* (Antihemorrhoid). 51 drugs were described for the treatment of haemorrhoids from the total 703 drugs. Out of these *Arshoghna* drugs 9, 8, 5 & 7 drugs belongs to *Guduchyadivarga*, *Shatapushpadivarga*, *Chandamuldivarga*, *Anradivarga* respectively. While in *Suvarnadivarga* (19), *Korveeradivarga* (2) *Mishrakadivarga* (1) drugs are stated for the treatment of *Arsha*. *Tikta Katu* & *Kashaya Rasa Pradhanata* are found in the maximum number drugs. *Tikta Rasa* is

Arochakaghna, *Dipana* and *Pachana*. *Katu Rasa* is *Agnidipana*, *Shwayathu-nashana* and *Rochayatisanum* while *Kashaya Rasa* is *Ropana*, *Shoshana* and *Stambhana*¹⁰. This is indicating that the drugs with *Tikta*, *Katu* and *Kashaya Rasa* play major role in the treatment of *Arsha*. As *Arsha* is a *Rakta-Mamsadharujanya-Vyadhi* it requires *Tikta* and *Kashaya Rasa Dravya* to purified the *Raktadosha* and *Katu Rasa* helps to reduce the *Mamsadushti*.

Most of the drugs mentioned are *Ushnavirya* (41) in nature and *Sheetavirya* are found in 10 in number. *Ushnavirya* destroys constipation and expels the stools freely and also helps to reduce the *Arshas* especially if the *Arshas* are dry. *Sheetaviryadravyas* help in the bleeding piles for stopping the excessive blood flow. *Madhura* (18) and *Katuvipaka* (30) *Dravyas* are mentioned to have the property of *Arshoghna*. *Madhura* and *Katuvipaka* can be considered to reduce bleeding piles and dry piles respectively. Most of the drugs possess the *Kshara*, *Guru* and *Tikshna* properties to be mostly acting on the *Arshas*. *Ksharaguna* helps to burn the extra mass formed in the pile mass and reduce burn the pile mass. While *Guru* and *Tikshnaguna* help to expel the faces properly. In management of

Arshas: The systemic medicines act by improving appetite, regularize bowel habits, astringent action on blood vessels and maintaining *Agni* and *Srotas* in equilibrium.

CONCLUSION: From the present study, it can be concluded that 51 drugs were mentioned in *Dhanvantari Nighantu* acting on the disease *Arshas*. It can also be said that the drugs having *Katu*, *Tikta*, *Kashaya rasa* dominancy, *Guru-Tikshna* & *Kshara* properties, *Ushnavireya* and *Katuvipaka* play major role in the management of *Arshu*. As the study is purely theoretical, it requires clinical correlation of the mentioned drugs.

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**A LITERARY REVIEW ON ARSHOGHNA(ANTI-HAEMORRHOIDAL)
DRAVYAS OF DHANWANTARI NIGHANTU**

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ABSTRACT
Arsha (Hemorrhoids) can be treated by many drugs having *Arshoghna* property explained in *Brihatnisi Charaka*, *Sushruta Samhita*, *Yajñikya Samhita* and *Lagaditri* (*Shukranghara*, *Dhanvantari* and *Madhav Nidani*). *Ayurveda* plays vital role in curing *Arsha*. Either through surgical intervention (*Ksharasutra* application) and without surgical intervention (*Arshoghna Dravya Prayoga*). In *Dhanwantari Nighantu*, *Acharya Mahendra Dhangar* mentioned numerous drugs acting on haemorrhoids (*Arshoghna Dravya*). The present study is designed to get the drugs with *Arshoghna* properties. 51 drugs were described for the treatment of hemorrhoids throughout the text of *Dhanwantari Nighantu*. In *Arsha* management the systemic medicines act by improving appetite, regularize bowel habits, sufficient action on blood vessels and maintaining *Ure* and *Stool* in equilibrium. Among all the *Arshoghna* drugs described in *Dhanwantari Nighantu*, maximum drugs are *Maye Pitta, Kapha* and *Kashaya Kasa* *Pradhana*. *Katyavahana* property and *Letha* in *Kriya* these factors play important role in the management of *Arsha*.
Keywords: *Arshoghna Dravya*, Anti-haemorrhoidal drugs, *Dhanwantari Nighantu*.

INTRODUCTION: *Dhanwantari Nighantu* is one of the oldest *Nighantu* belonging to 10th century A.D and contains most of the newly added drugs and their properties. The author was the first to classify plant drugs on basis of medicinal properties. Many drugs having *Arshoghna* properties been mentioned in *Ayurveda* classics. *Dhanwantari Nighantu* is one important lexicon of plant drugs¹. Hence *Dhanwantari Nighantu* was selected for the study to note of the drugs mentioned for the treatment of *Arsha*. Haemorrhoids are considered as *Arsha* in *Ayurveda*. Haemorrhoids are dilated veins within the anal canal in the subepithelial region

formed by radicles of the superior, middle and inferior rectal veins². Lifestyle diseases refer to diseases that result because of choices people make in their life. They are mostly common in developed nations where people are inclined towards eating unhealthy foods, having a sedentary lifestyle and unhealthy habits like smoking and drinking alcohol³. Low roughage 'Western' diet may excite haemorrhoid formation⁴. There are six types of *Arsha* mentioned in the texts - those caused by *Vata, Pitta, Kapha, Rakta, Sannipata* and *Sahaja* told by *Acharya Sushruta*⁵. In unrestrained persons, by aforesaid exciting factors particularly

Viruddha (incompatible food), *Adhvashana* (eating before previous food is digested), *Striprasanga* (sexual intercourse), *Utkatukasana* (squatting position), *Prusthanya* (riding), *Vegavidharana* (suppression of natural urges) etc., *Doshas*-singly, dually, all or associated with *Rakta* (blood) are aggravated and spreads to chief passages, move downwards, reach anal folds and after vitiating them produce fleshy growths particularly in those having deficient digestive power; these tuber-like growth by rubbing with grass, wood, stone, clod, cloth etc. or by the excessive contact of cold water develop further which are known as haemorrhoids⁶. Premonitory symptoms of piles include *Anne-ashradha* (aversion to food), *Kruachhatpakti* (digestion with difficulty), *Amlika* (hyperacidity), *Paridaha* (generalized burning sensation), *Vishrambha* (windformation), *Pipasa* (thirst), *Sakthisadana* (weakness in legs), *Atopa* (flatulence), *Karshya* (emaciation), *Udgarabahudya* (belching), *Akshnokshravatna* (swelling in eyes), *Antrakujana*, *Gudaparikartana* (cutting pain in anus), *Pandurogacashanka* (doubt of anemia), *Grahamiroga*, *Kasa* (cough), *Shwasa* (dyspnoea), *Balahani* (debility), *Bhrama* (giddiness), *Tandra* (drowsiness), *Nidra* (excessive sleep) and *Inariyadoubalya* (weakness of sense organs)⁷. The disease piles, complicated with *Trushma* (thirst), *Arochaka* (anorexia), *Shula* (colic pain), *Atprasrutashonita* (severe hemorrhage), *Shopha* (oedema) and

Atisara (diarrhoea) brings end to the patient⁸. The *Arsha* (hemorrhoids) can be best treated with *Ayurved* medicine, local *Kshara* application, medicament and para-surgical procedure like *Ksharasutra* ligation. The first degree piles can be treated with *Agnidipan*, *Pachun*, *Anidoman* drugs. First and second degree piles are best treated with medicine along with local *Kshara* and oil and *Matahar* application. Third and fourth degree piles can be treated with *Ksharasutra* ligation. The external thrombosed piles can best manage with the help of *Avagaha* *swedan* and *Jalaukavacharan* (leech application)⁹.

AIMS AND OBJECTIVES: To collect the information regarding the drugs mentioned as *Arshoghna* in *Dhanwantari Nighantu*. To analyze properties mentioned.

MATERIALS AND METHODS:

Materials: *Dhanwantari Nighantu* original text was searched for the drugs, having the property of *Arshoghna*, and was tabulated to analyze the properties of those drugs.

Method: The *Arshoghna* property was used with various synonyms also like *Arshoghna*, *Visheshat Gudajapaham*, *Rakturshara*, *Gudaraktahruta*, *Gudamkurnash*, *Gudartinash*, *Vatarshahara* etc. So all the drugs mentioned have these properties were identified and tabulated to know their source identify and the properties. After obtaining the list of the drugs the properties of the drugs will be analyzed for *Rasa panchaka* and analyzed systematically.

Table 1: List of *Arshoghna* mentioned in *Guduchayadi Varga* of *Dhanwantari Nighantu*

Sr. No.	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.) Miers. Menispermaceae	<i>Tikta Kashaya, Ushna, Guru, Grahi, Tridosha and Rakta Dasha Nashaka</i>	<i>Arshoghna, Jvara, Meha, Kushta, Pandu</i>	<i>Shloka - 5 to 7, Pg - 17</i>
2	<i>Kataphala</i>	<i>Myricu nagi</i> Thunb. Myricaceae	<i>Kapha Vata Nashaka.</i>	<i>Arshoghna, Gulma, Meha, Grahami, Pandu</i>	<i>Shloka - 73 to 74, Pg - 29</i>
3	<i>Kshitwar</i>	<i>Celoxia argentea</i> Linn.	<i>Kashaya, Grahi, Tridosha Nashaka</i>	<i>Arshoghna, Gulma, Pleeha,</i>	<i>Shloka - 151 to</i>

		<i>Amaranthaceae</i>		<i>Hrudroga, Basti Shodhaka</i>	152, Pg - 44
4	<i>Pashanabhed</i>	<i>Bergenia ligulata</i> Engl. <i>Saxifragaceae</i>	<i>Tikta, Shita</i>	<i>Arshoghna Gulma, Plecha, Hrudroga, Ashmari, Shishna shula</i>	<i>Shloka - 153 to 154, Pg - 44</i>
5	<i>Danti</i>	<i>Baliospermum montanum</i> Muell. - Arg. <i>Euphorbiaceae</i>	<i>Katu, Ushna, Kapha Vata Nashaka, Teekshna, Deepana, Shodana</i>	<i>Arshoghna Shula, Ashmari, Udara, Vrana Nashaka</i>	<i>Shloka - 219 to 220, Pg - 56</i>
6	<i>Varani (Danti Vishesha)</i>	<i>Baliospermum</i> Sp. <i>Euphorbiaceae</i>	<i>Tikta, Kapha Vata Nashaka, Deepana, Shodana</i>	<i>Arshoghna Shula, Twak Dosh, Udara</i>	<i>Shloka - 221 to 222, Pg - 56, 57</i>
7	<i>Apamarga</i>	<i>Achyranthes aspera</i> Linn. <i>Amaranthaceae</i>	<i>Tikta Katu, Ushna, Kapha and Rakta Dosh Nashaka, Grahi</i>	<i>Arshoghna Udara, Adaman, Kandu</i>	<i>Shloka - 252 to 254, Pg - 62, 63</i>
8	<i>Mahabala</i>	<i>Sida rhombifolia</i> Linn. <i>Molvaceae</i>	<i>Madhura, Shita, Snigdha, Tridosh Nashaka</i>	<i>Arshoghna Vishama-Jwara, Hrudroga, Shophra</i>	<i>Shloka - 272 to 273, Pg - 66</i>
9	<i>Sahaxraveerya (Shatavari Vishesha)</i>	<i>Asparagus surmentosus</i> Willd. <i>Liliaceae</i>	<i>Tikta Madhura, Shita, Laghu, Tridosh Nashaka</i>	<i>Arshoghna Grahani, Netra Roga, Kshaya</i>	<i>Shloka - 283 to 284, Pg - 68</i>

Table 2: List of Arshoghna mentioned in Nhatapushpadi Varga of Dhantantari Nighantu

Sr.no	Drug name	Latin name / Family	Properties	Uses	Reference
1	<i>Mishreya</i>	<i>Foeniculum vulgare</i> Mill. <i>Umbelliferae</i>	<i>Tikta Madhura, Shita, Vata Pitta and Rakta Dosh Nashaka</i>	<i>Arshoghna Kshaya, Kshata-Ksheena</i>	<i>Shloka - 4 to 5, Pg - 70, 71</i>
2	<i>Hapuska</i>	<i>Juniperus communis</i> Linn. <i>Cupressaceae</i>	<i>Katu Tikta, Ushna, Guru, Vata Kapha Nashaka</i>	<i>Arshoghna Gulma, Udara, Shula, Krimighna</i>	<i>Shloka - 9 to 10, Pg - 71</i>
3	<i>Kuraja</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta Kshaya, Shita, Raksha</i>	<i>Arshoghna Kushta, Atisara</i>	<i>Shloka - 13 to 14, Page - 72</i>
4	<i>Indrayava</i>	<i>Holarrhena antidysenterica</i> Wall. <i>Apocynaceae</i>	<i>Katu Tikta, Ushna, Deepana, Tridosh Nashaka</i>	<i>Arshoghna Chardi, Atisara, Shula</i>	<i>Shloka - 15 to 16, Pg - 72, 73</i>
5	<i>Hingupatri</i>	<i>Gardenia</i>	<i>Katu Tikta,</i>	<i>Arshoghna</i>	<i>Shloka -</i>

		<i>gummifera</i> Linn. Rubiaceae	<i>Ushna, Vata Kapha Nashaka</i>	<i>Gulma, Pleeha, Hrud & Busti shula, Krimighna</i>	38 to 39, Pg - 76, 77
6	<i>Tamalapatrum</i>	<i>Cinnamomum tamala</i> Nees & Eberm. Lauraceae	<i>Kapha Vata Nashaka</i>	<i>Arshoghna Aruchihara, Hrudasa Nashaka</i>	<i>Shloka - 52, 53, Pg - 79</i>
7	<i>Chiraka</i>	<i>Plumbago zeylanica</i> Linn. Plumbaginaceae	<i>Katu, Katu Vipaka, Ushna, Kapha Nashaka</i>	<i>Arshoghna Udara, Grahani, Kshaya, Pandu, Shopha</i>	<i>Shloka - 80 to 81, Pg - 84- 85</i>
8	<i>Amlavetasa</i>	<i>Garcinia pedunculata</i> Roxb. Guttiferaceae	<i>Kashaya Katu, Ushna, Ruksha, Kapha Vata Nashaka</i>	<i>Arshoghna Gulma, Hrudroga, Ashmari, Trushna, Krimighna</i>	<i>Shloka - 93 to 94, Pg - 87</i>

Table 3: List of Arshoghna mentioned in Chandanadi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	<i>Karchura</i>	<i>Curcuma zedoaria</i> Rose, Zingiberaceae	<i>Katu Tikta, Ushna, Vata Kapha Nashaka, Deepana</i>	<i>Arshoghna Gulma, Pleeha, Kushta, Kasa Aruchihara,</i>	<i>Shloka - 93 to 94, Pg - 108</i>
2	<i>Ambika</i>	<i>Hibiscus cannabinus</i> Linn. Malvaceae	<i>Tikta, Ushna, Kapha Nashaka</i>	<i>Arshoghna Shopha</i>	<i>Shloka - 107 to 108, Pg - 110</i>
3	<i>Bhallataka</i>	<i>Semecarpus anacardium</i> Linn.F. Anacardiaceae	<i>Katu Tikta Mudhwa, Ushna, Vata Kapha Nashaka</i>	<i>Arshoghna Krimighna, Gulma, Kushta, Grahani,</i>	<i>Shloka - 128 to 129, Pg - 114</i>
4	<i>Hema- makshikam (Tapyu)</i>	<i>Copper pyrite</i>	<i>Katu Tikta, Ushna, Tridoshu Nashaka</i>	<i>Arshoghna Shopha, Udara, Kshaya, Nashaka Busti roga, Mandagni.</i>	<i>Shloka - 133 to 135, Pg - 115.</i>
5	<i>Shufajatu</i>	<i>Asphaltum punjabianum</i> Black asphaltum.	<i>Tikta Katu, Ushna,</i>	<i>Arshoghna Shopha, Kushta, Kshaya, Udara, Ashuari.</i>	<i>Shloka - 146 to 147, Pg - 117</i>

Table 4: List of Arshoghna mentioned in Karveeradi Varga of Dhanwantari Nighantu

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Rasana	<i>Allium sativum</i> Linn. Liliaceae	Madhura Tikta, Ushna, Kapha Nashaka, Guru, Snigdha	Arshoghna Gulma, Kasa Pleeha, Kushta, Aruchihara,	Shloka - 61 to 63, Pg - 132
2	Vansha	<i>Bambusa arundinacea</i> Willd. Poaceae	Katu Tikta Kashaya, Shita, Pita Rakta Dasha Nashaka	Arshoghna Mutrakurcha, Prameha, Daha	Shloka - 122 to 123, Pg - 143

Table 5: List of Arshoghna mentioned in Amradi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Beejapur	<i>Citrus medica</i> Linn. Rutaceae	Tikta Madhura, Shita, Vata Pita and Rakta Dasha Nashaka	Arshoghna Chardi, Shula, Aruchihara, Medhya	Shloka - 21, Pg - 152
2	Kashudra Amlika	<i>Oxalis corniculata</i> Linn. Oxalidaceae	Amla Katu Tikta, Ushna, Kapha Vata Nashaka, Grahni	Arshoghna Grahani, Anavata	Shloka - 31, Pg - 154
3	Arukam	<i>Prunus persica</i> Batsch. Rosaceae	Madhura, Shita Hridya	Arshoghna Meha	Shloka - 32 to 33, Pg - 154
4	Pilu	<i>Salvadora persica</i> Linn. Salvadoraceae	Madhura, Katu, Shita Kapha Vata Nashaka, Tikshna, Snigdha	Arshoghna Raktapita, Gulma	Shloka - 44 to 45, Pg - 156
5	Karira	<i>Capparis aphylla</i> , Roth. Capparidaceae	Madhura Tikta, Katu Ushna, Vata Kapha Nashaka	Arshoghna Aruchihara	Shloka - 91, Page - 165
6	Ashoka	<i>Saraca indica</i> Linn. Leguminosae	Madhura, Madhura Vipaka, Shita Sanahaniya	Arshoghna Krinighna, Sarva Vrana Vinashana	Shloka - 147 Pg - 177
7	Palasha Kinshuka	<i>Butea frondosa</i> Roxb. Leguminosae	Katu, Katu Vipaka, Ushna, Vata Kapha Nashaka	Arshoghna Gulma, Grahani, Krimihara, Plecha	Shloka - 148 to 150, Pg - 177

Table 6: List of Arshoghna mentioned in Savarnadi Varga of Dhanwantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Tamra	Copper	Tikta Madhura	Arshoghna	Shloka - 10,

			<i>Kashaya, Katu, Shita, Laghu, Lekhana</i>	<i>Gulma, Panda, Kushta, Shula, Udara</i>	Pg - 180
2	<i>Loha</i>	<i>Iron</i>	<i>Tikta Kashaya, Katu, Ushna, Ruksha Kapha Pita Nashaka</i>	<i>Arshoghna Prameha, Shula, Pandu, Kushta</i>	<i>Shloka - 28, Pg - 183</i>
3	<i>Ushtrapayaha</i>	<i>Camel's milk</i>	<i>Lavana, Ushna, Laghu, Ruksha, Vata Kapha Nashaka</i>	<i>Arshoghna Shopha, Udara, Krimihara</i>	<i>Shloka - 158, Pg - 207</i>
4	<i>Ajardadhi</i>	<i>Goat's butter</i>	<i>Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Swasa, Kasa</i>	<i>Shloka - 176, Pg - 210</i>
5	<i>Ushtridadihi</i>	<i>Camel's but- ter</i>	<i>Amila, Kshartya, Katu Vipaka, Vata Nashaka</i>	<i>Arshoghna Kushta, Krimihara</i>	<i>Shloka - 179, Pg - 211</i>
6	<i>Takra</i>	<i>Butter-milk</i>	<i>Kashaya, Ushna, Laghu, Deepana, Vata Kapha Nashaka</i>	<i>Arshoghna Grahani, Shopha, Udara</i>	<i>Shloka - 195, Pg - 214</i>
7	<i>Navneetam</i>	<i>Product of Butter</i>	<i>Madhura, Madhura Vipaka, Shita, Hridya, Grahni, Snigdha, Vata Pitta Nashaka</i>	<i>Arshoghna Grahani, Ardita, Aruchihara</i>	<i>Shloka - 209 to 212, Pg - 216, 217.</i>
8	<i>Sauviraka & Tushodaka</i>	<i>Alcohol Vari- ety</i>	<i>Pachana</i>	<i>Arshoghna Grahani</i>	<i>Shloka - 231, Page - 220.</i>
9	<i>Sura & Prassana</i>	<i>Alcohol Vari- ety</i>	<i>Bruhana, Deepana, Vata Nashaka</i>	<i>Arshoghna Grahani, Aruchihara</i>	<i>Shloka - 239 to 241, Pg - 222.</i>
10	<i>Jagala</i>	<i>Alcohol Vari- ety</i>	<i>Ushna, Pachana, Ruksha, Grahni, Hridya, Vata Nashaka</i>	<i>Arshoghna Pravahika</i>	<i>Shloka - 244, Pg - 223.</i>
11	<i>Mardvikam</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Ushna, Hridya, Lekhana, Vata Pitta Nashaka</i>	<i>Arshoghna Prameha, Pandu</i>	<i>Shloka - 247, Page - 223.</i>
12	<i>Sharkara- Sidhu</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Madhura Vipaka, Deepana</i>	<i>Arshoghna Udara, Vibamihara</i>	<i>Shloka - 250, Pg - 224.</i>
13	<i>Maireya</i>	<i>Alcohol Vari- ety</i>	<i>Madhura, Kashaya, Guru, Teekshna, Vata Kapha Medahara</i>	<i>Arshoghna Gulma, Krimihara</i>	<i>Shloka - 253, Pg - 224.</i>

14	<i>Arishta</i>	<i>Liquid Form Medicinal Preparation</i>	<i>Deepana, Sara, Vata Kapha Nashaka</i>	<i>Arshoghna Udara, Shula, Gulma</i>	<i>Shloka - 257 - 258, Pg - 225.</i>
15	<i>Ushtrumansa</i>	<i>Camel's Meant</i>	<i>Madhura, Ushna, Laghu, Vata Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 353, Pg - 240.</i>
16	<i>Mutra</i>	<i>Urine</i>	<i>Katu, Lavana, Ushna, Raksha, Teekshna, Vata Kapha Nashaka</i>	<i>Arshoghna</i>	<i>Shloka - 444 to 446, Pg - 256.</i>
17	<i>Muhishamutra</i>	<i>Buffalo's Urine</i>	<i>Ushna</i>	<i>Arshoghna Prameha, Udara, Shula, Gulma</i>	<i>Shloka - 450, Pg - 257.</i>
18	<i>Ushramutra</i>	<i>Camel's Urine</i>	<i>Ushna, Vata Nashaka</i>	<i>Arshoghna Shotha, Kushta, Ummada, Krimihara</i>	<i>Shloka - 453, Pg - 258.</i>

Table 7: List of Arshoghna mentioned in Savarnadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Talla of following Drugs is Arshoghna	Properties	Uses	Reference
19	Talla (Oil)	<i>Danti, Sarshapa, Arishta, Sivarchala, Ingudi, Pllu, Shankhini, Sarala, Devadaru, Yuvarka, Ballataka, Mataka, Kuranja, Shigru, Neepa, Agaru, Shishapa,</i>	<i>Katu, Tikshna, Kapha Vata Nashaka</i>	<i>Arshoghna Kushta Medahara</i>	<i>Shloka - 127-129, Pg - 202</i>

Table 8: List of Arshoghna mentioned in Mishrakadi Varga of Dhawanantari Nighantu.

Sr. No.	Drug name	Latin name / Family / English Name	Properties	Uses	Reference
1	Sarvoshadi	<i>Kushta, Haridra, Mura, Chumpaka, Karpura, Musta, Jutamansi, Daruharidra, Shaileya, Vaaha,</i>	<i>Triloshahara, Rasayana,</i>	<i>Arshoghna Mutradaha, Mukharoga Nashaka.</i>	<i>Shloka - 38-39, Pg - 266</i>

OBSERVATIONS & RESULTS: The above identified drugs were analyzed for the Rasa and Doshaghna and the following are noted:

Table 9: Dravya (Drugs) according to Rasapanchaka

Rasa	Number of drugs
<i>Madhura</i>	19
<i>Amala</i>	05
<i>Lavana</i>	04
<i>Katu</i>	23
<i>Tikta</i>	24
<i>Kashaya</i>	11

Table 10: Dravya (Drugs) according to Vipaka

Doshaghna	Number of drugs
-----------	-----------------

<i>Madhura</i>	18
<i>Amla</i>	03
<i>Katu</i>	30

Table 11: *Dravya* (Drugs) according to *Virya*

<i>Doshaghna</i>	Number of drugs
<i>Sheeta</i>	10
<i>Ushana</i>	41

Table 12: *Dravya* (Drugs) according to *Doshaghna*

<i>Doshaghna</i>	Number of drugs
<i>Vataghna</i>	06
<i>Pitaghna</i>	02
<i>Kaphaghna</i>	04
<i>Vata-Pitaghna</i>	05
<i>Vata-Kaphaghna</i>	22
<i>Pita-Kaphaghna</i>	04
<i>Tridoshaghna</i>	07
<i>Rakta Dosha Nashaka</i>	05

It is observed that, of the total drugs mentioned as *Arshoghna*, *Tikta Rasa Dravya* are maximum in number (24) followed by *Katu Rasa Dravya* (23), *Kashaya Rasa Dravya* (11), *Madhura* (19), *Amla* (05) and *Lavana* (04) *Dravya*. According to *Vipaka* *Katu*, *Madhura* & *Amla* drugs are found 30, 18 & 03 in number respectively. Most of the drugs are *Ushana Virya* (41) and *Sheeta Virya* drugs are 10 in number.

DISCUSSION: *Dhanvantari Nighantu* has given unique consideration to the disease *Arsha* (haemorrhoids) and used various drugs to treat this disease. Present study deals with extensive variety of drugs from *Dhanvantari Nighantu*. *Acharya Mahendra Bhogika* directly mentions the action of these following drugs as *Arshoghna*. Drugs from whole *Dhanvantari Nighantu* were screened for the action *Arshoghna* (Antihemorrhoid). 51 drugs were described for the treatment of haemorrhoids from the total 703 drugs. Out of these *Arshoghna* drugs 9, 8, 5 & 7 drugs belongs to *Guduchyadivarga*, *Shatapushpadivarga*, *Chandamuldivarga*, *Anradivarga* respectively. While in *Suvarnadivarga* (19), *Korveeradivarga* (2) *Mishrakadivarga* (1) drugs are stated for the treatment of *Arsha*. *Tikta Katu* & *Kashaya Rasa Pradhanata* are found in the maximum number drugs. *Tikta Rasa* is

Arochakaghna, *Dipana* and *Pachana*. *Katu Rasa* is *Agnidipana*, *Shwayathu-nashana* and *Rochayatisanum* while *Kashaya Rasa* is *Ropana*, *Shoshana* and *Stambhana*¹⁰. This is indicating that the drugs with *Tikta*, *Katu* and *Kashaya Rasa* play major role in the treatment of *Arshas*. As *Arshas* is a *Rakta-Mamsadharujanya-Vyadhi* it requires *Tikta* and *Kashaya Rasa Dravya* to purified the *Raktadosha* and *Katu Rasa* helps to reduce the *Mamsadushti*.

Most of the drugs mentioned are *Ushnavirya* (41) in nature and *Sheetavirya* are found in 10 in number. *Ushnavirya* destroys constipation and expels the stools freely and also helps to reduce the *Arshas* especially if the *Arshas* are dry. *Sheetavirya*dravyas help in the bleeding piles for stopping the excessive blood flow. *Madhura* (18) and *Katuvipaka* (30) *Dravyas* are mentioned to have the property of *Arshoghna*. *Madhura* and *Katuvipaka* can be considered to reduce bleeding piles and dry piles respectively. Most of the drugs possess the *Kshara*, *Guru* and *Tikshna* properties to be mostly acting on the *Arshas*. *Ksharaguna* helps to burn the extra mass formed in the pile mass and reduce burn the pile mass. While *Guru* and *Tikshnaguna* help to expel the faeces properly. In management of

Arshas: The systemic medicines act by improving appetite, regularize bowel habits, astringent action on blood vessels and maintaining *Agni* and *Srotas* in equilibrium.

CONCLUSION: From the present study, it can be concluded that 51 drugs were mentioned in *Dhanvantari Nighantu* acting on the disease *Arshas*. It can also be said that the drugs having *Katu*, *Tikta*, *Kashaya rasa* dominancy, *Guru-Tikshna* & *Kshara* properties, *Ushnavireya* and *Katuvipaka* play major role in the management of *Arshu*. As the study is purely theoretical, it requires clinical correlation of the mentioned drugs.

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स्थापना १९४७



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आयुर्वेद पत्रिका

सशस्त्री चिकित्सेचा राजमार्ग

संपादक: वेंकू मो. मोना मो. सराफ



इक्षवी रक्तपित्तघ्ना चल्या वृष्याः कफप्रदाः ।
स्वादुपाकरसाः स्निग्धा गुरवी मूत्रला हिमाः ॥
(भा.प्र.भि.)





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या पत्रिकेतील विचारांची संपादक सहाय्यक असतीलच असू शकतात. तीं या पत्रिकेच्या संपादकाची संपत्ती आहेत.

Management of Makshika Damsha [Kita Visha] by decoction of Dhanyaka, Tulsi and Chandana internally and lepa of mud collected from the surrounding of Tulsi plant - A folklore practice in tribal region of Nashik [M.S].

Author: Mantri KO¹, Manojkumar N², Rejnadevi R³.

Abstract:

Makshika damsha [Kita visha] is a very commonly encountered condition, especially in farmers, people working in shops where jaggery and sugar are sold, and in honey collectors. Traditional or folk healers working in tribal regions have to deal with such cases frequently. Acharya Sushruta has described six types of makshika. Gandhimashi, a variety of makshika and Madhamashi, commonly called as Honey-Bee, are the two main types of makshika found in tribal regions like peth, harsul, surgana etc in Nashik district of Maharashtra. Trees, corners of old buildings are commonly used by honey bees for making comb where as gandhimashi is found in shops where Gula [jaggery] or Sharkara [sugar] are sold. Acharya Sushruta has explained signs and symptoms of makshika damsha [S.S. kalpa. 8/35] as kandu [itching], shopha [oedema], daha [burning sensation] and ruja [pain]. Out of these symptoms, last three are commonly seen in Gandhimashi and Madhamashi bite. Traditional practitioners or folk healers in the above said areas commonly prescribe decoction of Dhanyaka [Coriandrum sativum Linn.], Tulsi [Ocimum sanctum Linn.], Chandana [Santalum album Linn.] internally. Also lepa of mud collected from the surrounding of Tulsi plant is applied over the bite site. Pilot study done with this folklore claim for treating makshika damsha, was found to be highly effective in decreasing daha, shopha and ruja. This paper deals with the probable pharmacodynamic action of this folklore treatment in the management of makshika damsha' visha.

Keywords: Makshika damsha, Dhanyaka, Tulsi, Chandana, Mud Lepa, Nashik.

Introduction

Acharya Sushruta has described various animal poisons in Kalpa sthana of Sushruta Samhita. Kita Kalpa chapter of kalpa sthana deals with different types of poisons due to bite of various insects, bees, ants, frogs, mosquitoes, scorpions etc. Makshika damsha [Kita Visha] is one condition in which rarely there is treat to life, but pain and burning of the affected part is severe. Acharya Sushruta has described six types of makshika [1]. Present days Honeybees, Wasps and Hornets fall in Makshika visha category.

Nashik district is located in north-western part of Maharashtra. Peth, Harsul, Surgana etc in Nashik district are tribal regions having abundant flora and fauna. Traditional or folk healers are practicing in these regions from centuries. These healers are locally called a 'vaid'. Gandhimashi, a variety of makshika (honey) and Madhamashi, commonly called as Honey-Bee, are the two main types of makshika found in tribal regions like peth, harsul, surgana etc in Nashik district of Maharashtra (See Photo P 1 and P2). Trees, corners of old buildings are commonly used by honey bees for making comb were as gandhimashi is found in stumps were Gula (jaggery) or Sharkara [sugar] are sold. Makshika damsha [Kita visha] is a very commonly encountered condition, especially in farmers, people working in kirana shops, and in honey collectors in tribal regions of Nashik district. Traditional or folk healers have to deal with such cases frequently. Traditional practitioners or folk healers in the above said areas commonly prescribe decoction of Dhanyaka [Coriandrum sativum Linn.], Tulsi [Ocimum sanctum Linn.], Chandana [Santalum album Linn.] internally. Also lepa of mud collected from the surrounding of Tulsi plant is applied over the bite site. They claim this treatment to be very effective in management of makshika damsha.

Aim of the Study: To evaluate the efficacy of decoction of Dhanyaka [Coriandrum sativum Linn.], Tulsi [Ocimum sanctum Linn.], Chandana [Santalum album Linn.] internally

and lepa of mud collected from the surrounding of Tulsi plant in management of makshika damsha - Pilot study, and also to study the probable pharmacodynamic action of this folklore treatment in the management of makshika damsha visha.

Materials and Methods

Review of literature

Acharya Sushruta has explained signs and symptoms of makshika damsha as kandu [itching], shopha [oedema], daha [burning sensation] and ruja [pain]-1-. Acharya Charaka and vaghbhatta also described about makshika damsha and symptoms which are similar to Susarata. Management of makshika damsha as per Sushruta is by application of lepa prepared with black mud and gomutra [cow's urine] on the affected part -2-. Wasps, bees and hornets secrete a poisonous fluid, which in toxic amounts, is hemolytic and neurotoxic. Bee venom contains histamine and mellitin - a specific

protein, besides hyaluronidase, phospholipase A and B. Single stings produce local irritation, burning pain and swelling (See photo P7), but multiple stings sometimes produce symptoms resembling anaphylactic reaction. Management, as per modern medicine, is with antihistaminic drugs and local antihistaminic cream. Analgesics and steroids such as hydrocortisone are also used^[3].

Ayurvedic profile of drugs used in this study (for decoction) is tabulated as follows

Table 1: Ayurvedic profile of drugs used for decoction in makshika damsha^[4].

No.	Drug / Dravya	Rasa	Vipaka	Veerya	Guna	Pharmacological action and Use
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Pilot clinical study

5 cases of makshika damsha i.e. either gandhimashi or madhamashi were selected for the study and treated as per the folklore claim prevalent in tribal regions of Nashik.

1	Dānyaka (See photo PS)	Kashaya, Tikta, Madhura, Katu	Madhura	Ushna	Laghu, Snigdha	Decreases Daha [Burning] and Shula [pain], Anti-pyretic, Analgesic, Diuretic.
2	Tulsi (See photo P4)	Katu, Tikta	Katu	Ushna	Laghu, Ruksha	Ushahara [anti-toxic], Anti-inflammatory, Anti-histaminic.
3	Chandana	Tikta, Madhura	Katu	Shita	Laghu, Ruksha	Decreases Daha [Burning], Vishahara, Anti-oxidant and Chemopreventive.

Mud lepa is a part of naturopathy, commonly used for decreasing pain, burning sensation, oedema at the site of inflammation [5]. As Tulsi plant is called as Holy basil and is considered as sacred, it is planted by tribal peoples in front of the house (See photo P6). The medicinal properties of tulsi are known to man from time immemorial. So, traditional healers may be prescribing the mud from vicinity of tulsi for lepa on makshika dandha (See photo P8).

Inclusion criteria

• Adult patients not exceeding 50 years of age. • Sure about bite by gandhumashi or madhamashi. • Only single bite. • No other underlying diseases such as Diabetes, HTN etc and no open wound around bite mark. Exclusion criteria

- Age- Small children [below 15] and elderly patients [above 50].
- Not sure about source of bite, i.e. unknown bite. • Multiple bites.
- Underlying diseases like Diabetes, HTN etc and open wound around bite mark.

Drug Administration : Decoction of Dhanyaka phala and patra [Coriandrum sativum Linn. fruits and fresh leaves.], Tulsi patra and Beeja [Ocimum sanctum Linn. leaves and seeds], Chandana kandasarkanda [Santalum album Linn. heartwood/bark] is prepared and given at dose 50 ml internally twice / thrice a day. Lepa of mud collected from the surrounding of Tulsi plant is applied over the bite site twice a day. This treatment was continued for three days.

Assessment criteria - Assessment was done with using following criteria of scoring system (Table 2). Score between 0 - 2 represents treatment as highly effective, score of 3 - 5 represents treatment as moderately effective and score 6 and above shows that treatment is ineffective. Scoring was done twice, before and after treatment.

Table 2: Assessment criteria used in the pilot study

No.	Signs and Symptoms	Score
	Kandu [itching]	
1	Present	2
2	Improvement [Decreased]	1
3	Absent	0

2	Shopha (oedema)	
	Present	2
	Improvement [Decreased]	1
	Absent	0
3	Daha (burning sensation)	
	Present	2
	Improvement [Decreased]	1
	Absent	0
4	Ruja (pain)	
	Present	2
	Improvement [Decreased]	1
	Absent	0

Result

Out of 5 cases, 4 were male and 1 female. 3 cases out of 5 were of *Gundhimashi* [hornet] bite, were as 2 cases were of *-1* *ladhamashi* [honeybee] bite.

The results of the pilot clinical study confirms efficacy of the folklore treatment of decoction of Dhanyaka, Tulsi, Chandana internally and lepa of mud collected from the surrounding of Tulsi plant in the management of *makshika damsha* (Table 3). The therapy was found to highly effective in decreasing *daha*, *shopha* and *ruja* while *kandu* also decreased in 3 patients and was completely absent in remaining 2 patients after the treatment. Overall effect of treatment is tabulated in Table 4.

Table 3: Mean BI and AI Scores of each *lakshana* in *makshika damsha* case.

No.	Signs and Symptoms	BI score	AI score
1	<i>Kandu</i> [itching]	2	0.6
2	<i>Shopha</i> [oedema]	2	0.4
3	<i>Daha</i> [burning sensation]	2	0
4	<i>Ruja</i> [pain]	2	0.2

Table 4: Overall effect of the treatment.

Description	No. of patients	%
Highly effective	2	40
Moderately effective	3	60
Ineffective	0	00

Discussion

As per yogratnakara, all visha because of their ushna and tikshaa guna causes predominantly pitta prakopa. Management given by yogratnakara for all visha is parisheka of shita dravya [6]. In makshika visha also, especially in Gandhimashi [hornet] and Madhamashi [Honey-Bee] sting/bite there is predominantly signs of pitta prakopa. Inflammation is clearly seen around the sting mark. Pain and burning sensation are the main complaints. Decoction of Dhanyaka, Tulsi and Chandana internally pacifies Pitta dushe along with vata and visha hara action. Chandana is pitta, daha and vishahara, Tulsi is visha and krimihara. Dhanyaka pacifies vata, which results in analgesic activity. Makshika visha management given in Ayurvedic classics also prescribes use of mud [muktika] lepa. So, traditional use of mud for the management of makshika visha in tribal regions of Nashik may have come from some Ayurvedic source.

It is evident from the present study that, this folklore practice has promising results in management of makshika dausha. Modern researches had already proved aspirin etc drugs to be ineffective in management of this condition [7]. This study had limitation, as it was pilot study the sample size was small. Further detailed studies such as RCT are recommended to firmly support the outcome of this pilot study.

Probable Pharmacodynamic action

Tulsi has anti-inflammatory and anti-histaminic action by inhibition of prostaglandin and arachidonate metabolism. Also it has peripherally acting analgesic activity which decreases the pain at the bite/sting site [8]. Dhanyaka has analgesic antipyretic and diuretic activity. Also it gives relief from itching, as it is pittavishamaragana and tridosahara. Chandana has cooling effect; it decreases inflammation by its antioxidant effect, which prevents tissue damage due to visha. Antioxidant effect of chandana is due to Nitric Oxide scavenging potential, which has been proved by Jageria et al [9].

Conclusion

Management of Makshika Damaha [Kita visha] by decoction of Dhanyaka, Tulsi and Chandana internally and lepa of mud collected from the surrounding of Tulsi plant is found to effective clinically.

The therapy was found to highly effective in decreasing daha, shopha and ruja.

Probably, the effect of treatment is due to inhibition of prostaglandins and anti histaminic activity.

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१. आपल्या पौदणीचे वेळोवेळी नुसतेकरण करणे गरजेचे आहे.
 २. अधिकृत आपल्या घटना परीक्षा बदलल्यास आपल्या वेळोवेळी परीक्षा बदलल्याना अर्ज भरिलेस पाठवावा.
 ३. माघीन बदल झाल्यास आपल्या वेळोवेळी नाम बदलल्याना अर्ज शुल्क रु ५००/- व विषय बदलित किंवा शासन अध्यापकांनी अध्यापित प्रत भरिलेस पाठवावी.
 ४. अधिकृत पौदणीकर वैद्यकीय व्यवसायिकांनी त्यांच्या वेळोवेळी नाम बदलल्याना आपल्या वेळोवेळी नाम बदलल्याना अर्ज शुल्क रु ५००/- व विषय बदलित किंवा शासन अध्यापकांनी अध्यापित प्रत भरिलेस पाठवावी.
- वैद्यकीय विभाग
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AYURVEDA PERSPECTIVE OF CHILDHOOD *CHHARDI*: A LITERARY REVIEWDr. Pravin Dadarao Kadam*¹ and Dr. Vijay Suryavanshi²¹P.G. Scholar, Department of Kaumarbhritya, S.M.B.T. Ayurved College and Hospital Dhamangaon, Igatpuri, Nashik, Maharashtra, India.²Professor and H.O.D, Department of Kaumarbhritya, S.M.B.T. Ayurved College and Hospital Dhamangaon, Igatpuri, Nashik, Maharashtra, India.

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ABSTRACT

The *Kaumarbhritya* is pedantic branch of Ayurveda which dealt with childhood diseases and their management. The branch aimed to increase immunity, physical & mental strength, management of nutritional supply & control of prevalence of disease in of growing children. *Kaumarbhritya* not only help to treat pediatric disease but also describe dietary and daily life routine for pediatric care. The *chhardi* is one of the common diseases of early growing age which resembles vomiting as per modern science; the disease involves vitiation of *Udana Vata* which brings contents of the stomach upwards and expulsion through the mouth. The condition associated with severe distress during this forceful expulsion. There are certain premonitory symptoms which indicate chances of vomiting like; nausea, loss of appetite, excessive salivation, anorexia, dryness of lips and mouth. The *chhardi* may be arises due to the intestinal irritation associated with vitiated *Vata*, *Pitta* and *Kapha doshas*. Therefore ayurveda recommended *Langhan*, clearance of *Ama* and pacifying *doshas*. Ayurveda also suggests use of home remedies for the management of disease such as; dry ginger, coriander seeds & musta roots. The drug to be used in child should have madhura and kashaya rasa. There are various ayurveda formulation also available for the management of *chhardi* such as; *Eladi Churna*, *Hingwashtak Churna*, *Agatsya-haritaki avleha* & *Chyawan prash*. *Samshodhana* therapy also employed for the management of *Kapha* and *Pitta* chardi. This article described various ayurveda perspective of *chhardi* in children.

KEYWORDS: Ayurveda, Chhardi, Vomiting, Trisugandhadichurna, Haritaki churna.

INTRODUCTION

The ayurveda classic described various types of *Chhardi*; *Vataja*, *Pittaja*, *Kaphaja*, *Sannipatika*, *Agantuja* and *Krimiija*. In *Vataja chhardi* there is expulsion of frothy and scanty content with astringent taste associated with abdomen pain. *Pittaja chhardi* expel out sour, yellow and pungent content with burning sensation.^[1-5] *Kaphaja chhardi* involves vomiting of sweet, white and cold material associated with heaviness and malaise. *Sannipatika Chhardi* persisted symptoms such as; abdomen pain, thirst, dyspnoea and fainting. *Agantuja chhardi* possess irritating and dirty smell while *Krimiija chhardi* occur due to worm infestation. Diminution of *Dhatu*s, continuous aggravation of *Vata Dosha* and diminishes immunity may leads chronic *chhardi* and such type of condition may be handled with the help of *upastambhana* and *Brmhana* drugs along with appropriate life style suggested by ayurveda principles.^[2,6]

Childhood *Chhardi*

Vidiaharsevan, *ajirna* and *mandagni* forms *ama* which play significant role in the pathogenesis of *chhardi*. The other external etiological factors are; unhygienic condition, bad eating habits, disturbed life style pattern and diminish body immunity. *kaphaj chhardi* is most common form of childhood *chhardi*. *Kapha* & *kaphaj* disorders resulted *kaphajlakshanas* which contributes significantly towards the childhood *chhardi*. However childhood *Chardi* also associated with *Tridosha* imbalances. Children of early growing age affected mostly. Children having *Vidahi ahara sevana*, *Ajirna* & *Mandagni* are more susceptible for the disease. Consumption of *Madhura Rasa* and *Ruksha guna* predominant food along with other factors increases prevalence of childhood *Chardi*. The prevalence of *Chardi* high in *Madhyama sharira*, *Madhyama samhanana* and *Madhyama Satmya*. *Aruchi*, *Nidra*, *Jrumbha* & nausea are main symptoms of childhood *Chardi*.^[3-7]

Causative factors

- Excessive liquid intake
- *Virudha ahara*
- Exertion
- *Anidra*
- Indigestion
- Intestinal infestation
- Psychological factors such as; fear & grief.

Symptoms of Chardi

- *Hrit parshva peeda*
- *Mukha shosha*
- *Murdha nabhya arti*
- *Kasa*
- *Svara bheda*
- *Tod*
- *Udgara shabda prabala*
- *tanu kashayam*
- *Krchrena alpam*

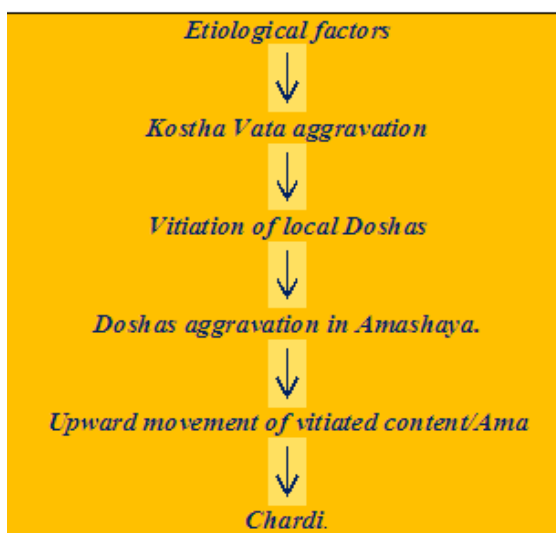


Figure 1: Pathogenesis of Chhardi.

Trisughandi Churna in Chhardi

Trisugandhadichurna consisted of *Twaka*, *Ella*, *Patraka* and *Madhuanupan*, these drugs offer following properties:

Twaka: *Katumadhur Rasa*, *Madhur Vipak*, *Ushna Virya* and *Laghu*, *Tikshana* & *Ruksha Guna*.

Ella: *Katumadhu Rasa*, *Madhur Vipak*, *Shit Virya* and *Laghu*, *Snigdha* & *Sugandhi Guna*.

Patraka: *Madhur Rasa*, *Madhu Vipak*, *Ushna Virya* and *Tikshna*, *Snigdha* & *Laghu guna*.

These properties of drugs relief symptoms and consequences of *Chhardi*. The *churna* is effective, well accepted and well tolerated. *trisugandhichurna* pacify *kapha* and thus relief *kaphajchhardi*. *katu rasa*, *ushna* and *tikshna guna* of formulation significantly control *kaphajchhardi*.^[8]

Haritaki Churna in Chardi

The literary study reveals that *Haritaki churna* offer beneficial effects in vomiting and *Vibandha* since it possess *Vatanulomana* property thus decreases *Pratiloma gati* of *Vata* and relieve vomiting episodes. It relieves symptoms such as; *Udarashoola*, Skin fold & Urine output. *Rasayana* property of *Haritaki* also helps towards the early recovery. *Haritaki* possess *Madhura* & *Amla Rasa*, *Ushna Veerya*, *Madhura vipak* & *Vatahara* properties which help to pacify *Vata* & *Vataja Chardi*. *Madhura*, *Tikta* & *Kasaya rasa*, *Madhura Vipak*, *Pittahara Doshagnata* & *Pruthvi Mahabhuta* reduces the *Pittaja Chardi*. *Tikta*, *Kasaya rasa*, *Ushna veerya* and *Ruksha Laghu Guna* help in the management of *Kaphaja Chardi*. *Haritaki churna* relieves symptoms such as; *Udarashoola*, *Aruchi*, *Vibandha* & *Trushna*.^[9]

Suggested rules for management of childhood Chardi:

- Bed rest & one should sleep through back support, stomach upwards positioning.
- One should eat light food in small amount and instead of consuming food in a large it should be consumed in many parts.
- Dairy products should be avoided.
- Large amount of water need to be consume.
- Should not sleep immediately after eating.
- Sweetened liquids may be consumed however acidic juice should be avoided.
- If children is susceptible to motion sick then it should be avoided, playing games or reading while travelling should be avoided.
- The allergic odours need to be avoiding (perfumes or cooking smells).
- Normal breathing followed by deep breathing.
- Consumption of salt, sugar and water to maintain electrolyte balance.^[8-11]

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AYURVEDA PERSPECTIVE OF KRIMI ROGA W.S.R. TO PUREESHAJA KRIMI: A LITERARY REVIEW**Dr. Anant Shrikrishna Mapari*¹ and Dr. Vijay Suryavanshi²**¹P. G. Scholar, Department of Kaumarbhritya, S.M.B.T. Ayurved College and Hospital Dhamangaon, Igatpuri, Nashik, Maharashtra, India.²Professor and H.O.D, P.G. Scholar, Department of Kaumarbhritya, S.M.B.T. Ayurved College and Hospital Dhamangaon, Igatpuri, Nashik, Maharashtra, India.***Corresponding Author: Dr. Anant Shrikrishna Mapari**

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ABSTRACT

The worm infection is one of the most common paediatric problems especially in developing countries due to the poor hygiene. The most common parasitic infections is infection caused by *Ascaris Lumbricoides*. The Ayurveda described worm infection as *Krimi Roga*. The ayurveda term *Pureeshaja Krimi* can be correlated to the helminthiasis. The ayurveda prescribe various treatment approaches for the management of *Krimi Roga* such as; *Apakarshana*, *Prakruti Vighata* and *Nidana Parivarjana*. This article presented various ayurveda perspectives of *Krimi Roga* & its management.

KEYWORDS: Ayurveda, Helminthiasis, *Pureeshaja*, *Krimi*, *Ascaris lumbricoides*.**INTRODUCTION**

Krimi Roga is very common in children which mainly occur as intestinal infection. These *Krimi* (worms) possess ability to breed in human intestine with the help of food and blood. The *Krimi* may be various types on the basis of their origin; *Kaphaj Krimi*, *Raktaj krimi* & *Pureeshaj Krimi*. *Nidana* of *Krimi Roga* involve *Ahara Sambandi Nidana* and *Vihara Sambandi Nidana* mainly.^[1-4] *Ahara Sambandi Nidana* includes consumption of foods that causes *Kapha Utklesham* like; *jaggery*, *sesamum*, meat, unctuous, sweet & cold materials etc. *Vihara Sambandi Nidana* involves; *Divaswapna*, *Asana*, *Avyayama* & disturbed life style pattern.^[2-6] *Jwara*, *Vivarnata*, *Shoola*, *Hidroga*, *Bhrama*, *Bhaktadwasha*, *Atisara*, *Sadana*, *Chardi* and *Swasa* are main *Krimi Lakshana* (symptoms of worm infections). *Vamana*, *Virechana*, *Asthapana basti*, *Shiro Virechana*, manual extraction of *Krimi* & *Bhesaja Apakarshana* is some important traditional approaches for the management of *Krimi roga*. This article described the ayurveda perspective of *Krimi roga*.^[3-5]

Malahe	Raktaja	Kaphaja	Pureeshaja
• Keria • Shwasra • Lasa • Paksana • Malinikany	• Indri Sra • Krimi • Dhanani	• Abhantara	• Pakashaja

Figure 1: Krimi as per their site & their major sthana as mentioned in Brihatrayi.**Classification of *Krimi* (habitat basis)****➤ *Bahya Krimi* (External worms)**

These worms originated externally, mainly occurs in the hairy parts of the body. They may be considered responsible for the urticaria, furunculosis and lymphadenitis.

➤ *Abhyantara Krimi* (Internal worms)

This type of infection may occur due to the production of *Ama*, excessive consumption of sweet and sour diet & *virudhh ahaar*.

Etiological factors for *Krimi Roga*

1. Poor unhygienic condition.
2. Lack of awareness.
3. Consumption of flesh, flour, sour and salty substances.

4. *Kapha* vitiation due to excessive intake of meat, milk, yoghurt and other dairy products.
5. *Virudhahaar* which may leads production of *Ama*.
6. *Divaswapna*, *Asana*, *Avyayama* & disturbed life style pattern.

Clinical symptoms of worm infestations

1. Fever
2. Malaise
3. Anorexia
4. Diarrhoea
5. Stomach cramp
6. Nausea & vomiting
7. Itching in anal part
8. Fainting

Chikitsa

- *Apakarshana Chikitsa*
- *Prakruti Vighata Chikitsa*
- *Nidana Parivarjana Chikitsa*

Apakarshana Chikitsa

Extraction of the *Krimi* by following methods:

1. *Hasta / Yantra* (manual extraction): *Krimi* may be extracted manually using *Yantra* like; *sandamsha* etc.
2. *Bhesaja Apakarshana* (therapeutic extraction): this involves use of *Shodhana* therapies alone or along with extraction procedure to cause forceful extraction of *Krimi*. These *Shodhana* therapies may involve *Virechana*, *Asthapana basti* & *Shiro Virechana*.

Prakruti Vighata Chikitsa

The use of *krimigna* drugs which possesses *Katu*, *Tikta*, *Kashaya*, *Kshara* & *Usna* properties causes adverse environmental conditions which are contrary to the conditions which require for the growth of *krimi*. The therapy thus inhibits growth of *krimi*. The *Prakruti Vighata* also suggests guideline for food, drinks, washing & proper hygienic environmental condition. The *krimigna* drugs which may be used in *Prakruti Vighata Chikitsa* such as; *Maricha*, *Gandira* & *Vidanga* etc. *Danti*, *Dravanti*, *tilvaka* and *udallaka* also offer beneficial effects in *krimigna*.

Nidana Parivarjana

This approach involves taking care of causative factors. The therapy suggests avoidance of *virudha-ahara*, maintenance of hygienic conditions; avoid eating over undigested food and consumption of sweet & sour food stuffs. The therapy focuses more towards the preventive approaches rather than treating.

Pureeshaj Krimi

Pureeshaj Krimi are faecal worms originate in the intestine and later on may travel downwards. It is correlated with *Ascaris lumbricoides* of modern science. Prolong infection of *Pureeshaj Krimi* causes eructation and breathing associated with faecal smell. Thick, round

& thin size with blue, yellow, white or black colour. The *Pureeshaj Krimi* causes abnormal conditions such as; loose motions, constipation, emaciation, pallor and itching in the anal region.

Sthana: intestine between ileocecal junction and sigmoid colon.

Akruty: Sookshma, Vritha, Deergha, Sthoola, Prithavapucksa and Tanu.

Varna: Shweta, Shyava, Neela, Harita & Peeta.

Pureeshaja Krimi may also possesses different characteristics such as; *Kakeruka* (motile), *Makeruka* (*Mudrika* shape), *Sausrada*, *Leliha* (licks/*Dhatus Nashak*) & *Sashoolika* (causing pain). The poor socio-economic conditions, lack of personal hygiene, agricultural factors, lack of awareness and *apathy ahara-vihara* are the main causative factors of *Pureeshaja Krimi* infection. Ayurveda described use of contemporary medicine along with preventive measures as treatment protocol for the management of *Pureeshaja Krimi* infection. The *shodhna* therapy (purification methods) along with extraction procedure may also help in the management of *Pureeshaja Krimi* infection.^[6-10]

General Management of Krimi through Ayurveda

As per ayurveda use of strong purgative and *Asthapana-vasti* prepared with *Yava*, *Kola*, *Kulattha*-pulse and *Surasadi* drugs may offer relief in *Krimi Roga*. *Anuvasana-vasti* followed by *Sneha* prepared with *Vidanga* along with juice of *Shirisha* and *Kinihi* relief in *Krimi Roga*.

- *Palasha* seeds with the rice.
- *Paribhadra* leaves with honey.
- *Pattura*, *Vidanga* with honey.
- *Sesamum*-seeds soaked in the decoction of *Vidanga*.
- *Svavidh* soaked in decoctions of *Tri-phala* and of *Vidanga* with honey.
- Juice of *Amalaka*, *Haritaki* and *Aksha*.
- Drugs such as; *Anjanas*, *Nasyas* and *Avapidas* help to manage worms of the regions of head, heart, mouth and nostrils.
- Drugs which possess *Surasadi Gana* offer relief in *Krimi Roga*.

Pathya

- *Rasa* – *Tikta* & *Kashaaya*.
- *Dugdha* – *Ghrita* & *Dugdha*.
- *Drava* – *Tila Taila*, *Kaanjika*, *Tushodaka*, *Gomootra*, *Suraa* & *Sauveeraka*.
- *Phala* – *Apakva Kadalee*, *Pakva Taalaphala* & *Nimbuka Rasa*.
- *Kritaanna* – *Madhu*, *Taambula*, *Aasthaapana Basti*, *Dhoopa*, *Abhyanaga* & *Kaphaghna*

Apathya

- *Rasa – Amla & Madhura*
- *Guna – Drava*
- *Maamsa – Maamsa*
- *Dugdha – Dugdha, Dadhi & Ghrita*
- *Phala – Badara*

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Six ways to get your child's
homework done

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POSTPARTUM DEPRESSION IN WOMEN- AN OVERVIEW

Introduction

Depression is an important health problem whose incidence is increasing day by day. Though people are becoming aware about depression in India but still it is not up to need. In India, depression has not got due importance by health point of view among common people. So it is far from proper clinical diagnosis and treatment. Postpartum depression is a type of depression developing exclusively in women. It makes depression twice as common in women as men during the childbearing years. Though postpartum depression is a major health issue; it often remains undiagnosed due to lack of knowledge and awareness about it. In this article, postpartum depression has been described in brief to create awareness about it among common people.

Giving birth to a child is a major life event in woman's life. It causes drastic physical and psychological changes in woman and naturally comes worry, tiredness and sadness which pass away after a span of time but when such feeling last long, they may be indicative of depression. Post partum depression



is a mood disorder that can affect women after childbirth. It is one of the postpartum psychiatric disorders that may develop in females as a consequence of giving childbirth. According to the world health organisation, worldwide about 10% of pregnant women and 13% of women who have just given birth, experience a mental disorder, primarily depression. In developing countries this is even higher, that is 15.6% during pregnancy and 19.8% after child birth.³ Women with postpartum depression experience feelings of extreme sadness, anxiety and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others. It results from a combination of physical and emotional factors. Actually postpartum depression is

one of the postpartum psychiatric disorders. Postpartum psychiatric disorders can be divided into 3 categories:-

1. **Postpartum blues**-It may resolve in a few days to a week, has few negative sequelae and usually requires only reassurance (Global incidence-300 to 750 per 1000 mothers).
2. **Postpartum psychosis**- It is a severe disorder that begins within four weeks postpartum and requires hospitalization (Global prevalence ranging from 0.89 to 2.6 per 1000 births).
3. **Postpartum depression**- It can start soon after childbirth or as a continuation of antenatal depression and needs to be treated (Global prevalence- 100 to 150 per 1000 births).

Baby blues, is the commonest one as it affects up to 80 percent of mothers. But it is mild form and generally resolves on its own in a week or two. As babies require a lot of care, so mothers worried about or tired from providing that care. That probably gets reflected in baby blues. Baby blues presents the feelings of worry, unhappiness and fatigue experienced after having a baby. Because of all

above reasons probably baby blues is considered as comparatively normal phenomenon after giving childbirth. But the postpartum depression is different from it because in postpartum depression, feelings of sadness and anxiety can be extreme and might interfere with a woman's ability to care for herself or her family. Due to the severity of the symptoms, postpartum depression usually requires treatment.

Causes postpartum depression:-

Postpartum depression may develop due to several causes but the chief cause is the hormonal change which occurs in every female after giving birth to baby. After delivery of baby, levels of hormones estrogen and progesterone in a woman's body drop suddenly. This results in chemical changes in brain that trigger mood swings. Other additional factors like not getting the rest needed for recovery after delivery, constant deprivation of sleep contribute to symptoms of postpartum depression as they can lead to physical discomfort and exhaustion.

Symptoms and diagnosis of postpartum depression

‘National institute of Mental Health’- US Department of Health and Human Services]

describes symptoms of postpartum depression as follows.

“Postpartum depression generally begins between a week and a month after delivery but it may begin shortly before childbirth or any time after childbirth.” More common symptoms a woman with postpartum depression may experience are listed below:

- “Feeling of being sad, hopeless, empty or overwhelmed
- Crying more often than usual or for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable, or restless
- Oversleeping, or being unable to sleep even when her baby is asleep
- Having trouble concentrating, remembering details and making decisions
- Experiencing anger or rage
- Losing interest in activities that are usually enjoyable
- Suffering from physical aches and pains, including frequent headaches, stomach problems and muscle pain

- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with her baby
- Persistently doubting her ability to care for herself and her baby
- Thinking about harming herself or her baby.”

Symptoms of postpartum depression are very broad and they may vary woman to woman. So, only a health care provider can diagnose correctly. Therefore if a woman experiences above symptoms, should consult a health care provider for correct diagnosis if any.

Women who are more likely to experience postpartum depression:-

Actually, postpartum depression may develop in any woman of any age, any race, and any ethnicity or from any economic class. But some risk factors that are responsible for creating greater risk of postpartum depression in woman are listed below as described by ‘National institute of Mental Health’- US Department of Health and Human Services:-

- “Symptoms of depression during or after a previous pregnancy
- Previous experience with depression or bipolar disorder at another time in her life
- A family member who has been diagnosed with depression or other mental illness
- A stressful life event during pregnancy or shortly after giving birth, such as job loss, death of a loved one, domestic violence or personal illness
- Medical complications during childbirth, including premature delivery or having a baby with medical problems
- Mixed feelings about the pregnancy, whether it was planned or unplanned
- A lack of strong emotional support from her spouse, partner, family or friends
- Alcohol or other drug abuse problems.”

Treatment of postpartum depression:-

Effective treatment is available for postpartum depression. One should consult a health care

provider for correct diagnosis and treatment. A woman’s health care provider can help her chose the best treatment. Treatment may include following measures that can be adopted singly or all together as per need.

- **Counselling/Talk therapy:** This treatment involves talking one-on-one with a mental health professional like a counsellor, therapist, psychologist, psychiatrist or social worker.
- **Medication:** Antidepressant medications are available that act on the brain chemicals that are involved in mood regulation. Available medications are generally considered safe to use during breastfeeding still a woman should talk to her health care provider about the risks and benefits herself and her baby.

What can happen if postpartum depression is left untreated?

Postpartum depression not only affects mother but it also influences the baby of suffering mother. If left untreated, postpartum depression can last for months or years affecting mother’s health and can interfere with her ability to look after her baby. She may not connect with her baby and it may

influence growth and development of baby. Baby may have problems with sleeping, eating and behaviour as it grows and they may have greater cognitive, behavioural and interpersonal problems as compared to other children.

How can family and friends help?

In case of any type of depression, role of family and close friends is very important. Symptoms of postpartum depression in a woman can be seen easily by family members and close friends. So if such symptoms are recognised, they should give emotional support and should offer help to her in her daily tasks of looking after baby and home. She must be encouraged

to consult health care provider. Specifically the role of husband is very important in preventing and curing postpartum depression in his wife than any other. Women seek care and psychological support from husband in such situation. So husbands should take initiative for that right from the conception. It should be again remembered that depression can affect anyone and is a true medical condition. So it should be diagnosed and treated on time to avoid loss of a life. ★

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30 Habits for Happiness	<ul style="list-style-type: none"> ❖ Be kind, Eat well ❖ Exercise, Meditate ❖ Be honest, Dream bog ❖ Be patient, Judge less ❖ Smile often, Love yourself ❖ Forgive easily ❖ Show gratitude ❖ Think positively ❖ Drink lots of water ❖ Believe in yourself ❖ Keep an open-mind ❖ Put your needs first ❖ Don't make excuses 	<ul style="list-style-type: none"> ❖ Speak well of others ❖ Listen to understand ❖ Choose faith over fear ❖ Make the most of now ❖ Exercise self-discipline ❖ Look on the bright side ❖ Avoid social comparison ❖ See failure as opportunity ❖ Don't take opinions to heart ❖ Select friends that lift you up ❖ Let go of what can't be changed ❖ Have a healthy sleeping pattern
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Banana Nut Bread

Ingredients

- 1 box yellow cake mix
- 1 package Jell-O Instant Banana Cream Pudding & Pie Filling
- 1/2 cup water
- 1/2 cup vegetable oil
- 2 ripe bananas, mashed
- 4 eggs
- 1 cup chopped pecans



Step 1

Heat oven to 350° F.

Step 2

Mix all the ingredients well. Pour into 2 large or 4 small greased loaf pans.

Step 3

Bake for 40 to 45 minutes. (For those allergic to nuts, this recipe can be made without the pecans.)



Nutritional Information

- Calcium 57mg
- Calories 307
- Carbohydrate 36g
- Cholesterol 54mg
- Fat 17g
- Fiber 1g
- Iron 1mg
- Protein 4mg
- Sat fat 2g
- Sodium 326mg

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**Obsessive - Compulsive Disorder: When Unwanted
Thoughts or Irresistible Actions Take Over**

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Obsessive - Compulsive Disorder: When Unwanted Thoughts or Irresistible Actions Take Over

PALLAVI DATTATRAY NIKAM

Introduction:

“I couldn’t do anything without my rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times because three was a good luck number for me. It took me longer to read because I’d have to count the lines in a paragraph. When I set my alarm at night, I had to set it to a time that wouldn’t add up to a ‘bad’ number.”

“Getting dressed in the morning was tough because I had to follow my routine or I would become very anxious and start getting dressed all over again.” I always worried that if I didn’t follow my routine; my parents were going to die. These thoughts triggered more anxiety and more rituals. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me. I couldn’t seem to overcome them until I got treatment.”

Does one feel same or similar as above? Does one constantly have disturbing uncontrollable thoughts? Does one face the urge of repeating the same behaviors or rituals again and again? Are these thoughts and behaviors making it hard for one to do things enjoy? If yes, then he/she may have obsessive-compulsive disorder [OCD] as described by National Institutes of Health [NIH] of U.S.

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Department of Health and Human Services [USDHHS].¹

What is OCD?

NIH-USDHHS defines OCD as “a common, chronic disorder in which a person has uncontrollable, reoccurring thoughts [obsessions] and behaviors [compulsions] that he or she feels the urge to repeat over and over in response to the obsession.”¹ OCD is the fourth most common mental disorder after depression, alcohol or substance misuse and social phobia, with lifetime prevalence in community surveys of 1.6%.² The world health organization ranks OCD as one of the 10 most handicapping conditions by lost income and decreased quality of life.² Normally one sometimes feels the need to double check things but people having OCD check things repeatedly or perform routines and rituals for at least 1 hour per day due to anxiety and urge caused by uncontrollable thoughts. This may bring brief but temporary relief from the anxiety. But if left untreated, these thoughts and rituals cause the person great distress and affect work, school, and personal relationships.¹

Signs and symptoms of OCD:

According to NIH-USDHHS, people suffering from OCD may have obsessions, compulsions or both of them as described below: ¹

➤ Obsessions may include fear of germs or contamination, fear of losing or misplacing something, worries about harm coming towards oneself or others, unwanted and taboo

thoughts involving sex, religion or others or having things symmetrical or in perfect order

- Compulsions may include excessively cleaning or washing a body part, keeping or hoarding unnecessary objects, ordering or arranging items in a particular, precise way, repeatedly checking on things, such as making sure that the door is locked or the oven is off, repeatedly counting items or constantly seeking reassurance
- Some people with OCD may also have a tic disorder. Motor tics are sudden, brief, repetitive movements like eye blinking, facial grimacing, shoulder shrugging or head or shoulder jerking while common vocal tics include repetitive throat-clearing, sniffing or grunting sounds.

To confirm diagnosis of OCD, obsessions and compulsions must be time consuming [for example more than 1 hour a day] or cause significant distress or functional impairment.²

Some people may be unaware of having OCD or they feel ashamed of seeking help due to stigma. OCD is more difficult to identify when compulsions are stigmatizing. Such people may approach a general practitioner with dermatological symptoms [from excessive washing], genital or anal symptoms [from excessive checking and washing], general stress [like developed from losing a job due to repeated lateness] or

doubts about contracting HIV.² Men and women get affected equally but generally more women show compulsive washing while more men have sexual obsessions, magical numbers or slowness due to obsession.²

Causes of OCD:¹

OCD may be genetic as it sometimes runs in families; usually begins in adolescence or young adulthood. In boys it tends to appear at a younger age than in girls. Several parts of the brain, as well as biological processes, play a key role in obsessive thoughts and compulsive behavior along with the fear and anxiety associated with them. People suffered from physical or sexual trauma are at an increased risk for OCD. Some children may develop a sudden onset or worsening of OCD symptoms after a streptococcal infection.

Treatment of OCD:

Adoption of a healthy lifestyle which involves enough sleep and exercise, healthy diet, avoiding alcohol and nicotine³ turning to family and friends whom one trusts for support can help to combat OCD. Relaxation and managing stress is an important concern.¹

It is important to rule out any physical problem if any causing symptoms of OCD by the health care provider.¹

OCD is generally treated with psychotherapy [cognitive behavior therapy-CBT], medication or with combination of both. Mental health professional should decide the best treatment. Children and adults should initially be offered CBT.² CBT generally teaches different ways of thinking, behaving, and reacting to the obsessions and compulsions. Its special form involves gradually exposing the affected person

to his fears or obsessions and teaching him healthy ways to deal with the anxiety they cause.¹ Other therapies, such as habit reversal training, can also help the patient to overcome compulsions.¹ Psychiatrist Jeffrey Schwartz who is author of 'Brain Lock: Free Yourself from Obsessive-Compulsive Behavior' offers following four steps for dealing with obsessive thoughts: 'RELABEL, REATTRIBUTE, REFOCUS AND REVALUE'.³ All these steps involve recognizing and realizing that urges of specific behaviors are just because of OCD and should not be taken seriously or be neglected by focusing attention on something else by the sufferer. For moderate to severe OCD in children and adults, selective serotonin reuptake inhibitors [SSRIs] may also be offered.² Clomipramine can also be given but SSRIs are acknowledged as first line of drug due to greater tolerability than clomipramine.² Medications may also cause side effects, such as headaches, nausea, or difficulty sleeping.¹ Discontinuation of SSRI or clomipramine in absence of CBT usually leads to a high rate of relapse.² Both psychotherapy and medication can take some time to work. Asking queries and providing information to health care provider by patient can improve care; it builds trust and leads to better results, quality, safety and satisfaction.

Helping someone with OCD- Role of family and friends:³

The way of reacting to OCD symptoms of loved one can have a big impact on their outlook and recovery. It should be remembered that negative comments or criticism can make OCD worse, while a calm, supportive environment can help to improve the outcome of treatment. It can be achieved by following measures:

- **Avoiding personal criticism** - OCD behaviors are symptoms, not character flaws.
- **Not scolding someone with OCD or not telling them to stop performing rituals** - They can't comply and the pressure to stop will only make the behaviors worse.
- **Being as kind and patient as possible** - Sufferer needs to overcome his problems at his own pace. Any successful attempt to resist OCD must be appreciated and attention on positive elements in his life should be focused.
- **Not playing along with sufferer's rituals** - The person and not his rituals should be supported as helping with rituals will reinforce the behavior.
- **Keeping communication positive and clear** - With communication a balance can be found between supporting loved one and standing up to the OCD symptoms for not further distressing him/her.
- **Not letting OCD to take over family life** - Sitting down as a family and deciding how can be worked together to tackle loved one's symptoms is a good way. Family life tried to be kept as normal as possible and the home a low-stress environment.

With proper treatment, one can overcome the fears and behaviors developed in OCD and lead full, productive life.¹

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Deadly Nipah Virus

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DEPRESSION: LET'S KNOW; BE AWARE!

A mood disorder that causes distressing symptoms that affect how you feel, think and handle daily activities, such as sleeping, eating or working and to be diagnosed with depression, such symptoms must be present most of the day, nearly every day for at least TWO weeks.

Types of depression

According to severity depression can be mild, moderate or severe. Two of the most common forms as per severity are-

1. **Major depression** - This is a form having symptoms of depression most of the day, nearly every day for at least 2 weeks that interfere with ability to work, sleep, study, eat and enjoy life. An episode can occur only once in a person's lifetime but more often a person has several episodes.
2. **Persistent depressive disorder**- This is a form having symptoms of depression that last at least 2 years. A person diagnosed with this form of depression may have episodes of major depression along with periods of less severe symptoms.

Some forms of depression develop in specific circumstances and so named likewise as-

1. **Perinatal Depression (postpartum depression)**: Develops in women during pregnancy or after delivery in which they experience full-blown major depression.
2. **Seasonal Affective Disorder (SAD)**: This is a type of depression that comes and goes with the seasons. It typically starts in the late fall and early winter and goes away during the spring and summer.
3. **Psychotic Depression**: This type of depression in which a person has severe depression along with some form of psychosis, like having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations)
4. **Disruptive mood dysregulation disorder**: Diagnosed in children and adolescents
5. **Premenstrual dysphoric disorder**: The most prevalent and bothersome premenstrual symptoms

What causes depression?

Combination of genetic, biological, environmental and psychological factors plays causative role in development of depression.

Who is most likely to get depressed?

Depression can affect people at any age and stage of life but the risk of depression increases by poverty, unemployment, some life events like death of loved one or relationship break up, physical illness and problems caused by alcohol and drug abuse.

Some serious illnesses like diabetes, cancer, heart disease, and Parkinson's disease are associated with depression. Depression can make these conditions worse. Also these conditions can also make depression worse. Sometimes medications taken for these illnesses may cause side effects contributing to depression symptoms.

What are the signs and symptoms of depression?

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness

- Loss of interest or pleasure in hobbies or activities
- Decreased energy, fatigue, or being “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide or suicide attempts
- Restlessness or irritability
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Varied presentations of depression

Depression doesn't look same in everyone. Presentation of depression varies according to person, age, sex. Depression affects different people in different ways. Some examples are as below:-

1. **Women-** Typical symptoms in women are sadness, worthlessness, and guilt. Depression more often affects women than men. It is twice

common in women probably due to biological, lifecycle, and hormonal factors that are unique to women.

2. **Men-** Presentation of depression in men is somewhat different than women. Men do not recognize their depression so fail to seek help. Men suffering from depression are “more likely to be very tired, irritable, and sometimes angry. They may lose interest in work or activities they once enjoyed, have sleep problems and behave recklessly, including the misuse of drugs or alcohol.”
3. **Older adults-** Older adults suffering from depression “may have less obvious symptoms or they may be less likely admitting feelings of sadness or grief. They are more likely to have medical conditions, such as heart disease, which may cause or contribute to depression.” In late life depression presents with prominent psychomotor agitation or irritability instead of depressed mood and they may frequently report with somatic complaints, poor appetite and at times with psychotic features.
4. **Younger children-** Younger children suffering from “depression may pretend to

be sick, refuse to go to school, cling to a parent or worry that a parent may die”.

5. **Older children and teens-** Older children and teenager suffering from depression “may get into trouble at school, sulk and be irritable. Teenagers with depression may have symptoms of other disorders, such as anxiety, eating disorders or substance abuse.”

How can you help yourself if you are depressed?


- As you continue treatment, you may start to feel better gradually. Remember that if you are taking an antidepressant, it may take 2 to 4 weeks to start working.
- Try to do things that you used to enjoy.
- Go easy on yourself.
- Try to be active and exercise
- Breaking up large tasks into small ones, set priorities, and do what you can as you can
- Spending time with other people and confide in a trusted friend or relative
- Postponing important life decisions until you feel better.

- Discuss decisions with others who know you well
- Avoiding self-medication with alcohol or with drugs not prescribed for you

How can you help a loved one who is depressed?

- If you know someone who has depression, first help him/her see a health care provider or mental health professional.
- Offer support, understanding, patience, and encouragement
- Never ignore comments about suicide, and report them to him/her health care provider or therapist
- Invite him/her out for walks, outings, and other activities
- Help him/her adhere to the treatment plan, such as setting reminders to take prescribed medications
- Help him/her by ensuring that he/she has transportation to therapy appointments
- Remind him/her that, with time and treatment, the depression will lift

One should always remember that the depression is a real medical

condition. It is not a sign of person's weakness or a character flaw. Depression can affect anyone like other diseases but it's preventable and curable with proper care and treatment. Most people suffering from depression need treatment to feel better. So never hesitate to consult a health care provider if you feel like getting suffered from it or if you see any of your loved one is suffering from it. Depression hurts not only psychologically but also physically as described in symptoms. Timely care and treatment can save a life. 

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Don't Waste Your Energy

Do not waste your time or energy on gossiping, energy vampires, negative thinking, and problems from your past. It is always better to focus on the presence.

Kitchen tips

While making roti or puri, knead tight dough in the beginning. To make it soft don't add water directly. Dip your hands in a bowl of water and knead the dough with wet hands. Repeat this until you get soft dough.

Orange Cream Popstick



Ingredients	Amounts(gm)
Yogurt	360
Sugar	50
Cream	180
Vanilla essence	1tsp
Fresh orange juice	400ml
Almonds	40

Nutrition Highlights

Yogurt is a significant source of potassium, phosphorous, riboflavin, iodine, zinc, and vitamin B5 (pantothenic acid). Yogurt also contains B12, which maintains red blood cells and helps keep your nervous system functioning properly. Cream is good source of calcium and orange juice is good in vitamin C.

METHOD

1. Mix the first 4 ingredients together in a bowl.
2. Fill your ice cream mould or kulfi mould or disposable glasses $\frac{1}{2}$ way with your yogurt mix
3. Sprinkle some chopped almond in it.
4. Take your orange juice and fill the mould to the top with the (you can also swirl the 2 mixes together).
5. Cover mold, add sticks and freeze for at least 5 hours or overnight.
6. Run the molds under warm water to loosen up the popsicles.

Nutritive Value (per 100g)

- Calories (kcal) : 1155.8
- Protein (g) : 24.38
- Carb(g) : 78.06
- Fats (g) : 86.36
- Iron (mg) : 5.63
- Calcium (mg) : 834.4

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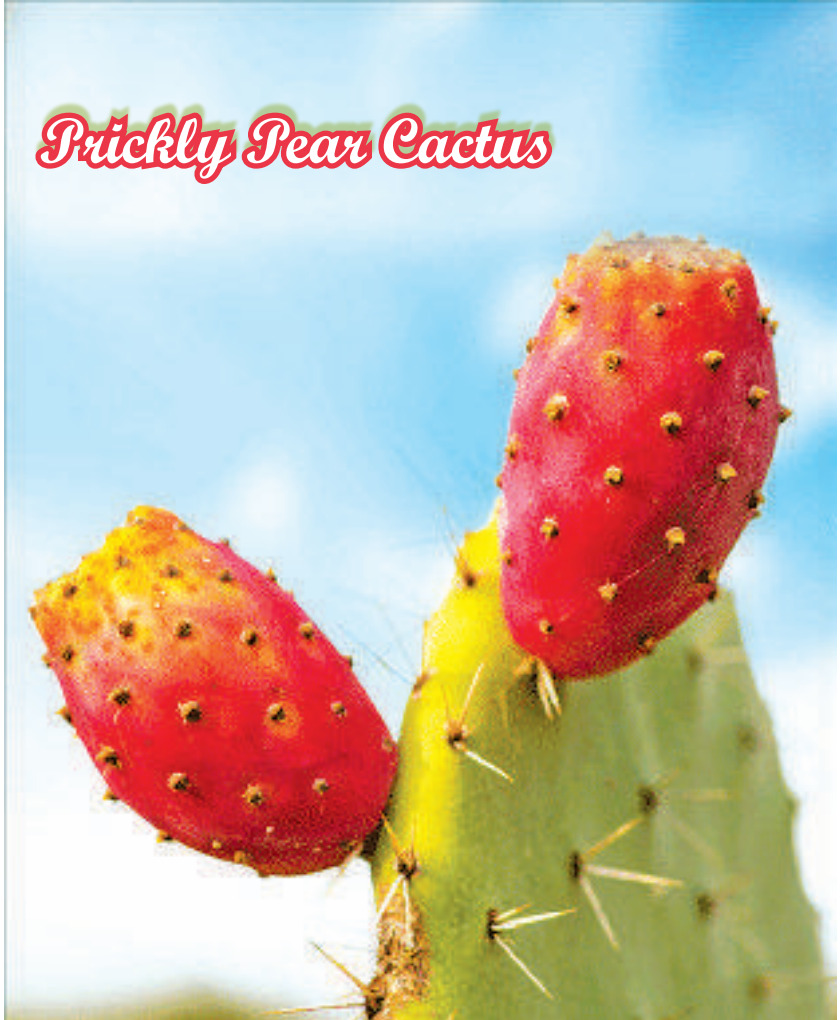
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Prickly Pear Cactus



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EATING DISORDERS: MORE THAN EATING HABITS

“Does one eat less or more food extreme out of control? Does she/he overly concern about her/his outward appearance? If yes, then she/he may have eating disorder.”

“Eating disorders are serious medical illnesses marked by severe disturbances to a person’s eating behaviours. Obsessions with food, body weight, and shape may be signs of an eating disorder. These disorders can affect a person’s physical and mental health; in some cases, they can be life-threatening. But eating disorders can be treated.”



Cause of eating disorders:-

The cause of eating disorder is complex and understood badly. The exact cause is not fully understood but ‘a combination of genetic, biological, behavioural, psychological and social factors is suggested as risk factors for eating disorders.

People who are at risk for eating disorders:-

People of all ages, any racial or ethnic backgrounds, body weights and genders can get affected by eating disorders. But they often

appear during the teen years or young adulthood; they may also develop during childhood or later after 40 years of age. Such people having eating disorders even being extremely ill may appear healthy. Eating disorders have highest mortality of any psychiatric disorder.

Common types of eating disorders:-

Eating disorders are basically of three diagnostic categories but the disorders have many features common among them and patient frequently moves among them



1. Anorexia nervosa:

People suffering from anorexia nervosa try to keep their weight as low as possible so they avoid food, severely restrict food or eat very small quantities of only certain foods. People with anorexia nervosa may see themselves as overweight even when they are dangerously underweight and they may weigh themselves repeatedly. Anorexia nervosa can be a fatal condition due to development of medical conditions and complications associated with starvation. It has the highest mortality rate of any mental disorder.

There are two subtypes of anorexia nervosa as follows:



- **Restrictive:** People suffering from this subtype place severe restrictions on the amount and type of food they consume.
- **Binge-Purge:** People suffering from this subtype also place severe restrictions on the amount and type of food they consume; in addition, they may have binge eating and purging behaviours like vomiting, use of laxatives and diuretics and so on.

Symptoms seen in anorexia nervosa:-

“Extremely restricted eating and/or intensive and excessive exercise, extreme thinness (emaciation), a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, intense fear of gaining weight, distorted body image, a self-esteem that is heavily influenced by perceptions of body weight and shape or a denial of the seriousness of low body weight. Over time, thinning of the bones (osteopenia or osteoporosis), mild anaemia, muscle wasting and weakness, dry and yellowish skin, growth of fine hair all over the body (lanugo), severe constipation, low blood pressure, slowed breathing and pulse, damage to the structure and function of the heart, drop in

internal body temperature, causing a person to feel cold all the time, lethargy, sluggishness or feeling tired all the time, infertility, brain damage, multi-organ failure may also develop.

2. Bulimia nervosa:

This is different from anorexia nervosa in respect to eating and post eating behaviours. People suffering from bulimia nervosa have recurrent uncontrolled episodes of eating unusually large amounts of food. This binge-eating is followed by behaviours that compensate for the overeating, like forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise. People suffering from bulimia nervosa may maintain a normal weight or be overweight.

Symptoms of bulimia nervosa are as follows:

“Chronically inflamed and sore throat, swollen salivary glands in the neck and jaw area, worn tooth enamel and increasingly sensitive and decaying teeth (a result of exposure to stomach acid), acid reflux disorder and other gastrointestinal problems, intestinal distress and irritation from laxative abuse, severe dehydration from purging, electrolyte imbalance (too low or too high levels of sodium,

calcium, potassium and other minerals), which can lead to stroke or heart attack.”

3. Binge-eating disorder:

People suffering from binge-eating disorder also lose control over their eating but periods of binge-eating are not followed by compensatory behaviours like purging, excessive exercise or fasting. Because of exclusive overeating, people having binge-eating disorder are often become overweight or obese.

“Eating unusually large amounts of food in a specific amount of time, such as a 2-hour period, eating fast during binge episodes, eating even when full or not hungry, eating until uncomfortably full, eating alone or in secret to avoid embarrassment, feeling distressed, ashamed, or guilty about eating, frequently dieting, possibly without weight loss.”

Table 1:

Treatment of Eating Disorders:-

Treatment plans for eating disorders include “psychotherapy, medical care and monitoring, nutritional counselling, medications or a combination of these approaches. Typical treatment goals include restoring adequate

Table 1: Causes of Death in Eating Disorder

Anorexia nervosa	Medical complications of starvation; hypokalemia in AN-BP subtype; suicide
Bulimia nervosa	Hypokalemia causing cardiac arrhythmia; suicide
Binge-eating disorder	Death seldom related to this eating disorder alone


nutrition, bringing weight to a healthy level, reducing excessive exercise and stopping binge-purge and binge-eating behaviours.”

Complete recovery from eating disorders is possible. But the people suffering from eating disorder are at higher risk for suicide and medical complications. So the early treatment is very important. Some

of people suffering from eating disorders may also have other mental disorders like depression or anxiety or problems with substance use.



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<p>Top 10 Biggest Brain Damaging Habits</p> <ol style="list-style-type: none"> 1. No breakfast 2. Overeating 3. Smoking 4. High sugar consumption 5. Air pollution 6. Sleep deprivation 7. Head covered while sleeping 8. Working your brain during illness 9. Lacking in stimulating thoughts 10. Talking rarely 	<p>Newton's 4th Law</p> <p>Every Book continues to be at rest until some external or internal exams move it.</p> <p>The speed of turning the pages is directly proportional to the syllabus to be covered & tension in the mind remain constant.</p>
	<p>The Muscle that lets your eye blink is the fastest muscle in your body. It allows you to blink 5 times a second.</p> 



INGREDIENTS

- 1 tablespoon vegetable oil
- 1 large brown onion, halved, thinly sliced
- 3 carrots, thickly sliced
- 3 large potatoes, cut into 4cm pieces
- ½ head cauliflower, cut into large florets
- 1 small eggplant, quartered, thickly sliced
- 1 teaspoon garam masala
- ¼ teaspoon Masterfoods Turmeric Ground
- 2 teaspoons fennel seeds
- ¼ teaspoon hot chilli powder
- 3 garlic cloves, finely chopped
- 3cm piece fresh ginger, roughly chopped
- 400g can chopped tomatoes
- 5 fresh curry leaves
- 1 cinnamon stick
- Fresh coriander leaves, to serve

HOW TO MAKE IT

• Heat oil in a large saucepan over medium heat. Add onion. Cook, stirring occasionally, for 8 minutes or until softened. Add carrot and potato. Cook, stirring occasionally, for 5 minutes. Add cauliflower and eggplant. Cook for 1 minute. Add garam masala, turmeric, fennel seeds, chilli, garlic and ginger. Cook, stirring, for 2 minutes.

• Add tomato, curry leaves, cinnamon and 1 cup cold water to vegetables. Bring to a simmer. Reduce heat to low. Simmer, covered, for 20 minutes. Remove lid. Simmer for 15 minutes or until vegetables are tender. Season. Sprinkle with coriander. Serve.

NUTRITIVE VALUE

- 717 KJ Energy
- 3.9g Fat
- 0.4g Saturated Fat
- 8g Fibre
- 5.9g Protein
- 150mg Sodium
- 23.5g Carbs



INTRODUCTION -

Liver is the 'Lever' of human body. In modern science, various liver disorders are explain, such as acute and chronic hepatitis, fatty liver disease, Wilson's disease etc. For better understanding of Yakrut Vikruti, study of macro and microanatomy of hepatic disorder become mandatory. Specific description regarding YakrutVikruti is not available in Ayurveda. Even though Yakrut is not mentioned in the chapter dealing with kamala, there are several references that supports and establish a relation between kamala and Yakrut. Yakrut is one of the moolsthan of raktavaahasrotas (Cha. Vi. 5/8) and Kamala is one of the raktapradoshajvikar. Thus there is association between Kamala and Yakrut.

Different hepatic disorders explained by conventional science can be included under Kamala, which is explain in Ayurveda (Cha. Chi. 16). Various types of treatment is mentioned for Kamala, in that Ghrutpana is one of the treatment by AcharyaCharak. Role of Ghrut is been explained by AcharyaCharak as Sahastraveerya and Sahastra karma-kruta. Hence, interpretation of role of Ghrutpana in liver disordered is needed.

सर्वं स्नेहोत्तमं शीतं मधुरं रसपाकयोः ।

सहस्रवीर्यं विधिभिर्घृतं कर्मसहस्रकृत् ॥

च.सू. २७/२३२

OBJECTIVE - 1) To discuss changes occurring in macro and micro-anatomy of various liver disorder. 2) To access applied-anatomy of Yakrut with respect to modern liver disorders and role of Ghrutpana.

METHODOLOGY -

Hepatitis is the commonly observed diseases in the present era. Apart from hepatitis many other hepatic disorders are commonly observed, e.g. alcoholic cirrhosis, fatty liver disease, Wilson's disease etc.

Following are the morphological changes occurring in various hepatic disorders, which can be divided as -

- 1) Hepatic injury, 2) Hepatic failure, 3)

Cirrhosis, 4) Jaundice and 5) Cholestasis

In this condition macro and microanatomy of the liver gets disturbed and undergoes variotamorphological changes. There is necessity of observing kamala vikar in relation to above morphologicalchanges. According to Ayurveda, Ghrutpana is one of the effective treatments for Kamala.

1) Hepatic Injury -

The liver is an inherently simple organ with a limited of responses to injurious events. Regardless of cause following general responses are seen.

*Degeneration, *Inflammation, *Necrosis, *Regeneration, *Fibrosis, *Intra cellular accumulation

2) Hepatic Failure -

The damage produced due to toxins in hepatic injury and hepatic destruction in hepatic failure, functions of the hepatocytes get impaired. This results in degeneration and ultimately in inflammation, which is a primary defense of body to any injury. Inflammation is followed by regeneration. This process is a normal body response to an injury. 'Khaributa' stage of Kamala can be correlated with this condition.

This concept of 'Regeneration' process can be correlated with the concept of 'Agni'. Growth of cells and tissues to replace lost structure due to degeneration is called regeneration. Dhatvagni performs the same functions of repair, conversion and formation of new Dhatu. For proper functioning Dhatvagni must be in normal state.

.....। वृद्धिं करोति देहान्बालंघुपाकं विषापहम् ॥

सु. सू. ४५/१०३

स्मृति बुद्धवअग्नि शुक्रोजः कफमेदोविवर्धनम् ।

चातपित्त विषोन्माद शोषालक्ष्मीज्वरापहम् ॥

सु. सू. २७/२३२

Agnivardhan is one of the main property of Ghrut. If Agni made pradipta with laghupakiGhrut, it helps in regeneration of hepatic cells. Which compensate degeneration process and relative damages due to hepatic injury will be restricted up to

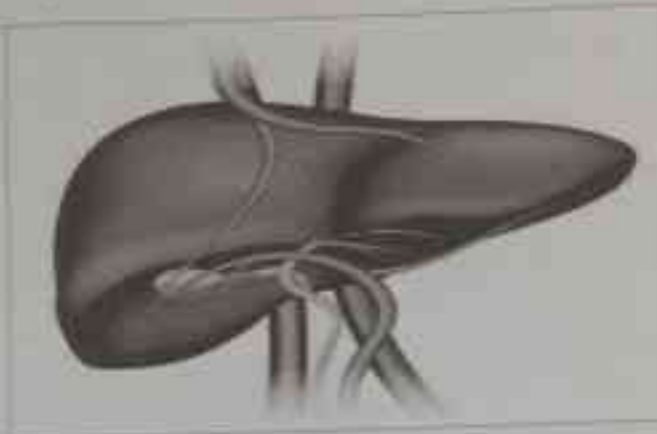
certain limit. Hence Ghrut can be useful in destruction of hepatocytes produced due to hepatic injury and hepatic failure.

3) Cirrhosis -

Under certain conditions liver tissue undergoes fibrosis and shrinks. This is called Cirrhosis of liver. This is the end stage of chronic liver disease. Progressive fibrosis and re-organization of the vascular microarchitecture of the liver occurs. Deposition of collagen in the lobule due to greatest activation of stellate cells in areas of severe hepatocellular necrosis and inflammation. This pathological condition can be correlated with 'Khaributa' stage of kamala, as stated in Ayurveda - कालान्तरान् खरीभूता कृच्छ्रा स्यात्कुम्भकामला ।

सु.सू. १६/३८

In Cirrhosis, liver cells undergo fibrosis and this condition can be correlated with Dhatushaya, which is produced in the body due to vat-prakopa. According to Acharyacharak Ghrut is shrestha in vat-pittashaman and shosha (Cha. Su. 27/232) Apart from this, Ghrut helps in increasing all the dhatus from rasa upto shukra when sarbhut rasa-dhatu is formed it produces consequent sarbhut-dhatu e.g. Rakta, Mamsa, Meda etc.



Formation of sarbhutarakta and mamsa helps in maintaining normal sharir of Yakrut. This conversion or formation of dhatu occurred according to samanya - visheshasiddhant. Ghrut can prevent cirrhotic changes and fibrosis of the hepatic cells. Mruduguna of Ghrut helps in mardavata reducing fibrosis in above condition.

4) Jaundice -

There is an inflammation of hepatocyte due to infection or other external causes such as defected water drinking, alcohol, use of infected syringe or needle during injection and blood transfusion. This results in over production of bile that liver can't excrete. This excessive production of bilirubin-reduced hepatocellular up take, impaired bile flow, decreased hepatocellular excretion.

This is inflammation of hepatocytes can be correlated with 'shotha' of hepatocyte. Which can

be termed as 'Amavastha'. Ghrut i.e. a type of Sneha, which is contraindicated in any type of Amavastha like 'shotha'. Hence, Ghrut should be avoided until amapachanchikitsa get completed. Ama formed by apachit ahar-rasa due to agnimandya.

.... न तेषां स्नेहनं....। अत्रद्विषण्डवन्तां जठरामगरादिनाः । स्नेहयानात् प्रदायन्ते तेषां रोगाः मुदास्वभाः ॥ सु.सू. १३/५३-५६

5) Cholestasis -

Accumulation of droplets of bile pigment and also other solutes eliminate in bile, within hepatocyte or hepatic parenchyma. In this bile plugs formed in canaliculi. Cholestatic hepatocytes are enlarged with dilated canalsular spaces, which may lead to Hepatocellular dysfunction or biliary obstruction.

As per Ayurveda this is an example of 'Avarodhijanya' samprapti. This can be achieved with bhedan dravyas. To remove obstruction or accumulation, dravyas having teekshna, bhedan and lekhan property should be used as Danti, Haridra, and Pippali etc. as per Kamala Chikitsa. But these dravyas should not be used solitarily. Instead of this Ghrut can be used along with these dravyas. Because only Ghrut has "संस्कारो हि अनुवर्तनम्" property. Hence, with the help of Siddha Ghrut of Danti and Haridra

intercellular accumulation can be removed, as per the principle of Lekhan karma. After removing obstruction or accumulated material, remaining damaged Hepatocytes can be restored with the help of Ghrut.

सर्पिस्तैलं वसा मज्जा सर्वस्नेहोत्तमा मताः ।

एषु चैवोत्तमं सर्पि संस्कारस्यानुवर्तनात् ।

सु.सू. १३/१११

DISCUSSION -

In Ayurveda under Kamala-Chikitsa various type of Kalp are described and Ghrutpana stand as one-of the formulation in samhitas. Kamala is not focused as Liver disease in Ayurvedic samhita. It is included in Raktavaha strotas vikar as Yakrut is the moolsthan of this strotas. Yakrut-Vikrut the kamala enumerates all those clinical conditions presenting with all hepatic disorder. It means the

Kamala should not be termed as hepatitis but it includes a group of liver disorders. According to Ayurveda Ghrutpana is one of the effective treatments for Kamala.

In all Hepatic disorder above explained pathological condition and morphological changes are commonly seen. In these macro and microanatomy disturbed resulting into various Anatomical changes. Ghrutpana can recover these pathological conditions with some limitation. According to modern science in Jaundice yellow discoloration of skin, sclera and mucous membrane developed. In samhita also one of the symptoms of Kamala is stated, as -

हारिद्रनेत्रः स भृशं हरिद्रत्वङ्मखाननः ।

रक्तपीतमकृन्मूत्रो भेकवर्णो हतेन्द्रियः ॥

सु.सू. १६/३५

Jaundice is a common symptom in hepatic disorder caused by inflammation of hepatocyte. This stage can be correlated with Amavastha. In this due to formation of 'Ama', Sneha is restricted i.e. in acute phase. But when kamala turns into 'Kharibhuta' condition, that means in chronic stage Ghrut can be used which reduces rukshata occurring due to

chronicity.

From this correlation, it can be stated that Ghrut might have a significant role in various liver disorder, which can be explained in accordance with anatomical changes. This relation can be established with the knowledge of macro and microanatomy. Thus though with concepts of sharir, Principle of Kamala Chikitsa can be explained with and from modern anatomy. Actual trials in-vivo followed by in patients is needed to support this theoretical approach.

CONCLUSION -

1) With concepts of sharir and its collaboration with modern Anatomy, Kamala can be better explained as a group of liver diseases and not merely hepatitis. Role of Ghrutpana can be accepted within limits of 'Kharibhuta' due to hepatic disorders, which can be explained as discussed in paper, with applied aspects of macro and microanatomy.

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आयुर्वेद पत्रिकेचे प्रकाशित विशेषांक

- | | |
|--|-------------------------------|
| १. रसायन विशेषांक भाग १ | २. रसायन विशेषांक भाग २ |
| ३. वृक्करोग विशेषांक भाग १ | ४. वृक्करोग विशेषांक भाग २ |
| ५. प्रमेह विशेषांक | ६. सौंदर्य विशेषांक |
| ७. वमन विशेषांक | ८. कुपोषण विशेषांक |
| ९. संशोधन विशेषांक | १०. भस्म विशेषांक |
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| विशेषांक १९. सुवर्ण कल्प भाग १ व २ | २०. अन्नवह स्त्रोतस् विशेषांक |
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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

Efficacy of Vaman Karma in The Management of Poly Cystic Ovarian Syndrome**Dr. Komal Bhoge¹,**P.G. Scholar ,
3rd year, Prasuti Tantra & Stree Rog Dept**Dr. Sameer Gholap²**Associate Professor, Prasuti Tantra & Stree Rog Dept.
.SMBT Ayurvedic Medical College & Hospital,
PG Institute, Dhamangaon , Nashik.**Abstract –**

In today's civilized & fast era, the lifestyle has totally changed. No one follows the Ahara & Vihar prescribed by Ayurveda. This in turn creates many health problems. PCOD (polycystic ovarian Disease) is one of the Gynecological problem created due to this unhealthy lifestyle. PCOS is a condition characterized by an imbalance of hormones in women which can affect menstrual periods and ovulation. It is also one of the leading causes of infertility because of these distressing symptoms. Women may also experience depression & anxiety. PCOD affects about one in ten women of child bearing age. It is a very common problem. If not treated early, serious health complications such as diabetes and cardiovascular disease can develop. The aim of the 'panchkarma' therapies is to purify and detoxify the body. It helps to get rid of many chronic diseases as well as it helps the healthy person as a preventive treatment. Unbalanced doshas can not be balanced completely with the help of samshamana (Langhanapachan), but samshodhana i.e. purification helps to restore complete balance of doshas and dhatus. After samshodhana treatment if any medication is given it has better efficacy with lesser side effects. Thus Panchakarma is an essential treatment method of Ayurvedic cure.

Introduction –

PCOS is a hormonal imbalance disease and is characterized by changes that cause accumulation of multiple follicles in the ovaries without ovulation. The principal function of ovary is production of an egg each month for ovulation & that of all hormones necessary for reproduction. In PCOD the ovary fails to expel the matured egg and a small amount of fluid begins to accumulate inside the immature follicles to form multiple cysts. Patients with PCOS have increased androgen and estrogens, which set up a vicious cycle. These women also have high level of insulin in their blood because their cells do not respond normally to insulin.

Aim & objectives –

- To study the PCOD (polycystic ovarian Disease)
- To study the Vaman karma
- To study the efficacy of vaman karma in the management of PCOD

Material & methods –**Case report –**

A 22 yrs female complaints abdominal pain at time of menstruation, c/o - irregular menses since 3 yrs, clot ++, Hirsutism ++, Facial hair ++, occasionally change in voice occurs, Anxiety ++, report shows PCOD

weight – 74 kg, BP – 140 /80 mmHg, Pulse – 74 /min, RR – 18 /min

PCOD reports before treatment –

- BSL(F) – 100 mg/dl, (PP) -160 mg/dl
- TSH –3. 8 uIU/ml
- LH –20 mIU /ml

- FSH – 12 mlu /ml
- CBC – reports within normal level
- USG – Right ovary was enlarged size is about 3.9 x 2.5 x 3.1 cm

Chkitsa –

Shodhanchikitsa -

Vamanchikitsa was used for shodhantherapy ,

Purvakarma	Abhyantarsnehpan with Phalghrita (for 4 days in devided dose) Bahyasnehan – Till tail Swedan – Dashmulpachang used for Sarvang Swead
Pradhan karma	Vaman with this yoga – Madanphalchurna + vachachurna + saindhav
Paschat karma	Sansarjan karma for 5 days

Shaman chikitsa

Ashoka arishta – 20 ml BD with koshnajal ,Chandraprabhavati 2 BD .

All this drug are purchased from GMP approved pharmacy ,

Duration – 3 months

Follow up - 1stday , ,30th day ,60th day ,90th day

Pathya–

- 1) Regular exercise is recommended – Evening or morning walk.
- 2) Consumption of vegetables preferred – bitter guard and drumsticks.
- 3) Drink at least 8 – 10 glasses of water daily.
- 4) Therapeutic Yoga and Meditation, Practice of Yoga and meditation are use the ul. Sarvangasan , vajrasana ,Simhasana are the effective asana in PCOD
- 5) Psychological state of mental well being can positively influence higher mental functions and thus pituitary.

Apathya -

- 1) Black gram, sour items, chillies and salted things have to be avoided.
- 2) To avoid refrigerated/chilled foods.
- 3) Avoid caffeine and alcohol
- 4) Avoid diwaswap
- 5) Avoid freshly harvested grains and sesame seeds in particular.
- 6) Avoid milk and milk products, particularly yogurt and buttermilk.
- 7) Avoid fish and jaggery.

Results & observation – After 3 months of treatment satisfactory results are shows ,

PCOD reports After treatment –

- BSL(F) – 90 mg/dl , (PP) -140 mg/dl
- TSH –3. 6 ulU/ml
- LH –18 mlu /ml
- FSH – 10 mlu /ml
- CBC – reports within normal level
- USG – Right ovary was enlarged size is about 3.1 x 2.3 x 2.1 cm

Abdominal at time of menstruation was reduced , weight is 68kg , Menstrual cycle is regular in that time period , blood clot at time of menstruation are also reduced

Discussion –

If virechana is given it causes further Pitta kshaya resulting into Artavakshaya. So vaman given will result in Soumya dhatu (Kapha) kshaya and Agneya dhatu (Artava) vrudhi. Thus if we try this concept to detoxify the body it will play important role in controlling PCOS and its symptoms. Female reproductive health can also be improved. That will help in eliminating toxins and toxic conditions, both physical & mental, clearing obstructions and keeping the shrotas (channels) clean & intact.

Conclusion –

- I. Vaman karma shows significant results in management of PCOD
- II. A proper yoga program after medical opinion can improve accumulated fat, insulin resistance.

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Bhasrika, is a term derived from the "bellow" in which the breath is actively blasted in and out in multiple 'whooshes' with forced abdominal contraction. *Bhasrika* 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 *Diwaswap*, Sea food with milk, etc. In present study a female patient of 37 yrs was complaining of *Sarvang sandhi shula* (*Vruchik Dansh vat vedana*), *shoth*, *kriyakashtata*, *Aangamarda*, *Jwar*..etc was diagnosed as *Amavata*. The Ayurvedic drug combination which include *Aajmodadi churna*, *Musta*, *Shunti*, *Haritaki*, *Yograj Guggul*...etc. *Anupan- Koshna jal*. *Kala- Adhobhakt*, was given for 60 days to manage '*Amavata*'. It was observed in clinical Assessment that the drug therapy

shows the significant relief in Sarvang sandhi shula, shoth, Jwar, Aangamarda. Hence, the combination of above drug is effective in the management of Amavata.

Key Words- Amavata, Rheumatoid Arthritis, Aajmodadi churna.

19. A CLINICAL STUDY ON EVALUATION OF EFFICACY OF DASHMULADI KWATHA IN THE MANAGEMENT OF GRIDHASI WITH SPECIAL REFERENCE TO SCIATICA

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Abstract

Changing of life style of human being has created several disharmonies in his biological system. With the advancement of busy, professional and social life, improper sitting posture in offices, factories, continuous exertion, jerking movements during traveling and sports, all these factors create undue pressure on the spinal cord and leads to low backache and sciatica. Sciatica is pain radiating through sciatic nerve trunk. It is mainly caused by compression of nerve root resulting from IVDP, osteophytes and canal stenosis. Chief symptom of sciatica is pain radiating from buttocks down to the leg. In Ayurveda Sciatica can be compared with Gridhasi. The present study comprised of 30 patients of Gridhasi selected from outdoor and indoor patient of R A Podar Ayurved College Worli Mumbai. Treatment included Dashmuladi Kwatha given with Eranda tail. Significant results were recorded in Gridhrasi, so it was concluded that trial formulation is quite effective in management of acute stage of Sciatica.

Keywords: Gridhasi, Dashmuladi Kwatha, Eranda tail

20. AYURVEDIC APPROCHED FOR AMAVATA- A CASE STUDY.

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Abstract

Ayurveda is Preferred for the treatment of autoimmune and Life style disorders. Amavata is compared with rheumatoid arthritis (RA) on the basis of clinical similarity between the two. Pain in joint with Swelling is a cardinal feature of this disease. Though



A clinical study- management of *Arma* with *Nayansukhavarti Anjan*

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Abstract:

Eyes are the most sensitive and vulnerable part of our body. Air born infection, UV rays, pollutants, dust and other particles can land directly on the surface of eye causing eye disease. *Arma* is defined as gradually developing continuous wing like growth in *shukla mandla* from either *Kaninika sandhi* (inner canthus) or *Apang sandhi* (outer canthus) towards *Krishna mandala*, causing discomfort in eye. Pterygium found in people residing tropical and subtropical area. Risk factor included outdoor work, exposure to sunlight, dry and dusty climate etc. Due to geographic and climatic condition Pterygium is common ocular disorder in India. The *Ayurvedic* science can be explored to find a better alternative to manage this condition. *Arma* which is in early stage having thin membrane and curd like bluish/ red coloured and smoky should be treated by *lekhana anjan* and recurrence rate is very rare after *anjana kriyakalpa*. So considering all facts *Nayansukha varti anjana* selected for *Arma chikitsa*. In present study 10 patients of *Arma* were selected and administered *Nayansukha varti anjana*

(*Pradhan karma*) after *Deepan-pachan* & *Nasya karma* (*Poorvakarma*) and *shamana chikitsa* with *triphala churna*. *Nayansukha varti anjana* have *lekhaniya* and *rasayana* property which is useful in *Arma chikitsa*. A significant relief was found in signs & symptoms of *Arma* after the treatment and no any adverse effect found after treatment. Drugs used in treatment are easily available drugs and cost effective.

Keywords:

Arma, *Pterygium*, *Nayansukhavarti anjana*

INTRODUCTION:

Eyes are the most sensitive and vulnerable part of our body. Air born infection, UV rays, pollutants, dust and other particles can land directly on the surface of eye, causing eye disease. *Sushruta* mentioned eleven types of *Shuklagata rogas* (white part of eye) in which *Arma* is also one *shuklagata roga*. It is defined as gradually

developing continuous wing like growth in *shukla mandla* from either Kaninika sandhi(inner canthus) or Apang sandhi (outer canthus) towards *Krishnamandala*, causing discomfort in eye. It is common in shalakya practice. As per *Ayurvedic* classics on the basis of signs and symptoms Arma can be correlated with *pterygium* in modern science.

Pterygium is triangular shaped *fibrovascular* sub epithelial in growth of degenerative bulbar conjunctival tissue over the *limbus* on cornea which is hyper plastic condition of conjunctiva. The sub conjunctival tissue is undergoes elastic degeneration and proliferates as vascular granulation tissue under the epithelium, which is ultimately *enchroches* the cornea. The common etiology of *netra roga* can be considered as etiology of Arma specially *Swedadidhum nishewana* (sweating, exposure to dust, smoke etc.) cause locally *khavagunya* (locally erosion and irritation) and other etiology *apthaya aahara vihara* cause vitiation of *doshas* which further reach at *khavagunya* site (weak place) where *dosha-dushya samoorchana* take place and clinical features appear.

Pterygium found in people residing tropical and subtropical area. Risk factor included outdoor work, exposure to sunlight, dry and dusty climate etc. Prevalence is high in factory workers than

in office worker, higher in rural area than city. Due to geographic and climatic condition *Pterygium* is common ocular disorder in India.

In modern science treatment of *Pterygium* is surgical removal of enlarged part of conjunctiva but recurrence is more after surgery Hence, the *Ayurvedic* science can be explored to find a better alternative to manage this condition. Treatment of Arma described in *Ayurvedic* text both medical and surgical. Arma which is in early stage having thin membrane, curd like bluish/red coloured and smoky should be treated by *lekhana anjana*. In *Ayurveda* there are three types of anjana are described which are *Lekhana anjana* (for *kapha dominant dosha*), *Ropana anjana* (for *pitta dominant dosha*), *Prasadana anjana* (for *vata dominant dosha*). Arma is type of *mamsavidhi* and all type of *mamsa vridhi* is *kaphatmaka* so *lekhana anjana* treatment is good for Arma. So considering all facts *Nayansukha varti anjana* selected for Arma *chikitsa*. *Nayansukha varti anjana* have *lekhniya* and *rasayaniya* property which is useful in Arma *chikitsa*. This is very easily available drug and cost effective.

METHODOLOGY –

In this present study, Line of treatment is cure disease with tridosha shamana. In the

early stage of *Arma Lekhana karma* is indicated. *Lekhana karma* can be done by using *lekhana anjana*. Hence present study is aimed to establish an appropriate therapy which is very less irritative to eyes and relieve the symptoms of disease.

TREATMENT PROTOCOL FOR ARMA CHIKITSA-As per principal of aushadh *sadhya Arma chikitsa*, *Aacharya Vagbhatta* described as -

*Armokt Panchdha Tatra Tanu
Dhumavilam Cha Yata /*

*Raktam Dadhinibham Yaccha
Sukravattasya Bhesajam //*

(*Astanga Hridaya Uttartantra. 11/13*)

STUDY PLAN –

Total 10 patients suffering from *Arma* were selected by clinical examination in OPD & IPD department of *shalakyatantra*. Many type of treatment described for *Arma chikitsa* in *Ayurvedic samhitas* but I had selected treatment for *Arma* as follow-

POORVA KARMA –

- Firstly *deepana pachana* with *chitrakadi vati* (2 tabs BD) for three days.
- Nasya karma – *Mukhabhayanga* and *mriduswedana* done before *shodhana nasya*. *Anu taila* used for

shodhana nasya karma (4-5 drop in each nostrils) for next 3 days.

PRADHANA KARMA -

- *Anjana kriyakalpa* with *Nayansukha varti anjana* advised for 15 days.

Shamana Chikitsa –

- *Triphala churna* was advised as *shamana chikitsa* 5 gm HS with normal water for 30 days (after *poorva karma*).

Nayansukha Varti Anjana :-

Ekgunamagdhika Dwigunach

Haritaki Salilpista /

Vartireyam

*Nayansukhatimirarmapatalkanchashruh
ari//*

(*Chakradutta netra roga chikitsa 59/121*)

When *doshas* are localized in eyes than after *Anjana* is applying, *Anjana* is apply in comfort position of patient (supine position) by *shalaka* from inner *canthus* to outer *canthus*, After *anjana karma* patient advised to closed his eyes gently and rotate them in all direction so as to disperse *anjana* uniformly in eyes. This process was repeated daily morning for fifteen days.

EXAMINATION –

Patients were examined in detail as per *Ayurvedic* and modern method. On slit lamp examination very short triangular fold of conjunctiva *enchroches* near the cornea in the area of palpebral aperture.

Inclusion criteria-

- Patients between the age of 20 to 50 years selected.
- Patients having classical *lakshana* of Arma.
- *Arma* which can be treated medically as per *ayurvedic samhitas* were selected.
- Duration of disease less than one year.

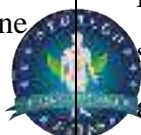
Exclusion criteria –

- Patients less than 20 years and above 50 years.

- Duration of disease more than one year.
- *Arma* associated with other *ocular* disorders and systemic complication.
- Patients' *anahara* for *Anjana* i.e patients with *Chedya* and *Asadhya Arma* as per *ayurvedic samhitas* were excluded.
- *Arma* reaches to *pupillary* region and effect on visual acuity.

Assessment criteria –

Assessment was done on the bases of clinical signs and symptoms in patients. For this purpose main clinical signs and symptoms were given with suitable scores according to their severity before, during and after treatment.



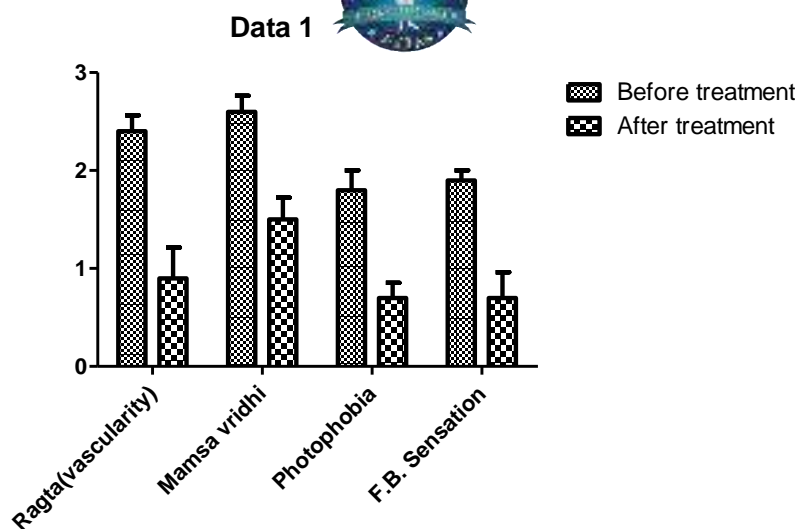
<i>Rakta (vascularity)</i>	0-Absent 1-Mild with unidirectional pattern 2- Moderate with unidirectional and enlarged vessels 3- Marked with unidirectional and engorged vessels
<i>Mamsa vridhi on shukla mandala</i>	0-Absent 1-Mild <i>mamsa vridhi</i> on limbus 2-Encroach cornea up to 1mm from limbus 3- Encroach cornea > 1 mm
Photophobia	0-Absent 1-Sensitivity to bright sunlight and other bright stimulus

	2-Sensitivity to mild sunlight but comfortable in dim light 3-Sensitivity to even dim light with inability to open eyes
Foreign body sensation	0-Absent 1-Occasionally present 2-Frequently present with lacrimation 3-Continuous present with lacrimation and congestion

- Follow up after the treatment , all patients were advised to attend the OPD for one month at regular interval for fifteen days .

1- RESULT-

Sr. No.	Parameters	Mean±SD		% relief	“t” Value	“p” Value
		Before treatment	After treatment			
1.	Ragta	2.400±0.5164	0.900±0.9944	62.5	6.708	<0.001
2.	Mamsa vridhi	2.600±0.5164	1.500±0.7071	42.3	6.128	0.02
3.	Photophobia	1.800±0.6325	0.700±0.4830	61.1	6.128	<0.001
4.	F.B. Sensation	1.900±0.3162	0.700±0.8233	63.1	4.811	<0.001



The scoring of criteria of assessment was analyzed statistically in term mean value of before treatment (B.T.), after treatment (A.T.), standard deviation. Various observation made and result obtained were

computed statistically using on graphpad instat software. Result of 10 patients shorted that symptomatic improvement was considerable in all parameters of *Arma*.

It has been observed that symptoms like Ragta shows changes in mean value from 2.4 to 1.5 showing a reduction of 1.5(62.50 % relief), Mamsa vridhi shows changes in mean value from 2.6 to 1.5 showing a reduction of 1.1(42.30% relief), photophobia shows changes in mean value from 1.8 to 0.7 showing a reduction of 1.1(61.11% relief), Foreign body sensation shows changes in mean value from 1.9 to 0.7 showing a reduction of 1.2(63.15% relief) which are all statistically significant.

DISCUSSION:

- Deepana pachana- Medicine will act on body like amrita when there is niramawastha. Deepana pachana drugs help to achieve this state. Due to ushna and laghu guna of deepana pachana drugs enhance agni and aam pachan occurs and facilitate easy digestion.
- Also Nasya karma is good for urdhva jatrugata rogas and according to ayurveda nose is designated as gateway of cranial cavity. By Nasya karma administered drug reaches in sringataka marma through nasa, spread to siras (arterioles) of head, netra (eyes), karna (ears), kantha (throat) and expelled out vitiated dosha from the uttamanga. Shodhana nasya was

administered with anu taila before giving Anjana kriyakalpa.

- Anjana is one among the kriyakalpa, the ocular therapeutic which are pillar of shalakya tantra. In treating the disorders of eyes many topical treatment are explained in our classics along with systemic procedure. It assumed that they possess the potency to target tissue involve in pathology.
- Nayansukha varti anjana was used here and effective in subsiding lakshana of Arma like ragta, FB sensation and photophobia. It acts on ocular tissue especially on conjunctiva, therefore will be helpful in conjunctival disorders. The medicine through anjana which are hydrophilic, gets absorbed through conjunctiva and even conjunctiva is hydrophilic because of its waterbase and the action of drug like anti-inflammatory are achieved through this route.
- Through lekhana anjana kriyakalpa, vitiated dosha situated in vessels of eyes, eyelids, cavity and channels of eye (srotas) are drained out through mouth, nostrils and eyes. Nayansukha varti anjana have kaphagna, lekhaniya, rasayana property by which it reduces the thickness of Arma and helpful in further degeneration of tissue of conjunctiva.

- Anti-oxidant property of Nayansukha varti anjana helpful in reducing the oxidation procedure of conjunctiva and presence of vitamin C in haritaki shows healing property, prevent haemorrhage which help in healing of epithelial tissue.

- Anti-oxidant property of Nayansukha varti anjana helps in maintain structural and functional integrity by arresting there occurrence of hyperemia of Arma.

PHARMACODYNAMIC ACTION OF NAYANSUKHA VARTI ANJANA:-

<i>Dravya</i>	<i>Rasa</i>	<i>Guna</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Doshagnata</i>	<i>Karma</i>
<i>Pippali</i> (<i>Piper longum</i>)	<i>Katu</i>	<i>Laghu,</i> <i>snigdha,</i> <i>ruksha</i>	<i>Anushnasheeta</i>	<i>Madhura</i>	<i>Vatakaphashamaka</i>	<i>Deepana,</i> <i>Hridya,</i> <i>Rasayana</i>
<i>Haritaki</i> (<i>Terminalia chebula</i>)	<i>Lavana</i> <i>varjita</i> <i>5rasa</i>	<i>Laghu,</i> <i>Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridoshashamaka</i>	<i>Medhya,</i> <i>Chakshushya</i> <i>Rasayana,</i> <i>Shoolahara</i>



CONCLUSION:

- Arma is shukla mandla gata vyadhi can be correlated with in modern science with Pterygium.
- Nayansukha varti anjana has significant effect in pacify the symptoms of Arma and marked reduction in clinical symptoms was well appreciated within treatment course.
- No adverse effect of drugs were observed during this course of study after administration.
- Statistical data on stated above has revealed significant result in reducing

Foreign body sensation, Photophobia, Ragta, Mamsa vridhi symptoms.

- Nayansukha varti anjana is proved to be cost effective, less irritant, safe and better drug for Anjana in Arma. Rasayan property of drugs helps in further degeneration of the tissue.

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Cite article

A clinical study- management of *Arma* with *Nayansukhavarti Anjan*
Yogesh Kumar Sisodiya, Tushar Firke

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**A clinical study of Phalatrikadi Ghrita Tarpana In The Management of Myopia****Rajendra Singh Patel*¹, Yogesh Kumar Sisodiya², Tushar Firke³**

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Dept. of Shalakya Tantra**S. M. B. T. Ayurved College & Hospital, Dhamangaon, Nashik (Maharashtra)*****Corresponding author: dr.rajendrasinghpatel17@gmail.com****Abstract:**

In Ayurveda, clinical features related to visual disturbances are generally seen in Drishtigata Rogas. Hence, all the cases of visual disturbances can be correlated under the broad umbrella of Timira-Kacha-Linganasha complex. The part of clinical features of Timira (1st and 2nd Patalagata) can be correlated to myopia, there is a complaint of difficulty in seeing objects distinctly along with headache, eye strain, photophobia and lacrimation. The prevalence of myopia in Asia is high as 70-90%. The Ayurvedic science can be explored to find a better alternative to manage this condition. In Ayurveda there is the concept of Chaksushya (beneficial for vision) drugs and food items. Local therapeutic procedures for eye have been grouped under the umbrella of Kriyakalpa by our Acharyas and among them,



Akshi-Tarpana is the foremost procedure for Timira which provides Vatashamaka effect to the eyes along with providing nourishment. So I has been select Akshi-tarpana with phalatrikadi ghrita along with poorvakarma and shamana chikitsa. This study had been carried out on 10 patients for a period of 46 days, in which Poorva karma Kostha shodhana and Nasya for 6 days, Pradhankarma Akshitarpana for 5 days into 3 sitting regular interval of 5 days, Shamana chikitsa Saptamrita lauha 250mg BD with madhu and ghrita. This treatment gives nourishment and strength to eye muscles so there was found markedly improvement in symptoms of myopia.

Keywords: *Timira, Myopia, Akshitarpana*

INTRODUCTION:- In Ayurveda, clinical features related to visual disturbances are generally seen in Drishtigata Rogas. Hence, all the cases of visual disturbances can be correlated under the broad umbrella of Timira-Kacha-Linganasha complex. The part of clinical features of Timira (1st and 2nd Patalagata) can be correlated to myopia. When the vitiated doshas are located in the 1st & 2nd patala, there is a complaint of difficulty in seeing objects distinctly. This is a common complaint of all the refractive errors.

When the vitiated doshas are situated in the 2nd Patala, the patient complaints of confused visual perceptions and appearance of bees, flies, hairs etc. in front of eyes. These symptoms are also seen in high myopia, where degenerative changes are common. Myopia or nearsightedness manifests as distant blur. The prevalence of myopia in Asia is as high as 70-90%. Recent data suggests that a large number of people are blind in different parts of the world due to high refractive errors. The prevalence of blindness in India due to refractive error has been reported to be as high as 0.21% for all age groups in the population and another 0.03% of this population was irreversibly blind due to myopic retinal degeneration. Methods of correction of myopia are not without complications including corneal infections

due to contact lens wear and corneal scarring and persistent corneal haze from refractive surgery.

Hence, the Ayurvedic science can be explored to find a better alternative to manage this condition. In Ayurveda there is the concept of Chaksushya (beneficial for vision) drugs and food items. Also some life style changes and some therapeutic procedures have been mentioned which improve or enhance the visual acuity as well as improve the overall health of the eye.

Conduction of light needs some medium to travel and same is for Vata also. Vata functions in the fluid media and Kapha is the predominant dosha in the fluid. So, we can say that Vata functions in Kapha media, refraction is a combined action of Vata and Kapha.

Snehana has been mentioned as supreme treatment for Vata Dosha by Charaka and he was mentioned Akshi-Tarpana as one of the 24 Snehapravicharna. Local therapeutic procedures for eye have been grouped under the umbrella of Kriyakalpas by our Aacharyas and among them, Akshi - Tarpana is the foremost procedure for Timira which provides Vatashamaka effect in the eyes along with providing nourishment. So I has been selected Aksitarpana with phalatrikadi ghrita,

which is effective and easily available drug.

METHODOLOGY:-

According to Ayurveda selection of drug is based on many suitable factor that are involved in pathogenesis of particular disease, as the treatment is nothing but only samprapti vightana. In this case treatment mainly aimed to treat myopia (pratham and dwitiya patalgata timira) with alochaka pitta anurakshana. Thus following drugs were selected for present condition.

STUDY PLAN:-

Total 10 patients suffering form Myopia were selected by clinical examination in OPD & IPD department of shalakyatantra.

Examinations- Patients were examined by

- Snellen's chart for visual acuity.
- Retinoscopy examination.
- Ophthalmoscopic examination.

TREATMENT PROTOCOL:-

In Ayurvedic samhitas many types of treatment described for Timira chikitsa but I had selected following treatment for Timira (Myopia). The treatment was carried out for 46 days. During this period, Patient was advised for laghu, supachya aahara.

1) POORVA KARMA- For the poorva-karma of the procedure, following drugs were used in all patients-

Haritaki churna- 05 gm HS with luke warm water for 3 days.

Nasya karma- Anu taila nasya 4-5 drops each nostril for next 3 days.

2) PRADHANA KARMA-

Tarpana with phalatrikadi ghrita for 5 days into 3 sitting regular interval of 5 days.

3) SHAMANA CHIKITSA -

Saptamrita lauha 250mg BD with madhu and ghrita for 40 days start along with tarpan therapy.

Phalatrikadi Ghrita:-

*“Phalatrikabhiru Kashayasiddham,
Kalken Yashtimadhukasya Yuktam /*

*Sarpi Samam Chhodra Chaturthbhagam,
Hanyat Tridosham Timiram Pravridham
//*

(Chakradutta Netra Roga 59/188)

Phalatrikadi ghrita have Rasayana, Chakshushya and Balya properties. All Aacharyas mentioned these ingredients as Chakshushya and very effective in treating the eye disorders.

Inclusion criteria:-

- Age Group-15 years to 30 years.
- Patients having symptoms of Myopia were selected.
- No discrimination of sex and economic status.
- Patients having spherical refractive error.
- Patients having refractive error up to -2 D.

Exclusion criteria:-

- Age Group: - >15 years and <30 years.
- Patients having major ocular diseases like corneal ulcer, malignant condition of eye,

retinoblastoma, ocular tumor, D.M., leprosy, HIV, Tuberculosis.

- Patients with pathological myopia.
- Patients using other systemic drugs.
- Patients after surgeries like LASIK, Photo refractive keratectomy, Radial keratectomy etc.

ASSESSMENT CRITERIA –

Assessment was done on the bases of clinical signs and symptoms in patients. For this purpose main clinical signs and symptoms were given with suitable scores according to their severity before, during and after treatment.



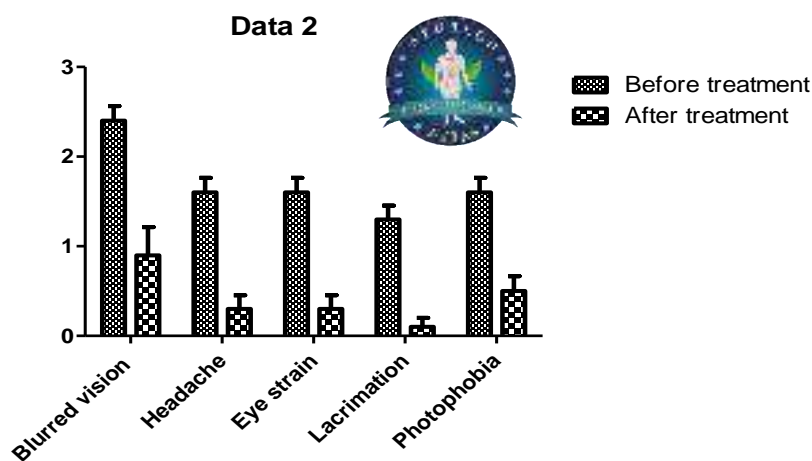
Avyakta darshana (Blurred vision)	0-No feeling of blurred vision. 1-Occasional blurred vision. 2-Regular blurred vision without disturbing routine work. 3-Regular blurred vision disturbing day to day work.
Headache	0-No headache. 1-Occasional headache. 2-Irregular attacks of frequent headache. 3-Regular Headache.
Eye strain	0-No eye strain. 1-After 4 to 6 hours of near work. 2-After 2 to 4 hours of near work. 3-Before 2 hours of near work.
Lacrimation	0-No lacrimation. 1-Mild lacrimation. 2-Moderate lacrimation. 3-Severe lacrimation.
Photophobia	0-No difficulty in seeing in sunlight. 1-Occasional difficulty seeing in sunlight. 2-Regular difficulty without disturbing routine work. 3-Regular difficulty disturbing day to day work

- Follow up after the treatment , all patients were advised to attend the OPD after 15 days.

RESULT:

Effect OF Phalatrikadi Ghrita Akshi-Tarpana on associated complaints of Myopia

Sr. No.	Parameters	Mean±SD		% relief	“t” Value	“p” Value
		Before treatment	After treatment			
1.	Blurred vision	2.400±0.5163	0.900±0.9944	62.5	9	<0.0001
2.	Headache	1.600±0.5163	0.400±0.5163	75	9	<0.0001
3.	Eye strain	1.600±0.5163	0.600±0.5163	62.5	4.743	0.0011
4.	Lacrimation	1.300±0.4830	0.400±0.5163	69.23	5.014	0.0007
5.	Photophobia	1.600±0.5163	0.500±0.527	68.75	11	<0.0001



Effect OF Phalatrikadi Ghrita Akshi-Tarpana on Clinical Refraction (myopic spherical)

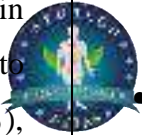
EYE	No. of Patients	Mean± SD		% Relief	“t” Value	“p” value
		Before treatment	After treatment			
RE	10	1.450±0.422	1.225±0.343	15.5%	1.308	0.002
LE	10	1.275±0.463	1.00±0.486	21.6%	1.296	0.002

The scoring of criteria of assessment was analyzed statistically in term mean value of before treatment (B.T.), after treatment (A.T.), standard deviation. Various observation made and result obtained were computed statistically using on graphpad instat software. Result of 10 patients showed that symptomatic improvement was considerable in all parameters of Myopia.

It has been observed that symptom like Blurred vision shows changes from mean value 2.4 to 0.9 showing a reduction of 1.5 (62.50 % relief), Headache shows changes in mean value from 1.60 to 0.4 showing a reduction of 1.2 (75% relief), eye strain shows changes in mean value from 1.60 to 0.60 showing a reduction of 1.0 (62.5%), lacrimation shows changes in mean value from 1.30 to 0.40 showing a reduction of 0.9 (69.23%), photophobia shows changes in mean value from 1.6 to 0.5 showing a reduction of 1.1 (68.7% relief), which are all statistically significant.

DISCUSSION:

- Any research without being discussed about its utility and importance is said to be incomplete, any hypothesis becomes principle only after discussed from various angles (Ch. Vi. 8/37).
 - Haritaki has tridoshara property and anuloma all vitiated dosha, which is helpful in further treatment.
 - Nasya karma is also good for urdhva jatrugata rogas because drug administered through nose as nasya reaches to brain and eliminate the morbid doshas responsible for producing disease.
 - The Phalatrikadi ghrita used in tarpana procedure is combination of ghrita and decoction of medicines, hence the drug has quality to transpassing into minute channels of body hence when applying on eyes it enters deeper layer in eyes and clean every minute part.
- The clinical trial drug Phalatrikadi Ghrita has predominance of Madhura rasa, Guru guna, Sheeta veerya, and Madhura vipaka. Considering the doshakarma, the trial drug is Vatashamaka, Pittashamaka and Kaphashamaka by virtue of its Rasa, Guna, Veerya and Vipaka. Thus, the overall effect of the compound drug is Tridoshashamaka and hence it disintegrates the pathology of the disease Timira, which is Vata pradhana Tridoshaja in its manifestation.
- The Phalatrikadi Ghrita used as Tarpana may have its action at the



level of cornea, lens and ciliary muscle. The fat soluble contents of the drugs get absorbed through trans-corneal route may have action on the refractive media of the eye and eye as a whole. So it is supposed that after getting absorbed from ocular surface fatty acids enters in Aqueous

Chamber and nourishes intraocular contents, especially Uveal tract (Iris, Ciliary body) and lens. The absorbed contents of Goghrita help in restoring the muscular power of ciliary body and lens flexibility, which is essential for accommodation.

PHARMACODYNAMIC ACTION OF PHALATRIKADI GHRITA:-

Dravya	Rasa	Guna	Virya	Vipaka	Doshagnata	Karma
Haritaki (Terminalia chebula)	Lavana varjita 5 rasa	Laghu, Ruksha	Ushna	Madhura	Tridoshashamaka	Medhya, Chakshushya Rasayana, Shoolahara
Vibhitaki (Terminalia bellirica)	Kashaya	Laghu, Ruksha	Ushna 	Madhura	Tridoshashamaka	Netrya, Krimighna
Amalaki (Emblica officinalis)	Lavana varjita 5 rasa	Guru, Ruksha, Sheeta	Sheeta	Madhura	Tridoshashamaka	Rasayana
Shatavari (Asparagus racemosus)	Madhura Tikta	Guru, Snigdha	Sheeta	Madhura	Vatapittashamaka	Medhya, Rasayana, Chakshushya
Yashtimadhu (Glycrrhiza glabra)	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatapittashamaka	Dahashamaka, Medhya, Chakshushya, Rasayana
Goghrita (Butyrum deparatu)	Madhura	Guru, Snigdha, Mridu	Sheeta	Madhura	Vatapittashamaka	Medhya, Rasayana, Chakshushya, Balya

CONCLUSION-

- Prathama and dwitiya patalgata Timira are drishtigata roga can be correlated with in modern science with Myopia
- Phalatrikadi ghrita tarpana has significant effect in pacify the symptoms of Myopia and marked reduction in clinical symptoms was well appreciated within tarpana therapy.
- No adverse effect of drug were observed during the course of study after administration.
- The Phalatrikadi ghrita tarpana is proved to be cost effective, safe and better drug as tarpana for Myopia. Rasayana property of drugs helps in further degeneration of the tissue.

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Cite article

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Rajendra Singh Patel, Yogesh Kumar Sisodiya, Tushar Firke

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A Review of Anjana Yoga W.S.R. to Charak Samhita

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Abstract :

The term Anjana is one of the kriya kalpa, mentioned by Charak, Susruta and Sarangdhara. Application of medicine to the internal surface of lid margin from kaneeka sandhi to apanga sandhi, with anjana shalaka is known as Anjana. This is very effective treatment in many eye diseases. There are different types of Anjana which are used in different eye diseases as per their nidan and doshas. Almost all Acharyas have given the Anjana yoga. Here through this article it is tried to elaborate the Anjana yoga which is mentioned in Charak Samhita alongwith their use in different eye disorder.

Key words : Anjana, Yoga, Kriya Kalpa, Netra Roga, Charak Samhita.

Introduction :

The branch of shalakyas is one of the very useful branch among all the eight branches of Ayurveda. It deals with the disorders of eye, nose, ear, throat, teeth. But here only the eye related disorders are described for better and omnipotent treatment through Ayurveda. The term kriya kalpa means the different method of Ayurveda procedures for administration of herbal medicines into the diseased eye. Kriya kalpa includes Seka, Aschyotana, Pinda, Tarpana, Bidalaka, Putapaka, Anjana.

Aim and Objectives

- A conceptual study on Anjana and its yoga as per Acharya Charak.
- To treat the different kind of eye diseases by Anjana and to reduce the further complications.

Literature Review :

There are different types of anjana according to the action of drug

- i) Lekhana Anjana: It is used in kapha predominant disorders, drug should prepare with all except madhura rasa.
- ii) Ropana Anjana: Here the drug should be oily, with the predominance of tikta and Kashayarasa, it gives strength to the eyes.
- iii) Prasadana Anjana: It is prepared with madhur and sneha predominant medicines.

Anjan according to rasa (Drug taste)

- Madhur Anjana
- Lavana Anjana
- Tikta Anjana
- Amla Anjana
- Katu Anjana
- Kashaya Anjana

Anjana should be prepared in different vessel as per rasa of the anjana drug.

Anjana Patra	Rasa of Anjana Drug
Swarna Patra	Madura rasa
Roupya Patra	Amla rasa
Mesha Shirunga Patra	Lavana
Tamra or Loha Patra	Kashaya
Vyndocrya Patra	Katu
Kamsya Patra	Tikta

Anjana Shulaka :

It should be 10 Angulas length, the two ends should blunt (should not sharp). Just like jasmun flower. It should be easy for handling, and should not be rough, thin, hard and breakable.

Anjana should apply when

- 1) The body should be purified by siravyad virechana Nasya vasti etc.
- 2) Aamavastha should be eliminated.
- 3) The eye should be free from ama and should exhibit normal dashie symptoms, then only after Anjana has to do.

Anjana yoga (1) : Saindhava lavana and maricha 3/4 shana, pippali and samudra phena 2 shana , sauveeranjana 1 shana should be collected and grinded in chitta Nakshatra and thus anjana is prepared for use.

Indications : Kooha, Netra Kandu , Kaphaja Netra Disorders.

Anjana yoga (2) : Bida lavana(Bida Churna) should be grinded with Aja Mootra(Gout's urine) for 3 days, then choorna anjana is ready.

Indications : Timir, Krimi roga , Pilla roga

Anjana yoga (3) : Sauveeranjana , Tutthia , Swarna Mashik , Manashila , Vana Kulutha , Yastimadhu , Loha Bhasma , Ratna , Pushpanjan , Saindhava Lavana , Vana Varaha Damstra , Kataka , they are powdered and used as choornanjana.

Indications : Timir roga etc.

Anjana yoga (4) : Saurveeranjana should kept in the mouth of Krishna sarpa for a month, it is removed dried powdered and added 3/4 quantity of jathi pushpa and saindhava lavana, perfectly grinded and used as choornanjana.

Indications : Timir etc

Anjana yoga (5) : Pippaladi, Phalasha pushpa rasa, Krishna sarpa vasa, Saindhava lavana, these are grinded with old ghee and used for Anjana

Anjana yoga (6) : Krishna sarpa vasa, Madhu, Amalaki swarasa, grinded and used as Rasakriya Anjana.
Indications : Timir, kacha, Arūda etc

Anjana yoga (7) : Amalaki, Rasanjan, Madhu, Ghrita, grinded and used as Rasa Kriyanjana.
Indications : In pitta Rakta disorder and Timir.

Anjana yoga (8) : Amalaki Saindhava lavana , pippali ,Maricha and madhu.
Indications : Rasa Kriyanjana in Timir.

Sukhavatee Varthi (9) : Kataka, Shankha, Saindhava lavana, Trikatu, Sita, Samudra phena, Rasanjan, Madhu, Vidanga, Manashila, Kukkutanda twak grinded and used as vati anjana.
Indication : Timir and other disease.

Drasti prada Varthi (10) : Triphala, Kukkutanda twak, Kascosa, Loha Blasma, Neelothphala, Vidanga, Samudra phena, should be grinded with Aja Kscora in a copper vessel for 2 days and given as vati anjana.

Indications : Timir roga.

Conclusion :

Ayurveda provides a better management for netra chikitsa. We are applying ophthalmic therapeutic i.e. Kriyakalp and also in the form of systemic use i.e. oral Chakshushya dravyas. The pharmacotherapeutics of any drug have a quality of effective

concentration at the site of action to elicit the cause of disease. The therapeutic effect is found in all types of kriyakalpa. Various drugs can be selected for different types of disease and can be used in various Kriyakalpa Procedures. A number of different sorts of herbs are used in Anjana. Different Acharyas gave their opinion about anjana yoga. Here we discussed about Anjana yoga told by Acharya Charak.

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Role of Saraswadi Yoga in IQ

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Abstract :

Ayurveda, the ancient system of Indian medicine is the compilation of observations, experiences and research of a good number of scholars. It is a way of life, a culture, a health science and moreover a cross section of the scientific thoughts of many generations. Current scientific world is eagerly watching Ayurveda, which survived all the downturns, fought with unfavourable conditions, flourished during favourable time and still holds its place in the mainstream. The medical community all over the world considers Ayurveda as the last resort for unanswerable questions whenever their hands are tied up.

Keywords - Observations, experiences and research, mainstream etc.

Introduction :

The changes in the life styles and circumstances have the face of the modern man. The pace of life got increased and the human beings have become accustomed to a competitive world. The competition spirit is being injected by the society even to the brain of infants and children. Once a child is born the parents start designing his or her future in order to build him up as a doctor or *capo* *ver*.

On the other hand his individualities as well as capacities don't get fertile soil & P prologue to grow up. In a developing country like India a considerable percentage of children devoid of such dreams attend the school only in search of their midday meal. The intellectual capability of children has actually become a matter of concern for the scientific community. The scientists as well as business men have come forward to take the advantage of this situation. It is true that the outcome of the research works have contributed to the existing knowledge. On the other hand it is being utilized by the multi nationals for monetary benefits. This resulted in the formation of a group of people who are ready to accept any such medicines labelled as herbal as it is devoid of any side effects. The effect of Ayurvedic drugs in improving intellectual capacity should be subjected for a thorough analysis which is the need of the day.

Aims & Objectives :

- 1) To study of Saraswadi yoga.
- 2) Evaluate the effect of Saraswadi yoga in IQ.

Materials & Methods :

For the clinical study patient is a Non Blind randomized controlled clinical trial taken from Kaumarbhritya OPD & IPD. Thirty No. of total patient given for this study.

Inclusion Criteria :

- Age between 06 to 16 years both sexes.

Exclusion Criteria :

- 1) Cardiac Complaint
- 2) Diabetes, Thyroid Disorders.
- 3) Other complicating respiratory disease.

Review of Literature :

Ayurveda Concept of Buddhi - All Ayurveda Acharyas even surgery expert Sushrma explain Buddhi in two parlances. " Darshanika (Metaphysical) level. " Clinical point of view.

The Darshanika concept of Buddhi has been mentioned in the classics due to their inevitability of the scholars as well as for the acceptability of their work in that society. Inevitability, in the sense Ayurveda developed from the 15 Prologue contemporary sciences of that era. In that time explanation regarding Buddhi and Mana were only available from those schools i.e. Darshanas, Upanishads etc. The Darshanika thoughts are almost same as those described in the previous pages. Mostly Brihatayee adopted the thoughts of Samkhya and Vaisheshika as they are very much near to medical school of thought.

Buddhi as a capacity of solid determination of mind. The primary definition of Buddhi given in the classics indicates this meaning of decisive capacity. Buddhi nischay Atmaketi sthira svaruopa adhyavassaya rupayanthi

Avaschanam sthira mativam iti Buddhi. This capacity mainly reveals the personality of man in normalcy. These definitions of Buddhi cover its two faculties i.e. Dhree and Dhriti. If one person is in healthy condition he can discriminate the good and bad and can decide what to do and what

not to do. The personalities like Brahmins, Aśhva are having this power in excess and their mode of living will also be ideal (Ch.Sha.). They are less prone to any disease due to their living style with good discrimination.

Classification of intelligence according to 'I.Q':

Various attempts have been made to classify individuals according to their I.Q. Terman's classification of intelligence in terms of I.Q. is given below.

I.Q. Classification :

- ✦ Above 140 Genius
- ✦ 120-139 Very super
- ✦ 110-119 Superior
- ✦ 90-109 Average
- ✦ 80-89 Dull
- ✦ 71-79 Border line
- ✦ Below 70 Feeble minded

The feeble minded again classified in to three categories

- ✦ 50-69 Morons
- ✦ 25-49 Imbeciles
- ✦ Below 25 Idiots

Drug Details :

Saraswadi Yoga - This drug is indicated to improve Agni, vachukry power, intellect and memory. The drug in the text is in Ghrita form. The present study was conducted by taking all the ingredients of this compound and made in to capsules of 0.5gm. each. The ingredients of this compound are

- ✦ Haritaki
- ✦ Maricha
- ✦ Patha
- ✦ Shigru
- ✦ Shunthi
- ✦ Pippali
- ✦ Vacha
- ✦ Saindhava

Dose - 9capsules in three divided doses (3tds)

Duration - One month

Anupana - Ghrita.

Aushadha Sevana Kala - Adho bhakta

Rasa Panchaka of Saraswata yoga capsules :

No.	Deasya	Rasa	Guna	Virya	Vipak	Prabhava	Karma
1.	Haritaki	Pancita	Laghu Ruksha	Ushna	Madhura	Tiktsastipaka	Vata Pitta Kapha Hara
2.	Shunthi	Katu	Laghu Slegilla	Ushna	Madhura	-	Kapha Vatahara
3.	Maricha	Katu	Laghu Tiksha	Ushna	Katu	-	Kapha Vatahara
4.	Pippali	Katu	Laghu, Slegilla Tiksha	Amsana Shita	Madhura	-	Kapha Vatahara
5.	Patha	Tikta	Laghu, Tiksha	Ushna	Katu	Ashman Bheda	Kapha Pitahara
6.	Vacha	Katu	Laghu, Tiksha	Ushna	Katu	Medhya	Kapha Vatahara
7.	Shigru	Katu	Laghu, Ruksha, Tiksha	Ushna	Katu	-	Kapha Vatahara
8.	Saindhava	Lavana	Slegilla	Acushna Sita	Madhura	-	Kapha Vatahara

Statistical Data :

Effect	Out Of Thirty Patients	Percentage
Complete Relief	05	16.66
Mark Relief	10	33.33
Moderate Relief	06	20
Mild relief	09	30
No Relief	00	00

Conclusion :

The clinical study, at the outset, summarized the Aims & Objectives of the study, the selection of patients the criteria of inclusion, exclusion & diagnosis method of drug administration & assessment of the effect along with the methods adopted in the study Saraswadi Yoga much better option in IQ, 33.33 % patient having marked relief from this treatment & 0 % patient no relief and 56 % patient having complete relief is not a bad figure for study.

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Role of Kasisadi Tail in the Management of Dushta Vran

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Abstract :

Dushta vran is unsolved problem faced by health care professionals. Dushta vrana is formed due to refusal or failure of natural healing process. Acharya Sushruta explained the vrana Chikitsa in Shashti upakramas. In this upakramas local application of medicated oil is one of the most important upakramas. The medicated oil is applicable with different method like Prakshalana, Pichu, Lepa, Vranabasti on Dushta Vrana. In this single case study local application of Kasisadi Tail is done with Vranabasti.

Key words - Kasisadi Tail , Vranabasti , Dushta Vrana .

Introduction :

Ayurveda is holistic system of management , in which various procedure mention for vran chikitsa , A vran which is refuse to heal or heal very slowly in spite of best efforts is known as dushta vran Acharya Sushrutamentioned 60 Upakramasfor the management of Vrana and local application of Kasisadi Tail tail Vrana Basti is one among them. The local application of VranaBasti is one of the best substitutes for of chronic wound healing & the Kasisadi Tail tail have better shodhana & ropanaffect.

Aim & objectives :

- ❖ To study the efficacy of Kasisadi Tail in the management of vran
- ❖ To study pathogenesis of Dushta vran .

Material & methods :

This singal case study -

Case Study :

Case Report- A 49 yrs old male patient came at OPD of our shalyatantra dept . at our institute SMBT ayurved College & Hospital ,Dhamangaon , Igatpuri. With the complaints of a non healing ulcer. Before 2 months he was accidentally injured by a working at building site , the wound is formed over the left foot at tibial end. He was treated with Antibiotic ointment (Povidine iodine) by a local doctor but it failed to respond. After few days wound become infected with freely flowing pus. There was no history of DM, HTN or any other major disorder. The family history was also not significant with the patient disorder.

Local Examination :

The floor was covered by slough, edges were inflamed. Wound is seen over right foot measuring about 2.5 X0.2 X 0.5 cm in dimension with purulent discharge and irregular margin. Tenderness was also present with surrounding indurations and local rise in temperature. Local lymph nodes were not involved. There is no any immunological disorder. Routine haematology and urine investigations were within normal limits.

Shaman Chikitsa :

Along with the local wound treatment, the following drugs were given orally in powdered form 12 hourly: Yashtimadhu 2 g, Shatavari 2 g, Gokshura 2 g, and Guduchi 2 g. The drugs were administered along with lukewarm water. At the end of the 4th week (the 28 day) the wound had healed completely, leaving only a minimal scar.

Shodhan chikita :

Vranbasti with kasisadi tail for 15 days daily .

Every morning the wound was cleaned with the freshly prepared lukewarm panchwalkal kwatha. After cleaning kampilakadi tial Vranabasti was locally applied. Dressing was done with the sterile gauze and bandage. All this procedure were performed by the wearing sterile gloves .

Time of dressing - bandaging once daily in morning

Observation period - 30 days

Process of Vranbasti :

In Vranbasti a wall is erected around the wound with Masha pishti about 2cm height & thickness of about 0.5 cm. In a bowl medicated oil is taken & warmed on hot water bath till it become lukewarm. This lukewarm oil is poured into the well on the wound by using spoon. When this oil get cool it is taken out & warm oil is poured again. This process is done for 30 min

Result & observation :

Effect on Vrana Vedana - Pain and tenderness was completely reduced at the end of treatment. Throbbing pain which was present at the beginning was completely reduced at the end of 1st week as the purulent discharge decreased because of the shodhana properties of Taila. There is no any pain at day 30th

Effect on Vrana Varna - Change in colour occurred when dushta vrana got converted into shuddha, which was due to elimination of doshas out from the body. At the end of 7th day slough was completely reduced and colour of the floor becomes pinkish and healthy granulation tissue appeared. On day 14th there is pinkish coloured wound was there, no any pus or granulation was there. On day of 30th wound having only 0.5 cm wound is there, but scar is present there.

Effect on Vrana Aakruti - On 14th day Vrana was completely healed, this may due to Vrana Shodhana property of Taila, which provide ideal environment for healing. on 30th day minimal scar is present.

Discussion :

Kasisadi tail is used for vranbasti. In this tail contains include Kasis, suthi, pippali, manshil, saindhav, vidang, chitrak, hartal, dantimool etc. Most of the contains were vedanasthapak, vedanahar helps to ropan & shodhan of wound. As shaman chikitsa The drugs that were administered internally in powdered form (Yashtimadhu, Shatavari, Gokshura, and Guduchi) have antioxidant, immunomodulating, and adaptogenic properties. These compounds exerts a Rasayana effect. As the patient was elderly, we gave Rasayana drugs to improve Rasa, Rakta, and Mamsa Dhatus (tissues). This might have contributed to the wound healing and helped the patient to attain and maintain good health.

Conclusion :

The clinical features of dushta vrana were improved at the end of First week and the wound was healed completely at the end of 2nd week leaving only a minimal scar. There were no adverse events throughout the management and healing occurred uneventfully. The mode of treatment was found to be cost-effective, safe, and easy to implement.

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OPEN RANDOMIZED CLINICAL STUDY TO EVALUATE ROLE OF AGNIKARM ON GRIDHRASI VYADHI W.S.R. TO SCIATICA.

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ABSTRACT

Gridhrasi is one of the 80 types of *Vatavyadhi*. Considering signs and symptoms, *Gridhrasi* can be called as Sciatica. The sciatic nerve of leg/both legs is involved in Sciatica which gives rise to condition like severe pain. Present study carried out to study efficacy of *Agnikarma upkrama* (cauterization) in patients of Sciatica. The prime symptoms of sciatica are radiating pain in leg(s) and disability. Line of treatment suggested by modern science for this disease is either conservative and symptomatic viz. Physiotherapy, avoiding hard work and taking rest, NSAIDs etc. or surgical intervention. If conservative treatment of long duration fails to give relief in sign and symptoms, final indication is surgery. But surgery is not also curative measure, as after surgery also recurrence of Sciatica is observed commonly and few patients may suffer from permanent disability. Considering these facts in present study certain para-surgical measure like *Agnikarma* has been planned to evaluate its effect in the management of *Gridhrasi* (sciatica). Acharya Charaka has described *Basti*, *Siravyadh* (Blood-letting by puncturing the vein) & *Agnikarma* in *chikitsa sutra* of *Gridhrasi*. In 30 patients of *Gridhrasi*, *Agnikarma* procedure was carried out every week up to four weeks. The sign and symptoms were assessed at baseline, during every follow-up and the end of treatment based on the grading. Result obtained were analyzed for the statistical significance using Wilcoxon Signed Ranks test and Paired t test, which revealed that there statistically significant improvement in symptoms of *Gridhrasi* ($P < 0.05$).

Keywords: *Vatavyadhi*, *Gridhrasi*, *Agnikarma*, Sciatica.

1. INTRODUCTION

Gridhrasi is a one of the 80 *Nanatmaja Vatavyadhi*¹ in which *Shula* (pain) is the cardinal symptom and which disturbs routine activities and work schedule of the patient. Patients suffering from *Gridhrasi* is cannot walk properly. According to Acharya Charaka, *Stamba*, *Vedana*, *Toda*, *Spandana* are the *lakshanas* of *Vataja Gridhrasi*.² *Aruchi*, *Tandra*, *Gaurav* are the additional symptoms of *Vatkaphaja Gridhrasi*.² It starts from hip & gradually comes down to waist, back of thigh knee, shank, foot and affect these parts with stiffness, distress and piercing pain.³ Sciatica is one of most common causes of disability among the

working people in a developing-countries. This is one the common disorders which affect the movement of legs, particularly in most productive periods of life, with low back pain. Many of the persons have radicular pain & this comes under the umbrella of sciatica syndrome. Ancient Acharyas given the name *Gridhrasi* to this disease. The name *Gridhrasi* is due to typical gate of the patients which resembles with the bird '*Gridhra*' (Vulture),⁴ when patient walks. It happens because patients tend to limp on affected side during walking.

Different treatment modalities are found in Ayurveda literature for management of the disease *Gridhrasi*. *Agnikarma chikitsa*⁵ is easy

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and effective para-surgical procedure as compared to other modalities. The approach of *Agnikarma* has been mentioned in the context of diseases like *Arsha*, *Arbuda*, *Bhagandhar*, *Asthi-sandhigata vatavikara* and *Gridhrasi*.⁶ Gridhrasi can be called as Sciatica as per modern medicine. It is one of the most painful conditions in the society as it is most common illness of modern lifestyle and developing world. In modern medicine, the sciatica is commonly treated by conservatively and symptomatically. Common treatments measures are like use of Analgesics and Anti-inflammatory drugs, Physiotherapy and changes in lifestyle. If conservative treatment fails, next and final indication is surgical intervention but it is having its own limitations as chances of recurrences and permanent disability is again the major issue. Also, long-term conservation treatment is accompanied by certain adverse effects. Whereas in treasure of Ayurveda literature has suggested procedures like *Siravyadha*, *Agnikarma*, *Basti Chikitsa* and *Shamana Chikitsa* (palliative medicines)⁷ which are proving successful and without any side effects. Among these, *Agnikarma* procedure was considered for clinical trial in *Gridhrasi* patients in this study.

It is an experience of many Ayurveda *Vaidyas* that, pain is reduced is immediately and effectively by the *Agnikarma* and there are no chances of petrification & bleeding. Ultimately it helps to normalize *vitiated vata dosha*. To perform this procedure, many *Dahan dravyas* like *Ajadanti*, *Godant*, *Kshara*, *Shalaka*, *Jambavashthi*, *Madhu*, *Guda*, *Sneha*⁸ and different type of metals are used.

2. METHODS

2.1. Objectives

- ◆ To study *Gridhrasi* as well as Sciatica in detail.
- ◆ To study literature on *Agnikarma* in detail.
- ◆ To evaluate the efficacy of *Agnikarma* on Sign and Symptoms of *Gridhrasi vyadhi*.

2.2. Study Design

Present study was Open Randomized Clinical

study carried out in single group of 30 patients. Patients attending to Shalyatantra OPD of Hospital of Institute were study population. Among these 30 patients showing classical signs and symptoms of *Gridhrasi* were selected by Simple Randomized Sampling technique (Lottery Method). All selected patients were explained details about trials and Informed Written Consent was taken from each and every patient. Institutional Ethical Committee of SMBT Ayurveda College and Hospital, Dhamangaon, Igatpuri, Nashik has given ethical clearance.

2.3. Selection of Study subjects

2.3.1. Inclusion Criteria

- ◆ Patient having classical symptoms of *Gridhrasi* like pain over waist, back of thigh, hip, knee, calf region, extending up to foot; stiffness, pricking pain, tingling and numbness of limbs, difficulty in walking etc.
- ◆ Patients with straight leg rising test positive.
- ◆ Age group between 30 to 70 years.

2.3.2. Exclusion Criteria

- ◆ Cases of Spondylolisthesis, Sacroiliac Arthritis, Herpes Zoster with radiating pain in leg.
- ◆ Known case of Tuberculosis, Cyst compressing of nerves root, Diabetic Neuropathy etc.
- ◆ Patient having multiple wounds, Vertebral fracture, Degenerative changes vertebral bodies.
- ◆ *Pitta Prakruti* patients, where *Agnikarma* is contraindicated.

2.4. Clinical study

The study outcome variables (assessment criteria) were recorded before treatment. Each patient was undergone to *Agnikarma* procedure on Day 1, Day 7, Day 14 and Day 21. The study outcome variables (assessment criteria) were recorded on 7th day, 14th day, and on 21st day also. The improvement was measured on the basis of relief in the cardinal symptoms of the disease.



2.5. Assessment Criteria

All symptoms were graded to assess them before and after treatment. Subjective criteria of assessment (gradation of symptoms) is shown in Table 1. SLRT angle and Walking time were objective assessment criteria.

2.6. Method of *Agnikarma* procedure

2.6.1. Preparation

Agnikarma procedure of in each patient was performed in minor OT. *Panchlohashalaka* was used to perform *Agnikarma*. Prior to *Agnikarma*, patients were assured and detailed information about procedure was explained so that patient should be mentally for it. All aseptic operative measures were taken. Patient was asked to take *snigdha* and *picchila* diet before *Agnikarma* procedure.⁹ Patient was told to lie in supine position with his legs extended. Affected side leg was relaxed and slightly flexed as per need.

2.6.2. *Poorva karma*

- ◆ Informed consent was taken.
- ◆ Routine blood investigations were done.
- ◆ Inj. TT half cc (0.5 ml), IM was administered.
- ◆ Desired site was painted and made sterilize using Povidone Iodine.

2.6.3. *Pradhan karma*

Desired site was then washed with *Triphalalkwath*. It was covered with sterile towel by using marked pen. 5-10 most tender points were chose & marked from lumbosacral region foot along the route of Sciatic nerve. Space kept more than 2 inches between two adjacent points. Meanwhile, *Panchlohashalaka* was heated over the burning gas stove until it become red hot. *Agnikarma* was performed in *Bindu akruti*¹⁰ at the marked points only up to the limit of *Samyak dagdha lakshanas*¹¹ (e.g. appearance of sounds, foul smell etc.).

2.6.4. *Pashchat karma*

Immediately after *Agnikarma* a mixture of *Kumari majja* (*Aloe Vera* pulp) and *Haridra* (*Curcuma longa*) was pasted over the site of

Agnikarma.¹² To avoid infection and exposure of *Dagdha vrana* (wound) to outer environment a sterile bandage was applied without firm compression. The patient was kept in IPD under observation for one hour. Then he was permitted to go home. Patients was asked to remove bandage after 3 to 5 hours and keep the wound clean and dry. Second, Third and Fourth settings of *Agnikarma* were performed on 7th, 14th and 21st day respectively.

3. RESULTS AND DISCUSSION

3.1. Relief in assessment criteria

All symptoms were relieved after treatments (Table 2). Relief % in symptoms was - Pain (67.05%), Stiffness (60.87%), Pricking pain (77.22%), Tingling (75%), Numbness (67.53%) and Spandana (64%). It was found that *Agnikarma upakrama* has relieved symptoms in *Gridhrasi* patients. Likewise, objective parameters like SLRT angle and Walking time were improved after treatment (Table 2). Improvement % in objective parameters was – SLRT angle (73.11%) and Walking time (61.39%). It was found that *Agnikarma upakrama* has improved objective parameters in *Gridhrasi* patients.

3.2. Effect of therapy

Average % relief in symptoms (subjective parameters) was 68.61%. Average % improvement in objective parameters was 67.25%. It can be said that *Agnikarma* is markedly effective to reduce symptoms and to improve SLRT angle and Walking time in *Gridhrasi*.

3.3. Statistical analysis

All parameters were undergone statistical tests of significance to test whether observed difference is significant statistically or not. Subjective assessment criteria (symptoms of *Gridhrasi*) were analyzed by Wilcoxon signed Ranks test, while Objective assessment criteria were analyzed by Paired t test. Both tests showed significant improvement in Subjective and Objective criteria respectively as value of P obtained was less than 0.05. Values of Mean BT, Mean AT, Median BT, Median AT, % Relief, W and P



obtained by Wilcoxon signed Ranks test are shown in Table 2. Values of Mean BT, Mean AT, SD BT, SD AT, % Relief, T and P obtained by Paired t test are shown in Table 3.

3.4. Mode of action

Gridhrasi having predominance of *vata doshas* as it comes under 80 *Vataj Nanatmaja vyadhi* and have *Kapha Anubandha* with it. As per Ayurveda concepts, being *Ushna gunatmaka Agnikarma* acts against the properties of *Vata* and *Kapha doshas*. Hence Agnikarma is effective in disorders like *Gridhrasi* in which there is *Vata* and *Kapha dosha* dominance. *Shula* (pain) is the symptom which occurs due to vitiation of *Vata dosha*. As vitiation of *Vata* is normalized, pain due to it also get relieved.

3.5. Further recommendations

Present study was carried out in single group only and no control was taken. Further researchers may extend the study taking control group. *Agnikarma* along with *Panchakarma* and *Shamana chikitsa* may yield more fruitful results.

4. CONCLUSION

- ◆ *Agnikarma upakrama* has significantly reduced symptoms of *Gridhrasi*.
- ◆ *Agnikarma upakrama* has significantly improved SLRT angle and Walking time.
- ◆ *Agnikarma* is tolerable by patients if it is done up to the limit of *Samyaka dagdha*.
- ◆ *Agnikarma* along with *Panchakarma* and *Shamana chikitsa* may yield more fruitful results.
- ◆ No adverse effects were observed.

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6. TABLES

S.N.	Parameter	Description	Grade
1	Pain	No pain	0
		Intermittent pain on walking and subsides on its own (no specific time)	1
		Pain at rest especially at morning after awakening, and evening and subsides without any treatment	2
		Persistent pain at rest aggravated in morning after awakening and evening subsides by local treatment (<i>mruduswedan</i> and <i>peedan</i>)	3
		Severe pain throughout the day and not relieved by Local treatment (<i>mruduswedan</i> and <i>peedan</i>), Patient becomes restless	4
2	Stiffness	No stiffness	0
		Occasionally restricted movements of legs but can-do usual work	1
		Continuously restricted movements of legs which hamper usual work	2
		Unable to walk due to restricted movements of legs	3
		Unable to do any movements of legs	4
3	Pricking pain	No pricking pain	0
		Occasionally pricking pain	1
		Daily frequent moderate pain but not persistent pricking pain	2
		Severe persistent pricking pain, patient cannot bear pain and becomes restless	3
4	Tingling Sensation	No tingling sensation	0
		Occasionally tingling sensation	1
		Daily frequent moderate, but not persistent tingling sensation	2
		Severe persistent tingling sensation, patient cannot bear pain and becomes restless	3
5	Numbness	No numbness in leg(s)	0
		Occasionally numbness in leg(s) at morning and evening subsides after sometime.	1
		Daily, intermittent numbness in leg(s) at morning and evening, subsides late.	2
		Daily, persistent, frequent numbness in leg(s) at morning and evening and doesn't subside.	3
6	Spandan (Tremors)	No <i>spandan</i>	0
		Occasional mild <i>spandan</i>	1
		Frequent, daily moderate <i>spandan</i> but not persistent	2
		Severe, daily persistent <i>spandan</i>	3

Table 1 Assessment Criteria (Subjective)



Sr. No.	Parameter	Mean BT	Mean AT	Median BT	Median AT	% Relief	W	P
1	Pain	2.933	0.966	3	1	67.05	465	<0.0001
2	Stiffness	3.067	1.200	3	1	60.87	465	<0.0001
3	Pricking Pain	2.633	0.600	3	1	77.22	465	<0.0001
4	Tingling	2.657	0.833	3	1	75.00	465	<0.0001
5	Numbness	2.220	0.865	2	1	67.53	465	<0.0001
6	Spandana	2.533	0.653	3	1	64.00	465	<0.0001

Table 2 Statistical analysis by Wilcoxon Signed Ranks test

Sr. No.	Parameter	Mean BT	Mean AT	SD BT	SD AT	% Relief	T	P
1	SLRT angle	45.00	81.50	12.24	6.318	73.11	19.47	<0.0001
2	Walking time	40.46	65.30	5.084	5.760	61.39	25.70	<0.0001

Table 3 Statistical analysis by Paired t test

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Ayurvedic management in vataja abhishyanda w. s. r. to allergic conjunctivitis

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ABSTRACT

Allergic Conjunctivitis is common problem predominantly affecting the outdoor workers. the eyes are exposed to different environmental factors. The eyes and eyelids are very common sites for Allergic reaction. *Vataja Abhishyanda* can be correlated with Allergic Conjunctivitis.

KEYWORD - Allergic Conjunctivitis, *Vataja Abhishyanda, Triphala kwath Aschyotana*

INTRODUCTION:

Ayurveda the ancient science of India has described the importance of an eye, *Sushruta* has described 76 types of eye disease in his classical text *Sushruta Samhita*. *Kriyakalpa* is the only field of Ayurveda Ophthalmology. *Aschyotana* is one of *Kriyakalpa* mentioned by *Acharya Sushruta* as local treatment of eye disease.

SIGN AND SYMPTOMS:

1. Itching of eyes
2. Foreign body sensation
3. Watering
4. Congestion
5. Dryness of eyes
6. Mild lid edema
7. Scanty discharge from eyes

AIM-

To Study the role and Efficacy of *Tripahala kwath Aschyotan* in *Vataja Abhishyanda* w.s.r. Allergic Conjunctivitis

METHOD AND MATERIAL

Review regarding Allergic Conjunctivitis and *Triphala kwatha Aschyotan* was done from *Ayurvedic* modern Text book, Journals, Internet sources.

Triphala kwatha Aschyotan matra 12bindu....BD (Sushruta Samhita)

DISCUSSION: In Vataja Abhishyanada, Vata is predominant dosha

RASON:

and Rasa and Rakta are dushyas. the signs and symptoms are purely due to vitiation of vata dosha. due to tridoshar properties and also *triphala* is *chakshusya* so it is play an important role in *vataja abhishyanda*. *Aschyotan kriyakalpa* was a prime treatment in all types of eye diseases. *Ashyotan* significantly reduces the congestion, watering etc.

DRUG NAME	<i>Amalaki</i>	<i>Bibhitaki</i>	<i>Haritaki</i>
LATIN NAME	<i>Emblica officinalis</i>	<i>Terminalia bellirica</i>	<i>Terminalia chebula</i>
FAMILY	<i>Euphobiaceae</i>		<i>Combretaceae</i>
GUN	<i>Ruksha</i>	<i>Laghu, ruksha</i>	<i>Laghu, ruksha</i>
RASA	<i>Madhur, amla, katu, tikta, Kashaya</i>	<i>Kashaya</i>	<i>Madhur, amla, katu, tikt, Kashaya</i>
VIRYA	<i>Sheeta</i>	<i>Ushana</i>	<i>Ushna</i>
VIPAKA	<i>Madhura</i>	<i>Madhur</i>	<i>Madhur</i>
		RASON	

CONCLUSION:

Thus from above study it can be concluded that *Triphala kwatha Aschyotan* is effective in *Vataja Abhishyanda*.

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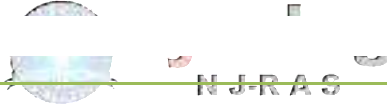
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A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF VATARAKTA

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ABSTRACT

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhan*) and *Rakta* is the main *Dushya*. It correlates with Gout at modern parlance. The general prevalence of gout is 1-4% of the general population. A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shohta*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shohta* and *Angamarda* since last 3 years. the line of treatment given to the patient included *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*. Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva-Shool* (100%) and *Shohta* (33.33%) by the treatment regimen. serum uric acid level was 9 mg/dl, which was reduced by 32% (6.12 mg/dl) after 3 months of treatment. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Keywords: *Vatarakta*, *Adyavata*, gout, *Ayurveda*

INTRODUCTION

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is a common metabolic disorder in present era. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhana*) and *Rakta* is the main *Dushya*. There are two types of *Vatarakta* that is *uttan Vatarakta* and *gambhir Vatarakta*. *Uttan Vatarakta* produces symptoms like burning sensation, pain, blackish discolorations of skin, itching. As well *gambhir Vatarakta* produces symptoms like tenderness, swelling, hardness,

pain in the affected joint. In chronic stages sometimes numbness is also present. It correlates with Gout at modern parlance.

The general prevalence of gout is 1-4% of the general population. In western Countries, it occurs in 3-6% men and 1-2% in women. Prevalence raises up to 10% in male and 6% in women more than 80 years old. Annual incidence of Gout is 2.68 per 1000 person. It occurs in men 2-6 folds more than women [1].

According to *Ayurveda* line of treatment considers *Shaman* (conservation) and *shodhana* (biological puri-

fication of body) therapy whereas, in modern medicine anti-inflammatory, analgesic, steroids and disease modifying drugs are required for its management, which are not free from side effects.

To avoid the complications of gout i.e. permanent joint deformities etc. and other complications of musculoskeletal system, need of *Ayurvedic* management of *Vatarakta* is required.

Presenting Complaints

A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shotha*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shotha* and *Angamarda* since last 3 years. He was having history of left knee arthroscopy partial lateral Menisectomy before 2 years. No history of hypertension and diabetes as well as no other major illness noted. Presently he was admitted in SMBT *Ayurveda* Hospital for further treatment of *Vatarakta*.

Clinical Findings

The patient was having *Ubha Hastanguli Parva Shool*, *Shotha*, *Kriyakashtata*, *Ubhay Janu Sandhi Shool*, *Shoth* and *Angamarda* since last 3 years. On an examination patient it was found that pulse 74/min, blood pressure 120/70 mmHg. He had *Mandaagni*, *Madhyam Koshta*, Tongue was coated, sound was clear. Patient was having *Vatakapaha Prakurti* with *Madhyam Sara*, *Hina Shamhan*, *Sama Pramana*, *Madhyam Satmya*, *Madhyam Satva*, *Madhyam Aahar Shakti* and *Jaran Shakti*, *Rasavaha*, *Raktavaha*, *Asthivaha* and *Majjavaha Strotodushti*. Baseline Haematological investigations done on 18/03/2019 revealed. Hb-12.5 gm%, serum uric acid- 9 mg/dl, total Bilirubin – 0.9 mg/dl, BSL Random 115.9 mg/dl, serum creatine – 0.8 mg/dl, serum urea – 35.7 mg/dl and BUN – 16.76 mg/dl.

Therapeutic Focus and Assessments

First line of treatment given to the patient was *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*[2,3]. An oral herbal ayurvedic drug combination as shown in Table no 1.

Criteria for Assessment

The patient was assessed based on subjective and objective criteria as mentioned in table no.2 and table

no.3 respectively. The subjective and objective parameter was assessed at three months of treatment interval.

Follow-Up and Outcome

- Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva Shool* (100%) and *Shoth* (33.33%) by the treatment regimen. (Table no.4 and Table no 5)
- Haematological parameter was reinvestigated on 01.04.2019 at this time serum uric acid level was 6.12 mg/dl which was reduced by 32% after 3 months of treatment. The patient was advised to continue the oral medicine for next three month.

DISCUSSION

Vatarakta correlates with gout at modern parlance. In the long-term effects of Gout, some complication is seen in patient such as, joint damage, joint deformity, loss of mobility or range of motion, bone loss, tophi formation, kidney stones etc. So, to avoid the complications of Gout need of *Ayurvedic* management of *Vatarakta* is required. *Ayurvedic* medicine, having *Rasayana* & *Apunarbhav* properties can control the metabolic disease effectively without any adverse effects. *Dipan*, *Amapachak*, *Rasa Pachak*, *Pittasarak* and *Raktamokshan Chikitsa* was the line of management for the present case, which showed good results in both subjective and objective parameters without any adverse reaction and complications.

Drug Action

The herbo-mineral drug combination mentioned in Table no 6 has established properties like *Dipan*, *Pachak*, *Amanashan*, *Amashoshak*, *Vata-Pittahara* and *Raktaprasadak*, which are all antagonist to the present disease entity, hence these drugs was effective in correcting the pathological condition of the disease *Vatarakta* in the present case.

CONCLUSION

Vatarakta can be correlate to Gout in modern science. The combine effects of above herbo-mineral drug were helpful in treating pathology of *Vatarakta*. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Table 1: Treatment Regimen Followed

Date	Medicine with Dose, Anupana And Kala	Panchakarma
19.03.2019 TO 24.03.2019	1. Tab <i>Kaishor Guggul</i> (500mg) 2 tabs BD AM (after meals) with LWW. (lukewarm water) 2. Tab <i>Mahavatvidvhans Rasa</i> (125mg) 1tab BD AM with LWW. 3. <i>Guduchi Churna+ Musta Churna+Triphala Churna+ Mahasaudarshan Churna</i> each 500mg BD AM with LWW. 4. <i>Amrutaaristha</i> 40ml BD AM with equal quantity of water.	- <i>Sarvanga Snehan</i> with <i>Vishgarbha Tail</i> . - Tail - <i>Bashpa</i> Petiswed - <i>Yog Basti (Niruha-dashmuladhi</i> 960 ml & <i>Anuvasan</i> - <i>Teel Tail</i> 120ml)
25.03.2019	Continue same as above	Started <i>Abhyantar Snehan</i> with <i>Tiktak Ghruta</i> in <i>Vardhaman Matra</i> (30,60,90,120,150ml) and omitted <i>Yog Bastikarma</i> .
26.03.2019	Omitted <i>Mahavatvidvhans Rasa</i> & Started <i>Yograj Guguul</i> (500mg) 2 tabs BD AM With LWW. & <i>Rasnadhi Guggul</i> (500mg) 2 tabs BD AM with LWW.	Same as above
27.03.2019	Omitted <i>Amrutarishta</i> & started <i>Mahamanjishtadhi Kashsya</i> 40ml BD BM (before meals) with some equal quantity of water.	Same as above
28.03.2019 to 30.03.2019	Continue with same Medicine	<i>Siravedha</i> -right leg 2 Angool above <i>Shipra Marma</i> 40 ml
31.03.2019	Started <i>Gokshuradhi Guggul</i> (500mg) 2 tabs BD BM with LWW.	Started <i>Lepa (Soonti Churna + Devdhar Churna)</i>
01.04.2019	Patient Discharged with medicine	

Table 2: Subjective Parameters

Symptoms	Mild	Moderate	Severe
1) <i>Pain</i>	1	2	3
2) <i>Shotha</i>	1	2	3
3) <i>Kriyakashtata</i>	1	2	3
4) <i>Angamarda</i>	1	2	3

Table 3: Objective Parameters

TEST	BT	AT (3 month)
Sr. uric acid	9 mg/dl	6.12 mg/dl

Table 4: Observations

SYMPTOMS	1 st Day	30 Day	60 Day	90 Day
1) <i>Angamarda</i>	3	3	1	-
2) <i>kriyakashtata</i>	3	3	1	-
3) <i>shoola</i>	3	2	1	-
4) <i>shotha</i>	3	2	1	1

Table 5: Results

Symptoms	BT	AT	% Relief
1) <i>Angamarda</i>	3	0	100
2) <i>kriyakashtata</i>	3	0	100
3) <i>shoola</i>	3	0	100
4) <i>shotha</i>	3	1	33.33

Table 6: Probable Mode of Drug Action

Sr. No.	Drug	Mode of Action
1	<i>Guduchi Churna</i> [4]	<i>Rasa Pachak, Aampachak, Tridoshgna, Pittasarak, Balya, Dipan And Rasayan.</i>
2	<i>Musta Churna</i> [5]	<i>Dipan, Pachak, Rakta-Kapha- Pitta Nashak & Jwargna</i>
3	<i>Triphala Churna</i> [6]	<i>Dipan, Ruchikarak, Rasayan And Kapha-Pitta Shamak</i>
4)	<i>Mahasudarshan Churna</i> [7]	<i>Dipan, Pachan, Jwargna, Tridoshgna And Shoolgna</i>
5)	<i>Kaishor Guggul</i> [8]	<i>Dipan, Rasa Pachak, Rakta Pitta Shamak And Rasayan</i>
6)	<i>Mahavatvidhvans Rasa</i> [9]	<i>Dipan, Amapachak & Shoolangna</i>
7)	<i>Amrutarishtha</i> [10]	<i>Dipan, Pachan, Jwargna</i>
8)	<i>Yograj Guggul</i> [11]	<i>Dipan, Balya, Shoolagna</i>
9)	<i>Rasnadhi Guggul</i> [12]	<i>Amapachak And Shoolagna</i>
10)	<i>Mahamanjstadi Kashay</i> [13]	<i>Dipan, Pachan, Raktaprasadak, Vata-Pitta Nashak</i>
11)	<i>Gokshuradhi Guggul</i> [14]	<i>Anulomak, Vatarakta Nashak</i>

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Vatarakta in *Ayurveda* is called as an *Adyavata*. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhan*) and *Rakta* is the main *Dushya*. It correlates with Gout at modern parlance. The general prevalence of gout is 1-4% of the general population. A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shohta*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shohta* and *Angamarda* since last 3 years. the line of treatment given to the patient included *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*. Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva-Shool* (100%) and *Shohta* (33.33%) by the treatment regimen. serum uric acid level was 9 mg/dl, which was reduced by 32% (6.12 mg/dl) after 3 months of treatment. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

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INTRODUCTION

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is a common metabolic disorder in present era. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhana*) and *Rakta* is the main *Dushya*. There are two types of *Vatarakta* that is *uttan Vatarakta* and *gambhir Vatarakta*. *Uttan Vatarakta* produces symptoms like burning sensation, pain, blackish discolorations of skin, itching. As well *gambhir Vatarakta* produces symptoms like tenderness, swelling, hardness,

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To avoid the complications of gout i.e. permanent joint deformities etc. and other complications of musculoskeletal system, need of *Ayurvedic* management of *Vatarakta* is required.

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A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shotha*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shotha* and *Angamarda* since last 3 years. He was having history of left knee arthroscopy partial lateral Meniscectomy before 2 years. No history of hypertension and diabetes as well as no other major illness noted. Presently he was admitted in SMBT *Ayurveda* Hospital for further treatment of *Vatarakta*.

Clinical Findings

The patient was having *Ubha Hastanguli Parva Shool*, *Shotha*, *Kriyakashtata*, *Ubhay Janu Sandhi Shool*, *Shoth* and *Angamarda* since last 3 years. On an examination patient it was found that pulse 74/min, blood pressure 120/70 mmHg. He had *Mandaagni*, *Madhyam Koshta*, Tongue was coated, sound was clear. Patient was having *Vatakapaha Prakurti* with *Madhyam Sara*, *Hina Shamhan*, *Sama Pramana*, *Madhyam Satmya*, *Madhyam Satva*, *Madhyam Aahar Shakti* and *Jaran Shakti*, *Rasavaha*, *Raktavaha*, *Asthivaha* and *Majjavaha Strotodushti*. Baseline Haematological investigations done on 18/03/2019 revealed. Hb-12.5 gm%, serum uric acid- 9 mg/dl, total Bilirubin – 0.9 mg/dl, BSL Random 115.9 mg/dl, serum creatine – 0.8 mg/dl, serum urea – 35.7 mg/dl and BUN – 16.76 mg/dl.

Therapeutic Focus and Assessments

First line of treatment given to the patient was *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*[2,3]. An oral herbal ayurvedic drug combination as shown in Table no 1.

Criteria for Assessment

The patient was assessed based on subjective and objective criteria as mentioned in table no.2 and table

no.3 respectively. The subjective and objective parameter was assessed at three months of treatment interval.

Follow-Up and Outcome

- Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva Shool* (100%) and *Shoth* (33.33%) by the treatment regimen. (Table no.4 and Table no 5)
- Haematological parameter was reinvestigated on 01.04.2019 at this time serum uric acid level was 6.12 mg/dl which was reduced by 32% after 3 months of treatment. The patient was advised to continue the oral medicine for next three month.

DISCUSSION

Vatarakta correlates with gout at modern parlance. In the long-term effects of Gout, some complication is seen in patient such as, joint damage, joint deformity, loss of mobility or range of motion, bone loss, tophi formation, kidney stones etc. So, to avoid the complications of Gout need of *Ayurvedic* management of *Vatarakta* is required. *Ayurvedic* medicine, having *Rasayana* & *Apunarbhav* properties can control the metabolic disease effectively without any adverse effects. *Dipan*, *Amapachak*, *Rasa Pachak*, *Pittasarak* and *Raktamokshan Chikitsa* was the line of management for the present case, which showed good results in both subjective and objective parameters without any adverse reaction and complications.

Drug Action

The herbo-mineral drug combination mentioned in Table no 6 has established properties like *Dipan*, *Pachak*, *Amanashan*, *Amashoshak*, *Vata-Pittahara* and *Raktaprasadak*, which are all antagonist to the present disease entity, hence these drugs was effective in correcting the pathological condition of the disease *Vatarakta* in the present case.

CONCLUSION

Vatarakta can be correlate to Gout in modern science. The combine effects of above herbo-mineral drug were helpful in treating pathology of *Vatarakta*. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Table 1: Treatment Regimen Followed

Date	Medicine with Dose, Anupana And Kala	Panchakarma
19.03.2019 TO 24.03.2019	1. Tab <i>Kaishor Guggul</i> (500mg) 2 tabs BD AM (after meals) with LWW. (lukewarm water) 2. Tab <i>Mahavatvidvhans Rasa</i> (125mg) 1tab BD AM with LWW. 3. <i>Guduchi Churna+ Musta Churna+Triphala Churna+ Mahasaudarshan Churna</i> each 500mg BD AM with LWW. 4. <i>Amrutaaristha</i> 40ml BD AM with equal quantity of water.	- <i>Sarvanga Snehan</i> with <i>Vishgarbha Tail</i> . - Tail - <i>Bashpa</i> Petiswed - <i>Yog Basti (Niruha-dashmuladhi</i> 960 ml & <i>Anuvasan</i> - <i>Teel Tail</i> 120ml)
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26.03.2019	Omitted <i>Mahavatvidvhans Rasa</i> & Started <i>Yograj Guguul</i> (500mg) 2 tabs BD AM With LWW. & <i>Rasnadhi Guggul</i> (500mg) 2 tabs BD AM with LWW.	Same as above
27.03.2019	Omitted <i>Amrutarishta</i> & started <i>Mahamanjishtadhi Kashsya</i> 40ml BD BM (before meals) with some equal quantity of water.	Same as above
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31.03.2019	Started <i>Gokshuradhi Guggul</i> (500mg) 2 tabs BD BM with LWW.	Started <i>Lepa (Soonti Churna + Devdhar Churna)</i>
01.04.2019	Patient Discharged with medicine	

Table 2: Subjective Parameters

Symptoms	Mild	Moderate	Severe
1) <i>Pain</i>	1	2	3
2) <i>Shotha</i>	1	2	3
3) <i>Kriyakashtata</i>	1	2	3
4) <i>Angamarda</i>	1	2	3

Table 3: Objective Parameters

TEST	BT	AT (3 month)
Sr. uric acid	9 mg/dl	6.12 mg/dl

Table 4: Observations

SYMPTOMS	1 st Day	30 Day	60 Day	90 Day
1) <i>Angamarda</i>	3	3	1	-
2) <i>kriyakashtata</i>	3	3	1	-
3) <i>shoola</i>	3	2	1	-
4) <i>shotha</i>	3	2	1	1

Table 5: Results

Symptoms	BT	AT	% Relief
1) <i>Angamarda</i>	3	0	100
2) <i>kriyakashtata</i>	3	0	100
3) <i>shoola</i>	3	0	100
4) <i>shotha</i>	3	1	33.33

Table 6: Probable Mode of Drug Action

Sr. No.	Drug	Mode of Action
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2	<i>Musta Churna</i> [5]	<i>Dipan, Pachak, Rakta-Kapha- Pitta Nashak & Jwargna</i>
3	<i>Triphala Churna</i> [6]	<i>Dipan, Ruchikarak, Rasayan And Kapha-Pitta Shamak</i>
4)	<i>Mahasudarshan Churna</i> [7]	<i>Dipan, Pachan, Jwargna, Tridoshgna And Shoolgna</i>
5)	<i>Kaishor Guggul</i> [8]	<i>Dipan, Rasa Pachak, Rakta Pitta Shamak And Rasayan</i>
6)	<i>Mahavatvidhvans Rasa</i> [9]	<i>Dipan, Amapachak & Shoolangna</i>
7)	<i>Amrutarishtha</i> [10]	<i>Dipan, Pachan, Jwargna</i>
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A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF VATARAKTA

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ABSTRACT

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhan*) and *Rakta* is the main *Dushya*. It correlates with Gout at modern parlance. The general prevalence of gout is 1-4% of the general population. A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shohta*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shohta* and *Angamarda* since last 3 years. the line of treatment given to the patient included *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*. Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva-Shool* (100%) and *Shohta* (33.33%) by the treatment regimen. serum uric acid level was 9 mg/dl, which was reduced by 32% (6.12 mg/dl) after 3 months of treatment. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Keywords: *Vatarakta*, *Adyavata*, gout, *Ayurveda*

INTRODUCTION

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is a common metabolic disorder in present era. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhana*) and *Rakta* is the main *Dushya*. There are two types of *Vatarakta* that is *uttan Vatarakta* and *gambhir Vatarakta*. *Uttan Vatarakta* produces symptoms like burning sensation, pain, blackish discolorations of skin, itching. As well *gambhir Vatarakta* produces symptoms like tenderness, swelling, hardness,

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The herbo-mineral drug combination mentioned in Table no 6 has established properties like *Dipan*, *Pachak*, *Amanashan*, *Amashoshak*, *Vata-Pittahara* and *Raktaprasadak*, which are all antagonist to the present disease entity, hence these drugs was effective in correcting the pathological condition of the disease *Vatarakta* in the present case.

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01.04.2019	Patient Discharged with medicine	

Table 2: Subjective Parameters

Symptoms	Mild	Moderate	Severe
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2) <i>Shotha</i>	1	2	3
3) <i>Kriyakashtata</i>	1	2	3
4) <i>Angamarda</i>	1	2	3

Table 3: Objective Parameters

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SYMPTOMS	1 st Day	30 Day	60 Day	90 Day
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2) <i>kriyakashtata</i>	3	3	1	-
3) <i>shoola</i>	3	2	1	-
4) <i>shotha</i>	3	2	1	1

Table 5: Results

Symptoms	BT	AT	% Relief
1) Angamarda	3	0	100
2) kriyashata	3	0	100
3) shoola	3	0	100
4) shotha	3	1	33.33

Table 6: Probable Mode of Drug Action

Sr. No.	Drug	Mode of Action
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ABSTRACT

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhan*) and *Rakta* is the main *Dushya*. It correlates with Gout at modern parlance. The general prevalence of gout is 1-4% of the general population. A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shohta*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shohta* and *Angamarda* since last 3 years. the line of treatment given to the patient included *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*. Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva-Shool* (100%) and *Shohta* (33.33%) by the treatment regimen. serum uric acid level was 9 mg/dl, which was reduced by 32% (6.12 mg/dl) after 3 months of treatment. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Keywords: *Vatarakta*, *Adyavata*, gout, *Ayurveda*

INTRODUCTION

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is a common metabolic disorder in present era. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhana*) and *Rakta* is the main *Dushya*. There are two types of *Vatarakta* that is *uttan Vatarakta* and *gambhir Vatarakta*. *Uttan Vatarakta* produces symptoms like burning sensation, pain, blackish discolorations of skin, itching. As well *gambhir Vatarakta* produces symptoms like tenderness, swelling, hardness,

pain in the affected joint. In chronic stages sometimes numbness is also present. It correlates with Gout at modern parlance.

The general prevalence of gout is 1-4% of the general population. In western Countries, it occurs in 3-6% men and 1-2% in women. Prevalence raises up to 10% in male and 6% in women more than 80 years old. Annual incidence of Gout is 2.68 per 1000 person. It occurs in men 2-6 folds more than women [1].

According to *Ayurveda* line of treatment considers *Shaman* (conservation) and *shodhana* (biological puri-

fication of body) therapy whereas, in modern medicine anti-inflammatory, analgesic, steroids and disease modifying drugs are required for its management, which are not free from side effects.

To avoid the complications of gout i.e. permanent joint deformities etc. and other complications of musculoskeletal system, need of *Ayurvedic* management of *Vatarakta* is required.

Presenting Complaints

A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shotha*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shotha* and *Angamarda* since last 3 years. He was having history of left knee arthroscopy partial lateral Menisectomy before 2 years. No history of hypertension and diabetes as well as no other major illness noted. Presently he was admitted in SMBT *Ayurveda* Hospital for further treatment of *Vatarakta*.

Clinical Findings

The patient was having *Ubha Hastanguli Parva Shool*, *Shotha*, *Kriyakashtata*, *Ubhay Janu Sandhi Shool*, *Shoth* and *Angamarda* since last 3 years. On an examination patient it was found that pulse 74/min, blood pressure 120/70 mmHg. He had *Mandaagni*, *Madhyam Koshta*, Tongue was coated, sound was clear. Patient was having *Vatakaptha Prakurti* with *Madhyam Sara*, *Hina Shamhan*, *Sama Pramana*, *Madhyam Satmya*, *Madhyam Satva*, *Madhyam Aahar Shakti* and *Jaran Shakti*, *Rasavaha*, *Raktavaha*, *Asthivaha* and *Majjavaha Strotodushti*. Baseline Haematological investigations done on 18/03/2019 revealed. Hb-12.5 gm%, serum uric acid- 9 mg/dl, total Bilirubin – 0.9 mg/dl, BSL Random 115.9 mg/dl, serum creatine – 0.8 mg/dl, serum urea – 35.7 mg/dl and BUN – 16.76 mg/dl.

Therapeutic Focus and Assessments

First line of treatment given to the patient was *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*[2,3]. An oral herbal ayurvedic drug combination as shown in Table no 1.

Criteria for Assessment

The patient was assessed based on subjective and objective criteria as mentioned in table no.2 and table

no.3 respectively. The subjective and objective parameter was assessed at three months of treatment interval.

Follow-Up and Outcome

- Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva Shool* (100%) and *Shoth* (33.33%) by the treatment regimen. (Table no.4 and Table no 5)
- Haematological parameter was reinvestigated on 01.04.2019 at this time serum uric acid level was 6.12 mg/dl which was reduced by 32% after 3 months of treatment. The patient was advised to continue the oral medicine for next three month.

DISCUSSION

Vatarakta correlates with gout at modern parlance. In the long-term effects of Gout, some complication is seen in patient such as, joint damage, joint deformity, loss of mobility or range of motion, bone loss, tophi formation, kidney stones etc. So, to avoid the complications of Gout need of *Ayurvedic* management of *Vatarakta* is required. *Ayurvedic* medicine, having *Rasayana* & *Apunarbhav* properties can control the metabolic disease effectively without any adverse effects. *Dipan*, *Amapachak*, *Rasa Pachak*, *Pittasarak* and *Raktamokshan Chikitsa* was the line of management for the present case, which showed good results in both subjective and objective parameters without any adverse reaction and complications.

Drug Action

The herbo-mineral drug combination mentioned in Table no 6 has established properties like *Dipan*, *Pachak*, *Amanashan*, *Amashoshak*, *Vata-Pittahara* and *Raktaprasadak*, which are all antagonist to the present disease entity, hence these drugs was effective in correcting the pathological condition of the disease *Vatarakta* in the present case.

CONCLUSION

Vatarakta can be correlate to Gout in modern science. The combine effects of above herbo-mineral drug were helpful in treating pathology of *Vatarakta*. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Table 1: Treatment Regimen Followed

Date	Medicine with Dose, Anupana And Kala	Panchakarma
19.03.2019 TO 24.03.2019	1. Tab <i>Kaishor Guggul</i> (500mg) 2 tabs BD AM (after meals) with LWW. (lukewarm water) 2. Tab <i>Mahavatvidvhans Rasa</i> (125mg) 1tab BD AM with LWW. 3. <i>Guduchi Churna+ Musta Churna+Triphala Churna+ Mahasaudarshan Churna</i> each 500mg BD AM with LWW. 4. <i>Amrutaaristha</i> 40ml BD AM with equal quantity of water.	- <i>Sarvanga Snehan</i> with <i>Vishgarbha Tail</i> . - Tail - <i>Bashpa</i> Petiswed - <i>Yog Basti (Niruha-dashmuladhi</i> 960 ml & <i>Anuvasan</i> - <i>Teel Tail</i> 120ml)
25.03.2019	Continue same as above	Started <i>Abhyantar Snehan</i> with <i>Tiktak Ghruta</i> in <i>Vardhaman Matra</i> (30,60,90,120,150ml) and omitted <i>Yog Bastikarma</i> .
26.03.2019	Omitted <i>Mahavatvidvhans Rasa</i> & Started <i>Yograj Guguul</i> (500mg) 2 tabs BD AM With LWW. & <i>Rasnadhi Guggul</i> (500mg) 2 tabs BD AM with LWW.	Same as above
27.03.2019	Omitted <i>Amrutarishta</i> & started <i>Mahamanjishtadhi Kashsya</i> 40ml BD BM (before meals) with some equal quantity of water.	Same as above
28.03.2019 to 30.03.2019	Continue with same Medicine	<i>Siravedha</i> -right leg 2 Angool above <i>Shipra Marma</i> 40 ml
31.03.2019	Started <i>Gokshuradhi Guggul</i> (500mg) 2 tabs BD BM with LWW.	Started <i>Lepa (Soonti Churna + Devdhar Churna)</i>
01.04.2019	Patient Discharged with medicine	

Table 2: Subjective Parameters

Symptoms	Mild	Moderate	Severe
1) <i>Pain</i>	1	2	3
2) <i>Shotha</i>	1	2	3
3) <i>Kriyakashtata</i>	1	2	3
4) <i>Angamarda</i>	1	2	3

Table 3: Objective Parameters

TEST	BT	AT (3 month)
Sr. uric acid	9 mg/dl	6.12 mg/dl

Table 4: Observations

SYMPTOMS	1 st Day	30 Day	60 Day	90 Day
1) <i>Angamarda</i>	3	3	1	-
2) <i>kriyakashtata</i>	3	3	1	-
3) <i>shoola</i>	3	2	1	-
4) <i>shotha</i>	3	2	1	1

Table 5: Results

Symptoms	BT	AT	% Relief
1) <i>Angamarda</i>	3	0	100
2) <i>kriyakashtata</i>	3	0	100
3) <i>shoola</i>	3	0	100
4) <i>shotha</i>	3	1	33.33

Table 6: Probable Mode of Drug Action

Sr. No.	Drug	Mode of Action
1	<i>Guduchi Churna</i> [4]	<i>Rasa Pachak, Aampachak, Tridoshgna, Pittasarak, Balya, Dipan And Rasayan.</i>
2	<i>Musta Churna</i> [5]	<i>Dipan, Pachak, Rakta-Kapha- Pitta Nashak & Jwargna</i>
3	<i>Triphala Churna</i> [6]	<i>Dipan, Ruchikarak, Rasayan And Kapha-Pitta Shamak</i>
4)	<i>Mahasudarshan Churna</i> [7]	<i>Dipan, Pachan, Jwargna, Tridoshgna And Shoolgna</i>
5)	<i>Kaishor Guggul</i> [8]	<i>Dipan, Rasa Pachak, Rakta Pitta Shamak And Rasayan</i>
6)	<i>Mahavatvidhans Rasa</i> [9]	<i>Dipan, Amapachak & Shoolangna</i>
7)	<i>Amrutarishtha</i> [10]	<i>Dipan, Pachan, Jwargna</i>
8)	<i>Yograj Guggul</i> [11]	<i>Dipan, Balya, Shoolagna</i>
9)	<i>Rasnadhi Guggul</i> [12]	<i>Amapachak And Shoolagna</i>
10)	<i>Mahamanjstadi Kashay</i> [13]	<i>Dipan, Pachan, Raktaprasadak, Vata-Pitta Nashak</i>
11)	<i>Gokshuradhi Guggul</i> [14]	<i>Anulomak, Vatarakta Nashak</i>

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Review Article

Indication of Radio anatomical approach for understanding Moolsthan

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ABSTRACT:

Ayurveda is life science. The researchers of Ayurveda could rule out the presence of srotas spreading throughout the human body. Srotas is the channel that transports only dhatu under metabolic transformation. The srotas have their own moolsthan or root. Some authors views that srotas can be interpreted as micro vascular carrier, which specialized for exchange of the material. Moolsthan of srotas means anatomical seat of respective srotas, main seat of pathological changes, having diagnostic value or it's be the focus of treatment. Radiological techniques helps the diagnosis of moolsthan of srotas.

KEY WORDS: Moolsthan, Raktavaha srotas, Rakta, Radiological techniques

INTRODUCTION:

Ayurveda has very vividly describe the anatomy of the human body, but in contrast to the modern sophisticated technology in ancient time. Ayurveda has given vivid description about the anatomy (rachana) in terms of kala, koshta, srotas, dhamani, dosha, dhatu, mala, etc. The physiology and pathology concept of human body cannot be clear without the specific knowledge of moolsthan of srotas. It will be helpful for the diagnosis of disease and give guidance for proper treatment to cure such a disease. Ayurvedacharya like Charaka, Sushruta, Vagbhat, etc. have given some criteria to diagnosis a particular disease on the basis of doshas, dhatu, malas, srotas, etc. channel or pores which carry nutrients and give the supply to dhatus of the body and also carry vata, pitta, kapha.

According to Vagbhat in ashatanghridaya sharirsthana mentioned two types of srotas that is Abhayantar srotas and bhaya srotas. According to Charaka, there are 13 types of srotas and also according to Sushruta there are 12 types of yogavahi srotas. The moolsthan of raktavahasrotas are yakrit and pleeha according to Charaka and Vagbhat. According to Sushruta the Moolsthan of Raktavahasrotas is yakrit, pleeha and raktavaha dhamanis.

The term mool is used in different meaning in ancient Indian literature. Acharaya Charaka has used this term in meaning of Karana, or Adhara means reason or base. In Sushruta Samhita and Ashtang hridaya, mool word has been used as tracer director or prob. In broad term moolsthan means utpattisthana (seat of origin of dhatu and mala), Sangrahassthana (seat of storage), Naidaniksthana (diagnostic importance), chikitsatmaksthana means important in treatment.

Aims and Objectives:

1. To study the Ayurvedic aspect of Moolsthan of Raktavahasrotas.
2. To understand the concept of stroto-moolsthan with special reference to Raktavahasrotas by using advanced radiological technique.

MATERIALS & METHODS:

1. Detailed conceptual study of moolsthan.
2. Detailed study of Advanced radiological technique e.g. USG, MRI, CT Scan, Radioisotope Scanning.

Observations and Discussion:

मुलात् खादन्तरं देहे प्रसृतं त्वभिवाहि यत् ऽ

स्त्रोतसादिनी विज्ञेयं सिरा धमनी वर्जितम् ऽऽ सु. शा. १२५

The ducts emanating from the cavity of hridaya other than siras, dhamanis are called srotas.

Moolsthan means uttapatisthan or prabhavsthan. Srotas means stravanatstrotansi, various channels into the body. When the srotas gets disturb due to doshas forms strotodushti lakshana and due to injury to srotas forms strotoviddha lakshan.

शौणितवहानां स्रोतसां यकृन्मूलं प्लीहा च । च.वि. ५८
मूलमिति प्रभवस्थानम् ॥ च.वि. ५८ चक्रपाणि टीका

The Raktavahastroto Moolsthan is yakrit (Liver) and pleeha (spleen). When these organs gets disturbed by dosha and mala they forms strotodushti lakshan. With the help of this we understand the vyadhi of a moolsthan.

Raktavaha srotodushti hetu:

विदाही अन्यन्नपानानि स्निग्धोष्णानि द्रवाणि च ।
रक्तवाहीनी दुष्यन्ति भजतां चातपानलौ ॥ च.वि. ५१४

Raktavahasrotas get vitiated due to intake of food drinks which irritant, unctuous, hot and liquid and exposure to sun and fire.

Srotodushti Lakshan of raktvah srotas:

वक्ष्यन्ते रक्तदोषजा कुष्ठ विसर्प पिडका रक्तपित्तमसृग्दरः ।
गुदमेद्वास्यपाकच्च प्लीहा गुल्मोऽथ विद्रधि ॥
निलिका कामला व्यंग पिप्लवस्तिलकालकाः ।
ददुर्चर्मदलं श्वित्रं पामा कोटास्त्रमण्डलम् रक्तप्रदोषाज्जायन्ते ॥
च.सू. २४११^१ १२

Following diseases are caused by the vitiation of rakta, kushta (obstinate skin diseases including leprosy) visarpa (spreading diseases of the skin including erysipelas), pidaka, rakta pitta (disease characterized by bleeding from part of body), Asrugdar (menorrhagia), Gud pak (inflammation of rectum), Meadhrapak (inflammation of phallus), Mukhapak (inflammation of mouth), Pleeha (splenic disorder), Gulma (abdominal tumour), Vidradhi (abscesses), Nilika (blue moles), Kamala (jaundice), Vyang (freckles), Piplu (portwine mark), Tilkalaka (black mole), Dadru (ring worm), Charmdala (dermatitis), Shivatra (leukoderma), Pama (papules), Kotha (urticarial) and asramandala (red circular patches). These diseases comes under vyavaharsharir of yakrut, pleeha and rakta vahi dhamani.

Vaidya should know the vyavahar sharir of yakrut, pleeha then only he can treat the raktapradoshaj vikarra. The drugs which are used to treat raktavaha srotovikar acts on yakrut, pleeha. Acharyas described raktapradoshaj vyadhi and in addition they also

mentioned pleehadaludar, yakrutdaludar separately under the heading of UDAR

Strotoviddha Lakshan of Raktavaha srotas:

तत्र विद्धस्य श्यावांगता ज्वरो दाहः पांडुता ।
शोणितागमनम् रक्तनेत्रता च ॥ सु.शा. ११६

SyaavaaMgata – black dis-colouration; Shonitagamanama – haemorrhage; panduta – pallor

Raktavahastrotodushti Chikitsa:

कुर्याच्छोणित रोगेषु रक्तपित्तहरी क्रियाम् ।
विक्रेकमुपवासं च स्त्रावणं शोणितस्य च ॥ च.सू. २४२४

Therapies like virechan (Purgation), upvas (fasting) and Raktavistravan (blood-letting) indicated for the treatment of raktapitta are also useful for curing diseases due to the vitiation of blood

Radiological Techniques

Radio anatomy (X-Ray anatomy) is anatomy discipline which involves the study of anatomy by using various radio-graphical techniques.

The Radiological techniques can be used for diagnose the disease of moolsthan and treatment can be done. There are various advance techniques e.g. USG (Ultrasound), MRI (Magnetic Resonance Imaging), CT scan (Computed Tomography scan), Radioisotope scanning. The radio anatomical approach is necessary for understanding of moolsthan of Raktavahasrotas, hence radio anatomy study is helpful.

USG of Liver: Abdominal ultrasound, which uses sound waves to produce pictures to evaluate the size and shape of the liver, as well as blood flow through the liver. Ultrasound electrography is special ultrasound technique to test for liver fibrosis.

MRI of liver: MRI of the belly can help to find problems such as tumours and infections. It can also find bleeding and a block tube or stones in the tube that carries bile from the liver to the gallbladder.

CT Scan of Liver: CT scan of the liver and biliary track may be performed to assess the liver, gallbladder and their related structures for tumours and other lesions, injuries, bleeding, infections, abscesses, unexplained abdominal pain obstructions or other conditions.

Liver radioisotopes scanning: A liver scan may be done to check for diseases such as liver cancer, hepatitis or cirrhosis. Lesions such as tumours, abscesses or cysts of the liver or spleen may be seen on the liver scan.

USG of Spleen: Ultrasound may be used to detect many digestive problems including cysts or abnormal growth in the spleen, abnormal enlargement of the spleen.

CT Scan of Spleen: Computerized Tomography scan helps to determine the size of spleen and whether its crowding other organs.

MRI of Spleen: MRI of spleen is helpful to trace blood

flow through spleen. A liver spleen scan may be used to detect cancer in the liver or spleen.

Radioisotopes scanning of spleen: The use of radio isotope for spleen scanning has become a valuable procedure for detecting functional spleen size.

Hence due to all uses of these techniques there is an indication of radio anatomical approach for understanding moolsthan.

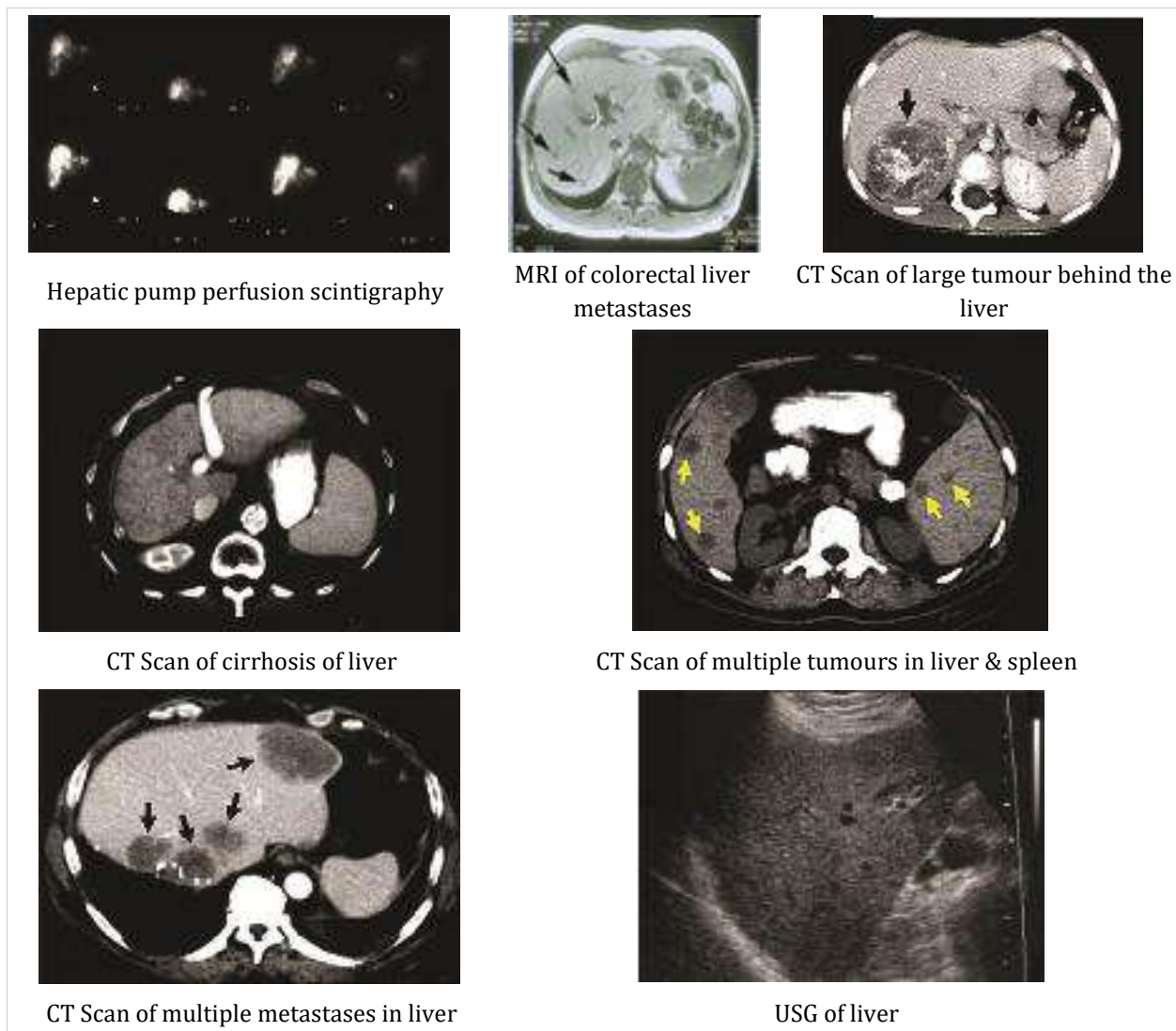


Figure No. 1: Radio-graphical Images

Application of Radiological techniques like USG, CT Scan, MRI, of related organ describes the microanatomy and normal functioning of raktvahasrotas moolsthanas means liver and spleen. Radioisotopes scanning means radionuclides imaging of related organ liver and spleen, also indicates raktvahasrotodushti lakashana.

CONCLUSION:

To enlighten the concept of srotomoolsthan, radiological techniques to be preferred

Selection of specific radiological technique (e.g. radionuclide isotope) can further explain specific moolsthan of different srotos

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A Pilot Study of Role Utkleshan Basti in Shotha

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Abstract :

Shotha is Described as special Disease as well as a symptom in Most of Aurvedic Samhitas as well as it is also described in Modern Medical Science. In our day today practice we use to see so many patients suffering from shotha.

Utkleshan Basti :

It is decribed in Sushruta Samhita basically it is Niruha Basti Prepared with Eranda Beeja, Jestamadh, Pippali, Saindhava Lavan, Vacha, Hapursha & Madana Phala Kalka but by preparing oil with above drugs we have given Anuvasana Basti also, for that purpose Til (Sesame) Oil was used. 80 ml Anuvasana & 320 ml of Nirugha Basti was given to Patient same day. There was satisfactory reduction in shotha & weight.

Patient were treated with Utkleshana Anuwasana & Niruha Basti :

- 22.22 % Patients showed reduction in Shotha by 0.5 C.M.
- 22.22 % Patients showed reduction in Shotha by 1.0 C.M.
- 33.33 % Patients showed reduction in Shotha by 2.0 C.M.
- 22.22 % Patients showed reduction in Shotha by 2.5 C.M.
- 11.11 % Patients showed no Weight reduction.
- 66.66 % Patients showed reduction in Weight by 1 Kg.
- 22.22 % Patients showed reduction in Weight by 2 Kg.

Introduction :

Shotha is a Disease which is seen because of Vatavrodha

बाह्याः सिरा प्राप्य यदाः कफामृक पित्तानि संदुषयतिह वायु ।

तैर्बद्धमार्गं स तदा विसर्पउत्सेधं लिङ्गम श्वयधुं करोति ॥

च. चि. १२/८

When way of Vata gets obstructed by Rakta, Pitta, Kapha in Vessels
Vata gets vitiated and causes Shotha Vyadhi.

मा. नि. शोध

अ. स. नि. १३/२२

अ. द. नि. १३/२१

यो. र. शोध - ९

भा. प. शोध - ३

Prodromal Signs :

- 1) Ushma - Increase in Local Temperature
- 2) Davathu - Increase in Temperature of Eyes, Nose etc.
- 3) Stretching sensation in vessels.
- 4) Angaguarava - Heavyness all over body

उष्मा तथा स्थाद्दवधु सिराणामायाम इत्येवच पूर्वरूपम् ।

तत्पूर्वरूपं दवधु सिरायामो गौरवम् ॥

च. चि. १२/८

मा. नि. शोध

अ. स. नि. ३

अ. द. नि. १३/३०

वेगसेन शोध - २३

यो. र. शोध निदान - २

Symptoms (RUPA) :-

The characterestic features of the disease shotha seen after complete manifestation of disease are called symptoms of the disease.

- | | |
|-------------|----------------------|
| 1) Gaurava | - Heavyness |
| 2) Syandana | - Irregularity |
| 3) Utsedha | - Elevation of Skin |
| 4) Ushma | - Rise in temprature |

- 5) Siratanutva - Weakness of Blood Vessels.
 6) Lomharsha - Hornpilation
 7) Vaivarnya - Discolouration
 8) Raktima - Redness
 9) Sparsha sahatva - Tenderness
 10) Local Pain
 11) Svakarma & Gunhani - Functionolezia & Abnormality in shape

च. चि. १२/८

वंगसेन शोध - २६

यो. र. शोध निदान - ६

भा. प्र. - ४

Treatment :

Shotha Should be treated by giving drugs Against Nidan (Causes) Dosh, Ritu (Season) by considering Rugnabala, Doshabala and Kala.

Condition (Avastha)	Treatment
Alpa Dosh & Amaj shotha	Longhana, Panchana
Vrudhha Dosh	Shodhana
Snehodbhava	Rukshana
Mansa Medouruddhi	Lekhan
Santarpana	Apatarpana i.e. Langhana Padhana doshanir harana.

Utkleghan basti is having properties to perform all above activities.

निदानदोषतुपर्यय क्रमैरुपाचरेत्तं बलदोषकालवित ।

अथामजमं लंघनपाचक्रमै विशोधनैरुल्बण दोषमादिन ।

उपचारेत स्नेहभवं विरुक्षणै । प्रकल्पयेत् स्नेहविधेच रुक्षजे ॥

च.चि. १२/१६-१८

यो. र. शोध चि. १

Materials & Methods :-

Type of study - Non comparative single blind study carried out.

Place of Study - SMBT Ayurved. Hospital, Dhamangaon, Tal Igatpuri,

Sample Size - 09 Patients

Duration of Treatment - 7 days

Follow up - Daily follow up was taken to assess the relief in clinical symptoms.

Inclusion Criteria :-

Clinically diagnosed cases of shotha of age group of 16 to 60 years. Randomly selected irrespective of age, sex, education, socio, economic status etc. Pt. having systemic shotha were included.

Exclusion Criteria :

Pregnant Women & Patients of DM, CCF were excluded.

Clinical Symptoms :

Shotha i.e. swelling on the body Pitting & Non Pitting are taken together for study.

Trial Drugs used for Treatment :

Eranda Beej, Jesthmadha, Pippali & Vacha each 20 gm were taken to prepare kwatha with 1280 ml of water & 320 ml kwatha (1/4) was prepared. And 5 gm of Saindhava & 5 gm of Hapusha Kalka along with 5 gm of Madana Phala Kalka was mixed to the kwatha & 50 ml of Tila Taila was added thus, 380 ml Niruha Basti was prepared & given daily in the morning to the patients. On same day Anuvasana of 80 ml of Utkleshana Taila was given to the patients.

Utkleshana Taila was prepared by using

Total drugs - 1 part

Tila Taila - 4 part

Water - 16 parts

With Taila siddhi kalpana.

Assessment Criteria :

Shotha assessment was done by measuring shotha. Upshaya will indicate better utkleshana & shodhana. Some times if necessary vamana or virechana can be given. No relief in shodha indicate no utkleshana .

Discussion :

- ❖ Patients were treated out of these 9
- ❖ patients showed of vrudhava utklesha, Hrullasa and Praseka hence, Sadya wamana was given to her.

- ❖ Patients showed symptoms of adha utklesha i.e. drava mala pravrutti. Hence Virechana was given to them on, 5th, 6th & 7th days respectively.
- ❖ Drugs in utkleshna basti are ushna, tikshna & sukshma. They are having katu & tikta rasa mostly. Madana phala is best wamana dravya.

Results :

All 9 Treated Patients were Female Patients.

Reduction in Shotha (cm)	No. of Patients	Percentage
0.5	2	22.22
1.0	2	22.22
2.0	3	33.33
2.5	2	22.22

Reduction in Weight (kg)	No. of Patients	Percentage
0.0	1	11.11
1.0	6	66.66
2.0	2	22.22

Conclusion :

- 1) Shotha Vyadhi is more commonly seen in females mostly in house views, diwaswap is one common hetu.
- 2) Utkleshna Basti is effective in Shotha, Reduction in Shotha is seen after utkleshna basti.
- 3) Utkleshna Basti also shows Lekhana effect .

Acknowledgement :

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VIDYASEARCH

A Quarterly Peer Reviewed International Research
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Vidya Tonpe
Editor

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Effect of Kapalbhathi on Serum Cholesterol (A Case Report)

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Abstract :

In day to day life fluent lifestyle modified diet lack of exercise may leads physical parameters to pathological one. The patient of increase total serum cholesterol as well as increase LDL clinically managed to normal range by simple practise of Kapalbhathi sincerely and regularly after evacuation at morning with empty stomach. The case report by the clinical and Pathological investigations point of view.

Introduction :

Cholesterol is waxy, fat like substance found in all cells in human body. body needs some cholesterol to make hormones vit D, and substances help for digestion. body makes all the cholesterol its needs.

cholesterol travel through the blood on protiens called "lipoprotiens"

Two types of lipoprotiens carry cholesterol through the body

1) LDL - Low density lipoprotiens ie. bad cholesterol high levels LDL raise risk of heart diseases.

2) HDL :- High density lipoprotiens ie. good cholesterol absorbs cholesterol and carries it back to liver. the liver flushes it from the body high level HDL can lowers the risk of heart diseases and stroke.

Kapalbhathi - It is a type of breathing exercise- pranayama in yoga kapalbhathi means shining forehead in sanskrit because it improves physical fitness and mental intellect.

Benefits of kapalbhathi :

For lowering blood sugar, reduction of stress and overweight, abdominal fat, central obesity, constipation, improves human immune system, brain power memory.

Procedure - Sit in comfortable position. (sukhasana)

Inhale - inhale deeply and calmly with both nostrils untill lungs are filled with full of air focus on abdomen while doing this

Exhale - Pull your stomach that you bring your navel as close as possible to your spine, you can place your righth hand on your abdomen to feels your muscles contracting.

Repeat this exercise initially 18 times and gradually increase upto 100 times given in study case .

Precautions - Follow this procedure early in the morning after defecations with empty stomach. The person suffering from severe heart diseases or newly done abdominal surgery must inhale or exhale slowly after the advice of concerned physician.

Case History & Examinations :

A 54 years old male presented at OPD level used to for routine clinical and pathological check up every year after his every birthday. He had no history of associated pathology like heart diseases, hyperthyroidism, respiratory diseases or other pathology.

He was afebrile not obese normotensive and not taking any sort of medicine hunger thirst were normal. Bowel bladder were normal .No other bad habits alcohol smoke etc .Family history was also insignificant for any pathological history. But still his Lipid profile waqs marked increased suggestive of total cholesterol as well as LDL Cholesterol.

Table 1 - Chief clinical pathological and biochemical findings before and after intervention .

Variable	Before intervention	After interventions 7 mth
Total cholesterol	269 mg/dl	196 mg/dl
Triglycerides	112 mg/dl	110 mg/dl
HDL cholesterol	36 mg/dl	38 mg/dl
LDL cholesterol	154 mg/dl	136 mg/dl

Diagnosis :

On clinical examinations general condition was good TPR, BP (no febrile).

Pulse - 74/min,

Resp rate - 18/min

BP - 124/80 mm/hg within normal range .

Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range.

Management Done :

Suggested Kapalbhathi yoga therapy i.e. practise of KAPALBHATHI sincerely and regularly after evacuation at morning with empty stomach. two sets of 100 each kapalbhathi was suggested to the patient himself regularly and sincerely. As Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range. No any oral medicine or dietary restrictions or advice are suggested.

Outcome Majors : Follow up - Details are shown in table 1

Observations : Observations are shown in Table 1

Discussions :

Though the patient not suffering any diseases and disorder clinically still his basic lipid profile parameters was on higher side compare to normal range biochemically. In this case patient used to practice KAPALBHATHI yoga sincerely and regularly after evacuation at morning with empty stomach in his home only. Moreover the patient have operated inguinal hernia 6 years ago so two sets of 100 each kapalbhathi was practised by patient himself regularly and sincerely.

Conclusions :

A simple ,constant ,regular, sincere practise of kapalbhathi may lead to pathological increased parameter of serum cholesterol to normal range. Kapalbhathi is the best methodology to reduce bad cholesterol (LDL) and increased of good cholesterol (HDL)

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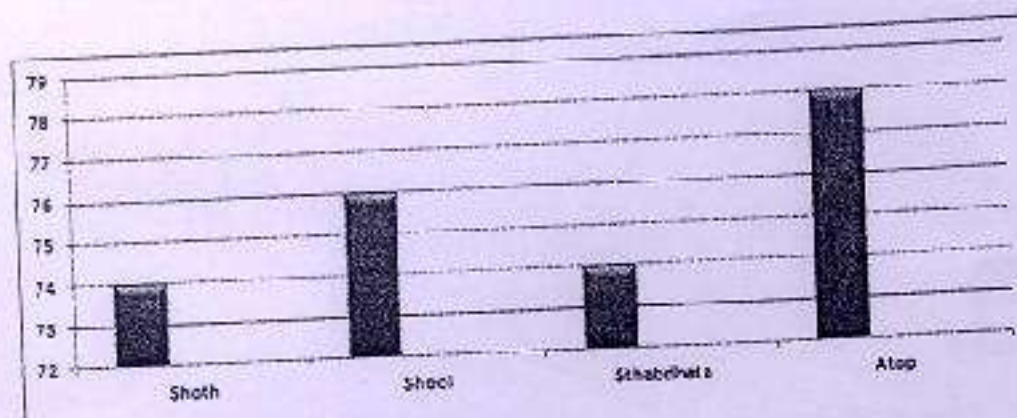
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•••

Sr no	Complaints	N	Mean		SD	SE	Total relief %	t value	P value
			BT	AT					
1	Shoth	10	2.45	0.87	0.61	0.71	74	8.11	<0.001
2	Shool	10	2.51	0.53	0.59	0.64	76	8.72	<0.001
3	Snhabdhat	10	2.61	0.53	0.62	0.68	74	8.42	<0.001
4	Atop	10	2.55	0.64	0.57	0.39	78	8.22	<0.001



Discussion :

Acharya Bhavaprakasha has mentioned Rasayana Guna of Rason . This Rasayana Guna of Rasona stops further Dhatukshaya & cure present Kshaya. Tikta is Vata vitiating factor but even then Acharya postulate its use in Vata Vyadhi, here Snigdha, Bruhana, Pichchila Gunas of rason , Ksheera , Ghrita, Madhura Rasa, Ushna Virya of Rasona helps in Vata Shaman . Ushna Veerya cures Vatajanya Stambha and acts as Shoola Shamana. Madhur Ras nourishes Rasa-Rakta-Mamsa-Asthi-Majja-Oja-Shukra Dhatu, increase span of life, gives strength. Madhura Rasa has predominance of Pruthvi and Jala Mahabhuta which is mainly Vatashamaka and increases Saptadhatu. Due to Snigdha, Pichila, Bruhana properties, it nourishes and maintain Majja Dhatu. Nourishment of Majja Dhatu means nourishment of Asthi Dhatu. When both Dhatu get nourished ultimately Vatashamana occurs hence Rason Sidhha Ksheera Basti acts as Shoola Shaman.

Conclusion :

Rason Sidhha Ksheera Basti acts as effective in the management of janusandhigat vata .

Basti Formulation :

- Madhu - 40 GM
- Saindhav - 2.5 GM
- Til tail - 20 ML
- Go Ghrit - 20 GM
- Rason Ksheera paka - 160 ml

Method of Administration :

- Ksheera Basti
- ❖ Route - Per rectum
- ❖ Dose 240 ml
- ❖ Kala - At morning after breakfast once a day
- ❖ Duration of therapy - 15 days
- ❖ Follow up On - 1st, 7th, 15th, 21st, 30th day
- ❖ Duration of study 30 days

Inclusion Criteria :

- 1) Patients fullfilling the criteria of diagnosis of Janusandhigata Vata.
- 2) Patients age of 40 to 60 yrs.
- 3) Radiological evidence of osteoarthritis of affected knee joint.
- 4) Basti Arha.

Exclusion Criteria :

- 1) Osteoarthritis secondary to Rheumatoid arthritis.
- 2) Gout
- 3) Malignancy
- 4) Trauma
- 5) Janusandhi shool associated with known cases of Cardiac disease, Pulmonary TB, Paralysis, HIV, Neurological disorder etc.
- 6) Basti Anarha

Subjective Criteria – Shoth , Shool , Sthabdhata , Atop .

Results & observation :

There are 10 patients of Janusandhigatvata were selected for our study ,patients selected as per our inclusion & exclusion criteria , written consent taken from patient .For statically analysis paired t test were used. As per result significant changes were seen in symptoms of karnaashool.

Vayu and Basti, with stormy wind and high tide. When this stormy wind like Vata Prakopa is controlled by Basti, body is very well nourished.

Aim & objectives :

- 1) To study the Shoola Shamana and Shothahara effect of Rasonsiddha Ksheera Basti in Janusandhigata Vata.
- 2) To study the effect of Rasonsiddha Ksheera Basti in movements of Janusandhi
- 3) To study the efficacy of Rason Siddha Ksheera Basti in Janusandhigata Vata.

Material & Methods :

For this clinical study of 10 diagnosed patients of janusandhigat vata were selected, as per our inclusion & exclusion criteria, at our OPD of dept. of Panchakarma. written consent were taken, Also gives information & importance about bastikarma to patient. Basti preparation were carried out at our panchakarma dept.

Preparation of Ksheera Paka :

Rason Siddha Ksheera Paka was prepared according to Ksheerapaka method mentioned in Sharangadhara Samhita.

- ❖ Rasonsiddha Ksheera - Paka were prepared according to Sharangdhar Samhita - 160 ml cow milk.
- ❖ 640ml pure drinking water was added in it.
- ❖ 20 gm of Rasona after crushing was added to it.
- ❖ Decoction of 160ml was prepared by boiling.
- ❖ Saindhava - 2.5 gm
- ❖ Madhu - 20 ml of standard Company was taken
- ❖ Til oil - 20 ml of standard oil company.

Method of mixing :

First Madhu was taken in a stainless steel utensil of capacity half litter. Saindhav was mixed in it and stirred thoroughly by stirrer. After mixing them thoroughly Til Tail 20ml was added to it and the homogeneous mixture was prepared Goghrita by stirring thoroughly. Decoction was added at the end in this mixture. Homogeneous mixture of Basti was prepared for administration

To Study the Efficacy of Rason Siddha Ksheera Basti in Janusandhigata Vata

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Abstract :

According to Acharya Charaka Sandhigata Vata is a condition in which vitiated Vata gets localized in Sandhi and causes Shoola (Pain), Shoth(Swelling) Vatpurna druti sparsha (Feeling of bogginess), and Prasaran Akunchan Kriya Alpata (Restricted movements) leading to reduced movements of joints. In Ayurveda there are many therapeutic treatments given for Vatavyadhi i.e. use of Snehana, Swedana, Basti and Mridu Virechana. Basti is prime Chikitsa for Vata Dosha as it is directly administered in Pakwashaya which is main Sthana of Vata Dosha. The need of this study is to attribute the possible pharmacological action of the Rasonsiddha Ksheer Basti as Yapan Basti which could be; Shoolaghna, Shothaghr, Vatashamak, Bruhan (Dhatu Vardhak) Asthi Poshak and Rasayan. Rasayan drugs are used for the purpose of rejuvenation & geriatric care. The word Rasayan (Ras + Ayan) refers to appropriate nutrition and appears to be sufficient to overcome the state of Dhatukshaya. So the study has been undertaken for evaluating the efficacy of this drug in the management of Janusandhigat Vata.

Key words - Sandhigata Vata, Basti, Rasonsiddha Ksheer Basti.

Introduction :

Sandhigatvata is correlate with Osteoarthritis, it is one of the musculoskeletal diseases and is most common form of arthritis and affects almost all joints especially weight bearing & frequently used joints. Prevalence of knee osteoarthritis is 5.8% (a WHO-ILAR COPCORD study). As we know the prevalence of osteoarthritis is high and Allopathic treatment has its own limitations. Because of this Ayurvedic treatment is applicable there, For vatavyadhi basti chikitsa have prime importance, Vayu is like the God as other dosha are dependent on Vayu, which is a root cause of all other Dosha Prakopa. Sushrutacharya has compared the

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Review Article

PRAMEHA (DIABETES MELLITUS TYPE 2) AN AYURVEDIC REVIEW

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ABSTRACT

Diabetes mellitus is burning issue in front of society. India has being expected with fastest developing population of Diabetics. It is a metabolic disorder may result in deficiency or dysfunction of the insulin production. All polyuric diseases in Ayurveda are described under "Prameha," and Madhumeha is one amongst them, equated to type 2 diabetes mellitus (DM). As per Ayurveda cause are different but hereditary component agreed by Charak. Different classification has been given by Ayurveda for Prameha. The main causative factor is said to be sedentary lifestyle and food habits. So to avoid the complications of Prameha one should follow the daily & seasonal regimen.

Keywords: Diabetes mellitus, Madhumeha, Prameha.

INTRODUCTION

Ayurveda is traditional science which deals with the maintenance healthy life by following the daily & seasonal regimen. In today's modern era where everyone is try to achieve the ultimate goal by disturbing the own health. In such condition mankind are looking towards Ayurveda with great hope. Besides the marvellous success of modern medical science, human being are still passing through a metabolic diseases like Diabetes, IHD, hypercholestermia. One of the probable reason in developing countries like India is lack of exercise, sedentary life style, poverty and illiteracy which leads to develop the metabolic disorder. Among the all health issue Diabetes mellitus is a hulk disease considered as one of the superior opponent of the mankind. The rising trends of diabetes mellitus across our country is really burning problem. The prevalence of diabetes mellitus is 8.7%¹. India is one of the 6 countries of the IDF SEA region. Almost 415 million people have diabetes in the world and 78 million people in the SEA Region; by 2040 this will rise to 140 million. There were 69.1 million cases of diabetes in India in 2015². The above-mentioned figures point towards the alarming situation, which suggests that the incidence of diabetes mellitus is increasing among the general population.

The present study will attempt to review over the concept of Prameha. Study findings will help in designing population-specific plan for suggesting suitable dietic regimen and exercise which is one of treatment modality of diabetes mellitus.

AIM AND OBJECTIVE

- To review the concept of Prameha.
- To understand the concept of Prameha in Ayurvedic perspective.
- To highlight the importance of Prameha in today's era.

MATERIALS AND METHODS

This article is conceptual, all the available references of Prameha literature have been collected and compiled. Also available websites have been searched for this article. To conclude the study, all available Ayurvedic literature referred, and a humble attempt has been made to draw conclusion

Prameha:

Nirukti -

The word 'Prameha' is made of two sub-words. i.e. 'Pra' and 'Meha' The word Meha is derived from the root "Mih Sechane" by adding 'Luet' Pratyaya to it "Mehati, Sinchati Mutraretansi" which means to excrete. In Sanskrit literature, the 'Mih' is used to mean like, to make water, to wet, to emit semen. So this root 'Mih' is added to prefix 'Pra' the word becomes 'Prameha'.

Classification:

Prameha can be classified as follows:

1) According to Dosha:

1. Kaphaj (10), Pittaj (6), Vataj (4) - as per Charak
2. Kaphaj (11), Pittaj (6), Vataj (4) - as per Sushrut
3. Kaphaj (10), Pittaj (6), Vataj (4) - as per Vagbhat

4. *Kaphaj* (9), *Pittaj* (6), *Vataj* (4) - as per *Madhavnidan*

II) According to Deha Rachana:

1. *Sthula*(Balawan) *Pramehi*
2. *Krishna*(Dourbalya) *Pramehi*

III) According to Nidana:

1. *Sahaja* and *Apathyanimittaja*
2. *Prakritiprabhava* and *Swakrit*

IV) According to Dosha Pradhanya:

1. *Shleshmasamudbhava*
2. *Doshakshayajanya Vataprakopatah*

V) According to Sadhyasadhya:

1. *Sadhya* (*Kaphaja*)
2. *Yapya* (*Pittaja*),
3. *Asadhya* (*Vataja*)

Nidana: (General Causative agent)

More prone for sedentary habits (*Asyasukham*), sleep, curds, soup of the meat of domesticated (*Gramya*), aquatic (*Audaka*) animals and animals found in the marshy lands (*Anupa*), various preparations of milk, freshly harvested food material, freshly prepared alcoholic drinks, any other preparations of jaggery and all *Kapha* dominancy factors are responsible for the *Prameha*³.

Samprapti: (Pathogenesis)

Due to *Nidan*, *Dosha* and *Dushya*'s simultaneous involvement in this *Samprapti*, *Kapha* get more vitiated as it present in more quantity. In the sab bathless body the vitiated *Kapha* get rapidly spread over there. After this, vitiated *Kapha* first vitiates *Meda Dhatu* because of most *Kapha*'s *Guna* are similar with *Meda Dhatu* as well as *Meda* is in more quantity. Afterwards vitiated *Kapha* now vitiates *Mamsa Dhatu* with vitiated *Meda*. *Vikrut Mamsa* then forms various *Pidika*,

Sharawika, *Kacchapika Vikruti*'s. *Sharirik Kleda* also transform into *Mutra*. This transformed *Mutra* get obstructed in inguinal and urinary bladder region which is nothing but *Strotas Sthana* of *Mutravaha Strotas*⁴.

Samprapti Ghatak: (favourable things for diseases)

Dosha – *Tridoshaj* dominantly *Kapha Dosha*.

Dushya – *Meda*, *Mamsa*, *Shariraj Kleda*, *Shukra*, *Rakta*, *Vasa*, *Majja*, *Lasika*, *Oja*.

Strotodushti – *Medovaha Strotas*, *Mutravaha Strotas*, *Udakvaha Strotas*.

Vyaktisthan – *Basti*.

Strotodushti Lakshana – *Atipravrutti*.

Udbhav Sthan – *Anta Koshtha*.

Agni – *Dhatwagnimandya*.

Purvarupa: (Premonitory Symptoms)

Formation of *Mala* over *Danta*, *Talu*, *Gala*, *Jihva* etc. is more and it get stored over there again and again. Inflammation of palm and sole, within the body, *Kleda* formation is in more amount, increased thirst, sweet taste coating in the mouth.

Lakshane: (Symptoms)

Samanya Lakshane: (General Symptoms)

Mainly *Lakshana* for *Prameha* is formation of urine is quite more and the appearance of urine is turbid. Smell, appearance etc. of urine is depend upon combination of *Dosha* and *Dushya* in the *Prameha Samprapti*.

Vishesh Lakshane: (Specific Symptoms)

According to *Dosha*'s *Vishesh Lakshan*'s is determined. Appearance, smell, colour, frequency of urine excretion of *Pramehi Rogi* is described as *Lakshana*.

Table 1: Specific symptoms of Kaphaj Prameha

No.	Kaphaj Prameha	Lakshana (Regarding to Urine)
1	Udakmeha	Clear, whitish, frigid, absence of any type of smell and watery urine
2	Ikshubalikarasameha	Fruity, frigid, slightly sticky, foul smell, appears like sugarcane's juice
3	Sandrameha	If patient's stale urine is kept in utensil then it becomes more viscous
4	Sandrprasadmeha	After placing the patient's urine in the utensil it appears little viscous and some portion is clear
5	Shuklameha	Appears like Rice flour color and its frequency of excretion is more
6	Shukrameha	Urine appears like semen or it seems like semen mixed in the urine which frequency of excretion is more
7	Sheetmeha	Most fruity, frigid and frequency of excretion of urine is more
8	Siktameha	Seems like <i>Dosha</i> 's present in the urine is excreted with it in <i>Murta Rupa</i>
9	Shanairmeha	The course of excretion is become very slow, with efforts excretion of urine is done
10	Aalalmeha	Thread like appearance is seen in the urine, more turbidity with viscous nature of urine.

Table 2: Specific symptoms of Pittaj Prameha

No.	Pittaj Prameha	Lakshane (Regarding to Urine)
1	Ksharmeha	Smell, color, appearance of urine is same as that of <i>Kshara</i>
2	Kalmeha	Always excrete the urine which appears like ink and it is fervent
3	Neelmeha	Urine is in bluish shade like <i>Chashpakshi</i> 's wings and it is sour
4	Raktmeha	Foul smell, salty, fervent, reddish shade of excreted urine is seen
5	Manjishthameha	Appears like <i>Manjishtha</i> decoction and having foul smell to the urine
6	Haridrimeha	Excreted urine appears like turmeric shade color liquid and its acrid

Table 3: Specific symptoms of Vataj Prameha

No.	Vataj Prameha	Lakshane (Regarding to Urine)
1	Vasameha	Appearance of urine is like fat is mixed in that excreted urine or like fatty appearance
2	Majjameha	Majja is also get excreted through urine
3	Hastimeha	More quantity of urine is excreted like an Elephant excrete and frequency of excretion is more
4	Madhumeha	Astringent and fruity, pale colored appearance, dry urine is excreted

Upadrava: (Complications)

As *Updrava*, many conditions develop like increase in thirst, loose motions, fever, ferventness, weakness, dyspepsia, indigestion, foul smelling abscess formation. This signs depends upon the duration of *Prameha* that is for how long *Prameha* stands in the patient.⁵

DISCUSSION

All polyuric diseases in Ayurveda are described under "*Prameha*," and *Madhumeha* is one amongst them, equated to type 2 diabetes mellitus (DM)⁶. In Ayurveda *Madhumeha* has been described as one among the 20 types of *Prameha* and is a sub type of *VatikPrameha* in which patient passes excessive amounts of urine that tastes and looks like honey⁷. *Madhumeha* can be defined as a clinical entity in which patient passes large quantity of *Kashaya*, *Madhura*, *Ruksha* urine similar to the characteristics of honey and thus body attains sweetness⁸. Diabetes is hereditary disease which is incurable in nature mentioned by *Charak*⁹. Day by day in today's era physical exercise & sedentary life style became part and parcel of most of individual which leads to develop the metabolic disorder like diabetes. Most of article stress on physical exercise & sedentary lifestyle are main contributor for developing the diabetes mellitus and same references are seen in the Ayurvedic compendia. One of the important reason among all the predictive cause is genetics. *Charak* also mentioned the same. Now a day one cause came across for the genesis of diabetes is stress. So many study reflect the same.

CONCLUSION

On above discussion it is clear that diabetes mellitus is disease which is out of metabolic disorder. Major causes for it are hereditary factor, sedentary life style, stress & lack of physical exercise. So to avoid it for longer duration is to do the exercise & follow the daily & seasonal regimen.

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A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF VATARAKTA

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ABSTRACT

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhan*) and *Rakta* is the main *Dushya*. It correlates with Gout at modern parlance. The general prevalence of gout is 1-4% of the general population. A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shohta*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shohta* and *Angamarda* since last 3 years. the line of treatment given to the patient included *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*. Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva-Shool* (100%) and *Shohta* (33.33%) by the treatment regimen. serum uric acid level was 9 mg/dl, which was reduced by 32% (6.12 mg/dl) after 3 months of treatment. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Keywords: *Vatarakta*, *Adyavata*, gout, *Ayurveda*

INTRODUCTION

Vatarakta in *Ayurveda* is called as an *Adyavata*. It is a common metabolic disorder in present era. It is characterized by stiffness severe pain, tenderness, inflammation and burning sensation in the affected joints. In *Ayurveda*, it is a *Tridoshaja Vyadhi* (But mainly *Vata Pradhana*) and *Rakta* is the main *Dushya*. There are two types of *Vatarakta* that is *uttan Vatarakta* and *gambhir Vatarakta*. *Uttan Vatarakta* produces symptoms like burning sensation, pain, blackish discolorations of skin, itching. As well *gambhir Vatarakta* produces symptoms like tenderness, swelling, hardness,

pain in the affected joint. In chronic stages sometimes numbness is also present. It correlates with Gout at modern parlance.

The general prevalence of gout is 1-4% of the general population. In western Countries, it occurs in 3-6% men and 1-2% in women. Prevalence raises up to 10% in male and 6% in women more than 80 years old. Annual incidence of Gout is 2.68 per 1000 person. It occurs in men 2-6 folds more than women [1].

According to *Ayurveda* line of treatment considers *Shaman* (conservation) and *shodhana* (biological puri-

fication of body) therapy whereas, in modern medicine anti-inflammatory, analgesic, steroids and disease modifying drugs are required for its management, which are not free from side effects.

To avoid the complications of gout i.e. permanent joint deformities etc. and other complications of musculoskeletal system, need of *Ayurvedic* management of *Vatarakta* is required.

Presenting Complaints

A 30 years old Indian male came for consultation in OPD of SMBT Ayurved Hospital for complaints of *Ubhay Hastanguli Parva Shool*, *Shotha*, *Kriya Kashtata*, *Ubhay Janu Sandhi Shool*, *shotha* and *Angamarda* since last 3 years. He was having history of left knee arthroscopy partial lateral Menisectomy before 2 years. No history of hypertension and diabetes as well as no other major illness noted. Presently he was admitted in SMBT *Ayurveda* Hospital for further treatment of *Vatarakta*.

Clinical Findings

The patient was having *Ubha Hastanguli Parva Shool*, *Shotha*, *Kriyakashtata*, *Ubhay Janu Sandhi Shool*, *Shoth* and *Angamarda* since last 3 years. On an examination patient it was found that pulse 74/min, blood pressure 120/70 mmHg. He had *Mandaagni*, *Madhyam Koshta*, Tongue was coated, sound was clear. Patient was having *Vatakapaha Prakurti* with *Madhyam Sara*, *Hina Shamhan*, *Sama Pramana*, *Madhyam Satmya*, *Madhyam Satva*, *Madhyam Aahar Shakti* and *Jaran Shakti*, *Rasavaha*, *Raktavaha*, *Asthivaha* and *Majjavaha Strotodushti*. Baseline Haematological investigations done on 18/03/2019 revealed. Hb-12.5 gm%, serum uric acid- 9 mg/dl, total Bilirubin – 0.9 mg/dl, BSL Random 115.9 mg/dl, serum creatine – 0.8 mg/dl, serum urea – 35.7 mg/dl and BUN – 16.76 mg/dl.

Therapeutic Focus and Assessments

First line of treatment given to the patient was *Dipan*, *Amapachak*, *Pittasarak*, *Bastikarma* and *Raktamokshan*[2,3]. An oral herbal ayurvedic drug combination as shown in Table no 1.

Criteria for Assessment

The patient was assessed based on subjective and objective criteria as mentioned in table no.2 and table

no.3 respectively. The subjective and objective parameter was assessed at three months of treatment interval.

Follow-Up and Outcome

- Good result was observed on *Angamarda* (100%), *Kriyakashtata* (100%), *Ubhay Hastanguli Parva Shool* (100%) and *Shoth* (33.33%) by the treatment regimen. (Table no.4 and Table no 5)
- Haematological parameter was reinvestigated on 01.04.2019 at this time serum uric acid level was 6.12 mg/dl which was reduced by 32% after 3 months of treatment. The patient was advised to continue the oral medicine for next three month.

DISCUSSION

Vatarakta correlates with gout at modern parlance. In the long-term effects of Gout, some complication is seen in patient such as, joint damage, joint deformity, loss of mobility or range of motion, bone loss, tophi formation, kidney stones etc. So, to avoid the complications of Gout need of *Ayurvedic* management of *Vatarakta* is required. *Ayurvedic* medicine, having *Rasayana* & *Apunarbhav* properties can control the metabolic disease effectively without any adverse effects. *Dipan*, *Amapachak*, *Rasa Pachak*, *Pittasarak* and *Raktamokshan Chikitsa* was the line of management for the present case, which showed good results in both subjective and objective parameters without any adverse reaction and complications.

Drug Action

The herbo-mineral drug combination mentioned in Table no 6 has established properties like *Dipan*, *Pachak*, *Amanashan*, *Amashoshak*, *Vata-Pittahara* and *Raktaprasadak*, which are all antagonist to the present disease entity, hence these drugs was effective in correcting the pathological condition of the disease *Vatarakta* in the present case.

CONCLUSION

Vatarakta can be correlate to Gout in modern science. The combine effects of above herbo-mineral drug were helpful in treating pathology of *Vatarakta*. This kind of approach may be taken into consideration for further treatment and research work of *Vatarakta*.

Table 1: Treatment Regimen Followed

Date	Medicine with Dose, Anupana And Kala	Panchakarma
19.03.2019 TO 24.03.2019	1. Tab <i>Kaishor Guggul</i> (500mg) 2 tabs BD AM (after meals) with LWW. (lukewarm water) 2. Tab <i>Mahavatvidvhans Rasa</i> (125mg) 1tab BD AM with LWW. 3. <i>Guduchi Churna+ Musta Churna+Triphala Churna+ Mahasaudarshan Churna</i> each 500mg BD AM with LWW. 4. <i>Amrutaaristha</i> 40ml BD AM with equal quantity of water.	- <i>Sarvanga Snehan</i> with <i>Vishgarbha Tail</i> . - Tail - <i>Bashpa</i> Petiswed - <i>Yog Basti (Niruha-dashmuladhi</i> 960 ml & <i>Anuvasan</i> - <i>Teel Tail</i> 120ml)
25.03.2019	Continue same as above	Started <i>Abhyantar Snehan</i> with <i>Tiktak Ghruta</i> in <i>Vardhaman Matra</i> (30,60,90,120,150ml) and omitted <i>Yog Bastikarma</i> .
26.03.2019	Omitted <i>Mahavatvidvhans Rasa</i> & Started <i>Yograj Guguul</i> (500mg) 2 tabs BD AM With LWW. & <i>Rasnadhi Guggul</i> (500mg) 2 tabs BD AM with LWW.	Same as above
27.03.2019	Omitted <i>Amrutarishta</i> & started <i>Mahamanjishtadhi Kashsya</i> 40ml BD BM (before meals) with some equal quantity of water.	Same as above
28.03.2019 to 30.03.2019	Continue with same Medicine	<i>Siravedha</i> -right leg 2 Angool above <i>Shipra Marma</i> 40 ml
31.03.2019	Started <i>Gokshuradhi Guggul</i> (500mg) 2 tabs BD BM with LWW.	Started <i>Lepa (Soonti Churna + Devdhar Churna)</i>
01.04.2019	Patient Discharged with medicine	

Table 2: Subjective Parameters

Symptoms	Mild	Moderate	Severe
1) <i>Pain</i>	1	2	3
2) <i>Shotha</i>	1	2	3
3) <i>Kriyakashtata</i>	1	2	3
4) <i>Angamarda</i>	1	2	3

Table 3: Objective Parameters

TEST	BT	AT (3 month)
Sr. uric acid	9 mg/dl	6.12 mg/dl

Table 4: Observations

SYMPTOMS	1 st Day	30 Day	60 Day	90 Day
1) <i>Angamarda</i>	3	3	1	-
2) <i>kriyakashtata</i>	3	3	1	-
3) <i>shoola</i>	3	2	1	-
4) <i>shotha</i>	3	2	1	1

Table 5: Results

Symptoms	BT	AT	% Relief
1) <i>Angamarda</i>	3	0	100
2) <i>kriyakashtata</i>	3	0	100
3) <i>shoola</i>	3	0	100
4) <i>shotha</i>	3	1	33.33

Table 6: Probable Mode of Drug Action

Sr. No.	Drug	Mode of Action
1	<i>Guduchi Churna</i> [4]	<i>Rasa Pachak, Aampachak, Tridoshgna, Pittasarak, Balya, Dipan And Rasayan.</i>
2	<i>Musta Churna</i> [5]	<i>Dipan, Pachak, Rakta-Kapha- Pitta Nashak & Jwargna</i>
3	<i>Triphala Churna</i> [6]	<i>Dipan, Ruchikarak, Rasayan And Kapha-Pitta Shamak</i>
4)	<i>Mahasudarshan Churna</i> [7]	<i>Dipan, Pachan, Jwargna, Tridoshgna And Shoolgna</i>
5)	<i>Kaishor Guggul</i> [8]	<i>Dipan, Rasa Pachak, Rakta Pitta Shamak And Rasayan</i>
6)	<i>Mahavatvidhvans Rasa</i> [9]	<i>Dipan, Amapachak & Shoolangna</i>
7)	<i>Amrutarishtha</i> [10]	<i>Dipan, Pachan, Jwargna</i>
8)	<i>Yograj Guggul</i> [11]	<i>Dipan, Balya, Shoolagna</i>
9)	<i>Rasnadhi Guggul</i> [12]	<i>Amapachak And Shoolagna</i>
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A Case Study Of Tiladi Tail Shiroabhyanga In The Management Of Khalitya.Author- **Dr. Karuna Prasad Pentewad**

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Abstract –

In today's corporate life, prime importance is given to your appearance, personality and beauty. Hair plays an important role in making body externally beautiful, healthy and good looking. Long hair makes a person mentally enthusiastic and healthy. Who are mostly suffering from this problem is the young population. Susceptibility of hair fall is more in male than in female.

Present study is carried out to know the traditional Ayurvedic treatment for Khalitya. For Khalitya Shiroabhyanga is one of the best choice of management for its prime role in maintaining hair growth and preventing Khalitya. Massage (Abhyanga) greatly improves the blood circulation, thus increase the health of hair and also scalp. The present study showed significant reduction in hair fall, dryness. Tiladi Tail was found effective in Khalitya along with significant effect on associated complaints.

Introduction-

Appearing reasonably dignified beautiful or handsome is the dream of every individuals. In this regards the status of hair plays a very important role in maintenance of health. The hair is absolutely essential to create a picture of overall health. According to survey up to 40% of man and 25% of women in India are victims of hair fall.

Khalitya as described in Ayurvedic texts has features similar to that of 'alopecia', which is the medical description, literally means "loss of hair" this condition both male and female.

As per Ayurveda Khalitya is a disease with Vata Pitta dominance, increased Pitta Dosha along with Vata Dosha at the root of hair follicles causes hair fall, at the same time Kapha Dosha with Rakta Dosha blocks the roots of hair follicles with result into Khalitya.

Shiroabhyanga comes under the classification Murdhni Tail. Shiroabhyanga is a choice of treatment in promoting hair growth. It plays an important role in curing disease of head. It is in growth of hair, strength and softness hairs. This procedure stimulates the hair roots and increase the blood circulation of scalp.

Tiladi Tail is one of the best drug used in the management of Khalitya. Tiladi Tail is having

Snigdha, Madhur, Mrudu properties and Vata Pittaghna, Kesha, Rasayan, Balya karma which helps breakdown the pathogenesis of Khalitya. It is easy for external application and easily available as well as cost effective.

A Case Report-

A 23 year old male, reported to the SMBT Ayurveda college and hospital, Dhamangaon, Nashik. With complaints of Khalitya, Kesha, Rukshata, since 4 month. Gradually he developed Dryness of hair along with hair fall. For that he had taken treatment of allopathy medicine for few days but he was not satisfied. When he visited to OPD first of all we carried out his routine blood investigation as complete blood count, Sugar level, renal function test, urine routine examination and thyroid function to rule out any possible associated disorders. But these investigations were found within normal limit. There was no significant past history of any other chronic illness in patient. No history of any type of addiction was found.

Then in our hospital we started Shiroabhyanga treatment with administration of lukewarm Tiladi Tail for 10 minutes for 30 days.

Aim-

A case study of Tiladi Tail Shiroabhyanga in the management of Khalitya.

Material and methods-

Patient of Khalitya was taken from OPD of Panchkarma department in SMBT Ayurved college and hospital , Nashik.

Duration of study – Daily for 30 days

Follow up- Baseline, 45, 60 days

Material- Tiladi Tail

Method-

Tiladi Tail was prepared as per Tailpakvidhi as per Sharangadhar Samhita.

This lukewarm Tail was applied on hair and scalp gently with finger tips upto 10minutes and then washed the hairs with lukewarm water after 1 hour. This Tail was applied upto 30 days.

Ingredients of Tiladi Tail

Yashtimadhu

Til

Til Tail

Kshira (MahishiKshir)

Water

Procedure of Shiroabhyanga-

Shiroabhyanga is the best choice of treatment for Khalitya.

It is one among the BahirparimrjanaChikitsa Which is done in following method.

1)Purvakarman-

The patient was made to sit on a knee high chair, the body of the patient was wrapped with a cloth below the neck the the procedure was followed by standing behind the patient,it is ideal position to perform Shiroabhyanga.

2)Pradhankarman –

The technique included smearing the oil to the positions of the scalp above the neck and specific strokes were placed.

Smearing the oil –

In that the oil was applied on the head of the patient and spread all over the head including the neck and ear pinna.

Gharshan Hasta –

After smearing the oil massage the whole head and the neck moving Palmer surface of the hand from front to backwards applying gentle as well

as firm pressure. Complete area of the scalp were covered.

Mridvanguli Tadana –

Fingers of the both hands moved as if picking tuff of hair, the fingers were partially approximated and then gently and firmly placed on the scalp. This procedure was gentle producing mild traction effect on hair by this way each area of the head was similarly treated.

DvihastaTadana–

Gentle strokes were given with the Palmer surface on the scalp with both hands. Strokes were followed on vertex, occipital and temporal region.

MridumushtiTadana –

In this gentle stroke were placed on all area of the head with the closed first through the ulnar border.

Ghatita Hasta –

Flat of palm were placed on the patient head and moulded into the shape of the scalp so that every portion of the Palmer aspect of the palm and fingers comes in contact of the head.

3)Pacchatkarman –

After following this procedure the patient was asked to rest on the chair for 60 minutes and then advised to take head bath with lukewarm water.

Criteria for assessment-

The improvement in the sign and symptoms of Khalitya were assessed by 1 monthly after treatment 30 days.

To assess the effect of therapy, all the signs and symptoms were given scoring depending upon their severity.

A special scoring pattern was adopting for the symptomatic relief of subjective and objective parameters as follows during assessment period which are mentioned as below.

1) Khalitya (hair falling) :

- No hair fall :0
- Mild hair fall : 1
- Moderate hair fall : 2
- Severe hair fall : 3

2) Kesha rukshata (dryness of hair) :

- No dryness of hair : 0
- Mild dryness of hair : 1
- Moderate dryness of hair : 2
- Severe dryness of hair : 3

Scoring :

Absent	0
Mild	1-2
Moderate	3-4
Severe	5-6

Follow up :

Absent – 0, mild- 1, moderate- 2, severe – 3

Symptoms	Before treatment	After treatment
Khalitya	3	1
Kasha Rukshata	3	0
Total score	6	1

Results:

Before starting the treatment his score was 6 came under severe, but after taking of treatment and 30 days follow up score was reduced to 1. After treatment patient got relief from his complaints.

Discussion:

As per Ayurveda Khalitya is a disease with Vata Pitta dominance and increased Pitta Dosha along with Vata Dosha at the root of hair follicle causes hairfall at the same Kafa Dosha with Rakta Dosha block the roots of hair follicle which results into Khalitya.

Ingredients of Tiladi Tail has mainly Snigdha, Madhur, Mrudu properties Sheet virya and Vata Pittaghna , Keshya, Rasayan, Balya Karma by which the effect of Tiladi Tail on Khalitya is considerable.

Shiroabhyanga is mentioned to having Keshya Karma. It is useful in growth of hairs strengthen and softness of hairs. This procedure stimulates the hair roots and increase the blood circulation of scalp. This procedure shows the considerable effect on Khalitya.

Conclusion:

This study it revels that Shiroabhyanga is an effective treatment for management of khalitya . it also proves that

Tiladi Til is effective for use as Shiroabhyang along with local application for scalp and hairs. As was said to the patient to apply this Tiladi Tail on scalp and hairs gently with finger tips upto 10 minutes which gives the Snehana effect by virtue of Snigdha, Maadhur, Mrudu, Vyavayi Vikasi

, Sheet and Tikshna properties of tail. It penetrates through scalp and reaches to hair roots. And along with Keshya, Vata pittaghna, rasayan, balya Karma of this Tiladi Tail controls the pitta and Vata Dosha .

Hence, use Tiladi Tail Shiraabhyanga on Khalitya is very good choice of treatment. The plus point of Ayurvedic management is absence of any hazardous effect which is great benefit to the patient in view of acceptance of Ayurveda, globally to lead a healthy life.

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Vidya Tonpe
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A Pilot Study of Role Utkleshan Basti in Shotha

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Abstract :

Shotha is Described as special Disease as well as a symptom in Most of Aurvedic Samhitas as well as it is also described in Modern Medical Science. In our day today practice we use to see so many patients suffering from shotha.

Utkleshan Basti :

It is decribed in Sushruta Samhita basically it is Niruha Basti Prepared with Eranda Beeja, Jestamadh, Pippali, Saindhava Lavan, Vacha, Hapursha & Madana Phala Kalka but by preparing oil with above drugs we have given Anuvasana Basti also, for that purpose Til (Sesame) Oil was used. 80 ml Anuvasana & 320 ml of Nirugha Basti was given to Patient same day. There was satisfactory reduction in shotha & weight.

Patient were treated with Utkleshana Anuwasana & Niruha Basti :

- 22.22 % Patients showed reduction in Shotha by 0.5 C.M.
- 22.22 % Patients showed reduction in Shotha by 1.0 C.M.
- 33.33 % Patients showed reduction in Shotha by 2.0 C.M.
- 22.22 % Patients showed reduction in Shotha by 2.5 C.M.
- 11.11 % Patients showed no Weight reduction.
- 66.66 % Patients showed reduction in Weight by 1 Kg.
- 22.22 % Patients showed reduction in Weight by 2 Kg.

Introduction :

Shotha is a Disease which is seen because of Vatavrodha

बाह्याः सिरा प्राप्य यदाः कफामृक पित्तानि संदुषयतिह वायु ।

तैर्बद्धमार्गं स तदा विसर्पउत्सेधं लिङ्गम श्वयधुं करोति ॥

च. चि. १२/८

When way of Vata gets obstructed by Rakta, Pitta, Kapha in Vessels
Vata gets vitiated and causes Shotha Vyadhi.

मा. नि. शोध

अ. स. नि. १३/२२

अ. द. नि. १३/२१

यो. र. शोध - ९

भा. प. शोध - ३

Prodromal Signs :

- 1) Ushma - Increase in Local Temperature
- 2) Davathu - Increase in Temperature of Eyes, Nose etc.
- 3) Stretching sensation in vessels.
- 4) Angaguarava - Heavyness all over body

उष्मा तथा स्थाद्दवधु सिराणामायाम इत्येवच पूर्वरूपम् ।

तत्पूर्वरूपं दवधु सिरायामो गौरवम् ॥

च. चि. १२/८

मा. नि. शोध

अ. स. नि. ३

अ. द. नि. १३/३०

वेगसेन शोध - २३

यो. र. शोध निदान - २

Symptoms (RUPA) :-

The characterestic features of the disease shotha seen after complete manifestation of disease are called symptoms of the disease.

- | | |
|-------------|----------------------|
| 1) Gaurava | - Heavyness |
| 2) Syandana | - Irregularity |
| 3) Utsedha | - Elevation of Skin |
| 4) Ushma | - Rise in temprature |

- 5) Siratanutva - Weakness of Blood Vessels.
 6) Lomharsha - Hornpilation
 7) Vaivarnya - Discolouration
 8) Raktima - Redness
 9) Sparsha sahatva - Tenderness
 10) Local Pain
 11) Svakarma & Gunhani - Functionolezia & Abnormality in shape

च. चि. १२/८

वंगसेन शोध - २६

यो. र. शोध निदान - ६

भा. प्र. - ४

Treatment :

Shotha Should be treated by giving drugs Against Nidan (Causes) Dosh, Ritu (Season) by considering Rugnabala, Doshabala and Kala.

Condition (Avastha)	Treatment
Alpa Dosh & Amaj shotha	Longhana, Panchana
Vrudhha Dosh	Shodhana
Snehodbhava	Rukshana
Mansa Medouruddhi	Lekhan
Santarpana	Apatarpana i.e. Langhana Padhana doshanir harana.

Utkleghan basti is having properties to perform all above activities.

निदानदोषतुपर्यय क्रमैरुपाचरेत्तं बलदोषकालवित ।

अथामजमं लंघनपाचक्रमै विशोधनैरुल्बण दोषमादिन ।

उपचारेत स्नेहभवं विरुक्षणै । प्रकल्पयेत् स्नेहविधेच रुक्षजे ॥

च.चि. १२/१६-१८

यो. र. शोध चि. १

Materials & Methods :-

Type of study - Non comparative single blind study carried out.

Place of Study - SMBT Ayurved. Hospital, Dhamangaon, Tal Igatpuri,

Sample Size - 09 Patients

Duration of Treatment - 7 days

Follow up - Daily follow up was taken to assess the relief in clinical symptoms.

Inclusion Criteria :-

Clinically diagnosed cases of shotha of age group of 16 to 60 years. Randomly selected irrespective of age, sex, education, socio, economic status etc. Pt. having systemic shotha were included.

Exclusion Criteria :

Pregnant Women & Patients of DM, CCF were excluded.

Clinical Symptoms :

Shotha i.e. swelling on the body Pitting & Non Pitting are taken together for study.

Trial Drugs used for Treatment :

Eranda Beej, Jesthmadha, Pippali & Vacha each 20 gm were taken to prepare kwatha with 1280 ml of water & 320 ml kwatha (1/4) was prepared. And 5 gm of Saindhava & 5 gm of Hapusha Kalka along with 5 gm of Madana Phala Kalka was mixed to the kwatha & 50 ml of Tila Taila was added thus, 380 ml Niruha Basti was prepared & given daily in the morning to the patients. On same day Anuvasana of 80 ml of Utkleshana Taila was given to the patients.

Utkleshana Taila was prepared by using

Total drugs - 1 part

Tila Taila - 4 part

Water - 16 parts

With Taila siddhi kalpana.

Assessment Criteria :

Shotha assessment was done by measuring shotha. Upshaya will indicate better utkleshana & shodhana. Some times if necessary vamana or virechana can be given. No relief in shodha indicate no utkleshana .

Discussion :

- ❖ Patients were treated out of these 9
- ❖ patients showed of vrudhava utklesha, Hrullasa and Praseka hence, Sadya vamana was given to her.

- ❖ Patients showed symptoms of adha utklesha i.e. drava mala pravrutti. Hence Virechana was given to them on, 5th, 6th & 7th days respectively.
- ❖ Drugs in utklesha basti are ushna, tikshna & sukshma. They are having katu & tikta rasa mostly. Madana phala is best wamana dravya.

Results :

All 9 Treated Patients were Female Patients.

Reduction in Shotha (cm)	No. of Patients	Percentage
0.5	2	22.22
1.0	2	22.22
2.0	3	33.33
2.5	2	22.22

Reduction in Weight (kg)	No. of Patients	Percentage
0.0	1	11.11
1.0	6	66.66
2.0	2	22.22

Conclusion :

- 1) Shotha Vyadhi is more commonly seen in females mostly in house views, diwaswap is one common hetu.
- 2) Utklesha Basti is effective in Shotha, Reduction in Shotha is seen after utklesha basti.
- 3) Utklesha Basti also shows Lekhana effect .

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Dedication

**To the Researchers
Scholars and Social Workers
in the Society**

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Appropriate Sinus Tachycardia Associated with Excessive Consumption of over Boiled Black Tea (Camellia sinensisL) Infusion- A Case Report

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Abstract :

Tea is the most commonly consumed non alcoholic beverage worldwide imparting beneficial or harmful effects on health depending on type and quantity of tea consumed. Black type of tea is a stimulant drink and may cause tachycardia if over consumed. In this paper a case of appropriate sinus tachycardia developed due to excessive consumption of over boiled black tea infusion taken 400 to 500 mL/day. Overheating of tea decreases its antioxidant contents and increases release of more caffeine content in infusion which acts as stimulant. In reported case patient used to heat black tea infusion for 20-30 minutes. She developed sinus tachycardia and it relieved after restriction of consumption of such tea. So, it is concluded that longer time boiling of black tea infusion and frequent drinking of such tea infusion may cause sinus tachycardia especially in old age. It is reversible soon after restriction of its consumption. The case report described by both *ayurveda* and modern point of view.

Introductin :

Sinus tachycardia is defined as an atrial rate of 100 beats per minute or greater, with normal appearing P waves with antegrade morphology. Tachycardia may be physiological or pathological. It may be associated with many factors like exercise, anaemia, dchydration or shock, infection, hypoxia, chronic pulmonary disease, hyperthyroidism, pheochromocytoma, medications/stimulants like caffeine, decompensate congestive

heart failure, pulmonary emboli, etc. Persistent tachycardia of any form can cause tachycardia-mediated cardiomyopathy, can precipitate heart failure and can result in death.

Tea is the most commonly consumed non-alcoholic daily beverage worldwide known for its various health benefits. It is manufactured by drying fresh young tea leaves and sold for consumption. But studies revealing its health benefits are most commonly done of green type of tea which is unoxidised form of tea. But in India, black type of tea which is oxidised is most commonly consumed. The health benefits of tea are due to catechin polyphenols in tea which is present more in green tea than black tea. Caffeine contributes to its stimulant properties; while amino acid theanine contributes to its relaxing property.

Pharmacological properties of substances are determined chiefly by its rasa (taste) in ayurveda. Taste of good quality black tea infusion is brisk - strong astringent. It also gives bitter aftertaste. According to ayurveda, both kacaya (astringent) and tikta (bitter) tastes cause vitiation of vāta (a body humour) leading to its pathological increase if consumed too much. Kacaya (astringent) consumables also show piana (squeezing and pressing) action on heart if consumed excessively. All these are because of khara (rough), vicāda (non-slimy) and rukca (dry) properties of substances possessing kacāya (astringent). This reported case is of ill-effect of overconsumption of black tea infusion made by common Indian method. It highlights importance of method of preparation and quantity of black tea consumed.

Case History and Examination:

A 49 years old female presented with sudden excessive sweating a day before along with palpitation since 6 months. She had no history of associated pathology like hyperthyroidism, any pulmonary disease or other pathology. She was afebrile, non obese, normotensive. She was not taking any medication increasing heart rate. She had no palor. Hunger and thirst were normal. Tongue was slightly coated. Bowel and bladder habits were normal. Obstetrical and gynaecological history was insignificant. Family history was also insignificant. She had menopause 5 years ago. She was habitual of taking about 4-5 cups of black tea beverage prepared with water, milk and sugar since last 30 years daily. Consumption of black tea increased from 1 cup to 4 or 5 cups (~400-500mL) per day over period of 30 years. Her chief clinical, pathological and biochemical findings are shown in table 1.

Table 1: Chief clinical, pathological and biochemical findings before and after intervention

Variable	Before intervention	After intervention Day 20
Heart rate	110/minute	90/minute
Respiratory rate	18/minute	17/minute
Blood pressure	130/80 mm of Hg	132/80 mm of Hg
Electrocardiogram	Sinus tachycardia	Normal
Haemoglobin	12.7 g/dl	Not done
White blood cells	6400/Cu mm	Not done
Blood sugar level (R)	120 mg/dl	120 mg/dl
Serum Creatinine	0.9 mg/dl	Not done
Urine Routine	Nothing abnormal detected	Not done

Diagnosis :

On clinical examination patient had tachycardia. In ayurveda, it is termed as hddrava which is nanatmaja (exclusive) disease of vâta doaca (a body humour). Patient was consuming excessive black tea which acts as exaggerator for vâta doaca (~a body humour) as explained before. So, the black tea was the identified as causative factor. Heart of 110 beats per minute and electrocardiogram revealing normal upright P wave in lead II preceding every QRS complex was suggestive of sinus tachycardia. As all other associated factors were absent except excessive consumption of black tea which contains stimulant caffeine, the primary diagnosis was stimulant induced sinus tachycardia. But still it was confirmed by upaceaya (relief) and anupaceaya (no relief) method of diagnosis described in ayurveda.

Table 2 : Showing timeline

Day	Description
Day 0	Patient came to OPD with presenting complaints; pathological and biochemical investigations done along with electrocardiogram.
Day 1	Primary diagnosis made as sinus tachycardia. For confirmation <i>upaceaya</i> (relief) and <i>anupaceaya</i> (no relief) test- Abstinence of black tea consumption.
Day 2 and 3	Patient abstained black tea infusion. Tachycardia relieved [<i>upaceaya</i> (relief)] but patient suffered from headache.
Day 4 and 5	Patient's black tea infusion was continued as before that is 4 to 5 cups/day. Tachycardia developed again [<i>anupaceaya</i> (no relief)] but headache relieved. Diagnosis confirmed.
Day 6	Patient's black tea infusion was restricted to 2 cups (200 mL)/day and heating time of its infusion was also reduced to 10 minutes.
Day 13	Follow up- Tachycardia reduced. No headache. Patient asked to restrict black tea infusion to 1 cup a day and heating time of infusion was kept as maximum 10 minutes.
Day 20	Patient got complete relief from symptoms. Electrocardiogram was normal.
Day 95	Follow up: Patient was asymptomatic and her quality of life was also good.

Management Done :

Etiological factor identified in this case was excessive consumption of black tea. So the focus of management was on *nidāna parivarjana* (removing etiological factor) because *nidāna parivarjana* is the first line of treatment in *ayurveda*.

Outcome measures :

Heart rate and electrocardiogram

Follow up - Details are shown in table 1 and 2.

Observations :

Observations are as shown in table 1 and 2.

Discussion :

Though the tea leaves contains various antioxidants and other beneficial constituents, the process while making various types of tea and method of preparation of infusion by consumers alters its constituents and their proportion. Black tea is prepared by oxidising leaves of tea plant- *Camellia sinensis* L. Due to that catechin content of tea decreases.¹² Also when it reaches to consumers, it undergoes heating before consumption. A typical beverage, prepared in a proportion of 1 gm leaf to 100 mL water in 3 minutes brew, usually contains 250 -350 mg tea solids comprises of 30 -42 % catechins and 3 - 6 % caffeine.¹³ But in India, black tea beverage is prepared quite differently by most of consumers. They not just heat but boil black tea infusion for longer time. In this case patient used to boil black tea infusion for about 20 to 30 minutes. Probably due to that catechin content used to decrease further and caffeine content was not undergoing reduction during processing because caffeine is less sensitive to heat.¹⁴ Over boiling made tea infusion more *kacaya* (astringent) and *tikta* (bitter) this probably acted as strong causative factor for exaggeration of *vata* due to its daily frequent consumption. Therefore in present case, overdose of *kacāya* (astringent) and *tikta* (bitter) tea beverage or say caffeine was probably due to both excess quantity and longer boiling of tea infusion. So by decreasing quantity of tea consumed and duration of heating, symptoms relieved.

Though the patient was consuming etiological factor since 30 years, symptoms started only 6 months ago. This is probably because consumption increased over 30 years from 1 cup/day to 4 or 5 cups/day.

Age also probably played role in development of symptoms. In old age there is dominance of *vāta* (a body humour) in body so subject becomes prone to develop diseases of *vata* (a body humour).

Conclusion :

Longer time boiling of black tea infusion and frequent drinking of such tea infusion may cause sinus tachycardia especially in old age but it is reversible soon after restricting its consumption.

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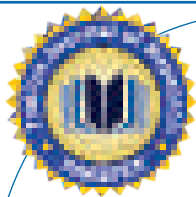
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ORIGINAL RESEARCH PAPER

Ayurveda

BALANCE VATA DOSHA WITH LIFESTYLE PRACTICES

KEY WORDS: Vatavyadhi, Dinacharya, Ritucharya, Panchkarma

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ABSTRACT

Vatavyadhi gets the prime importance in *Ayurvedic* classic, though it was prevalent in ancient time but these days this is increasing with rising of technology. People used to go towards urbanization, utilized technology which instead of making life comfortable develops a busy life and people are away from maintaining the *Dinacharya, Ritucharya, Sadvritta* etc. which increases the rate of *Vatavyadhi*. Although *Vata* is said to be dominant during the old age only, but in present in times, due to fast and busy life, stress, dietary habits, improper daily routine etc., *vata* is seen to be aggravated even in the young individuals. *Vata* is one of three *dosha*, but the diseases of *Vatavyadhi* is more in number than *Pitta* and *Kapha dosha* & separate chapters of it is described. There are 80 types of *Vatavyadhi*, but it may be many according to its location. From this point it can be seen that the *Vatavyadhi* is really an important *Vyadhi*. *Ayurveda* provides better solution in the forms of proper dietary management, lifestyle advises (*Dinacharya & Ritucharya*), *Panchkarma*, Medicaments and Rejuvenation (*Rasayana*) therapies. Here we will explained the role of lifestyle practices to balance *vata dosha* for prevention of *vatavyadhi*.

INTRODUCTION:-

Ayurveda is the traditional health and healing system of India --- More than 5000 years old. In Sanskrit, Ayurveda means "knowledge or science of living." Primary focus on preventing illness & maximizing health, vitality, longevity.

In the Ayurvedic worldview, all things in the universe--including human beings are made of 5 great BHUTAS: space, air, fire, water & earth. 5 elements refer to basic qualities found in nature rather than the concrete substance of earth, water, air etc. For example, earth symbolizes the quality of solidity, while water symbolizes the quality of fluidity.

So in a human being, bones & teeth are composed of the earth element, while blood or saliva is composed of the water element. Physical matter is the grossest expression of the 5 great elements. However, all the bio-energetic processes that we collectively call life—from respiration and metabolism to feeling and thinking are also expressions of these same 5 elements, although in more subtle, dynamic manifestation called Doshas.

The Great Elements pair off in 3 combinations to form 3 Great Doshas or Life-forces: Vata, Pitta, and Kapha In this fascinating model, each dosha manifests simultaneously as body, mind and spirit. So each dosha has specific expressions on the somatic level, the mental level, and on even more subtle energetic levels.

1)VATA DOSHA:- Manifests as all that moves, So at the somatic level in the human being. The breathing of the lungs, the beating of the heart, the contractions of the uterus are all manifestations of Vata. At the mental level, the wandering of the brain is also an expression of Vata, since thought is said to be the fastest movement of all.

2)PITTA DOSHA:- Manifests as all that heats or transforms, so at the somatic level, digestion & metabolic heat are manifestations of Pitta. At the mental level, the fire of the intellect is also Pitta.

3)KAPHA DOSHA:- Manifests as all that binds, so at the somatic level, the holding together of the joints, or the formation of body mass is Kapha.

At the mental level, Kapha includes Memory and the capacity for attachment.

While all 3 doshas are necessary for life in all human beings, each person has unique proportions of each dosha. This unique combination of doshas is called the individual's constitution. The baseline constitution can be ascertained thru a careful inventory of various body-mind parameters when the person is in good health. The relative strength of each dosha can be deduced through its characteristic influence on each body-mind parameter.

Basic Principles Of Ayurveda:-

- Theory of **Pancha mahabhuta** (five basic elements).
- **Tridoshas** (Three doshas): regulator of body mechanism.
- Driving force the **Agni** (biological fire).
- Application of Ayurvedic fundament for betterment of our life

While all 3 doshas are necessary for life in all human beings, each person has unique proportions of each dosha. This unique combination of doshas is called the individual's constitution. The baseline constitution can be ascertained thru a careful inventory of various body-mind parameters when the person is in good health. The relative strength of each dosha can be deduced. Thru its characteristic influence on each body-mind parameter.

QUALITIES OF VATA

Someone with a predominance of Vata will tend to have body-mind attributes related to the light, cool, mobile qualities of Space & Air.

Physical: Lean, bony build, Walks & talks fast, Erratic appetite, tires easily, Sensitive to wind/cold

Mental: Quick flexible mind, Learns quickly, may forget quickly, Less willpower; vacillates on decisions, Easily become anxious, fearful

Vata is Responsible for Movement

- Thinking- Movement
- Enthusiasm- Breathing
- Balanced Development of Tissues- Balanced Release of Waste

Lifestyle: functions best with

- More rest and sleep than other types.
- Warm, slightly buttery & moist food.
- Warm, moist climates

- Forward, backward bending,
- Vajrasana, spinal twist, camel, cobra,
- Pavan muktasana and shavasana.

Psychological Benefits of Yoga

- Somatic and kinesthetic awareness increase
- Mood improves and subjective well-being increases
- Self-acceptance and self-actualization increase
- Anxiety and Depression decrease
- Hostility decreases
- Concentration improves
- Memory improves
- Attention improves

SATVRITTI

- Sad (Sat): Truthful, pure
- Vritti : Behavior
- In life, we should all live by Satvritti (honesty).
- Satvritti increases Sattva, which maintains health, happiness and peace, thereby preventing mental and physical disease.

Rasayana: Rejuvenatives

- **Definition:**
- The therapy by which healthy Dhatus are formed.
- Rasayana substances (or Rasayana Dravyas) also have a calming effect on the mind, which increases Sattva Guna, there by promoting mental health.
- **Vata Prakriti**
- **Rasayana** - Bala, Ashvagandha, Shankhapushpi

CONCLUSION:-

So the constitution influences what type of food, activity, environment, emotion, & thinking will help a person feel vibrant & healthy. It also influences how the person tends to react under stress and the types of illness he or she may develop.

Very often, people are pre-disposed to develop illness related to the dominant dosha in their constitution.

Health is regained by making lifestyle changes that pacify an aggravated dosha and strengthen a depleted dosha.

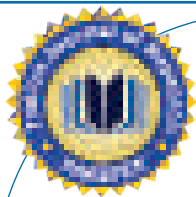
By living in such a way that one's unique doshic equilibrium is maintained, one is able to metabolize and assimilate inevitable stressors--- physical or mental--- without becoming ill.

On the other hand, neglecting one's lifestyle--especially in the face of a stressor Leads to illness that manifests according to one's unique constitution.

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ORIGINAL RESEARCH PAPER

Ayurveda

BALANCE VATA DOSHA WITH LIFESTYLE PRACTICES

KEY WORDS: Vatavyadhi, Dinacharya, Ritucharya, Panchkarma

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ABSTRACT

Vatavyadhi gets the prime importance in *Ayurvedic* classic, though it was prevalent in ancient time but these days this is increasing with rising of technology. People used to go towards urbanization, utilized technology which instead of making life comfortable develops a busy life and people are away from maintaining the *Dinacharya, Ritucharya, Sadvritta* etc. which increases the rate of *Vatavyadhi*. Although *Vata* is said to be dominant during the old age only, but in present in times, due to fast and busy life, stress, dietary habits, improper daily routine etc., *vata* is seen to be aggravated even in the young individuals. *Vata* is one of three *dosha*, but the diseases of *Vatavyadhi* is more in number than *Pitta* and *Kapha dosha* & separate chapters of it is described. There are 80 types of *Vatavyadhi*, but it may be many according to its location. From this point it can be seen that the *Vatavyadhi* is really an important *Vyadhi*. *Ayurveda* provides better solution in the forms of proper dietary management, lifestyle advises (*Dinacharya & Ritucharya*), *Panchkarma*, Medicaments and Rejuvenation (*Rasayana*) therapies. Here we will explained the role of lifestyle practices to balance *vata dosha* for prevention of *vatavyadhi*.

INTRODUCTION:-

Ayurveda is the traditional health and healing system of India --- More than 5000 years old. In Sanskrit, Ayurveda means "knowledge or science of living." Primary focus on preventing illness & maximizing health, vitality, longevity.

In the Ayurvedic worldview, all things in the universe--including human beings are made of 5 great BHUTAS: space, air, fire, water & earth. 5 elements refer to basic qualities found in nature rather than the concrete substance of earth, water, air etc. For example, earth symbolizes the quality of solidity, while water symbolizes the quality of fluidity.

So in a human being, bones & teeth are composed of the earth element, while blood or saliva is composed of the water element. Physical matter is the grossest expression of the 5 great elements. However, all the bio-energetic processes that we collectively call life—from respiration and metabolism to feeling and thinking are also expressions of these same 5 elements, although in more subtle, dynamic manifestation called Doshas.

The Great Elements pair off in 3 combinations to form 3 Great Doshas or Life-forces: Vata, Pitta, and Kapha In this fascinating model, each dosha manifests simultaneously as body, mind and spirit. So each dosha has specific expressions on the somatic level, the mental level, and on even more subtle energetic levels.

1)VATA DOSHA:- Manifests as all that moves, So at the somatic level in the human being. The breathing of the lungs, the beating of the heart, the contractions of the uterus are all manifestations of Vata. At the mental level, the wandering of the brain is also an expression of Vata, since thought is said to be the fastest movement of all.

2)PITTA DOSHA:- Manifests as all that heats or transforms, so at the somatic level, digestion & metabolic heat are manifestations of Pitta. At the mental level, the fire of the intellect is also Pitta.

3)KAPHA DOSHA:- Manifests as all that binds, so at the somatic level, the holding together of the joints, or the formation of body mass is Kapha.

At the mental level, Kapha includes Memory and the capacity for attachment.

While all 3 doshas are necessary for life in all human beings, each person has unique proportions of each dosha. This unique combination of doshas is called the individual's constitution. The baseline constitution can be ascertained thru a careful inventory of various body-mind parameters when the person is in good health. The relative strength of each dosha can be deduced through its characteristic influence on each body-mind parameter.

Basic Principles Of Ayurveda:-

- Theory of **Pancha mahabhuta** (five basic elements).
- **Tridoshas** (Three doshas): regulator of body mechanism.
- Driving force the **Agni** (biological fire).
- Application of Ayurvedic fundament for betterment of our life

While all 3 doshas are necessary for life in all human beings, each person has unique proportions of each dosha. This unique combination of doshas is called the individual's constitution. The baseline constitution can be ascertained thru a careful inventory of various body-mind parameters when the person is in good health. The relative strength of each dosha can be deduced. Thru its characteristic influence on each body-mind parameter.

QUALITIES OF VATA

Someone with a predominance of Vata will tend to have body-mind attributes related to the light, cool, mobile qualities of Space & Air.

Physical: Lean, bony build, Walks & talks fast, Erratic appetite, tires easily, Sensitive to wind/cold

Mental: Quick flexible mind, Learns quickly, may forget quickly, Less willpower; vacillates on decisions, Easily become anxious, fearful

Vata is Responsible for Movement

- Thinking- Movement
- Enthusiasm- Breathing
- Balanced Development of Tissues- Balanced Release of Waste

Lifestyle: functions best with

- More rest and sleep than other types.
- Warm, slightly buttery & moist food.
- Warm, moist climates

- Forward, backward bending,
- Vajrasana, spinal twist, camel, cobra,
- Pavan muktasana and shavasana.

Psychological Benefits of Yoga

- Somatic and kinesthetic awareness increase
- Mood improves and subjective well-being increases
- Self-acceptance and self-actualization increase
- Anxiety and Depression decrease
- Hostility decreases
- Concentration improves
- Memory improves
- Attention improves

SATVRITTI

- Sad (Sat): Truthful, pure
- Vritti : Behavior
- In life, we should all live by Satvritti (honesty).
- Satvritti increases Sattva, which maintains health, happiness and peace, thereby preventing mental and physical disease.

Rasayana: Rejuvenatives

- **Definition:**
- The therapy by which healthy Dhatus are formed.
- Rasayana substances (or Rasayana Dravyas) also have a calming effect on the mind, which increases Sattva Guna, there by promoting mental health.
- **Vata Prakriti**
- **Rasayana** - Bala, Ashvagandha, Shankhapushpi

CONCLUSION:-

So the constitution influences what type of food, activity, environment, emotion, & thinking will help a person feel vibrant & healthy. It also influences how the person tends to react under stress and the types of illness he or she may develop.

Very often, people are pre-disposed to develop illness related to the dominant dosha in their constitution.

Health is regained by making lifestyle changes that pacify an aggravated dosha and strengthen a depleted dosha.

By living in such a way that one's unique doshic equilibrium is maintained, one is able to metabolize and assimilate inevitable stressors--- physical or mental--- without becoming ill.

On the other hand, neglecting one's lifestyle--especially in the face of a stressor Leads to illness that manifests according to one's unique constitution.

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VIDYASEARCH

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Vidya Tonpe
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Effect of Kapalbhathi on Serum Cholesterol (A Case Report)

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Abstract :

In day to day life fluent lifestyle modified diet lack of exercise may leads physical parameters to pathological one. The patient of increase total serum cholesterol as well as increase LDL clinically managed to normal range by simple practise of Kapalbhathi sincerely and regularly after evacuation at morning with empty stomach. The case report by the clinical and Pathological investigations point of view.

Introduction :

Cholesterol is waxy, fat like substance found in all cells in human body. body needs some cholesterol to make hormones vit D, and substances help for digestion. body makes all the cholesterol its needs.

cholesterol travel through the blood on protiens called "lipoprotiens"

Two types of lipoprotiens carry cholesterol through the body

1) LDL - Low density lipoprotiens ie. bad cholesterol high levels LDL raise risk of heart diseases.

2) HDL :- High density lipoprotiens ie. good cholesterol absorbs cholesterol and carries it back to liver. the liver flushes it from the body high level HDL can lowers the risk of heart diseases and stroke.

Kapalbhathi - It is a type of breathing exercise- pranayama in yoga kapalbhathi means shining forehead in sanskrit because it improves physical fitness and mental intellect.

Benefits of kapalbhathi :

For lowering blood sugar, reduction of stress and overweight, abdominal fat, central obesity, constipation, improves human immune system, brain power memory.

Procedure - Sit in comfortable position. (sukhasana)

Inhale - inhale deeply and calmly with both nostrils untill lungs are filled with full of air focus on abdomen while doing this

Exhale - Pull your stomach that you bring your navel as close as possible to your spine, you can place your righth hand on your abdomen to feels your muscles contracting.

Repeat this exercise initially 18 times and gradually increase upto 100 times given in study case .

Precautions - Follow this procedure early in the morning after defecations with empty stomach. The person suffering from severe heart diseases or newly done abdominal surgery must inhale or exhale slowly after the advice of concerned physician.

Case History & Examinations :

A 54 years old male presented at OPD level used to for routine clinical and pathological check up every year after his every birthday. He had no history of associated pathology like heart diseases, hyperthyroidism, respiratory diseases or other pathology.

He was afebrile not obese normotensive and not taking any sort of medicine hunger thirst were normal. Bowel bladder were normal .No other bad habits alcohol smoke etc .Family history was also insignificant for any pathological history. But still his Lipid profile waqs marked increased suggestive of total cholesterols as well as LDL Cholesterol.

Table 1 - Chief clinical pathological and biochemical findings before and after intervention .

Variable	Before intervention	After interventions 7 mth
Total cholesterol	269 mg/dl	196 mg/dl
Triglycerides	112 mg/dl	110 mg/dl
HDL cholesterol	36 mg/dl	38 mg/dl
LDL cholesterol	154 mg/dl	136 mg/dl

Diagnosis :

On clinical examinations general condition was good TPR, BP (no febrile).

Pulse - 74/min,

Resp rate - 18/min

BP - 124/80 mm/hg within normal range .

Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range.

Management Done :

Suggested Kapalbhathi yoga therapy i.e. practise of KAPALBHATHI sincerely and regularly after evacuation at morning with empty stomach. two sets of 100 each kapalbhathi was suggested to the patient himself regularly and sincerely. As Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range. No any oral medicine or dietary restrictions or advice are suggested.

Outcome Majors : Follow up - Details are shown in table 1

Observations : Observations are shown in Table 1

Discussions :

Though the patient not suffering any diseases and disorder clinically still his basic lipid profile parameters was on higher side compare to normal range biochemically. In this case patient used to practice KAPALBHATHI yoga sincerely and regularly after evacuation at morning with empty stomach in his home only. Moreover the patient have operated inguinal hernia 6 years ago so two sets of 100 each kapalbhathi was practised by patient himself regularly and sincerely.

Conclusions :

A simple ,constant ,regular, sincere practise of kapalbhathi may lead to pathological increased parameter of serum cholesterol to normal range. Kapalbhathi is the best methodology to reduce bad cholesterol (LDL) and increased of good cholesterol (HDL)

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A Pilot Study of Role Utkleshan Basti in Shotha

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Abstract :

Shotha is Described as special Disease as well as a symptom in Most of Aurvedic Samhitas as well as it is also described in Modern Medical Science. In our day today practice we use to see so many patients suffering from shotha.

Utkleshan Basti :

It is decribed in Sushruta Samhita basically it is Niruha Basti Prepared with Eranda Beeja, Jestamadh, Pippali, Saindhava Lavan, Vacha, Hapursha & Madana Phala Kalka but by preparing oil with above drugs we have given Anuvasana Basti also, for that purpose Til (Sesame) Oil was used. 80 ml Anuvasana & 320 ml of Nirugha Basti was given to Patient same day. There was satisfactory reduction in shotha & weight.

Patient were treated with Utkleshana Anuwasana & Niruha Basti :

- 22.22 % Patients showed reduction in Shotha by 0.5 C.M.
- 22.22 % Patients showed reduction in Shotha by 1.0 C.M.
- 33.33 % Patients showed reduction in Shotha by 2.0 C.M.
- 22.22 % Patients showed reduction in Shotha by 2.5 C.M.
- 11.11 % Patients showed no Weight reduction.
- 66.66 % Patients showed reduction in Weight by 1 Kg.
- 22.22 % Patients showed reduction in Weight by 2 Kg.

Introduction :

Shotha is a Disease which is seen because of Vatavrodha

बाह्याः सिरा प्राप्य यदाः कफामृक पित्तानि संदुषयतिह वायु ।

तैर्बद्धमार्गं स तदा विसर्पउत्सेधं लिङ्गम श्वयधुं करोति ॥

च. चि. १२/८

When way of Vata gets obstructed by Rakta, Pitta, Kapha in Vessels
Vata gets vitiated and causes Shotha Vyadhi.

मा. नि. शोध

अ. स. नि. १३/२२

अ. ह. नि. १३/२१

यो. र. शोध - ९

भा. प. शोध - ३

Prodromal Signs :

- 1) Ushma - Increase in Local Temperature
- 2) Davathu - Increase in Temperature of Eyes, Nose etc.
- 3) Stretching sensation in vessels.
- 4) Angaguarava - Heavyness all over body

उष्मा तथा स्थाद्दवधु सिराणामायाम इत्येवच पूर्वरूपम् ।

तत्पूर्वरूपं दवधु सिरायामो गौरवम् ॥

च. चि. १२/८

मा. नि. शोध

अ. स. नि. ३

अ. ह. नि. १३/३०

वेगसेन शोध - २३

यो. र. शोध निदान - २

Symptoms (RUPA) :-

The characterestic features of the disease shotha seen after complete manifestation of disease are called symptoms of the disease.

- | | |
|-------------|----------------------|
| 1) Gaurava | - Heavyness |
| 2) Syandana | - Irregularity |
| 3) Utsedha | - Elevation of Skin |
| 4) Ushma | - Rise in temprature |

- 5) Siratanutva - Weakness of Blood Vessels.
 6) Lomharsha - Hornpilation
 7) Vaivarnya - Discolouration
 8) Raktima - Redness
 9) Sparsha sahatva - Tenderness
 10) Local Pain
 11) Svakarma & Gunhani - Functionolezia & Abnormality in shape

च. चि. १२/८

वंगसेन शोध - २६

यो. र. शोध निदान - ६

भा. प्र. - ४

Treatment :

Shotha Should be treated by giving drugs Against Nidan (Causes) Dosh, Ritu (Season) by considering Rugnabala, Doshabala and Kala.

Condition (Avastha)	Treatment
Alpa Dosh & Amaj shotha	Longhana, Panchana
Vrudhha Dosh	Shodhana
Snehodbhava	Rukshana
Mansa Medouruddhi	Lekhan
Santarpana	Apatarpana i.e. Langhana Padhana doshanir harana.

Utkleghan basti is having properties to perform all above activities.

निदानदोषतुपर्यय क्रमैरुपाचरेत्तं बलदोषकालवित ।

अथामजमं लंघनपाचक्रमै विशोधनैरुल्बण दोषमादिन ।

उपचारेत स्नेहभवं विरुक्षणै । प्रकल्पयेत् स्नेहविधेच रुक्षजे ॥

च.चि. १२/१६-१८

यो. र. शोध चि. १

Materials & Methods :-

Type of study - Non comparative single blind study carried out.

Place of Study - SMBT Ayurved. Hospital, Dhamangaon, Tal Igatpuri,

Sample Size - 09 Patients

Duration of Treatment - 7 days

Follow up - Daily follow up was taken to assess the relief in clinical symptoms.

Inclusion Criteria :-

Clinically diagnosed cases of shotha of age group of 16 to 60 years. Randomly selected irrespective of age, sex, education, socio, economic status etc. Pt. having systemic shotha were included.

Exclusion Criteria :

Pregnant Women & Patients of DM, CCF were excluded.

Clinical Symptoms :

Shotha i.e. swelling on the body Pitting & Non Pitting are taken together for study.

Trial Drugs used for Treatment :

Eranda Beej, Jesthmadha, Pippali & Vacha each 20 gm were taken to prepare kwatha with 1280 ml of water & 320 ml kwatha (1/4) was prepared. And 5 gm of Saindhava & 5 gm of Hapusha Kalka along with 5 gm of Madana Phala Kalka was mixed to the kwatha & 50 ml of Tila Taila was added thus, 380 ml Niruha Basti was prepared & given daily in the morning to the patients. On same day Anuvasana of 80 ml of Utkleshana Taila was given to the patients.

Utkleshana Taila was prepared by using

Total drugs - 1 part

Tila Taila - 4 part

Water - 16 parts

With Taila siddhi kalpana.

Assessment Criteria :

Shotha assessment was done by measuring shotha. Upshaya will indicate better utkleshana & shodhana. Some times if necessary vamana or virechana can be given. No relief in shodha indicate no utkleshana .

Discussion :

- ❖ Patients were treated out of these 9
- ❖ patients showed of vrudhava utklesha, Hrullasa and Praseka hence, Sadya wamana was given to her.

- ❖ Patients showed symptoms of adha utklesha i.e. drava mala pravrutti. Hence Virechana was given to them on, 5th, 6th & 7th days respectively.
- ❖ Drugs in utkleshna basti are ushna, tikshna & sukshma. They are having katu & tikta rasa mostly. Madana phala is best wamana dravya.

Results :

All 9 Treated Patients were Female Patients.

Reduction in Shotha (cm)	No. of Patients	Percentage
0.5	2	22.22
1.0	2	22.22
2.0	3	33.33
2.5	2	22.22

Reduction in Weight (kg)	No. of Patients	Percentage
0.0	1	11.11
1.0	6	66.66
2.0	2	22.22

Conclusion :

- 1) Shotha Vyadhi is more commonly seen in females mostly in house views, diwaswap is one common hetu.
- 2) Utkleshna Basti is effective in Shotha, Reduction in Shotha is seen after utkleshna basti.
- 3) Utkleshna Basti also shows Lekhana effect .

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Dedication

**To the Researchers
Scholars and Social Workers
in the Society**

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Appropriate Sinus Tachycardia Associated with Excessive Consumption of over Boiled Black Tea (Camellia sinensisL) Infusion- A Case Report

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Abstract :

Tea is the most commonly consumed non alcoholic beverage worldwide imparting beneficial or harmful effects on health depending on type and quantity of tea consumed. Black type of tea is a stimulant drink and may cause tachycardia if over consumed. In this paper a case of appropriate sinus tachycardia developed due to excessive consumption of over boiled black tea infusion taken 400 to 500 mL/day. Overheating of tea decreases its antioxidant contents and increases release of more caffeine content in infusion which acts as stimulant. In reported case patient used to heat black tea infusion for 20-30 minutes. She developed sinus tachycardia and it relieved after restriction of consumption of such tea. So, it is concluded that longer time boiling of black tea infusion and frequent drinking of such tea infusion may cause sinus tachycardia especially in old age. It is reversible soon after restriction of its consumption. The case report described by both *ayurveda* and modern point of view.

Introductin :

Sinus tachycardia is defined as an atrial rate of 100 beats per minute or greater, with normal appearing P waves with antegrade morphology. Tachycardia may be physiological or pathological. It may be associated with many factors like exercise, anaemia, dchydration or shock, infection, hypoxia, chronic pulmonary disease, hyperthyroidism, pheochromocytoma, medications/stimulants like caffeine, decompensate congestive

heart failure, pulmonary emboli, etc. Persistent tachycardia of any form can cause tachycardia-mediated cardiomyopathy, can precipitate heart failure and can result in death.

Tea is the most commonly consumed non-alcoholic daily beverage worldwide known for its various health benefits. It is manufactured by drying fresh young tea leaves and sold for consumption. But studies revealing its health benefits are most commonly done of green type of tea which is unoxidised form of tea. But in India, black type of tea which is oxidised is most commonly consumed. The health benefits of tea are due to catechin polyphenols in tea which is present more in green tea than black tea. Caffeine contributes to its stimulant properties; while amino acid theanine contributes to its relaxing property.

Pharmacological properties of substances are determined chiefly by its rasa (taste) in ayurveda. Taste of good quality black tea infusion is brisk - strong astringent. It also gives bitter aftertaste. According to ayurveda, both kacaya (astringent) and tikta (bitter) tastes cause vitiation of vāta (a body humour) leading to its pathological increase if consumed too much. Kacaya (astringent) consumables also show piana (squeezing and pressing) action on heart if consumed excessively. All these are because of khara (rough), vicāda (non-slimy) and rukca (dry) properties of substances possessing kacāya (astringent). This reported case is of ill-effect of overconsumption of black tea infusion made by common Indian method. It highlights importance of method of preparation and quantity of black tea consumed.

Case History and Examination:

A 49 years old female presented with sudden excessive sweating a day before along with palpitation since 6 months. She had no history of associated pathology like hyperthyroidism, any pulmonary disease or other pathology. She was afebrile, non obese, normotensive. She was not taking any medication increasing heart rate. She had no palor. Hunger and thirst were normal. Tongue was slightly coated. Bowel and bladder habits were normal. Obstetrical and gynaecological history was insignificant. Family history was also insignificant. She had menopause 5 years ago. She was habitual of taking about 4-5 cups of black tea beverage prepared with water, milk and sugar since last 30 years daily. Consumption of black tea increased from 1 cup to 4 or 5 cups (~400-500mL) per day over period of 30 years. Her chief clinical, pathological and biochemical findings are shown in table 1.

Table 1: Chief clinical, pathological and biochemical findings before and after intervention

Variable	Before intervention	After intervention Day 20
Heart rate	110/minute	90/minute
Respiratory rate	18/minute	17/minute
Blood pressure	130/80 mm of Hg	132/80 mm of Hg
Electrocardiogram	Sinus tachycardia	Normal
Haemoglobin	12.7 g/dl	Not done
White blood cells	6400/Cu mm	Not done
Blood sugar level (R)	120 mg/dl	120 mg/dl
Serum Creatinine	0.9 mg/dl	Not done
Urine Routine	Nothing abnormal detected	Not done

Diagnosis :

On clinical examination patient had tachycardia. In ayurveda, it is termed as hddrava which is nanatmaja (exclusive) disease of vâta doaca (a body humour). Patient was consuming excessive black tea which acts as exaggerator for vâta doaca (~a body humour) as explained before. So, the black tea was the identified as causative factor. Heart of 110 beats per minute and electrocardiogram revealing normal upright P wave in lead II preceding every QRS complex was suggestive of sinus tachycardia. As all other associated factors were absent except excessive consumption of black tea which contains stimulant caffeine, the primary diagnosis was stimulant induced sinus tachycardia. But still it was confirmed by upaceaya (relief) and anupaceaya (no relief) method of diagnosis described in ayurveda.

Table 2 : Showing timeline

Day	Description
Day 0	Patient came to OPD with presenting complaints; pathological and biochemical investigations done along with electrocardiogram.
Day 1	Primary diagnosis made as sinus tachycardia. For confirmation <i>upaceaya</i> (relief) and <i>anupaceaya</i> (no relief) test- Abstinence of black tea consumption.
Day 2 and 3	Patient abstained black tea infusion. Tachycardia relieved [<i>upaceaya</i> (relief)] but patient suffered from headache.
Day 4 and 5	Patient's black tea infusion was continued as before that is 4 to 5 cups/day. Tachycardia developed again [<i>anupaceaya</i> (no relief)] but headache relieved. Diagnosis confirmed.
Day 6	Patient's black tea infusion was restricted to 2 cups (200 mL)/day and heating time of its infusion was also reduced to 10 minutes.
Day 13	Follow up- Tachycardia reduced. No headache. Patient asked to restrict black tea infusion to 1 cup a day and heating time of infusion was kept as maximum 10 minutes.
Day 20	Patient got complete relief from symptoms. Electrocardiogram was normal.
Day 95	Follow up: Patient was asymptomatic and her quality of life was also good.

Management Done :

Etiological factor identified in this case was excessive consumption of black tea. So the focus of management was on *nidāna parivarjana* (removing etiological factor) because *nidāna parivarjana* is the first line of treatment in *ayurveda*.

Outcome measures :

Heart rate and electrocardiogram

Follow up - Details are shown in table 1 and 2.

Observations :

Observations are as shown in table 1 and 2.

Discussion :

Though the tea leaves contains various antioxidants and other beneficial constituents, the process while making various types of tea and method of preparation of infusion by consumers alters its constituents and their proportion. Black tea is prepared by oxidising leaves of tea plant- *Camellia sinensis* L. Due to that catechin content of tea decreases.¹² Also when it reaches to consumers, it undergoes heating before consumption. A typical beverage, prepared in a proportion of 1 gm leaf to 100 mL water in 3 minutes brew, usually contains 250 -350 mg tea solids comprises of 30 -42 % catechins and 3 - 6 % caffeine.¹³ But in India, black tea beverage is prepared quite differently by most of consumers. They not just heat but boil black tea infusion for longer time. In this case patient used to boil black tea infusion for about 20 to 30 minutes. Probably due to that catechin content used to decrease further and caffeine content was not undergoing reduction during processing because caffeine is less sensitive to heat.¹⁴ Over boiling made tea infusion more *kacaya* (astringent) and *tikta* (bitter) this probably acted as strong causative factor for exaggeration of *vata* due to its daily frequent consumption. Therefore in present case, overdose of *kacāya* (astringent) and *tikta* (bitter) tea beverage or say caffeine was probably due to both excess quantity and longer boiling of tea infusion. So by decreasing quantity of tea consumed and duration of heating, symptoms relieved.

Though the patient was consuming etiological factor since 30 years, symptoms started only 6 months ago. This is probably because consumption increased over 30 years from 1 cup/day to 4 or 5 cups/day.

Age also probably played role in development of symptoms. In old age there is dominance of *vāta* (a body humour) in body so subject becomes prone to develop diseases of *vata* (a body humour).

Conclusion :

Longer time boiling of black tea infusion and frequent drinking of such tea infusion may cause sinus tachycardia especially in old age but it is reversible soon after restricting its consumption.

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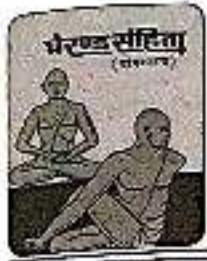
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घेरण्ड संहिता



डॉ.रचना आवारे

घेरण्ड संहिता हा ग्रंथ हठयोगावरील शिवपरंपरेतील प्रमुख ग्रंथ असून तो योगाभ्यासातील एक परिपूर्ण आणि विस्तृत असा ग्रंथ आहे. ह्या ग्रंथाचा काळ हा १७ वे शतक आहे. मुनिवर्य घेरण्ड यांनी चंडकपाली ह्या राजाला सांगितलेला हा निवेदनात्मक असा हा ग्रंथ आहे. या ग्रंथात योगाचे सात विभागात विभागणी करून सात उपदेशात आणि एकूण ३४६ श्लोकात योगाचे सविस्तर वर्णन आलेले आहे. ह्या सात उपदेशाची नांडणी म्हणजे श्री.चंडकपाली यांना क्रमवार सात उपदेशात्मक निवेदने केली आहेत.

१) प्रथमोपदेश - षट्कर्मसाधन (एकूण श्लोक ६१)

ह्या उपदेशात प्रारंभी योगाचे व देहसाधनाचे महत्त्व सांगून देहशुद्धीसाठी षट्कर्माबद्दल (धौती, नेति, त्राटक, नौली, बस्ती, कपालभाति) सांगून नंतर आंतधौती, वातसार, वारिसार, अग्निसार, बहिष्कृत, प्रक्षालनम, दन्तधौती, दन्तमूलधौती, ज्विहाशोधन, मूलशोधन, कर्णधौती, कपालरन्ध्रशोधन, दण्डधौती, वमनधौती, वासधौती, मूलशोधन, बस्ति (जल, स्थल), नेतिविधि, लौलिकी, त्राटक, कपालभाति ह्या सर्व षट्कर्मांचे विधि व फायदे वर्णन केले आहेत. तसेच ह्या उपदेशात समांग (सप्तसाधन) योगाची नावे आणि त्यांचे फल खालीलप्रमाणे सांगितलेले आहे.

षट्कर्मणा शौधनं च आसनेन भवेद् दृढम् ।

मुद्रया स्थिरता चैव प्रत्याहारेण धीरता ॥

प्राणायामाल्लाघवं च ध्यानात्प्रत्यक्षमात्मति ।

समाधिना निर्लिप्तं च मुक्तिरेव न संशय ॥

घेरण्डसंहिता १/१०-११

२) द्वितीयोपदेश - आसनविधि (एकूण श्लोक ४४)

ह्या उपदेशात एकूण ४४ श्लोकात ३२ आसनांचे वर्णन व लाभ सांगितलेले आहे. ती आसने पुढीलप्रमाणे आहेत.

१. सिध्दासन २. पचासन ३. भद्रासन ४. मुक्तासन ५. वज्रासन ६. स्वस्तिकासन ७. सिंहासन ८. गोमुखासन ९. वीरासन १०. धनुरासन ११. मृतासन १२. गुप्तासन १३. मत्स्यासन १४. मत्स्येंद्रासन १५. गोरक्षासन १६. पश्चिमोत्तानासन

१७. उत्कटासन १८. संकटासन १९. मयूरासन २०. कुक्कुटासन २१. कूर्मासन २२. उत्तानकूर्मासन २३. उत्तानमण्डुकासन २४. वृक्षासन २५. मण्डुकासन २६. गरुडासन २७. वृषभासन २८. शलभासन २९. मकरासन ३०. उष्ट्रासन ३१. भुजंगासन ३२. योगासन.

३) तृतीयोपदेश - मुद्राकथन (एकूण श्लोक ९५)

ह्या उपदेशात एकूण ९५ श्लोकात पंचवीस मुद्रा वर्णन केलेल्या असून ह्या मुद्रामध्येच पाच बंधांची ही माहिती दिली आहे. ती बंध आणि मुद्रा पुढीलप्रमाणे आहेत.

१. महामुद्रा २. नभोमुद्रा ३. उड्डियानबंध ४. जालन्धरबंध ५. मूलबंध ६. महाबंध ७. खेचरी ८. विपरितकरणी ९. योनि १०. ब्रजोली ११. शक्तिधारणी १२. ताडाणी १३. माण्डुकी १४. शांभवी १५. पार्थनी १६. धारिणी १७. आम्भसी धारणा १८. वैश्वनरीधारणा १९. वायवीयधारणा २०. नभोधारणा २१. आश्विनी २२. पाशिनी २३. काकी २४. मातंगी २५. भुजंगिनी.

४) चतुर्थोपदेश - प्रत्याहार (एकूण श्लोक ५)

ह्या उपदेशात मनाच्या चंचलत्वाचा विमोड करून मन स्थिर करून लक्षप्राप्ती कशी करावी आणि प्रत्याहार साधल्यानंतर काम, क्रोध, लोभ, मोह, मद, मत्सर यांचा नाश होतो असे सांगितलेले आहेत.

५) पंचमोपदेश - प्राणायाम (एकूण श्लोक ९६)

ह्या उपदेशात स्थान, काल (वसंत, शिशिर प्राणायाम करण्यास सुरुवात करावी), मिताहार, नाडीशुद्धी व नंतर प्राणायामाचे प्रकार सांगितलेले आहेत. सूर्यभेदी, उज्जयी, शीतली, भ्रमिका, भ्रामरी, मूर्छा, केवली, सहित इ.कुंभकाचे भेद व सगर्भ व निर्गर्भ प्राणायाम तसेच अधम, मध्यम, उत्तम प्रकाराविषयी माहिती ह्या उपदेशात दिलेली आहे.

६) षष्ठोपदेश - ध्यान (एकूण श्लोक २२)

ह्या उपदेशात ध्यानाचे स्थूल, ज्योति व सूक्ष्म असे तीन प्रकार दिलेले असून त्याबद्दल माहिती दिलेली आहे.

७) सप्तमोपदेश - समाधी (एकूण श्लोक २३)

ह्या उपदेशात समाधी बदल वर्णन करून समाधीचे ध्यानयोगसमाधि, लययोगसमाधि, शक्तियोगसमाधि, राजयोगसमाधि बदल निरूपण दिलेले आहे.

अशा प्रकारे घेरण्ड संहिता ह्या ग्रंथाची मांडणी आहे. योगशास्त्र किंवा योग म्हटले की आपल्याला पतंजली मुनी आठवतात पण घेरण्डमुनी, गोरक्षनाथ, मत्स्येन्द्रनाथ इ.मुनींचा ही योगशास्त्राचा अभ्यास तितकाच दांडगा होता परंतु त्यांचे लिखाण हे पाहिजे तेवढे वाचले किंवा प्रसिध्द झाले नाही. शिवसंहिता, घेरण्ड संहिता, हठयोगप्रदीपिका, गोरक्षसंहिता ह्या योगसंहिता ग्रंथाचे वाचन करणे ही काळाची गरज आहे कारण योगशास्त्राचे ज्ञान ह्या ग्रंथांमध्येही विखुरलेले आहे.

डॉ.रचना चंद्रकांत आवारे,
असिस्टंट प्रोफेसर, स्वस्थवृत्त विभाग,
एम्.एम्.बी.टी.आयुर्वेद कॉलेज, धामणगाव,
जि.नासिक.
मो - ९१३०८९८२८९.

(पान क्र. ४५ वरून पुढे)

३) गोमूत्रक्षार - गोमूत्रापासून क्षार बनवितात. पचनक्रिया दूषित झाल्यानंतर आमविषाची उत्पत्ती होते मग त्याचे शोषण रक्तात होते. परिणामतः रस, रक्त, मांस, मेद आदि धातुंमध्ये विकृती होते. मग त्याचे शोषण रक्तात होते. यामुळे दोष प्रकोपाचे लक्षण मिळतात.

गोमूत्र क्षार आमाशय व आंत्र दोन्ही स्थानांची पचनक्रिया सुधारतो. आमविष, किटाणु, उदरकृमी, रक्तस्थ आमविष नष्ट करून पचन संस्थान आणि रक्ताला शुध्द बनवितो. पचनक्रिया दूषित झाल्यानंतर उत्पन्न आमविषाला नष्ट करून पचनसंस्थान आणि रक्ताला शुध्द बनवितो. गोमूत्रक्षाराचा अशा पध्दतीने सोरायसिस मध्ये उपयोग होतो.

डॉ. कैलाश बी.पाटील, एम.डी.आयुर्वेद,
वेदिका आयुर्वेदिक स्किन केअर अँड रिसर्च सेंटर,
मुरलीधर कॉम्प्लेक्स, गंगा घाट, पंचवटी, नाशिक.
मो - ९८२३०८२८९९ / ८६९८९०५८०३

आयुर्वेद पत्रिकेचे प्रकाशित विशेषांक

- | | |
|----------------------------|---------------------------------|
| १. रसायन विशेषांक भाग १ | २. रसायन विशेषांक भाग २ |
| ३. नृक्करोग विशेषांक भाग १ | ४. नृक्करोग विशेषांक भाग २ |
| ५. प्रमेह विशेषांक | ६. स्त्री वैद्य लेखिका विशेषांक |
| ७. बाल विशेषांक | ९. संशोधन विशेषांक |
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| १२. त्वचारोग विशेषांक | १३. सौंदर्य विशेषांक |
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| १६. दोषोत्पत्ति विशेषांक | १७. वमन विशेषांक |
| १८. धातुयोग विशेषांक | १९. स्रोतस विशेषांक |

इतर अनेक मान्यवर व्यक्ति विशेषांक व गौरवांकासाठी आयुर्वेद पत्रिकेच्या कार्यालयाशी संपर्क करावा. फोन नं . (०२५३) २५१५४१३

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HISTORICAL REVIEW OF AARTAVKSAYA

AUTHORS

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Abstract:

Ayurveda, a medical system of world which is serving the ailing humanity since the creation of life is not lagging behind in recognizing the most pragmatic feature of a woman viz. women are the roots of progeny. Means, the woman is born for reproduction. On reviewing our Ayurvedic classics we found, that "Artavakshaya" is not explained as a disease in any text where as it has been described very systematically as a symptom of so many gynecological disorders in many classics. When we compare the disease "Artavakshaya" with the modern medical science "Hypomenorrhoea" and "Oligomenorrhoea" can be compared to some extent on the basis of its signs and symptoms.

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Key Words:

Women, Pregnancy, Reproduction,
Artavakshaya, Hypo Menorrhoea Oligo
Menorrhoea

INTRODUCTION

Artavakshaya is the most common disease in women. It has been stated that this is the fore-runner of Artavakshaya (Nastartava). It is also one of the Artava Doshas^{1, 2}. It is a disease, in event of deficiency or loss of Artava, the menstruation does not appear in its appropriate time or is delayed (intermenstrual period is prolonged), is scanty and does not last for three days. here is also pain in vagina. From Vedic period it has got indirect references. It means actually there is no evidence of Artavakshaya references of Vandhyatva and female diseases are but mentioned.

Artava Nirukti:

ऋतोभवातईतिआर्तवम ।

The word

Ritu - Particular or specific time

Bhavam - Occurrence

रंज्यतेअनेनयोन्यादिइतिरजः।³ (Bhavprakash)

i.e. that substance which stains the vagina or the yoni is Rajah, Since its purity and impurity is to be tested by means of the stained cloth (Amarkosh on page [210](#)) it stains the cloth also and as such it is termed as Rajah.

Definition of Artava :

मासिमासिरजः स्त्रीणारसनस्त्रवातत्र्यहम ।⁴ (A.H.SU.1/7)

Artava is the term used for the substance which is formed in females only from Rasa and is having the colour of Rakta and comes out through the female genital tract, commences at the age of 12 Yrs, and ceases at the age of 50-years, except during pregnancy, puerperal period & lactating period a duration 3 to 7 days is called as Artava.

Synonyms:

Different words used to denote menstrual blood in class

- 1) Artava 2) Shonita
- 3) Asrika 4) Raja
- 5) Rakta 6) Lohita etc.

Artava Utapatti Hetu: 5, 6

As every action in this universe is not without any cause, the following factors have been enumerated by our ancient Acharyas as Artavau utapatti hetu.

- 1) Kala 2) Dhatuparipurnata
- 3) Karma 4) Swabhava
- 5) Vayu

Artava Chakra:

In all Ayurvedic classics, intermenstrual period has been given one month i.e. Mashatah.

Thus entire period of one month is divided into three i.e.

- 1) Rajasrava Kala - 3 to 5 days
- 2) Ritukala - 12 to 16 days
- 3) RituVyatita Kala - 9 to 13 days

Concept of Artavakshaya:

Artava+Kshaya - 2 Main words.

The Artava is one of the essential factors for the production of Garbha in the female & it makes its appearance only when the women have attained adulthood.

Types of Artava Doshas

The following Artava Doshas have been described by different Acharyas.

- | | |
|-----------------|-------------------|
| 1) Vataja | 2) Pittaja |
| 3) Kaphaja | 4) Kunapagandhi |
| 5) Granthibhuta | 6) Putipuyagandhi |
| 7) Kshinartava | 8) Mutrapurisha |

Nidana:

- | | |
|------------------|-----------------------|
| a) Ativyayam | b) Anashana |
| c) Atichinta | d) AsatmyaAaharSevana |
| e) AatapSevana | f) Bhaya |
| g) Manahasantapa | h) Atimadirapan |
| i) Prajagarana | j) Atisanshodhana |
| k) Vegavidharana | l) Vruddhavastha |
| m) Adanakala | n) Bhutopaghata |

- | | | |
|--------------------------|-------------------------|--|
| A) <u>Aaharaja Hetu-</u> | a) <u>Vataja Hetu-</u> | - Katu Tikta Kashaya Rasa
- Shita Laghu Ruksha Aahar
- Abhojana, Laghu Bhojana |
| | b) <u>PittajaHetu -</u> | - Katu Amla Lavana Rasa |
| | c) <u>KaphajaHetu-</u> | - MadhuraLavana
- Abhishyandi Guru PichhilaAahar |
| B) <u>Viharaja Hetu-</u> | a) <u>VatajaHetu-</u> | -Ativyaya
- Ativyavaya
- Jagarana
- Vega Vidharana |
| | b) <u>PittajaHetu-</u> | - Aatapasevana
- Agni
- DhumaSevana |
| | c) <u>KaphajaHetu-</u> | - Diwaswap
- Aalasya |

C) **Manasik Hetu-**

- a) **Vataja Hetu** - Chinta
- Shoka
- Bhaya

- b) **Pittaja-**
Krodha -
Ersa

Purvaroop: Not described by any Samhita

Rupa:

- i) Yathochitakala Adarshanan
ii) Alpata iii) Yonivedana

Sthanika Lakshane

- Due to Vata Toda, Bheda, etc
- Due to Pitta - Osha, Chosha, Dahaetc
- Due to Kapha - Kandu

As per Harita Samhita i) Severe pain in Garbhashaya

- ii) Dimness in vision
iii) Vishtambha
iv) Mandagni
v) Burning Sensation in chest
vi) Sterility

Sarvadehika Lakshana: Vata- Aadhmana, Krushata, Durbalata

Pitta- Agnimandya

Kapha - Aruchi, Lalastrava

Samprapti Ghataka:

- Dosha Vata, Pitta, Kapha
- Dushya - Rasa, Rakta
- Upadhatu – Aartava
- Agni - Jatharagni, Dhatvagni, Aartavagni
- Strotasa Rasavaha, Aartavavaha
- Strotodushti – Sanga
- Adhishthan Garbhashaya

Sadhya-(Ref. [Su.Su.](#) 2/5) (Dalhana Tika)

- Kunap Gandhi
- Granthibhuta
- Krushna
- Mutrapurisha Gandhi

Asadhya-⁷

- Mutrapurisha Gandhi

Chikitsa:

A) Basti

- a) Anuvasana Basti ([Ch.Si. 12/18](#))
- b) Shatavaryadi Uttara Basti ([Ch.Si. 30/102](#))
- c) Jivaniya Gana Taila ([Ka.Kalp](#)-Shatapushpa)
- d) Shatapushpa Taila

B) Varti-

- a) Ikshwaku-bija, Danti, chapala⁸
- b) Madanphala, Guda (Yo.R.)
- c) Snuhikshira in form of Varti

II) Abhyantara Chikitsa

A) Kwatha -

- a) Tnla, Karvi,shelu,Guda- Kwatha⁹
- b) Krushna Taila Kwatha with Guda (Yo.R. Yonivyapada chikitsa)
- c) Mishreya, Shatapushpa, etc- Kwatha (Ha.Sa.)

B) Churna-

Shatapushpa Churna

C) Vati-

- a) Rajahapravartinivati
- b) Rituvati
- c) Kanyalohadi Vati d) Natapushpantaka Rasa

D) Modaka -

- a) Ashwasthamuladi Modaka
- b) Agasthiharitaki Modaka

E) Taila-

Shatapushpa Taila

F) Ghruta -

- a) Phala Gruta
- b) Bruhata Shatavari Ghruta
- c) Kumar Kalyanaka Ghruta
- d) Shiva Kalyanaka Ghruta
- e) Kalyanaka Ghruta
- f) Mahakalyanaka Ghruta

Conclusion:

Aartava kshaya occurs due to vitiation of vata ad kapha doshas. The symptoms are due to the stotoavrodha. Thus, drugs with ushna virya and agneya properties are to be used. They relieve the strotorodha and increases the blood circulation in the yoni and garbhashaya, because of this there will be formation of healthy endometrium. This in turn will help in proper nutrition and healthier and normal menstrual cycles, thus increase in quantity of aartava causing relief of aartavkshaya

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TOPIC – RAKTA-MOKSHANA & ITS MODIFICATION

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Abstract :- Raktamokshana is one of the principle shodhana therapies in Ayurveda. There are several surgical & parasurgical procedures in an ancient ayurvedic texts which are applicable today by making few technologic modifications to traditional use of them. Acharya Sushrula father of India's surgery considered rakta (blood), as a fourth dosha. Raktamokshana is indicated as a therapy of choice in many diseases, formally being indicated in rakta & pitta related morbidities. The present study is to compile various methods of rakta mokshana (bloodletting) in different diseases & its benefits. References has been collected & compiles from different Ayurvedic classical texts, manuscripts & journals have been used to review concept of raktamokshana.

Aim:

- 1) To reveal the historical aspects of Raktamokshana.
- 2) To carry analytical study & documentation of details of Raktamokshana mentioned in Sushruta samhita.

Methodology: Literature related to Raktamokshana is collected from classical texts of Ayurved, various publications, books & research papers. After a thorough study of research carried out in the field of Raktamokshana, the subject matter related to it was compiled & critically analyzed in this study.

Conclusion:-

- 1) The procedure of Raktamokshana explained by Acharya Sushruta is extremely scientific.
- 2) Raktamokshana is safe & effective treatment modalities for the management of Rakta Pradoshaj Vyadhi.
- 3) This therapy in Ayurveda is a partial or a complete treatment depending on the situation.

Keywords: Raktamokshana, Sushruta samhita, Ayurvedic

The Conceptual Study Of Life Style And Metabolic Disorder W.S.R. To Ahar Vidhi Vidhan**Vd. Priyanka Panjabrao Tekale**

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Abstract -

In today's fast paced life wrong dietary habits and pattern are one of the most important cause of Agnidushti leading to various metabolic disorders. The rules of dieting and right way of eating has been forgotten. So the concept of Ahar Vidhi Vidhan is one of the most beneficial & helpful for reducing the metabolic disorders in aspect of Nobel goal of maintaining health.

"Swasthasya Swasthya Rakshanam!" and this can be full filled by the concept of Ahar Vidhi Vidhan.

Introduction :-

Now a days there is major change in lifestyle in which faulty changes in dietary habits are most important factor. These changes are causing various diseases.

Acharya Charak has mentioned Ahar as prana i.e. life of living organisms. But only if taken in right manner otherwise the faulty manner can cause death.

Today's lifestyle prohibits us from following proper dietary habits which can lead us to many disorders. So just by following dietary habits given by Acharyas many diseases can be prevented and we can lead to healthy life.

Acharya have stated that Aam is major factor in Samprapti of any Vyadhi.. Aam is nothing but the Apakva Ahar Rasa. And can be produced due various reasons including not following the guidelines of Ahar.

So I have chosen this topic to emphasize Ahar vidhi Vidhan.

Purpose :-

To study and emphasize the lifestyle and metabolic disorders caused by today's lifestyle w.s.r. to Acharya Charak's Ahar Vidhi Vidhan.

Material And Methods :-

For this conceptual study Ayurved Samhitas – Charak Samhita, literatures and articles have been reviewed.

- 1) Ushnamashniyat – Consuming refrigerated food can cause Agnimandya and Aamotpatti and this is root cause of every disease.

According to Fennema 1982 losses of nutrients during freezing can be the result of physical separation, leaching, thermal, chemical degradation. This can lead to malnutrition
Consuming cold beverages can lead to Glucose Metabolic disorder.

2) Snigdhamashniyat –

Diet should include Snigdha dravya like oil and ghee. Due to dieting obsession in people they avoid consuming oil and ghee. Because it contains fat.

Vit. D malabsorption can lead to calcium metabolism disorder – Hypocalcemia, Hypo Plasma Calcium level. As Vit. D is fat soluble vitamin.

Low fat intake can cause lipid metabolic disorder. HDL reduces risk heart diseases.

As Mono Unsaturated fatty acids help in stabilizing blood Sugar Levels, low fat diet can lead to Glucose Metabolism Disorder, Metabolic Syndrome.

Daily intake of pint of milk or equivalent dairy product like ghee paneer can more than halved the risk of metabolic disorder.

3. Matravatashniyat –

According to Ayurveda Matra can be of two types Sarvagraha and Parigraha.

But today's we don't eat food as per need we eat for taste and this is major reason behind the lack of minerals various electrolytes leading to Water Electrolyte imbalance.

Not considering Matra before eat can cause Obesity or Malnutrition.

Amount of diet should be decided as per agni and bala of individual.

Overeating, diet plans or fasting due to work load can cause Obesity or Malnutrition.

4. Jeerneashniyat –

Meal should be taken after digestion of previous meal.

According to Charak Kaal Bhojna Arogyakaranam]

But today due to busy schedule one can not pay attention to this, they tend to eat food as convenience. This can increase hyperacidity or Ajirna_{1 1} indigestion Agnimandya and can lead to Grahani which can be correlated to IBD_{1 2}.

5. Veerya virudhamashniyat –

Virudha Virya Ahar consumption i.e. Eating Incompatible food can cause various skin Disorders, IBD (Grahani), Shotha, fever, Aamvata.

In day today's life people drink milkshakes of sour fruits which is veerya virudha, fish and milk etc.

6. Ishtadeshe Ishtasarvopkaranam Ashniyat –

Eating in stress full premises is common these days but this increases the urge of sweet food or food. Hence the increase in food intake leads to Obesity which is major risk factor for type 2 diabetes and various heart diseases.

In stress Cortisol level is high and these increased cortisol levels increase the calorie need of body.

7. Naatidrutamashniyat –

Due to busy and hectic life style people tend to eat food very fast. This can cause GERD, poor digestion, less absorption of nutrition can cause Malnutrition. This leads to lower food satisfaction and obesity.^{i 5}

8. Naativilambitamashniyat –

Some people eat their meal while watching television or Chatting or while gossips in canteen. Due to this the enzymatic secretion do not mix properly in food which leads to indigestion, loss of appetite, less eating leading to weight loss or malnutrition weakness.

9. Ajalpanahasan tanmanabhunjeet-

Meal should be consumed without talking, laughing. Meal should be a Mindful eating.

Now a days we eat food at our work place, canteens seating and gossiping with colleagues,

friends or in a very stressful surrounding. Due to discussions we lack concentration in food.

Chinta here we can say work stress, Shok, Bhaya, Krodh, Dukhha, Improper bedding this leads to indigestion, obesity, malnutrition, Depression.^{i 6}

10. Atmanamabhisamikshya bhunjeet –

Diet should be taken according to Prakruti, Satmya, Agni and Bala of person. But due to lack of awareness we don't follow these guidelines and consume oakstanya diet.

Consuming without consideration of Prakriti, Satmya, Agni And Bala can lead to Samprapti of various vyadhi. Some of them can be metabolic disorders like Aamvata, Sthaulya, Prameha etc.

Results-

Due to today's lifestyle people do not follow Acharya Charak's Ahar Vidhi Vidhan may lead to various types of Metabolic Disorders listed below : Aamvata, Prameha, Sthaulya, Grahani, Disorders of calcium metabolism, Glucose metabolism disorder, Lipid metabolism disorder, Malabsorption Syndrome, metabolic Syndrome, water electrolyte imbalance, Acid base imbalance, Indigestion, Obesity, malnutrition, diabetes, skin diseases, IBD, Depression.

Conclusion –

In today's fast paced life wrong dietary habits and patterns are one of the most important cause of Agnidushti leading to various metabolic Disorders. The rules of dieting and right way of eating has been forgotten. So, the concept Ahar Vidhi Vidhan is one of the most beneficial and helpful tool for reducing the metabolic Disorders in aspect to noble goal of maintaining health. As the main Prayojana of Ayurveda is Swasthasya Swasthya Rakshanam. This can be achieved by the concept of Ahar Vidhi Vidhan.

For promotion of better health in the society and prevention of the various metabolic disorders awareness regarding Ahar vidhi vidhan is need of the hour. Proper measures like social media, lectures at school college, parent teachers meetings, working staff, clinics should be conducted.

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Review Article

Ayurveda Perspective on *Balatisara*; Common Causes, Symptoms and Ayurveda Management

Dr. Pranali Sunil Bagwe^{1*}, Dr. Jayprakash Khairnar², Dr. Vijay Suryavanshi³¹ PG Scholar, Dept. *Kaumarbhritya*, S.M.B.T Ayurved College and Hospital, Igatpuri, Nashik, India.² Reader and Guide, Dept. *Kaumarbhritya*, S.M.B.T Ayurved College and Hospital, Igatpuri, Nashik, India.³ Professor and HOD, Dept. Of *Kaumarbhritya* S.M.B.T Ayurved College and Hospital, Igatpuri, Nashik, India

ABSTRACT

Balatisara (Diarrhea) is a disease of children mainly involves symptoms of disturbed bowel movements. As per ayurveda *Atisara* can be classified into seven category; *Vataja*, *Pittaja*, *Kaphaja*, *Bhayaja*, *Tridoshaja*, *Shokaja* and *Raktatisara*. The *Balatisara* affects large number of population world widely and prevalence of diarrhea now a day's deteriorating school performance of many children. Lack of immunity, susceptibility towards the causative pathogen, low hygienic condition, malnutrition and consumption of contaminated food items can cause *Balatisara*. Increases frequency of defecation, disturbed electrolyte balance, thirst, weakness, gas formation and abdomen cramps are the common symptoms of *Balatisara*. *Nidana Sevana* vitiates *Vata* leading to the *Mandagni* and *Koshta shoornata* increases *Dravata* in *Pureesha* in *Pakwashaya* which finally resulted *Atisara*. The therapeutic measure must requires consideration of *Doshas* condition; *Alpa*, *Madhya* or *Bahumatra* of *Doshas*. *Langana* can be done if *Doshas* are *Alpa*, *Langana* leads *Agnideepana* which resulted *Amapachana* action. Present article described ayurveda perspective of *Balatisara* including causes, symptoms and management.

Keywords: *Ayurveda*, *Balatisara*, *Diarrhea*, *Herbs*.

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Introduction

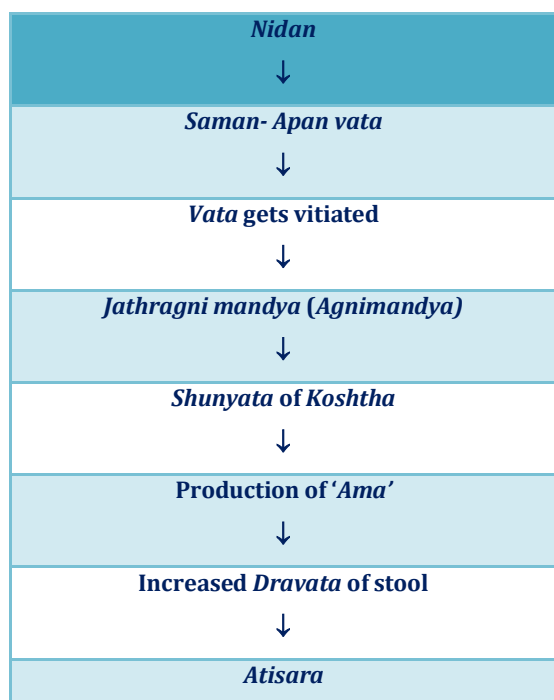
It is believed that consumption of *Madhura Aahara* or contaminated foods when *Kapha* predominant then *Agnimandhya* can occur which further leads disturbance of GIT system. *Amatisara* is one of the types of diarrhea in which *Picchila* occurs with foul smelling while *Pakvatisara* is another types of diarrhea which involve feeling of lightness in body. Ayurveda suggested that use of *Deepana* and *Pachana* drugs along with *Shoshanna* therapy can help to relief diarrhea. These drugs possess anti-diarrheal, antibacterial, ulcer healing, antispasmodic and carminative properties thus offer beneficial effects in the management of childhood diarrhea. The *Deepana* and *Pachana* drugs converts *Sama mala* into *Nirama mala* due to their *Amapachana* effect and also correct loosening of motions

due to their *Grahi karma*. It is also recommended to use *Rasayana* drugs for early recovery from diarrhea and to combat against malnutrition.

Causes

- ❖ Consumption of contaminated foods or water
- ❖ Low immune response and poor hygienic conditions
- ❖ Consumption of spicy or heavy food; difficult to digest
- ❖ Adverse effect of antibiotics
- ❖ Lactose intolerance
- ❖ Diarrhea can occurs with other diseases like; ulcerative colitis, celiac disease and irritable bowel syndrome.

Pathogenesis



Symptoms

- Increased defecation frequency
- Watery motions
- Abdomen cramps
- Reduced urine quantity
- Mucous with stools
- Dehydration, thirst and bad smelling from mouth.

Treatment Considerations

Panchkarma for Balatisara:

Following approaches of *Panchkarma* can be used for the management of *Balatisara* under the supervision of expert physician:

➤ **Vamana:**

Amatisara with *Shoola* and *Adhamana* can be control by *Vamana Karma* using *Pippali Saindhava Jala*. However *Vamana* is not recommended in common condition of diarrhea.

➤ **Virechana:**

When *Atisara* possesses conditions of *Vibhanda*, *Shoola*, *Raktatisara* and *Bahudosha* then *Virechana* can be done using *Abhaya*, *Vidanga*, *Triphala* and *Pippali* etc.

➤ **Basti:**

When *Vata* get aggravated then *Basti* can be used to restore *Bala*, specifically *Niruha* and *Anuvasana Basti* are choice of treatment in childhood diarrhea. When *Pakvastha*, *Vibanda* and *Bahudosha* then *Niruha Basti* prepared from *Ksheera*, *Madhu* and *Ghrita*, etc. should be used. When *Atisara* occurs with *Shoola*, *Pravahana* and *Mutraghata* then *Anuvasana Basti* of *Madhura Amla Dravyas* or *Bilwa*, *Shati* and *Vacha* etc. drugs.

Ayurveda described specific approaches for the management of particular types of *Atisara* which are as follows:

Specific Management of *Vatatisara*:

Langhana is best approach at initial stage of *Vatatisara* to reduce effect of *Ama*. *Vamana* & *Virechana* are also advised when *Praseka* and *Vibandha* condition respectively.

Specific Management of *Pittatisara*:

Langhana along with use of *Pachana* drugs advised in case of *Pittatisara*. *Ajaksheera*, *Masarasa* and *Picchabasti* can also employ to treat *Pittatisara*.

Specific Management of *Kaphatisara*:

Langhana, *Pachana* and use of *Kaphagna Dravya* also recommended in case of *Kaphatisara*.

Specific Management of *Sannipataja Atisara*:

As per *Charaka* in such case *Vata Dosha* should treat first there after *Pitta* and *Kapha Dosha*, while *Sushruta* mentioned that *Pitta Dosha* need to correct first in *Sannipataja Atisara*.

Specific Management of *Raktatisara*:

Picchabasti, *Shatavari*, *Mamsarasa* and *Chandana* can offer benefits in *Raktatisara*.

Specific Management of *Shoka* and *Bhaya Atisara*:

Vataharakriya, *Avshwasana* and *Harshana* should be used as treatment protocol for such condition.

Ayurveda formulation for *Balatisara*:

- ✓ *Ashtakshari gutika*
- ✓ *Karpura vaṭi*
- ✓ *Jatiphaladya churna*
- ✓ *Kutajavaleha*
- ✓ *Balchaturbhadra churna*
- ✓ *Brihat Gangadhara churna*

Herbs for diarrhea *Balatisara*

Nagakesara

The *Stambhana* property of *Nagakesara* helped to cease *Raktayukta Purisha*.

Madhuyashti

Madhuyashti helped to relieving *Shirashoola*, *Ushnabitaapa* and *Rakta yukta Purusha*

Amalaki

This drug pacifies *Dosha*, offers antimicrobial and astringent effect thus help in the management of diarrhea.

Eranda Taila

Eranda Taila can be used when *Amaatisara* associated with *Dosha's* aggravation.

Haritaki

It improves digestion and *Bala* thus enhance immunity against causative pathogens.

Pippali

It pacifies *Doshas*, relieve gases and detoxify effect of *Ama*, therefore relief symptoms of diarrhea.

Diet & Lifestyle for *Balatisara*

1. Adequate amount of water and liquid diet always advised in case of diarrhea.
2. Light & easy to digest food articles like; liquid rice, soups of lentils, fruits like oranges, apple and melons can be used.
3. Heavy, oily, spicy and fried food is not suggested.
4. Goat milk & cow's milk in little amount can be used.
5. Uncooked food and food which is not fresh should not be consumed.
6. Consumption of junk foods prohibited in diarrhea.
7. Stress, restlessness and late night awakening should be avoided.
8. Timing of meal should not vary and specifically one should consume dinner two-three hours before to bed time.

Conclusions

- ✓ The improvement in *Agni*, use of electrolyte, administration of antibiotics and diet management are some approaches which offers beneficial effects in the management of childhood diarrhea.
- ✓ The correction in *Hetu*, *Upashaya* and *Doshas* can provide early relief in case of *Aamaatisara*.
- ✓ Drug possesses *Madhura*, *Mridu*, *Laghu*, *Surabhi sampurna*, *Sheetal* & *Sanshamaka* properties can be used for the management of chronic diarrhea.
- ✓ The drugs possessing astringent and *Samgrahi* properties can also be used in case of *Balatisara*.

- ✓ *Stambhana Chikitsa* along with nutritional supply and intake of water help to relief from early symptoms of diarrhea.
- ✓ Drugs having *Katu-Kashaya rasa*, *Amahara* and *Ruksha* action posses *Amapachana* effect thus improves appetite and reduces mucus therefore can be used in common cases of *Balatisara*.

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Now a days there is major change in lifestyle in which faulty changes in dietary habits are most important factor. These changes are causing various diseases.

Acharya Charak has mentioned Ahar as prana i.e. life of living organisms. But only if taken in right manner otherwise the faulty manner can cause death.

Today's lifestyle prohibits us from following proper dietary habits which can lead us to many disorders. So just by following dietary habits given by Acharyas many diseases can be prevented and we can lead to healthy life.

Acharya have stated that Aam is major factor in Samprapti of any Vyadhi.. Aam is nothing but the Apakva Ahar Rasa. And can be produced due various reasons including not following the guidelines of Ahar.

So I have chosen this topic to emphasize Ahar vidhi Vidhan.

Purpose :-

To study and emphasize the lifestyle and metabolic disorders caused by today's lifestyle w.s.r. to Acharya Charak's Ahar Vidhi Vidhan.

Material And Methods :-

For this conceptual study Ayurved Samhitas – Charak Samhita, literatures and articles have been reviewed.

- 1) Ushnamashniyat – Consuming refrigerated food can cause Agnimandya and Aamotpatti and this is root cause of every disease.

According to Fennema 1982 losses of nutrients during freezing can be the result of physical separation, leaching, thermal, chemical degradation. This can lead to malnutrition
Consuming cold beverages can lead to Glucose Metabolic disorder.

2) Snigdhamashniyat –

Diet should include Snigdha dravya like oil and ghee. Due to dieting obsession in people they avoid consuming oil and ghee. Because it contains fat.

Vit. D malabsorption can lead to calcium metabolism disorder – Hypocalcemia, Hypo Plasma Calcium level. As Vit. D is fat soluble vitamin.

Low fat intake can cause lipid metabolic disorder. HDL reduces risk heart diseases.

As Mono Unsaturated fatty acids help in stabilizing blood Sugar Levels, low fat diet can lead to Glucose Metabolism Disorder, Metabolic Syndrome.

Daily intake of pint of milk or equivalent dairy product like ghee paneer can more than halved the risk of metabolic disorder.

3. Matravatashniyat –

According to Ayurveda Matra can be of two types Sarvagraha and Parigraha.

But today's we don't eat food as per need we eat for taste and this is major reason behind the lack of minerals various electrolytes leading to Water Electrolyte imbalance.

Not considering Matra before eat can cause Obesity or Malnutrition.

Amount of diet should be decided as per agni and bala of individual.

Overeating, diet plans or fasting due to work load can cause Obesity or Malnutrition.

4. Jeerneashniyat –

Meal should be taken after digestion of previous meal.

According to Charak Kaal Bhojna Arogyakaranam]

But today due to busy schedule one can not pay attention to this, they tend to eat food as convenience. This can increase hyperacidity or Ajirna_{1 1} indigestion Agnimandya and can lead to Grahani which can be correlated to IBD_{1 2}.

5. Veerya virudhamashniyat –

Virudha Virya Ahar consumption i.e. Eating Incompatible food can cause various skin Disorders, IBD (Grahani), Shotha, fever, Aamvata.

In day today's life people drink milkshakes of sour fruits which is veerya virudha, fish and milk etc.

6. Ishtadeshe Ishtasarvopkaranam Ashniyat –

Eating in stress full premises is common these days but this increases the urge of sweet food or food. Hence the increase in food intake leads to Obesity which is major risk factor for type 2 diabetes and various heart diseases.

In stress Cortisol level is high and these increased cortisol levels increase the calorie need of body.

7. Naatidrutamashniyat –

Due to busy and hectic life style people tend to eat food very fast. This can cause GERD, poor digestion, less absorption of nutrition can cause Malnutrition. This leads to lower food satisfaction and obesity.^{i 5}

8. Naativilambitamashniyat –

Some people eat their meal while watching television or Chatting or while gossips in canteen. Due to this the enzymatic secretion do not mix properly in food which leads to indigestion, loss of appetite, less eating leading to weight loss or malnutrition weakness.

9. Ajalpanahasan tanmanabhunjeet-

Meal should be consumed without talking, laughing. Meal should be a Mindful eating.

Now a days we eat food at our work place, canteens seating and gossiping with colleagues,

friends or in a very stressful surrounding. Due to discussions we lack concentration in food.

Chinta here we can say work stress, Shok, Bhaya, Krodh, Dukhha, Improper bedding this leads to indigestion, obesity, malnutrition, Depression.^{i 6}

10. Atmanamabhisamikshya bhunjeet –

Diet should be taken according to Prakruti, Satmya, Agni and Bala of person. But due to lack of awareness we don't follow these guidelines and consume oakstanya diet.

Consuming without consideration of Prakriti, Satmya, Agni And Bala can lead to Samprapti of various vyadhi. Some of them can be metabolic disorders like Aamvata, Sthaulya, Prameha etc.

Results-

Due to today's lifestyle people do not follow Acharya Charak's Ahar Vidhi Vidhan may lead to various types of Metabolic Disorders listed below : Aamvata, Prameha, Sthaulya, Grahani, Disorders of calcium metabolism, Glucose metabolism disorder, Lipid metabolism disorder, Malabsorption Syndrome, metabolic Syndrome, water electrolyte imbalance, Acid base imbalance, Indigestion, Obesity, malnutrition, diabetes, skin diseases, IBD, Depression.

Conclusion –

In today's fast paced life wrong dietary habits and patterns are one of the most important cause of Agnidushti leading to various metabolic Disorders. The rules of dieting and right way of eating has been forgotten. So, the concept Ahar Vidhi Vidhan is one of the most beneficial and helpful tool for reducing the metabolic Disorders in aspect to noble goal of maintaining health. As the main Prayojana of Ayurveda is Swasthasya Swasthya Rakshanam. This can be achieved by the concept of Ahar Vidhi Vidhan.

For promotion of better health in the society and prevention of the various metabolic disorders awareness regarding Ahar vidhi vidhan is need of the hour. Proper measures like social media, lectures at school college, parent teachers meetings, working staff, clinics should be conducted.

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Ayurvedic management of simple blepharitis with haridra kwath ashchotan

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ABSTRACT:

Nowadays due to industrialization huge amount of air pollution takes place like chemical smoke, dust particles etc. over use of cosmetics, unhygienic conditions, long standing dandruff etc. Leads to various types of eye disorders.

Blepharitis is a Commonest disease of lid margin in day to day life. It is compared to klinnavartma by Ayurvedic view.

Ashchotan with Haridra kwath is useful in this condition.

KEYWORDS:

Blepharitis, Klinnavartma, Ashchotan, Haridra kwath

INTRODUCTION:

Blepharitis is chronic inflammatory condition of lid margin. It is very common

and affects all age groups patients. According to Ayurvedic basics it is caused by Kapha dosha.

ETIOLOGY:

- Age- All age groups
- Poor hygienic conditions
- Exposure to smoke & dust
- Refractive error & secondary to stye
- Over use of cosmetics
- Secondary to Staphylococcal infection
- Parasitic -phthirias palprbrarum

SYMPTOMS:

- Itching
- Redness
- Swollen lid margin
- Watering
- Photophobia

AIM: To study the role of Haridra kwath ashchotan in Blepharitis management.

MATERIAL & METHODS:

Review of blepharitis & klinnavartma was done from Ayurvedic and modern text book, journals and internet source. Collected data compiled & classified as mention in text.

DISCUSSION:

The drug Haridra kwath was used in patient of Blepharitis in form of ashchotan.

- Drug:- Haridra
- Latin name-Curcuma longa
- Local name- Halad,Haldi
- Family - Zingiberaceae
- Rasa- Tikta, Madhur
- Virya- Ushna
- Vipak- Katu
- Karma- kandughna, shothahar, vednasthapak, chakshushya, tridoshar, kaphaghna
- Prayogyang- kand

CONCLUSION:

- Blepharitis is common lid margin disorder caused by over use of

cosmetic, unhygienic conditions etc & secondary to sthephylococcal & parasitic agent.

- This study aimed to reduce the sign & symptoms and recurency of Blepharitis by ashchotan of Haridra kwath.

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An ayurvedic management of kaphaj abhishyanda w.s.r. to bacterial conjunctivitis: a review article

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ABSTRACT

Conjunctivitis refers to any inflammatory condition of the membrane that lines the eye lids and covers the exposed surface of the sclera². It is the most common part of the red eye. *Abhishyanda* is classified as the eye disease affecting all parts of the eye. The disease *kaphaj abhishyanda* is *Sarvagat Netra Rog* explain by *Sushruta Samhita*¹ In developing countries, bacterial conjunctivitis is commonest type of conjunctivitis. it can occur as sporadic and epidemics cases during monsoon season². Prevalence for chronic bacterial conjunctivitis is 25% of the general population³. There are so many treatment of *kaphaj abhishyanda* in *Ayurveda* like *Anjana, Snehana, Swedana, Tarpana, Putpak, Aschyotan, Nasya, Parishek*, etc.

but *Ascyotana kalpana* is very effective, safe, easily available, so I have selected *shigru madhu ascyotana*⁴

KEYWORDS: *Kaphaj Abhishyand, Bacterial conjunctivitis, Shigru, Madhu.*

INTRODUCTION

The word *abhishyanda* is derived from two words viz. “*Abhi*” and “*Syandana*.” “*Abhi*” means profuse or more and “*Syandana*” means discharge or secretions, combined meaning is profuse discharge from all part of the eye⁵. Conjunctivitis is commonly cause by bacteria and viruses. *Abhishyanda* is the root cause of almost all the eye disorders and must be treated as soon as possible. In all types of *abhishyanda* nature of pain, discharge, congestion, edema etc. varies².

SIGN AND SYMPTOMS²

1. Itching
2. Edema
3. Congestion of conjunctiva
4. Discharge
5. Foreign body sensation

AIM

To study the role of *ayurvedic drug Shigru Madhu Ascyotana* in bacterial conjunctivitis

METHOD AND MATERIALS:

Review regarding bacterial conjunctivitis and *Shigru Madhu Aschyotana* was done from *ayurvedic* modern text books, journals, internet sources.

REFERANCE OF DRUG^{6,7}

Shigru swaras
Madhu

According to Ayurveda classics if quantity of drug is not mentioned in a combination then it should be taken in equal amount but in this formulation *Shigru swaras* and *madhu* were used in ratio of 1:8 instead of 1:1 because 1:1 ratio the drug was intolerable for the patients due to its tikshna property

DISCUSSION

There is some relation between *vyadhis* and occupation. *Sushma nirikshana, raja nishhveshna, dhuma nishveshna*, is very common for person with computer work, outdoor activity, house wife, studies. As this factor effect on the eyes and cause more eye strain and *lacrimation*, itching, congestion in eyes.



Ingredient	Latin name	Guna	Rasa	Virya	Vipak	Karma
Shigru	Morina Oleifera	Laghu, ruksha, tikshna	Tikta, katu	Ushna	Katu	Kaphagna Vatagna Chakshusha
Madhu	Honey	Ruksha ,yogvahi	madhura, kashay	Shita	Madhur	Lekhana, tridoshgna ,chakshusha

CONCLUSION:

Function of *katu rasa* is *kapha shamak, agni deepaka, abhishyanda nasak, sroto vishodhana* which alleviates itching, lid and *conjunctival* swelling and *guruta*⁸. *Tikta rasa* has *vishagna, krimigna, kandu, daha shamaka, lekhan*

propertis, alleviates *abhishyanda* and itching⁹. *Laghu guna* is *langana* and *shrotoshodhaka*, which is present in *shigru* which levitates *kapha*. *Ruksha guna* is also having *kapha shamak* property¹¹. *Teekshana guna* having *kapha vatahara, lekhana, and shodana* property

which alleviates the *kaphaja abhishyanda*¹⁰. *Ushna virya* drug act as *agnideepan, pachana, kaphagna karma*. In *shigru madhu aschyotan madhu* is used in maximum quantity *dravya* of this formulation *madhu* is best *kapha shamak dravya*⁸. *Madhu* is having a *lekhan* property⁹ it as a *yogavahi dravya*¹¹ which help and improves the action of *shigru*.

MODERN PROPERTIES

From modern point of view the probable mechanism of action in which *Moringa oleifera* dichloromethane extract show high antioxidant activity¹². *Shigru* having high anti oxidant properties along with anti inflammatory, antimicrobial and anthelmictic properties¹².

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Open  Access

Review Article

Ayurveda Perspective on *Balatisara*; Common Causes, Symptoms and Ayurveda Management

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ABSTRACT

Balatisara (Diarrhea) is a disease of children mainly involves symptoms of disturbed bowel movements. As per ayurveda *Atisar* can be classified into seven category; *Vataja*, *Pittaja*, *Kaphaja*, *Bhayaja*, *Tridoshaja*, *Shokaja* and *Raktatisara*. The *Balatisara* affects large number of population world widely and prevalence of diarrhea now a day's deteriorating school performance of many children. Lack of immunity, susceptibility towards the causative pathogen, low hygienic condition, malnutrition and consumption of contaminated food items can cause *Balatisara*. Increases frequency of defecation, disturbed electrolyte balance, thirst, weakness, gas formation and abdomen cramps are the common symptoms of *Balatisara*. *Nidana Sevana* vitiates *Vata* leading to the *Mandagni* and *Koshta shoonata* increases *Dravata* in *Pureesha* in *Pakwashaya* which finally resulted *Atisara*. The therapeutic measure must requires consideration of *Doshas* condition; *Alpa*, *Madhya* or *Bahumatra* of *Doshas*. *Langana* can be done if *Doshas* are *Alpa*, *Langana* leads *Agnideepana* which resulted *Amapachana* action. Present article described ayurveda perspective of *Balatisara* including causes, symptoms and management.

Keywords: *Ayurveda*, *Balatisara*, *Diarrhea*, *Herbs*.

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Introduction

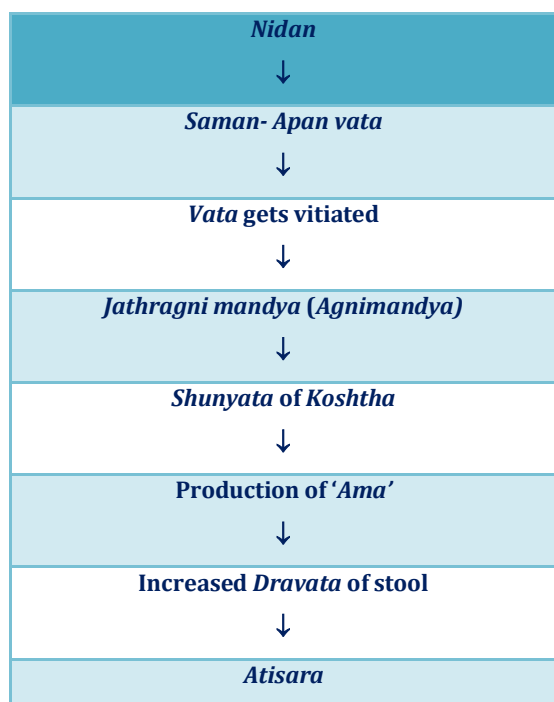
It is believed that consumption of *Madhura Aahara* or contaminated foods when *Kapha* predominant then *Agnimandhya* can occur which further leads disturbance of GIT system. *Amatisara* is one of the types of diarrhea in which *Picchila* occurs with foul smelling while *Pakvatisara* is another types of diarrhea which involve feeling of lightness in body. Ayurveda suggested that use of *Deepana* and *Pachana* drugs along with *Shoshana* therapy can help to relief diarrhea. These drugs possess anti-diarrheal, antibacterial, ulcer healing, antispasmodic and carminative properties thus offer beneficial effects in the management of childhood diarrhea. The *Deepana* and *Pachana* drugs converts *Sama mala* into *Nirama mala* due to their *Amapachana* effect and also correct loosening of motions

due to their *Grahi karma*. It is also recommended to use *Rasayana* drugs for early recovery from diarrhea and to combat against malnutrition.

Causes

- ❖ Consumption of contaminated foods or water
- ❖ Low immune response and poor hygienic conditions
- ❖ Consumption of spicy or heavy food; difficult to digest
- ❖ Adverse effect of antibiotics
- ❖ Lactose intolerance
- ❖ Diarrhea can occurs with other diseases like; ulcerative colitis, celiac disease and irritable bowel syndrome.

Pathogenesis



Symptoms

- Increased defecation frequency
- Watery motions
- Abdomen cramps
- Reduced urine quantity
- Mucous with stools
- Dehydration, thirst and bad smelling from mouth.

Treatment Considerations

Panchkarma for Balatisara:

Following approaches of *Panchkarma* can be used for the management of *Balatisara* under the supervision of expert physician:

➤ **Vamana:**

Amatisara with *Shoola* and *Adhamana* can be control by *Vamana Karma* using *Pippali Saindhava Jala*. However *Vamana* is not recommended in common condition of diarrhea.

➤ **Virechana:**

When *Atisara* possesses conditions of *Vibhanda*, *Shoola*, *Raktatisara* and *Bahudosha* then *Virechana* can be done using *Abhaya*, *Vidanga*, *Triphala* and *Pippali* etc.

➤ **Basti:**

When *Vata* get aggravated then *Basti* can be used to restore *Bala*, specifically *Niruha* and *Anuvasana Basti* are choice of treatment in childhood diarrhea. When *Pakvastha*, *Vibanda* and *Bahudosha* then *Niruha Basti* prepared from *Ksheera*, *Madhu* and *Ghrita*, etc. should be used. When *Atisara* occurs with *Shoola*, *Pravahana* and *Mutraghata* then *Anuvasana Basti* of *Madhura Amla Dravyas* or *Bilwa*, *Shati* and *Vacha* etc. drugs.

Ayurveda described specific approaches for the management of particular types of *Atisara* which are as follows:

Specific Management of *Vatatisara*:

Langhana is best approach at initial stage of *Vatatisara* to reduce effect of *Ama*. *Vamana* & *Virechana* are also advised when *Praseka* and *Vibandha* condition respectively.

Specific Management of *Pittatisara*:

Langhana along with use of *Pachana* drugs advised in case of *Pittatisara*. *Ajaksheera*, *Masarasa* and *Picchabasti* can also employ to treat *Pittatisara*.

Specific Management of *Kaphatisara*:

Langhana, *Pachana* and use of *Kaphagna Dravya* also recommended in case of *Kaphatisara*.

Specific Management of *Sannipataja Atisara*:

As per *Charaka* in such case *Vata Dosha* should treat first there after *Pitta* and *Kapha Dosha*, while *Sushruta* mentioned that *Pitta Dosha* need to correct first in *Sannipataja Atisara*.

Specific Management of *Raktatisara*:

Picchabasti, *Shatavari*, *Mamsarasa* and *Chandana* can offer benefits in *Raktatisara*.

Specific Management of *Shoka* and *Bhaya Atisara*:

Vataharakriya, *Avshwasana* and *Harshana* should be used as treatment protocol for such condition.

Ayurveda formulation for *Balatisara*:

- ✓ *Ashtakshari gutika*
- ✓ *Karpura vaṭi*
- ✓ *Jatiphaladya churna*
- ✓ *Kutajavaleha*
- ✓ *Balchaturbhadra churna*
- ✓ *Brihat Gangadhara churna*

Herbs for diarrhea *Balatisara*

Nagakesara

The *Stambhana* property of *Nagakesara* helped to cease *Raktayukta Purisha*.

Madhuyashti

Madhuyashti helped to relieving *Shirashoola*, *Ushnabitaapa* and *Rakta yukta Purusha*

Amalaki

This drug pacifies *Dosha*, offers antimicrobial and astringent effect thus help in the management of diarrhea.

Eranda Taila

Eranda Taila can be used when *Amaatisara* associated with *Dosha's* aggravation.

Haritaki

It improves digestion and *Bala* thus enhance immunity against causative pathogens.

Pippali

It pacifies *Doshas*, relieve gases and detoxify effect of *Ama*, therefore relief symptoms of diarrhea.

Diet & Lifestyle for *Balatisara*

1. Adequate amount of water and liquid diet always advised in case of diarrhea.
2. Light & easy to digest food articles like; liquid rice, soups of lentils, fruits like oranges, apple and melons can be used.
3. Heavy, oily, spicy and fried food is not suggested.
4. Goat milk & cow's milk in little amount can be used.
5. Uncooked food and food which is not fresh should not be consumed.
6. Consumption of junk foods prohibited in diarrhea.
7. Stress, restlessness and late night awakening should be avoided.
8. Timing of meal should not vary and specifically one should consume dinner two-three hours before to bed time.

Conclusions

- ✓ The improvement in *Agni*, use of electrolyte, administration of antibiotics and diet management are some approaches which offers beneficial effects in the management of childhood diarrhea.
- ✓ The correction in *Hetu*, *Upashaya* and *Doshas* can provide early relief in case of *Aamaatisara*.
- ✓ Drug possesses *Madhura*, *Mridu*, *Laghu*, *Surabhi sampurna*, *Sheetal* & *Sanshamaka* properties can be used for the management of chronic diarrhea.
- ✓ The drugs possessing astringent and *Samgrahi* properties can also be used in case of *Balatisara*.

- ✓ *Stambhana Chikitsa* along with nutritional supply and intake of water help to relief from early symptoms of diarrhea.
- ✓ Drugs having *Katu-Kashaya rasa*, *Amahara* and *Ruksha* action posses *Amapachana* effect thus improves appetite and reduces mucus therefore can be used in common cases of *Balatisara*.

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Editorial**Fight the Disaster-2**

Covid-19 threatens to become one of the most difficult tests faced by humanity in modern history. As this pandemic has spread, it has taken lives, stirred anxiety and political drama, overwhelmed health systems, and triggered potentially lasting geopolitical change. The International monetary fund says the global economy now faces its worst downturn. Since the Great depression and half a billion people could be pushed into poverty as a result of the unfolding crisis.

Balancing the public's need for critical information about social impact, risk factors, and the latest recommendations from public officials on slowing the spread of the disease critical. During any outbreak, whether it is COVID-19, SARS or Ebola, the media plays a key role as agenda-setter by distilling complex data into easily digestible and useful information. However, COVID-19 has shined a spotlight on several challenges faced by media as the public looks to it to function as a public health educator.

The coronavirus has kept many employees away from offices, while other workers remain on the frontlines. The number of jobless claims made in many industrial areas in megacities like, Mumbai and others in March end, April and early May topped millions. This economic slowdown triggered by the outbreak caused many companies to implement pay cuts or rather measures. Thousands of families rushed the roads towards their native place. The migrants/stranded persons desirous of travelling to home state were screened at the time of starting of journey, by use of infrared thermometer and symptomatic exam free of cost. 100/1000 went by walking single or with family. No shelters, no food, no water in between. Some of them went walking through the railway track as the tracks were completely vacant no trains, some towards U.P., Bihar. Afterwards, the state government arranged for the long journey trains and inter state buses to various states. When after some days, after some improvement in the situation. Some migrant started returning back to their places of job. Many office goers were doing online work in office hours from their homes.

When people were fighting against Corona, even of the slight symptoms of cold, cough and flu like symptoms, people used to run to labs for corona tests. This was causing a real load on providing medical aids.

Major cause of death in COVID-19 is deep vein thrombosis. It is disseminated intravascular coagulation (thrombosis). As in disseminated intravascular coagulation, the lung is the most affected because it is the



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Editorial

most inflamed part. D-dimer tests are used to help rule out a harmful blood clot. So D-dimer may be used to rule out deep vein thrombosis. D-dimer and prothrombin time are the significant indicators of severe COVID-19. Because of thrombosis there get the chances of heart attack, stroke, kidney failure and many other thromboembolic disease so the way to fight with it is antibiotics, anti-inflammatory. In spite of the precautionary measures given by the central and the state governments, situation worsened at some places. Why? There might be some reasons such as ensuing lockdown caused virus to spread, some fatigue among people, negligence in using face mask and maintaining social distancing, states reinvesting the wheel and people not following rule book.

But the higher testing and quick precautionary medical help helped to discover more cases and to check the spread. Thus the recovery rate became high and rising. In spite of this, on one side many corona patients are getting discharged cured and the other side, number of new patients are increasing slowly. Till mid-July there are more than twelve lakhs corona infected patients in our nation. Rural India seems to have gradual rise in these cases during months June and July.

Here I heartily congratulate the sufferers for their recovery and all the corona warriors the Police Staff, the various municipal corporations, District and Tahasil level staff, the staff of all the involved Hospitals, their doctors, nurses and all other staff, everybody worked hard day-night taking every risk to face any problem.

Unfortunately in this war, we have lost some of our genius colleagues in campaign. I pay my respect and homage to all of them.

I am highly proud of my NIMA warriors, my young and senior colleagues for their incomparable services day-night. The whole medical fraternity has united shared the responsibility, keeping aside any grudge and party. This is a real Indian spirit. My salute to them all.

Dr. D.G. Kadam

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President Message

Dear ISM doctors,

Seasons greetings! Friends, I appreciate the noble work all of you are doing in this Corona pandemic. All of you are engaged in providing the best possible health assistance, friendly advice and appreciable patient education to crores of citizens of our country. Friends, I am very fortunate to get the golden opportunity to represent you all in the vdo dialogue with our beloved Prime minister honourable Narendra jee Modi jee and on behalf of more than 8 lakh ISM doctors, I thanked resp Modi jee for the timely steps taken by the government to control the spread of corona in India. I also extended hand of co operation to the healthcare system of the nation in this grave situation. I assured hon Prime minister sir that all the clinics of our doctors will be open in this deadly situation and we will treat, serve, guide and educate the people about this mahamari..I also assured him to prepare and represent a standard protocol for the doctors, for common people, for negative patients, for asymptomatic positive patients, for mild symptomatic patients, for serious symptomatic patients, for co morbid patients, for elderly patient and post covid apunrbhav protocol which will include diet, excersise, various yogasanas , pranayam and treatment part and accordingly after non stop efforts of 30 ayurvedic physicians and academicians from all over India we have prepared an excellent covid protocol. This protocol has been submitted to the PMO, Ayush ministry, Health ministry and state authorities. I thank all those who have worked timelessly for this protocol. Friends, apart from our contribution in this pandemic, we have some justified and badly needed demands for our 8 lakh ISM doctors who are working to control and eradicate the corona virus from our country. NIMA has put forward these demands in front the government authorities many times and still waiting for the response from them. I once again put forward some prime demands and appeal the government authorities to do the needful...1. We are family doctors and general practitioners who initially deal with the suspected corona patients as we are working from the front line and we are the most susceptible victims of the virus as we deal with them initially. The government has declared a insurance cover of 50 lakh for Allopathy doctors, Asha workers, Sarpanch, Press reporters, para medical staff but our grassroot doctors are not covered by this insurance scheme. NIMA is strongly demanding Rs.50 lakh insurance coverage for all the general practitioners/all the registered ISM doctors who are serving a large population in this grave situation.2.Many ISM doctors are working in government covid centers and hospitals as per government appointments and are paid for that but the remuneration given to our ISM doctors is very less as compared to the MBBS doctors and it is not justified. We are doing the same work with the same risk and with the same duty hours but the payment given to BAMS and BUMS doctors is very poor as compared to the MBBS doctors. e.g. In Maharashtra for covid duties MBBS doctor is paid Rs.60000 and BAMS, BUMS are paid 30000 only for the same work. This is very very disturbing and unjust for our doctors. NIMA demands the government to do the needful on SAME WORK SAME SALARY basis.3. As the whole universe is fighting hard to overcome this disease and till date there is no medicine or vaccine available for corona. In this situation immunity of the individual has a major role to play and as you know Ayurvedic remedies are very useful in immunity boosting. U request the government authorities to allow the ISM doctors to treat the corona patients with Ayurvedic medicines along with the Allopathy medicines. There are many more demands but these are the prime demands. I request the government to look into this matter urgently and HELP US TO HELP YOU.



Dr. V. D. TEMBURNIKAR

President

NIMA Central Council

Clinical Study of Acharana Yoni Vyapad (Yonikandu and Yonigatstrav) and its management with Panchvalkal Kvath Yoni Prakshalan and Udumbaradi Tail Yoni Pichu

Dr. Priya Bhirud

Abstract :

The vagina is private part of the women which always comes in contact with urine, sweating, menstruation flow and certain other secretions. These secretions when retained in vagina due to unhygienic habits it produces fungal and local infection in causes vaginal discharge and itching.

This paper reveal the role of Ayurvedic treatment of Acharana Yonivyapad.

Introduction:-

Acharana Yonivyapad is the one of Yonivyapad amongst 20 Yonivyapada described by Charaka Acharya. Acharya Charaka described that Acharana Yonivyapad is occurred due to uncleanliness. Due to uncleanliness vaginal part some infections (krumy) takes place and originate itching of vagina, it generates excessive coital desire in women.

The lack of health education and illiteracy predispose the aetiological factors of this disorder. Regular bath and washing of the private parts are important factors to maintain the healthy condition of the vulva and vagina. Therefore to prevent the occurrence of disease in the society, the ladies are advised to clean and dry the external genital organs after urination, defecation and proper washing during menstruation. The surrounding area of the vagina like vulva and mons pubis also help in the growth of Krimis due to sweating. The sweating is a good media for the growth of Swedaja Krimis, Thus insect like pediculus, bacteria and fungal grow due to the unhygienic condition and produce itching and inflammation.

Pathogenesis of the Acharana Yonivyapad:-

योनामधावनातुकणू जाताः कुववनजिविः ।
सा सादचरणा कण्वा तथाऽतिनकाणि ।।

च.चि. 30-18

Causes -

Yoni Adhavana

(Uncleanliness of Vaginal or pubic part



Kandu Jata - Causes Itching



Kurwanti Jantva -

Produces Infection due to Sweating and itching.



Atinarkanshini - Excessive coital desire

Dosha - Kapha Vata

Dushya - Rasa, Rakta, Mamsa, Twak

Adhisthana - Yoni

Sthanasamshraya - Bhaga

rotas - Rasa, Rakta, and Artavavaha

Srota Dushti Prakar - Atipravriti

Rogmarga - Abhyantara

Clinical Features :-

1) Yoni Kandu

2) Yonigat Shwetstrav

3) Atyadhika - Maithunechha

Case Report :-

A married female patient of age 30 years diagnosed with Acharana Yonivyapad in OPD of Prasuti Tantra and Stree Rog Dept. of Chaitanya Ayurved Hospital, Bhusawal. She was suffering from Trichomonas Infection from 2 months, consumed Allopathic Medicine antifungal and anti

and anti histamonic and vaginal tablets but after she stopped taking medications the symptoms arises so she took decision to take Ayurvedic medication.

Observation :-

Akruti	-	Madhyam
Prakruti	-	Kafapitta
Bala	-	Madhyam
Kaushta	-	Avashthambh
Naadi	-	80 per min.
Raktdaab	-	120/70mm of Hg
Jivha	-	Nirram
Urine	-	Regular

Symptoms :-

- Yonigat Shwetstrav (more or less 2 months)
- Yoni Kandu (more or less 2 months)
- Atyadhik Maithunicha (more or less 2 months)
- One examination P/S- P/V
- Yonimarg Shotha, Araktwarna (Vaginal Inflammation)
- Cervix and Uterus- Normal size and shape.

Following Treatment was given :-

- Abhyantar Chikitsa (1 months)
- Tab. Gandhak Rasayan (250 mg) - BD
- Tab. sukshma Triphala (250 mg) 1 BD
- Pushanug Churna(2g) with madhu and

Tandulodak- 1 BD

- Yoni Dhavan with Panchwalkal Kvath
- Yoni Pichu with Udumbaradi Tail (Duration of Treatment 14 days))

After 14 days of above treatment the marked reduction seen in all the symptoms.

Detail of Drug :-

Sthanik Chikitsa :- Panchwalkal Guna and Karma wise

- 1) Nygrodha - Byagrodha (Ficus bengalensis Linn.) have properties of Varnya. Visarpa-Daahgna. Yonidosh Hara, Raktapittavinashana.
- 2) Udumbara :- Udumbara (Ficus glomerata roxb) have properties of Vrana shodhana, Ropana, Raktapitta Gana.

- 3) Ashwatha:- Ashwattha (Ficus religiosa Linn.) possess properties of Yonivishodhana, Rakdaah shaman.
- 4) Plaksha :- (Ficus lacor Buch-ham.) and
- 5) Parish:- (Thespesia populnea Soland. Er Correa) shows properties of Vranayonigadapaha, Raktapitta Hara, Raktdoshhara.

Panchwalkala Kwath have properties Katu, Tikta, Kashay Rasatmak, Laghu, Raksh, Tikshna Guna, Ushna Veerya, Katu Vipaka and Kapha Pittaghna. Panchavalkala kwath phytochemically dominant in phenolic group compounds like tannins, flavonoids which are mainly responsible for its excellent activities antiseptic, anti-inflammatory, immune modularity, antioxidant, antibacterial, antimicrobial and wound purifying as well as healing, astringent properties.

Udumbaradi ail :- 1 Drona of the Udumbara Shalatu (tender fruit cut into thin slices) of Ficus racemosa pancha Valkala (barks of Nyagrodha Ficus bengalensis, Udumbara Ficus racemosa, Asvatha Ficus religiosa, Parisa Ficus arnottiana and Plaksa Ficus lacor), and leaves of Kulaka (Patola Trichosanthes dioica),

Malai- Jasminum angustifolium and Nimba-Neem (Azadirachta indica) is kept soaked in 1 Drona of water for whole night in the next morning, the water is strained out.

With this water, 1 Prastha of lil is cooked by adding the paste of Laksha and the extract of bark of Dhava - Anogeissus latifolia and Palasha Butea monosperma and Gum- resin of Salmala- Salmalia malabarica. A tampon (picu) soaked in this medicated oil is kept inserted in the genital tract. Thereafter, the genital tract is douched with the cold decoction of the aforesaid drugs (Udumbara Ficus religiosa, etc.) mixed with Sugar.

This therapy helps in quickly cleaning the genal ract, which is slimy and dilated, and which is afflicted with chronic as well as serious types of uterine diseases within seven days. Thereafter, the woman becomes quickly capable of conception.

Pattern of Treatment :-

- Duration of treatment 14 days
- Yonidhavan with Panchwalkal Kwath with Yonidhavan Vidhi
- Yonigat Udumbaraddi ail Pichu- with Yonipichu Dharan Vidhi

Investigation :-

- ◆ Haemoglobin, TC, DC, ESR, P.BS (HB-11%)
- ◆ BSL- R 110 mg%
- ◆ Urine Examination - Routine and Microscopic (Normal)

Discussion and Conclusion :

Since vagina is intrinsic part of Woman's body it is more prone to microbial infections. Though the infections get cured, tendency of recurrence remains high. Due to treatment by Allopathic medicines microbes have become resistant to these medicines and tend to recur. By Ayurvedic procedures like Sthanik Chikitsa e.g. Yonidhavan, Yonipichu, facilitate cleansing of the vagina and therefore reduce recurrence of the infection.

combined Abhyantar Chikitsa with above procedures we can reduce the side effects of Metronidazole drug like nausea, vomiting, bitter taste and vertigo etc.

By this can conclude that Panchwalkal Kwath- Yonidhavan and Udumbaradi Tailam Yonipichu, it gives better results in Acharana Yonivyapad with minimal side effects and thereby also reduces recurrence.

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Clinical Study of Acharana Yoni Vyapad (Yonikandu and Yonigatstrav) and its management with Panchwalkal Kvath Yoni Prakshalan and Udumbaradi Tail Yoni Pichu

Dr Priya Bhirud

*(MD Ayurved –StreeRog Prasuti Tantra)

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A Critical review of Vishaghna dravyas mentioned in Bhavprakash Nighantu.

Yogita Pralhad Fegde^{1*} Satish Vasant Shindadkar^{2**} Swapnil Ashok Raverkar^{3***} Nirmal Mahendra Savale^{4****}

Abstract :

Agadatantra is a unique branch of *Ayurveda* that deals with description & treatment of different *vishas* i.e. poisons. Many medicinal plants & minerals are described for management of poisoning. These are called *vishaghnadravyas*. There are many *vishaghnadravyas* mentioned in *Bhavprakashnighantu*. *Bhavamishra* was the author of *Bhavprakashnighantu*. Present study was designed to screen the drugs having *vishaghna* action from *Bhavprakashnighantu* on the basis of *rasa, veerya, vipaka, varga & family*. In this study only the drugs having *vishaghna karma* described in *shloka* are taken. Out of 676 *dravyas* in *Bhavprakash Nighantu* there are 136 single *dravyas* identified which pose *vishaghnakarma* & they include herbs, minerals & animal origin.

Key words:- *Agadatantra, vishas, vishaghna dravyas, Bhavprakash.*

INTRODUCTION

Ayurveda is an ancient science having 8 unique branches. *Agadatantra* is one of these eight branches. This branch specifically deals with description and management of poisons & their complications¹. A substance which produces vitiation of *dhatu* can be called as *visha*².

Visha has following *Guna* i.e. properties – *Ruksha, ushna, teekshna, sukshma, ashu, vyavayi, vikashi, vishad, laghu & apaki*³. *Acharya Charak* has described one *guna anirdeshya rasa* instead of *apaki* described by *Acharya Sushruta*.

There are many *agada kalpas* (formulations) mentioned in *Bruhatrayi, Laghutrayi & traditional toxicological texts*. These *agada kalpas* have potent ingredients which are faster in action.

Some single drugs are also mentioned to be used in treatment of poisoning. In *Bhavprakash Nighantu*, *Bhavamishra* has mentioned various single drugs which have *vishaghna karma*. First part of this *Nighantu* includes explanation of 676 *dravyas* including herbs, mineral and animal origin in 22 *Vargas*.

Materials & methods :

The whole article is based on literary review regarding *vishaghna* action of drugs mentioned in *Bhavprakash nighantu*. This study shows literary reconsideration on *Bhavprakash Nighantu*. *Bhavprakash nighantu* of *Bhavamishra*, commentary by *Prof. Krishna Chandra Chunekar*, published by *Chaukhambha Bharati academy, Varanasi, Reprint 2010*.

Contd...

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Observation:

Vishaghna Dravyas of Haritakyadi Varga

Sr. no.	Dravya	Latin Name	Rasa	Vipaka	Virya	Family ²
1.	Shadushana		Katu	Ushna	Ushna	
2.	Hapusha	Commersonia	Katu, Tikta, Kashaya	Ushna	Ushna	Phytolaccaceae
3.	Sannhapusha	Sesuvium portulacastrum	Kashaya	Ushna	Sheeta	
4.	Yashodradhu	Glycyrrhiza glabra	Vachhura	Madhura	Sheeta	Leguminosaceae
5.	Kamplak	Melastomaceae	Katu	Ushna	Ushna	Flacourtiaceae
6.	Rasa	Flacourtiaceae	Tikta	Ushna	Ushna	Compositae
7.	Nakti	Kaulonia	Ushna, Tikta, Kashaya	Ushna	Ushna	Apocynaceae
8.	Kanjan	Asclepias	Tikta	Ushna	Sheeta	Papaveraceae
9.	Shakti	Woodfordia	Katu, Kashaya	Ushna	Sheeta	Lythraceae
10.	Mangishthe	Ficus	Vachhura, Tikta, Kashaya	Ushna	Ushna	Urticaceae
11.	Kashayan	Urticaceae	Ushna, Tikta	Ushna	Ushna	Urticaceae
12.	Chakradhara	Cassia	Katu	Ushna	Ushna	Leguminosaceae
13.	Ashtaka	Asclepias	Katu, Tikta	Ushna	Ushna	Asclepiadaceae

Vishaghna Dravyas of Karpooradi Varga

Sr. no.	Dravya	Latin Name	Rasa	Vipaka	Virya	Family ²
1.	Karpoor	Elephantopus	Vachhura, Tikta	Katu	Sheeta	Lamiaceae
2.	Kasturi	Vaccinium	Katu, Tikta	Katu	Ushna	Vacciniaceae
3.	Chandana	Santalum	Tikta	Katu	Sheeta	Santalaceae
4.	Chandana	Persea	Vachhura	Katu	Sheeta	Leguminosaceae
5.	Tagara	Tagetes	Katu, Tikta, Kashaya	Katu	Ushna	Valerianaceae
6.	Jatpata	Myrtaceae	Vachhura, Katu	Katu	Ushna	Myrtaceae
7.	Shudha	Amorpha	Katu	Katu	Ushna	Fabaceae
8.	Kanjan	Vaccinium	Kashaya	Katu	Ushna	Cyrtaceae
9.	Chakradhara		Ushna, Tikta	Katu	Ushna	
10.	Gomphani	Urticaceae	Tikta	Katu	Ushna	
11.	Shyama	Urticaceae	Katu	Katu	Ushna	
12.	Vishu	Andropogon	Tikta	Katu	Sheeta	Poaceae
13.	Shibi	Urticaceae	Ushna	Katu	Ushna	Urticaceae
14.	Shalkya	Urticaceae	Tikta, Kashaya	Katu	Ushna	Urticaceae
15.	Priyangu	Urticaceae	Tikta, Kashaya	Katu	Sheeta	Urticaceae
16.	Senaka	Piper	Katu, Tikta	Katu	Ushna	Piperaceae
17.	Shanthipata	Polygonum	Katu, Tikta	Katu	Ushna	Polygonaceae
18.	Chand	Urticaceae	Ushna, Tikta	Katu	Ushna	Urticaceae
19.	Ekvalat	Prunus	Kashaya	Katu	Ushna	Rosaceae
20.	Chand	Urticaceae	Katu, Tikta, Kashaya	Katu	Ushna	Urticaceae
21.	Aprukka	Urticaceae	Tikta	Katu	Sheeta	Urticaceae
22.	Shanti	Pogonostemon	Tikta	Katu	Sheeta	Lamiaceae

Vishaghna Dravyas of Guduchyadi Varga

Sr.	Dravya	Latin Name	Rasa	Virjaka	Varjya	Family ¹
1.	Gambhari	Smellina arborea	Madhura, Tikta, Kashaya	Katu	Ushna	Verbenaceae
2.	Shalwami	Trichostema amaranthifolium	Madhura, Tikta	Madhura	Ushna	Leguminosae
3.	Ayaz	Carotida sprocera	Madhura, Tikta	Katu	Ushna	Umbelliferae
4.	Ashtmetil	Andropogon squarrosus	Katu	Katu	Tikta	Euphorbiaceae
5.	Dalchini	Alpinia malabarica	Madhura, Tikta, Kashaya	Katu	Tikta	Zingiberaceae
6.	Muramirasa	Melia Azadirachta	Tikta, Kashaya	Katu	Sheeta	Meliaceae
7.	Shobhithana	Melastomaceae	Katu	Katu	Ushna	Malvaceae
8.	Amritha	Clitoria ternatea	Katu, Tikta, Kashaya	Katu	Sheeta	Leguminosae
9.	Thil	Trichostema amaranthifolium	Katu, Tikta, Kashaya	Katu	Ushna	Leguminosae
10.	Arbhi	Aluminium hydroxide	Katu, Kashaya	Katu	Tikta	Alkali metal
11.	Patila	Clitoria ternatea	Katu	Katu	Tikta	Leguminosae
12.	Trishakti	Clitoria ternatea	Madhura	Madhura	Sheeta	Leguminosae
13.	Indrasium	Clitoria ternatea	Tikta	Katu	Tikta	Cucurbitaceae
14.	Kash	Clitoria ternatea	Tikta	Katu	Tikta	Leguminosae
15.	Shesha	Clitoria ternatea	Tikta, Kashaya	Katu	Tikta	Leguminosae
16.	Amritha	Clitoria ternatea	Katu, Tikta	Katu	Tikta	Leguminosae
17.	Kurhat	Aluminium hydroxide	Madhura, Tikta	Katu	Sheeta	Alkali metal
18.	Shobhithana	Melastomaceae	Katu, Kashaya	Katu	Sheeta	Malvaceae
19.	Shalwami	Trichostema amaranthifolium	Sheeta, Tikta, Kashaya	Madhura	Sheeta	Asclepiadaceae
20.	Trishakti	Clitoria ternatea	Tikta, Kashaya	Katu	Tikta	Meliaceae
21.	Kakabacha	Peribrodia calceolaria	Tikta, Kashaya	Katu	Sheeta	Scrophulariaceae
22.	Shesha	Clitoria ternatea	Tikta	Katu	Tikta	Alkali metal
23.	Shobhithana	Melastomaceae	Tikta, Kashaya	Katu	Tikta	Asclepiadaceae
24.	Shalwami	Trichostema amaranthifolium	Kashaya	Madhura	Sheeta	Polypodiaceae
25.	Vadhi	Lonicera glauca	Madhura, Tikta, Kashaya	Katu	Sheeta	Scrophulariaceae
26.	Kash	Clitoria ternatea	Katu, Tikta	Katu	Tikta	Meliaceae
27.	Shobhithana	Melastomaceae	Kashaya	Katu	Tikta	Scrophulariaceae
28.	Muramirasa	Melia Azadirachta	Madhura, Tikta, Kashaya	Madhura	Sheeta	Leguminosae
29.	Shalwami	Trichostema amaranthifolium	Madhura, Kashaya, Tikta	Madhura	Sheeta	Euphorbiaceae
30.	Shobhithana	Melastomaceae				Cucurbitaceae
31.	Shobhithana	Melastomaceae				Leguminosae
32.	Shobhithana	Melastomaceae	Katu, Tikta	Katu	Ushna	Leguminosae
33.	Shobhithana	Melastomaceae	Katu, Tikta	Katu	Tikta	Asclepiadaceae

Vishaghna Dravyas of Pushpa Varga

Sr.	Dravya	Latin Name	Rasa	Virjaka	Varjya	Family ¹
1.	Kamal	Melastomaceae	Madhura, Tikta, Kashaya	Madhura	Sheeta	Myrtaceae
2.	Shalwami	Trichostema amaranthifolium	Katu, Tikta, Kashaya	Katu	Ushna	Malvaceae
3.	Kalar	Aspidosiphon grandiflorum	Tikta, Kashaya	Katu	Ushna	Malvaceae
4.	Yuthi	Aspidosiphon grandiflorum	Madhura, Tikta, Kashaya	Katu		Malvaceae
5.	Chamrask	Melastomaceae	Madhura, Tikta, Kashaya	Katu	Sheeta	Malvaceae
6.	Jakal	Melastomaceae	Kashaya	Katu	Sheeta	Malvaceae
7.	Kalhi	Melastomaceae	Katu, Tikta	Katu	Ushna	Malvaceae
8.	Adhi	Melastomaceae	Tikta, Kashaya	Katu	Sheeta	Malvaceae
9.	Kalayata	Melastomaceae	Madhura, Tikta			Malvaceae
10.	Kanda	Melastomaceae				Malvaceae
11.	Kudkurita	Melastomaceae	Katu, Tikta, Kashaya	Katu	Ushna	Malvaceae
12.	Sindoor	Melastomaceae				Malvaceae
13.	Muramirasa	Melastomaceae	Katu, Tikta	Katu	Ushna	Malvaceae
14.	Chamrask	Melastomaceae	Katu, Kashaya	Katu	Ushna	Malvaceae
15.	Paibani	Melastomaceae	Katu	Katu	Sheeta	Malvaceae

Vishaghna Dravyas of Vatadi Varga

Sr. no.	Dravya	Latin Name	Rasa	Vipaka	Veerya	Family ⁴
1.	Randariksha	Helioscopia	Madhura, Tikta, Kashaya	Katu	Ushna	Maraceae
2.	Sarish	A. bicolor Isbbek	Madhura, Tikta, Kashaya	Katu	Ushna	Leguminosae
3.	Sarja	Centrosema Indica	Katu, Tikta, Kashaya	Katu	Ushna	Diatyocarpaceae
4.	Kashaba	Terminalia arnaba	Kashaya	Katu	Sheeta	Combretaceae
5.	Trineya	Albizia leonensis	Kashaya	Katu	Ushna	Leguminosae
6.	Beardil	Acacia arabica	Kashaya	Katu	Sheeta	Leguminosae
7.	Ingul	Colandera nasturina	Katu, Tikta	Katu	Ushna	Simarubaceae
8.	Khurapatra	Sesbania indica	Kashaya	Katu	Ushna	Rutaceae
9.	Katchhuali	Celastrus pentandrus	Katu, Tikta	Katu	Ushna	Melastomaceae
10.	Kada	Capparis asphylla	Katu, Tikta	Katu	Ushna	Capparidaceae
11.	Katani	Coccyzium bitoria	Katu	Katu	Ushna	Lychnidaceae
12.	Maksha	Sida acuta	Katu, Tikta	Katu	Ushna	Celastraceae
13.	Jalshrikha					

Vishaghna Dravyas of Amradi Varga

Sr. no.	Dravya	Latin name	Rasa	Vipaka	Veerya	Family ⁴
1.	Bahuvar	Cordia myxa	Madhura, Tikta, Kashaya	Madhura /Katu	Sheeta	Boraginaceae
2.	Nimbuka	Citrus medica	Lavana, Tikta, Kashaya	Katu	Sheeta	Rutaceae
3.	Mishtanimbuphala	Citrus limetio des				Rutaceae

Vishaghna Dravyas of Dhatvadi Varga

Sr. no.	Drug Name	Latin Name	Rasa	Vipaka	Veerya
1.	Aurania	Aurum	Madhura, Tikta, Kashaya	Madhura	Sheeta
2.	Leha	Argentum	Madhura, Tikta, Kashaya		Sheeta
3.	Mandour	Ferri Oxide	Madhura, Tikta, Kashaya		Sheeta
4.	Svanmashik	Copper oxide	Madhura, Tikta		
5.	Taramashik	Iron pyrite	Madhura, Tikta	Madhura	
6.	Tulla	Copper sulphate	Katu, Kashaya		
7.	Sindoor	Red oxide of lead			
8.	Hingul	Asimam	Katu, Tikta, Kashaya		
9.	Abhaka	Mica	Madhura, Kashaya		Sheeta
10.	Hastal	Opium	Katu, Kashaya		Ushna
11.	Menasha	Asafog	Katu, Tikta		Ushna
12.	Anars	Gallena	Madhura, Kashaya		Sheeta
13.	Chumbaka	Magnesia			
14.	Guriz	Ochre	Madhura, Kashaya		Sheeta
15.	Khatra	Chalk	Madhura		Sheeta
16.	Kash	Iron sulphate	Lavana, Tikta, Kashaya		Ushna
17.	Katra		Madhura	Madhura	Sheeta

Vishaghna Dravyas of Dhanya Varga

Sr.no.	Dravya	Latin name	Rasa	Vipaka	Veerya
1.	Raktoshali	Oryza sativa			
2.	Nishpav	Dolichos lablab	Madhura, Kashaya	Amla	Ushna
3.	Juvari	Eruka sativa			

Vishaghna Dravyas of Shaka Varga

Sr.no.	Dravya	Latin name	Rasa	Vipaka	Veerya	Family
1.	Tanculiyak	Amaranthus spinosus				Amaranthaceae
2.	Loni	Portulaca quadrifida	Amla, Lavana	Amla	Ushna	Portulacaceae
3.	Kasamerda	Cassia oxidentalis	Madhura			Leguminosae
4.	Ikheleku	Lycopersicon vulgare	Tikta	Katu	Sheeta	Cucurbitaceae
5.	Pindar	Fandia uliginosa		Lavana		Rubiaceae
6.	Dodaka					

Vishaghna Dravyas of Mansa Varga

Sr.no.	Dravya	Latin Name	Rasa	Vipaka	Veerya
1.	Janya				

Vishaghna Dravyas of Vari Varga

Sr. no.	Dravya	Rasa	Vipaka	Veerya
1.	Shilamahu			

Vishaghna Dravyas of Takra Varga

Sr. no.	Dravya	Rasa	Vipaka	Veerya
1.	Izkra	Kashaya, Amla, Madhura	Madhura	Ushna

Vishaghna Dravyas of Ghrita Varga

Sr. no.	Dravya	Rasa	Vipaka	Veerya
1.	Ghrita	Madhura	Madhura	Sheeta
2.	Qshora	Katu	Katu	
3.	Vadva		Lavana	
4.	Purana			

Vishaghna Dravyas of Mutra Varga :

Sr.no.	Dravya	Rasa	Vipaka	Veerya
1.	Vara	Lavana		

Vishaghna Dravyas of Taila Varga :

Sr. no.	Dravya	Latin Name	Rasa	Vipaka	Veerya
1.	Ilvati				

Vishaghna Dravyas of Madhu Varga :

Sr. no.	Dravya	Latin Name	Rasa	Vipaka	Veerya
1.	Chikara		Madhura		Sheeta

Vishaghna Dravyas of Ikshu Varga :

Sr.no.	Dravya	Rasa	Vipaka	Veerya
1.	Ikshukara			

Discussion:

In Bhavprakash Nighantu 676 drugs are described which include drugs of herbal, mineral & animal origin. From above observations & thorough review of Bhavprakash Nighantu it is seen that 136 single drugs are mentioned as vishaghna dravyas in the text. The distribution is seen as follows -13 vishaghna dravyas belong to Haritakyadi varga.22 dravyas belong to Karpooradi varga. Guduchyadi varga has 33 vishaghna dravyas. Pushpa varga has 15 dravyas. Vatadi varga has 13 dravyas. Amradi varga & Dhanyadi varga have 3 dravyas each. 17 dravyas belong to Dhatvadi varga. Ghrita varga has 4 dravyas. Shaka, Mansa, Vari, Takra, Mutra, Taila, Madhu & Ikshu varga have 1 vishaghna dravya each. Drugs having Sheeta as well as ushna veerya and dravyas having Katu & Madhura vipaka are described as vishaghna in Bhavprakash nighantu. Variation in rasa of dravyas is also seen. An attempt was made to study if there is any correlation in families of described dravyas, but there is wide variation found in the families also.

Conclusion:

From above discussion it can be concluded that these 136 dravyas having vishaghna karma are described in Bhavprakash nighantu. As the activity

of visha dravyas depends on the predominance of guna in it, so drugs to be used for treatment of poisoning are chosen according the decisions made by physician for specific conditions. There are so many possibilities to manage the poisoning & its complications through Ayurvedic drugs.

Present study is pure literary review to study the correlation between rasa, veerya, vipaka and families of dravyas. Further experimental & analytical studies are required to establish vishaghna action of drugs described in Bhavprakash Nighantu.

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A Critical review of Vishaghna dravyas mentioned in Bhavprakash Nighantu.

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A Literary Research on Role of Ekadashi in Mandagni (Agnimandya) w.s.r. to Aama.

Dr Kiran O. Mantri¹, Dr Bhagyashri K. Mantri².

Abstract:

Many people in India do Fasting regularly as a traditional way of worship. In, fasting commonest fast done twice a month is *Ekadashi* fast, i.e. 11th day of a fortnight (twice in a month). If proper *Langhanais* done on this *Ekadashifast*, it increases *Agni* of that person. As all *Roga's* are caused by *Mandagni(Agnimandya)* – *Rogasarveapitu Mandagnuva*, which results in *AamaUtpati* (formation). As the *Agni* increases, it causes *Pachanaof AamaDosha* with *Shrotoshuddhi*. The concept of fasting activates Autophagy, a process in which cells recycle and renew their content, has already established by nobel prize winner- Yoshinori Ohsumi, a Japanese Cell Biologist. Thus fasting on *Ekadashi*, has great role in increasing *Agni* power by its *AamaPachana*, *Shrotoshuddhi* and *AgniDeepti* activity.

Keywords:-

Ekadashi, *Mandagni (Agnimandya)*, *Aama* and Autophagy.

Introduction:

Many people in India do Fasting regularly as a traditional way of worship. In, fasting commonest fast done twice a month is *Ekadashi* fast, i.e. 11th day of a fortnight (twice in a month). If proper *Langhanais* done on this *Ekadashifast*, it increases *Agni* of that person. As all *Roga's* are caused by *Mandagni (Agnimandya)* – *Rogasarveapitu Mandagnuva*, which results in *Aama Utpati* (formation). As the *Agni* increases, it causes *Pachanaof Aama Dosha* with *Shrotoshuddhi*.

Materials & Methods:

Study Design -

Literary Research and Conceptual Study.

Review of Literature

Ekadashi

Ekadashi ("Eleven"), also spelled as **Ēkādaśī**, is the eleventh [lunar day \(tithi\)](#) of each of the two [lunar phases](#) which occur in a Hindu calendar

month - the [Shukla Pakṣa](#) (the period of the brightening moon also known as the waxing phase) and the *KṛṣṇaPakṣa* (the period of the fading moon also known as [the waning](#) phase). In [Hinduism](#) and [Jainism](#), *Ekadashi* is considered a spiritual day and is usually observed by partial [fast](#). Beans and grains are not consumed by observant people during because they are believed to be contaminated by sin. Instead, only fruit, vegetables, and milk products are eaten. This period of abstinence starts from sunrise on the day of *Ekadashi* to sunset on the following day. Rice is not eaten on *Ekadashi*.

Fasting :-

Fasting is the willful refrainment from eating for a period of time. In a [physiological](#) context, fasting may refer to the [metabolic](#) status of a person who has not eaten overnight, or to the metabolic state achieved after complete [digestion](#) and absorption of a meal. Several metabolic adjustments occur during fasting. Some [diagnostic tests](#) are used to determine a fasting state. For example, a person is assumed to be fasting once 8–12 hours have elapsed since the last meal. Metabolic changes of the fasting state begin after absorption of a meal (typically 3–5 hours after eating). A [diagnostic fast](#) refers to prolonged fasting from 1 to 12 or more hours (depending on age) conducted under observation to facilitate the investigation of a health complication, usually [hypoglycemia](#). Many people may also fast as part of a medical procedure or a check-up, such as preceding a [colonoscopy](#) or [surgery](#). Fasting may also be part of a religious ritual.

Ekadashi Fasting and Nobel Prize :-

Ekadashi Fasting and 2016 year's Nobel Prize for prescription has gone to a Japanese researcher Dr. Yoshinori Ohsumi for his examination on autophagy. Autophagy intends to "self-eat". At the end of the day, the procedure by which the human body eats harmed cells and unused proteins.

Autophagy is a characteristic procedure and furthermore one which happens in instances of starvation. The disappointment of autophagy is one of the primary purposes behind the collection of harmed cells which in the long run prompts different infections in the body. Autophagy is essential to anticipate/battle tumor and furthermore assumes a fundamental part of corrupting and 'expending' cells contaminated by microbes and infections. We need to see here that antiquated India had suggested a routine with regards to fasting ('Ekadashi Fasting') one day in a fortnight. A large number of us religiously take after this training right up 'til the present time as a retribution for profound advance with no thought of the organic and helpful advantages of this training. Through this procedure of fasting prompted autophagy, our body repairs its harmed and deteriorated cells or go through the proteins of the harmed cells for its survival.

Discussion:

In Ayurved, all Roga's are caused by Mandagni (Agnimandya) – "Rogasarveapitu Mandagnuva". Aruchi (Lack of Interest), Asyavairasya (Tastelessness), AannanaAbhilasha (Anorexia), Angamardha (Bodyache) etc. are seen due to Mandagni (Agnimandya). Mandagni leads to the most common and first disease is Jwara (Fever). If untreated or treated just symptomatically, it results in number of other diseases. The treatment of Jwara starts with Langhana i.e. Fasting, as per Acharya Charak. In, fasting commonest fast done twice a month is Ekadashi fast, i.e. 11th day of a fortnight (twice in a month). If proper Langhana is done on this Ekadashi fast, it increases Agni of that person. As all Roga's are caused by Mandagni (Agnimandya) – "Rogasarveapitu Mandagnuva", which results in Aama Utpati (formation). As the Agni increases, it causes Pachana of Aama Dosha with Shrotoshuddhi. The concept of fasting activates

Autophagy, a process in which cells recycle and renew their content, has already established by nobel prize winner- Yoshinori Ohsumi, a Japanese Cell Biologist.

Ayurved says, the person if having Ajeerna, should not take food and do Langhana. If morning food is not digested, and still if person takes food in evening time, it will not be that much harmful as, if one consumes food on getting up in morning when the yesterday's night food is not digested properly. On Ekadashi, the fasting is done from morning till night, so it will increase Agni power and help in treating the Ajeerna.

Conclusion:

Fasting on Ekadashi, has great role in increasing Agni power by its Aama Pachana, Shrotoshuddhi and Agni Deepti activity.

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If proper Langhana is done on this Ekadashi fast, it increases Agni of that person. As all Roga's are caused by Mandagni (Agnimandya) – Rogasarveapitu Mandagnuva, which results in Aama Utpati (formation). As the Agni increases, it causes Pachana of Aama Dosha with Shrotoshuddhi.

A Literary Research on Role of Ekadashi in Mandagni (Agnimandya) w.s.r. to Aama.

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COVID 2019 AYURVEDA PROTOCOL FOR COMMON MEN BY NATIONAL INTEGRATED MEDICAL ASSOCIATION – CENTRAL COUNCIL INDIA

* Aahar – Advisable As per Desha and Individual
This Protocol is for **Common Men**

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)
Preventive & Prophylactic	Healthy Individuals	<ul style="list-style-type: none"> • Food Grains: Yava, Godhum, Shali • Take Laghu, Supachya, Ushna Freshly made food • Wheat chapati, jowar roti, moong dal (Green Lentil), Masoor dal can be consumed daily. (Roast grains before cooking them) • Amra Panak/ Amala/ Kokam/ Khas sharbat in summers should be gradually reduced and start with freshly made butter milk & soups (vegetable/Moong soups) • Seasonal Sour fruits (Citrus fruits-Vit C) • Milk, Ghee, Oil can be used regularly in adequate amount • Golden Milk (Milk+Turmeric) • Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) & Lehsun (Garlic), Adrak (Ginger), Hing (Asafoetida) recommended in cooking specially in rainy season. Can add cinnamon, Black pepper/ long pepper (Pippali) as per the Pradesh (Desh) <p>Drinking water:</p> <ul style="list-style-type: none"> • (2 liters of water+1 teaspoon coriander seeds +3 cloves + 2 cardamoms + Pinch cumin seeds + 1/4th teaspoon dry ginger powder boil the water & let it come to room temperature). Rainy seasons: Add cinnamon / tulsi leaves/Ginger/Carom seeds/ fennel seeds in above spices. 	<ul style="list-style-type: none"> • Use 'NAMASTE' to greet people • Vyayam-Yathashakti (Exercise) • Sukshma vyayama (warm up) loosening exercises for all joints • Yoga: Meditation, Suryanamaskar, Yoga-Asanas for 15 to 20 minutes to improve body flexibility & relieve mental stress <p>Sitting postures: Padmasana, Sukhasana, Vajrasana, Paschimottasana</p> <p>Supine position: Pawanmuktasana, Halasana, Matsyasana</p> <p>Prone position: Bhujangasana, Shalabhasana</p> <p>Relaxing postures: Shavasana, Makarasana</p> <ul style="list-style-type: none"> • Pranayam: Deep Breathing, Nadishodhana pranayama, Bhramari Pranayama • Meditation: 10 minutes • Manonigraha • Ashwasan • Chanting (As per religious beliefs) • Frequent hand washing • Social (Physical) distancing • Use of Glove & mask • Sprinkle Camphor/Nilgiri oil • Sun bath (Exposure to sun) • Snan (Medicated Bath): Vidanga Kwath / Nimba+Tulsi Patra/Raktachandan • Nidra: Sound 8 hrs Sleep • Keep the patient in warm conditions • Wear warm clothes • Avoid AC, cold air & water (as per Prakruti)

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)
		<p>Food Timing:</p> <ul style="list-style-type: none"> • Food should be taken only when previously consumed food is completely digested. • If possible avoid breakfast and have early Lunch : 10-11AM Dinner: 6:30-7.30 PM if not possible then Breakfast: Before 9.00AM Lunch: Before 2.00 PM Dinner: Before 8:30 PM <p>Apathya:</p> <ul style="list-style-type: none"> • Fermented, Fried, Spicy, Cold, Spicy, Salty food, maida, Bakery products, over eating or long hours of fasting. • Leafy vegetables (Rainy season) 	
	Health Care Staff (Covid Warriors)	Same as Healthy Individuals	Same as Healthy Individuals
	Co-Morbid Conditions	Same as Healthy Individuals	Same as Healthy Individuals
Quarantine	a) Home	Same as Healthy Individuals	Same as Healthy Individuals
	Institutional	Same as Healthy Individuals	Same as Healthy Individuals
COVID-19 Positive (SARS CoV-1)	Asymptomatic	<p>Lentils like moong, kulattha, yava (Barley) soups with garlic, ginger, coriander, dry radish, turmeric etc. Also vegetable soups. e.g-Moringa (Drumstick-Shevaga), Eggplant (Aubergene/Brinjal) lentil, Big lime soup/dal, karela and padva (Bitter/Snake gourd) with dry ginger & Ghee</p>	<ul style="list-style-type: none"> • Meditation:10 minutes • Manonigraha • Ashwasan • Chanting (As per religious beliefs) • Frequent hand washing • Nidra:Sound 8 hrs Sleep • Keep the patient in warm conditions • Wear warm clothes • Avoid AC, cold air & water (as per Prakruti)
	Co-morbid Conditions	<p>Lentils like mung kulattha, yava (barley) soups with garlic, ginger, coriander, dry radish, turmeric etc. Also vegetable soups Ex-Moringa (drumstick Shevaga) eggplant (obergene/brinjal) lentil big lime soup/dal, bitter/snake gourd (karela and padval) with dry ginger ghee.</p>	<ul style="list-style-type: none"> • Meditation:10 minutes • Manonigraha • Ashwasan • Chanting (As per religious beliefs) • Frequent hand washing • Nidra:Sound 8 hrs Sleep • Keep the patient in warm conditions • Wear warm clothes • Avoid AC, cold air & water (as per Prakruti)

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)
Apunarbhav Chikitsa (Rehabilitation / Prevention from Recurrence)		Use urad dal(Black Gram), kulith/hulga (Horsegram), spice salted fat freebuttermilk in meals	<p>•Yoga: Meditation, Suryanamaskar, Yoga-Asanas for 15 to 20 minutes to improve body flexibility & relieve mental stress</p> <p>Sitting postures: Padmasana, Sukhasana, Vajrasana, Paschimottasana</p> <p>Relaxing postures: Shavasana, Makarasana Shavasana, Makarasana</p> <ul style="list-style-type: none"> • Meditation:10 minutes • Manonigraha • Ashwasan • Chanting (As per religious beliefs) • Snan(Medicated Bath): Vidanga Kwath / Nimba + Tulsi Patra/Raktachandan • Nidra:Sound 8 hrs Sleep • Keep the patient in warm conditions • Wear warm clothes • Avoid AC, cold air & water (as per Prakruti)

COVID-19, Ayurved Protocol for Common Men by 'NIMA'- Central Council, India

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COVID 2019 AYURVEDA TREATMENT PROTOCOL FOR VAIDYAS BY 'NATIONAL INTEGRATED MEDICAL ASSOCIATION' – CENTRAL COUNCIL INDIA

* Aahar – Advisable As per Desha and Individual
This Protocol is for **Common Men**

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)	UPAKRAM	AUSHADH (mEDICINES)
Preventive & Individuals	Healthy Prophylatic	<ul style="list-style-type: none"> • Food Grains: Yava, Godhum, Shali • Take Laghu, Supachya, Ushna Freshly made food • Wheat chapati, jowar roti, moong dal (GreenLentil), Masoor dal can be consumed daily. (Roast grains before cooking them) • Amra Panak/ Amala/ Kokam/ Khas sharbat in summers should be gradually reduced and start with freshly made butter milk & soups (vegetable / Moong soups) • Seasonal Sour fruits (Citrus fruits-Vit C) • Milk, Ghee, Oil can be used regularly in adequate amount • Golden Milk (Milk+Turmeric) • Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) & Lehsun (Garlic), Adrak (Ginger), Hing (Asafoetida) recommended in cooking specially in rainy season. Can add cinnamon, Black pepper/long pepper (Pippali) as per the Pradesh (Desh) 	<ul style="list-style-type: none"> • Use 'NAMASTE' to greet people • Vyayam-Yathashakti (Exercise) • Sukshma vyayama vyayama (warmup) loosening exercises for all joints • Yoga: Meditation, Suryanamaskar, Yoga-Asanas for 15 to 20 minutes to improve body flexibility & relieve mental stress <p>Sitting postures: Padmasana, Sukhasana, Vajrasana, Paschimottasana</p> <p>Supine position: Pawanmuktasan, Halasana, Matsyasana</p> <p>Prone position: Bhujangasana, Shalabhasana</p> <p>Relaxing postures: Shavasana, Makarasana</p> <ul style="list-style-type: none"> • Pranayam: Deep Breathing, Nadishodhana pranayama, Bhramari Pranayama • Meditation: 10 minutes • Manonigraha • Ashwasan 	<p>Dhoopan: (3 times a day in & around the Home and work place). Following dhoopana dravya must be used as per the</p> <p>Availability: Dashang Dhoop/Aparajita/ Guggul/Nimba patra Guggulu, Nimba patra, Vacha, Kushtha, Haritaki, Sarshapa (yellow mustard), Yava and Go Ghrut should be mixed and used for dhoopana vidhi Guggulu, Agar, Ral, Vacha, Shwet Sharshap, Lavan, Neem patra and Ghruta. Other dhoopana dravya that can be added as per availability</p> <p>Bhimseni Kaapur, Hingu, Haridra, Suntha, Gomaya, Akshata, Jatamamsi, Shatapushpa, Musta, Ela, Bilwa, Daruharidra, Nagkesar, Tamalpatra</p>	<ul style="list-style-type: none"> • Cinnamon+Clove +Black Pepper +Tulsi kwath-20 ml OD or BD • AYUSH Kwath OD or BD • Goat or Cow milk boiled with 10 fruits of Pippali (Piper longum) • Guduchi + Kantakari + Dashmool kwath 20ml/ 40ml BD • Shonak churna 1gm with Ginger & honey • Dashmoolsiddha Jal • Chavanprash • Agastya Haritaki • Amalaki Rasayan • Amalaki churna / vati • Guduchi ghanavati • Aswagandha Ksheerpak/Ashwagandha Ghanavati • Rasayan Vati <p>For Children: Suvarnaprashan can be given for kids till age of 16yrs.</p> <p>< 3 yrs. old Children: - Sitopladi Churna- 200 mg Balchaturbhadra Churna - 75 mg BD with Honey for- 3-10 yrs old children- Sitopladi Churna- 1 gm.</p>

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)	UPAKRAM	AUSHADH (mEDICINES)
		<p>Drinking water:</p> <ul style="list-style-type: none"> • (2 liters of water + 1 teaspoon coriander seeds +3 cloves + 2 cardamoms + Pinch cumin seeds + 1/4th teaspoon dry ginger powder boil the water & let it come to room temperature). Rainy seasons: Add cinnamon / tuls i leaves/ Ginger/Carom seeds/ fennel seeds in above spices. <p>Food Timing:</p> <ul style="list-style-type: none"> • Food should be taken only when previously consumed food is completely digested. • If possible avoid breakfast and have early Lunch: 10-11AM Dinner: 6:30-7.30pm if not possible then Breakfast: Before 9.00 am Lunch: Before 2.00 PM Dinner: Before 8:30 PM <p>Apathya:</p> <ul style="list-style-type: none"> • Fermented, Fried, Spicy, Cold, Spicy, Salty food, maida, Bakery products, over eating or long hours of fasting. • Leafy vegetables (Rainy season) 	<ul style="list-style-type: none"> • Chanting (As per religious beliefs) • Frequent hand washing • Social (Physical) distancing • Use of Glove & mask • Sprinkle Camphor / Nilgiri oil • Sun bath (Exposure to sun) • Snan (Medicated Bath): Vidanga Kwath / Nimba+Tulsi Patra / Raktachandan • Nidra: Sound 8 hrs Sleep • Keep the patient in warm conditions • Wear warm clothes • Avoid AC, cold air & water (as per Prakruti) 	<ul style="list-style-type: none"> • Abhyanga- Sesame oil • Pratimarsha Nasya/Nasal Application: (Go ghrita /Coconut oil/Sesame oil/Anutail): 2 drops each • Gandhush: Triphala + Haridra + Yashtimadhu Kwath • Kawal Dharan: (Oil Pulling) : Tiloil/Haridra • Inhalation: Karpuradi tail • Laghu Vamana / Sadyo Vaman • Mrudu Virechan, etc. can be done only under supervision of an expert Vaidya (As per indications & Patient's condition) 	<p>Trikatu Churna-500 mg Gilory Satva - 125 mg BD with Honey</p> <ul style="list-style-type: none"> • Kalyanaka Ghrita: 5-10 ml in two divided doses with warm milk. • Aravindasavam 5-15 ml in two divided doses with warm water after food. • Balchaturbhadra churna: 1-2 gm dose with honey two times a day dose of medicines in children. • Rasayan for pregnant & Lactating women • Phala sarpis*- 10-12 gm in two divided doses with warm water. • K a l y a n a k a Ghrita* - 10 - 12 gm in two divided doses with warm water • Ashwagandha Rasayana*- 10 -12 gm twice daily with warm milk. • Soubhagya Shunti Leha* - 10 - 12 gm twice daily with warm milk in empty stomach • Daily use of milk Ghee (cup of milk with a teaspoon of ghee) <p>*Disclaimer – The Rasayana drugs should be consumed after recovery from the fever and once Agni is stabilized during pregnancy</p>

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)	UPAKRAM	AUSHADH (Medicines)
	Health Care Staff (Covid Warriors)	Same as Healthy Individuals	Same as Healthy Individuals	<ul style="list-style-type: none"> • Dhoopan: Dashang/ Aparajia/ Guggul & Nimba patra • Pratimarsha Nasya/Nasal Application : (Goghrita/Coconut oil/Anutail) • Gandhush: Triphala+ Haridra + Yashti-madhu Kwath • Inhalation: Karpuradi tail 	All medicines mentioned for Healthy individuals group + <ul style="list-style-type: none"> • Khadiradi Vati / Lavangadi Vati • Tulsi patra (basil Leaves) siddha
	Co-Morbid Conditions	Same as Healthy Individuals	Same as Healthy Individuals	<ul style="list-style-type: none"> • Pratimarsha Nasya / Nasal Application: (goghrita/coconut oil/Anutail) • Gandhush: Triphala+Haridra +Yashtimadhu Kwath 	All medicines mentioned for Healthy individuals group. (* Sitopaladi Churna & Chavanprash will be Contraindicated in DM patients) (* Continue with all regular medicines)
Quarantine	a) Home	Same as Healthy Individuals	Same as Healthy Individuals	<ul style="list-style-type: none"> • Dhoopan: • Pratimarsha Nasya (Goghrita/coconut oil/Anutail) • Gandhush: Triphala+ Haridra + Haridra + Vidang Kwath • Inhalation : Karpuradi tail 	<ul style="list-style-type: none"> • Cinnamon+Clove+Black Pepper+ Tulsi Kwath-20 ml OD or BD • AYUSH Kwath OD or BD • Goat or Cow milk boiled with 10 fruits of Pippali (piper Longum) • Guduchi + Kantakari + Dashmool Kwath 20 ml/40ml BD Pepper+ Tulsi Kwath-20ml OD or BD • Shonak churna 1 gm with Ginger & honey • Dashmoosiddhajaal • Agastya Haritaki • Amalaki Rasayan • Amalaki Churna/Vati • Guduchi Ghanavati • Aswagandha ksheerpak/ Ashwagandha Ghanavati • Rasayan Vati.
	Institutional	Same as Healthy Individuals	Same as Healthy Individuals	<ul style="list-style-type: none"> • Dhoopan: • Pratimarsha Nasya (Goghrita/coconut oil/Anutail) • Gandhush: Triphala+ Haridra + Vidang Kwath • Inhalation : Karpuradi tail 	Same as Home Quarantine (As patient will be under physicians supervision he can make changes in medicines)

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)	UPAKRAM	AUSHADH (Medicines)
COIVD-19 Positive (SARS CoV-2)	Asymptomatic	Same as Healthy Individuals	Same as Healthy Individuals	<ul style="list-style-type: none"> • Dhoopan: • Pratimarsha Nasya (Goghrita/Coconut oil/Anutail) • Gandhush: Triphala+ Haridra +Yashti-madhu Kwath • Inhalation: Steam/ Nilgiri Oil • Snehan-Swedan: (Chest+ Back) 	<ul style="list-style-type: none"> • Amrutarishta • Amapachak Vati • Aragwadhi-kapila Vati • Tribhuvankirti ras • Suvarna Malini vasant • Vasavaleha • Guduchi + Kantakari + Dashmool Kwath 20ml BD • Sitopaladi Churna with Honey • Dashmoosiddha Jal • Chavanprash • Agastya Haritaki • Amalaki Rasayan
	Symptomatic	Lentils like moong, kulattha, yava (Barley) soups with garlic, ginger, coriander, dry radish, turmeric etc. Also vegetable Soups. e.g- Moringa(Drumstick-Shevaga), Eggplant (Aubergene/Brinjal) lentil, Big lime soup/dal, karela and padva (Bitter/Snake gourd) with dry ginger & Ghee	<ul style="list-style-type: none"> • Meditation: 10 min. • Manonigraha • Ashwasan • Chanting (As per religious beliefs) • Frequent hand washing • Nidra: Sound 8 hrs. sleep • Keep the patient in warm conditions. • Wear warm clothes • void AC, cold air & water (as per prakruti) 	<ul style="list-style-type: none"> • Dhoopan: • Pratimarsha Nasya (Goghrita/Coconut oil/Anutail) • Gandhush: Triphala+ Haridra +Yashti-madhu Kwath • Inhalation: Steam/ Nilgiri Oil • Snehan-Swedan: Vishgarbha Oil/ Sesame Oil + Saindhav (Chest + Back) • Langhan 	<ul style="list-style-type: none"> • Sudarshan Ghanavati • Vyoshadi vati • Pranda Gutika • Vasavaleha • Talisadi+Tankan+abhrak bhasama with Honey • Chausastha pippali churna • Rasasindur 150 mg BD with adrakswaras & madhu • Laxmivilas Ras (Nardiya) Laxmivilas ras • Suvarnamalini Vasant • Shwakas chintamani • Mrityunjay Rasa 25-500mg TDS/QID with Madhu • Sameerpannag <p>For Dry Cough : Anupana : Drakshavaleha</p> <p>i) Sitopaladichurna 2gm + Suvarna makshik bhasma 250mg + Godanti Bhasma 250gm.</p> <p>ii) Sitopaladi churna 2gm + Praval bhasma 250mg + Guduchi satva 250mg.</p> <ul style="list-style-type: none"> • Gandhak Rasayan • Somasav 10ml BD • Tab. AYUSH 64 • Trikatu churna 2gm BD with Honey • Shadangodak (SOS) • Dashmoosiddha Jal • Guduchi + Kantakari kwath + Dashmool 20ml BD • Navang Kashaya-sounth+Guduchi+Musta+Chirayata+laghuPanchamoola • Ashtadashang Quath (Sh.S.M.Kh 2/41-42) Patients of Pneumonia (LRTI) with Resiratory failure with Multi organ failure

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)	UPAKRAM	AUSHADH (Medicines)
					<p>Treatment principle : Abhrak bhasma (Shataputi/Sahastraputi) 60-125mg repeatedly Hemagarbhapottali rasa 30-60mg with madhu Shwasakasachintamani Rasa 60-125mg with Madhu Kasturibhairav rasa 60-125 mg with Madhu Yogendra Rasa 60-125 mg with Madhu</p>
	Co-morbid Conditions	Lentils like mung kulattha, yava (barley) soups with garlic, ginger, coriander, dry radish, turmeric etc. Also vegetable soups Ex-Moringa (drumstick Shevaga) eggplant (obergene/brinjal) lentil big lime soup/dal, bitter/snake gourd (Karela and padval) with dry ginger ghee	<ul style="list-style-type: none"> • Meditation: 10 min. • Manonigraha • Ashwasan • Chanting (As per religious beliefs) • Frequent hand washing • Nidra: Sound 8 hrs. sleep • Keep the patient in warm conditions. • Wear warm clothes • void AC, cold air & water (as per prakruti) 	<ul style="list-style-type: none"> • Pratimarsha Nasya (Goghrita/Coconut oil/Anutail) • Gandhush: Triphala+ Haridra +Yashti-madhu Kwath • Inhalation: Steam / Nilgiri Oil • Snehan-Swedan: Vishgarbha Oil/ Sesame Oil + Saindhav (Chest + Back • Langhan 	<ul style="list-style-type: none"> • Sudarshan Ghanavati • Sameerpannag ras (SOS) • Tribhuvankirti ras • Shwaskas Chintamani • Vasantkusumakar ras • Pooshkarmool churna • Vasavaleha • Dashmoolsiddha Jal • Guduchi+Kantakari+ Dashmool kwath 20ml BD • Co-Morbidity wise Treatment • Patients>60 yrs. Ashwagandha Ghana vati, Suvarnamalinivasant • Patient with HTN/IHD Prabhakar Vati, Jatamansi Ghana vati, Arjunarishta • Patients with COPD: Abhrak bhasma (Shataputi/Sahastraputi) Ashwagandha+Shunti churna, Guduchi+yashtimadhu churna, Kantakari Avaleha • Patients with Immunocompromised state- Suvarnamalini Vasant, Amrutbhallatak • Patients with CKD: Sarvatobhadra Vati.

CATEGORY	SUB-CATEG	AHAR (DIET)	VIHAR (PERSONAL & SOCIAL HABITS)	UPAKRAM	AUSHADH (Medicines)
Apunarbhav Chikitsa		Use urad dal (Black Gram), Kulith / hulga (Horse gram), spice salted fat free butter milk in meals	<ul style="list-style-type: none"> • Yoga : Meditation, Suryanamaskar, Yoga- Asanas for 15 to 20 min. to improve body flexibility & relieve mental stress Sitting postures: Padmasana, Sukhasana, Vijrasana, Paschimotasana Relaxing postures : Shavasana, Makarasana • Meditatio: 10min • Manonigraha • Ashwasan • Chanting (As per religious beliefs) • Snan (Medicated Bath) : Vidanga Kwath/ Nimbu+Tulsi Patra / Raktachandan • Nidra: Sound 8 hrs. sleep • Keep the patient in warm conditions • Wear warm clothes • Avoid AC, cold air * water (as per Prakruti) 	<ul style="list-style-type: none"> • Dhoopan • Gandhush: Triphala+ Haridra +Yashti-madhu Kwath 	<ul style="list-style-type: none"> • Amrutarishta • Pippalyasav • Paripathadi Kadha • Ashwagandharishta • Vashishta rasayan • Agasthya Haritaki • Rutu Haritaki • Chavanprash • Amalaki Rasayan • Vasavaleh • Madhumalini vasant • Sanshamani Vati • Sitapaladi Churna • Panchatikta ghrita pana • Guduchi+Kantakari Kwath+Dashmool 20ml BD • Dashmooolsiddha Jal

COVID-2019 Ayurveda Treatment Protocol for Vaidyas by 'NIMA' Central Council, India

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Scientific Explanation of 'Ahar Vidhi Vidhan' mentioned by Charakacharya (disciplinary Diet/Eating)

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Abstract-

Ayurveda is the ancient science which not only gives effective treatment for many diseases but also provides healthy way of living. *Ahar*, *Nidra* & *Bramhacharya* is three important *upastambha* of life in *Ayurveda*. *Ayurveda* gives immense importance of *Ahar* and explains that how healthy and techniqueful eating is important for healthy body, mind and soul. *Acharya charak* describes '*Ahar Vidhi*' which gives us importance of Do's and Don'ts about diet and drink. It gives importance of eating healthy food and also describes its various ways. In present Era, diet and lifestyle is unknowingly responsible for many diseases. Now a day, people are fascinated towards frozen & preserved food which satisfy their taste bud but as well invites many diseases. That's why one should follow *Ayurveda* principles to prevent various lifestyle disorders. Present study is review of '*Ahar Vidhi*' and the disorders caused by not following the principles described by *Acharya charak*. This study also states that

there is scope of scientific testing to justify textual references.

Keywords-

Ayurveda, *Ahar Vidhi*, diet, Life Style disorders.

Introduction –

Ahar is basic need of living beings. In present, there is increase in prevalence of life style disorders in which faulty and unhealthy diet habits play an important role. Nowadays improper way of diet due to fast life, leads to several diseases which can be avoided by following '*Ahar Vidhi Vidhan*'. *Ahara Vidhi Visesa Ayatana* means, the causative factors responsible for the wholesome and unwholesome effect of the methods for diet intake. There are many diseases, in which *Ahara Vidhi Vidhana* is mentioned as *Hetu*. So the advice of *Pathyasevana* and *Nidana Parivarjana*, in the form of *Ahara Vidhi Vidhana*, can also help for *Vikarasamana*. The term *Ahara Vidhi Vidhana* is used first

by *Charaka* in *Vimanasthana* 1st chapter. Though many other classics have elaborately mentioned the same rules, they have explained them under different headings like *Bhojana Vidhi*, *Annavidhi* etc.

Aim and objectives:

To review the '*Ahar Vidhi*' and the disorders caused by not following the '*Ahar Vidhi*' described by *Acharya Charak*.

Material and methods:

In this conceptual study, a review of *Charaka Samhita vimanstana* has been done.

Discussion:

Scientific Explanation of *Ahar Vidhi Vidhan*-

The concept of *Ashta Ahar Vidhi Visheshayatan* was put on decades ago but holds strong even in today's era. Need is to assimilate it in our daily routines. In order to remain healthy, individual must take into consideration the basic nature of food that will suit to his *Prakriti*, because it is this diet that will stabilize his *Doshas* and replenish his *Dhatus*. The term *Ahara Vidhi Vidhana* (Dietary guidelines) is used first by *Acharya Charak* in *Vimanasthana* 1st chapter. These eight rules about diet are as follows –

***Ushnam Ashniyat*¹ (Consuming warm food) –**

According to *Charakacharya*, consuming warm food tastes good, pacify *Jatharagni*, digests easily and *Vat-Kapha* are maintained at equilibrium. On taking cold food, body uses energy to make it warm, then it is digested and nutrients are absorbed. Excessive consumption of warm food also lead to number of health issue like fatigue, weight gain etc.

***Snigdham Ashniyat*² (Consuming fat included diet)-**

According to *Acharya Charaka*, fat increases the taste, ignifies *Jatharagni* diets easily, pacifies *Vata*, encourages body growth, strengthens *Indriya* and body, improves complexion. That why one should consume fat included diet fats are essential for giving energy and protects the organs, keep your body warm, important for absorption of vitamin A,D,E, K-Fat provides structural component not only of cell membranes in the brain but also of myelin that surrounds each nerve fiber fats are structural component of most important substances in the body including prostaglandins regulate production of sex hormone, *Ruksha Ahar* produces difficulty in excretion of urine, stool and semen.

***Matravat Ashniyat*³ (Balance diet) –**

One should eat balance and limited diet which maintains the equilibrium of *Tridosh* and enhances longevity, easily excreted, not disturbs the *Jatharagni*, digest easily. Also unbalanced and unlimited diet can lead to weight gain, obesity which is linked to diabetes, heart disease and other illness.

***Jeerne Ashniyat*⁴ (Digestion and first meal is necessary before taking second meal)**

If second meal is taken after digestion of first meal then it enhances the longevity otherwise *Apkava Ahar Rasa* mixes with the, *Pakva Ahar Rasa* and vitiates the *Doshas*. So one should see if there is equilibrium of *Doshas*, having a clear belch; gases, urine and stool passed well, having well, appetite then he should

then he should eat his next meal. Otherwise, frequent eating without observing the digestion pattern can lead to indigestion, acidity, constipation, bloating etc.

Veerya Aviruddham Ashniyat⁵ - (one should eat *Veerya Aviruddha Ahar*)

Charakacharya has mentioned that if *Veerya Aviruddha Ahar* is taken then one can lead to several diseases such as sterility, blindness, or ascites, eruptions, insanity, fistula, fainting, intoxication, tympanitis, anemia, food poisoning, skin diseases, rhinitis, acidity etc.

Ishtadeshe Ishtasarvopakaram Ashniyat⁶ – (food should be consumed on proper place with proper utensils)

If food is consumed on proper place & proper utensils then one can eat the food being stress- free and can enjoy the food which is necessary for both healthy body and mind.

Natidrutam Ashniyat⁷ (food should not eaten rapidly)

If food is taken rapidly then some particle can be passed in respiratory tract causing choking or lead to infections also by eating rapidly one cannot analyses the impurity mixed with food such as small stone particles, hairs etc.

When people eat fast, they tend not to feel full and are more likely to overeat. Eating fast can cause bigger glucose fluctuation which can lead to insulin resistance.

Nati Vilambit Ashniyat⁸ (food should not taken too slowly)

If food is taken too slowly then it does not satisfies the individual, more quantity can be taken, not digests properly and also food becomes cold.

Ajalpan- Ahasan – Tanamana Bhunjeet⁹ (eating without talking laughing, mindful eating)

One should take the food without laughing and talking otherwise choking and infection in respiratory tract can occur mindful eating gives realization what we are eating, it is useful or not, what quantity we are eating.

We should not talk or laugh while eating, if we do so then food will not get digested and it will create low quantity sugar, low quantity fats. When we open mouth for speaking air enters the mouth and this air spoil the digestive work of saliva and food also most of the times our talks are about our family ,office or any problem which gives emotions such as anger, tension to which some chemical changes happen in our body and digestion is affected.¹⁰

Atmana abhisamikshya¹¹ (eating after analyzing the need) –

One should eat after analysing the food that is good for me or not? Can I digest it or not?

Diet should be taken by thinking *Prakruti, Agni, Satmya, Dosh, Abhyavaharan Shakti, Jaranshakti*.

Also age, pregnancy, lactation, sickness, travelling, type of work should be considered while taking diet.

Conclusion

Scientific evaluation of the *Ashta ahar vidhi visheshayatan*, when presented in front of people, may provoke their

interest towards these eight norms again. After viewing above points of *Ahar Vidhi Vidhan*, it can be concluded that *Aahar* if consumed according to above mentioned features, proves the best medication and a prophylactic treatment of most of the diseases, such as diabetes mellitus, obesity, stress, PCOS, Infertility, acidity, many other diseases for which faulty and unhealthy diet habits are responsible for many extents.

So taking disciplinary diet according to *Ahar Vidhi Vidhan* gives a healthy mind, body and soul.

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10. <https://fresh2refresh.com>>we should not talk while eating.
11. Ibidem 1, Rasavimana adhaya 1/24/10, page no. 560.

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Anushri Vasant Netke, Satish Digambar Urhe, Ankush Haushiram Gunjal

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**“EFFECT OF ERAND SNEHA IN THE MANAGEMENT OF SARVASARA MUKHROGA” –
A CASE STUDY**

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KEYWORDS: *Mukhapaka*, stomatitis, *eranda taila*, castor oil.

INTRODUCTION

Ayurveda always gives us preventative and healing therapies along with various methods of purification and rejuvenation. *Mukhapaka* is one of the “*Mukhasamudbhav vyadhi*” which occurs in anywhere in the oral cavity. *Acharya sushruta* has explained 65 *mukharogas* in *Sushrut Samhita adhyay*.^[2] *Acharya charka* and *Acharya kashyapa* has explained it as *mukhapaka*, elsewhere *Acharya shushruta* & *Acharya vagbhata* has explained it as *sarvasara mukharoga*.^[3] he explained *mukhapaka* as *sarvasar mukharoga*, we can correlate *sarvasar mukharoga* to the stomatitis disease in modern medicine science. Stomatitis is a type of the mucosities i. e. A condition defined as pain or inflammation of the mucous membrane. In the disease stomatitis sore or inflammation present anywhere in oral cavity it may present on inside of cheeks, lips, or over tongue *Sarvasar mukharoga* is one of the disease of oral cavity which causes *paka avastha* of oral mucosa. *Sarvasara* means the disease which have capacity to spread all over the buccal mucosa. *Mukhapaka* is mentioned under the 40 *nanatmaj pitta vikara* according to *charaka*.^[4] *Acharya Dalhana* explained in his

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A 30 year old male patient reported to OPD DEPARTMENT OF SHALYATANTRA in Aarihant Ayurvedic medical college and research center, OPD NO-3412 Gandhinagar on 4th March 2020.

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History of present illness

Patient was absolutely normal before 5 months later he started pain, ulcers and inflammation in the oral cavity.

He took some allopathic treatment for this and got symptomatic relief but when medicine dose gets over after 2 days he get recurrence of mouth ulcers followed by pain and redness and inflammation. Thus he came to our hospital for a better treatment with *Ayurveda*.

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Vyasana: No any

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Pulse - 72 /min

Temperature-Normal

Respiratory rate - 18/Min

Height - 164cms

Weight - 65kgs

Conjunctiva - Normal

Lymph nodes - no enlargement

Dashavidha Pariksha:

Prakruti - pittakapha

Sara - Madhyama

Samhanana-Madhyama

Pramana - Madhyama

Satwa-Avara

Ahara Shakti- Madhyama

Vyayama Shakti - Madhyama

Vaya – Madhyama

Systemic Examination:

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CVS- S1 S2 normal

RS-A_EB_E clear

PA- Soft and Non Tender.

Treatment:

So firstly we explained to the patient, about cause of disease, and to remove cause of disease what is the exactly line of treatment as per *Ayurveda*. What is *virechan karma* and what is the exact action *virechan* with *eranda taila* (castor oil) on our body.

Patient has to advise to take simple, non-spicy, and light *aahar* at night and advice to take *eranda taila* (castor oil) 30 ml in the next morning at 5 AM, with glass of warm water only once. Because as per ancient *ayurvedic* literature *virechana karma* should be is done after sunrise and after *sleshma kala*.^[9] *Virechana aushada* which is given in morning, after *paka* it will cause *samyak virechana*.^[10] After taking *eranda taila* we advised him to take full rest. After 3 hours proper action of *eranda taila* seen in the patient's body and patient feel loose motion. We already advicesd patient to count the *Vega* of *virechana*. We console him about 7 to 8 *Vegas* of *virechana* may occur so patient is aware about all these things And has adviced to take full rest next day of errand tail sevan. And adviced to take simple and very light diet for next few days. And *advised* to come for follow-up after 3 days.

RESULTS

When patient came for follow-up after 5 days Remarkable changes seen. Patient gets complete relief from *mukhapaka* / stomatitis. Patient is absolutely fine and not having any single complaint. *Agni* of patient also gets improved and patient feels fresh and energetic in his daily routine. Patient is completely happy with *Ayurveda* treatment.



BEFORE TREATMENT



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DISCUSSION

After taking full history of patient and after doing physical examination, we observed that the *prakruti* of patient is *pitta Pradhan kapha* and age of patient is *madhyam* and according to ancient *ayurvedic samhitas madhyam vaya* more tends to *pitta doshaj vikar*. So here is one of cause of *mukhapaka* is aggravated *pitta dosha*.so here we planned to treat the cause of *vyadhi* first so we have to decrease symptoms of *pittaprakopa* by *pittaghna chikitsa* i.e.by *virechana karma* with *snehvirechana*. *Virechana karma* is one of variety of *Shodhana karma*, and the first line of Treatment in *pittaj vyadhi*, and as *mukhapaka* is *pittaj vikar* *virechana* is one of the major *shodhan karma* described for *pittaj vikara*. *Virechana* also helps in better drug absorption, by preparing a *kostha* for the *shaman* drugs to act on the target site. It is considered to be the best treatment to remove the morbid *doshas* from the body and also purifies the blood.

Action of *Eranda Taila*: It is a well-known drug for *virechana*, when administered orally. After oral administration, it is converted into ricin oleic acid by the pancreatic juice (Lipase), which irritates the bowel, stimulates the intestinal glands and muscular coat to cause purgation. It acts in 4 to 5 hours causing liquid stools without gripping pain. *Eranda* pacifies *Vata* by its hot, unctuous, heavy and laxative properties. *Eranda* with its laxative property also helps to cure constipation by dislodging the encrusted matter.^[11]

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CONCLUSION

Mukhapaka is *pittaj vyadhi* caused due to *pittaprakopak aahar vihar* *eranda* and can be managed by *virechan karma* with *eranda senha* without taking lots of oral medicines. This treatment is easy and can be done by non-medico person at home under the guidance of ayurvedic *Vaidya*'s.

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Effect of Gomutra on Serum Cholesterol

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Abstract :

In day to day life fluent lifestyle modified diet lack of exercise may leads physical parameters to pathological one. The patient of increase total serum cholesterol as well as increase LDL clinically managed to normal range by simple administration GOMUTRA once daily in the morning after evaluating with empty stomach. The case report describes by both Ayurveda and Morden point of view

Introduction :

Cholesterol is waxy ,fat like substance found in all cells in human body. Body needs some cholesterol to make hormones vit D, and substances help for digestion. body makes all the cholesterol its needs. cholesterol travel through the blood on protiens called “**lipoprotiens**” Two types of lipoprotiens carry cholesterol through the body

1) LDL - Low density lipoprotiens ie. bad cholesterol high levels

LDL raise risk of heart diseases.

2) HDL - High density lipoprotiens ie. good cholesterol absorbs cholesterol and carries it back to liver.the liver flushes it from the body high level HDL can lowers the risk of heart diseases and stroke.

Gomutra :

InAshtanga samgraha Properties as of cowls urine hav been given as follows -

It is ruksha, tikshan, ushan a, having katu taste with salty (lavana) anurasa. All these properties are Opposite to that of properties of meda and so cholesterol. This explains its anticholesterol properties. It is also mentioned that it Deepan, paachana and bhedi properties Deepan & paachan indicates improvement in metabolism and bhedi property is indicative of breking obstruction so probably because

of these Properties it is beneficial in breaking or removing obstruction in vessels caused by increased cholesterol. The urine of cow is noted for pharmaceutical properties. It is claim gomutra is help full in the treatment of line disfiction , peptic ulcer, lapracy anaemia and cancer , According to charak and bhavprakash samhita

Chemical Constitutes of Gomutra :

Cow urine contains nitrogen, phosphorus, sulfur, sodium manganese, iron, silicon, tartaric and calcium salt, vitamins A, B, C D, E, minerals, lactose, enzymes, creatinine, Harmons & gold acids

Case History & Examinations :

A 54 years old male presented at OPD level used to for routine clinical and pathological check up every year after his every birthday. He had no history of associated pathology like heart diseases, hyperthyroidism, respiratory diseases or other pathology. He was afebrile not obese normotensive and not taking any sort of medicine. Hunger thirst were normal. Bowel bladder were normal .No other bad habits alcohol smoke etc .Family history was also insignificant for any pathological history. But still his Lipid profile waqs marked increased suggestive of total cholesterol as well as LDL Cholesterol.

TABLE 1:- Chief clinical pathological and biochemical findings before and after intervention .

Variable	Before intervention	After interventions 7 mth
Total cholesterol	269 mg/dl	196 mg/dl
Triglycerides	112 mg/dl	110 mg/dl
HDL cholesterol	36 mg/dl	38 mg/dl
LDL cholesterol	154 mg/dl	136 mg/dl

Diagnosis :

On clinical examinations general condition was good TPR ,BP (no febrile),pulse :74/min ,resp rate :- 18/min ,BP:- 124/80 mm/hg within normal range. Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range.

Management Done :

Suggested **Gomutra** yoga therapy i.e. practise of Gomutra sincerely and regularly after evacuation at morning with empty stomach. As Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range. No any oral medicine or dietary restrictions or advice are suggested

Materials, Methods & Drugs of review :

- ❖ Gomutra is given in morning after evacuating O.D (once daily) with empty stomach
- ❖ Dose :- 15 ml O.D
- ❖ Anupan : with drinking water-15 ml (not child)
- ❖ Duration:- at least 6 months
- ❖ Follow up: after 7th month taking in this case

Outcome Majors :

Follow up - Details are shown in table 1

Observations :

Observations are shown in Table 1

Discussions :

Though the patient not suffering any diseases and disorder clinically still his basic lipid profile parameters was on higher side compare to normal range biochemically. In this case patient used to drink 15 ml Gomutra with same quantity of water i.e 15 ml once daily after evaluating with empty stomach.

Conclusions :

A simple ,constant ,regular, orals administration of gomutra lead to pathological increased parameter of serum cholesterol to normal range. Gomutra is the best methodology to reduce bad cholesterol (LDL) and increased of good cholesterol (HDL)

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Importance of Panchkarma in Balrog

Vd. Vijay Suryawanshi



Abstract: Childhood is a most important life span where *manasika* and *sharirika* development takes place. *Ayurveda* explains various diseases and their several treatment. One among them is *panchakarma*, which is the *shodhana chikitsa* of *Ayurveda*. Panchkarma helps in preventing ageing, gives strength to body and brain, longevity and destroys different diseases. In some text it is explained that *balaka* is an *anarha* for the panchkarma procedures upto 7 yrs of age while *kashayap* advised from first year of life. All *dosha prakopa* occurring in adults and children are because same causative factors, but along with it more risk in babies is due to *dhatu*, breastmilk vitiation, immaturity etc. Due to present modern lifestyle, children are suffering from tension, stress, depression, anxiety, deficiencies and disorders. So the panchkarma treatment becomes the main stay of treatment in the *balrog*. The different *panchakarma* procedures carried out according to *kala*, *bala* which provides health to child and treat the underlying diseases. So to provide good health and quality life to the child, *panchakarma* plays a crucial role in the management of *balrog*.

keywords- *panchakarma*, *chikitsa*, *balrog*, child health, *Ayurveda*

Introduction

Ayurveda is an important system of indigenous medicine. *Ayurveda* considers *sharirika* and *manasika bhava* in treating the disorders. *Ayurveda* not only cure diseases, but also provides health and prevent several diseases. *Ayurveda* describes various diseases and several treatment. One among treatment is *panchakarma*, which is *shodhana chikitsa* of *ayurveda*. Panchakarma prevents ageing, gives strength, longevity and destroys various diseases. Considering the age, childhood is very crucial and important life span were most of

manasika and *sharirika* development takes place. Childhood disease is described as *balrog* in *Ayurveda* literature. Most of the *dosha prakopa* occurring in adults and children are due to *dhatu*, breastmilk vitiation, immaturity etc. Due to modern lifestyle children are suffering from tension, anxiety, stress, depression, deficiencies and disorders. So the *Panchakarma* becomes the main stay of treatment in *balrog*. *Panchakarma* is done according to the strength of children *bala*, *kala*, *agni*, *dosha*, tolerance capacity. Different procedures are carried out in *panchakarma* like *swedana*, *virechan*, *basti*, *nasya* etc. Which provides child health and treats the underlying diseases. So to provide quality and health to the child, *panchakarma* plays crucial role in management of *balrog* by maintaining the balance equilibrium of *dosha*, *dhatu*, *mala*. *Kashayapa* advised *panchakarma* since first year of life.

Limitations of panchkarma in balrog.

-*aparipakva dhatu*, -*ajatavyanjana*, -*sukumara*,
-*akleshasaha*, -*vakchestayohasamarthyas*

Pradhana karma

Vamana: *Vamana* is possible to carried out since birth onwards. It is a choice of treatment in *kaphaja* disorders, especially in children who have predominance of *kapha*. According to *kashayap* ideal age for *vamana* is after 6 yrs of age. *Mridusachyo vaman* is advised in *balrog*. No pre procedure is required in infancy and in early childhood modification in drug is required and dosage according to age, *bala*, *kala*, *prakruti*. Etc

Kshreerada: application of *vamana* drugs Like *madana*, *pippali*, *saindhava*, *madhu* over the breast of the mother, allow it to dry, wash it and then allow baby to breast fed which will lead to easy *vamana*.

Kshreerannada: administration of *madana*, *vacha* along with breast milk.

Annada: decoction of *madana*, *vacha* and *saindhava* is given.

भासकः अनुपालनानाम्।

॥ आयुर्वेद पत्रिका ॥

ऑक्टोबर २०२०/२४

Virechana: It is contraindicated in *baala*. If procedure is to be performed, then it should be done with caution as it might leads to life threatening dehydration. So consider *mruduvirechan* with *aragwaad* in children..

Basti: *Kashayap* have mentioned *basti* administration after age of 1 yr means when child is fully on solid diet. As *basti* is very effective in development of baby as it developed paraneuron of gut and endocrine system, which stimulate the nervous system. It is very effective in neurological disorders like cerebral palsy. Some *basti* used are *balarasnadi niruha*, *yashtimadhu tail basti*, *dashmula madhutaalik basti* etc.

Nasya: *Pratimarsha nasya* can be given since birth to babies and ideal for children for daily basis.

Raktamokshana: *Raktamokshan* is contraindicated in whole childhood period upto 16 yrs. If disease is not cured by *shamana* and if *raktamokshan* is indicated in *pitta* and *raktaja* disorder like *ahipootana*, *visarpa*, *mukhadushika* then *jaloukavacharan* is done safely.

Discussion: While treating the child with *panchakarma* accurate drug and dose of the medicine is taken which is completely depends on *prakruti*, *agni*, *bala*, *vaya*, *satmya* etc. This is very difficult challenge in treating the child. *Snehana* given till *samyak snigdhatava*, *vamana* suitable after 6 yrs of age according to *kashayapa*. *Virechana* is contraindicated in children, but still if require can give *mrudhu virechan* and look for dehydration. *Basti* to be given above age of 1yr, when baby is on solid diet, because at this age baby is more stable.

Among all *panchkarma* *basti* is superior and have great effect on neurological disorders.

Conclusion: *Panchakarma* is a unique therapy of *Ayurveda* and play a very important role in treating childhood diseases, equally beneficial in prevention of disease, providing quality health and improving lifespan of individual.

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॥ आयुर्वेद पत्रिका ॥

ऑक्टोबर २०२०/२५



Anti-natal care in ayurveda with special reference to garbhini paricharya.

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ABSTRACT

Motherhood is a divine blessing. Anti-natal care is a potential timely care of mother and foetus till delivery from first month of her pregnancy which is co-related with *Garbhini Paricharya* explained in *Ayurveda*, to get *Shreyasi Praja* which ensure normal pregnancy and uncomplicated labour with delivery of a healthy baby from healthy mother. Wellbeing of *garbha* can be achieved only through of the wellness of the *garbhini* thus *Acharyas* have given it under *Garbhini Paricharya* concept.

In *Ayurveda* along with Trimester wise regimen, *Garbhini Paricharya* comprises *Masanumasik Pathya* (Month wise dietary regimen), *Garbhopaghatakara Bhavas* which are contraindicated Dietetics and mode of life for mother. *Garbhasthapaka* drugs which are useful for foetus.

AIMS AND OBJECTIVE

- 1) To study *Garbhini Paricharya* and establish its *Ayurveda* co-ordination.
- 2) To evaluate Trimester wise regimen.
- 3) To give proper nutrition, equilibrium of *doshas*, welfare and contraindication of mother and Foetus.

METHODOLOGY

Reviewing the modern science literature regarding Anti-natal care and *Ayurvedic* classics, commentaries also recently published books and Research journals, the *Garbhini Paricharya* collection done and attempt to get co-relation between *Ayurveda* and Modern Anti-natal care for healthy progeny.

CONCLUSION-

Ayurvedic preconceptional measure help to achieve the goal of preconception to have healthy and good progeny. *Ayurvedic* remedy for getting healthy progeny emphasizes again preventive aspect of *Ayurveda*.

KEY WORDS:

Garbhini Paricharya, Month wise dietary regimen, *Garbhopaghatakara Bhavas*, *Garbhasthapaka* drugs, Anti-natal care.

INTRODUCTION :

In *Ayurveda* the term *Garbhini* means a Pregnant Woman and *Sutika* used for only after expulsion of Placenta [1]. *Ayurveda* gives month wise dietary regimen for welfare of pregnant woman and her baby in future. The ultimate aim of this regimen is nourishment of herself along with Foetus and breast milk.

To ensure normal pregnancy and uncomplicated labour with delivery of a healthy baby from a healthy mother our *Acharyas* have explained a detailed and systematic and month wise regimen and a list of do's and don'ts to be followed in the antenatal period.

The main aims of *Garbhini paricharya* are

- 1) To study *Garbhini Paricharya* and establish its *Ayurveda* co-ordination.
- 2) To evaluate Trimester wise regimen.
- 3) To give proper nutrition, equilibrium of *doshas*, welfare and contraindication of mother and Foetus.
- 4) To protect Foetus from known / unknown hazards.
- 5) To promote normal growth and development of Foetus

- 6) To conduct normal delivery without any foetal and maternal complications. Thus, great importance has been given to *garbhini paricharya* in our classics.

GARBHINI PARICHARYA:

Paricharya is formed from two words 'Pari+charya'.

Pari means surrounding,

Charya means manner of living according to *Shastras* [2]

The *Garbhini Paricharya* is grossly explained under 3 headings:

- A. *Masanuamsik pathya* (month wise dietary regimen)
- B. *Garbhopaghatakara bhavas* (substances and activities which are harmful for Foetus development)
- C. *Garbhasthapaka dravyas* (Substances or drugs which stabilizes and maintain pregnancy)

A. MASANUAMSIK PATHYA (MONTH WISE DIETARY REGIMEN)

Acharya	DIET
1st MONTH	
<i>Charaka</i>	Non medicated milk [3]
<i>Sushruta</i>	Sweet, cold and liquid diet [4]
<i>Astanga Sangraha</i>	Medicated milk [5]
<i>Harita</i>	<i>Madhuyashti, madhuka puspa</i> with butter, honey and sweetened milk [6]
2nd MONTH	
<i>Charaka</i>	Milk medicated with <i>madhura rasa</i> (sweet) drugs [7]
<i>Sushruta</i>	Same as first month [8]
<i>Astanga Sangraha</i>	Same as <i>Charaka</i> [9]
<i>Harita</i>	Sweetened milk treated with <i>Kakoli</i> [10]
3rd MONTH	
<i>Charaka</i>	Milk with honey and <i>ghrita</i> [11]
<i>Sushruta</i>	Same as first month [12]
<i>Astanga Sangraha</i>	Milk with honey and <i>ghrita</i> [13]
<i>Harita</i>	<i>Krisara</i> [14]
4th MONTH	
<i>Charaka</i>	Milk with butter [15]
<i>Sushruta</i>	Cooked <i>shashti</i> rice with curd, pleasant food mixed with milk and butter and

	meat of wild animals [16]
<i>Astanga Sangraha</i>	Milk with one <i>tola</i> (12gm) of butter [17]
<i>Harita</i>	Medicated cooked rice [18]
5th MONTH	
<i>Charaka</i>	<i>Ghruta</i> prepared with butter extracted from milk [19]
<i>Sushruta</i>	Cooked <i>shastika</i> rice with milk, meat of wild animals along with dainty food mixed with milk and <i>ghrita</i> [20]
<i>Astanga Sangraha</i>	Same as <i>Charaka</i> [21]
<i>Harita</i>	<i>Payasa</i> [22]
6th MONTH	
<i>Charaka</i>	<i>Ghruta</i> prepared from milk medicated with <i>madhura</i> (sweet) drugs [23]
<i>Sushruta</i>	<i>Ghruta</i> or rice gruel medicated with <i>Gokshura</i> [24]
<i>Astanga Sangraha</i>	Same as <i>Charaka</i> [25]
<i>Harita</i>	Sweetened curd [26]
7th MONTH	
<i>Charaka</i>	Same as in sixth month [27]
<i>Sushruta</i>	<i>Ghruta</i> medicated with <i>Prithakaparnyadi</i> group of drugs [28]
<i>Astanga Sangraha</i>	Same as <i>charaka</i> [29]
<i>Harita</i>	<i>Ghritakhanda</i> (a sweet dish) [30]
8th MONTH	
<i>Charaka</i>	<i>Kshira Yawagu</i> mixed with <i>ghrita</i> [31]
<i>Sushruta</i>	<i>Asthapana basti</i> with decoction of <i>Badari</i> mixed with <i>Bala, Atibala Satapuspa, Patala</i> etc., honey and <i>ghrita</i> . <i>Asthapan</i> is followed by <i>Anuvasana basti</i> of oil medicated with milk <i>madhura</i> drugs [32]
<i>Astanga Sangraha</i>	<i>Kshira yawagu</i> mixed with <i>ghrita</i> , <i>asthapana basti</i> with decoction of <i>badari</i> , <i>anuvasana basti</i> with oil medicated with <i>Madhura</i> drugs [33]
<i>Harita</i>	<i>Ghritapuraka</i> [34]
9th MONTH	
<i>Charaka</i>	<i>Anuvasana basti</i> with oil prepared with drugs of <i>Madhura</i> (sweet) group, vaginal tampon of this oil [35]
<i>Sushruta</i>	Unctuous gruels and meat-soup of wild animals up to the period of delivery [36]
<i>Astanga Sangraha</i>	Same as <i>Charaka</i> [37]
<i>Harita</i>	Different varieties of cereals [38]

CLINICAL IMPORTANCE OF GARBHINI PARICHARYA:

FIRST TRIMESTER

Embryogenesis is the most important event takes place during first trimester. Embryo requires energy which develops during embryonic and foetal stages. All this energy is provided by *Kshira, ghrita, krishara*. In this period women suffer with nausea and vomiting, thus results in dehydration, loss of nutrients. *Vata* is responsible for cell division during embryogenesis [44]. The imbalance in *vata dosha* may hamper its normal functions and process

of cell division. During first trimester *vata dosha* is alleviated in pregnant woman. In dietary regimen *ghrita*, milk, *madhura dravyas*, medicated *shaliparni* (*Desmodium gangeticum*) *siddha Ghrita*, *Kanaka rajat kwathit shitodhak* are suggested which are well known for their *vata shamak* properties.

In embryonic period no drug should be given because drug can disturb the organogenesis and may lead to teratogenicity [45]. Only the folic acid supplementation is required because it is essential for production of methionine (for methylation reaction of DNA) [46]. Acharya

Kashyapa explained that foetus will not be stable before 4 months, so no medicine should be given.

MILK -

- 1) Progesterone hormone which is essential for continuation for pregnancy, milk is external source of this. Nourishment for Foetus till *vyaktagarbha* supplied from Rasa by *Upasneha* and *Upasweda*, for this milk is helpful; breast milk is the *Upadhatu* of *Rasa Dhatu*. Increased sr. IGF-1 in milk enhances the bone formation. It is a natural source of folic acid and contain Calcium and adequate quantity of water, Proteins, Vitamins etc. these are important for foetal development and foetal linear growth.
- 2) It is rich in Iodine thus boosts IQ.
- 3) Enhancing the maternal milk intake during pregnancy results in arise in birth weight foetal parameters.
- 4) Effect related to macro and micronutrients along with minerals.

SECOND TRIMESTER

According to Ayurveda *Mamsadhatu* development mostly occurs in 2nd trimester [48] . Fetal growth in 2nd trimester occurs by cellular hyperplasia and cellular hypertrophy [49] . Protein requirement is more. Most protein should be supplied from animal sources such as meat, milk, cheese because they furnish amino acids in optimal combinations. Meat helps in maintenance of pregnancy, provides nourishment to Foetus and suppresses alleviated *vata* of pregnant women. Cooked *Shashtik Shali* rice advised in *Garbhini Paricharya* is rich in

carbohydrates and provides energy to the body [50] . It contains some amount of nitric oxide which increases the blood flow to the uterus.

During last month of second trimester pedal edema is observed, so *ghrita* medicated with *Gokshura* (*Tribulus terrestris*) is used. *Ayurveda* described qualities of *Gokshura* as *Mutravirechaka* (diuretic), *Shothahara* (anti-inflammatory) and *Krimighna* (anti-bacterial), so it helps to reduce edema and other complication of water accumulation by gravid uterus in the later months of pregnancy. *Gokshura* may also prevent the pre eclamptic toxemia of pregnancy.

THIRD TRIMESTER

Ghee medicated with the *Prithakparnyadi* group are advised to *garbhini*. It is given in pre-conceptional period and in ANC, Rich in Vitamins A & E, conjugated linoleic acid. It has Antioxidant with Antiviral properties. It is rich in medium chain fatty acids which are absorbed directly into liver & burnt as energy. Butyric acid in it supports production of killer T cells in the gut thus helps in healthy immune system [51]

At the 7th Month foetal lung get maturity, steroids help in lung maturity of the Foetus. *Brihati* (*solanum indicum*) one of the medicinal plant of the *Vidarigandhadi* group, its chemical constituents are steroidal alkaloid and steroid [52] , hence this may be helpful in lung maturity of the Foetus.

From 8th month upto delivery *Snigdha Yavagu* and *Jangala Mamsa rasa* is advised as *snigdha yavagu* gives strength to the body, nourishes the body tissue and pacifies *vata dosha*. Meat is rich source of protein, vitamin, iron and other Mineral, fat and good amount of calories. It helps in the formation of muscular tissue and blood.

Most of the women experience constipation in pregnancy due to pressure of gravid uterus over the bowel and effect of progesterone. *Basti* is considered as the *Paramachikitsa* for *Vatajavyadhis*. *Basti* is indicated in pregnancy to prevent the vitiation of *vayu*. *Apanavayu* plays important role along with *vyanavayu* in act of contraction and relaxation of uterus and in expulsion of Foetus. *Acharya Charaka* mentions that *basti* by reaching up to umbilical region, sacroiliac region, flanks, hypochondriac region and churning up of fecal and morbid matter present there in and at the [53].

Medicines duly administered through the rectum with the help of *basti* remains in *Pakwashaya* in the region of pelvis and below the umbilical region where from *veerya* of the *basti* medicines spread over body just as water poured to roots reaches all parts of tree thus been through micro and macro channels [54]. *Anuvasana basti* is *sneha basti*, due to *snehana* property, the abdomen, flanks, sacrum and all the genital organs becomes *snigdha*. The *Snigdha* property removes the *rukshata* of *vayu* and thus it controls exaggerated *vata*. At the same time for expulsion of Foetus, the stretching of ligament is essential, so facilitates *sukhprasava*. *Anuvasana basti* given in 9th month gives strength to women and relaxes pelvic ligaments for the preparation of labour [55].

Tampoon of oil in vagina provides lubrication of cervix, vaginal canal and perineum thus helps in normal labour. This may destroy pathogenic bacteria of vaginal canal and prevent puerperal sepsis. Regular use of tempoon might influence autonomic fibres governing myometrium and in regulating their functions

BENEFITS OF GARBHINI PARICHARYA:

‘अनेन प्रथममासादरभ्य क्रमेण गर्भिण्याः प्रसवकाले गर्भधारिणीकुक्षिकटीपार्श्वपृष्ठं मृदु भवति ।

वायुश्चानुलोमः सम्पद्यते ।

मुत्रपुरीषं च प्रकृतिभूतं जरायुश्च मार्गं प्रतिपद्यते ।

पुत्रं चेष्टं कल्यमायुष्णन्तं सुखिनं सुखेन काले बलवती प्रसूते’ । (अ.सं.शा.३/१२)

According Acharya *Vagbhata*, *Garbhini paricharya* is needed for;

- 1) Softening of *Garbhadharni Kukshi* (Abdomen)

Kati (Sacral region)

Parshva (Flanks)

Prishtha (Back)

- 2) To promote Strength and Complexion of women
- 3) To normalise Urine and Stool
- 4) *Vatanulomana* – *Anulomana* (Downward movement) of *Vata* for normal delivery of mother without any complication.
- 5) Delivery with ease of a healthy child endowed with excellent qualities in proper time.

B. GARBHOPAGHATAKARA BHAVAS

(SUBSTANCES AND ACTIVITIES WHICH ARE HARMFUL FOR FOETUS DEVELOPMENT)

No	Text	<i>Garbhopaghathakara Bhava</i>
1	<i>Charaka Samhita</i>	Pungent drugs, Exercise, Coitus [39]
2	<i>Sushruta Samhita</i>	Coitus, Exercise, Excessive satiation, Excessive emaciation, Sleeping in day and awakening in night, Grief, Riding on vehicle, fear, Squatting, Oleation, Bloodletting, Suppression of natural urges etc. [40]
3	<i>Astanga Sangraha</i>	Pungent drugs, Exercise, Coitus, Emaciation, trauma, Conveyance causing excessive jerks, night awakening, day sleeping, Suppression of natural urges, Indigestion, prolonged stay in hot sun or near fire, Anger, grief, fear, terror, fasting, squatting, looking or hearing disliked Things etc. [41]
4	<i>Astanga Hridaya</i>	Excessive coitus, Exercise, carrying heavy weight, covering herself with heavy sheet, untimely sleep, squatting, grief, anger, excitement, suppression of natural urges, fasting, excessive walking, use of pungent, hot, heavy, hardly digestible food, use of red garment, use of wine and meat, sleeping in supine position, bloodletting, purifying measures and enemas etc. [42]
5	<i>Kashyapa Samhita</i>	Erect or flexed posture for long, shaking, excessive laughing, and trauma, cold water, garlic, looking declining moon, setting sun, seeing solar or lunar eclipse, misbehave with guests, rough behavior with beggars, perform oblation of ghrita for pacification, ghrita, garland, and pot filled with curd or ghrita, tie anything from thread or rope, wear tight garments etc. [43]

C. GARBHASTHAPAKA DRAVYAS

(SUBSTANCES OR DRUGS WHICH STABILIZES AND MAINTAIN PREGNANCY)

NO	DRAVYA	EFFECT
1	<i>Aindri</i> (<i>Bacopa monieri</i>)	Components isolated from <i>Centela asiatica</i> such as Brahmoside and Brahminoside are responsible for CNS activator and leads to utero relaxant action.[56]
2	<i>Brahmi</i> (<i>Centella asiatica</i>)	Calcium antagonistic activity of <i>Bacopa monnieri</i> can be used as muscle relaxant and vascular relaxant.[57]
3	<i>Satavirya</i> (<i>Asparagus recemosus</i>)	Estrogenic effect of <i>Shatavari</i> on female mammary gland and genital organs of guinea pig. The saponin rich fraction of <i>Asparagus racemosas</i> shows inhibition of oxytocin induced uterine contraction in vivo.[58]
4	<i>Sahasravirya</i> (<i>Cynodon dactylon</i>)	<ul style="list-style-type: none"> The plant extract checks uterine bleeding, strengthen uterine muscle, avoid abortion and augments of fetal growth.[59] Methanolic extract of <i>Cynodon dactylon</i> has shown a promising effect in stress induced sexual dysfunction and in semen concentration. It has a potent aphrodisiac and male fertility activity.

5	<i>Amogha</i> (<i>Stereospermum suaveolens</i>)	Ethanol extract from stem bark of <i>streospermum suaveolens</i> given orally shows marked analgesic and anti-inflammatory response in comparison to indomethacin, aspirin and morphine.
6	<i>Avyatha</i> (<i>Tinospora cordifolia</i>)	The antioxidant capacity of <i>Tinospora cordifolia</i> stem methanol extract in daily oral administration of 500 mg/kg for 40 days.
7	<i>Shiva</i> (<i>Terminalia chebula</i>)	The use of <i>Terminalia chebula</i> in different fraction from fruit were screened for antibacterial and antifungal activity. Food extract of <i>Terminalia chebula</i> against staphylococcus aureus, s. epidermis, E. coli and pseudomonas.
8	<i>Arista</i> (<i>Picrorrhiza kurroa</i>)	The most promising biopharmacological activity of biopolymers found in <i>Picrorrhiza kurroa</i> shows immunomodulatory effect and hepatoprotective effect.
9	<i>Vatyapuspi</i> (<i>Sida cordifolia</i>)	The analgesic activity was found in acetic acid induced pain in mice, the result indicated that the sample possessed both analgesic and anti-inflammatory activity.
10	<i>Vishwasenkanta</i> (<i>Callicarpa macrophylla</i>).	Aqueous as well as ethanolic extract of leaves of <i>sida cordifolia</i> shows potent anti-inflammatory potential. It has better anti-inflammatory profile in compare to diclofenac sodium.

MAINTENANCE OF SADVRITHA –

- *Sadavachara* (C.Sha. 8:17)
- *Devata, brahmana pujana, Shaucha, Achara, Hitorata* (S.Sha.3:35)
- *Krodha, shoka, asuya, irshya, bhaya, trasa, samkshobha varjana* (C.Sha. 8:19)
- *Saumya, manonukula katha shravana* (C.Sha. 8:20)
- *Vatsalyadibhitwam* (Jalpakaipataru)
- Exposure to *brahma ghosha, suvadya ghosha* (K.Sha.5:12)

MEDICATED WATER FOR EXPECTANT MOTHER'S BATH

‘बिल्वकार्पासीफम्फणापाटलीपिचुमन्दाग्निमन्थ
मांसीवर्धमानकपत्रभङ्गकाथेन
शीतेन सर्वगन्धोदकेन वा गर्भिण्याः
प्रत्यहं स्नानमुपदिशेत्’ ।
(अ.स.शा.३/१४)

‘वातघ्नपत्रभङ्गाम्भः शीतं स्नानेऽन्वहं हितम्’ ।
(अ.स.शा.१/६८)

The cold decoction of pulp of *bilva, karpasa, phamphana, pichumanda, agnimantha, jatamamsi* and pounded leaves of *eranda* or the water prepared with *sarvagandha* drugs should be used for bathing by the pregnant woman.

MANIDHARANA BY EXPECTANT MOTHER

त्रैवृतं तु मणिं कृत्वा तं श्रोण्यां गर्भिणी सदा ।
(का.खि.१०/१८१)

The pregnant woman should wear the amulet made of *trivrt* at the region of waist.

MRIDU ABHYANGA

GEETA-VADYA SHRAVANA

Exposure to *Brahma ghosha, suvadya ghosha* (K.Sha.5:12)

YOGA IN GARBHINI

The women can practice the following poses [61]

1. *Parvatasanacan* increase space in abdominal cavity and the respiratory movements become easy.
2. *Trikonasan,* *parshwakonasan,* *virbhadrasan* - These poses in standing position make the lower extremity light and increase confidence.
3. *Baddhakonasan,* *janushirshasan,* *upvishtha konsan* - These poses make the woman capable tolerating the labour pains. The perineal muscles get relaxed and the delivery becomes normal and easy.
4. *Virasana, vajrasana* - Helps to reduce the oedema on legs.
5. *Sarvangasan, halasan* and *shirsasan* can also practice in pregnancy with precautions and proper guidance.
6. *Shavasana* - Due to hyperemesis, anaemia, hypertension, asthma, mother becomes dehydrated. She get relief when she perform *shavasana* 2-3 times a day.
7. *Pranayam* - The regular practice of deep inhale-exale, *anulom,* *viloma* and *bhramari pranayama* increases oxygenation in pregnancy. [62]

BENEFITS OF MANTRAS

To Mother-

Chanting of Mantra controls the hormonal level of mother. It activates the parasympathetic nervous system that decreases the - B. P. Heart rate. It improves the sleep, decreases nausea, back

pain, headache. It lowers the risk of premature labour. It minimizes the chances of PIH. [63]

To Foetus

It stimulates the foetal activity. Causes mental & physical relaxation. Baby distinctly recognizes musical sound that he heard in the womb. There is proved changes in the HR & breathing pattern in response to the musical sound.

Specific mantras heard by the foetus in womb provides strong foundation for later learning, behaviour & clear pronunciation. The rhythmic tone of *mantras* with up & downs create a melodious effect in the body. It is defined as the Neuro-linguistic effect. This effect is possible even if meaning of *mantras* is unknown. So it can be said that *mantra* chanting is not only the superstition. But it is a music therapy or *mantra* therapy. [64]

DISCUSSION

As Pregnancy is the most important event in the every woman's life. *Ayurveda* states complete diet for each month for healthy growth of baby in mother's womb by *Masanumasikaparicharya,* *Garbhaupghatkarbhavas* that may hamper the embryogenesis and can result in various known and unknown pathologies and congenital anomalies. *Garbhashthapaka dravyas* (Substances beneficial for maintenance of pregnancy) we have discussed various diets and various Dos and Don'ts in pregnancy similarly the modern medicine also describes Anti natal Care by Describing Antenatal Diet i.e. Extra calorie diet is required, All care from the time of conception till birth and healthy growth of the baby is best dealt by *Ayurvedic* practitioners. So the ancient Knowledge described is not only unique but also scientific with Modern Medical

sciences. So Antenatal Care described in *Ayurveda* is very beneficial.

CONCLUSION

1. The concept of prenatal care is now highlighted in modern science, which is mentioned in *Ayurveda* thousands of years ago.
2. Following *Garbhini paricharya* the woman remains healthy and delivers the child possessing good health, energy, voice, compactness and much superior to other family members.
3. The ancient *Ayurvedic* Literature described in Various Samhita; is not only unique but also scientific as Modern Medical sciences. So Antenatal Care should be done in integrated way i.e. as per Modern science and as described in *Ayurveda*.

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Anti-natal care in ayurveda with special reference to garbhini paricharya.

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A Conceptual study of use of *Prajastapak Mahakshaya* in BOH

w. s. r. to recurrent abortion.

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Abstract:

Acharya Charak in Sutrasthan has classified drug According to their mode of action as “MAHAKSHAYA” and has defined mode of action of Prajasthapan Mahakshaya as that removes the Doshas which cause hindrance in process of conception and for the viability and sustenance of pregnancy. In this study aim would be to analyze the mode of action of each drug with its Rasa,Guna,Virya,Vipak and Doshagnta in conception and maintenance of Preganacy especially in case of BOH due to Recurrent Abortion where there is fetal loss especially in First trimester. Prajasthapan Mahakshaya executes its mode of action by two means : 1st-Maintainence of Healthy Environment of Conception. 2nd-Preventing the loss of pregnancy This mode of action can be established by usage Prajasthapan Mahakshya in First trimester of Pregnancy instead of use of Human chorionicgonadotropin and micronized progesterone as support in first trimester of pregnancy .Hence effort has been made to

provide an alternative to Modern drug and Theoretical establishing the efficacy and pharmacological action of Prajasthapan Mahakshaya.

Keywords: Prajasthapan Mahakshaya, Recurrent Abortion, Conception, Sustenance Of Pregnancy

INTRODUCTION:

Acharaya Charak in Sutrasthan 4th Adhyay has classified drug according to their mode of action,he has described fifty group of dravayas termed as “DASHEMANI” i. e Ten among it is Prajasthapan Mahakshaya.

As Pregnancyis desire of every woman and loss of Foetus is tragedy for mother and occur due to many causes, Hence it is necessary to focus on the obstacle that prevent conception and sustenance of pregnancy especially in 1st trimester with Idiopathic Cause. Hence effort has been made to understand the action of Prajasthapan Mahakshya in BOH especially

in case of First trimester due to Idiopathic cause .

MATERIAL AND METHOD

The Conceptual study based on review of Prajasthapan action and Prajasthapan Mahakashaya in BOH.

MATERIAL

CharakaSamhita with Chakrapani commentary. Authentic books of Dravyaguna Vigyana literature – Acharya Priyavarth Sharma. Ayurved Softwares -e-Nighantu (Collection of Āyurvedic Lexicons) Designed and Developed by National Institute of Indian Medical Heritage (NIIMH), Hyderabad.

METHODOLOGY :

Review of Charakokta Mahakashayas with special reference to Prajasthapan Mahakashaya is obtained from Charak Samhita . Detail study of Dravya Swalakshanas i.e Rasa, Guna, Virya, Vipaka, Doshagnata and its action on Dhatus and Rogagnata, of each of the ingredient Dravyas of Prajasthapan Mahakashaya is done . In this study the obtained data is analyzed with a view of obtaining evaluation of Prajasthapan action as a treatment for its obstacles.

In Charakokta Mahakashaya Acharya Charaka has describe “Bahu-karma-kartrutva” of Dravyas , by emphasizing mode of Action of Dravyas mention in Mahakashaya. Acharya Charaka has also uttered that the elucidation of 500 decoctions is neither too comprehensive nor too brief. This could be achieved through the logical analysis of properties of Dravya (Swalakshanas, Anumana & Yuktikushalata). The fifty Mahakaśāyas are again categorized into ten prominent groups named as Kaśāya Varga, with prominent suffixes. One of it is „suffix.-Sthapan“. It meansstatus quo“ i.e. „bringing back to normalcy“. This is done by correcting the vitiated Doshas which are responsible to disturb the status quo. The Dravyas in these groups bring Samdoshawastha of all the related derangements in above mentioned features and further retain the normalcy. There are 5 Mahakashaya in this Varga one of i.e. Prajasthapan Mahakashaya is focused in this study.

Prajasthapan Mahakashaya The Swalakshana study of Prajasthapan Mahakashaya Dravyas, from different study materials related to Dravyaguna Shastra, helps to interpret the wide action potential of them. The data obtained about ingredient Dravyas actually evaluate those specific actions whose combination has emerged in the form of Prajasthapan action.

Dravya Name	Rasa	Guna	Virya	Vipaka	Doshagnata	Action on Rakta	Actions on Anya Dhatu	Rogagnata
Endri (Indravār uni) (Citrullus colocynthis)	Tikta,Katu	Lava n, Sara	Ush na	Katu	KP↓V↑			Rechan, (Kleda,)↓, Garbhashaya Sankochak,

Bramhi (<i>Bacopa monnieri</i>) (Linn). Pen nel	Tikta, Katu, Madhura	Lavana, Picchila, Sara	Sheeta	Madhura	KV↓, P↑	Asrajit	Medodhatu↑	Medhya, Hridya, Rochan, Dipan, Rasayan, Pandu,
Shatavirya, (Neela Durva) (<i>Cynodon dactylon</i>) (Linn) Pers	Madhura, Tikta, Katu	Lavana	Sheeta	Madhura	KP↓	Rakta Prasadana, Jivana, Rakta Stambhana, Yonigata Rakta Satmbhana	Vrishya	Chakshushya, Rochan, (Stambhan, Chardi, Amatisara, Kasa)↓
Sahasravirya, (Shweta Durva)	Madhura, Tikta, Katu	Lavana	Sheeta	Madhura	KV↓	Asraharana, Rakta Gata Dosha Shaman, Rakta Stambhana, Yonigata Rakta Satmbhana	Vrishya, Ojovardhana, Dhatuvarhdana	Rakshoghni, Rochan, (Daha, Trishna, Visarpa, Jwara, Raktapitta, Shosha, Chardi, Vrn)↓ Bruhan, Sthirikaroti Garbha, Vranagata Rakta Stambhana,

								Vrana Gata Daha Shaman,
Amogha(Patala) (<i>Stereospermum chelonides</i>)	Katu, Madhura	Tikta, Guru	Anushana	KTri ↓		Kaphasranrut (Bn), Raktaprakopa Hara	Vrishya	Rochan, (Chardi, Adhmana, Arsha, Trishna, Shwasa, Kasa, Hikka, Rktapitta, Daha, Pittaj Atisara,)↓
Avyatha (Guduchi) (<i>Tinospora cordifolia</i>)	Katu, Katu	Tikta, Lavana,	Ushna	Man	Tri↓, Saman Dosha Anudiran	Rakta Prasadana, Raktagata Kle, K, P, V Hanti Rakta Gata Visha ↓	Dhatu Vardhan, Meda Shaithilya Haran, Mamsa Prasadana, Mamsa Vardhana, Vrishya	(Daha, Kandu, Jwara, Pandu, Shula, Pliha, Visha, Visarpa, Kushtha, Vata

							j Kasa, Vatarakta, Amvata)↓
Shiva (Haritaki) Terminalia chebula Retz	Madhura,Amla, Katu, Kashya, Tikta	Lavana, Ruksha	Ushana	MTri↓	Rakta Vardhana, Rakta Dhatu Gata Ama Pachana, Dhatvagni Vradhana,	Dhatu Vaha Sroto Vibandha Nashana, ,Dhatvagni Vardhana, Dhatu Gata Ama Pachana, Mamsadhatu↑, Mamsa Dhatu Gata Kleda Shoshana, Mamsa Dhatu Gata Dosh Pachana, Mamsa Dhatvagni Vardhana, Medo Dhatu Gata	Dipan, Lekhan, Medhya, Chakshushya, Kanthya, Hridya, (Kasa, Shwasa, Gulma, Prameha, Kushtha, Shosha, Yakruta Vikara, Pliha Vikara, Kamala, Udara, Vatarakta, Ashmari, Vrana, Anaha, Hikka)↓
Arishta (Kutaki) Pichrorza kurroa. Royle Benth	Katu,Tikta	Lavana, Ruksha, Sara	Sheeta	KKP↓	Rakta Gata Pitta Shaman, Rakta Prasaadana	Rasa Gata Pitta Saman, Rasa Prasadana, Stanya Shodhana	Dipana, Rechana, Bhedana, Rochana, Hridya, (Jwara, Vishama- Jwara, Daha, Kaphaja Vikara, Prameha, Shwasa, Kasa, Kushtha, Krimi, Chardi, Visha, Kamala)↓

Vatypushpi (Atibala) <i>Abutilon indicum</i> (Linn)	Madhura,(T,K-Rjn)	Singdha	Sheeta	VP↓,(VAnulom an	Asrajit, Rakta Prasadana, Rakta Skandana,Rakta Gata Vata Pitta	Mamsa, Shukra ↑, Dhatu Vardhana, Ojo ↑	Hridya, Balya, Rasayan, Kanti↑ (Arsha, Shosha, Vishama Jwara, Asrukdar, Meha, Vatarakta, Raktapitta,
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Vishvaksenakanta (Priyangu) (<i>Callicarpa macrophylla</i>)	Tikta, Katu		Sheeta	Katu	PV ↓	Rakta Shamana	Vrishya	Balya, Vishtambhi, Keshya (,Rakta-Yoni)↓ (Kleda, Mutra)↑
Kadali (<i>Musa paradisiacal</i>) Linn.	Madhura	Guru, Singdha	Sheeta	Madhura	PKV ↓			

Discussion

Prajasthapan action of these drug as stated by Acharya has defined Prajasthapan action as that which removes all the abnormalities in body, which cause obstacles in the conception or create disorders in fetus leading to its fetal wastage. Out of many disorders of fetus „Garbha srava“ - Garbhapatha (abortion) is having an important role amongst all. The Ayurveda literature in Charak Samhita describes the “Garbhakara Bhava” the ideal factors required for birth of an ideal baby. The partial or total absence of these factors, leads to problems in conception or in sustenance of pregnancy. The Garbhopaghatkar Bhava also describes the same. Both factors represent the causes of difficulties in Prajasthapan action. They are majorly recognized as the structural and functional abnormalities in organs related to conception

and female gametes, “Shonita-Garbhashaya”. Absence of “Matru Vrutta Saushtav” i.e. eating and behavioral mistakes by a mother, particularly consumption of Guru (heavy), Tikshna (penetrating), Ushna (hot) food and narcotic drugs causing delirium (Madakari Dravya) and Vata Dosha aggravation. Improper „Upasnehan“ i.e. fetal nourishment through placental circulation and the circulating vitiated Dosha in female body are also spotted as one of the causes, these Doshas are exhibited in the form of various Vyadhis in that female.

As per contemporary science the hindrance for Prajasthapan action is accepted in the form of failure to conceive because of infertility or to sustain the pregnancy due to either intrauterine death of fetus or its expulsion before viability, in the form of miscarriages, abortions etc. The medical

conditions which are recognized as the likely causes of it are – uterine malformations, cervical malformations, cervical incompetency, placental abnormality, fetal heart malformations, and fetal chromosomal faults. Diseases in mother like pelvic inflammatory disease, salpingitis, gonorrhoea,

overactive thyroid gland, pituitary gland disorders, uncontrolled diabetes, cancer, autoimmune diseases, hormonal deficiency, maternal bacterial infection, maternal viral infection, major traumatic injury, malabsorption of food etc. are also held responsible.

Sr.no	Conditions creating obstacles for Prajsthapan in a female	Probably fruitful action	Application of contrast actions from the actions contributed by Mahakashaya	Dravyas from P.S Mahakashaya that are pin pointed for choice, on basis of study.
1	UTERINE ABNORMALITIES AND RECURRENT ABORTION (Garbhashaya Daurbalya)	Mamsa Dhatu correction (increasing muscle strength)	Mamsa and Medo Shaithilya Nashan, Mamsa Prasadana, Mamsa Vardhana, Mamsa Gata Dosha – Ama Pachana, Mamsa Dhatvagni Vardhana	Guduchi, Durva, Vatyapushpi, Haritaki
2	(Unexplained Expulsion of fetus	Controlling and correcting the causes of bleeding tendency in a female	Shonitativravritti Nashan, RaktaSkandan, RaktaStambhana, Rakta Gata Pitta-Vata Shaman	Vatyapushpi (Atibala), Priyangu, Durva, Kadali, Guduchi
3	Infection and Recurrent Abortion	Correcting the circulation problems (Rasa Rakta Samvahan), Correcting Rakta deformities as- . (Rakta has role in fetal-organ-development)	Rakta Dhatvagni Vardhana, Rakta Gata Ama Pachana, RaktaGata Visha Nashan, Rakta Gata Tridosha Shaman, Jivan, Prasadana	Durva, Guduchi, Kutaki, Haritaki

5	Placental Abnormalities	Correcting circulation problems (Rasa Rakta Samvahan) and giving Disease treatment.	Dravyas with specific Rogagnata in Prajasthapan MAHAKSHAYA	Kushtha- Bramhi, Guduchi Raktapitta- Durva, Patala Vatarakta- Bramhi, Guduchi, Haritaki Prameha- Bramhi, Kutaki etc.
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UTERINE ABNORMALITIES AND RECURRENT ABORTION

Apart of the Anatomical Abnormalities the strength of Kukshi i.e Garbhasay (uterus) is very important for Prajasthapan. After the union of male and female gametes (Shukra Rakta Samyoga), the formed zygote is implanted and nurtured in the endometrium of Kukshi (uterus). A weakened and incompetent uterus and cervix proves fatal for fetus .In Modern Obstetrics cervical incompetence and Luteal phase defect can be described according to this. The uterus, being a visceral organ, it is muscular (Mamsa Dhatu Pradhana). Hence when hindrance to Prajasthapan is due to organ weakness, the correction of Mamsa is expected to yield healing effect. The Dravyas such as practically Guduchi, Durva, Vatyapushpi (Atibala), Haritaki are useful for this through their actions such as correction of metabolism of muscle tissue (digestive fire within Mamsa Dhatu), overcoming the sluggishness in Mamsa and Medo Dhatu, refreshing Mamsa Dhatu and causing its nourishment and increase.(i.e Mamsa Dhatvagni Vardhana, Mamsa Gata Dosha – Ama Pachana, Mamsa, and Medo Shaithilya Nashan, Mamsa Prasadana, Mamsa Vardhana). Also this result is evident from the update researches on Guduchi and Atibala, Haritaki on musculoskeletal system.

Unexplained Expulsion of fetus-

Sometimes the fetus gets expelled out before it is properly embedded and adapted inside uterus “the Garbha Shaiyya” and sometimes this tendency continues and there is a continuous threat of miscarriages or abortions.50% of cause of First trimester abortion is Chromosomal Abnormalities . The factors causing Rakta Gata Pitta Prakopa are found to be amongst the underlying leading cause of Grabhastrav . Rakta Gata Pitta Prakopa is caused by consumption of Ushna, Tikshna factors. This lead to Dusti of Rakta, like “RaktaUdriktatva” i.e. agitated fast flowing Rakta with high volume], Tanu Rakta i.e. Rakta having a much reduced density and Askandi Rakta i.e. Rakta with a tendency of non-coagulation.As Rakht and Pitta have AshrayaSambhand this lead to „Rakta Dushti” which causes bleeding tendencies, that increase the maximum risk of habitual abortions. In Modern obstetrics it is decribed under the heading of APLA syndrome which is Antiphospholipid syndrome where there is formation of Thrombosis due to hypercoaguable state. These Dravyas in Prajasthapan Mahakashaya like Vatyapushpi (Atibala), Priyangu, Durva, Kadali, Guduchi, Kutaki have capacity to control bleedings by their actions like “Raktatipravriti Nashan” (stopping of bleeding), „Rakta Skandana” (coagulation) and „Raktasthapan” (maintain to normalcy).

Infection and Recurrent Abortion:

Sometime Chronic pathologies in the females body are also responsible for obstruction to Prajasthan action, in the form of either infertility or miscarriages eg- Grade 2 and 3 Endometrosis, TORCH. Some Dravyas from this Mahakashaya are directly having specific disease curing capacity (Rogagnata). For example- For curing Vatarakta- Dravyas like Bramhi, Guduchi, Haritaki, for Prameha- Bramhi, Kutaki, Haritaki etc. Thus, some of the MAHAKSHAYA Dravyas probably execute Prajasthan action by, basically treating the pathology that is creating obstacles in Prajasthan. The update researches also indicate this by evaluating the Anti-Microbial, Antibacterial, Anticancer, Antidiabetic, Antimutagenic, Antioxidant, Antiviral, Cardioprotective, Hepato protective, immunodulatory actions of the dravyas like Haritaki, Guduchi, Kutaki. These pathologies are amongst the recognized anti Prajasthan causes.

Charakacharya has also said, the diseases can be corrected by correcting the process of circulation i.e. stabilized Rasa Rakta Samvahan. This is because; logically due to the correction of transport medium of medicine in the body, the ideal treatment of that disease is able to reach the appropriate sites in appropriate time, and start yielding positive results. With this reasoning; if the Dosha vitiation in Rasa and Rakta are cured, then the ideal Rasa Rakta Samvahan i.e. ideal circulation, will be established in mother's body. As a result, the ideal effect will reduce the outcome of disease pathology. This can thereby reduce the possible anti Prajasthan effect of pathology as stated above.

Placental abnormality:

This is one of the leading cause of hinderance in fetal circulation, is one of the major causes of fetal wastage. The ideal

circulation will also competently nourish the fetus. This will also subsequently achieve ideal organ sustenance of the fetus (Garbhavayava Poshan). Faulty nourishment may precipitate organ malformation in fetus. This can cause the immature death of fetus due to uncertain viability of its organs like „fetal heart malformation“. Actually Ayurveda has considered the crucial role of Rakta in the process of fetal organ development. hence, there is a great importance of correction of deformed Rakta in mother's body, for avoiding the threat of fetal organ defects. The Dravyas from Prajasthan Mahakashaya, that are actually capable to execute Prajasthan action with this focus are Durva, Guduchi, Kutaki, Haritaki by their actions like Rasa Gata Pitta Saman, Rasa Prasadana, Rakta Gata Ama Pachana, Rakta Gata Visha Nashan, Rakta Gata Tridosha Shaman, Jivan, Rasa Rakta Prasadana, Dhatuvaha Srotovibandha Nashan etc. The update researches support the actions of these Dravyas like the antitoxic, hepatoprotective and cardio protective, antioxidant and actions on digestive system, genitourinary and reproductive system]

Therapeutic actions contributed, in majority; by this Mahakashaya Dravyas are – Out of 10, six Dravyas cure Daha, four Dravyas are Pachana, five Dravyas cure Chardi, Visha, Jwara, Raktapitta, Kushtha, and four Dravyas offer cure for diseases like Prameha, Vatarakta, Pliha Vikara. These conditions create obstacles in Prajasthan in some or the other way. Thus, the present study emphasizes and logically justifies, the Charakacharyas notion that Prajasthan MAHAKSHAYA is capable of covering all the possible obstacles for Prajasthan through the varied therapeutic actions of its Dravyas.

Each Dravya of 50 Mahakashayas immense capabilities. On that basis, alike Prajasthan

MAHAKSHAYA, the exploring and pin pointing of Mahakshaya Dravyas, for justifying the MAHAKSHAYA action, is possible for all Mahakshaya Dravyas on basis of Charakacharyas guidelines as quoted above.[45] This is a literary based study in context of Prajasthapan action. This study can prove as a foundation for an evidence based evaluation through clinical and experimental studies of this aspect.

CONCLUSION

Hence Charakota Prajasthapan Mahakshya According to its KaryakarmaGuna can be used in prevention of Unexplained fetal loss And hereby prevent Recurrent miscarriage caused by various pathology. The drug in prajasthapan Mahakshaya are Tridoshasamka and have potential in outcoming the doshas which causes obstruction in fertilization, Implantation and Continuation of Pregnancy.

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**A review of low-back pain in surgical menopause with
Nidana Panchaka and Chikitsa Sutra according to Ayurveda.**

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ABSTRACT –

The word 'Menopause' comes from the Greek Word 'Menos' (month) and 'Pausis' (cessation). We get description about Low-Backache as *Katishoola* in all *Ayurvedic* classics, In Today's era Low-Backache is found prime in surgical menopause nowadays. Hysterectomy among Premenopausal Women is an area of concern as early menopause exposes women to a host of health Problems which is the surgical removal of uterus is one of the commonest surgeries in women all across the globe. Of late, Low back pain after hysterectomy among Pre-menopausal women in India is being raised as matter of concern by women's health activists. Here According to Ayurveda, Low-Backache is the condition which is characterised by *shoola* and *stabdata*, due to vitiated *Apana Vata* which gets lodged in the *Kati Pradesha*. *Katishoola* is explained as one of the *Lakshanas* of *Vata Vyadhi*. *Acharya Charaka* has

explained it in *Vataja Nanatmaja Vikaras*. Thus *vatahara chikitsa* is done in it.

KEYWORDS - Low-Back Pain in Surgical Menopause, *Rajonivritti*, *Nidana Panchaka*, *Chikitsa Sutra* (Treatment Principles), *Vatavyadhi Chikitsa* etc.

INTRODUCTION –

Surgical Menopause is onset of menopause after the surgical removal of Whole of the Uterus in Total or Radical Hysterectomy which implies the removal of both Ovaries as well ^[1]. Low-Backache in Surgical menopause is very commonly encountered in current day to day practice. More than 80% of women experience Physical or Psychological Symptoms in Surgically Induced Menopause. It can be managed by HRT medications, but they either have side effects or needs a long term medication. Surgical menopause causes a variety of

distressing menopausal symptoms which impairs the day to day life of these females. It leads to abrupt decline in Oestrogen production. In Hysterectomy it has complications like Haemorrhage, Infection, Constipation, Blood Clots apart from these lower back pain is found the most in Early. Locomotor symptoms like Low-Backache and Joint Pain are very common, vasomotor symptoms like Hot flashes, Night sweats and Sleep Disturbance and Genitourinary Symptoms like Dyspareunia, Vaginal Dryness and Urinary Incontinence. The woman experiences severe Postmenopausal symptoms. They may require Oestrogen replacement therapy ^[2]. So use of *Ayurvedic* formulations which can provide cure and helps to overcome side effects of modern treatment. Surgical menopause is commonly performed during hysterectomy for benign disease, most commonly for fibroids or heavy uterine bleeding ^[3]. Another reason to remove normal ovaries at the time of hysterectomy is to reduce the risk of ovarian cancers for women with strong family history of ovarian cancer, but is not recommended for other women as the disadvantages of removing normal ovaries at the time of hysterectomy are likely to be greater than their very small risk of ovarian cancer. Many *Ayurvedic* Formulations are described in *Ayurvedic Samhitas* are being used to reduce *Vataprakopa* thus preventing from *Katishoola*.

AIM AND OBJECTIVE –

- To Understand Low-Back Pain In Surgical Menopause – *Nidana Panchaka* (Etiology) And *Chikitsa Sutra* (Treatment Principles) According To

Ayurveda In Both *Ayurvedic* And Modern Perspectives.

MATERIAL AND METHOD –

Reviewing The Low-Back Pain In Surgical Menopause – *Nidana Panchaka* (Etiology) And *Chikitsa Sutra* (Treatment Principles) Through *Ayurvedic* Classics, Commentaries Also Recently Published Books And Research Journals And Modern Science Literature, The Collection Done And Attempt To Get Co-Relation Between *Ayurveda* And Modern Literature.

GARBHASHYA –

Yonyam tritavyavarte tasya sthanam /
(*SU.SHA.5/43-45*)

Pittapakvasyormadhya
garbhashayya yatra garbhastisthati /
(*SU.SHA.5/39*)

Tatra sthanam – streenam tu
bastiparshwagato garbhashaya
sannikristha /

(*SU.CHI.9/33*)
Bhasyadha striya bastirurdhva
garbhashaya sthita /
Garbhashayasya bastishcha
mahasrotaha samashritau //
(*SU.CHI.9/3*)

Garbhashya is situated in third of *yoni*, behind bladder in between *Pittashaya* and *Pakvashaya* in between “*Vipul Kundala of Srotas*” at lateral side of *Basti*. *Gananathsen* has mentioned the location in between the *Mootrashaya* and *Pakvashaya* ^{[4] [5]}.

RAJONIVRITTI –

Rajonivritti is not mentioned as a pathological condition in *Ayurvedic* classics.

Dnyanartha Yani Cha Uktani
Vyadhilingani Sangrahe /

Vyadhayaste Tadatve Tu Linganisthani Namaya //

(CH.NI.8/40)

As Acharya Charaka has States in *Nidan Sthan* 8/40 The Symptoms of the Diseases which are mentioned in, appear independently are themselves diseases not a symptom [6].

Tadavarshat dvadashat kale vartamanasrika punaha /

Jarapakvashariranam yati panchashataha kshayam //

(SU.SHA.3/11)

Sushruta mentioned 50years as age of *Rajonivrutti*. When body is fully in grip of senility. *Arundatta* states that age mentioned above is a probable age and not fixed one. It may have some variations in this regard [7].

LOW-BACK PAIN IN SURGICAL MENOPAUSE NIDANA PANCHAKA (ETIOLOGY) –

HETU – *Garbhashaya Nirhana*

PURVARUPA – *Vyaktavastha*

RUPA – *Katishoola*

SAMPRAPTI –

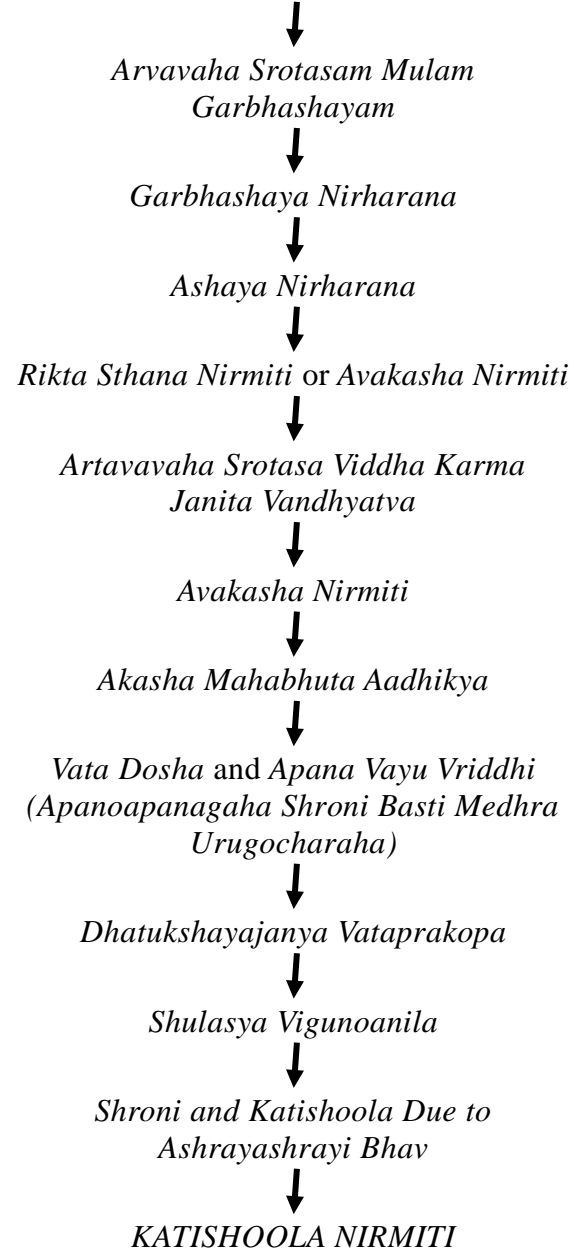
Samprapti Ghataka –

- **Dosha** – *Pittanubandhi Vata* especially *Apana vayu*
- **Dushya** – *Rasa, Mansa, Artava, Asthi*
- **Srotasa** – *Rasavaha, Mansavaha, Artavavaha, Asthivaha, Manovaha, Purishavaha, Mutravaha.*
- **Srotodushti** – *Vataprakopa* – *Dhatukshaya*
- **Agni** – *Jatharagni, Dhatwagni*
- **Ama** – *Jatharagnijanya* and *Dhatwagnihjanya*
- **Udbhavastha** – *Garbhashaya, Katipradesha*

- **Rancharasthana** – *Rasavahini of Apanakshetra*
- **Adhithana** – *Katipradesha*
- **Vyaktarupa** – *Shula*
- **Sadhya Asadhyata** – *Kashtasadhya*

Samprapti of Low-back pain in surgical menopause is not given specially in classics butt can be stated as follow,

Udarapatanapurvaka Garbhashaya and Stree Beeja Nirharana (Hysterectomy with Oopherectomy)



CHIKITSA –**A) SHODHANA CHIKITSA** ^[8] –

Abhyanga swedanam basti nasyam sneha virechanam /

Snigdha amla lavanam swadu vridhyam vatamayapaham //

(Y.R)

- 1) *Snehana (Abhyanga) and Snehapana* facilitate the *Niramavastha*.
- 2) *Swedana* like *Nadisweda, Pindasweda* and *Upanaha Sweda* relieves pain and opens up way for *Dosha*.
- 3) *Basti* which is called as *Ardhachikitsa* (Half of Treatment). These are,

- *Erandamuladi Niruha Basti*
- *Vaitarana Basti*
- *Pippalyadi Anuvasana*

4) *Mriduvirechana* –

- *Virechana* plays important role in chronic low back pain.
- *Eranda taila* is recommended for regular *virechana*.

5) *Nasya* –

Nasya works on central nervous system thus reduces vitiated *Vata*

- *Shigru taila*
- *Vidangadya taila*

B) SHAMANA CHIKITSA

Kashaya	<ul style="list-style-type: none"> • <i>Sahacharadi Kashaya</i> • <i>Dasshamooladi Kashaya</i> • <i>Rasna Erandadi Kashaya</i> • <i>Maharasnadi Kashaya</i> • <i>Rasnadi Kashaya</i>
Choorna	<ul style="list-style-type: none"> • <i>Chopachini Churna</i> • <i>Ashwagandhadi Choorna</i> • <i>Ajamodadi Choorna</i>
Leha	<ul style="list-style-type: none"> • <i>Eranda Paka</i> • <i>Aja Mamsa Rasayana</i> • <i>Amrita Bhallataka Leha</i>
Guggula	<ul style="list-style-type: none"> • <i>Mahayogaraja Guggula</i> • <i>Trayaodhashanga Guggula</i> • <i>Lakshadi Guggula</i>
Sneha	<ul style="list-style-type: none"> • <i>Shacharadi Taila</i> • <i>Mahamasha Taila</i> • <i>Parasrini Taila</i>

PATHYA – APATHYA :-

PATHYA ^[9]		APATHYA ^[10]	
AHARA	VIHARA	AHARA	VIHARA
<i>Madhura</i>	<i>Veshtana</i>	<i>Katu</i>	<i>Chinta</i>
<i>Amla</i>	<i>Trasana</i>	<i>Tikta</i>	<i>Shoka</i>
<i>Lavana</i>	<i>Mardana</i>	<i>Kashaya</i>	<i>Bhaya</i>
<i>Nava Godhuma</i>	<i>Snana</i>	<i>Truna</i>	
<i>Nava Shali</i>	<i>Bhushaya</i>	<i>Kangu</i>	

<i>Rakta Shali</i> <i>Shashtika Shali</i> <i>Nava Tila</i> <i>Masha</i> <i>Kulatha</i> <i>Ushnajala</i> <i>Gomutra</i> <i>Dhanyamla</i> <i>Sura</i> <i>Ghrita</i> <i>Tila</i> <i>Vasa</i> <i>Majja</i> <i>Swadu Phala</i>	<i>Yoga</i> <i>Physiotherapy</i>	<i>Korafushu</i> <i>Neevara</i> <i>Shyamaka</i> <i>Rajamasha</i> <i>Nishpava</i> <i>Mudga</i> <i>Tinduka</i> <i>Sushka Mamsa</i> <i>Kapota</i> <i>Paravata</i> <i>Sheetajala</i> <i>Fastfood</i>	
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DISCUSSION –

There is a wide scope for research in Surgical Menopause, presence of such a stage and awareness of symptoms is very essential. In Modern medicine HRT (Hormone Replacement Therapy) is one and only treatment of choice but it has many drawbacks like stroke, breast cancer, endometrial cancer, Ovarian cancer, Blood clots, Gall stone Thromboembolism, Lipid Profile dysfunction, Liver dysfunction ^[12]. There should not be any hesitancy in starting Oestrogen replacement therapy in these patients if indicated. Commonly used treatment for Low-Backache is NSAIDS of among the *Diclofenac Sodium* is used most extensively, which has some major drawbacks like *Epigastric* pain, Nausea, Headache, Dizziness, Rashes, Gastric Ulceration and Bleeding, Liver damage, CHD, Bruising, Tinnitus, High blood pressure ^[13]. *Phytoestrogens* are plant-derived compounds that structurally or functionally mimic mammalian oestrogens therefore considered to play an important role in prevention of menopausal symptoms ^[14]. As Sudden

drop up of Oestrogen level in Surgical Menopause HRT is used but to overcome from its side effects, they are useful. Herbs like *Shatavari*, *Shatapushpa* are highly nutritious with *phytoestrogens* also are *Vataghna* in nature.

CONCLUSION –

Surgical menopause is an induced menopause due to an unusual event. Due to abrupt cut off of ovarian hormones causes sudden onset of hot flashes, vaginal dryness and low back pain like symptoms which are due to *Vata* and *Pitta* aggravation. *Acharya Charaka* has mentioned *Katishoola* in *Vatavyadhis*. Due to removal of uterus there is emptiness formed which aggravates *Vata* thus *Vataghna* treatment should be followed like *Shodhana* and *Shamana* to minimize pain.

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ROLE OF ANUVASANA BASTI AND YONI PICHU IN SUKHAPRASAVA.

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ABSTRACT

Delivery is a crucial phase in every female's life span. Every woman expects normal delivery in her life. Child birth is a very Influential process and women is been well prepared for it. Notwithstanding of advanced health care in Obstetrical field high number of woman continue to die during childbirth due to causes like mismanagement of labour. Thus Antenatal, Intra-natal and Postnatal care is very important. A comprehensive sweeping antenatal care from conception up to delivery is given under subservient to "Garbhini Paricharya" in *Ayurveda*. In *Garbhini Paricharya Acharyas* have mentioned *Basti* procedure to facilitate *Sukhaprasava* (Eutocia). Moreover *Madhura aushadhi siddha Taila* and *Yonipichu* (Vaginal Tampon) are used in management Labour.

AIMS AND OBJECTIVE

- 1) To study Anuvasana Basti and Yoni pichu in Sukhaprasava and establish its *Ayurveda* co-ordination.
- 2) To evaluate its modern co – ordination in Normal Labour.

METHODOLOGY

Reviewing the modern science literature regarding Anuvasana Basti and Yoni pichu in Sukhaprasava and *Ayurvedic* classics, commentaries also recently published books and Research journals, collection done and attempt to get co-relation between *Ayurveda* and Modern effect of Anuvasana Basti and Yoni pichu in Sukhaprasava.

CONCLUSION

In pregnant women due to distension of uterus it causes obstruction to

pathway of *Apanavayu* thus resulting into Constipation, Backache and other symptoms. To treat *Apanavayu Anuvasana basti* medicated with *Madhura gana aushadhi* acts in right pathway and women can have a natural and uncomplicated delivery. Use of *Yoni pichu* with same medicated oil in 9th month enhances lubrication of *Garbhashaya* and *Garbhashayamarga* also reduces exhaustion of *Prasava* and makes *Garbhini* physically and psychologically strong.

KEYWORDS : *Sukha prasava, Madhura aushadhi siddha Taila, Yonipichu, Anuvasana Basti.*

INTRODUCTION

Ayurveda is always been helping the ailing humanity since creation of life is not diminishing in recognising the most realistic feature of a woman as she is root of progeny. In *Ayurveda* woman is considered as *Shakti*, the mother and source of creation. Pregnancy is the most important phase in every woman's life. From conception to delivery is physiological process for which proper *Paricharya* is needed. *Acharya Charaka* states that Woman is root of offspring [1].

In pregnant woman *prakrita vyana apana vayu* are very much essential for normal delivery. At the time of parturition if any of among them gets vitiated leads to *Vilambita Prasava* (Prolong labour,

Obstructed labour). *Ayurveda* states *Garbhini paricharya* to save from it. Our ancients were aware about the mode of action of these *ayurvedic* drugs and procedures on labour. In *Ayurveda* the best treatment for *vata* is *Basti*. *Basti karma* controls vitiated *vata* thus producing *Sukha Prasava*.

According to Modern Labour is defined as "Series of events that take place in the genital organs in an effort to expel the viable products of conception (foetus, placenta and the membranes) out of the womb through the vagina into the outer world is called Labour" [2] and Normal Labour (Eutocia) as Labour is called normal if it fulfills the following criteria.

1. Spontaneous in onset and at term.
2. With vertex presentation.
3. Without undue prolongation.
4. Natural termination with minimal aids.
5. Without having any complications affecting the health of the mother and or the baby [2].

AIMS AND OBJECTIVE

- 3) To study *Anuvasana Basti* and *Yoni pichu* in *Sukhaprasava* and establish its *Ayurveda* co-ordination.

- 4) To evaluate its modern co – ordination in Normal Labour.

METHODOLOGY

Reviewing the modern science literature regarding Anuvasana Basti and Yoni pichu in Sukhaprasava and Ayurvedic classics, commentaries also recently published books and Research journals, collection done and attempt to get co-relation between Ayurveda and Modern effect of Anuvasana Basti and Yoni pichu in Sukhaprasava.

ACCORDING TO AYURVEDA

स चोपस्थित काले जन्मनि प्रसूति मारुत योगात् परिवृत्यवाक सिरा निष्क्रमत्यपत्यपथैर्न, राषा प्रकृतिः ॥

च.शा.६/२४

Prakrita Prasava is during Onset of labour the head of the foetus gets turned and comes forward due to action of *prasuti maruta* and is expelled through the vaginal passage [3].

Svabhavika – Spontaneous onset

Upasthitha kala – Onset of completion of term

Avaksira – Cephalic presentation

Svabhavika kala – Without undue prolongation

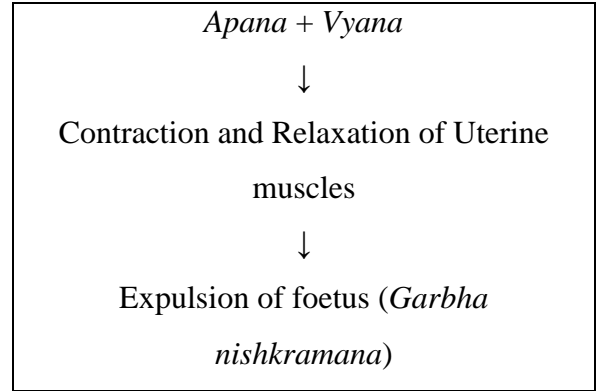
Upadravarahita – Without having any complications

Poorvajanmakrita Karma is responsible for *Svabhavika Prasava* [4].

CAUSES OF ONSET OF PRASAVA [5]

1. *Kala prakarsha*
1. *Nadi vibandha mukti*
2. *Garbhavasa vairagya*
3. *Sampurna gatrata*

Role of *Apana Vayu* in labour



In this obstruction of *Srotas* of *Pakwashaya* by gravid uterus *Apana Vayu* gets vitiated thus functional aspect of labour can be dominated by vitiated *Apana vayu*. So to normalise *Apana vayu*, *Basti* is indicated which helps to diminish obstruction of *Srotasa*. *Prakrita Apana vayu* works for *Garbha nishkramana*.

MADHURA SKANDA [6]

मधुरस्कंद

तद्यथा - जीवकर्षभको जीवन्ती वीरा तामलकी काकोली

.....मोरटः श्वदंष्ट्रा संहर्षा शतावरी
सुखोष्णं घृततैलवसामज्जालवणफाणितोद्धितं
बस्ति
वातविकारिणे विधिज्ञो विधिवद्घातः
शीतं तु मधुसर्पिर्भ्याभुपसंसृज्य पित्तविकारिणे
विधिवद्घ्यात इति मधुरस्कन्द ॥

च.सि.८/१३९

According to *Acharya Charaka Madhura skanda aushadhi* are given as above.

BASTI KARMA

नाभिप्रदेशं कटिपार्श्वकुक्षिं गत्वा शकृद्दोषचयं
विलोडय ॥
संस्नेहकायं सपुरीषदोषः सम्यक् सुखैनेति च यः
स बस्तिः ॥

च.सि.१/४०-४१

Acharya charaka states that *Basti* is a procedure in which drug is administered through rectal canal which goes to *Nabhi, Kati, Parshva, Kukshi pradesha* and churns accumulated *Purisha* and *Doshas* comes out along with churned *Purisha* and *Doshas* [7].

अनुवसन्नपि न दुष्यत्यनुदिवसं वा दीयत
इत्यनुवासनः ।

सु.चि.३५/१८

Anuvasana is a type of *basti* which will not cause any harm even if it is retained for one day and can be

administered every day after taking the food [8].

नवमे तु खटवेनां मासे
मधुरौषधसिद्धेन
तैलेनानुवासयेत् ।
अतश्चैवास्यास्तैलत पिचुं योनौ
प्रणयेद् - गर्भस्थान मार्ग
स्नेहनार्थमिती ॥

च.सं.शा.८/३१

According *Acharya Charaka* during ninth month *garbhni* should be treated with *Basti* of oil cooked with sweet drugs (*Madhura skanda*) which lubricates *garbha sthan* along with genital tract [9].

The rectum is with high rich blood
and lymph supply
↓
Drugs gets absorbed from upper
rectal mucosa.
↓
Carried through superior
haemorrhoid veins into portal
circulation.
↓
Middle and inferior haemorrhoidal
veins.
↓
Lower rectal mucosa.
↓
Systemic circulation

On administration of *basti* the product of fatty acids, pyruvic acids gets reduced. Pyruvic acid is increased in blood than simultaneously vit B1 gets decreased as it is needed for maintenance of myelin sheath covering nerves stated in Ayurveda Avloka 1965 page no. 79.

Physiology and Modulates of pathogenic parasites in colon is being altered by *Basti*. *Anuvasana* is *Sneha basti* due to its *snehana* property it acts on *Kukshi, Kati, Parshwa* and all *garbha sthanamarga*. *Snehana* removes *Rukshata* of Vayu at the same time while expulsion of foetus stretching of ligaments is carried out very fast. The main function of *Anuvasana Basti* is वातादीनामधः प्रवर्तनम् ॥

Due to *Anuvasana basti* in 3rd stage of labour bleeding is controlled and rare chances of *Sutika Makkala* are seen. Also vaginal complications are reduced. *Anuvasana Basti* given in Ninth month also affects Autonomous nervous system for governing myometrium and helps in regulating their function during labour.

- *Basti dravya* – Medicated oil or *ghrita*
- Dose – 120 ml or 60 ml (*Matra basti*)
- Route – Per rectum
- Time – After food

after 36 wks of pregnancy weekly

Retention time – As long as possible

PROCEDURE –

On evacuation of bowel of *Garbhini* should take food properly. Then she should lie down on table in left lateral position with right knee flexed. Lukewarm Medicated oil with 60 or 120 ml is pushed into anal canal with the help of syringe and rubber catheter. After complete passing of oil catheter is should be removed. To prevent early evacuation she should be kept in supine position with elevated buttocks for half an hour. Then after light and nutritious food should be taken [10]

YONI PICHU

Pichu application is a type of *sthanik* (local) *chikitsa* means which helps in *Lakshana upashamana* [10] *Pichu* is made up of sterile cotton or swab wrapped with sterile guaze piece dipped in medicated oil and later applied on vagina, vulva and perineum. It is kept for some time and then removed later on. Daily use of *Madhura gana siddha taila's yoni pichu* lubricates *Garbhasthana* and *Garbhamarga* i.e. Cervix, Vaginal canal along with perineum respectively by *Snehana, Vishyandana, Mardava* and *Kledana* properties of *Taila* which leads to *Sukhaprasava* [11].

- *Pichu dravya* – medicated oil or *ghrita*

- Dose – 5-8ml vaginal tampon
- Route and time – Vaginally, daily HS for 15days after 36 wks
- Retention time – minimum 6-7hrs

PROCEDURE –

On evacuation of bladder and bowel of *Garbhini* should lie down in supine position with flexed knees then *pichu* is kept into vagina with the help of index finger in such a way that end of *pichu* should come out of vagina this facilitates easily removed after 6 to 7 hrs [11].

USES

1. It improves and strengthen the musculature of vaginal canal.
2. Daily use increases the elasticity of perineal muscle.
3. Regular use inhibits PROM and softens and helps in relaxation during labour^[12]
4. It softens *garbhashthana* and *gudamarga* thus helps in *sukha prasava*.
5. It influences autonomic fibres governing myometrium thus regulating their function and helps in its relaxation during labour.

DISCUSSION

Acharya charaka stated *Anuvasana basti* and *yonipichu* in 9th month of *Garbhini Paricharya* for the purpose of

facilitating Normal labour, healthy offspring also reduces Postpartum complications [13]. *Pichu* containing *Madhura gana aushadhi* maintains natural vaginal flora also helps in cervical ripening by altering cervical matrix releasing prostaglandins which promotes normal labour. Prostaglandins helps in the process of parturition also effect on inflammation and immunity. Which increases permeability of membranes thus making cervix soft. *Basti* acts on nervous system which releases natural oxytocin from posterior pituitary as well as helps in increasing Oxytocin receptors.

CONCLUSION

In pregnant women due to distension of uterus it causes obstruction to pathway of *Apanavayu* thus resulting into Constipation, Backache and other symptoms. To treat *Apanavayu Anuvasana basti* medicated with *Madhura gana aushadhi* acts in right pathway and women can have a natural and uncomplicated delivery. Use of *Yoni pichu* with same medicated oil in 9th month enhances lubrication of *Garbhashaya* and *Garbhashayamarga* also reduces exhaustion of *Prasava* and makes *Garbhini* physically and psychologically strong.

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ENDOMETRIOSIS – A CONCEPTUAL STUDY

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ABSTRACT

Endometriosis is most upcoming diseases that affects the quality of life of millions of women and their families worldwide. It is one of the obscure and captivating benign gynaecological disorder defined by implantation of functioning endometrial tissue outside the uterine cavity. Endometriosis is associated with broad range of symptoms including Dysmenorrhoea, Dyspareunia, Chronic intermenstrual pelvic pain, and Infertility. The prevalence of Endometriosis in between women of Reproductive age is 6-10%. It can be compared as a syndrome complex of *Paripluta Yonivyapada* in Ayurveda. Thus, *Vata Evum Pitta Shaman* treatment along with regimen is given in it. **Aim and Objective:** To understand endometriosis in both allopathic and *Ayurvedic* perspectives. **Methodology:** Reviewing the modern science literature regarding Endometriosis and *Ayurvedic* classics, commentaries also recently published books and Research journals, the collection done and attempt to get co-relation between *Ayurveda* and Modern Endometriosis. **Conclusion:** Its timely management prevents upcoming Infertility thus bringing favourable outcome. Treatment must be individualized and taken into consideration the impact of the condition on the quality of life.

Keywords: Endometriosis, *Paripluta Yonivyapada*, *Vataja Yonivyapada*

INTRODUCTION

Endometriosis is most one common problem encountered in gynaecology. It affects women in their reproductive years which is associated with pelvic pain, Infertility, Dysmenorrhoea etc. Prevalence of Endometriosis is 10% but highest in infertile women about 30-40%. Its incidence appears to be increase partly due to improvements in diagnostic technique and partly due to changing social pattern like late marriages and limitation of family size. Evidence of 20 % women undergoing laparoscopic investigation for infertility. Also 24 % of women complains about Pelvic pain are commonly found to have endometriosis ^[1].

It is the most common benign gynaecological problem which oestrogen dependent thus resolves after menopause or treatment having pseudo menopause. *Paripluta Yonivyapada* is one of the twenty *Yoni Vyapada* mentioned in *Ayurvedic* classics. *Pitta* and *Vata Dushti* states inflammation of *Yoni*, Painful micturition, Tenderness, yellowish or bluish colour of menstrual blood, Lumbosacral and groin pain, Low backache and fever. *Acharya Sushruta* states that condition is said with severe Dyspareunia along with pain etc caused by *Vatadushti*. *Acharya Vagbhata* and *Charaka* states Heaviness in the region of Bladder and Lower abdomen, Diarrhoea, Anorexia etc. *Madhava Nidana*, *Bhavaprakasha* and

Yogratnakara also has followed *Sushruta*. In *Madhukosha* it is the condition of features having Vata symptoms like Pain with extreme level in periphery means *Paripluta* in entire internal and external reproductive organs hence termed as “*Paripluta*” [2]

Endometriosis –

The presence of functioning endometrium like glands and mucosa in sites other than uterine mucosa is called as Endometriosis [3]. It is said to be Endometriosis internal or Adenomyosis when ectopic endometrial tissue is found in myometrium. If are found outside are Endometriosis externa. It is benign but locally invasive. It triggers a chronic inflammatory reaction resulting in pain and adhesions. Adhesions develop when scar tissue attaches separate structures or organs together.

Etiology

There are 3 most accepted theories are:

1) Sampson’s Theory:

This theory explains that the flow of menstrual blood gets backed up causing some of the blood to flow in reverse direction. This process causes blood containing endometrial tissue to attach to surfaces outside of the uterus.

2) Meyer’s Theory:

This theory proposes that specific cells called Metaplastic cells change into endometrial cells and present at birth.

3) Vascular Theory:

This theory suggests that the endometrial tissue travels through the body via blood vessels. It then reaches various tissues, implants and then grows causes pain.

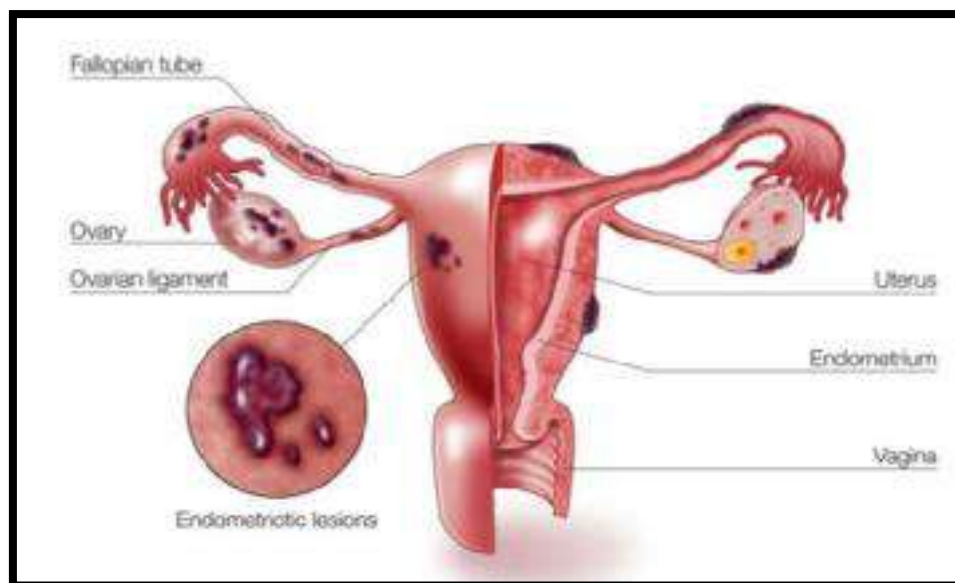
Symptoms [4]

Site	Symptoms
Female reproductive tract	Dysmenorrhoea Non menstrual pelvic pain Dyspareunia Infertility Rupture/torsion endometrium Low back pain
Urinary tract	Cyclical Hematuria Cyclical Dysuria Ureteric obstruction
Gastrointestinal tract	Cyclical Dyschezia Cyclical Rectal bleeding Obstruction Cyclical intestinal complaints – Periodic bloating, diarrhoea, Constipation.
Surgical scars/Umbilicus	Cyclical pain and bleeding
Lungs	Cyclical haemoptysis Haemopneumothorax
Others	Fatigue Cyclical Shoulder pain

Sites of Endometriosis –

Endometriosis is reported in Ovaries, Uterine ligaments, Recto vaginal septum, Pelvic peritoneum, Laparotomy scars, Vagina, Umbilicus, Hernia sacs,

Urinary tract, Large and small intestine, Appendix and rarely even in the pleura, diaphragm, arms, legs, kidneys etc.



Differential Diagnosis – Endometriosis is differentially diagnosed from PID, Malignant diseases of the ovary, Myomas, malignancy of cervix and vagina etc.

Investigations [5]

- 1) IOC = laparoscopy. Gold standard: Histopathological examination
- 2) Others = CA-125-CA-125 levels are raised in endometriosis.
- 3) Monocyte chemoattractant protein (MCP-1) levels are raised in peritoneal fluid of women with endometriosis

Treatment [6]

The treatment is as follows –

Management of Endometriosis			
Asymptomatic minimal endo.	Symptomatic endo.		
Observe 6-8 months investigate infertility	Drug	Minimal invasive surgery	Surgery
	OC pills Mirena IUCD Progesterogens Androgens GnRH analogues Letrozole RU – 486	Laparoscopy Destruction by it Excision of cyst Adhesiolysis Presacral neurectomy LUNA (Lap uterosacral nerve ablation)	Laparotomy Incision of chocolate cyst Hysterectomy with BSO (Bilateral salphingo -opherectomy) BSO Excision of scar endometriosis

In painful endometriosis Hormonal and Surgical treatment is given. Medical management of pain includes Oestrogen Progesterone combine therapy (OC pills), isolated progestins, GnRH analogues, Danazole and Gestrinone and aromatase inhibitors. Surgery is indicated for those patients which does not respond to medical management.

Paripluta Yonivyapada

Pittalayanrusanvasekshavathudvardharnat / Piiasamurchhitovayuyonimdushayatistriyaha // Shunasparshakshamasartinilapitamsruksravet / Shronivankshanapristhartijwarartayaha // (Ch.Chi.30/23)

*Dosha – Vata, Pitta, Kapha
Dushya – Rasa, Rakta
Srotasa – Artavavahasrotasa
Srotodushti – Vimargagamana*

When who having *Pitta* predominance because of her *Pittaprakruti* or consumption of diet which aggravates *pitta* withholds her sneezing urge and erucation at the time of coitus then vitiated *pitta* along with *vata* reaches *yonis* thus forming its abnormalities. *Yoni* becomes inflamed, tender and causes painful menstruation with yellowish or bluish colour of menstrual blood. Also causes Pain in Lumbosacral and groin region, backache and fever [7]

Paripluutavaminichvatapitatmikemate /
(Ch.Chi.30/39)

Acharya Charaka states that *Paripluta*, *Vamini* are caused by *Vata* and *Pitta*. [8]

Vataja Yonivyapada [9] –

Vatalahara Cheshtaya Vatalayaha Sameeranaha /
Vivridhho Yonimahritya Yonestodam Savedanam //
Stambhampipilikasuptimivakarkashatam Tatha /
Karoti Suptimayasa Vatajanshchapanan Gadan //
Sasyata Sashabdarukaphenarukshartavaanilat /
(Ch.Chi30/11)

Dosha – Vata

Dushya – Rasa

Srotasa – Artavavahasrotasa

Srotodushti – Vimargagamana

Acharya Charaka states that woman with *Vata Prakrita* is consumes diet and activities which aggravates *Vayu* which results in Pricking pain, Stiffness, Creeping of Ants like sensation, Roughness, Numbness, Lethargy, Fatigue, Dryness etc.

Treatment: General Treatment –

Shodhana – After *Snehana* and *Swedana* *Poorvakarma Panchakarma* like *Vamana*, *Virechana*, *Asthapana*, *Anuvasana*, *Uttarbasti* are to be used.

Shamana –

Raktasravarodhaka Drugs –

Chandrakala Rasa; Pradarantaka Rasa; Pradarari Rasa; Pushyanuga Choorna; Ashokarishta; Pushkaraleha; Lodhrasava; Patrangasava etc

Rktavardhaka Drugs –

Suvarnamalinivasanta Rasa; Pravalpishti; Godantibhasma; Vangabhasma etc

Granthihara –

Punarnava Mandura; Shilajatu; Arogyavardhini; Gandhaka Rasayana; Dashmularishta; Abhyarishta etc

Others – Phalaghrita; Phalakalyanaka Ghrita etc.

Paripluta Yonivyapada Treatment [10]

Vaminyaplutayoshchaivaswedayitvapravrajayet |
Tarpanamsnehapichubhirbhajanamchaanilapahama //
Shallakijinginijambudhavatvakapanchavalkalaihi /
Kashayaihi Sadhitatsnehatparuplutayo Pichum //
(A.U.39/49)

After sudation the satiation followed by Tampon, diet capable of suppressing the *vata* and tampon of uncting oil treated with bark of *sallaki*, *jingini*, *jambu*, *dhawa* and *panchavalkala* should be used.

Endometriosis is also explained under subheading of *Vataja Yonivyapada* where Acharya Sushruta stated to use meat of marshy and aquatic animals after pitcher sudation. *Vesavara* mixed with sweet drugs and oily tampon in vagina. Tampon soaked with *Balataila* etc. Treatment principles of *Yoniroga*, *Gulma*, *Granthi*, *Artavadushti*, *Pradara* according to symptoms can be used.

Vataja Yonivyapada Treatment–

Snehaswedabastyadi Vatajashchanilapaham |
Vatavyadhiharam Karmam Vatartanam Sada Hitam //
Vatartanam Cha Yoninam Sekabhyangapichukriyam |
(Ushnaha Snigdhaaha Prakartavyastailani Snehnani Cha)

(Ch.Chi.30)

As diseases of *yonis* cannot occur without vitiation *vata* hence *Vatashamana* treatment is used. *Snehana*, *Swedana* and *Mridu Panchakarma* used in it. Local treatment like *Seka*, *Abhyanga*, *Pichudharana*, *Uttarbasti*, *Basti* are effective [11].

As due to *Kaphadosha* included *Vatanulomana*, *Lekhana*, *Srotoshodhana*, *Shulahara* treatment is given. Thus, drugs with same qualities are used for *Rasayanachikitsa*. Drugs like *Shatapushpa*, *Shatavari*, *Lashuna* etc are effective.

DISCUSSION

Endometriosis is an upcoming problem in gynaecology now. The first step done in general practice in OPD's when a patient of Endometriosis comes is to advise Pain relief. Endometriosis not explained vis-a-vis in *Samhita* but Acharya have made their point regarding treatment. Unnamed disease should be understood by their *Dosha* and *Dushya* thus treatment should be planned accordingly. Out of all *Yonivyapada*, *Paripluta* and *Vataja Yonivyapada* shows maximum congruence with Endometriosis. Expanded meanings of *Aartava* i.e. menstrual blood,

Tridosha, ovum and hormones help to elaborate Endometriosis symptomatology in *Ayurveda* context and plan its line of treatment.

The treatment modalities aim at providing comprehensive care by correcting the *Ama Dosha*, achieving *Koshta Shuddhi* and regulating *Tridoshas*, by this the menstruation is regularized and health is restored. It is good idea to wind up this article with such understanding of Endometriosis in *Ayurveda* pretext. Better understanding of any disease enables physician to treat it more efficiently.

CONCLUSION

Endometriosis is presence of endometrial tissue outside of the uterine cavity. As per *Ayurveda* genetic view can be gain by *Beejadosha* and *Daiva*. Vitiated *Vata* and *Pitta* obstruction results in retrograde flow of menstruation, vascular and lymphatic spread of endometrial tissues which leads to accumulation or movement of endometrial tissue to settle in extra uterine surfaces like fallopian tubes and pelvic cavity. This blockage causes severe pain and scanty menstruation during menstruation. More inflammation (*Pitta*) can cause more pain and Scar and so forming Adhesions (*Kapha*). Thus, *Virechana* which means medicated purgation for removing *Ama* i.e. toxins from body by providing medicines. Also, *Basti Chikitsa* which means medicated enema as per *Dosha* for balancing *Vata Dosha*. Adhesions develop with association of *Kaphadosha*. So is treated with by *Lekhaiyadravya*.

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ROLE OF NASYA KARMA IN STREE VANDHYATVA (FEMALE INFERTILITY) – A REVIEW

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ABSTRACT

According to *Ayurveda* Having no Baby is described as *Vandhyatva* and Infertility in Modern science. Infertility is a main issue in today's era. Many couples go for IVF, Surrogacy and many more with very little benefits. Nearly 10-14% of individuals are belonging to the reproductive age group are affected by Infertility. Its rate is constantly increasing due to change in lifestyle, High pollution, Socio-economic cause and enormous amount of stress. *Ayurveda* explained wide range of protocols and medicines for the management of *Vandhyatva*. In *Ayurveda* four factors are mentioned *Rutu*, *Kshetra*, *Ambu*, *Beeja* should be in proper state in order to achieve conception and complete the pregnancy successfully. Fertility is an occurring necessity and is assumed over whelming importance from time immemorial. Also, not all couples who desire a pregnancy will achieve one spontaneously and a proportion of couples will need medical help to resolve underlying fertility problems. The main causes of Infertility are Tubal block, PCOD, PID and endometriosis. Infertility is considered as a public health issue world wise by world health organisation. *Ayurveda* is a branch of Medicine which has been serving for humanity since ancient time by both preventive and curative aspects. *Nasya* an *ayurvedic* procedure helps in Infertility by acting on hormones thus producing **Aim and Objective:** To understand Female Infertility in both *Ayurvedic* and Allopathic perspectives., To understand *Nasya* role in Stree Vandhyatva (Female Infertility). **Methodology:** Reviewing the Female Infertility and Role of *Nasya* in it through *Ayurvedic* classics, commentaries also recently published books and Research journals and modern science literature, the collection done and attempt to get co-relation between *Ayurveda* and Modern literature. **Conclusion:** - Motherhood is the biggest gable in the world. There is an ancient saying 'Apu-tryasya'. *Nasya* is the best treatment modality to treat the infertility which is mainly produced by the hormonal imbalance. Administration of *Nasya* during menstrual period causes *Yoni Shoshana*, it means that *nasya* is having the capacity to reach up to the *Yoni Bhaga*.

Keywords: *Stree Vandhyatva*, Female Infertility, *Nasya Karma* etc

INTRODUCTION

Infertility is a condition in women's life which indicates inability to procreate. Infertility is generally defined as one year of unprotected intercourse without conception. Sub-infertility is described as Women or Couples who are not sterile, but exhibit decreased reproductive efficiency^[1] Conception depends on the fertility potential of both the Female and Male partner. The major cause in Infertility is Female factor which is 40-55%^[2]. Female factors are Ovarian, Tubal, Cervical, Uterine and Endometrial factors (FIGO). Female Infertility due to tubal blockage is the second most furnishing factors (FIGO). The only option left for Couples suffering from tubal infertility are Reconstructive Tubal Surgery, In Vitro Fertilization and Embryo transfer (IVF-ET). Both procedures are time consuming, invader and not always under the financial manageable of the majority of population in India. It is a social stigma where the female partner is blamed to marital disharmony^[3]. In the present scenario of the rapid advancement in technology, Infertility is still a problem which been present since many years and years. Many factors are responsible for Female Infertility which are Tubal Factors about 40%^[4], Ovarian factor 0.5%,

Cervical factor 20% And Uterine factor 10%. Also 30-40% in female^[5] and 10-30% in male are the causative factors seen. According to *Shabdakalpataru* a woman who has hindrance of any kind in normal process of conception is termed as *Vandhya*. For healthy progeny Pumbeeja (Shukra) and *Streebeeja* (Artava) are important^[6] *Artavanasha* is due to *Avarana* in *Artavavaha Srotasa*^[7]. According to ancient scholars, *Nasya* is said to be one of the effective therapeutic regimens to overcome Infertility.

Stree Vandhyatva: -

According to *Sushruta*, *Vandhya* is a woman who has lost her *Artava* i.e. menstruation. *Vagbhata* explains that the congenital under development or deformity of female genital tract is the cause of *Vandhya* *Bhela* stated that *Vata* is responsible for *Vandya*^[8]. In *Ayurveda* four *Garbha sambhava samagri* (Essential components) are given as *Rutu* (Period near to ovulation or healthy menstrual cycle), *Kshetra* (Healthy Uterus), *Ambu* (Healthy *rasa dhatu* i.e. healthy food) and *Beeja* (Ovum and sperm), their abnormalities affect the formation and development of *Garbha*^[9]. Failure of these causes *Vandhyatva*,

<i>Abhighata</i>	<i>Doshabhighata</i> to <i>Artavahasrotasa</i> produces <i>Vandhyatva</i> along with <i>Dyspareunia</i> , <i>Amenorrhoea</i> .
<i>Sadbhavas</i>	Any <i>Vikriti</i> in <i>Shadbhavas</i> – <i>Matrija</i> , <i>Pitrija</i> , <i>Atmaja</i> , <i>Satmyaja</i> , <i>Rasaja</i> and <i>Sattwaja</i> causes <i>Vandhyatva</i> .
<i>Artavadosha</i>	<i>Dushtarva</i> leads to <i>Anovulation</i> .
<i>Shodhana Karma</i>	As a complication of <i>Shodhankarma</i> destruction of <i>Beeja</i> and <i>Pushpa</i> in female occur and causes <i>Vandhyatva</i> .

Types –

<i>Charaka</i>	<ol style="list-style-type: none"> 1. <i>Vandhya</i> 2. <i>Apraja</i> 3. <i>Sapraja</i>
<i>Harita</i>	<ol style="list-style-type: none"> 4. <i>Kakavandhya</i> (1 child) 5. <i>Anapatya</i> (No child) 6. <i>Garbhasravi</i> (Repeated abortion) 7. <i>Mritavatsa</i> (Repeated stillbirth) 8. <i>Balakshaya</i> (Loss of strength) 9. <i>Vandhya</i> due to <i>Balabastha</i>, <i>Garbhakoshabhanga</i> and <i>Dhatukshaya</i>.

Harita has mentioned *Mrutavatsa* means still birth and *Garbhastravi* i.e. miscarriage or spontaneous abortion as a type of *Vandhyatva*^[10]. *Chikitsa* of Infertility is done by *Sanshodhana Karma* (*vamana, virechana, Basti* etc) and use of various *Artavajanana* drugs such as *Phalaghrita, Phalakalyanaghrita, Chandraprabha vati, Shatapushpa, Shatavari* and *Lashuna* etc. *Virechana* helps in *Strotasashuddhi* (Cleaning of *doshas*) and *Shamanakarma* by giving *Kanchanar Guggula, VarunadiKashaya* and *Pushpadhanva Rasa* which are *Garanthihara, Bhedaniya, Lekshaniya, Vrushya* and *Deepaniya* etc.

Samprapti :-

Dosha – *Tridosha with Vata (Apana and Vyana), Dhatu* – *Rasa, Rakta, Upadhatu* – *Artava, Agni* – *Sthanika (Local) Agnimandya, Strotasa* – *Artavavaha, Srotodushti* –

Sanga, Udbhavasthana – *Pakvashaya, Adhithana* – *Tryavartava Yoni, Vyaktisthana* – *Beejagranthi, Marga* – *Abhyantara*

Infertility

Infertility is defined as a diseases of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse^[11]. If a couple fails to conceive following a previous pregnancy despite cohabitation and exposure to pregnancy (In the absence of contraception, breastfeeding or postpartum amenorrhoea) for a period two years it is Secondary Infertility this is also known as Secondary Sterility^[12]. In India prevalence of Primary infertility was estimated to be approximately 3% whereas Secondary Infertility is 8%^[13].

Causes, Investigations And Management ^[14] :-

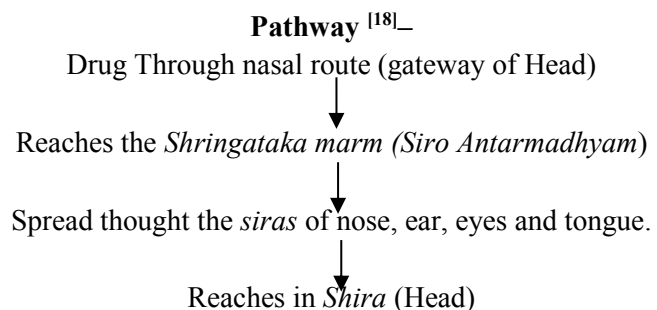
Female Infertility: Causes, Investigations and management		
Aetiology	Investigations	Management
Tubal causes	<ul style="list-style-type: none"> Hysterosalpingogram/hysterosalpingography Hysteroscopy Sulphurography Laparoscopic chromotubation 	<ul style="list-style-type: none"> Antitubercular drugs Tuboplasty Hysteroscopic cannulation and balloonoplasty
Ovulation	<ul style="list-style-type: none"> Ovulation monitoring by ultrasound (BBI, BBT), LH for tuberculate <p>Abnormal</p> <ul style="list-style-type: none"> Hormonal study TSH, LH, FSH, prolactin E.g. P level Thyroid and diabetes 	<ul style="list-style-type: none"> Clomiphene, letrozole <p>Failed or not feasible</p> <p>Failed</p> <p>FSH, LH, GnRH</p> <p>Positive, No response</p> <p>Response</p> <p>Failed</p> <p>IUI, Zygote mg</p> <p>Adoption</p> <p>From the cause</p>
Other causes	Ultrasound, AMH, BBT, hysteroscopy	

Nasya

Nasikaye hitam tatra bhavo va yata Nasadeshaha | (Vachaspati)

According to *Vachaspati* the word *Nasaya* means being in the nose or the things beneficial to the nose. Acharya to *Acharya Sushruta* medicines or medicated oils administered through the nose is known as *Nasya*^[15]. *Nasya* is considered as the gateway of *Sirah*^[16]. *Shringataka marma* formed by the union of *Siras* (Blood vessels) supplying to *Ghrana* (Nose), *Jinhva* (Tongue), *Akshi* (Eye) and injury to this *marma* is fatal. *Indu* has mentioned *Shringataka* as a ‘*Shirasu Antarmadhyam*’. *Acharya Sushruta* states that excessive

eliminative might cause *Mastulunga Strava* (Flow of CSF out of the Nose)^[17]



Nasya works in nervous system, Endocrine system and some psychological disturbances. The morbid *Doshas* of *Urdhwajatrugata*. Thus, *Nasya* works in the disorder of Central regulates hormones from Hypothalamus which minimizes

DISCUSSION

Female infertility is upcoming problem in today's era. Medicines reaches to *Sringataka marma* and from there it spreads to various *strotasa*. It is Best method to eliminate and alleviate the vitiated *Dosha* of *Urdhwajanga*. It enters the general blood circulation after absorption which pooling into venous sinuses of the brain via inferior ophthalmic vein. This absorption gets directly into CSF. It is known that peripheral olfactory nerves are connected with the limbic system of brain including Hypothalamus. Limbic system is concerned with multifunctional capillaries including behavioural aspects of human being and control over endocrine secretions. Experimental stimulation in certain cells of hypothalamus and amyloid complex. Keeping the head in lowered position and retention of medicine in nasopharynx help in providing sufficient time for local drugs. After *Nasya* hand massage enhances drug absorption. It stimulates Hypothalamic-pituitary-ovarian axis. Thus helps in *Stree Vandhyatva* (Female Infertility)^[19].

CONCLUSION

Motherhood is the biggest gable in the world. There is an ancient saying '*Aputryasya*'. *Nasya* is the best treatment modality to treat the infertility which is mainly produced by the hormonal imbalance. Administration of *Nasya* during menstrual period causes *Yoni Shoshana*, it means that *nasya* is having the capacity to reach up to the *Yoni Bhaga*.

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Sutika katishoola in Ayurveda – An observational study.
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ABSTRACT –

Post-natal Low Back Pain (LBP) and pelvic pain are common problems in the postpartum period. *Acharya Charaka* and all other classics have given a definite period for specific dietetic management of *Sutika* which can be considered as normal period of puerperium. Changes in lead to *Ati-Aptarparpana* of mother during *Sutika-kala*. Which causes *Vata Vriddhi* which is responsible for *Vata vyadhis* like Low-Backache in women. In Ayurveda, *Kashyap Samhita* mentions 64 *Sutika* diseases which includes *Sutika Katishula* as a *Sutika* Diseases. 45 patients taken for observational purpose. Among those patients who undergone Ventouse delivery than by Caesarean section and Normal vaginal. As Instrumental

delivery is because of *Vikrita Prasava* thus causing ore pain.

KEYWORDS - *Sutika Katishula*, Post-partum Low back-pain, Ayurveda

INTRODUCTION –

Post-partum Low back-pain is a common complaint in today's era. It is more intense and common in the postpartum period ^[1]. Up to 75% of women who suffer from pregnancy related back pain which continues to have after giving birth till few months ^[2]. Majority of cases resolves within 6 months ^[3]. Many researchers has reported rare cases of sacral stress fractures during and after pregnancy too ^[4]. This Post-partum Low back-pain if persists more may lead to chronic LBP

and spinal osteoporosis ^[5] . Among all Demographic, obstetric and epidural variables examined the only factors significantly associated with backache after childbirth was backache before and during pregnancy. Puerperium is period following childbirth during which all body tissues revert back approximately to a pre-pregnant state ^[6] .

Sutika Kala is named as Post-natal phase in Modern Science. *Ayurveda* has described management of *Sutika*, but *Kashyapa* has described in detail about it. He has mentioned that following delivery of child, the placenta is expelled; following that the women is called as *Sutika* ^[7].

Parijirna yatha vasram maladigdham samantataha /

Kleshen shodhyate tadnyai pradrishya tattashrayam /

Tatha shariram sutayaha pariklishtam paristratam /

Bhrisham doshabalai digdham kleshen parishodhyate

Yatha cha jirna bhavanam sarvataha shlathabandhanam /

Varshavatavikampanamasaham syattathavidhim /

Tatha shariram sutayaha svinnam prasravanashramaihi //

(Ka.Khi.11/46-48)

That means the old cloth seized with dirt all around gets cleansed with great

difficulty even by experts (due to tattered state of cloth), similarly the body of puerperal women being greatly troubled and due to strength of *Doshas* get cured with difficulty. According to *Kashyapasamhita* this status causes *Vata-Vridhhi* which is responsible for different types of health problems such as puerperal sepsis, *Stanya Dushti*, anaemia, prolapse of uterus etc. ^[8]. In *Sutikavastha*, all *Doshas* are aggravated mainly *Vata Dosh* due to *Pravahana* and *Raktashaya*. So to avoid this and prevent disease, *Vatahari kriya* is mentioned ^[9].

In *Sutikavastha*, all *doshas* are aggravated mainly *vata dosha* due to *pravahana* and *raktashaya*. This *vataprakopa* leads to *agnimandya* (loss of appetite). Though *Sutikavastha* is not a diseased state but due to *agnimandya*, *vataprakopa* and *dhatukshaya*, she is prone to develop disease earlier or later in the life ^[10] . Except *Acharya Charaka* all other classics have given a definite period for specific dietetic management of *Sutika* which can be considered as normal period of puerperium. Changes in lead to *Ati-Aptarparpana* of mother during *Sutika-kala*. Which causes *Vata Vridhhi* which responsible for *Vata vyadhis* like Low-Backache in women. In *Ayurveda*, *Kashyap Samhita* mentions 64 *Sutika* diseases which includes *Sutika Katishula* as a *Sutika* Diseases.

AIMS AND OBJECTIVES –

- To understand *Sootika Katishoola* in both *Ayurvedic* and *Allopathic Perspectives*.
- To observe 45 patients having puerperium.

MATERIAL AND METHOD –

Reviewing the through *Sootika Katishoola* (Post-partum Low-backpain)

Ayurvedic classics, commentaries also recently published books and Research journals and modern science literature, the collection done and attempt to get correlation between *Ayurveda* and Modern literature. An observation study done on 45 patients from *SMBT Ayurved College*.

FACTORS IMPORTANT FOR PRASAVA AND SUTIKA AVASTHA (LABOUR AND PUERPERIUM) –

<i>Factors</i>	<i>Sthana (Location)</i>	<i>Karma (Function)</i>
ARTAVA	<ul style="list-style-type: none"> • Antahaphala (ovary) • Garbhashaya (Uterus) 	<ul style="list-style-type: none"> • Menstruation • Garbha Formation
APANA VAYU ^[11]	<ul style="list-style-type: none"> • Vrishana (Testicles) • Basti (Urinary Bladder) • Medhra (Penis) • Kati (Low Back) • Nabhi (Umbilicus) • Uru (Thighs) • Vakshayana (Inguinal Region) • Guda (Anus) 	<ul style="list-style-type: none"> • Ejaculation • Micturition • Defecation • Expulsion of foetus and Menstrual blood

STREE SHRONI SANDHI –**Trayaha Katikapaleshu | (Su.Sha.5/26)**

Flat bone of pelvis have three joints which are tuna sevani (suture) type.

PRASAVA ^[12] –

Prasava is defined as bringing forth, bearing production.

Pra – refers to forward.

Su – refers to pass.

Prasava is ‘*Garbha mochanam*’.

Mochana means moksha, it may be

started that, Prasava is that phenomenon by which the foetus comes out of the womb.

It is expulsion of foetus due to the action of *Prasuti maruta* at the proper (*Janma*) kala, when the head of the foetus gets turned, comes forward and travels through the *yoni* to be expelled out.

Taisminekadivasatikrantepi Navamam Masamupadaya

Prasavakalamityahuraha

Dashamanmasata /

Navamadashamaikadashadvadashanam

anyatamasmina Jayate Atonyatha

Vikari Bhavati /

(C.Sha.4/25)

Acharya described that it should end with *Prasava* at proper time.

Charaka ^[13] – very next day after completion of ninth month.

Sushruta – ninth, tenth and eleventh months

Kashyapa – ten months.

NORMAL LABOUR ^[14] –

Series of events that take place in the genital organs in an effort to expel the viable products of conception (foetus, placenta and membranes) out of the womb through the vagina into the outer world is called Labour. The labour which fulfils the criteria of Spontaneous in onset and at term, vertex penetration, without undue prolongation, natural

termination without aids. Without having any complication affecting health of the mother and baby.

ABNORMAL LABOUR ^[14] –

Any deviation from the definition of normal labour like other than vertex or some other complications even with vertex presentation affecting the course of the labour or modifying nature of termination or adversely affecting the maternal foetal prognosis is called Abnormal Labour. Which are,

- Akala Prasava (Pre-mature labour)
- Kalatita Prasava (Post-mature labour)

SUTIKA ^[16] :-

Sutayaschapi Tatra Syadapara Chenna Nirgata /

Prasutaapi Na Suta Stree Bhavatyevam Gate Sati //

(Ka.S.11/6)

Kashyapacharya has said until and unless *Aparapatana* takes place *stree* should not be considered as *Sutika*. This clearly indicates that *Aparapatan* (expulsion of placenta) is also very important and it is also the part of delivery process.

Evam cha masadadhyardhanmuktaharadiyantrana

|

Gatasutabhidhana *syata*
punaravartavadarshanat ||
(Va.sha.1/100)
Prasuta sardhamasante dristhve va
punartave /
Sutikanamahina *syaditi*
dhanvantarermatam // *(Yo.ra.pa.6/10-*
2)

Sutika as per *Ayurvedic* literature references of *Ashtanga Hridaya* and *Yogaratnakar* is she that should be considered for one and half month (45days) from the time of *Apatarpana* [16] [17].

SUTIKAKALA –

The phase of regaining lost strength and attaining pre pregnant state of woman is called as *Sutika Kala*. It is stated by different *acharyas* like,

Texts	Duration
1) <i>Sushruta</i> [18]	1 ½ month
2) <i>Ashtanga Hridaya</i> [19]	
3) <i>Ashtanga Sangraha</i> [20]	
4) <i>Bhavaprakasha</i> [21]	
5) <i>Charaka</i> [22]	5 – 7 days
6) <i>Kashyapa</i> [23]	6 months
7) <i>Yogratnakara</i> [24]	1 month
8) Modern Science	6 – 8 weeks

SUTIKA KATISHOOLA –

Acharya Kashyapa has mentioned *Sutika Katishoola* as 64 *Sutikaroga*.

Nidana [25] –

Mithyacharat *Sutikaya* *Yo*
Vyadhirupajayate /
Sa *Krichhasadhyoasadhyo* *Va*
Bhavedatyapatarpanat // *(S.Sha.10/19)*

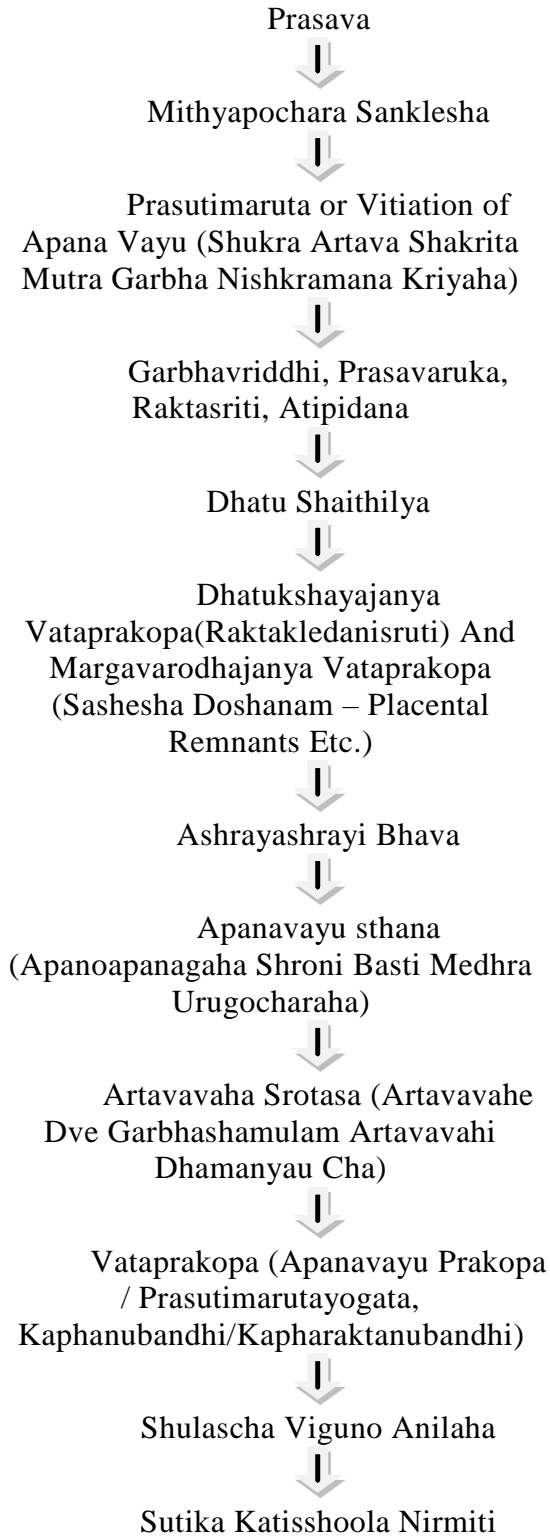
Mithyachara which means not following hygienic rituals and observances leads to *Sutikarogas*.

Samprapti Ghataka –

- *Dosha* – *Vata* especially *Apana* *vayu*
- *Dushya* – *Rasa, Rakta, Artava, Asthi*
- *Srotasa* – *Rasavaha, Raktavaha, Artavavaha Asthivaha*
- *Srotodushti* – *Margavarodha, Dhatukshaya*
- *Agni* – *Jatharagni, Dhatwagni*
- *Ama* – *Jatharagnijanya* and *Dhatwagnihjanya*
- *Udbhavastha* – *Garbhashaya, Katipradesha*
- *Rancharasthana* – *Rasavahini* of *Apanakshetra*
- *Adhithana* – *Kati*
- *Vyaktarupa* – *Ruka*

SAMPRAPTI –

Samprapti of *Sutika Katishoola* is not given specially in classics but can be stated as follow,



Chikitsa ^[26] –

**Asutikarogashantyartham kuryat
vataharim kriyam / (YR Streeroga)**

Aggravated *vata dosha* is being
the main culprit for causing the disease

hence measures are taken to subside *vata dosha* which is a main principle

NORMAL PUERPERIUM ^[27] –

Puerperium is defined following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically.

ABNORMAL PUERPERIUM –

Any deviation from the definition of normal Puerperium like Pyrexia, PPH, Low-back pain, perineal pain, bowel problems, mastitis, psychological problems, thromboembolism, postnatal anaemia etc ^[28] called as Abnormal Puerperium.

POST-PARTUM LOW BACK PAIN –

LBP after delivery may last up to 6 month to 1 year while the aetiology of LBP during pregnancy remains theoretical, three mechanisms are described regularly are Biomechanical, Musculoskeletal, Hormonal and Vascular. Their is pressure and stress during pregnancy and after delivery. It has been proved that incidence of LBP is significantly higher after caesarean section as compared to normal vaginal delivery ^[29].

OBSERVATION –

- 1) 45 Patient's data collected from SMBT *Ayurveda* College.

- 2) Among them 14 (8 Primi + 6 Multipara) were undergone Caesarean section.
- 3) 28 (18 Primi + 10 Multipara) delivered by Full term vaginal delivery.
- 4) 3 (2 Primi + 1 Multipara) delivered from Ventouse delivery.
- 5) Out of them 20 who had Low back pain were 12 vaginal delivery, 5 of Caesarean section and all 3 of ventouse delivery. Thus Low back pain found more in those patients who undergone Ventouse delivery than by Caesarean section and Normal vaginal. As Instrumental delivery is because of *Vikrita Prasava* thus causing more pain.

DISCUSSION –

Many women complains about postpartum low back pain. It can be eased and cured by giving massage and other natural remedies. Modern treatment of aspect is pain killers can be given. According to Ayurveda, Low-Backache is the condition which is characterised by *shoola* and *stabdata*, due to vitiated *Apana Vata* which gets lodged in the *Kati Pradesha* ^[30]. *Katishoola* is explained as one of the *Lakshanas* of *Vata Vyadhi*. *Acharya Charaka* has explained it in *Vataja Nanatmaja*

Vikaras ^[31]. Vitiated *vata* is observed due to its *Margavarodhajanya* (Obstruction) and *Dhatukshaya* (Loss) etiological factors. *Margavarodhajanya* may happen after delivery in the form of Clots thus *Acharyas* has prescribed *Shodhana chikitsa* in *Sutika paricharya* to clean all the Vitiated *doshas* along with *vayu*. *Dhatukshaya* happen due to exhausted mother during labour due to pain and dehydration, postpartum bleeding etc. thus *Vatahara Chikitsa* like *Snehana*, *Swedana*, *Basti* are given in *Sutika* which reduces Low back pain by normalising *Apana Vayu* in *Kati pradesha*.

CONCLUSION –

Low back pain which persists after birth and affects approximately a quarter of woman. About 45% women experience Postpartum Low back pain that can affect their mobility, ability to perform daily activities ^[32]. Pain may be considerable and lasts for several months. *Acharya Kashyapa* has explained *Sutika Katishoola* (Low-back pain) 64 *Sutika Rogas* thus *Vatahara Chikitsa* given to reduce vitiated *Vata* by minimising pain in *Kati Pradesha*.

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Sutika Paricharya in Ayurveda – a review

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ABSTRACT –

Ayurveda gives importance to the care of mother and her baby at every phase of her life under antenatal care and post-natal care. A post-natal period comes just after the expulsion of placenta up to 6 weeks thus defined as Puerperium and duration called as Puerperium period. Postpartum or Puerperium is explained under *Sutika Paricharya* in *Ayurveda* classics. *Acharyas* have explained *Ahara* (dietary regimen), *Vihara* (Lifestyle), *Aushadhi* (Medicines) and management since from pregnancy up to 6 months. After delivery. For *Sutika* there is happiness and contentment on one hand and weakness, fatigue due to *Dhatuksheenata*, *Balakshaya*, *Agnimandya*, loss in blood and fluid loss during delivery. *Sutika* is more prone to diseases due to aggravation of *Doshas*. Thus to follow *Sutika Paricharya* gives strength and restores her energy and health.

KEYWORDS – *Sutika*, *Sutika Kala*, *Sutika Paricharya*, *Sutika Pathya-Apathya*, *Aushadhi* etc.

INTRODUCTION –

According to Modern science Puerperium is a period following child during which the body tissues especially the pelvic organ revert back to the pre pregnant state both anatomically and physiologically. In Ayurveda the term *Sutika* can be used only after the expulsion of placenta ^[1] *Mithyachara* (an inappropriate physical and mental behaviour) in this period definitely results in incurable diseases. *Sutika* after delivery gets weakness, fatigue due to *Dhatuksheenata*, *Balakshaya*, *Agnimandya*, loss in blood and fluid loss during delivery so *Sutika Paricharya* gives her mental, emotional strength and boosts her energy ^[2] but if not followed it results into incurable or diseases difficult to cure ^[3] As per medical science the post-natal care includes examination twice daily for the first three days and subsequently once a day till the umbilical cord drops off. At each examination breast, involution of uterus, pulse, temperature, respiration, urine, bowels, lochia and advice on perineal toileting including stitches if any

is mandatory. The next visit at 6 weeks to see the involution of uterus and should complete by then and there after once 2 and 3 month till end one year ^[4].

NORMAL PUERPERIUM ^[5] –

Puerperium is defined following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically.

ABNORMAL PUERPERIUM –

Any deviation from the definition of normal Puerperium like Pyrexia, PPH, Low-back pain, perineal pain, bowel problems, mastitis, psychological problems, thromboembolism, postnatal anaemia etc called as Abnormal Puerperium.

SUTIKA ^[6] :-

Sutayaschapi Tatra Syadapara Chenna Nirgata / Prasutaapi Na Suta Stree Bhavatyevam Gate Sati //

(Ka.S.11/6)

Kashyapacharya has said until and unless *Aparapatana* takes place *stree* should not be considered as *Sutika*. This clearly indicates that *Aparapatan* (expulsion of placenta) is also very important and it is also the part of delivery process.

Evam cha masadadhyardhanmuktaharadiyantrana | Gatasutabhidhana syata punaravartavadarshanat //

(Va.sha.1/100)

Prasuta sardhamasante dristhve va punartave / Sutikanamahina syaditi dhanvantarermatam //

(Yo.ra.pa.6/10-2)

Sutika as per *Ayurvedic* literature references of *Ashtanga Hridaya* and *Yogaratanakar* is she that should be considered for one and half month (45days) from the time of *Apatarpana* ^[7] ^[8].

SUTIKAKALA –

The phase of regaining lost strength and attaining pre pregnant state of woman is called as *Sutika Kala*. It is stated by different *acharyas* like,

TEXTS	DURATION
1) <i>Sushruta</i> ^[9]	1 ½ month
2) <i>Ashtanga Hridaya</i> ^[10]	
3) <i>Ashtanga Sangraha</i> ^[11]	
4) <i>Bhavaprakasha</i> ^[12]	
5) <i>Charaka</i> ^[13]	5 – 7 days
6) <i>Kashyapa</i> ^[14]	6 months
7) <i>Yogratnakara</i> ^[15]	1 month
8) Modern Science	6 – 8 weeks

SUTIKA PARICHARYA

It includes some principles as follow,

- 1) *Vatashamana*
- 2) *Agnideepana*
- 3) *Pachana*
- 4) *Raktavardhaka*
- 5) *Stanyavardhaka*
- 6) *Yonisanrakshaka*
- 7) *Garbhashayashodhana, Koshthashodhana*
- 8) *Dhatupushti, Balya*

According *Ashtanga Hridaya*,
Atham Sutika Balatailenabhyajyat /

*Bubhukshitam Cha Panchakolachurnena
Yavanyupakunjikachavyachitrakavyoshas
andhavachurnena Va
Yuktamahaparinaminim Yathasatmyam
Snehamatram Payayeta /
Snehayogyam
Vataharaushadhkwathamhrasvapancham
ulakwatham Va Pitavatyashcha
Yamakenabhyajya Veshtyeduduram
Vasraven /
Tatha Na
Vayurudaravikritimutpadayedanavakasht
vat /
Jirne Tu Snehe Purvoshadhairev
Sidhham Vidaryadiganakwathen Ksheren
Va Yavagum Susvinnam Dravam
Matraya Payayet /
Prakasnehayavagupnabhyam
Chobhayakalmushnodaken
Parishechayet //
Evam Triratram Pancharatram
Saptaratram Vanupalya Tato
Yavakolakulatthayushena Laghuna
Channapanena Dvadasaratratparam
Jangalarassadibhischa
Kramadapyayayegnibaladinyapekshya /
Kwathitashitam Cha Toyam Payayeta /
Tatha Jivaniya-
brmhaniyamadhuravatharadiddhairbhyn
OTHER ACHARYAS –*

*gochhadanaparishkekavagahairannapanai
shcha Hridyairupacharet //*

(A.S.Sha.3/38)

According To *Ashtanga Sangraha* *Kara*, *Balataila* should be given in Puerperal woman. After feeling of hunger she should be given with Congenial oleaginous substances mixed with either powdered *Panchakola* or powder of *Yawani*, *Upakunjika*, *Cavya*, *Chitraka*, *Yosa* and *Rocksalt*, which she can digest in whole day. The woman who is unfit for Oil should be given with *Laghupanchamula*. After administration of oily substance or decoction her abdomen should be massaged with *Ghrita* and Oil and wrapped with cloth. After digestion liquid rice gruel properly with *Vidaryadi* group or Milk. Hot water precedes *Ghrita*. Regimen used for 3/5/7 nights with light diet along with *Yava*, *Kola*, *Kulattha*. After twelve nights meat soup of wild animals besides oil, *ghrita* or decoction prepared with *Jeevaniya*, *Brimhaniya*, *Madhura*, *Vatahara* drugs used in the form of massage, unguent, irrigation and bathing [16].

SAMHITA	AHARA (DIET)	VIHARA (LIFESTYLE)	AUSHADHI (MEDICINE)
CHARAKA [17]	1) 5 – 7 Days <i>Sneha Yavahu</i> Gruel Of Rice Medicated With <i>Panchakola</i> <i>Churna</i> 2) 6 th And 8 th Day Onwards <i>Brinhana Dravyas</i>	1) <i>Abhyanga</i> With <i>Taila/Ghrita</i> At <i>Udara</i> (Abdomen) 2) <i>Udara Vesthana</i> 3) <i>Parisheka</i> With Warm Water	1) <i>Panchakola</i> <i>Siddha Sneha</i> (<i>Ghrita, Taila, Vasa,</i> <i>Majja</i>) 2) <i>Ushna Jala</i> <i>Anupana</i> For 5 – 7 Nights
SUSHRUT [18]	1) 3 rd / 4 th – 6 th / 7 th Day – <i>Vidarigandhadi Gana</i>	1) <i>Abhyanga</i> – <i>Bala</i> <i>Taila</i> 2) <i>Parisheka</i> With	<i>Pippali.</i> <i>Pippalimoola,</i> <i>Hastipippali,</i>

	<i>Siddha Sneha Yavagu</i> Or <i>Ksheera Yavagu</i> . 2) 7 th / 8 th Day Onward <i>Yava, Kola, Kulattha,</i> <i>Siddha Sneha Yavagu,</i> <i>Snigdha Jangalarasa,</i> <i>Shali Odana.</i>	<i>Bhadradaru Kwatha</i> 3) <i>Dushta Shonita</i> <i>Shuddhi</i>	<i>Chitraka, Shunthi</i> <i>Churna.</i> <i>Ushna Gudodaka</i> For <i>Anupana</i> – 2 To 3 Days.
ASHTANGA HRIDAY [19]	1) First 3 Days – <i>Panchakola Siddha</i> <i>Peya</i> 2) 4 th – 7 th Day – <i>Vidayadi Gana Siddha</i> <i>Sneha Yavagu Or</i> <i>Ksheera Yavagu</i> 3) 13 th Day Onward – <i>Mansarasa</i>	1) <i>Abhyanga – Bala</i> <i>Taila</i> 2) <i>Udara Veshthana</i> 3) <i>Parisheka -</i> <i>Koshnajala</i> 4) <i>Jeevaniya,</i> <i>Bruhaniya,</i> <i>Madhura, Vatahara</i>	<i>Panchakola, Yavani,</i> <i>Upakunjika,</i> <i>Saindhava Siddha</i> <i>Sneha</i> <i>Ushna Jala As</i> <i>Anupana For 7</i> <i>Nights</i>
KASHYAPA [20]	1) First 3 – 5 Days – <i>Manda, Pippali,</i> <i>Shunthi Yukta</i> <i>Saindhava Rahita</i> <i>Alpa Sneha Yavagu</i> 2) <i>Sasneha Lavana</i> <i>Yavagu</i> 3) <i>Sasneha Lavana</i> <i>Amla Yukta Kulattha,</i> <i>Yush, Jangala</i> <i>Mansahara</i> 4) <i>Ghritabhrishta</i> <i>Kushmanda, Moolaka,</i> <i>Yervaluka.</i>	1) <i>Ashwasana</i> 2) <i>Sanvahana</i> 3) <i>Udaramardana</i> 4) <i>Udaraveshtana</i> 5) <i>Yoni Snehana</i> With <i>Bala Taila</i> 6) <i>Yoniswedana With</i> <i>Priyangu, Krishara,</i> <i>Snaana</i> 7) <i>Dhupana With</i> <i>Kushtha, Guggula,</i> <i>Agaru, Ghrita</i>	1) <i>Sasatmya</i> <i>Snehapana</i> 2) <i>Manda For</i> <i>Anupana</i> For 3 – 5 Days
HARITA [21]	1) 2 nd Day – <i>Ushna</i> <i>Kulattha Yusha</i> 2) 3 rd Day – <i>Panchakola Yavagu</i> 3) 4 th Day – <i>Chaturjaat Twaka,</i> <i>Ela, Patraka,</i> <i>Nagakeshara Siddha</i> <i>Yavagu</i> 4) 5 th Day – <i>Shali Shashtika</i>	1) <i>Yoni Poorana</i> With <i>Taila</i> 2) <i>Yoni Swedana</i> With <i>Koshna Jala</i>	1) <i>Lodhra, Arjuana,</i> <i>Kadamba,</i> <i>Devadaru, Bijaka,</i> <i>Karkandhu Kwatha</i> 2) 2 nd Day – <i>Shunthi, Haritaki,</i> <i>Choorna With Guda</i>
BHAVAPRAKASHA	1) <i>Snigdha</i>	1) <i>Nitya Swedana</i>	–

[22]	2) <i>Laghu</i> 3) <i>Pathya</i> 4) <i>Alpa Ahara</i>	2) <i>Mardana</i> 3) <i>Abhyanga</i> For One Month	
YOGARATNAKARA [23]	–	Immediately following delivery vaginal canal should be closed or pressed to prevent from air entry.	–
SHARANGDHARA [24]		<i>Snehana</i> and <i>Swedana</i> with <i>Bala taila</i>	

PATHYA – APATHYA –

PATHYA	APATHYA
1) Bath – Warm water 2) Drink – Boiled water 3) <i>Parisheka, Avagaha</i> – Luke warm water 4) <i>Udaraveshtana</i> 5) <i>Snehana</i> } 6) <i>Swedana</i> } As per } desha,kala 7) <i>Madana</i> (<i>Kashyapa</i>)	1) Physical and Mental stress 2) Cold water 3) Cold wine 4) Cold things 5) Sexual intercourse 6) <i>Panchakarma</i> <i>Asthapana basti</i> – if given <i>amadosh</i> ↑ [25] Nasya karma – if given causes Emaciation, Bodypain, Anorexia [26]

MEDICINES –

A. Single drugs –

- *Panchakola dravyas*
- *Methika*
- *Chandrashura beeja*
- *Purana guda*
- *Koshnajala* medicated with *Lavanga, Maricha, Ajwain* and *Saindhava lavana*.

B. Combination –

- *Traivritta yoga*

- *Saubhagya shunthi paka*
- *Pancha jeeraka paka*
- *Nagara paka*
- *Dashamoolarishta*
- *Drakshasava*
- *Ashwagandharishtha*

IMPORTANCE OF SUTIKA PARICHARYA

In *Sutika* condition following of *Sutika* routine is very important. *Samhita* has said that diseases caused in *Sutika* condition are difficult or impossible to

treat. In this context, Acharya has also mentioned about female body condition in *Sutika*. Acharya Charak in eight lesson of *Sharir sthan* has said that there is *Kshayata* and *shithilta* of all *dhatu*s due to development of fetus^[27]. During the process of labour, there is loss of energy, bodily fluids and blood, hence the patient is all together exhausted. This is the reason, *Sutika Paricharya* is very important to follow. All the *dhatu*s would regain their *samyaavastha* by following this *sutika paricharya*. Acharya Sushruta has specially mentioned *Apatarpana Chikitsa* in *Sutika*, but if the female follows *Sutika Paricharya* properly, she gains the health soon. In *Ashtang Sangraha*, Acharya Vriddha Vagbhata has also mentioned the above things in the third chapter of *Sharir sthana*. So considering all the above factors, if the *Sutika paricharya* is followed properly then the loss of energy, loss of *dhatu*s, excretion of *kledas*, exhaustion and strength which occurs due to the development of the fetus is restored back again^[28]. Also, after all she has gone through the pain during labour, loss of bodily fluids and blood, she gains a healthy new life again, if she follows *Sutika paricharya*.

DISCUSSION –

Sutika paricharya causes complete involution of uterus and proper pelvic organ to reach up to its prepregnant state. *Abhyanga* causes toning up of muscles of pelvic floor, abdomen, back and vagina. It also prevents from thrombosis by dilating superficial blood vessels thus improves venous blood flow. Vaginal massage promotes proper drainage of lochia I.e. vaginal secretions, lochia and pacifies *Apana vayu*. *Snehana* and *Swedana* works as *Vatashamana*.

CONCLUSION –

Sutika needs proper care and management with specific diet. *Vata* is aggravated in *Sutika kala* thus by giving *Vatashamaka* treatment during this period reduces chances of *Sutikaroga* formation further.

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ROLE OF SHATAPUSHPA IN WOMEN'S LIFE**Divya Pawar*¹, Sameer Gholap²**

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ABSTRACT –

Ayurveda is the oldest and most developed gerbil system in the world. *Shatapushpa* among the millions of plants having multitude of benefits. However with female health *Shatapushpa* holds a significant role. Nowadays female were facing the gynaecological disorders due to excessive consumption of junk food, sedentary lifestyle, faulty dietary habits and also physical and mental stress with load. Thus HPO axis gets impaired. *Shatapushpa* described by *Acharya Kashyapa* with separate chapter on it which works on gynaecological problems like *Anartava* (Hypomenorrhoea), *Kashtartava* (Dysmenorrhoea), *Rajonivritti* (Menopause), *Yonishushkata* (Vaginal Dryness), *Vandhyatva* – *Shandhi* (Infertility), *Raktagulma* (Uterine Fibroids), *Yonishoola* (Vaginal Pain). Thus an effort has been put forth to focus on the benefits of *Shatapushpa* in relation with female health.

KEYWORDS – *Shatapushpa, Ayurveda, Female Disorders* etc.

INTRODUCTION –

Ayurveda has the oldest and the most developed herbal system in the world. The herbs are viewed as the spiritual essence. Anthum genus is found in Europe. *A. graviolens* Linn is native to Mediterranean Europe. *A. sowa* Roxb. Ex Flem (Indian dill, sowa) is found in cooler climates throughout Indian subcontinent. *Shatapushpa* means hundred flowers. *Shatapushpa* is the one amongst the millions of plants having multiple benefits. However in relation with female it serves as the *Ayurvedic* rejuvenative for women. According to *Acharya Kashyapa Shatapushpa* is mentioned as, '*Rutupravartini Dhanya Yonishukravishodhanee*' thus it nourishes and cleanses the blood and reproductive organs. It means *Shatapushpa* is very potential plant should be cultivated in large scale and utilized in various health issues of human being especially in female. As oestrogen is one of the major

acting hormone in females. Its deficiency leads to many disorders in females. *Shatapushpa* contains natural component which is phytoestrogen which helps to restore oestrogen functions in female. *Dravya* is the instrument in the hands of the physician to fight the diseases pathology in the body. In *Charaka Shareera Sthana* emphasis is given about the knowledge of drug and clearly mentioned that the person who doesn't know about the drug is not a *Vaidya* but is a killer because without the knowledge the drug is poison. Any *dravya* becomes a *Bheshaja* when it issued in the right form and dose ^[1].

AIM AND OBJECTIVE –

To study the benefits of *Shatapushpa* concerned with female health as mentioned in *Ayurvedic* classics

MATERIAL AND METHOD –

Reviewing *Shatapushpa* through *an Ayurvedic* classics, commentaries also recently published books and Research journals and modern science literature, the collection done concerned with female health.

DRUG REVIEW –

Madhura *brimhani* *balya*
pushtivarnyaagnivardhanila

Rutupravartni *dhanya*
yonishukravishodhini /

Ushna *vataprashamani* *mangalya*
papanashini /

Putraprada *veeryakari* *shatapushpa*
nidarshita //

(*Ka.K.* 8/6)

Shatapushpa Is *Madhura*, *Brimhana* and gives energy. It helps in Body development, *varnya* (Beauty) and metabolizes food. It cleanses *Yoni* and *Shukra*. It is *Ushna*, reduces *Vata*, divine, *Papanashini* and *Pudraprada* (helps in foetus formation) ^[2].

Shatapushpa *Katustikta* *Teekshnoshna*
Deepani Laghu /

Pittala *Kaphavataghi* *Medhya* *Snigdha*
Jwarapaha //

Nihanti
Shuladahakshirogatrishnavamivranan /

(*Kaiyyadeva Nighantu*)

DRUG	RASA	VIRYA	VIPAKA	GUNA KARMA	PARTS
Shatapushpa ^[3]	Katu Tikta	Ushna	Katu	Snigdha Laghu Vaataghna	Phala Taila

Latin name – Anethum sowakurz

Family – Umbeliferae

English – Dill and Anet Arabic –
Shibth / Habu / Helwa

Description According to Samhitas ^[4] –

<i>Charaka</i>	<ul style="list-style-type: none">• <i>Asthapanopaga And Anuvasanopaga Mahakashaya</i>• <i>Arsha Chikitsa</i>• <i>Vatarakta Chikitsa</i>
<i>Sushruta</i>	<ul style="list-style-type: none">• <i>Asthapana Gana</i>
<i>Kashyapa</i>	<ul style="list-style-type: none">• <i>Shatapushpa – Shatavari Kalpa</i>
<i>Dhanvantari Nighantu</i>	<ul style="list-style-type: none">• <i>Shatapushpadi Varga</i>
<i>Bhavaprakash a Nighantu</i>	<ul style="list-style-type: none">• <i>Haritakyadi Varga</i>
<i>Raja Nighantu</i>	<ul style="list-style-type: none">• <i>Shatahwadi Varga</i>
<i>Kaiyadeva Nighantu</i>	<ul style="list-style-type: none">• <i>Aushadha Varga</i>

IMPORTANT CHEMICAL COMPONENT ^[5] –

- Essential Oil (1-4%) Fatty Acids
- Protein (15.68%) Carbohydrates (36%)
- Fibre (4.80%) Vit A
- Niacin Calcium
- Magnesium Phosphorous
- Sodium Carvone
- Limonine Tran-Anethole

- Kaempferol Vecenin
- Tannin Phytoestrogen

PHARMACOLOGICAL ACTIVITY –

- Antihelminthic
- Antimicrobial
- Anti-inflammatory
- Aromatic
- Antihypercholesterolaemic
- Diuretic
- Antioxidant
- Antispasmodic
- Emmenagogue
- Galactagogue
- Helpful in hiccup and colic
- Warm oil on boils
- Antispasmodic
- Promotes milk secretion

PROBABLE MODE OF ACTION IN PTSR –

Acharya kashyapa has given reference of *Shatapushpa* in many gynaecological and obstetrical disorders in separate chapter by *Shatapushpa – Shatavari Kalpa*. *Kashyapa* mentioned it *Yonisukra, Putraprada, Rutupravartini* and *viryakari* properties thus used in *Artava Kshaya* or *Anartava* (Amenorrhoea), *Kashtartava* (Dysmenorrhoea), *Rajonivritti* (Menopause), *Yonishushkata* (Vaginal Dryness), *Vandhyatva – Shandhi* (Infertility), *Raktagulma* (Uterine Fibroids) ^[6]

1) ANARTAVA AND ARTAVAKSHAYA –

Shatapushpa contains Monoterpene such as Carvone, Limonine and Transanethole and some flavonoids such as Kaempferal and Vecenin. Among

them Kaempferal, Transanethole and Limonine exhibit Phytoestrogenic activity. Its *Katu Rasa* and *Katu Vipaka* have *Deepana Pachana Karma* which results *Ampachana* and thus provides proper metabolism and eventually equilibrate the Agni which form healthy *Rasa Dhatu* for normal production of *Artava*. *Ruksha* and *Tikshna Guna* has *Srotoshodhaka* property which helps in discarding the malformed *Doshas*. *Ushna Veerya* has *Deepana – Pachana – Virechana* and *Vilyana* property which ultimately acts as *Anulomaka Karma* which facilitate normal action of *Vata* which stimulate the normal production of *Artava* [7].

2) KASHTARTAVA AND YONISHOOLA –

Anuloma karma of *shatapushpa* helps in *Doshanam Sanshosana* and facilitate free movement of *Apana Vayu*. *Apana Vayu* works to produce *Artava* thus acts as *Rajpravartaka* [8]. It inhibits prostaglandin production and antispasmodic activity thus relieving pain in dysmenorrhoea [9].

3) RAJONIVRITTI (MENOPAUSE) –

Recent studies has shown up phytoestrogens exert their effect in selective oestrogen receptor modulators (SERM). They inhibit the enzymatic conversion of endogenous oestrogen to oestradiol and possess its intrinsic action on oestrogen activity useful in reducing the menopausal sign and symptoms like hot flush, osteoporosis, vaginitis, stress etc.

4) YONISHUSHKATA (VAGINAL DRYNESS) –

As it contains phytoestrogen thus decreased oestrogen is pulled up by putting *Pichu* of *Shatapushpa Taila*.

5) PELVIC INFLAMMATORY DISEASES (PID) –

Due to its Tannin content discharge gets decrease. *Shatapushpa* is anti-inflammatory and antibacterial [10] in nature thus acts against *S. aurens*, *E. coli*, *P. aeruginosa*, *S. typhimurium*, *Shigella flexneri* and *Salmonella typhi* and helps in PID.

6) POST PARTUM HAEMORRHAGE (PPH) –

Limonene and Anethole works contractive effect on uterine myometrium thus decreases PPH.

7) INFERTILITY (OVULATION) –

Due to its *srotoshodhana*, *ampachana*, *vatakaphashamana* thus removes *Sanga* and *Artava* and helps in regulating *Artavapravritti* (*Apanopanaga*) therefore forms *Beejotsarga*. *Nasya* given in Ovulation reaches *Shrungataka Marma* and spreads through the *Siras* of nose, ear, eyes and tongue then *Shira* (Head) scratches morbid *dosha* and stimulates limbic system, hypothalamus and GnRH thus increases exposure of follicle to gonadotropins by the enhanced intraovarian blood flow and enhances FSH & LH action with follicle so increases distensibility of follicular wall and helps in ovulation [11].

8) BASTI IN 8TH MONTH OF GARBHINI –

Asthapana basti given in 8th month includes drugs like *bala*, *atibala*, *shatapushpa*, *palala*, milk, curd, ghee, oil, *madanaphala*, honey, etc. which helps in hormonal effect, *kaphavata* leded constipation and back pain. It gives strength to pregnant woman and regulates *Vata*.

9) LABOUR PAINS –

Shatapushpa seeds affect the pattern of uterine contraction and shorten the fall time. It has limonene and tannin increases the contraction of uterus and causes better progress of delivery. It shortness the first stage of delivery. It can be used for augmentation of uterine contraction in low risk women in labour and also prevents post term pregnancy [12].

10) GALACTOGOGUE –

Shatapushpa has capacity to increase the production of milk and researchers and literature have proved its Galactogogue [13].

RESEARCHES ON SHATAPUSHPA IN PTRS –

- 1) A Clinical Evaluation Of Vandhyatwa (Anovulation) With Shatapuspa Taila Nasya And Choorna Orally - Dr. Parvati Birajdar And Dr. Mahantagouda Biradar [14]
- 2) A team of Russian scientists have developed glaziopianin A, which inhibits the growth of human tumour cells like Ovarian cancer, breast cancer, colon cancer etc. They evaluated this compound in in-vivo study using sea urchin

embryo assays. It yielded several promising candidates selectively affecting tubulin dynamics [15].

- 3) *shatapushpa kwatha niruha basti* and *tila taila anuvasana basti* helps in dysmenorrhoea by reducing pain and regulates menstruation [16].
- 4) *Matra basti* of *Shatapushpa taila* and *Pathadi kwatha* acts on polycystic ovarian disorder (PCOD) by regulating menstruation achieving follicular growth and weight reduction [17].
- 5) *Shatapushpa* and *Shatavari* induces the ovulation and increases follicular size because *Shatapushpa* and *Shatavari taila uttarbasti* directly acts on uterus HPO axis. Both they contain natural phytoestrogen therefore it increases endometrial thickness and menstrual flow [18].
- 6) *Shatapushpa churna* and *Tilshelkarvi kwatha* are effective to increase the duration of menstrual period, to decrease interval between two menstrual cycles, increases amount of blood and gives relief from dysmenorrhoea [19].

KALPAS (FORMULATION) [20] –

Shatapushpa is used in the preparation of more than 56 *Ayurvedic* preparations which includes,

- Dashamoolarishta
- Dhanwantishtam
- Mrithasanjeevani
- Saraswatarishta
- Guggulutiktakwatham
- Maharasnadi Kashayam

- Dhanwantara Kwatha

DISCUSSION –

Women's health is the primary factor to be considered for wellbeing of family, society and culture. *Shatapushpa* in relation to female reproductive health has been described exclusively by *Kashyapa*. It is considered as the best drug in aspect of female health because as no any disorder can happen without involvement of *Vata dosha* which is mainly responsible for disturbance in HPO axis which leads to all sorts of gynaecological and obstetrical problems. Its *Snigdha guna* works against *Vata* thereby proves to be efficacious in almost all sorts of *Yoni Rogas* and *Artava Dushti*. Also it contains Calcium, Zinc thus beneficial in Pregnancy and Menopause. The Phytoestrogen present in it helps to build up the oestrogen deficiency occurring in menopause. The isoflavonoids and calcium in it are effective in Menorrhagia as they prevent coagulopathy.

CONCLUSION –

The nourishing properties of *Shatapushpa* used in the relation of the female reproductive system a healthy female reproductive system, supporting already balanced female hormones, promotion of healthy energy levels, supporting the immune system, natural antioxidant properties and strength. Therefore it is seen that *Shatapushpa* works as a wonder drug in restoring health as well as in various gynaecological and obstetrical disorders suffered by the females in the present scenario. Hence it may be used an effective remedy in all sorts of female

health issues as it has preventive as well as curative aspect and may be implemented exclusively in the health care system with minimal adverse effects.

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ROLE OF SHATAPUSHPA IN WOMEN'S LIFE

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THE CONCEPTUAL STUDY OF CONTRACEPTIVE METHODS
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ABSTRACT –

The world population is increasing much faster. Many socio-economic condition of people have also been adversely affected. Various side effects have been observed with modern contraceptive methods. In *Ayurveda* many contraceptives are mentioned as per *Yogaratanakara*, *Bhavaprakasha* and *Bhaishajyaratnakara*. There are Single as well as Combination drugs mentioned in *Ayurveda*. Many *Ayurvedic* researches done on *Garbhanirodhaka dravyas* (Contraceptive drugs) in *Ayurveda* and they are safe and has better results.

KEYWORDS –

Garbhanirodhaka dravya, *Ayurveda*,
 Pharmacological action

INTRODUCTION –

India stands for second most populous country in the world with 1.33 billion population ^[1]. Human population is a serious problem loom ahead unless the number of our progeny is controlled ^[2]. Human fertility control is a one of the major deviation which seem effective in controlling population. Many potential methods have been adopted to induce infertility including hormonal and

chemical methods. Traditional use of medicinal plants and their extracts have become widely known among society for various diseases including fertility related problems. By counting women healthcare it has become important to use herbal antifertility agents which can interfere with the natural procedure of reduction in women.

In *Atharvaveda Brihadaranyakopanishata* and *Kaushikasutra* they have given prayers and medicaments to produce sterility and infertility in both male and female. In *Ayurvedic* classics, *Acharya Sushruta* has stated 4 essential factors *Rutu* (Fertile Period), *Kshetra* (Healthy Reproductive Organs), *Ambu* (Proper Nutrient Fluid), *Beeja* (Ovum/Sperm), the union of one or two factors is necessary for fertility and if it is restricted the union of one or two factors then conception is prevented ^[3]. *Matras* are also used as a contraceptive method in *Ayurveda*. There are Single as well as Combination drugs mentioned in *Ayurveda*. Many *Ayurvedic* researches done on *Garbhanirodhaka dravyas* (Contraceptive drugs) in

Ayurveda and they are safe and has better results.

AIM AND ONJECTIVE –

- To understand *Garbhanirodhaka* (contraception) in *Ayurvedic* perspectives.

METHOD AND MATERIAL –

Reviewing the *Garbhanirodhaka* (contraception) through *Ayurvedic* classics, commentaries also recently published books and Research journals and modern science literature, the collection done and attempt to get co-relation between *Ayurveda* literatures.

CONTRACEPTION AND METHOD –

A method or a system which allows intercourse and yet prevents conception is called a Contraceptive method. Contraceptive measures are used to avoid pregnancy entirely to space pregnancies or to temporarily postpone pregnancy ^[4]. *Ayurveda* classics like *Bhavaprakasha*, *Yogratnakara* ^[5] and *Bhaishajya Ratnavali* etc. have mentioned about different combinations of herbal mineral contraceptive preparations for local well as oral use by men and women.

Tailavilam Saindhavakhandamadau Nidhayerandabeejayonimadhye |

Naren Sardham Ratimatanoti Ya Na Sa Hi Garbham Labhate Kadachita |

Dhupite Yonirandhre Tu Nimbakashthaischa Yuktitaha //

Ritvante Ramante Ya Stri Na Sa Garbhavapnuyat |

Grahyam Krishnachaturdashyam Dhatturasya Cha Mulakam |

Katau Badhva Ramekantam Na Garbha Sambhavektvachita //

Mukte Na Labhate Garbham Pura Nagarjunoditam |

Nanmulachurnam Yonistham Na Garbham Sabhavektvachit //

(Y.R. Yonivyapad Chikitsa)

A) Local Contraceptives –

- 1) Moistened *Saindhava* (Rock salt) + *Tila Taila* (Sesame oil) should be applied in vaginal canal before coitus.
- 2) *Nimba* wood (*Azadirachta indica*) fumigation in vaginal canal after *Ritikala* (Menstrual period).
- 3) *Yonipurana* (Vaginal filling) + *Dhatturamula churna* (*Daturametel* root).
- 4) *Dhatturamula* (*Daturametel* root) tied over waste of woman on 14th day of 1st fort night of Lunar Month.
- 5) *Yonipurana* (Vaginal filling) with *Dhatturamula* (*Daturametel* root) before coitus.

B) Oral Contraceptives –

1. Application of *Palashabeeja churna* (*Butea monosperma*) + Ghee during *Ritikala* (Menstrual period).
2. Use of *tanduliyakamula* (*Amaranthus aspera*) paste + washed rice water for 3 consecutive days after menstruation makes women infertile.
3. *Haridra Churna* (*Curcuma longa*) + *Sheeta Jala* (Cold water) for 3 days during the *Ritikala* (Menstrual period).
4. *Vidanga Churna* (*Embelia ribes*) + *Sheeta Jala* (Cold water) for 5 to 15 days during the *Ritikala* (Menstrual period).
5. *Krishnajeeraka Churna* (*Carum carvi*) + *Kachooram* (*Hedychium spicatum*) + *Nagakeshara* (*Mesua ferrea*) + *Kayaphala* (*Myrica nagi*) are mixed and used as *Gootika* (Pills)

for 7 days.

6. *Sarshapa* (*Brassica campestris*) + *Tanduliyakamula* (*Amaranthus aspera*) + *Sharkara* (Sugar candy) + *Tandulodaka* (Rice water) + Milk.

ACCORDING TO BHAVAPRAKASHA [6] –

- 1) *Pippali* (*Piper longum*) + *Vidanga* (*Embelia ribes*) + *Tankana* (Borax) + Milk should be consumed at the time of conception.
- 2) *Japapushpa* (Flower of *Hibiscus rosa sinensis*) macerated with one *Musti* (40gm) of old *Guda* (Jaggery) consumed during

Ritikala (Menstrual period).

- 3) *Talisa* (*Abies webbiana*) + *Gairika Churna* (Red chalk powder) + *Sheeta Jala* (Cold water) on 4th day of *Ritikala* (Menstrual period).

ACCORDING TO BHAI SAJYA RATNAVALI [7] –

- 1) *Dhatri* (*Embilica officinalis*) + *Arjuna* (*Terminalia arjuna*) + *Abhaya* (*Terminalia chebula*) + Water orally.
- 2) *Patha* paste (*Cissampelos pareira*) orally on the day of bath after *Ritikala* (Menstrual period).

ACTION OF THESE DRUGS –

Drug	Action
<i>Vidanga</i> (<i>Embelia ribes</i>)	<ul style="list-style-type: none"> • It has 83% Antifertility activity [8]. • Its Root powder 100mg/Kg PO given 100% inhibition of pregnancy in female albino rats [9]. • It has 85.71% Anti-implantation activity thus has Anti-oestrogenic and Progestational property [10].
<i>Japa</i> (<i>Hibiscus rosa-sinensis</i>)	<ul style="list-style-type: none"> • Its chemical constituent Benzene extract produces 100% Antifertility activity [11].
<i>Neema</i> (<i>Azadiracta indica</i>)	<ul style="list-style-type: none"> • Sperm motility and sperm density are declined on its use and fructose concentration of seminal vesicles is reduced [12].
<i>Arjuna</i> (<i>Terminalia arjuna</i>)	<ul style="list-style-type: none"> • It has showed Anti-implantation and foetus absorption activity. It is found to be Anti-zygotic, Abortifacient activity [13].
<i>Tulasi</i> (<i>Ocimum sanctum</i>)	<ul style="list-style-type: none"> • It has Anti-implantation, Anti-ovulatory, Anti-spermatogenic, Anti-oestrogenic and Abortifacient activity [14].
<i>Haridra</i> (<i>Curcuma longa</i>)	<ul style="list-style-type: none"> • Its intra-vaginal administration causes reversible suppression of spermatogenesis and fertility.
<i>Chitraka</i> (<i>Plumbago zeylanica</i>)	<ul style="list-style-type: none"> • It has Antifertility, Anti-gonadotrophic, Anti-implantation, Anti-ovulatory, Anti-spermatogenic, Anti-oestrogenic and Abortifacient activity [15].
<i>Nagakeshara</i> (<i>Mesua ferrea</i>)	<ul style="list-style-type: none"> • It has showed Anti-implantation activity in female rats [16].
<i>Eranda</i> <i>beeja</i>	<ul style="list-style-type: none"> • It is consumed within 72 hours of coitus thus prevents

(Ricinus communis)	implantation.
Pudina (Mentha spicata)	<ul style="list-style-type: none"> • It works naturally a 1 tsp dried mint leaves along with warm water after coitus works as Antifertility.
Talispatra (Abies webbiana)	<ul style="list-style-type: none"> • Benzene and Alcoholic extract of its leaf produces 51 % Anti-implantation activity ^[17].
Shunthi (Zingiber officinale)	<ul style="list-style-type: none"> • It works as emmenagogue which stimulates or increases menstrual flow thus induce menses and prevents from pregnancy.

DISCUSSION –

By looking at widely increasing population a controlling management should be done. Many contraceptives presently are available in market are oral contraceptives like Mala D, Mala N, Ovril L which are very effective but may induce weight gain, nausea, headache, CA of Cx, CA of breast, certain neurologic and neuro ophthalmological syndrome, candida vaginitis, trichomonas vaginitis ^[18]. Thus to prevent from them *Ayurvedic* drugs works likewise these drugs induce infertility in distinct ways. They may effect on ovary, Uterus, production of hormones and interferes with implantation. Some of them prevents fertilization by generating a protective layer around egg. These *Ayurvedic* contraceptives are found to be eco-friendly can be easily available and affordable even in rural areas. They are more effective but less potential than synthetic drugs.

CONCLUSION –

Population control is the need of the hour to stabilize the world population growth and to decrease economic burden for almost all the nations on this globe. Hormonal contraceptives can't be used for long duration due to their severe side

effects. Also they don't give pure surety of prevention of conception. And permanent measures are surgical therapies only. Ayurveda states safe and no having any desirable side effects.

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A ROLE OF PRATAPLANKESHWARA RASA IN SUTIKA JWARA

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ABSTRACT –

Ayurveda gives importance to the care of mother and her baby at every phase of her life under antenatal care and post-natal care. A post-natal period comes just after the expulsion of placenta up to 6 weeks thus defined as Puerperium and duration called as Puerperium period. In *Ayurveda*, *Kashyap Samhita* mentions 74 *Sutika* diseases which includes *Sutika Jwara* as a *Sutika* Diseases in which common are 25, 10 from *Dushprajata chikitsa adhyaya* and 39 in *Sutikopakramaniya adhyaya*. In *Sutikavastha*, all *doshas* are aggravated mainly *Vata Dosha* due to *Pravahana* and *Raktashaya*.

KEYWORDS – *Sutika*, *Sutika Kala*, *Sutika Jwara*, *Prataplankeshwara Rasa*

INTRODUCTION –

According to Modern science Puerperium is a period following child during which the body tissues especially the pelvic organ revert back to the pre pregnant state both anatomically and physiologically. In Ayurveda the term *Sutika* can be used only after the expulsion of placenta ^[1] *Mithyachara* (an inappropriate physical and mental behaviour) in this period definitely results in incurable diseases. *Sutika* after delivery gets weakness, fatigue due to *Dhatuksheenata*, *Balakshaya*, *Agnimandya*, loss in blood and fluid loss during delivery so *Sutika Paricharya* gives her mental, emotional strength and boosts her energy ^[2] but if not followed it results into incurable or diseases difficult to cure ^[3]

In *Ayurveda*, *Kashyap Samhita* mentions 74 *Sutika* diseases which includes *Sutika Jwara* as a *Sutika* Diseases in which common are 25, 10 from *Dushprajata chikitsa adhyaya* and 39 in *Sutikopakramaniya adhyaya*. In *Sutikavastha*, all *doshas* are aggravated mainly *Vata Dosha* due to *Pravahana* and *Raktashaya*. This *Vataprakopa* leads to *Agnimandya* (loss of appetite). Though *Sutikavastha* is not a diseased state but due to *Agnimandya*, *Vataprakopa* and *Dhatukshaya*, she is prone to develop disease earlier or later in the life. Changes in lead to *Ati-Aptarparpana* of mother during *Sutika-kala*. The most common cause of *Sutika Jwara* (Puerperal fever) in infections like Mastitis, Urinary tract infection (UTI), vaginal infection and Endometritis (In Caesarean section) ^[4]. *Prataplankeshwara Rasa* is used in all types of *Jwara* especially in *Sannipatika Jwara*.

SUTIKA ^[5] :-

Sutayaschapi Tatra Syadapara Chenna Nirgata / Prasutaapi Na Suta Stree Bhavatyevam Gate Sati //

(*Ka.S.11/6*)

Kashyapacharya has said until and unless *Aparapatana* takes place *stree*

should not be considered as *Sutika*. This clearly indicates that *Aparapatan* (expulsion of placenta) is also very important and it is also the part of delivery process.

SUTIKA JWARA –

HETU ^[6] –

Vegasandharanadraukshyat

Vyayamdatyasrikshayat /

Shokadatyagnisantapat

Katvamloshnatisevanat //

Divaswapnat

Purovatad

Gurvabhishyandibhojanat /

Stanyagamad

Grahabadhadajirnadadushprajaynat //

Jwara Sanjayate Narya Shadavidho

Hetubhedataha /

(*Ka.Sa.Khi.11*)

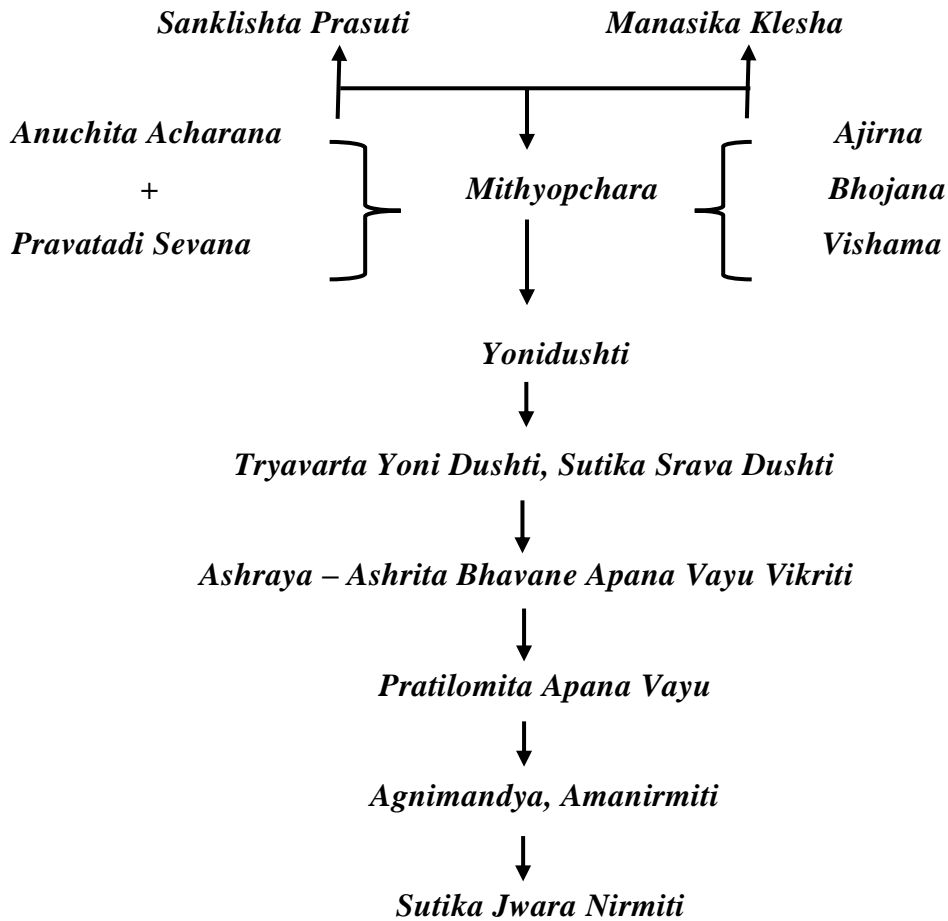
Sutika Jwara is caused by following after delivery,

- Suppression of natural urges
- Dryness
- Exercise
- Post-partum haemorrhage (PPH)
- Grief
- Excessive heat or fire
- Administration of *Pittaprakopaka Ahara* like *Abhishyandi ahara, Katu, Amla, and Lavana*.
- *Grahas*
- *Appearance of breast milk*.

PURVARUPA – Vyaktavastha**SAMANYA RUPA (COMMON SYMPTOMS) [7] –**

- *Kshane daha* (fever / hypothermia)
- *Asthi sandhi ruja* (arthralgia)
- *Shiro ruja* (headache)
- *Tandra* (malaise)
- *Moha* (confusion)

- *Pralapa* (delirium)
- *Kasa* (cough)
- *Shwasa* (acute respiratory distress syndrome)
- *Trishna* (Dehydration)
- *Bhrama* (hypotension)
- *Stroto paka* (systemic inflammatory response syndrome – SIRS)

SAMPRAPTI [8] –

PRATAPLANKESHWARA RASA –
Ekenduchandranalvardhidantikalaikab
hagam Kramasho Vimishram /

Sutabhragandhoshanalohashankhavan
yopalabhasma Visham Cha Pishtam //

Prasutivateaniladantebandhe
Sadrambhisa Vallamamushya Lihyat /
Vatamaye Shleshmagadershasi
Syatpuramritardratrifalayutoyam //
Sashringaveradrava Esha Hanti
Sasannipatam Jwaramugrarupam /
Nijanupanairnijapathyayuktaha
Sarvatisarangrahanivikaran //
Pratapalankeshwaranamdheya Suta
Prayukto Girirajaputrya //

1. *Shudhha Parada* – 1 part
 2. *Shudhha Gandhaka* – 1 part
 3. *Shudhha Abhraka Bhasma* – 1 part
 4. *Shudhha Loha Bhasma* – 4 part
 5. *Shudhha Shankha Bhasma* – 8 part
 6. *Maricha Churna* – 3 part
 7. *Vanyotpala Bhasma* – 16 part
 - 1) *Shudhha Vatsanabha Churna*
– 1 part
- Quantity – 250mg**
Time – TDS before meal
Anupana – with 5ml Ardhraka Swarasa

DRUG	LATIN NAME	FAMILY	RASA	VIRYA	VIPAKA	GUNA	Dosham
<i>Parada</i>	Mercury	–	<i>Madhura Katu Tikta</i>	<i>Ushna</i>	<i>Katu</i>	<i>Yogava hi</i>	<i>VPK</i>
<i>Gandhaka</i>	–	–	–	–	–	–	<i>P</i>
<i>Abhraka</i>	–	–	–	–	–	<i>Yogava hi</i>	<i>KV</i>
<i>Loha</i>	–	–	<i>Kashaya</i>	<i>Ushna</i>	<i>Tikta</i>	<i>Ruksha Tikshna</i>	<i>VP</i>
<i>Shankha</i>	–	–	<i>Madhura</i>	<i>Sheeta</i>	<i>Katu</i>	–	<i>P</i>
<i>Maricha</i>	Piper nigrum	Piperaceae	<i>Katu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Laghu Tikshna</i>	<i>VK</i>
<i>Vatsanabha</i>	Aconitum ferox	Ranunculaceae	<i>Madhura</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Ruksha Laghu Tikshna Vyavayi Vikashi</i>	
<i>Ardhraka</i>	Zinziber officinale		<i>Katu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Laghu Snigdha</i>	<i>KP</i>

ACTION OF DRUGS –

DRUG	Action
<i>Parada</i> and <i>Gandhaka Kajjali</i>	<ul style="list-style-type: none"> • It is antimicrobial, <i>Yogavahi</i>. • It is heart friendly.
<i>Abhraka</i> ^[9]	<p>It is,</p> <ul style="list-style-type: none"> • <i>Manovaha srotasa</i> (mental stability) • <i>Medhya</i> • <i>Rasayana</i> • It reduces fever of Puerperal Sepsis.
<i>Loha</i>	<ul style="list-style-type: none"> • <i>Raktavardhaka</i> (increases Hemoglobin level) • <i>Garbhashaya lekhana</i> (shades uterus epithelium) • It purifies uterus by removing dirty and toxic products
<i>Shankha</i>	<ul style="list-style-type: none"> • It works as <i>Deepana</i>, <i>Pachana</i>, <i>Daha shaman</i> and <i>Pittaghna</i>. • It helps in <i>Koshthashodhana</i> (Purifies Gastrointestinal tract). • It is blood purifier.
<i>Maricha</i> ^[10]	<ul style="list-style-type: none"> • It is Antipyretic and Anti-inflammatory. • It has antioxidant and antimicrobial activity thus reduces postpartum fever. • Alone is may increases blood loss but along with <i>Loha</i> is stables in.
<i>Vatsanabha</i> ^[11]	<ul style="list-style-type: none"> • It has Antipyretic and Anti-inflammatory property. • Mostly used in <i>Sannipatika Jwara</i>. • It reduces Joint pain, crams, dehydration caused due to fever.
<i>Ardhraka</i>	<ul style="list-style-type: none"> • <i>Garbhashaya Shodhaka</i> (cleans uterus) • Reduces <i>Strava</i> (vaginal mucus) • <i>Shoshaka</i> (absorption) • <i>Garbhashaya Koshtha Vishuddhi</i>

DISCUSSION –

Sutikaparicharya itself acts as a combining factor in preventing the *Sutika Jwara*. Nowadays *Sutika Jwara* is found in any women which is a most alarming situation globally. Modern medicine does offer potent medications for puerperal fever, which offer rapid relief of symptoms and underlying cause. One of them are harmful for health of the puerperal woman while some pass into breast milk posing serious threat to neonate. Thus Ayurveda promotes some natural medicines with eco-friendly and safe way so *Prapalankeshwara Rasa* helps in removing stagnated blood and purifies *Garbhashaya* (uterus).

CONCLUSION –

Sutika Jwara caused by several factors like *Mithyaaharavihara* (Unhealthy diet and lifestyle) *Prapalankeshwara Rasa* is positively affecting the factor and relieves Puerperal fever as well as Puerperal diseases. It also rejuvenates her *Dhatus*, increases energy loss happened during delivery.

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A ROLE OF PRATAPLANKESHWARA RASA IN SUTIKA JWARA

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SUTIKASRAVA (LOCHIA) IN AYURVEDA – AN OBSERVATIONAL STUDY

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ABSTRACT

Ayurveda gives importance to the care of mother and her baby at every phase of her life under antenatal care and post-natal care. A post-natal period comes just after the expulsion of placenta up to 6 weeks thus defined as Puerperium and duration called as Puerperium period. Lochia is a vaginal discharge for the first fortnight during puerperium. The discharge originates from the uterine body, cervix and vagina. It is a cleansing discharge which stays for ten or twelve days after delivery in common practice. Lochia is of 3 types Lochia Rubra, Lochia Serosa and Lochia Alba. In Ayurveda the term *Sutika* can be used only after the expulsion of placenta. *Sutika* is more prone to diseases due to aggravation of *Doshas*. Also, she is more prone to infections which is called as Lochial Infection. A 45 patient's observational data collected from *Ayurveda* College for the study.

Keywords: *Sutika*, *Sutika Kala*, *Sutika Srava*, Lochia etc.

INTRODUCTION

In Ayurveda the term *Sutika* can be used only after the expulsion of placenta ^[1] *Kashyapacharya* has said until and unless *Aparapatana* takes place *stree* should not be considered as *Sutika*. This clearly indicates that *Aparapatan* (expulsion of placenta) is also very important

and it is also the part of delivery process. Lochia is the term given to the one-month period for women who go through after having a baby. It is mainly caused by the placenta coming away from the wall of your womb along with blood from any cuts or tears endured during

labour. It may contain Cramps, mini contractions especially on breast feeding which helps uterus to contract back to its normal size. Immediately after birth it is heavy and may lead to more maternity pads but later on decreases and lasts for 6 weeks. It is quite normal, and the blood may have musty smell similar to that of menstrual bleeding. Lochia actually consists of Discharge and blood from the area on the uterine wall lining to which placenta was attached during pregnancy [1].

- 1) The sloughed off endometrium which gets considerably thickened during pregnancy.
- 2) Blood and Mucus from the healing cervix.
- 3) Dead and necrotic tissue.

The blood in the Lochia comes mainly from the large raw area left on the inner uterus wall after the placenta detaches from it. While bleeding from this area controlled by contractions of the uterine muscles immediately after delivery thus it takes 2 weeks to heal. That's why bleeding is maximum in the first 2 – 3 days after the birth then decreases over next two weeks.

Aim and Objectives –

- To understand *Sutikasrava* (Lochia) in both *Ayurvedic* and *Allopathic* Perspectives.
- To observe 45 patients having *Sutika Srava* (Lochia) in *Sutikakala* (puerperal period).

Material and Method- Reviewing *Sutika Srava* (Lochia) in *Sutikakala* (puerperal period) *Ayurvedic* classics, commentaries also recently published books

and Research journals and modern science literature, the collection done and attempt to get co-relation between *Ayurveda* and Modern literature. An observation study done on 45 patients from *Ayurveda* College.

According to *Ayurveda* –

Sutika [2] :-

Sutayaschapi Tatra Syadapara Chenna Nirgata | Prasutaapi Na Suta Stree Bhavatyevam Gate Sati || (Ka.S.11/6)

Kashyapacharya has said until and unless *Aparapatana* takes place *Stree* should not be considered as *Sutika*. This clearly indicates that *Aparapatan* (expulsion of placenta) is also very important and it is also the part of delivery process.

Evam cha masadadhyardhanmuktaharadiyantrana | Gatasutabhidhana syata punaravartadarshanat || (Va.sha.1/100)

Prasuta sardhamasante dristhve va punartave | Sutikanamahina syaditi dhanvantarermatam || (Yo.ra.pa.6/10-2)

Sutika as per *Ayurvedic* literature references of *Ash-tanga Hridaya* and *Yogaratanakar* is she that should be considered for one and half month (45days) from the time of *Apatarpana* [3][4].

Sutikakala – The phase of regaining lost strength and attaining pre pregnant state of woman is called as *Sutika Kala*. It is stated by different *Acharyas* like,

Table 1:

Texts	Duration
<i>Sushruta</i> [5] <i>Ashtanga Hridaya</i> [6] <i>Ashtanga Sangraha</i> [7] <i>Bhavaprakasha</i> [8]	1 ½ month
<i>Charaka</i> [9]	5 – 7 days
<i>Kashyapa</i> [10]	6 months
<i>Yogratnakara</i> [11]	1 month
Modern Science	6 – 8 weeks

Sutika Srava - A cleansing discharge is called as lochia for ten or twelve days after delivery in common practice.

Synonyms

- 1) *Prasavashonitasrava*
- 2) *Yonirava*

Sutika Srava (Lochia) after delivery is denoted as good quality of *Sutikasharirakriya* (Puerperium Anatomy and Physiology).

Suterdhva te ye stravam ninditan shamayet budhan | Tasya asyamavarmpayamupayachet devataha || (Ka.S.)

Acharya Kashyapa has despicable and unhealthy. Because it contains *Kleda, Apra shesha* (Placental membranes) which once expelled out denotes *Garbhashaya Shodhana* (Cleaning of Uterus) [12] Along with *Sutika Srava* (Lochia) normally vaginal bleeding stays for 3 – 4 days. Vaginal bleeding is different in every female. Generally, it gets reduced after 3rd day. **Prano hi shonitam anuvartate** | But if vaginal bleeding persists even after that denotes *Vipannavastha* (Unhealthy). Vaginal bleeding is mentioned in *Rasatarangini* and given its treatment as well.

Garbhashayam Prasutaya Savyatham Sthanvichyutam | **Sankochatayatyashu Tatha Rak-tasravam Runadhhi Cha** | **Yonishcha Shithilabhuta Ssvasthanastu Prapadyate** | (*Rasatarangani*)

Sutika Srava Gandha (Odour) –

The odour of lochia varies from patient to patient day by day. Normally the odour is not offensive and is described like old meat or strong like perspiration. Severe offensive or more or less quantity is not good in *Sutika*. Lactating mothers shows less lochia secretion than non-lactating mothers due to natural uterus size reoccurrence. In lochia infection offensive odour is found more along with pain in abdomen by increasing reddish lochia. Douglas and Rhees has done research on lochia and found 21.6% Sterile and 56.3% nonsterile bacteria in it [13].

According to Modern Science –

Normal Puerperium [14] – Puerperium is defined following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically.

Abnormal Puerperium – Any deviation from the definition of normal Puerperium like Pyrexia, PPH, Low-back pain, perineal pain, bowel problems, mastitis, psychological problems, thromboembolism, postnatal anaemia etc called as Abnormal Puerperium.

Lochia- Modern science have considered *Sutika Srava* and vaginal bleeding as ‘Lochia’. Which is divided in 3 factors like Composition, Colour and Quantity



A) Lochia Rubra or Lochia Cruenta –

It is the first stage of bleeding and occurs in the first 4 days after birth. The lochia is distinctly bright red in colour and begins a day or two after the birth. It is mainly composed of blood, small bits of membranes, sheds of decidua, fragments of chorion, amniotic fluid, vernix caseosa, cervical discharge and any meconium.

B) Lochia Serosa or Lochia Sanguinolenta - It is a second stage of bleeding. The lochia is pale brown in colour. It lasts for 4 to 9 days. It contains wound exudation, red and white blood corpuscles, mucous from cervix and vagina. It contains less blood and more serum and hence it is pale brown in colour. It becomes more watery in consistency.

C) Lochia Alba or Lochia Purulenta- It is a final stage of lochia for about 10 to 15 days and it's much less heavy with a yellowish white creamy in colour. It lasts from around the third week to the sixth week after birth. It contains decidual cells, fewer red blood cells which are made up of white blood cells, tissue cells, cholesterol, fat and mucus. It contains cervical mucus, debris from healing process in the uterus and vagina, organisms and markedly increased WBC's. The lochia is sterile for the first 2 – 3 days but then becomes colonised by the bacteria going off a typical lochia smell which is normal not be confused with the bad odour from lochia in postpartum infection. The quantity of lochia may be scanty after a premature delivery but more than normal after a twin pregnancy or other conditions where uterus becomes more than the average size during pregnancy.

Lochia Infection Symptoms- Lochia or postpartum infections can occur between on and ten days after giving birth through vaginal tract. They are,

1. Fever, 2. Haemorrhages, 3. Abdominal pain

Patients who undergone caesarean sections may have less lochia after 24 hours than who had vaginal deliveries.

Management Of Lochia –

- 1) Lochia doesn't need any specific management.
- 2) Use tampons or sanitary pads to prevent from bacterial infection.
- 3) Intercourse should be avoided to prevent from spreading of bacteria.
- 4) Regular bath with anti-infective agents.
- 5) Sitz bath should be followed.

Abnormalities of Lochia –

- 1) Secondary Postpartum Haemorrhage.
- 2) Pain in Abdomen. Lochia that remains red and abundant for longer than usual may indicate delayed involution of the uterus which may be because of retention of a piece of placenta within the uterus with infection,
 - 1) Excessive dilatation of the uterus.
 - 2) Complications during the delivery
 - 3) Injury of the uterus during the delivery
 - 4) Blood clotting disorder (Coagulopathy)
 - 5) Hypotonia of the uterus – the most common cause of the uterine bleeding after childbirth characterized by its low contractive activity^[15].

If placental tissue is retained the uterus remains enlarged and this may show on an ultrasound scan. Lochia with offensive odour may indicate infection. It is possible for red lochial discharge to still be present at 6 – 8 weeks. It is more commonly found after Instrumental Vaginal Delivery^[16].

OBSERVATION

- 1) 45 Patient's data collected from SMBT *Ayurveda* College.
- 2) Among them 14 (8 Primi + 6 Multipara) were undergone Caesarean section.
- 3) 28 (18 Primi + 10 Multipara) delivered by Full term vaginal delivery.
- 4) 3 (2 Primi + 1 Multipara) delivered from Instrumental Vaginal Delivery.
- 5) Criteria set according to duration like,

Mild	=	0 – 3 days
Moderate	=	4 – 6 days
Severe	=	≥ 7 days

Patients led 2 – 3 sanitary pads per day every 6 – 8 hours.

6) Results came with:

Mild = 14 LSCS + 2 Instrumental Vaginal Delivery = 16 patients

Moderate = 20 FTND + 1 Instrumental Vaginal Delivery = 21 patients

Severe = 8 FTND = 8 patients.

DISCUSSION

Sutika Srava is generally found after the delivery which is quite natural but if lasts for longer so that may be considered as secondary postpartum haemorrhage. From the above observation discussion can be drawn as During delivery 3 *Avarta* (Uterus, Cervix and Vagina) are included Thus *Sutika Srava* found more in those patients who undergone normal vaginal because baby comes out from these 3 ways thus complete opening takes place and let clots and blood pass through vagina in the form of lochia also *doshas* comes out and lasts for more than seven days. During Caesarean section (USCS or LSCS) Laparotomy is done and baby is taken out. As *Prasava* means delivery by Yoni (Vaginal canal) and to take baby out. Whereas in Caesarean section 1st *Avarta* (Uterus) is involved but not 2nd and 3rd *Avarta* (Cervix and Vagina) thus blood clots and huge blood is cleaned by surgeon as a result it doesn't lead lochia for more than 3 days in quantity too. During Instrumental Vaginal Delivery it is performed through vagina only but due *Sangha* (Obstructed pathophysiology) it can't be processed easily but if performed ideally and well then lochia duration and quantity is same as Vaginal delivery. Personal hygiene should be followed to prevent from the puerperal infection. Thus, *Acharyas* have explained *Sutika Paricharya* to prevent from aggravated *Doshas*. As it is observational study it can be conducted over more patients too.

CONCLUSION

Sutika needs proper care and management with specific diet. *Sutika Kala* i.e. Lochia is a vaginal discharge for the first fortnight during puerperium. It is cleansing discharge which is at first bright red then white and yellowish in colour at last. Lochia contains blood clots,

bits of membranes, blood corpuscles, mucus etc. which is highly prone for the infection. In the present study women who undergone full term normal delivery (FTND) has more day's lochia than Caesarean section and Instrumental vaginal delivery due to the involvement of 3 *Artava* which are completely involved in full term normal delivery (FTND) also somewhat in Instrumental vaginal delivery due to obstruction. In caesarean section baby is taken out abdominally and only 1st *Avarta* has been cleansed during procedure thus lochia is found for less days. As it is an observational study it can be conducted over more patients in future.

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AYURVED APPROACH TO DIMINISHING OVARIAN RESERVE (DOR) IN FEMALE INFERTILITY - CASE STUDY

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ABSTRACT

According to *Ayurveda* Having no Baby is described as *Vandhyatva* and Infertility in Modern science. Infertility is a main issue in today's era. Many couples go for IVF, Surrogacy and many more with very little benefits. Nearly 10-14% of individuals are belonging to the reproductive age group are affected by Infertility. Infertility caused by Diminished Ovarian Reserve (DOR) results from an endocrinological imbalance. The rise in follicle stimulating hormone (FSH), decrease in Anti Mullerian hormone (AMH) and Antral follicle count (AFC) etc. for women age more than 35 years can lower pregnancy rates to less than 5 % and increases miscarriage rates to more than 75%. *Ayurveda* explained wide range of protocols and medicines for the management of *Vandhyatva*. In *Ayurveda* its appropriate correlation can be done with *Dhatukshaya Vandhya* explained in *Harita Samhita*. *Ayurveda* states four factors are mentioned *Rutu*, *Kshetra*, *Ambu*, *Beeja* should be in proper state in order to achieve conception and complete the pregnancy successfully.

Aim & Objectives: To evaluate the efficacy of *Shamana Aushadhi*, *Yog Basti*, *Uttarbasti* in the management of Diminishing Ovarian Reserve (DOR) induced Female Infertility.

Materials & Methods: It is the single arm, open labelled case study of the subject of 35 yrs age with primary infertility of Diminishing Ovarian Reserve (DOR) from *Ayurveda* College who has been treated with *Shodhana Chikitsa* as *Yog Basti*, *Uttarbasti* and *Shamana Chikitsa* simultaneously.

Results & Discussion: There was improvement in hormonal assay with increase in Anti Mullerian hormone (AMH) and Antral follicle count (AFC) followed by conception later on. The Patient delivered with full term normal healthy female baby. *Samshodhana* and *Shamana Aushadha* helped to pacify *Vata Dosha* by *Dhatukshaya Vandhya Chikitsa* thus restored the fertility.

Conclusion: The selected treatment protocol i.e. *Samshodhana* and *Shamana Aushadha* is very effective in the management of Diminishing Ovarian Reserve (DOR) induced Female Infertility.

Keywords: Diminishing Ovarian Reserve (DOR), *Dhatukshaya Vandhya*, *Yog Basti*, *Uttarabasti*, *Shamana Aushadhi* etc.

INTRODUCTION

Infertility is a condition in women's life which indicates inability to procreate. Infertility is generally defined as one year of unprotected intercourse without conception. Sub-infertility is described as Women or Couples who are not sterile but exhibit decreased reproductive efficiency^[1] Decreased ovarian reserve (DOR) refers to the size of the non-growing or resting primordial follicle population which presumably determines the number of growing follicles and the quality which presumably determines the number of growing follicles and the quality or the reproductive potential of their oocyte. The oocyte related decline in fertility is known as "Decreased ovarian reserve (DOR)"^[2] Conception depends on the fertility potential of both the Female and Male partner. The major cause in Infertility is Female factor which is 40-55%^[2]. Female factors are Ovarian, Tubal, Cervical, Uterine and Endometrial factors (FIGO). Many factors are responsible for Female

Infertility which are Tubal Factors about 40%^[3], Ovarian factor 0.5%, Cervical factor 20% And Uterine factor 10%. Also 30-40% in female^[4] and 10-30% in male are the causative factors seen. According to *Shabdakalpataru* a woman who has hindrance of any kind in normal process of conception is termed as *Vandhya*. For healthy progeny *Pumbeeja* (*Shukra*) and *Streebeeja* (*Artava*) are important^[5] *Artavakshaya*, *Artavanasha* are due to *Dhatukshaya* and *Avarana* in *Artavavaha Srotasa*^[6].

Diminishing Ovarian Reserve (DOR)- Diminishing Ovarian Reserve (DOR) is a condition in which the ovary loses its normal reproductive potential compromising fertility and causing early menopause. It comes out with reduction of oocyte quantity, quality and reproductive potential^[7]. According to *Ayurveda* it is correlated with *Dhatukshaya Vandhya* explained in *Harita Samhita*^[8].

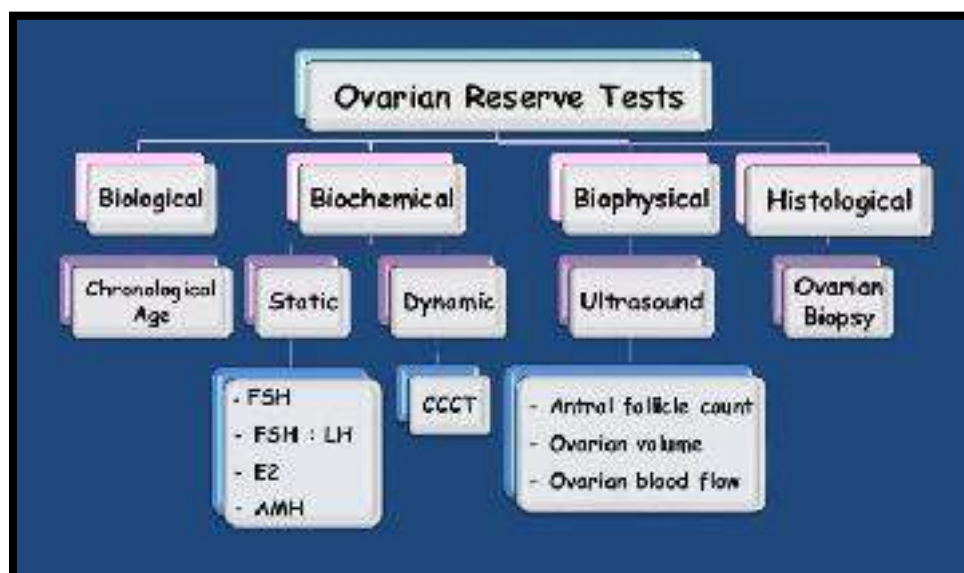
Causes –

Autoimmune	Organ, non – organ specific auto antibodies bind gonadotrophins and receptors
Iatrogenic	Chemotherapy, Uterine artery embolization, Ovarian drilling
Infection	Varicella, Tuberculosis shigellosis, Malaria, Cytomegalovirus
Oxidative stress	ROS induced DNA damage, Chromosomal abnormalities, Poor oocyte quality
Environmental toxins	Tobacco, Polycyclic aromatic hydrocarbons
Autosomal genes	FSH, LH, Oestrogen receptor mutation, CYP19A1 mutation etc
Chromosomal defects	Monosomy, Turner Syndrome, Trisomy, Fragile X syndrome

Pathogenesis - The exact pathology is obscure but it can be due to, Decrease in Primordial follicle pool, Accelerated atresia of follicles, Defective maturation, Recruitment of Primordial follicle

Clinical Features - primary / secondary infertility, menstrual irregularities, osteoporotic changes. Vaginal dryness thus dyspareunia, hot flushes, sleep disturbance, mood swings, weight gain, uterine prolapse etc.

Ovarian Reserve Test –



Assessment –

- 1) AMH < 1.5 ng/dl
- 2) Basal FSH between > 10 – 15 IU/L (on 3rd day)
- 3) AFC < 10 Bilateral ovaries

Case Report –

Name – Xyz, **Age –** 35 Yrs., **Occupation –** IT Job, **Socioeconomic Status –** Middle, **Chief complaint –** Unable to conceive, **Present Menstrual History (Since 1 & ½ year)** LMP – 2/6/2018, 2- 3 days / 30 - 40 days, 1 pad / day, Irregular, Scanty flow , No dysmenorrhoea
Past Menstrual History (Before 1 & ½ year) - 4- 5 days / 28 - 30 days, 2 - 3 pad / day, Regular, Moderate flow, No dysmenorrhoea

Obstetric History - Married for 5 years, Score = G1 P0 A1 D0, A1 – 1-month spontaneous abortion (April 2017)

General Examination

Pulse – 76/min, Blood pressure – 126/82mmHg, Respiration rate – 20/min, Height -160 cm, Weight - 62 kg, BMI – 24.22 (Normal), Temperature – 98.6, Body Build -Average, No Pallor, No Oedema

Systemic Examination

RS / CVS / CNS – Normal, **Per Abdomen** – Soft, Nontender, L0 S0 K0, **Per Speculum-** Cervix – Parous, Normal size, No Nabothian cyst / polyp / erosion / fibroid, Vagina Healthy, No Bleeding, No Discharge
Per Vagina- Cervix – at the level of ischial spine, Uterus – Normal size, AVAF, Non mobile, Bilateral fornices – free, non-tender, No palpable adnexal mas / ovaries, Cervical motion - free, non-tender

Table 1: Investigation – (21/1/2018)

Hb	11.8gm/dl	T3	91.13 ng/dl
TLC	9,600/cumm	T4	7.34 ng/dl
RBC	4.01 Mill/uL	HIV/VDRL/HBsAg	Non - Reactive
ESR	22 mm in 1 hr	Montoux test	2 x 2 mm (N)
PLT	2,77,000/cumm	LA	31.51 (N)
Blood group	A + ve	ACL	4.2 (N)
FBS	98 mg/dl	Urine Pus cells, Epi cells	Nil, 1 – 2 /hpf
Sr TSH	4.02 Ulu/ml	---	---

USG (TVS) on (4/6/2018)

Uterus – AV measuring 6.8 x 3.4 x 4.6 cm, endometrial thickness – 5mm, Ovaries and tubes are normal
LMP – 2/6/2018, DAY 3, FSH -15.2 mlU/ml, AMH -0.8 ng/ml, AFC- Left ovary = 3, Right ovary = 2, Total 5 impression – Diminished (Low) Antral follicles count
5.

Treatment

1. Counselling of the patient and her husband done
2. According to *Dosha, Koshta, Kala* and *Dosha Avastha, Deepana, Pachana* done.
3. *Shodhana Chikitsa*
4. *Shaman Shikitsa*

Table 2: Shodhana Chikitsa (From 10/06/2020 till 11/09/2020)

Drug	Dose	Duration	Anupana
<i>Phalasarpi</i>	1 tsp	Morning after breakfast	Warm Milk
<i>Hingwashtaka churna</i>	1 gm BD	Before meal	Warm Water
<i>Shatavari Churna with Goghrita</i>	5 gm BD	After Breakfast	Warm Milk
<i>Manasaitravataka</i>	1 tab	Before Bed	Normal water

Above treatment given for 3 months

Table 3: Shodhana Chikitsa (From 10/06/2020 Till 11/09/2020)

Basti	Drug	Quantity
<i>Yog Basti- Sthanik Snehana with Bala Taila and Swedana With Dashamoola Kwatha</i>		
<i>Anuvasana Basti</i>	<i>Shatapushpa Taila</i>	120ml
<i>Niruha Basti</i>	<i>Mustadi Yapana Basti</i>	960ml
<i>Uttarabasti</i>	<i>Phalasarpi</i>	20ml

All 3 Bastis are given on 5th day of menstrual cycle for consecutive 3 cycles.

Follow Up: Monthly Follow Up Taken

Observation and Result

Ultrasonography and hormonal study was repeated on 3rd day of menstrual cycle in 4th cycle, Transvaginal sonography (6/10/2018) DAY 3 of Menses, LMP – 4/10/18, Uterus – AV measuring 7 x 3.4 x 4.4 cm, Endometrial thickness – 5.1mm, Ovaries and tubes are normal, FSH -7.83 mlU/ml, AMH -1.2ng/ml, AFC -Left ovary = 9, Right ovary = 5, Total 14 impression – increased Antral follicles count. Later on, patient came with 1 month 5 days Amenorrhoea on 11/1/19. Urine pregnancy test was positive. Sonography done on 8 March 2019 showed regular gestational sac with 13 weeks and 1 day of gestational age. Placenta anterior, amniotic fluid normal. Patient delivered on 13 September 2019, full term normal delivery with healthy female baby of 2.9 kg.

DISCUSSION

According to *Ayurvedic* approach to *Dhatukshayajanya Vandhya* in terms of diminishing ovarian reserve (DOR) following events takes place.

Nidana Sevana → *Vata Prakopa* → *Agni Vaishamyā* → *Rasa Dushti* → *Artava Dushti* → *Sthana Sanshraya in Garbhashaya* → *Pariksheena of Dhaturupi Artava* → *Dhatukshayajanya Vandhya*

Chikitsa is based on following 3 Sutras–

1) वमनं विरेचनं चैव वस्तिरा(मा)स्थापनं तथा ।

तस्मात्तत् कारयेत् स्त्रीणां प्रसिद्धाः प्रसर(व)न्ति वै ॥ (भे० सं० शा० २)

2) तत्र बस्तिदानं वातरोगोपशमनार्थम् । (तिसटाचार्य)

3) वृद्धिः समानैः सर्वेषां विपरीतैर्विपर्ययः।' (अ.ह.सू. १/१३)

In First Shloka *Acharya Bhela* states that *Shodhana* is necessary in *Vandhya*. Second one is *Basti Chikitsa* (Enema) is best for aggravated *Vata Dosha*. Third Shloka states states as similar things increases and opposite of that decreases the output. *Ayurveda* states the

holistic remedy which is alternative to hormonal therapy for infertility. Ayurvedic approach to *Dhatukshayajanya Vandhya* in terms of diminishing ovarian reserve (DOR) is gaining importance. The case presents with *Vata Dosha Vikriti* (alteration of *Dosha*) progressing towards *Dhatu Kshaya* thereby affecting *Artava Upadhatu Kshaya Lakshanas* [9]. The treatment protocol aims for a *Shamana* of *Vata Dosha* and correction of *Agni* thereby creating equilibrium of *Doshas* in *Madhyama Vayavastha* (Elderly female). The *Dhatupushti* itself can be attributed for the physiology of *Artava*. The oral administration of *Hingwashtakachurna* has *Deepana* and *Pachana* properties. Also, *Hingu* possess *Stripushpajana* [10] It also works on *Annavaahasrotasa* which is a main base of any disease through it *Agnideepana* leads to formation of healthy *Ahararasa* results in good nutrition to *Rasa Dhatu* and later on *Raja* and *Stanya Upadhatu*s. Oral and Internal administration of *Phalasarpi* owes its *Vatahara*, *Dhatuvardhaka*, *Vandhyatvahari*, *Balya* and *Brimhana* properties helps in improvement of *Artavakshaya* through *Dhatupushti* thus creating a satisfactory improvement in hormonal assay. *Shatavari* is a *Pushpaprajakari* which helps in formation of follicles, ovulation and thereby a healthy progeny. It has Phytoestrogens. Pathogenesis of gynaecological disorders always involves *Vata Dosha*. तत्र बस्तिदानं वातरोगोपशमनार्थम् । (तिसटाचार्यं) Hence *Basti Karma* (enema) which is the prime treatment modality in *Vata Vyadhis* [11]. It is considered as *Ardha Chikitsa* [12]. *Mustadi Yapana Basti* [13] is specifically indicated as a superior line of treatment in the condition of *Vrishya Karma*. Its effect on Anti mullerian hormone (AMH) as well as on FSH etc. thus helps in *Balya*, *Rasayana* and *Garbhashaya Shodhana Karma*. *Acharyas* says *Phalasarpi* helps the woman to achieve conception and cures female genital tract disorder. It is *Vatahara*, *Balya*, *Brimhaniya*, *Garbhada* and *Rasayana* thus helps in nourishment of reproductive organs and baby later. It works as *Prajasthapaka* (maintains pregnancy) and *Yonipradosha Shamaka* (reduces diseases of Uterus and vagina) properties. It also helps in proper development of endometrium, follicles result in healthy progeny. All three *Bastis* have potency to get absorbed and creates osmotic pressure which enhances

absorption of drug administered through intrauterine *Uttarbasti*. It promotes drug action through endometrium then to internal iliac vein passes into the systemic circulation and exerts its positive action on hypothalamo-pituitary – ovarian axis, which helps in promotion of primordial follicles under control of FSH and regulates function of other hormones. *Manasamitratamakam* is a *Tridosha Shamaka*, potent anti-stress, antioxytic and anti-depressant. According *Acharya Charaka* for *Garbhadhana* the most important thing is “सौमनस्य गर्भधारणानाम् ।” (soundness of mind or peaceful mind). Adding to this not having child gives stress to patient hence added in the prescription.

CONCLUSION

There are many causes of female infertility but diminishing ovarian reserve is much common cause in elderly patients. The long-term treatments with hormonal imbalance results from many untoward effects like weight gain, stress, depression and premature menopause if not treated well. *Ayurveda* gives major spotlight on *Panchakarma Shodhana* as well as *Shamana*. In this case important consideration was given to *Vata Anulomana*, *Deepana* and *Pachana* because proper functioning of *Vata Dosha* is necessary in every aspects of fertility means proper functioning of hypothalamo-pituitary – ovarian axis.

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AYURVED APPROACH TO ENDOMETRIOSIS – A CASE STUDY

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ABSTRACT

Endometriosis is the most upcoming disease that affects the quality of life of millions of women and their families worldwide. It is one of the obscure and captivating benign gynaecological disorders defined by implantation of functioning endometrial tissue outside the uterine cavity. Endometriosis is associated with a broad range of symptoms including Dysmenorrhoea, Dyspareunia, Chronic intermenstrual pelvic pain, and Infertility. The prevalence of Endometriosis in women of Reproductive age is 6-10%. It can be compared as a syndrome complex of *Paripluta Yonivyapada* in Ayurveda. Thus, *Vata evum Pitta shaman* treatment along with regimen is given in it.

Aim and Objectives: To evaluate the efficacy of *Shodhana Chikitsa* as *Yog Basti*, *Uttarbasti* and *Shamana Aushadhi*, in the management of Endometriosis.

Materials and Methods: It is the single arm, open labelled case study of the subject of 36 yrs. age with Endometriosis who has been treated with *Shodhana Chikitsa* as *Yog Basti*, *Uttarbasti* and *Shamana Chikitsa* simultaneously.

Observation and Result Chief complaints of Patient i.e. *Adhodarashula* (Lower abdominal pain) and *Kashtartava* (Pain during menstruation) were relieved. USG reports confirms and substantiates the clinical symptom free evidence.

Conclusion: The selected treatment protocol i.e. *Shodhana Chikitsa* as *Yog Basti*, *Uttarbasti* and *Shamana Aushadhi*, are found very effective in the management of Endometriosis.

Keywords: Endometriosis, Pelvic Congestion Syndrome, *Paripluta Yonivyapada*, *Ayurveda* Etc.

INTRODUCTION

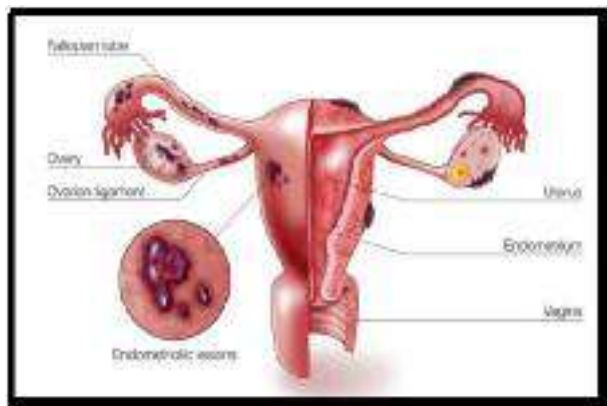
Endometriosis is most one common problem encountered in gynaecology. It affects women in their reproductive years which is associated with pelvic pain, Infertility, Dysmenorrhoea etc. Prevalence of Endometriosis is 10% but highest in infertile women about 30-40%. Its incidence appears to be increase partly due to improvements in diagnostic technique and partly due to changing social pattern like late marriages and limitation of family size. Evidence of 20 % women undergoing laparoscopic investigation for infertility. Also 24 % of women complains about Pelvic pain are subsequently found to have endometriosis [1]. It is the most common benign gynaecological problem which oestrogen dependent thus resolves after menopause or treatment having pseudo menopause. *Paripluta yonivyapada* is one of the twenty *Yoni Vyapada* mentioned in *Ayurvedic* classics. *Pitta* and *Vata dushti* states inflammation of *yonis*, Painful micturition, Tenderness, yellowish or bluish colour of menstrual blood, Lumbosacral and groin pain, Low backache and fever. *Acharya Sushruta* states that condition is said with severe Dyspareunia along with pain etc. caused by *Vata Dushti*. *Acharya Vagbhata* and *Charaka* states Heaviness in the region of Bladder and Lower abdomen, Di-

arrhoea, Anorexia etc. In *Madhukosha* it is the condition of features having *Vata* symptoms like Pain with extreme level in periphery means *Paripluta* in entire internal and external reproductive organs hence termed as “*Paripluta*” [2]. The pelvic congestion syndrome (PCS) is a complex and multifactorial condition associated with inflammatory and hormonal etiopathogenesis similar to the endometriosis. Furthermore, both pathologies share same clinical symptoms as chronic pelvic pain and dyspareunia [3]. The presence of functioning endometrium like glands and mucosa in sites other than uterine mucosa is called as Endometriosis [4]. There are 3 most accepted theories are **Sampson’s Theory**, This theory explains that the flow of menstrual blood gets backed up causing some of the blood to flow in reverse direction. This process causes blood containing endometrial tissue to attach to surfaces outside of the uterus. **Meyer’s Theory**, this theory proposes that specific cells called Metaplastic cells change into endometrial cells and actually present at birth. **Vascular Theory**: This theory suggests that the endometrial tissue travels through the body via blood vessels. It then reaches various tissues, implants and then grows causes pain.

Table 1: Symptoms of Endometriosis [5]

Site	Symptoms
Female reproductive tract	Dysmenorrhoea, Non menstrual pelvic pain, Dyspareunia Infertility, Rupture/torsion endometrium, Low back pain
Urinary tract	Cyclical Hematuria, Cyclical Dysuria, Ureteric obstruction
Gastrointestinal tract	Cyclical Dyschezia, Cyclical Rectal bleeding, Obstruction, Cyclical intestinal complaints – Periodic bloating, diarrhoea, constipation.
Surgical scars/Umbilicus	Cyclical pain and bleeding
Lungs	Cyclical haemoptysis, Haemopneumothorax
Others	Fatigue, Cyclical Shoulder pain

Sites of Endometriosis



Endometriosis is reported in Ovaries, Uterine ligaments, Recto vaginal septum, Pelvic peritoneum, Laparotomy scars, Vagina, Umbilicus, Hernia sacs, Urinary tract, Large and small intestine, Appendix and rarely even in the pleura, diaphragm, arms, legs, kidneys etc. Differential Diagnosis - Endometriosis is differentially diagnosed from PID, Malignant diseases of the ovary, Myomas, malignancy of cervix and vagina etc.

Paripluta Yonivyapada:

Pittalaya Nrusavase Kshavathuudgaradharanat | Pittasamurchhito Vayuyonim Dushayari Striyaha || Shuna Sparshakshama Sartinilapitamsruka Sravet | Shronivankshanaprushtartijwarartaya Paripluta || (Cha.Chi.30/23)

Dosha – Vata, Pitta, Kapha, Dushya – Rasa, Rakta, Srotasa – Artavavaha srotasa, Srotodushti – Vimargagamana. When who having Pitta predominance because of her Pitta Prakruti or consumption of diet which aggravates Pitta withholds her sneezing urge and eructation at the time of coitus then vitiated Pitta along with Vata reaches Yoni thus forming its abnormalities. Yoni becomes inflamed, tender and causes painful menstruation with yellowish or bluish colour of menstrual blood. Also causes Pain in Lumbosacral and groin region, backache and fever [6] **Paripluta Vamini Cha Vatapittatmike Mate | (Cha.Chi.30/39)** Acharya Charaka states that Paripluta, Vamini are caused by Vata and Pitta. [7]

Case Reports –

Name – Xyz

Age – 36 Yrs

Occupation – Housewife

Socioeconomic Status – Rich

Chief complaint –

Adhodarashula (Lower abdominal pain) since 2 – 3 years

Kashtartava (Pain during menstruation) since 2 – 3 years

Present Menstrual History (Since 2 – 3 year) –

LMP – 14/05/2019, 3- 4 days / 28 – 30 days, 1 pad / day, Regular, Moderate flow, Dysmenorrhoea (+), Clots (+)

Past Menstrual History (Before 1 & ½ year) –

3- 4 days / 28 – 30 days, 1 pad / day, Regular, Moderate flow, No Dysmenorrhoea, No Clots

Obstetric History –

Married since 14 years

Score = G1 P0 A1 D0

G1 – Female 13 years – FTND (2005)

G2 – 2 Month spontaneous abortion (2010) D & C Done

G3 – 4 Month spontaneous abortion (2013) D & C Done

G4 – 1 ½ Month spontaneous abortion (2014) TBPCR – D & C Done

G5 – Female 3 years – FTND (2015)

Past History –

No H/O of DM / HTN / BA / Hypothyroidism

No H/O of Any previous Major illness.

H/O Diagnostic Hysteroscopy with Laparoscopy + TBPCR done 3 ½ year back

H/O Appendectomy done 18 years back.

General Examination –

Pulse – 76/min; Blood pressure – 126/82mmHg; Respiration rate – 20/min; Height – 160 cm; Weight – 62 kg;

BMI – 24.22 (Normal); Temperature – 98.6; Body Build – Average; **Jimha** (Tongue) – **Ishata Sama** (Slightly coated); No Pallor / Oedema / Icterus / Cyanosis / Clubbing / Lymphadenopathy; **Mala** – once a day;

Mutra – 10 times a day, once at night if; **Shabda** – **Avishesha**; **Sparsha** – **Anushna Sheera**; **Drika** – **Avishesha**;

Akriti – **Madhyama**; **Prakriti** – **Vata Pittaja**; **Sara** – **Madhyama**; **Vikriti** – **Madhyama**; **Bala** – **Madhyama**; **Samhanana** – **Madhyama**; **Satmya** – **Vyamishra**; **Satva**

– Madhyama; Pramana – Madhyama; Ahara Shakti – Madhyama; Jarana Shakti – Madhyama; Vyayama Shakti – Avara; Vaya – Madhyama;

Systemic Examination –

RS / CVS / CNS - Normal

Per Abdomen – Soft, Nontender, L0 S0 K0

Per Speculum –

Cervix – Parous

Normal size

No Nabothian cyst / polyp / erosion / fibroid

Vagina Healthy

No Bleeding / Discharge

Per Vagina –

Cervix – at the level of ischial spine

Uterus – Normal size

AVAF

Non mobile

Bilateral fornices – free, non-tender

No palpable adnexal mas / ovaries

Cervical motion - free, non-tender

Table 2: Investigation – (23/5/2018)

Hb	11.8gm/dl	T3	91.13 ng/dl
TLC	9,600/cumm	T4	7.34 ng/dl
RBC	4.01 Mill/uL	HIV/VDRL/HBsAg	Non - Reactive
ESR	22 mm in 1 hr	PRL	15.84
PLT	2,77,000/cumm	LA	31.51 (N)
Blood group	A + ve	ACL	4.2 (N)
FBS	98 mg/dl	Urine Pus cells, Epi cells	Nil, 1 – 2 /hpf
Sr TSH	1.28 Ulu/ml	LFT, RFT	N

USG (TAS) on 17/1/2018 [Before Treatment]

Right renal 3mm tiny calculus is seen.

Uterus – AV & Bulky measuring 9 x 4.7 x 5.6 cm

Endometrial thickness – 6.7mm echoes are normal

Both ovaries are normal in size, shape and echotexture.

No any adnexal mass or lesion seen.

RO = 3.3 x 2.8 cm

LO = 2.7 x 1.6 cm

USG (TAS) on 14/04/2018 [Before Treatment]

Uterus – AV & Bulky measuring 8.8 x 4.4 x 4.2 cm

Endometrial thickness – 7mm echoes are normal

Both ovaries are normal in size, shape and echotexture.

Collapsed post rupture follicle / cyst right.

No adnexal mass or lesion seen.

No lymphadenopathy / free fluid / dilated bowel / pleural effusion.

USG (TAS) on 07/05/2019 [Before Treatment]

Uterus is anteverted & bulky with homogenous echotexture is seen; no focal lesion seen. Size-9.6 x 4.8 x

5.9 cm. ET-8 mm, echoes are normal. Multiple small Nabothian cysts are seen at the cervix. Largest 11 x 10 mm in size.

Mild tortuous, dilated uterine vessels are noticed.

Both ovaries are normal in size, shape and echotexture.

Ro size-2.5 x 1.4 cm., Lo size-4.2 x 3.3 cm., (22 x 20 mm follicle is seen in left ovary, another 16 x 17 mm partially ruptured follicle is seen in left ovary.)

Minimal free fluid is seen in pod. No adnexal mass or lesion seen.

Conclusion: Bulky uterus with mild tortuous, dilated uterine vessels are seen possibility of Pelvic Congestion Syndrome.

Treatment

Counselling of the patient and her husband done

According to *Dosha, Koshtha, Kala* and *Dosha Avastha, Deepana, Pachana* done.

Shodhana Chikitsa

Shaman Shikitsa

Table 3: Shodhana Aushadhi –

Basti	Drug	Quantity
<i>Yog Basti – Sthanik Snehana With Tila Taila and Swedana With Dashamoola Kwatha</i>		
<i>Anuvasana Basti</i>	<i>Tila Taila</i>	120ml
<i>Niruha Basti</i>	<i>Erandamula Kwatha</i>	960ml
<i>Uttarabasti</i>	<i>Shatapushpa Taila</i>	20ml

All 3 Bastis are given on 5th day of menstrual cycle for consecutive 3 cycles.

Table 4: Shamana Aushadhi –

Drug	Dose	Duration	Anupana
<i>Hingwashtaka churna</i>	1 gm BD	Before meal	Warm Water
<i>Sukumara Kashaya</i>	15 gm BD	Before meal	1 cup of Warm Water
<i>Ashokarishta</i>	15 gm BD	After meal	1 cup of Warm Water
<i>Gandharva Haritaki</i>	2 tabs	Before Bed	Warm water

- Above treatment *Shamana* given for 4 months.
- *Shodhana* from 22/05/2019 till 22/08/2019.
- *Shamana* from 22/05/2019 till 27/09/2019.

Observation –**USG Report (TAS) on 28/09/2019 [After Treatment]**

- 1) Uterus-Anteverted & normal. No focal lesion seen.
- 2) Size - 8.6 x 4.4 x 4.3 cm.
- 3) Endometrium- 6.4 mm. Sliding sign positive -- normal.
- 4) Ovaries- Both are Normal.
- 5) No adnexal lesion seen.
- 6) No obvious peritoneal or bowel wall lesion of endometriosis seen.
- 7) No Lymphadenopathy noted / free fluid / mass lesion seen / dilated bowel / pleural effusion.

Result Chief complaints of Patient i.e. *Adhodarashula* (Lower abdominal pain) and *Kashtartava* (Pain during menstruation) were relieved. USG reports confirms and substantiates the clinical symptom free evidence.

DISCUSSION

This case study of 36-year-old lady with chief complaints of *Adhodarashula* (Lower abdominal pain) and *Kashtartava* (Pain during menstruation) since from 2 – 3 years. The pain slowly aggravated so she had allopathy medications which later on made Gynaecologist to suspect uterine anomaly thus advised for USG. After USG reports patient had allopathy treatment but didn't

get relief. Then she came with her all reports for *Ayurveda* treatment. Considering all aspects like *Dosha*, *Vaya* etc. *Ayurvedic* treatment preferred to get treated without surgery. At the end of 3 months treatment the patient has been relieved from all her painful symptoms and has been found disease free which is confirmed in Ultrasonography reports. Aggravated *Vata* and thus allows the painless flow of *Artava*. The treatment is effective in *Artava Dushti*. Pelvic Congestion Syndrome is nothing but the *Vata Vikara*. It has similar symptoms like in Endometriosis. Thus, treatment protocol consists of *Vatahara Chikitsa* mainly. The possible mechanism of action of drugs are as follows,

***Hingwashtaka Churna*:** It's All ingredient has *Deepana*, *Pachana*, *Shulahara* and *Vatanulomaka* properties thus works as *Vatahara* and *Shulahara* quality of the drug mitigates the *Vata Dosha* and relieves the pain. It acts like a NSAID's by direct analgesic effect by inhibition of Prostaglandins synthesis mechanism in Pelvic congestion syndrome and Endometriosis.

***Sukumara Kashayam*:** The release of lysozymal enzymes from necrotic endometrium foster the formation of prostaglandins from cellular phospholipids via a free radical generating process which contribute to the pathology of endometriosis and pelvic congestion syndrome. It helps in alleviation of *Kashtartava*.

***Ashokarishta*:** *Ashokarishta* is a magical tonic for the uterus. It treats dysmenorrhea (i.e. painful periods), strengthens the uterus, helps in easier removal of the uterine lining during menstruation, reducing blood

clots during periods, hence preventing painful period cramps. The goodness of strong anti-inflammatory properties in *Ashokarishta* treats pelvic inflammatory disease while the powerful herbal components in *Ashokarishta* aid in preventing damage to the uterus, ovaries and other reproductive organs.

Basti ¹⁸¹ – *Vatelvaneshu Dosheshu Vate Va Bastirishyate | Upakramanam Sarvesham Sogranisrividhistu Cha* || (A.Sa.Su.19/1) *Basti* is a prime treatment for *Vata Dosha*. It has action up to *Nabhi Pradesha, Kati, Prasava* and *Kukshi* ¹⁹¹. It churns the accumulated *Dosha* and *Purisha* spreads the unctuousness all over the body and easily comes out along with the churned *Purisha* and *Dosha*. It works as a *Shodhana* as wells brings *Apana Vayu* in its normal level. *Basti* may stimulate the enteric nervous system and thus it can influence CNS and all bodily organs. *Basti* may act on the neural system of body by stimulating CNS through ENS. It also acts on the inflammatory substances like prostaglandins and vasopressin etc. *Basti* may also help to excrete increased prostaglandins. Visceral afferent stimulation may result in activation of the Hypothalamo - pituitary adrenal axis and Autonomous nervous system, involving the release of neurotransmitters like serotonin and hormones. Thus, it normalizes the neurotransmitters, hormonal and neural pathways and relieves all the symptom complex emerged as a result of neurohormonal imbalances in *Kashtartava*. Spasm caused by vitiated *Apana Vayu* causing obstruction to the flow of menstrual blood is the general underlying pathology. *Taila* enters into the *srotas* and removes the *Sankocha* (spasm) by virtue of its *Sookshma, Vyavayi* and *Vikasi* i.e. fast spreading nature. *Erandamula Kwatha* is *Kapha-Vata Shamaka* and *Ushna Virya*. It acts as *Dipana* and also clears micro channels (*Srotoshodhana*). It is mentioned as best *Vatahara* (*Vata* pacifying). So, by virtue of all these property *Erandamula Kwatha* acts very efficiently in disease of *Vata*. So, considering all the above properties of each drug, preparations used work very effectively as a whole in the *Vata* disease. *Tila Taila* according to *Acharya Sushruta* ¹¹⁰ has considered *Tila Taila* as *Yonishula Prashamana & Garbhashaya Shodhana*. It is *Sara, Vyavayi, Vikasi, Krimighna & Vranaghna*. All

these *Guna* make it a suitable medium, as it may itself act to painful periods. Probably it clears pathogenesis of dysmenorrhoea.

Uttarabasti –

Intrauterine *Uttarabasti* facilitates the absorption of drug in uterus. It helps in rejuvenation of endometrium. Uterus is the *Mulasthan* of *Artava Vaha Srotasa*. The drug being directly instilled in the uterus gives direct access to the seat of *Strotovaigunya* and *Dosha – Dushya-Sammurchana* and hence acts on the *Vikrut Vayu* thereby disintegrating the *Samprapti*. It may be also possible the drug given by the intra-uterine route may stimulate the certain receptors in the endometrium leading to correlation of all the physiological processes of reproductive system. *Tikta Rasa* of *Shatapushpa* causes *rasraktashodhana, Agnideepana* and *Amapachan*. *Katurasa* of it helps in *Rutupravartan, Yonishukravishodhana*. *Ushna Virya* of *Shatapushpa* works as *Vatashamaka*. *Madhura Rasa* of *Shatapushpa* acts as *Sthanik Balya* and *Pittashamana*. *Shatapushpa* has a phytoestrogen, it exerts both estrogenic and anti-estrogenic activity. It acts in both high oestrogenic and low oestrogenic condition. Thus, it brings the normal endometrial thickness.

CONCLUSION

The management of Pelvic Congestion Syndrome and related sub infertility is typically with surgery which has a modest effect and surgical excision of endometriosis improves spontaneous infertility and sometimes associated with normal ovarian tissue removal decreasing the ovarian reserve. The surgical and medical management of chronic pelvic pain associated with endometriosis are effective but with high recurrence rates incurring severe financial burden. Thus, its timely management prevents upcoming Infertility thus bringing favourable outcome. Treatment must be individualized and taken into consideration the impact of the condition on the quality of life. Above *Ayurvedic* treatment gave relief by relieving congested pain in lower abdomen and its pathology.

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Reports –

1) Before Treatment



(A)



(B)



After Treatment

Source of Support: Nil

Conflict of Interest: None Declared

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Case Study

AYURVED APPROACH TO *PUTRAGHNI YONIVYAPADA* W.S.R. TO HABITUAL ABORTION DUE TO TORCH INFECTION: CASE STUDY

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KEYWORDS: *Putraghni*
Yonivyapada, Habitual
Abortion, Ayurveda.

ABSTRACT

Pregnancy is the start of an incredible journey that leads to great emotional fulfilment to woman. Pregnancy loss is a physically and emotionally demanding for couples. Recurrent Pregnancy Loss (RPL) is also called as Recurrent Miscarriage or Habitual Abortion. It is defined as three consecutive pregnancy losses prior to 20 weeks of pregnancy from the last menstrual cycle (LMP). *Putraghni* is a condition where repeated pregnancy loss occurs because of *Artava dosha*, *Rakta dosha*, *Ati raktasrava*. The article is to understand the *Putraghni Yonivyapada* w.s.r. to habitual abortion caused due to TORCH Infection and to study the effect of Ayurvedic medicines in the management of *Putraghni Yonivyapada* w.s.r. to habitual abortion caused due to TORCH Infection. The method is the single arm, open labelled case study of the subject of 27 yrs age having repeated pregnancy loss who has been treated with *Shamana Chikitsa* throughout pregnancy, *Matrabasti* and *Yonipichu* in 8th and 9th months. Pregnancy continued with treatment. Antenatal visits and Ultrasonography observations gave positive outcomes with healthy foetal growth. Patient delivered a full term single live male baby vaginally on 27/10/2019 at 3:20PM with 2.8kg. No birth anomalies were detected. The selected treatment protocol i.e., *Shamana Aushadha*, *Matrabasti* and *Yonipichu* in 8th and 9th month are found very effective in the management of *Putraghni Yonivyapada* w.s.r. to habitual abortion caused due to TORCH Infection.

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INTRODUCTION

Repeated pregnancy loss is seen nowadays with presence of vaginal bleeding. Recurrent Abortion or Repeated Pregnancy Loss or Habitual Abortion or Miscarriage is defined as three or more consecutive pregnancy prior to 20 weeks of pregnancy from the last menstrual cycle (LMP) or with foetal weight < 500gm. Around 1% of fertile couples will experience recurrent early pregnancy losses^[1]. In Ayurveda, *Putraghni* (Miscarriage) can be explained further as embryonic loss (Early miscarriage) when it occurs before 10 weeks and Foetal loss (Foetal miscarriage) when occurs after 10 weeks^[2]. Habitual Abortion is characterised by at least three consecutive spontaneous abortions after conceiving from the same partner. Among all *Yonivyapadas* explained by *Acharyas* correlated

with Repeated Pregnancy Loss or Habitual Abortion or Miscarriage. As mentioned in Ayurvedic classics *Madhura*, *Sheeta*, *Balya*, *Jeevaniya* and *Rasayana dravyas* are helpful in preventing *Garbhasrava* and maintaining Pregnancy.^[3] The article present a case of 27 year old female patient with history of Repeated pregnancy loss.

According To Ayurveda

Putraghni Yonivyapada

Raukshaayad vayu yada garbham jatam jatam vinashayet |

Dusthta shonitajam naryaha putraghni nama sa mata || (Ch.Chi.30/28)

Acharya Charaka states that *Vayu* gets aggravated due to predominance of *Rooksha*

properties (*Vata kara Ahara Vihara*) which destroys foetus repeatedly due to vitiated *Shonita* because of Vitiated *Vayu*^[4].

NIDANA

Acharya Sushruta says that Coitus, travelling in carriage, riding on horse etc falling from height, staggering, compression, running, trauma by any weapon, suppression of urge, consumption of excessive dry, hot or pungent, diet, grief, diarrhoea, excessive use of *Kshara*, emetics, purgatives by all these factors foetus gets detached from uterus just like fruits by its stalk due to trauma thus it get aborted^[5].

SAMPRAPTI

- *Nidana* administration
- *Vatadi Dosha Prakopa* (Vitiation of *Tridoshas*)
Charaka – *Vata* predominance
Sushruta – *Pitta* predominance
- Reaches to *Garbhashaya*
- *Garbh Vinasha* (Abortion)

Dosha–*Vata* predominance *Pitta*

Dushya– *Garbha* (*Charaka* and *Sushruta*)

Sthana– *Yoni* (*Garbhashaya*)

Roopa– *Sthitam Sthitam Hanti Garbham*
(Repeated destruction of foetus)

As it describes about consecutive repeated foetal loss thus correlated with Habitual Abortion or Miscarriage.

TREATMENT (GENERAL)

- *Garbhasthapaka gana* drugs
- *Madhura, Sheeta, Balya, Jeevaniya* and *Rasayana dravyas* are helpful in preventing *Garbhasrava* and maintaining pregnancy.

CASE REPORT

Name – Xyz

Age – 27 Yrs

Occupation– Housewife

Socioeconomic Status– Middle

Chief complaint – Came on 7th March 2019 with 1 and ½ month with per vaginal spotting since 2 days along with stress and fear of previous 4 abortions.

Present Menstrual History

LMP – 19/1/2019

Urine Pregnancy Test–Positive (done on 2nd March 2019)

Gestational age (GA) By Date–6 weeks + 5 days

EDD–26/10/19

Past Menstrual History (Before 1 and ½ month)

Investigation (Female) – (8/3/2019)

Menarche at 14 years of age

4- 5 days / 28 - 30 days

2 - 3 pad / day

Regular

Moderate flow

No dysmenorrhoea

Obstetric History

Married since 5 years (16 February 2013)

Score=G5 P0 A4 D0

G1 A1=1 month Spontaneous Abortion (Dec 2014)

G2 A2=2 month Spontaneous Abortion (June 2015) D & C done

G3 A3=1 month Spontaneous Abortion (Feb 2016)

G4 A4=1 and ½ month Spontaneous Abortion (Sep 2017) D & C done

G5=Present Pregnancy – Bleeding since 2 days

Past History

No H/O of DM/HTN/BA/Hypothyroidism

No H/O of Any previous Major illness and Surgery.

General Examination

Pulse–76/min Blood pressure – 126/82mmHg

Respiration rate 20/min Height – 160 cm

Weight–62 kg BMI – 24.22 (Normal)

Temperature–98.6 Body Build – Average

Jimha (Toungue)–*Ishata Sama* (Slightly coated)

No Pallor/ Oedema/ Icterus/ Cyanosis/ Clubbing/ Lymphadenopathy

Mala–once a day *Mutra*– 10 times a day, once at night if

Shabda– *Avishesha Sparsha*– *Anushna Sheera*

Drika– *Avishesha Akriti*– *Madhyama*

Prakriti– *Vata Pittaja Sara*– *Madhyama*

Vikriti– *Madhyama Bala*– *Madhyama*

Samhanana– *Madhyama Satmya*– *Vyamishra*

Satva– *Madhyama Pramana*– *Madhyama*

Ahara Shakti– *Madhyama Jarana Shakti*– *Madhyama*

Vyayama Shakti– *Avara Vaya*– *Madhyama*

Systemic Examination

RS / CVS / CNS - Normal

Per Abdomen – Soft, No tender, L0 S0 K0

Per Vagina

Per vaginal blood spots are present.

Hb	11.8gm/dl	T3	91.13 ng/dl
TLC	9,600/cumm	T4	7.34 ng/dl
RBC	4.01 Mill/uL	Sr TSH	4.02 Ulu/ml
ESR	22 mm in 1 hr	Montoux test	2 x 2 mm (N)
PLT	2,77,000/cumm	LA	31.51 (N)
Blood group	A + ve	ACL	4.2 (N)
FBS	98 mg/dl	Urine Pus cells	Nil
		Epi cells	1 - 2 /hpf
BT/CT	2 min 30 sec /5 min 30 sec	HIV/VDRL/HBsAg	Non - Reactive
Total Bilirubin	0.35 mg/dl	Direct Bilirubin	0.07 mg/dl
Albumin	3.3 gmdl	Indirect Bilirubin	0.30 mg/dl
Globulin	4.0gm/dl	AG Ration	0.825
SGOT	15.3 IU/L	SGPT	19.1 IU/L
Gamma GT	6.10 IU/L	Alkaline Phosphatase	168.5 IU/L
FSH	7.82 mIU/ml	LH	16.82 mIU/ml
Prolactin	8.11 ng/ml	AMH	1 ng/ml

TORCH Test done on (8/3/2019)	IGM	ICG
Toxopasmosis	0.18 COI	18.60 MU/ml
Rubella	0.23 COI	15.600 MU/ml
Cytomegalo virus	0.25 COI	6.95 MU/ml
Herpes simplex - 1	0.50 Index Value	8.20 Index Value
Herpes simplex - 2	0.46 Index Value	6.11 Index Value

INVESTIGATIONS [MALE] - (8/3/2019)

Hb	14.3gm/dl	TLC	10,600/cumm
RBC	4.25 Mill/uL	ESR	21 mm in 1 hr
PLT	2,64,000/cumm	Blood group	O + ve
BT/CT	3 min 20 sec /4 min 35 sec	Semen Analysis	Normospermia
FBS	98 mg/dl	HIV/VDRL/HBsAg	Non - Reactive

TREATMENT

- 1) Counselling of the patient and her husband done.
- 2) According to *Dosha, Koshtha, Kala* and *Dosha Avastha, Deepana, Pachana* done.
- 3) *Shaman Shikitsa*

Drug	Dose	Duration	Anupana
<i>Phalasarpi</i>	2 tsp BD	Morning and Evening after breakfast	<i>Koshna Ksheera</i> (Warm Milk)
<i>Hingwashtaka churna</i>	1 gm BD	Before meal	<i>Koshna Jala</i> (Warm Water)
Cap Torchnil	1 Tab OD	After Breakfast	<i>Koshna Jala</i> (Warm Water)
<i>Garbhapala Rasa</i>	1 Tab OD	Morning and Evening after breakfast	<i>Koshna Ksheera</i> (Warm Milk)
<i>Gandharva Haritaki</i>	2 tab HS	Before Bed	<i>Koshna Jala</i> (Warm Water)

Above treatment was given throughout pregnancy.

Basti Treatment (on 8th and 9th month)

- 1) *Sthanik Snehana* With *Tila Taila* And *Swedana* With *Dashamoola Kwatha*

- 2) *Matrabasti* given in 8th and 9th Month with 60ml *Kalyanaka Ghrita* for 7 days followed by *Yonipichu* soaked in 20ml *Bala Taila*.

Other Treatment

- 1) Folic acid given 1 tab once a day from 7/3/2019 till 22/4/2019.
- 2) Iron and Calcium supplementations are kept from 23/4/2019 till delivery.
- 3) Pregnancy continued without any signs of abortion and bleeding.
- 4) Foetus was healthy with normal growth.

FOLLOW UP

ANC check-up till delivery and their monthly follow up taken.

OBSERVATION**USG REPORTS****1) Date-07/03/2019**

Early single live intrauterine pregnancy of 6 weeks 5 days

2) Date-21/04/2019 (Nuchal Translucency Scan)

Single live intrauterine pregnancy of 13 weeks 1 day.

Nasal Bone= NT= 1.3 mm

No any foetal anomalies detected.

Placenta – Anteriorly grade 0

Liquor – Adequate

Double Marker Test

PAPP A = 9.23 mIU/ml

Free β hcg = 76.7 ng/ml

Age risk = 1.10

Biochemical T21 risk = 1.2083

Combined Trisomy 21 risk < 1.1

Trisomy 13 + Trisomy 18 + NT < 1:1

Thus from above calculation Trisomy 21 is below the line which is low risk.

3) Date – 13/06/2019 (Anomaly Scan)

Single live intrauterine pregnancy of 20 weeks 5 days.

Cephalic presentation

FHS – 142 bpm

Placenta –Anterior grade 0

AFI – Adequate

EFW – 345 +/- 450 grams

4) Date – 24/09/2019

Single live intrauterine pregnancy of 35 weeks 2 days.

Position – Cephalic

Cervix – Closed

FHS – 152bpm

Foetal cardiac activity and movements present.

Placenta – Fundal Anterior grade II maturity

AFI – 10 cm

EFW – 2785 +/- 450 grams

RESULT

Patient delivered a full term single live male baby vaginally on 27/10/2019 at 3:20PM with 2.8kg.

No any birth anomalies were detected

DISCUSSION

Becoming mother is the most cherished dream of all women. *Rutu, Kshetra, Ambu* and *Beeja* are the 4 essential factors for fertility^[6]. Defect in any of these results in *Vandhyatva* (Infertility). *Vata* is the prime cause of any Abortion. In *Putraghni Yonivyapada* (Habitual Abortion) *Kshetra* and *Beeja* plays major role. Habitual Abortion takes place due to *Ruksha Ahara* and *Vihara*^[7] thus leads to *Vata Prakopa* which in turn causes *Shonita* and *Artava Dushti* results in *Garbha Vinasha* (Foetal loss)^[8]. *Acharya Sushruta* has explained in *Putraghni Vyapada Pitta Dushti* causes abortion as *Pitta* is *Ushna* (hot), *Tikshna* which doesn't support maintenance of *Garbha*^[9].

Thus medicines used in this study have *Garbhasthapaka Gana* and are *Madhura, Madhura, Sheeta, Balya, Jeevaniya* and *Rasayana* thus helps in preventing *Garbhasrava* and maintaining pregnancy. *Phalaghrita* helps the woman to achieve conception and cures female genital tract disorder. It is *Vatahara, Balya, Brimhaniya, Garbhada* and *Rasayana* thus helps in nourishment of reproductive organs and baby later. It works as *Prajasthapaka* and *Yonipradosha Shamaka* properties. It also helps in proper development of endometrium, follicles results in healthy progeny. It reduces the infection of reproductive organs. The oral administration of *Hingwashtakachurna* has *Deepana* and *Pachana* properties. Also *Hingu* possess *Stripushpajana*.^[10] It also works on *Annavaahasrotasa* which is a main base of any disease through it *Agnideepana* leads to formation of healthy *Ahararasa* results in good nutrition to *Rasa Dhatu* and later on *Raja* and *Stanya Upadhatus*. The Torchnil capsule having antioxidant action which corrects the oxidative damage at the placental level thus prevents abortion. It has *Yashtimadhu* (*Glycerrhiza Glabra*), *Guduchi* (*Tinospora Cordifolia*), *Laghu Kantakari* (*Solanum Xanthocarpum*), *Brihat Kantakari* (*Solanum Indicum*) and *Pippali* (*Piper Longum*) etc, which are antiviral and antimicrobial in nature thus acts as immunomodulatory. *Garbhapala Rasa* gives sustaining effect by preventing foetal loss. It also helps in disorders during pregnancy such as *Shiroshula* (headache), *Chhardi* (vomiting), *Atisara* (diarrhoea) and *Unmada* (hysteria), Eclampsia etc.

Gandharva Haritaki is given as a purpose for *Mridu Virechana* has direct effect on *Agnisthana* as hampered *Agni* is the one of the initiating factor thus causing vitiation of *Raja*. It pacifies the vitiated *Vata* and *Kapha Dosha* and reduces aggravated *Pitta* and thus do *Raktashodhana* by eliminating waste products and toxins. *Kalyanaka Ghrita* helps in minimising local inflammation and infection. Due to *Madhura Rasa* and *Brinhana* property it improves endometrial thickness and maintains hormonal assay^[11].

CONCLUSION

Habitual abortion due to TORCH infection is a common complication leading to maternal morbidity. It is a big emotional setback to couple. Although many work has been done in field but exact cause has not yet elicited^[12]. TORCH infections are the one among the major cause for early pregnancy loss and congenital birth defect. It is increasing day to day life due to modern stressful lifestyle and food habits which later on causes infection. Based on assessment of *Doshas* and *Dhatus* a likewise treatment is mentioned in this case. All the medicines were *Garbhasthapaka*, *Rasayana* and *Balya* properties, which helps to maintain pregnancy and promotes growth of foetus also these drugs who works as *Garbhasthapaka* and nutritious for foetus.

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Ayurvedic Approach To Prevent Recurrent Urinary Tract Infection in Pediatric age group w.s.r. Mutrakriccha a Case Study

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Abstract :

There are so many diseases specially classified for children come under kaumarabriyatreatment as per Ayurveda. Recently many researchers works to explore development of treatment of diseases related with childhood. Urinary tract infection is a common bacterial infection encountered in periodic age group. Mutrakriccha is a broad term which covers the conditions described in modern medical science as UTI. In pediatrics a simpler & more practical approach is used to categorized UTI & first infection versus recurrent infection which predispose children to acute morbidity & long term morbid conditions Antimicrobial prophylaxis is usually prescribed to prevent recurrent UTI. In Ayurveda various drugs are mentioned for Mutrakriccha which is also ascribed with Krimighra action. Present study is undertaken to evaluate sensitivity of our Ayurvedic formulation drug derived from Granthas. This drug is used for patients suffering from Mutrakriccha.

Key Words - Mutrakriccha, Urinary tract infection, Recurrent.

Introduction :

The term Mutrakriccha comes under the disorder of Mutravahasrotas and mainly deals with shool (pain) and kriccha (dysuria). In samhitas the urinary disorders are describe in the form of 8 types of Mutrakriccha, 13 types of Mutraghat, 4 types of Ashmaris. AcharyaKashyapa had also describe the sign and

symptoms of Mutrakriccha in vedanaadhyaya. Mutrakriccha and Mutraghat separately described by AcharyaSusharuta in Uttar tantra. In Mutrakriccha the vitiated pitta dosha along with vata on reaching basti affect the mutravahastrotas due to which the patient feels difficulty in micturationalon with symptoms like saraktamutrata, peetmutrata, sadhamutrata, sarujamutrata and muhur-muhurmutrata.

Urinary tract infection is a common bacterial infection in pediatric age groups the prevalence being 1-3% in boys and 3-10% in girls before the age of 14 years. Now a day's numbers of patients are regularly reporting to the hospitals with suffering from different disorders of regular taking of mithyaaahar and vihar adulterated food, contaminated & polluted water.

Aims & Objectives :

- 1) To understand pediatric age group Mutrakriccha disease in Ayurvedic perspective.
- 2) To assess the efficacy of Ayurvedic medicines in pediatric Mutrakriccha.

Case Report :

A 9 years old female patient with history of recurrent UTI visited to S.M.B.T. Ayurved Hospital Shalyatantra OPD with complaints of pain in abdomen burning micturation since 3 days. Detail history present illness revealed that patient had previous two attacks of UTI got relief modern antibiotics treatment. But again before 3 day patient got burning micturation with concentrated urine & frequency of micturation due to which patient has got irritated so patient brought by parents to our OPD.

Past History - No any other major medical or surgical history.

Family History - No history of same illness in any of family members.

Ashta Vidha Pariksha

Nadi	- 106/min
Mootra	- 10-12times/day Mala -once a day
Jihwa	- sam

Signs & Symptoms	Before Treatment	After Treatment
Daha	Present	Absent
Raja	Present	Absent
PeetaMuktata	Present	Absent
MuhurMuktaprayutti	Present	Absent
Udarashoola	Present	Absent
Urine microscopic Examination	PUS cells = 16-18 cells/hpf EPI cells = 6-8 cells/hpf	PUS cells = 1-2 cells/hpf EPI cells = 2-3 cells/hpf

Discussion:

In the routine check up the sign and symptoms of Mutrakriccha are generally present lower UTI is characterized by frequency, dysuria. Usherasava mainly used for burning micturation urinary tract infection, pyuria, dysuria, hyperuricemia, cystitis, chronic kidney failure. It fight off a wide range of microbes, so it gives relief from urinary tract infection and its lithotriptic property helps to dissolve the stone. Chandanasava is a formulation used for kidney and urinary disorder it is beneficial to cure burning urination, UTI, dysuria, renal calculi, pyuria. GokshuradiGuggula used for burning painful and slow frequent micturation. It is effective in treatment of acute or chronic UTI due to its bactericidal action. The Patient visited after one month for follow up and has no recurrent of any complaints and seen normal.

Conclusion :

- 1) Urinary tract infection mentioned in modern medicine resembles with Mutrakriccha.
- 2) In Ayurveda primary prevention (nidanparivarjanam) has been given priority.
- 3) This disease is an important cause of renal damage, school absentees, frequent visit the pediatricians, clinics, hospitals.
- 4) Uncircumcised male young child appear to an increase risk of UTI.
- 5) In the present study Usherasava, Chandanasava, Goksuradi Guggulhave been used for pediatric age group Mutrakriccha

- and in recurrent or Acute on chronic UTI.
- 6) UTI caused by microorganisms so patient should maintain the proper hygiene. In preventing the disease in children by teaching good hygiene, maintain healthy hydration.

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Ayurvedic Management Autoimmune Disease of Ulcerative Colitis - A Case Study

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Abstract :

Ulcerative colitis is type of inflammatory bowel disease causing inflammation & ulcer in return & colon. This is an autoimmune today's lifestyle, environment, unhealthy diet, medication use & stress which play an important role in aetiology. In ulcerative colitis rectal bleeding, mucus discharge, frequent stool, weight loss, anemia, fever, abdominal pain, bloody diarrhoea. In allopathic medical science no significant treatment is there for UC. Corticosteroid, Anti diarrhoeal agent, antibiotics, antispasmodic, multivitamins etc. are used which result in other complication too.

A chronic patient of UC came to consult in SMBT AYURVED HOSPITAL Shalyatantra OPD to take better management for her. The feature like blood in stool, frequent stool & general debility was treated with basic ayurvedic management Rakta- stambhak, Rasayan, Rakta-prasadana pitta shaman chikista was adopted as line of treatment & also important to pathya - Apathya The patient responded well C much improvement in her general condition.

Key words - Ulcerative colitis, RaktaStambhak, Rasayan.

Introduction :

Today's changing life style is resulting in various health problem like inflammatory bowel disease. Ulcerative colitis is an inflammatory bowel disease causing inflammation & ulcers in the colon. In ulcerative

colitis rectal bleeding, mucus discharge, frequent stool, weight loss, anemia, fever, abdominal pain, bloody diarrhoea. In some cases it is also associated with systemic illness as sacroilitis, spondylitis, hepatic involvement & migratory polyarthritis etc. The diagnosis is confirmed by barium enema, endoscopy & biopsy. The medical treatment, antibiotics, antidiarrhoeal agent, antibiotics, corticosteroids, multivitamins intravenous fluid to overcome dehydration & electrolyte imbalance. Sometime blood transfusion is required to correct anemia. Ayurvedic system of medicine is very beneficial in the treatment of UC. The various conditions described in Ayurveda like Raktoatisara, Grahani resemble of UC due to similarity in symptoms.

Case Report :

A female patient of age 25 years having the complaints of 15-20 bloody diarrhoea per day, pain in abdomen & several weakness came to S.M.B.T. Ayurved Hospital OPD to take better management. She was very thin, lethargic, anemic & weak. According to her she was not able to do daily routine works due to weakness. The patient could not take normal diet aggravation of the symptoms. In allopathic hospital she was diagnosed as patient of UC & by the treatment provided she felt no improvement in general conditions.

On Examination :

G. C. Very Poor

Pulse - 106 /min

B.P. - 90/60 mmofleg Palor - +++

Abdomen - Tender

No Lymphadenopathy, no cyanosis.

Rectal Exam :

No Perianal inflammation in the form of fissure, fistula or pilemass is noticed. So the patient was planned for Ayurvedic Management. The symptoms of UC can be co-related C Raktatisara as the frequent stool & blood in stool. Therefore the first line of treatment Ralctastambhak, Purishasanghrahana rasayan (immuno modular), vyadhiharchikista (Disease modifying agent)

Raktastambhak - BolabadhaRas

Rasayan - GiloySatta, Rasa parpatiprabalpistiVyadhiharchikista - Picchabasti

Thus following prescription was provided to patient -

- 1) BolbadhaRas (125 mg) - 2 tablets twice a day C lukewarm water after meal.
- 2) Aampachakvati (250 mg) - 2 tablets twice a day after meal.
- 3) Giloya Ghana Vati - 2 tablets twice a day after meal.
- 4) Rasa parpati (125 mg) - 1 tablet twice a day.
- 5) Prabal pisti (250 mg) - 2 tablet twice a day.
- 6) Vyadhiharchikitsa - picchabasti (before meal) & Anuvasanbasti (morning)

Picchabasti contents :

- Mochras - 10 gm
- Vatankur - 10 gm, 100 ml decocadion
- Aswathatwak - 10 gm +
- Udambartwak - 10 gm, Jatyadighrita 10 ml
- Bahooltwak - 10 gm +
- Yastimadhu - 20 gm Honey

Anuvasan Basti - Jatayadi tail (in evening) 50-60 ml after meal for 15 days. Recommended diet was planned according to digestive power (Agni).

Pathya (to be taken) - The following specific foods are generally recommended in Ayurveda for patient of ulcerative colitis such as old rice, mungdal, saffron, cumim, coriander, beans, cow's milk & butter, goat milk & butter, almonds, banana, mango, all green vegetables.

Apathya (to be avoided) - Spicy food, non-veg foods, bekari products, pasta, salty & acidic foods should be avoided.

Vihar (Activities) - Yoga, Pranayama, medication.

The patient was advised to take the medicine for 2 months.

Results & Observations :

After two months there was much improvement in clinical symptoms & sign of patient. It is shown in table;

Table - 1 - Symptoms & signs before and after treatment.

Signs & Symptoms	Before treatment	After treatment
Frequency of stool	15-20 times/day	3-4 times/day
Stool in stool	with each defecation	Absent
Pain abdomen & discomfort	whole day irregularly before defecation	non-existent
Palor	Hb-7.5%	Hb-9.5%
Body strength	Very weak	Improved
Weight loss	Severe	Gained 3 kg of weight
Appetite	Poor	Improved
Mental status	Dull & depressive	Sound & satisfied

Discussion :

The treatment was basically symptomatic i.e. Bolbadharas, Aampachakvati, Giloyaganavati, Prabal pisti, Rasa parpati decrease the liquidity of stool & hence the frequency. Drugs used in picchabastimocharas having kashyarasa&shitavirya which is stambhak, Grah, Shothahar property so helpful to stop diarrhoea & rectal bleeding. Jataydighrita having madhur rasa & sheet vriya along snighda&picchil property which protect ulcer from irritation & thus it help heading. Also anuvasanbasti C Jataydi tail which was given in evening after meal.

Conclusion :

In above case I got remarkable recovery—Ayurvedic medicinal treatment. This is quiet safe, effective, cheapest & without any side effect treatment & can be done in routine practice.

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Role of Shwadanshtradi Tail Katibasti in Management of Katigraha

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Abstract :

Low Back Pain is chronic and most common pain disorder. Even though this disease, not being a life threatening one, it hampers daily activity of the person. It is a neurological as well as musculo-skeletal disorder, cardinal features dull or sharp pain in the lower back and restricted movements of the spine. It may also associate with burning, stiffness, numbness or tingling sensation etc. Pain in the lower back restricts the activity, reduces work capacity and enjoyment of everyday living and turns daily life into a misery. About 40% to 80% of general population in India suffers from Low Back Pain due to several stressful factors seen in their professional or social life and also due to wrong postural habits. It affects both men and women and common in the age group of 25 to 60 year's. In modern medical science the current management includes NSAID'S, local anesthesia, Steroids, sedatives etc. which gives temporary relief from pain but has got severe adverse effects. In spite of recent advances in western science, the treatment is more-symptomatic. But symptomatic management of any disease is incomplete as it cannot break up the chain of pathogenesis Many herbal combinations are described in Ayurveda and their therapeutic effect in Katigraha is yet to be explored. Among them Shwadanshtradi Tail having an excellent Vatahara property and indicated for Katigraha which is mentioned in Vangasena Samhita too serves the above purpose. Considering all the facts and figures present study has been planned to assess the efficacy of Kati-Basti with Shwadanshtradi Tail in the management of Katigraha.

Key words - Shwadanshtradi Tail, Katigraha, Vatahara , musculo-skeletal disorder.

Introduction :

Kati-Basti is one such treatment prescribed for Vatavyadhis especially Katigraha, which shows its excellent result in relieving pain and stiffness by its simultaneous generation of Snehana and Swedana property. Kati-Basti makes it comfortable for the patient to undergo and it can be carried out with minimal clinical set up, it can perform in OPD also. Swedan Karma helps to reduce the Stambha, Gaurava, Shitata and produce perspiration in the body. Other than the therapies mentioned in the classics various other techniques have been developed by experts later. Many herbal combinations are described in Ayurveda and their therapeutic effect in Katigraha is yet to be explored. Among them Shwadanshtradi Tail having an excellent Vatahara property and indicated for Katigraha which is mentioned in Vangasena Samhita too serves the above purpose. Considering all the facts and figures present study has been planned to assess the efficacy of Kati-Basti with Shwadanshtradi Tail in the management of Katigraha.

Aim & Objectives :

To study the efficacy of shwdanshtradi tail katibasti in the management of katigrah .

Material & Methods :

This is clinical study were carried on 15 patients of katigrah .which is randomly selected as per our exclusion & inclusion criteria .written consent taken from patients . Shwadanshtradi tail were purchased from GMP approved pharmacy .

Kati - Basti with Shwadanshtradi Tail

Kati Basti - Duration 07 Day's

Administration Route - External (Katipradesh)

Treatment - Duration 21 Day's

Dose (Matra) - 150-250 ml (As per requirement)

Inclusion Criteria :

Patients having classical sign & symptoms of 'Katigraha' like Low back pain and Stiffness.

Gender - Both Male & Female Patient's.

Age - Between 17 Years to 60 Years.

Exclusion Criteria :

- ❖ Patient having age less than 17 years & more than 60 years are excluded.
- ❖ Patients having automotive deformities like Ankylosing spondylitis, spinal cord abscess, Rheumatoid arthritis as well as congenital structural disorders like Scoliosis, Kyphosis, Post's spine, loss of Lordosis, Spina Bifida and Spondylolisthesis will be excluded.
- ❖ Traumatic disorders like Lumbosacral strain, injuries to intervertebral joints, ligaments and muscles, compression factor, vertebral process fracture and ruptured disc.
- ❖ Disorder other than Spine i.e. Abdominal Causes like pancreatitis, cholecystitis, biliary calculus, peptic ulcer, hiatus hernia as well as Pelvic causes like inflammatory condition of the ovaries any tubes, any intra pelvic tumor will be excluded.
- ❖ Genito urinary causes like renal infection, renal or ureteric calculus, prostatitis, prostatic carcinoma, seminal vesiculitis as well as Vascular disorders like ischemic pain from occlusion of the aorta or iliac arteries and aneurismal dilatation of the aorta will be excluded.
- ❖ Fracture of Lumbar spine, needs surgical care and Patients with other joints disorders which are not related to Katigraha will be excluded.
- ❖ Katigraha associated with known cases of Cardiac disease, Hypertension, Diabetes mellitus, Obesity (>85Kg), Pulmonary Tuberculosis, Pregnancy, HIV (Human Immunodeficiency Virus), Neurological disorder etc.

Subjective Criteria :

Detailed case paper were prepared incorporating all signs & symptoms of Katigraha.

- i) Pain were be scored according to severity.
 - a) Oswestry low back pain disability questionnaire.
 - b) Visual analogue scale (VAS).
- ii) Stiffness were scored according to severity.

Subjective Criteria : Scoring criteria for Pain (Shoola)
Oswestry low back pain disability questionnaire - This test is

considered the "gold standard" of low back function outcome tools.

Pain intensity -

- 1) I have no pain at the moment.
- 2) The pain is very mild at the moment.
- 3) The pain is moderate at the moment.
- 4) The pain is fairly severe at the moment.
- 5) The pain is very severe at the moment.
- 6) The pain is the worst imaginable at the moment.

Personal care (washing; dressing; etc.) -

- 1) I can look after myself normally without causing extra pain.
- 2) I can look after myself normally, but it causes extra pain.
- 3) It is painful to look after myself and I am slow and careful.
- 4) I need some help, but manage most of my personal care.
- 5) I need help every day in most aspects of self-care.
- 6) I do not get dressed; I wash with difficulty and stay in bed.

Lifting -

- 1) I can lift heavy weights without extra pain.
- 2) I can lift heavy weights, but it gives extra pain.
- 3) Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- 4) Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- 5) I can lift very light weights.
- 6) I cannot lift or carry anything at all.

Walking -

- 1) Pain does not prevent me walking any distance.
- 2) Pain prevents me from walking more than 2 kilometers.
- 3) Pain prevents me from walking more than 1 kilometer.
- 4) Pain prevents me from walking more than 500 meters.
- 5) I can only walk using stick or crutches.
- 6) I am in bed most of the time.

Sleeping -

- 1) I have no trouble sleeping.
- 2) My sleep is occasionally disturbed.

- 3) My sleep is mildly disturbed due to pain (less than 6 hours of sleep).
- 4) My sleep is moderately disturbed (less than 4 hours of sleep).
- 5) My sleep is greatly disturbed (less than 2 hours of sleep).
- 6) My sleep is completely disturbed.

Sitting -

- 1) I can sit in any chair as long as I like.
- 2) I can only sit in arm chair as long as I like.
- 3) Pain prevents me sitting more than one hour.
- 4) Pain prevents me from sitting more than 30 minutes.
- 5) Pain prevents me from sitting more than 10 minutes.
- 6) Pain prevents me from sitting at all.

Standing

- 1) I can stand as long as I want without extra pain.
- 2) I can stand as long as I want but it gives me extra pain.
- 3) Pain prevents me from standing for more than 1 hour.
- 4) Pain prevents me from standing for more than 30 minutes.
- 5) Pain prevents me from standing for more than 10 minutes.
- 6) Pain prevents me from standing at all.

Travelling

- 1) I can travel anywhere without pain.
- 2) I can travel anywhere but it gives me extra pain.
- 3) Pain is bad but I manage journeys over two hours.
- 4) Pain restricts me to journeys of less than one hour.
- 5) Pain restricts my journey of less than 30 minutes.
- 6) Pain prevents me from travelling except to receive treatment.

If the first statement is marked the section score = 1; then the last statement is marked it = 6; the score are calculated in percentages.

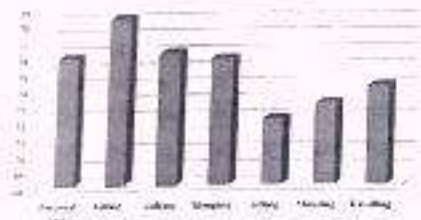
Results & observation :

Katigrah is one of the vatavyadhi. Patients were selected from the OPD & IPD of the shalayantra dept. of our institute. Patients were selected from exclusion & inclusion criteria. Written consent were taken from patients. This study were carried out on 15 patients of Katigrah. Parameters of signs and symptoms & investigations was scored on the basis of standard method and analyzed statistically.

pain intensity were used for different work which scored used to pain analogous scale. For data analysis t paired test were used,

Sl no	Complaint	No of patients	Mean		SD	SE	Total relief %	t value	P value
			RT	AT					
1	Personal care	42	2.27	0.77	0.75	0.18	75.81	8.19	<0.001
2	Lifting	17	2.88	0.76	0.71	0.21	78.0	8.22	<0.001
3	walking	15	2.01	0.72	0.83	0.35	76.3	7.09	<0.001
4	Sleeping	12	2.12	0.65	0.65	0.28	75.71	8.21	<0.001
5	Sitting	15	2.04	0.75	0.71	0.17	72	8.05	<0.001
6	Standing	12	2.41	0.67	0.62	0.19	71	8.21	<0.001
7	Twisting	15	2.33	0.67	0.74	0.21	74	7.11	<0.001

Graphical presentation :



Discussion :

Katigraha cause due to aggravation of Vata Dosha, which may be due to Sama & Nirama Vata. Stambha and Shula predominant symptoms of Katigraha. Abhyanga & Nadi swed done before Kati-Basti would dry up Ama and relieve from stiffness, pain and loss of movement. Kati-Basti nourishes the joints of the low back, pacifies the Dosha causing pain. As Kati-Basti is the combination of Snehana & Swedana, it works on both Sama & Nirama Vata condition of Katigraha, due to Snehana & Swedana properties Kati-Basti helps to breakdown the Samprapti. Moreover, all the contents of Shwadanshtradi tail which is use for Kati-Basti have Vataghna properties, it also relieves degeneration, stiffness and help to cure

pain. In these way Kati-Basti with Shwadanshtradi tail helps in Samprapti Vighatana of disease Katigraha

Conclusion :

Shwadanshtradi tail kati basti is effective in the management of katigraha.

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Efficacy of Shikhiadi Compound in Mutrashmari

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Abstract :

Urolithiasis is one of the commonest presentations in the clinical settings. Kidney stone disease is affecting about 12% of the world population. An approximate of 2 million people in India is affected with this type of disease every year. Statistical data on the incidence of urolithiasis in India is really worrisome due to the sharp increase from 0.9% to 9.0% over 20 years. In Ayurveda text, Urinary calculus has been described in detail under the heading of Mutrashmari. Acharya Sushrut has described that Ashmari is surgical conditions. For treatment various herbs like Kulantha, Gokshura, Apamarga, Pashanbheda and Varuna are also described for Mutrashmari. In that study Shikhiadi compound is used for management of mutrashmari. For this study 10 patients were randomly selected as per our inclusion & exclusion criteria.

Key words - Urolithiasis, Mutrashmari, Shikhiadi compound.

Introduction :

The term ashmari is etymologically derived as "Ashman rati" means that which take the form of a stone. The pathogenesis of Ashmari begins with the initial aggravation of Vata. Hence Mutrashmari is a vata dominant tridoshaja vyadhi. It occurs when aggravated vata along with other dosha viz pitta and kapha vitlates mutra in mutravaha srotas. This leads to the sroto dusti referred to as sanga (obstruction). Whenever the passage is obstructed, vimarga gamana of vata takes place causing pain all along the passage, which is generally presented as a referred pain. The treatment of ashmari, based on the pathogenesis, is to break down the dosha dushtya

samurchana. According to them, vataja ashmari is calcium oxalate stone, pittaaja ashmari can be uric acid stone/urate stone/cysteine stone and kaphaja ashmari is phosphate stone based on the characters explained in Ayurveda. Hence, the goal of the treatment is focused mainly on relieving the obstruction and regularising the vata dosha. According to Pancha mahabhoota siddhanta, when anything influences the agni and jala in urine, there occurs different forms of mutra vikara. In mutrashmari, either agni or jala will be decreased to a point where the kleda present in mutra starts crystalizing in to a compact mass. The drugs or therapeutic uses which breaking or dissolving the compact mass. Drugs augment the agni or jala tatva will help in that possess teekshna and ushna guna augment the agni tatva, while, the drugs with snigdha and sheeta guna will augment jala tatva.

Aim & Objectives :

- ❖ Efficacy of Shikhiadi compound in the management of mutrashmari.
- ❖ To study the Mutrashmari / Urolithiasis as per Ayurvedic & modern texts.

Material & Methods :

This is clinical study conduction on 10 patients of Mutrashmari / Urolithiasis which is selected from OPD / IPD of our hosp.

Drug review - For this study shikhiadi compound is used for chikitsa aspect. Drug prepared at our rasashatra dept.

Drug schedule :

Name - Shikhiadi compound

Form - Tablet

Dose - 250 mg. t.d.s. with water after chewing

Duration - 3 months (Max.)

Ingredients of Compound :

- | | |
|---------------------|------------------------|
| 1) Parad - One part | 2) Gandhak - Two parts |
| 3) Tamra - One part | 4) Mandoor - One part |

Bhavna Dravyas :

- 1) Punarnava - Three Bhavnas
- 2) Vasa - - do
- 3) Vacha - - do

Criteria for Selection of Patients :

- i) Patients suffering from salient features of Mutrashmari described in Ayurvedic and Modern texts attending the O.P.D. and I.P.D. of C.S.A.M.S Aurangabad had been confirmed with the help of plain x-ray abd. and ultrasonography were selected randomly irrespective of their age, sex, caste etc.
- ii) Patients who did not want to undergo surgery and those who were unfit for surgical intervention had been taken for the study.
- iii) Patients with stones size less than 1 cms. in diameter in any part of urinary system.

Criteria for exclusion :

- i) Patients with impaired renal function or any severe complications.
- ii) Patients with immediate surgical requirement had been excluded from the study.
- iii) Patients having the stone size more than 1 cm. in diameter.

Investigations :

- i) Routine - Blood, urine, stool
- ii) Special - S. Calcium, S. creatinine, S. uric acid, Blood urea

Radiological :

- i) Plain x-ray (K.U.B.)
- ii) I.V.U. (Intravenous Urography)

Sonological :

- i) Ultrasonography (K.U.B.)

Subjective parameters :

- 1) Pain - 0
- No Pain
- Occasional pain required no treatment - 1

Occasional pain required treatment	- 2
Constant dull pain required treatment	- 3
Constant severe pain required treatment but did not show any relief	- 4
2) Burning micturition	- 0
No burning micturition	
Occasional burning micturition required no treatment	- 1
Occasional burning micturition which required treatment	- 2
Constant burning micturition required treatment	- 3
Constant severe burning micturition required treatment but did not show any improvement	- 4
3) Dysuria	- 0
No dysuria	
Occasional dysuria required no treatment	- 1
Occasional dysuria required treatment	- 2
Constant dysuria required treatment	- 3
Constant severe dysuria required treatment but did not show any relief	- 4
Urine examination :	
RBC	
✦ No R.B.C. / HPF	- 0
✦ 0-5 R.B.C./HPF	- 1
✦ 6-10 R.B.C. / HPF	- 2
✦ 11-15 R.B.C. / HPF	- 3
✦ 16 R.B.C./HPF	- 4
Pus cell	
✦ No pus cells	- 0
✦ 0-5 pus cells	- 1
✦ 6-10 pus cells	- 2
✦ 11-15 pus cells	- 3
✦ 16 pus cells	- 4
Crystal	
✦ No crystal	- 0
✦ Presence of crystals	- 1
And other clinical symptoms like urgency local irritation, general	

debility, fever etc. were assessed on the same pattern. This was done before treatment and after the completion of treatment. Improvement was assessed on percentage basis.

Follow up :

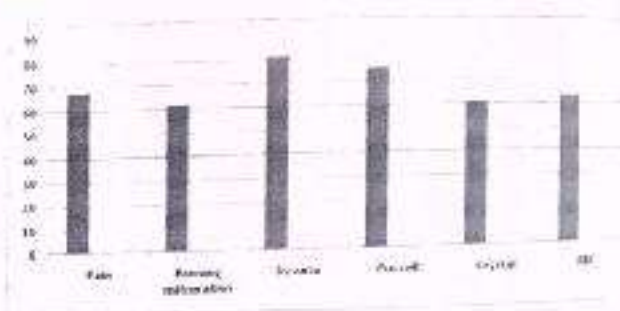
All the patients who were studied under this clinical trial after completion of their treatment for prescribed period, were instructed to have regular check up once a week for 3 months. During this follow up study period patients were examined thoroughly for the recurrence of either signs and symptoms or of stones.

Results & observation :

Paired t test is used for data analysis, study carried out on 20 patients who is selected as per our inclusion and exclusion criteria

Sr no	Complaints	No of patients	Mean		SD	SE	Total relief %	t value	P value
			BT	AT					
1	Pain	10	2.22	1.54	0.73	0.24	85	8.66	<0.05
2	Burning micturition	10	2.56	1.75	0.78	0.86	82	8.77	<0.05
3	Dysuria	10	1.29	1.53	0.85	0.37	81	8.68	<0.05
4	Pus cell	10	2.44	1.72	0.73	0.69	74	8.24	<0.05
5	Crystal	10	2.16	1.83	0.63	0.67	61	5.78	<0.05
6	RBC	10	2.46	1.61	0.69	0.78	64	7.33	<0.05

Graphical Presentation :



Discussion :

For the manifestation of the disease 'Ashmari' the "Kapha-dosha" is the main factor, which contribute the nucleus for the pathogenesis. It is also a known fact, that when the urine becomes stagnated in the urinary system for long time, it gets concentrated and infected. Thus there is more chance yielding for 'Stone formation'. For that, the main motto of the treatment must be Kaphahara, Lekhana and Mutrala (Diuretic). The compound possess all the needful actions like Kaphahara, Lekhana and Mutrala. The five ingredients of the compound pacify Kapha dosha by virtue of their Ushna Virya and also shows "Lekhana" property due to Ushna virya. The Lekhana Karma is again enhanced by famous Lekhana dravya i.e. Tamra, which is one ingredient in it. Remaining two drugs of the compound act as Mutrala (Diuretic) by virtue of their 'Sheeta Virya'. Punarnava, a well known Mutrala dravya is again an ingredient in this formulation. Thus in total this formulation has the capacity to disintegrate the pathogenesis of the disease 'Ashmari' and due to its diuretic action it flushes out the disintegrated 'Ashmari' by the process of diuresis.

Conclusion :

- The male female ratio suggests that male were more susceptible to the disease. This may be due to the habits of tea, coffee, tobacco chewing, more in male. There is an another theory that testosterone hormone also plays an important part in the formation of Mutrashmari.
- Shikhiadi compound is effective in the management of Mutrashmari.

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A Case Study of *Janusandhigatavata* (Osteoarthritis of knee joint)

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Abstract-

Osteoarthritis is one of the most common disorders in joint disease. It is characterized by pain, shiftiness, decreased range of motion which is very close to *Sandhigatavat*. *Sandhigatavat* is amongst 80 *Nanatmaj Vat Vyadhi*. Here is a case of 57 years old male patient who was having complaints of pain, tenderness, crepitus, swelling and restricted movement of both knee joints. Based on these symptoms and clinical sign he was diagnosed as a case of *Sandhigatvat*. Treatment given to this patient was *Snehan*, *Swedan*, *Janubasti*, *Yog*, *Basti* and oral medication. Assessment of patient before and after treatment was done on the basis of pain, tenderness and physical activity to exclude the efficacy of the treatment. Based on assessment parameter, moderate improvement was seen in subjective sign & symptoms after the

completion of Schedule of IPD treatment & 1 month follow up. The pain & physical activity were improved significantly.

Keywords: Osteoarthritis, *Sandhigatavata*, *Vata*, *Basti*

INTRODUCTION

In *Charak samhita*, two types of *Vat Vyadhi* are mentioned, *Nirupstambhit Vat vyadhi* that develop due to *Dhatukshay* & *Upastambhit Vat Vyadhi* that develop due to *margavarodh* due to *kapha* & *aam*. *Charakacharya* has explained it as '*Sandhigata Anil*' which on palpation feels like bag filled with air.

Food, lifestyle & Environment are three important determinants related to the cause of disease. Nowadays continuous standing work, stress factor; sedentary life leads to *Vatprakop* which may be due to

Dhatukshaya (Degeneration) or *Margavarodh* (obstruction). This *Prakupit Vat* is extended to the joints where there is *kha-vaigunya* and marks the beginning of *Sandhigatavat*. Symptoms of *Sandhigatavat* are pain, swelling, tenderness and restricted movement of joints. When the disease occurs after 4th decade of life, it is mainly due to *Dhatukshaya*. According to modern, symptoms of O.A. are loss of articular cartilage, swelling, pain, synovial inflammation, joint shiftiness, loss of mobility and it is a degenerative disease. The common obstacle for the elderly is to carry out all daily living & decreased mobility.

Detailed management of this condition in *Ayurveda* texts contains a combination of external & internal medication the *bahya Chikitsa* includes *Snehan, Swedan, Janubasti, Patrapindla* etc. *Abhyantar Chikitsa* include *Churna, Kashay, vati, asav arishtas* and many more processes.

Materials & Methods

A 57-year-old male patient came to Panchakarma OPD at SMBT *Ayurveda* College & hospital, Dhamangaon, Nashik having following complaints but he didn't get relief anywhere so he was admitted in SMBT hospital for 12 days.

C/O

BL knee joint pain: 3 yrs.

BL knee joint swelling: 3 yrs.

Restricted movement of BL knee joint were having swelling & restricted movements. X-

ray of BL knee joint showed *osteoarthritic* changes and *osteophytes*.

He was diagnosed as a case of *Januandhigatavata* on the basis of clinical sign, symptom, X-ray, finding & examination. Treatment was started after detailed history taking & examination of the patient.

Examination of patient-

**Table A -
Ashtavidhanparikshana**

1. <i>Nadi</i> - 72/mins, <i>Vatpradhan Pitta-anubandhi</i>
2. <i>Mutra</i> - <i>Samyak</i> (7-8 times / day , 1 times in night)
3. <i>Mala</i> - <i>Baddhakoshthata</i> (<i>Yadakada</i>) <i>Niram</i>
4. <i>Jivha</i> - <i>Saam</i>
5. <i>Shabd</i> - <i>Spashta</i>
6. <i>Sparsh</i> - <i>Samsheetoshna, Janupradeshi Ushanasparsh</i>
7. <i>Durk</i> - <i>Netragolak</i>
8. <i>Akruti</i> - <i>Madhyam</i>

Table 1

Table B – Aturbalapramana Pariksha

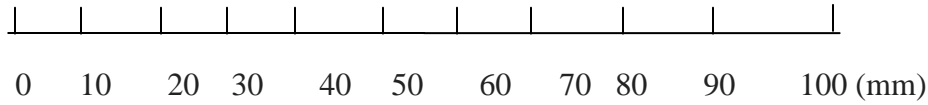
1. <i>Prakriti</i> - <i>Vatpradhan Pittanubandhi</i>
2. <i>Vikruti</i> - <i>Sandighatavata</i>
3. <i>Samhanan</i> - <i>Madhyam</i>
4. <i>Sara</i> - <i>Madhyam</i>
5. <i>Praman</i> - <i>Madhyam</i>
6. <i>Satmyatah</i> - <i>Avar</i>
7. <i>Satva</i> - <i>Madhyam</i>
8. <i>Aaharshakti</i> - <i>Madhyam</i>

Table 2

Assessment Criteria –

The improvement in the patient like reduction in pain, swelling, restricted movement score graded based on following scales.

10 cm Visual Analogue Scale (Vas)



No pain

maximum pain

2. *Pidasahatva* (Tenderness) –

Sr. no.	Severity of Symptoms	Grade
1	No tenderness	0
2	Patient says tenderness	1
3	Wincing of face	2
4	Wincing of face & withdrawal of affecting part	3

Table - 3

3. *Shotha* (Swelling)

Sr. no.	Severity of Symptoms	Grade
1	No shotha	0
2	Slight shotha	1
3	Moderate shotha	2
4	Severe shotha	3

Table - 4

4. *Crepitus*

Sr. no.	Severity of Symptoms	Grade
1	No Crepitus	0
2	Complained by patient but not felt in	1

1. *Pain (Shoola)* –

	examination	
3	Felt on examination	2
4	Felt & heard on examination	3

Table - 5

Treatment Protocol –

Patient is given both shaman & Panchakarma *Chikitsa*. Patient was given following medicines followed by *Panchakarma* & got significant result.

Ayurvedic Management –

Sr. No.	Medicine	Dose	Frequency
1	<i>Yograj Guggula</i>	2 Tab	BD
2	<i>Mahavatvidhvansa</i>	2 Tab	BD
3	<i>Dashmool Kwath</i>	40 ml	BD
4	<i>Lavanbhaskar Churna</i>	3 gm	BD
5	<i>Swadishtha Virechan churna</i>	3 gm	HS

Table – 6

Panchkarma Rx –

- *Sarvang Snehana & Swedan* is started after 3 days of oral medication.
- *Janubasti* was given after *Snehana & Swedan* with *Mahanarayana tail & Sahachar Tail* mixed oil.
- With above measures, *Yogbasti Karma* was given to patient for 8 days from 4th day.

1	Day 1 – oral medication	
2	Day 2 – oral medication	
3	Day 3 – oral medication	
4	Day 4 – <i>Anuvasan Basti</i>	<i>Mahanarayana Tail + Sahachar Tail</i> 40 ml 40 ml
5	Day 5 – <i>Anuvasan Basti</i>	Same as above
6	Day 6 – <i>Niruha</i>	<i>Dashamoola Niruha</i> (960ml)
7	Day 7 – <i>Anuvasan</i>	<i>Mahanarayana Tail</i> (80 ml)
8	Day 8 – <i>Niruha</i>	<i>Dashamoola Niruha</i> (960 ml)
9	Day 9 – <i>Anuvasan</i>	<i>Mahanarayana Tail</i> (80ml)
10	Day 10 –	<i>Dashamoola</i>

	<i>Niruha</i>	<i>Niruha</i> (960 ml)
11	Day 11 – <i>Anuvasan</i>	<i>Mahanarayana Tail</i>

Preparation of Dashamoola Niruha Basti –

For preparation of *Dashamoola Niruha basti* 200 gms of *Dashmool baharad* was boiled 320 ml of *.ashmool Kwath*.

Total Quantity of *Niruha Basti* - 960 ml

Kwath- 800 ml

Madhu- 25 ml

Dashamoola churna- 30 gms

Mahanarayana Tail – 100ml

Saindhav- 5 gm

In the vessel, honey & *Saindhav* are added, mixed well. After that warm oil is added, & stirred well, then paste of drugs is added. After stirring well, *Dashmool Kwath* is added and then combined well & put in the *bastiyantra*.

Preparation of Anuvasan:

Mahanarayana Tail - 120 ml

Shatpushpa Churna - 1 gm

Saindhav - 1 gm

Tail is heated indirectly. *Shatpushpa Churna & Dashmool Churna* are added as *prakshep*.

Result

As per objective assessment criteria, patient's sign & were analyzed before

treatment & after treatment and during followed period. The result shown in the table as under

Sr. no.	Knee	Pain		Tenderness		Swelling		Crepitus		Total score	
		BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	Rt. Knee	40	20	2	1	2	1	2	2	46	24
2	Lt. knee	40	20	2	1	2	1	2	1	46	23
Total										92	47

As per above table score was 92 at the time of admission & if reduced to 47 at the time of discharge . It showed 52% relief in patient

Discussion

Sandhigatavata is a *Nirupstambhit Vat vyadhi* caused by *Dhatukshay*. With the age, *Rukshata* of *Vat dosha* increases and so increase the *Dhatushaya*. So *Snehan* is a given to the patient that reduced pain, brought back the *Mardavata* of joints. *Swedan* helps to reduce stiffness and provide flexibility of *Sandhi*. *Janubasti* reduces the *Shool*, *Shabd* and *Shotha*. It gives strength to the joint. Oral *Ayurvedic* medicines are *Vathara*, *Shothhara*, *Shoolghna* and *Rasayan*. In *Janusandhigatavata*, *Vat Dosha* is vitiated by *Ruksha*, *laghu guna* that is mitigated by *Basti*.

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Scientific Explanation of 'Ahar Vidhi Vidhan' mentioned by Charakacharya (disciplinary Diet/Eating)

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Abstract-

Ayurveda is the ancient science which not only gives effective treatment for many diseases but also provides healthy way of living. *Ahar*, *Nidra* & *Bramhacharya* is three important *upastambha* of life in *Ayurveda*. *Ayurveda* gives immense importance of *Ahar* and explains that how healthy and techniqueful eating is important for healthy body, mind and soul. *Acharya charak* describes '*Ahar Vidhi*' which gives us importance of Do's and Don'ts about diet and drink. It gives importance of eating healthy food and also describes its various ways. In present Era, diet and lifestyle is unknowingly responsible for many diseases. Now a day, people are fascinated towards frozen & preserved food which satisfy their taste bud but as well invites many diseases. That's why one should follow *Ayurveda* principles to prevent various lifestyle disorders. Present study is review of '*Ahar Vidhi*' and the disorders caused by not following the principles described by *Acharya charak*. This study also states that

there is scope of scientific testing to justify textual references.

Keywords-

Ayurveda, *Ahar Vidhi*, diet, Life Style disorders.

Introduction –

Ahar is basic need of living beings. In present, there is increase in prevalence of life style disorders in which faulty and unhealthy diet habits play an important role. Nowadays improper way of diet due to fast life, leads to several diseases which can be avoided by following '*Ahar Vidhi Vidhan*'. *Ahara Vidhi Visesa Ayatana* means, the causative factors responsible for the wholesome and unwholesome effect of the methods for diet intake. There are many diseases, in which *Ahara Vidhi Vidhana* is mentioned as *Hetu*. So the advice of *Pathyasevana* and *Nidana Parivarjana*, in the form of *Ahara Vidhi Vidhana*, can also help for *Vikarasamana*. The term *Ahara Vidhi Vidhana* is used first

by *Charaka* in *Vimanasthana* 1st chapter. Though many other classics have elaborately mentioned the same rules, they have explained them under different headings like *Bhojana Vidhi*, *Annavidhi* etc.

Aim and objectives:

To review the '*Ahar Vidhi*' and the disorders caused by not following the '*Ahar Vidhi*' described by *Acharya Charak*.

Material and methods:

In this conceptual study, a review of *Charaka Samhita vimanstana* has been done.

Discussion:

Scientific Explanation of *Ahar Vidhi Vidhan*-

The concept of *Ashta Ahar Vidhi Visheshayatan* was put on decades ago but holds strong even in today's era. Need is to assimilate it in our daily routines. In order to remain healthy, individual must take into consideration the basic nature of food that will suit to his *Prakriti*, because it is this diet that will stabilize his *Doshas* and replenish his *Dhatu*s. The term *Ahara Vidhi Vidhana* (Dietary guidelines) is used first by *Acharya Charak* in *Vimanasthana* 1st chapter. These eight rules about diet are as follows –

***Ushnam Ashniyat*¹ (Consuming warm food) –**

According to *Charakacharya*, consuming warm food tastes good, pacify *Jatharagni*, digests easily and *Vat-Kapha* are maintained at equilibrium. On taking cold food, body uses energy to make it warm, then it is digested and nutrients are absorbed. Excessive consumption of warm food also lead to number of health issue like fatigue, weight gain etc.

***Snigdham Ashniyat*² (Consuming fat included diet)-**

According to *Acharya Charaka*, fat increases the taste, ignifies *Jatharagni* diets easily, pacifies *Vata*, encourages body growth, strengthens *Indriya* and body, improves complexion. That why one should consume fat included diet fats are essential for giving energy and protects the organs, keep your body warm, important for absorption of vitamin A,D,E, K-Fat provides structural component not only of cell membranes in the brain but also of myelin that surrounds each nerve fiber fats are structural component of most important substances in the body including prostaglandins regulate production of sex hormone, *Ruksha Ahar* produces difficulty in excretion of urine, stool and semen.

***Matravat Ashniyat*³ (Balance diet) –**

One should eat balance and limited diet which maintains the equilibrium of *Tridosh* and enhances longevity, easily excreted, not disturbs the *Jatharagni*, digest easily. Also unbalanced and unlimited diet can lead to weight gain, obesity which is linked to diabetes, heart disease and other illness.

***Jeerne Ashniyat*⁴ (Digestion and first meal is necessary before taking second meal)**

If second meal is taken after digestion of first meal then it enhances the longevity otherwise *Apkava Ahar Rasa* mixes with the, *Pakva Ahar Rasa* and vitiates the *Doshas*. So one should see if there is equilibrium of *Doshas*, having a clear belch; gases, urine and stool passed well, having well, appetite then he should

then he should eat his next meal. Otherwise, frequent eating without observing the digestion pattern can lead to indigestion, acidity, constipation, bloating etc.

***Veerya Aviruddham Ashniyat⁵* - (one should eat *Veerya Aviruddha Ahar*)**

Charakacharya has mentioned that if *Veerya Aviruddha Ahar* is taken then one can lead to several diseases such as sterility, blindness, or ascites, eruptions, insanity, fistula, fainting, intoxication, tympanitis, anemia, food poisoning, skin diseases, rhinitis, acidity etc.

***Ishtadeshe Ishtasarvopakaram Ashniyat⁶* – (food should be consumed on proper place with proper utensils)**

If food is consumed on proper place & proper utensils then one can eat the food being stress-free and can enjoy the food which is necessary for both healthy body and mind.

***Natidrutam Ashniyat⁷* (food should not eaten rapidly)**

If food is taken rapidly then some particle can be passed in respiratory tract causing choking or lead to infections also by eating rapidly one cannot analyse the impurity mixed with food such as small stone particles, hairs etc.

When people eat fast, they tend not to feel full and are more likely to overeat. Eating fast can cause bigger glucose fluctuation which can lead to insulin resistance.

***Nati Vilambit Ashniyat⁸* (food should not taken too slowly)**

If food is taken too slowly then it does not satisfy the individual, more quantity can be taken, not digests properly and also food becomes cold.

***Ajalpan- Ahasan – Tanamana Bhunjeet⁹* (eating without talking laughing, mindful eating)**

One should take the food without laughing and talking otherwise choking and infection in respiratory tract can occur mindful eating gives realization what we are eating, it is useful or not, what quantity we are eating.

We should not talk or laugh while eating, if we do so then food will not get digested and it will create low quantity sugar, low quantity fats. When we open mouth for speaking air enters the mouth and this air spoils the digestive work of saliva and food also most of the times our talks are about our family, office or any problem which gives emotions such as anger, tension to which some chemical changes happen in our body and digestion is affected.¹⁰

***Atmana abhisamikshya¹¹* (eating after analyzing the need) –**

One should eat after analysing the food that is good for me or not? Can I digest it or not?

Diet should be taken by thinking *Prakruti, Agni, Satmya, Dosh, Abhyavaharan Shakti, Jaranshakti*.

Also age, pregnancy, lactation, sickness, travelling, type of work should be considered while taking diet.

Conclusion

Scientific evaluation of the *Ashta ahar vidhi visheshayatan*, when presented in front of people, may provoke their

interest towards these eight norms again. After viewing above points of *Ahar Vidhi Vidhan*, it can be concluded that *Aahar* if consumed according to above mentioned features, proves the best medication and a prophylactic treatment of most of the diseases, such as diabetes mellitus, obesity, stress, PCOS, Infertility, acidity, many other diseases for which faulty and unhealthy diet habits are responsible for many extents.

So taking disciplinary diet according to *Ahar Vidhi Vidhan* gives a healthy mind, body and soul.

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Scientific Explanation of 'Ahar Vidhi Vidhan' mentioned by Charakacharya (disciplinary Diet/Eating)

Anushri Vasant Netke, Satish Digambar Urhe, Ankush Haushiram Gunjal

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ROLE OF EXERCISE (VYAYAM), LIFESTYLE INTERVENTION AND YOGA IN THE MANAGEMENT AND PREVENTION OF MADHUMEHA (DIABETES MELLITUS)

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ABSTRACT

Diabetes mellitus is one among refractory disease condition recognized by medical scholar of ancient India. Ayurveda laid the concept of Dincharya (Daily regimen), Ritucharya (Seasonal regimen), Sadavritta (Social conduct) for healthy lifestyle but in current era hardly any one follow as a result there is rise in metabolic disorder. Diabetes Mellitus being the most threatening among them and it cant be treated by medicine alone and without proper control and prevention its prevalence will increase upto 438 millions in 2030. Present paper highlight a role of exercise and regular practice of yoga and exercise. Yoga play a significant role in management of weight, sugar level controlling and its complication. Yoga include asana, meditation

pranayama, breathing, exercise, and most important of all, attaining eternal peace, and provide an ideal care for prevention and its management of Diabetes mellitus.

KEYWORD: Diabetes Mellitus, Exercise, Yoga, Madhumeha, Asana.

INTRODUCTION

The Incidence of Diabetes Mellitus is rising globally, it is estimated that 366 million people had Diabetes in 2011 (approx. 8.35%) of world population. The figure is expected to reach 552 million by 2030. Similarly in Ayurveda a condition in which a person passes honey like (sweet) urine is called Madhumeha. Asya sukha^[1] (sedentary lifestyle), Atinidra (excessive sleep), Avyayam^[2] (lack of exercise), Achinta (lack of mental exercise) are the

causes of Madhumeha. Acharya Sushruta explained that its treatment or prevention is not employed to all varieties of prameha at the appropriate time converted to madhumeha.^[3]

Diabetes is characterized by high Blood Sugar, Insulin resistance, lack of Insulin with symptoms like increase thirst, appetite, frequent urination and fatigue. Diabetes is not associated just with the mentioned symptoms but with risk of microvascular disease but is connected with an increase risk for large vessel disease i.e atheroma leading to Myocardial infarction.^[4] Due to lack of physical activity /improper eating habits / stress factors related to occupational / emotional lead to metabolic disorder so its importance to stress on lifestyle medication and about 30% of type 2 diabetes is preventable by changing diet, increasing physical activities. Yoga has been considered as one of the counter stone in the management.

AIM AND OBJECTIVES

- To Review the Effect of Yoga, Lifestyle Intervention, Exercise in the prevention of Madhumeha.

MATERIAL AND METHOD

life style intervention and yoga was prepared on the ayurvedic principle Following material is collected and reviewed from

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Some lifestyle modification

- Getting early in morning (Brahama muhurat jarana).
- Brisk walking (Charakmana).
- Light massage (abhyanga).
- 15 min walk after lunch.
- Sleep for 6 hours -7hours only during night.
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- Avoid excessive intake of sweet/ meat/ milkproduct.
- Avoid fast food /fried /junk/ fermentated food.
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Excercise and madhumeha

Exercise causes profound changes in glucose homeostasis and regular physical activity enhances insulin sensitivity/glycemic control,. muscle glucose uptake increase during exercise.

The main cause of Madhumeha is lack of exercise According to acharya charak has mentioned that madhumeha get immediately cured by different types of strenuous exercise which help in putting down aggravated klead, medha (adipose tissue) and kapha which is main etiological factor for disease.

Yoga and Madhumeha

Yoga stimulate the organs which inturn improve metabolic activity. Stretching various glands results in increasing efficacy of the endocrine system. however, the underlying premise of mind body exercise modalities like yoga is that the physiological state of the body can affect emotion, thoughts and attitudes, which in turn have a reciprocal effect on the body.^[5] Yoga is preventive measures for madhumeha following are the yoga to done.

Madhumeha and Yoga

Sr. no. Yoga Benefit

1. Suryanamaskar (yoga)^[6] Increase the blood supply various parts of body which help to burn out the excessive fat and fat.
2. Kapalbhathi (Pranaymas)^[7] Is the best option for diabetes as it stimulate the vagus nerve by contraction of abdominal muscle and has best effect in reducing of depression and increase insulin secretion from pancreas.
3. Anulom Vilom Is the best option for diabetes as it stimulate the vagus nerve by contraction of abdominal muscle and has best effect in reducing of depression and increase insulin secretion from pancreas.
4. Asanas^[8] Asana is stability and comfort experienced in position due to various twisting, stretching and strain in the body inturn internal organ are stretched and subjected to strain. which increases the efficacy of and function ofthe organ which also increase the function of endocrine system.
5. Mandukasana^[9] Stimulate pancreas to stimulate more insulin, improve insulin secretion.^[10]
6. Ardha Matsyendrasana This stimulate kidneys, pancreas, small intestine, gall bladder and liver which help for digestion and to remove toxins from body.^[11]

7. Sarvangasana improve function of pancreas and intestine which help in controlling sugar.
8. Dhanurasana^[12] increase blood circulation, better circulation improves amount of insulin to act upon the blood glucose level at the skeletal muscle site to utilize the blood glucose.

Halasana^[13]

It stimulates pancreases, spleen and activates immune system.

Asanas have positive effect on pancreases and also insulin function to get best result asanas has to be done for longer duration.

Meditation^[14]

It is an important stage of yoga. It helps in stretching and rejuvenates in madhumeha exercise and yoga therapy are complementary to each other they reduce the sugar level in the body resulting in lesser need of insulin. Meditation also helps to reduce stress, relax and refresh too.

CONCLUSION

Diabetes mellitus is a metabolic disorder that cannot be treated by medicine alone. According to Ayurveda it is called Yajnya disease (not totally curable/difficult to cure) that cannot be merely treated by medication and dietary regimen alone so use of exercise, asanas and yoga which not only help to reduce symptoms but also ensure a good glycemic control and increase the quality of life right to a happier and healthier life. So need to emphasize for more clinical research to find the exact remedy.

DISCUSSION

It is a low cost strategy to maintain the blood sugar level in individuals and implementation of these asanas, yoga and exercise in regular to daily activity. It is an inexpensive lifestyle intervention. Now a days most of the individuals have adopted sedentary lifestyle and there is lack of physical activities and effectiveness of the management becomes less, in this condition the role of yoga and exercise seems to be very beneficial and indirectly help in prevention of madhumeha (Diabetes Mellitus). Yogic exercise is a type of muscular exercise recent studies shown that yoga may reduce stress, improve metabolism, regulate autonomic nervous system, alter hypothalamopituitary adrenal system which act as neural mediators of hyperglycemia. Exercise is a specific type of physical activity, which reduces the consequences of diabetes like morbidity, pathogenesis and mortality. Study reveals, moderate

exercise also reduce the risk of diabetes considerably.

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CORRELATION BETWEEN KAPHA PREDOMINANT PRAKRITI (BODY CONSTITUTION) AND NIDRA (SLEEP PATTERN): A CROSS SECTIONAL SURVEY STUDY

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ABSTRACT

Prakriti (constitution) is a unique concept of *Ayurveda* that seeks to explain the element of individuality by expressing the unique trait of an individual that is defined by the specific and permanent composition of their *Dosha* (primary elements/humors) at conception. *Prakriti* assessment is part of *Dashavidha Parikshaa* ten-point system of evaluation of an individual and helps the physician to suggest a proper diet and lifestyle to maintain an optimum state of health. It is also important for diagnosis and selection of drugs for specific treatment. In *Samhita*(treatises) many criteria have been given for assessment of *Prakriti*, *Nidra* (sleep) is one of them. *Acharya Vagbhata* opines that *Kapha* predominant *Prakriti* people tend to have more sleep(both in quantity and quality)-“*Nidralu*”. Hence study is designed to examine,

“The pattern of *Nidra* (sleep) in *Shleshmal/Kapha* predominant *Prakriti* among the healthy individuals”. A cross sectional survey study was carried out with IEC approval.50 *Kapha* predominant *Prakriti* healthy individuals within age group of 18-40 years with informed consent were evaluated on the basis of sleep questionnaire to assess sleep pattern. Amongst screened participants 66% were observed to be *Nidralu* (tends to have more sleep). It implies that there is strong relation between *Shleshmal/Kapha* predominant *Prakriti* and *Nidralutva* (tend to have more sleep-both in quantity and quality).

KEYWORDS: *Prakriti, Nidra, Kapha Predominant Prakriti, Nidralu.*

INTRODUCTION

Prakriti (constitution) is a unique concept of *Ayurveda* that seeks to explain the element of individuality by expressing the unique trait of an individual that is defined by the specific and permanent composition of their *Dosha* (primary elements/humor) at conception. It is the constitution of an individual which is decided by birth depending on the factors like predominance of *Dosha* at the time of conception, condition of mother's womb, food habits of mother and predominance of *Pancha Mahabhuta*.^[1] *Prakriti* plays an important role in the prevention, diagnosis and treatment of diseases. *Prakriti* on the physical level is '*Dosha Prakriti*' and on the psychological level is '*Maanas Prakriti*'. *Prakriti* assessment is part of *Dashavidha Parisha* (a ten-point system of evaluation of an individual) and helps the physician to suggest a proper diet and lifestyle to maintain an optimum state of health. It is also important for diagnosis and selection of drugs for specific treatment.

In *Samhita* many criteria have been given for assessment of *Prakriti*, *Nidra* (sleep) is one of them. Sleep is an important phenomenon which occurs regularly in our life as a part of normal physiology, to provide rest and relaxation to the body, mind and senses which get tired and exhausted due to the wear and tear process occurring in due course of daily schedules. Hence the sleep is considered as one of the essential component of life. *Ayurveda* has recognized *Nidra* as one of the most important dimensions of health associated with happiness, misery, strength, weakness, nourishment, sterility, knowledge, ignorance, life and death. All the dimensions are depending on the proper or improper *Nidra*.^[2] It is an outcome of relaxed mental state for the living beings in the world. It is an essential phenomenon for maintenance and restoration of body and mind. Sleep at the night time makes for the balance of the body constituents (*Dhatusamya*), alertness, good vision, good complexion and increases digestive power. *Acharya Vagbhata* opines that *Kapha* predominant *Prakriti* people tend to have more sleep (both in quantity and quality)-"*Nidralu*".^[3] As said by *Acharya Vagbhata* *Nidra* is a state of a human body when the sense organs (*Indriyas*) disconnect themselves from their objects of grasping (*Vishaya*), and enters into a state of trans". *Nidra* is caused by *Tamo Guna* and is composed of *Kaphapradhana* as well and is generally seen to occur in night. *Acharya Sharangadhara* mentions that *Nidra* is a state where predominance of *Tamo Guna* and *Kaphadosha* is seen.^[4]

Hence the present survey study is designed to examine, “The pattern of *Nidra* (sleep) in *Shleshmal/Kapha* predominant *Prakriti* among the healthy individuals”.

Aim of study: To survey *Nidra-Swaroop* (sleep pattern) in *Shleshmal /Kapha* predominant *Prakriti* healthy individuals.

MATERIALS AND METHODS

- 1) *Prakriti Parikshan* Proforma as per M.U.H.S pattern for screening of healthy volunteers.(Annexure 1)
- 2) Sleep questionnaire prepared for assessment of *Nidra Swaroopa* (sleep pattern).(Annexure 2)

Selection of participants: A cross sectional survey study was conducted on total 50 *Kapha Pradhana Prakriti* healthy individuals from institute after obtaining Institutional ethical committee approval. Only participants having *Kapha* predominant *Prakriti* based on evaluation done by *Prakriti Parikshana Proforma* were selected and written informed consent was obtained from them after offering sufficient information of study and its aim to participants. All the participants were interrogated by one person only.

Inclusion criteria

Healthy volunteers of *Kapha* predominant *Prakriti* (50) irrespective of sex and religion belonging to age group of 18-40 years willing to participate were selected for survey study and were interviewed in language best understood by them.

Exclusion criteria

Healthy volunteers of *Vata* predominant *Prakriti* and *Pitta* predominant *Prakriti* (based on *Prakriti* evaluation *Proforma* as per MUHS pattern) or subjects on sedatives or working in night shifts were excluded from survey.

Method of assessment

Nidra Parikshan (assessment of sleep pattern) of all the selected *Shleshmalprakriti* volunteers were done with the help of sleep questionnaire. Assessment was carried out by analyzing obtained data from filled questionnaire. Post analysis observations and results were presented in table and bar diagram.

Observations

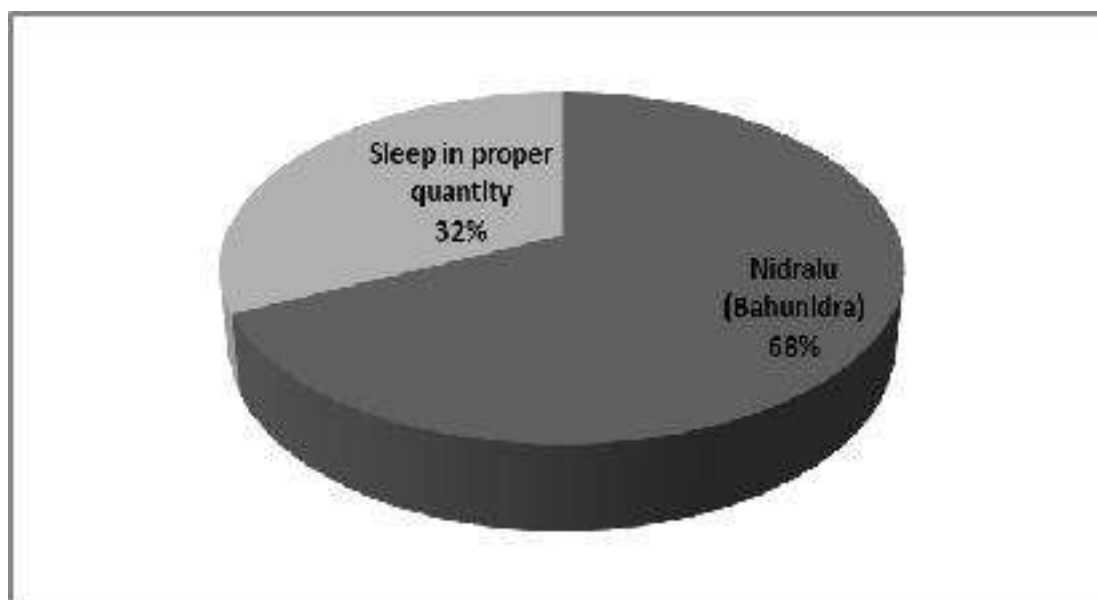
Amongst registered 50 *Kapha Pradhana Prakriti* participants maximum i.e.s. 68% of participants were observed to be *Nidralu* (sleepy tenency). (table no. 1 and diagram 1)

RESULTS AND CONCLUSION

Nidralu is one of the positive *Lakshan* of *Shleshmalprakriti* individual. Hence for revalidation of this positive *Lakshan* of *Shleshmalprakriti*, this particular survey was carried out. 50 *Kapha* predominant prakriti healthy individuals were evaluated on the basis of sleep questionnaire. Amongst screened participants majority i.e.s 66% were observed to be *Nidralu*(tends to have more sleep). Outcome of this observational study implies that there is strong relation between *Shleshmal Prakriti* and *Nidralutva*.

Table no. 1: Frequency distribution of volunteers according to sleep duration in *Shleshmal Prakriti*.

<i>Nidra Swaroopa</i> (sleep pattern)	Frequency (No. of individuals registered in study)
<i>Nidralu</i> (Sleepiness)	34
Proper sleep	16
Total	50



Dia. 1: Distribution of "*Shleshmal-prakriti*" individuals according to *Nidra Swaroopa* (sleep pattern).

दिनांक :

प्रकृती परीक्षण

परीक्ष्य व्यक्तीचे नाव _____

वय ----- वर्षे ----- महिने. लिंग - स्त्री / पु.

शरीरभार = ----- कि., उंची ----- फु. ----- इंच ----- सें.मी.

वेश - जंगम / जानूट / साधारण, जळू = -----

व्यवसाय = _____

प्रात्यक्षिक कृती - पुढील तालिकेतील सुयोग्य मुद्दापुढे " ✓ " अशी, खूण केली व रोबटी वात, पित्त, कफाचा उत्कटबाळाचा मुद्दाचे प्रतिशत प्रमाण काढावे. सर्वात अधिक प्रतिशत प्रमाण व त्यानंतर अधिक प्रमाण असणाऱ्या दोघांचो नोंद करून ----- वात / पित्त / कफ - प्रधान, वात / पित्त / कफ दोघांतुबंधी प्रकृती आहे असा निष्कर्ष काढावा.

प्रकृती परीक्षण (लक्षणापुढे कंसात प्रथमदर्श संक्षेपस्थाने दिला आहे.)

उदा - च = उत्कट, सु = सुशुत.

अ, इ = अष्टांगद्वय, हा = हरीत

घट - १ - शरीर लघनात्मक मुद्दे

क्र.	परीक्षण मुद्दा	वात	पित्त	कफ	
१)	शरीर (साप्तेहिक परीक्षण)	१) अपचित (च) २) अल्प (च) ३) दुर्भंग (सु) ४) कुस (सु) ५) स्फुटित गात्र (अह) ६) वृशटीर्षाकृती (अह)	१) दुर्भंग (सु) २) तेजस्वी (सु)	१) सा २) संहत ३) स्थिर ४) प्रसन्न दशन (च) ५) सुभंग (सु) ६) प्रियदर्शन (सु)	
२)	अवयव	१) भू २) ढतु ३) ओष्ठ ४) जिह्वा ५) तिर ६) स्केध ७) पाणि ८) पाद ९) अस्त्रि १०) बहु कंडरा (च) ११) बहु तिरा (च) १२) बहु प्रहाना (च) १३) परुष बदन (च) १४) परुष पाणि (च) १५) परुष पाद (च) १६) परुष अंग (च) १७) स्फुटित अंग (च) १८) स्फुटित अवयव (च) (स्फुटित मर चरण - सु) (घमनीततः) (सु) शोब्दाध्यापिद्वका (अह)	जननस्थित (च)	१) उष्णमुख (च) २) सुकुमार गात्र (च) ३) अवदान गात्र (च) ४) प्रभूत विशू (च) ५) प्रभूत व्यंग (च) ६) प्रभूत तित (च) ७) प्रभूत कलक (च) ८) शिथिलनृदुसंधीमांस (च) ९) बल पुली १०) कल (च) ११) अस्य १२) शितः १३) शरित १४) शिथिलता (सु) १५) वासु १६) निव्हा १७) ओष्ठ १८) पाणिलत १९) नादलत	१) शिथिलता (च) २) रतास्थान (च) ३) सुकुमार गात्र (च) ४) अवदान गात्र (च) ५) उज्वित ६) परेपुर्ण ७) साराधिवित (च) ८) प्रसन्न-आन्न (च) ९) सुविभक्त गात्र (सु) १०) प्रलंब वाहु (अह) ११) नृदुर्भंगवक्ष (अह) १२) कलकलक (अह) १३) मृदुअंग (अह) १४) सपसुंक्षिप्त गात्र (अह) १५) चाकवर्षः (अह) १६) नासलाः (हा)
३)	वंत	१) परुष दशन (च) २) सुक्ष्म वंत (हा) ३) अति वंत (हा)	१) वंतनिशुष्य वर्ण (हा)		

१)	नेत्र	१) बलादुष्टी (सु) २) उद नेत्र (अह) ३) भ्रुव नेत्र (अह) ४) वृष नेत्र (अह) ५) अचल नेत्र (अह) ६) मृत्तौषमनि नेत्र (अह) ७) उन्मीलितानि भवन्ति सुते (अह)	१) ताम्र नयन (सु) २) तप (अह) ३) विंग (अह) ४) बल (अह) ५) ननु, अल्प पद्म (अह) ६) दिग्प्रियाणि (अह) ७) क्रोडेन ८) नयोन ९) खेरच भास्त्र } ताम्र वक्रं त्वाम्बु (अह)	१) शुक्लाक्षः (सु) २) शकान्तेज (सु) ३) सुस्निग्ध (अह) ४) निरागल (अह) ५) दीर्घ (अह) ६) तुष्यत शुक्लानित (अह) ७) पक्ष्मल (अह)
५)	त्वचा / वान	१) सुतर तान (अह)	१) सिप्रवली (च) २) तौर अग (अह) ३) अग अं (अह) ४) अति विग (अ)	१) प्रभत वर्ण (च) २) दुर्बा ३) इन्दोवर ४) निक्षि ५) आदगीष्ट ६) शीतकान्ठ ७) त्रिमगु ८) शक ९) गोरोचन १०) पद् ११) सुवर्ण १२) तुलसीधवर्ण (श)
६)	केश / लोभ / रोष, रमधु	१) पल्प केश (च) २) पल्प रमधु (च) ३) पल्प रोष (च) ४) अल्प रमधु (सु) (रम रमधु - सु) ५) अल्प केश (सु) ६) स्रुतिग केश (अह) ७) धूमः केश (अह)	१) सिप्र पलित (च) २) सिप्र आलेख (च) ३) रमधु - सु, अल्प कपिल (च) ४) लोभ - सु, अल्प, कपिल	१) क्षिर २) कुटिल ३) नील ४) धर केश (अह) ५) सुकेतो (श) ६) शम्भरोषा (श)
७)	नख	१) तुल्य नख (च) २) अल्प नख (सु) ३) नख दुम्भी (अ)	१) ताम्र नख (सु)	
८)	भ्रुवि	१) शतने स्रुतिशक्यगामिन (च) जनकस्थित स्रुवि (च)	१) प्रशिथिलस्रुविबंध गल नाग (अह)	१) सुस्निग्धस्रुविसंधिबंध २) गुडस्रुविनेत्रसंधिमांस (अह)
गट - २ - शरीर क्रियात्मक सुहे				
१)	शुत		१) शुतनला (च) २) श्मूत अजान (च) ३) दन्धशुत (च) ४) तीक्ष्ण द्रुशु (अह)	१) अल्पशुत (च) २) शुत-आतम (अह) ३) अल्प शुते, बलवान् श्मूत (अह)
१०)	रद		१) विपासावन्त (च) २) श्मूत पान (च) ३) तीक्ष्ण तुष्या (अह)	१) अल्प तुष्या २) शुत-अजान (अह) ३) अल्प पान (अह)
११)	हान्त्वान / क्रिया / वेष्टा / पति	१) लघु २) वपल } गती (च) ३) लघु ४) वपल } वेष्टा (च) ५) लघु ६) वपल } आहार (च) ७) लघु ८) वपल } व्यापार (च) ९) हृत्तगती (च) १०) दीर्घक्रमा (श)		१) वेष्टा २) आहार } भेद (च) ३) व्याहार ४) अशीघ्र आतम (च) ५) अशन्विक्रमाती (च) ६) सम्पन्निवेष्टदुष्यवाती (अह) ७) अल्पव्याहार (अह) ८) दीर्घतृती (अह)

१३	बाणी / स्वर / वाच / वाच	१) अला २) वा ३) हाप ४) चित्त ५) मन् ६) कल ७) कर् ८) बहुप्रताप (च) ९) विलसति अनिदध (सु) १०) वलवाच (अह)	१) भूर्भुव्यार (अह)	१) प्रसन्न स्वर (च) २) बल } सुपुरा ३) मन् } अवाच्य ४) तिहयोच (सु) ५) अंभोधि सवृत्त आवाच (अह) ६) गम्भीर शब्द : (हा)
१४	निद्रा	१) जागृत (च) २) प्रबा (प्रवाणकः) (सु) ३) अल्प निद्रा (अह)		१) निद्रात् (अह) २) निद्रा-तद्रा प्रिय (हा)
१५	स्वप्न	१) विषदुषि गच्छति तं प्रगेण सुप्तः (सु) २) सुप्ते गोलदुनामते ज्ञान वाति (अह)	१) सुप्त कनकपलाशवर्णिकारान् मंत्रयेदपि च हृत्कारविष्णुतज्ज्वालाः (सु) २) सुप्त पाश्चता - अल्प अमलाः च (अह)	१) सुप्तः अनु सकमल हंसचक्रयाफान् सुप्रवेदपि वकल ज्ञानान् मनोमान (सु) २) विहंगपाला (अह)
१६	बल	१) अल्पबला (च)	२) पशुबला (च)	१) बलवन्ती (च)
१७	अग्नी		१) तीक्ष्ण अग्नेयः (च)	
१८	मलद्रव्ये		१) स्वेद } प्रभुत. २) मूत्र } रुह ३) पुरीक } (च)	१) अल्प स्वेद (च) २) धर्मरत्नो (अह)
१९	अपिस्वी	१) सविलान (अह) २) गति (अह) ३) राम (अह) ४) नृगया (अह) ५) कदिललाः (अह) ६) नष्टु सान्य ७) अन्त आकांक्षा ८) उष्ण } (अह)	१) दयित मात्प (अह) २) मिलेण (अह) ३) मंडन (अह) ४) भुक्ते अत्र मपुष्कवायविक - शीतम् (अह)	१) मधुप्रियः (सु) २) विक्ते कषायककुक् उष्ण कक्षन् - मुक्ते (अह) ३) सुनिराजप्रिय ४) स्निग्धरसप्रिय (हा) ५) समीत, वाच (हा) ६) व्याधामशीलो (हा) ७) तिलालानी (हा)
२०	अनभिस्वी	१) शीत अरुतिष्णवः (च) (शीतक्षेपी - सु)	१) उष्णअनहा (च) २) क्लेशअससद्विष्णवः (च) ३) उष्णक्षेपी (सु) ४) धर्मक्षेपी (अह) ५) तीक्ष्णक्षेपी (हा) ६) नउष्णक्षेपी (हा)	
२१	दुष्प्रेः स्मृतिः	१) श्रुतग्राहिणो अपि अल्पस्मृतयः २) अव्यवस्थितमति (सु) ३) बलधृती (अह) ४) चलास्मृती (अह) ५) बलधृती (अह)	१) मेधानी (सु) २) निपुणमती (सु) ३) पंडित (अह)	१) विद्यावन्त (च) २) सुविमान् (सु) ३) दुष्साक्षमति (स) ४) सुविमान् (अह)
२२	स्वभाव	१) शीघ्रनपारथ (च) २) शीघ्र-क्षोभ (च) ३) शीघ्र विकार (च) ४) शीघ्र बस (च)	१) तीक्ष्णमाक्रम (च) २) विप्रकोप (सु) ३) विगुह्यवका (सु) ४) सुर्मितनु	१) अल्पशीम (च) २) अल्पसताप (च) ३) कृच्छ (सु) ४) सक्षिप् (सु)

		६) शीघ्र विराम (च) ७) अथवा (च) ८) विराम (सु) ९) मत्सरी (सु) १०) अन्वय (सु) ११) परिपक्व (सु) १२) ज्ञापी (सु) १३) वरुणप्राणी (सु) १४) अशुनि (सु) १५) कृतज्ञ (सु) १६) नास्तिक (अह) १७) म. हृद (अह) १८) निमित्तिव (अह) १९) न आर्व (अह) २०) काष्ठात (अह) २१) लोलुप (हा) २२) हीनसत्य (हा)	५) न्ययान् प्रगमेवनेतथावन्तः (सु) ६) उपलोपु अन्वि सान्त्वयन्तश्चिः (सु) ७) शू (अह) ८) नानी (अह) ९) सुषरेत (अह) १०) मुचि (अह) ११) आश्रितकालका (अह) १२) विभवसहस्र चुप्पी (अह) १३) भवति धीषु कर्तव्यिधाम्जनि (अह) १४) धूः क्रोध (अह) १५) भूः ईर्ष्या (अह) १६) अलेखनीयः (अह) १७) तीक्ष्णानि जो पिष्टकण्ठगारन (हा) १८) लील्य (हा) १९) स्तुतिजिप (हा)	६) दुर्ज्वर (सु) ७) सत्कृत्यापपत्र (सु) ८) श्लेष्माशो (सु) ९) भानविरा गुल्फो (सु) १०) योग्य विवाह प्रवृत्ति बहु (सु) ११) पौनिकितयकनपद तण्ड (सु) १२) वीर्य (अह) १३) अलेख अल्लो (अह) १४) दुःख अतामो (अह) १५) सात्विकः (अह) १६) सत्यकथः (अह) १७) भ्रमात्मा (अह) १८) वदति न विदुः (अह) १९) प्रच्छन्न बहान दृष्ट चित्तवैरु (अह) २०) अधिवैद्यमान (अह) २१) ननिनो (अह) २२) म थ वक्रयेभ्यो अतिरिचनो तिलोलः (अह) २३) अन्यक्रोध (अह) २४) दीर्घवर्षी (अह) २५) श्राप्य (अह) २६) गोपीर (अह) २७) स्तुल्लस्य (अह) २८) भ्रमात्मान (अह) २९) आर्व (अह) ३०) कुनडा (अह) ३१) सेलम (अह)
१२)	जीह्वः	१) अदृढ जीह्व (सु) २) मन्दगिह्वः (सु)		१) स्थितिज (सु)
१३)	इतर साधन	१) अल्पसाधन (च)	१) मन्मथुपकल्प (च)	
१४)	धम	१) अल्पसाधन (च)	१) गंधवित (च)	१) ज्ञानमनो (च) २) स्वेधन (सु)
१५)	विकार	१) प्रदत (च) २) मोलक (च) ३) उद्येनक (च) ४) सन्ध (च)	१) सदा	१) अल्पविकार (च)
१६)	अन्य	१) न कान्तवागिना (अह) २) संस्वेदनेना दोषिणादेन शीघ्र समानच्छति (हा)	१) परिपाद् अनधिमतो (अह)	
१७)	अनुकल्प	१) अरुच (सु) २) अण (सु) ३) प्रीमादु (सु) ४) अश (सु) ५) अशु (सु) ६) अन्तु (सु) ७) नृध (सु) ८) कक (सु) ९) एर (सु) १०) कृपात् (अह) ११) कक (अह)	१) भुवां (सु) २) अदृक (सु) ३) मन्धर्व (सु) ४) वक (सु) ५) पाली (सु) ६) वानर (सु) ७) व्याघ्र (सु) ८) जय (सु) ९) मकुल (सु)	१) अण (सु) २) वर (सु) ३) अण (सु) ४) अण (सु) ५) सिंह (सु) ६) अण (सु) ७) गच (सु) ८) गोधुन (सु) ९) नाथर्व (सु) १०) वेड (सु)

विश्लेषण

१) गतप्रकृती

अ) उत्कटत्वाचे परीक्षण केलेले एकूण मुद्दे =

ब) उत्कटत्वाचे व्यक्तीमध्ये उपस्थित मुद्दे =

क) उत्कटत्व मुद्याची शेकडेवारी =

२) वित्तप्रकृती

अ) उत्कटत्वाचे परीक्षण केलेले एकूण मुद्दे =

ब) उत्कटत्वाचे व्यक्तीमध्ये उपस्थित मुद्दे =

क) उत्कटत्व मुद्याची शेकडेवारी =

३) वाकप्रकृती

अ) उत्कटत्वाचे परीक्षण केलेले एकूण मुद्दे =

ब) उत्कटत्वाचे व्यक्तीमध्ये उपस्थित मुद्दे =

क) उत्कटत्व मुद्याची शेकडेवारी =

निष्कर्ष

परीक्षण केलेल्या व्यक्तीची प्रकृती =

..... प्रधान अनुबंधी आहे.

Annexure 1: Prakriti evaluation Proforma (as per MUHS Pattern).

96-103.

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"A critical review study on tamak shwas w.s.r. to copd from ayurved perspective."

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ABSTRACT-

Chronic Obstructive Pulmonary Disease (COPD) is 4th leading cause of death and its prevalence is increasing steadily due to lifestyle changes and unhealthy habits. COPD includes Chronic Bronchitis and Emphysema, it is 2nd most common lung disorder after Pulmonary TB. According to Ayurveda, clinical features of COPD can be correlated with disorders of Pranvaha Strotas dusti and occurs usually in prolonged conditions of Tamak Shwasa. Etiological factors include smoking, cold weather, dust, air pollution, chemicals etc which are also mentioned in Tamak Shwasa hetu-"Rajasa Dhoomvatabhyam Shitathanambusevanam Rukshanna Vishamashana". Identification, Treatment, Prevention and Control of COPD are important steps to be taken along with lifestyle modifications which are well

explained in treatment principles and formulations mentioned in Tamak Shwasa for Prevention and Management of COPD.

Keywords- Tamakshwas, COPD, Vaman, Virechan.

INTRODUCTION-

In India, COPD is most common cause of death. It mainly affects Male due to frequent smoking and is leading cause of chronic morbidity and mortality. It is common in rural and urban areas as well. COPD is mainly characterized by progressive development of chronic airflow limitation which is irreversible. It includes Chronic Bronchitis which is characterized by chronic cough with expectoration for at least 3 months of year or more than two consecutive years. Emphysema is defined as permanent abnormal distention of air space distal to terminal bronchioles.

In Ayurveda, Respiratory disease occurs due to Pranvaha Strotas dusti where cough, difficulty in breathing etc symptoms occurs. According to lakshanas, Tamak Shwasa is described as Kaphapradhan (Chronic Bronchitis) and Vatapradhan (Emphysema). It is impossible to correlate.

COPD with single condition but advanced condition of Tamak Shwasa can be correlated with COPD.

AIMS AND OBJECTIVES –

To review Tamakshwas from Ayurved and Modern point of view and to describe Ayurvedic Principles and its Management.

MATERIAL AND METHOD-

To review aims and objectives compiling Ayurvedic and Modern literature based on Samhitas, Ayurvedic Principles, Research Journals, Magazines, Internet etc.

DISCUSSION-

1) AETIOPATHOGENESIS-

Smoking, air pollution, dust etc- airway wall inflammation-hyper secretion of mucus-increase in no. of goblet cells in bronchi-decrease in no. of ciliated cells- mucus transport becomes less-narrowing of airway and loss of pulmonary elasticity-COPD.

Hetu sevan-vitiated vats enters Pranvaha Strotas (Respiratory Channels) -provokes Urastha kapha (chest kapha) -provoked kapha obstructs Pranvaha Strotas (Respiratory channels)- Tamak Shwasa and 5 types of hikka.

2) CLINICAL FEATURES-

According to two types of COPD-

- i) Chronic Bronchitis (Blue blotters)
- ii) ii) Emphysema (Pink puffers)-
 - Productive cough. -Severe dyspnea.
 - Yellow or greenish sputum. -Effort to exhale.
 - Difficulty in breathing. -Minimal cough.
 - Chest pain, Fatigue. -Crepitation in lower zone of lung
 - Inflammation and swelling of Bronchi -Lean Patient
 - Obese Patient

TAMAK SHWASA LAKSHANAS-

i) KAPHAJ ii) VAATAJ

- Adhik Shwaskashtata -Alpa Shwaskashtata
- Alpa Kasveg -Adhik Kasveg
- Adhik Kaphnirharan -Alpa Kaphnirharan
- Alpa Urashool -Adhik Urashool
- Pramantaha Alpa Shwasavega. - Varamwar Shwasavega

According to above symptoms Kaphapradhan Tamak Shwasa Lakshanas resembles to Chronic Bronchitis and Vatpradhan resembles to Emphysema which means Tamak Shwasa can be correlated with COPD.

DIAGNOSIS-

- 1) Pulmonary Function Test.
- 3) Sputum Test.
- 2) X ray Chest. 4) CBC.

COMPLICATION-

- Recurrent URTI -Pulmonary HTN
- Weight Loss -Right Heart Failure etc
- Pnemothotax.

Which are quite similar to updravas mentioned for Tamak Shwasa.

MANAGEMENT-

According to Modern,

O₂ inhalation, Bronchodilators, Steroids like Hydrocort etc, Nebulisation, Antibiotics are given which has its limitations and give short term effect.

According to Ayurveda,

As per Chikitsa sutra explained in Charak Chikitsa 17/71...

Management of Tamak Shwasa has two aspects according to Chikitsa..

1) VEGAVASTHA-

First and foremost treatment is Salavan Snehana and Swedan. 'Lavan Ras' is useful in kapha vilayan due to its Ushna guna thereby removing sanga (obstruction in airway) and its sukshma property has greater penetrating power so the combination of swedan and salavan taila where taila is also ushna gunatmak helps in relieving airway obstruction easily.

-In Kaphapradhan shwasa "Sadhya Vaman" is advised followed by snehana, swedan. Vaman should be given by ushna, ruksha gunatmak dravyas so that maximum kapha should be expelled out.

-After Vaman therapy, left out dogha should be eliminated using Dhooan made of ushna, ruksha gunatmak varti.

-In case of Vatpradhan Shwas "Virechan" should be given. Virechan dravyas should be of ushna, snigdha gunatmak which will decrease ciliated vata dosha and will decrease lakshanas simultaneously.

Dosh Pratyaynik Chikitsa-

Properties opposite to Vata and Kapha dosha should be given to reduce the disease. Causes should be avoided to prevent recurrency.

Vyadhi Pratyaynik Chikitsa-

Treatment should be given accordingly to increase the capacity of Strotas, Agnivardhan and kapha reduction should be done to avoid the disease.

AVEGAVASTHA-

- Treatment should be given in this condition to avoid pathogenesis which further leads to exacerbations.
- For prevention and to avoid recurrency "Apunarbhav Chikitsa" should be given which includes "Rasayan Chikitsa" to strengthen Pranvaha Strotas.

3) NIDAN PARIVARJAN-

- Lifestyle modification should be done to reduce symptoms and improve quality of life.
- Nasya should be done to avoid contact with irritant or pollutant with nasal mucosa.
- Yogasan and Pranayam should be done to increase lung capacity and for rehabilitation of vital organs.

- Pathya - Regular exercise, lukewarm water, whole grain and hygienic food.
- Apathya - Excessive use of Tomato, spicy, oily, junk food, cold water, fermented food, curd, milk, cold drinks etc.

CONCLUSION-

COPD being a chronic progressive disease with irreversible changes needs early diagnosis and proper management. Symptoms of Bronchitis resembles with Kaphapradhan Tamakshwas. So, Vaman can be indicated or may give better results in Bronchitis. Symptoms of Emphysema resembles with Vaatpradhan Tamakshwas. So, Virechan can be indicated or may give better results in Emphysema. An extra care of diet and lifestyle modifications along with Apunarbhav Chikitsa can play major role in prevention or progression of COPD.

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Efficacy of Jalaukavcharan in the Management of Thrombosed Piles

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Abstract :

Sushruta has indicated Visravana or Raktamokshana in the management of hemorrhoids. It has been explained that, in prolapsed (Nirgatani) and thrombosed (Dushapamani) piles; Raktamokshana is the choice of treatment, which relieves pain. Raktamokshana can be carried out with the help of Jalauka (leech) or any other suitable method. Raktamokshana is practiced in India since thousands of years, which has been included under the Panchkarma. Jalaukavcharan is one type of bloodletting in Ayurveda. Hirudin present in the saliva of leech helps in opposing the process of blood clotting. In present study, the leech application in case of thrombosed piles is found to be effective. This application provides analgesic and thrombolytic activities.

Key words - Raktamokshana, thrombosed piles, Jalaukavcharan.

Introduction :

Thrombosed hemorrhoids are hemorrhoids that have no blood flow due to blood clots. They're most often external but can be internal, as well. Thrombosed hemorrhoids are not considered to be dangerous, yet they can be quite painful. A thrombosed hemorrhoid is usually visible as a small lump on the exterior of anus. They're a dark bluish color due to the clot inside the blood vessel. A normal hemorrhoid, if it's visible on the exterior, will look like a rubbery lump and won't have the dark blue coloration. Thrombosed piles possibly occur due to high venous pressure causing severe pain that leads to a tendency of avoiding defecation, leading to hardening of stools causing constipation, which further exacerbates bleeding. Hence its management in initial stages will become mandate.

Aim & objectives :

- To study the efficacy of Raktamokshana (Jalaukavcharan) in the management of Arsha
- To study the aetiopathogenesis of Arsh in ayurvedic and modern view

Material & methods :

This is clinical study carried out on 5 patients. Jalaukavcharan is selected as a shodhan chikitsa and Arshughni vati selected as a shaman chikitsa. Patient selected OPD & IPD dept of shalyatantra of our institute as per our inclusion and exclusion criteria.

Inclusion Criteria :

- ◊ Patient suffering from 1st & 2nd degree internal piles
- ◊ External piles with classical sign & symptoms were included in the present study

Exclusion Criteria :

- ◊ Patients below 30 years & above 50 years of age were excluded
- ◊ Internal piles of 3rd & 4th degree were not considered in study.
- ◊ Systemic diseases like Colitis of any kind, Uncontrolled Diabetes Mellitus (DM), Untreated Tuberculosis (T.B.), and Uncontrolled Hypertension (HTN) were also excluded
- ◊ Complicated piles like thrombosed.
- ◊ Associated ano rectal diseases like Anal Fissure, Fistula in Ano, malignancy of Ano-Rectum were excluded

Subjective Criteria :

- 1) Size of pile mass
- 2) Raktasrava (Bleeding per rectum)
- 3) Arsha Bhan (Protrusion of mass)
- 4) Aniyat Vibandha (constipation)

Criteria for Assessment :

The improvement provided by the therapy was assessed basis of classical signs & symptoms of Arsha.

Size of pile mass :

- 0 - no pile mass
- 1 - size of pile mass is < ¼ Inch
- 2 - size of pile mass is about ¼ Inch
- 3 - size of pile mass is in between ¼ to 1 Inch
- 4 - size of pile mass is in between 1 to 1 ¼ Inch

Raktasrava (Bleeding per rectum) :

- 0 - No Bleeding
- 1 - Mild bleeding with defecation
- 2 - Moderate bleeding
- 3 - Proluse bleeding

Arsha Bhraan (Protrusion of mass) :

- 0 - No protrusion
- 1 - Pile mass do not protrude out side the anal canal
- 2 - Pile mass protrude during defecation which reduced it self
- 3 - Pile mass protrude during defecation which replaced manually
- 4 - permanent protrusion of pile mass

Aniyat Vibandhu (constipation)

- 0 - No constipation
- 1 - Mild constipation
- 2 - Moderate constipation
- 3 - Severe constipation

Investigations - CBC, Urine routine, BSL, BT,CT.

Drug review :

- Gandharva haritaki - 10 gm HS
- Arshoghni vati - 2 TDS
- Triphala kwath for sitz bath

This drug taken for 3 months , drug purchased from GMP approved pharmacy. Follow up - 1st month , 2nd month , 3rd month.

Jalauka Avcharan Vidhi :

Two sitting of jalauka avcharan carried out kept 10 days interval in two sitting. Routine check up of patient done carefully like BP, RR, pulse etc. give idea to patient about jalauka karma.

Materials Required :

Leeches 2-3, Warm and cold water, Bowls 3 - 4 in number, Gloves, Gauze pieces, Cotton pads, Haridrapowder, Bandages

Purva karma :

- ◊ Jalauka shodhan done with haridra powder
- ◊ Due care was taken, so that the leeches do not enter the anal canal.

Pradhan karma :

- ◊ Gives lithotomy position to patient.
- ◊ Apply jalauka on pile mass.
- ◊ Then kept moist gauze piece on jalauka.
- ◊ Time was noted

Paschat karma :

- ◊ After 20 min if jalauka not detached from this site sprinkle haridra powder on jalauka.
- ◊ Site of application clean with triphala kwath.
- ◊ Apply T shaped bandage
- ◊ Patient kept under observation for minimum 5 hrs.
- ◊ Jalauka shodhan were done again

Results & Observation :

This is clinical study carried out on 5 patients of thrombosed piles. All of this taken treatment seriously. Patients selected from IPD & OPD of our shalyanta dept. of our institute, no any complication were seen in time of treatment. Written consent taken from patients. This data shows Raktmokshan chikitsa along with appropriate shaman aushadhi give significant results in arsha chikitsa. Effect on pain - pain subside effectively in all of 5 patients only 2 patients complaints pain only at time of defecation, but they having history on bike riding at treatment period.

Effect on Constipation - In which 4 patients having no any constipation only 1 patients complaints about constipation, we advised him to follow pathya strictly.

Effect on Raktasrav - only 1 patient complaints of raktstrav after follow up, other 4 having tottaly stoppage of raktstrav.

Effect on Arshbharan - only one patient complaints about arshbharan. **Size of pile mass** - Pile mass size reduced in 5 out of 5 patients

Discussion :

Probably, due to the action of Hirudin and hyaluronidase it improves not only the blood circulation in organs, but also in other organs and tissues due to the best capacity of capillary tissues exchanging and so on. It promotes reduction of swelling, dissolution of the organized blood clots, and analgesic effect. Using of leeches promotes the increasing of local immunity as well. The leech application is effective in reducing the pain, this supports the analgesic action of leech compound. In thrombosed piles, the leech application has thrombolytic action. The pus and mucous discharge also get subsided due to leech application, this effect is due to antimicrobial and mitolytic properties of leech.

Conclusion :

- Surgery is contradicted if the hemorrhoids are associated with secondary complications like thrombosis. Hence effective method for the treatment of thrombosed piles as well as to minimize the post-operative complications becomes necessary. It had given a scope to evaluate the role Jalaukavacharan in the management of thrombosed piles.
- Jalaukavacharan provides analgesic and thrombolytic activities.
- Also helps to decrease in pus and other discharges can be expected because of the antimicrobial and mitolytic properties of leech.

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"Ayurvedic management of kitibha kushta- a case study."

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ABSTRACT:-

Kitibha Kushta is the disease which is not life threatening but appears ugly which makes the patient psychologically stressed. Kitibha kushta has mainly kapha dushti predominantly, but as kushta is said to be tridoshaj vyadhi various symptoms vary in patients according to dosha dominance. Similarity in Psoriasis and lakshanas of kitibha kushta after primary literary review made us more convenient to set up the criteria and to have PASI as objective criteria. Ayurveda believes in both Antaparimarjan and Bahiparimarjan chikitsa for kushta so the study was planned accordingly to evaluate the efficacy in Kitibha Kushta.

KEYWORDS:-

Kushta, Kitibha Kushta, Psoriasis, Raktamokshan, Arogyavardhini vati, Khadirarishta.

INTRODUCTION:-

Due to unhealthy diet and sedentary lifestyle there is Increase in the impurities in body leading to various skin diseases. The Main cause of any skin disease is mainly impurity of blood. In Ayurveda, all skin diseases comes under Kustha Roga. Acharya Charak has already mentioned causes, symptoms and types of kushta which correlates with psoriasis¹. Kustha is said to be Tridoshaj Vyadhi but according to predominancy of Dosha type of kushta is classified². Kitibha kushta is mainly due to Kapha vata dosha³.

CASE REPORT:-

- Simple Random Single Case Study.

- A patient of 36yrs Male having following complaints since 1month came to opd-

- 1) Raised red patches of skin with black or silvery scales over right forearm and leg.
- 2) Itching (kandu), Burning (Daha) sensation over lesions.
- 3) Bleeding or cracking of lesions.

HISTORY OF PRESENT ILLNESS:-

He had raised whitish red colour patches over right forearm initially with severe burning and itching sensation so the came to opd for treatment. When he came for 1st time we did all the blood investigations like CBC,BSL and Urine routine to rule out other possibilities but reports were within normal limits.

PERSONAL HISTORY:-

Swakul.

Asthavidha Parikshan-

i)Nadi-kaphapradhan pittanubandhi

ii)Mala-Samyak

iii)Mutra-Samyak

iv)Jivha-Sam

v)Shabda-Spashta

vi)Sparsha-Khar,ushna

vii)Druk-Prakrut.

viii)Akrti-Pittapradhan Kapha.

OTHER EXAMINATION-

Agni-Madhyam

Bala-Madhyam

SYSTEMIC EXAMINATION-

BP-126/80mmHg, P-78/min.

T-97.8^of, RR-18/min

P/A-soft, Non tender.

MATERIAL AND METHOD:-

Center- Dhanvantari Ayurved Hospital.

ASSISTANT CRITERIA-

1) SUBJECTIVE CRITERIA-

-Raised red patches of skin with blackish or silvery scales over the lesion.

-Burning(Daha),Itching(Kandu) over the lesion.

-Bleeding or cracking of lesion.

2) OBJECTIVE CRITERIA⁴-

i) Candle Graze sign

ii) Auzpitz Sign.

SHAMAN CHIKITSA:-

DATES	TREATMENT
2/9/2019 - 15/9/2019 (15 Days) (1 st Visit)	1) Raktapachak Vati (250mg)-1bd 2) Arogyavardhini Vati(250mg)-1bd 3) Cap. Citazil(250mg)-1bd 4) Kushtaghna Yog-Rasmanikya (250mg)...etc 5) Khadirarishta-2tsf bd
16/9/19- 31/9/19 (15 Days) (1 st F/U)	1) Panchatikta Ghruta-1tsf in morning with one cup of milk. 2) Remaining medicines as above.
1/10/19- 30/10/19 (1 Month) (2 nd F/U)	1) Omit Arogyavardhini Vati, Khadirarishta 2) Tb.Nimbadi Vati (500mg)-1bd 3) Tb.Varnyadi Vati (250mg)-1bd 4) Liq.Rubyclin-2tsf-bd 5) Remaining medicines as above.

SHODHAN CHIKITSA:-

Raktamokshan⁵ was done during 1st F/U from cubital region approx. up to 60ml. Blood was black, viscous (pittakaphaj).

LOCAL APPLICATION:-

Bruhat Dantifaladi Tail was given during 1st F/U after Shodhan Karma.

RESULT:-

The treatment of 2 Months comprising Shaman and Shodhan Chikitsa is found to be beneficial, there is no itching, burning sensation or scaly patches.

DISCUSSION:-

In above case report 'Raktamokshan' helps in clearing Aama, kleda dushti in rakta which is found 'Sadya Phaladayi' in this case, with this Pittashamak, rakta prasadak, krimighna properties of Dravyas used in 'Shaman Chikitsa' help in 'Samprapti Bhanga' due to which good response can be achieved in 'Krucchasadhya' disease like 'Kitibha Kushta'.

CONCLUSION:-

This case study is documented evidence for successful management of Kitibha Kushta. Patient is advised to follow Pathyapathya to avoid recurrence.

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Scientific Explanation of 'Ahar Vidhi Vidhan' mentioned by Charakacharya (disciplinary Diet/Eating)

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Abstract-

Ayurveda is the ancient science which not only gives effective treatment for many diseases but also provides healthy way of living. *Ahar*, *Nidra* & *Bramhacharya* is three important *upastambha* of life in *Ayurveda*. *Ayurveda* gives immense importance of *Ahar* and explains that how healthy and techniqueful eating is important for healthy body, mind and soul. *Acharya charak* describes '*Ahar Vidhi*' which gives us importance of Do's and Don'ts about diet and drink. It gives importance of eating healthy food and also describes its various ways. In present Era, diet and lifestyle is unknowingly responsible for many diseases. Now a day, people are fascinated towards frozen & preserved food which satisfy their taste bud but as well invites many diseases. That's why one should follow *Ayurveda* principles to prevent various lifestyle disorders. Present study is review of '*Ahar Vidhi*' and the disorders caused by not following the principles described by *Acharya charak*. This study also states that

there is scope of scientific testing to justify textual references.

Keywords-

Ayurveda, *Ahar Vidhi*, diet, Life Style disorders.

Introduction –

Ahar is basic need of living beings. In present, there is increase in prevalence of life style disorders in which faulty and unhealthy diet habits play an important role. Nowadays improper way of diet due to fast life, leads to several diseases which can be avoided by following '*Ahar Vidhi Vidhan*'. *Ahara Vidhi Visesa Ayatana* means, the causative factors responsible for the wholesome and unwholesome effect of the methods for diet intake. There are many diseases, in which *Ahara Vidhi Vidhana* is mentioned as *Hetu*. So the advice of *Pathyasevana* and *Nidana Parivarjana*, in the form of *Ahara Vidhi Vidhana*, can also help for *Vikarasamana*. The term *Ahara Vidhi Vidhana* is used first

by *Charaka* in *Vimanasthana* 1st chapter. Though many other classics have elaborately mentioned the same rules, they have explained them under different headings like *Bhojana Vidhi*, *Annavidhi* etc.

Aim and objectives:

To review the '*Ahar Vidhi*' and the disorders caused by not following the '*Ahar Vidhi*' described by *Acharya Charak*.

Material and methods:

In this conceptual study, a review of *Charaka Samhita vimanstana* has been done.

Discussion:

Scientific Explanation of Ahar Vidhi Vidhan-

The concept of *Ashta Ahar Vidhi Visheshayatan* was put on decades ago but holds strong even in today's era. Need is to assimilate it in our daily routines. In order to remain healthy, individual must take into consideration the basic nature of food that will suit to his *Prakriti*, because it is this diet that will stabilize his *Doshas* and replenish his *Dhatu*s. The term *Ahara Vidhi Vidhana* (Dietary guidelines) is used first by *Acharya Charak* in *Vimanasthana* 1st chapter. These eight rules about diet are as follows –

Ushnam Ashniyat¹ (Consuming warm food) –

According to *Charakacharya*, consuming warm food tastes good, pacify *Jatharagni*, digests easily and *Vat-Kapha* are maintained at equilibrium. On taking cold food, body uses energy to make it warm, then it is digested and nutrients are absorbed. Excessive consumption of warm food also lead to number of health issue like fatigue, weight gain etc.

Snigdham Ashniyat² (Consuming fat included diet)-

According to *Acharya Charaka*, fat increases the taste, ignifies *Jatharagni* diets easily, pacifies *Vata*, encourages body growth, strengthens *Indriya* and body, improves complexion. That why one should consume fat included diet fats are essential for giving energy and protects the organs, keep your body warm, important for absorption of vitamin A,D,E, K-Fat provides structural component not only of cell membranes in the brain but also of myelin that surrounds each nerve fiber fats are structural component of most important substances in the body including prostaglandins regulate production of sex hormone, *Ruksha Ahar* produces difficulty in excretion of urine, stool and semen.

Matravat Ashniyat³ (Balance diet) –

One should eat balance and limited diet which maintains the equilibrium of *Tridosh* and enhances longevity, easily excreted, not disturbs the *Jatharagni*, digest easily. Also unbalanced and unlimited diet can lead to weight gain, obesity which is linked to diabetes, heart disease and other illness.

Jeerne Ashniyat⁴ (Digestion and first meal is necessary before taking second meal)

If second meal is taken after digestion of first meal then it enhances the longevity otherwise *Apkava Ahar Rasa* mixes with the, *Pakva Ahar Rasa* and vitiates the *Doshas*. So one should see if there is equilibrium of *Doshas*, having a clear belch; gases, urine and stool passed well, having well, appetite then he should

then he should eat his next meal. Otherwise, frequent eating without observing the digestion pattern can lead to indigestion, acidity, constipation, bloating etc.

***Veerya Aviruddham Ashniyat⁵* - (one should eat *Veerya Aviruddha Ahar*)**

Charakacharya has mentioned that if *Veerya Aviruddha Ahar* is taken then one can lead to several diseases such as sterility, blindness, or ascites, eruptions, insanity, fistula, fainting, intoxication, tympanitis, anemia, food poisoning, skin diseases, rhinitis, acidity etc.

***Ishtadeshe Ishtasarvopakaram Ashniyat⁶* – (food should be consumed on proper place with proper utensils)**

If food is consumed on proper place & proper utensils then one can eat the food being stress- free and can enjoy the food which is necessary for both healthy body and mind.

***Natidrutam Ashniyat⁷* (food should not eaten rapidly)**

If food is taken rapidly then some particle can be passed in respiratory tract causing choking or lead to infections also by eating rapidly one cannot analyses the impurity mixed with food such as small stone particles, hairs etc.

When people eat fast, they tend not to feel full and are more likely to overeat. Eating fast can cause bigger glucose fluctuation which can lead to insulin resistance.

***Nati Vilambit Ashniyat⁸* (food should not taken too slowly)**

If food is taken too slowly then it does not satisfies the individual, more quantity can be taken, not digests properly and also food becomes cold.

***Ajalpan- Ahasan – Tanamana Bhunjeet⁹* (eating without talking laughing, mindful eating)**

One should take the food without laughing and talking otherwise choking and infection in respiratory tract can occur mindful eating gives realization what we are eating, it is useful or not, what quantity we are eating.

We should not talk or laugh while eating, if we do so then food will not get digested and it will create low quantity sugar, low quantity fats. When we open mouth for speaking air enters the mouth and this air spoil the digestive work of saliva and food also most of the times our talks are about our family ,office or any problem which gives emotions such as anger, tension to which some chemical changes happen in our body and digestion is affected.¹⁰

***Atmana abhisamikshya¹¹* (eating after analyzing the need) –**

One should eat after analysing the food that is good for me or not? Can I digest it or not?

Diet should be taken by thinking *Prakruti, Agni, Satmya, Dosh, Abhyavaharan Shakti, Jaranshakti*.

Also age, pregnancy, lactation, sickness, travelling, type of work should be considered while taking diet.

Conclusion

Scientific evaluation of the *Ashta ahar vidhi visheshayatan*, when presented in front of people, may provoke their

interest towards these eight norms again. After viewing above points of *Ahar Vidhi Vidhan*, it can be concluded that *Aahar* if consumed according to above mentioned features, proves the best medication and a prophylactic treatment of most of the diseases, such as diabetes mellitus, obesity, stress, PCOS, Infertility, acidity, many other diseases for which faulty and unhealthy diet habits are responsible for many extents.

So taking disciplinary diet according to *Ahar Vidhi Vidhan* gives a healthy mind, body and soul.

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Scientific Explanation of 'Ahar Vidhi Vidhan' mentioned by Charakacharya (disciplinary Diet/Eating)

Anushri Vasant Netke, Satish Digambar Urhe, Ankush Haushiram Gunjal

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A Case Study of *Janusandhigatavata* (Osteoarthritis of knee joint)

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Abstract-

Osteoarthritis is one of the most common disorders in joint disease. It is characterized by pain, shiftiness, decreased range of motion which is very close to *Sandhigatavata*. *Sandhigatavata* is amongst 80 *Nanatmaj Vat Vyadhi*. Here is a case of 57 years old male patient who was having complaints of pain, tenderness, crepitus, swelling and restricted movement of both knee joints. Based on these symptoms and clinical sign he was diagnosed as a case of *Sandhigatavata*. Treatment given to this patient was *Snehan, Swedan, Janubasti, Yog, Basti* and oral medication. Assessment of patient before and after treatment was done on the basis of pain, tenderness and physical activity to exclude the efficacy of the treatment. Based on assessment parameter, moderate improvement was seen in subjective sign & symptoms after the

completion of Schedule of IPD treatment & 1 month follow up. The pain & physical activity were improved significantly.

Keywords: Osteoarthritis, *Sandhigatavata*, *Vata, Basti*

INTRODUCTION

In *Charak samhita*, two types of *Vat Vyadhi* are mentioned, *Nirupstambhit Vat vyadhi* that develop due to *Dhatukshay* & *Upastambhit Vat Vyadhi* that develop due to *margavarodh* due to *kapha* & *aam*. *Charakacharya* has explained it as '*Sandhigata Anil*' which on palpation feels like bag filled with air.

Food, lifestyle & Environment are three important determinants related to the cause of disease. Nowadays continuous standing work, stress factor; sedentary life leads to *Vatprakop* which may be due to

Dhatukshaya (Degeneration) or *Margavarodh* (obstruction). This *Prakupit Vat* is extended to the joints where there is *kha-vaigunya* and marks the beginning of *Sandhigatavat*. Symptoms of *Sandhigatavat* are pain, swelling, tenderness and restricted movement of joints. When the disease occurs after 4th decade of life, it is mainly due to *Dhatukshaya*. According to modern, symptoms of O.A. are loss of articular cartilage, swelling, pain, synovial inflammation, joint shiftiness, loss of mobility and it is a degenerative disease. The common obstacle for the elderly is to carry out all daily living & decreased mobility.

Detailed management of this condition in *Ayurveda* texts contains a combination of external & internal medication the *bahya Chikitsa* includes *Snehan, Swedan, Janubasti, Patrapindla* etc. *Abhyantar Chikitsa* include *Churna, Kashay, vati, asav arishtas* and many more processes.

Materials & Methods

A 57-year-old male patient came to Panchakarma OPD at SMBT *Ayurveda* College & hospital, Dhamangaon, Nashik having following complaints but he didn't get relief anywhere so he was admitted in SMBT hospital for 12 days.

C/O

BL knee joint pain: 3 yrs.

BL knee joint swelling: 3 yrs.

Restricted movement of BL knee joint were having swelling & restricted movements. X-

ray of BL knee joint showed *osteoarthritic* changes and *osteophytes*.

He was diagnosed as a case of *Januandhigatavata* on the basis of clinical sign, symptom, X-ray, finding & examination. Treatment was started after detailed history taking & examination of the patient.

Examination of patient-

**Table A -
Ashtavidhanparikshana**

1. <i>Nadi</i> - 72/mins, <i>Vatpradhan Pitta-anubandhi</i>
2. <i>Mutra</i> - <i>Samyak</i> (7-8 times / day , 1 times in night)
3. <i>Mala</i> - <i>Baddhakoshthata</i> (<i>Yadakada</i>) <i>Niram</i>
4. <i>Jivha</i> - <i>Saam</i>
5. <i>Shabd</i> - <i>Spashta</i>
6. <i>Sparsh</i> - <i>Samsheetoshna, Janupradeshi Ushanasparsh</i>
7. <i>Durk</i> - <i>Netragolak</i>
8. <i>Akruti</i> - <i>Madhyam</i>

Table 1

Table B – Aturbalapramana Pariksha

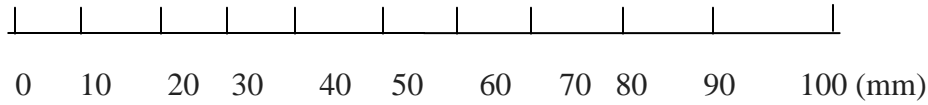
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2. <i>Vikruti</i> - <i>Sandighatavata</i>
3. <i>Samhanan</i> - <i>Madhyam</i>
4. <i>Sara</i> - <i>Madhyam</i>
5. <i>Praman</i> - <i>Madhyam</i>
6. <i>Satmyatah</i> - <i>Avar</i>
7. <i>Satva</i> - <i>Madhyam</i>
8. <i>Aaharshakti</i> - <i>Madhyam</i>

Table 2

Assessment Criteria –

The improvement in the patient like reduction in pain, swelling, restricted movement score graded based on following scales.

10 cm Visual Analogue Scale (Vas)



No pain

maximum pain

2. Pidanasahtva (Tenderness) –

Sr. no.	Severity of Symptoms	Grade
1	No tenderness	0
2	Patient says tenderness	1
3	Wincing of face	2
4	Wincing of face & withdrawal of affecting part	3

Table - 3

3. Shotha (Swelling)

Sr. no.	Severity of Symptoms	Grade
1	No shotha	0
2	Slight shotha	1
3	Moderate shotha	2
4	Severe shotha	3

Table - 4

4. Crepitus

Sr. no.	Severity of Symptoms	Grade
1	No Crepitus	0
2	omplained by patient but not felt in	1

1. Pain (Shoola) –

	examination	
3	Felt on examination	2
4	Felt & heard on examination	3

Table - 5

Treatment Protocol –

Patient is given both shaman & Panchakarma *Chikitsa*. Patient was given following medicines followed by *Panchakarma* & got significant result.

Ayurvedic Management –

Sr. No	Medicine	Dose	Frequency
1	<i>Yograj Guggula</i>	2 Tab	BD
2	<i>Mahavatvidhvansa</i>	2 Tab	BD
3	<i>Dashmool Kwath</i>	40 ml	BD
4	<i>Lavanbhaskar Churna</i>	3 gm	BD
5	<i>Swadishtha Virechan churna</i>	3 gm	HS

Table – 6

Panchkarma Rx –

- *Sarvang Snehan & Swedan* is started after 3 days of oral medication.
- *Janubasti* was given after *Snehan & Swedan* with *Mahanarayn tail & Sahachar Tail* mixed oil.
- With above measures, *Yogbasti Karma* was given to patient for 8 days from 4th day.

1	Day 1 – oral medication	
2	Day 2 – oral medication	
3	Day 3 – oral medication	
4	Day 4 – <i>Anuvasan Basti</i>	<i>Mahanarayan Tail + Sahachar Tail</i> 40 ml 40 ml
5	Day 5 – <i>Anuvasan Basti</i>	Same as above
6	Day 6 – <i>Niruha</i>	<i>Dashamoola Niruha</i> (960ml)
7	Day 7 – <i>Anuvasan</i>	<i>Mahanarayan Tail</i> (80 ml)
8	Day 8 – <i>Niruha</i>	<i>Dashamoola Niruha</i> (960 ml)
9	Day 9 – <i>Anuvasan</i>	<i>Mahanarayan Tail</i> (80ml)
10	Day 10 –	<i>Dashamoola</i>

	<i>Niruha</i>	<i>Niruha</i> (960 ml)
11	Day 11 – <i>Anuvasan</i>	<i>Mahanarayan Tail</i>

Preparation of Dashamoola Niruha Basti –

For preparation of *Dashamoola Niruha basti* 200 gms of *Dashmool baharad* was boiled 320 ml of *.ashmool Kwath*.

Total Quantity of *Niruha Basti* - 960 ml

Kwath- 800 ml

Madhu- 25 ml

Dashamoola churna- 30 gms

Mahanarayan Tail – 100ml

Saindhav- 5 gm

In the vessel, honey & *Saindhav* are added, mixed well. After that warm oil is added, & stirred well, then paste of drugs is added. After stirring well, *Dashmool Kwath* is added and then combined well & put in the *bastiyantra*.

Preparation of Anuvasan:

Mahanarayan Tail - 120 ml

Shatpushpa Churna - 1 gm

Saindhav - 1 gm

Tail is heated indirectly. *Shatapushpa Churna & Dashmool Churna* are added as *prakshep*.

Result

As per objective assessment criteria, patient's sign & were analyzed before

treatment & after treatment and during followed period. The result shown in the table as under

Sr. no.	Knee	Pain		Tenderness		Swelling		Crepitus		Total score	
		BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	Rt. Knee	40	20	2	1	2	1	2	2	46	24
2	Lt. knee	40	20	2	1	2	1	2	1	46	23
Total										92	47

As per above table score was 92 at the time of admission & if reduced to 47 at the time of discharge . It showed 52% relief in patient

Discussion

Sandhigataavata is a *Nirupstambhit Vat vyadhi* caused by *Dhatukshay*. With the age, *Rukshata* of *Vat dosha* increases and so increase the *Dhatushaya*. So *Snehan* is a given to the patient that reduced pain, brought back the *Mardavata* of joints. *Swedan* helps to reduce stiffness and provide flexibility of *Sandhi*. *Janubasti* reduces the *Shool*, *Shabd* and *Shotha*. It gives strength to the joint. Oral *Ayurvedic* medicines are *Vathara*, *Shothhara*, *Shoolghna* and *Rasayan*. In *Janusandhigataavata*, *Vat Dosha* is vitiated by *Ruksha*, *laghu guna* that is mitigated by *Basti*.

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Review on Rectal Prolapse

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Abstract :

Rectal Prolapse is the commonly occur in this life style changing era , junk food & busy life style are the causes behind them , It is more common in adults than children, and it is particularly prevalent in women aged 50 years or older, who are six times more likely to be affected than men. Most women who have rectal prolapse are in their 60s, while most men are aged 40 or younger. In the case of older women, rectal prolapse will often occur at the same time as a prolapsed uterus or bladder. This article is the overview of rectal prolapsed with its symptoms ,causes ,treatment ,complication & prevention .

Key words - Rectal Prolapse, life style, Junk food

Introduction :

Prolapse means that a body part has slipped or fallen down from its normal position. Rectal prolapse is when the rectum the bottom part of your large intestine drops down towards or outside your anus. Rectal prolapse can create an inability to control bowel movements, causing stool to leak from the rectum. This is because of general weakness in the pelvic muscle . Most external prolapse cases can be treated successfully, often with a surgical procedure. Internal prolapses are traditionally harder to treat and surgery may not be suitable for many patients.

Aim & objectives :

- ✦ To study the rectal prolapsed as per modern science
- ✦ To study the cause, symptoms & General management of Rectal prolapsed.

Material & Methods :

Rectal prolapsed is commonly occur in this era ,in this review article we discuss symptoms ,causes ,treatment ,complication & prevention .for this some modern text book ,reference book ,internet article were used .

Types :

There are three types of rectal prolapse:

Full-thickness - The full thickness of the wall of the rectum sticks out through the anus. This is the most common type of rectal prolapse. There can be a partial or complete protrusion.

Mucosal - Only the lining of the anus sticks out through the anus.

Internal - The rectum folds in on itself but does not stick out through the anus.

Symptoms :

Additional symptoms of rectal prolapse can include:

- ◆ Feeling a bulge outside from anus
- ◆ Seeing a red mass outside anal opening
- ◆ Pain in the anus or rectum
- ◆ Bleeding from the rectum
- ◆ Leaking blood, poop, or mucus from the anus
- ◆ Constipation or discomfort
- ◆ Difficulty controlling bowel movements, which occurs in around 50 to 75 percent of cases

Causes :

A variety of things can cause the condition, including:

- ◆ Long-term history of diarrhea or constipation
- ◆ Long-term history of having to strain when poop
- ◆ Old age, which weakens muscles and ligaments in the rectal area
- ◆ Previous injury to the anal or hip area
- ◆ Nerve damage that affects your muscles' ability to tighten and loosen



Complications :

Strangulated prolapse - this prolapsed occurs very rarely, when part of rectum becomes trapped and cuts off the blood supply, causing tissue to die. This can develop gangrene, and the area will turn black and drop off. This

Solitary rectal ulcer syndrome - Present in mucosal prolapse, ulcers can develop on the part of the rectum sticking out. This complication often requires surgery.

Recurring prolapse - People who have surgery for rectal prolapse may have another prolapse at some point in the future

Prevention

Prevention is better than cure There are some lifestyle changes people can make to try and avoid rectal prolapsed like as:

- * eating plenty of fiber
- * drinking plenty of water
- * exercising regularly
- * avoiding excessive straining during a bowel movement

Treatment :

Conservative - Diet plays important role in the management of Rectal prolapse. Dietary fiber may be beneficial to reduce constipation, and thereby reduce straining. A bulk forming agent (e.g. psyllium) or stool softener can also reduce constipation.

In children, the prolapse can usually be gently pushed back using a lubricant gel. Sometimes a laxative is required. Very occasionally an injection that shrinks tissue (a sclerosant) has to be given.

Surgical - Surgery is often required to prevent further damage to the anal sphincters. Surgical approaches in rectal prolapse can be either perineal or abdominal. A perineal approach refers to surgical access to the rectum and sigmoid colon via incision around the anus and perineum. Abdominal approach involves the surgeon cutting into the abdomen and gaining surgical access to the pelvic cavity. Procedures for rectal prolapse may involve fixation of the bowel (rectopexy), or resection (a portion removed), or both. Trans-anal procedures are also described where access to the internal rectum is gained through the anus itself.

Discussion :

Some people may experience an internal rectal prolapse, which is different in that the prolapse will not protrude. However, the person may feel as if they have not passed everything during a bowel movement. As time goes on, a rectal prolapse may happen when a person coughs, sneezes, or stands up. Some people with a rectal prolapse have described it as like "sitting on a ball." At first, the person might only notice a lump or swelling coming out of their anus when they have a bowel movement. Initially, the person may be able to push the rectal prolapse back in. Over time, however, the prolapse is likely to protrude permanently, and a person will be unable to push the prolapse back.

Conclusion :

Rectal prolapsed typically occurs in older women, but it can occur in men and women of any age. Risk factors include multiple births and vaginal delivery.

- ❖ A rectal prolapse tends to become noticeable gradually over time
- ❖ Often it is associated with weak muscles in the pelvis.
- ❖ There can be complications if it is not treated promptly and properly.

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Editor

Ayurvedic Management Autoimmune Disease of Ulcerative Colitis - A Case Study

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Abstract :

Ulcerative colitis is type of inflammatory bowel disease causing inflammation & ulcer in return & colon. This is an autoimmune today's lifestyle, environment, unhealthy diet, medication use & stress which play an important role in aetiology. In ulcerative colitis rectal bleeding, mucus discharge, frequent stool, weight loss, anemia, fever, abdominal pain, bloody diarrhoea. In allopathic medical science no significant treatment is there for UC. Corticosteroid, Anti diarrhoeal agent, antibiotics, antispasmodic, multivitamins etc. are used which result in other complication too.

A chronic patient of UC came to consult in SMBT AYURVED HOSPITAL Shalyatantra OPD to take better management for her. The feature like blood in stool, frequent stool & general debility was treated with basic ayurvedic management Rakta- stambhak, Rasayan, Rakta-prasadana pitta shaman chikista was adopted as line of treatment & also important to pathya - Apathya The patient responded well C much improvement in her general condition.

Key words - Ulcerative colitis, RaktaStambhak, Rasayan.

Introduction :

Today's changing life style is resulting in various health problem like inflammatory bowel disease. Ulcerative colitis is an inflammatory bowel disease causing inflammation & ulcers in the colon. In ulcerative

colitis rectal bleeding, mucus discharge, frequent stool, weight loss, anemia, fever, abdominal pain, bloody diarrhoea. In some cases it is also associated with systemic illness as sacroilitis, spondylitis, hepatic involvement & migratory polyarthritis etc. The diagnosis is confirmed by barium enema, endoscopy & biopsy. The medical treatment, antibiotics, antidiarrhoeal agent, antibiotics, corticosteroids, multivitamins intravenous fluid to overcome dehydration & electrolyte imbalance. Sometime blood transfusion is required to correct anemia. Ayurvedic system of medicine is very beneficial in the treatment of UC. The various conditions described in Ayurveda like Raktoatisara, Grahani resemble of UC due to similarity in symptoms.

Case Report :

A female patient of age 25 years having the complaints of 15-20 bloody diarrhoea per day, pain in abdomen & several weakness came to S.M.B.T. Ayurved Hospital OPD to take better management. She was very thin, lethargic, anemic & weak. According to her she was not able to do daily routine works due to weakness. The patient could not take normal diet aggravation of the symptoms. In allopathic hospital she was diagnosed as patient of UC & by the treatment provided she felt no improvement in general conditions.

On Examination :

G. C. Very Poor

Pulse - 106 /min

B.P. - 90/60 mmofleg Palor - +++

Abdomen - Tender

No Lymphadenopathy, no cyanosis.

Rectal Exam :

No Perianal inflammation in the form of fissure, fistula or pilemass is noticed. So the patient was planned for Ayurvedic Management. The symptoms of UC can be co-related C Raktatisara as the frequent stool & blood in stool. Therefore the first line of treatment Ralctastambhak, Purishasanghrahana rasayan (immuno modular), vyadhiharchikista (Disease modifying agent)

Raktastambhak - BolabadhaRas

Rasayan - GiloySatta, Rasa parpatiprabalpistiVyadhiharchikista - Picchabasti

Thus following prescription was provided to patient -

- 1) BolbadhaRas (125 mg) - 2 tablets twice a day C lukewarm water after meal.
- 2) Aampachakvati (250 mg) - 2 tablets twice a day after meal.
- 3) Giloya Ghana Vati - 2 tablets twice a day after meal.
- 4) Rasa parpati (125 mg) - 1 tablet twice a day.
- 5) Prabal pisti (250 mg) - 2 tablet twice a day.
- 6) Vyadhiharchikitsa - picchabasti (before meal) & Anuvasanbasti (morning)

Picchabasti contents :

- Mochras - 10 gm
 Vatankur - 10 gm, 100 ml decocadion
 Aswathatwak - 10 gm +
 Udambartwak - 10 gm, Jatyadighrita 10 ml
 Bahooltwak - 10 gm +
 Yastimadhu - 20 gm Honey

Anuvasan Basti - Jatayadi tail (in evening) 50-60 ml after meal for 15 days. Recommended diet was planned according to digestive power (Agni).

Pathya (to be taken) - The following specific foods are generally recommended in Ayurveda for patient of ulcerative colitis such as old rice, mungdal, saffron, cumim, coriander, beans, cow's milk & butter, goat milk & butter, almonds, banana, mango, all green vegetables.

Apathya (to be avoided) - Spicy food, non-veg foods, bekari products, pasta, salty & acidic foods should be avoided.

Vihar (Activities) - Yoga, Pranayama, medication.

The patient was advised to take the medicine for 2 months.

Results & Observations :

After two months there was much improvement in clinical symptoms & sign of patient. It is shown in table;

Table - 1 - Symptoms & signs before and after treatment.

Signs & Symptoms	Before treatment	After treatment
Frequency of stool	15-20 times/day	3-4 times/day
Stool in stool	with each defecation	Absent
Pain abdomen & discomfort	whole day irregularly before defecation	non-existent
Pallor	Hb-7.5%	Hb-9.5%
Body strength	Very weak	Improved
Weight loss	Severe	Gained 3 kg of weight
Appetite	Poor	Improved
Mental status	Dull & depressive	Sound & satisfied

Discussion :

The treatment was basically symptomatic i.e. Bolbadharas, Aampachakvati, Giloyaganavati, Prabal pisti, Rasa parpati decrease the liquidity of stool & hence the frequency. Drugs used in picchabastimocharas having kashyarasa & shitavirya which is stambhak, Grah, Shothahar property so helpful to stop diarrhoea & rectal bleeding. Jataydighrita having madhur rasa & sheet vriya along snighda & picchil property which protect ulcer from irritation & thus it help heading. Also anuvasanbasti C Jataydi tail which was given in evening after meal.

Conclusion :

In above case I got remarkable recovery - Ayurvedic medicinal treatment. This is quiet safe, effective, cheapest & without any side effect treatment & can be done in routine practice.

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Study of Vyavahar Sharir of Raktavaha Srotasa Moolsthana Accrding to Ayurveda & It's Co-relation with Modern Science

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Abstract :

Living physical body is comprised of numerous channel intended as an internal transport system for divergent functions. Yakrit (liver) and Pleeha (spleen) are described as the moolsthana of Rakta VahaSrotas which play significant role in the formation and obliteration of Rakta Dhatu.

Liver is a vital organ for Chayapachaya(metabolism) of consumed food. Acharyas have opined about the genesis of Yakrit from RaktaDhatuas Ayurveda narrates the basic principles including Panchamahabhoota, Tridosha, Saptadhatu, etc. in view of embryology and organogenesis. The liver is a well-known organ for Ayurveda. In Vedas, it is named as "Takima" or "Yakna". Synonyms like Kalakhanda, Jyotisthana, Yakritkhanda, Raktadhara, Raktashaya are found in the ancient literature for Liver.

Spleen being located in the pitta region of the body, is a pitta organ. Rather than having an action on the digestive system, its main actions are in the fighting of infections and the digestion of pathogens in the body. As an organ whose activity in protective and closely related to the immune system, the spleen can also be considered an organ of Kapha nature.

Keywords - Chayapachaya, Yakrit, RaktaDhatu, Panchamahabhoota, Tridosha, Saptadhatu, Takima, Yakna, Kalakhanda, Jyotisthana, Yakritkhanda, Raktadhara, Raktashaya,

Introduction :

1) **Applied anatomy** - Deals with application of the anatomical knowledge to medical & surgical practice & anatomy as applied to diagnosis and treatment of diseases.

- Clinical or Metabolic- Founded on actual observation and treatment.
- Surgical of the nature or pertaining to surgery.

2) Conceptual study of moolsthana -

मूलस्थानं इति प्रभवस्थानं । च.वि. ५/८ चक्रपाणिटीका

Prabhavsthana means utpattisthana.

शोणितवहानां स्रोतसायकं मूलप्लीहा च । च.वि. ५/७

The moolsthana of raktavahasrotas is Yakrut & Pleeha.

रक्तवहे द्वे तयोर्मूलयकृतप्लीहानौरक्तवाहिनीश्च धमन्यः । सु. शा. ९/१६

रक्तवहस्रोतो दुष्टी लक्षणं - Clinical anatomy

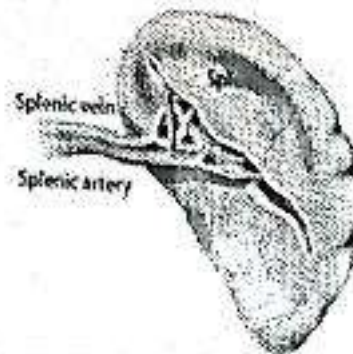
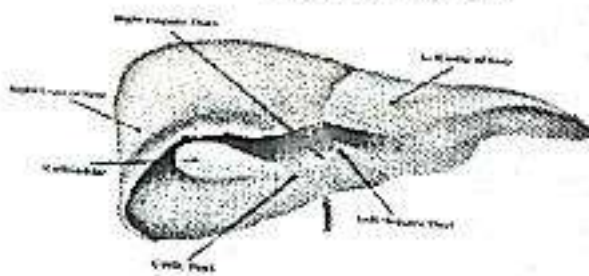
रक्तवहस्रोतो विद्ध लक्षणं - Surgical anatomy

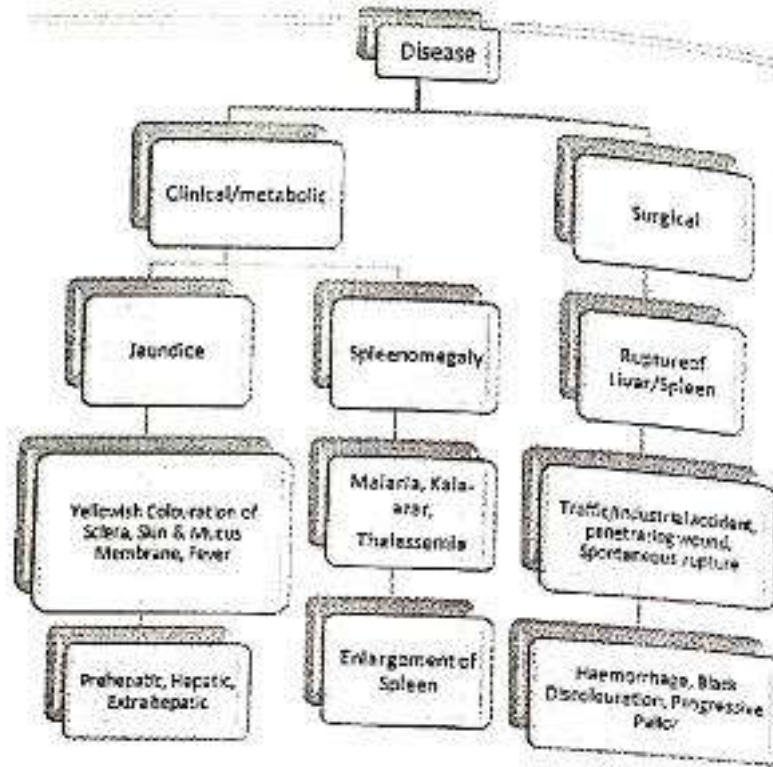
Objectives :

- Study of vyavaharsharir (applied anatomy) of raktavahasrotas moolsthan according to Ayurved & its co-relation with modern science.
- To study the existing literature of liver and spleen.

Methodology :

THE MEDICAL STRUCTURE OF THE LIVER





Discussion (Vyavahara - Sharir Yakrit & Pleeha) :

स्रोतोदुष्टी + स्रोतोविद्ध लक्षणे Applied anatomy of moolsthana
 वक्ष्यन्ते रक्तदोषजाः कुष्ठ विसर्पपिडकारक्तपित्तमसृग्दरः ।
 गुदमेढ्रास्यपाकश्चप्लीहागुल्मोऽथविदूथि ॥
 निलिमाकामलाव्यंगपिप्लवस्तिलकालकाः ।
 ददुर्चर्मदलं श्वित्रं पामाकोठासमण्डलं रक्तप्रदोषाज्जायन्ते ॥ च.सु. २८/११-१२
 कामला- jaundice; प्लीहावृद्धी- splenomegaly
 तत्रविद्धस्यश्यावांगताज्वरोदाहः पांडुता
 शोणितागमनं रक्तनेत्रता च ॥ सु.शा. ९/१६
 श्यावांगता-black discolouration;
 शोणितागमनं- haemorrhage; पांडुता - pallor

Yakriddalyudara (Hepatomegaly) : As per Sushruta enlargement of Yakrit through similar cause on the right side of the abdomen is called Yakriddalyudara.

Yakriddalyudara (Hepatomegaly): As per Ashtangasangrah similar to pleehodaryakrit also goes on increasing in the right hypochondrium region and produces Udarvyadhi with similar etiology, symptoms to pleehodar.

Yakriddalyudara (Hepatomegaly): As per Astanghridayayakrit is

present in right hypochondrium descends and enlarges like pleha and causes udarvyadhi. By its own cause raktavridhi takes place that enlarges pleeha and produces udarroga.

Through Charak is a physician he has explains thalakshanas of Raktavahastrotodushti under the topic of vyavahar-sharir of Yakrit and Pleeha. Sushruta as a surgeon has explained strotomool vidhalakshana if Raktavahastrotas. This stroto moollakshana's comes under vyavaharsharir of Yakrit or Pleeha.

Pleehodar (Splenomegaly):As per charak travelling immediately after taking food, performing more bodily activities, carrying heavy weights, excessive walking, vomiting and debility due to severe diseases. Due to all reasons the Pleeha which is situated in left side descends down and enlarges. Excessive production of Rasa Dhatu causes excessive production of rakta and combine effect of both these factors leads to pleehavridhi.

Pleehodar (Splenomegaly): As per Sushruta the rakta and kapha of a person deranged and aggravated through the ingestion of phlegmagogic food or of those which is followed by and acid digestionary reaction (vidaha), often enlarge the spleen (which give rise to a swelling of the abdomen). This disease is called Pleehodar by the expert Pleehodar protrudes on the left side of the abdomen. Its characteristics symptoms being lassitude, low fever, impaired digestion, loss of strength, jaundice, weakness, and other distressing symptoms peculiar to the deranged Pittam and Kapham.

Pleehodar (Splenomegaly): As per AshtangSangrahPleeha is stony hard, elevated as back of tortoise, enlarge slowly in the abdominal cavity and produces Udarvyadhi.

Siravedha :In case of enlarge pleeha the vein near the kurparasandhi of the left hand or that inside the fourth and fifth fingers should be opened. Similarly in case of yakritddalyudara or kaphodara the corresponding vein in the right hand should be opened.

Applied Anatomy of Liver : Hepatitis, Cirrhosis of liver, Jaundice, Pre- hepatic, Hepatic, Extra-hepatic, Liver biopsy, Liver transplantation, Hepatomegaly, Hepatic Lobectomies &segmentectomy, Rupture of liver, Portal hypertension, Injuries of the liver, Primary malignant tumours- Hepatocarcinoma, Non-parasitic

cyst, Hepatic abscess, Amoebic liver abscess, Secondary carcinoma of Liver, Neoplasm of the liver, Benign neoplasm- Hemangioma, Malignant tumours, Metastatic tumours, Hydatid cyst, Non parasitic, Metastatic Tumours, Abscesses.

Applied Anatomy of Spleen : Enlargement of Spleen, Splenectomy, Splenic puncture, Accessory Spleen, Hyper splenism, Rupture of the spleen, Splenic needle biopsy & Splenopartography, Cyst and tumours of the Spleen- Parasitic, Non-parasitic, Metastatic tumours, abscesses.

Conclusion :

- 1) In Ayurvedic text while explaining moolsthana Acharya also explained applied anatomy of that particular srotas that is srotodushti and srotovidahalakshana. This knowledge helps in diagnosis and treatment.
- 2) With the help of above discussion we can also study the applied anatomy of other srotas in clinical and surgical manner.

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Efficiency of Jalaukaacharan in the Management of Thrombosed Piles

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Abstract :

Sushruta has indicated Vistravana or Raktamoksham in the management of hemorrhoids .it has been explained that, in prolapsed (Nirgatani) and thrombosed (Doshapurnani) piles; Raktamokshana is the choice of treatment, which relieves pain. Raktamokshana can be carried out with the help of Jalauka (leech) or any other suitable method Raktamokshana is practiced in India since thousands of years, which has been included under the Panchkarma . Jalaukaacharan is one type of bloodletting in Ayurveda. Hirudin present in the saliva of leech helps in oppressing the process of blood clotting. In present study, the leech application in case of thrombosed piles is found to be effective. This application provides analgesic and thrombolytic activities.

Key words - Raktamokshana , thrombosed piles , Jalaukaacharan.

Introduction :

Thrombosed hemorrhoids are hemorrhoids that have no blood flow due to blood clots. They're most often external but can be internal, as well. Thrombosed hemorrhoids are not considered to be dangerous, yet they can be quite painful. A thrombosed hemorrhoid is usually visible as a small lump on the exterior of anus. They're a dark bluish color due to the clot inside the blood vessel. A normal hemorrhoid, if it's visible on the exterior, will look like a rubbery lump and won't have the dark blue coloration. Thrombosed piles possibly occur due to high venous pressure causing severe pain that leads to a tendency of avoiding defecation, leading to hardening of stools causing constipation, which further exacerbates bleeding. Hence its management in initial stages will become mandate.

Aim & objectives :

- To study the efficacy of Raktmokshan (JalaukaAvacharan) in the management of Arsha
- To study the aetiopathogenesis of Arsh in ayurvedic and modern view .

Material & methods :

This is clinical study carried out on 5 patients .Jalaukaavcharan is selected as a shodhan chikitsa and Arshoghni vati selected as a dhaman chikitsa. Patient selected OPD & IPD dept of shalyatantra of our institute as per our inclusion and exclusion criteria .

Inclusion Criteria :

- Patient suffering from 1st & 2nd degree internal piles
- External piles with classical sign & symptoms were included in the present study

Exclusion Criteria :

- Patients below 30 years & above 50 years of age were excluded
- Internal piles of 3rd & 4th degree were not considered in study.
- Systemic diseases like Colitis of any kind ,Uncontrolled Diabetes Mellitus (DM), Untreated Tuberculosis (T.B.), and Uncontrolled Hypertension (HTN) were also excluded
- Complicated piles like thrombosed.
- Associated ano rectal diseases like Anal Fissure ,Fistula in Ano, malignancy of Ano-Rectum were excluded

Subjective Criteria :

- 1) Size of pile mass
- 2) Raktasrava (Bleeding per rectum)
- 3) Arsha Bhran (Protrusion of mass)
- 4) Aniyat Vibandha (constipation)

Criteria for Assessment :

The improvement provided by the therapy was assessed on the basis of classical signs & symptoms of Arœha.

Size of pile mass :

- 0 - no pile mass
- 1 - size of pile mass is < ½ Inch
- 2 - size of pile mass is about ½ Inch
- 3 - size of pile mass is in between ½ to 1 Inch
- 4 - size of pile mass is in between 1 to 1 ½ Inch

Raktasrava (Bleeding per rectum) :

- 0 - No Bleeding
- 1 - Mild bleeding with defecation
- 2 - Moderate bleeding
- 3 - Profuse bleeding

Arsha Bhran (Protrusion of mass) :

- 0 - No protrusion
- 1 - Pile mass do not protrude out side the anal canal
- 2 - Pile mass protrude during defecation which reduced it self
- 3 - Pile mass protrude during defecation which replaced manually
- 4 - permanent protrusion of pile mass

Aniyat Vibandha (constipation)

- 0 - No constipation
- 1 - Mild constipation
- 2 - Moderate constipation
- 3 - Severe constipation

Investigations - CBC, Urine routine, BSL, BT,CT.

Drug review :

Gandharva haritaki - 10 gm HS

Arshoghni vati - 2 TDS

Triphala kwath for sitz bath

This drug taken for 3 months , drug purchased from GMP approved pharmacy. Follow up – 1st month ,2nd month ,3rd month.

Jalauka Avcharan Vidhi :

Two sitting of jalauka avcharan carried out kept 10 days interval in two sitting. Routine check up of patient done carefully like BP, RR, pulse etc. give idea to patient about jalauka karma.

Materials Required :

Leeches 2-3, Warm and cold water, Bowls 3 – 4 in number, Gloves, Gauze pieces, Cotton pads, Haridrapowder, Bandages

- Purva karma :**
- Jalauka shodhan done with haridra powder .
 - Due care was taken, so that the leeches do not enter the anal canal.

- Pradhan karma :**
- Gives lithotomy position to patient.
 - Apply jalauka on pile mass .
 - Then kept moist gauze piece on jalauka.
 - Time was noted

- Paschat karma :**
- After 20 min if jalauka not detached from this site sprinkle haridra powder on jalauka.
 - Site of application clean with triphala kwath.
 - Apply T shaped bandage
 - Patient kept under observation for minimum 5 hrs .
 - Jalauka shodhan were done again

Results & Observation :

This is clinical study carried out on 5 patients of thrombosed piles. All of this taken treatment seriously .Patients selected from IPD & OPD of our shalytantra dept .of our institute , no any complication were seen in time of treatment . Written consent taken from patients. This data shows Raktmokshan chikitsa along with appropriate shaman aushadhi give significant results in arsha chikitsa

Effect on pain - pain subside effectively in all of 5 patients only 2 patients complaints pain only at time of deification , but they having history on bike riding at treatment period .

Effect on Constipation - In which 4 patients having no any constipation only 1 patients complaints about constipation, we advised him to follow pathya strictly .

Effect on Raktastrav - only 1 patient complaints of raktstrav after follow up , other 4 having tottaly stoppage of raktstrav .

Effect on Arshbharan - only one patient complaints about arshbharan
Size of pile mass Pile mass size reduced in 5 out of 5 patients

Discussion :

Probably, due to the action of hirudin and hyaluronidase it improves not only the blood circulation in organs, but also in other organs and tissues due to the best capacity of capillary-tissues exchanging and so on. It promotes reduction of swelling, dissolution of the organized blood-clots, and cosmetic effect. Using of leeches promotes the increasing of local immunity as well. The leech application is effective in reducing the pain; this supports the analgesic action of leech component. In thrombosed piles, the leech application has thrombolytic action. The pus and mucous discharge also get subsided due to leech application, this effect is due to antimicrobial and mucolytic properties of leech

Conclusion :

- ❖ Surgery is contradicted if the hemorrhoids are associated with secondary complications like thrombosis. Hence effective method for the treatment of thrombosed piles as well as to minimize the post-operative complications becomes necessary. It had given a scope to evaluate the role Jalaukawacharana in the management of thrombosed piles.
- ❖ Jalaukavacharan provides analgesic and thrombolytic activities.
- ❖ Also helps to decrease in pus and other discharges can be expected because of the antimicrobial and mucolytic properties of leech

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"A critical review study on tamak shwas w.s.r. to copd from ayurved perspective."

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ABSTRACT-

Chronic Obstructive Pulmonary Disease (COPD) is 4th leading cause of death and its prevalence is increasing steadily due to lifestyle changes and unhealthy habits. COPD includes Chronic Bronchitis and Emphysema, it is 2nd most common lung disorder after Pulmonary TB. According to Ayurveda, clinical features of COPD can be correlated with disorders of Pranvaha Strotas dusti and occurs usually in prolonged conditions of Tamak Shwasa. Etiological factors include smoking, cold weather, dust, air pollution, chemicals etc which are also mentioned in Tamak Shwasa hetu-"Rajasa Dhoomvatabhyam Shitathanambusevanam Rukshanna Vishamashana". Identification, Treatment, Prevention and Control of COPD are important steps to be taken along with lifestyle modifications which are well

explained in treatment principles and formulations mentioned in Tamak Shwasa for Prevention and Management of COPD.

Keywords- Tamakshwas, COPD, Vaman, Virechan.

INTRODUCTION-

In India, COPD is most common cause of death. It mainly affects Male due to frequent smoking and is leading cause of chronic morbidity and mortality. It is common in rural and urban areas as well. COPD is mainly characterized by progressive development of chronic airflow limitation which is irreversible. It includes Chronic Bronchitis which is characterized by chronic cough with expectoration for at least 3 months of year or more than two consecutive years. Emphysema is defined as permanent abnormal distention of air space distal to terminal bronchioles.

In Ayurveda, Respiratory disease occurs due to Pranvaha Strotas dusti where cough, difficulty in breathing etc symptoms occurs. According to lakshanas, Tamak Shwasa is described as Kaphapradhan (Chronic Bronchitis) and Vatapradhan (Emphysema). It is impossible to correlate.

COPD with single condition but advanced condition of Tamak Shwasa can be correlated with COPD.

AIMS AND OBJECTIVES –

To review Tamakshwas from Ayurved and Modern point of view and to describe Ayurvedic Principles and its Management.

MATERIAL AND METHOD-

To review aims and objectives compiling Ayurvedic and Modern literature based on Samhitas, Ayurvedic Principles, Research Journals, Magazines, Internet etc.

DISCUSSION-

1) AETIOPATHOGENESIS-

Smoking, air pollution, dust etc- airway wall inflammation-hyper secretion of mucus-increase in no. of goblet cells in bronchi-decrease in no. of ciliated cells- mucus transport becomes less-narrowing of airway and loss of pulmonary elasticity-COPD.

Hetu sevan-vitiated vats enters Pranvaha Strotas (Respiratory Channels) -provokes Urastha kapha (chest kapha) -provoked kapha obstructs Pranvaha Strotas (Respiratory channels)- Tamak Shwasa and 5 types of hikka.

2) CLINICAL FEATURES-

According to two types of COPD-

- i) Chronic Bronchitis (Blue blotters)
- ii) ii) Emphysema (Pink puffers)-
 - Productive cough. -Severe dyspnea.
 - Yellow or greenish sputum. -Effort to exhale.
 - Difficulty in breathing. -Minimal cough.
 - Chest pain, Fatigue. -Crepitation in lower zone of lung
 - Inflammation and swelling of Bronchi -Lean Patient
 - Obese Patient

TAMAK SHWASA LAKSHANAS-

i) KAPHAJ ii) VAATAJ

- Adhik Shwaskashtata -Alpa Shwaskashtata
- Alpa Kasveg -Adhik Kasveg
- Adhik Kaphnirharan -Alpa Kaphnirharan
- Alpa Urashool -Adhik Urashool
- Pramantaha Alpa Shwasavega. - Varamwar Shwasavega

According to above symptoms Kaphapradhan Tamak Shwasa Lakshanas resembles to Chronic Bronchitis and Vatpradhan resembles to Emphysema which means Tamak Shwasa can be correlated with COPD.

DIAGNOSIS-

- 1) Pulmonary Function Test.
- 3) Sputum Test.
- 2) X ray Chest. 4) CBC.

COMPLICATION-

- Recurrent URTI -Pulmonary HTN
- Weight Loss -Right Heart Failure etc
- Pnemothotax.

Which are quite similar to updravas mentioned for Tamak Shwasa.

MANAGEMENT-

According to Modern,

O₂ inhalation, Bronchodilators, Steroids like Hydrocort etc, Nebulisation, Antibiotics are given which has its limitations and give short term effect.

According to Ayurveda,

As per Chikitsa sutra explained in Charak Chikitsa 17/71...

Management of Tamak Shwasa has two aspects according to Chikitsa..

1) VEGAVASTHA-

First and foremost treatment is Salavan Snehana and Swedan. 'Lavan Ras' is useful in kapha vilayan due to its Ushna guna thereby removing sanga (obstruction in airway) and its sukshma property has greater penetrating power so the combination of swedan and salavan taila where taila is also ushna gunatmak helps in relieving airway obstruction easily.

-In Kaphapradhan shwasa "Sadhya Vaman" is advised followed by snehana, swedan. Vaman should be given by ushna, ruksha gunatmak dravyas so that maximum kapha should be expelled out.

-After Vaman therapy, left out dogha should be eliminated using Dhooan made of ushna, ruksha gunatmak varti.

-In case of Vatpradhan Shwas "Virechan" should be given. Virechan dravyas should be of ushna, snigdha gunatmak which will decrease ciliated vata dosha and will decrease lakshanas simultaneously.

Dosh Pratyaynik Chikitsa-

Properties opposite to Vata and Kapha dosha should be given to reduce the disease. Causes should be avoided to prevent recurrency.

Vyadhi Pratyaynik Chikitsa-

Treatment should be given accordingly to increase the capacity of Strotas, Agnivardhan and kapha reduction should be done to avoid the disease.

AVEGAVASTHA-

- Treatment should be given in this condition to avoid pathogenesis which further leads to exacerbations.
- For prevention and to avoid recurrency "Apunarbhav Chikitsa" should be given which includes "Rasayan Chikitsa" to strengthen Pranvaha Strotas.

3) NIDAN PARIVARJAN-

- Lifestyle modification should be done to reduce symptoms and improve quality of life.
- Nasya should be done to avoid contact with irritant or pollutant with nasal mucosa.
- Yogasan and Pranayam should be done to increase lung capacity and for rehabilitation of vital organs.

- Pathya - Regular exercise, lukewarm water, whole grain and hygienic food.
- Apathya - Excessive use of Tomato, spicy, oily, junk food, cold water, fermented food, curd, milk, cold drinks etc.

CONCLUSION-

COPD being a chronic progressive disease with irreversible changes needs early diagnosis and proper management. Symptoms of Bronchitis resembles with Kaphapradhan Tamakshwas. So, Vaman can be indicated or may give better results in Bronchitis. Symptoms of Emphysema resembles with Vaatpradhan Tamakshwas. So, Virechan can be indicated or may give better results in Emphysema. An extra care of diet and lifestyle modifications along with Apunarbhav Chikitsa can play major role in prevention or progression of COPD.

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पुरुष वंध्यत्वात स्वस्थ वृत्त व योगाचे महत्व



डॉ. रचना आवारे

आजच्या एकविसाव्या शतकात पुरुष वंध्यत्व ही वाढती समस्या आहे. द्रोबळ मानाने या समस्येची तीन कारणे असतात.

१) शारीरिक कारणे- पुरुषाची शारीरिक कारणे, जसे की प्रीमॅच्युअर इजॅक्युलेशन, इरेक्टाइल डिसफंक्शन, स्थौल्य, ग्रंथीचे (Endocrine Gland) आजार, शुक्रवाहिन्या बंद असणे इ. २) मानसिक कारणे- ताण-तणाव, भीती, अवसाद, चुकीच्या समजुती इ. ३) आंगतुक कारणे- धावपळीचे आयुष्य, ताणयुक्त जीवनशैली, निकृष्ट दर्जाचा आहार (हॉटेलिंग इ.), बदलते जीवन मूल्य (पैसा सर्व-सर्वस्व, अतिघड कपडाचा वापर, अधिक तापमान असल्याला ठिकाणी नोकरी इ.) वरील सर्व कारणांनी आलेल्या वंध्यत्वाच्या समस्येचे निराकरण स्वस्थवृत्त व योग ह्या माध्यमातून होऊ शकते.

१) आहार- अन्नमयपुरुषः.....। तैतरिय उपनिषद. पूर्वीच्या काळी हॉटेलिंग एक निंदनीय बाब समजली जात होती. पण आधुनिक काळात हॉटेलिंग करणे म्हणजे उच्च स्टेटस चे प्रतीक आहे. तसेच जंक फूड, फास्टफूड, मेंदायुक्तपदार्थ, बेकरीपदार्थ, यीस्ट टाकून किंवा आंबवून तयार केलेले पदार्थांनी आज घराघरात ताबा मिळयलेला आहे. अशा प्रकारचा आधुनिक व निकृष्ट, पुन्हा गरम केलेला, मलबद्धता निर्माण करणारा आहार हा सर्व धातूंचा सार असलेला शुक्र धातू हा निकृष्ट उत्पन्न करणारा.

पथ्य-लघु, सुपाच, घरी तयार केलेले भोजन, दुध व घृत युक्त आहार, ऋतूनुसार मिळणारी फळे, मधुर, स्निग्ध व उचित मात्रेत, रज तम दोष कमी व सात्विक गुणवर्धन करणारा आहार.

अपथ्य-अतिअप्स, लवण, कटू, तिक्त, तीक्ष्ण, अति उष्ण आहार, तेलकट, दही, मोहरी, शिळे व अन्न पुन्हा गरम केलेले अन्न, उत्तेजक खाद्य-पेय अशा राजस आहाराचे व अर्धवट शिजलेले, शिळे, दुर्गंधीयुक्त, कांदे, लसूण, मुळा, मांसाहार इ. तामसिक आहाराचे तसेच तंबाखू, मद्य, गांजा, चरस इ. ह्या समस्येचे निराकरण करण्यासाठी रुग्णाचे प्रकृती, बल, अग्नी याची माहिती घेऊन अन्नपान योजना करायला हवी.

२) दिनचर्या व ऋतुचर्या पालन- दिनचर्या व ऋतुचर्या पालन म्हणजे रोज व ऋतूनुसार पाळायचा विशिष्ट क्रम होय. आजचे मॉडर्न सायन्स सुद्धा मान्य करते की आपल्या शरीरात एक बायोलॉजिकल क्लॉक असते त्यानुसारच आपण आपली दैनिक कर्म केली तर शरीरातील हार्मोन्स यांचे नियमन व संतुलन व्यवस्थित होते. शरीरात हॅपी हॉर्मोन्स (Serotonin, Dopamine) यांची उत्पत्ती व नियमन व्यवस्थित होते. त्यामुळे ताणतणावापासून मुक्त होण्यास मदत मिळते.

३) निद्रा- साधारणतः मानवाला आठ तास निद्रा पुरेशी आहे. जर पुरेशी निद्रा घेतली तर स्पर्म काऊंट, मोटीलिटी आणि क्वालिटी सुधारण्यासाठी मदत होते. तसेच आयुर्वेदातही म्हटले आहे...

निद्रायुक्तं सुखं दुःखं पुष्टीकार्थं बलावलम्।

वृषता क्लीबता ज्ञानमज्ञानं जीवितं न च। च.सू.२१/३६

४) योगचिकित्सा- १) सूर्यनमस्कार व आसन- अ) भद्रासन, सिद्धासन, पद्मासन, वज्रासन- ही ध्यानात्मक आसने केल्यामुळे जननेंद्रियांना मिळणारा रक्तपुरवठा वाढतो तसेच मन शांत होते.

ब) भुजंगासन, सेतूबंधासन, सर्वांगासन, हलासन, उष्ट्रासन, नौकासन व सूर्यनमस्कार- ही आसने केल्यानंतर अपान भागातील स्नायूंना बळकटी मिळून त्यांची कार्यक्षमता सुधारते. जननेंद्रियाचे स्वास्थ्य सुधारते यामुळे प्रीमॅच्युअर इजॅक्युलेशन व इरेक्टाइल डिसफंक्शन ही जर वंध्यत्वाची कारणे असतील तर या आसनामुळे विशेष लाभ होतो. तसेच वरील सर्व प्रकारची आसने केल्यामुळे शुक्राणूंची संख्या व क्वालिटी सुधारते.

२) प्राणायाम- अ) भस्त्रिका प्राणायाम- जर स्थौल्य हे वंध्यत्वाचे कारण असेल भस्त्रिका प्राणायामाने विशेष लाभ होतो.

ब) कपालभाती व उज्जायी प्राणायाम- कपालभाती प्राणायाम केल्यामुळे थायरॉईड तसेच परा थायरॉईड ग्रंथीचे कार्य सुधारते. हायपोथायरॉईड हे जर हे वंध्यत्वाचे कारण असेल ह्या प्राणायामाने लाभ होतो.

वंध्यत्वाच्या रुग्णांनी तज्ञाच्या मार्गदर्शनानुसार योगासने करावीत.



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To Study Efficacy of Drakshadichurna in Vatajakasa

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To Study Efficacy of Drakshadichurna in Vatajakasa

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Abstract :

Vatjakasa is one among such disease which troubles the person by interfering and hampering the day today activities due to its akshama. Vatjakasa is very common disease especially among pediatric age group. Its diagnosis and intervention plays important role in curing the disease. In the present case study 10 year boy presenting with typical features of Vatjakasa visited opd and was treated with Drakshadichurna on opd basis with regular follow up. And it was seen that its effective in controlling the symptoms. Observations and results obtained after trial was presented. It was seen that in the symptom ShleshKasa (Dry Cough), Shudh in ura, Parshwastha, Swasthanta, Dambalya, Drakshadichurna drug has found effective. In the present study along with above treatment Drakshadichurna has been observed very effective and giving satisfactory relief in the symptoms of Vatjakasa.

Keywords - Vatjakasa, Drakshadichurna, Prastavahastrotas.

Introduction :

Vatjakasa (dry cough) is a condition of Pranavada Strotas (respiratory tract) caused due to vitiation of VataDosha due to exposure to some factors like Dhur (dust), Dhuma (smoke), Raja (pollens) / allergens, too dry or cold food stuffs or environment changes. Vatjakasa is one among such disease which interferes in the day today activities. The disease vatjakasa can be compared to simple tropical pulmonary eosinophilia and it is characterized by dry cough which may be associated with little or no amount of sputum, Paroxysmal cough, Headache, Generalized weakness, Hoarse voice, Chest pain. Acharya Charaka stated that, one should cure the five:

three types i.e. Vataja, Pittaja and Kaphaja Kasa. Therefore Acharya Charaka named separate Chikitsa for each type of Kasa, which incl. drs. Shudha, Ushra, Anu, mana, Dravyas for Vatjakasa. In the present study drugs having Ushra, gdlha and anu, sukra properties were used.

Material and Method :

Disease review - Vatjakasa

दुःखं हि विपुलस्य पितृवो गुणम् ।
गुणैश्चैकैस्त्वैकं च यद्गुणैश्चैकैः ।
विशिष्टैश्चैकैश्चैकैश्चैकैश्चैकैः ।
युक्तैश्चैकैश्चैकैश्चैकैश्चैकैः ।
स्निग्धात्कषायैश्चैकैश्चैकैश्चैकैः ।
अज्ञानस्य विविदि वैकल्येनैव चैकैः ॥ (च. वि. १०/११)

Drug Review - Drakshadichurna

द्राक्षशालयाम्बुजैर्भवेत्तु सपौषः ।
तीक्ष्णं शूलं तैलैश्चैकैश्चैकैश्चैकैः ।
(श्री. उ. भा. नि. १०/११)

Content - Draksha, Larkak, Vasa, Pippli.

Properties - the above mention drugs shingdlha, Ushra and vatankamsic.

As above mentioned by acharya charak that for the treatment of Vatjakasa shingdlha, Ushra, anu, sukra dravyas were beneficial. So for present study drugs having this properties where used.

Drugs	Draksha	Vasa	Larkak	Pippli.
Gera	Shingula	Ushra	Ushra	Ushra
East	Madhu	Shingula	Parshvastha	Kasa
Vasa	Sweet	Sudh	Vatka	Ushra
Pippli	Madhu	Kasa	Madhu	Madhu
Draksha	Ushra	Kasa	Ushra	Ushra

Case Report :

An 11yr old boy coming to opd on 1st sep 2019 with presenting symptoms like shushkakaasa, from 8-10 days associated with unashool, nirvalankasata, apishirashool, daurbalyaptee etc also complains of recurrent sudakasa. Patient was non allergic to any drug as told by parents. Was immunised till date for age.

Clinical findings :

General examination - The general condition of the patient was good and without alterations in vital signs. He had a normal appetite, bowel and bladder habit, and regular sleep pattern. His Prakriti was was Kapha predominant, and he was assessed with mental stress on psychological evaluation.

Systemic examination - Respiratory system being involved had no significant findings on auscultation, with normal respiratory rhythm and b/L equal air entry.

Local examination - Mild congestion of b/L tonsils.

Investigation :

X ray chest p/A view reveals no significant finding.

CBC reports: WBC - 9000; neutrophils 80.

No any significant changes in the reports

Case conception and selection of ayurvedic drug :

Since the patient had all the symptoms like shushkakaasa, unashoolnirvalankasatastishirashool leading the diagnosis to Vatajkasa. And drugs which are shingidhaUsina and analomick (Dhaksha, Haritaki, Vasa, Pippali) where used.

Assessment Criteria :

Assessment was made on the basis of improvement in the clinical features.

1) Kasa (cough bouts)

Grade 0 - <5 paroxysms of cough/1 hrs

Grade 1 - >5 paroxysms of cough/1hr

Grade 2 - >10 paroxysms of cough/1 hrs

Grade 3 - Continuous paroxysms of cough/1 hrs affecting daily routine work

2) pain

Type of pain	Present	Absent
Dhakti		
Shirashool		
Manasool		
Peshwasool		

3) Swaralhad (change in voice)

Grade 0 - Normal

Grade 1 - Diminished

Grade 2 - Whisper

Grade 3 - Hoarseness

4) Dourhalya (weakness)

Grade 0 - No weakness

Grade 1 - Mild generalise weakness

Grade 2 - Moderate generalise weakness

Grade 3 - Severe generalise weakness

Treatment :

Vasa Churna - 500mg

Haritaki - 500mg

Pippali - 120mg

Dhaksha - 4-5 kale manuke

Ampou - Madhu

Duration - Mohantwarchakshu for 7 days

Discussion :

Signs & Symptoms	0 th day	7 th day
Dry cough	Grade 1	Grade 1
Pain	Grade 2	Grade 0
Mukhashaskam	Grade 1	Grade 0
Shwashted	Grade 1	Grade 0
Daridhya	Grade 2	Grade 0

Follow up :

- ◆ Follow up of patient was taken on 7th day of treatment. Where it was found regression of symptoms.
- ◆ Dry cough was reduced to grade 1.
- ◆ pain related to cough was regression to grade 0.
- ◆ Mukhashaskam to grade 0.
- ◆ Shwashted to grade 0.
- ◆ Daridhya to grade 0.

Results :

After analysing the results it was found that Drakshachurna 75% effective in Vataja kasa.

Discussion :

Pulmonary eosinophilia is one the leading cause of out-patient visit to hospitals this days. More over large number of patients belong to pediatric age group. This disease can be related to Vatajaka on basis of signs and symptoms. As this disease if remain untreated can cause serious health complication, should be treated promptly. There are many research on going for the same but results of every ayurvedic drug vary from patient to patient depending on kala, bala, agni, prakriti, so it makes practitioner to come up with different combination of drugs. In the present study the efficacy of Drakshachurna was tested which has its relevance in Yog Ratanakar

samlita. As stated by Yog Ratanakar Draksha, Baidhaki, Vata, Pippalika should be used in sampranasa. With symptomatic or ghata. But in the present study some drugs were used but the name was changed, Pippali being malatikaham was used in low dose than other drugs looking at bala kala prakriti of child. This combination was given for 7 days to the child and results were assessed accordingly. It was found that on 7th day of treatment the child had regression in symptoms. The probable mode of action that might have happened with this treatment due to heritaki being vesiciferous (Pippali) due to its ushaguna and shringlaguna of draksha it helps in loosening the phlegm and of vata. Vata being kshaya pitta stomach local germination in lung field which continues bout of might been cleared which suppressed the coughing reflex. Overall results found was Drakshachurna to be effective in Vatajaka.

Suggestion :

As this was a single case study a trial should be taken on larger no. of people.

Conclusion :

As Drakshachurna was used in present study for Vatajaka, its showed improvement in symptoms like kasa, shwashted, mukhashaskam, daridhya, hence it is effective in treating Vatajaka in children.

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A Pilot Study Of Role Of Doshar Basti In Shotha

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Abstract :-

Shotha is described as special disease as well as symptom in most of ayurvedic samhitas, it is also describe in modern medical science.

DOSHAHAR BASTI :- It is decribed in sushrut samhita, basically it is Niruha basti prepared with shatavha (badishopa), jeshthamadha, indrayaya, Madanfala, Kanji and Gomutra. (1)

But by preparing oil with above drugs we have given anuvasan basti also for that purpose. Tila (sesame) oil was used. 80 ml anuvasana & 320 ml of Niruha basti was given to patient same day.

There was satisfactory reduction in shodha and weight. Out of 10,7 patients having shotha reduction in shula reduction in B.P. 20 mm of Hg systolic and 10 mm of Hg diastolic is recorded in one patient.

Haritabh Krishna malapravrutti (black stool) was noted in all patient after 4th day Adhodara gauravta is notedin all patent, after words reduction in shotha and weight was recorded.

Doshahar basti also causes utkleshana of Doshha at some extent.

20 % patient showed no reduction in shotha ; 30 % patient showed reduction in shotha by 0.5 cm. 30 % patient showed reduction in in shodha by 1 cm. 10% patients showed reduction in shotha by 2 .0 cm. And 10 % patients showed reduction in shodha by 3.0 cm.

Key Words :- Shotha, Doshara Basti

Introduction :-

Shotha is a disease caused by obstruction to vata by kapha, and pitta in blood vesses. (2)

- 8) Raktima : redness
- 9) Local pain
- 10) Svakarma and Ganahani :
fancionolezia & Abnormaality in shape. (4)

Prodomal Signs :

- 1) Ushma : increase in local temperature.
- 2) Davathu : increase in temperature of eyes, nose etc.
- 3) Stretching sessation in vessels.
- 4) Angagaurava : heaviness all over body. (3)

Symptions (RUPA) :-

The characteristic features of the disease shotha seen after complete manifestation of disease are called symptoms of disease.

- 1) Gaurava : heaviness
- 2) Syandana : irregularity.
- 3) Utseadh : Elevation of skin
- 4) Ushma : rise in temperature.
- 5) Siratanutwa : weakness of blood vessels.
- 6) Lomaharsha : hornpillation
- 7) Vaivarnya : discolouration

Treatment :-

Shotha should be treated by giving drugs against Nidan (causes),dosha, rutu (season)by considering Rugnbala, Doshabala and Kala.

Conditions (Avastha)

Treatment

- 1) Alpadosha & aamaja shotha Langhana, pachana
- 2) Vruddha dosha Shodhana
- 3) Snehodhbhava Rukashan
- 4) Mansa-medovruddhi Lekhan
- 5) Santarpana apatarpana ie.

Materials & Methods :-

Type of Study : non comparative single blind study, carried out

Place of Study : S.M.B.T. ayurved hospital, Dhamangaon, Tal : Igatpuri, Dist : Nashik

SAMPLE SIZE : 10 patient

DURATION OF STUDY : 7 Days

FOLLOW UP : daily follow up was taken to access relief in clinical symptoms.

Inclusion Criteria :

Clinically diagnosed cases of Shotha of age group 16 to 60 years.

Randomly selected irrespective of age, sex, education and socioeconomic status etc.

Patient having systemic shotha were included.

Exclusion Criteria_: Pregnant women and patient having DM, CCF were excluded.

Clinical Symptoms :- Shotha that is swelling on the body pitting and non- pitting were taken together for study.

Trial Drugs Used For Study :-

Shatahva, Jestmadha, indrayava, madanaphala each 20 gms were taken and qwath was prepared using 1280 ml water and 320 ml qwath was prepared (1/4), 30 ml gomutra, 30 ml kanji and 30 ml tili tail was added to qwath to prepare basti along with 5 mg of saindhava and 20 ml madha. ⁽⁶⁾

In this way niruha basti was prepared and given to patient daily in the morning on same day Anuvasana of 80 ml Doshahara tail was given to the patient.

Doshahara Tail Was Prepared By Using

Total drugs – 1 part

Tila Taila – 4 parts

Water – 16 parts

Gomutra – 4 parts

Kanji – 4 parts

With taila siddhi kalpna.

Assesment Criteria :-

Shotha assessment done by measuring shotha, upashaya will indicate better doshaharana.

No relief in shotha will indicate no doshaharana.

Discussion :-

Ten patients were treated, out of these ten, two patients were of sthaulya. Three patients were male and seven patients were female.

Common hetu found were avyayma, Dahi and mansaahara. Out of 10, 7 patients and shown

reduction in shotha. Elemenation of prakupita vata causes reduction in shotha.

Reduction is blood pressure, systolic by 20 mm of Hg and diastolic by 10 mm of Hg was recorded in one patient.

Doshahara basti cause lekhana as meda in blood vessals was cleared with lekhana way of vyana vaay become clear causin reduction in BP Haritabha, Krishna malapravrutti was seen in all patients, after around 4 days. Simultaneously adhodara gaurava was noted.

After this stage, reduction in shotha and weight was noted.

This basti causes doshotklesha also. 2 patients showed no reduction in shotha in 7 days. In 2 patients weight was constant.

Result :-

Rejection in Shotha (CM)	No. of Patients	%
0.0	2	20
0.5	3	30
1.0	3	30
2.0	1	10
3.0	1	10

Rejection in Weight (Kg)	No. of Patients	%
0.0	2	20
0.5	2	20
1.0	3	30
2.0	3	30

Aknowledgement:-

I would like to be thankful to all hospital staff of SMBT Ayurved hospital. My colligues and my PG students as well as intern students.

१. शतःव्हा मधुकं बीजं कौटजं फलमेवची
सकांजिकः समोमूत्रो वस्तिः दीपहरः स्मृतः ॥
सु.चि. ३८/९४
२. बाह्याः सिराः प्राप्य यदाः कफासृक पित्तानि
संदुषयतिह वायुः ॥
तैर्वध्द मार्गः स तदा विसर्पउत्सेध लिंगम श्वयुधुं
करोति ॥
च.चि. १२/८

- मा .नि .शोध अ .सं .नि . १३/२
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दोषमादिनः ।
उपाचरेत स्नेहभवंम विरूक्षणैः ।
प्रकल्पयेत स्नेहविधेच रूक्षजे ।
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सकाजिकः समोमूत्रो वस्तिः दोषहरः स्मृतः ।
मु .चि . ३८/९४

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Health

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Mental health during COVID-19 pandemic

The infographic features a central orange circle with the text "Coping during COVID -19 pandemic". Surrounding this central circle are twelve smaller circles, each containing a coping strategy. Colored arrows point from the central circle to each of these surrounding circles. In the top left corner, there is an illustration of a human head profile with a red, spiky virus-like structure emerging from the brain area.

- Online learning courses
- Indoor play
- Relaxation exercises
- Yoga & Meditation
- Music
- Reading
- Aerobic exercise
- Prayer
- Installation of hope
- Positive thinking
- Creative activities



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HEALTH PHILOSOPHY

Whatever might be your age “HEALTH” is committed to help you to stay healthy. You can enjoy life to the full. Eating Nutrients, taking regular exercises, adopting a positive attitudes would be the right way for living. If things go wrong use natural methods for healing.

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BENEFITS OF REGULAR WALKING

One of the most powerful ways to lose weight, stay healthy, and live longer is so shockingly simple, even a toddler can do it. All you have to do is put one foot in front of the other... and then keep going, preferably for at least 30 minutes a day.

1. Walking will improve your mood

“Research shows that regular walking actually modifies your nervous system so much that you’ll experience a decrease in anger and hostility.”

2. It will help you burn calories and lose weight.

“As you continue to walk, you may notice your pants begin to fit more loosely around your midsection, even if the number on the scale isn’t moving much.”Regular walking can help improve your body’s response to insulin, which can help reduce belly fat.”

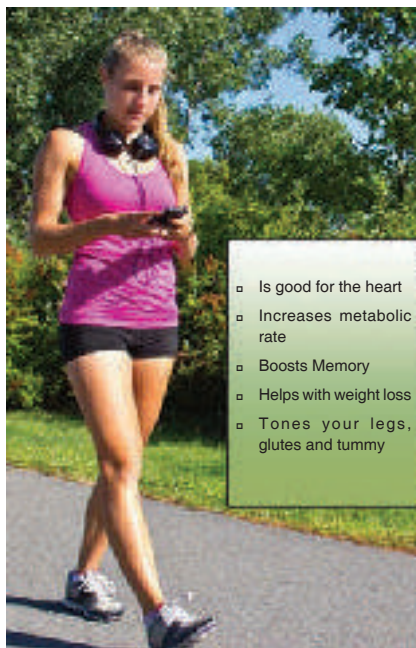
3. Walking can reduce your risk of chronic disease.

The American Diabetes Association says walking lowers your blood sugar levels and your overall risk for diabetes.

Researchers at the University Of Boulder Colorado and the University of Tennessee found that regular walking lowered blood pressure by as much as 11 points and may reduce the risk of stroke by 20 to 40%.

4. It can even delay the onset of varicose veins.

Walking strengthens this secondary circulatory system by strengthening and preserving leg muscle, which boosts healthy blood flow.” If you already suffer from varicose veins, daily walking



- Is good for the heart
- Increases metabolic rate
- Boosts Memory
- Helps with weight loss
- Tones your legs, glutes and tummy

can help ease related swelling and restlessness in your legs, says Dr. Navarro. “Also, if you are genetically predisposed to have varicose and/or spider veins, walking daily can help delay the onset.”

5. Your digestion will improve by walking more.

A regular walking routine can greatly improve your bowel movements. One of the very first things an abdominal surgery patient is required to do is to walk because it utilizes core and abdominal muscles, encouraging movement in our GI system,”

6. Walking can help you feel more creative.

“Researchers administered creative-thinking tests to subjects while seated and while walking and found that the walkers thought more creatively than the sitters,”

7. And it can help alleviate joint pain.

Research shows that walking for at least 10 minutes a day—or about an hour every week—can stave off disability and arthritis pain in older adults.

8. Walking more can boost your immunity.

Research from Arthritis Research & Therapy suggests that high-intensity interval walk training can help improve immune function in older adults with rheumatoid arthritis, an inflammatory disease that affects the joints. A recent study from Chronic Respiratory Disease also shows that walking may help patients with chronic obstructive pulmonary disease (COPD) reduce their morbidity and mortality risk.

9. It can even help you live longer!

A study in the Journal of the American Geriatrics Society showed that adults between the ages of 70 and 90 who left the house and were physically active lived longer than those who didn’t.

10. You’ll sleep better at night.

If you work out regularly, you know that you’ll sleep better at night. Walking also helps reduce pain and stress, which can cause sleep disturbances.



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Associate Professor
Community Health Department
J.K.College of Nursing,
Coimbatore-15.

TOP TEN: HEART PROTECTION IN COVID PANDEMIC

1. Remember that heart patients are more vulnerable to corona virus infection.
2. Already existing heart problems can worsen by corona virus infection.
3. Control all the risk factors for heart disease like diabetes, hypertension and cholesterol levels by taking a low calorie low salt balanced diet along with regular physical exercises and the necessary drugs.
4. Do not miss any of your regular cardiac drugs and do not modify the doses by yourself as this might aggravate the heart problem.
5. Anxiety, depression and lack of sleep are common during these difficult times and this may aggravate the heart problem. Learn to cope up with the stress and seek medical help if required.
6. Quit smoking and abstain from alcohol as these are injurious to heart.
7. Physical exercise, breathing exercise, yoga and meditation



should be practiced depending on one's interest.

8. Vitamin D, Vitamin C and zinc increases the immunity and also cardio-protective.

Consumption of citrus fruits like orange, lemon, gooseberry and fish are natural sources of these vitamins. Exposure to sunlight increases vitamin D levels.

9. If any new symptoms like shortness of breath or chest pain consult your doctor immediately for early diagnosis and prompt treatment.
10. Practice universal precaution like social distancing, using mask and hand washing with utmost seriousness.

A strong heart and a wise brain are the armours in our hands to fight corona.



- "HEALTH" - Editorial Board



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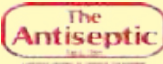
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THE ROLE OF INTIMATE TIES IN BUILDING A HAPPY LIFE DURING LOCK DOWN PERIOD

‘You always gain by giving love’

Relationships are an inevitable part of every human beings life. Companionship and affection are what everyone is searching for. To love is an easy task but staying in love is the hardest part for most of us. Science and Psychology proves that there are magical benefits for love connections. It may be family relations, friendships or romantic associations.

When you are in love, dopamine, the feel-good brain

chemical associated with pleasure gets activated. The feeling of excitement and joy also reduces stress, chances of stroke and even prevents heart attack. Love also gets deep with the production of Oxytocin and cortisol. The caring from partner or loved ones will provide motivation and sense of achievement too.

Love will boost our immune system and it makes people stronger and resistant to diseases. If you are staying alone, you can watch movies or literary productions



related to love. That will also help you stay calm during this lockdown period. It will increase the sense of confidence and happiness too. Every relationship is precious and we must cherish and care for our near and dear ones. There are so many people who are searching for ways to express love.

Find common things among your relationships

The first and foremost element in love is something common. That may be hobbies, interests or any other elements. If you are interested in movies, you can start watching movies together. Even if you are stuck with busy schedules, find time to watch some feel-good movies. That will help to regain the lost ties of love. Try to create a theatre ambience in your house. Kids will also love that idea.

Cook and eat together

The Way to a man's heart is through his stomach

Everybody knows this well-known saying. It's also similar to the other gender too. Doing the household chores or cooking together can bring a happy atmosphere at home. Experimenting new dishes together will be a great way to increase the love factor among couples.

Listen to each other

This is one of the most important elements in every relationship. When kids come eager to home to say something, parents may not listen to them answer their simple questions. But let's find some time to listen, care and understand your kids and partner.

The 9 PM rule

This is one of the magical pills I suggest for every couple. If you want to find real love during an age of technological advancements, you must find a time when you can spend quality time with your family by avoiding gadgets and internet. This may be difficult for most of you, but try to sacrifice your social networking addiction to enjoy the real love from your family.

As experts say, there is no immediate escape from the virus attacks. So, we must find ways to cope up with it. We can renew the ties of love by doing simple acts that express your love.

The supreme happiness of life is the conviction that we are loved.

Victor Hugo



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WAYS TO REMAIN HEALTHY DURING SOCIAL DISTANCING



Being home is great. But it is important to keep a vigil on long-term health and fitness of your body and of your mental health. Stress continues to be one of the biggest factors to impact your health. So, what can you do to remain healthy during social distancing? Well, here are some of the ways to keep yourself and others around you healthy during this pandemic:

1. Stretching Your Muscles During the Morning:

Whether you have five minutes or thirty minutes, spend some time stretching your muscles the first thing in the morning. Working on your joints and muscles not just your body but your mind as well. This workout gets you prepared

for the day with a lot of energy and enthusiasm.

2. Create a Routine:

Just because you're working from home or you are maintaining social distance by staying at home does not mean you extend your sleep hours or eat whatever or whenever you want. Creating a routine brings order and purpose to daily tasks. Wake up early and exercise, eat healthy and ensure you spend your time wisely. You could probably read a book which you have postponed for a long time.

3. Stay Connected:

You may be staying at home and not visiting friends or family but that does not mean you need to maintain distance with your dear and near ones. In this world of bright technology, phone or a video call can do wonders to you and to the person you are talking to. Having a conversation could help relieve anxious thoughts or sad feelings.

4. Learn Something New:

This is indeed the best time to find your inner creativity or

skill. Find a skill or topic such as cooking, painting, baking, etc. that can be taught by family or friends through video calls. You will never know, there might be a hidden skill or creativity that has been locked inside you for many years.

5. Spend Time With Pets:

Be it during the lockdown or social distancing, pets can be a stress reliever. Just spend time playing with them and they will enjoy it, and you will too. While spending time with your pets, you tend to forget your anxious thoughts and help you stay focused and positive.

6. Actively Perform Daily Chores:

Be it cleaning your house or dirty vessels in the kitchen sink, actively contribute in performing daily household chores. You can also get creative in the kitchen by cooking some delicious meals.

7. Reduce the Risk of Infections:

Ensure you maintain good hygiene by washing your hands frequently. Also, clean and wash perishable goods before you store them. Keeping storage cartons in the sunlight for 8-10 hours will remove mold, germs or bacteria.

8. Spend Time With Your Kids:

Now is the time to spend quality

time with your children. Remember they are also staying at home and need attention. Set a schedule for the day such as studying, co-curricular activities, games and also to teach them to help you in doing home chores. They will be happy to help you out provided you give them the much needed attention.

9. Get Up Out of Your Couch or Chair Every Hour:

Since you are maintaining social distancing, travelling outside or moving out is restricted. Move more and do not sit on the chair or couch all the time. Ensure you move every hour, stretch your muscles, have a beverage and probably look out of your window for a few minutes. This ensures blood circulation to your brain which will help you remain positive and energetic.

10. Stay Positive:

Discuss feelings and experiences with your loved ones. Keep a daily routine of talking to your family and friends and practise mindfulness and relaxation exercises. It can do wonders to you and to those you are taking to.

11. Get Enough Sleep:

Managing anxiety and stress

is essential for getting a good and sound sleep. Getting a sound and enough sleep is crucial to remain healthy during social distancing. Meditation or yoga are excellent tools to keep you calm and remove stress to a large extent. There are several online classes and videos which help you meditate or perform yoga and they can be done in a small space.

12. Get a Health Insurance:

Get health insurance if you do not have one. Coronavirus or COVID-19 has stressed the importance of having health insurance especially during these trying times. You need not worry about your hospitalisation expenses when you have health insurance.

13. Get Some Outdoor Time:

While you are required to maintain social distancing, taking a stroll through your garden for a few minutes can do wonders to your mental health during these trying times. If you do not have a garden, open a window and let fresh air in. There is something very calming about nature especially during times of stress and uncertainty.

14. Eat Healthy:

This is the time to eat homemade foods. A sedentary male requires

about 2400 kcal while a sedentary woman needs about 2000kcal. Hence, eat as per the requirement and do not overeat. Avoid oily and fatty foods which can cause an increase in lipids and cholesterol. Ensure you eat a lot of fruits and vegetables which act as immune boosters. Also, ensure you drink plenty of water to keep you hydrated.

15. Do Not Panic and Stay Positive:

If you have symptoms of a flu, like cough and cold, ensure you cover your mouth and nose. There are different types of cough and cold due to different seasons and it need not be Coronavirus related.

But most importantly, stay positive

- "HEALTH" - Editorial Board ★



Scientists have recently developed DNA editing tech. Now they are planning to use this tech to edit human DNA to eliminate cancer in humans forever. Initial results are successful and soon it may make us immune to cancer.

CHLORINE BASED DISINFECTANT



When selecting the ideal cleanroom disinfectant there are many criteria to consider and a good understanding of the product characteristics is essential

A successful cleanroom disinfectant needs to meet many criteria, not only in terms of its efficacy but also in terms of packaging, ease of use and operator acceptability. Much has been written on how to specify and select a cleanroom disinfectant and this article therefore provides a brief overview of requirements that will help when comparing available chlorine disinfectant chemistries.

Taking as a given good broad spectrum efficacy, including highly resistant bacterial spores, the requirements for the ideal cleanroom disinfectant are quite lengthy: a sterile option for grade A and B environments;1 non-

inflammable so can it be used over large areas with no health and safety concerns; also fast drying with short contact times to reduce the time taken for biodecontamination. However, in our ideal world this cannot be traded for problems with equipment or our operators, or the wider environment in terms of disposal.

The requirements for the ideal cleanroom disinfectant are quite lengthy

Another requirement is that cleaning processes leave no disinfectant residue or, as a minimum, free rinsing residues. This is because no residue means there is no need for residue removal and this, in turn, can shorten the decontamination process. The product will need to have in excess of a 12 month unopened shelf life and in excess of three months in-use shelf life to be practical to store and use

It goes without saying that this all needs to be achieved in a cost-effective formulation. Many people believe that this ideal sporicide does not exist and a compromise must always be made.

On first reflection, a chlorine-based disinfectant would not

necessarily spring to mind as the disinfectant that meets all of these ideal needs. Sodium hypochlorite is the most widely used chlorine-based surface disinfectant but has some known drawbacks, notably: inactivation in organic matter; it is corrosive to some metals; and it will leave a particulate residue. However, all chlorine disinfectants are not the same. Advances in production methodologies have allowed the creation of a disinfectant that meets all of the requirements above.

Chlorine's long history

One of the first known uses of chlorine for disinfection was in the form of hypochlorite known as chloride of lime. Snow used it in 18503 after an outbreak of cholera to attempt to disinfect the Broad Street Pump water supply in London. Berthollet, in 1785, prepared a bleaching agent by dissolving 'Scheele's gas' in water and in 1789 improved it by mixing it with a solution of caustic potash (KOH). This was carried out in a French chemical plant in Javel and is still know as Javelle water to this day. A short while later Labarraque replaced the expensive potassium hydroxide with caustic soda; this development resulted in what was probably the first use of sodium hypochlorite as bleach.

The 1990s saw a great surge in the interest of on-site generation of chlorine

Chlorine first began to be used as a disinfectant in the late 1800s to early 1900s. Liquid bleach – sodium hypochlorite – came into widespread use in the 1930s and today it is the most widely used of all the chlorinated bleaches. Hypochlorite solutions were used for the treatment of open wounds during World War I and led to the use of on-site generation of hypochlorite in hospitals. These went out of favour until the 1990s, which saw a great surge in the interest of on-site generation of chlorine.

These on-site generators provide a solution containing only 0.8% chlorine, which is non-hazardous; however, hazardous hydrogen gas is produced as a by-product. On-site generation is also quite inefficient compared with bulk production and has high associated electricity costs.

Dry calcium hypochlorite appeared on the US market in 1928. This bleaching agent contains up to 70% active chlorine and is also known as High Test Hypochlorite. It is available in a variety of forms including powder, granules, briquettes and tablets.

Calcium hypochlorite systems tend to be used for small water treatment plants and well systems. Calcium hypochlorite has a very strong oxidising potential and consequently is very dangerous to store and use. Calcium hypochlorite dissolved in water generates 2 mols of hypochlorous acid for every 1 mol of calcium hypochlorite.

Chlorine as a disinfectant

Not all chlorine species are equally effective as disinfectants. Current theory⁴ believes that inactivation occurs by means of one or more of the following mechanisms: inactivation of the key enzymes; disruption of nucleic acids rendering them non-functional; and oxidative damage to cell walls or other vital cell components. For each of the mechanisms described above the effectiveness of each disinfecting agent is a function of both its rate of diffusion through the cell wall and its reactivity with the cell wall, proteins and nucleic acid.

Hypochlorous acid is the most effective disinfectant in the chlorine family available in dilute solution

Hypochlorous acid (HOCL) is the most effective disinfectant in the chlorine family available in dilute solution. It is suggested that HOCL is 80 to 120 times

more efficacious than sodium hypochlorite.⁵ Because HOCL has no charge and has a relatively low molecular weight it is better able than the other chlorine based disinfectants to penetrate the cell walls. It also reacts more rapidly than other chlorine-based disinfectants to oxidation reactions with organic matter, i.e. the critical components of microbial cells. Conversely the hypochlorite ion is a relatively poor disinfectant because of its inability to diffuse through the cell wall. Since it is negatively charged it is electrostatically repelled from the cell walls, which are also negatively charged. It is much larger in size than an HOCL molecule so it also diffuses more slowly due to its larger size.

So the evidence and data suggest that stabilised hypochlorous acid ticks most, if not all, the ideal disinfectant functional requirements. When manufactured by a company with 25 years of experience of manufacturing products for the pharmaceutical industry, the packaging, manufacturing and quality aspects of the ideal disinfectant are also met.



- "HEALTH" - Editorial Board

LOOKING AFTER YOUR MENTAL HEALTH DURING OUTBREAK OF COVID-19 PANDEMIC



Outbreak of current COVID-19 pandemic has created atmosphere of worry and fear all over the world. Every individual is unique so people may respond to changed daily routine, social isolation and uncertainty differently. All these may increase stress and anxiety which may be more severe in people having previous psychological illnesses. Such stress may affect people's life to various extents. So everyone should take care of self and family by managing stress.

Stress during outbreak of COVID-19 pandemic may be due to following reasons as per National Institute of Mental Health, U.S.

Department of Health and Human Services.

1. Fear and worry about your own health and the health of your loved ones
2. Changes in sleep or eating patterns
3. Difficulty in sleeping or concentrating
4. Worsening of chronic health problems
5. Increased use of alcohol, tobacco or other drugs

What one can do to support himself and to cope up with this stress?

National Institute of Mental Health, U.S. Department of Health and Human Services suggests following measures for this:

1. **Take breaks from the news**
- Continuous exposure to COVID-19 related news may make mind to stick to the disease related thoughts and one may not be able to focus on other important or necessary

things. Therefore set aside periods of time everyday during which you will not go through news from television or any type of media. Give this time to yourself and focus on other things.

- 2. Take care of your body** - One should look after physical health amid pandemic but it is also important for psychological health as body and mind are interrelated. This can be done by having regular and well balanced diet, taking full night's sleep, getting some physical activity everyday, taking deep breaths, stretching or meditating.
- 3. Make time to relax** - Engaging yourself in activities which you enjoy is the best relaxation. It gives pleasure, fun and brings out creativity.
- 4. Connect with others** - One can share self concerns and feelings with trusted people. One can get connected digitally with such friends, family or neighbours though they are physically far during outbreak of pandemic.
- 5. Set goals and priorities** - 'Must to be done' and 'to be done' things of everyday should be decided and daily schedule

should be made accordingly without keeping unnecessary stress in mind about tasks you kept on lower priority amid outbreak of COVID-19. At the end of the day, accomplished work should be recognised.

- 6. Focus on facts** - If one wants to make this outbreak of COVID-19 less stressful, share the facts about it and try to understand actual risk to self and loved ones.

All these will support to cope up with stress amid outbreak of COVID-19, but healthcare provider should be consulted if stress disturbs or hampers one's daily activities continuously for several days. Ministry of Health And Family Welfare, Government of India has also provided toll free helpline number- 08046110007 and it also published similar guidelines to cope up with this COVID-19 related stress. One should always remember that unnecessary stress is not going to help him by anyway. So stay stress free and happy.



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DIET DURING DIFFERENT STAGES OF LIFE - PART - II

Vitamin D helps in bone growth and development and it is essential for absorption of calcium. Children get most of their Vitamin D from sunlight and a small amount from some food items like (fish oils, fatty fish, mushrooms, cheese and egg yolks).

Teenage girls experience more physiological changes and psychological stress than boys because of onset of menarche (onset of menstruation). Therefore, teenage girls should eat diet which is rich in both vitamins as well as minerals to prevent anemia.

Now a days, children are more inclined towards junk food but it is very important to motivate your kids in teenage to eat nutrition rich foods. Many children have poor eating habits, which can lead to various long-term health complications, such as obesity, heart disease, type 2 diabetes and osteoporosis. Adolescence is the most vulnerable stage for developing bad food habits as well as bad habits. In addition to consumption of a nutritious well balanced diet, appropriate lifestyle practices and involvement in outdoor activities such as games/

sports should be encouraged among children as well as adolescents. Regular physical exercises increase strength and stamina, and are necessary for good health and well being.

Diet for pregnant and lactating mother

Motherhood is a testing phase in every women's life may it be physiologically, mentally as well as nutritionally. Additional food and extra attention is required during pregnancy as well as lactation. Extra food is required to meet the nutritional requirement of the baby in your womb. Additional foods are required to improve the weight gain in pregnancy (generally 10-12 kgs) and birth weight of infants (about 2.5kgs-3kgs).

The nutritional requirement of a pregnant woman keeps changing depending upon the various trimesters of pregnancy. In some cases, micronutrients (like folic acid / iron tablets) are specially required in extra amounts to reduce the risk of malformations in baby and increase birth weight of baby and to prevent anaemia in expecting mothers.

Extra intake of Calcium is required, during pregnancy and lactation phase, for proper formation of bones and teeth of the baby, for secretion of breast-milk which is rich in calcium and to prevent osteoporosis in the expecting and lactating mothers. Therefore, their diet should contain calcium rich foods such as milk, yogurt, cheese, green leafy vegetables, legumes and seafood. Vitamin A is required during lactation to improve child survival. Apart from these, nutrients like Vitamin B12 and C are also needed to be taken by lactating mother.

Iron is needed for hemoglobin synthesis, and to provide immunity against diseases. Deficiency of iron leads to anaemia. Iron deficiency is common particularly in women of reproductive age and children. Iron deficiency during pregnancy increases maternal mortality and low birth weight infants. Plant foods like green leafy vegetables, legumes and dry fruits contain iron. Iron can also be obtained through sources like meat, fish and poultry products. Consume vitamin C-rich fruits like gooseberries (amla), guava, oranges and citrus rich fruits for better absorption of iron from your diet.

Iodine deficiency during pregnancy results in still births,

abortions and cretinism therefore use iodized salt in your food.

It's important for a pregnant mother to maintain fetus as well as her own health, to provide strength required during labor and for successful lactation. Make sure that the diet taken during pregnancy is light, nutritious, easy to digest and rich in all essential nutrients.

Diet for an adult male & female

As an adult male and female, the diet must be carefully adjusted. Adults should use salt in moderation as high intake of salt might lead to high blood pressure. One should avoid preserved foods such as pickles/ papads and also canned foods as it contributes to higher intake of salt. An adult female should take a diet which is rich in calcium (Milk & dairy products) as well as iron (green leafy vegetables-spinach, broccoli etc.) Limit use of saturated fats and trans fats such as ghee, butter, cheese, vanaspati ghee and add more fibrous food in diet in the form of whole grains, vegetables and fruits.

Diet for elderly people


Individuals of 60 years and above constitute the elderly. The diet for elderly people should include nutrient rich foods to enable

them to be fit and active. Senior citizens need more of vitamins and minerals to be healthy and active.

The body composition changes with the advancing age and all these changes affect nutritional needs of the elderly. Elderly or aged people require reduce amount of calories as their lean muscle mass and physical activity decreases with ageing. Elderly need more calcium, iron, zinc, vitamin A and antioxidants to prevent age-related degenerative diseases and for healthy ageing. It is very essential to maintain your health as ageing process starts and it increases the life expectancy. It is very important for elderly people to exercise as it helps to regulate body weight and flexibility in the joints. The risk of degenerative diseases also considerably decreases with regular exercise session.

Elders generally complain of loss of appetite or sometimes difficulty in chewing. A soft diet should be given to elders, with inclusion of fruits and vegetables in their diet. Calcium rich foods like dairy products (low fat), milk (toned) and green leafy vegetables should be included in the daily diet to maintain bone health, so as to prevent osteoporosis and bone fractures. Consume pulses, toned milk, egg-white etc. in

good quantities as they are rich in proteins. Elderly people should cut down on their saturated fats, sweets, oily food, salt and sugar level. Use of ghee, oil, butter should be completely avoided. Also, avoid eating spicy food. The diet for elderly people needs to be well cooked, soft and should be less salty and spicy. Ensure to eat small quantities of food at more frequent intervals and drink water at frequent intervals to avoid dehydration and constipation.

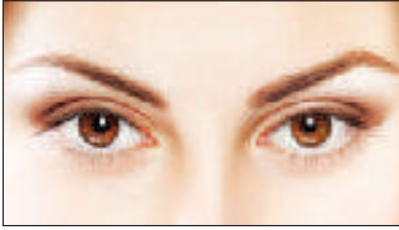
Thus a healthy diet consumed throughout the life-course helps in preventing malnutrition in all its forms as well as wide range of non-communicable diseases (NCDs) and conditions. 

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Start Walking Barefoot

Earthing, also called grounding, stems from the idea that in modern city life we no longer have direct physical contact with the Earth, and therefore are losing out on purported health benefits of exchanging electrons with the surface of our planet.

TIPS FOR OPTIMAL EYE HEALTH



1. Healthy Diet Healthy Eyesight

Yes, it starts as simple as that; you are what you eat and so is your eyesight. Foods rich in nutrients like vitamin C and E, zinc, lutein and omega-3 fatty acids strengthen your eyes against age-related eye problems like cataracts and macular degeneration. Some great foods for eye health include:

Vegetables: Leafy green veggies like spinach, collards and kale

Fish: Fatty fish like salmon, tuna, sardines and mackerel

Fruits: Citrus fruits like lemons, grapefruits and oranges

Nonmeat protein sources: Eggs, nuts and beans

2. Quit Smoking

Haven't been able to quit smoking yet? Need some added motivation? What about not getting cataracts, macular degeneration and uveitis (in addition to various other health issues)? Research

suggest that the likelihood of smokers getting affected from these debilitating eye conditions increases twice to thrice. So, here is to those of you who like their eyesight more than a cigarette.

3. Shades are Helpful

If you considered sunglasses a mere fashion accessory, think again. A right pair of shades can help you stay away from cataracts, macular degeneration and pinguecula by blocking out sun's harmful UV (ultraviolet) rays. A good pair of UV protection sunglasses can block 99 – 100% of harmful UV rays. In case you are wondering, UV protection contact lenses are also available.

4. Don't Underestimate the Power of Protective Eyewear

Safety glasses are highly recommended if you are exposed to some sort of hazardous airborne materials at job or even at home. Not only that, resort to protective glasses if you are into sports like ice hockey, lacrosse or squash/racquetball.

5. Avoid Excessive Exposure to Computer Screens

In addition to causing neck, back and shoulder pain, staring too long at a computer/phone screen

can affect your eye health severely. Some of the eye problems you can get from excessive exposure to computer/phone screens include:

- Eyestrain
- Dry eyes
- Blurry vision
- Long distance focus issues

Some protective measures include:

- Updating your glasses or contacts prescription for screen exposure
- Seeking proper medical care in case of prolonged eyestrain and considering computer glasses for computer use
- Choosing a comfortable supportive chair and positioning it where your feet lie flat on the floor
- Blinking more if your eyes dry up
- Following 20-20-20 rule where you rest your eyes every 20 minutes by looking 20 feet away for 20 seconds continuously
- Taking 15-minute breaks every 2 hours and getting up from your chair is also recommended

6. Incorporate Blinking Breaks

Don't only blame computers and phone screens for eyestrain. Books and written documents can

also cause eyestrain when looked upon for extended periods. So, make sure to get your head up, look away from the docs and just blink your eyes for a few seconds to relieve the strain.

7. Consult Eye Doctor Regularly

Never undermine the significance of a regular eye exam. Your eyes need specialized care because they are one of the most sophisticated organs in your body. Spotting eye diseases like glaucoma is quite challenging. Only an eye specialist will be able to do so appropriately using the required knowledge, experience, tools and techniques. Experts recommend having a comprehensive eye exam at least once every two years. Some of the essential components of a comprehensive eye exam might include:

- Vision tests to determine farsightedness/nearsightedness, presbyopia (changes in vision due to aging process), astigmatism (blurred vision caused by a curved cornea)
- Tests to determine coordination between both eyes
- Optic nerve and eye pressure tests to spot glaucoma
- Microscopic and external eye examination before and after dilation

8. Be Vigilant about Eye Problems – Look for Signs

Periodically visiting your eye doctor is a great routine to follow, but don't rely solely on that; it's your eye health on stake. Be vigilant about your eyesight and keep looking for any changes in your vision. Some red flags to look for include:

- Hazy vision
- Double vision
- Problem seeing in low light conditions
- Red eyes for prolonged time periods
- Constant eye pain and swelling
- Floaters
- Frequent flashes of light

If any of these signs and symptoms prevail, consult your eye doctor immediately for detailed investigation into the matter.

9. Consider Your Family Health History

Of all other factors, you might also be simply unlucky to get an unwanted eye ailment, because many eye diseases cluster in families. For instance, a family history of high blood pressure or diabetes means increased risk of suffering from an eye disease. So, take your family's eye diseases'

history seriously and discuss it with your eye doctor in order to avoid becoming another unsuspecting victim.

10. Fresh Air

The benefits of fresh air shall not be confined to lungs and heart. Fresh air directly supplies oxygen to the corneas in your eyes, because they lack their own oxygen supply mechanism. So, make sure to let your eyes soak in as much of fresh air as possible.

11. Avoid Rubbing Your Eyes

Oddly enough, a huge majority of people seem to be nurturing the habit of rubbing their eyes every other minute. For many of them, eye-rubbing turns into an irritating habit, which is quite damaging for eye health. You need to realize that most of the times your hands are covered with a host of germs responsible for different types of diseases and infections. So, it's better if you get rid of this unhealthy habit, but if you can't, make sure to keep your hands as clean as possible. You can use anything from soaps to sanitizers, just keep them clean if you can't stop rubbing them over your eyes.



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DIETARY GUIDELINES FOR PREGNANT WOMEN



A Pregnant Woman Should Include in Her Daily Diet at Least:

Five servings of fresh fruits and vegetables (including at least one serving of a dark orange vegetable, two servings of dark green leafy vegetables, and one serving of citrus fruit)

Six servings of enriched, whole-grain breads and cereals. Three servings of nonfat or low-fat milk or milk products

Two to three servings of extra-lean meats, chicken without the

skin, fish, or cooked dried beans and peas

Eight glasses of water

A Weighty Issue

If a woman does not gain enough weight, her baby also won't gain enough weight, which places the newborn at high risk for health problems. Optimal weight gains of 25 to 35 pounds in a slender woman helps ensure a healthy-sized baby. Underweight women should gain more weight, or approximately 28 to 40 pounds. Overweight women should not attempt to use pregnancy as a way to use up extra body fat, since stored body fat is not the stuff from which babies are made. A modest weight gain of between 12 to 25 pounds is recommended for these women.

Further weight gain beyond recommended amounts will not make bigger or healthier babies. It will make regaining a desirable figure more difficult after delivery. The secret is to pace the gain, with weight gain increasing from very little in the first trimester to as much as a pound a week in the last two months of pregnancy.

Folic Acid: It's a Must

Nutrition experts agree that the best place for the mother-to-be to get all the essential nutrients, including ample amounts of vitamins and minerals, is from her diet. The trick is getting enough. For example, the MRC Vitamin Study at the Medical College of St. Bartholomew's Hospital in London found that women taking folic acid supplements around conception had significantly lower risks for giving birth to babies with neural tube defects (NTD), a type of birth defect where the embryonic neural tube that forms the future brain and spinal column fails to close properly.

Luckily, in 1996 the U.S. Food and Drug Administration (FDA) issued a regulation requiring that all enriched grain products, including breads and pasta, be supplemented with folic acid. Every woman

during the childbearing years should make sure she gets at least 400 micrograms of folic acid from food or supplements.

The Post-Pregnancy Diet

Whether a woman breastfeeds or not, the secret to post-pregnancy nutrition is to gradually regain a desirable figure, while maintaining or restocking nutrient stores. In addition, since some babies are planned and others are surprises, it's never too late to start nourishing the next baby by continuing to eat a diet based on fresh fruits and vegetables, nonfat milk products, whole grains, and protein-rich beans and meats.



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A newborn baby has about one cup of blood in his body.

Pituitary Hormones

FLAGTOP

- Follicle stimulating hormone
- Lutinizing hormone
- Adrenocorticotropin hormone
- Growth hormone
- Thyroid stimulating hormone
- Oxytocin
- Prolactin

BRAIN ANEURYSM - A BRIEF DESCRIPTION

A weakness in a blood vessel in the brain that enlarges and fills with blood is called brain or intracranial aneurysm. Most intracranial aneurysms occur between the underside of the brain and the base of the skull. The aneurysm can leak or rupture, causing life-threatening bleeding. An unruptured aneurysm usually causes no symptoms. A key symptom of a ruptured aneurysm is a sudden, severe headache.

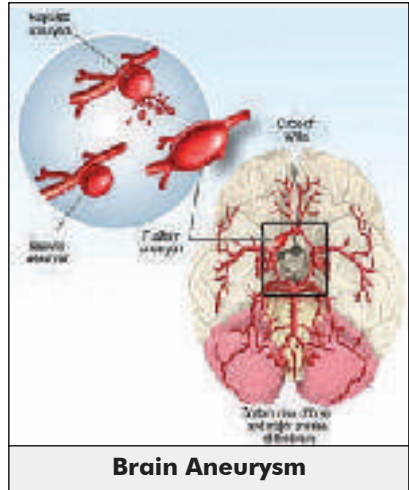
Risk factors

- High blood pressure
- Older age
- Cigarette smoking
- Drug abuse especially cocaine
- Alcohol consumption
- Atherosclerosis (Fat deposition)
- Overweight
- Family history
- Any head injury
- Polycystic kidney disease

Symptoms

Ruptured aneurysm

A sudden, severe headache is the key symptom of a ruptured aneurysm. This headache is often described as the “worst headache” ever experienced.



Common signs and symptoms of a ruptured aneurysm include:

- Sudden, extremely severe headache
- Nausea and vomiting
- Stiff neck
- Blurred or double vision
- Sensitivity to light
- Seizure
- A drooping eyelid
- Loss of consciousness
- Confusion

'Leaking' aneurysm

In some cases, an aneurysm may leak a slight amount of blood. This leaking (sentinel bleed) may cause only a:

- Sudden, extremely severe headache

A more severe rupture often follows leaking.

Unruptured aneurysm

An unruptured brain aneurysm may produce no symptoms, particularly if it's small. However, a larger unruptured aneurysm may press on brain tissues and nerves, possibly causing:

- Pain above and behind one eye
- A dilated pupil
- Change in vision or double vision
- Numbness of one side of the face

Complications

- Rebleeding
- Vasospasm- narrowing of the blood vessels
- Hydrocephalus-accumulation of cerebrospinal fluid (CSF) occurs within the brain.
- Hyponatremia- reduced amount of sodium in the blood.

Diagnosis

- Computerized tomography (CT scan)
- Cerebrospinal fluid test
- Magnetic resonance imaging (MRI).

- Cerebral angiogram.

Treatment

Surgery

- **Surgical clipping** is a procedure to close off an aneurysm. The neurosurgeon removes a section of your skull to access the aneurysm and locates the blood vessel that feeds the aneurysm. Then he or she places a tiny metal clip on the neck of the aneurysm to stop blood flow to it.
- **Endovascular coiling** is a less invasive procedure than surgical clipping. The surgeon inserts a hollow plastic tube (catheter) into an artery, usually in your groin, and threads it through your body to the aneurysm.

Other treatments (ruptured aneurysms)

- **Pain relievers**, such as acetaminophen (Tylenol, others), may be used to treat headache pain.
- **Calcium channel blockers** prevent calcium from entering cells of the blood vessel walls. These medications may lessen the erratic narrowing of blood vessels (vasospasm) that may be a complication of a ruptured aneurysm.
- **Interventions to prevent stroke**

from insufficient blood flow include intravenous injections of a drug called a vasopressor, which elevates blood pressure to overcome the resistance of narrowed blood vessels.

- **Anti-seizure medications** may be used to treat seizures related to a ruptured aneurysm. These medications include levetiracetam (Keppra), phenytoin (Dilantin, Phenytek, others), valproic acid (Depakene) and others.
- **Ventricular or lumbar draining catheters and shunt surgery** can lessen pressure on the brain from excess cerebrospinal fluid (hydrocephalus) associated with a ruptured aneurysm. A catheter may be placed in the spaces filled with fluid inside of the brain (ventricles) or surrounding your brain and spinal cord to drain the excess fluid into an external bag.
- **Rehabilitative therapy.** Damage to the brain from a subarachnoid hemorrhage may result in the need for physical, speech and occupational therapy to relearn skills.

Tips to prevent brain aneurysm

- Have healthy diet like choosing fresh vegetables, limiting fat rich diets, moderate fast foods, adding whole grains, limiting

sweetened beverages, adding olive oil in diet, low fat dairy products, fish, poultry, beans, nuts and vegetable oils.

- Keep the blood pressure levels in check.
- Lower high cholesterol. Add more foods high in omega-3 fatty acids like fish, nuts, seeds like walnuts, flaxseeds, fortified foods like eggs, yogurt and milk, soybeans, brown rice, beans, lentils, peas, oat bran, barley.
- Make exercise as a part of daily routine.
- Manage stress by meditation, mindfulness technique, time management, deep breathing and progressive muscle relaxation, engaging in hobbies.
- Check for obstructive sleep apnea, a medical condition causing snoring and can end up in high blood pressure.
- Quit smoking.
- Do screening tests for brain aneurysm annually.



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PROBIOTICS

Introduction-

The world organisation defines probiotics as living microorganisms which when administered in adequate amounts confer a health benefit on a host. The term probiotics comes from the latin or greek pro means ‘before ‘ and bios means ‘life’. Thus probiotics are life promoting . In this case, we use the term probiotics to refer to beneficial bacteria. The most common type of beneficial bacteria are LACTOBACILLI and BIFIDOBACTERIAS.

History of Probiotics

At the start of 20th century, Russian Nobel prize winner and father of immunology Elie Metchnikoff, a scientist at the pasteur institute was the first to conceptualize “Probiotics”. Then, in early 1930s in Japan, Minoru Shirota developed a fermented milk product called Yakult - He started marketing it as a probiotic yogurt-like product made by fermenting a mixture of skimmed milk with a special strain of Lactobacillus casei shirota.

*Probiotics term coined in 1965 by Lilly and Stillwell. Probiotics which means, ‘for life’ was meant to contrast ‘Antibiotics’ popularly

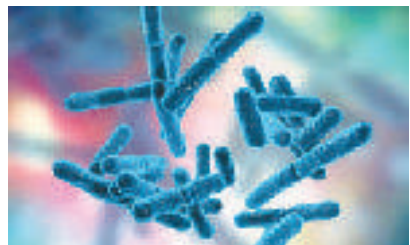
prescribed and known to also destroy beneficial organisms and impact the immune system.

What are probiotics ?

Probiotics are live bacteria and yeast that are good for us especially for our digestive system. We usually think of these as germs that cause diseases but our body is full of bacteria, both good and bad. The normal human digestive track contains about 400 types of Probiotics bacteria that reduce the growth of harmful bacteria, so Probiotics are often called ‘good’ or ‘helpful’ bacteria because they help in keeping our gut healthy.

How do they work ?

As we said, Probiotics are helpful bacteria but their mode of action is still undiscovered, but as they keep our gut healthy some of the possible ways for that can be- When you lose ‘good’ bacteria in your body, eg; after antibiotic, Probiotics can help to replace them or they can help balance your



“good” and “bad” bacteria to keep our body working in the way it should.

Other possible mode of action of probiotics are-

- * production of inhibitory compounds.
- * competition for chemicals / available energy.
- * competition for adhesion sites [exclusion]
- * enhancement of immune response.
- * improvement of water quality.
- * interaction with phytoplankton.
- * a source of micro and macro nutrients.
- * enzymatic contribution to digestion.

Where do they work ?

Among other things, Probiotics help send food through our gut by effecting nervous that control gut movements. Researchers are still trying to figure out which are best for certain health problems. Some common conditions in which probiotics can act well are;

- * Irritable Bowel syndrome.
- * Inflammatory bowel disease.
- * Infectious diarrhoea caused by

various viruses, parasites and antibiotics.

They can also be helpful in case of -

- * Skin conditions like eczema.
- * Urinary and vaginal health.
- * Preventing allergies and cold .
- * Oral health.

Types of probiotics

Many types of bacteria are classified as probiotics . They all have different benefits, but most of these come from these groups -

Lactobacillus

This may be the most common probiotics. Its the one we found in yogurt and other fermented foods. Different strains of it are helpful in diarrhea and for people those can't digest lactose. Some of the common examples of this group are:-

Lactobacillus rhamnosus is a bacterium that originally was considered as a subspecies of *Lactobacillus casei*, but genetic research found it to be a species of its own. It is a short gram positive heterofermentative facultative anaerobic non-spore forming rod that often appears in chains.

Lactobacillus casei is a species of genus **LACTOBACILLUS**

found in the human urinary tract and mouth. These particular species of Lactobacillii is documented to have a wide pH and temperature range, and complements the growth of Lactobacillus acidophilus, a producer of the enzyme amylase.

Lactobacillus plantarum is a widespread member of the genus Lactobacillus, commonly found in many fermented products as well as anaerobic plants matter. It is also present in saliva. It is gram positive, bacillii shaped bacterium.

Bifidobacterium

It is the second most common group of Probiotics which are found in dairy products and are extremely useful for irritable bowel syndrome. It is a genus of gram positive, nonmotile, often branched anaerobic bacterias, that are ubiquitous inhabitants of the GIT, vagina, and mouth of mammals including humans. It is one of the major genera of bacteria that make up the GIT microbiota in mammals but they can also be present in sewage, human breast milk, fermenting milk, cheese and water kefir.

Saccharomyces boulardii is a tropical species yeast found in probiotics that appears to help fight diarrhea and other digestive problems including rotavirus infections in children, over growth

of bad bacteria in adults and diarrhea associated with tube feeding. For the past 30 or so years, doctors recommended it for the same.

Probiotics used in clinical conditions

Probiotics were identified to beneficially affect the host by improving its intestinal microbial balance, thus inhibiting pathogens and toxins producing bacterias. Today, specific health effects are being investigated and documented including alleviation of chronic intestinal inflammatory diseases, preventing and treatment of pathogen induced diarrhoea, urogenital infections and atopic diseases.

Characteristics of effective probiotics

Probiotic microorganisms are:

- * able to survive the passage through the digestive system.
- * able to attach to the intestinal epithelia and colonize.
- * able to maintain good viability.
- * able to utilize the nutrients and substrates in normal diet.
- * non-pathogenic and non-toxic.
- * capable of exerting a beneficial effect on the host.

Side effects of probiotics

They are safe for majority of the population except people with immune system problems and other serious health conditions. As every thing has some pros and cons, Probiotics too have side effects that can occur as temporary increase in gas, bloating, constipation, and thirst. Secondly, the ingredients used in the supplements can also be reactive to some people. Other than that, amines in probiotic foods may triggers headache and some strains can increase histamine levels. So,-

The FDA regulates probiotics like food , not like medications. unlike the drug companies ,makers of probiotics supplements don't have to show their products are safe or that they works. So they should always be taken after consulting your physician.

Probiotic foods that are super healthy

In ancient Indian society, it become common place to enjoy before dinner yogurt drink called lassi. these Indian traditions were based on principle of using sour milk as a probiotic delivery system to the body. So now a days, some of the common probiotic foods which are super healthy are-

Yogurt is a one of the best

source of probiotics, which are friendly bacteria that can improve your health. It is made from milk that has been fermented by the friendly bacterias , mainly lactic acid bacteria and bifidobacteria. Eating yogurt is associated with many health benefits, including improved bone health, helping in regulating high blood pressure. Yogurt may be suitable for the people with lactose intolerance. This is because the bacteria turn some of lactose into lactic acid which is also why yogurt tastes sour.

Kefir is a fermented probiotic milk drink. It is made by adding kefir grains to cows or goat's milk. Kefir grains are not cereal grains, but rather culture of lactic acid bacteria yeast that look up bit like cauliflower. It improves bone health, digestive problems and protect against infections. The word kefir comes from Turkish word keyif which means "feeling good after eating".

Sauerkraut is finely shredded cabbage that has been fermented by lactic acid bacteria. It is one of oldest traditional foods and is popular in many countries of Europe. It is often used on top of sausages. It has sour, salty taste and can be stored for months. In addition to it, it is rich in fiber,

vitamin C, B, K, antioxidants, sodium and iron.

Tempeh is a fermented soybean product. It foams a firm patty whose flavour is described as nutty, earthy, similar to a mushroom. It is originally from Indonesia but has become popular worldwide as high protein meat substitute. It contains phytic acid which is main content of soyabean and other than that, minerals, and vitamin B12 are too present.

Kimchi is a fermented, spicy Korean side dish. Cabbage is usually the main ingredient but it can also be made from other vegetables. It is flavoured with mix of seasoning red chillies, garlic geager and salt. It contains lactic acid bacteria *Lactobacillus kimchii*, and is high in vitamin K, B12 and iron.


Miso is a Japanese seasoning made by fermented soybeans with salt and a type of fungus called koji. It is a good source of protein and fibre. It is high in various vitamins, minerals and plant compounds including vitamin K, maganease and copper. One study reported that miso soup consumption was associated with lower risk of breast cancer in middle age Japanese women.

Pickles are cucumbers or any matter that have been pickled in a

solution of salt and water and left to ferment using their own lactic acid bacteria, without adding vinegar, that make them sour. These are low in calories but are good source of vitamin K and sodium.

Traditional buttermilk

is actually a range of fermented diary drinks which are made from leftover liquid after making butter. It is some time called grand maa Probiotic. Buttermilk is low in fat and calories but contains vitamin B12 and minerals such as calcium and phosphorus. Traditional buttermilk is consumed in India, Nepal and Pakistan.

So in nutshell, huge amount of micro organisms exist just about everywhere you can think of. Humans and all animals are host to microbes that live on our skin and inside our body specially in our gut that make up about 3 pounds of our body weight collectively called gut flora. So Probiotics are too micro organisms that have beneficial effect on host intestinal minicrobial balance and improve our immune system. Thus, they are life promoting. 

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SAVE YOUR KIDNEYS - 37

35. Stone Disease, Types and Risk factors

Stone disease is a very common urological disease. Kidney stones can cause the most unbearable pain, but sometimes kidney stones can exist silently without any symptom. Stone disease can cause urinary tract infection and can damage the kidney if not treated adequately. Once a stone occurs, its recurrence is common. So understanding, prevention and care of stone disease is essential.

What is a kidney stone?

A kidney stone is a hard crystal mass formed within the kidney or urinary tract. Increased concentration of crystals or small particles of calcium, oxalate, urate, or phosphate in urine is responsible for stone formation

Normally, urine contains substances that prevent or inhibit the aggregation of crystals. Reduced levels of stone inhibitor substances contribute to the formation of kidney stones. Urolithiasis is the medical term used to describe urinary stones.

What are the size, shape and location of urinary stones?

Kidney stones vary in size and

shape. They can be smaller than a grain of sand or can be as large as a tennis ball. The shape of the stone may be round or oval with a smooth surface, or they can be irregular or jagged with a rough surface. Stones with a smooth surface cause less pain and their chances of natural removal are high. On the other hand, kidney stones that have an irregular rough surface can cause more pain and are less likely to come out on their own. Stones can occur anywhere in the urinary system but occur more frequently in the kidney and then descend into the ureter, sometimes lodging in the narrow areas of the ureter.

What are the types of kidney stones?

There are three main types of kidney stones:

- 1. Calcium Stones:** This is the most common type of kidney stone, which occurs in about 70 - 80% of cases. Calcium stones are usually composed of calcium oxalate and less commonly of calcium phosphate. Calcium oxalate stones are relatively hard and difficult to dissolve with medical management. Calcium phosphate stones are found in alkaline urine.

2. Struvite Stones: Struvite (Magnesium ammonium phosphate) stones are less common (about 10 - 15%) and result from infections in the kidney. A struvite stone is more common in women and grows only in alkaline urine.

3. Uric Acid Stones: Uric acid stones are not very common (about 5 - 10%) and are more likely to form when there is too much uric acid in the urine and urine is persistently acidic. Uric acid stones can form in people with gout, who eat a high animal protein diet, are dehydrated or have undergone chemotherapy. Uric acid stones are radiolucent, so are not detected by an X-ray of the abdomen.

What is a staghorn stone?

A staghorn calculus is a very large stone, usually struvite, occupying a large part of the kidney and resembling the horns of a stag (deer), thus it is called staghorn. A staghorn stone cause minimal or even no pain, diagnosis is missed in most of the cases and end result is damage to kidney.

Which factors contribute to the formation of urinary stone?

Everyone is susceptible to stone formation. Several factors that

increase the risk of developing kidney stones are:

- **Reduced fluid** - especially decreased water intake and dehydration.
- Family history of kidney stones.
- **Diet:** consuming a diet high in animal protein, sodium and oxalate, but low in fiber and potassium rich citrus fruits.
- 75 % of kidney stones and 95% of bladder stones occur in men.
- A person who is bed-ridden or immobile for a long period.
- A person living in a hot humid atmosphere.
- Recurrent urinary tract infections and blockage to the flow of urine.
- **Metabolic diseases:** hyperparathyroidism, cystinuria, gout etc.
- Use of certain medications such as diuretics and antacids.



(To be continued.)

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RELATIONSHIP - LIVING IN HARMONY-10



We have been discussing the qualities of a good mother.

Now, having seen some attributes of a good mother, we shall see now what impressions a good mother must not give to her children.

It is a commonplace that some mothers subtly give the impression to the children that they have sacrificed much for the sake of her children. This will not ultimately please the children. If a mother keeps insisting on her sacrifice

and suffering, it spoils the love and affection she has shown to her children. Whatever you do in expectation of something back, now or after, it is in a way an impure act. The feelings which should have been serene and simple without any negative shade get weighted with dark and negative feelings. But of course this is very common experience in the world. And the fact is mothers despite their expectations which are actually social legacy do love their children.



A cheerful mother turns a building into a blessing

There is one more thing we have to say. The greatest quality of a good mother, in fact for any human being, is what is called 'Cheerfulness'. Come what may, a mother must be genuinely cheerful; and cheerfulness must be obvious but not showy. Nothing influences more than cheerfulness. It is actually a very extraordinary quality. Cheerfulness is another form of acceptance. Acceptance is not agreement because agreement implies similar views of life, similar tastes and so on. Mothers accept their children with all their differences.

There is another fact with regard to the mothers in their relationship with their children. They indirectly

at least tend to impress upon the children that their fathers actually did not feel love as much as the mothers and the mothers, at least some mothers insist that the children must not fail to support them in their old age even after their marriage.

When all is said and done, it is the presence of the mother makes home a lovable place despite sufferings.

We will see Father's love in our next session.



(To be continued.)

- "HEALTH" - Editorial Board

New Proverbs likely to be included in the English language...

1. Divided we live, United we die!
2. A sneeze, in time... infects nine!
3. All that sniffles has caught a cold!
4. Homestay is the best policy!
5. One man's mask is another man's poison!
6. An unmasked guy is the Covid's workshop!
7. As you spray, so shall you reap..
8. Better to be poor & healthy than being rich & sick!
9. Curiosity killed the doc!
10. Don't count your chickens before next March!
11. Every cough has its spray!
12. Rome wasn't infected in a day!
13. When the cough is away, you can come out & play!



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Ingredients

- ◆ 8 tbsp. organic turmeric powder
- ◆ 2 tbsp. whole black pepper
- ◆ 6 tbsp. fennel seeds
- ◆ 4 tbsp. cumin seeds
- ◆ 4 tbsp. coriander seeds
- ◆ 2 tbsp. green cardamom seeds
- ◆ 2 tbsp. dry ginger root powder
- ◆ 1 tbsp. cloves
- ◆ 1 tbsp. cinnamon powder

Instructions

- Warm up the heavy bottom pan on low heat. On a low heat, dry roast all ingredients except turmeric and ginger powder.
- Keep stirring them till they get warm and release the aroma. Turn off the heat.
- Remove the ingredients on dry plate and let them cool completely. Once they are completely cooled, grind them into a fine powder.
- Mix in turmeric and dry ginger root powder. Mix everything well and store it in a air tight glass jar.

From 1992

Health

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*How to Stay Healthy,
Fit and Safe during
the Winter Season*



GENERAL GUIDELINES FOR USING FABRIC MASK DURING COVID-19 PANDEMIC

Amid COVID-19 pandemic using mask has become an essential need of these days. Most of the Indians are following guidelines of government and also using masks whichever available to them. Major population of India uses fabric mask as it is economic. It can be reused; it is easy to clean and disinfect. But there are some precautions which should be taken while selecting and handling mask. Otherwise use of mask will remain mere a satisfactory aid rather than safety one. It can be observed that most of the people don't handle mask correctly which can not only makes it useless but also may expose user to infectious pathogens. Considering this, in this article general guidelines about 'how the mask should be selected' and 'how to handle it' are described according to general guidelines of the World Health Organisation.

1. Recommended fabric mask:

Fabric mask which is also called as non-medical mask is intended to use in community or public setting where COVID-19 cases are present and when maintaining physical distancing is not possible. One

should know that how safe and useful to use fabric mask. It should be understood that fabric mask is not personal protective equipment. Therefore it is not recommended for health care workers who work in healthcare settings. Also for the vulnerable population like those people who exceeds 60 years of their age, who are having some underlying medical condition or COVID-19 symptoms or who are taking care of family member having COVID-19 fabric masks are not recommended. For such people medical (surgical) mask is recommended. Remember that source control is an important aspect of controlling spread of disease. Fabric mask are intended for source control. This means, if you are the source of infection, then wearing mask is to protect people around you. Fabric mask acts as a barrier between your mouth, nose and the environment around you. The exact protective value fabric mask for the wearer is still not known. So, "when you are wearing mask you are protecting others and when others around you are wearing mask, they are protecting you".

2. How the fabric mask should be:

Ideally the fabric mask should be three different layered. The innermost layer should be of hydrophiic (which can easily absorb water droplets/moisture) material like cotton. Hydrophilic material can absorb droplets of your exhaled breath easily. Light colour is preferable for it as it helps to identify easily whether it is soiled or wet during use. Soiled or wet mask should be changed. Woven or kint cotton t-shirt is easily available source of such fabric. Middle layer should act as a filter and should ideally be of polypropylene fabric. This is a spun bond non-woven fabric material. Third and the outermost layer of fabric mask should be of hydrophobic (which repels water droplets/moisture) material. Synthetic material like polyester or blend material of polyster and cotton are examples of hydrophobic fabric.

3. How to wear fabric mask:

While wering fabric mask, first clean your hands with soap and water (for 40-60 seconds) or alcohol based hand rub (for 20-30 seconds). Then take a clean, non-damaged mask and place the mask on your face covering your nose, mouth and chin. There should not be any gap between your face and the mask. **DON'T TOUCH THE MASK WHEN**

YOU ARE WAERING IT TO AVOID CONTAMINATION. If got touched, then clean your hands. While taking off mask also clean your hands first, then lean slightly forward and remove loops of the mask behind ears without touching front of the mask. Then again wash your hands. (Practices like pulling the mask down from mouth and setting it at neck while talking are not safe as this may expose the innermost surface of the mask at contaminated neck region.) Wear your own mask and don't share it with anyone. Don't use wet or soiled mask. Wash such mask with soap and water before reusing it. If it is clean and you have to reuse it without washing, store it in clean plastic bag (in such a way that innermost surface of mask should not touch outermost surface of mask). Handling mask properly is equally important as wearing the mask.

At last it should be remembered that use of mask **ALONE** cannot provide adequate level of protection against COVID-19 unless other measures like physical distancing, hand hygiene and respiratory etiquettes are followed along with it



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“ यशस्वी चिकित्सेचा राजमार्ग ”

॥ आयुर्वेद पत्रिका ॥

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या अंकातील विचारांशी संपादक सहमत असतीलच असे नाही, ती मते लेखकांची समजावीत.



Vd. Prashant Patil

Importance of Garbhopghatkara Bhavas



Vd. Mayuri S. Patwari

Abstract :- Transformation of a woman to mother is the beautiful phase of a woman's life. One of the great wonders of nature is the growth of the fetus in mother's womb i.e. pregnancy. Pregnancy is a delicate condition which is most vulnerable & affected by factors like environmental, food habits, psychological.

There are some factors which are affecting fetus during pregnancy & which is neglected by people in large extent due to life style changes & those factors can be correlated with Garbhopghatkar bhava's. In this study an effort is made to explain the garbhopghatkar bhavas with their importance in preventing probable complications during pregnancy.

Keywords :- Garbhopghatkar bhava.

Introduction : Transformation of of a woman to mother is the beautiful phase of a woman's life. One of the great wonders of nature is the growth of the fetus in mother's womb i.e. pregnancy.

Pregnancy is a delicate condition which is most vulnerable & affected by factors like environmental, food habits, psychological. So, During pregnancy, mother should be very careful about her food habits, nearby environment, psychological status this can be co-related with Aahara, Vihara & Mansik hetu according to ayurveda. As Ayurveda aims at "PREVENTION IS BETTER THAN CURE", There are the DO's & DON'Ts explained for the garbhini (pregnant woman).

JEEVAN SHATAVARIN
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Yashtimadhu	0.33gm
Shatavari Swarasa	2.08gm
Jeevanti	0.14gm
Mudgaparni	0.14gm
Maashparni	0.14gm
Sugar	q.s.

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Bilva	0.28gm
Bruhadi	0.28gm
Patol	0.28gm
Ikshumul	0.28gm
Kantakari	0.28gm
Shatavari Swarasa	2.08gm
Jeevanti	0.14gm
Mudgaparni	0.14gm
Maashparni	0.14gm
Sugar	q.s.

JEEVAN SHATAVARIN 9

Yashtimadhu	0.4gm
Durlabha	0.4gm
Ksheerkakoli	0.4gm
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Mudgaparni	0.14gm
Maashparni	0.14gm
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गर्भोपघातकर भावांचे ज्ञान वैद्यांनी गर्भिणीला करून द्यावे.

The factors that are likely to harm fetus or can be called as contraindications during pregnancy are explained under "GARBHOPGHATKAR BHAVAS" There are some factors which are affecting fetus during pregnancy & which is neglected by people in large extent due to life style changes & those factors can be correlated with Garbhopghatkar bhava's. Now a days ,life style of people get changed which causes so many health issues causing miscarriage .

Things which has to be avoided during pregnancy to avoid any complications during pregnancy can be called as rules to be followed by pregnant woman for healthy pregnancy are explained as Garbhopghatkar bhava. Garbhopghatkar bhavas & its effects on the fetus explained in this article

Materials & Methods :- The study was done with the help of literature review from classical ayurvedic texts ,research articles & websites.

Observations :-

Garbhopghatkar Bhava :- The specific rules which have to be followed by garbhini during garbhini avastha. Garbhopghatkar bhavas are explained by aacharya :-

Charaka ,Sushruta ,Vagbhata ,Kashayapa

Aahara to be contraindicated during pregnancy :

Here we have listed aahara to be contraindicated during pregnancy according to different aacharyas

Aacharya Charaka: Excessive heavy, hot, pungent food substances, Wine Excessive meat

Sushruta: Dried food, Putrified food, Stale food, Wet food (food with high water content).

Vagbhata: Pungent food, Excessive hot food, Excessive meat, wine

Kashyapa: Cold water, Garlic.

Harita: Pulses, Heavy & sour substances, Pulses, Heavy & sour substances, Excessive hot milk Garlic, onion, Surana., Edibles causing burning sensation (in abdomen)

Bhavamishra: Excessive meat

Yogratnakara: Polluted & incompatible food

Viahara contraindicated during pregnancy :-

Here we have listed vihara to be contraindicated during pregnancy according to different aacharyas:

Charaka: Excessive exercise, Excessive coitus, Harsh & violent activities, Sholud not wear red garments, Travelling , Ride over vehicle.

Sushruta: Excessive exercise, Excessive coitus, Excessive satiation, Excessive emaciation, Sleeping in day, Awakening at night, Ride on vehicle, Squatting, Untimely use of snehana (oleation), Suppression of natural urges, Avoid outing, Avoid visiting lonely places, Excessive massage of oil ,Should not fatigue herself, Blood letting.

Vagbhata: Excessive exercise, Excessive coitus, Excessive walking, Sleeping in day, Awakening at night, Suppression of natural urges, Indigestion, Prolonged stay in hot sun or near fire , Squatting , Abnormal hard postures, Fasting, Excessive massage of oil, Carrying heavy weight, Covering herself with heavy sheet, Use of red garments, Blood letting, Purifying measures(shodhana procedures).

Kashyapa: Seeing solar & lunar eclipse, looking at decling moon, sunset, Should not tie anything from thread or rope or loosen her all the bonds , Carrying heavy weight, Abnormal hard postures, Avoid tremoring, Excessive laughing & trauma, Tight cloths.

Bhavamishra: Sitting & sleeping in very soft & high places, Going to river bank, Drinking rain water.

Yogratnakara : Vaman karma, Kshara application, Swedan karma(sudation).

Mansik Hetu (Psychological Status) To Be Contraindicated During Pregnancy

Here we have listed MANSIK HETU to be contraindicated during pregnancy according to different aacharyas :

Charak : (not specified)

Sushruta : grief, anger, disgrace.

Vagbhata : anger, grief, fear, terror, excitement. harita: anger, grief,

Bhavamishra: association with the women whose child is died.

Discussion:- The aahara contraindicated in pregnancy are explained under garbhopghatkar bhavas in ayurveda .

Tikshna ushna padartha ,shusha ,ruksha ,paryushit aahara leads to garbhastrava, garbha shushkata ,akala prasava due to reduced uteroplacental flow causing malnutrition during pregnancy. Guru padartha sevana leads to pregnancy toxemia due to increased weight of mother & fetus causing difficulty in labour. Nitya madya sevana is harmful mostly in first trimester as organ development

गर्भिणीचे मानसिक आरोग्य जपावे.

occurs during first trimester leading to fetal alcohol spectrum disorders. Mans aahara sevan in excessive quantity may lead to miscarriage ,fetal abnormalities, preterm labour , this may be due to infection .Excessive garlic & onion in daily aahara leads to heartburn in the pregnant woman as garlic has the property as a natural blood thinner & this may cause excessive bleeding during delivery. Garlic may lower Blood pressure it can also cause low BSL due to increased insulin release. It may also lead to hypothyroidism by lowering the ability absorb iodine. Pulses should be avoided due to the fear of infection.

The Vihara contraindicated in pregnancy:- The garbhopghatkar bhavas includes some specific vihara that has to be avoided during Pregnancy state to prevent the probable complications. Excessive exercise, coitus may precipitate abortion by provoking contractions. Excess coitus may increase the risk of PROM(Pre Labour Rupture of Membrane). Excessive travelling ,ride over vehicle, carrying heavy weight may lead to abortion due to increased abdominal pressure . Prolonged Squatting & Abnormal hard postures may influence placental & uterine blood flow.It may also cause miscarriage ,preterm labour due to increased intrauterine pressure. Malnutrition , LBW baby, Baby with mental retardation May be the result of excessive fasting. Excessive laughing & trauma may lead to placental abruption causing placental separation.,fetal injury. Sleeping in day & Awakening at night may alter circadian rhythm. Seeing solar & lunar eclipse should be avoided for preventing mother & fetus from harmful radiations.

Psychological Factors (Mansik) Contraindicated In Pregnancy :- All the psychological factors explained above may be contraindicated due to - Stress & negative emotional status may lead to :-

1. Depressed immunological condition.
2. Disrupts the normal hypo -thalamo- pituitary axis due to excessive production of stress hormone & cortisol.
3. Instability or excitability of autonomic nervous system As per above elaboration , Garbhopghatkar bhavas have an important role for preventing hazardous effects on foetus . Thus ,To prevent untoward effect , the Knowledge about garbhopghatkar bhavas & its effects on the fetus is important .By having its exact knowledge & role, we

can maintain the pregnancy & can prevent the pregnancy loss which is the most common complication due to Garbhopghatkar bhavas . we can also help to the family to get a healthy progeny preventing some of the fetal birth defects .

Conclusion:-

With the proper knowledge of garbhopghatkar bhavas & its implementation in the antenatal care ,we can avoid problems like abortions, preterm labour ,malnutrition,etc. & Thus this will help to get healthy progeny & healthy mother as a good outcome of pregnancy.

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“ यशस्वी चिकित्सेचा राजमार्ग ”

॥ आयुर्वेद पत्रिका ॥

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ओजस्तु तेजो धातूनां शुक्रान्तानां परं स्मृतम्!

(अ.ह.सू.११/३७)

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या अंकातील विचारांशी संपादक सहमत असतीलच असे नाही, ती मते लेखकांची समजावीत.



(कै. वैद्य मो. य. लेले स्मृती लेख)

बलम् ही अलम् निग्रहाय दोषाणाम्.....।



वैद्य नितीन पांडव

आपल्या दैनंदिन प्रॅक्टीसमध्ये आपल्याला नित्य वेगवेगळे रुग्णानुभव येत असतात. त्यांत सुखसाध्य, काही विचार करायला लावणाऱ्या, याप्यावस्थेत असणाऱ्या अशा अन्यान्य रुग्णांचा समावेश असतो. त्यांतील काही व्याधींचे रुग्ण आपल्याकडे प्रथमच उपस्थित झालेले किंवा चिकित्सा केल्याचे अनुभव नसलेले असतात. अशा वेळी चरकादि ग्रंथातील उक्ती आपणाला एखाद्या पथदीपाप्रमाणे उपयुक्त ठरतात. अगदी छोट्याश्या वाटणाऱ्या श्लोकातही हजारो रुग्ण बरे करण्याची युक्ती लपलेली असू शकते. अशाच एका श्लोकाचा रुग्णचिकित्सा करतांना आलेला अनुभव मांडण्याचा हा प्रयत्न -

बलम् ही अलम् निग्रहाय दोषाणाम्.....। च.चि.३/१६७ सदर श्लोक, चरकाचार्यांनी ज्वराची चिकित्सा सांगताना वर्णन केलाय, ज्वरात लंघन-पाचनादि उपक्रम १० दिवस करून झाल्यानंतरही, जर सामता कमी होऊन लंघनाची सम्यक लक्षणे दिसत नसतील, तर उर्वरित पाचन देताना रुग्णातील क्षीण बलाचा विचार करून त्याच्या बलवर्धनाचे उपाय करावेत म्हणजे ज्वरोपशम होतो असे आचार्य म्हणतात. ह्याची कारणमीमांसा सांगताना ते म्हणतात की: "दोषांना नियंत्रणात ठेवण्यासाठी केवळ शरीरबल उत्तम असणे पुरेसे आहे!"

ह्या श्लोकार्थाचा उपयोग आपणाला केवळ ज्वराच्याच नव्हे तर प्रत्येक व्याधीतील रुग्णाची चिकित्सा करताना होतो. पण रुग्णचिकित्सा करताना रुग्ण बलाचा विचार आपणाकडून काही वेळा दुर्लक्षित झालेला दिसतो आणि व्याधी म्हटला की त्याचे कारण विकृत दोष एवढाच विचार आपल्या मनात येतो, व केवळ दोषांच्या प्रतिकाराचेच प्रयत्न आपणाकडून सुरु होतात. खरं तर, व्याधी उत्पन्न होण्यासाठी बऱ्याच वेळी दोषांइतकेच दृष्यही जबाबदार असतात. कारण प्रत्येकवेळी व्याधी केवळ दोषवैषम्यामुळेच नव्हे तर धातुबल कमी असल्यामुळेही संभवताना दिसतात. अशावेळी, दोषप्रशमनाचे उपाय करण्यापेक्षा, रुग्णाच्या धातुबलाचे वर्धनाचे उपाय करणे हीच प्रधान चिकित्सा ठरते.

आयुर्वेदीय ग्रंथात बल ही संकल्पना स्वतंत्र व इतर शारीर घटकांच्या सोबतीने अनेक ठिकाणी वापरलेली दिसते. परंतु बलाचे सर्वसाधारणपणे खालील अर्थ संभवतात:-

१)क्रियानिर्वर्तन क्षमता २) उत्साह लक्षणम् बलम्। सु.चि. ३३/२७,डल्हण ३)धातूस्थिरत्त्वम् उपचयलक्षणम् बलेन्। सु. चि. ३३/२७, डल्हण

बलाचे ग्रंथात उत्पत्ती अनुसार सहज, कालज व युक्तीकृत असे ३ प्रकार केलेले आहेत. तसेच प्राण, अग्नि, सत्व, दोष, धातू, मल, ओज इ. शारीरघटकांना त्यांच्या प्राकृतावस्थेत बलाचे अधिष्ठान मानले आहे. ह्या शारीरघटकांच्या बलयुक्त व उपचित असण्यावरच शरीरातील रचनांची उत्पत्ती व स्थित्यंतरे तसेच शारीरक्रिया सम्यक प्रकारे घडून येताना दिसतात.

उदाहरणार्थ, सर्वधातुसार व्यक्ती अत्यधिक बलवान, क्लेशसह व मंदाविकार युक्त असतात असे चरकाचार्य म्हणतात. तसेच ओजालाच बल मानून, बलाची शरीरातील प्राकृत कर्मे सांगताना सुश्रुताचार्य म्हणतात की, बलामुळेच शरीरातील मांसादिचा उपचय चांगला होऊन शरीराला स्थिरत्व येते, सर्व क्रिया करण्यास उत्साह व हुरूप असतो, स्वर व अंगकांती सतेज असते, तसेच बाह्य व आभ्यंतर इंद्रिये आपापली कर्मे करण्यास तत्पर असतात. पुढे, वायुलाच बल मानून चरकाचार्य प्राकृत वायुची शरीरातील जी कर्मे वर्णन करतात त्यातूनही हाच अर्थबोध होतो की, शरीरात घडून येणाऱ्या अन्नपचन, रसरक्तसंवहन, मलमूत्र विसर्जन, चलनादि क्रिया तसेच मनाद्वारे इंद्रियांचे मदतीने घडून येणाऱ्या ज्ञानग्रहण व प्रसारणादि क्रिया ह्या शरीरातील दोषाधातुमल आदि शारीर घटकांचे बलयुक्त असण्याचीच संभवतात.

शरीरातील रचनात्मक व क्रियात्मक घटनांचे शारीरबल हे जसे कारक आहे, तसेच हेच धातुबल विकृत दोषांचे शरीरावर होणाऱ्या आघातांपासून शरीराचा बचाव करते व व्याधीउत्पत्ती होण्यासही प्रतिबंधक ठरते.

आपणव्यवहारात अनुभवतोच की, जनपदोर्ध्वंसजन्य व संक्रमणजन्य रोग हे दूषित वायु, जल, देश, काल यांच्या

ज्वरातील हा वरील नियम श्वासचिकित्सेमध्ये सुद्धा वर्णन केला आहे.

बिघाडातून उत्पन्न होत असतात. हे हेतू किंवा ह्यांचे शरीरावर कुणीही टाळू शकत नाही. विशेषतः वायु, काल व देश ह्यांचे प्रभाव टाळणे अशक्य असते. असे असुनही या दूषित हेतूमुळे सर्वच व्यक्ती एकाच वेळी, एकाच प्रकारे आजारी पडतात असे आढळत नाही. त्यांपैकी काही व्यक्तींना व्याधी निर्माण झाला तरी अल्प प्रमाणात उत्पन्न होतो. या उलट, वातप्रकृती, वयोवृद्ध, सुकुमार इ. व्यक्ती मात्र चटकन व्याधीग्रस्त होतात. त्यांना उत्पन्न होणारी लक्षणेही बलवान व्यक्तींपेक्षा तीव्र स्वरूपाची असतात. असे घडण्याचे कारण त्या त्या व्यक्तीच्या शरीराचे बलाबल होय.

गुरुच्याधित व लघुच्याधित असे रुग्णभेदही चरकाचार्यांनी रुग्णाच्या शारीरिक व मानसिक बलाबलावरूनच केलेले आढळतात.

दोषांचे शारीर धातुंवर होणारे आघात धातूबल कमी असल्यामुळे जे व्यक्ती सहन करू शकत नाहीत त्यांची उदाहरणे चरकाचार्य पुढीलप्रमाणे वर्णन करतात -

अतिस्थूल, अतिकृश, रक्त, मांस व अस्थि हे धातू सुसंघटीत नसलेले, दुर्बल, असात्म्य आहारानी ज्यांची शरीरे बनलेली आहेत, ज्यांचा आहार अल्प असतो, ज्यांचे मानसिक बल कमी असते, असे व्यक्ती व्याधींचे शरीरावरील आघात रोखण्यास असमर्थ असतात. मात्र ह्यांचे विपरीत शारीरस्थिती असलेल्या व्यक्ती दोषांचे आघात सहन करण्यास समर्थ असतात. अशा प्रकारे दोष व धातुंच्या बलाबलावरून व्याधींचे मृदु व दारुणत्व, शीघ्र किंवा चिरकारीत्व ठरत असते. म्हणूनच चरकाचार्य म्हणतात की, -

बलाधिष्ठानमारोग्यं यदर्थोऽयं क्रियाक्रमः। च. चि. ३/१४२

पुढे काही रुग्णानुभव वर्णन केलेले आहेत, की ज्या रुग्णांत केवळ बलवर्धन चिकित्सा देऊनही दोषांचा उपशम झालेला दिसला.

रुग्ण क्र. १: वय/लिंग:- १८ महिने/स्त्री रुग्णा
लक्षणे:- ज्वरोत्पत्ती (दर ३ ते ४ आठवड्यांनी) त्वक् रुक्षता, मुख व नेत्रप्रदेशी म्लानता, हस्तपादत्वक् स्फुटीत, हस्तपाद व मुखप्रदेशी अल्पशोध, अरती, अनन्नाभिलाषा, तृष्णा, तीव्रदौर्बल्य, रोदनाधिक्य इ.

निदान:- ज्वरोत्तर दौर्बल्य व जीर्णज्वर:
चिकित्सा:- सततच्या अंगसंताप, ज्वरोद्गम व प्रत्येक वेळी रुग्णाला रुग्णालयात प्रवेशित करून झालेल्या उग्र औषधोपचार मुळे शरीर अत्यंत निस्सार व दुर्बल झालेले दिसते. वरील

सूत्रानुसार धातुबलवर्धनाची चिकित्सा करणेसाठी रुग्णाला आठवड्यातून दोनवेळा क्षीरबलातेलाचा अभ्यंग करण्याचा व गरजेनुसार ज्वरोद्गम किंवा अंगसंतापादी लक्षणे दिसल्यास आभ्यंतरतः अमृतारिष्ट घेण्याचा सल्ला दिला. त्यानंतर रुग्णेत हळुहळु सर्व लक्षणांचा उपशम होऊन रुग्णबल सुधारले, अनन्नाभिलाषा व तृष्णादिलक्षणे पुर्णोपशम झाला. त्यानंतर आज ६ महिने उलटलेत परंतु रुग्णस केवळ १ वेळा ज्वरोद्गम झाला व तोही अल्पप्रयासांना उपशम पावला.

रुग्ण क्र. २: वय/लिंग:- ६५ वर्षे/पुरुष रुग्ण
लक्षणे:- दक्षिण हस्तशूल, स्कंधशूल, स्कंधप्रदेशी क्रियाल्पता, रक्तशर्करावृद्धी ३ महिन्यापासून.

आधुनिक परीक्षण व चिकित्सा:- वेदनाशामक औषधे व स्थानिक क्रीम्सनी तात्पुरता उपशम. X-ray sholder jt-NAD अस्थिरोगतज्ञ व न्युरोलॉजिस्ट सल्ला व चिकित्सा परंतु अनुपशम.

निदान:- मांसधातुक्षय व शरीरदौर्बल्य.

चिकित्सा:- सुश्रुताचार्यांच्या स एवान्नरसो वृद्धानां जरापरिव्व शरीरत्त्वादप्रीणनो भवति। सु.सू.१४/१९ ह्या उक्तीप्रमाणे अप्रीणनातून मांसक्षयादि लक्षणे उत्पन्न झाल्याचे निदान करून, अश्वगंधारिष्ट व्यानोदान २० ml अशी योजना केली. १ महिन्यांत स्कंधशूलादि तक्रारींचा पूर्ण उपशम होऊन, रक्तातील वाढलेली शर्कराही कमी झालेली दिसली.

रुग्ण क्र. ३: वय/लिंग:- ३४/स्त्रीरुग्णा
लक्षणे:- उदरशूल व्यत्यासात द्रव व बद्धमल, भ्रम, क्वचित मलासह कफप्रवर्तन व शूल, अल्प कुपथ्यानेही वरील लक्षण उत्पत्ती.

निदान:- रक्त, मांस व मेदोधातु क्षय, तत्जन्य आंत्रदौर्बल्य.

चिकित्सा:- अश्वगंधा व यष्टीचूर्ण+ताप्यादिलोह वटी ६०mg - व्यानोदान. ह्यासह पथ्याहार सेवन व आठवड्यातून २-३ वेळा दधि व भात सेवनाची चिकित्सा दिली. शनैःशनैः वरील सर्व लक्षणांचा उपशम झाला व ३० ते ४५ दिवसांत रुग्णेत आंत्रबलवृद्धी झालेली दिसली. रुग्णाला १० दिवसांनंतर दधि किंवा खडयूष सेवन आठवड्यातून केवळ १ वेळाच खाण्याचा सल्ला दिला.

रुग्ण क्र. ४: वय/लिंग:- २७ वर्षे/पुरुष (सुकुमार व पित्त प्रकृती रुग्ण)

लक्षणे:- शिरशूल, अंगसंताप, उदरशूल व द्रवमल, कटुकास्यता, अनन्नाभिलाषा, तृष्णा.

निदान:- वातपित्तज्वर/ज्वरातिसार

कपडे वापरणे गरजेचे आहे. नदी व पिण्याचे पाणी उकळून गार करून पिणे.

※ **पंचकर्म** :-वर्षाऋतु मध्ये 'बस्ती' उपक्रम हितकर आहे. या वर्षाऋतु मध्ये प्रकृती (व्यक्तिगत/वैश्विक) काल आणि कोरोना महासंसर्ग या समग्रीत घटकांचा विचार करून आपण ऋतुचर्येचे पालन केल्यास, निश्चित सर्वांना फायदा होईल. त्यामुळे स्वास्थ्य रक्षण आणि व्याधी परिमोक्षण असे सर्व साध्य लक्ष्य उपलब्ध होते. दीर्घकाळ स्वस्थ जीवनासाठी ऋतुचर्या ही खूप महत्वाची आहे हेच या ठिकाणी अधोरेखित होते.

ग्रंथसूची:-१)त्रिपाठी चरक संहिता, वाराणसी, चौखंबा प्रकाशन vol. 1 च.सू. २)चुनेकर, भावप्रकाश निघण्टु, वाराणसी चौखंबा प्रकाशन २०२०.

वैद्य आरती बुद्धदेव

सहयोगी प्राध्यापक(रचना शारीर)
के.डी.एम.जी.आयुर्वेद कॉलेज अॅण्ड रिसर्च सेंटर, चाळीसगाव
डॉ. वैभव दत्तात्रय फरताळे
सहयोगी प्राध्यापक(कायचिकित्सा)
श्री सप्तश्रृंगी आयुर्वेद कॉलेज, नाशिक

(पान क्र. १३ वरून पुढे...)

चिकित्सा:- खालील चूर्णाचा योग रसायने व व्यानोदान-
※विश्व, मुस्ता, पित्तपापडा, उशीर (उत्तममात्रा), महासुदर्शन (अल्प) किराततिक्त, यष्टी, वासा, बिल्व, सारीवा, शंख, वरा. ※३-४ दिवसांनी ज्वरवेग कमी परंतु दौर्बल्यातून दिवसातुन १ ते २ वेळा मंदवेगी ज्वरोत्पत्ती. ※ ८ व्या दिवशी रुग्णातील दौर्बल्याचा विचार करून मांसरस व भात सेवनाचा सल्ला दिला व सोबत व्यानोदान काळी वरील चूर्णांचे योग रसायन दिले. त्यानंतर ज्वराचा पूर्ण उपशय झालेला दिसला.

अशा प्रकारे वरील सर्व रुग्णांमध्ये केवळ बलवर्धन चिकित्सा देऊनही उपयश मिळाला आणि बलं हि अलं निग्रहाय दोषाणाम्। या सूत्राचा प्रत्यय आला.

वैद्य नितीन अ. पांडव

प्रपाठक, संहिता विभाग,
मातोश्री आसराबाई दराडे आयुर्वेद महाविद्यालय, येवला.
वैद्य राजेश वानखडे
प्राध्यापक (द्रव्यगुण विभाग)
एस्.एम्.बी.टी. आयुर्वेद महाविद्यालय, धामणगाव, इगतपुरी

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The only Ayurvedic preparation made from Shatavari fresh juice. It Contains Natural Bio-Nutrients like, Folic Acid, Calcium, Vitamins & much more.... Which can eliminate any other Supplements. More concentration for better results.

JEEVAN SHATAVARIN 1

Traditional Name	Quantity
Yashthimadhu	0.416gm
Shaakbeej	0.416gm
Ksheerkakoli	0.416gm
Devdaru	0.416gm
Shatavari Swarasa	2.08gm
Mudgaparni	0.14gm
Maashparni	0.14gm
Jeevanti	0.14gm
Sugar	q.s.

JEEVAN SHATAVARIN 2

Traditional Name	Quantity
Pashanbheda	0.7gm
Krishna-Til	0.7gm
Manjishta	0.7gm
Mudgaparni	0.14gm
Shatavari Swarasa	2.08gm
Jeevanti	0.14gm
Maashparni	0.14gm
Sugar	q.s.

JEEVAN SHATAVARIN 3

Traditional Name	Quantity
Banduk	0.4gm
Ksheerkakoli	0.33gm
Manjishta	0.33gm
Nilofar	0.33gm
Sariva	0.33gm
Shatavari Swarasa	2.08gm
Jeevanti	0.14gm
Mudgaparni	0.14gm
Maashparni	0.14gm
Sugar	q.s.

Main ingredient being SHATAVARI SWARASA - Along with JEEVANEYA GANA herbs, Namely Mudgaparni, Maashparni, Jeevanti and Also contains Masanumasik Herbs of each month makes it highly potent kalpa of maternity care! 'Shatavari' the golden herb in the form of swarasa ensures maximum benefits fortified with Jeevaneeya Herbs which authentic Ayurvedic wisdom makes it Vaidya's first choice of recommendation.

पित्तचयाचा काळ असल्याने वर्षा ऋतुत
पित्त विकृतीकारक आहार टाळावा.

प्रकाशन दिनांक ५ एप्रिल २०२०

पोस्टात टाकण्याची

तारीख: १० एप्रिल २०२०

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“ यशस्वी चिकित्सेचा राजमार्ग ”

॥ आयुर्वेद पत्रिका ॥

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सामान्य

कर्म
विशेष

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सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम् ।
न्हासहेतुर्विशेषश्च, प्रवृत्तिरुभयस्य तु ॥

(च.मू.१/४४)

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अध्यक्ष, आयुर्वेद सेवा संघ

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या अंकातील विचारांशी संपादक महामत असतीलच असे नाही, ती मने लेखकांची भूमजावीत



Dr. Prashant Patil

Role Of Jivaniya Gana Dravya In Intrauterine Growth Restriction (IUGR) – A Review



Dr. Divya Pawar

In Ayurveda many years ago IUGR is mentioned as “Upavishtaka Garbhavyapada” and its management given very well. Upavishtaka (IUGR) is defined as babies whose birth weight is below the tenth percentile of the average for gestational age. Ayurveda states Garbhavyapada which include Upavishtaka, Nagodara, Garbhakshaya, Garbhashosha etc. with its treatment. Ancient texts gives basically two management principles i.e. Jivaniya, Brinhaniya for Garbhavridhi and another is Tikshna chikitsa for Garbhapatana later. Ayurvedic classics emphasizes drugs having Jeevaniya, Brunhaniya and Vataghna properties. Vata dosha is vitiated in Upavishtaka. Jeevaniya drugs have their natural habitats basically in Himalaya region thus they occur in small pocket. So it is also need to identify true representatives of Jivaniya Gana. They act as providing energy, sustaining life activities, rebuilding. The present article deals with importance of these Jeevaniya gana dravyas in IUGR.

Keywords– Jeevaniya Gana Drugs, IUGR, Upavishtaka

Introduction : In Ayurveda “Upavishtaka” correlated with IUGR in which weight of foetus is below 10% of average for gestational age [1]. The growth restriction in uterus is evaluated with the Amnata Kukshi where the fundal height is less than a gestational period which is silent and important feature of Garbha Kshaya [2]. According

to Ayurveda the management of Upavishtaka is done with the help of medicines which belongs to Jeevaniya and Brinhaniya gana, Madhura aushadhi, ghrita, ksheera medicated with Vatashmaka dravyas [3]. In modern science perinatal outcome is done with [4]. 1) LBW (Low Birth Weight)– Birth weight less than 2500gms despite of GA. 2) VLBW (Very Low Birth Weight)–Birth weight less than or equal to 1500gms 3) Extremely VLBW –Birth weight less than or equal to 1000gms.

Aim and Objectives– a) The Conceptual study on IUGR, Upavishtaka and its management according to Ayurveda principles. b) To study importance of Jeevaniya gana drugs in IUGR.

Material and Methods – Reviewing the modern science literature regarding IUGR, Upavishtaka and Jivaniya gana dravyas and Ayurvedic classics, commentaries also recently published books and Research journals, collection done and attempt to get co-relation between Ayurveda and Modern to understand importance of Jivaniya gana dravyas in IUGR.

Intrauterine Growth Restriction (IUGR) [5] IUGR results when the fetus does not grow as per the normal fetal growth trajectory. Etiological factors, are Maternal which includes Constitutional like Small woman, Maternal genetic, racial history of small babies, Low BMI etc. Deficiencies of Glucose, Amino acids nutrition before and during pregnancy. Diseases like Anaemia, HTN,

महाकषाय हे मन्दानां व्यवहाराय च बुद्धानां बुद्धिवर्धये वासाढी सांगितले आहेत.

Thrombolytic diseases, Heart diseases etc. Toxins like Alcohol, Smoking, Drugs etc. Foetal includes Chronic hypoxia, Abnormalities like Chromosomal, Cardiovascular etc. Multiple pregnancy, Infection of TORCH, Malaria. Placental includes Chronic placental insufficiency, Poor uterine blood flow, Placenta abnormalities etc.

Its Types are, 1) Symmetrical IUGR / Type 1 – Between 16-27wks, 2) Asymmetrical IUGR / Type 2 – After 27wks 3) Intermediate IUGR / Type 3 – Combination of both and occurs in intermediate phase of growth and affects both hyperplasia and hypertrophy phase.

Reduced availability of Nutrition in mother, Reduced transfer and Reduced utilisation leads to reduction of Cell size and cell number as well as Liver glycogen content forming Oligohydromnios [Decrease in blood flow to renal & pulmonary contribution to amniotic fluid] thus forming Intra uterine hypoxia and acidosis as a result of IUGR.

General management Principle includes treatment of cause of IUGR, maternal disease, cessation of substance abuse, good nutrition and institution of bed rest. Although not of proven benefit, bed rest may maximize uterine blood flow.

Upavishtaka - ... गर्भो न परिही यते नापि वर्धते स्फुरति च ।

तमुपविष्टकमित्याचक्षतः आचार्याः ॥ (अ.सं.शा.४/१४)

Foetal development occurs and Garbha becomes sarbhuta but due to one or other reason its growth is restricted thus foetal size remains as it is, this condition is called 'Upavishtaka' [6]. Etiological factors are Ushna, Tikshna ahara, Atishrama, Pushpa darshanam, Yonigata raktsrava, Yonigata srava, garbhoghatakarabhavas [6].

सज्जातसारे महति गर्भे योनिपरिसुतत्वात्, वृद्धिमप्राप्नुवन् गर्भः

को हेति हतिसस्फुरः । उपविष्टकमाहस्तं वर्धते तेन नोदरम् ॥

(अ.इ.शा. २/१४)

Pungent and Hot article or not following Garbhini Paricharya leads to PV Bleeding or PV Discharge which is due to Vata gets aggravated due to bleeding withholds Pitta and Shleshma compresses and obstruct Garbha rasavahi nadibecause of that there is Improper flow of Rasa to foetus form leads to Improper development of the foetus lasts with Upavishtaka. [7]

तयोः जीवनीयवृहणीयमधुरौषधसिद्धानां सर्पिषामुपयोगः ।

तथा पयसां रसानां आमगर्भाणां च गर्भवृद्धिकरः ।

तथा सम्भोजनं एतैरेव च घृतादिभिः सुभिक्षायाः

अभीक्ष्णं यानवाहनादिभिः क्षोभणमार्जनजृम्भणैरुपपादनम् ।

(अ.सं.शा.४/१८)

भौतिक जीवनीय वृहणीय..... । (च.शा.८/२७)

Acharya Vagbhata and Charaka opines that Upavishtaka should be treated with Jivaniya, Brinhaniya, Madhura and Vatahara drugs along with Ghrita and Dugdha. Upavishtaka arises due to Garbhaposhanajanya vikriti, Ahara rasa contains Saptadhatu poshana ansha. [8,9]

Acharya Charaka has described Bhautika Ghrita in the management of Upavishtaka. Acharya Chakrapani has stated Mahapaishachikadi Ghrita for improvement of garbhini.

Jivaniya gandravya

जीवकर्षभकौ मेदा महामेदा काकोली क्षीरकाकोली मुद्रपर्णीमाष पर्ण्यौ जीवन्ती मधुकमिति दशेमानि जीवनीयानि भवन्ति । (च.सू.४/९)

Jivaniya gana includes Jivaka, Rishabhaka, Meda, Mahameda, Kakoli, Khecrakakoli, Mudgaparni, Mashaparni, Jivanti and Madhuka [10].

महाकषायातील प्रत्येक द्रव्याची स्वतंत्र अवस्था सांगता आली पाहिजे.

DRUG	LATIN NAME	FAMILY	RASA	VIRYA	VIPAKA	GUNA KARMA	PARTS	Dos ham
Jivaka	Malaxis acumiata D. Don	Orchidaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Pseudo bulb	VP
Rishabhaka	Microstylis muscifera Ridley	Orchidaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Pseudo bulb	PV
Meda	Polygonatus verticillatum L	Aliaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Rhizome	PRV
Mahameda	Polygonatum cirrhifolium (wall) Rolye	Aliaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Rhizome, Root	PRV
Kakoli	Roscoea purpurca smith	Zingibera ceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Tuberous root	VP
Kheerakoli	Lilium polyphyllum D. Don	Aliaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Tuberous root	VP
Mudgaparni	Phaseolus trilobus Ait	Fabaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	whole plant	VPK
Mashaparni	Teramnus labialis spreng	Fabaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Seed	VP
Jivanti	Leptadenia reticulata W & A	Asclepiadaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Root	VP
Madhuka	Glycyrrhiza glabra Linn	Fabaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Root	VP

Abhava Dravya Behalf of Jivaniya Gana Dravya [21]

मेदा जीवककाकोलीऋद्धिद्रुन्द्रेऽपि चासति ।
वरीविदार्यधगन्धा वाराहीश्रक्रमात्किपेत् ॥
(भा. प्र. हरितक्यादिर्वा ४४)

Nowadays these drugs are difficult to get thus Acharya Bhavapraksha already has stated

substitutes enlisted in nighantu to get easily available. 1) Jivaka - Vidari (Pueraria tuberosa DC) 2) Rishabhaka - Vidari (Pueraria tuberosa DC) 3) Meda - Shatavari (Asparagus racemosus willd.) 4) Mahameda - Shatavari (Asparagus racemosus willd.) 5) Kakoli - Ashvagandha (Withania somnifera Dunal) 6) Ksheerakoli - Ashvagandha (Withania somnifera Dunal.)

महाकषयातील १० द्रव्ये ही एकत्रितरित्या वा एकेरी वा २/३/४ समुहात विविध अवस्थात वापरता येतात.

DRUG	LATIN NAME	FAMILY	RASA	VIRYA	VIPAKA	GUNA KARMA	PARTS	Dos ham
Vidari	Pueraria tuberosa DC	Fabaceae	Madhura	Sheeta	Madhura	Guru, Snigdha	Roots	VP
Shatavari	Asparagus racemosus	Asparagaceae	Madhura Tikta	Sheeta	Madhura	Guru, Snigdha	Roots	VPK
Ashvagandha	Withania somnifera	Solanaceae	Katu Tikta Kashaya	Ushna	Katu	Laghu Snigdha	Roots	VPK

(V-Vata, P-Pitta, K-Kapha)

Discussion – Role of Jivaniya Gana Dravya -

Vidari – Vidari has madhur ras, madur vipak, sheeta virya, singdha guna and vatpittahar; has balya and bruhaniya properties. It has mansa and ras gamitva so it acts as mans & ras vardhakawhich not only give complimentary nutrition to the foetus but also break the pathogenesis at the level of etiology and pathology.

Shatavari – It is anabolic and Dhatu Vardhaka and thus may have a definite action on IUGR. Shatavari having the properties of madhura rasa, balya, rasayana, ojaskara along with vatahara karma is an apt line of treatment nourishing the foetus, increase amniotic fluid levels and good pregnancy outcome. Garbhakshaya is a condition that occurs due to vatavridhhi. Hence, there is a requirement for vatashamana. Shatavari not only has vatahara karma but also madhura rasa, sheetaveerya, balya, brihmana and rasayana karma. This helps in providing optimum nourishment to the garbha via the rasavahanadis. Thus it is effective in improving amniotic fluid levels.

Ashvagandha – Ashvagandha helps to prevent

Intra uterine growth retardation. This nourishment starts through Umbalical cord by Kedar kulya method.

Mudgaparni and Mashaparni – Both helps in formation of new body tissues and maintains life.

Jivanti – It is considered to be a tonic (Rasayana) drug and is used to strengthen, nourish and rejuvenate the body.

Madhuka – In IUGR it plays Brunhaniya Karma.

Importance of Jivaniya Gana Dravya - Jivaniya gana drugs have life promoting actions. Its main aspect is to sustain life i.e. Prana the essence of oxygen that recovers the energy and at the level of cell it is Prana that nurtures the cellular function. When no Prana in body death occurs hence to sustain life maintenance of Prana is important. The circulation that transport Prana and digestive tract that absorbs Prana as part of digestive function.

According to Acharya Charaka aggravated doshas gives rise to decay of tissue thus to promote the longevity of tissues Kapha which is nourishing and strengthening is ued to counter catabolic effect of

जीवनीय शब्देन इष्ट आयुष्यत्वम् अभिप्रेतम् । (चक्रपाणि)

Vata. Jivaniya gana drugs are catabolic and having quality of kapha so they work as building, nourishment and strengthening.

As Rasa dhatu strengthen tissue of body it has similar qualities to Kapha thus sustains life with promoting action nutritive qualities and Shukra increasing effect upon body. Jivaniya gana drugs contain nature's richest source of vitamins, iron, calcium, magnesium, potassium, aluminium etc.

Conclusion - Upavishtaka (IUGR) is common disorder in obstetrics and has perinatal mortality and morbidity. Its identification is crucial. Its timely management prevents upcoming mortality thus bringing favourable outcome. Ayurveda has excellent remedies which are safe, naturally available, rejuvenating and improves health hence it is alternative safe mode for treatment of IUGR. Upavishtaka is correlated with IUGR. It is associated with malnutrition of foetus. Jeevaniya gana drugs sustains life of foetus which are safe use without any adverse effect, economical and effective remedy for the management of Upavishtaka (IUGR).

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वैद्यकीय देणगी मार्गदर्शिका

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॥ आयुर्वेद पत्रिका ॥

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(अ.ह.सू. ११/३७)

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या अंकातील विचारांशी संपादक सहमत असतीलच असे नाही, ती मते लेखकांची समजावीत.



THE EFFECT OF YOGA ON INFERTILITY A REVIEW

Dr. Prashant S. Patil



Dr. Kalpana Goley

Abstract :- Infertility is a highly personal and emotional subject and it's a medical problem that is growing. Infertility is described as an inability to conceive despite of unprotective sex for duration of one year or more. Male and female both can be suffering from infertility, it to be more stressful and depressing period of their life. Stress can contribute to infertility and can adversely affect the treatment. Age factor can also be important thing during treatment of infertility. At the age of 40- 42 years a female have less fertile chances; in this condition Mind body therapy to counter stress can significantly improve pregnancy rates.

Yoga, meditation like as *Bhramari pranayama, Bandha konasana, Bhujangasana, Salamba shirshasana, salamba sarvangasana, Shavasana* etc are very effective in improving pelvic muscle tone, flow of blood to pelvic region. Stimulates reproduction organs for proper functioning. Yoga is an ideal Mind body therapy that can be effectively applied in the Indian scenario to optimize psychological issue of sub fertile undergoing treatment. Yoga can reduce the financial burden of the infertile couple and further reduce their stress levels. Thus stress reducing strategies and low cost infertility treatment facility offer to be the ideal combination to fulfil the dreams of parenthood for the suffering infertile couples.

Keywords :- Infertility, Age factor, Unsuccessful rate, Yoga.

Introduction :- The inability to have a child is a very stressful situation and infertility can cause a multiple of adverse social and psychological consequences that include aggravated mental distress. Within the IVF patient population, it is estimated that 30 % suffer from depression and anxiety. Increased level of distress is seen more in the female counterpart.⁽¹⁾ There are 60 to 80 million couples currently suffering from infertility. Incidence rate of unexplained infertility 3-5%

couples are suffering. Primary infertility in India is 3.9% (age-standardized to 25-49 years) and 16.8% (age-standardized to 15-49 years).⁽²⁾

In men, various factors may contribute in infertility, like lifestyle, obesity, smoking or alcohol consumption, including exposure to various occupational and environmental metals. These factors result in decreased quality of sperm, by affecting its structure, development, count, and motility.⁽³⁾ While Stressed women produce less of gonadotropin releasing hormone, less of oestrdiol concentration which prevent ovulation. The study showed that women who are under or overweight does not ovulate & men who are under or overweight suffer form oligospermia, azoospermia, hormonal (Testesteron) imbalance.

Infertility:- Infertility means inability to conceive after one year of regular sexual attempt without contraception when the couple get worried for a baby.⁽⁴⁾ There are two types of infertility, those patients who have never conceived is called as primary infertility. While Secondary infertility indicates previous pregnancy but failure to conceive subfertility. ⁽⁵⁾ Clinical groups of infertile couple - Male defect in 40 % , Female defect in 50 % , Unexplained infertility 10 % where any cause can not be detected.

Stress And Infertility:- Nervous system releases stress hormone such as cortisol, and those hormones manifest in things like increased heart rate, high B.P, irritability, Headache, Insomnia.

Emotional Stress :- When diagnosed with infertility, many couples feel helpless and no longer in control of their bodies or life plan.

Physical Stress:- During treatment blood test, hormonal medications, hysterosulpingography and other surgeries very painful and embarrassing.

Financial Stress :- Treatment is very expensive and this represents major hurdle. Many Patients drop out there treatment because they cannot afford it.

मानसिक तणाव हे बंध्यत्वाचे महत्वाचे कारण आहे

Yoga It modulate HPO Axis, balances the hormones, reduce the stress level.

In Hathyog an eight fold path - Yam, Niyam, Asana, Pranayam, Pratyahar, Dharana, Dhyam, Samadhi. Yam, Niyam, Asan are clubbed together as Bahirang Yog and are practiced for mental and physical health. Dharana, Dhyam and Samadhi are considered Parts of antarang yog.¹⁹

Here some Asanas are described in detail which are useful for ifertility are as follows :-

- 1) **Paschimottanasan (Forward bend pose)** :- Unnecessary blood circulation in the lower abdomen is eliminated. Balance physical, emotional, mental, well being, Helps to remove stress, depression and negative emotions.
- 2) **Butterfly pose (Baddha konasana)** :- It increases the blood flow to the pelvic region and release negative energy and toxins from pelvic region, groin, thighs, knees.
- 3) **A bridge supporting pose (Setu Bandha Sarvangasana)** :- This asana requires to lift pelvic region. It enables a better flow of blood and energy to the ovaries and uterus and helps stimulate the thyroid gland. It helps to maintain hormonal balance and helps in proper ovulation.
- 4) **Cobra pose meditation (Bhujangasana)** :- In this asana stretches back and opens up the chest area. It improving the flow of blood to pelvic region. Stimulates Uterus and ovaries and relief from anxiety.
- 5) **Supported shoulder stand Pose (Salamba sarvangasana)** :- This pose balances body on the shoulders instead of the head. It relaxes the pelvic region and improves blood flow the uterus. Heart circulation increases.
- 6) **Supported Headstand (Salamba sirshasana)** :- In this pose head balances whole body, the body is inverted, it eases the pressure in the heart and head. Heart circulation improves, Brain stimulates and secretes more essential hormones. It needs intense concentration and could be beneficial for fertility. It relaxes mind and releases anxiety.¹⁹
- 7) **Lion Pose (Sinhasana)** :- It stimulate the thyroid gland and also abdominal organs.
- 8) **Head Knee Pose (Janushirshasana)** :- It calms the nervous system. The gentle abdominal squeeze in this stretch, aids increasing blood flow to the abdominal organs.
- 9) **Triangle Pose (Trikonasana)** :- It is used for stress management. It strengthens the muscles of thighs, hip and back.¹⁶
- 10) **Cock Pose (Kukutasan)** :- It strengthens the pelvic organs.
- 11) **Corpse pose**

(Shavasana) :- Uplifts the state of mind and relieves stress and anxiety levels. It has no impact on reproductive system but it relaxes and cools down the body.

- 12) **Thunderbolt pose (Vajrasan)** :- Vajrasan improves blood circulation in the lower part of abdominal region and maintains the health of genital area.
- 13) **Plough Pose (Halasan)** :- The functioning of thyroid and parathyroid glands is improved because of the pressure exerted on these throat gland. Endocrinal hormone secretion improves, resulting in conception.
- 14) **Wheel Pose (Chakrasan)** :- It strengthens the back and abdominal muscle. It tones the organs in the abdomen including the reproductive organs.
- 15) **Camel Pose (Ustrasan)** :- It stimulates the thyroid gland and abdominal organs.
- 16) **Boat Pose (Naukasana)** :- It facilitates suitable stretching compressing and relaxation to the uterus and toned it. More or less, it strengthens the all the system of body like hormonal system.¹⁹

Action Of Yogasana: On Male And Female Reproductive Health: Yoga basically acts as mind body complementary medicine of main reproductive health by improving health in various way. It not only acts on endocrine axis to improve reproductive functions in male, but also, helps to improve reproductive health by improving reproductive behavior, mood, and also by reducing anxiety and stress. Asanas do promote good Health although in different ways compared to physical exercises placing the physical body in positions that cultivate also awareness, relaxation and concentration.¹⁹

Yoga in improvement of reproductive functions
There are reports that shows practice of yoga modulates neuroendocrine axis which results in beneficial changes in the practitioners. Reduction in urinary excretion of catecholamines and aldosterone, a decrease in serum testosterone and luteinizing hormone levels and an increase in cortisol excretion, indicating optimal changes in hormones. Changes in brain waves and blood levels of serum cortisol during yoga exercise in seven yoga instructors and found that alpha waves increased and serum cortisol significantly decreased. The field of psychoneuroimmunology has defined the role of stress in reducing effectiveness of the immune system.¹¹⁰

विविध योगासनाच्या अभ्यासामुळे मानसिक तणाव कमी होतो.

Conclusion :- Review study concluded that modern lifestyle and stress are mainly responsible for abnormal condition like infertility. Yogasanas acts on body as well as mind as it relives stress main causative factor for infertility.

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मानसिक तणाव दूर झाल्याने वंध्यत्व दूर होते



Shatpushpa : One solution for various female health issues : A Review

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ABSTRACT:

Ayurveda has the oldest and the most developed herbal system in the world. Shatpushpa commonly known as “Dill seeds” has been recognized in different system of traditional medicines for the treatment of different diseases and ailments of human beings. However, in relation with female health, *Shatpushpa* holds a significant role. In spite of advances in science, management of *gynaecological* disorders is still not satisfactory. As hormonal and surgical treatment approach is having various side effects, herbal treatment following Ayurvedic principles is most preferable. Various recent researches have also proved its beneficiary effects in various disorders like *Dysmenorrhoea*, Postpartum *haemorrhage*, Infertility etc. In present study an effort has been put forth to focus on the benefits of *Shatpushpa* in relation to female health.

KEYWORDS: Shatpushpa, Female health.

INTRODUCTION

Women’s health is considered to be the one concerned with family, society and culture. In present era, most of the women are working women and due to change in lifestyle, food habits and workload, they

are facing various *gynaecological* disorders such as Menstrual irregularities, Infertility, PCOD, Fibroids, Infections etc. In *Ayurveda*, various *Acharyas* described various unique herbs, medicinal plants and their formulations of compounds that can improve the health of women. Shatpushpa means 100 flowers. *Acharya Kashyapa* described its many medicinal effects in separate chapter called “*Shatpushpa Shatavari Kalpadhyaya*”. The action of *Shatpushpa* is *Balya, Bruhaniya, Deepan, Pachan, Yonivishodhana, Rutupravartamana* etc. as described by Kashyapa¹. In *Ayurveda*, *Shatpushpa* can be used as one solution for various female health problems.

AIMS AND OBJECTIVES

1. To study the *Ayurvedic* properties of *Shatpushpa*.
2. To study and critically analyze latest researches on *Shatpushpa* concerned with female health.

METHODOLOGY

Search Criteria:

Description of *Shatpushpa* was studied from classical texts of *Ayurveda* including *Samhita* and *Nighantu*.

Original articles, research papers published in journals & in Pubmed central & google

scholar on Shatpushpa and female disorders were studied out.

Information regarding *gyanecological* disorders was collected from modern and ayurveda literature. Importance was given to clinical trials carried out on Shatpushpa. Finally results were obtained from all collected data and literature studied.

DESCRIPTION

Botanical name: *Anthem Graveolens* linn.

Family: Apiaceae

Synonyms: Shatavha, Potika, Madhavi, Chhatra, Sugandha, Shatpushpa, Shifa, Karvi, Shatpushpika.²

Morphology: Shatpushpa is a aromatic annual herb, hallow finely grooved stem, strip dark green and white with bluish spot, leaves compound 2 to 3 pinnate, bluish green segments filform leaf sheath surrounds the stem, flowers yellow, in flat compound umbells, fruits narrowly winged, vittae large and conspicuous.

Habitat: All over India

Parts Used: Fruits, Ark

Ayurvedic Properties (Pharmacodynamics):

Text	Rasa	Guna	Veerya	Vipaka	Doshaghnata
Kashyapasamhita	Madhur, Kashaya	Ushna, Snigdha	Sheeta	-	Vatpitta
Raj Nighantu	Katu, Tikta	Snigdha	-	Katu	Shleshma
Dhanwantari Nighantu ³	Katu, Tikta	Snigdha, Ushna	-	-	Shleshma Vata

Pharmacological Action:

It is mainly Kapha Vata Shamaka, Vedana Sthapaka, Shothahara, Deepana, Pachana, Krimihara and Vatanulomana.

Acharya Kashyapa described its actions as Brimhani (Anabolic), Balya pushti (Strength providing), Varnagni Vardhini (Promotor of Nutrition complexion and Fire), Ushnavat Prashamani, Rutupravartini (Initiator of menstrual cycle), Yoni Shukra vishodhini (it purifies reproductive organ in female, spermatic fluid in male) and Putraprada (helps in achieving conception).

Chemical Constituents:⁴

- Phyto-chemicals - The herb consists of monoterpine such as carvone, limonine and trananethole and some flavonides such as kaempferol and vecenin. Kaempferol trasanethole and

limonine exhibit phytoestrogenic activity. The main action of phytoestrogen is due to their adaptogenic activity. They can be beneficial in both hyper estrogenic and hypo estrogenic state in the body. Thus they have mixed estrogenic and anti estrogenic action depending on target tissue. That's why it works in Amenorrhoea and Menorrhagia too as described by Maharshi Kashyapa.

- Essential Oil - Carvone is the major constituent (19.5% -69.7%), dihydrocarvone (7.2%-14.3%), Limonine (9.0%-34.4%), Apiole (5.7%-15.6%), Alpha pinene (5.0%-7.3%) and Alpha terpene (3.6%-7.3%). Less variation is

found in eugenol (3%), Thymol (2.4%) and Caryophylline (3.6%)

- Minerals – It is a good source of calcium, magnesium, zinc, iron and argentine.
- Others – Proteins (15.68%), Carbohydrate (36%), Fibers (14.80%), Ash (9.8%), Essential oils, Fatty oil, Moisture (8.39%) and small amounts of vitamins like thiamine, riboflavin, niacin, vit.B6.

FORMULATIONS AND PREPARATIONS :

More than 56 Ayurvedic preparation which include Dashamularishtam, Dhanwantarishtam, Mrithasanjivani, Saraswatarishtam, Guggulutiktha Kwatham, Maharasnadi Kashayam and so on.

Discussion and Results:

Benefits of Shatpushpa in various phages of female health -

1) Dysmenorrhea – Dysmenorrhea means painful menstruation. It is one of the most common gynaecological problems. In double blind randomized study by Reza et.al it was demonstrated that Dill can be as effective as mefenamic acid in decreasing the pain, severity of primarily dysmenorrheal. It relives dysmenorrhea due to inhibition of prostaglandin production and antispasmodic action.

2) Oligomenorrhea- A Ghose, P K Panda et.al has proved that Shatpushpa powder 5 gm twice daily with cow ghrita for 3 months is helpful to correct irregularity of interval of menstruation (90.47%), duration of menstruation (79.37%), amount of blood flow (90.0%) and pain during menstruation (100%) which were highly significant in clinical study.⁶

3) Menopause- Decrease in estrogen level is certainly the most prominent reason for menopause related symptoms like Hot

flushes, Insomnia, Depression, Irritability, Dry Vagina etc. Presence of phytoestrogen in Shatpushpa helps in the complications occurs due to deficiency of estrogen. Also the flavonides and group B vitamins helps in regulating the secretions of hormones and enzymes which pacifies the nervous system so effective in Insomnia. Phytoestrogens are attenuated estrogen and their estrogenic effect in postmenopausal women was established with the maturation of vaginal epithelium after dietary supplements with isoflavones and lignans. Because of their preference for binding to the beta form of estrogen receptor (ER –b) phytoestrogens in women preferably expressed estrogenic activities in CNS, Blood vessels, Bone and skin without causing stimulation of breast or uterus.⁷

4) Infertility- It is experimented that it is good uterine stimulant drug. It increases vascularity of endometrium i.e. regeneration and proliferation of endometrium. Its Madhura, Bruhana, Balya and Rasayana properties increases the thickness of endometrium and responsiveness of endometrium to bear conception. Study conducted on Shatpushpa churna (group A) showed better result (64.52%) in comparison to Pippalyadi Churna (61.57%) in dominant follicle, endometrial thickness, fern test, Spinn barkeit test, duration of menses, Dysmenorrhoea and Dyspareunia.⁸ Use of Shatpusha oil for Nasya, Abhyanga and Basti is beneficial for female infertility. Oral intake of Shatpushpa Kalpa and Shatpuspa oil also found useful in infertile female.

5) Lactation- Antheum Graviolens has capacity to increase the production of milk and researchers, literature have proven it. So it can be used as Galactogoue.⁹

6) PCOS- Since incidence of PCOS is increasing, Shatpushpa can be effectively used for managing this problem. Researcher has proved that Shatpushpa tail Matrabasti along with Pathadi Kwath is found to be effective in remission of PCOD.¹⁰ Due to property of Katu rasa and Ruksha Tikshna guna, it removes the obstruction of in strotas by Lekhan karma, it acts through proper vascularising the uterine musculature, along with it cures the Upalepa produced by Kapha in Artava srotasa and dilate the passage. Kaphavilayan occurs in this way, they help in Srotoshodhana. So it stimulates the follicles and helps in ovulation. As obstruction is cleared, free flow of Artava occurs into lumen.

7) Antimicrobial Activity- Aqueous extract of *A.Graviolens* showed a broad spectrum antibacterial activity against *S. Aurious*, *E.Coli*, *P.Aeruginose*, *S.Typhimurium*, *Shigella Flexneri* and *Salmonella Typhi*, Antimicrobial activity against *saccharomyces cerevisiae*. It has antifungal and protective properties, so can be useful in Diarrhoea and conditions which are due to inflammatory lesions. These properties may be helpful in pelvic inflammatory diseases which cause various types of vaginal discharges, menorrhagia as described in classics.¹¹

CONCLUSION:

Shatpushpa is a plant with a wide range of constituents with many pharmacological effects. Therefore it is seen that Shatpushpa works as a wonder drug in restoring health as well as various gynecological disorders suffered by most of the females in the present scenario. Shatpushpa by its phytoestrogenic properties helps in bringing down the normal hormonal pattern of HPO axis without any side effects. On the basis of the above study it

may be used as an effective remedy in all sorts of female health issues. As it has preventive as well as curative aspects and may be implemented exclusively in the health care system with minimal adverse effects. Also, there is a great scope for development of new ayurvedic preparations of Shatpushpa.

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Effect of Gomutra on Serum Cholesterol

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Abstract :

In day to day life fluent lifestyle modified diet lack of exercise may leads physical parameters to pathological one. The patient of increase total serum cholesterol as well as increase LDL clinically managed to normal range by simple administration GOMUTRA once daily in the morning after evaluating with empty stomach. The case report describes by both Ayurveda and Morden point of view

Introduction :

Cholesterol is waxy ,fat like substance found in all cells in human body. Body needs some cholesterol to make hormones vit D,and substances help for digestion. body makes all the cholesterol its needs. cholesterol travel through the blood on protiens called “**lipoprotiens**” Two types of lipoprotiens carry cholesterol through the body

1) **LDL** - Low density lipoprotiens ie. bad cholesterol high levels

LDL raise risk of heart diseases.

2) **HDL** - High density lipoprotiens ie. good cholesterol absorbs cholesterol and carries it back to liver.the liver flushes it from the body high level HDL can lowers the risk of heart diseases and stroke.

Gomutra :

InAshtanga samgraha Properties as of cowls urine hav been given as follows -

It is ruksha, tikshan, ushan a, having katu taste with salty (lavana) anurasa. All these properties are Opposite to that of properties of meda and so cholesterol. This explains its anticholesterol properties. It is also mentioned that it Deepan, paachana and bhedi properties Deepan & paachan indicates improvement in metabolism and bhedi property is indicative of breking obstruction so probably because

of these Properties it is beneficial in breaking or removing obstruction in vessels caused by increased cholesterol. The urine of cow is noted for pharmaceutical properties. It is claim gomutra is help full in the treatment of line disfiction , peptic ulcer, lapracy anaemia and cancer , According to charak and bhavprakash samhita

Chemical Constitutes of Gomutra :

Cow urine contains nitrogen, phosphorus, sulfur, sodium manganese, iron, silicon, tartaric and calcium salt, vitamins A, B, C D, E, minerals, lactose, enzymes, creatinine, Harmons & gold acids

Case History & Examinations :

A 54 years old male presented at OPD level used to for routine clinical and pathological check up every year after his every birthday. He had no history of associated pathology like heart diseases, hyperthyroidism, respiratory diseases or other pathology. He was afebrile not obese normotensive and not taking any sort of medicine. Hunger thirst were normal. Bowel bladder were normal .No other bad habits alcohol smoke etc .Family history was also insignificant for any pathological history. But still his Lipid profile waqs marked increased suggestive of total cholesterol as well as LDL Cholesterol.

TABLE 1:- Chief clinical pathological and biochemical findings before and after intervention .

Variable	Before intervention	After interventions 7 mth
Total cholesterol	269 mg/dl	196 mg/dl
Triglycerides	112 mg/dl	110 mg/dl
HDL cholesterol	36 mg/dl	38 mg/dl
LDL cholesterol	154 mg/dl	136 mg/dl

Diagnosis :

On clinical examinations general condition was good TPR ,BP (no febrile),pulse :74/min ,resp rate :- 18/min ,BP:- 124/80 mm/hg within normal range. Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range.

Management Done :

Suggested **Gomutra** yoga therapy i.e. practise of Gomutra sincerely and regularly after evacuation at morning with empty stomach. As Only lipid profile investigation was suggestive increased marked of serum cholesterol as well as LDL above the normal range. No any oral medicine or dietary restrictions or advice are suggested

Materials, Methods & Drugs of review :

- ❖ Gomutra is given in morning after evacuating O.D (once daily) with empty stomach
- ❖ Dose :- 15 ml O.D
- ❖ Anupan : with drinking water-15 ml (not child)
- ❖ Duration:- at least 6 months
- ❖ Follow up: after 7th month taking in this case

Outcome Majors :

Follow up - Details are shown in table 1

Observations :

Observations are shown in Table 1

Discussions :

Though the patient not suffering any diseases and disorder clinically still his basic lipid profile parameters was on higher side compare to normal range biochemically. In this case patient used to drink 15 ml Gomutra with same quantity of water i.e 15 ml once daily after evaluating with empty stomach.

Conclusions :

A simple ,constant ,regular, orals administration of gomutra lead to pathological increased parameter of serum cholesterol to normal range. Gomutra is the best methodology to reduce bad cholesterol (LDL) and increased of good cholesterol (HDL)

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Importance of Parasurgical procedures in Ayurveda

Abstract : Ayurveda is always considered to be oldest science which works in Healing industry. Ayurveda is called as Mother of Healing Science. In Ayurveda Shalyatantra is one of the most important branch. It carries both surgical and parasurgical techniques for great performances.

Parasurgical or Anushastra karmas are the surgical procedures performed by non surgical substances or instruments in absence of surgical instruments. I.e. shastra. As per Acharya Sushruta they can be sphaatika, jalauka, agni, kshar, nakha, shak-patra, bala, anguli etc. Out of these Kshar, Agni and Jalauka have most importance. Ksharkarma is useful in various diseases like vrana, nadivrana, bhagandara. Kshar can be used as local application or Paniya kshar. Many times patients are not fit for surgical intervention. Under such condition alternative measure for advancing the surgical result is always preferable. Also patients have mild post operative pain, less bleeding, less hospital stay and very low chance of recurrence. Agnikarma has great importance in treating various types of pain, dushta vrana. When pain is related with joints it is very much intolerable with each movement. It disturbs social, personal and mental life. Many researches till now have proved that Agnikarma plays a vital role in the management of pain related with the musculoskeletal system. Jalaukavacharan is a very much effective and illustrated treatment option in pain, dushta vrana, various skin diseases. Jalaukavacharan is advised for delicate and weak people like female patients, old or too young patients. In modern science it was firstly used to get rid of venous congestion after plastic surgery. So to state about the importance of parasurgical procedures will be like showing a small flame to the Sun. It's our responsibility to give shine to our own science.

KEYWORDS: Ksharkarma, Anushastra, shastra, dushta vrana, Agnikarma, Jalaukavacharan

Introduction- Shalya Tantra is one of the important branches of Ayurveda in which surgical and parasurgical techniques have been described for the management of various diseases. **Vrana** (wound) is one of them which has been managed by



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human being from starting of civilization. Under the circumstances the first thing which the men came across was the injury from different sources which caused him the **Vrana** (wound). **Vrana** is seen as debilitating and scaring disorder usually seen affecting the human being at any age. **Vrana** is the most important and widely described chapter of **Shalya Tantra**.

Sushruta – The father of surgery has scientifically classified it in a systemic manner whose wealth of clinical material and the principles of management are valid even today.

Anushastra Karma means surgical procedure performed by non surgical items or instruments in absence of surgical instruments. Acharya Sushruta described different Anushastra, these are twakasara (bamboo bark), sphatika, Kancha (Ied), kuruvind, jalauka (leech), agni (flame), kshara (alkali), nakha (nails), goji (govivha), shephalika (harasringar leave), shaka patra (sagaun leave), kareera, bala (hair) and anguli (finger) etc (Su.Su 8/15).

Anushastras are effectively used in management of different surgical conditions. It is equally useful to diagnose the different types of sinuses and fistulas (Su. Chi.-1/41). For the diagnosis of Nadi Vrana (sinus), Shalya yukta vrana (wound with foreign body), Unmargi vrana (fistula) and utsangi vrana (wounds with cavity), now a days we used generally different kind of probes (eshani). In place of probes we can use Bal anguli (kid's fingure) or kareer naal. These two are counted under anushastra by Sushruta.

Kshara karma, agnikarma, jalaukawacharana are three most important anushastra karma .

Kshara Sutra :Ksharakarma is one of the minimal invasive surgical measures. Ksharasutra treatment is one of the types of Ksharakarma.

"Ksharsutra" is a medicated device or an Ayurvedic cutting seton (coated thread) prepared by repeated smearing of Apamarga Kshar (alkali of Achyranthes aspera plant), Snuhi Ksheer (latex of Euphorbia nerifolia), and Haridra powder (Curcuma longa) on a 20 zero Barber's surgical linen thread. Ligation by this especially prepared thread indicated in the management of Nadivrana, Bhagandara, Haemorrhoids works on the principle of pressure necrosis.

Ksharsutra material, possess proteolysis, caustic, and antiseptic properties and promotes simultaneous cutting and healing. "Ksharasutra" is mainly employed in Fistula-in-ano (Bhagandar), it can be used in other conditions like pedunculated growth, polyps, external piles, and so on as it posses caustic properties resulting in chemical excision of unwanted tissues.

The most unique quality of this magic thread is, "Ksharasutra" is having simultaneous cutting and healing property. It needs lots of exploration and improvement in this technique but still holds the key in management of anal fistula.



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Though, shalyatantra has many useful treatment modalities, yet Ksharasutra therapy has emerged as a very specialized branch. It provided a respectable status to the surgeons of Ayurveda.

Kshara is best for it does chedana, bhedana and lekhana actions simultaneously and it can be a better substitute for shastra. The diseases do not recur after treatment with the kshara. In the treatment of infected wound, especially sinuses has been revolutionized after the search of different types of kshara modifications such as kshara pichu, varti and sutra.

Ayurvedic surgery has been flourishing day by day and Ayurvedic surgeons have now got their due respect in the society. It could only be possible by the widespread acceptability of ksharasutra procedure especially in the management of anal fistula. Ksharasutra provided the ray of hope in the frustrated patients of fistula in ano.

Agnikarma : Mere utilization of agnikarma, which is counted in anushastra, upayantra and shashti upakrama, provides Shalyatantra the unique position among the eight faculties of Ayurveda. Agni karma is second important anushastra karma which is described by all the acharyas. There are so many tools for agni karma like pippali, goat stool pellets, teeth of different animals, shalaka (probes) and snehapadartha (ghee, tail, guda, honey). Valaya, bindu, vilekha and pratisarana are types of dahana (agni karma).

Agnikarma can be utilised – As preventive measure, as curative measure, as postoperative procedure, and as haemostatic measure. Agnikarma does not allow the diseases to reoccur, once they are treated by it. Agnikarma is superior to kshara by means of its action. Agnikarma is always utilised as the ultimate measure among the yantra, shastra, anushastra, kshara etc., because of its ability to cure those diseases also, which can't be cured by the bhesaja, shastra and ksharakarma. Agnikarma is the ultimate measure for the haemostasis among the four raktasthambhana measures.

Certain diseases and situations that cannot undergo cauterization include weak and thin patients, patients having dominance of vata and pitta, excessive alcohol consumption, fever, diabetes, internal bleeding, multiple boils, pregnancy, ruptured viscera and more.

Agni, visha, shastra, kshara are dreadful when they are in unskillful hands. Hence should be used with great care and skill.

Raktamokshana : All the parasurgical tools & methods are unique and every tool has its own utility. Raktamokshana is one of them.

Raktamokshana, merely known as bloodletting is a unique para-surgical measure traced back to Veda's period, indicated in various diseases where gross vitiation of raktha is present. It is a localized treatment, done either by metal instruments or by leeches (jalauka) or vegetable gourds, considered on its tremendous prophylactic potential to do away the certain diseases. Though it



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sounds very primitive way of treating, it is a very helpful process. Raktamokshana means removing vitiated blood from the body. Generally not more than 10-14 ml blood is removed at a time.

Even though Raktamokshana is the most limited of the five Panchakarma procedures, it can provide rapid relief. In addition, certain acute disorders can be reduced within a short period which is very helpful where time is of the essence. Raktamokshana; where a small quantity of blood is removed from the body, helps in providing quick relief to the patient. Raktamokshana treats blood-related diseases such as skin disorders, Leucoderma, Herpes, edema, Eczema, Deep venous thrombosis, Varicose veins and localized pain. Health issues such as Jaundice, Ulcers, Gout, Piles, Abscess, etc. can be cured by Raktamokshana Therapy. Additionally, Raktamokshana treats some types of arthritis, headaches and hypertension – typically diseases caused by acidity.

Any surgical or parasurgical manoeuvre, he felt, was a phased programme planned well and then executed. His poorvakarma or pre-operative included the yavagupana, picchil annapana in raktamokshana and Agnikarma respectively. His pascatkarman or post-operative schedule included rehabilitation and removal of complications.

By accepting and learning new inventions in pathological investigations, the use of anaesthesia one can face the challenge of sustaining ayurvedic surgery in this modern era.

Conclusion: These parasurgical procedures are important procedures, which preceded actual surgery. Anushastras are effectively used in management of different surgical conditions. It is equally useful to diagnose the different surgical diseases.

These karmas are minimally invasive. These are the marvels of shalya practice and can be carried out with minimal discomfort to the patients. The results are cheap, comfortable and carry higher treatment benefits. This branch is gaining popularity now a day's owing to its several benefits over invasive procedures.

It is true that these parasurgical procedures are the highlights of Ayurvedic Surgery but Shalyatantra can definitely offer much more than this. The need of hour is to establish various super specialties of Shalya Tantra in order to bring back the glory which has lost decades ago. The technical refinements of surgical skills are possible and it should be evolved

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Scope of Agnikarma in current practices.

Abstract :

Ayurveda is a science of life which has an active role in treating various diseases. Shalya tantra is the surgical discipline in Ayurveda & its uniqueness is that it has dual treatment procedures -i. Shastrakarma- ii. Anushtrikarma. Some diseases are not responded by any other method than Agnikarma is having very good results. The result of Agni karma is the noninvasive method of treating surgical diseases in different-vataj kaphk diseases specially in those patients where non invasive modality of treatment is preferred compared to the surgical method of treatment. Describing Agnikarma Chikitsa Sushruta has said that those diseases which are not curable by surgery, kshar karma or medicine [Bhaishaj Karma] can beneficially be treated by Agnikarma, such successfully treated diseases have no recurrence or has rare recurrence. Ayurvedic therapeutical management and para surgical measures of Agni karma have offered a wide scope with high expectation such application procedures are simple and considered to be highly simple and considered to be highly effective in the management of different kind of chronic diseases. Efficient pain management has always been a hurdle. A pain-free life is the longing of everyone. In Agnikarma the recurrence of the diseases will not be there if once they are treated and cured by it. This Agnikarma can be utilized as preventive measure, as post-operative procedure, and as a haemostatic manner. Agnikarma technique has effect on disorder of Asthi (bone), Sandhi (joint's), Snayu (ligament and tendon) as told by Vedic Indian surgeon, Sushrutacharya.

KEYWORDS: Agnikarma, Cauterization

INTRODUCTION:

Sushrut samhita is the main pillar of ayurvedic surgery in which surgical and parasurgical procedures are described. Sushruta while defining Shalyatantra says



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"YANTRA SASHTRA KSHARA AGNI PRANIDHANAM 1". Agnikarma is true cauterisation. Cautery can also be done by kshara also, but Agnikarma is better than kshara due to complete eradication of pathology². Sushrut advises four types of Agnikarma and classified burn injury into four grades.³ Vagbhata also described concepts of Agnikarma. Acharya Charak indicated agnikarma in gridhasi between kandara and gulfa

In current ayurvedic practice agnikarma has very good results in some chronic conditions like plantar fasciitis, sciatic pain, peri-arthritis in shoulder joint, frozen shoulder, removing plantar corn etc. Plantar fasciitis is a chronic degenerative inflammation of the plantar fascia. Here the bindu type of agnikarma is employed. The mode of action of Agnikarma can be explained as follows. Agnikarma is mainly indicated in the disease having Vataprakop. The guna of agni are Sukhma, tikshna, and usna. By virtue of these guna agni entering in the different small channels (srotas) of body the prakupitavata is neutralized. Other theory is that usnaguna agni improves the dhatvagni that pacifies the aam dosh and reduces the pain. By this means as vatashaman occurs the pain subsides spontaneously. Here agnikarma works by virtue of its guna but in some places it works by mechanical degeneration of tissue. Acharya Sushrut indicated agnikarma in Arbuda, bhagandar, Nadivrana and dushtavrana. Here agnikarma works by its mechanical power of destroying the tissue by heat (Unhealthy granulation tissue in chronic non-healing hyper granulated wound, unhealthy granulation tissue in track of chronic sinus (nadivrana), fistulous track (Bhagandar), and malignant cells in the case of arbuda). In diseases with hyperkeratinised tissue like kadam and charmakeel it is both mechanical power and effects of guna which are acting. Here by bindu or vilekha the hypergranulated tissue is removed by direct burn through loha tapta shalaka then due to its guna it destroys the deep seated root cells of kadam. Agnikarma explained by acharyasushrut in many diseases can be understood except in antravidhi. It is very difficult to understand and explain how the agnikarma works in antravidhi.

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Yashimadhu ghruta matra basti an effective treatment in parikartika- **A single case study.**

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Abstract:

Parikartika is a Guda-gata vyadhi related to Ano rectal diseases. This disease has been explained by all acharyas in Bruhatrayee. Is the nirukti of parikartika i.e. cutting type of pain observed in Guda Pradesh. Parikartika is a common painful condition among Anorectal diseases which resembles with fissure in ano. This Is a case report of 33yr male patient with complaints of Guda Pradesh Daha (Burning sensation at anal region), Sarakta mala pravritti (stool mixed with blood), Malavasthambha (Constipation) since last 4 days. He was treated with Yashtimadhu Ghruta Matra Basti for 7days.He got significant positive relief within 7 days.

Keywords: Parikartika, Guda-gata vyadhi, Malavasthambha, Constipation, Yashtimadhu Ghruta Matra Basti

Introduction:

In *Ayurveda*, Parikartika disease has been explained as complications of various disease like

Vatika jwara, kaphaja arsha, Udavarta, Garbhini. As per the classical description of signs and symptoms, the disease *Parikartika* can be correlated with fissure in ano. Sushruta has mentioned its name as *Parikartika*, which means cutting type of pain. Fissure-in-ano is a most troubling and painful condition found in majority of population irrespective of gender. This happens due to secondary life style, irregularity of diet, consumption of spicy and pungent food, faulty bowel habits and lack of local hygiene can contribute for initiation of this pathology. The cutting pain and burning pain are the cardinal symptoms of *Parikartika*. Hence, we can understand that there is an involvement of *Vata* and *Pitta Dosha*. Due to dushit apanavayu, while passing faces guda develops symptoms like Gudadaha, Sarakta malpravritti, malavstambha. *Yashtimadhu Ghruta* has been recommended to subside the immediate pain in fresh wound. Basti is a shreshta chikitsa for adhobhaga sharir dhoshas. Hence this study of *Yashimadhu*

ghruta matra basti for 7 days has been selected for this disease.

A Case Report as follow:

Age-33 yrs; Sex- Male

Complaints-

1. Gudapradesh daha(Burning sensation at anal region)
2. Sarakta mala pravrutti(stool mixed with blood)
3. Malavasthambha (Constipation) Since 4 days.

History of Present illness-

The patient had history of constipation since last 10 days and from last 4 days he had been suffering from burning sensation at anal region, stool mixed with blood. The pain was unbearable so patient came to hospital for further management.

Examination-

P/H/O- Not known case of DM/HTN/COPD/ASTHAMA

Not known case of any allergy

O/E-

PULSE -82/MIN

B.P.-118/82 mm of hg

Temp- Afebrile

S/E-

RS-AEBE Clear

CVS- S1S2 Normal

CNS- Conscious, oriented

P/A- Soft, Non tender

Urine- 7-8times/day, Normal

Motion-Irregular bowel habit

Sleep-Normal

Appetite-Normal

Addiction- Smoking (since 5 yrs);

Alcoholism (since 5yrs)

P/R- Acute fissure at 6'o clock, severe spasm, Tenderness present, no sign of discharge, mild active bleeding.

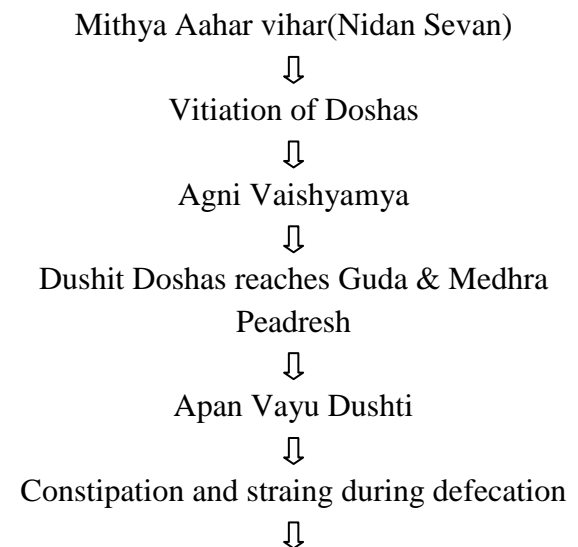
Investigations- CBC, HIV, HbsAg

MATERIAL AND METHODS:

Disease Review-

The term parikartika is a condition in which patient experiences a sensation of pain as if guda is being cut around with scissor. This disease is characterized by excessive cutting pain around the anus. Kashyapa says that Parikartika is the one having cutting and tearing pain in guda pradesha. In Madhav nidana the term Parikartika has been used in the description of Vataja Grahani. When a person consumes sandusta ahara, alpa ahara, atitakalin ahara sevana, upavasa by these causes vata gets vitiated and does the vitiation of Pachaka agni and produce cutting type of pain in the guda pradesha i.e. Parikartika. (Parikartika gude kartanvatpeeda).

Samprapti Chart-



Causes Crack over anal region and blood streaks



Parikartika

Drug Review-

- Yashtimadhu Ghruta has been prepared by Yashtimadhu with classical Ghruta Kalpana.
- Rasa- Madhur, Vipak- Madhur, Veerya- Sheet, Guna- Snigdha & Guru.
- Gana- Jeevaneeya, Sandhaneeya, Shonitsthapana

(Charak agrasangraha) and Kakolyadi, Sarivadi (Sushruta).

Method-

The patient was given Yashtimadhu Ghruta Matra Basti in the dose of 48ml intra-rectally once a day for 7 days. Also, patient is advised to taken Triphala churna Itsf with warm water during bed time for Vatanulomana.

Assessment Criteria-

1. Gudadaha (Anal Burning)
2. Gudapeeda (Cutting pain)
3. Raktastrava (Bleeding)
4. Constipation
5. Sphincter tone

Hospital Treatment-

Treatment	Dose	Day	Observation			
			Burning sensation At anal region	Pain	Stool Streaked With Blood	Sphincter Tone
<i>Yashtimadhu Ghruta Matra Basti</i>	48 ml	1 st	+++	++	++	++
		2 nd	+++	++	++	++
		3 rd	++	+	+	+
		4 th	++	+	0	+
		5 th	+	0	0	0
		6 th	0	0	0	0
		7 th	0	0	0	0

Discussion:

In this clinical examination patient started showing regressive improvement with Yashimadhu Ghruta matra basti. On 3rd day of treatment sphincter spasm, constipation, stool with streaked blood got reduced and on 6th day onwards patient did not show any sign and

symptoms of the disease. This improvement was achieved with Yashtimadhu Ghruta matra basti. *Yashtimadhu has Madhura rasa, Sheeta Veerya, Madhur vipaka and has vata-pitta shamaka property. Yashimadhu also has vrana shodhana and vrana ropana properties that help for healing of anal fissure. Go-Ghruta has soothing property*

and form a thin film layer over them and that allows early epithelization of wound. Yashtimadhu has proven healing, anti ulcerogenic, anti inflammatory and skin regeneration activity. Sodium glycyrrhizate possessed anti ulcer activity and stimulation of regeneration of skin.

Conclusion:

The use of Yashtimadhu Ghruta matra basti has a definite role in the treatment of fissure in ano in terms of cardinal and general symptoms & quick healing of ulcer too. So, on this basis it can be concluded that Yashtimadhu Ghruta matra basti showed effective in the management of parikartika(fissure in ano).

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Role of Krushna Churna in the Management of Ghrudhrasi

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Abstract :

Today, it's a unique, indispensable branch of medicine, a complete naturalistic system that depends on the diagnosis of Doshas Vata, Pitta and Kapha to achieve the right balance. A variety of vatavyadhi described in Charaka Samhita are divided into Samanyaja and Nanatmaja group 'Gridhrasi' comes under 80 types of Nanatmaja vatvyadhi. The name itself indicates the way of gait shown by patient due to extreme pain just like a 'Gridhra' (vulture), it causes difficulty in walking which is very much frustrating and embarrassing to the patient. It disturbs the daily routine and overall life of patient. In modern science there is no particular treatment on sciatica, only analgesic and anti-inflammatory drugs are given and have more side effects and so it is not permanent treatment. And surgery is more expensive so it is not affordable for common people. In Ayurveda, sciatica is co-related with Gridhrasi, in Gridhrasi there is vat doshahadhikya, so for vat doshahadhikya medicine is very good treatment in Ayurveda. For this study krushna churna were used for management of Ghrudhrasi, This study were carried on 10 patients ghrudhras which are selected as per our inclusion & exclusion criteria & they shows significant results in the management of ghrudhrasi.

Key words - Gridhrasi, krushna churna, Nanatmaja vatvyadhi.

Introduction :

Gridhrasi is characterized by Ruk, Stambha, and Toda, Spandan. The signs and symptoms seen in Gridhrasi can be well correlated with Sciatica in the modern science. According to modern sciatica is a medical condition characterized by pain going down the leg from

the lower back. This pain may go down the back outside or front of the leg. Onset is often sudden following activities like heavy lifting, through gradual onset may also occur typically symptoms are only on one side of the body. Certain causes, however, may result in pain on both sides. Lower back pain is sometimes but not always present. Weakness or numbness may occur in various parts of the affected leg and foot.

Aim & objectives :

- ❖ To study the efficacy of Krushna churna in ghrudhrasi
- ❖ To study the aetiopathogenesis of ghrudhrasi as per modern & classical text.

Material & methods :

For this study krushna churna were used for management of Ghrudhrasi, This study were carried on 10 patients ghrudhrasi which are selected as per our inclusion & exclusion criteria. written consent taken from patients.

Inclusion criteria :

- 1) Patients Showing the Classical sign and symptoms of vata kaphaj Gridhrasi i.e. Ruk, Toda, Stambha and Spandan in spik, Kati, Jangha, Janu, Pada etc. will be selected for the study.
- 2) Patients of age group between 30 yrs. To 50 yrs irrespective of sex were selected for the study.
- 3) Patient of sciatica as per sign & symptoms mention in ayurvedic samhitas.

Exclusion criteria :

- 1) Pregnant woman & lactating mother, stenosis of spinal cord, vataj Gridhrasi, spinal bulging
- 2) Any spinal bony deformities.
- 3) Obesity due to other condition like secondary obesity due to thyroidism
- 4) Diabetes Mellitus patients, immunological disease patients etc. Will also excluded for study

- 5) Patients of age group below 20 yrs. And above 50yrs will be excluded for the study
- 6) Patients suffering from chronic diseases such as hernia, Gastric ulcer, Diabetes, HDs, Gout, Rheumatoid Arthritis, Systemic lupus erythromatus (SLE), Chemotherapy and Major Operative Procedures etc. will be excluded.

Investigations :

The selected patients will be registered for detailed investigations:

X-RAY-LA spine AP Lateral view if necessary ,Above investigations will be done only before starting the treatment.

Subjective Parameter :

- ❖ Ruk (pain)
- ❖ Tod (pricking sensation)
- ❖ Stambha (stiffness)
- ❖ Spandana (twiching)
- ❖ Aruchi (anorexia)
- ❖ Tandra (drowsiness)
- ❖ Karmahani (restricted movement)
- ❖ Gaurava (heaviness)

Objective Parameter :

- ❖ Walking time
- ❖ SLR Test
- ❖ Reflexes
- ❖ Planter Flexion Test
- ❖ Knee Jerk and Ankle Jerk.
- ❖ Popliteal Compression Test

Drug review - krushna churna were Purchased from GMP approved pharmacy .

- ❖ Drugs - Krushna churna
- ❖ Route of Administration – Oral
- ❖ Dose - 3 gm x BD
- ❖ Sevan Kala - Before meal
- ❖ Anupan - Eranda tail

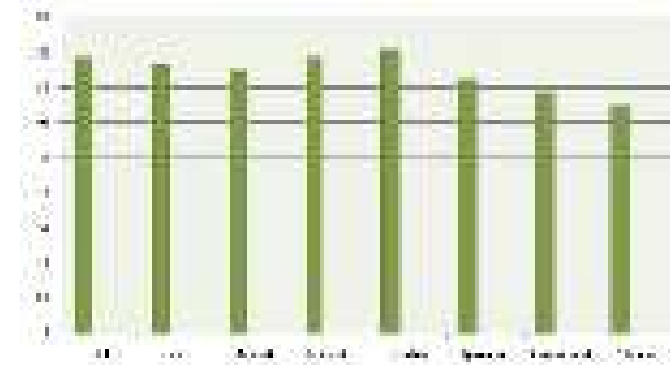
- ❖ Duration - 45 days
- ❖ Treatment - 15th,30th,45th days

Results & observations :

This is clinical study carried out on 10 patients of Grudhrasi, patients were selected from OPD & IPD of our institute . Patient were selected as per our exclusion & inclusion criteria .Written consent taken from Patient. T paired test were used for data analysis .results are as follows -

Sr. no.	Symptoms	No. of patients	Mean		SD	SD	Initial %	P value	P value
			BT	AT					
1	Pain	10	2.4	0.68	0.67	0.66	78.0	0.1	<0.001
2	Stiff	10	2.3	0.68	0.73	0.67	78.0	0.1	<0.001
3	Aruchi	10	2.3	0.68	0.64	0.67	78.0	0.2	<0.001
4	Stomach	10	2.48	1.06	0.43	0.37	78.0	1.3	<0.001
5	Spandana	10	2.81	1.09	0.81	0.68	84.1	0.1	<0.001
6	Spandana	10	2.78	1.08	0.96	0.19	79.5	0.8	<0.001
7	Karmahani	10	2.88	1.01	0.73	0.58	88.1	0.7	<0.001
8	Gaurava	10	3.00	1.01	0.47	0.66	82.0	0.3	<0.001

Graphical presentation :



Discussion :

In modern science there is no particular treatment on sciatica, only analgesic and anti inflammatory drugs are given and have more side effects and so it is not permanent treatment. And surgery is more expensive so it is not affordable for common people. In Ayurveda, sciatica is co-related with Gridhrasi, in Gridhrasi there is vat doshahajadhikya, so for vat doshavatghna medicine is very good treatment in Ayurveda. Pipali it self act as a rasayana also its ushna veerya & kapha vatghna property helps to breakdown the pathogenesis of Ghrudhrasi .

Conclusion :

Krushna churna is effective in the management of Ghrudhrasi

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**Review on Rasnasaptak Kwath Ghanvati**

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Abstract :

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 with more shelf life and palatability which will suit the patient without compromising the underlying basic principle and by which the effective basic preparations can be available to treat many number of diseases . Kwath forms has few difficulties such as need of everyday fresh preparation, short shelf life, chance of microbial growth, transportation and fixing of unit dose. The development of new doses form without diluting the basic principle of ayurveda is the need in current era. Hence considering these inconveniences an attempt has been made to prepare ghanvati of rasnasaptak kwath for additional advantages . In this review article we have studied Pharmaceutical & analytical study of Rasnasaptak kwath Ghanvati. Rasnasaptak kwath is one of the ayurvedic preparation which contains- Rasna, Gokshur, Erandmula, Devdaru, Punarnava, Guduchi, Aragvadha.

Key words - panchavidha kashay Kalpana, Rasnasaptak kwath Ghanvati, effective modification .

Introduction :

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 pharmaceuticals. The medicinal plants firstly converted into



A Case Study of *Janusandhigatavata* (Osteoarthritis of knee joint)

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Abstract-

Osteoarthritis is one of the most common disorders in joint disease. It is characterized by pain, shiftiness, decreased range of motion which is very close to *Sandhigatavata*. *Sandhigatavata* is amongst 80 *Nanatmaj Vat Vyadhi*. Here is a case of 57 years old male patient who was having complaints of pain, tenderness, crepitus, swelling and restricted movement of both knee joints. Based on these symptoms and clinical sign he was diagnosed as a case of *Sandhigatavata*. Treatment given to this patient was *Snehan*, *Swedan*, *Janubasti*, *Yog*, *Basti* and oral medication. Assessment of patient before and after treatment was done on the basis of pain, tenderness and physical activity to exclude the efficacy of the treatment. Based on assessment parameter, moderate improvement was seen in subjective sign & symptoms after the

completion of Schedule of IPD treatment & 1 month follow up. The pain & physical activity were improved significantly.

Keywords: Osteoarthritis, *Sandhigatavata*, *Vata*, *Basti*

INTRODUCTION

In *Charak samhita*, two types of *Vat Vyadhi* are mentioned, *Nirupstambhit Vat vyadhi* that develop due to *Dhatukshay* & *Upastambhit Vat Vyadhi* that develop due to *margavarodh* due to *kapha* & *aam*. *Charakacharya* has explained it as '*Sandhigata Anil*' which on palpation feels like bag filled with air.

Food, lifestyle & Environment are three important determinants related to the cause of disease. Nowadays continuous standing work, stress factor; sedentary life leads to *Vatprakop* which may be due to

Dhatukshaya (Degeneration) or *Margavarodh* (obstruction). This *Prakupit Vat* is extended to the joints where there is *kha-vaigunya* and marks the beginning of *Sandhigatavat*. Symptoms of *Sandhigatavat* are pain, swelling, tenderness and restricted movement of joints. When the disease occurs after 4th decade of life, it is mainly due to *Dhatukshaya*. According to modern, symptoms of O.A. are loss of articular cartilage, swelling, pain, synovial inflammation, joint shiftiness, loss of mobility and it is a degenerative disease. The common obstacle for the elderly is to carry out all daily living & decreased mobility.

Detailed management of this condition in *Ayurveda* texts contains a combination of external & internal medication the *bahya Chikitsa* includes *Snehan, Swedan, Janubasti, Patrapindla* etc. *Abhyantar Chikitsa* include *Churna, Kashay, vati, asav arishtas* and many more processes.

Materials & Methods

A 57-year-old male patient came to Panchakarma OPD at SMBT *Ayurveda* College & hospital, Dhamangaon, Nashik having following complaints but he didn't get relief anywhere so he was admitted in SMBT hospital for 12 days.

C/O

BL knee joint pain: 3 yrs.

BL knee joint swelling: 3 yrs.

Restricted movement of BL knee joint were having swelling & restricted movements. X-

ray of BL knee joint showed *osteoarthritic* changes and *osteophytes*.

He was diagnosed as a case of *Januandhigatavata* on the basis of clinical sign, symptom, X-ray, finding & examination. Treatment was started after detailed history taking & examination of the patient.

Examination of patient-

**Table A -
Ashtavidhanparikshana**

1. <i>Nadi</i> - 72/mins, <i>Vatpradhan Pitta-anubandhi</i>
2. <i>Mutra</i> - <i>Samyak</i> (7-8 times / day , 1 times in night)
3. <i>Mala</i> - <i>Baddhakoshthata</i> (<i>Yadakada</i>) <i>Niram</i>
4. <i>Jivha</i> - <i>Saam</i>
5. <i>Shabd</i> - <i>Spashta</i>
6. <i>Sparsh</i> - <i>Samsheetoshna, Janupradeshi Ushanasparsh</i>
7. <i>Durk</i> - <i>Netragolak</i>
8. <i>Akruti</i> - <i>Madhyam</i>

Table 1

Table B – Aturbalapramana Pariksha

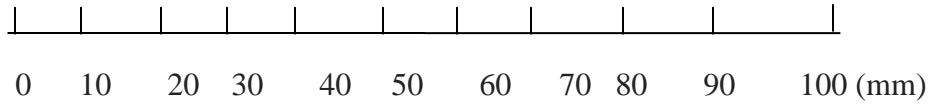
1. <i>Prakriti</i> - <i>Vatpradhan Pittanubandhi</i>
2. <i>Vikruti</i> - <i>Sandighatavata</i>
3. <i>Samhanan</i> - <i>Madhyam</i>
4. <i>Sara</i> - <i>Madhyam</i>
5. <i>Praman</i> - <i>Madhyam</i>
6. <i>Satmyatah</i> - <i>Avar</i>
7. <i>Satva</i> - <i>Madhyam</i>
8. <i>Aaharshakti</i> - <i>Madhyam</i>

Table 2

Assessment Criteria –

The improvement in the patient like reduction in pain, swelling, restricted movement score graded based on following scales.

10 cm Visual Analogue Scale (Vas)



No pain

maximum pain

2. *Pidasahatva* (Tenderness) –

Sr. no.	Severity of Symptoms	Grade
1	No tenderness	0
2	Patient says tenderness	1
3	Wincing of face	2
4	Wincing of face & withdrawal of affecting part	3

Table - 3

3. *Shotha* (Swelling)

Sr. no.	Severity of Symptoms	Grade
1	No shotha	0
2	Slight shotha	1
3	Moderate shotha	2
4	Severe shotha	3

Table - 4

4. *Crepitus*

Sr. no.	Severity of Symptoms	Grade
1	No Crepitus	0
2	Complained by patient but not felt in	1

1. *Pain (Shoola)* –

	examination	
3	Felt on examination	2
4	Felt & heard on examination	3

Table - 5

Treatment Protocol –

Patient is given both shaman & Panchakarma *Chikitsa*. Patient was given following medicines followed by *Panchakarma* & got significant result.

Ayurvedic Management –

Sr. No.	Medicine	Dose	Frequency
1	<i>Yograj Guggula</i>	2 Tab	BD
2	<i>Mahavatvidhvansa</i>	2 Tab	BD
3	<i>Dashmool Kwath</i>	40 ml	BD
4	<i>Lavanbhaskar Churna</i>	3 gm	BD
5	<i>Swadishtha Virechan churna</i>	3 gm	HS

Table – 6

Panchkarma Rx –

- *Sarvang Snehan & Swedan* is started after 3 days of oral medication.
- *Janubasti* was given after *Snehan & Swedan* with *Mahanarayn tail & Sahachar Tail* mixed oil.
- With above measures, *Yogbasti Karma* was given to patient for 8 days from 4th day.

1	Day 1 – oral medication	
2	Day 2 – oral medication	
3	Day 3 – oral medication	
4	Day 4 – <i>Anuvasan Basti</i>	<i>Mahanarayan Tail + Sahachar Tail</i> 40 ml 40 ml
5	Day 5 – <i>Anuvasan Basti</i>	Same as above
6	Day 6 – <i>Niruha</i>	<i>Dashamoola Niruha</i> (960ml)
7	Day 7 – <i>Anuvasan</i>	<i>Mahanarayan Tail</i> (80 ml)
8	Day 8 – <i>Niruha</i>	<i>Dashamoola Niruha</i> (960 ml)
9	Day 9 – <i>Anuvasan</i>	<i>Mahanarayan Tail</i> (80ml)
10	Day 10 –	<i>Dashamoola</i>

	<i>Niruha</i>	<i>Niruha</i> (960 ml)
11	Day 11 – <i>Anuvasan</i>	<i>Mahanarayan Tail</i>

Preparation of Dashamoola Niruha Basti –

For preparation of *Dashamoola Niruha basti* 200 gms of *Dashmool baharad* was boiled 320 ml of *.ashmool Kwath*.

Total Quantity of *Niruha Basti* - 960 ml

Kwath- 800 ml

Madhu- 25 ml

Dashamoola churna- 30 gms

Mahanarayan Tail – 100ml

Saindhav- 5 gm

In the vessel, honey & *Saindhav* are added, mixed well. After that warm oil is added, & stirred well, then paste of drugs is added. After stirring well, *Dashmool Kwath* is added and then combined well & put in the *bastiyantra*.

Preparation of Anuvasan:

Mahanarayan Tail - 120 ml

Shatpushpa Churna - 1 gm

Saindhav - 1 gm

Tail is heated indirectly. *Shatapushpa Churna & Dashmool Churna* are added as *prakshep*.

Result

As per objective assessment criteria, patient's sign & were analyzed before

treatment & after treatment and during followed period. The result shown in the table as under

Sr. no.	Knee	Pain		Tenderness		Swelling		Crepitus		Total score	
		BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
1	Rt. Knee	40	20	2	1	2	1	2	2	46	24
2	Lt. knee	40	20	2	1	2	1	2	1	46	23
Total										92	47

As per above table score was 92 at the time of admission & if reduced to 47 at the time of discharge . It showed 52% relief in patient

Discussion

Sandhigataavata is a *Nirupstambhit Vat vyadhi* caused by *Dhatukshay*. With the age, *Rukshata* of *Vat dosha* increases and so increase the *Dhatushaya*. So *Snehan* is a given to the patient that reduced pain, brought back the *Mardavata* of joints. *Swedan* helps to reduce stiffness and provide flexibility of *Sandhi*. *Janubasti* reduces the *Shool*, *Shabd* and *Shotha*. It gives strength to the joint. Oral *Ayurvedic* medicines are *Vathara*, *Shothhara*, *Shoolghna* and *Rasayan*. In *Janusandhigataavata*, *Vat Dosha* is vitiated by *Ruksha*, *laghu guna* that is mitigated by *Basti*.

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AN ANATOMICAL STUDY OF PITTADHARA KALA - A REVIEW ARTICLE

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ABSTRACT

In the absence of advance modern technology, the *Acharyas* have explained about *Kala* by their divine power of observation, knowledge and logic. *Kala Sharir* gives us information about the important membranes and layers of the body. *Kalas* are the limiting membrane between *Dhatu* and *Ashaya*. They also produce and hold the *Dhatu*s. They can be understood by their functions in the body. The specific *Kalas* are located at specific sites one of them is *Pittadhara kala*. It is situated between *Pakwamashaya*. The aim & objectives of this study was to compare functional aspects of *Pittadhara Kala*. All the relevant material was compiled from *Brihatrayi* and available commentaries on it. Research articles are also searched from various websites. All the references were collected & analyzed & finally conclusion was drawn. Conclusion of this study is that as per the modern science *Pittadhara Kala* can be compared as mucous membrane of small intestine. Thus, a precise knowledge of *Kala* is important for physicians to make a diagnosis at the right time & also to know if the disease is at the level of *Kala*.

Keywords: Duodenum, *Dhatu*, *Kala*, *Pittadhara Kala*

INTRODUCTION

Acharya Sushrut described *kala* in anatomical sense in *Garbhvyakaran* chapter of *Sharir Sthan*. He states *Kala* is a thin membrane which separates *Dhatu* from its *Ashaya*. The function of *kala* results into the formation of *Dhatu*s. They are minute elements and by their activity they transform *Dhaturasa* to respective *Dhatu*s.^{3,4} In the absence of advance modern technology, the *Acharyas* have explained about *kala* by their divine power of observation, knowledge and logic.

Acharya Dalhan has been said that the *Kala* structurally can correlate with fascia, septum, fibrous membrane, mucous membrane and serous membrane while

functionally can correlate them with cells or formative elements.¹²

As on cutting wood its pith is observed, likewise *Dhatu*s is found dissecting the musculature, the *Kala* are covered by *Snayu* spread as *Jarayu* and smeared with *Shleshma*.⁴

Aim & objectives

- 1) To collect the references from different *Ayurvedic* texts regarding the concept of *Pittadhara Kala*.
- 2) To collect the references from different *modern* texts regarding small intestine and digestion.
- 3) To compare functional aspects of *Pittadhara Kala*

Material & Methods

This is conceptual type of study, all sort of references has been collected and compiled from various available Ayurvedic classics text like *Sushrut Samhita*, *Charak Samhita*, *Vagbhat Samhita* and available commentaries on it. Literature is also compiled from modern textbooks. Research article is also searched from various website related to *Pittadhara Kala* and small intestine and digestion. All matter is analyzed, and attempt has been made to draw best possible conclusions.

Review of Literature

Kala is 'Dhatwashayanter Maryada' which separates *Dhatu* and *Ashaya*¹. The *Ashaya* is cavity which gives *Ashraya* to the *Dosha*, *Dhatu* and *Mala*². *Snayu*, *Jarayu* and *Shleshma* are the three basic principles in the formation of *Kala*, these three structures can be compared with fiber, serous and mucous layers respectively³ *Kala* are the pith of the stem in the tissues.

While describing *Kala*, it is said as the duramen of cores of a piece of wood or stem becomes exposed to view by cutting into it, so the *Dhatu*s of the body may be seen by removing the successive layers. These *Kalas* are extensively supplied with *Snayus* bathed in *Jarayu* and encased in *Shleshma*.⁴ *Acharaya Vagbhata* says the *Kleda* which is lies in the internal part of the *Ashaya* that becomes *Pakwa* by *Dhatwagni* and forms as *Kala*.⁵ It covers the internal and external layers of the organ, and it may separate the muscle. It helps for holding, movement, supporting, absorption and lubrication in the different parts of the body⁶. There are seven *Kalas* explained in *Samhita*.

Pittadhara Kala

Pittadhara Kala is on sixth number which is said to be lies in between *Amashaya* and *Pakwashaya* i.e. *Grahani*, which is correlated as small intestine.⁷ *Grahani* not only store the *Chaturvidha Anna* propelled from the *Amashaya* and on its way to the *Pakwashaya* but also promotes complete digestion, assimilation and absorption with the help of *Pachaka pitta* which is secreted by *Pittadharakala*.^{8,9} *Amashaya* is the part before the small intestine i.e. stomach of modern anatomy. *Grahani* is a *Sthan* of *Pachakagni* which helps in digestion of food.¹⁰ After digestion of food

Ahar is converted into *Aharras* which is then absorbed by the *Pittadharakala* for the further nourishment of the seven *Dhatu*s.¹¹ *Acharya Sushrut* also stated *Pittadhara Kala* as *Majjadhara kala* in *Kalpasthan* while describing *Sarpdansha Chikitsa*.^{12,13}

DISCUSSION

Concept of *Pittadhara Kala* is explained by *Acharya Sushrut*. We find references about *Pittadhara Kala* in *Ashtanga Samgraha* and *Sharangdhar Samhita* also. All *Acharya*'s mentioned seven types of *Kala*. Describing the structure of *Pittadhara Kala* *Acharya'ssushrut* has stated that it holds four kinds of food propelled from *Amashaya* on its way to *Pakwashaya*. All types of food brought into *Koshtha* of man becomes *Jirnra* and undergoing *Shoshan* in proper through heating agency of *pitta* thus *Amashaya* And *Pakwashaya* appear to be upper and lower limit of *Pittadhara Kala* respectively.⁹ According to *Acharya-vagbhata*, being the abode of internal fire, it with holds by force, the movement of food material passing form *Amashaya* i.e. stomach into the *Pakwashaya* i.e. intestine, digest food by heat of *Pitta*, absorbs it and allows the digested food to move further.¹⁰ *Pittadhara Kala* can be compared as mucous membrane of small intestine. The wall of the small intestine is made up of 4 layers –

- 1 – Mucosa
- 2 – Submucosa
- 3 – Muscular Layer
- 4 – Serosa (Adventitia)

According to modern anatomy following structures are responsible for digestion and absorption. Relevant features responsible for digestion.⁶

Mucosa-

- Major duodenal papilla –which is also called as hepatopancreatic ampulla and lies 8-10 cm distal to pyloric orifice.¹⁴
- Minor duodenal papilla- at which accessory pancreatic duct opens and it lies 6-8 cm distal to pyloric orifice.
- The presence of intestinal gland i.e. crypts of Lieberkuhn which invades the lamina propria. these glands are lined by goblet cells, columnar

cells, Paneth cells and enteroendocrine cells which scattered over the entire mucous membrane of jejunum and ileum.¹⁴

- Functional anatomy –the above glands secretes digestive enzymes and mucous i.e. epithelial cells deep in the crypts show a high level of mitotic activity. The proliferated cells gradually move towards the surface to be shed from the tips of the villi. In this way the complete epithelial lining of the intestine is replaced every two to four days.
- Enterocyte – absorbing water & electrolytes.
- Goblet cell- secreting mucus.
- Enteroendocrine Cell-
- 1-Secretin-Pancreatic Juice Secretion
- 2-cck- bile juice secretion.
- Paneth cell- secrete lysosomal enzyme.¹⁴

Relevant features responsible for absorption

- The length of small intestine which provides large surface area.
- villi are finger like projection, with large blood supply in the form of plexus of blood capillaries which helps in rapid absorption of nutrients into the blood.
- Plicae circularis for increase the surface area of mucosa.
- Microvilli are the smaller fold that helps to increase the surface area.

SUBMUCOSA

It is rich with Brunner's glands i.e. duodenal glands. They secrete alkaline mucous with bicarbonates which neutralize acid effect secreted by stomach. The serosal and muscular layers correspond exactly to the general structure of alimentary canal^{14, 15}

CONCLUSION

The maximum digestion takes place in duodenum supporting characteristics are as follows. The large length of small intestine provides more surface area for absorption. The intestinal glands are scattered over the entire mucosa of jejunum and ileum. Villi are large as well numerous in the duodenum and jejunum. So, we conclude that the greater length, circular folds as well intestinal glands are the main characteristics of small intestine which helps in performing digestion

and absorption which is the basic function of *Pachak Pitta* so we can easily correlate with *Pittadhara Kala*.

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Review Article

PRAKRUTI AN AYURVEDIC REVIEW

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ABSTRACT

Prakruti is unique concept of Ayurveda. Such type of theory not seen in any other medical literature. *Prakruti* is one's own constitution. It is an expression of body functions, in form of morphology, physiology, behaviour of an individual. The aim & objectives of this study was to study the concept *Prakruti*. All the relevant material was compiled from *Brihatrayi* and available commentaries on it. Research articles are also searched from various websites. All the references were collected & analysed & finally conclusion was drawn. Conclusion of this study is that *Prakruti* play an important role in preventing the diseases. By the knowing the concept of *Prakruti* physician can cure the disease. By this study we also know the importance of *Prakruti* in context to maintain their by following daily & seasonal regimen.

Keywords: Homeostasis, *Prakruti*, *Doshaj Prakruti*.

INTRODUCTION

Ayurveda is the by-product of the knowledge and experiences of the ancient seers of the Indian scientist and philosophers. It is the representation of the golden period which pictured the intimate association between nature and men. The advancement and expansion of each science could be recognised to the necessity of the time. Medical sciences is not exception to it. Sufferings, disease and death are ultimate characteristics of human life condition. In today's speedy life each & everyone are exposed to the pollutions in one or the other way. The toxic elements being in environment, food items or through occupation, human beings are affected. Along with today's lifestyle, un-disciplinary dietary ethics, & expose to chemicals various disease are nowadays very common. In today's modern era many people spend much time & money to restore the homeostasis.

Prakruti is an expression of one's constitution. *Prakruti* is enumeration of body features, internal as well as external. *Prakruti* is unique concept of Ayurveda. In the development of fetus, due to its own reasons *Dosha* becomes intensified. This non-pathogenic intensified status of *Dosha* remains constant from birth to death and this is known as *Prakruti*¹. *Prakruti* is enumeration of body features, internal as well as

external². Due to predominance of *Dosha* physical *Prakruti* are of seven types. By determine the *Prakruti* one can advise the daily and seasonal regimen to that person. Different dietary regulations and exercise should be suggested according to the *Deha Prakruti*.

So by knowing the importance of *Prakruti* this topic was selected. The present study will attempt to review over the concept of *Prakruti*. Study findings will help in designing population-specific plan for suggesting suitable dietic & seasonal regimen and exercise which is one essential for the living happy life.

AIMS AND OBJECTIVES

- To review the concept of *Prakruti*.
- To highlight the importance of *Prakruti* in today's era.

MATERIALS AND METHODS

This is conceptual type of study. All sorts of references has been collected and relevant material is compiled from various available *Ayurvedic* classics and available commentaries on it. Research articles are also searched from various websites. All Compiled matter is reorganized and critically analyzed for the discussion and attempt has been made to draw some fruitful conclusions.

Prakruti**Nirukti**

Prakruti is an expression of one's constitution. *Prakruti* is enumeration of body features, internal as well as external³.

Definition:

1. The relation of *Dosha's* with the individual's body starting from the fertilization stage of individual is nothing but the *Deha-Prakruti*.
2. *Prakruti* means physical forms. It includes height, weight, shape etc. Here different views towards physical entity is considered.
3. At the time of fertilization, particular *doshas* get dominated under the normal circumstances which defines one of the specific *prakruti* of the individual which remains from the birth up to the death of individual.

Classification:

Basically *prakruti* get classified into two main types-

1. **Sharirik or Deha Prakruti**
2. **Manasa Prakruti**

Depending on the predominance of *Doshas Deha Prakruti* is again get divided into 7 types⁴.

- a. *Vatala*
- b. *Pittala*
- c. *Shleshmala* or *Kaphaj*
- d. *Vata pittala*
- e. *Vata Shleshmala*
- f. *Pitta Shleshmala*
- g. *Sama Prakruti*

Sushruta has classified *Deha Prakruti* into 5 subtypes-

1. **Parthiva Prakruti**
2. **Apya Prakruti**
3. **Agneya Prakruti**
4. **Vayaviya Prakruti**
5. **Nabhasa Prakruti**

This can be divided into 3 types as the *Doshas* are produced from *Mahabhutas*.

Parthiva and *Apya Prakruties* can be included in *Shleshma Prakruti*, *Agneya* in *Pittala* and *Vayaviya*, *Nabhasa Prakrutis* in *Vatala Prakruti*.

Manasa Prakruti is divided into 3 types by the *Vagbhata-*

- a. *Satwika*
- b. *Rajasika*
- c. *Tamasika*

Due to influence of environmental factors *Prakruti* is again divided into 7 types⁵

- a. *Jatiprasakta*
- b. *Kulaprasakta*
- c. *Deshanupatini*
- d. *Kalanupatini*
- e. *Vayonupatini*
- f. *Balanupatini*
- g. *Pratyatma niyata*

Sharirik or Deha Prakruti –

- a. **Vataj Prakruti-**

Vata is rough, light, mobile, abundant, swift, cold, coarse and non-slimy. Due to roughness the person with predominance of *vata* have rough, undeveloped and short body; continuously rough, weak, low, adhered and hoarse

voice and vigils; due to lightness light and unsteady movement, activities, diet and speech; due to mobility unstable joints, eye brows, jaw, lips, tongue, head, shoulder, hands and feet; due to abundance talkativeness and abundance of tendon and venous network; due to swiftness hasty initiation, quick irritation and disorder, quick in fear, attachment and disenchantment, quick in acquisition but with a poor memory (retention); due to coldness intolerance to cold, continuously infliction with cold, shivering and stiffness; due to coarseness coarse hairs, beard-mustaches, small hairs, nails, teeth, face, hands and feet; due to non-sliminess cracked body parts and constant sound in joints during movement. Because of presence of these qualities the person having predominance of *vata* have mostly low degree of strength, life-span, progeny, means and wealth⁶.

- b. **Pittaj Prakruti-**

Pitta is hot, sharp, liquid, of fleshy smell, sour and pungent. Due to hotness the persons having predominance of *pitta* are intolerant to heat, having hot face, delicate and fair organs, plenty of moles, freckles, black moles and pimples, excessive hunger and thirst, early appearance of wrinkles, graying and falling of hairs, mostly soft, sparse and brown beard-mustaches, small hairs; due to sharpness sharp prowess, intense fire, taking plenty of food and drink, lack of endurance, frequently eating; due to liquidity lax and soft joints and muscles, excess excretion of sweat, urine and faeces; due to fleshy smell excessive foetid smell in axilla, mouth, head and body; due to pungency and sourness little semen, sexual act and few progeny, because of presence of these qualities the person having predominance of *pitta* are moderate in strength, life-span, knowledge, understanding, wealth and means⁷.

- c. **Shleshmla or Kaphaj Prakruti-**

Slesma (Kapha) is unctuous, smooth, soft, sweet, essence, solid, dull, rigid, heavy, cold, slimy and clear. Because of its unctuousness the person with predominance *kapha* has unctuous organ, due to smoothness smooth organs, due to softness pleasing, delicate and fair organs, due to sweetness abundant semen, sexual act and progeny, due to nature of essence excellent, compact and stable body, due to solidity all organs well-developed and perfect, due to dullness dull in activities, diet and speech, due to rigidity delayed initiation, irritation and disorder, due to heaviness movements supported with essence and stability, due to coldness little hunger, thirst, pyrexia and perspiration, due to sliminess well united and strong joint ligaments, due to clarity clear eyes and face with clear and unctuous complexion and affectionate voice. Because of the presence of these qualities the *slesmala* persons are strong, wealthy, learned, brave, calm and long-lived⁸.

- d. **Sansrushta Prakruti –**

Due to combination of *doshas*, characters are found accordingly⁹.

- e. **Samdhata Prakruti –**

In persons having equilibrium of all *dhatu*s are characters of all of them are found. Thus one should examine in respect of constitution¹⁰.

DISCUSSION

Prakruti is one's own constitution. It is an expression of body functions, in form of morphology, physiology, behaviour of an individual. During the conception *Prakrut Dosha* are generated & they are responsible for the formation of seven types of *Doshaj prakruti*. *Prakruti* is individual specific & idiosyncratic. *Prakruti* is not output of those *Dosha* which undergoes constant variations. *Dosha* which remain constant are responsible for *Prakruti* & they change only at the time of death. Body constitution is, its normalcy, its abnormalcy, its reaction depend on the predominance of *Dosha* which are generated at the time of fertilization. It means *Prakruti* decision is made at the time of fertilization. This directly means that impression of once organized *Prakruti* is constant & it descended through cell divisions to every differentiated cell. This means every tissue, every function is primarily thought in direction of characteristics of predominant *Dosha*. Even though one *Dosha* predominance is mentioned in the verse of Samhita, two *Dosha* predominance should be taken for granted. Commentator suggest such existence of such combination. As per the predominance of *Dosha*, person should maintain the health by following the regime to suit attributes of his predominant *Dosha*.

CONCLUSION

As per above discussion it is concluded that this is unique type of concept described in Ayurveda. This type of phenomenon never seen in another medical literature. In compendia of Ayurveda dietary ethics, *Yogasan* has been mentioned according to *Prakruti*. By knowing this unexceptional concept of Ayurveda every human being can maintain their homeostasis by following the daily & seasonal regimen.

LIMITATIONS & FURTHER SCOPE OF STUDY

As it was conceptual study, clinical trial was not carried out. By taking the clinical trial the efficacy of daily & seasonal regimen can be assessed in the different *DehaPrakruti*.

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Ayurvedic Approach To Prevent Recurrent Urinary Tract Infection in Pediatric age group w.s.r. Mutrakriccha a Case Study

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Abstract :

There are so many diseases specially classified for children come under kaumarabriyatreatment as per Ayurveda. Recently many researchers works to explore development of treatment of diseases related with childhood. Urinary tract infection is a common bacterial infection encountered in periodic age group. Mutrakriccha is a broad term which covers the conditions described in modern medical science as UTI. In pediatrics a simpler & more practical approach is used to categorized UTI & first infection versus recurrent infection which predispose children to acute morbidity & long term morbid conditions Antimicrobial prophylaxis is usually prescribed to prevent recurrent UTI. In Ayurveda various drugs are mentioned for Mutrakriccha which is also ascribed with Krimighra action. Present study is undertaken to evaluate sensitivity of our Ayurvedic formulation drug derived from Granthas. This drug is used for patients suffering from Mutrakriccha.

Key Words - Mutrakriccha, Urinary tract infection, Recurrent.

Introduction :

The term Mutrakriccha comes under the disorder of Mutravahasrotas and mainly deals with shool (pain) and kriccha (dysuria). In samhitas the urinary disorders are describe in the form of 8 types of Mutrakriccha, 13 types of Mutraghat, 4 types of Ashmaris. AcharyaKashyapa had also describe the sign and

symptoms of Mutrakriccha in vedanaadhyaya. Mutrakriccha and Mutraghat separately described by AcharyaSusharuta in Uttar tantra. In Mutrakriccha the vitiated pitta dosha along with vata on reaching basti affect the mutravahastrotas due to which the patient feels difficulty in micturationalon with symptoms like saraktamutrata, peetmutrata, sadhamutrata, sarujamutrata and muhur-muhurmutrata.

Urinary tract infection is a common bacterial infection in pediatric age groups the prevalence being 1-3% in boys and 3-10% in girls before the age of 14 years. Now a day's numbers of patients are regularly reporting to the hospitals with suffering from different disorders of regular taking of mithyaaahar and vihar adulterated food, contaminated & polluted water.

Aims & Objectives :

- 1) To understand pediatric age group Mutrakriccha disease in Ayurvedic perspective.
- 2) To assess the efficacy of Ayurvedic medicines in pediatric Mutrakriccha.

Case Report :

A 9 years old female patient with history of recurrent UTI visited to S.M.B.T. Ayurved Hospital Shalyatantra OPD with complaints of pain in abdomen burning micturation since 3 days. Detail history present illness revealed that patient had previous two attacks of UTI got relief modern antibiotics treatment. But again before 3 day patient got burning micturation with concentrated urine & frequency of micturation due to which patient has got irritated so patient brought by parents to our OPD.

Past History - No any other major medical or surgical history.

Family History - No history of same illness in any of family members.

Ashta Vidha Pariksha

Nadi	- 106/min
Mootra	- 10-12times/day Mala -once a day
Jihwa	- sam

Signs & Symptoms	Before Treatment	After Treatment
Daha	Present	Absent
Raja	Present	Absent
PetaMuktata	Present	Absent
MuhurMuktaprayutti	Present	Absent
Udarashoola	Present	Absent
Urine microscopic Examination	PUS cells = 16-18 cells/hpf EPI cells = 6-8 cells/hpf	PUS cells = 1-2 cells/hpf EPI cells = 2-3 cells/hpf

Discussion:

In the routine check up the sign and symptoms of Mutrakriccha are generally present lower UTI is characterized by frequency, dysuria. Usherasava mainly used for burning micturation urinary tract infection, pyuria, dysuria, hyperuricemia, cystitis, chronic kidney failure. It fight off a wide range of microbes, so it gives relief from urinary tract infection and its lithotriptic property helps to dissolve the stone. Chandanasava is a formulation used for kidney and urinary disorder it is beneficial to cure burning urination, UTI, dysuria, renal calculi, pyuria. GokshuradiGuggula used for burning painful and slow frequent micturation. It is effective in treatment of acute or chronic UTI due to its bactericidal action. The Patient visited after one month for follow up and has no recurrent of any complaints and seen normal.

Conclusion :

- 1) Urinary tract infection mentioned in modern medicine resembles with Mutrakriccha.
- 2) In Ayurveda primary prevention (nidanparivarjanam) has been given priority.
- 3) This disease is an important cause of renal damage, school absentees, frequent visit the pediatricians, clinics, hospitals.
- 4) Uncircumcised male young child appear to an increase risk of UTI.
- 5) In the present study Usherasava, Chandanasava, Goksuradi Guggulhave been used for pediatric age group Mutrakriccha

- and in recurrent or Acute on chronic UTI.
- 6) UTI caused by microorganisms so patient should maintain the proper hygiene. In preventing the disease in children by teaching good hygiene, maintain healthy hydration.

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AN UNUSUAL VARIATION OF AXILLARY ARTERY – A CASE REPORT

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ABSTRACT

An unusual unilateral variation was observed in the branching pattern of Axillary artery of the right upper limb in an adult male cadaver. The posterior circumflex humeral artery which is branch of 3rd part of axillary artery had an unusual origin. The knowledge about such variations becomes essential and of utmost significance in various clinical procedures performed by the vascular surgeons, radiologists & clinical anatomists. Moreover the injuries of the brachial plexus are quite common and required exploration and repair. During such repair surgeries, the abnormal arterial branch may be matter of definite concern if its presence is not kept in mind.

KEYWORDS: Axillary artery, Subclavian artery, Anterior circumflex humeral artery, Posterior circumflex humeral artery, Subscapular Artery.

INTRODUCTION

Axillary artery (AA) is the continuation of Subclavian artery at the outer border of first rib and continues as a Brachial artery at the inferior border of Teres major muscle. Pectoralis minor divides the artery in three parts^[1] as the first part (Proximal), 2nd part (Posterior) and the 3rd part (distal) to the muscle as classically described in anatomical texts. Axillary artery gives six branches.^[2]

1st part gives

- 1) Superior thoracic artery

2nd part gives

- 1) Thoracoacromial artery (TAA)
- 2) Lateral Thoracic artery (LTA)

3rd part gives

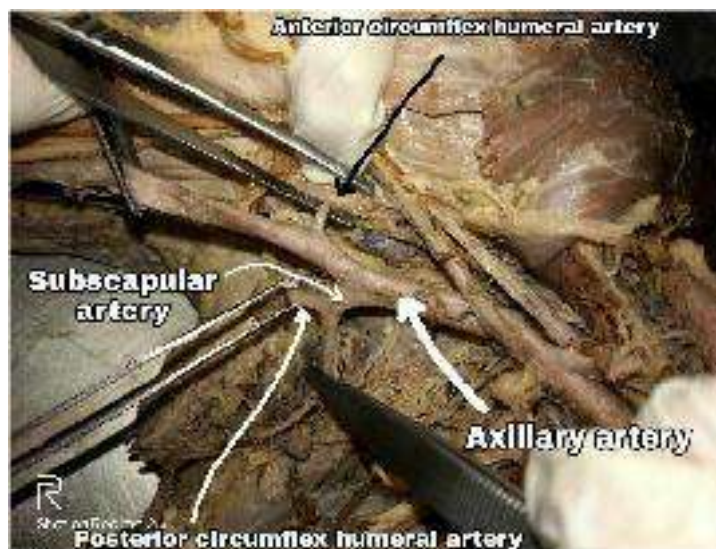
- 1) Subscapular artery (SSA)
- 2) Anterior circumflex humeral artery (ACHA)
- 3) Posterior circumflex humeral artery (PCHA)

Although variations in the framework of branching pattern of Axillary artery is common. Awareness of these variations are very essential as a pre-operative vascular judgment for various surgical and other interventional radiological procedures.

CASE REPORT

Anatomical variation in branching pattern of Axillary artery has been observed in the right Upper Limb of middle aged male cadaver, during routine dissection of UG students in dissection hall of CSMSS Ayurved Mahavidyalaya, Aurangabad (Maharashtra). It was observed that the branching pattern of AA was not in usual pattern as described in Modern Anatomical texts.^[3]

After removal of skin of Pectoral region, superficial fascia, Pectoralis major muscle & Pectoralis minor muscles are incised and retracted completely to visualize the whole branching of Axillary artery underneath it. The branches of first and second part were seen as mentioned in the anatomical texts but there was an unusual variation in the branching of 3rd part of Axillary artery. Out of 3 branches of 3rd part of AA, posterior circumflex humeral artery (PCHA) arose from the stem of Subscapular artery instead of arising directly from the 3rd part of AA. PCHA travelled backwards round the head of Humerus & made anastomosis with the anterior circumflex humeral artery (ACHA) as seen in Fig 1.

**Fig no. 1**

DISCUSSION

Anatomical variations are very common regarding branching pattern of AA as described by many previous researchers^[4,5,6], there is no fix pattern of origin and number of branches of AA. Any branch may originate from any part of AA.^[7,8,9]

In the present study PCHA originated from stem of Subscapular artery instead directly from 3rd part of Axillary artery.

Embryological Basis

Arterial variation was first mentioned by Van Haller in 1813. The persistence enlargement and differentiation of capillaries which form initial plexus may determine the type of variation.^[10]

The reason behind the development of any abnormal blood vessel is due to the choice of unusual paths in the primitive vascular plexus.^[11]

The defect of the proximal part of lateral branch of 7th cervical intersegment artery may result in such type of variation.^[12] Development of the pattern of blood vessels is also to some extent genetically predetermined.^[13]

CONCLUSION

The knowledge of the variation of Axillary artery and its branches is very important in the surgical and other interventional procedures to prevent many complications during

procedures. Sometimes the surgeon has to take on table decision to choose which vessel is appropriate for reconstructive surgery. This requires the knowledge of the normal as well as varied pattern of the vascular system so that a good post-surgical outcome is obtained. A humble attempt has been made to report a case which can contribute to the gross anatomical, diagnostic and therapeutic knowledge in medical sciences.

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**AN UNUSUAL ORIGIN OF SCIATIC NERVE- A CASE REPORT****Dr. Waghmare S. P.^{1*}, Dr. Bhagwat S. S.² and Dr. Sangode N. P.³**

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ABSTRACT

An unusual unilateral variation was observed in emerging of sciatic nerve of right gluteal region in an adult male cadaver. The sciatic nerve on the other side of this cadaver followed the normal anatomical course. Such type of higher division of sciatic nerve inside the pelvis though rare is of great academic and clinical significance in neurology, general surgery, orthopaedics, sports medicine, anaesthesiology & Physiotherapy. The knowledge of this variation is also important for paramedics who frequently give intramuscular injections in to the gluteal region.

KEYWORDS: Tibial Nerve, Common peroneal nerve, sciatic nerve, piriformis muscle, Hamstring. muscles.

INTRODUCTION

The sciatic nerve (SN) is the widest nerve in the body, about 2 cm broad and consists of tibial and common peroneal components, both of which form initially a common trunk. Sciatic is a Greek word derived from "Ischiadichus" and hence it is called as ischiadic nerve. The tibial component is derived and is from the ventral branches of ventral rami of L4 to S3 spinal nerves. The common peroneal component is from the dorsal branches of ventral rami of L4 to S2 spinal nerves.^[1]

The sciatic nerve emerges through the greater sciatic foramen below the piriformis and curving infero-laterally descends beneath the gluteus maximus midway between the ischial

tuberosity and the greater trochanter. In gluteal region it rests successively on the dorsal surface of the body of ischium separated by nerve to quadratus femoris, tricipital tendon of obturator internus with gemelli superior and inferior, quadratus femoris and adductor magnus.^[1]

The Nerve divides subsequently in to two terminal branches – common peroneal nerve (CPN) laterally & tibial nerve (TN) medially, usually at the superior angle of popliteal fossa.^[2] It is mixed nerve contains both motor and sensory fibres. The motor branches supply the posterior compartment of thigh muscles as well as hip & knee joint, however sensory branches supply the whole tibial and foot areas with the exception of the anteromedial tibial region and medial margin of the foot. Usually it divides in the middle of the back of the thigh, however the exact level of division in to two terminal branches varies. Occasionally the two nerve components are separate in origin.^[3]

Piriformis is the key muscle of the gluteal region. It originates from the anterior border of the second to fourth sacral segment, from the upper margin of the greater sciatic notch, and from the sacrotuberous ligament.^[4]

Knowledge of its course of higher level division is utmost important for clinicians, surgeons, physiotherapist and paramedical staff for clinical and surgical purposes. Paralysis to the muscles supplied by Sciatic nerve results in impaired hip extension and knee flexion.

Development

The two parts of the sciatic nerve develop separately in early embryonic stage and maintain their individual identity throughout their extent, even though joined together to form a single nerve trunk by a common connective tissue sheath.^[10]

MATERIALS AND METHOD

Middle aged formalin fixed cadaver without any gross pathology is used for this study. The cadavers belong to the Department of Anatomy of our institution. Dissection of gluteal region is done exposing the gluteus maximus muscle by reflecting the skin and superficial fascia. Gluteus maximus is incised and reflected to visualise the structures under cover of it. Piriformis muscle and the relation of sciatic nerve and its branches to the muscle are well observed and recorded.

CASE REPORT

During routine dissection of UG students in dissection hall of CSMSS Ayurved Mahavidyalaya Aurangabad (Maharashtra) in right gluteal region of middle aged male cadaver, we report a case in which right sciatic nerve divided inside the pelvis in to its two terminal branches. The Common peroneal nerve (CPN) pierced the piriformis muscle and passes through it whereas the Tibial nerve (TN) passed below the piriformis muscle as shown in Fig no 1. The origin, course and division of the sciatic nerve on the left side of this cadaver was normal.

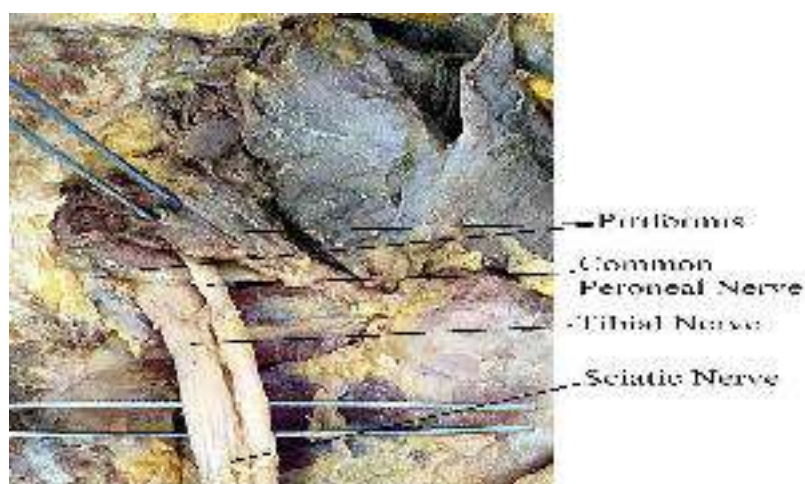


Fig no 1 Right Gluteal region showing variation of Sciatic nerve

DISCUSSION

Sciatic nerve (SN) presents significant variations concerning its topography & division. Higher level of division of sciatic nerve is relatively frequent phenomenon where it may divide in to its two terminal branches anywhere in the thigh but division in the pelvis & that too like a above mentioned case is a comparatively rare & contributes only in 12% of total cases.^[5] Such type of higher division of Sciatic nerve (SN) may be unilateral and may lead to compression of the nerve resulting in piriformis syndrome.^[6] Variant course of SN may lead to inadvertent injury during operative procedures in the gluteal region, coccygodynia etc.^[7] Inadvertent injury or compression of SN causes paralysis or paresis of the thigh muscles & adequate sensory disturbances.^[8]

CONCLUSION

A good knowledge about the anatomical variation in the formation, course and division of sciatic nerve is important for surgeons, orthopedicians, anaesthetist and other medical

professionals to avoid surgical complications to prevent failure of sciatic block, to prevent sciatic nerve injury during deep intramuscular injections etc. Variations of the sciatic nerve in relation to piriformis muscle may lead on to nerve compression. Piriformis syndrome may occur due to the variant relation of sciatic nerve to the piriformis muscle.

However, anatomical variations in the sciatic nerve and its relation to the piriformis muscle do not seem to be solely responsible for the piriformis syndrome.^[9]

To conclude, accomplishment of this study article has contributed to the subject of sciatic nerve variations and also by confirming previous studies, thereby focusing the need for profound anatomical knowledge for good clinical and surgical outcomes.

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Review Article

Ayurvedic Parasurgical Procedures in Different Female Reproductive Diseases

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ABSTRACT

Anushastra Karma is parasurgical procedures meaning surgical procedures performed by non – surgical items or in absence of surgical instruments. Acharya Sushruta has described 60 Upakrama, 25 Upayantra and 14 Anushastra for the management of wounds in various conditions. Shasti Upakrama includes Kshara Karma, Agni Karma, and Uttar Basti etc. Kshara has given ultimate importance and it is included under Shasthi Upakrama, Upayantra and Anushastra, whereas Agnikarma is under Upayantra and Anushastra. Uttar Basti is included under Shasti Upakrama and Anushastra. Regarding Stri Roga, Yoni Pichu, Yoni Prakshalanam, Kshara Karma, Uttar Basti Karma, are quite popular due to their finest results and no adverse effect if followed properly. These Anushastra Karma are simple and no sophisticated instruments, devices, anaesthesia and analgesia is required. Anushastra Karma procedures have a great role to fight against the chronic infectious and non-infectious disease of the female genital tract. Many researchers have proved their significant importance in infertility and atypical cell cervical ulcer and to the other ailments of the female reproductive tract.

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Introduction

No one can deny the revolutionary changes made by modern sophisticated tools and techniques in understanding and management of female reproductive disorders such as Hysterosalpingography (H.S.G), Cystoscopy, colposcopy and laparoscopy. By this article I

want to emphasise the concept and contribution of Ayurveda such as yoni pichu, yoni prakshalanam, kshar karma, uttar basti karma, these are certain parasurgical procedures mentioned in Ayurvedic text to treat various medical and surgical illness of female reproductive tract (Sushruta, 2009; Sutra sthana-

1:8, 7:16, 8:15). These procedure are also known as “Sthanik Chikitsa”, although it is mode of local treatment but their effect is systemic and capable of preventing the complications of disease consequently; now why, these are parasurgical because it do not involve the sharp instruments it help to avoid impending major surgery consequently to diseases. It is parasurgical because of its application in pre operative or post operative management. Anushastra karma (Parasurgical procedure) can be performed with least complication and in minimal or no complicated facility. The World Health Organization (WHO) estimates that 60 to 80 million couples worldwide currently suffer from infertility (WHO. (2004). The WHO estimates the overall prevalence of primary infertility in India to be between 3.9 and 16.8 percent (ORC Macro and WHO, 2004). Every year in India, 122,844 women are diagnosed with cervical cancer and 67,477 die from the disease. India has a population of 432.2 million women aged 15 years and older who are at risk of developing cancer (ICO Information Centre, 2014).

The main Objective of present review is, ‘to understand Anushastra Karma - *Ayurvedic* Parasurgical Procedures in Female Reproductive Diseases in both *Ayurvedic* and Modern Perspectives’.

Material and Method

It is a conceptual type of study focused Anushastra Karma in Female Reproductive Diseases through *Ayurvedic* classics, commentaries, recently published books, Research journals, articles and modern science literature, the collection done and attempt to co-relate between Ayurveda and Modern literature is done.

Kshar Karma

Kshara karma is said to be superior to any other surgical or parasurgical measures due to its functions like chhedana, bhedana, lekhana and paatna karma ORC Macro and WHO (2004).^[7]It can be applied in the narrowest place and internally where surgical procedures cannot be performed. Kshara acts as a corrosive or caustic agent and prepares a healthy base for healing.

In Ayurvedic classics no direct description of Garbhashaya Grivamukhagata Vrana is available, but Ashtanga Sangraha has described it in reference of Yoni Vranekshana Yantra (Sushruta, 2009; Sutra sthana- 11:3). Considering the features of cervical erosion, it can be stated that it is usually Nija/Agantuja, Kapha-Pittaja, Twaka-Mamsaja type of Vrana which occurs at Griva of Garbhashaya (cervix). Application of kshar in case of cervical erosion is an effective form of herbal cauterization (incision and excision). This therapy cures the erosion with minimal recurrences and complications. Kshara is of two types namely Paniya kshara and pratisaraneeya kshara (Sushruta, 2009; Sutra sthana- 11:6).

Depending upon its origin they are khanija (mineral origin) E.g. Tankana kshara, Sarja kshara etc., Pranjia (animal origin) E.g. Shankha, Karpadika etc. Vrukshaja (plant origin) E.g. Apamarga kshara, Yava kshar etc.

Kshara karma is considered as a satisfactory approach to treat cervical erosion instead of electro cauterization in which chances of recurrences and complications are more, like: secondary haemorrhage, infertility, cervical stenosis etc (Vagbhatta, 2005).

Indication- Genital warts, Cervical erosion, Cervical polyp, Nabothian follicle, Chronic non healing cervical ulcer.

Agnikarma

तद्गंधानां रोगाणाम पुनर्वावाभ्देशजशसक्षारै
रसाध्यानांतत्साध्यत्वाच्च । (सु.सू.१२/३)

The disease treated with proper *Agnikarma* has no chance of recurrence. It cures the disease which are not treatable with medicine, surgery and *Kshara Karma* (chemical cauterization) (Sushruta, 2009; Sutra sthana- 12:3).

Types

तत्र द्विद्वधमद्विकमाहुरेके –
त्वग्दग्धानांसदग्धांच इह
तुद्वसरास्नायुसाध्यस्थिष्वद्वप न
प्रद्वतद्वषधोद्विः । (सु.सू.१२/७)

Acharya Sushruta described *Agnikarma* of four

types as;

Tvacha (Skin), *Mansa* (Muscles), *Sira*, *Snayu* (vessels and ligaments, tendons) and *Sandhi* and *Asthi* (joints and bones) (Sushruta, 2009; Sutra sthana- 12:7; Parmar *et al.*, 2014).

Instruments

द्वपप्पल्यजाशकृ दगोदन्तशरशलाकाधगतानां, जाम्बवौष्ठेतरलोहा, मांसगतानां, क्षौद्रगुडस्नेहा: द्वसरास्नायुसन्ध्यस्थिगतानाम (सु.सू.१२/४) (Kumar, M., 2014).

Indication

Cystic Lesion, PCOS, Haemorrhoids, Tumour, Fistula, Sinus Lymphadenopathy, Skin Tag, Hernia, Warts.

Contraindications

Unsuitable in *Pittaprakriti*, *Sharada* and *Grishma Ritu*, Children, Old Age, Lean, Pregnancy, Bleeding Disorders etc.

Mode of Action of Agnikarma

Application of heat which did stimulation of DPI (Descending pain inhibiting mechanism) then stimulation of CNS results to release of endogenous opioids in Proopiomelanocortin (POMC) cells in the arcuate nucleus & in the brainstem (Endomorphins, Dynorphins) finally reduces pain (Kumar, M., 2014).

Jalauka Raktamokshana

'Mokshana' is derived from the root 'Moksha' means 'to relieve' or 'to let out'. Therefore letting out of blood is known as Raktamokshana. It is specially indicated in Pitta and Rakta Vyadhis.

Importance of Jalauka Raktamokshana

यथा रक्तमिच्छानम विकाराणाम विकारणाम अन्यन्न वि तथा दूष्यम कमेदम प्रथमंततः ॥ (अ.सं.सू.३६)

Indication

Peripheral vascular diseases Vitiligo, non healing ulcer warts and thrombosed haemorrhoids tenosynovitis (Kumar, M., 2014).

Contraindications- Pregnancy, puerperal woman, severe anaemia, hypotension, absolute

Haemophilia (Andreas, M., *et al.*, 2007).

न

तू.....गवभिणीसूतकाजीणिवित्तास्रश्वासकावसनाम् | (िा.सू.२७/६)

Complications

Psychosis, prenatal azotemia, leech bite Scars, pain and infection.

Mode of Action

On leech bite, they create a tunnel to the lymphatic system remove toxins from the lymph system. There is decreased in blood clotting. It is Thrombolytic, Antiischemic, Antihypoxic, Hypertensive, Bacteriostatic, Immunostimulatory. It recovers neuromuscular impulse transmission and it restores vascular permeability (Andreas, M., *et al.*, 2007).

Results and Discussion

Poverty, illiteracy, poor hygiene, social and religious factors imposes more challenges to the reproductive health of females in developing countries. Today the increasing burden of cost on healthcare sector demand to search simple cost effective, non recurrent, with no adverse effect, acceptable, effective therapy. Ayurvedic parasurgical procedures are safe and effective, day care procedures. Kshar karma, agni karma, jalauka, uttar basti, yoni pichu, yoni prakshlana are the important parasurgical procedure of Ayurveda to treat the various reproductive tract diseases of female. Multi-centred clinical trial and Proper training to present human resources of health care sector can produce lot of changes in the present situation.

Conclusion

Ayurvedic parasurgical procedure can do very well in female reproductive tract diseases here are some major benefits concluded as follows -

1. It helps to reduce the total cost burden spent on chronic debilitating diseases of female's reproductive tract by the health care system.
2. Total cost of parasurgical procedures is very less in comparison to the therapy available today.
3. These simple treatment technique is boon for the women of developing and poor country

because of its low cost and quite simple.

4. It limits the hospital stay and mostly they are day care procedure.

5. Reduce hospital stay cuts the economic burden to the individual and their family and ultimately to the country.

6. It limits the irrational improper and unnecessary use of antimicrobial drugs that result in Antimicrobial resistance.

7. Increasing incidence of female infertility (due to tubal factor or unknown aetiology) and cervical cancer (chronic non healing cervical ulcer) uttarbasti karma and kshara karma respectively are very effective mode of treatment the minimum recurrence.

8. It promotes the female hygiene which is utmost important to prevent the STD and other communicable diseases.

9. These procedure are cheap, safe, effective and with no adverse effect. 10. No need of anaesthetic and analgesic agents during and after the procedure.

Conflicts of Interests

Authors do not have any conflicts of interest with the publication of the manuscript.

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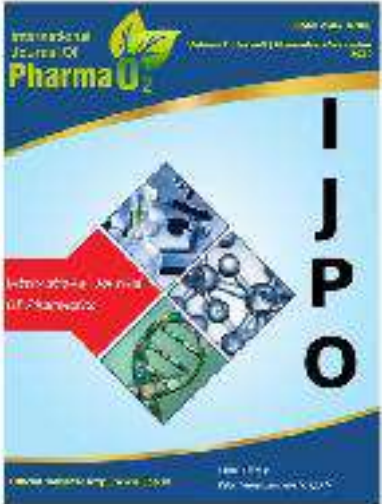
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प्रकाशन दिनांक ५ ऑक्टोबर २०२०

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तारीख: १० ऑक्टोबर २०२०

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वर्ष ७४ वे

“ यशस्वी चिकित्सेचा राजमार्ग ”

॥ आयुर्वेद पत्रिका ॥

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काल संकल्पना



वैद्य अंबादास कुलकर्णी
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॥ आयुर्वेद पत्रिका ॥

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या अंकातील विचारांशी संपादक सहमत असतीलच असे नाही, ती मते लेखकांची समजावीत.



Pharmacodynamics of "Siddhartakadi Agada" in the management of Manasroga w.s.r to Unmada



Dr. Kiran Mantri

Abstract:- Ayurved explains Trividha Roga - Neeja, Agantu and Manas. To treat Roga there are three Oushadham - DaivaVyapashray, YuktiVyapashray and Satwavajaya Chikitsa. Use of Agada is a part of YuktiVyapashray Chikitsa. One of the such Agada used in treatment of Manasvikara is "Siddhartakadi Agada" and Siddhartakadi Ghrita in Unmada Chikita of Charak Samhita. Most of the drugs of Siddhartakadi Agada are VataShamak and Vishaghna. Vata Dosha is the Controller of Mana. This paper deals with probable pharmacodynamics of Siddhartakadi Agada in the management of Manasroga w.s.r to Unmada.

Keywords : Siddhartakadi Agada, Manasroga, Unmada, Pharmacodynamics, Ghrita.

Introduction:-A patient of Unmada develops derangement of all the activities of manas² (mind), buddhi(intellect), ahamkara (conceit of self-individuality) and indriyas (senses). He develops thought disturbances in the form of abnormalities of chintana (thinking), vichara (discrimination) and uhya(analysis), derangement of memory in the form of smriti nasha (loss of memory) and smriti bramsha (impairment of memory), behavioral, social and emotional disturbances in the form of abnormalities of achara (behaviour), dharma (eternal duties) and bhavas (mental factors) along with functional derangement of indriyas which is manifested clinically as disturbed speech and its various presentations like incoherence (abaddha vakyama), thought blocking (hridaya shunyata), loosening of associations, neologism, echolalia etc. and various psycho-motor disturbances.

Thus, Unmada is not a lone clinical entity comparable to a single modern diagnostic category, rather it is a syndrome describing a group of psychotic disorders. The clinical features of the different types of Unmada resemble various types of schizophrenia, manic psychosis, psychotic

depression / major depressive disorder. Unmada is divided into two broad categories - (1) Nija- those caused by internal imbalance of body humors i.e. vata, pitta, kapha and the sannipataja and the (2) Agantunimitta- those caused by exogenous factors. To treat Roga there are three Oushadham - DaivaVyapashray, YuktiVyapashray and Satwavajaya Chikitsa. Use of Agada is a part of YuktiVyapashray Chikitsa. One of the such Agada used in treatment of Manasvikara is "Siddhartakadi Agada" and Siddhartakadi Ghrita in Unmada Chikita of Charak Samhita¹.

Materials and Method:

Study Type: Literary Research:-1)Disease Review
2)Formulation i.e. Drug Review

Study Material: Literary Research was carried out Using Classical Texts, Nighantu, Standard Dravyaguna Textbooks, Research articles and Published Data.

Outcome: Result Analysis based on observation from outcome of literary research.

Observation: Disease Review: Unmada:- Food with incompatible, contaminated and unclean properties; possession by spirits like gods, teachers and brahmanas; mental trauma due to recurrent exposure to fear or exhilaration and adopting difficult posture are the general causes of unmada. By the above causative factors, the doshas get vitiated in the person possessing low level of sattva guna (weak minded people) in turn vitiate hridaya (mind), which is the seat of intellect. There from the channels carrying mental factors (mano-vaha srotasas), quickly delude the mind of the person. Thus, the person with deranged mind does not know pleasures, pain, ethics and eternal duties and does not get peace anywhere. Therefore, he lets the mind wander here and there due to loss of memory, intellect and perceptions. Unmada refers to excessive affliction of intellect, mind and memory.

This is of two types -nija(endogenous) and agantuja (exogenous)³. According to origin, it is of five types

धीधृतिज्ञानविज्ञानस्मृतिसंज्ञा आदि भावात् विभ्रम

उत्पन्न होणे म्हणजे उन्माद होय.

- Vataj, Pittaj, Kaphaj, Sannipata & Agantu unmada (exogenous type)

Treatment of Unmada-External applications in vata-kapha dominant Unmada-If the patient does not come under control, the following formulations should be used as collyrium (anjana), anointing (utsadana), paste (alepa), inhalation therapy (navana) etc. In the unmada caused by vata and kapha, sprinkling collyrium(anjana), blowing (pradhmana), snuffing(nasya) and smoking (fumigation) should be done.

Treatment of pitta dominant Unmada- The patients should be given tikta and jivaniya ghrita (ghee cooked with bitter and vitalisers) are efficacious.

Formulation i.e. Drug Review

Siddharthakadi Agada:- White mustard, vacha, hingu, karanja, devadaru, manjishtha, triphala, shveta, katabhi (bark), trikatu, priyangu, shirisha and two types of haridra - all taken in equal quantity are powdered with goat's urine. This is an anti-poison formulation and used as intake, collyrium, snuff, paste, bath and anointing. It alleviates epilepsy, poisoning, unmada, magical spells, inauspiciousness and fever. It averts fear from the spirits and also protects in royal place.

Siddharthakadi Ghrita:- Ghee cooked with these drugs (drugs of Siddharthakadi Agada) along with cow's urine serves the same therapeutic purpose.

Ingredients of Siddharthakadi Agada & Ghrita^{5,6,7}

1) Siddharthak (Sarshapa):-Latin Name-Brassica compestris Linn.Var. •Family-Cruciferare •Rasa-Katu, Tikta •Vipaka-Katu•Veerya-Ushna •Doshagnata-KaphaVata Nashak •Guna-Tikshna, Snigdha, Antibacterial

2) Vacha:-Latin Name-Acorus calamus Linn. •Family:Araceae•Rasa-KatuTikta •Vipaka-Katu •Veerya-Ushna •Doshagnata-KaphaVata Nashak •Guna-Tikshna, Laghu, Anti-Anxiety effect •Prabhav-Medhya.

3) Hingu:-Latin Name-Ferula narthex Boiss. •Family-Umbelliferae•Rasa-katu•Vipaka-Katu •Veerya-Ushna•Doshagnata-KaphaVata Nashak •Guna-Laghu, Tikshna, Snigdha Sedative effect.

4) Karanja:-Latin Name-Pongamia pinnata Pierre. •Family:Leguminosae •Rasa-Tikta Katu Kashay •Vipaka-Katu •Veerya-Ushna •Doshagnata-KaphaVata Nashak •Guna: Laghu, Tikshna, Hypoglyceamic effect, Anti-bacterial action.

5) Devadaru:-Latin Name-Cedrus deodara (Roxb.) Loud. •Family-Pinaceae •Rasa-Tikta •Vipaka-Katu •Veerya-Ushna •Doshagnata-KaphaVata Nashak •Guna-Laghu, Snigdha, Anti-inflammatory effect.

6) Manjishtha:-Latin Name-Rubia cordifolia Linn. •Family:Rubiaceae•Rasa-Tikta Kashay Madhur •Vipaka-Katu•Veerya-Ushna•Doshagnata-Kapha Pitta Nashak•Guna-Guru, Ruksha, Blood purification effect.

7) Haritaki:-Latin Name-Terminalia chebula Retz. •Family:Combretaceae•Rasa-Kashay Tikta Katu Madhur Amla•Vipaka-Madhur•Veerya-Ushna Doshagnata-Tridosha Nashak•Guna-Laghu, Ruksha, Anti-Oxidant property.

8) Bibhitaki:-Latin Name-Terminalia bellirica Roxb. •Family-Combretaceae •Rasa-Kashay •Vipaka-Madhur•Veerya-Ushna•Doshagnata-Kapha Pitta Nashak•Guna-Laghu, Ruksha Hepatoprotective effect.

9) Amlaki:-Latin Name-Emblica officialis Gaerth. •Family-Euphorbiaceae•Rasa-Amla Madhur Kashay Tikta Katu •Vipaka-Madhur•Veerya-Shita •Doshagnata-Tridosha Nashak•Guna-Guru, Ruksha, CNS depressant activity.

10) Shweta (Aparajeeta):-Latin Name-Clitoria ternatea Linn. •Family: Leguminosae •Rasa-Katu Tikta Kashay•Vipaka-Katu•Veerya-Shita •Doshagnata-Tridosha Nashak•Guna-Laghu, Ruksha, Anti-Oxidant property.

11) Katabhi (Kantaki Shirisha):-Latin Name-Albizzia procera Benth. •Family-Leguminosae •Rasa-Kashay Tikta Madhur •Vipaka-Katu •Veerya-Ushna•Doshagnata-Tridosha Nashak •Guna- Laghu, Tikshna, Anti-Oxidant property.

12) Sunthi:-Latin Name-Zingiber officinale Rosc. •Family-Zingiberaceae•Rasa-Katu•Vipaka-Madhur•Veerya-Ushna•Doshagnata-KaphaVata Nashak•Guna-Laghu, Snigdha, Bioavailability Enhancer, Anti-Oxidant property.

13) Maricha:-Latin Name-Piper nigrum Linn. •Family-Piperaceae•Rasa-Katu•Vipaka-Katu •Veerya-Ushna•Doshagnata-Kapha Vata Nashak •Guna-Laghu, Tikshna, Anti-bacterial & Anti-Tumor activity.

14) Pippali:-Latin Name-Piper longum Linn. •Family-Piperaceae•Rasa-Katu•Vipaka-Madhur •Veerya-Unushna Shita•Doshagnata-Kapha Vata

उन्माद हा निज व आगन्तु असा दोन्ही प्रकारे होतो.

Nashak•Guna-Laghu, Tikshna, Snigdha, Anti-inflammatory effect.

15) Priyangu:-•Latin Name-Callicarpa macrophylla Vahl. •Family-Verbenaceae •Rasa-Tikta Kashay Madhur •Vipaka-Katu •Veerya-Shita •Doshagnata-Kapha Pitta Nashak•Guna- Guru, Ruksha, Anti-inflammatory effect.

16) Shirisha:-•Latin Name-Albizzia lebeck Benth. •Family-Leguminosae •Rasa- Kashay Tikta Madhur •Vipaka-Katu •Veerya-Ushna •Doshagnata-Tridosha Nashak •Guna-Laghu, Tikshna, Hypoglyceamic effect.

17) Haridra:-•Latin Name-Curcuma longa Linn. •Family-Zingiberaceae •Rasa-Tikta Katu •Vipaka-Katu •Veerya-Ushna •Doshagnata-Kapha Pitta Nashak •Guna-Laghu, Ruksha, Protective effect in Brain injury.

18) Daruharidra:-•Latin Name-Berberis aristata DC •Family-Berberdaceae •Rasa-Tikta Kashay •Vipaka-Katu •Veerya-Ushna •Doshagnata-Kapha Pitta Nashak •Guna-Laghu, Ruksha, Anti-inflammatory effect.

19) Basta Mutra:-Goat's Urine, •Rasa-Tikta Madhur •Vipaka-Katu •Veerya-Ushna •Doshagnata-Tridosha Nashak •Guna - Tikshna, Anti-Microbial activity.

20) Goghrita:-Cow's Ghee, •Rasa-Madhur •Vipaka-Madhur •Veerya-Shita •Doshagnata-VataPitta Shamak Guna- Snigdha, Promote all three aspects of mental functioning- learning, memory and recall.

21) Gomutra:- Cow's Urine, •Rasa-Madhur •Vipaka- Katu •Veerya-Ushna •Doshagnata-Tridosha Nashak •Guna- Ushna Tikshn, Anticonvulsant Agent.

For preparation of Siddharthakadi Ghrita, if puraana ghrita (old ghee) is used it will be more beneficial as its indicated for Unmada.

Therapeutic utility of old ghee

Old ghee alleviates tridosha, particularly destroys demonic seizures because of being pure/sacred nature, by intake is more potent in properties and is pungent- bitter in taste. The ghee stored for ten years is taken as old (puraana ghrita). It is irritant in smell. In color it is like solution of lacquer in appearance, cold and destroys all grahas⁴. It promotes intellect and is an excellent purgative.

Drugs in Siddharthakadi Agada according to veerya 1)Ushna Veerya-Siddharthak, Vacha,

Hingu, Karanja, Devadaru, Manjishtha, Haritaki, Bibhitaki, Katabhi, Shirisha, Sunthi, Maricha, Haridra, Daruharidra, Basta Mutra. 2)Shita Veerya-Shweta (Aparajeeta), Priyangu & Amlaki.

Discussion: Our Acharya's were aware of this BBB, hence use of Ghee is indicated or it is added in formulations which are intended to be used in Nervous and Mental Disorders⁹. Most of the drugs in Siddharthakadi Agada are KaphaVata Hara. Basta Mutra is Tikshna, hence it is used in Siddharthakadi Agada. Siddharthakadi Agada is mainly used in KaphajVataj, Kaphaj Unmada & Agantu unmada. While Siddharthakadi Ghrita, Ghee is Pitta Vatashamak & Gomutra is Krimihara, Doshagnata; hence is used in Vataj, Pittaj, Sannipata & Agantu unmada (exogenous type).

Conclusion:-Siddharthakadi Agada is useful in management of mental diseases, especially Unmada of KaphajVataj, Kaphaj Unmada & Agantu unmada type. Siddharthakadi Ghrita is useful in management of mental diseases, especially Unmada of Vataj, Pittaj, Sannipata & Agantu unmada (exogenous type).

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दैवव्यपाश्रय चिकित्सा ही निज उन्मादात उपयुक्त ठरते.

Efficacy of Jalaukavcharan in the Management of Thrombosed Piles

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Abstract :

Sushruta has indicated Visravana or Raktamokshana in the management of hemorrhoids. It has been explained that, in prolapsed (Nirgatani) and thrombosed (Dushapamani) piles; Raktamokshana is the choice of treatment, which relieves pain. Raktamokshana can be carried out with the help of Jalauka (leech) or any other suitable method. Raktamokshana is practiced in India since thousands of years, which has been included under the Panchkarma. Jalaukavcharan is one type of bloodletting in Ayurveda. Hirudin present in the saliva of leech helps in opposing the process of blood clotting. In present study, the leech application in case of thrombosed piles is found to be effective. This application provides analgesic and thrombolytic activities.

Key words - Raktamokshana, thrombosed piles, Jalaukavcharan.

Introduction :

Thrombosed hemorrhoids are hemorrhoids that have no blood flow due to blood clots. They're most often external but can be internal, as well. Thrombosed hemorrhoids are not considered to be dangerous, yet they can be quite painful. A thrombosed hemorrhoid is usually visible as a small lump on the exterior of anus. They're a dark bluish color due to the clot inside the blood vessel. A normal hemorrhoid, if it's visible on the exterior, will look like a rubbery lump and won't have the dark blue coloration. Thrombosed piles possibly occur due to high venous pressure causing severe pain that leads to a tendency of avoiding defecation, leading to hardening of stools causing constipation, which further exacerbates bleeding. Hence its management in initial stages will become mandate.

Aim & objectives :

- To study the efficacy of Raktamokshana (Jalaukavcharan) in the management of Arsha
- To study the aetiopathogenesis of Arsh in ayurvedic and modern view

Material & methods :

This is clinical study carried out on 5 patients. Jalaukavcharan is selected as a shodhan chikitsa and Arshughni vati selected as a shaman chikitsa. Patient selected OPD & IPD dept of shalyatantra of our institute as per our inclusion and exclusion criteria.

Inclusion Criteria :

- ◊ Patient suffering from 1st & 2nd degree internal piles
- ◊ External piles with classical sign & symptoms were included in the present study

Exclusion Criteria :

- ◊ Patients below 30 years & above 50 years of age were excluded
- ◊ Internal piles of 3rd & 4th degree were not considered in study.
- ◊ Systemic diseases like Colitis of any kind, Uncontrolled Diabetes Mellitus (DM), Untreated Tuberculosis (T.B.), and Uncontrolled Hypertension (HTN) were also excluded
- ◊ Complicated piles like thrombosed.
- ◊ Associated ano rectal diseases like Anal Fissure, Fistula in Ano, malignancy of Ano-Rectum were excluded

Subjective Criteria :

- 1) Size of pile mass
- 2) Raktasrava (Bleeding per rectum)
- 3) Arsha Bhan (Protrusion of mass)
- 4) Aniyat Vibandha (constipation)

Criteria for Assessment :

The improvement provided by the therapy was assessed basis of classical signs & symptoms of Arsha.

Size of pile mass :

- 0 - no pile mass
- 1 - size of pile mass is < ¼ Inch
- 2 - size of pile mass is about ¼ Inch
- 3 - size of pile mass is in between ¼ to 1 Inch
- 4 - size of pile mass is in between 1 to 1 ½ Inch

Raktasrava (Bleeding per rectum) :

- 0 - No Bleeding
- 1 - Mild bleeding with defecation
- 2 - Moderate bleeding
- 3 - Proluse bleeding

Arsha Bhraan (Protrusion of mass) :

- 0 - No protrusion
- 1 - Pile mass do not protrude out side the anal canal
- 2 - Pile mass protrude during defecation which reduced it self
- 3 - Pile mass protrude during defecation which replaced manually
- 4 - permanent protrusion of pile mass

Aniyat Vibandhu (constipation)

- 0 - No constipation
- 1 - Mild constipation
- 2 - Moderate constipation
- 3 - Severe constipation

Investigations - CBC, Urine routine, BSL, BT,CT.

Drug review :

- Gandharva haritaki - 10 gm HS
- Arshoghni vati - 2 TDS
- Triphala kwath for sitz bath

This drug taken for 3 months , drug purchased from GMP approved pharmacy. Follow up - 1st month , 2nd month , 3rd month.

Jalauka Avcharan Vidhi :

Two sitting of jalauka avcharan carried out kept 10 days interval in two sitting. Routine check up of patient done carefully like BP, RR, pulse etc. give idea to patient about jalauka karma.

Materials Required :

Leeches 2-3, Warm and cold water, Bowls 3 - 4 in number, Gloves, Gauze pieces, Cotton pads, Haridrapowder, Bandages

Purva karma :

- ◊ Jalauka shodhan done with haridra powder
- ◊ Due care was taken, so that the leeches do not enter the anal canal.

Pradhan karma :

- ◊ Gives lithotomy position to patient.
- ◊ Apply jalauka on pile mass.
- ◊ Then kept moist gauze piece on jalauka.
- ◊ Time was noted

Paschat karma :

- ◊ After 20 min if jalauka not detached from this site sprinkle haridra powder on jalauka.
- ◊ Site of application clean with triphala kwath.
- ◊ Apply T shaped bandage
- ◊ Patient kept under observation for minimum 5 hrs.
- ◊ Jalauka shodhan were done again

Results & Observation :

This is clinical study carried out on 5 patients of thrombosed piles. All of this taken treatment seriously. Patients selected from IPD & OPD of our shalyantastra dept. of our institute, no any complication were seen in time of treatment. Written consent taken from patients. This data shows Raktmokshan chikitsa along with appropriate shaman aushadhi give significant results in arsha chikitsa. Effect on pain - pain subside effectively in all of 5 patients only 2 patients complaints pain only at time of defecation, but they having history on bike riding at treatment period.

Effect on Constipation - In which 4 patients having no any constipation only 1 patients complaints about constipation, we advised him to follow pathya strictly.

Effect on Raktasrav - only 1 patient complaints of raktstrav after follow up, other 4 having tottaly stoppage of raktstrav.

Effect on Arshbharan - only one patient complaints about arshbharan. **Size of pile mass** - Pile mass size reduced in 5 out of 5 patients

Discussion :

Probably, due to the action of Hirudin and hyaluronidase it improves not only the blood circulation in organs, but also in other organs and tissues due to the best capacity of capillary tissues exchanging and so on. It promotes reduction of swelling, dissolution of the organized blood-clots, and analgesic effect. Using of leeches promotes the increasing of local immunity as well. The leech application is effective in reducing the pain, this supports the analgesic action of leech compound. In thrombosed piles, the leech application has thrombolytic action. The pus and mucous discharge also get subsided due to leech application, this effect is due to antimicrobial and mitolytic properties of leech.

Conclusion :

- Surgery is contradicted if the hemorrhoids are associated with secondary complications like thrombosis. Hence effective method for the treatment of thrombosed piles as well as to minimize the post-operative complications becomes necessary. It had given a scope to evaluate the role Jalaukavacharan in the management of thrombosed piles.
- Jalaukavacharan provides analgesic and thrombolytic activities.
- Also helps to decrease in pus and other discharges can be expected because of the antimicrobial and mitolytic properties of leech.

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Study of Vyavahar Sharir of Raktavaha Srotasa Moolsthana Accrding to Ayurveda & It's Co-relation with Modern Science

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Abstract :

Living physical body is comprised of numerous channel intended as an internal transport system for divergent functions. Yakrit (liver) and Pleeha (spleen) are described as the moolsthana of Rakta VahaSrotas which play significant role in the formation and obliteration of Rakta Dhatu.

Liver is a vital organ for Chayapachaya(metabolism) of consumed food. Acharyas have opined about the genesis of Yakrit from RaktaDhatuas Ayurveda narrates the basic principles including Panchamahabhoota, Tridosha, Saptadhatu, etc. in view of embryology and organogenesis. The liver is a well-known organ for Ayurveda. In Vedas, it is named as "Takima" or "Yakna". Synonyms like Kalakhanda, Jyotisthana, Yakritkhanda, Raktadhara, Raktashaya are found in the ancient literature for Liver.

Spleen being located in the pitta region of the body, is a pitta organ. Rather than having an action on the digestive system, its main actions are in the fighting of infections and the digestion of pathogens in the body. As an organ whose activity in protective and closely related to the immune system, the spleen can also be considered an organ of Kapha nature.

Keywords - Chayapachaya, Yakrit, RaktaDhatu, Panchamahabhoota, Tridosha, Saptadhatu, Takima, Yakna, Kalakhanda, Jyotisthana, Yakritkhanda, Raktadhara, Raktashaya,

Introduction :

- 1) **Applied anatomy** - Deals with application of the anatomical knowledge to medical & surgical practice & anatomy as applied to diagnosis and treatment of diseases.
 - a) **Clinical or Metabolic**- Founded on actual observation and treatment.
 - b) **Surgical** of the nature or pertaining to surgery.

2) Conceptual study of moolsthana -

मूलस्थानं इति प्रभवस्थानं । च.वि. ५/८ चक्रपाणिटीका

Prabhavsthana means utpattisthana.

शोणितवहानां स्रोतसायकृन्मूलप्लीहा च । च.वि. ५/७

The moolsthana of raktavahasrotas is Yakrut & Pleeha.

रक्तवहे द्वे तयोर्मूलयकृतप्लीहानौरक्तवाहिनीश्च धमन्यः । सु. शा. ९/१६

रक्तवहस्रोतो दुष्टी लक्षणं - Clinical anatomy

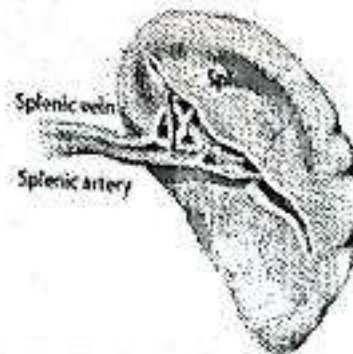
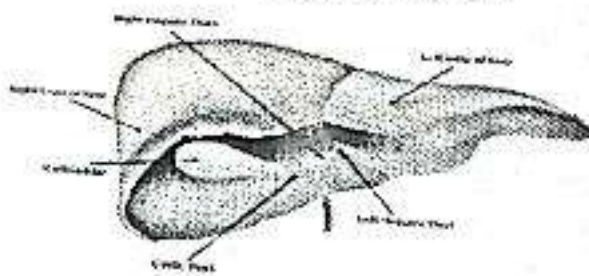
रक्तवहस्रोतो विद्ध लक्षणं - Surgical anatomy

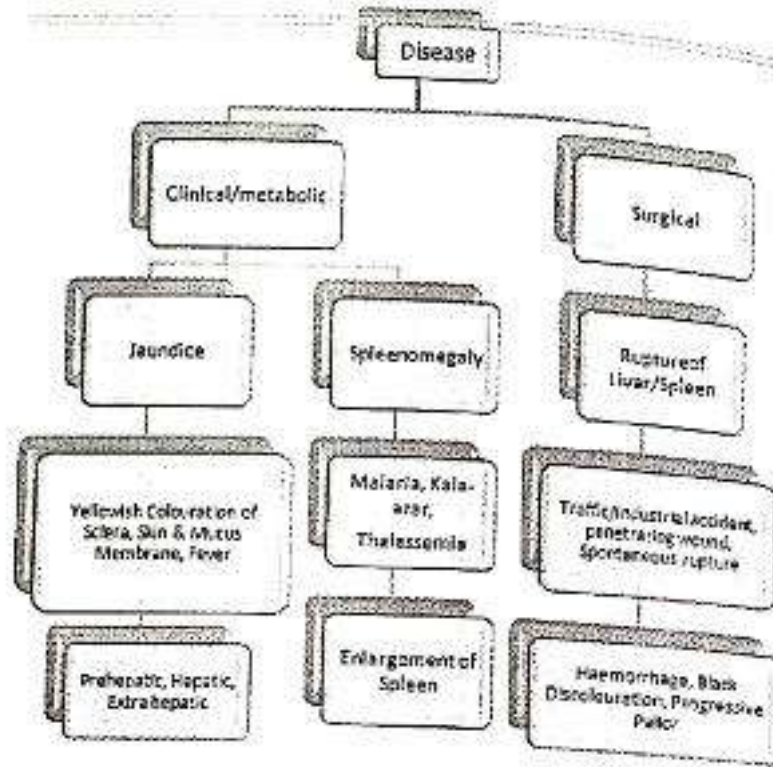
Objectives :

- 1) Study of vyavaharsharir (applied anatomy) of raktavahasrotas moolsthan according to Ayurved & its co-relation with modern science.
- 2) To study the existing literature of liver and spleen.

Methodology :

THE MEDICAL STRUCTURE OF THE LIVER





Discussion (Vyavahara - Sharir Yakrit & Pleeha) :

स्रोतोदुष्टी + स्रोतोविद्ध लक्षणे Applied anatomy of moolsthana
 वक्ष्यन्ते रक्तदोषजाः कुष्ठ विसर्पपिडकारक्तपित्तमसृग्दरः ।
 गुदमेढ्रास्यपाकश्चप्लीहागुल्मोऽथविदूथि ॥
 निलिमाकामलाव्यंगपिप्लवस्तिलकालकाः ।
 ददुर्चर्मदलं श्वित्रं पामाकोठासमण्डलं रक्तप्रदोषाज्जायन्ते ॥ च.सु. २८/११-१२
 कामला- jaundice; प्लीहावृद्धी- splenomegaly
 तत्रविद्धस्यश्यावांगताज्वरोदाहः पांडुता
 शोणितागमनं रक्तनेत्रता च ॥ सु.शा. ९/१६
 श्यावांगता-black discolouration;
 शोणितागमनं- haemorrhage; पांडुता - pallor

Yakriddalyudara (Hepatomegaly) : As per Sushruta enlargement of Yakrit through similar cause on the right side of the abdomen is called Yakriddalyudara.

Yakriddalyudara (Hepatomegaly): As per Ashtangasangrah similar to pleehodaryakrit also goes on increasing in the right hypochondrium region and produces Udarvyadhi with similar etiology, symptoms to pleehodar.

Yakriddalyudara (Hepatomegaly): As per Astanghridayayakrit is

present in right hypochondrium descends and enlarges like pleha and causes udarvyadhi. By its own cause raktavridhhi takes place that enlarges pleeha and produces udarroga.

Through Charak is a physician he has explains thalakshanas of Raktavahastrotodushti under the topic of vyavahar-sharir of Yakrit and Pleeha. Sushruta as a surgeon has explained strotomool vidhalakshana if Raktavahastrotas. This stroto moollakshana's comes under vyavaharsharir of Yakrit or Pleeha.

Pleehodar (Splenomegaly):As per charak travelling immediately after taking food, performing more bodily activities, carrying heavy weights, excessive walking, vomiting and debility due to severe diseases. Due to all reasons the Pleeha which is situated in left side descends down and enlarges. Excessive production of Rasa Dhatu causes excessive production of rakta and combine effect of both these factors leads to pleehavidhi.

Pleehodar (Splenomegaly): As per Sushruta the rakta and kapha of a person deranged and aggravated through the ingestion of phlegmagogic food or of those which is followed by and acid digestionary reaction (vidaha), often enlarge the spleen (which give rise to a swelling of the abdomen). This disease is called Pleehodar by the expert Pleehodar protrudes on the left side of the abdomen. Its characteristics symptoms being lassitude, low fever, impaired digestion, loss of strength, jaundice, weakness, and other distressing symptoms peculiar to the deranged Pittam and Kapham.

Pleehodar (Splenomegaly): As per AshtangSangrahPleeha is stony hard, elevated as back of tortoise, enlarge slowly in the abdominal cavity and produces Udarvyadhi.

Siravedha :In case of enlarge pleeha the vein near the kurparasandhi of the left hand or that inside the fourth and fifth fingers should be opened. Similarly in case of yakritddalyudara or kaphodara the corresponding vein in the right hand should be opened.

Applied Anatomy of Liver : Hepatitis, Cirrhosis of liver, Jaundice, Pre- hepatic, Hepatic, Extra-hepatic, Liver biopsy, Liver transplantation, Hepatomegaly, Hepatic Lobectomies &segmentectomy, Rupture of liver, Portal hypertension, Injuries of the liver, Primary malignant tumours- Hepatocarcinoma, Non-parasitic

cyst, Hepatic abscess, Amoebic liver abscess, Secondary carcinoma of Liver, Neoplasm of the liver, Benign neoplasm- Hemangioma, Malignant tumours, Metastatic tumours, Hydatid cyst, Non parasitic, Metastatic Tumours, Abscesses.

Applied Anatomy of Spleen : Enlargement of Spleen, Splenectomy, Splenic puncture, Accessory Spleen, Hyper splenism, Rupture of the spleen, Splenic needle biopsy & Splenopartography, Cyst and tumours of the Spleen- Parasitic, Non-parasitic, Metastatic tumours, abscesses.

Conclusion :

- 1) In Ayurvedic text while explaining moolsthana Acharya also explained applied anatomy of that particular srotas that is srotodushti and srotovidahalakshana. This knowledge helps in diagnosis and treatment.
- 2) With the help of above discussion we can also study the applied anatomy of other srotas in clinical and surgical manner.

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Abstract :

Sushruta has indicated Vistavana or Raktamoksham in the management of hemorrhoids .it has been explained that, in prolapsed (Nirgatani) and thrombosed (Doshapurnani) piles; Raktamokshana is the choice of treatment, which relieves pain. Raktamokshana can be carried out with the help of Jalauka (leech) or any other suitable method Raktamokshana is practiced in India since thousands of years, which has been included under the Panchkarma . Jalaukaacharan is one type of bloodletting in Ayurveda. Hirudin present in the saliva of leech helps in oppressing the process of blood clotting. In present study, the leech application in case of thrombosed piles is found to be effective. This application provides analgesic and thrombolytic activities.

Key words - Raktamokshana , thrombosed piles , Jalaukaacharan.

Introduction :

Thrombosed hemorrhoids are hemorrhoids that have no blood flow due to blood clots. They're most often external but can be internal, as well. Thrombosed hemorrhoids are not considered to be dangerous, yet they can be quite painful. A thrombosed hemorrhoid is usually visible as a small lump on the exterior of anus. They're a dark bluish color due to the clot inside the blood vessel. A normal hemorrhoid, if it's visible on the exterior, will look like a rubbery lump and won't have the dark blue coloration. Thrombosed piles possibly occur due to high venous pressure causing severe pain that leads to a tendency of avoiding defecation, leading to hardening of stools causing constipation, which further exacerbates bleeding. Hence its management in initial stages will become mandate.

Aim & objectives :

- To study the efficacy of Raktmokshan (JalaukaAvacharan) in the management of Arsha
- To study the aetiopathogenesis of Arsh in ayurvedic and modern view .

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This is clinical study carried out on 5 patients .Jalaukaavcharan is selected as a shodhan chikitsa and Arshoghni vati selected as a dhaman chikitsa. Patient selected OPD & IPD dept of shalyatantra of our institute as per our inclusion and exclusion criteria .

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- 3) Arsha Bhran (Protrusion of mass)
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The improvement provided by the therapy was assessed on the basis of classical signs & symptoms of Arœha.

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Effect on Arshbharan - only one patient complaints about arshbharan

Size of pile mass Pile mass size reduced in 5 out of 5 patients

Discussion :

Probably, due to the action of hirudin and hyaluronidase it improves not only the blood circulation in organs, but also in other organs and tissues due to the best capacity of capillary-tissues exchanging and so on. It promotes reduction of swelling, dissolution of the organized blood-clots, and cosmetic effect. Using of leeches promotes the increasing of local immunity as well. The leech application is effective in reducing the pain; this supports the analgesic action of leech component. In thrombosed piles, the leech application has thrombolytic action. The pus and mucous discharge also get subsided due to leech application, this effect is due to antimicrobial and mucolytic properties of leech

Conclusion :

- ❖ Surgery is contradicted if the hemorrhoids are associated with secondary complications like thrombosis. Hence effective method for the treatment of thrombosed piles as well as to minimize the post-operative complications becomes necessary. It had given a scope to evaluate the role Jalaukawacharana in the management of thrombosed piles.
- ❖ Jalaukavacharan provides analgesic and thrombolytic activities.
- ❖ Also helps to decrease in pus and other discharges can be expected because of the antimicrobial and mucolytic properties of leech

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A HOLISTIC APPROACH OF VIRECHAN KARMA IN AMAVATA (RHEUMATOID ARTHRITIS)

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ABSTRACT

Amavata (RA) is one of the major musculoskeletal joint disease mentioned in Ayurveda. It is the disease of Asthivaha & Rasavaha strotas. It is one of the commonest disorder caused by the impairment of Agni, formation of Ama & vitiation of Vata dosha. Amavata is made of 2 terms – Ama & Vata. When Ama & Vata gets vitiated simultaneously, it occupies Shleshamasthana i.e, gets deposited in the Koshtha, Trik & Sandhi, where it produces Shotha, Shoola & Stabdghata. Due to the impaired Jatharagni, the ahara rasa formed is in the Apakva stage which is known as Ama, & that causes Sarvadoshaprakopa (vitiation of doshas). Virechan is one among the panchakarma through which doshas are expelled from Adhobhaga i.e,

Guda. Ama which is formed as a result of Mandagni being macromolecular in nature gets accumulated in the sukshma strotas & there this Ama causes strotorodha. Thus, Virechan karma is one of the important bio-purificative method indicated for complete elimination of doshas & thus, results in the eradication of disease.

KEYWORDS: Ama, Amavata, Jatharagni, Mandagni, Virechan, Rheumatoid Arthritis.

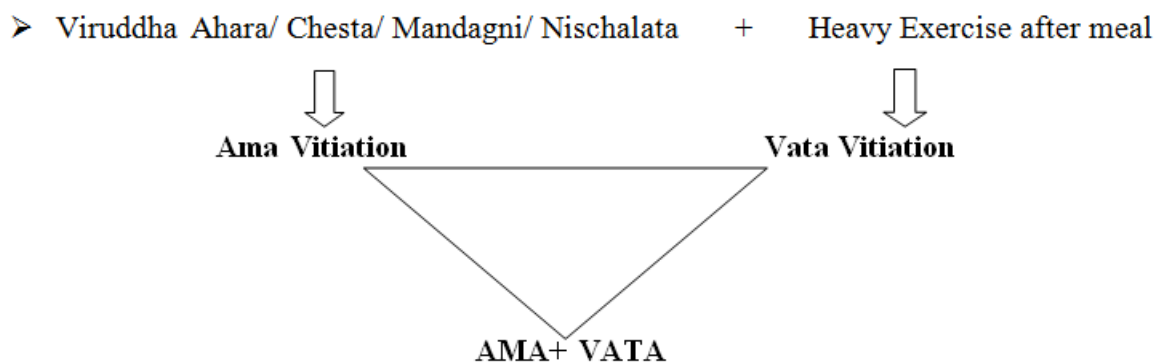
INTRODUCTION

According to Ayurveda, Agnimandya is the root cause of all the diseases. Agni is responsible for Ayu (longevity), Varna (complexion), Bala (power), Swasthya(health), etc. Thus, due to the impaired Agni, the Aahar rasa formed is in the Apakva stage which is known as Ama, & that causes Sarva dosha prakopa (vitiation of doshas).^[1] The another definition of Ama which is given in Classical text is as “The Anna rasa which is produced as a result of Ajirna awastha

i.e, Indigestion, it gets accumulated in the gut known as Ama, in turn causes Ruja (pain) in head and all over the body^[2] & when this gets engaged with the vitiated Vata, it enters the sacral joints and makes the body stiff. This condition is called as Amavata.^[3] Amavata (RA) is a major musculoskeletal joint disorder. It is the disease of Asthivaha & Rasavaha strotas. It is one of the commonest disorder caused by the impairment of Agni, formation of Ama & vitiation of Vata dosha. Amavata is made of 2 terms – Ama & Vata. When Ama & Vata gets vitiated simultaneously, it occupies Shleshamasthana i.e, gets deposited in the Koshta, Trik & Sandhi, where it produces Shotha, Shoola & Stabdhat. Virechan is one among the panchakarma through which doshas are expelled from Adhobhaga i.e, Guda. Ama which is formed as a result of Mandagni being macromolecular in nature gets accumulated in the sukshma strotas & there this Ama causes strotorodha. Thus, Virechan karma is one of the important bio-purificative method indicated for complete elimination of doshas & thus, results in the eradication of disease.

Pathogenesis

In the Ayurvedic classics, the etiology of Ama Vata is very well described as Viruddha Aahar/cheshta (incompatible diet and habits), Mandagni (impaired Agni), Nischalata (sedentary lifestyle) and heavy exercise after taking fatty meals. All this factors leads to the formation of Ama dosha, which under the influence of vitiated Vata gets manifested at the Shleshma sthana.^[4]



It produces weakness and heaviness in the body and heart, which becomes the seat of the disease. Along with this, it also affects the joints of the body such as Janu, Gulpha, Kati, Ansa, Manya, etc. This dreadful disease is known as Amavata which produces stiffness in the body. Clinical symptoms in which mainly joints are involved along with the chronicity of diseases give a close relation of Amavata with Rheumatoid Arthritis. RA being a chronic

inflammatory disease of unknown aetiology, is marked by a symmetric, peripheral polyarthritis. Often results in joint damage and physical disability.

PREVALENCE

The incidence of RA between 25-55 years of age is common, after which it plateaus until the age of 75 and then decreases. RA affects approximately 0.5% to 1% of the adult population worldwide. Mostly, RA occurs more commonly in females than in males with a 2-3:1 ratio.^[5]

CLINICAL FEATURES

Body ache, lack of taste, thirst, general weakness, feeling of heaviness, fever, morning stiffness of the joints, pain and swelling in the affected part, shifting of pains in joints.

ROLE OF VIRECHAN KARMA

The fundamental concepts of Ayurvedic management is to eliminate the toxic materials i.e, Vitiated Doshas from the body in order to cure a disease. Panchakarma is designed to eliminate the toxins. It is an important component of Ayurvedic management of disease. The most suitable method of internal purification of the body is achieved through Vamana karma, Virechana karma, Basti, Nasya and Raktamokshana. Due to the specific prabhava of the dravyas, the Vamaka and Virechaka Dravya induce emesis and purgation respectively. Ama, being the product of disturbed digestion/ metabolism is carried by Vayu. It obstructs the channels at different sites and causes inflammation of joints.

Ayurvedic classics has described Virechana as the treatment procedure related to Kosta shuddhi in Pittaja vikara, Amajanya roga, Udara roga and Aadhmaan. As Agnimaandya is the reason for Ama uttpatti, the treatment of Agnimandya as per Ayurveda includes Langhan, langhan- Paachana and Doshavashechan. Yogaratnakara, in reference to the treatment of Agnimandya describes a preparation that not only vitiates Agni but, also is Pachaka and Rechaka in nature.

Thus, we can understand the role of Virechan in Agnimandya and Agnimandya janya vikara. So, it appears to be the most appropriate therapeutic measure in this condition.

Mechanism of Virechana Karma in Amavata

Doshas attain Niramaavastha after Langhana, Swedana and Tikta, Katu, Deepana dravyas. This requires elimination from the body by Shodhana.^[6] Generally, Vamana precedes Virechana, but in Amavata, the patients should be directly subjected to Virechana therapy

because of the following possible reasons:-

a) The Avarana of Pitta Sthana by Kledaka Kapha leads to the production of Ama, in turn hampering the digestive activity of the Pachaka Pitta. Virechana helps in this condition through two ways:

1. It removes the Avarana produced by Kledaka Kapha.
2. It is the most suited therapy for the Sthanika Dosha Pitta.

b) Symptoms of Amavata like Anaha, Vibandha, Antrakujana, Kukshishula etc. are indicative of Pratiloma Gati of Vata. This is best conquered by Virechana, while Vamana is likely to aggravate these features:

1. Acharya Chakradatta has stated Virechana therapy as one of the measures for combating the disease Amavata.^[7]
2. This karma has a direct effect on the Agnisthana and hampered Agni (Mandagni) is one of the initiating factors in Amavata. This pacifies the vitiated kapha and vata dosha and has the quality of srotovishodhana.
3. According to Acharya Bhela, Virechana should be used in Sannipatika condition of morbidity.^[8]
4. Sandhi sthanas are the specific site of dosha avasthana and Virechana is useful measure for such type of condition i.e. morbid doshas turn and adhere to Bahya and Madhayam Rogamarga with tiryak gamana.
5. Virechana helps to normalize the pratiloma gati of Vata, which produces symptoms like Anaha, Antrakujana, Vibandha, Kukshikathinya, Kukshi shoola etc. in Amavata.

Thus, Virechana should be preferable in the Chikitsa of Amavata.

Pharmacological Properties of Virechan Dravyas

The properties of Virechan dravyas include Vyavayi^[9], Vikasi^[10], Ushna, Tikshna, Sukshma^[11] gunatmaka, consists of Prithvi and Jala Mahabhootas which are heavy in nature and thus help in expulsion of Dosha from Adhobhaga. By virtue of its Veerya, Virechan drug possessing the above properties reaches the Hridaya, then following the Dhamani it pervades the whole body through large and small Strotas. On virtue of ushna guna, its Agneya property causes Vishyandana i.e. liquification of the Doshas & this facilitates the movement of morbid doshas towards kosta. By its Tikshna Guna, it is able to disintegrate the accumulated Dosha. Snehana helps the dosha smear easily without any hurdle and easily come to Amashaya from where Virechana evacuates them.

Mode of Action of Virechan Dravyas

Virechana being the medicated purgation treatment that removes Pitta, toxins from the body which are accumulated in the liver and gallbladder. The Virechan Dravya spreads throughout the body of cellular level due to its pharmacological properties. Now, the mode of action of Virechan dravya on the basis of its pharmacological properties has been described.^[12]

Step 1: Due to Vyavayi Guna, quick absorption of virechan dravya occurs.

Step 2: Now, Vikasi Guna causes softening and loosening of the bond of dhatus (Dhatu bandhana). It creates Dhatu Shaithilyata.

Step 3: Ushna Guna of virechana dravya creates the liquification (Vishyandana) of Dosha Sanghata (compactness)

Step 4: Tikshna Guna causes Chedana of the Doshas or able to disintegrate the Sanghata of the Doshas. Dalhana has stated that, this action is due to the quick excretion (Dosha Sravana-Karatvam). Thus, liquefied Doshas are dragged towards the Koshta.

Step 5: Due to the Anupravanabhava of Sukshma Guna, virechan dravya opens the micro channels & then disintegrates the endogenic toxins & makes the doshas to move to kostha.

Step 6: Due to dominance of Prithvi and Jala Mahabhutas in the Virechan drugs and their potent Adhobhagahara Prabhava, the vitiated Doshas are made to pass through anal route and are expelled out of the body.

CONCLUSION

Since RA is auto-immune in nature, therefore, its management in modern parameters includes immuno-suppressants and symptomatic cure through corticosteroids and NSAIDs. Therefore, management of RA (Amavata) is not that trustworthy and safe in modern medical science and the provided management of Rheumatoid arthritis is having some dangerous side effects, therefore we can rely upon Ayurvedic management incorporating Virechan as a bio-purificatory process followed by Samshaman chikitsa which is comparatively much safer and promising therapeutic module. The attempt was made to evaluate the concept regarding mechanism of Virechana Karma in Amavata. In Amavata, Srotorodha is present which is cleared due to the property of Srotovishyandana of Virechana drugs. Virechana also helps in normalizing the Pratiloma Gati of Vata and has direct effect on Agnisthana.

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THE CONCEPTUAL ANALYSIS OF VATAVYADHI IN MODERN PERSPECTIVE VIEW-A REVIEW

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ABSTRACT

Vata vadyadhi is one among the three dosha, it is a prime driving force behind all the body activities. When vata gets disturbed all the events in the body and cause many sort of damage and disease. "Vata Vdyadhi is a set of disease caused by vitiated vata. It is dominant in old age but in present time due to fast and busy life, stress, prolonged sitting posture in working place, dietary habits, working late night, improper sleep etc. Vata gets aggravated even in young individual. In Ayurvedic classics, number of references are found where a detailed description of vata is given, where an attempt has been made to correlate the concepts of vata vyadhi with the disease of modern medicine. This can help to

understand the vatavyadhi more clearly in modern scientific aspects and in turn help to improve the treatment procedure and preventive aspects.

KEYWORDS: vatavyadhi, vata, Ayurveda, Dosha.

INTRODUCTION

Vata is one among the three doshas. It is a prime driving force behind all the body activities. The activities of pitta, kapha, dhatus (tissue) and malas(excreta) are all dependent on vata. Tridoshas, which are vata, pitta and kapha are called as the Tristhuna by Acharyas.^[1] It is also said that pitta and kapha are pangu (lame) without the involvement of vata.^[2] Sushruta has called it as "Swayambhu bhagwana".^[3] Vata vyadhi gets the prime importance in ayurvedic

classics, through it was prevalent in ancient time but these days this is increasing with rising of technology.

It is dominant in oldage but in present time due to fast and busy life, stress, prolong sitting posture in working place, dietary habits, working late night, improper sleep etc. vata get aggravated in young individuals.

Where an attempt has been made to correlate the concept of vata vyadhi with the disease of modern medicine. This can help to understand the vata vyadhi more clearly in modern scientific aspects and iturn help to improve treatment procedure and preventive aspects

AIM AND OBJECTIVES

AIM: To understand and correlate the vatavyadhi in modern medicine.

OBJECTIVES

To understand vata vyadhi in modern perspective view which in turn help to improve treatment procedure and preventive aspects.

To correlate vata vyadhi with disease of modern medicine.

To understand vata vyadhi more clearly in modern scientific aspects.

MATERIAL AND METHOD

This paper is based on review of Ayurvedic and modern text.

Material related to vata vyadhi and its modern correlations collected to the utmost.

References are taken from Charaka samhita, Sushruta samhita, Asthang hridya and modern medicine books.^[4,5]

NIDANAS OF VATAVYADHI: nidan sevan lead to the viatition of vata.

Viharaj hetu

1. Aiyana (Excessive Exercises)
2. Ativyavaya (Excessive Sexual activities)
3. Atilanghana (fasting)
4. Ratrijagran (awakening late night)
5. Atiadhyaayan (excessive study) etc.

Aharaj hetu

katu, tikta(bitter), kashya(astringent), ruksha(dry), sheeta(cold), sushka(dry vegies), masur(lentil seeds), Anashana, Adhyashana (taking meal before digestion of previous food, vega dharana.

VATA VRIDDHI LAKSHANA

1. Sankocha, stambhana of joints and shoola in joint as well as in bone.
2. Toda vat vedna(pricking pain), bheda vat (breaking pain).
3. Romaharsha, pralap.
4. Pangulya(total paralysis of limbs).
5. Sosha (atrophy) of involved parts.
5. Anidra(insomnia).
6. Gatara suptata(numbness)/ malaavarodha.
6. Bala indriya bhramsa (loss of strength and sensory function.^[6,7]

The lakshanas of kshina vata are- Angsaada(weakness), alpa bhasan (decrease speech), alpa sangya (decrease conscious), moha (delirium)^[8] (A.H/Su/11/15)

ANALYSIS OF GUNA OF VATA^[9]

- 1) **Laghu(light):** predominancy of vayu and agni mahabhoota, possesses tikta (bitter), lavana (salty) and katu (pungent) rasas, produces lightness,decrease of strength, its is responsible for increase pravritti.It is responsible for atrophy disorder. Eg.kampa, spandana.
- 2) **Ruksha (dry):** predominancy of vayu and agni mahabhoota, possesses katu, tikta and kashaya (astringent) rasas .produce rukshata,kathinyata (hard),stambhana.
- 3) **sheeta(cool):** predominancy of vayu and jala mahabhoota, possesses tikta(bitter), madhu it causes stambhakaraka(stiffness),agnimandya.
- 4) **suksma(subtle):** it possesses agni, vayu and akasha mahabhoota, produces it enter into minute channel in the body it causes stiffness etc.
- 5) **chala(movement):**the main function is anuloman.
- 6) **vishada(non slimy):** predominancy of prithvi, vayu, agni and akasha and function are shosshan(absorption), ropan(healing), balakshaya.
- 7) **Khara (rough):** produce rough, dryness, aptarapan(lightness in the body, lehana.

COMPARISON WITH MORDERN MEDICINE

1. Disorder of joint and adjacent tissue^[10]

Musculoskeletal disorder^[11]- shoulder, knee, hip pain

Asthi sosha – oestoporosis

Asthibheda- fragility of bone

Avabhahuka- frozen shoulder.

Asthishoola- ostalgia

2. Nerve and muscle disease^[12]

Peripheral neuropathy- muscular dystrophies, muscle weakness, myalgia, cramps, stiffness, restless leg.

3. Neuropathic pain- burning /pricking/tingling sensation.

4. Disorder of bone and mineral metabolism^[13]- oestoporosis/fragility.

5. Nervous system dysfunction^[14]- dizziness /vertigo/weakness/paralysis/numbness.

NEUROLOGICAL DISORDER RELATED TO CRANIAL NERVE IN SHORT^[15]

Olfactory nerve- Anosmia can be corelated with vatavyadhi Ghrananasha.

Optic nerve-optic neutritis, papilloedema can relate with Akshibheda, netrashoola.

Oculomotor- ptosis can relate with Unmesha Nimesha Due to vayu prakop.

Trigeminal- mixed nerve cause vata vyadhi like Hanustamba, manyasthamba, shankhabheda.

Facial nerve- facial palsy with Ardhit.

Auditory-tinnitus(shabdnaad), giddiness(bhrama), deaf(badhirya).

Glossopharyngeal nerve- loss of taste (arasagyata).

Other comparable disease

pakshavadha (hemiplegia), pangulyata(paraplegia), kampavata(parkinson), Gridhasi (sciatica), akshepaka(convulsion), Grivahundana(cervical spondylitis), Apatanaka(tetanus), Apatantraka(hysteria).

CONCLUSION

From above explanation it is said that vatavyadhi can be corelated with disease of nervous system including musculoskeletal and neuromuscular disease.

This understanding can further help a physician to diagnose as well as treat a disease more efficiently.

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Role of Panchakarma in Amavata W. S. R. Systemic Lupus Erythmatosus: A Case Study

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Abstract:

SLE an autoimmune disorder where multsystem is involved. Its management is done by analgesics and corticosteroids. Drug resistance, increasing doses of haepatotoxic drugs and imunosupressants steroids are hazards of the management. Here the patient suffering from SLE was unable to do her day today work. Panchakarma treatment is found very effective in this case to improve her quality of life and to live with her own.

Key Words: SLE, Panchakarma, corticosteroids, imunosupressants

Introduction:

Kyachikitsa is mainly based on agnichikitsa. We state that the mandagni which further produces ama, is the main cause of all diseases. The manifestation of the disease depends on doshaprakopawastha and khavaigunya. Amavata is one among such diseases. The case discussed here is mainly treated on

the basic chikitsa sutra and effective response is seen.

A Case Report:

A 32 year female married came to our out patient department with C/O pain in multiple joints since 9 years

Associated C/O lowback pain, discoloration of skin over face, reduced menstrual flow during periods, loss of energy, loss of appetite.

Past history K/C/O systemic lupus erythmatosus since 9 years

H/O Present illness: pt was absolutely normal till 1997. One day morning she had sudden body stiffness with fever, pain all over body. She took treatment for it got some relief.

The disesse aggravated in june 2004 when pathological investigations revealed RA+ve with elevated serum creatinine 5.8mg/dl. Later in October 2004 she had multiple joint pain with tenderness all over the body. Erythmatous scaly patches

developed on both sides of cheeks. Her HB levels 6.4 mg, Pletlet values were normal. Further in March 2005 she had c/o giddiness, unconsciousness with high esr 65mm/hr. She was unable to speak due to throat problem. She took treatment for relief .But the disease flared up after again after 2 months with urinary infection .Urine Pus cells +++,RBC++ ALnumin+ Sugar+Increased turbidity and with serum creatinine level. ANA +ve with 1:40 found. The symptoms were on and off with elevated ESR . The Anti DS DNA +ve 1:80. Urine remains infected and nutrophilia is formed.

April 2004 she had some subsided symptoms with normal levels of creatinine, urine infection. Her HB 10.4.ESR 50mm/hr.up to December 2004 she had silent period with bacterial urine infection. Shifting pain in both hands ,rash over feet ,pain in both knee,tingling sensation in hands, feeling of deviation of mouth, gingivitis with ulcers inside mouth were developed in February 2014.

Diagnosis: On the basis of hetu, pradhana doshaj lakshana and doshsdushya samurchana patient is diagnosed as Kaphapradhana Amavata. Presnting symptoms of jwara,staimitya,saruja hasta pada trik janu uru sandhi shotha and utsaha hani.

SLE: The cause of SLE is incompletely understood but genetic factors play an important role.

Symptoms such as fever, weight loss and mild lymphadenopathy may occur during flare of disease whereas fatigue, malaise and fibromylgia like symptoms can be constant and particularly associated with active inflammatory disease.

Revised American Rheumatism Association Criteria for SLE consist, Malar rash on nasolabial fold, Discoid rash erthmatous raised patches, photosensitivity, oral ulcers, arthritis, serositis, renal disorder, ANS disorder, haematological disorder i.e. . Haemolytic anemia ,neurological disorder.

Management is control of symptoms and prevent organ damage .Analgesics and corticosteroids are used from an immunological point. The charecteristics feature of SLE is autoantibody production. These autoantibodies have specificity for wide range targets but many are directed against antigen present within the cells or within the nucleus.

This has lead to the hypothesis that SLE may occur because of defects in apoptotsis or in the clearance of apoptic cells which causes inapporiatate exposure of intracellular antigens on the cell surface leading polyclonal B and T cells activation and autoantibody production.

Flareup cases due to UV rays and infections increases oxidative stress and

cause cell damage- tissue damage- vasculitis – organ damage.

Amavata sumprapti according to ayurveda:

Hetu	Mandagni
Samprapti	Vitiated kapha and vata leading to gatra stabhata, vata along with ama is taken to the kapha sthana all over the body causing gaurav, daurbalya, strotoabhishndya.
Purvarupa	Jwara, stiffness all over the joints .
Rupa	All over body joint pain like scorpion bite and swelling excess watery mouth and urination , general debility and tastelessness of mouth.
Updrava	Hrudrog, bhrama, trushna, antrakujan.
Chikitsa	Laghan, swedan, tiktadravya, depan, katuras, virechan, snehapana, basti.

Therapeutic intervention: while treating with shodhana therapies consideration of bahudoshavastha is important ,which is

treated by dosha avasechana The management of amavata planned as below:

Depan pachana	Ajmodadichoorna 3gm BD,Chitrakadi vati 1 TDS with Warm water for 4 days
Swedana	Valuka sweda, Nadi sweda
Snehapana	Guggulu tiktaka ghrita for 4 Days in increasing order till samyak snigdha lakshana obtained
Shodhana	Vamana with Madanphla,vacha ,saindhav Yoga
Samsrjana karma	2 annakala for 5 days
Nitya virechana	Eranada sneha 25 ml once in a week
Raktamokshana	Siravedha with Needleno. 22 for about 30-40 ml blood extracted
Shamanaushadhi	Guduchi Ghana vati 2 TDS, Yashtimadhu choorna and tankana bhasma pratisrana over gums with honey,Laghmalini vasant rasa 1 TDS honey,Simhand guggulu 2TDS,Gandharva haritaki choorna3 gm HS,Navayas lauha 2 BD given to prevent relapse of disease.
Pathyapathya	Dadhi,divaswapna,guru,snigdha aahar,vishamashna, adhyashana is advised to be avoided. Koshna jalapan, Laghu ushna aahara sevana is advised.

Response to treatment:

Patient responded well to the treatment. Symptoms like severe pain, restricted movements of joints, heaviness in body, general debility were reduced gradually. Occasionally patient had attacks of mild pain in joints.

Discussion:

A case of middle age woman presenting with the symptoms discussed earlier was planned according to her satva, dosha, kala, bala etc. The bahudosha avastha found so that Panchkarma therapy is advised. The nature and the prognosis is told to the patient. Diagnosis is done as kaphapradhana amavata. Vamana is for amashayajanya vyadhi also one among laghana and amavata is also amashya samudbhava vyadhi, hence vamana is advised. As satva and bala was found uttam it is well tolerated by the patient. Patient got relief in symptoms like praseka, and gaurav after vamana procedure. For the remaining dhoshas after samsarjana karma sadyovirechana done with eranda sneha which is one of the best medicines told for amavata. Siravedha for the elimination of sarvadeha prasuta dosha is performed. The severity of pain is markedly reduced after siravedha. Shamana aushadhi advised for further management.

Conclusion:

Panchakarma therapy found effective in this case, Patient is able to do

her day today work by herself. There is reduction in dosage and frequency of analgesics drugs after shodhana karma. Thus the quality of life is improved. Further study on large scale can be evaluated.

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Ayurvedic management of Ekkushtha -A Case Study

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Abstract –

In today's modern era with so many modern equipment's and technologies diagnosis of diseases are so easy to find. Some diseases are affect the patients mental condition. Most of the skin diseases are comes under it. Which has substantial psychological and social impact on a patients life. There are so many cosmetic surgeries, but those surgeries are not useful for such types of diseases like kushtha. Kushtha it's really very difficult to cure by its self. So to cure this kushtha (Ekkushtha) from its root very well defined treatment are present that is shodhan and shaman chikitsa which comes under the panchakarma.

Keywords-

Ekkushtha, vata-kaphaj, kushtha, Panchkarma, shodhan, shaman.

Introduction -Due to unhealthy diet and today's life style increase impurities in the body leading to many ailments including skin diseases. The root cause of any skin disease is impurities in the blood. Aachaya charak already mentioned the cause of the Kushtha are like virudhaahar, atisnigdha, atiguru, vega dharanat, over exercise, ajirana and many more¹. In Ayurveda all skin diseases are comes under the name of kushtha. Were kushtha is divided into two

types that is mahakushtha and shudrakushtha². Aacharya Charak have been described that all kushtha is Tridoshik³ but the type of kushtha is depend on the predominance of that particular vat pitta and Kapha dosha⁴. Case reports-A 30 years old female working as a house wife came in Opd of SMBT hospital(Ayurved) Maharashtra since last 6 months –

- 1) Formation of mahavastu that is erythematous lesion.
- 2) Looks like Fishy Scales lesions (Mastsyaskalopam)
- 3) Aswedana over affected area.
- 4) Redness-at the site of forearm and elbow joint.
- 5) Sever itching (kandu)-at the site of lesion.
- 6) Burning (Daha) sensation

History of present illness-

She had reddish lesions at the site of forearm with itching and burning as well. In the starting phase for this she took so many allopathy medicines for this, but she got no relief. finally she came to the Ayurveda .when she visited Opd 1st time we do all her routine blood investigation as complete blood count, BSL, RFT, LFT, urine routine and microscopic examination to rule out any other possibilities but the findings were within limits.

Personal history-

Family history-no any family history.
 Drug history-no any drug allergy history.
 No any major illness
 No history of DM and HTN.
 Ashatwidha Parikshana-
 Nadi- Vatpradhan kaphanubandhi
 Mala-Malavstambha
 Mutra-Samyak
 Jivha-Sam
 Shabdha- Spashta
 Sparsha- Khar
 Druk- Aakruti
 Aakruti -Madhyam.
 Others examination =
 Agni-Madhyam
 Bala- Madhyam.

Systemic Examination-
 B.P-120/80
 P-80/MIN
 TEMPERATURE-97.4
 R.R-20/MIN
 CVS-S1S2Normal(No added sound)
 CNS-Conscious, Oriented
 P/A-soft ,Not tender
 Diagnosis-Ekkushtha(Vat-kaphaj)

Raj vrutnant-Menarche-at the age of 13
 Cycle-regular
 Present M.C.-3-5days/28-30days.
 No history of dysmenorrhea.
 Married at the age of 20.

Materials and Methods-
 Centre of study-S.M.B.T. Maharashtra
 Assessment criteria-
 Signs and symptoms of Ekkushtha.

Aswedana (Lack of sweating)	present
Mahavastu(broad base)	present
Mastyakalopam (looks like scales of fish)	present

Subjective criteria-⁵
 A)Aswedanam(Absence of sweating)
 Normal sweating 0
 Mild sweating 1
 Mild sweating on exercise 2
 No sweating on exercise 3

B)Mahavastu(big size lesion)
 No lesion on mahavastu 0
 Lesion on most part of arm 1
 Lesion on whole part of arm 2

c)Mastyashakalopamam(scaling)
 no scaling 0
 mild scaling from all lesions 1
 moderate scaling from all lesion 2
 severe scaling from all lesion 3

objective criteria⁶

a. Candle grease sign-when lesions were scratched with scalpel blade, results in candle grease scale.

Absent 0

Improved 1

Present 2

b. Auspitz sign-

further deep scraping of lesions shows punctate hemorrhagic spots

Absent 0

Improved 1

Present 2

Treatment plans-

Phase1-Deepan pachan

Phase2-Shodhan

Phase3-Shaman

Deepan Pachan chikitsa-which is very important before shodhan.

1.Aampachak Vati 250MG 2BD With Luke warm water

2.Shankhavati 250mg 2BD with Luke warm water for 3days.

Shodhan chikitsa-(Virechana)

Purva karama- Snehapan with Mahatikta ghrut⁷ with anupan koshana jal increasing quantity of ghrut until the snehasidha lakshane seen.

Day of snehapan	Quantity of ghrut
Day1	30ml
Day2	60ml
Day3	90ml

After 3days smyak siddha lakshane are seen

Then sarwang snehan with Nimba tail⁸ and swedana for 3days. On the day of virechana patient was kept NBM(Nil by mouth), till the process of virechana. Snehana along swedan given to the patient.

Pradhan karma

Virechan medicines ⁹	karma	dose
Abhayadi modak		2 tab
Trivatt+argawad phant		60ml
Manuka phant		100ml

Phant prepared as per shargdhar Samhita reference. Pulse, B.P and H.R. were noted to assess the general condition of the patient, they all were normal. Patient were taken to virechana room. This medicines given to the patient at 8am after ½ hr of snehana and Swedana.

B.P, H.R, PULSE were monitor every ½ hourly all are were normal. 10 vegas passed in 12hrs.

Pachat karma-

Samsarjan kram for 3 days were advised accordingly to the Shudhi.

Shaman chikitsa- For next 8days

(Same shaman chikitsa given for next 2 f/u)

Sr.no	Medicines	Dose	Time	Anupan
1	Krumikuthar Ras	125mg BD	After meal	Luke warm Water
2	Nimbadi Vati	500mg BD	After meal	Luke warm water
3	Arongyavardhini Ras	250mg BD	Before meal	Luke warm water
4	Raktapchak Vati	250mg BD	After meal	Luke Warm water
5	Triphala Churna	3gm HS	Bed Time	Luke Warm Water

Medicines for external applications- Nimbadi tail and shatdhautghrut for alternate days.

Raktamokshana¹⁰-left cubital Siravedhan done (as left hand had more drushti than right hand). 20-30ml blood were drained out.

Siravedh Kram were performed after 7days of Samsarjan kram.

Takradhara-Give Amalaki siddha Takradhara for reduced mental stress.

Observation before and after treatment

Sr. No.	Table Observation	Before	After
1	Aswedana(Absence of sweating)	2	1
2	Mahavastu	3	1
3	Matsyashakalopamam	2	0
4	Candle grease sign	2	1
5	Auspitz scale	2	0

Result-The treatment of 2 Months shodhan and shaman Chikitsa is found to be

beneficial, there is no kandu, no burning sensation. Were virechana and Raktamokshan found effective in ekkushtha.

Discussion-

In present Ekkushtha(vat-kaphaj kushtha) case study patient were treated with raktmokshan(Siravedh), virechan, Takradhara and with shaman chikitsa. Virechana were used for to remove the vitiated pitta from the body. Kushtha is tridoshik. so there is also dushti of pitta dhatu. And pitta has ashrayashrayi smabandha of rakta dhatu so role of virechan and rakstamokshana plays very important role. After Siravedhan karma there is reduction in the symptoms of Daha and kandu. Siravedh Karma not only cleans the body from inside but also does the Prasadana of the Mana¹¹. Man, Indriya, Atma which are called the Tripod of the Sharir which directly improves the quality life

and stress life of the patient. where Virechan and Siravedh found effective in the symptoms of Ekkushtha and also in holistic health effect.

Snehana with nimba tail decreases scaling and dryness.

Shaman chikitsa- Krumikuthar work for destroying krumi from the body in all kushrha chikitsa.

Aarogyavardhini contain kutaki which works on shodhan and bhedan.

Conclusion-Ayurvedic management of Ekkushtha(vat-kaphaj kushtha) has very effective results with the help of shodhan chikitsa that is Virechana and Raktmokshana(Siravedhan) and shaman chikitsa. With the help of this chikitsa the toxins were removed from the body and patient gets better relief.

To avoid the recurrence of Kushtha we have to do shodhan Kramas According to dominance of doshas. Patient is advised to follow Pathyapathya to avoid recurrence.

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Editorial

THE-STRUGGLE-THE RESULT

Our nation at present is passing through a critical phase. The straits of Corona is still there, though under little control because of maximum and best efforts of Central and State Governments and prompt service of medical fraternity of the nation. The Nature is also assaulting in some state. While in the returning phase, the anguish cloud-bursting raining has made a havoc in many states, those who are nearer the coastal region.

Because of the lock-down and social distancing, all the personal works, trades, business have got set back. This has a drastic financial position of everyone every small/big family, trades, busyness many families are completely ruined. All the factories, offices, malls, bazars being closed, many families tried to shift to their native places. No vehicles to travel, no money to spend, no things available to eat, no place to rest. A vague picture came in front of my eyes about the similar situation of epidemic in year 1918 about which I had read.

The respective Govts. in every state are doing their best to overcome and carried the situation. All the hospitals, staff, including doctors, nurses technicians, ward boys, sweepers all are doing their best. Many of them got themselves infected. But nobody has receded or retreated for his or her duty. In this, our Nima (I.S.M.) brothers and sisters have done an appreciable work. Except the most te affected people. Many of them are regularly counselling the people in their areas for prevention and personal care. I am highly proud of them all for their fearless, selfless, immaculate service to the humanity some of us had become affected, but recovered very fast but unfortunately, we have lost some of our colleagues. Feel very sorry to say, but their help was incomparable.

During this time, some fruitful things also have happened. All of us know that the National Commission of Indian System of Medicine (NCISM) bill was to be kept in both the houses for consideration. This was passed in Rajyasabha in March 2019. But this bill was put in Loksabha on 14/09/2020 by Shri Shripad Y. Naik to provide for a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high quality medical professionals of Indian System of Medicine in all parts of the country. By this our B.A.M.S., M.D./M.S. graduates will be benefitted. In all the states, in rural areas the health service/support is mainly given by our B.A.M.S., M.D./M.S. doctors, school check-ups, family welfare, ambulance service, all those are provided by our colleagues.

Now-a-days, all the state Govts. are facing scarcity of medical service. Passing of NCISM bill in Loksabha will be very helpful news, not only to the ISM doctors, but also the Public Health Services in all the States. In reality, all systems of medicines should work jointly for the welfare of people not only India, but the whole world. In future allopathy, Ayurved, Homeopathy into one Health System in coming years, giving education of all these pathies.

One may feel this as dreams. But dreams create Desires Desires create Determinations which leads us to our destiny. Friends, what we need is coming together, staying together and working together only as N.I.M.A. and N.I.M.A., no other things.

Festival season is starting now. My hearty wishes to all of you and your family to get your desires fulfill.



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Role Of Netra Tarpan in Computer Vision Syndrome (Dry Eye Syndrome)

Dr. Kajal Firake

Computer, Mobile, all office equipment. Digital device usage has increased substantially in recent years across all age groups, so that extensive daily use for both social and professional, education purposes is now a days must and common. Because of the high use of computer there has been a considerable increase in visual problems, leading to the risk of developing eye strain. This eye strain also known as computer vision syndrome, encompasses a range of ocular and visual symptoms, and estimates suggest its prevalence may be 50% or more among computer users.

The symptoms of Dry eye syndrome are blurred vision at near, blurred distance vision after computer use and difficulty refocusing from one distance to another, irritated eyes, eye strain, blurred vision, red eyes, burning eyes, dry eyes, tired eyes, sensitivity to bright lights and eye discomfort., double vision and headache. Based on the clinical history, reported symptoms, and by ruling out other causes diagnosis of digital eye strain was made. Treatment for this, allopathic includes use of lubricating eye drops. Along with these NSAID's and Omega 3 fatty acid as a supplement. These are effective to reduce symptoms such as tiredness, dryness and difficulty focusing during sustained computer use, although complete resolution of symptoms may not occur. Allopathic treatment helps to stop symptoms temporarily, many patients has relapse of symptoms after discontinuation of medication.

Ayurveda principles and medicines were extremely useful in these diseases. We can correlate dry eye syndrom with Shushkashipak. All symptoms of Dry Eye Syndrom or computer vision syndrom are related to Vata - Pitta pradhana vyadhi of Shushkakshipaka. Shushkakshipaka is one among "Sarvagata Netra Rogas" mentioned by Sushruta as well as Vagbhata under Sadhya and Ashastrakrut Vyadhis, it caused by Vata and Pitta Dosha. Acharya Vagbhat says symptoms of Shushkakshipaka

as Gharshna (foreign body sensation), Toda (pricking pain), Bheda (pain), Upadeha (loss of clear vision), Kruchchonmeelan (difficulty in opening and closing of eye lid), shushkata (dryness), Shool (Pain) and desire for cold comforts. Acharya Sushruta mention Rooksha, Daruna Vartma (dryness of eyelids), Avila Darshana (Patient cannot see the Objects Clearly), Kruchchonmeelan (Difficulty in Opening/Closing the Eye) as symptoms of Shushkakshipaka. These symptoms can be correlated with the symptoms of DES in modern system of medicine. Treatment of the Shushkakshipaka is described by Acharya Sushrut and Vagbhat. It can be best treated with Ghritapana, Netra Tarpan, Shiro Virechana, Parisheka, Anjana. Acharya Sushruta also indicated Netra Tarpan, Anjana, Nasya Anutaila, Parishek etc. treatments which helps in Shushkakshipaka. While describing the Tarpan karma acharya Sushruta stated that Tarpana is most useful in when there is blurring vision, dryness of eyes, falling of eye lashes, deformities of eyes and turbidity in eyes. Netra Tarpan is a specialized Ayurvedic treatment for eyes, that helps relieve tiredness and improves eyesight. Netra Tarpan acts as both preventive & curative therapy for maintaining normal healthy condition of eyes. Netra Tarpan is a procedure where the lukewarm medicated oil or ghee is made to stay stagnant in the eyes for a speculated time in a specific formed frame. So, Tarpan of medicated ghee which plays a major role

Netra means eye and Tarpan means giving strength to the eyes. The medicated ghee is poured over the eyelids in an enclosure built around the eye out of wheat flour. Dough of Urad (black gram) is put around the eyeball in such a way that a dam like appearance is seen. Then herbal healing ghee (clarified butter) is put in this groove to lubricate the eye and surrounding areas which will be kept warm for 30 - 35 minutes. Patient asked continuous

blinking of eyes. Then make a small whole in dough placed surround eyes at apang side, the side of the eye towards near ear. And removed all ghee. Then wipe off eyes with lukewarm water to remove rest all ghee left on eye lids. Keep eyes closed for next 15 mins. This provides improved vision with beautiful eyes and strengthening of eye tissues.

For Dry Eye Syndrome Ghrita use which is Madhura-Sheeta so; it is best for Vata-pitta vitiated diseases. Also, Netrendriya is Majja Dhatu predominant organ and Ghrita nourishes Majja Dhatu, so it is Balya for eye. According to modern pharmacology, various drugs used in the form of eye drops or ointments enters the eyeball by passing through the cornea. This penetration

depends upon the permeability of various layers of cornea. Fat soluble drugs readily penetrate these layers. Tarpan with Ghrita leads to maintain the lipid layer of tear film which reduces the evaporation of aqueous layer of tear film. So, it keeps the tear film in normal state, maintaining nutrition of eyes. So use of medicated ghee or Jeevainya drugs e.g. triphala ghrut which is chakshushya, yashtimadhu ghrut for tarpan plays a major role in Dry eye syndrome – computer vision syndrom. While performing Tarpan can give medicine like Shaman aushadhi includes Laghusootshekhar rasa, Triphala ghan vati, Shatavari, Saptamrut Loha etc.

Role Of Netra Tarpan in Computer Vision Syndrome (Dry Eye Syndrome)

Dr. Kajal Firake
– M.D. Shalya Tantra

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आरोग्य चिकित्सा

After one month starting the treatment. She had marked relief in symptoms and having only blurred vision some times. So continued same treatment. After 2 months no any sign & symptoms. Abdominal distension relived, No excessive salivation. visual accuracy was 6/6.

Schirmer's test redding was 10 mm in 5 min after treatment after that shatavari kalp was continued.

Conclusion -

In present case excessive use of Mobile, Television, Painkillers was responsible for pathophysiology, which caused Dry eye syndrome i.e. pain, burning, itching in eyes, blurred vision. So understanding of the disease shushkakshipaka and planning the treatment protocol accordingly; has proved effective. Subjective and objective parameters clearly indicates that this condition of dry eye is due to wrong habits, fast food.

According to Ayurveda, dry eye is not merely an ocular surface disorder, rather this is one of manifestation of the deranged metabolism also. Ashru is the byproduct of Rasa, Meda and Majja dhatu.

Vatta-Pitta hara oral, nasya, Tarpan therapy was initiated. Patient get relief. Thus we can conclude that the dry eye is a condition for which modern medicine has no treatment except for the Symptomatic treatment; the approach of Ayurvedic System of medicine provide both subjective and objective relief to the patient.

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Conclusion -

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According to Ayurveda, dry eye is not merely an ocular surface disorder, rather this is one of manifestation of the deranged metabolism also. Ashru is the byproduct of Rasa, Meda and Majja dhatu.

Vatta-Pitta hara oral, nasya, Tarpan therapy was initiated. Patient get relief. Thus we can conclude that the dry eye is a condition for which modern medicine has no treatment except for the Symptomatic treatment; the approach of Ayurvedic System of medicine provide both subjective and objective relief to the patient.

• • •

आरोग्य चिकित्सा

action of the Artificial Tear drops (Carboxy methyl cellulose) is vary from patient to patient and are advised as per the need.

As per Ayurveda each patient of dry eye needs a different approach as the etiology and pathology are variable. Vata Pitta / Rakta vitiation in Shushkakshipaka is the basic pathology. Vata-Pitta / Rakta Vitiation in Shushkashipaka is the basic Pathology In modern duration of treatment is orally, and topically anti-oxidants & artificial tear suppliments, and lubricating eye ointments for a period of 5 years.

The patient, a 32 year woman, Hindu by religion, housewife, living presently in Dhamangaon come to OPD of shalakyanta department of S.M.B.T. Ayurved Mahavidyalaya Igatpuri. She complaining of pain in both eyes, foreign body sensation and discomfort in eye. from last 2 years. She is known case of Dry eye syndrome of which she taken a treatment of it at Nashik. She had H/o Typhoid before 2 years. She is a housewife and while case taking in questionnaire, she told excessive use of mobile even when taking lunch/dinner, when she get bored watches television lot of fast food consumption. She was suffering from Headach since from 14 months. and frequently taking painkillers for the same, she also had excessive salivary secretions, stomatitis before 5 months. also baddhakoshtata. Her major complaint is blurred vision But O/E visual acuity is 6/6. She also complaining of pain burning of eyes, itching, foreign body sensation in eyes.

Schirmer's Test - Redings are 4 mm in 5 min in Right eye. 3 mm in 5

minutes in left eye. A diagnosis of a dry eye.

The basic pathological factors as per Ayurveda are vatta-pittaj, deranged Dhatwagni.

Treatment - All Modern Medicine were stopped. Considering the condition as Shushkakship[aka Where in vitiation of Vatta pitta doshas she was treated with following medicine.

- 1) Anutail - Pratimarsha Nasya - 2 drops - twice a day
- 2) Saptamruta Loh Vati - 2 tablets thrice a day
- 3) Kamdudha Vati (Mauktikyukta) 2 tabs twice a day
- 4) Shatavari Kalp - 2' tablespoon in one glass of Cow Milk
- 5) dashmool Qwath 50 ml + Erand Tail 5 ml

Along with the above medicines. Daily Netra Tarpana with Triphala Ghrut was given.

She was advised simple lifestyle, cut off excessive use of mobile and television, ask for drinking 8-10 glass of water per day. Included goghrit is diet, Making a concious blinking of eyes frequently, avoiding rubbing the eyes as this worsens the irritation.

The patient took this treatment for a 1 week, with marked relief in symptoms of pain and foreign body sensation. She was advised to continue the same treatment for 1 more week.

On Next visit she was complaining sometimes abdominal pain. Hence even while, continuting same treatment, 5 gm "Higvashtaka Churna - twice a day for 7 days was added.

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शुष्काक्षिपाक (Dry Eye Syndrome) A Case Study

- Dr. Kajal Firake,
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P.G.guide, Shalakya Depart.

SMBT Ayurved College, Dhamangaon, Igatpuri.

Abstract - अश्रु - Tear secretion is an integral component of the ocular surface physiology; when compromised lead to "Shushkakshipaka" i.e. Dry eye syndrome. It produces various ocular discomfort symptoms and ultimately the patient may occur corneal blindness. Systemic and environmental factors play a major role in its pathogenesis. Vata & Pitta / Rakta vitiation are the major contributing pathological factors in it.

Ayurveda provided systematic and wonderful treatment for it.

Introduction :- Everybody knows the work of tears. Secretion of tears keeps eyes moist and it as lubricant in a eye. So we all feel and conjunctiva. It also nourishes eyeball and cornea. Tears are secretion of lacrimal gland. They create a thin film called tear film on ocular surface. Abnormilities of the secretion lead to instability of the tear film, as well as reading in low light, excessive use of mobile, continuous work on computer, watching Television etc. lead to the instability of the tear film, resulting in dry eyes. Which called as Dry eye syndrome in modern and in Ayurveda "Shushkakshipaka".

Sushkakshipaka is mentioned in the classical Ayurvedic literature under "Sarvagata Netraroga".

Tear substitution is the only treatment in modern science. The



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Pericope of Danakarma in Ayurveda for vyadhi chikitsa- A new outlook.

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SMBT Ayurved College and Hospital, Nandi- Hills, Dhamangaon, Nashik, Maharashtra, India

Abstract: In Ayurvedic classics three type of treatment modalities are mentioned i.e *Yuktivapashraya*, *Daivyavyapashraya* and *Satvavyajaya Chikitsa*. Among these three types *Daivyavyapashraya Chikitsa* is mentioned first by *Acharya Charaka*, commenting on this, *Acharya Chakrapani* explains that its mode of action can't be ascertained through general logic still it yields remarkable results. There are specific reasons mentioned for causation of disease, particularly the sins (*Papakarma*) which cause it and Also the *Dana Karmas* are mentioned for cure of specific disease. The present article is review of *Ayurved* classics and research articles in relation to *Daivyavyapashraya chikitsa* and *Danakarma*. The *Daivyavyapashraya Chikitsa* includes specificities of *Rudrabhisheka*, *Vishnupuja* and *Danakarma*. *Harita Samhita* also opines about specific *Dana* for certain diseases in form of *Prayaschita* under *Daivyavyapashraya Chikitsa*. The *Daivyavyapashraya Chikitsa* is yet to be explored on platform of research methodology which is the scope for further research.

Key Words- *Ayurveda*, *Dana karma*, *Daivyavyapashraya chikitsa*, *Harita Samhita*.

I. INTRODUCTION

In Ayurvedic classics three type of treatment modalities are mentioned i.e *Yuktivapashraya*, *Daivyavyapashraya* and *Satvavyajaya Chikitsa*. *Yuktivapashraya* includes *Aahar*, *Aaushadh Dravya Yojana*. *Satvavyajaya Chikitsa* consists of *Manonigraha*. *Daivyavyapashraya chikitsa* deals with *Mantra*, *Aaushadi*, *Bali Uphara*, *Homa*, *Niyam*, *Prayashchitta*, *Upvasa* and *Swatyayana*. Among these three types *Daivyavyapashraya Chikitsa* is mentioned first by *Acharya Charaka*, commenting on this, *Acharya Chakrapani* explains that its mode of action can't be ascertained through general logic still it yields remarkable results. Through its mode of action is ascertained it works on basis of *Prabhaya* according to *Ayurved* concepts. *Harita Samhita* has mentioned that *Daivyavyapashraya Chikitsa* should be followed when all the other medical approaches fail to give result. The *Daivyavyapashraya Chikitsa* includes specificities of *Rudrabhisheka*, *Vishnupuja* and *Danakarma*. *Harita Samhita* also opines about specific *Dana* for certain diseases in form of *Prayaschita* under *Daivyavyapashraya Chikitsa*.

Objective of study-

To review the *Danakarma* for specific diseases mentioned in *Harita Samhita* in form of *Prayashchitta* described under *Daivyavyapashraya Chikitsa*.

Materials and Methods-

The systematic review of following material was carried out-

- Harita Samhita*.
- Dr. Divya jyoti et.al.Excorts of *Daivyavyapashraya Chikitsa* in unpublished manuscript *Kashyapa Samhita*-Journal of *Ayurveda* and Integrated Medical sciences-nov-dec 2018 vol.3 issue 6.
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Observation and Discussion-

The specific causative factors are resulting in specific disease formation. References are available regarding sinful actions resulting in formation of disease in *Garudpurana*, *Harita Samhita* and *Karmavaika Prayaschitta* sudhanidhi of *Acharya Sayana* (1364-1387). *Harita Samhita*- a book of 16-17 century AD has mentioned that, *Daivavyapashaya Chikitsa* should be followed when all the other medical approaches fail to give resultsⁱ. *Harita* opines that all the diseases are resultant of one's own deeds. The cure of the disease is dependant o knowingly or unknowingly committing a sin. Unknowingly if a sin is committed and after realizing the mistake if one follows *prayaschitta karma* then disease becomes easily curableⁱⁱ. There are specific reasons mentioned for causation of disease and particularly the sins which cause it as shown in table No.1ⁱⁱⁱ

The uniqueness in *Daivavyapashaya chikitsa* is *Prayaschitta* (a religious act to atone for sin). The one of the method to attain *Prayaschitta* is *Danakarma*.

The *Bhagwat Gita* explains three types of *Dana*^{iv}

1. *Satvik Dana*- *Dana* given without any expectations.
2. *Rajasik Dana*- *Dana* done with kaping expectations.
3. *Tamasik Dana*- *Dana* give to a undeserving person or without respects.

Apart from these 2 types of *dana* is mentioned

1. *Stula Dana*- It consist of *Anna dana*, *Jala dana*, *Vastra dana*, *Rakta dana*, *Bhudana*, *Netra dana*, *Deha dana*, *Godana*.
2. *Shukshama Dana*- It consists of expression of auspicious feeling, auspicious greetings, peace and love.

Among 18 *Maha puranas*, *Garudpurana* explains 3 types of *Danakarma*-

1. *Nitya- Dana* in general with whatever available with a person without any expected return.
2. *Naimittika*- for getting rid of sins.
3. *Kamyada*- Intended for getting child, wealth and heaven is known as *kamyada*.

In *Harita samhita* the *dana karmas* are mentioned for specific disease shown in table No.2^v

Conclusion:

In *Ayurvedic* classics one may find very few references of application of *Daivavyapashraya Chikitsa*. It explains about unique type of *Nidana* and *Prayaschitta* with importance of *Karma* and *Karmaphala*. The *Harita Samhita* explains importance of specific *Danakarma* for cure of specific disease condition. It also explains particular *Papakarma* for causation of specific disease. The *Daivavyapashraya Chikitsa* is yet to be explored on platform of research methodology which is the scope for further research.

Table no.1 Disease caused by *Papakarma*

<i>Papakarma (sins)</i>	<i>Vyadhi (disease)</i>
<i>Bramhahatya</i>	<i>Pandu</i>
<i>Govadha</i>	<i>Kushta</i>
<i>Bupaghata</i>	<i>Rajyakshama</i>
<i>Manav vadha</i>	<i>Atisara</i>
<i>Swami stree gamana</i>	<i>Prameha</i>
<i>Gurujaya prasanga</i>	<i>Mutraroga and ashmari</i>
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<i>Dhurtata</i>	<i>Apasmara</i>
<i>Kadaannadana</i>	<i>Agnimandya</i>
<i>Bhruna pataka</i>	<i>Yakrut pliha roga</i>
<i>Paratapoupkaranat</i>	<i>Vranashoola and shirshoola</i>
<i>Apeyapana</i>	<i>Raktapitta</i>
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<i>Paradravya apaharana</i>	<i>Grahani</i>
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<i>Roupya</i>	<i>Chitra kushta</i>
<i>Tamra</i>	<i>Vipadika</i>
<i>Trapu</i>	<i>Sidhma</i>
<i>Sisattruta</i>	<i>Mukharoga</i>
<i>Loha</i>	<i>Varvaro</i>
<i>Kshara</i>	<i>Atimutrala</i>
<i>Ghruta</i>	<i>Aantraroga</i>
<i>Tail</i>	<i>Atikandu</i>

Table no. 2 *Dana Karmas* for specific diseases.

<i>Roga</i>	<i>Danakarma</i>
<i>Pandu</i>	<i>Godana, Bhumidana, Suvarna dana, Suraarchana</i>
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<i>Bhrama</i>	<i>Jala Aanaadana</i>
<i>Agnimandya</i>	<i>homakarma</i>
<i>Gulma</i>	<i>Kanyadana</i>
<i>Prameha, Ashamari</i>	<i>Lavandana</i>
<i>Raktapitta</i>	<i>Madhu and Gruta dana</i>
<i>Visarpa</i>	<i>Vanaspati sinchana</i>
<i>Grahani</i>	<i>Godana, Bhumidana, Suvarna dana, Mistaanna bhojan</i>
<i>Kunakha, shyavadanta</i>	<i>Suvarnadana</i>
<i>Chitrakushta</i>	<i>Roupyadana</i>
<i>Sidhma</i>	<i>Prapudana</i>
<i>Barbaroga</i>	<i>Lohadana</i>
<i>Mukhvrana</i>	<i>Nagadana</i>
<i>Netraroga</i>	<i>Ghrutadana</i>
<i>Nasaroga</i>	<i>Sughandadana</i>
<i>kandu</i>	<i>Taildana</i>
<i>Jivharoga</i>	<i>Rasadana</i>
<i>Lutaroga</i>	<i>Godana</i>

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Table no. 2 *Dana Karmas* for specific diseases.

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<i>Jwara</i>	<i>Shivaarchana, Rudrajapa</i>
<i>Bhrama</i>	<i>Jala Aanaadana</i>
<i>Agnimandya</i>	<i>homakarma</i>
<i>Gulma</i>	<i>Kanyadana</i>
<i>Prameha, Ashamari</i>	<i>Lavandana</i>
<i>Raktapitta</i>	<i>Madhu and Gruta dana</i>
<i>Visarpa</i>	<i>Vanaspati sinchana</i>
<i>Grahani</i>	<i>Godana, Bhumidana, Suvarna dana, Mistaanna bhojan</i>
<i>Kunakha, shyavadanta</i>	<i>Suvarnadana</i>
<i>Chitrakushta</i>	<i>Roupyadana</i>
<i>Sidhma</i>	<i>Prapudana</i>
<i>Barbaroga</i>	<i>Lohadana</i>
<i>Mukhvrana</i>	<i>Nagadana</i>
<i>Netraroga</i>	<i>Ghrutadana</i>
<i>Nasaroga</i>	<i>Sughandadana</i>
<i>kandu</i>	<i>Taildana</i>
<i>Jivharoga</i>	<i>Rasadana</i>
<i>Lutaroga</i>	<i>Godana</i>

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- ^{iv} Bhagavad gita, Geetapress Gorakhpur publication, Shraddhatraya Vibhaga Yoga 17-7, page no 165.
- ^v Ibidem, Harita Samhita, Prathama Adhyaya, 1/28-41;129-131.

**HITKAR AAHARA PROMOTES HEALTHY LIFESTYLE – A REVIEW STUDY**

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**ABSTRACT**

Hita Aahara is responsible for the happiness and formation of the healthy body. Food affect mind also it increases or decreases the qualities of mind i.e. *Satvaguna*, *Rajoguna*, *Tamoguna*. In classical textbook distributed age groups according to nutrition requirement as Infants (*Ksheerada*), Children's (*Ksheera Annada*), Teenagers (*Annada*). In classical textbook *Shadras Aahar* helps to taste for tongue and *Truptikar* for mind and helps to growth and development of healthy body. So, that it is said in ancient Indian literature that if dietetics is followed, medicine is not needed and if dietetics is not observed even medicine are not useful. Specially it divides *Hitkar Aahara*, *Ahitkar Aahara* according to age distribution explain in classical text.

Keywords: *Aahara*, *Hitkar*, *Ahitkar*, *Shadras*

INTRODUCTION

In Ayurveda where advantageous and disadvantageous as well as happy and unhappy (state of) life

along with what is good or bad for life its measurement and life itself are described.⁽¹⁾ Good health stands

at the very root of virtuous acts acquirement of wealth, gratification of desire and final emancipation.⁽²⁾ Generic concomitance is always the cause of the augmentation of all the beings whereas the variant factor of their diminution provided both are applied.⁽³⁾ Lord *Atreya* said – wholesome food is one of the causes for the growth of living beings and unwholesome food for the growth of disease.⁽⁴⁾ Food is article which maintain the equilibrium of bodily *Dhatus* and help in eliminating the disturbance of their equilibrium are to be regard as wholesome , otherwise they are unwholesome. There are the most accurate definition of wholesome and unwholesome food articles.⁽⁵⁾ The body as well as diseases are caused by food , wholesome and unwholesome food are responsible for happiness and misery respectively individuals who have immunity from and susceptibility to the various psychosomatic disease various diseases specific to each of the *Dhatus* (tissue element)⁽⁶⁾.

Literature Review –

A) Previous work done –

- 1) Concept of *Aahara* in Ayurveda, IAMJ Volume 6 Issues 5 May 2018
- 2) Critical review of dietetics in Ayurved, Research gate Oct 2016
- 3) *Viruddhahara* an Ayurvedic approach to dietary incompatibilities – A review, WJP vol 4, Issue 3, Page no 66 to 69, 2018

B) Ayurvedic literature review –

a) *Samhita* –

1. *Charaka Samhita Sutrasthana – Yajjapurishaya Aadhyaya – Hit Ahit Aahara Lakshana*
2. *Kashyap Samhita Uttarsthana Balamayapratishedham Aadhyaya – Age distribution*
3. *Sushruta Samhita Sutrasthana – Annapanvidhi Aadhyaya – Aahara Prashasti.*

Materials and Methods

Critical Analysis of classical textbooks and relevant research material like *Charak Samhita, Sushruta Samhita, Ashtag Hruday*. Journals, Research Article, Textbooks was carried out studied and reviewed. Result of these data mining has been presented in the research article.

OBSERVATION: Ancient treatise describes *Trayopstambha* which includes *Aahar, Nidra, and Bramhacharya*. *Aahara* is having prime importance as it maintains the equilibrium of bodily *Dhatus* and help in eliminating the disturbance of their equilibrium are to be regard as wholesome, otherwise they are unwholesome. It can be the most accurate definition of wholesome and unwholesome food articles.⁽⁵⁾

Ahstang Hruday and *Kashyap Samhita* describes *Hitkar* and *Ahitkar Aahara*. According to age groups as Infants, Children's, Teenagers, And Elders explained in table no 1. *ShadrasAahara* can develop *Saptadhatu Poshan*, good health, digest the food and good salivation.⁽⁹⁾ Food accrue, growth, strength, health, colour of the body and keenness of the sense organs, and that improper use of food leads to ill health.⁽¹⁰⁾ *Hitkar Aahara* and *Ahitkar Aahara* divides on *Prakruti* it is mentioned in Ayurvedic classical text. In *Charak Agryaganya Hitkar Aahara* like *Ksheeram Jeevniyanam, Mansa Bruhaniyanam, Kukuto Balyanam, Annam Vruttikaranam* to promote for healthy lifestyle. And *Ahitkar Aahara Jambavm Vatajanananam, Shashkulya, Masha Shleshmapittajanananam, Kultha Amlapittajanananam* it produces the various types of diseases like obesity, Skin infection, Diabetes.⁽¹¹⁾ In *Ashtang-Sangraha Hitkar Aahara Ksheer Grutaabhyaso-Rasayanam, Madhukam Chakshushya Vrushya Keshya Kanthya Varnya* and *Ahitkar Aahara Vrudha-veeryashanm Ninditvayadhikaranam, Gurubhojanm Durvipakanam, Atimatrashanmamdos Hetunam.*⁽¹²⁾

DISCUSSION

The food is said to be cause of stability for all living beings. There is nothing else except diet for sustaining the life of living being. Benefits of *Hitkar Aahara* Improved memory and brain health, Better mood and energy level, Strong bones, Maintain Heart health, Improved gut health. Healthy food basically unprocessed, Low calories, increases immunity, Improve sleep quality. Mind, Soul and Body these are three like a 'Tripod' the world is sustained by their combination , they constitute the substratum for everything.⁽¹³⁾ In India national health programs, National Maternal and Child health programs, Nutrition Pro-

gram like Mid-day meal program *Rashtriya Bal Swasthya Karyakram* (RBSK) is started for Malnutrition of children's, Women and child development program. To avoid the Malnourishment of child in urban

areas. Ayurvedic concept of *Hitkar* And *Ahitkar Aahara* can be adopted in above mentioned national health programmes.

Table 1: *Hitkar* and *Ahitkar Aahara* according to age groups

Age Groups ^(7/8)	<i>Hitkar Aahara</i>	<i>Ahitkar Aahara</i>
Infants (<i>ksheerad</i>) (0 to 1 yrs)	<i>Stanya, Goksheer, Goghruta, Aja ksheer</i>	<i>Ushtra Ksheer, Aviksheer</i>
Children's (<i>ksheeranad</i>) (1 to 2yrs)	<i>Goksheer, Goghruta, Madhu, Mansras, Manda, Peya, Vilepi</i>	Milk with Biscuits, Milk Shakes, flavored milk, packed food like Maggi, Soups
Adults (<i>Annad</i>) (2 to 70 yrs)	<i>Lohitshali, Godhoom, Patala, Mudga, Kulatha, Rajmasha, Chana, Aantariksha Jal, Sandhav, Jeevanti, Aineyamansa, Lava Pakshi, Godha, Rohit Matsya, Goghrut, Godugdha, Tiltaila, Erandataila, Sarshaptaila, Atasitaila, Varah Vasa, Chuluki Vasa, Pak Hans Vasa, Kukut Vasa, Aja Meda, Aadrak, Mrudvika, Kharjura, Falgu, Aamratak, Aamalak, Dadim, Sharkara</i>	<i>Yava, Masha, Varsha rutunadi ka Jal, Aoushar, Sarshap, Gomans, Kankapot, Manduk, Chilchim, Meshighruta, Meshidugdha, KusumbhaTaila, Mahisha vasa, Kumbhir vasa, Kakmudga vasa, Chatak vasa, Hastimedas, Aaluk, Lakuch, Fanit</i>
Elders (<i>Jara/ Vrudhavashta</i>) (more than 70)	<i>Manda, Peya, Vilepi, Goksheer, Goghruta</i>	

CONCLUSION

All living beings in the universe require food as it sustains the life of living beings. A self-disciplined man lives for hundred years free from disease by the intake of wholesome food. We should adopt healthy and *Hitkar Aahara* mentioned in classical as Complexion, Clarity, Good voice, Longevity, Geniuses, Happiness, Satisfaction, Nourishment, Strength and Intellect are all conditioned by food. *Ahitkar Aahara* results in long term damages, going for unhealthy food stuffed like French fries, pizza can increase your risk of developing depression, obesity, heart disease, cancer. Hence, *Ayurvedic* concept of *Hitkar* And *Ahitkar Aahara* can be adopted for longevity and healthy wellbeing of an individual.

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RAKTAMOKSHANA THERAPY - A PERSPECTIVE OF AYURVED CLASSICS

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ABSTRACT

In Ayurveda *Panchakarma* procedures are primarily the center of attention for eliminating the vitiated *Doshas* from the body. These procedures were developed thousands of years ago, and still has a significant role in the *Ayurveda* management. *Raktamokshana* is procedure advised for treatment of *Raktdustijanya Vyadhi*. *Raktamokshana*, is para surgical procedure generally called as bloodletting in present era. It is one of the *Panchakarma* procedure illustrated by *Acharya Sushruta*. It is consequential form of two words, 'Rakta' which means blood and 'Mokshana' which means to set out. *Raktamokshana* can be carried out by two methods *Shastra Visravana*

and *Anushastra vidhi*. *Shastra Visravana* is of two types a *Pracchana* and *Siravyadhan*. *Anushastra vidhi* is of three types viz, *Shringa*, *Jalauka* and *Alabu*. *Rakta* is responsible for potency, skin texture, happiness and prolonged existence of life. The article places the importance of *Raktamokshana*, as it can avoid skin diseases, blood borne disorders, edema, lymph node enlargement etc., and it heal the illness like *Raktapitta*, *Kustha*, *Visarpa*, *Dadru*, *Charmadala*, *Kaamala*, *Shwitra*, etc., which are caused due to of *Raktadusti*.

KEYWORDS: *Raktamokshana*, *Raktadushti*, *Twak Dosha*.

INTRODUCTION

Ayurveda has the majority likely specified the first comprehensive, balanced, organized description of *Raktamokshana* for several *Raktadusti Vikaras*. It is also considered one of

Shodhana (purificatory) procedures. *Raktamokshana* means letting of blood which is mainly the line of management in certain disease states particularly when there is a *Raktadushti*.^[1]

Sushrut Samhita had explained *Raktmokshana* concept with applied evidences.^[2] The procedures mentioned includes *Jalauka Avacharana* (Leech application), *Sringa Avacharana* (Horn application), *Ghati Yantra Avacharana* (Cupping glass application), *Alabu Avacharana* (Gourd application), *Pracchana Karma* (Scrapping), *Sira Vedhan* (Venesection), *Suchi Avacharana* (Needle application).^[3] The Main function of *Rakta Dhatu* is provided existence i.e. *Jeevan* to living beings, a few fluctuations i.e. reduction or increase in its amount may possibly lead to a variety of pathology. For this reason to relieve the patients from these pathologies, *Raktmokshana* (bloodletting) is the most appropriate form of management in classics of *Ayurveda*. The importance of *Raktmokshana* can be evidenced in classics the references quote *Sira Vedha* (Venesection) is considered as a half part of the treatment mentioned in *Shalyatantra*. *Raktamokshana Karma* provides ‘*Ashu Vyadhya Shanti*’ as quoted by *Acharya Sushruta*. *Acharya Sushruta* has mentioned that the individual who frequently go through bloodletting will not get affected by *Shopha*, *Twacha Dosha*, *Visarpa*, *Granthi* etc disorders.^[4] The present review deals with the probable mode of action of *Raktamokshana* (bloodletting) therapy and explain the outcome described in *Ayurved* classics.

Probable mode of action of *Raktamokshana*:

***Ayurvedic* concept**

While specifying the *Shata Kriyakalas*, *Sushruta* highlights on the responsibility of *Rakta* in the third and the most significant stage called *Prasara*. *Prasara* step is essential for the *Doshas* to get propagate transversely in different planes of the body and *Rakta* is influential in this segment. Therefore *Uttarothara Dhatu* penetration of morbid *Doshas* is prohibited.^[5] *Raktamokshana* (*Siravyadha*) procedure obliterate the *Raktaja Vikara* from its root source, just as when the bunds of a field are broken, the crop of the paddy etc., is totally destroyed. This procedures rinse out the *Rakta* of its vitiation and consequently create the person become shiny, *Indriya* turn into clear or are able to recognize their objects in a pleasant manner, his digestive fire (*Agni*) is enhanced leading to happiness, good quality nourishment and strength.^[6] *Rakta* cannot get vitiate eventually, it mostly depend upon further *Doshas* first *Tridosha* is exaggerated then there is vitiation of *Rakta*, by *Raktamokshana Shaman* of *Tridosha* take place. *Avarana Chikitsa - Raktamokshana* is principally designated in *Pitta*,

Rakta and *Kaphaja Vyadhi* or when *Pitta* or *Kapha* is in *Anubandha* to *Vata Dosha*. In such situation of *Vata Prakopa* due to *Kapha* and *Pitta Avarana*, *Raktamokshana* be capable of facilitate to eliminate the *Avarana* of *Pitta* and *Kapha Dosha* giving technique for *Anuloma Gati* of vitiated *Vata* that ultimately heal the *Vatika* sign & symptoms.^[7] In circumstances of *Samshrita Dosha*, *Pitta Dosha* should be targeted first, due to *Asaya Ashrayitva Bhava* of *Rakta* and *Pitta Raktamokshana* assist to pacify vitiated *Pitta*.^[8] In *Raktaja Vikara* vitiation of *Rakta Dhatu* guides to numerous *Twak Vikara* (skin diseases), *Raktamokshana* facilitates in elimination of *Dushita Rakta* from skin (*Twak*) and *Twacha* get nourished with *Shudhha Rakta* which will resolve down all types of *Kushta* (skin diseases). *Rakta* is regard as one among the *Dasha Pranayatan* of body by *Acharya Charaka* and it provides *Jivana*, when *dushita Rakta* is removed, there is enrichment of *Shudha Rakta*.^[9] *Pitta* is (impurity) mala of *Rakta* and by *Raktamokshana* vitiated *Pitta* is eliminated along with *Rakta* and help out in configuration of *Shudha Rakta*.^[10] In situation of *Agantuj Vyadhi* vitiation of *Tridosha* happens due to exterior factors or inflammatory response taking place outer surface of body leading to accumulation of morbid humors resulting in *Ruja*, it can be relieved by *Raktamokshana* by ejection of vitiated *Dosha* and provide relief in pain. *Raktamokshana* improve venous circulation thus *Raktaavritta Vata* is reassured, and relief in pain is monitored immediately. The swelling is reduced through the reduced tenderness and affords an anti-inflammatory outcome. *Raktamokshana* is influential in relieving symptoms like *Ruk* (pain) by reducing *Amlata* in *Rakta*. *Raktamokshana* alleviate the *Sanga* (obstruction) of *Srotas* which is the *Dushti Prakara* in a variety of skin diseases (*Kushta*).^[11] *Suptata* (Numbness) is indication originate in *Twakgata Vata*, can be measureable as pathology of superficial nerve taking part, here *Raktamokshana* is designate by *Acharya Sushrut* as it helps in reducing *Raktavrita Vata* and eliminate *Dushita Rakta* from *Twak* providing release in *Suptata*. The complete body is nourished by *Siras*, to improve vitiation of *Dosha* concerning a huge region of body *Raktamokshana* from *Sira* is the simply way as it apply its result on the complete body.^[12] *Raktamokshana* includes of *Apatarpana Rupa Chikitsa* which improves the immigration of *Dusta Doshas* from *Asthi* (*Sandhi* etc) to *Rakta*. It leads to *Langhana*, *Swedana*, *Pittaharana* and *RakthaDosha Harana*. Therefore *Raktamokshana* contributes in instant relief when it is judged against to other therapeutic procedures that obtain longer duration to relieve the symptoms.

Significance of *Raktamokshana*

The *Rakta Dhatu* is designated to provide *Jeevan* to living beings.^[13] The variations i.e. reduction or increase in its volume might lead to different pathology. *Acharya Charaka* have declared *Rakta* in *Dasha Pranayatan* i.e. ten major resort of living. *Acharya Vagbhat* have stated that *Rakta* is one of fundamental element in the formation of the body and it determines the situation (fit and unfit) of the body. Defects of *Rakta Dhatu* can lead to various infection like abscess, edema, inflammations, skin diseases similar to allergic dermatitis, eczema and vitiligo etc. To preserve appropriate functioning of liver, heart and other crucial appendage of the body and to relieve individuals from these pathologies *Raktamokshana* is utmost form of treatment in *Ayurveda* classics. *Raktamokshana* (*Siravedhan*) is acknowledged in surgery as half of the therapeutic management occupying the same place as properly applied *Basti Karma* in general medicine. *Raktamokshana* (*Siravyadha*) is described as half remedy for various diseases,^[14] as most of the disease have blood as one of the main vitiating or pathogenic factor. *Raktamokshana Karma* provides '*Ashu Vyadhyā Shanti*' as mentioned by *Acharya Sushruta* as diseases do not get pacified so quickly and fully by therapeutic management resembling to *Lepan* etc. as by *Siravedhana* or *Raktamokashana*.^[15]

MATERIALS AND METHODS

A literary review is conducted using electronic database like Pubmed, Google scholar, IJAM, IAMJ, AYU etc. and as mentioned in *Ayurveda* classics like *Charaka Samhita*, *Sushruta Samhita*, *Ashtang Sangrah* etc.

DISCUSSION

The withdrawal of blood for the treatment of many life threatening disorders was the most ordinary medical practice executed by physicians from ancient times until the late 19th century. Bloodletting was used to "treat" a broad range of diseases, appropriate a typical standard treatment for almost every disease and was practiced prophylactically as well as therapeutically. The references of *Raktamokshana* can be obtained from *Vedic* period and the references associated to bloodletting by leech application are existing in *Koushika sutra* of *Atharava Veda*.^[16] Bloodletting eradicates vitiated *Doshas* which cause the disorder. This modality falls underneath purificationary therapies, which rinse out the body. This is also specify that for maintainance or preservation of healthiness. Ancient science considered *Raktamokshana* as an effectual procedure for a variety of diseases as *Rakta* (blood) helps in

beginning, manifestation and growth of various diseases and the vulnerability of *Rakta* towards impurity is so versatile that the *Ayurveda* classics were constrained to be in agreement upon *Rakta* as fourth *Dosha*. As a result *Dushita* (vitiated) *Rakta* from the associated *Siras* (veins) should be let out to defend the health or to eliminate the disease. *Acharya Sushruta* has quoted that the individual who repeatedly follows bloodletting will not be suffered by *Shopha*, *Twak Dosha*, *Visarpa*, *Granthi* etc. disorders.

CONCLUSION

Raktamokshana, is a para surgical technique used in *Ayurved* classics. Ancient treatise considered bloodletting as a part of the medical management for disorder involving *Dushita* (vitiated) *Rakta* known to humans. Bloodletting is one of the purificationary therapy where the disease sourcing feature i.e. *Dushita* (vitiated) *Rakta* are let out from the body which relieves the disease symptomatology and also prevents the recurrence of the disease. Hence it is emerged as a complete management for various disorder related to *Rakta Dushti*.

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RAKTAMOKSHANA THERAPY - A PERSPECTIVE OF AYURVED CLASSICS

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ABSTRACT

In Ayurveda *Panchakarma* procedures are primarily the center of attention for eliminating the vitiated *Doshas* from the body. These procedures were developed thousands of years ago, and still has a significant role in the *Ayurveda* management. *Raktamokshana* is procedure advised for treatment of *Raktdustijanya Vyadhi*. *Raktamokshana*, is para surgical procedure generally called as bloodletting in present era. It is one of the *Panchakarma* procedure illustrated by *Acharya Sushruta*. It is consequential form of two words, 'Rakta' which means blood and 'Mokshana' which means to set out. *Raktamokshana* can be carried out by two methods *Shastra Visravana*

and *Anushastra vidhi*. *Shastra Visravana* is of two types a *Pracchana* and *Siravyadhan*. *Anushastra vidhi* is of three types viz, *Shringa*, *Jalauka* and *Alabu*. *Rakta* is responsible for potency, skin texture, happiness and prolonged existence of life. The article places the importance of *Raktamokshana*, as it can avoid skin diseases, blood borne disorders, edema, lymph node enlargement etc., and it heal the illness like *Raktapitta*, *Kustha*, *Visarpa*, *Dadru*, *Charmadala*, *Kaamala*, *Shwitra*, etc., which are caused due to of *Raktadusti*.

KEYWORDS: *Raktamokshana*, *Raktadushti*, *Twak Dosha*.

INTRODUCTION

Ayurveda has the majority likely specified the first comprehensive, balanced, organized description of *Raktamokshana* for several *Raktadusti Vikaras*. It is also considered one of

Shodhana (purificatory) procedures. *Raktamokshana* means letting of blood which is mainly the line of management in certain disease states particularly when there is a *Raktadushti*.^[1]

Sushrut Samhita had explained *Raktmokshana* concept with applied evidences.^[2] The procedures mentioned includes *Jalauka Avacharana* (Leech application), *Sringa Avacharana* (Horn application), *Ghati Yantra Avacharana* (Cupping glass application), *Alabu Avacharana* (Gourd application), *Pracchana Karma* (Scrapping), *Sira Vedhan* (Venesection), *Suchi Avacharana* (Needle application).^[3] The Main function of *Rakta Dhatu* is provided existence i.e. *Jeevan* to living beings, a few fluctuations i.e. reduction or increase in its amount may possibly lead to a variety of pathology. For this reason to relieve the patients from these pathologies, *Raktmokshana* (bloodletting) is the most appropriate form of management in classics of *Ayurveda*. The importance of *Raktmokshana* can be evidenced in classics the references quote *Sira Vedha* (Venesection) is considered as a half part of the treatment mentioned in *Shalyatantra*. *Raktamokshana Karma* provides ‘*Ashu Vyadhya Shanti*’ as quoted by *Acharya Sushruta*. *Acharya Sushruta* has mentioned that the individual who frequently go through bloodletting will not get affected by *Shopha*, *Twacha Dosha*, *Visarpa*, *Granthi* etc disorders.^[4] The present review deals with the probable mode of action of *Raktamokshana* (bloodletting) therapy and explain the outcome described in *Ayurved* classics.

Probable mode of action of *Raktamokshana*:

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While specifying the *Shata Kriyakalas*, *Sushruta* highlights on the responsibility of *Rakta* in the third and the most significant stage called *Prasara*. *Prasara* step is essential for the *Doshas* to get propagate transversely in different planes of the body and *Rakta* is influential in this segment. Therefore *Uttarothara Dhatu* penetration of morbid *Doshas* is prohibited.^[5] *Raktamokshana* (*Siravyadha*) procedure obliterate the *Raktaja Vikara* from its root source, just as when the bunds of a field are broken, the crop of the paddy etc., is totally destroyed. This procedures rinse out the *Rakta* of its vitiation and consequently create the person become shiny, *Indriya* turn into clear or are able to recognize their objects in a pleasant manner, his digestive fire (*Agni*) is enhanced leading to happiness, good quality nourishment and strength.^[6] *Rakta* cannot get vitiate eventually, it mostly depend upon further *Doshas* first *Tridosha* is exaggerated then there is vitiation of *Rakta*, by *Raktamokshana Shaman* of *Tridosha* take place. *Avarana Chikitsa - Raktamokshana* is principally designated in *Pitta*,

Rakta and *Kaphaja Vyadhi* or when *Pitta* or *Kapha* is in *Anubandha* to *Vata Dosha*. In such situation of *Vata Prakopa* due to *Kapha* and *Pitta Avarana*, *Raktamokshana* be capable of facilitate to eliminate the *Avarana* of *Pitta* and *Kapha Dosha* giving technique for *Anuloma Gati* of vitiated *Vata* that ultimately heal the *Vatika* sign & symptoms.^[7] In circumstances of *Samshrita Dosha*, *Pitta Dosha* should be targeted first, due to *Asaya Ashrayitva Bhava* of *Rakta* and *Pitta Raktamokshana* assist to pacify vitiated *Pitta*.^[8] In *Raktaja Vikara* vitiation of *Rakta Dhatu* guides to numerous *Twak Vikara* (skin diseases), *Raktamokshana* facilitates in elimination of *Dushita Rakta* from skin (*Twak*) and *Twacha* get nourished with *Shudhha Rakta* which will resolve down all types of *Kushta* (skin diseases). *Rakta* is regard as one among the *Dasha Pranayatan* of body by *Acharya Charaka* and it provides *Jivana*, when *dushita Rakta* is removed, there is enrichment of *Shudha Rakta*.^[9] *Pitta* is (impurity) mala of *Rakta* and by *Raktamokshana* vitiated *Pitta* is eliminated along with *Rakta* and help out in configuration of *Shudha Rakta*.^[10] In situation of *Aagantuj Vyadhi* vitiation of *Tridosha* happens due to exterior factors or inflammatory response taking place outer surface of body leading to accumulation of morbid humors resulting in *Ruja*, it can be relieved by *Raktamokshana* by ejection of vitiated *Dosha* and provide relief in pain. *Raktamokshana* improve venous circulation thus *Raktaavritta Vata* is reassured, and relief in pain is monitored immediately. The swelling is reduced through the reduced tenderness and affords an anti-inflammatory outcome. *Raktamokshana* is influential in relieving symptoms like *Ruk* (pain) by reducing *Amlata* in *Rakta*. *Raktamokshana* alleviate the *Sanga* (obstruction) of *Srotas* which is the *Dushti Prakara* in a variety of skin diseases (*Kushta*).^[11] *Suptata* (Numbness) is indication originate in *Twakgata Vata*, can be measureable as pathology of superficial nerve taking part, here *Raktamokshana* is designate by *Acharya Sushrut* as it helps in reducing *Raktavrita Vata* and eliminate *Dushita Rakta* from *Twak* providing release in *Suptata*. The complete body is nourished by *Siras*, to improve vitiation of *Dosha* concerning a huge region of body *Raktamokshana* from *Sira* is the simply way as it apply its result on the complete body.^[12] *Raktamokshana* includes of *Apatarpana Rupa Chikitsa* which improves the immigration of *Dusta Doshas* from *Asthi* (*Sandhi* etc) to *Rakta*. It leads to *Langhana*, *Swedana*, *Pittaharana* and *RakthaDosha Harana*. Therefore *Raktamokshana* contributes in instant relief when it is judged against to other therapeutic procedures that obtain longer duration to relieve the symptoms.

Significance of *Raktamokshana*

The *Rakta Dhatu* is designated to provide *Jeevan* to living beings.^[13] The variations i.e. reduction or increase in its volume might lead to different pathology. *Acharya Charaka* have declared *Rakta* in *Dasha Pranayatan* i.e. ten major resort of living. *Acharya Vagbhat* have stated that *Rakta* is one of fundamental element in the formation of the body and it determines the situation (fit and unfit) of the body. Defects of *Rakta Dhatu* can lead to various infection like abscess, edema, inflammations, skin diseases similar to allergic dermatitis, eczema and vitiligo etc. To preserve appropriate functioning of liver, heart and other crucial appendage of the body and to relieve individuals from these pathologies *Raktamokshana* is utmost form of treatment in *Ayurveda* classics. *Raktamokshana* (*Siravedhan*) is acknowledged in surgery as half of the therapeutic management occupying the same place as properly applied *Basti Karma* in general medicine. *Raktamokshana* (*Siravyadha*) is described as half remedy for various diseases,^[14] as most of the disease have blood as one of the main vitiating or pathogenic factor. *Raktamokshana Karma* provides '*Ashu Vyadhy Shanti*' as mentioned by *Acharya Sushruta* as diseases do not get pacified so quickly and fully by therapeutic management resembling to *Lepan* etc. as by *Siravedhana* or *Raktamokashana*.^[15]

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DISCUSSION

The withdrawal of blood for the treatment of many life threatening disorders was the most ordinary medical practice executed by physicians from ancient times until the late 19th century. Bloodletting was used to "treat" a broad range of diseases, appropriate a typical standard treatment for almost every disease and was practiced prophylactically as well as therapeutically. The references of *Raktamokshana* can be obtained from *Vedic* period and the references associated to bloodletting by leech application are existing in *Koushika sutra* of *Atharava Veda*.^[16] Bloodletting eradicates vitiated *Doshas* which cause the disorder. This modality falls underneath purificationary therapies, which rinse out the body. This is also specify that for maintainance or preservation of healthiness. Ancient science considered *Raktamokshana* as an effectual procedure for a variety of diseases as *Rakta* (blood) helps in

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CONCLUSION

Raktamokshana, is a para surgical technique used in *Ayurved* classics. Ancient treatise considered bloodletting as a part of the medical management for disorder involving *Dushita* (vitiated) *Rakta* known to humans. Bloodletting is one of the purificationary therapy where the disease sourcing feature i.e. *Dushita* (vitiated) *Rakta* are let out from the body which relieves the disease symptomatology and also prevents the recurrence of the disease. Hence it is emerged as a complete management for various disorder related to *Rakta Dushti*.

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Raktamokshana, is a para surgical technique used in *Ayurved* classics. Ancient treatise considered bloodletting as a part of the medical management for disorder involving *Dushita* (vitiated) *Rakta* known to humans. Bloodletting is one of the purificationary therapy where the disease sourcing feature i.e. *Dushita* (vitiated) *Rakta* are let out from the body which relieves the disease symptomatology and also prevents the recurrence of the disease. Hence it is emerged as a complete management for various disorder related to *Rakta Dushti*.

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RAKTAMOKSHANA THERAPY - A PERSPECTIVE OF AYURVED CLASSICS

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ABSTRACT

In Ayurveda *Panchakarma* procedures are primarily the center of attention for eliminating the vitiated *Doshas* from the body. These procedures were developed thousands of years ago, and still has a significant role in the *Ayurveda* management. *Raktamokshana* is procedure advised for treatment of *Raktdustijanya Vyadhi*. *Raktamokshana*, is para surgical procedure generally called as bloodletting in present era. It is one of the *Panchakarma* procedure illustrated by *Acharya Sushruta*. It is consequential form of two words, 'Rakta' which means blood and 'Mokshana' which means to set out. *Raktamokshana* can be carried out by two methods *Shastra Visravana*

and *Anushastra vidhi*. *Shastra Visravana* is of two types a *Pracchana* and *Siravyadhan*. *Anushastra vidhi* is of three types viz, *Shringa*, *Jalauka* and *Alabu*. *Rakta* is responsible for potency, skin texture, happiness and prolonged existence of life. The article places the importance of *Raktamokshana*, as it can avoid skin diseases, blood borne disorders, edema, lymph node enlargement etc., and it heal the illness like *Raktapitta*, *Kustha*, *Visarpa*, *Dadru*, *Charmadala*, *Kaamala*, *Shwitra*, etc., which are caused due to of *Raktadusti*.

KEYWORDS: *Raktamokshana*, *Raktadushti*, *Twak Dosha*.

INTRODUCTION

Ayurveda has the majority likely specified the first comprehensive, balanced, organized description of *Raktamokshana* for several *Raktadusti Vikaras*. It is also considered one of

Shodhana (purificatory) procedures. *Raktamokshana* means letting of blood which is mainly the line of management in certain disease states particularly when there is a *Raktadushti*.^[1]

Sushrut Samhita had explained *Raktmokshana* concept with applied evidences.^[2] The procedures mentioned includes *Jalauka Avacharana* (Leech application), *Sringa Avacharana* (Horn application), *Ghati Yantra Avacharana* (Cupping glass application), *Alabu Avacharana* (Gourd application), *Pracchana Karma* (Scrapping), *Sira Vedhan* (Venesection), *Suchi Avacharana* (Needle application).^[3] The Main function of *Rakta Dhatu* is provided existence i.e. *Jeevan* to living beings, a few fluctuations i.e. reduction or increase in its amount may possibly lead to a variety of pathology. For this reason to relieve the patients from these pathologies, *Raktmokshana* (bloodletting) is the most appropriate form of management in classics of *Ayurveda*. The importance of *Raktmokshana* can be evidenced in classics the references quote *Sira Vedha* (Venesection) is considered as a half part of the treatment mentioned in *Shalyatantra*. *Raktamokshana Karma* provides ‘*Ashu Vyadhya Shanti*’ as quoted by *Acharya Sushruta*. *Acharya Sushruta* has mentioned that the individual who frequently go through bloodletting will not get affected by *Shopha*, *Twacha Dosha*, *Visarpa*, *Granthi* etc disorders.^[4] The present review deals with the probable mode of action of *Raktamokshana* (bloodletting) therapy and explain the outcome described in *Ayurved* classics.

Probable mode of action of *Raktamokshana*:

***Ayurvedic* concept**

While specifying the *Shata Kriyakalas*, *Sushruta* highlights on the responsibility of *Rakta* in the third and the most significant stage called *Prasara*. *Prasara* step is essential for the *Doshas* to get propagate transversely in different planes of the body and *Rakta* is influential in this segment. Therefore *Uttarothara Dhatu* penetration of morbid *Doshas* is prohibited.^[5] *Raktamokshana* (*Siravyadha*) procedure obliterate the *Raktaja Vikara* from its root source, just as when the bunds of a field are broken, the crop of the paddy etc., is totally destroyed. This procedures rinse out the *Rakta* of its vitiation and consequently create the person become shiny, *Indriya* turn into clear or are able to recognize their objects in a pleasant manner, his digestive fire (*Agni*) is enhanced leading to happiness, good quality nourishment and strength.^[6] *Rakta* cannot get vitiate eventually, it mostly depend upon further *Doshas* first *Tridosha* is exaggerated then there is vitiation of *Rakta*, by *Raktamokshana Shaman* of *Tridosha* take place. *Avarana Chikitsa - Raktamokshana* is principally designated in *Pitta*,

Rakta and *Kaphaja Vyadhi* or when *Pitta* or *Kapha* is in *Anubandha* to *Vata Dosha*. In such situation of *Vata Prakopa* due to *Kapha* and *Pitta Avarana*, *Raktamokshana* be capable of facilitate to eliminate the *Avarana* of *Pitta* and *Kapha Dosha* giving technique for *Anuloma Gati* of vitiated *Vata* that ultimately heal the *Vatika* sign & symptoms.^[7] In circumstances of *Samshrita Dosha*, *Pitta Dosha* should be targeted first, due to *Asaya Ashrayitva Bhava* of *Rakta* and *Pitta Raktamokshana* assist to pacify vitiated *Pitta*.^[8] In *Raktaja Vikara* vitiation of *Rakta Dhatu* guides to numerous *Twak Vikara* (skin diseases), *Raktamokshana* facilitates in elimination of *Dushita Rakta* from skin (*Twak*) and *Twacha* get nourished with *Shudhha Rakta* which will resolve down all types of *Kushta* (skin diseases). *Rakta* is regard as one among the *Dasha Pranayatan* of body by *Acharya Charaka* and it provides *Jivana*, when *dushita Rakta* is removed, there is enrichment of *Shudha Rakta*.^[9] *Pitta* is (impurity) mala of *Rakta* and by *Raktamokshana* vitiated *Pitta* is eliminated along with *Rakta* and help out in configuration of *Shudha Rakta*.^[10] In situation of *Aagantuj Vyadhi* vitiation of *Tridosha* happens due to exterior factors or inflammatory response taking place outer surface of body leading to accumulation of morbid humors resulting in *Ruja*, it can be relieved by *Raktamokshana* by ejection of vitiated *Dosha* and provide relief in pain. *Raktamokshana* improve venous circulation thus *Raktaavritta Vata* is reassured, and relief in pain is monitored immediately. The swelling is reduced through the reduced tenderness and affords an anti-inflammatory outcome. *Raktamokshana* is influential in relieving symptoms like *Ruk* (pain) by reducing *Amlata* in *Rakta*. *Raktamokshana* alleviate the *Sanga* (obstruction) of *Srotas* which is the *Dushti Prakara* in a variety of skin diseases (*Kushta*).^[11] *Suptata* (Numbness) is indication originate in *Twakgata Vata*, can be measureable as pathology of superficial nerve taking part, here *Raktamokshana* is designate by *Acharya Sushrut* as it helps in reducing *Raktavrita Vata* and eliminate *Dushita Rakta* from *Twak* providing release in *Suptata*. The complete body is nourished by *Siras*, to improve vitiation of *Dosha* concerning a huge region of body *Raktamokshana* from *Sira* is the simply way as it apply its result on the complete body.^[12] *Raktamokshana* includes of *Apatarpana Rupa Chikitsa* which improves the immigration of *Dusta Doshas* from *Asthi* (*Sandhi* etc) to *Rakta*. It leads to *Langhana*, *Swedana*, *Pittaharana* and *RakthaDosha Harana*. Therefore *Raktamokshana* contributes in instant relief when it is judged against to other therapeutic procedures that obtain longer duration to relieve the symptoms.

Significance of *Raktamokshana*

The *Rakta Dhatu* is designated to provide *Jeevan* to living beings.^[13] The variations i.e. reduction or increase in its volume might lead to different pathology. *Acharya Charaka* have declared *Rakta* in *Dasha Pranayatan* i.e. ten major resort of living. *Acharya Vagbhat* have stated that *Rakta* is one of fundamental element in the formation of the body and it determines the situation (fit and unfit) of the body. Defects of *Rakta Dhatu* can lead to various infection like abscess, edema, inflammations, skin diseases similar to allergic dermatitis, eczema and vitiligo etc. To preserve appropriate functioning of liver, heart and other crucial appendage of the body and to relieve individuals from these pathologies *Raktamokshana* is utmost form of treatment in *Ayurveda* classics. *Raktamokshana* (*Siravedhan*) is acknowledged in surgery as half of the therapeutic management occupying the same place as properly applied *Basti Karma* in general medicine. *Raktamokshana* (*Siravyadha*) is described as half remedy for various diseases,^[14] as most of the disease have blood as one of the main vitiating or pathogenic factor. *Raktamokshana Karma* provides '*Ashu Vyadhy Shanti*' as mentioned by *Acharya Sushruta* as diseases do not get pacified so quickly and fully by therapeutic management resembling to *Lepan* etc. as by *Siravedhana* or *Raktamokashana*.^[15]

MATERIALS AND METHODS

A literary review is conducted using electronic database like Pubmed, Google scholar, IJAM, IAMJ, AYU etc. and as mentioned in *Ayurveda* classics like *Charaka Samhita*, *Sushruta Samhita*, *Ashtang Sangrah* etc.

DISCUSSION

The withdrawal of blood for the treatment of many life threatening disorders was the most ordinary medical practice executed by physicians from ancient times until the late 19th century. Bloodletting was used to "treat" a broad range of diseases, appropriate a typical standard treatment for almost every disease and was practiced prophylactically as well as therapeutically. The references of *Raktamokshana* can be obtained from *Vedic* period and the references associated to bloodletting by leech application are existing in *Koushika sutra* of *Atharava Veda*.^[16] Bloodletting eradicates vitiated *Doshas* which cause the disorder. This modality falls underneath purificationary therapies, which rinse out the body. This is also specify that for maintainance or preservation of healthiness. Ancient science considered *Raktamokshana* as an effectual procedure for a variety of diseases as *Rakta* (blood) helps in

beginning, manifestation and growth of various diseases and the vulnerability of *Rakta* towards impurity is so versatile that the *Ayurveda* classics were constrained to be in agreement upon *Rakta* as fourth *Dosha*. As a result *Dushita* (vitiated) *Rakta* from the associated *Siras* (veins) should be let out to defend the health or to eliminate the disease. *Acharya Sushruta* has quoted that the individual who repeatedly follows bloodletting will not be suffered by *Shopha*, *Twak Dosha*, *Visarpa*, *Granthi* etc. disorders.

CONCLUSION

Raktamokshana, is a para surgical technique used in *Ayurved* classics. Ancient treatise considered bloodletting as a part of the medical management for disorder involving *Dushita* (vitiated) *Rakta* known to humans. Bloodletting is one of the purificationary therapy where the disease sourcing feature i.e. *Dushita* (vitiated) *Rakta* are let out from the body which relieves the disease symptomatology and also prevents the recurrence of the disease. Hence it is emerged as a complete management for various disorder related to *Rakta Dushti*.

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AYURVEDIC APPROACH IN THE MANAGEMENT OF AMAVATA - A CASE STUDY

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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 *Rasadhatwagnimandya*. *Ama* is caused by *Diwaswap*, Sea food with milk etc. In present study a female patient of 37 yrs was complaining of *Sarvang Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashyata*, *Aangamarda*, *Jwar*. etc was diagnosed as *Amavata*. The *Ayurvedic* drug combination which include *Aajmodadichurna*, *Musta*, *Shunti*, *Haritaki*, *Yograj Guggulu* etc. *Anupan- Koshnajal. Kala- Adhobhakt*, was given for 60 days to manage 'Amavata'. It was

observed in clinical Assessment that the drug therapy shows the significant relief in *Sarvang sandhi shula*, *shoth*, *Jwar*, *AangAmarda*. Hence, the combination of above drug is effective in the management of *Amavata*.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Aajmodadichurna*.

INTRODUCTION

Amavata is a disease caused due to the vitiation or aggravation of *Vayu* associated with *Ama*. Vitiating *Vayu* circulates the *Ama* all over the body through *Dhamanies*, takes shelter in the *ShleshmaSthana (Amashaya, Sandhi, etc.)*, producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. It can be correlated

with rheumatoid arthritis (RA) at modern parlance. *Shamana* (conservative) and *Shodhana* (biological purification of the body) treatments are advised in Ayurveda whereas anti-inflammatory, analgesics, steroids, and disease-modifying antirheumatic drugs are required for its management as per modern medicine, which are not free from side effects. The prevalence of RA in adults has been reported to vary from 0.5 to 3.8% in women and from 0.15 to 1.37% in men, with peak incidence in the fourth decade of life.^[1] To avoid the permanent joint deformities and complication of musculoskeletal system, there is need of *Ayurvedic Management of Amavata*.

Presenting complaints

A 37 year old Indian female came for consultation in Panchakarma OPD of Ayurved hospital for the complaints of *Sarva Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar* (99⁰F) since last 3 months. She was operated for Tubectomy before 7 years. No history of hypertension, Diabetes and any other major illness was noted.

Clinical Findings-

The patient was having *Sarva Sandhi Shula*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar*(99⁰F). On an examination of patient it was found that pulse 92/min, Blood pressure 110/70 mm of Hg, *Vishamagni*, *Krurakoshta*, tongue was coated, sound was clear. Patient was having *Kaphavataprakruti* with *Madhyamsara*, *Hinasamhan*, *Samapramana*, *Madhyamsatmya*, *Madhyamsatva*, *Madhyamaharshakti* and *Jaranshakti*, *Rasavaha*, *Asativaha* and *Majjavahasrotodushti*. Baseline hematological investigation done on 20 April 2018 revealed Hb9.4 gm/dl, Total Leucocytes count 9,200/cumm, platelet count 4.50 lack/cumm, ASO serum 479.1 IU/ml, ESR 39, Serum Uric Acid 5.3 mg/dl and RA factor Positive.

MATERIALS AND METHODS

Therapeutic focus And Assessment

First Line of Treatment given to the patient was *Amapachan*, *Deepan* and *Shulaghanachikitsa*.^[2] A oral herbal Ayurvedic drug combination – *Ajmodadichurna*^[3] 1 gm, *Musta*^[4], *Shunti*^[5] and *Haritaki*^[6] each 500 mg was given with luke warm water twice a day After meal, *Yograj Guggul*^[7] 1 gm twice a day with luke warm water after meal, *Maharasnadi Kshaya*^[8] 20 ml twice a day before meal and *Gandharvaharitaki Churna* 2 gm at night with luke warm water. The above medication was given for duration of 2 months. No concomitant Allopathic medication was given during this whole treatment period. (table no.1)

Follow up And Outcome

Good result was observed on *Jwar*, *Angamarda*, *Kriyakashtata* and *Shoth* by the treatment regimen. *Jwar*, *Angamarda*, *Kriyakashtata Lakshana* was relieved on completion of fifteen days of treatment. *Shoth* was reduced after one month of treatment. Hematological parameter were reinvestigated on 24 may 2018, at this time Hb10.1 gm/dl, ESR 23mm per hour, ASO serum 194 and RA factor was positive. The patient was advised to continue oral medicine for next one month.

DISCUSSION

*Deepan- Pachanchikitsa*² was the line of management for the present case.

Drug Action

Ajmodadichurna- Deepan, Pachan and Amavatghana

Musta-Deepan, Pachan and Jwarghana

Shunti-Amavataghani, Pachani and Kaphavataghana.

Haritaki-Deepani and Anuloman.

Yograjuggul-Deepan, Vatrognashak and Sandhi-Majjagat Vat Nashak.

Maharasanadikshaya-Pachan, Vatrognashak and Sandhi-Majjagat Vat Nashak.

Gandharvaharitaki- Anuloman.

Hence, taking the above points into consideration, the above herbal drug combination has established properties like *Deepan, Pachan, Amanashan, Amashoshak*, and *Vata-Kaphahara*, which are all antagonists to the present disease entity. Hence, this drug was effective in correcting the pathological condition of the disease *Amavata* in the present case.

CONCLUSION

Amavata can be correlated to the Rheumatoid arthritis. The combined effect of above drugs were helpful in treating pathology of *Amavata*. This kind of approach may be taken in to consideration for further treatment and research work for *Amavata*.

Table no.1: Therapeutic intervention given in *Amavata* patient.

Internal Medication given	<i>Ajmodadi churna-1gm</i> <i>Musta-500mg</i> <i>Shunti-500mg</i> <i>Haritaki-500mg</i>	<i>Yograj Guggul</i>	<i>Maharasnadikashaya</i>	<i>Gandharva Haritaki</i>
<i>Anupan</i>	<i>Koshanajal</i>	<i>Koshanajal</i>	<i>Samabhagjal</i>	<i>Koshanajal</i>
Route of Administration	Oral	Oral	Oral	Oral
<i>Aushadisevan Kala</i>	<i>Adhobhakta</i>	<i>Adhobhakta</i>	<i>PragBhakta</i>	<i>Nishakal</i>
Dose	2.5gm in Two Divided Doses	2 gm in Two Divided Doses	40ml in Two Divided Doses	2 gm

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Balgraha A Co-Relation Between Ayurveda & Modern Science - A Review

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Abstract :

Kaumarbhritya is one of the most important branches among the eight branches of Ayurveda. Which deals with the care of infants and children various diseases and their treatment, milk quality associated disorder and treatment. Kashyapsamhita is an ancient book on kaumarbhritya. This Samhita is represented in the form of compilation of teaching of AcharyaKashyap by his discipline shishya VridhaJeevaka .

In Kashyapsamhita references of Balagraha are scattered at many places. In Sutra sthana AcharyaKashyap describe vitiation of breast milk of nurse by graha like Shakuni, Skanda , Shashti and Putana .which is the only contribution of Kashyapa on consumption of such milk child can suffer various features of graha. In Revatikalpadhaya AcharyaKashyap has described morphology, habitat and character of grahas. In Indriya sthana AcharyaKashyapa described symptoms of affected child with various grahas. In Chikitsa sthana Acharya describe treatment of child affected by various Balgraha that is Revati, Putna. According to Kashyap's opinion about graha that, these bal graha can be seen only by divine eyes that is divyaChakshu (Devine Vision) Thus it is evident that these graha may be like micro organisms.Children's mostly affected Balgraha due to their dependency therefore are unable to maintain proper hygiene secondly children are deficient in immunity they are more susceptible for various influence including Balgraha. The present review article is an effort made to consolidate the information about Balgraha according to Ayurveda and their co-relation as per Modern Science.

Key Words - Kaumarbhritya, Balgraha, Kashyapsamhita, Vridha Jeevaka, Graha, Grahabadha, Infectious disease, Corelation of Balgraha, Balgraha according to modern science.

Introduction :

Ayurveda is an ancient medical science which is not only dedicated to treat physical and mental diseases and disorders with medicines but along with spiritual perspective also. As Ayurveda is divided in eight branches two of them being "Bala" and "Graha" are dedicated to "Child health care" including "Physical" as well as "Mental" health care of children's.

The word "Bala-graha" is a combination of two words Bala and graha, Bala is representing as a child while graha means to seize or grasp. Bal graha affect a large number of paediatric age group. Their progress in their body is very rapid with high morbidity and mortality rate in children. Balagraha have separate entity from other general disease in children. The clinical features, type and treatment of Balagraha is totally different from other general diseases in children. Balagraha is explained by mythological perspective in ancient Ayurvedic literatures, which is away from scientific justification therefore in this review article Balgraha is correlate with modern parameters. Material for present review article are collected from various Ayurvedic textbooks.

Aims and Objectives :

To collect the data related to "Balgraha" and correlate it with Modern Science by using "Yukti Pramana" (Logical inference).

Materials - Classical texts of Ayurveda and modern texts also digital media along with internet articles regarding to the subject were used as source material in the study.

Methods - Concept of "Balgraha" their classification and sign and symptoms is discussed. Collection of references is done and correlation between data is done logically i.e. by using "Yukti Pramana".

Balgraha Origin And Their Mythological Background :

According to all Ayurvedic ancient texts, "Bal-graha" are nothing but mythological supernatural creatures which are invisible and can not be seen via naked eyesight. They enters into body of "Child"

which is ought to be getting infected by “Graha’s” due to specific conditions for e.g. being unhygienic. All Acharyas explains the folktale in which Lord “Mahadeva” created these Supernatural creatures to Protect “Lord Kartikeya” (Elder Son of Lord Mahadeva). These creatures enters into the body of “Victim Child” and generated condition called “Balgraha” where the word itself denotes that “Bal being child itself” and “Graha means Grasped” literally when combined together means “The child which has been grasped by these supernatural creatures”.

Importance of 'Aptopadesha' In diagnosis of 'Bal-graha' :

ऐश्वर्यस्थास्ते नविशन्तो देहं दृष्टुं मानुषैर्विश्वरूपाः।

आप्तं वाक्यं तत्समीक्ष्यभिधास्येलिङ्गान्येषां यानि देहे भवन्ति॥ सु.उ.७/२७

अविशन्तश्च लक्ष्यन्ते केवलं शास्त्रं चक्षुषा ॥ अ.सं.उ.३/३५

As we all know the “graha’s” can not be seen via naked eyes. Also if we think briefly there were no any diagnostic tools available at that time to diagnose the disease and disorders, also when comes the cases of Children it is even more hard to diagnose the condition as child is dependent and unable to explain its condition. Thus all Acharyas have explained that in such a case '**Diagnosis of Balgraha**' totally relies on '**Aptopadesha and Shastravachan**'. Here Aptopadesha is nothing but elder physicians’ guidelines about diagnosis and treatment. And Shastravachan is “References in literatures”.

Classifications of Balgraha :

In Ayurvedic Literature various Acharyas have explained various types of “Bal-graha”. There names , types, physical characteristic’s, signs and symptoms when affected the child is given in brief.

स्कन्दग्रहस्तु प्रथमः स्कन्दपस्मर एव च ।

शकुनी रेवती चैव पूतना चान्धपूतना ॥

पूतना शीतनामा चतथैव मुखमण्डिका ।

नवमो नैगमेषश्च यः पितृग्रहसंज्ञितः ॥ सु.उ.२७/४-५

Table showing Classification Balgraha’s by Various Literature :

Charaka	Sushruta	Vagbhata	Kashyapa	Ravankruta Balatantra	Harita	Yogaratanakara
Graha-Unmada	Skanda Skandapasmar Shakuni Revati Pootana Andhapootana Sheetapootana Mukhamandika Naigamesha	Skanda Vishakha Meshasya Shvagraha Pitru Revati Shushkarevati Shakuni Pootana Sheetapootana Andhapootana Mukhamandika	Revati Pootana Sheetapootana Andhapootana	Nanda Sunanda Pootana Mukhamandika Katpootana Shakunika Shushkarevati Aryyaka Sootika Niruta Pliipichika Kalika	Lohita Shakuni Revati Shivagraha Vaayasee Urdhvakeshee Kumari Sena	Skanda Skandapasmar Shakuni Revati Pootana Gandhapootana Sheetapootana Mukhamandika Naigameya

Various Balgraha’s and Their corelation with Modern science :

1) Skandapasmaragraha - While explaining the signs and symptoms of “Skandapasmara” Acharya’s have mentioned that child shows signs like “Sandnya-rahita” or “Sandnya-yukta” (Alter sensorium), 'fenam cha prasrujati' (frothing of mouth), 'Vinmutra-srujati' (Inconvenience of stool and urine), 'Kara-charanaishchanrutyaiva' (Tonic and clonic movement of body), 'Swajivha-sadamsha' (Tongue bite), 'Jwaravegi' (febrile convulsion).

Signs According to Ayurveda	Corelation of Signs According to Modern
SandnyaYukta - Sandnya Rahita	Alter sensorium
Fenam cha prasrujati	Frothing of mouth
Vinmutra-srujati	Inconvenience of stool and urine
Kara-charanaishchanrutyaiva	Tonic and clonic movement of body
Swajivha-sadamsha	Tongue bite
Jwaravegi	Febrile convulsion

Interpretation - It co-relates with Epilepsy. Alter sensorium, frothing from mouth, Tongue bite, Perioral cyanosis and incontinence of stool and urine following by clonic movement of all limbs.

2) Andhaputanagraha - 'Stana-dveshti' (Reduce oral intake), 'Jwara-sahita' (fever), 'Atisar; (loose motions), 'Hikka' (Hicough), 'Netrashul

or Netrakandu” (Follicular conjunctivitis,Eyelid turn inward),”Chardi” (Vomiting), “Udarshul” and “satatamadhashayo” (Abdominal pain relief by sleeping on abdomen).

Sr. No	Signs According to Ayurveda	Correlation of Signs According to Modern.
1.	Shana-diveshhi	Reduce oral intake
2.	Jwara-kshula	Fever
3.	Atisar	loose motions
4.	Tikka	Hiccups
5.	Netrashul or Netrakandu	Follicular conjunctivitis
6.	satatamadhashayo	Abdominal pain relief by sleeping on abdomen

Interpretation - It corelates with Diarrhoea with trachoma.Oral intake is reduced, loose motions,Fever, Vomiting, Hiccups, Follicular conjunctivitis, eyelid turn inward.

3) Shakunigraha - 'Strastango' (malaise),'Jwara'(Fever), 'Sphotaihe Prachita Tanudahapakaihe' (Blisters with discharge having redness, painful, burning sensation, especially on mouth,nose,eye,anus), 'Paako' (Erythema repeatedly).

Sr. No	Signs According to Ayurveda	Correlation of Signs According to Modern.
1.	Strastango	Malaise
2.	Jwara	Fever
3.	SphoraihePrachita	Blisters
4.	Paako	Erythema

Interpretation - It co- relates with staphylococcal scalded skin.Fever, Exquisite tenderness of skin , Burning sensation, erythema repeatedly fissuring wound, eye, mouth,nose Blisters with discharge, malaise.

4) Mukhamadikagraha - 'Suruchirpani-pada-vaktrayoho' (Edematus, Blotted puffy face and limbs), 'Sa-Udvego' (Irritability), 'Kalusha-sira-vruttodara' (Abdominal distension with caputmedusa on abdominal wall), 'Aruchi' (Anorexia), 'Anga-glani' (lethargy).

Sr. No	Signs According to Ayurveda	Correlation of Signs According to Modern.
1.	Suruhipanipada-vaktrayoho	Edematus, Blotted puffy face and limbs Irritability
2.	Sa-Udvego	Irritability
3.	Kalusha-sira-vruttodara	Abdominal distension with caputmedusa on abdominal wall
4.	Aruchi	Anorexia
5.	Anga-glani	lethargy

Interpretation - It corelates with Indian childhood cirrhosis. Caputmedusa on abdominal wall, Abdominal distension, Irritability, Anorexia, lethargy,Edema on face puffy and Blotted face

5) Revati graha– 'Atipand-udeha' (Pallar), 'Harita-Mala' (Greenish colour loose motions), 'Mukhapaka' (Stomatitis), 'Karna-Nasa Mrudgati' (Irritation of nose ,eyes and ear), 'Jwara' (fever on and off), 'Bastagandho' (foul smell of body).

Sr. No	Signs According to Ayurveda	Correlation of Signs According to Modern.
1.	Atipand-udeha	Pallar
2.	Harita Mala	Greenish colour loose motions
3.	Mukhapaka	Stomatitis
4.	Karna-Nasa Mrudgati	Irritation of nose ,eyes and ear
5.	Jwara	fever on and off
6.	Bastagandho	foul smell of body

Interpretation - It corelates with diarrhoea with pernicious Anaemia. Pale colour of body, Stomatitis, Stool green and yellow colour.Irritation of nose and ears, Redness of face, Fever on and off.

6) Naigamesha Graha - 'Phenam-Vamati' (Frothing of mouth), 'Sa-Udvegavilapati' (Restlessness, Irritability with cry), 'Sankocha-Stambha-Panipada-spandanam' (Clonic and tonic contractions of body), 'Dainya-Koojanam' (Shrill cry) “Chardi” (Vomiting),”Jwaryate” (Fever), 'Murcha' (unconscious).

Sr. No	Signs According to Ayurveda	Corelation of Signs According to Modern.
1	Phlegm, Vamasi	Frothing of mouth
2	Sa-Ulloogam, Vilapani	Restlessness, Irritability with cry
3	Sambodha-Srambha, Pampada-sandanam	Clonic and tonic contractions of body
4	Drava, Sootasau	Shrill cry
5	Chardi	Vomiting
6	Jwaryate	Fever
7	Mjandha	Unconscious

Interpretation - It corelates with Meningitis. Frothing of mouth, Restlessness, Irritability, Shrill cry, Colonic and tonic contractions of body, Vomiting, Fever, Unconscious.

7) Putanagraha - 'Drava mal pravutti' (loose motions), 'Ratrinidranash' (Sleepless at night), 'Tivra Chardi' (Excessive Vomiting), 'Trushna' (Excessive thirst), 'Strastanga' (lethargy), 'Kakatulyagandhi' (foul smell of body).

Sr. No	Signs According to Ayurveda	Corelation of Signs According to Modern.
1.	Drava mal pravutti	loose motions
2.	Ratrinidranash	Sleepless at night
3.	Tivra Chardi	Excessive Vomiting
4.	Trushna	Excessive thirst
5.	Strastanga	lethargy
6.	Kakatulyagandhi	foul smell of body

Interpretation - It corelates with Acute Gastroenteritis. Watery stool, Vomiting, Dryness of mouth with increasing thirst , Urine output decrease, Generalized weakness, foul smell of body, Myalgia.

8) Shvagraha. - 'Kanthakujanam-shwavachuni' (Abnormal sound from mouth) , 'Kampa' (Tremors), 'Bahiryam' (seizures), 'Jivha-Dansha' (Tongue bite), Dhavanam (Restlessness).

Sr. No	Signs According to Ayurveda	Corelation of Signs According to Modern.
1	Kanthakujanam-shwavachuni	Abnormal sound from mouth
2.	Kampa	Tremors
3	Bahiryam	seizures
4	Jivha Dansha	Tongue bite
5	Dhavanam	Restlessness

Interpretation - It corelates with Rabies. Tremors, Seizures with tongue bite, Restlessness, Abnormal sound from mouth

9) Pitrigraha - 'Jwara' (fever with bodyache), 'Atisar' (loose motions), 'Chardi' (Vomiting), 'Trushna' (Dryness of mouth with excessive thirst), 'Shavagandhita' (foul smelling of body).

Sr. No	Signs According to Ayurveda	Corelation of Signs According to Modern.
1	Jwara	Fever with bodyache
2.	Atisar	Loose motions
3.	Chardi	Vomiting
4.	Trushna	Dryness of mouth with excessive thirst
5	Shavagandhita	foul smelling of body

Interpretation - It corelates with diarrhoea with dehydration. Watery stool, Vomiting, Fever, Generalized weakness, Dryness of mouth with increasing thirst, Restlessness, Bodyache.

Discussion :

As per ancient Ayurveda literature 'Balgraha' is cluster of conditions where various signs and symptoms are present in child patient all together in same time. Thus at that time Acharyas gave nomenclature to those clusters as a specific 'Balgraha' and described their sign and symptoms accordingly. Similarly as now a days diagnosis and diagnosing tools are developed we can surely state that these Balgraha's are nothing but multiple syndrome and group of disease of multiple origin.

Balgraha are most important topic in Ayurvedic text with comparative clinical importance. In ancient Ayurveda Balgraha are described in such descriptive way of multiple syndrome and group of disease of multiple origin; Even when there was no availability of advanced technology for diagnosis, equipment for treatment, multispeciality setup of hospital. Eventhough etiopathogenesis of Balgraha and it's symptoms in child has now been felt as vague amount scholars, but they can be explained in an applied manner and We can arrange all Clinical features of Balgraha.

Table showing Balgraha and their corelation with Modern Science

Sr.No	Balgraha	Corelation with Modern science.
1.	Skandapasamgraha	Epilepsy.
2.	Jandhapasamgraha	Diarrhoea with Trachoma.
3.	Shakamigraha	Staphylococcal Scalded Skin Infection.
4.	Mukhasmandikagraha	Indian Childhood Cirrhosis
5.	Revati graha	Diarrhoea with Pernicious Anaemia.
6.	Kanagmeghagraha	Menagitis.
7.	Utsargraha	Acute Externa Enteritis
8.	Shystraha	Rabies
9.	Pitragraha	Diarrhoea with Dehydration

Conclusions :

On the basis of above description and collective data, it is clear that Balgraha are now compared with various microbial infection, multiple syndrome and group of diseases of multiple origin which can be treated with ayurvedic medicine

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Asmita
Chief Editor



A Drug Review of *Drakshadi Churna in Tamaka Shwasa*

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ABSTRACT

Respiration is one of the feature of life which is carried out by Prana vayu. This sole sign of life is affected in this disease *Tamaka Shwasa*, causing an impediment to the Respiratory function. *Shwasa* word indicates both physiological and pathological state of respiration. *Ayurvedic* texts have mentioned *Tamaka Shwasa* under the various types of *Shwasa roga*. Disease *Tamaka Shwasa* can be correlated with the disease Bronchial Asthma on the basis of its features & *etiopathogenesis* signs and symptoms. *Tamaka Shwasa* is considered as *Yapya (palliable)* because this type of *Shwasa roga* is not only difficult to treat but also has a repetitive nature. Bronchial Asthma calls the attention of Medical world due to significant burden in terms of healthcare costs as well as lost productivity and reduced participation in family life. The Science of Life – *Ayurveda* is the best way to effectively & safely manage the condition without inducing any drug dependency where various *Shodhana* procedures and use of

internal medication not only detoxifies the body but also provides nutrition & increases the functioning capacity of lung tissue & develops natural immunity of the body thus decreasing episodic recurrence of the disease and providing long term relief to the patient.

Key words: *Tamaka Shwasa* , *Drakshadi Churna*, *Pranavaha strotas*

INTRODUCTION

Tamaka Shwasa is one of the five types of disease *Shwasa*. The signs, symptoms and *etiopathogenesis* of Bronchial Asthma explained in modern science have a lot of similarities with the disease entity *Tamaka Shwasa*. The main features of Bronchial Asthma are breathlessness, chest tightness, wheezing and cough. Bronchial Asthma is a major global health problem, which affect the population irrespective of age, sex, economic status, etc. It is very common at all ages but predominantly in early life. The prevalence of Bronchial Asthma is increasing alarmingly now a days due to excessive pollution, overcrowding,

occupational conditions, stress and poor hygiene etc. Both Ayurveda and modern medical Science agree regarding the *Nidana* of the disease as host factors (*Nija Hetus-Dosha dushti and Ama*) and Environmental factors (*Agantuj Hetus – Raja, Dhuma, Pragvata*, etc). It can be easily correlated with allergic condition. *Nidana Parivarjan* hence plays a key role in the management strategy in both sciences. The current management of *Tamaka Shwasa* (Bronchial Asthma) by modern medicine is only providing short term symptomatic relief but does not provide any long term relief to the patient. On the other hand prolonged use of these drugs are not safe, as it has many adverse effect with systemic manifestation and as the *chronicity* increases drug dose dependency increases & dilates the lung tissue to such an extent that at last it leads to respiratory failure. In present scenario *Ayurveda* is the best way to effectively & safely manage the condition without inducing any drug dependency where use of various *shodhana* procedures and use of internal medication not only detoxifies the body but also provides nutrition & increases the elasticity of lung tissue & develops natural immunity of the body. Thus decreasing episodic recurrence of the disease and providing long term relief to the patient.

Materials and methodology:

AYURVEDIC ASPECT OF TAMAKA SHWASA

Tamaka Shwasa comprises of two words i.e. *Tamaka* and *Shwasa*. The word '*Tamaka*' is derived from the Dhatu "*Tamglanou*" which means Sadness (Panini). According to

Vachaspatyam the word *Shwasa* is derived from the root word '*Shwas*' Dhatu by applying *Ghanj Pratyaya*. It implies for both *Vayu Vyapara & Roga Bheda*. It represents both physiological and pathological respiration and used for expression of word. The disease is called *Tamaka* as attack of the disease precipitate during night and during the state of attack dyspnoea becomes so severe that patient feels entering into the darkness. Main causative factors responsible for *Tamaka Shwasa* are *Dhuma* (smoke), *Raja* (dust), *Ativyayama* (excessive exercise/work), *Sheeta sthananivasa* (residing in cold areas), *Guru ahara* (heavy diet) and *Sheeta ahara* (cold food/drinks). These factors lead to the vitiation/aggregation of Vata which in turn vitiates/aggregates *Kapha* leading to vitiation of *Rasa* and impeding the function of *Prana vayu*. According to our *Ayurvedic literature* vata is trapped by the Aavrana of *kapha* in this disease. *Acharya Charaka* has mentioned that *Tamaka Shwasa* is *kapha-vataja vikar* and site of its origin is *pitta sthana*. In *Sushruta Samhita*, *Madhava Nidana* and *Yogratnakar* it is mentioned that *Tamaka Shwasa* is *Kapha predominant disorder*. When going through the *lakshnas* of *Tamaka Shwasa* in our *Ayurvedic literature* our *Acharayas* has told *Gurghurkam*(audible wheezing), *Pinasa*(coryza), *Shirogaurava* (heaviness in head region), *kricchat bhashitum* (difficulty in speaking) etc. all the *Lakshnas* showing *Kapha predominance*. *Tamaka Shwasa* in general is described as *yapya (palliable)* disease. However in individual with recent origin of disease, person of *pravara bala* or both said to be *sadhya*. *Maharshi Charaka*

has mentioned two allied stages of *Tamaka Shwasa* known as two types or further complication of disease proper i.e. *Pratamaka* and *Santamaka*. *Sushruta* and *Vagbhata* have only mentioned the name as *Pratamaka*, which includes clinical manifestation of *Santamaka*. Patients suffering from *Tamaka Shwasa* when gets afflicted with fever and fainting, the condition is called as *PraTamaka Shwasa*. It is suggestive of involvement of Pittadosha in *PraTamaka Shwasa*. It is aggravated by *Udavarta*, dust, indigestion, humidity (*Kleda*), suppression of natural urges, *Tamoguna*, darkness and gets alleviated instantaneously by cooling regimens. When the patients of *PraTamaka Shwasa* feels submerged in darkness, the condition is

called as *SanTamaka Shwasa*. While describing the management *Acharya Charaka* has clearly mentioned the importance of *Nidana parivarjana* along with *Shodhana* and *Shamana chikitsa* as mentioned below.

DRUG REVIEW

द्राक्षावासाभयाकृष्णचूर्णं क्षोद्रेण सर्पीष।

लीढं श्वासं नीहन्याशु कासं च तमकं तथा।
(यो.र.बा.चि.प.४४२)

Content :

- 1) *Draksha*
- 2) *Vasa*
- 3) *Haritaki*
- 4) *Pippali*.

<i>Dravya</i>	<i>Drksha</i>	<i>Vasa</i>	<i>Haritaki</i>	<i>Pippali</i>
<i>Guna</i>	<i>Shingdha guru mrudu</i>	<i>Laghu Ruksha</i>	<i>Laghu ,ruksha</i>	<i>Laghu snigdha tikshana</i>
<i>Rasa</i>	<i>Madhur</i>	<i>Tikta kashaya</i>	<i>Pancha rasatmak</i>	<i>Katu</i>
<i>Virya</i>	<i>Sheeta</i>	<i>Sheet</i>	<i>Ushna</i>	<i>Anushna sheet</i>
<i>Vipaka</i>	<i>Madhur</i>	<i>Katu</i>	<i>Madhur</i>	<i>Madhur</i>
<i>Dosagnata</i>	<i>Pitta shamak</i>	<i>Kapha pitta shamak</i>	<i>Tridosha</i>	<i>Vata kapha shamak</i>

Discussion:

Tamaka Shwasa being a life threatening disease its management plays an important role in acute as well as in chronic stage. According to ayurvedic science the best cure for this disease is *nidana parivarjana* (avoidance of allergic/aggravating factors) of the disease. As there is *urdhva gati* of *vata* in this disease which make the person difficult to breath Along with *vata dosha* there is *anubanda* of *kapha dosha* as well , treatment should be aimed at normalising the

gati of *vata dosha*. So drug which are capable to give *prakrut gati* for *vata dosha* should be used.

In present topic *drakshadi churna* which has its reference in *Yog Ratnakar* is used which have all the properties like (*shingdha Ushna anulomak*) that can helpfull in normalising *vata dosha*. *Draksha* being *shingdha, guru, mrudu* helps in establishing *prakrut gati* of *vata*. *Vasa* being *Ruksha Tikta kasha* will help to break anu band of *kapha dosha*. *Haritaki* being natural

vatanulomak will help in establishing prakrut gati of vata dosha. Pippali being uttama kapha vata shamak will also help in normalising the doshas.

Conclusion

Prevalence of Bronchial Asthma is increasing due to excessive pollution, overcrowding, occupational conditions, stress and poor hygiene etc. These etiological factors acts as aggravating factors in developing acute attacks of asthma mostly in atopic individuals. Therefore, Nidana parivarjana has got a significant role to play in the management of the disease *Tamaka Shwasa*. Also, various principles of Ayurveda and many a formulations can be used according to *Roga & Rogi bala*, during *Vegavastha & Avegavastha* and as per palatability of the patient for free flow of *prana vayu* so that *srothorodha* is removed and free flow of *prana vayu* may occur thereby curing the attack of disease *Tamaka Shwasa*. *Draskhadi churna* will act *helpfull* in both chronic as well as acute stage of disease and also in preventing relapse of acute attacks.

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A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF THE PRAMEHA WITH ABHRAKADI YOGA W.S.R. TYPE 2 DIABETES MELLITUS

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Abstract: In Ayurveda Various *Acharyas* give explanation about *Prameha*. The description in Ayurveda text shows marked similarity of *Prameha Rupa* and type 2 Diabetes Mellitus. It is characterized by polyurea, burning sensation in palm, polyuria, unexplained weight gain, polydipsia. According to *Ayurveda* it is a *Tridoshajavyadhi* (mainly *kapha Pradhan*) and *Meda, Sweda* is the main *Dushya*. The general prevalence of type 2 diabetes mellitus (pre diabetes) is 11.8%.

A 50 years old male having chronicity of 10 years for type 2 diabetes mellitus came for consultation in OPD of Ayurved hospital For complaints of *Karpaddaha, Atiswedpravrutti, Shlathangatwam, Pipasativridhi* since last 1 month. The line of treatment given to the patient includes *Dipan, Amapachak, Kaphanashak, Guru Apatarpanjanya*. The Ayurved classics i.e. *Bruhat Nighantu Ratnakar* has advised *Abhrakadi Yoga* for management of *Prameha*. Good result was observed on *Karapaddaha* (70%), *Shlathangatwam* (65%), *Atisweda* (60%) *Bharvridhi* (10%). by the treatment regimen FBS was 180mg/dl which was reduced by 113mg/dl, PPBS was 230mg/dl which was reduced by 164 mg/dl after 45days of treatment and urine sugar became nil which was in traces before the treatment. Significant result was noted on subjective and objective parameters by *Abhrakadi Yoga* and *Pathyapalana*. This approach may be taken into consideration for further treatment and Research work of *Prameha*.

Index Terms - *Prameha*, type 2 diabetes mellitus, *Abhrakadi Yoga*.

INTRODUCTION

Now a day's human being are suffering from meaning disorder due to their disturbed fast lifestyle, and irregular food habits, fast foods, low fiber diet. This has lead to the emergence of type 2 diabetes mellitus (*Prameha*). It is a common metabolic disorder, which is characterized by Hyperglycemia due to impaired Insulin activity. As per WHO Diabetes is projected to be the 7th leading cause of Death in 2030. According to National Diabetes and Diabetic retinopathy survey (2019) prevalence ¹ rate for Pre diabetes is 11.8%.

According to *Ayurveda Prameha* is *Tridoshajavyadhi*² and is a group of urinary disorders, increased in frequency of micturition [*Prabhutmutrata*] and output. *Acharya Sushruta Prameha* included in *Ashtamahagada*. There are two main causes for *Prameha* i.e. *Sahaj*³ (Hereditary) and *Apathyanimitaj Prameha*. In modern medicine its management is carried out by using anti-hyperglycemic agents and insulin, disease modifying drug are used which have side effects (Economical & physical). To avoid the complications & side effects of type 2 diabetes mellitus we need the *Ayurvedic* Management of *Prameha*. In *Ayurved Samhita* i.e. *Bruhat Nighantu Ratnakar* explains formulation containing *Abhrak, Triphala* and *Haridra* for *Prameha* named as *Abhrakadi Yoga*⁴. It was used in present case of type 2 diabetes mellitus and showed promising results.

Presenting Complaints:-

A 50 years old male having chronicity of 10 years for type 2 diabetes mellitus came for consultation in OPD of *Ayurved* hospital for complaints of *Karpaddaha*, *Atiswedpravrutti*, *Shlathangatwam*, *Pipasattivridhi*⁵ aggravated since last month. No history of HTN and any major illness were noted. The patient has discontinued the earlier allopath medication since last month without medical advice.

Clinical finding:-

Patient was having complaints of *Karpadadaha*, *Atisweda*, *Bharvridhi*, *Shlathangatwam*, *Pipasativridhi* since last month. In *Ashtavidh Pariksha* findings were *Nadi* (Pulse) 78/min, *Mala* (Stool) *Baddha*, *Mutra* (urine) *Prabhut*, *Jivha Sama* (coated tongue), *Shabda* Normal (clear sound), *Sparsh* normal, *Druk Prakrut* (Normal vision), *Akruti Madhyam*, Weight 72kg. In *Dashavidha Pariksha Sara- Hin*, *Samhan- Hin*, *Satva- Hin*, *Satmya- Madhyam*, *Aharshakti- Madhyam*, *Jaran Shakti- Madhyam*, *Prakruti- Kapha*, *Agni-Visham*.

Therapeutic Focus and Assessment :- *Guru Apatarpanjanya*, *Aamapachak*, *Kaphahar Aahar* was advised and orally *Abhrakadi Yoga* 6 gm was prescribed twice daily with *Madhu* as *Anupana*. *Pathyapathya* was advised.

Criteria for Assessment: - The patient was assessed on Subjective and Objective Parameters. The subjective and objective Parameters were assessed at every 15 days interval up to 45 days of treatment regimen. Subjective Parameters were *Karapadadaha*, *Atiswedpravrutti*⁶ (Excluding environmental variation), *Bharvridhhi* (unexplained weight gain), *Shlathangatvam* (fatigue), *Pipasaativridhhi* (polydipsia) and Objective Parameters were fasting Blood sugar level, Post prandial Blood sugar level and urine sugar estimation.

Follow up and Outcomes:-

Good result was observed on *Karapaddaha*, *Pipassativrudhi*, *Shlathangatwam*, *Atisweda Prayritti* by the treatment regimen. Hematological parameter was reinvestigated after 45 days at this time FBS was 180mg/dl which was reduced by 113mg/dl, PPBS was 230mg/dl which was reduced by 164 mg/dl after 45 days of treatment and urine sugar became nil which was in traces before the treatment. The patient was advised to continue the oral medicine for next 3 month with regular follow up.

Discussion:-

Prameha shows similarity with type 2 diabetes mellitus described in modern texts. Long term treatment is needed for type 2 diabetes mellitus to reduce hyperglycemia and dyslipidemia. To avoid the long term side effects, complications of oral hypoglycemic agents and cost effective treatment of type 2 diabetes mellitus need of *Ayurvedic* Medicine for *Prameha* is required. *Abhrakadi Yoga* has lipid lowering (*Triphala*), *Pramehagna* (*Abhrak*) properties which can control the metabolic disease effectively without any adverse effect. The contents of *Abhrakadi Yoga* has established anti hyperglycemic and hypolipidaemic properties (table no.1). *Aampachak*, *Kaphahara*, *Dipan* effect of *Abhrakadi yoga* showed good result in both subjective and objective parameters of *Prameha* without any complication and side effect.

Conclusion:-

The *Abhrakadi Yoga* is a herbomineral formulation mentioned in *Bruhat Nighantu Ratnakar* for *Prameha Vyadhi* which is a metabolic syndrome diagnosed as type 2 diabetes mellitus in today's era. *Abhrakadi Yoga* with *Madhu* is found to be effective in *Prameha* it relieved the symptoms like *Karapadadaha*, *Shlathangatvam*, *Atiswedpravrutti*, *Bharvridhhi* also reduced the abnormal levels of FBS and PPBS without any adverse effects. On the basis of this case study we can consider this approach for further treatment and research work of *Prameha*.

Table no.1: Probable mode of action.

Sr No.	Dravya Name	Mode of Action
1	Abhrak	<i>Tridoshashaman</i> - removes <i>Kledakkapha</i> , <i>Samanvayu</i> , <i>Pachak Pitta</i> . According to <i>Guna</i> it acts as <i>Pramehagna</i> , <i>Mutrakrichhanashak</i> . It is also used in gestational diabetes ⁷ .
2	Triphala	Act as <i>Virechak</i> (<i>Shodhan</i> Activity) - remove the <i>Kapha</i> and <i>Pitta</i> . It Corrects <i>Dosha</i> to equilibrium. Shows antihyperglycemic ^{8,9} effect. With its <i>Rasayan</i> effect - act as Immunomodulator ¹⁰ .
3	Amalaki	It acts as Hypoglycemic or anti hyperglycemic ¹¹ .
4	Haritaki	Shows property of hypolipidaemic. Help in disintegrating the pathogenesis of diabetes ¹² .
5	Bibhitaki	Shows potentially anti diabetic effect as it augments insulin secretion and normalizes the altered biochemical parameters in diabetic rat models ¹³ .
6	Haridra	<i>Tiktras</i> , <i>Ushnavirya</i> , <i>Katuvipaka</i> - <i>Medoghna</i> It is the best in the business of effective prevention and cure of diabetes ¹⁴ .
7	Madhu Honey	Increase insulin levels and decreases level of blood sugar ¹⁵

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PANCHAKARMA THERAPIES – A OUTLOOK IN MANAGEMENT OF VATAVYADHI

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Abstract: *Ayurveda* is been in practice from ancient period for the management of various diseases related to mankind. It has its own approach for the management of the diseases based on concepts emerged as a result of observations and experimentation done by *Acharayas*. The basics described includes the *Tridosha* concept among which *Vata Dosha* is given the prime importance as it is essential for smooth functioning of body and for maintaining structural integrity of body elements. The *Acharayas* have described types of *Vatavyadhi* as *Dhatukshayajanya* & *Margavrodhajanya*. The *Chikitsa* varies according the type of *Vatavyadhi* i.e. *Shamana* & *Shodhana*. *Panchakarma* is mentioned as *Shodhana Chikitsa Prakara* which involves various therapeutic procedures beneficial in eliminating vitiated *Vata* and other *Dosha* in body resulting in permanent relief and non-recurrence of *Vatavyadhis*. So now a day *Panchakarma* therapies are being used worldwide in neuro-muscular and joint disorders which are correlated with *Vatavyadhis* mentioned in *Ayurved* classics.

Index Terms - *Vata Dosha, Vatavyadhi, Panchakarma, neuro-muscular and joint disorders.*

Introduction

Tridosha concept is one of the pillar of *Ayurved* science. Among these *Tridoshas* *Vata* acquires the prime importance as *Vata* is self governing, eternal and all encompassing nature. In normal human body all three *Dosha* i.e. *Vata, Pitta* and *Kapha* are working in alliance with each other. Normal *Vata Dosha* encourages the other two *Doshas* to fulfill their normal functions. In aggravated *Kupita* state, *Vata* leads the other two *Doshas* into abnormal pathways and channels thus process of disease formation starts ¹. Any impairment in *Vata Dosha* may lead to diseases known as *Vatavyadhi*. According to *Samprapti Bheda* the *Vatavyadhi* are of two types *Dhatukshayajanya* & *Margavrodhajanya*. *Dhatukshayajanya* *Vatavyadhi* comprises of degeneration of body tissues, whereas in *Margavrodhajanya* *Vatavyadhi* there is obstruction in pathway of body. The most prevalent *Vatavyadhis* in today's era are *Pakshaghata* (stroke), *Sandhigata Vata* (osteoarthritis), *Katigata Vata* (spondylosis), *Gridhrasi* (sciatica), *Asthimajagata Vata* (ankylosing spondylitis) and *Vatarakta* (gout).etc. *Acharayas* have classified the types of *Chikitsa* i.e. *Shamana* & *Shodhana*. *Panchakarma* is *Shodhana Chikitsa Prakara* which involves various therapeutic procedures like *Snehana, Swedana, Vamana, Virechana, Basti* and *Shirovirechana* beneficial in eliminating vitiated *Vata* along with other *Dosha* in body resulting in permanent relief and non-recurrence of *Vatavyadhis*. In *Ayurveda* Classics Musculoskeletal conditions can be related with the various diseases described under *Vatavyadhi*. Musculoskeletal conditions are characterized by pain, restricted movements and loss of functional ability, which restrict a person's ability to work and related day to day activities, which in turn affects mental well being. The data by WHO represents that painful musculoskeletal condition are prevalent in 20-30% of people across the globe². Pain and restricted mobility are the main features in musculoskeletal disorders. So now a day *Panchakarma* therapies are being used worldwide in musculoskeletal disorders which are correlated with *Vatavyadhis* mentioned in *Ayurved* classics.

Material and methods:

The article is a review of materials related to *Vatavyadhi* in *Ayurvedic* texts. *Brihatriyi*, *Laghutriyi*, other *Ayurvedic* texts and the research papers in journals.

Observations and discussion:

According to *Ayurveda* musculoskeletal disorders can be considered under the umbrella of *Vatavyadhi* which involves the types of musculoskeletal disorders. Most common features of *Vatavyadhi* mentioned in *Charak Samhita* are. *Sankoch*, *Parva sthambha*, *Parvabheda*, *Prishtha*, *Pani* and *Shirograha*, *Pangulya*, *Kubjatava*, *Khanja*, *Angashosha*, *Gatraspandan*, *Gatrasuptata*, *Greevahundan*, *Toda*, *Bheda*, *Moha*, *Akeshapa* and *Aayasa*.³ The *Nidana* mentioned for various *Vatavyadhis* in *Ayurved* classics includes excessive use of dry, cold, less diet, excessive coitus and sleeplessness, improper treatments like expelling of *Dosha* or blood letting, due to prolong fasting, sitting in wrong postures, excess use of the vehicles, swimming, due to depletion of *Dhatu* or psychological causes like anxiety, fear, sorrow, anger, stress, day sleeping, suppression of natural urges, external trauma, injury to vitals parts all these causes leads to vitiation of *Vata* and can be associated with *Pitta* and *Kapha*. This aggravated *Vata* when reaches to the *Srotatas* leads to many localized or generalized disorders.⁴ Treatment of *Vatavyadhi* in *Ayurveda* depends on causation of disease i.e. either due to *Vata Prakopa* or *Vata Kshaya*. So, when there is a accumulation of the morbid *Doshas* *Shodhana* therapy is recommended and in *Kshaya* condition *Brihana Chikitsa* is indicated respectively. The specialized field of *Ayurveda* known as *Panchakarma* includes five therapeutic procedures namely *Vamana*, *Virechana*, *Basti*, *Nasya* and *Raktamokshan*.⁵ *Acharya Charak* opines that *Basti* is best therapeutic procedure to treat all types *Vata* disorders.⁶ *Panchakarma* therapies are the effective line of treatment in the management of *Vatavyadhi*.⁷ It is comprehensive process involving *Purva Karma*, *Pradhan Karma* and *Paschat Karma*. *Purva Karma* like *Snehana*, *Swedana* *Dipana* and *Pachana*, helps to bring back the *Dosha* to their *Ashaya*. *Snehana* in the form of *Abhyanga* is done on the skin; it alleviates *Vata* and decreases the aging process by slowing down the degenerative process occurring in the different *Dhatu*. *Swedana* pacifies the *Vata* by *Ushna Guna*, increases *Dhatwagni*, and decreases *Gaurava* and *Stambha*. *Swedana* liquefies the *Doshas* present in the micro-channels.⁸ Thereafter the *Panchakarma* procedures namely *Vamana*, *Virechana*, *Nasya*, *Basti* and *Rakta-mokshan* are given in *Vatavyadhis*. Now a day's *Panchakarma* procedures are carried out in commonly diagnosed *Vatavyadhis* such as *Gridhrasi*, *Sandhigata Vata*, *Pakshaghat*, *Vatarakta* etc. *Acharya Charaka* mentions *Gridhrasi* in the 80 types of *Vataja Nanatmaja Vikaras*.⁹ The *Vataja Gridhrasi* has *Ruka*, *Toda*, *Muhuspandana*, and *Stambha* as cardinal signs and symptoms. *Acharya Susruta* has also described *Sakthishepana Nigrahanti* as symptom of *Gridhrasi*.¹⁰ The general line of treatment consist of *Panchakarma* procedures *Snehana*, *Swedana*, *Vamana*, *Virechana*, *Anuvasana* and *Niruha Basti*, *Kati Basti*, *Siravedhana*, *Raktamokshana* and *Agnikarma* are indicated as line of treatment in *Gridhrasi*. *Sushruta* opines for *Siravedha* at *Janu Sandhi* after *Sankocana* in *Gridhrasi*. *Agnikarma* between *Kandara* and *Gulfa* is mentioned in the *Chikitsa* of *Gridhrasi* by *Charaka*. *Acharya Chakradutta* suggested for *Agnikarma* at *Kanisthika Anguli* of *Pada*. Using all above mentioned procedures *Gridhrasi* can be cured. the further list of *Vatavyadhi* comprises of *Sandhigata Vata*. *Sandhigata Vata* can be the disease of *Sandhi* with the symptoms of *Sandhi Shoola*, *Sandhi Shotha*, *Akunchana* *Prasarana Pravritti* *Savedana*, *Atopa*, *Sandhisphutana*, and in chronic stage *Hanti Sandhigatah*.¹¹ In *Sushruta Samhita* the treatment for *Sandhigata Vata* is *Snehan*, *Swedan*, *Upanaha*, *Bandhana*, *Unmardana* and *Agnikarma*.¹² The general line of the treatment includes *Abhyanga*, *Swedan*, *Virechana*, *Niruha*, *Anuvasana* *Basti*, *Kati Basti*, *Janu Basti*, *Raktamokshana* and *Agnikarma*. The above mentioned procedures relieve the symptoms and signs of *Sandhigata Vata*. Another most common *Vatavyadhi* involving neuromuscular component is *Pakshaghat*. 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It produces various symptoms like *Ruka*, *Swayathu*, *Daha*, *Stabdha Sandhi*, *Shyava RaktaVarnata*, and *Sparsasahatwa*.¹⁵ The basic line of treatment involves the

therapeutic measures such as *Snehana*, *Sneha Virechana*, *Anuvāsana Basti*, *Niruha Basti*, *Seka*, *Pradeha* and *Sneha*.¹⁶In *Vatarakta Chikitsa* both *Acharya Charaka* and *Vagbhata* have indicated *Ksheer Basti*.¹⁷ Thus the *Ayurvedic* treatment is beneficial and effective in the management of *Vatavyadhis*. The *Panchakarma* is the fundamental basis of *Ayurveda* management and important component of *Ayurvedic* treatment in *Vatavyadhis*. The *Panchakarma* procedures like *Swedana*, *Vamana*, *Virechana*, *Sirovirechana*, *Basti*, *Raktamokshana* focus on the purification and detoxification of the human body, *Panchakarma* pacifies *Vata Dosha* therefore can manage the *Vatavyadhis* such as; *Gridhrasi*, *Sandhigata Vata*, *Pakshaghat*, *Vatarakta* etc. The *Ayurvedic Panchakarma* therapies are having better prognosis in cases of musculoskeletal disorders which are considered under the umbrella of *Vatavyadhi*.

Conclusion:

The *Ayurvedic* Classical texts mentions the *Panchakarma* procedures to manage the complaints of *Vatavyadhi*. The *Purvakarma* procedures like *Snehana* & *Swedana* relaxes, provides tone to the muscles & promotes the blood circulation. Whereas, *Pradhanakarmas* involving *Vamana*, *Virechana*, *Basti*, *Nasya* and *Rakta-mokshan* are very much beneficial in eradicating the vitiated *Vata Dosha*, thereby relieving the symptoms and signs of various *Vatavyadhi*. *Panchakarma Chikitsa* is beneficial in management of many types of Musculo-skeletal Disorder. These procedures also promotes strength of the persons, maintains health & longevity.

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PANCHAKARMA THERAPIES – A OUTLOOK IN MANAGEMENT OF VATAVYADHI

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Abstract: *Ayurveda* is been in practice from ancient period for the management of various diseases related to mankind. It has its own approach for the management of the diseases based on concepts emerged as a result of observations and experimentation done by *Acharayas*. The basics described includes the *Tridosha* concept among which *Vata Dosha* is given the prime importance as it is essential for smooth functioning of body and for maintaining structural integrity of body elements. The *Acharayas* have described types of *Vatavyadhi* as *Dhatukshayajanya* & *Margavrodhajanya*. The *Chikitsa* varies according the type of *Vatavyadhi* i.e. *Shamana* & *Shodhana*. *Panchakarma* is mentioned as *Shodhana Chikitsa Prakara* which involves various therapeutic procedures beneficial in eliminating vitiated *Vata* and other *Dosha* in body resulting in permanent relief and non-recurrence of *Vatavyadhis*. So now a day *Panchakarma* therapies are being used worldwide in neuro-muscular and joint disorders which are correlated with *Vatavyadhis* mentioned in *Ayurved* classics.

Index Terms - *Vata Dosha, Vatavyadhi, Panchakarma, neuro-muscular and joint disorders.*

Introduction

Tridosha concept is one of the pillar of *Ayurved* science. Among these *Tridoshas* *Vata* acquires the prime importance as *Vata* is self governing, eternal and all encompassing nature. In normal human body all three *Dosha* i.e. *Vata, Pitta* and *Kapha* are working in alliance with each other. Normal *Vata Dosha* encourages the other two *Doshas* to fulfill their normal functions. In aggravated *Kupita* state, *Vata* leads the other two *Doshas* into abnormal pathways and channels thus process of disease formation starts ¹. Any impairment in *Vata Dosha* may lead to diseases known as *Vatavyadhi*. According to *Samprapti Bheda* the *Vatavyadhi* are of two types *Dhatukshayajanya* & *Margavrodhajanya*. *Dhatukshayajanya* *Vatavyadhi* comprises of degeneration of body tissues, whereas in *Margavrodhajanya* *Vatavyadhi* there is obstruction in pathway of body. The most prevalent *Vatavyadhis* in today's era are *Pakshaghata* (stroke), *Sandhigata Vata* (osteoarthritis), *Katigata Vata* (spondylosis), *Gridhrasi* (sciatica), *Asthimajagata Vata* (ankylosing spondylitis) and *Vatarakta* (gout).etc. *Acharayas* have classified the types of *Chikitsa* i.e. *Shamana* & *Shodhana*. *Panchakarma* is *Shodhana Chikitsa Prakara* which involves various therapeutic procedures like *Snehana, Swedana, Vamana, Virechana, Basti* and *Shirovirechana* beneficial in eliminating vitiated *Vata* along with other *Dosha* in body resulting in permanent relief and non-recurrence of *Vatavyadhis*. In *Ayurveda* Classics Musculoskeletal conditions can be related with the various diseases described under *Vatavyadhi*. Musculoskeletal conditions are characterized by pain, restricted movements and loss of functional ability, which restrict a person's ability to work and related day to day activities, which in turn affects mental well being. The data by WHO represents that painful musculoskeletal condition are prevalent in 20-30% of people across the globe². Pain and restricted mobility are the main features in musculoskeletal disorders. So now a day *Panchakarma* therapies are being used worldwide in musculoskeletal disorders which are correlated with *Vatavyadhis* mentioned in *Ayurved* classics.

Material and methods:

The article is a review of materials related to *Vatavyadhi* in *Ayurvedic* texts. *Brihatriyi*, *Laghutriyi*, other *Ayurvedic* texts and the research papers in journals.

Observations and discussion:

According to *Ayurveda* musculoskeletal disorders can be considered under the umbrella of *Vatavyadhi* which involves the types of musculoskeletal disorders. Most common features of *Vatavyadhi* mentioned in *Charak Samhita* are. *Sankoch*, *Parva sthambha*, *Parvabheda*, *Prishtha*, *Pani* and *Shirograha*, *Pangulya*, *Kubjatava*, *Khanja*, *Angashosha*, *Gatraspandan*, *Gatrasuptata*, *Greevahundan*, *Toda*, *Bheda*, *Moha*, *Akeshapa* and *Aayasa*.³ The *Nidana* mentioned for various *Vatavyadhis* in *Ayurved* classics includes excessive use of dry, cold, less diet, excessive coitus and sleeplessness, improper treatments like expelling of *Dosha* or blood letting, due to prolong fasting, sitting in wrong postures, excess use of the vehicles, swimming, due to depletion of *Dhatu* or psychological causes like anxiety, fear, sorrow, anger, stress, day sleeping, suppression of natural urges, external trauma, injury to vitals parts all these causes leads to vitiation of *Vata* and can be associated with *Pitta* and *Kapha*. This aggravated *Vata* when reaches to the *Srotatas* leads to many localized or generalized disorders.⁴ Treatment of *Vatavyadhi* in *Ayurveda* depends on causation of disease i.e. either due to *Vata Prakopa* or *Vata Kshaya*. So, when there is a accumulation of the morbid *Doshas* *Shodhana* therapy is recommended and in *Kshaya* condition *Brihana Chikitsa* is indicated respectively. The specialized field of *Ayurveda* known as *Panchakarma* includes five therapeutic procedures namely *Vamana*, *Virechana*, *Basti*, *Nasya* and *Raktamokshan*.⁵ *Acharya Charak* opines that *Basti* is best therapeutic procedure to treat all types *Vata* disorders.⁶ *Panchakarma* therapies are the effective line of treatment in the management of *Vatavyadhi*.⁷ It is comprehensive process involving *Purva Karma*, *Pradhan Karma* and *Paschat Karma*. *Purva Karma* like *Snehana*, *Swedana* *Dipana* and *Pachana*, helps to bring back the *Dosha* to their *Ashaya*. *Snehana* in the form of *Abhyanga* is done on the skin; it alleviates *Vata* and decreases the aging process by slowing down the degenerative process occurring in the different *Dhatu*. *Swedana* pacifies the *Vata* by *Ushna Guna*, increases *Dhatwagni*, and decreases *Gaurava* and *Stambha*. *Swedana* liquefies the *Doshas* present in the micro-channels.⁸ Thereafter the *Panchakarma* procedures namely *Vamana*, *Virechana*, *Nasya*, *Basti* and *Rakta-mokshan* are given in *Vatavyadhis*. Now a day's *Panchakarma* procedures are carried out in commonly diagnosed *Vatavyadhis* such as *Gridhrasi*, *Sandhigata Vata*, *Pakshaghat*, *Vatarakta* etc. *Acharya Charaka* mentions *Gridhrasi* in the 80 types of *Vataja Nanatmaja Vikaras*.⁹ The *Vataja Gridhrasi* has *Ruka*, *Toda*, *Muhuspandana*, and *Stambha* as cardinal signs and symptoms. *Acharya Susruta* has also described *Sakthishepana Nigrahanti* as symptom of *Gridhrasi*.¹⁰ The general line of treatment consist of *Panchakarma* procedures *Snehana*, *Swedana*, *Vamana*, *Virechana*, *Anuvasana* and *Niruha Basti*, *Kati Basti*, *Siravedhana*, *Raktamokshana* and *Agnikarma* are indicated as line of treatment in *Gridhrasi*. *Sushruta* opines for *Siravedha* at *Janu Sandhi* after *Sankocana* in *Gridhrasi*. *Agnikarma* between *Kandara* and *Gulfa* is mentioned in the *Chikitsa* of *Gridhrasi* by *Charaka*. *Acharya Chakradutta* suggested for *Agnikarma* at *Kanisthika Anguli* of *Pada*. Using all above mentioned procedures *Gridhrasi* can be cured. the further list of *Vatavyadhi* comprises of *Sandhigata Vata*. *Sandhigata Vata* can be the disease of *Sandhi* with the symptoms of *Sandhi Shoola*, *Sandhi Shotha*, *Akunchana* *Prasarana Pravritti* *Savedana*, *Atopa*, *Sandhisphutana*, and in chronic stage *Hanti Sandhigatah*.¹¹ In *Sushruta Samhita* the treatment for *Sandhigata Vata* is *Snehan*, *Swedan*, *Upanaha*, *Bandhana*, *Unmardana* and *Agnikarma*.¹² The general line of the treatment includes *Abhyanga*, *Swedan*, *Virechana*, *Niruha*, *Anuvasana* *Basti*, *Kati Basti*, *Janu Basti*, *Raktamokshana* and *Agnikarma*. The above mentioned procedures relieve the symptoms and signs of *Sandhigata Vata*. Another most common *Vatavyadhi* involving neuromuscular component is *Pakshaghat*. 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Index Terms - *Vata Dosha, Vatavyadhi, Panchakarma, neuro-muscular and joint disorders.*

Introduction

Tridosha concept is one of the pillar of *Ayurved* science. Among these *Tridoshas* *Vata* acquires the prime importance as *Vata* is self governing, eternal and all encompassing nature. In normal human body all three *Dosha* i.e. *Vata, Pitta* and *Kapha* are working in alliance with each other. Normal *Vata Dosha* encourages the other two *Doshas* to fulfill their normal functions. In aggravated *Kupita* state, *Vata* leads the other two *Doshas* into abnormal pathways and channels thus process of disease formation starts ¹. Any impairment in *Vata Dosha* may lead to diseases known as *Vatavyadhi*. According to *Samprapti Bheda* the *Vatavyadhi* are of two types *Dhatukshayajanya* & *Margavrodhajanya*. *Dhatukshayajanya* *Vatavyadhi* comprises of degeneration of body tissues, whereas in *Margavrodhajanya* *Vatavyadhi* there is obstruction in pathway of body. The most prevalent *Vatavyadhis* in today's era are *Pakshaghata* (stroke), *Sandhigata Vata* (osteoarthritis), *Katigata Vata* (spondylosis), *Gridhrasi* (sciatica), *Asthimajagata Vata* (ankylosing spondilitis) and *Vatarakta* (gout).etc. *Acharayas* have classified the types of *Chikitsa* i.e. *Shamana* & *Shodhana*. *Panchakarma* is *Shodhana Chikitsa Prakara* which involves various therapeutic procedures like *Snehana, Swedana, Vamana, Virechana, Basti* and *Shirovirechana* beneficial in eliminating vitiated *Vata* along with other *Dosha* in body resulting in permanent relief and non-recurrence of *Vatavyadhis*. In *Ayurveda* Classics Musculoskeletal conditions can be related with the various diseases described under *Vatavyadhi*. Musculoskeletal conditions are characterized by pain, restricted movements and loss of functional ability, which restrict a person's ability to work and related day to day activities, which in turn affects mental well being. The data by WHO represents that painful musculoskeletal condition are prevalent in 20-30% of people across the globe². Pain and restricted mobility are the main features in musculoskeletal disorders. So now a day *Panchakarma* therapies are being used worldwide in musculoskeletal disorders which are correlated with *Vatavyadhis* mentioned in *Ayurved* classics.

Material and methods:

The article is a review of materials related to *Vatavyadhi* in *Ayurvedic* texts. *Brihatriyi*, *Laghutriyi*, other *Ayurvedic* texts and the research papers in journals.

Observations and discussion:

According to *Ayurveda* musculoskeletal disorders can be considered under the umbrella of *Vatavyadhi* which involves the types of musculoskeletal disorders. Most common features of *Vatavyadhi* mentioned in *Charak Samhita* are. *Sankoch*, *Parva sthambha*, *Parvabheda*, *Prishtha*, *Pani* and *Shirograha*, *Pangulya*, *Kubjatava*, *Khanja*, *Angashosha*, *Gatraspandan*, *Gatrasuptata*, *Greevahundan*, *Toda*, *Bheda*, *Moha*, *Akeshapa* and *Aayasa*.³ The *Nidana* mentioned for various *Vatavyadhis* in *Ayurved* classics includes excessive use of dry, cold, less diet, excessive coitus and sleeplessness, improper treatments like expelling of *Dosha* or blood letting, due to prolong fasting, sitting in wrong postures, excess use of the vehicles, swimming, due to depletion of *Dhatu* or psychological causes like anxiety, fear, sorrow, anger, stress, day sleeping, suppression of natural urges, external trauma, injury to vitals parts all these causes leads to vitiation of *Vata* and can be associated with *Pitta* and *Kapha*. This aggravated *Vata* when reaches to the *Srotatas* leads to many localized or generalized disorders.⁴ Treatment of *Vatavyadhi* in *Ayurveda* depends on causation of disease i.e. either due to *Vata Prakopa* or *Vata Kshaya*. So, when there is a accumulation of the morbid *Doshas* *Shodhana* therapy is recommended and in *Kshaya* condition *Brihana Chikitsa* is indicated respectively. The specialized field of *Ayurveda* known as *Panchakarma* includes five therapeutic procedures namely *Vamana*, *Virechana*, *Basti*, *Nasya* and *Raktamokshan*.⁵ *Acharya Charak* opines that *Basti* is best therapeutic procedure to treat all types *Vata* disorders.⁶ *Panchakarma* therapies are the effective line of treatment in the management of *Vatavyadhi*.⁷ It is comprehensive process involving *Purva Karma*, *Pradhan Karma* and *Paschat Karma*. *Purva Karma* like *Snehana*, *Swedana* *Dipana* and *Pachana*, helps to bring back the *Dosha* to their *Ashaya*. *Snehana* in the form of *Abhyanga* is done on the skin; it alleviates *Vata* and decreases the aging process by slowing down the degenerative process occurring in the different *Dhatu*. *Swedana* pacifies the *Vata* by *Ushna Guna*, increases *Dhatwagni*, and decreases *Gaurava* and *Stambha*. *Swedana* liquefies the *Doshas* present in the micro-channels.⁸ Thereafter the *Panchakarma* procedures namely *Vamana*, *Virechana*, *Nasya*, *Basti* and *Rakta-mokshan* are given in *Vatavyadhis*. Now a day's *Panchakarma* procedures are carried out in commonly diagnosed *Vatavyadhis* such as *Gridhrasi*, *Sandhigata Vata*, *Pakshaghat*, *Vatarakta* etc. *Acharya Charaka* mentions *Gridhrasi* in the 80 types of *Vataja Nanatmaja Vikaras*.⁹ The *Vataja Gridhrasi* has *Ruka*, *Toda*, *Muhuspandana*, and *Stambha* as cardinal signs and symptoms. *Acharya Susruta* has also described *Sakthishepana Nigrahanti* as symptom of *Gridhrasi*.¹⁰ The general line of treatment consist of *Panchakarma* procedures *Snehana*, *Swedana*, *Vamana*, *Virechana*, *Anuvasana* and *Niruha Basti*, *Kati Basti*, *Siravedhana*, *Raktamokshana* and *Agnikarma* are indicated as line of treatment in *Gridhrasi*. *Sushruta* opines for *Siravedha* at *Janu Sandhi* after *Sankocana* in *Gridhrasi*. *Agnikarma* between *Kandara* and *Gulfa* is mentioned in the *Chikitsa* of *Gridhrasi* by *Charaka*. *Acharya Chakradutta* suggested for *Agnikarma* at *Kanisthika Anguli* of *Pada*. Using all above mentioned procedures *Gridhrasi* can be cured. the further list of *Vatavyadhi* comprises of *Sandhigata Vata*. *Sandhigata Vata* can be the disease of *Sandhi* with the symptoms of *Sandhi Shoola*, *Sandhi Shotha*, *Akunchana* *Prasarana Pravritti* *Savedana*, *Atopa*, *Sandhisphutana*, and in chronic stage *Hanti Sandhigatah*.¹¹ In *Sushruta Samhita* the treatment for *Sandhigata Vata* is *Snehan*, *Swedan*, *Upanaha*, *Bandhana*, *Unmardana* and *Agnikarma*.¹² The general line of the treatment includes *Abhyanga*, *Swedan*, *Virechana*, *Niruha*, *Anuvasana* *Basti*, *Kati Basti*, *Janu Basti*, *Raktamokshana* and *Agnikarma*. The above mentioned procedures relieve the symptoms and signs of *Sandhigata Vata*. Another most common *Vatavyadhi* involving neuromuscular component is *Pakshaghat*. The disease manifestation involves *Sira Snayu Shoshatva*, *Shithiltva* of *Sandhibandhana*, causing the loss of movement especially of one side of the body i.e. *Pakshaghat*, loss of sensory impulses, dysarthria, facial rigidity and disturbed muscular tone associated with altered nerve functioning.¹³ The *Panchakarma* procedures like *Swedana*, *Snehana*, *Anuvasana* *Basti*, *Nasya*, *Shirobasti* and *Shirodhara* etc. is beneficial in management of *Pakshaghat*.¹⁴ Another cause of arthritis in today's era is Gout. The arthritis caused in gout is due to accumulation of excess uric acid in the bloodstream. Gout is correlated with *Vatarakta* in context of *Ayurveda*. In *Vatarakta* there is aggravation of *Vata* and *Rakta*. The *Vata* aggravates due to obstruction of its pathways by vitiated *Rakta*. The main feature of *Vatarakta* is *Sandhi Shoola*. The onset is at *Hasta* or *Padamoolam* and spreads to other parts like *Aakhuvisha*. It produces various symptoms like *Ruka*, *Swayathu*, *Daha*, *Stabdha Sandhi*, *Shyava Rakta Varnata*, and *Sparsasahatwa*.¹⁵ The basic line of treatment involves the

therapeutic measures such as *Snehana*, *Sneha Virechana*, *Anuvasana Basti*, *Niruha Basti*, *Seka*, *Pradeha* and *Sneha*.¹⁶In *Vatarakta Chikitsa* both *Acharya Charaka* and *Vagbhata* have indicated *Ksheer Basti*.¹⁷ Thus the *Ayurvedic* treatment is beneficial and effective in the management of *Vatavyadhis*. The *Panchakarma* is the fundamental basis of *Ayurveda* management and important component of *Ayurvedic* treatment in *Vatavyadhis*. The *Panchakarma* procedures like *Swedana*, *Vamana*, *Virechana*, *Sirovirechana*, *Basti*, *Raktamokshana* focus on the purification and detoxification of the human body, *Panchakarma* pacifies *Vata Dosha* therefore can manage the *Vatavyadhis* such as; *Gridhrasi*, *Sandhigata Vata*, *Pakshaghat*, *Vatarakta* etc. The *Ayurvedic Panchakarma* therapies are having better prognosis in cases of musculoskeletal disorders which are considered under the umbrella of *Vatavyadhi*.

Conclusion:

The *Ayurvedic* Classical texts mentions the *Panchakarma* procedures to manage the complaints of *Vatavyadhi*. The *Purvakarma* procedures like *Snehana* & *Swedana* relaxes, provides tone to the muscles & promotes the blood circulation. Whereas, *Pradhanakarmas* involving *Vamana*, *Virechana*, *Basti*, *Nasya* and *Rakta-mokshan* are very much beneficial in eradicating the vitiated *Vata Dosha*, thereby relieving the symptoms and signs of various *Vatavyadhi*. *Panchakarma Chikitsa* is beneficial in management of many types of Musculo-skeletal Disorder. These procedures also promotes strength of the persons, maintains health & longevity.

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**HITKAR AAHARA PROMOTES HEALTHY LIFESTYLE – A REVIEW STUDY**

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**ABSTRACT**

Hita Aahara is responsible for the happiness and formation of the healthy body. Food affect mind also it increases or decreases the qualities of mind i.e. *Satvaguna*, *Rajoguna*, *Tamoguna*. In classical textbook distributed age groups according to nutrition requirement as Infants (*Ksheerada*), Children's (*Ksheera Annada*), Teenagers (*Annada*). In classical textbook *Shadras Aahar* helps to taste for tongue and *Truptikar* for mind and helps to growth and development of healthy body. So, that it is said in ancient Indian literature that if dietetics is followed, medicine is not needed and if dietetics is not observed even medicine are not useful. Specially it divides *Hitkar Aahara*, *Ahitkar Aahara* according to age distribution explain in classical text.

Keywords: *Aahara*, *Hitkar*, *Ahitkar*, *Shadras*

INTRODUCTION

In Ayurveda where advantageous and disadvantageous as well as happy and unhappy (state of) life

along with what is good or bad for life its measurement and life itself are described.⁽¹⁾ Good health stands

at the very root of virtuous acts acquirement of wealth, gratification of desire and final emancipation.⁽²⁾ Generic concomitance is always the cause of the augmentation of all the beings whereas the variant factor of their diminution provided both are applied.⁽³⁾ Lord *Atreya* said – wholesome food is one of the causes for the growth of living beings and unwholesome food for the growth of disease.⁽⁴⁾ Food is article which maintain the equilibrium of bodily *Dhatus* and help in eliminating the disturbance of their equilibrium are to be regard as wholesome , otherwise they are unwholesome. There are the most accurate definition of wholesome and unwholesome food articles.⁽⁵⁾ The body as well as diseases are caused by food , wholesome and unwholesome food are responsible for happiness and misery respectively individuals who have immunity from and susceptibility to the various psychosomatic disease various diseases specific to each of the *Dhatus* (tissue element)⁽⁶⁾.

Literature Review –

A) Previous work done –

- 1) Concept of *Aahara* in Ayurveda, IAMJ Volume 6 Issues 5 May 2018
- 2) Critical review of dietetics in Ayurved, Research gate Oct 2016
- 3) *Viruddhahara* an Ayurvedic approach to dietary incompatibilities – A review, WJP vol 4, Issue 3, Page no 66 to 69, 2018

B) Ayurvedic literature review –

a) *Samhita* –

1. *Charaka Samhita Sutrasthana – Yajjapurishaya Aadhyaya – Hit Ahit Aahara Lakshana*
2. *Kashyap Samhita Uttarsthana Balamayapratishedham Aadhyaya – Age distribution*
3. *Sushruta Samhita Sutrasthana – Annapanvidhi Aadhyaya – Aahara Prashasti.*

Materials and Methods

Critical Analysis of classical textbooks and relevant research material like *Charak Samhita, Sushruta Samhita, Ashtag Hruday*. Journals, Research Article, Textbooks was carried out studied and reviewed. Result of these data mining has been presented in the research article.

OBSERVATION: Ancient treatise describes *Trayopstambha* which includes *Aahar, Nidra,* and *Bramhacharya*. *Aahara* is having prime importance as it maintains the equilibrium of bodily *Dhatus* and help in eliminating the disturbance of their equilibrium are to be regard as wholesome, otherwise they are unwholesome. It can be the most accurate definition of wholesome and unwholesome food articles.⁽⁵⁾

Ahstang Hruday and *Kashyap Samhita* describes *Hitkar* and *Ahitkar Aahara*. According to age groups as Infants, Children's, Teenagers, And Elders explained in table no 1. *ShadrasAahara* can develop *Saptadhatu Poshan*, good health, digest the food and good salivation.⁽⁹⁾ Food accrue, growth, strength, health, colour of the body and keenness of the sense organs, and that improper use of food leads to ill health. ⁽¹⁰⁾*Hitkar Aahara* and *Ahitkar Aahara* divides on *Prakruti* it is mentioned in Ayurvedic classical text. In *Charak Agryaganya Hitkar Aahara* like *Ksheeram Jeevniyanam, Mansa Bruhaniyanam, Kukuto Balyanam, Annam Vruttikaranam* to promote for healthy lifestyle. And *Ahitkar Aahara Jambavm Vatajanananam, Shashkulya, Masha Shleshmapittajanananam, Kultha Amlapittajanananam* it produces the various types of diseases like obesity, Skin infection, Diabetes.⁽¹¹⁾ In *Ashtang-Sangraha Hitkar Aahara Ksheer Grutaabhyaso-Rasayananam, Madhukam Chakshushya Vrushya Keshya Kanthya Varnya* and *Ahitkar Aahara Vrudha-veeryashanm Ninditvayadhikaranam, Gurubhojanm Durvipakanam, Atimatrashanmamdossh Hetunam.*⁽¹²⁾

DISCUSSION

The food is said to be cause of stability for all living beings. There is nothing else except diet for sustaining the life of living being. Benefits of *Hitkar Aahara*-Improved memory and brain health, Better mood and energy level, Strong bones, Maintain Heart health, Improved gut health. Healthy food basically unprocessed, Low calories, increases immunity, Improve sleep quality. Mind, Soul and Body these are three like a 'Tripod' the world is sustained by their combination , they constitute the substratum for everything.⁽¹³⁾ In India national health programs, National Maternal and Child health programs, Nutrition Pro-

gram like Mid-day meal program *Rashtriya Bal Swasthya Karyakram* (RBSK) is started for Malnutrition of children's, Women and child development program. To avoid the Malnourishment of child in urban

areas. Ayurvedic concept of *Hitkar* And *Ahitkar Aahara* can be adopted in above mentioned national health programmes.

Table 1: *Hitkar* and *Ahitkar Aahara* according to age groups

Age Groups ^(7/8)	<i>Hitkar Aahara</i>	<i>Ahitkar Aahara</i>
Infants (<i>ksheerad</i>) (0 to 1 yrs)	<i>Stanya, Goksheer, Goghruta, Aja ksheer</i>	<i>Ushtra Ksheer, Aviksheer</i>
Children's (<i>ksheeranad</i>) (1 to 2yrs)	<i>Goksheer, Goghruta, Madhu, Mansras, Manda, Peya, Vilepi</i>	Milk with Biscuits, Milk Shakes, flavored milk, packed food like Maggi, Soups
Adults (<i>Annad</i>) (2 to 70 yrs)	<i>Lohitshali, Godhoom, Patala, Mudga, Kulatha, Rajmasha, Chana, Aantariksha Jal, Sandhav, Jeevanti, Aineyamansa, Lava Pakshi, Godha, Rohit Matsya, Goghrut, Godugdha, Tiltaila, Erandataila, Sarshaptaila, Atasitaila, Varah Vasa, Chuluki Vasa, Pak Hans Vasa, Kukut Vasa, Aja Meda, Aadrak, Mrudvika, Kharjura, Falgu, Aamratak, Aamalak, Dadim, Sharkara</i>	<i>Yava, Masha, Varsha rutunadi ka Jal, Aoushar, Sarshap, Gomans, Kankapot, Manduk, Chilchim, Meshighruta, Meshidugdha, KusumbhaTaila, Mahisha vasa, Kumbhir vasa, Kakmudga vasa, Chatak vasa, Hastimedas, Aaluk, Lakuch, Fanit</i>
Elders (<i>Jara/ Vrudhavashta</i>) (more than 70)	<i>Manda, Peya, Vilepi, Goksheer, Goghruta</i>	

CONCLUSION

All living beings in the universe require food as it sustains the life of living beings. A self-disciplined man lives for hundred years free from disease by the intake of wholesome food. We should adopt healthy and *Hitkar Aahara* mentioned in classical as Complexion, Clarity, Good voice, Longevity, Geniuses, Happiness, Satisfaction, Nourishment, Strength and Intellect are all conditioned by food. *Ahitkar Aahara* results in long term damages, going for unhealthy food stuffed like French fries, pizza can increase your risk of developing depression, obesity, heart disease, cancer. Hence, *Ayurvedic* concept of *Hitkar* And *Ahitkar Aahara* can be adopted for longevity and healthy wellbeing of an individual.

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In Ayurveda where advantageous and disadvantageous as well as happy and unhappy (state of) life

along with what is good or bad for life its measurement and life itself are described.⁽¹⁾ Good health stands

at the very root of virtuous acts acquirement of wealth, gratification of desire and final emancipation.⁽²⁾ Generic concomitance is always the cause of the augmentation of all the beings whereas the variant factor of their diminution provided both are applied.⁽³⁾ Lord *Atreya* said – wholesome food is one of the causes for the growth of living beings and unwholesome food for the growth of disease.⁽⁴⁾ Food is article which maintain the equilibrium of bodily *Dhatus* and help in eliminating the disturbance of their equilibrium are to be regard as wholesome , otherwise they are unwholesome. There are the most accurate definition of wholesome and unwholesome food articles.⁽⁵⁾ The body as well as diseases are caused by food , wholesome and unwholesome food are responsible for happiness and misery respectively individuals who have immunity from and susceptibility to the various psychosomatic disease various diseases specific to each of the *Dhatus* (tissue element)⁽⁶⁾.

Literature Review –

A) Previous work done –

- 1) Concept of *Aahara* in Ayurveda, IAMJ Volume 6 Issues 5 May 2018
- 2) Critical review of dietetics in Ayurved, Research gate Oct 2016
- 3) *Viruddhahara* an Ayurvedic approach to dietary incompatibilities – A review, WJP vol 4, Issue 3, Page no 66 to 69, 2018

B) Ayurvedic literature review –

a) *Samhita* –

1. *Charaka Samhita Sutrasthana – Yajjapurishaya Aadhyaya – Hit Ahit Aahara Lakshana*
2. *Kashyap Samhita Uttarsthana Balamayapratishedham Aadhyaya – Age distribution*
3. *Sushruta Samhita Sutrasthana – Annapanvidhi Aadhyaya – Aahara Prashasti.*

Materials and Methods

Critical Analysis of classical textbooks and relevant research material like *Charak Samhita, Sushruta Samhita, Ashtag Hruday*. Journals, Research Article, Textbooks was carried out studied and reviewed. Result of these data mining has been presented in the research article.

OBSERVATION: Ancient treatise describes *Trayopstambha* which includes *Aahar, Nidra, and Bramhacharya*. *Aahara* is having prime importance as it maintains the equilibrium of bodily *Dhatus* and help in eliminating the disturbance of their equilibrium are to be regard as wholesome, otherwise they are unwholesome. It can be the most accurate definition of wholesome and unwholesome food articles.⁽⁵⁾

Ahstang Hruday and *Kashyap Samhita* describes *Hitkar* and *Ahitkar Aahara*. According to age groups as Infants, Children's, Teenagers, And Elders explained in table no 1. *ShadrasAahara* can develop *Saptadhatu Poshan*, good health, digest the food and good salivation.⁽⁹⁾ Food accrue, growth, strength, health, colour of the body and keenness of the sense organs, and that improper use of food leads to ill health. ⁽¹⁰⁾*Hitkar Aahara* and *Ahitkar Aahara* divides on *Prakruti* it is mentioned in Ayurvedic classical text. In *Charak Agryaganya Hitkar Aahara* like *Ksheeram Jeevniyanam, Mansa Bruhaniyanam, Kukuto Balyanam, Annam Vruttikaranam* to promote for healthy lifestyle. And *Ahitkar Aahara Jambavm Vatajanananam, Shashkulya, Masha Shleshmapittajanananam, Kultha Amlapittajanananam* it produces the various types of diseases like obesity, Skin infection, Diabetes.⁽¹¹⁾ In *Ashtang-Sangraha Hitkar Aahara Ksheer Grutaabhyaso-Rasayanam, Madhukam Chakshushya Vrushya Keshya Kanthya Varnya* and *Ahitkar Aahara Vrudha-veeryashanm Ninditvayadhikaranam, Gurubhojanm Durvipakanam, Atimatrashanmamdos Hetunam.*⁽¹²⁾

DISCUSSION

The food is said to be cause of stability for all living beings. There is nothing else except diet for sustaining the life of living being. Benefits of *Hitkar Aahara*-Improved memory and brain health, Better mood and energy level, Strong bones, Maintain Heart health, Improved gut health. Healthy food basically unprocessed, Low calories, increases immunity, Improve sleep quality. Mind, Soul and Body these are three like a 'Tripod' the world is sustained by their combination , they constitute the substratum for everything.⁽¹³⁾ In India national health programs, National Maternal and Child health programs, Nutrition Pro-

gram like Mid-day meal program *Rashtriya Bal Swasthya Karyakram* (RBSK) is started for Malnutrition of children's, Women and child development program. To avoid the Malnourishment of child in urban

areas. Ayurvedic concept of *Hitkar* And *Ahitkar Aahara* can be adopted in above mentioned national health programmes.

Table 1: *Hitkar* and *Ahitkar Aahara* according to age groups

Age Groups ^(7/8)	<i>Hitkar Aahara</i>	<i>Ahitkar Aahara</i>
Infants (<i>ksheerad</i>) (0 to 1 yrs)	<i>Stanya, Goksheer, Goghruta, Aja ksheer</i>	<i>Ushtra Ksheer, Aviksheer</i>
Children's (<i>ksheeranad</i>) (1 to 2yrs)	<i>Goksheer, Goghruta, Madhu, Mansras, Manda, Peya, Vilepi</i>	Milk with Biscuits, Milk Shakes, flavored milk, packed food like Maggi, Soups
Adults (<i>Annad</i>) (2 to 70 yrs)	<i>Lohitshali, Godhoom, Patala, Mudga, Kulatha, Rajmasha, Chana, Aantariksha Jal, Sandhav, Jeevanti, Aineyamansa, Lava Pakshi, Godha, Rohit Matsya, Goghrut, Godugdha, Tiltaila, Erandataila, Sarshaptaila, Atasitaila, Varah Vasa, Chuluki Vasa, Pak Hans Vasa, Kukut Vasa, Aja Meda, Aadrak, Mrudvika, Kharjura, Falgu, Aamratak, Aamalak, Dadim, Sharkara</i>	<i>Yava, Masha, Varsha rutunadi ka Jal, Aoushar, Sarshap, Gomans, Kankapot, Manduk, Chilchim, Meshighruta, Meshidugdha, KusumbhaTaila, Mahisha vasa, Kumbhir vasa, Kakmudga vasa, Chatak vasa, Hastimedas, Aaluk, Lakuch, Fanit</i>
Elders (<i>Jara/ Vrudhavashta</i>) (more than 70)	<i>Manda, Peya, Vilepi, Goksheer, Goghruta</i>	

CONCLUSION

All living beings in the universe require food as it sustains the life of living beings. A self-disciplined man lives for hundred years free from disease by the intake of wholesome food. We should adopt healthy and *Hitkar Aahara* mentioned in classical as Complexion, Clarity, Good voice, Longevity, Geniuses, Happiness, Satisfaction, Nourishment, Strength and Intellect are all conditioned by food. *Ahitkar Aahara* results in long term damages, going for unhealthy food stuffed like French fries, pizza can increase your risk of developing depression, obesity, heart disease, cancer. Hence, Ayurvedic concept of *Hitkar* And *Ahitkar Aahara* can be adopted for longevity and healthy wellbeing of an individual.

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INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

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Pericope of Danakarma in Ayurveda for vyadhi chikitsa- A new outlook.

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Abstract: In Ayurvedic classics three type of treatment modalities are mentioned i.e. *Yuktivapashraya*, *Daivyavyapashraya* and *Satvavyajaya Chikitsa*. Among these three types *Daivyavyapashraya Chikitsa* is mentioned first by *Acharya Charaka*, commenting on this, *Acharya Chakrapani* explains that its mode of action can't be ascertained through general logic still it yields remarkable results. There are specific reasons mentioned for causation of disease, particularly the sins (*Papakarma*) which cause it and Also the *Dana Karmas* are mentioned for cure of specific disease. The present article is review of *Ayurved* classics and research articles in relation to *Daivyavyapashraya chikitsa* and *Danakarma*. The *Daivyavyapashraya Chikitsa* includes specificities of *Rudrabhisheka*, *Vishnupuja* and *Danakarma*. *Harita Samhita* also opines about specific *Dana* for certain diseases in form of *Prayaschita* under *Daivyavyapashraya Chikitsa*. The *Daivyavyapashraya Chikitsa* is yet to be explored on platform of research methodology which is the scope for further research.

Key Words- *Ayurveda*, *Dana karma*, *Daivyavyapashraya chikitsa*, *Harita Samhita*.

I. INTRODUCTION

In Ayurvedic classics three type of treatment modalities are mentioned i.e. *Yuktivapashraya*, *Daivyavyapashraya* and *Satvavyajaya Chikitsa*. *Yuktivapashraya* includes *Aahar*, *Aaushadh Dravya Yojana*. *Satvavyajaya Chikitsa* consists of *Manonigraha*. *Daivyavyapashraya chikitsa* deals with *Mantra*, *Aaushadi*, *Bali Uphara*, *Homa*, *Niyam*, *Prayashchitta*, *Upvasa* and *Swatyayana*. Among these three types *Daivyavyapashraya Chikitsa* is mentioned first by *Acharya Charaka*, commenting on this, *Acharya Chakrapani* explains that its mode of action can't be ascertained through general logic still it yields remarkable results. Through its mode of action is ascertained it works on basis of *Prabhava* according to *Ayurved* concepts. *Harita Samhita* has mentioned that *Daivyavyapashraya Chikitsa* should be followed when all the other medical approaches fail to give result. The *Daivyavyapashraya Chikitsa* includes specificities of *Rudrabhisheka*, *Vishnupuja* and *Danakarma*. *Harita Samhita* also opines about specific *Dana* for certain diseases in form of *Prayaschita* under *Daivyavyapashraya Chikitsa*.

Objective of study-

To review the *Danakarma* for specific diseases mentioned in *Harita Samhita* in form of *Prayashchitta* described under *Daivyavyapashraya Chikitsa*.

Materials and Methods-

The systematic review of following material was carried out-

- Harita Samhita*.
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Observation and Discussion-

The specific causative factors are resulting in specific disease formation. References are available regarding sinful actions resulting in formation of disease in *Garudpurana*, *Harita Samhita* and *Karmavaika Prayaschitta* sudhanidhi of *Acharya Sayana* (1364-1387). *Harita Samhita*- a book of 16-17 century AD has mentioned that, *Daivyapashraya Chikitsa* should be followed when all the other medical approaches fail to give resultsⁱ. *Harita* opines that all the diseases are resultant of one's own deeds. The cure of the disease is dependant o knowingly or unknowingly committing a sin. Unknowingly if a sin is committed and after realizing the mistake if one follows *prayaschitta karma* then disease becomes easily curableⁱⁱ. There are specific reasons mentioned for causation of disease and particularly the sins which cause it as shown in table No.1ⁱⁱⁱ

The uniqueness in *Daivyapashraya chikitsa* is *Prayaschitta* (a religious act to atone for sin). The one of the method to attain *Prayaschitta* is *Danakarma*.

The *Bhagwat Gita* explains three types of *Dana*^{iv}

1. *Satvik Dana*- *Dana* given without any expectations.
2. *Rajasik Dana*- *Dana* done with kaping expectations.
3. *Tamasik Dana*- *Dana* give to a undeserving person or without respects.

Apart from these 2 types of *dana* is mentioned

1. *Stula Dana*- It consist of *Anna dana*, *Jala dana*, *Vastra dana*, *Rakta dana*, *Bhudana*, *Netra dana*, *Deha dana*, *Godana*.
2. *Shukshama Dana*- It consists of expression of auspicious feeling, auspicious greetings, peace and love.

Among 18 *Maha puranas*, *Garudpurana* explains 3 types of *Danakarma*-

1. *Nitya- Dana* in general with whatever available with a person without any expected return.
2. *Naimittika*- for getting rid of sins.
3. *Kamyada*- Intended for getting child, wealth and heaven is known as *kamyada*.

In *Harita samhita* the *dana karmas* are mentioned for specific disease shown in table No.2^v

Conclusion:

In *Ayurvedic* classics one may find very few references of application of *Daivyapashraya Chikitsa*. It explains about unique type of *Nidana* and *Prayaschitta* with importance of *Karma* and *Karmaphala*. The *Harita Samhita* explains importance of specific *Danakarma* for cure of specific disease condition. It also explains particular *Papakarma* for causation of specific disease. The *Daivyapashraya Chikitsa* is yet to be explored on platform of research methodology which is the scope for further research.

Table no.1 Disease caused by *Papakarma*

<i>Papakarma (sins)</i>	<i>Vyadhi (disease)</i>
<i>Bramhahatya</i>	<i>Pandu</i>
<i>Govadha</i>	<i>Kushta</i>
<i>Bupaghata</i>	<i>Rajyakshama</i>
<i>Manav vadha</i>	<i>Atisara</i>
<i>Swami stree gamana</i>	<i>Prameha</i>
<i>Gurujaya prasanga</i>	<i>Mutraroga and ashmari</i>
<i>Swakulaja Prasanga</i>	<i>Bhagandara</i>
<i>Parauptapi</i>	<i>shoolaroga</i>
<i>paishanya</i>	<i>Shwasa and Kasa</i>
<i>Marga vighanakara</i>	<i>Padaroga</i>
<i>Abhishapa</i>	<i>Vranauttapati and yakrud vikara</i>
<i>Suralaya jale shakrutdushti</i>	<i>Gudaroga</i>
<i>Paratapi Dwijanam</i>	<i>Mahajwara</i>
<i>Para Annavigna</i>	<i>Ajirna</i>
<i>Garaanna swevan</i>	<i>Charadi and Padaashtavibhrami</i>
<i>Dhurtata</i>	<i>Apasmara</i>
<i>Kadaannadana</i>	<i>Agnimandya</i>
<i>Bhruna pataka</i>	<i>Yakrut pliha roga</i>
<i>Paratapoupkaranat</i>	<i>Vranashoola and shirshoola</i>
<i>Apeyapana</i>	<i>Raktapitta</i>
<i>Dava Agni Dayak</i>	<i>Visarpa</i>
<i>Bahuvrukshoupchedi</i>	<i>Bahuvrana</i>
<i>Paradravya apaharana</i>	<i>Grahani</i>
<i>Suvarna stayeya</i>	<i>Kunakha</i>
<i>Roupya</i>	<i>Chitra kushta</i>
<i>Tamra</i>	<i>Vipadika</i>
<i>Trapu</i>	<i>Sidhma</i>
<i>Sisattruta</i>	<i>Mukharoga</i>
<i>Loha</i>	<i>Varvaro</i>
<i>Kshara</i>	<i>Atimutrala</i>
<i>Ghruta</i>	<i>Aantraroga</i>
<i>Tail</i>	<i>Atikandu</i>

Table no. 2 Dana Karmas for specific diseases.

<i>Roga</i>	<i>Danakarma</i>
<i>Pandu</i>	<i>Godana, Bhumidana, Suvarna dana, Suraarchana</i>
<i>Kushta</i>	<i>Godana, Suvarna dana, Mistaanna bhojan</i>
<i>Prameha, shoola, shwasa, Bhagandara</i>	<i>Suvarna dana</i>
<i>Shwasa, Kasa</i>	<i>Ashwadana</i>
<i>Jwara</i>	<i>Shivaarchana, Rudrajapa</i>
<i>Bhrama</i>	<i>Jala Aanaadana</i>
<i>Agnimandya</i>	<i>homakarma</i>
<i>Gulma</i>	<i>Kanyadana</i>
<i>Prameha, Ashamari</i>	<i>Lavandana</i>
<i>Raktapitta</i>	<i>Madhu and Gruta dana</i>
<i>Visarpa</i>	<i>Vanaspati sinchana</i>
<i>Grahani</i>	<i>Godana, Bhumidana, Suvarna dana, Mistaanna bhojan</i>
<i>Kunakha, shyavadanta</i>	<i>Suvarnadana</i>
<i>Chitrakushta</i>	<i>Roupyadana</i>
<i>Sidhma</i>	<i>Prapudana</i>
<i>Barbaroga</i>	<i>Lohadana</i>
<i>Mukhvrana</i>	<i>Nagadana</i>
<i>Netraroga</i>	<i>Ghrutadana</i>
<i>Nasaroga</i>	<i>Sughandadana</i>
<i>kandu</i>	<i>Taildana</i>
<i>Jivharoga</i>	<i>Rasadana</i>
<i>Lutaroga</i>	<i>Godana</i>

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- ^{iv} Bhagavad gita, Geetapress Gorakhpur publication, Shraddhatraya Vibhaga Yoga 17-7, page no 165.
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A Brief Narrative Review Of Recommended Diet And Dietary Regimen In Pregnancy According To Brihatrayee (3 Main Treatises) Of Ayurveda.

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Abstract: Diet is an important factor for human survival. Ayurveda gives immense importance to proper wholesome diet. In pregnancy, diet play dual role as a material cause by nourishing embryo/foetus as well as mother. In this article, dietary regimen indicated in three main treatises of Ayurveda during pregnancy has been compiled, compared and discussed conceptually. For review, Brihatrayee have been used. And after narrative review it has been concluded that in Ayurveda, antenatal diet has been very scientifically recommended. Charaka, Sushruta and Vagbhata prescribes almost similar diet pattern during antenatal period.

Index Terms - Garbhiniparicharyaa, Aahara, antenatal care.

INTRODUCTION

Aahaara (diet) is called as the greatest medicine (*Mahaabheshaja*) in *Ayurveda*.¹This signifies its importance in health as well as diseases. In *Ayurveda*, *Aahaara* has been included in three *Upasthambhas* (three supporting pillars of the body).²Diet is having the greatest importance as it is *Samavaayee* (material) cause of *Dosha* (body humours), *Dhatu*s (body tissues) and *Mala*(excretory products) which form the body. Without diet human being cannot survive. *Charaka* quoted that everything in human body is generated from diet one consumes, even diseases also. So for physical and mental health, proper diet is very important.

In pregnant women, proper diet is very important for both mother as well as baby. Diet promotes well nourishment, strength, longevity, immunity and *oja* (vitality). In pregnancy, states of *Doshas*, *Dhatu*s and *Malas* changes significantly in body. This changed physiology needs to be complemented with proper dietary regimen. So that homeostasis of *Doshas*, *Dhatu*s and *Malas* will be maintained in both mother and baby.

In this article, recommended antenatal as well as prenatal diet / dietary regimen from selected treatises of *Ayurveda* has been described in brief and its scientific analysis has been done on the basis of *Ayurveda* and modern medical science.

AIM AND OBJECTIVES:

To review antenatal dietary regimen described in *Brihatrayee* of *Ayurveda*

To compile antenatal regimen described in *Brihatrayee* of *Ayurveda*

To compare antenatal regimen described in *Brihatrayee* of *Ayurveda*

METHODOLOGY-

In this narrative review dietary regimen indicated during pregnancy described in three main treatises of *Ayurveda* (*Charakasamhita*, *Sushrutasamhita*, *Ashtangsamgraha*) have been compiled and discussed in context of *Ayurveda* and contemporary understanding.

REVIEW OF LITERATURE

In *Ayurveda* the antenatal care doesn't start with conception but it starts just with the planning of conception. For healthy pregnancy, proper care and management should be planned since planning of pregnancy. In *Ayurveda* pre-conception regimen has also been indicated which should be followed before conception. This is because the product of conception that is the baby is nothing but product of union maternal and paternal reproductive factor. If these reproductive factors are healthy, then only a healthy baby can be produced. As seen earlier diet plays an important role in formation of maternal and paternal body tissues and other physiology of body. So, the ideal dietary regimen should be followed since couple plans for baby. Below a brief overview has been given of indicated diet before conception and diet during pregnancy.

DIETARY REGIMEN WHEN COUPLE PLAN FOR BABY CONCEPTION

There are different regimens have been indicated for both male and female who plans conception. For males *Charaka*ⁱⁱⁱ has recommended diet which is dominant in sweet taste. Means sweet dietary articles like sugar, milk and so on have been recommended. Milk and ghee processed with herbs included in *Jeevaniya* group of medicines by *Charaka* are more beneficial for proper formation male reproductive factors. For females *Charaka* has recommended to consume recipes prepared from oil and black gram. This improves quality of female reproductive factors (*Shonita*). One important thing is *Shodhana* (bio-purification) of body is recommended before all of these to have proper assimilation of ingested diet and to maintain homeostasis of *Doshas* in body. In *Ayurveda* month wise specific diet has been recommended as per requirement of embryo or foetus. The details of it have been shown in table below.

This regimen promotes normal foetal growth and development and maintains homeostasis of *Doshas*, *Dhatus* and *Malas*.

Along with indicated diet, general contraindications are also described in *Ayurveda*. These are as follows. Pregnant women should avoid substance like wine, excessive meat. *Ushana* (hot), *teekshna* (sharp), *katu* (spicy), *guru* (heavy), *vishambhi* food should also avoided by pregnant women.

In *Ayurveda*, a special condition called as *dauhridah* has been described in which pregnant mother develops various desires in fifth month of pregnancy.^{iv} It has been said that desires of foetus are expressed through the mother hence in this condition and they must be fulfilled because negligence or non-fulfilment can cause abnormalities or even death of foetus. These desires sometimes appear weird or unwholesome. But still it is said that these should be fulfilled smartly by converting them in to wholesome form with proper organisation so that they should not harm to foetus.

The dietary recommendations described in *Ayurveda* during preconception and pregnancy has been given prime importance in all treatises of *Ayurveda* and the principle and properties of diet during these periods are similar. It not only acts as diet but also works as medicine during this period.

DISCUSSION:

Pre conception and antenatal diet recommendations in *Ayurveda* are based on need of nutrition per respective month of pregnancy. The diet recommended before conception is having similar qualities with parental reproductive factors. It is aimed to improve quality as well as quantity (in case of male) of reproductive factors.

In initial months of pregnancy, growth of embryo doesn't need much proteins or fats. So the simple diet rich in *Madhura* and *Sheeta* properties is indicated. These properties are similar with that of embryo and fulfil growth requirements of foetus. From second trimester, foetal growth and development fastens. Bulk of body tissues increases, so the need of heavy diet which is rich in fats, proteins increases progressively. So from fourth month successive changes have been made in diet. In sixth month, to prevent pregnancy induced hypertension, preeclampsia like conditions, *gokshura* (*Tribulusterrestris*) has been added in dietary article by *Sushruta*. *Basti* (medicated enema) is been contraindicated till seventh month of pregnancy to protect foetus as it promotes downward progression of *vaata* and so the foetus. But after that, to make reproductive system ready for delivery of baby naturally, *bastis* are indicated to promote normal labour.

Explanation of development of *dauhridah* desires in pregnant women can be given on the basis of principle of similarities and differences. According to this principle similar factors are responsible for increase in similar factors in body when consumed; while opposite factors are responsible for decrease in opposite factors. If any factor exceeds in body the person dislikes things which cause its further aggravation and desires the opposite factors. Or whenever any Factor reduces than normal, the individual desires for that factors. Foetal growth and development completely occurs by nutrition provided by mother. So if such abnormal increase or decrease occurs in foetus, it will be expressed through mother. That's why, to establish homeostasis or to correct proportion of such factors in foetus desires of mother should be fulfilled.

CONCLUSION:

After reviewing dietary indications during pregnancy and pre-conception, it can be concluded that in *Ayurveda*, antenatal diet has been very scientifically recommended. *Charaka*, *Sushruta* and *Vagbhata* prescribes almost similar diet pattern during antenatal period.

Table 1:

Month of pregnancy	<i>Charaksamhita</i> ^v	<i>Sushrutsamhita</i> ^{vi}	<i>Ashtangasangraha</i> ^{vii}
First	Plain, non-medicated milk	<i>Madhura</i> (sweet), <i>Sheeta</i> (cold) and liquid diet	Medicated milk
Second	Medicated milk-Processed with sweet group of drugs	<i>Madhura</i> , <i>Sheeta</i> and liquid diet	Medicated milk-Processed with sweet group of drugs
Third	Milk with honey and ghee	<i>Madhura</i> , <i>Sheeta</i> and liquid diet	Milk with honey and ghee
Fourth	Milk with butter	Cooked <i>Shasti</i> rice with curd, dainty; pleasant food with milk, butter and meat of <i>Jaangala</i> animals	Milk with a <i>tola</i> (~12 gram) of butter
Fifth	Ghee made from butter of milk	Cooked <i>Shasti</i> rice with milk, meat of <i>Jaangala</i> animal, dainty food with milk and ghee	Ghee made from butter of milk
Sixth	Ghee made up of milk processed with sweet group of drugs	Ghee or gruel of rice processed with <i>Tribulusterrestris</i>	Ghee made up of milk processed with sweet group of drugs
Seventh	Ghee made up of milk processed with sweet group of drugs	Ghee medicated with <i>prithakparnyaadi</i> group of drugs	Ghee made up of milk processed with sweet group of drugs,
Eighth	<i>Ksheerayavaagu</i> (gruel made with milk) with ghee	<i>Aasthaapanabasti</i> (medicinal enema of decoction) of <i>badari</i> , <i>balaa</i> , <i>atibalaa</i> , <i>shatapushpaa</i> , <i>paatala</i> , honey and ghee. After <i>Aasthaapanabasti</i> , <i>Anuvaasanabasti</i> should be given by oil processed with milk and medicated with sweet drugs	<i>Ksheerayavaagu</i> (gruel made with milk) with ghee, <i>Aasthaapanabasti</i> (medicinal enema of decoction) of <i>badari</i> , <i>Anuvaasanabasti</i> (~medicinal enema of fats) of oil processed with sweet group of drugs
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A Brief Narrative Review Of Recommended Diet And Dietary Regimen In Pregnancy According To Brihatrayee (3 Main Treatises) Of Ayurveda.

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Abstract: Diet is an important factor for human survival. Ayurveda gives immense importance to proper wholesome diet. In pregnancy, diet plays a dual role as a material cause by nourishing embryo/foetus as well as mother. In this article, dietary regimen indicated in three main treatises of Ayurveda during pregnancy has been compiled, compared and discussed conceptually. For review, Brihatrayee have been used. And after narrative review it has been concluded that in Ayurveda, antenatal diet has been very scientifically recommended. Charaka, Sushruta and Vagbhata prescribe almost similar diet pattern during antenatal period.

Index Terms - Garbhiniparicharyaa, Aahara, antenatal care.

INTRODUCTION

Aahaara (diet) is called as the greatest medicine (*Mahaabheshaja*) in *Ayurveda*.¹ This signifies its importance in health as well as diseases. In *Ayurveda*, *Aahaara* has been included in three *Upasthambhas* (three supporting pillars of the body).² Diet is having the greatest importance as it is *Samavaayee* (material) cause of *Dosha* (body humours), *Dhatu* (body tissues) and *Mala* (excretory products) which form the body. Without diet human being cannot survive. *Charaka* quoted that everything in human body is generated from diet one consumes, even diseases also. So for physical and mental health, proper diet is very important.

In pregnant women, proper diet is very important for both mother as well as baby. Diet promotes well nourishment, strength, longevity, immunity and *oja* (vitality). In pregnancy, states of *Doshas*, *Dhatu* and *Malas* changes significantly in body. This changed physiology needs to be complemented with proper dietary regimen. So that homeostasis of *Doshas*, *Dhatu* and *Malas* will be maintained in both mother and baby.

In this article, recommended antenatal as well as prenatal diet / dietary regimen from selected treatises of *Ayurveda* has been described in brief and its scientific analysis has been done on the basis of *Ayurveda* and modern medical science.

AIM AND OBJECTIVES:

To review antenatal dietary regimen described in *Brihatrayee* of *Ayurveda*

To compile antenatal regimen described in *Brihatrayee* of *Ayurveda*

To compare antenatal regimen described in *Brihatrayee* of *Ayurveda*

METHODOLOGY-

In this narrative review dietary regimen indicated during pregnancy described in three main treatises of *Ayurveda* (*Charakasamhita*, *Sushrutasamhita*, *Ashtangsamgraha*) have been compiled and discussed in context of *Ayurveda* and contemporary understanding.

REVIEW OF LITERATURE

In *Ayurveda* the antenatal care doesn't start with conception but it starts just with the planning of conception. For healthy pregnancy, proper care and management should be planned since planning of pregnancy. In *Ayurveda* pre-conception regimen has also been indicated which should be followed before conception. This is because the product of conception that is the baby is nothing but product of union maternal and paternal reproductive factor. If these reproductive factors are healthy, then only a healthy baby can be produced. As seen earlier diet plays an important role in formation of maternal and paternal body tissues and other physiology of body. So, the ideal dietary regimen should be followed since couple plans for baby. Below a brief overview has been given of indicated diet before conception and diet during pregnancy.

DIETARY REGIMEN WHEN COUPLE PLAN FOR BABY CONCEPTION

There are different regimens have been indicated for both male and female who plans conception. For males *Charaka*ⁱⁱⁱ has recommended diet which is dominant in sweet taste. Means sweet dietary articles like sugar, milk and so on have been recommended. Milk and ghee processed with herbs included in *Jeevaniya* group of medicines by *Charaka* are more beneficial for proper formation male reproductive factors. For females *Charaka* has recommended to consume recipes prepared from oil and black gram. This improves quality of female reproductive factors (*Shonita*). One important thing is *Shodhana* (bio-purification) of body is recommended before all of these to have proper assimilation of ingested diet and to maintain homeostasis of *Doshas* in body. In *Ayurveda* month wise specific diet has been recommended as per requirement of embryo or foetus. The details of it have been shown in table below.

This regimen promotes normal foetal growth and development and maintains homeostasis of *Doshas*, *Dhatus* and *Malas*.

Along with indicated diet, general contraindications are also described in *Ayurveda*. These are as follows. Pregnant women should avoid substance like wine, excessive meat. *Ushana* (hot), *teekshna* (sharp), *katu* (spicy), *guru* (heavy), *vishambhi* food should also avoided by pregnant women.

In *Ayurveda*, a special condition called as *dauhridah* has been described in which pregnant mother develops various desires in fifth month of pregnancy.^{iv} It has been said that desires of foetus are expressed through the mother hence in this condition and they must be fulfilled because negligence or non-fulfilment can cause abnormalities or even death of foetus. These desires sometimes appear weird or unwholesome. But still it is said that these should be fulfilled smartly by converting them in to wholesome form with proper organisation so that they should not harm to foetus.

The dietary recommendations described in *Ayurveda* during preconception and pregnancy has been given prime importance in all treatises of *Ayurveda* and the principle and properties of diet during these periods are similar. It not only acts as diet but also works as medicine during this period.

DISCUSSION:

Pre conception and antenatal diet recommendations in *Ayurveda* are based on need of nutrition per respective month of pregnancy. The diet recommended before conception is having similar qualities with parental reproductive factors. It is aimed to improve quality as well as quantity (in case of male) of reproductive factors.

In initial months of pregnancy, growth of embryo doesn't need much proteins or fats. So the simple diet rich in *Madhura* and *Sheeta* properties is indicated. These properties are similar with that of embryo and fulfil growth requirements of foetus. From second trimester, foetal growth and development fastens. Bulk of body tissues increases, so the need of heavy diet which is rich in fats, proteins increases progressively. So from fourth month successive changes have been made in diet. In sixth month, to prevent pregnancy induced hypertension, preeclampsia like conditions, *gokshura* (*Tribulusterrestris*) has been added in dietary article by *Sushruta*. *Basti* (medicated enema) is been contraindicated till seventh month of pregnancy to protect foetus as it promotes downward progression of *vaata* and so the foetus. But after that, to make reproductive system ready for delivery of baby naturally, *bastis* are indicated to promote normal labour.

Explanation of development of *dauhridah* desires in pregnant women can be given on the basis of principle of similarities and differences. According to this principle similar factors are responsible for increase in similar factors in body when consumed; while opposite factors are responsible for decrease in opposite factors. If any factor exceeds in body the person dislikes things which cause its further aggravation and desires the opposite factors. Or whenever any Factor reduces than normal, the individual desires for that factors. Foetal growth and development completely occurs by nutrition provided by mother. So if such abnormal increase or decrease occurs in foetus, it will be expressed through mother. That's why, to establish homeostasis or to correct proportion of such factors in foetus desires of mother should be fulfilled.

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AYURVEDIC APPROACH IN THE MANAGEMENT OF AMAVATA - A CASE STUDY

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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 *Rasadhatwagnimandya*. *Ama* is caused by *Diwaswap*, Sea food with milk etc. In present study a female patient of 37 yrs was complaining of *Sarvang Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashyata*, *Aangamarda*, *Jwar*. etc was diagnosed as *Amavata*. The *Ayurvedic* drug combination which include *Aajmodadichurna*, *Musta*, *Shunti*, *Haritaki*, *Yograj Guggulu* etc. *Anupan- Koshnajal. Kala- Adhobhakt*, was given for 60 days to manage 'Amavata'. It was

observed in clinical Assessment that the drug therapy shows the significant relief in *Sarvang sandhi shula*, *shoth*, *Jwar*, *AangAmarda*. Hence, the combination of above drug is effective in the management of *Amavata*.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Aajmodadichurna*.

INTRODUCTION

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 *Dhamanies*, takes shelter in the *ShleshmaSthana (Amashaya, Sandhi, etc.)*, producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. It can be correlated

with rheumatoid arthritis (RA) at modern parlance. *Shamana* (conservative) and *Shodhana* (biological purification of the body) treatments are advised in Ayurveda whereas anti-inflammatory, analgesics, steroids, and disease-modifying antirheumatic drugs are required for its management as per modern medicine, which are not free from side effects. The prevalence of RA in adults has been reported to vary from 0.5 to 3.8% in women and from 0.15 to 1.37% in men, with peak incidence in the fourth decade of life.^[1] To avoid the permanent joint deformities and complication of musculoskeletal system, there is need of *Ayurvedic Management of Amavata*.

Presenting complaints

A 37 year old Indian female came for consultation in Panchakarma OPD of Ayurved hospital for the complaints of *Sarva Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar* (99⁰F) since last 3 months. She was operated for Tubectomy before 7 years. No history of hypertension, Diabetes and any other major illness was noted.

Clinical Findings-

The patient was having *Sarva Sandhi Shula*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar*(99⁰F). On an examination of patient it was found that pulse 92/min, Blood pressure 110/70 mm of Hg, *Vishamagni*, *Krurakoshta*, tongue was coated, sound was clear. Patient was having *Kaphavataprakruti* with *Madhyamsara*, *Hinasamhan*, *Samapramana*, *Madhyamsatmya*, *Madhyamsatva*, *Madhyamaharshakti* and *Jaranshakti*, *Rasavaha*, *Asativaha* and *Majjavahasrotodushti*. Baseline hematological investigation done on 20 April 2018 revealed Hb9.4 gm/dl, Total Leucocytes count 9,200/cumm, platelet count 4.50 lack/cumm, ASO serum 479.1 IU/ml, ESR 39, Serum Uric Acid 5.3 mg/dl and RA factor Positive.

MATERIALS AND METHODS

Therapeutic focus And Assessment

First Line of Treatment given to the patient was *Amapachan*, *Deepan* and *Shulaghanachikitsa*.^[2] A oral herbal Ayurvedic drug combination – *Ajmodadichurna*^[3] 1 gm, *Musta*^[4], *Shunti*^[5] and *Haritaki*^[6] each 500 mg was given with luke warm water twice a day After meal, *Yograj Guggul*^[7] 1 gm twice a day with luke warm water after meal, *Maharasnadi Kshaya*^[8] 20 ml twice a day before meal and *Gandharvaharitaki Churna* 2 gm at night with luke warm water. The above medication was given for duration of 2 months. No concomitant Allopathic medication was given during this whole treatment period. (table no.1)

Follow up And Outcome

Good result was observed on *Jwar, Angamarda, Kriyakashtata* and *Shoth* by the treatment regimen. *Jwar, Angamarda, Kriyakashtata Lakshana* was relieved on completion of fifteen days of treatment. *Shoth* was reduced after one month of treatment. Hematological parameter were reinvestigated on 24 may 2018, at this time Hb10.1 gm/dl, ESR 23mm per hour, ASO serum 194 and RA factor was positive. The patient was advised to continue oral medicine for next one month.

DISCUSSION

*Deepan- Pachanchikitsa*² was the line of management for the present case.

Drug Action

Ajmodadichurna- Deepan, Pachan and *Amavatghana*

Musta-Deepan, Pachan and *Jwarghana*

Shunti-Amavataghani, Pachani and *Kaphavataghana*.

Haritaki-Deepani and *Anuloman*.

Yograjuggul-Deepan, Vatrognashak and *Sandhi-Majjagat Vat Nashak*.

Maharasanadikshaya-Pachan, Vatrognashak and *Sandhi-Majjagat Vat Nashak*.

Gandharvharitaki- Anuloman.

Hence, taking the above points into consideration, the above herbal drug combination has established properties like *Deepan, Pachan, Amanashan, Amashoshak*, and *Vata-Kaphahara*, which are all antagonists to the present disease entity. Hence, this drug was effective in correcting the pathological condition of the disease *Amavata* in the present case.

CONCLUSION

Amavata can be correlated to the Rheumatoid arthritis. The combined effect of above drugs were helpful in treating pathology of *Amavata*. This kind of approach may be taken in to consideration for further treatment and research work for *Amavata*.

Table no.1: Therapeutic intervention given in *Amavata* patient.

Internal Medication given	<i>Ajmodadi churna-1gm Musta-500mg Shunti-500mg Haritaki-500mg</i>	<i>Yograj Guggul</i>	<i>Maharasnadikashaya</i>	<i>Gandharva Haritaki</i>
<i>Anupan</i>	<i>Koshanajal</i>	<i>Koshanajal</i>	<i>Samabhagjal</i>	<i>Koshanajal</i>
Route of Administration	Oral	Oral	Oral	Oral
<i>Aushadisevan Kala</i>	<i>Adhobhakta</i>	<i>Adhobhakta</i>	<i>PragBhakta</i>	<i>Nishakal</i>
Dose	2.5gm in Two Divided Doses	2 gm in Two Divided Doses	40ml in Two Divided Doses	2 gm

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MANAGEMENT OF GRUDHRASI (SCIATICA) WITH ERANDABEEJA KSHEERAPAKA - A CASE REPORT

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ABSTRACT

Grudhrasi is one of the 'Nanatmaja Vyadhi of Vata'. *Vata* is Prime *Dosha* in the causation of *Grudhrasi*. The vitiated *vata dosha* get localized in the *spik, kati* region. Occasionally it will be associated with *Kapha* producing *Vata-kaphaja Grudhrasi*. Case described in present paper is of 48 years female patient presenting complaints of low backache with dragging pain radiating to left limb associated with numbness and tingling sensation since 1 year but from 15 days patient complaints increase in severity of pain. She was treated with only *Erandabeeja Ksheerapaka*.

KEYWORDS: *Gridhasi, Erandabeeja Ksheerapka, Sciatica, Ricinus Communis*

INTRODUCTION

Grudhrasi is "Shool Pradhan Nanatmaja Vatavyadhi" intervening with the functional ability to low back and lower limb so that patient is not able to walk properly¹. Patient's gait resembles walk of Indian Vulture that is '*Grudhravat Chalan*'. Hence the name *Grudhrasi*.² It is most commonly compared with *Sciatica*² where pressure on sciatica nerve causes 'Radiating pain'.

Sciatica has some unique epidemiologic characteristics³:

- There appears to be no gender predominance though some studies suggest male dominance
- Peak incidence occurs in patients in their fourth decade
- Lifetime incidence reported between 10% to 40%
- Annual incidence of 1% to 5%

The cardinal signs and symptoms of *Grudhrasi* are *Ruk* (Radiating Pain), *Toda* (Pricking sensation), *stambh* (Stiffness) and

MuhurMuhuspandan (twitching) in the following order *spika* (buttocks), *Kati* (lower back), *Uru* (thighs), *Jangha* (calf), & *pada* (leg or feet) and *sakthikshepana Nigrahan* that is restriction in lifting leg¹. *Panchakarma* is main treatment modality for this condition⁴.

CASE REPORT

A female patient of 48 years presenting complaints of low backache with dragging pain radiating to left limb associated with numbness and tingling sensation since 1 year but from 15 days patient complaints increase in severity of pain. She was treated with *Erandabeeja ksheerapaka* and after 45 days her symptoms were reduced to some extent. *Bhavaprakasha* has mentioned *Erand Ksheerapaka* in the management of *Grudhrasi*.²

Chief Complaints & History

1. Severe pain in low back and dragging towards thigh, calf, and down to foot

2. Stiffness in lumbar region
 3. Pricking sensation
 4. Difficulty and pain during while walking
 All complaints were since last 1 year. Patient took symptomatic treatment in between which eventually worsened the condition. After that she was advised *Panchakarma* and other *Ayurvedic* treatments but due to time constriction and personal choice patient was not ready for it.

Past History

Patient has history of caesarean section done 20 years back. She achieved menopause 2 years back, which can be related to her current illness.

Clinical observations

1. *Prakriti: Vata-Kapha*

Properties of Eranda Beeja are as follows⁶:

Drug	Latin Name	Rasa	Virya	Vipak	Guna	Doshaghanta	Karmukta
Eranda Beeja	<i>Ricinus communis</i>	<i>MadhuraKatu Kashaya</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Guru Snigdha Tikshna Suksham</i>	<i>Kapha-vatashamana</i>	<i>Balya Vednasth--apana Medhya</i>

Pathya-Apathya advised

Patient was especially advised to take Purana Shali (rice), Godhuma (wheat), kulattha, mudga, lashun, shigru, Brinjal, Dadima, Draksha, Milk, Ghee, light easily

2. *Naadi: 90 / min Vata dominant*
 3. Appetite: Normal
 4. Digestion: Some bloating
 5. Abdomen: *Gaurava*, some tenderness in lower part
 6. Tongue: Slightly coated
 7. Stool: 1 time a day (constipation)
 8. Urine: Normal

Method of Preparation of Ksheerpaka-

Drug : *ErandaBeeja Ksheerpak*

In *Sharangadhara Samhita*, it is described that medicinal drug 1 part, milk 8 parts and water 32 parts is to be taken and boiled till milk only remains. It is filtered and taken warm.

Dose is 80 ml⁵. Patient was given 40 ml twice a day.

digesting food. Patient was advised to avoid stress, late night sleeping, Day sleeping, Vega Dharana, over exertion, cold exposure, Maida, packed food, Chanaka, Maize, cold water, Food causing constipation.

Subjective Observation Table

Observation	Day 1	Day 15 th	Day 30 th	Day 45 st
<i>Ruk</i>	Severe (pain at rest)	Moderate (Pain during ordinary activities)	Moderate (Pain during ordinary activities)	Mild (Pain during strenuous activity only)
<i>Toda</i>	Moderate	Moderate	Mild	Mild
<i>Muhurmuhuspandan</i>	Spontaneous And Frequent	Spontaneous And Frequent	Continuous after movement	Occasional
<i>Pad Suptata</i>	Continuous	Frequently	Frequently	Occasional

Objective Observation Table

CRITERIA FOR ASSESSMENT	BEFORE TREATMENT	AFTER TREATMENT
Assessment of Walking time	Pt had severe pain after Walking 100 mtrs	Pt could easily Walk without pain about 200 mtrs
Assessment of Stepping Test	Pt took around 5min to walk 100 steps	Pt took 3min to walk 100 steps
SLR test	RT leg positive(35) LT leg Negative	RT leg Negative LT leg Negative

RESULT

After completion of treatment course, Improvement in the signs and symptoms of the patient was noted. Relief was found in dragging pain, numbness, and tingling sensation. Gait has improved. Patient was able to do her daily activities free from pain, Hence improvement in quality of life.

DISCUSSION

The patient was diagnosed with *Grudhrasi* on the basis of signs and symptoms. The cardinal signs and symptoms of *Grudhrasi* are *Ruk* (Radiating Pain), *Toda* (Pricking sensation), *stambh* (Stiffness) and *Muhur Muhuspandan* (twitching) in the following order *spika* (buttocks), *Kati* (lower back), *Uru* (thighs), *Jangha* (calf), & *pada* (leg or feet) and *Sakthikshepana Nigrahan* that is restriction in lifting leg. Patient was advised to take diet which will help Due to low patient compliance only Shamana treatment was given.

Grudhrasi can be due to only *Vata Dosha* or *Vata & Kapha Doshas* both. Here patient is mainly showing *Vata Dosha* type with little involvement of *Kapha Dosha*. Given treatment is directly mentioned by Bhavamishra in the text Bhavaprakasha. *Erandabeeja ksheerpaka* help to decrease *Vata dosha* hence pain. Active Principle of *Ricinus communis* is Ricinin which has anti

inflammatory, bone regenerative, analgesic property⁷.

Milk is also *Vatashaman* by its properties. It also nourishes *Dhatu* (body constituents) and decreases *Vata*⁸. Milk when heated it becomes *guru* means heavy to digest but when it is mixed with water & heated it becomes *laghu* means easy to digest.

Combination of *Eranda* and Milk synergistically decrease *Vata Dosha* in *Grudhrasi*. Hence slowly relieving pain and other symptoms. Due to Nourishment of *Dhatu* there was no reversal of symptoms during treatment course.

Diet and regime suggested also played its part, as diet was easily digestible, not causing any constipation and gases hence decreasing *Vata Dosha*. Wrong diet and lifestyle accumulates *Dosha* in the body, which causes disease over the time or delays recovery. Here due to proper following of diet and regime helped patient in recovering.

CONCLUSION

Grudhrasi which can be compared to sciatica in modern medicine is mainly due to *Vata Dosha* with more or less involvement of *Kapha Dosha*. Mainly *panchakarma* treatments are advised in this disease which can give quick and long lasting effect. But due to personal and procedural limitations it is not possible to perform them in each

patient. In those patients shamana treatments can be useful. Erandabeeja Ksheerapaka showed good relief in the sign and symptoms improved quality of life.

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A CASE REPORT ON THE AYURVEDIC MANAGEMENT OF THE PRAMEHA WITH ABHRAKADI YOGA W.S.R. TYPE 2 DIABETES MELLITUS

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Abstract: In Ayurveda Various *Acharyas* give explanation about *Prameha*. The description in Ayurveda text shows marked similarity of *Prameha Rupa* and type 2 Diabetes Mellitus. It is characterized by polyurea, burning sensation in palm, polyuria, unexplained weight gain, polydipsia. According to *Ayurveda* it is a *Tridoshajavyadhi* (mainly *kapha Pradhan*) and *Meda, Sweda* is the main *Dushya*. The general prevalence of type 2 diabetes mellitus (pre diabetes) is 11.8%.

A 50 years old male having chronicity of 10 years for type 2 diabetes mellitus came for consultation in OPD of *Ayurved* hospital For complaints of *Karpaddaha, Atiswedpravrutti, Shlathangatwam, Pipasativridhi* since last 1 month. The line of treatment given to the patient includes *Dipan, Amapachak, Kaphanashak, Guru Apatarpanjanya*. The *Ayurved* classics i.e. *Bruhat Nighantu Ratnakar* has advised *Abhrakadi Yoga* for management of *Prameha*. Good result was observed on *Karapaddaha* (70%), *Shlathangatwam* (65%), *Atisweda* (60%) *Bharvridhi* (10%). by the treatment regimen FBS was 180mg/dl which was reduced by 113mg/dl, PPBS was 230mg/dl which was reduced by 164 mg/dl after 45days of treatment and urine sugar became nil which was in traces before the treatment. Significant result was noted on subjective and objective parameters by *Abhrakadi Yoga* and *Pathyapalana*. This approach may be taken into consideration for further treatment and Research work of *Prameha*.

Index Terms - *Prameha*, type 2 diabetes mellitus, *Abhrakadi Yoga*.

INTRODUCTION

Now a day's human being are suffering from meaning disorder due to their disturbed fast lifestyle, and irregular food habits, fast foods, low fiber diet. This has lead to the emergence of type 2 diabetes mellitus (*Prameha*). It is a common metabolic disorder, which is characterized by Hyperglycemia due to impaired Insulin activity. As per WHO Diabetes is projected to be the 7th leading cause of Death in 2030. According to National Diabetes and Diabetic retinopathy survey (2019) prevalence ¹ rate for Pre diabetes is 11.8%.

According to *Ayurveda* *Prameha* is *Tridoshajavyadhi*² and is a group of urinary disorders, increased in frequency of micturition [*Prabhutmutrata*] and output. *Acharya Sushruta* *Prameha* included in *Ashtamahagada*. There are two main causes for *Prameha* i.e. *Sahaj*³ (Hereditary) and *Apathyanimitaj* *Prameha*. In modern medicine its management is carried out by using anti-hyperglycemic agents and insulin, disease modifying drug are used which have side effects (Economical & physical). To avoid the complications & side effects of type 2 diabetes mellitus we need the *Ayurvedic* Management of *Prameha*. In *Ayurved Samhita* i.e. *Bruhat Nighantu Ratnakar* explains formulation containing *Abhrak, Triphala* and *Haridra* for *Prameha* named as *Abhrakadi Yoga*⁴. It was used in present case of type 2 diabetes mellitus and showed promising results.

Presenting Complaints:-

A 50 years old male having chronicity of 10 years for type 2 diabetes mellitus came for consultation in OPD of *Ayurved* hospital for complaints of *Karpaddaha*, *Atiswedpravrutti*, *Shlathangatwam*, *Pipasattivridhi*⁵ aggravated since last month. No history of HTN and any major illness were noted. The patient has discontinued the earlier allopath medication since last month without medical advice.

Clinical finding:-

Patient was having complaints of *Karpadadaha*, *Atisweda*, *Bharvridhi*, *Shlathangatwam*, *Pipasativridhi* since last month. In *Ashtavidh Pariksha* findings were *Nadi* (Pulse) 78/min, *Mala* (Stool) *Baddha*, *Mutra* (urine) *Prabhut*, *Jivha Sama* (coated tongue), *Shabda* Normal (clear sound), *Sparsh* normal, *Druk Prakrut* (Normal vision), *Akruti Madhyam*, Weight 72kg. In *Dashavidha Pariksha Sara- Hin*, *Samhan- Hin*, *Satva- Hin*, *Satmya- Madhyam*, *Aharshakti- Madhyam*, *Jaran Shakti- Madhyam*, *Prakruti- Kapha*, *Agni-Visham*.

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Criteria for Assessment: - The patient was assessed on Subjective and Objective Parameters. The subjective and objective Parameters were assessed at every 15 days interval up to 45 days of treatment regimen. Subjective Parameters were *Karapadadaha*, *Atiswedpravrutti*⁶ (Excluding environmental variation), *Bharvridhhi* (unexplained weight gain), *Shlathangatvam* (fatigue), *Pipasaativridhhi* (polydipsia) and Objective Parameters were fasting Blood sugar level, Post prandial Blood sugar level and urine sugar estimation.

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Good result was observed on *Karapaddaha*, *Pipassativrudhi*, *Shlathangatwam*, *Atisweda Prayritti* by the treatment regimen. Hematological parameter was reinvestigated after 45 days at this time FBS was 180mg/dl which was reduced by 113mg/dl, PPBS was 230mg/dl which was reduced by 164 mg/dl after 45 days of treatment and urine sugar became nil which was in traces before the treatment. The patient was advised to continue the oral medicine for next 3 month with regular follow up.

Discussion:-

Prameha shows similarity with type 2 diabetes mellitus described in modern texts. Long term treatment is needed for type 2 diabetes mellitus to reduce hyperglycemia and dyslipidemia. To avoid the long term side effects, complications of oral hypoglycemic agents and cost effective treatment of type 2 diabetes mellitus need of *Ayurvedic* Medicine for *Prameha* is required. *Abhrakadi Yoga* has lipid lowering (*Triphala*), *Pramehagna* (*Abhrak*) properties which can control the metabolic disease effectively without any adverse effect. The contents of *Abhrakadi Yoga* has established anti hyperglycemic and hypolipidaemic properties (table no.1). *Aampachak*, *Kaphahara*, *Dipan* effect of *Abhrakadi yoga* showed good result in both subjective and objective parameters of *Prameha* without any complication and side effect.

Conclusion:-

The *Abhrakadi Yoga* is a herbomineral formulation mentioned in *Bruhat Nighantu Ratnakar* for *Prameha Vyadhi* which is a metabolic syndrome diagnosed as type 2 diabetes mellitus in today's era. *Abhrakadi Yoga* with *Madhu* is found to be effective in *Prameha* it relieved the symptoms like *Karapadadaha*, *Shlathangatvam*, *Atiswedpravrutti*, *Bharvridhhi* also reduced the abnormal levels of FBS and PPBS without any adverse effects. On the basis of this case study we can consider this approach for further treatment and research work of *Prameha*.

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CONCEPT OF IMMUNITY AND CHALLENGES IN CHILDREN: AN AYURVEDIC
REVIEW

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ABSTRACT

India has the highest number of child deaths for any single nation in the world & Infectious diseases are one of the important cause of child death. Immature immune system of children is considered behind the vulnerability to infections. *Ayurveda* also describes children's susceptibility towards contagious diseases. *Ayurveda* describes physiological limitations in the pediatric age group, which can be considered as reason behind their weak immunity. *Ayurveda* also gives special measures of protection from contagious & other diseases in children, which can be considered either protective in nature or boosting strength & immunity. Therefore here is an effort to understand immunity through concepts of *Ayurveda* with given challenges in children and also studying measures given in the context of immunity.

KEYWORDS: *Ayurveda, Immunity, Vyadhikshamatva, Bala.*

INTRODUCTION

The word Immunity means the state of protection from infectious diseases. Children are born with an immature immune system, hence are at risk from many pathogenic viruses, bacteria, fungi & parasites.^[1] India has the highest number of child births as well as child deaths for any single nation in the world and infectious diseases is one of the important causes of child death.^[2]

Kaumarbhritya is the branch of *Ayurveda* which deals with the pediatric health care. *Ayurveda* also describes that children are weak and there is always fear of *Upasarga* i.e. contagious diseases, hence require continuous protection.^[3] *Ayurveda* also describes measures of protection in details.

Concept of Immunity in *Ayurveda*

The human body has the ability to resist most types of organisms or toxins that tend to damage the tissue and organs. This capability is called Immunity.^[4] *Ayurveda* also describes this resistive power of body under different headings. In Charak *Samhita* term 'Vyadhikshamatva' is coined, which is widely used in translations as literal meaning of word Immunity. The word *Vyadhikshamatva* is derived from two words *vyadhi* and *kshamaatva*. *Vyadhi* means disease and *kshamatva* means resistance. Therefore word *Vyadhikshamatva* means resistive power to diseases.^[5]

Charaka commentator *Chakrapanidatta* gives two significant terms regarding *Vyadhikshamatva*^[5]

i) *Vyadhi-bala-virodhitvam*: Reducing the strength of disease those already manifested.

ii) *Vyadhi-utpad-Pratibandhakatva*: Prevention of diseases before they manifest.

Factors that mainly contribute to resisting power of the body i.e. *Bala* are balanced *Dosha* state, purity of *Dhatu*, normal *Agni*, normal condition of *Kapha*, *Ojus*. We can say that this *Bala* contributing factors are also factors contributing to *Vyadhikshamatva* therefore Immunity as both perform same function.^[6,7,8]

Challenges in Children regarding Immunity

Ayurveda divides age in three stages, *Baala* (child age), *Madhya* (middle age), *Vriddha* (old age). *Baala* stage is upto 16 years of age.^[9] This stage is characterised by following physiological limitations^[10]

1. *Aparipakva Dhatu*: In children *Dhatu* (body building constituents) are immature in structure and functions as they are not fully formed.
2. *Sukumar*: Children are delicate physically and mentally. They can not sustain mental or physical trauma as adults can.
3. *Akleshasaha*: Children are not only delicate but also their threshold is also less. Hence their body can produce immature reactions towards adverse events.
4. *Ajaatavyanjana*: All characteristics of fully grown adult are not present.

5. *Asampurna Bala*: Body strength is not achieved completely. They don't have potential of adult. Body strength is directly comparable with Immunity.
6. *6.Aahar Sankar*^[11]: Child goes through different stages of development where his diet and dietary habits change drastically. These changes are adopted slowly by body hence their *Agni* i.e. Digestive power may become unstable. And *Agni* contributes greatly towards resistive power of body.
7. *Dantodbhed*: During Dentition, child is prone to different diseases as process of dentition create stress in immature and little bodies of children.^[12]
8. *Anavasthita Mana*: In children *Mana* (mind) is not stable, which is reason behind limited knowledge and control.
9. *Asamatvagata Prana, Dosha, Dhātu, Ojus*: *Kashyapa Samhita* describes that in children *Prana, Dosha, Bala, Ojus* are not fully achieved and they are not even with each other leading to early deterioration of condition and fall in body strength.^[13]
10. *Paratantrya*^[14]: Children are dependent on parents or care takers for all their needs & activities since conception. Hence parents health, level of knowledge, socioeconomic status, understanding etc factors affect children's health.

Ayurveda solutions to prevent diseases in children

Being discussed above limitations in children, *Ayurveda* also gives solution to prevent diseases arising because of it.

Solutions can be grossly divided into two parts.

I) External factors modification: which gives protection from harmful external factors.

II) Internal factor Modification: which improves body strength to prevent & fight diseases even if contact with external factors occur. Also it take care of conditions that could arise due to internal factors.

I) External factors modification

1. Avoid or minimise contact with unnecessary people, especially in small children.^[3]
2. Hygiene: It is one of the important factor. Place where child stays should be clean and should be devoid of insects. Clothes, bed sheets etc should be cleaned. Bath should be given daily. Brushing etc age appropriate daily activities should be encouraged at earliest. Child should be protected from eating mud.^[15,16]
3. *Ayurveda* also gives agewise *Balaparicharya* and timeline for different developmental milestones along with does and don'ts.^[16]
4. *Rakshoghna Karma*: *Sushruta Samhita* says that child should be protected with *Rakshoghna Karma*. *Rakshoghna karma* is protection from unknown invading powers. Even though all the hygiene and care practices are done, there are chances of diseases in children. Hence concept of *Rakshoghna Karma* to protect the child from unidentified, invisible invading powers, is used in *Ayurveda*. Few things

included in it are: i) *Homa*, ii) *Pottali* (tied packets of drugs) tied on door, vessels and neck, wrist, arm or waist of child and mother, iii) Fire, iv) *Dhoopana* - medicated smoke, v) Wearing precious stones or stones made of specific tree of animal parts.^[17,18,19]

II) Internal factor Modification: This mainly deals with *Aahar* (food) and medicine.

i) Balanced Diet: Balanced Diet is key to health. Hence *Ayurveda* gives lot of importance to diet. Diet should nourish the *Dhatus*, keep baance of *Dosha* and *Mala* & should protect *Agn*.^[5] Even in Infants impure mother's milk is considered cause of illness. It should be pure to provide health, growth, *Bala* to child.^[20]

ii) Rules for food consumption: Not only balanced diet is sufficient, Hot food consumed at right time, prepared with proper method, without mixing *Viruddha* food items should be taken.^[21]

iii) *Rasayana* like *Swarnaprashan*: As per *Ayurveda* many medicinal plants especially from *Rasayana* category offers immunomodulatory activity. They are popularly known as *Medhya Rasayana* meaning brain tonic. The various formulations decribed by *Acharya Kashyapa, Vagbhata* and many later authors, can improve *Vyadhikshamatva* in children through their *Lehan karma*. *Rasayana* and *Ojovardhaka* remedies help remarkably to improve immunity in children.

Swarna Prashana is classical *Ayurveda* practice described in *Kashyapa Samhita*, which helps to increase immunity and also improves cognitive performance and physical strength in children.^[16,22,23]

iv) Oil Massage: *Ayurveda* describes various procedures to perform regularly in daily life to improve health and strength. *Abhyanga* or oil massage is one of the important procedure which promotes growth and development, helps in speedy recovery and also strengthens immune response in children.^[16,24]

CONCLUSION

Concept of Immunity in *Ayurveda* can be understood through concept of *Vyadhikshamatva*, which is a type of *Bala*, contributed by various factors like balanced *Dosha* state, purity of *Dhātu*, normal *Agni*, normal condition of *Kapha, Ojus*. *Ayurveda* clearly mentions children's vulnerability to contagious diseases, which is product of physiological limitations of child like *Aparipakva Dhātu, Sukumara, Akleshasaha, Asampurna Bala, Ajaatavyanjana, Anavasthita Mana*. They are also vulnerable because they have to cope with changes due developmental stages with their weak bodies. *Dantodbheda* and *Aahara sankara* are exaples for that. *Ayurveda* suggests different measures to avoid diseases in children despite their limitations. These measures can grossly divided into 2 parts. Protective measures which modify external factors include avoiding overcrowding, daily hygiene practices, age wise lifestyle management and *Rakshoghna Karma*. Second part is prevention by improving internal factors through balanced diet, rules for food consumption, *Rasayana* like *Swarna Prashana* and daily activities like *Abhyanga*. Combination of all

these can help child prevent diseases and build own Immunity. Hence understanding Immunity through *Ayurveda* & studying physiology of childhood can definitely help in protecting them from contagious diseases through above measures when practiced regularly.

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A CRITICAL REVIEW OF SAMPRAPTI OF SHAYYAMUTRA (ENURESIS)

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ABSTRACT

Enuresis is a voluntary or involuntary urination while asleep. Enuresis is a serious problem that affects children as well as their families. Conventional treatment of enuresis has its own limitation. *Ayurveda* is known for the treatment of the diseases from its roots. *Sharangadhara Samhita* has mentioned *Shayyamutra* (Enuresis) in *Balaroga*. But details of *samprapti* (Etiopathogenesis) are missing. Thus the problem was selected for the present review study. A genuine effort is made to understand the disease condition *Shayyamutra*, and to provide treatment guidelines for the same through knowledge of *Ayurveda*.

KEYWORDS: *Enuresis, Ayurveda, Shayyamutra, Bedwetting.*

INTRODUCTION

Enuresis or bed wetting is defined as voluntary or involuntary repeated discharge of urine into clothes or bed after a developmental age when bladder control should be established. More than 85% children with a mental age of 5 years have obtained bladder control during day and night. Remaining 15% gain continence at approximately 15% per year, such that by adolescence only 0.5-1% children have enuresis. It can be classified into Primary (persistent) and Secondary (regressive) types. It can be further classified into Nocturnal Enuresis and Diurnal enuresis.^[1,2] The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), classifies both enuresis and encopresis under the heading of elimination disorders. DSM-5 criteria for enuresis are as follows: i) Repeated voiding of urine into bed or clothes, whether involuntary or intentional. ii) The behavior either (a) occurs at least twice a week for at least 3 consecutive months or (b) results in clinically significant distress or social, functional, or academic impairment. iii) The behavior occurs in a child who is at least 5 years old (or has reached the equivalent developmental level). iv) The behavior cannot be attributed to the physiologic effects of a substance or other medical condition.^[3]

Though maturational delay is the most likely cause of nocturnal enuresis and there is high incidence of spontaneous cure,^[2] The emotional impact of enuresis on a child and family can be considerable. Numerous studies of children with enuresis report feelings of embarrassment and anxiety, loss of self-esteem, and

effects on self-perception, interpersonal relationships, quality of life, and school performance.^[4]

Modern science mainly suggest behavioural or motivational therapy as first line treatment followed by use of conditional devices and pharmacotherapy. No efforts have been made to prevent the condition at first place. Also Current management face challenges like low success rate, relapse, acceptance by family, cost of the treatment and adverse effects of pharmacotherapy.^[1,2]

Hence it is need of an hour to find alternate and strong solution for Enuresis. *Ayurvedic* text *Sharangdhar samhita* has mentioned *Shayyamutra*⁵ which literally means bedwetting or Enuresis. But details of *Samprapti* (Etiopathogenesis) are missing. Hence here is an effort to understand the condition through knowledge of *Ayurveda* and to provide some guidelines for treatment.

Shayyamutra

The word *Shayyamutra* is derived from two words *Shayya* and *Mutra*. Here word *Shayya* means bed and *Mutra* means urine. Commentator says that it is well known condition which means it must be common condition found in children at that time like today. Commentator also gives some insight about condition by saying at night sleeping child pass the urine suddenly or without arising from sleep. And It is caused by effect of *Dosha*.^[5] Here the word *Shayya* is symbolic to sleep or *Nidra*.

Ayurvedic concept of Shyayamutra

Newly born child has very limited control over body. He can't sit, stand or walk, can't feed himself or use hands to perform functions. He can not talk, can not control bladder or bowel. With time maturity comes and with practice he start doing all these activity at will like adult. All above functions mentioned are functions of *Karmendriya*.^[6] Though *Indriya* are present, cause of immaturity of *Mana* and *Buddhi*,^[7] they can not perform functions. *Indriya* also take time to achieve maturity and strength to perform allotted function as observed in speech, walking etc. They improve with practice.

Here we can say that *Kaala* is of most important factor to achieve bladder control, as until *Kaala* comes, it is not

possible to achieve the milestone. Secondly maturity of *Mana* and *Buddhi* plays important part, as function is achieved only when mental age is achieved. Lastly structural and functional maturity with strength plays its part in the condition of *Shyayamutra*.

As per *Sharangadhar* commentator this condition is caused by *Dosha*.^[5] Hence it is necessary to study *Doshas* that may take part and affect the factors in normal bladder control, so that absence of normal bladder control can be attributed to those *Doshas* in abnormal state. *Dosha* relation is compiled in Table No. 1.

Table 1: Relation of Dosha at different levels of bladder control.^[8]

Dosha	Level	Type of Dosha and function	Abnormal function
Vaata	Basti or Mutravaha Srotas	Apan Vaayu: Empties Bladder	Abnormality in emptying bladder
	Upastha	Praana Vaayu: Indriya dharana	Abnormal bladder control
	Mana and Buddhi	Praana Vaayu: Mana and Buddhi Dharana Udaana Vaayu: Smruti	Abnormal Indriya function
Pitta	Basti or Mutravaha Srotas	----	----
	Upastha	----	Indriya shaithilya e.g. Pandu vyadi, Jwara
	Mana and Buddhi	Sadhak Pitta: Grahan and Smruti	Abnormal Indriya function, Smruti
Kapha	Basti or Mutravaha Srotas	Kledaka Kapha: Mootra utpatti, Kledavahana	Excessive urine formation
	Upastha		Indriya shaithilya e.g. Prameha
	Mana and Buddhi	Tarpaka Kapha: Indriya Tarpana Satva and Gyan utpatti	Abnormal Indriya function, Tired Indriya Tama or confusion, Excessive sleep

From Above Table we get clear idea that *Vaata* is important. Also *Ayurveda* states that *Vaata* is behind control of *Mana* and *Indriya*. Also we can say that it is *Pakvashayottha* disease, as *Vaata*, *Apan Vayu*, *Basti* manifest the disease.

Management of Shyayamutra

Based on above discussion, Once appropriate *Kaala* is passed then only we can consider *Shyayamutra* as *Vikruta* or pathological. After that one should look for level of abnormal function through detail history and examination. *Mana* and *Vaata Dosha* abnormality if present, one can consider *Aashwasana*, *Satvaavajaya*, *Medhya* treatment and treatment for *Vaata Dosha* like *Vaatanulomana*. If *Vaata Dosha* abnormality is due to abnormality in other *Dosha*, other *Dosha* should be treated first or simultaneously. For *Kapha Dosha*, avoiding unnecessary liquids and food increasing *Kleda* in the body & *Mutrasangrahaniya* treatment can be considered.^[10-15]

If *Mana* and *Vaata* abnormality or any other predisposing factor that can affect factors given in Table No.1 are present on should predict possibility of *Shyayamutra* and should treat the condition. *Medhya Rasayana* like *Swarna Prashana* should be considered.^[13]

CONCLUSION

Enuresis is one of the commonly found condition in pediatric age group. Classical *Ayurveda* has given very short direct description about *Shyayamutra* (Enuresis). But when we study the factors involved in the disease process, we can get better idea of *Samprapti* (Etiopathogenesis). *Kaala*, *Mana* and *Vaata Dosha* especially *Apan* and *Prana* play important part in the process. Hence *Pakvashaya* should be the origin of condition. Other *Dosha* like *Pitta* especially *Sadhak* type and *Kledak Kapha* and *Tarpak Kapha* play their role. Hence appropriate treatment options are *Kaala* (wait) with practice for *Indriya*, *Satvaavajaya*, *Medhya Rasayana*, *Vaatanulomana*, Avoiding extra liquids and *Kledakar* food items, *Mutrasangrahaniya* treatment. Same can be considered to prevent *Shyayamutra* if abnormality in any factor in *Samprapti* is noted.

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A CLINICAL STUDY “TO COMPARE THE EFFECT OF *BALA (KSHEERBALA) TAILA ABHYANGA* AND *TIL TAILA ABHYANGA* IN LOW BIRTH WEIGHT BABIES”

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ABSTRACT

Low birth weight is associated with increased morbidity, physical and developmental retardation and reduced survival and quality of life. *Ayurveda* describes that low birth weight like conditions are caused by *Vaata prakopa* and undernutrition in utero under the different headings. *Ayurveda* prescribes *Abhyanga* (oil massage) in neonatal care, known for positive health effect in infants? Hence to compare the effect of *Bala Taila* and *Til Taila* study was conducted. Both groups received *Abhyanga* after birth up to 28 days. Anthropometric parameters were measured before and after treatment. Both groups showed equal change in parameters. No adverse events were noted.

INTRODUCTION

Low birth weight is a hard social indicator¹; as birth weight is the single most important marker of adverse perinatal, neonatal and infantile outcome. Over 80% of all neonatal deaths occur among the LBW babies. Low birth weight is associated with increased morbidity, physical and developmental retardation and reduced survival and quality of life. In India, its incidence is about 25-35% i.e. 6-8 million LBW infants are born annually.^[2]

Ayurveda describes that low birth weight like conditions are caused by *vata prakopa* and undernutrition in utero under the different headings like *Garbhashosha*, *Yamagarbha*, *Upavishtaka/ Nagodar*, *Garbhopaghatkar Bhava*, *Apurna Divas Prasav* etc.^[3]

Ayurveda has described neonatal and infant care in details. Many of its regimes are for prevention of diseases. One of it is *Abhyanga* (oil massage).^[4] *Abhyanga* in the neonatal and infancy period has been practiced globally. The positive effects studied normal as well low birth weight or preterm infants are better growth, good sleep, better strength, less jaundice and prevention of diseases without any adverse effects.^[5,13,14] It is also effective against *Vaata*.

The effect of massage is found oil specific.^[6] *Ayurveda* also describes *Til Taila* (sesame oil) as a best amongst vegetable oils. But *Ayurveda* specifies '*Bala Taila*' for

Abhyanga in neonates, instead of *Til Taila*.^[4] The reasons remain obscure. *Bala* (*Sida cordifolia*), as a name suggests is a drug used to increase strength, promote growth and it is also best in '*Vaataashamana*'.^[7] Among different *Bala Taila*, *Taila* prepared with only *Bala* with milk also known as *Ksheerbala Taila*^[8] was selected for its simple formulation. Hence to find efficacy of *Bala (ksheerbala) Taila* over *Til Taila* clinical trial is undertaken and effect have been evaluated.

MATERIAL AND METHODS

60 neonates of age group 1-3 days, with Birth Weight in between 1.5 to 2.5 kg, born at Govt. Ayurved College, Nanded were selected for the study with legal consent. They were randomly allotted to both groups A & B. Group A received *Bala Taila Abhyanga* while Group B received *Til Taila Abhyanga*.

Eligible participants included 60 vaginally delivered neonates who were clinically stable and exclusively breast-fed. Neonates requiring parenteral nutrition or any other special medical support were excluded from study.

Abhyanga was carried out by research scholar for first 15 minutes \pm 1 minute with 10 ml oil, twice a day, with moderate and light (for chest & abdomen) pressure with straight and circular by research scholar initially then by mother up to 28th day. Procedure was taught to mother during hospital stay. Weight and other anthropometric

parameters were measured with standard procedure before and after study and once a week in between.

Variables such as sex, age, religion, season, socioeconomical status, Ballard score, Ponderal index were observed. Study was approved by Institutional Ethical Committee.

OBSERVATIONS

Table 1: Weight of infants (in kg) in both groups.

Weight gain	Mean	SD	SE	t value	t table	P value
Group A	1.284	0.247	0.045	28.482	2.05	P < 0.05
Group B	1.227	0.181	0.033	36.956	2.05	P < 0.05

Table 2: Comparison of weight gain in both groups by unpaired t test.

Weight gain	Mean diff.	Comb SD	SE	t value	t table	P value
Before - After	0.057	0.216	0.056	1.021	2.01	P>0.05

RESULTS

Both groups were homogenous for the sex wise distribution, age wise distribution, religion wise distribution, distribution according to birth season, distribution according to economical status, as random selection into groups were made. Both the Groups showed significant weight gain. Mean weight gain in both groups was 1.284 Kg & 1.227 Kg respectively with p value less than 0.05. But when compared for weight gain, group with *Bala Taila Abhyanga* showed weight gain of 1.28 kg which is statistically equal to weight gain in the group with *Til Taila Abhyanga* which is 1.22kg. It was supposed that *Bala taila*, which is a combination of *Bala* and *Til Taila*, will augment the effect of *Til Taila* by its growth promoting, *Vaatashamana* and nourishing properties. The present study, do not support this hypothesis.

DISCUSSION

Low Birth Weight babies who received either *Bala Taila* or *Til Taila* for *Abhyanga* exhibited equal weight gain. This weight gain effect is supposed to be due to following mechanisms. First is prevention of loss of calories by *Abhyanga* and second is nutritive aspect of *Abhyanga*. Oil application conserves internal body heat probably by reducing insensible water losses.^[12] It also reduces convective heat loss.^[7] Hence fewer calories are required to maintain body temperature. *Abhyanga* also calms baby and adjusts its behavioral pattern.^[10,13] Baby can easily adjust its state behaviour and less time is spent in crying. Although crying is a necessary and very adaptive behavioural state, it can be detrimental if prolonged or frequent. This can magnify the energy expenditure of an infant by as much as 200%.^[10,11] Hence adjusted behaviour will conserve this energy expenditure. Topically applied oil can be absorbed in neonates and is probable available for nutritional purposes.^[12] Massaged oil can be absorbed percutaneously to significant degrees in the newborn. Weight gain due to *Abhyanga* is related to change in vagal tone during the massage and changes in gastric motility. Stimulation of vagal activity leads to more

Statistical analysis

The data were analyzed using Chi-square test for data analysis of qualitative variables and mean values were compared using independent Student t-test. Differences were considered significant at p-values of less than 0.05.

efficient food absorption through increased gastric motility and the release of food absorption hormones such as insulin.^[14,15]

It was supposed that *Bala Taila*, which is a combination of *Bala* and *Til Taila*, will augment the effect of *Til Taila* by its growth promoting, *Vaatashamana* and nourishing properties. The present study, do not support this hypothesis.

This study can be made more impressive and correct by taking third group, which should not receive *Abhyanga*, to obtain the normal growth curves for the demographical area. But it is not ethical, as *Abhyanga* is a part of tradition and already has shown many positive effects.

CONCLUSION

Low birth weight is associated with increased mortality, morbidity and complications. As per *Ayurveda*, Low birth weight is *Vaata Pradhan* and caused by under-nutrition. *Abhyanga*, described in neonatal care, is useful in *Vaatashaman* and gives nourishment to tissues. *Abhyanga* is useful to promote growth in low birth weight babies. And this effect is similar for *Bala Taila Abhyanga* and *Til Taila Abhyanga* for given parameters.

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MANAGEMENT OF GRUDHRASI (SCIATICA) WITH ERANDABEEJA KSHEERAPAKA - A CASE REPORT

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ABSTRACT

Grudhrasi is one of the 'Nanatmaja Vyadhi of Vata'. *Vata* is Prime *Dosha* in the causation of *Grudhrasi*. The vitiated *vata dosha* get localized in the *spik, kati* region. Occasionally it will be associated with *Kapha* producing *Vata-kaphaja Grudhrasi*. Case described in present paper is of 48 years female patient presenting complaints of low backache with dragging pain radiating to left limb associated with numbness and tingling sensation since 1 year but from 15 days patient complaints increase in severity of pain. She was treated with only *Erandabeeja Ksheerapaka*.

KEYWORDS: *Gridhasi, Erandabeeja Ksheerapka, Sciatica, Ricinus Communis*

INTRODUCTION

Grudhrasi is "Shool Pradhan Nanatmaja Vatavyadhi" intervening with the functional ability to low back and lower limb so that patient is not able to walk properly¹. Patient's gait resembles walk of Indian Vulture that is '*Grudhravat Chalan*'. Hence the name *Grudhrasi*.² It is most commonly compared with *Sciatica*² where pressure on sciatica nerve causes 'Radiating pain'.

Sciatica has some unique epidemiologic characteristics³:

- There appears to be no gender predominance though some studies suggest male dominance
- Peak incidence occurs in patients in their fourth decade
- Lifetime incidence reported between 10% to 40%
- Annual incidence of 1% to 5%

The cardinal signs and symptoms of *Grudhrasi* are *Ruk* (Radiating Pain), *Toda* (Pricking sensation), *stambh* (Stiffness) and

MuhurMuhuspandan (twitching) in the following order *spika* (buttocks), *Kati* (lower back), *Uru* (thighs), *Jangha* (calf), & *pada* (leg or feet) and *sakthikshepana Nigrahan* that is restriction in lifting leg¹. *Panchakarma* is main treatment modality for this condition⁴.

CASE REPORT

A female patient of 48 years presenting complaints of low backache with dragging pain radiating to left limb associated with numbness and tingling sensation since 1 year but from 15 days patient complaints increase in severity of pain. She was treated with *Erandabeeja ksheerapaka* and after 45 days her symptoms were reduced to some extent. *Bhavaprakasha* has mentioned *Erand Ksheerapaka* in the management of *Grudhrasi*.²

Chief Complaints & History

1. Severe pain in low back and dragging towards thigh, calf, and down to foot

2. Stiffness in lumbar region

3. Pricking sensation

4. Difficulty and pain during while walking

All complaints were since last 1 year. Patient took symptomatic treatment in between which eventually worsened the condition. After that she was advised *Panchakarma* and other *Ayurvedic* treatments but due to time constriction and personal choice patient was not ready for it.

Past History

Patient has history of caesarean section done 20 years back. She achieved menopause 2 years back, which can be related to her current illness.

Clinical observations

1. *Prakriti: Vata-Kapha*

Properties of *Eranda Beeja* are as follows⁶:

Drug	Latin Name	Rasa	Virya	Vipak	Guna	Doshaghanta	Karmukta
<i>Eranda Beeja</i>	<i>Ricinus communis</i>	<i>MadhuraKatu Kashaya</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Guru Snigdha Tikshna Suksham</i>	<i>Kapha-vatashamana</i>	<i>Balya Vednasth--apana Medhya</i>

Pathya-Apathya advised

Patient was especially advised to take Purana Shali (rice), Godhuma (wheat), kulattha, mudga, lashun, shigru, Brinjal, Dadima, Draksha, Milk, Ghee, light easily

Subjective Observation Table

Observation	Day 1	Day 15 th	Day 30 th	Day 45 st
<i>Ruk</i>	Severe (pain at rest)	Moderate (Pain during ordinary activities)	Moderate (Pain during ordinary activities)	Mild (Pain during strenuous activity only)
<i>Toda</i>	Moderate	Moderate	Mild	Mild
<i>Muhurmuhuspandan</i>	Spontaneous And Frequent	Spontaneous And Frequent	Continuous after movement	Occasional
<i>Pad Suptata</i>	Continuous	Frequently	Frequently	Occasional

2. *Naadi: 90 / min Vata dominant*

3. Appetite: Normal

4. Digestion: Some bloating

5. Abdomen: *Gaurava*, some tenderness in lower part

6. Tongue: Slightly coated

7. Stool: 1 time a day (constipation)

8. Urine: Normal

Method of Preparation of Ksheerpaka-

Drug : *Erandabeeja Ksheerpak*

In *Sharangadhara Samhita*, it is described that medicinal drug 1 part, milk 8 parts and water 32 parts is to be taken and boiled till milk only remains. It is filtered and taken warm.

Dose is 80 ml⁵. Patient was given 40 ml twice a day.

digesting food. Patient was advised to avoid stress, late night sleeping, Day sleeping, Vega Dharana, over exertion, cold exposure, Maida, packed food, Chanaka, Maize, cold water, Food causing constipation.

Objective Observation Table

CRITERIA FOR ASSESSMENT	BEFORE TREATMENT	AFTER TREATMENT
Assessment of Walking time	Pt had severe pain after Walking 100 mtrs	Pt could easily Walk without pain about 200 mtrs
Assessment of Stepping Test	Pt took around 5min to walk 100 steps	Pt took 3min to walk 100 steps
SLR test	RT leg positive(35) LT leg Negative	RT leg Negative LT leg Negative

RESULT

After completion of treatment course, Improvement in the signs and symptoms of the patient was noted. Relief was found in dragging pain, numbness, and tingling sensation. Gait has improved. Patient was able to do her daily activities free from pain, Hence improvement in quality of life.

DISCUSSION

The patient was diagnosed with *Grudhrasi* on the basis of signs and symptoms. The cardinal signs and symptoms of *Grudhrasi* are *Ruk* (Radiating Pain), *Toda* (Pricking sensation), *stambh* (Stiffness) and *Muhur Muhuspandan* (twitching) in the following order *spika* (buttocks), *Kati* (lower back), *Uru* (thighs), *Jangha* (calf), & *pada* (leg or feet) and *Sakthikshepana Nigrahan* that is restriction in lifting leg. Patient was advised to take diet which will help Due to low patient compliance only Shamana treatment was given.

Grudhrasi can be due to only *Vata Dosha* or *Vata & Kapha Doshas* both. Here patient is mainly showing *Vata Dosha* type with little involvement of *Kapha Dosha*. Given treatment is directly mentioned by Bhavamishra in the text Bhavaprakasha. *Erandabeeja ksheerpaka* help to decrease *Vata dosha* hence pain. Active Principle of *Ricinus communis* is Ricinin which has anti

inflammatory, bone regenerative, analgesic property⁷.

Milk is also *Vatashaman* by its properties. It also nourishes *Dhatu* (body constituents) and decreases *Vata*⁸. Milk when heated it becomes *guru* means heavy to digest but when it is mixed with water & heated it becomes *laghu* means easy to digest.

Combination of *Eranda* and Milk synergistically decrease *Vata Dosha* in *Grudhrasi*. Hence slowly relieving pain and other symptoms. Due to Nourishment of *Dhatu* there was no reversal of symptoms during treatment course.

Diet and regime suggested also played its part, as diet was easily digestible, not causing any constipation and gases hence decreasing *Vata Dosha*. Wrong diet and lifestyle accumulates *Dosha* in the body, which causes disease over the time or delays recovery. Here due to proper following of diet and regime helped patient in recovering.

CONCLUSION

Grudhrasi which can be compared to sciatica in modern medicine is mainly due to *Vata Dosha* with more or less involvement of *Kapha Dosha*. Mainly *panchakarma* treatments are advised in this disease which can give quick and long lasting effect. But due to personal and procedural limitations it is not possible to perform them in each

patient. In those patients shamana treatments can be useful. Erandabeeja Ksheerapaka showed good relief in the sign and symptoms improved quality of life.

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**MEDICAL ETHICS IN SHALYATANTRA (SURGERY) W.S.R. TO SUSHRUTA SAMHITA****Dr. Tridev Arun Patil^{*1}, Dr. Roshan Dhale², Dr. Satish D. Urhe³ and Dr. Yogesh K. Shewale⁴**¹Assistant Professor, Rachana Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.^{2,3}Assistant Professor, Panchakarma Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.⁴Assistant Professor, Kriya Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.**Corresponding Author: Dr. Tridev Arun Patil**

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ABSTRACT

Ethics simply means that rule or principles or right to conduct. It involves the systematization, defending and recommending what is wrong and what is right for any individual or for the society. From ancient time, *Sushruta Samhita* is considered one of the finest & oldest source for surgeries in India. That's why *Acharya Sushruta* is considered as father of surgery all over the world. *Acharya Sushruta* has emphasized surgical ethics in various chapters of *Sutrasthana* in *Sushruta Samhita*. An ethical concept is explained in *sushruta* i.e. various *Sadavritta* related to education & every day practice, surgical qualities; qualities & skills of surgeon, *Yogyavidhi*. Detailed review about the pre-operative, operative and post-operative conducts for care of patients and for creating ideal surgeon. Various ethics in emergency surgery and professional conducts & also detailed description of confidentiality about patients as well as quack practitioner. Importance of aseptic surgeries and the concept of sterilization mentioned in detailed in *Sushruta Samhita*. Physician with knowledge of many branches of science to get exact diagnosis and should try to learn throughout life with different branches of science. These concepts are even valid in present scenario in day today practice so this topic is very much important and high lightened in present era for better progression of new generation of medical science.

KEYWORDS: Ethics, *Shalyatantra*, *Sushruta Samhita*, *Yogyavidhi*, etc.**INTRODUCTION**

Ayurveda is science of life. The training of doctors and their code of ethics and training, in early India holds a salutary place in the history of medicine. Charaka clearly outlined four ethical principles of a doctor: Friendship, sympathy towards the sick, interest in cases according to one's capabilities and no attachment with the patient after his recovery. In the *Sushruta Samhita*, the doctor's duty and obligations to the patient are stressed. The patient may doubt his families, but he has full faith in the physician. He (the patient) gives himself up in the doctor's hand and has no hesitations about him. *Sushruta*, the father of ancient Indian surgery was undoubtedly a great surgeon. The ethical principles enunciated and practiced then were of high-test order. In the Ayurveda classics there is no separate section on ethics, but ethical concepts are ever-present and an ethical undercurrent runs through all the texts. To distil the ethical content from these large texts is difficult like extracting sugar from a cup of sweetened milk. One can only attempt to present gleanings from here and there to give a flavor of the ethical spirit. Ethics is a vital supporting discipline in the training of Surgery. The

application of ethics to the situation specific to surgical practice is termed as Surgical Ethics. In the current National Health Policy 2020; skill, integrity and ethics constitute the crucial policy principles. In Ayurveda, an expanded description regarding ethics associated to medical practice has been given. Surgical ethics are practical tools designed to improve patient care, innovation and research.

1. Surgical Ethics

Ideas of surgical ethics as assembled in *Sushruta Samhita* are as follows 1. Qualities of surgeon 2. Principles of informed consent 3. General ethics 4. Professional and Academic ethics 5. Preoperative/ Operative / Postoperative ethics 6. Experimental surgery ethics 7. Ethics in emergency surgery 8. Principles of Limitations of the Practice and Referrals 1. Qualities of Surgeon: *Sushruta* has specially mentioned the qualities of a surgeon viz. brave/boldness i.e. (Shaurya), quick act i.e. (Ashukriya), keeping the surgical tools sharp, i.e. (Shastra Taikshanya) himself not moist, i.e. (Asveda) no tremors, i.e. (Avepathu) not confused i.e. (Asammoha). The description of a fake practitioner has

been also defined in Sushruta samhita and described as those who not educated surgical technique directly under the direction of a guru (teacher) regarding textual and practical knowledge called as 'taskar-vaidya'. So before embarking on the surgical procedure one should assess himself that is he able to perform surgery or not.

2. Principles of informed consent

Sushruta were well aware about the concepts of informed consent centuries back. In the context of surgical mollification in Ashmari Chikitsa Prakarana there is a source of prior agreement of the king or supporters /relatives of the patient. In the context of Moodha-Garbha Chikitsa (treatment of dead foetus), reference of prior consent and permission of the guardian is also available. Dalhana has commented that if surgery is done without consent then surgeon is liable to be punished by death sentence and it is the choice of the patient to receive or refuse the treatment.

3. General ethics In Sushruta samhita

Sutrasthan equal emphasis given on theoretical knowledge and practical knowledge to get administrative permission. One surgical disciple cannot perform surgery without having applied information. Any surgeon cannot perform surgery only if having practical knowledge and lacking theoretical one. So, an Ayurvedic shalya chikitsa become successful after having both theoretical & practical knowledge. After getting theoretical and practical knowledge surgeon take permission from King (government). Surgeon should go through details about all the allied subjects before entering to the medical profession. In Sushrut Samhita vision regarding right & responsibility of teacher & student are well described in detail. The concept of selection process of student into the discipline of Shalya Tantra, and their relation to teacher, patient etc. well are described in the chapter Shishyaupaniyaadhaya in sushruta samhita.

4. Professional and Academic

A shalya tantra chikitsasaka should have knowledge of the all the eight branches (Shalya tantra, Shalakyata, Kaya Chikitsa, Bhuta Vidya, Kaumarbhtiya, Agada tantra, Rasayana tantra and Vajikarana tantra) of Ayurveda from direct regular teaching i.e., value of all related branches has been described in Sushrut Samhita. In Sushruta samhita it is clearly comment that "A person who studies only one branch of science cannot arrive at proper conclusions, therefore a doctor should try to learn as many related sciences as possible." Before any surgery diagnosis of diseases should be confirmed by these three methods – inspection, palpation and interrogation and six other methods (five sense such as ear, eye etc. and by interrogation) described for diagnosis of diseases. Prognosis about diseases which are curable should be got cured, those which trend to persist should be controlled and those which are incurable should not be treated. Diseases which are persisting for more than one year should be refused for treatment generally. Knowledge of Dravya, their rasa (taste), guna (qualities),

virya (potency), vipaka (effect after digestion), dosas (humors), dhatus (tissues), malas (wastes), asayas (viscera), marma (vital spots), sira (veins), snayu (ligament), sandhi (joints), Asthi (bones), product forming the garbha (embryo) and removal of foreign bodies lost inside the body, determining the nature of wound and kinds of fracture are described in sushruta samhita.

5. Pre-operative/ Operative / Post-operative ethics

The surgical management for diseases distributed into three steps viz. - Purvakarma (Pre-operative care), pradhan karma (Operative procedure), pashchat karma (Post-operative care). Importance of clinical examination before any surgery is described in Sushrut Samhita. It is to be stated that without history taking and physical inspections a surgeon should not go for Surgery. Operation should be done with all preparations including material such as Yantra (blunt instruments), Sastra (sharp instrument), kshara (caustic alkalis) agni (thermal cautery) shalaka (metal rods), jaulaka (leeches), sutra (threads), madhu (honey) ghrita (ghee), paya (milk), taila (oil), kasaya (decoction of durgs), sitousnodaka kataha (drums for cold and hot water) and parikarminah (attendants) who are affectionate, steadfast and strong. Concept of NBM (nil by mouth) before surgery was there in Sushruta Samhita for the treatment of Mudhagarbha (Obstructed labour), Udaroga (Abdominal disorder), Arsha(disease related to bleeding per rectum), Ashmari (urolithiasis), Bhagandar (perianal fistula) After surgery the patients should be shifted on postoperative room (special chamber) and advised to adhere to the regimen (diet and other activities).

6. Experimental surgery ethics

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In emergency cases, the procedure should not be followed strictly by the physician and treatment which is urgently required should be done, just as salvaging a

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8. Principles of Limitations of the Practice and Referrals

Ayurveda have eight branches or specializations (Ashtangayurveda) and it can be concluded that the concept of specialization was well developed at that time and there were different expert practitioners of all these specializations. The medical ethics assured the physician to practice his ability within the limits of separate competence, has been well defined at various places in Ayurveda literature. One should not link the other specialty and patient should be referred to concern the expert. In the context of Pakva Gulma, it has clearly been guided to refer the patient to the expert (surgeon) who is skilled to manage the same. Similarly in the case of Udar-Roga Chikitsa.

DISCUSSION

Idea of high level ethical surgical practice was there in the time of Sushruta, which is still now effective in the era of modern surgery. Teaching & training methodology to produce highly skilled described in Sushrut Samhita which also found in the present era of surgical practices. Main persistence of surgery at the time of Sushruta was patient's safety which is well received in the ethical aspect of current surgery. Exposure of surgeon towards experimental surgery in models as described in Sushruta to enhance the skill which now well accepted worldwide in the school of surgery. In Ayurveda importance has been given on the practice of ethics to support the bond of therapeutic bond between the patient and the surgeon. Ethical values of Ayurveda are signs to guide the surgeon of modern times. It is vital to understand the authorized and professional importance of surgical ethics and to practice the similar at all the stages of medical care.

CONCLUSION

Ethical surgical practice was there in ancient India for patient safety and now also in modern surgical practice with same concern. In ancient Indian civilization at the time of Sushruta, Indian surgeon performed highest level of surgical practices following the professional ethical conduct which now well accepted worldwide and should be considered as a proud of Indian civilization. Therefore it is our duty to preserve the great cultural heritage and glory of India by patronizing surgical practice by Ayurvedic Vaidya.

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**MEDICAL ETHICS IN SHALYATANTRA (SURGERY) W.S.R. TO SUSHRUTA SAMHITA****Dr. Tridev Arun Patil^{*1}, Dr. Roshan Dhale², Dr. Satish D. Urhe³ and Dr. Yogesh K. Shewale⁴**¹Assistant Professor, Rachana Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.^{2,3}Assistant Professor, Panchakarma Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.⁴Assistant Professor, Kriya Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.**Corresponding Author: Dr. Tridev Arun Patil**

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ABSTRACT

Ethics simply means that rule or principles or right to conduct. It involves the systematization, defending and recommending what is wrong and what is right for any individual or for the society. From ancient time, *Sushruta Samhita* is considered one of the finest & oldest source for surgeries in India. That's why *Acharya Sushruta* is considered as father of surgery all over the world. *Acharya Sushruta* has emphasized surgical ethics in various chapters of *Sutrasthana* in *Sushruta Samhita*. An ethical concept is explained in *sushruta* i.e. various *Sadavritta* related to education & every day practice, surgical qualities; qualities & skills of surgeon, *Yogyavidhi*. Detailed review about the pre-operative, operative and post-operative conducts for care of patients and for creating ideal surgeon. Various ethics in emergency surgery and professional conducts & also detailed description of confidentiality about patients as well as quack practitioner. Importance of aseptic surgeries and the concept of sterilization mentioned in detailed in *Sushruta Samhita*. Physician with knowledge of many branches of science to get exact diagnosis and should try to learn throughout life with different branches of science. These concepts are even valid in present scenario in day today practice so this topic is very much important and high lightened in present era for better progression of new generation of medical science.

KEYWORDS: Ethics, *Shalyatantra*, *Sushruta Samhita*, *Yogyavidhi*, etc.**INTRODUCTION**

Ayurveda is science of life. The training of doctors and their code of ethics and training, in early India holds a salutary place in the history of medicine. Charaka clearly outlined four ethical principles of a doctor: Friendship, sympathy towards the sick, interest in cases according to one's capabilities and no attachment with the patient after his recovery. In the *Sushruta Samhita*, the doctor's duty and obligations to the patient are stressed. The patient may doubt his families, but he has full faith in the physician. He (the patient) gives himself up in the doctor's hand and has no hesitations about him. *Sushruta*, the father of ancient Indian surgery was undoubtedly a great surgeon. The ethical principles enunciated and practiced then were of high-test order. In the Ayurveda classics there is no separate section on ethics, but ethical concepts are ever-present and an ethical undercurrent runs through all the texts. To distil the ethical content from these large texts is difficult like extracting sugar from a cup of sweetened milk. One can only attempt to present gleanings from here and there to give a flavor of the ethical spirit. Ethics is a vital supporting discipline in the training of Surgery. The

application of ethics to the situation specific to surgical practice is termed as Surgical Ethics. In the current National Health Policy 2020; skill, integrity and ethics constitute the crucial policy principles. In Ayurveda, an expanded description regarding ethics associated to medical practice has been given. Surgical ethics are practical tools designed to improve patient care, innovation and research.

1. Surgical Ethics

Ideas of surgical ethics as assembled in *Sushruta Samhita* are as follows 1. Qualities of surgeon 2. Principles of informed consent 3. General ethics 4. Professional and Academic ethics 5. Preoperative/ Operative / Postoperative ethics 6. Experimental surgery ethics 7. Ethics in emergency surgery 8. Principles of Limitations of the Practice and Referrals 1. Qualities of Surgeon: *Sushruta* has specially mentioned the qualities of a surgeon viz. brave/boldness i.e. (Shaurya), quick act i.e. (Ashukriya), keeping the surgical tools sharp, i.e. (Shastra Taikshanya) himself not moist, i.e. (Asveda) no tremors, i.e. (Avepathu) not confused i.e. (Asammoha). The description of a fake practitioner has

been also defined in Sushruta samhita and described as those who not educated surgical technique directly under the direction of a guru (teacher) regarding textual and practical knowledge called as 'taskar-vaidya'. So before embarking on the surgical procedure one should assess himself that is he able to perform surgery or not.

2. Principles of informed consent

Sushruta were well aware about the concepts of informed consent centuries back. In the context of surgical mollification in Ashmari Chikitsa Prakarana there is a source of prior agreement of the king or supporters /relatives of the patient. In the context of Moodha-Garbha Chikitsa (treatment of dead foetus), reference of prior consent and permission of the guardian is also available. Dalhana has commented that if surgery is done without consent then surgeon is liable to be punished by death sentence and it is the choice of the patient to receive or refuse the treatment.

3. General ethics In Sushruta samhita

Sutrasthan equal emphasis given on theoretical knowledge and practical knowledge to get administrative permission. One surgical disciple cannot perform surgery without having applied information. Any surgeon cannot perform surgery only if having practical knowledge and lacking theoretical one. So, an Ayurvedic shalya chikitsa become successful after having both theoretical & practical knowledge. After getting theoretical and practical knowledge surgeon take permission from King (government). Surgeon should go through details about all the allied subjects before entering to the medical profession. In Sushrut Samhita vision regarding right & responsibility of teacher & student are well described in detail. The concept of selection process of student into the discipline of Shalya Tantra, and their relation to teacher, patient etc. well are described in the chapter Shishyaupaniyaadhaya in sushruta samhita.

4. Professional and Academic

A shalya tantra chikitsasaka should have knowledge of the all the eight branches (Shalya tantra, Shalakyata, Kaya Chikitsa, Bhuta Vidya, Kaumarbhtiya, Agada tantra, Rasayana tantra and Vajikarana tantra) of Ayurveda from direct regular teaching i.e., value of all related branches has been described in Sushrut Samhita. In Sushruta samhita it is clearly comment that "A person who studies only one branch of science cannot arrive at proper conclusions, therefore a doctor should try to learn as many related sciences as possible." Before any surgery diagnosis of diseases should be confirmed by these three methods – inspection, palpation and interrogation and six other methods (five sense such as ear, eye etc. and by interrogation) described for diagnosis of diseases. Prognosis about diseases which are curable should be got cured, those which trend to persist should be controlled and those which are incurable should not be treated. Diseases which are persisting for more than one year should be refused for treatment generally. Knowledge of Dravya, their rasa (taste), guna (qualities),

virya (potency), vipaka (effect after digestion), dosas (humors), dhatus (tissues), malas (wastes), asayas (viscera), marma (vital spots), sira (veins), snayu (ligament), sandhi (joints), Asthi (bones), product forming the garbha (embryo) and removal of foreign bodies lost inside the body, determining the nature of wound and kinds of fracture are described in sushruta samhita.

5. Pre-operative/ Operative / Post-operative ethics

The surgical management for diseases distributed into three steps viz. - Purvakarma (Pre-operative care), pradhan karma (Operative procedure), pashchat karma (Post-operative care). Importance of clinical examination before any surgery is described in Sushrut Samhita. It is to be stated that without history taking and physical inspections a surgeon should not go for Surgery. Operation should be done with all preparations including material such as Yantra (blunt instruments), Sastra (sharp instrument), kshara (caustic alkalis) agni (thermal cautery) shalaka (metal rods), jaulaka (leeches), sutra (threads), madhu (honey) ghrita (ghee), paya (milk), taila (oil), kasaya (decoction of durgs), sitousnodaka kataha (drums for cold and hot water) and parikarminah (attendants) who are affectionate, steadfast and strong. Concept of NBM (nil by mouth) before surgery was there in Sushruta Samhita for the treatment of Mudhagarbha (Obstructed labour), Udaroga (Abdominal disorder), Arsha(disease related to bleeding per rectum), Ashmari (urolithiasis), Bhagandar (perianal fistula) After surgery the patients should be shifted on postoperative room (special chamber) and advised to adhere to the regimen (diet and other activities).

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**MEDICAL ETHICS IN SHALYATANTRA (SURGERY) W.S.R. TO SUSHRUTA SAMHITA****Dr. Tridev Arun Patil^{*1}, Dr. Roshan Dhale², Dr. Satish D. Urhe³ and Dr. Yogesh K. Shewale⁴**¹Assistant Professor, Rachana Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.^{2,3}Assistant Professor, Panchakarma Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.⁴Assistant Professor, Kriya Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.**Corresponding Author: Dr. Tridev Arun Patil**

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ABSTRACT

Ethics simply means that rule or principles or right to conduct. It involves the systematization, defending and recommending what is wrong and what is right for any individual or for the society. From ancient time, *Sushruta Samhita* is considered one of the finest & oldest source for surgeries in India. That's why *Acharya Sushruta* is considered as father of surgery all over the world. *Acharya Sushruta* has emphasized surgical ethics in various chapters of *Sutrasthana* in *Sushruta Samhita*. An ethical concept is explained in *sushruta* i.e. various *Sadavritta* related to education & every day practice, surgical qualities; qualities & skills of surgeon, *Yogyavidhi*. Detailed review about the pre-operative, operative and post-operative conducts for care of patients and for creating ideal surgeon. Various ethics in emergency surgery and professional conducts & also detailed description of confidentiality about patients as well as quack practitioner. Importance of aseptic surgeries and the concept of sterilization mentioned in detailed in *Sushruta Samhita*. Physician with knowledge of many branches of science to get exact diagnosis and should try to learn throughout life with different branches of science. These concepts are even valid in present scenario in day today practice so this topic is very much important and high lightened in present era for better progression of new generation of medical science.

KEYWORDS: Ethics, *Shalyatantra*, *Sushruta Samhita*, *Yogyavidhi*, etc.**INTRODUCTION**

Ayurveda is science of life. The training of doctors and their code of ethics and training, in early India holds a salutary place in the history of medicine. Charaka clearly outlined four ethical principles of a doctor: Friendship, sympathy towards the sick, interest in cases according to one's capabilities and no attachment with the patient after his recovery. In the *Sushruta Samhita*, the doctor's duty and obligations to the patient are stressed. The patient may doubt his families, but he has full faith in the physician. He (the patient) gives himself up in the doctor's hand and has no hesitations about him. *Sushruta*, the father of ancient Indian surgery was undoubtedly a great surgeon. The ethical principles enunciated and practiced then were of high-test order. In the Ayurveda classics there is no separate section on ethics, but ethical concepts are ever-present and an ethical undercurrent runs through all the texts. To distil the ethical content from these large texts is difficult like extracting sugar from a cup of sweetened milk. One can only attempt to present gleanings from here and there to give a flavor of the ethical spirit. Ethics is a vital supporting discipline in the training of Surgery. The

application of ethics to the situation specific to surgical practice is termed as Surgical Ethics. In the current National Health Policy 2020; skill, integrity and ethics constitute the crucial policy principles. In Ayurveda, an expanded description regarding ethics associated to medical practice has been given. Surgical ethics are practical tools designed to improve patient care, innovation and research.

1. Surgical Ethics

Ideas of surgical ethics as assembled in *Sushruta Samhita* are as follows 1. Qualities of surgeon 2. Principles of informed consent 3. General ethics 4. Professional and Academic ethics 5. Preoperative/ Operative / Postoperative ethics 6. Experimental surgery ethics 7. Ethics in emergency surgery 8. Principles of Limitations of the Practice and Referrals 1. Qualities of Surgeon: *Sushruta* has specially mentioned the qualities of a surgeon viz. brave/boldness i.e. (Shaurya), quick act i.e. (Ashukriya), keeping the surgical tools sharp, i.e. (Shastra Taikshanya) himself not moist, i.e. (Asveda) no tremors, i.e. (Avepathu) not confused i.e. (Asammoha). The description of a fake practitioner has

been also defined in Sushruta samhita and described as those who not educated surgical technique directly under the direction of a guru (teacher) regarding textual and practical knowledge called as 'taskar-vaidya'. So before embarking on the surgical procedure one should assess himself that is he able to perform surgery or not.

2. Principles of informed consent

Sushruta were well aware about the concepts of informed consent centuries back. In the context of surgical mollification in Ashmari Chikitsa Prakarana there is a source of prior agreement of the king or supporters /relatives of the patient. In the context of Moodha-Garbha Chikitsa (treatment of dead foetus), reference of prior consent and permission of the guardian is also available. Dalhana has commented that if surgery is done without consent then surgeon is liable to be punished by death sentence and it is the choice of the patient to receive or refuse the treatment.

3. General ethics In Sushruta samhita

Sutrasthan equal emphasis given on theoretical knowledge and practical knowledge to get administrative permission. One surgical disciple cannot perform surgery without having applied information. Any surgeon cannot perform surgery only if having practical knowledge and lacking theoretical one. So, an Ayurvedic shalya chikitsa become successful after having both theoretical & practical knowledge. After getting theoretical and practical knowledge surgeon take permission from King (government). Surgeon should go through details about all the allied subjects before entering to the medical profession. In Sushrut Samhita vision regarding right & responsibility of teacher & student are well described in detail. The concept of selection process of student into the discipline of Shalya Tantra, and their relation to teacher, patient etc. well are described in the chapter Shishyaupaniyaadhaya in sushruta samhita.

4. Professional and Academic

A shalya tantra chikitsasaka should have knowledge of the all the eight branches (Shalya tantra, Shalakyata, Kaya Chikitsa, Bhuta Vidya, Kaumarbhtiya, Agada tantra, Rasayana tantra and Vajikarana tantra) of Ayurveda from direct regular teaching i.e., value of all related branches has been described in Sushrut Samhita. In Sushruta samhita it is clearly comment that "A person who studies only one branch of science cannot arrive at proper conclusions, therefore a doctor should try to learn as many related sciences as possible." Before any surgery diagnosis of diseases should be confirmed by these three methods – inspection, palpation and interrogation and six other methods (five sense such as ear, eye etc. and by interrogation) described for diagnosis of diseases. Prognosis about diseases which are curable should be got cured, those which trend to persist should be controlled and those which are incurable should not be treated. Diseases which are persisting for more than one year should be refused for treatment generally. Knowledge of Dravya, their rasa (taste), guna (qualities),

virya (potency), vipaka (effect after digestion), dosas (humors), dhatus (tissues), malas (wastes), asayas (viscera), marma (vital spots), sira (veins), snayu (ligament), sandhi (joints), Asthi (bones), product forming the garbha (embryo) and removal of foreign bodies lost inside the body, determining the nature of wound and kinds of fracture are described in sushruta samhita.

5. Pre-operative/ Operative / Post-operative ethics

The surgical management for diseases distributed into three steps viz. - Purvakarma (Pre-operative care), pradhan karma (Operative procedure), pashchat karma (Post-operative care). Importance of clinical examination before any surgery is described in Sushrut Samhita. It is to be stated that without history taking and physical inspections a surgeon should not go for Surgery. Operation should be done with all preparations including material such as Yantra (blunt instruments), Sastra (sharp instrument), kshara (caustic alkalis) agni (thermal cautery) shalaka (metal rods), jaulaka (leeches), sutra (threads), madhu (honey) ghrita (ghee), paya (milk), taila (oil), kasaya (decoction of durgs), sitousnodaka kataha (drums for cold and hot water) and parikarminah (attendants) who are affectionate, steadfast and strong. Concept of NBM (nil by mouth) before surgery was there in Sushruta Samhita for the treatment of Mudhagarbha (Obstructed labour), Udaroga (Abdominal disorder), Arsha(disease related to bleeding per rectum), Ashmari (urolithiasis), Bhagandar (perianal fistula) After surgery the patients should be shifted on postoperative room (special chamber) and advised to adhere to the regimen (diet and other activities).

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7. Ethics in emergency surgery

In emergency cases, the procedure should not be followed strictly by the physician and treatment which is urgently required should be done, just as salvaging a

house which has caught fire.^[23] The pain which is produced by the knife, troubles the body of patients greatly and it gets subsided by application of lukewarm ghee boiled with yastimadhuka.

8. Principles of Limitations of the Practice and Referrals

Ayurveda have eight branches or specializations (Ashtangayurveda) and it can be concluded that the concept of specialization was well developed at that time and there were different expert practitioners of all these specializations. The medical ethics assured the physician to practice his ability within the limits of separate competence, has been well defined at various places in Ayurveda literature. One should not link the other specialty and patient should be referred to concern the expert. In the context of Pakva Gulma, it has clearly been guided to refer the patient to the expert (surgeon) who is skilled to manage the same. Similarly in the case of Udar-Roga Chikitsa.

DISCUSSION

Idea of high level ethical surgical practice was there in the time of Sushruta, which is still now effective in the era of modern surgery. Teaching & training methodology to produce highly skilled described in Sushrut Samhita which also found in the present era of surgical practices. Main persistence of surgery at the time of Sushruta was patient's safety which is well received in the ethical aspect of current surgery. Exposure of surgeon towards experimental surgery in models as described in Sushruta to enhance the skill which now well accepted worldwide in the school of surgery. In Ayurveda importance has been given on the practice of ethics to support the bond of therapeutic bond between the patient and the surgeon. Ethical values of Ayurveda are signs to guide the surgeon of modern times. It is vital to understand the authorized and professional importance of surgical ethics and to practice the similar at all the stages of medical care.

CONCLUSION

Ethical surgical practice was there in ancient India for patient safety and now also in modern surgical practice with same concern. In ancient Indian civilization at the time of Sushruta, Indian surgeon performed highest level of surgical practices following the professional ethical conduct which now well accepted worldwide and should be considered as a proud of Indian civilization. Therefore it is our duty to preserve the great cultural heritage and glory of India by patronizing surgical practice by Ayurvedic Vaidya.

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Dr. Suwarna Suhas Chaudhary

YOGA FOR PROSPERITY OF MIND



Dr. Sakshi Waghmare

CORONA Pandemic created a sudden mental trauma in this 21st century 1st time and as a consequence 90% people suffered with the psychological disturbances. Everyone realized during this situation how well being of mind is important. After such big loss from all sectors how we can focus on life with positive lens and answer is the practicing Yoga for as a part of routine lifestyle.

In the present scenario the people suffering from disturbed mind issues both hidden and identified are on an alarming rise, the most prone being youth of the nation which are to serve as the backbone of any country for its progress. The stress levels experienced by the youth of today and the statistics revealing the rising cases of suicides, depression, abuse and other socio-economic factors directly point towards the decline in psychological health among the people. The world which we live now is in constant fight with a mere virus that has caused catastrophic changes to the life of man who considers himself to be the superior of all beings. Not only have we failed to protect our physical strength but also soundness of the people has also deteriorated. With perspective wellbeing of mind and to overcome mental illnesses WHO is working from 1992 after noting statistics of suicide rate 1 for each 40 sec. After recognition of the significance of Yoga in human development, its curative and preventive aspects in various ailments, The United Nations had announced 21st June of every year as International Yoga Day. Many government organizations like the AYUSH and numerous non-government organizations have made efforts to globalize and popularize the benefits of practice of Yoga for the betterment of humanity. Various schemes have been introduced by the government for the common people to reap the benefits of Yoga.

Yoga is disciplined way of life that addresses behavioral pattern in society as well as for individual, dietary guidance and also provides the physical,

mental and spiritual aspects of living. Every being or society is always striving to achieve greater happiness and Yoga clearly is the solution for individual fulfilment and social harmony. The ancient and invaluable Yoga has gained universal acclaim in the past few decades. Several studies have found that yogic practices help to regulate mood, alleviate the problems of depression and anxiety, improve sleep etc. It also affects the activities of hypothalamus and also stress response which are accountable for the regulation of blood pressure, blood sugar levels, heart rate, respiration etc.

The common misconception among people is that Yoga means mere practice of different postures, breath control and meditation and fails to recognize its enormity and the advantages that one can achieve through the proper implementation of Yoga. The Ashtanga (Eight sections) of Yoga mentioned in the Yoga sutra of Patanjali are Yama (self-discipline), Niyama (Ethics/rules), Asana (Posture), Pranayama (Breathing techniques), Dharana (Mastery over body), Dhyana (Concentration) and Samadhi (Complete union with soul).

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From remote ages, the apprehension of Yoga was conveyed to teenybopper in India. The same is possible now with modifications in the way we convey this knowledge to youth. Yoga can be made a part of the educational curriculum, after school activities, workshops etc. Children and young adults enjoy and benefit from both physical and mental features of

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जोडणारा, रोपण करणारा, शरीर झीज भरून काढणारा, कार्यक्षमता टिकवणारा श्लक्ष्ण गुण आणि क्लेदनिर्मितीस सहाय्य करणारा, स्निग्धता-मार्दवता निर्माण करून शरीरक्रियांना सुकरता आणणारा, पर्यायाने क्रिया-हालचाली यांनी निर्माण होणारी रूक्षता नियंत्रणात ठेवून अवयवांची कार्यशक्ती व बळ वाढविणारा, धातूचे वर्धनास मदत करणारा स्निग्ध गुण तसेच आपल्या संधान कार्याने धातू-अवयव एकसंघ ठेवणारा, लेपन कार्य करणारा, बल देणारा, प्राणाधारण करून जीवन देणारा दृढतरसंयोगाने शरीर परमाणू एकसंघ ठेवणारा पिच्छिल गुण हे ओजाच्या टिकून राहण्यात अनन्यसाधारण भूमिका नजानतात. त्यामुळे अशा या बलवान गुणांचा नाश पर्यायाने ओजविघात घडवून आणायचा असेल तर त्यापेक्षा बलवान उरतील अशाच विकासि रूक्ष व विशद गुणांची गरज असते.

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RISK MANAGEMENT

I collect little courage to list you all a Happy, healthy and prosperous New Year. even though all of us (all over the world) people are facing the disastrous effect of the pandemic of COVID-19. Our whole nation was in a delicate phase of this out brake after reporting a significant drop in the number of COVID-19 cases for months. Some state have seen a sharp upstick.

The scientists are skeptical and despite the steep drop in the cases ae back to the countryside as they could not afford the rent or food having no work in the cities and that also may have just spread the virus across.

The information received from medias ans newspapers about the corona situations in various states in our country is critical to think deeply, In states like Maharashtra, Kerala etc. the number of cases reached till this month might be in millions. Even though the recovery rate is slowly improving, the death rate is also in thousand same is the condition in other states where thickly populated cities are there.

Unfortunately, at many places the common man is not observing the precautionary rules seriously. Central Govt., State Govt., Newspapers, Medias are hammering on and often. But unfortunately at same places, those are taken lightly, might be because of negligence, carelessness or overconfidence.

Move problems are faced by common people Working class and economically loser classes of society. Education systems are also mostly hamper education, students run towards city colleges instead of district colleges. Because of corona pandemic, the earning people from their families have lost their services. The students from such families will not be able to pay the fees of the colleges of higher education. The students coming from schedule tribes and far away from cities etc. may go out of the stream in futures. similarly, number of students coming from other states to big cities like, Mumbai, Chennai, Delhi, Ahmadabad, Poona etc. has reduced 'because of lack of finance.

Friends, inspite of such situation we will celebrate our Republic Day 26th Jan 2021 taking all the precautions. let us maintain the dignity and unity of our nation. To fight the COVID battle, we have to observe all the rules of safty. Central Govt. has provided the vaccine at present for actual seafarers and to senior citizens for prevention. So take care of your personal hygiene as well as social hygiene, keeping clean you home as well as area.

Once again I wish you all healthy and peaceful new year.

**Dr. D. G. KADAM**

Past- President 'NIMA' CC

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Please note that our Journal being National, it is printed in English & Hindi Only.

President Message

Dear ISM doctors,



Dear ISM doctors, Hearty Welcome after a short break. Friends how are you and your family members? Please take care of yourself and your beloved ones as the pandemic of Corona is not over yet and many of us are fearlessly moving here and there without any safety measures. Friends I request you all to be safe and safeguard your family members. Dear friends, we have shown our utility and our important role in the health care system of our country in this deadly pandemic situation. We have worked 24x7 and helped the government and the population aap aur country in dealing with this deadly corona virus. The doctors of Indian system of medicine and the NIMA Warriors have extended the hand of co operation towards the government while other Mega organisations of doctors in the country were busy in blackmailing the government and the people of India. Due to this pandemic the government has also realised one important fact that the Health Care system of India is not complete without the doctors of Indian system of medicine and the government has also realised that integration is the only solution and main weapon to upgrade Dahej facilities in India and integration is the only answer for the scarcity of the doctors and the loopholes in the health care system of the nation. Accordingly the government has planned to bring the integration, which is is the prime demand of NIMA since its establishment and the government has started taking strong steps towards integration of various systems. We, all the members and office bearers of NIMA welcome these steps taken by central government and sincerely thank respected Prime Minister Shri Narendra ji Modi, Ayush minister Shri Shripad Ji Naik, respected Ayush secretary Vd. Rajesh ji Kotecha and others who have worked for this. JAI NIMA...Integration.... Need of nation. Dr. Vinayak Tembhurnikar, President, NIMA CC.

Dr. V. D. TEMBURNIKAR
President
NIMA Center Council

Kamdudha Rasa In Asrgdara(Menorrhagia) – A Conceptual Study

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Abstract :

Asrgdara means Dirana i.e excessive excretion of Asrk (Menstrual Blood).In modern it is correlated with menorrhagia.Menorrhagia is a commonest gynecological problem characterized by cyclic bleeding in excessive amount or duration or both among 30% of women in reproductive age.In modern medicine haemostatic,analgesic and hormonal therapies are advised for menorrhagia,which has limitations.In Ayurveda we can treat Asrgdara according to Ayurvedic principles of Shodhana and Shamana chikitsa.But if rugnabala is diminished then only shamana is advisable.Many herbal and herbomineral preparations are mentioned in Ayurveda to cure Asrgdara and related symptoms which can be used as per AnubandhaDosha and lakshana.Kamdudha rasa (Pratham) mentioned in Rasayogasagarais selected according to dosha and dushyadushti. It is tridoshaghna and rasayana predominantly pittashamaka. It helps in breaking down the pathogenesis of Asrgdara and its recurrence. Therefore there is wide scope of research to find out Kamdudha rasa as an useful remedy for treatment of Asrgdara.

Keywords-Asrgdara, Menorrhagia,Kamdudha rasa.

INTRODUCTION :

The quantity increase in blood it termed as Asrgdara and excessive discharge of blood is termed as Pradara. Due to pradirana of excessive Raja is also termed as Raktapradara¹.All type of Asrgdara associated with bodyache and pain with excessive burning sensation in lower portion of groin, pelvic region, back renal angle².In modern it is defined as cyclic bleeding is either in excessive in amount(>80ml)or duration (>7days)or both³Excessive menstrual bleeding interferes with the women physical, emotional, social and physiological quality of life. In India reported prevalence of AUB is around 17.9%⁴.WHO reports that 18 million women aged 30-55yrs perceive their menstrual bleeding exorbitant. AUB leads to loss of

reproductive function and may result in surgical intervention. Here a review on Asrgdara and its pathogenesis is mentioned. Kamdudha rasa, this herbomineral formulation is selected according to its pittashamaka, raktavardhaka, rasayana, tridoshahara properties. Its ingredients are cheap and easily available in market.

AIM-To describe etiopathogenesis and role of Kamdudha rasa in Asrgdara.

OBJECTIVE-To interpret the hypoethical action of Kamdudha rasa in Asrgdara.

MATERIAL AND METHODS

Literature-

1. Literature review from Samhita's.
2. Literature review from modern texts.
3. Journal and websites

Method-Conceptual Study

DRUG REVIEW

- Kamdudha Rasa (pratham)⁵
- Contents-SuvarnaGairika,AmalakiSwarasa

Conte-nts	Rasa	Veerya	Vipaka	Guna	Dosha-ghnata
Amalaki ⁶	Amla Madhur Kashaya Tikta Katu	Sheeta	Mad- hura	Laghu Ruksha	Tridos- hara, Mainly Pittash- amaka
Gairika ⁷	Madhura Kashaya	Sheeta	Mad- hura	Snigdha Vishada	Pittash amaka

Method- Suvarna Gairikka is initially heated slowly then 7 bhavana of Amalakiswarasa in khalvyantra is given.Then it is dried properly and thus fine powder of Kamdudha rasa is obtained.

- Dose- 6 ratti
- Anupana-Sita, Ghrita, Madhu
- Uses- it is very effective in pittaj vyadhi, prameha, pradara, pandu, kamala, halimaka, daha, trushna, bhrama, jeernajwara etc.
- Karma- pitta shamaka, raktastambhaka, rasayana, balya, vayasthapana.

□Dhatu-Rasa-Rasapachan, vardhana.
Rakta- Raktadhatudushtinashaka, Raktavardhana

Pathophysiology of Asrgdara⁸

Mithya Ahara-Vihara



Vitiated Vata and Pittadosha



Pittavruta Apan Vat dushti



Garbhashayagatasira-raktavridhi



Rajovahastrotasvikruti



Rajovridhi



Raktapradara

DISCUSSION :-

Asrgdara is Sanskrit word which means excessive bleeding from uterus during menses or inter menstrual. It can be correlates with Menorrhagia.⁹ As the Asragdara disease is characterized by excessive blood flow out of the body and blood(Rakta) is known to be jeevana so its chikitsa become very important. Asrgdara disease is treated with Raktastambhaka, Raktasthapaka, Deepan, Pachana, Balyachikitsa by using Madhur, Tikta, Kashaya rasa pradhanadravyas in difference type of samprapti of Asragdara. Kamdudha rasa(prathan)is mentioned Rasayogsagara acts on Jathragni and Dhatwagni because of its Deepana and Pachana properties, improving Rasa dhatu helps in proper Raja formation. Amalaki and Gairika have pittashamaka property and as Pitta and Rakta have ashrayashrayibhava, Kamdudha rasa is also beneficial for Raktadushti.

CONCLUSION

Asragdara is a common Artavavikara, mainly due to Vata Pittadosha which can be treated by

shodhana and shamana chikitsa¹⁰.Kamdudha rasa because of its multiple properties such asrasayana, balya, raktavardhana, pittashamaka, shonitasthapana can be use to cause sampraptivighatana of Asrgdara and hence improving the outcome in Asrgdara.

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Kamdudha Rasa In Asrgdara (Menorrhagia)- A Conceptual Study

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A Literary Review Of Ashmarighna Drugs Mentioned In Madanpala Nighantu.

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Abstract:-

Ashmari is one of the major diseases of *Mootravaha Srotas* affecting vast variety of people. It is described as Urolithiasis in modern medicine and one of the important reasons of abdominal pain nowadays. The treatment protocol available for urinary calculus includes various painkillers and surgical intervention at last. However, even though surgeries like cystolithotomy, extracorporeal shock wave lithotripsy are performed chances of recurrence are always there with various side effects like sepsis, strictures, splenic rupture, hydrothorax, renal haematoma etc. Because of the recurrence problem and various side effect of modern medicine alternative medicine of ayurveda have gained importance. Our Acharyas have been using various Ayurvedic formulations and single medicinal herbs to manage the conditions like Ashmari. These drugs have proven to have litholytic and lithopreventive properties mentioned as *Ashmarighna Dravya* in ancient texts. The main aim of this review article is to comprise all the *Ashmarighna* drugs included in *Madanpala Nighantu* and study their various properties.

Keywords:- Ashmari, Ayurveda, lithotropic herbal drugs.

Introduction:-

Ashmari (urinary calculus) is made from two words which are the '*Ashma*' meaning stone and '*Ari*' means enemy. It is the main disease of *mootravahasrotas* and causes severe abdominal pain just as the pain caused by enemy. The stone can be present at anywhere in urinary system but as it passes down through the ureters severely painful condition arises. *Acharyacharaka* included it under *Ashtomahagada* as the condition is challenging to treat because the *vyaktisthana* of *ashmari* is *basti*

which is *marmasthana* and also included in *pranayatana*. The various reasons in formation of *ashmari* are unhealthy diet and lifestyle and non adoption of any *panchakarma* procedures. As a result of that *Kaphadosha* is vitiated and reaches the *bastisthana* along with *vaat* and *pitta*. *Kaphadosha* stays there for long time resulting in formation *ashmari*. Another reason in formation of *ashmari* includes increased urinary excretion of stone forming substances like calcium, uric acid, oxalate and phosphate.

Ayurvedic texts have described 4 types of *ashmari* which are *vaatashmari*, *pittashmari*, *shelshashmari* and *shukrashmari*. The three types of *ashmari* except the *shukrashmari* are manageable by medicines and surgery as described by *ayurveda* texts. Quality and quantity of fluid inputs, diet and constitutional factors can help in prevention and treatment of *ashmari* by altering the biochemical quantity of urine. Oral administration of herbal drugs like *Ashmarighnadravaya* (lithotropic) along with *Mootravirechaniya* (diuretic) drugs is used as *shaman* therapy in treating early stages of *Ashmari*.

Aim and Objectives:-

To give insight on all *Ashmarighna* drugs described in *Madanpal Nighantu* with their *Rasa*, *Vipak*, *Veerya*, *Guna*, *Doshik Karma* and Family.

Material & Methods:-

The drugs are collected from different *varga* of *Madanpal Nighantu* of *Nrupa Shree Madanpal's* (in C 1300 – 1400 A.D.) Commentary '*Hari*' by *Pandit Hariprasad Tripathi*. Main focus is made only on the *Krumighnadravaya* which are described in *Shloka* form. The drugs collected are tabulated in Table no.2.

After we compare properties of all Ashmarighna drugs that is *Rasa , Vipak , Veerya , Guna , Doshik Karma* and Family.

Madanpal Nighantu:-

The *Madanpal Nighantu* is commonly known as '*Madanvinod*' and also known as '*Madana Nighantu*' written by *Nrupa Shree Madanpala* in C 1300 – 1400 A.D.

Hindi commentary named '*Hari*' written by *Pandit Hariprasad Tripathi*. This *Nighantu* is divided in 13 *varga*, these are tabulated in Table no.1.

S.N.	Name of Varga	Varga Includes
1	AbhayadiVarga	165 Drugs
2	ShunthyadiVarga	39 Drugs
3	KarpooradiVarga	84 Aromatic Drugs
4	SuvarnadiVarga	44 Metals and Minerals
5	VatadiVarga	50 Drugs

S.N.	Name of Varga	Varga Includes
6	PhaladiVarga	56 Edible Fruits
7	ShakadiVarga	56 Shak Drugs
8	PaniyadiVarga	Detail description of water , milk ,alcohol , and urine
9	IkshukadiVarga	Description of Sugarcane and it's Product
10	DhanyadiVarga	Description of various types of grain
11	Dhanya Krutanna Varga	Description of various types of food preparation
12	MansadiVarg	Description of various types of bird , animal Meat
13	MishrakadiVarga	Description of Anupana and seasonal regimens

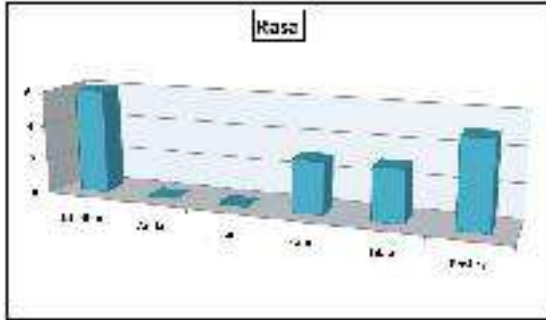
Table : 1 Madanpal Nighantu Varga

AshmarighnaDravya Described in the Madanpal Nighantu –

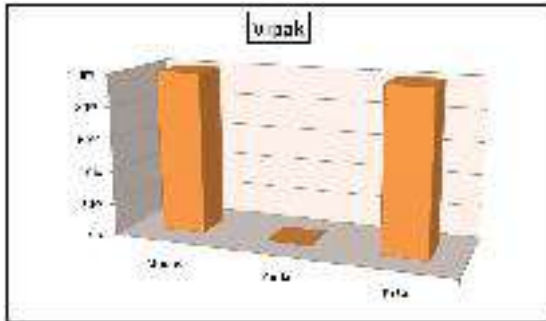
Drug	Botanical Name	Family	Rasa	Vipak	Veerya	Guna	Doshik Karma	Varga
Sehunda	Euphorbia neriifolia	Euphorbiaceae	Katu	Katu	Ushna	Laghu Tikshna	kaphavaathar	Abhayadi
Pashanbheda	Bergenia-igulata	Saxifragaceae	Kashay	Katu Tikta	Ushna	Laghu Snigdha Tikshna	Tridoshsh-amak	Abhayadi
Bramhasuv-	Gynandropis-pentaphylla	Cleomaceae	Tiktaka-shay	katu	Ushna	Ruksha Guru	kaphapitt-ashamak	Abhayadi
Vellantar	Dichrostach-	Leguminosae	Tikta-kashay	Katu	Ushna	Laghu Ruksha	Kaphavaa-tshamak	Abhayadi
Kasha	Saccharumspontaneum	Poaceae	Madhur Tikta	Madhur	Sheet	Hima Sara	Pittashamak	Abhayadi
Kusha	Desmostach-yabipinnata	Gramineae	Madhur-kashay	Madhur	Sheet	Laghusnigdha	Tridoshshamak	Abhayadi
Kadali	Musa sapientum	Musaceae	Madhur	Madhur	Sheet	Snigdha	Vaatpitta-shamak	Phaladi
Kushmanda	Benincasah-ispida	Cucurbitaceae	Madhur	Madhur	Sheet	Laghusnigdha	Tridoshshar	Shakadi
Trapush	Cucumiss-ativus	Cucurbitaceae	Madhur	Madhur	Sheet	Laghu Ruksha	Pittashamak	Shakadi
Dindis	Citrullus	Cucurbitaceae	Madhur	Madhur	Sheet	Ruksha	Pittakaph-anashak	Shakad
Kulattha	Dolichos-florus	Fabaceae	Kashay	Katu	Ushna	Laghu Sara	Kaphavaat Shamak	Dhanyavarga

Table No. 2:-Ashmarighna drugs described in Madanpal Nighantu.

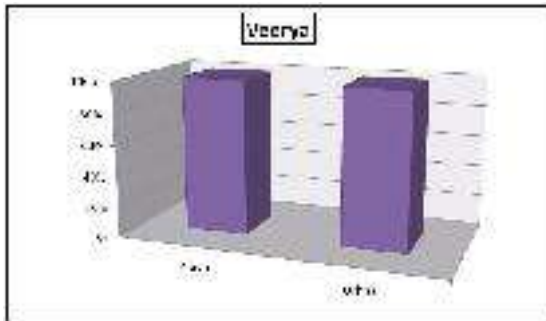
Observation & Result:-



Graph no.1- Rasa of Ashmarighnadravaya.



Graph no. 2- Vipak of AshmarighnaDravya.



Graph no.3-Veerya of Ashmarighnadravaya.

1. Graph no 1 denotes that drugs having Ashmarighnaproperty are mainly of Madhur and kashaya rasa and some are of Tikta andkatu rasa.
2. Graph no. 2 shows that the Ashmarighnadravayas have madhur and katuvipak mainly.
3. Graph no. 3 shows that the Veerya of Ashmarighnadravayas may be Ushna or Sheeta.

Discussion :-

Acharayacharaka, sushruta and vagbhata have described the *Mootravahasrotasvyadiashmari* in their classical textbooks. In *Ashodhini* and *Aphyakaripeoples kaphadosha* aggravates and mix up with urine obstructing the urinary tract. Acharyas described this whole *vyadhi* with symptoms, pathophysiology along with treatment. Drugs mentioned in Ayurvedia have potential to treat this *vyadhi* from *madanpalanighantu* are compiled in this study.

The surgical removal in addition to traumatic effects of shock waves, persistent residual stone fragments and the possibility of infection may cause acute renal injury, decrease in renal function and increase in stone recurrence. Hence it is need of hour to look forward for an alternative treatment. Various Ayurvedic drugs single handedly having the properties to break down the stone and play a major role even in their prevention. *Madanpalanighantu* is one of our ancient literatures textbook and provides information about multiple important drugs. Hence an effort has been made to comprise all the drugs having *ashmarighna* properties with their *Rasa, Veerya, vipak* and *doshghnata* and analysis has been made on their properties.

Conclusion:-

Out of 494 drugs described in *Madanpala Nighantu* only 11 drugs possess *Ashmarighna* properties. Which comprises of 6 drugs from *Abhayadivarga*, three from *Shakadivarga* and One each drug from *Phaladivarga* and *Dhanyavarga*. The drugs mentioned above are used in various Ayurvedic preparations like *Ashmariharchurna*, *Gokshuradigugglu* and *Varunadikwath*.

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A Review on Azoospermia & Role of Ficus benghalensis

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Abstract:-

By this article we trying to put review on Ayurvedic & modern literatures about azoospermia with its causes. And how Ficus Benghalensis can work & can treat the infertility of the men with azoospermia.

As an ayurvedicpractioners, we are consulting & treating more & more infertility patient both in male & female day by day in increasing order with different causes. In this article we are trying to put focus on male infertility mainly caused by azoospermia & its treatment with Ficus Benghalens.

Azoospermia :- Lack of sperm in seminal fluid.

Types :- 1) Obstructive 2) Non obstructive

Obstructive :-

Sperms are produced but not ejaculated.

The main cause is physical obstruction.

Non obstructive :-

It means there is no physical blockage preventing sperm from reaching ejaculations.

Causes :-

- 1) Genetic
- 2) Harmonal
- 3) Radiations and toxins
- 4) Varicocele
- 5) Biological
- 6) Environmental
- 7) Infection in genito urinary tract

Biological factors include

- 1) Age
- 2) Diet
- 3) Overheating of testicles.
- 4) Mumps in adulthood.
- 5) Chronic exposure to heavy metals like lead, cadmium or arsenic can cause low sperm count.

Due to Biological factors and infection, due to infection in genitourinary tract pus cells in semen found in lab investigation and due to it sperm count and motility decreases and fertilization capacity also decreases.

Infertile men have higher level to reactive oxygen species (Ros) than do fertile men. High level of semen Ros can cause low sperm producing cells, Sperm – DNA damage, increase DNA fragmentation.

According to modern science along with hormonal treatment, antibiotics, antioxidants supplement work on sperm count.

Ayurvedic literature has several plants and animal based resources for treatment of almost all ailments. In traditional medicines, the male infertility or azoospermia has most explore area and descriptions. A number of natural product mostly plant based have antioxidant effect.

According to ayurvedic text = it consist of 'Nyagroth' - Ficusbenghalensis, Ficusglomerata, Ficusrecomosa, plakshficuslactor /FicusRetusa and Ashwattha.

Ficusbenghalens is i.e. VATA shows many antioxidant, antibacterial, antifungal properties.

According to text :-

*Vatashito Guru grahiKaphapittaVranapahi
VarnyoVisarpaDahghnkashayoYonidoshrit || Bha. Ni.
Parushakvatadibhyampujprakhyechsadhitam ||
Su. Sha. 2/9*

*PuyaretasiParushikvatadibhyam || Va. Sha. 1/14
Rasa (Taste) - Kashaya (Astringent)*

Guna (qualities) - Guru (Heavy for digestion)

Vipaka - Katu

Veerya (Potency)- Sheet (cold)

Karma (action) - Kaph-pitta shamaka

According to charaka, shukradoshharchikitsa includeraktapittanashakyog and yonivyapadnashak yoga.

Raktapittahariyogiyonivyapadikshtha ||

Ch chi 30/147

So as above mentioned VAT (Ficus benghalensis) is good in, *pittashamana* and *yonidoshar* with its properties.

According to *sushruta*, it is *putipuy nibham* means work as a good antibacterial and antifungal agent. *Vatadighan siddha ghrith* advised in *puy-shukra*. (Su. Sha. 2/9)

According to research *Ficus benghalensis* contains carbohydrates, proteins, phenolic compound, oil and fats saponins flavonoids, alkaloids and tannins.

It is good antioxidant agent. It has a good cytotoxic activity.

So according to Ayurveda text and modern research VAT (*Ficus benghalensis*) can be good for increasing sperm count, quality and it can work as a good natural antibiotic and antifungal for affected sperm causing azoospermia. It can be a good choice of drug in azoospermia.

In Ayurved text *Bhaishajya Ratnawali* = *Vajikaran Adhikara* – 247/249, The drug “*SwanaSindhuraRas*” has an extract of *Ficus Benghalensis* which is also used for azoospermia.

Conclusion :-

By this article study we can conclude that, *Ficus Benghalensis* can be used ideally in different forms for to cure azoospermia (of all type) after more research & clinical trials.

Reference :-

- 1) *Sushrutasamhita*
- 2) *Charaksamhita*
- 3) *Ashtanghriday*
- 4) *Bhavprakash Nighantu*
- 5) *Bhaishajyaratnavali*

A Review on Azoospermia & Role of Ficus benghalensis

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Comparative Study of Aam Visha Lakshana to Understand the Symptoms of Visha in Various Diseases.

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ABSTRACT:-

Introduction –

Aam is unique concept in Ayurveda. Aam is important etiopathogenesis factor causing disease. One of the synonyms for disease is Aamay which is indicating the Aamodhbhav nature (originating from aam) of the disease. Thus, to find the correlation of Aam and the disease, this study was planned. Parallel prevalence of Aam symptoms were also traced in various diseases which are visiting to OPD, in day to day practice.

Methodology –

80 patients of various diseases visiting to OPD were selected randomly irrespective of demographic variables. The 10 symptoms of Aam mentioned by Vagbhata were observed.

The samatva score was calculated. Occurrence of each Aam symptom in all patients were noted.

Discussion –

The samatva score was more than 50% is observed in 65% patients i.e. in 47 patients among 80. As the nature Aam is guru, picchil, causing obstruction, 9 symptoms out of 10 were observed in more than that of 50% patients. The most prevalent symptom of Visha was Anilmoodhata.

Result –

There is positive correlation between samatva associated with disease. The most common observed symptoms of Aam were Anilmoodhata & balabhrmsha and the least common was Nishthiv.

KEY WORDS:- Aam, Prevalence, Samatva score, Correlation

INTRODUCTION:-

Aam is most important fundamental concept in Ayurveda. One of the synonym of vyadhi is Aamay¹, indicating diseases are caused by Aam. The popular concept of Aam shows its interdependence on Agni (digestive fire) vitiation.

All the diseases are caused by mandagni² (low digestive fire). In Madhavanidan even Aam has mentioned to be the root cause for all the diseases.

Samulasarvaroganamaamitiabhidhiyate³.

There are many opinions about how the Aam is produced in the body, and how it is participating in the etiopathogenesis of every disease. Aam sometimes act as a vyadhihetu (Cause of disease) for e.g. Aamvat (Rheumatoid Arthritis), sometimes avastha (stage) for e.g. Jwara (Fever), and sometimes it is an individual vyadhi i.e. aamdosha also.

If one considers the chikitsaskandha, in the management of every disease, langhan (Fasting) treatment gets prime position almost in all the diseases. Langhan is the main treatment for Aam⁴.

Thus theoretically every disease is associated with Aam, the question arises in mind, what is the relation of Aam in every disease, whether every disease is aamaj (generated from Aam) in nature or not? To verify this fact, keeping this as research question in mind the present study was conducted.

AIM:-

To study the prevalence of Aamlakshana (symptoms of Aam) in various diseases.

OBJECTIVE:-

1. To find correlation between Samatva associated with various disease.
2. To form the conceptual base about Aam.

METHODOLOGY:-

In the present study, 80 patients of various disease visiting the OPD were selected randomly irrespective of demographic variable. The following symptoms of Aam mentioned in Ashtanghriday Sutrasthan Chapter 13 verse 23, are observed in patients. These are namely Srotorodha, Balabhrmsha, Gaurav, Anilmoodhata, Alasya, Apakti, Nishthiv, Malasang, Aruchi, Klam.⁵

Operational definitions :-

1. Strotorodha⁶ – obstruction of strotas (Channels) i.e. if the patient is consuming proper diet but still lacking in stamina, strotorodh is predicted
2. Balabhramsha⁷ – generalized weakness
3. Gaurav⁸ – heaviness in the body
4. Anilmoodhata⁹ – improper flow of Vatadosha, manly of Apanvayu causing gaseous distention in mahastrotas
5. Alasya¹⁰ – laziness. Unwillingness to do the any work.
6. Apakti¹¹ – indigestion
7. Nishthiv¹² – excessive salivation
8. Malasang¹³ – constipation
9. Aruchi¹⁴ – lack of taste
10. Klama¹⁵ – lethargy (feeling fatigue without any work)

The percentage of Samatva (Occurrence of Aam symptom) = each symptom which present was scored 1 point. The total score of symptoms present in the patient/10, multiplied by 100

REVIEW OF THE LITERATURE :-

The word Aam is derived from the root word Am- amyate gamyate, the one which is undergoing digestion is Aam. Vagbhata giving crystal clear definition of Aam quotes - When the first dhatu (body element) remains immature because of the mandagni (low digestive fire), after entering the amashaya (stomach) gets vitiated and this immature indigested Ahar- rasa is Aam.¹⁶

Charak, though mentioned about Aam at various places, but explained its production in Grahani chikitsa¹⁷, Madhavnidan along with Madhukoshatika

Hetusevan <input type="checkbox"/>	Hetusevan <input type="checkbox"/>	Hetusevan <input type="checkbox"/>
Agnimandya <input type="checkbox"/>	Agnimandya <input type="checkbox"/>	Agnimandya <input type="checkbox"/>
Apachit Aharras <input type="checkbox"/>	Improper Excretion of mala <input type="checkbox"/>	Dosha Dushti <input type="checkbox"/>
Shuktatva <input type="checkbox"/>	Accumulation (Kodrav+Jal) of mala <input type="checkbox"/>	<input type="checkbox"/>
	AAM	

Thus, we can see that Aam is produced by vitiating Dosha, dhatu, Mala, but in all cases Agnimandya (low digestive fire) is the basic cause in the pathogenesis. The Agnidushti (vitiating of digestive fire) can be caused at two levels, Jatharagni and Dhatwagni. The Aam caused by jatharagnimandya is sthula and usually situated in the mahastrotas i.e. in Grahani, Amlapitta. But if dhatwagnimandya is the cause behind Aam production it is sukshma, penetrating in the deep strotas causing depletion in the nourishment of various dhatus. is main Ayurvedic text throwing light on the nature of Aam¹⁸. The term Aam is given to the three factors-

1. Annarasa – Indigested Ahar rasa.
2. Malasanchay – Accumulation of toxins.
3. Doshadushti – Vitiating of dosha.

In the case of malasanchayjanya aam the mala is accumulated because of hampered metabolism. In case of doshadushtijanit aam, the vitiating of doshas is primarily observed, which forms such amalgamation giving rise to Aam. This is elaborated by the example of kodrav and jalsamyog. Even this doshadushti is dependent on Agni as mentioned in Gulma –

***Shamaprakopodoshanamsarvesham agnisamshrito!*¹⁹**

Nature of the Aam – The Aam is immature, inconsistent, bad smelling, slimy and causing fatigue in the whole body.²⁰

Symptoms of the Aam – Vagbhat has mentioned the following symptoms - Strotorodha, Balabhransha, gauravanilmoodhata, alasya, apakti, Nishthiv, Malasang, Aruchi & klama. The present study is based on these symptoms only.

OBSERVATIONS:-

Disease - wise distribution of the 80 patients.

As the study includes the patients visiting the OPD in day to day practice, this distribution is shown as follows-

Table no. 1
DISEASE-WISE DISTRIBUTION OF THE PATIENTS -

Sr. No.	Name of the disease	No. of Patients	%
1	Sandhigatvata	15	18.75%
2	Tvagrog	12	15.00%
3	Kati Manyagat vat	11	13.75%
4	Aamvat	09	11.25%
5	Madhumeha	06	7.50%
6	Amlapitta	06	7.50%
7	Adhman	03	3.75%
8	Shohta	02	2.50%
9	Angamarda	02	2.50%
10	Sthaulya	02	2.50%
11	Mutradah	02	2.50%
12	Jwara	02	2.50%
13	Pratishyay	02	2.50%
14	Vandhyatva	01	1.25%
15	Pakshavadha	01	1.25%
16	Kasa	01	1.25%
17	Sirajgranthi	01	1.25%
18	Parikirtika	01	1.25%
19	Khalitya	01	1.25%
	Total	80	100.00%

The maximum number of the patients are of Sandhigatavata (18.7%). Tvagrog is second most occurring disease (15%) followed by that Katimanyagat vat (13.75%). 11.25% patients were of amavata. Madhumeha and Amlapitta each occurs in 7.5% patients. Adhman was diagnosed in 3.75% patients only. 2.50% patients each of Sthaulya, Jwar, Pratishyay, Shohta, Angamarda, Mutradaha were noted. Vandhyatva, Khalitya, Sirajgranthi, Parikartika was observed in single (1.25%) patient each.

Table No. 2
SAMATVA - SYMPTOM WISE DISTRIBUTION -

Sr. No	Symptoms of Aam	Number of patients	Percentage
1	Strotorodha	48	60.00%
2	Balabhrmsha	52	65.00%
3	Gaurav	44	55.00%
4	Anilmoodhta	53	66.25%
5	Alasya	45	56.25%
6	Apakti	41	51.25%
7	Nishtiv	24	30.00%
8	Malasang	48	60.00%
9	Aruchi	42	52.50%
10	Klama	46	57.50%

Among the 10 symptoms of Aam maximum 66.25% patients had complaints of anilmoodhta followed by 65% patients complaining about balabhrmsha. Malasang and strotorodha was observed in 60% patients followed by that klama in 57.5%, alasya in 56.25%, gaurav in 55%, apkti in 51.25% patients. Nishtiv was observed only in 30% patients.

Table No. 3 -
DISEASE WISE SAMATVA SCORE (PERCENT) DISTRIBUTION -

SAMATVA SCORE (%)	NUMBER OF PATIENTS	PERCENTAGE
20%	3	03.75%
30%	11	13.75%
40%	14	17.50%
50%	17	21.50%
60%	9	11.25%
70%	8	10.00%
80%	10	12.50%
90%	7	08.75%
100%	1	01.25%

The percentage of samatva according to score of samatva symptoms shows that maximum percent of patients lie in 40% and 50%. Almost 31 patient (38.75%) lies in this group showing that 4 to 5 symptoms among 10 symptoms are present in this group. 36 patients (45%) showed samatva score more than 50%. Below 50% of samatva score 28 patients (35%) were observed.

DISCUSSION:-

In the present study of 80 patients, it was found that most common patients were of Sandhigatavata (Arthritis), followed by that the patients of Tvagrog (skin disease), as both the diseases are chronic in nature, people tend to seek remedies from Ayurveda in these diseases. Number of patients of Aamvata in which Aam is direct component of disease are 9 in number. These disease wise distribution shows involvement of various strotas such as Pranvaha (Kas, Pratisyay) Annavaha (adhman, amlapitta etc) Rasavaha, Raktavaha, Medovaha, Asthimajjavaha, Shukravaha, Mutravaha and Purishvaha strotas.

Regarding the samatva symptoms, out of 80 patients 52 patients i.e. almost 65% were having samatva percent more than or equal to 50%, indicating that Aamlakshanas are prominent irrespective of disease. On the other hand, there was not a single patient who was not having less than 20% of Aam showing amodbhav nature of the disease.

If one considers all the symptoms of Aam, in the present study, the most common symptom observed was Anilmoodhata (66.2%), impaired activity of vatadosha causing gaseous accumulation in annavaha strotas was observed in various patients, as the nature of Aam is Guru (Heaviness), Picchil (Viscous) causing the obstruction, which is opposite that of chala (Mobility), laghu (Lightness) guna of vata. Second most prevalent symptom in the present study was Balabhramsha (65%), as the Aam lodged in strotas hampers nutrition, and this Aam indulging in the dhatus causing impairment of their function leading to balabhramsha. Anilmoodhata sometimes lead to malasanga (Constipation) as malanishkramana (defecation) is also the function of vata. In the present study Malasanga was observed in 60 % patients. All other symptoms such as Gaurav, Aruchi, Apakti, Klama shows prevalence in more than 50%. Among these symptoms Aruchi and Apakti are directly related to Agnimandya. Strotorodha and Klama are associated with each other, mainly caused because of the obstructive nature of Aam. Gaurav and Alasya are due to the Guru and Picchil nature of the Aam. The least common symptom found in the present study was Nishthiv, only 30% patients complained about excessive salivation.

CONCLUSIONS:-

- 1) The main cause of Aam is Agnimandya.
- 2) Aam can be caused in 3 ways –
 - a) Indigested ahar rasa (Annarasamkechit)
 - b) Accumulation of toxins (Malasanchay)
 - c) Vitiation of Dosha (Doshadushti)
- 3) In the present study of 80 patients of the various diseases 65% patients were showing the samatva score more than 50%. Thus showing positive correlation between samatva associated with disease.
- 4) The most prevalent symptom of samatva found was Anilmoodhata which was observed in 66.25% patients, followed by Balabhramsha in 65%.
- 5) The symptoms like Aruchi, Apakti, Strotorodha, Klama, Gaurav, Alasya also show prevalence in more than 50% patients.

- 6) The least common symptom observed was Nishthiv, which was found in 30% patients.

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Comparative Study of Aam Visha Lakshana to Understand the Symtoms of Visha in Various Diseases.

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SHODHANA CHIKITSA IN PARTICULAR REFERENCE TO VAMANA IN GARAVISHA CHIKITSA

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ABSTRACT:-

Garavisha (Concocted poison) as per classics can be considered as any part of the body tissue, waste products, Bhasmas (ashes) of Viruddha aushadhi (incompatible drugs), drug or poisons having less potency, powdered bodies of the insects, etc. It interferes with the digestion and produces harmful effects over a period of accumulation and is considered to be fatal in time. Vamana karma (emesis therapy) by Sukshma Tamra Raja with honey is indicated in Garavisha (Concocted poison) chikitsa (treatment), which expels the accumulated toxins.

Keywords: Garavisha, Chikitsa, Vamana, Tamra Bhasma.

INTRODUCTION:-

Garavisha (Concocted poison) is considered as the form of Kritrim visha (Chemical or combinative or resultant poison) which gets formed by the combination of two or more poisonous (e.g. food additives like sweeteners, flavoring agents, coloring agents, preservatives, in junk foods, etc.) or nonpoisonous substances (e.g. over consumption of milk products like Cheese, Butter, etc., Viruddhahara, Kala viruddha - time incompatibility, eating cold substance like ice-creams in winter, etc) and finally damages the whole body by vitiating all the Dhatus (tissues) in the body.

In olden days, when there was such type of poisoning, first vomiting & purgation was induced to remove poison in the gut. Then, to cleanse the heart, Sukshma Tamra Raja (fine powder of Copper sulphate) was administered to the patient. After that, Swarna bhasma (fine powder of gold) is administered for a long period of time for the protection of Heart.

Metals are used in various disease conditions from Vedic period. These are one of the suitable pharmaceutical forms mentioned in Ayurveda. Tamra is one among them. It is a very good emetic drug and produces instant vomiting in all ailments and in poison, if taken in small doses.

CLASSICAL VIEW:-

Garavisha (Concocted poison)

According to classics, Acharya Charaka says that Garavisha (Concocted poison) is prepared artificially by the mixture of various substances. It produces diseases. Since it takes some time for this type of poison to get metabolized and to produce its toxic effects, it doesn't cause instantaneous death of a person¹, while Maharshi Sushrut's opinion is that the powdered bodies of the Kita (insects) which when administered internally with any medicine or externally with any Lepa (plaster) turns into a Garavisha (Concocted poison) as it possesses the features of Dushivisha (Enfeebled Poison)² and Vagbhata's view about Garavisha is, it is Combinative poison which is prepared from, Combination of different body parts & waste matter (faeces) of different animals, drugs having opposite property, poisonous substances of mild potency and ashes³ some may kill the person quickly due to certain combination of drugs, while others after a long time or may only produce swelling, anemia, enlargement of abdomen, insanity, hemorrhoids, etc.⁴

Chikitsa :-

The patient of Garavisha (Concocted poison) should instantaneously be given Vamana (Emesis) by the physician. He should be given fine powder of copper along with honey for cleansing the heart (here it means stomach). After the heart is cleansed the patient should be given one Shana of the Bhasma (fine powder) of gold.⁵

When Gara Vishaktata (Poisoning) is diagnosed in any person it should be treated immediately.⁶ After subjecting the patient, who has taken poison, to Vamana (Emesis) & Virechana (Purgation), he should be given fine copper powder mixed with honey, at the right time (i.e. after Samsarjana karma) so as to detoxify Hridaya (here it means the stomach).⁷

After the Hridaya is detoxified, the patient should be given a Shana of powdered gold (One Shana = 4 Masha = 24 Ratti (3gm approx.), however the dose of gold powder is practically too large.

Therefore, the gold bhasma is preferably used in therapeutic dose 1/8 ratti to ¼ ratti (15-30 mg approx.).⁸ These same treatment procedures are to be adopted in case of intake of Garavisha (Concocted poison) also.⁹ The powdered gold has characteristics to mollify the effect of poison and also act as a Hridya.¹⁰ Vagbhata also advocated the use of dipan-pachan medicine for mandagni caused by Garavisha (Concocted poison).¹¹

Applicability of Vamana Chikitsa in the treatment of poisoning -

Emesis is regarded as the best one among all the therapeutic measures for the poison taken orally.¹² If the poison has reached the stomach then the physician in the beginning, should administer emetic therapy.¹³ Emesis helps in the instantaneous elimination of poison taken orally.¹⁴ If drugs (Emetics) are administered through mouth, it works quickly on disease (Poison) located in stomach.¹⁵ Induced emesis or vaman is indicated in amashaygatavisha (poison present in stomach).¹⁶ The Vamana (Emesis) and Virechana (Purgation) are the best therapeutic modalities of all type of Dhatu-Updhatu (metallic), Sthavara (inanimate) and Jangama (animate) Visha.¹⁷

Definition of Vamana (Emesis)-

The process of expelling (causing to eject) the contents (morbid material) of the stomach through the upward tract (by mouth) is called Vamana (Emesis).¹⁸

Mode of Action of Vamaka Dravya -

Drugs [used for emesis] which are Ushna (hot), Tikshna (sharp), Sukshma (subtle), Vyavayi (those pervading the entire body before getting digested) and Vikasi (those causing looseness of joints), by virtue of their own potency, reach the heart, and circulate through the vessels because of their Agneya nature (predominance of Agni mahabhuta), they liquefy the compact (adhered) Doshha (morbid material), and because of their sharpness (Tikshna attribute) they separate the adhered Doshha located in the gross and subtle channels of the entire body and gets propelled by Udana vayu.

Because of the predominance of Agni and Vayu mahabhuta as in these (emetic) drugs, and because of their Prabhava (specific action which cannot be rationally explained - Achintya Shakti¹⁹. to move upwards, the morbid material gets expelled through the upward tract (mouth).²⁰

The emetics eliminate the Doshas (from above) due to their specific effects themselves. Emetic on the other hand, is not digested, owing to (its lightness due to) its inherent extraordinary qualities (are those of the Vayu and of the Agni) but it soon forces its way up with the Doshas (to be) removed.²¹ Among the two Shodhana (Elimination/Purification) procedures emetic drugs eliminates the Doshas before they are digested however purgatives drugs eliminate the Doshas while they are undergoing digestion. Therefore, in case of emesis, the digestion of the drug is not to be awaited and instantaneous emesis is performed.²² In all the emetic recipes, honey is added in order to facilitate the liquefaction and Chedana (separation of adhesion) of Kapha which helps in the elimination of morbid material.

However, honey taken along with hot water is thrown out before digestion along with vomited material. So it is usefully added to the emetic recipes.

Vamaka Dravya (Emetic drugs)

Emetic drugs are of different types depending upon the Desha (habitat), Kala (time of their availability), Sambhava (origin), Asvada (palatability), Rasa (taste), Virya (potency), Vipaka (the taste that emerges after digestion) and Prabhava (specific action). Patients for whom these drugs are to be used are also of different types depending upon the nature of their Deha (physique), condition of the Dosha (body humor), Prakriti (constitution), Age, Strength, Agni (power of digestion and metabolism), Bhakti (liking for a particular type of recipe), Satmya (wholesomeness) Rogavastha (stage of the disease) etc. [To cater to the requirement of all these factors], the recipes of drugs become innumerable in types.²³ On the basis of this description, the intelligent physician, well-versed in inference and propriety, can formulate many other recipes to suit the exact requirement of his patient.²⁴ of this description, the intelligent physician, well-versed in inference and propriety, can formulate many other recipes to suit the exact requirement of his patient.²⁴

Indications of Vamana (Emesis) Chikitsa (Emetic Therapy) -

Emetic therapy is indicated for the Vishapita (ailments caused by the intake of natural poisons),²⁵ Garavisha (Concocted poison), Visha-dashta

(poisonous bites), Visha-digdha-viddha (ailments caused by injury with weapons smeared with poisonous material).²⁶ Emesis is indicated in poison, artificial poison, indigestion, and one who had eaten incompatible food.²⁷

Contra-indications of Vamana Chikitsa (Emetic Therapies)

There are certain conditions given in which Emesis should be avoided²⁸ otherwise it may cause complications.²⁹ However, administration of emetic therapy is not prohibited even in the contraindicated ailments if the person is suffering from Visha (poison), Garavisha (Concocted poison), because these ailments produce their effects instantaneously.³⁰

Proper Administration of Therapies

Purgation including emetic therapies work like poison if inappropriately administered, if properly administered these work like ambrosia. It is essential to administer these therapies at the time of need. Therefore, these therapies are to be administered carefully.³¹

In emergency (like poisoning) too, one should administer the therapy with great care after modifying the seasonal effects sufficiently by artificial means producing qualities contrary to the season and by making the measure appropriate in standard potency with variations in combination, processing and quantity.³²

The physician should examine the disease first then the drug and thereafter the management. He should always proceed with prior knowledge.³³ Therapeutic measures should be appropriately used otherwise, even a useful therapy (Pathya) may turn out to be harmful (Apathya).³⁴

Use of Tamra Bhasma for Vamana (Emesis)

It is said that the patient of Garavisha (Concocted poison) should instantaneously be given Vamana (Emesis) with fine powder of copper along with honey for cleansing the heart (here it means stomach). Sukshma Tamra Raja suggested to be given above should not be Shodhita (the purified and calcined one) because such Shodhita Tamra bhasma does not cause emesis which is intended here for cleansing the heart.³⁵ Nirmalikrita (Filtered) Sukshma Tamra Raja can also be used here for emesis as it also possesses emetic property. As its use is also safe over Ashodhita Tamra bhasma.³⁶

Properties of Tamra³⁷

Rasa	Tikta, Kashaya, Madhura & Amla
Guna	Snigdha
Virya	Ushna
Vipaka Katu	
Karma	Vishanara, Saraka, Lekhana, Dipana Rochaka, Aayurvedhaka, Vamak & Virechaka
Doshaghnata	Pittaja, Kaphaja & Pitta- Kaphaja
Rogaghnata	Krimihara, Kushtha, Kasa, Jvara, Shvasa, Viran's Garavisha, Udara, Shula, Amlapitta, Yakrutpliha, Apasmara, Visuchika, Chardi, Akshepa, Khalli, Agnimandya, Parinamshula & Aantrashosha. Shvasa, Jvara, Viran's Garavisha, Udara, Shula, Amlapitta, Yakrutpliha, Apasmara, Visuchika, Chardi, Akshepa, Khalli, Agnimandya, Parinamshula & Aantrashosha.

Therapeutic Dose

15 mg to 60 mg³⁸

DISCUSSION :-

In Ayurveda Garavisha (Concocted poison) is described as artificially prepared mixture of various substances and Sukshma Tamra Raja is described for emesis in its treatment. Though utility of Tamra has been mentioned in classics, it is said to be a poison or more than a poison if used in Ashuddha (impure) form. But here, Tamra in unpurified form only, causes desired effect i.e. Vamana (Emesis). In fact, it justifies the dictum "vishasyavishamaushadham". Metals & minerals that are transformed into drug must have excellent therapeutic efficacy & must be safe, through Animal experiment, evaluation of safety margin of the therapeutic dose can be assessed. So, from above discussion we can say that though Tamra is useful as an emetic its role needs to be ascertained by adopting suitable analytical parameters.

CONCLUSION :

Form the above discussion we can conclude that - (1) When Gara Vishaktata (Poisoning) is diagnosed in any person it should be treated immediately. Though it doesn't cause instantaneous death of a person, but still being a poison, it causes toxic effect which may lead to death after some time also, if left untreated. (2) So, in treatment of Garavisha (Concocted poison) firstly Shodhana should be done by giving Vamana & Virechana by the procedures described in detail in Classics. (3) Then after Shodhana, patient should be given Sukshma Tamra Raja (fine powder of copper sulphate) along with honey for cleansing the heart. Here to clean the heart means stomach & after cleaning, to protect the heart means heart (vital organ of the body) itself. (4) Sukshma Tamra Raja removes the residual poison left over after Shodhan (Vamana) karma, which even left in minute quantity may produce toxic effect after being digested if left unattended and may reach to heart through circulation & causes death also. (5) Sukshma Tamra Raja should be considered as fine Copper sulphate powder & not the elemental Copper.

So, we can conclude that in treatment of Garavisha (Concocted poison), Vamana (Emesis) by Sukshma Tamra Raja (fine Copper sulphate powder) described in classics proves to be useful to eliminate the poison form stomach. But at the same time, there is a need to revalidate this classical principle and develop safety profiles to generate evidences.

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**SHODHANA CHIKITSA IN PARTICULAR REFERENCE TO
VAMANA IN GARAVISHA CHIKITSA**

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“Concept and application of *Basti* treatment during pregnancy – a scientific approach through *Ayurveda*.”

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ABSTRACT

Ayurveda is an indigenous system of medicine, emphasizes the *Garbhavkranti* (process of descent of various components in embryo) to *prasava* (process of labour) and *sutika* (puerperium) very well. In *ayurveda* *Garbhini paricharya* is planned for systemic supervision and care of a woman during nine months of pregnancy. In pregnancy only a little change in *Ahara-Vihara* leads to alter the doshas state. *Vata dosha* has a great influence on psychological built up which exerts considerable influence on maintaining normal pregnancy. Vitiating *Vat dosha* is the main reason for physical and psychological abnormalities in pregnant woman like PROM, IUGR etc. *Basti* therapy is the best curative treatment for vitiating *Vata*. Generally *Panchakarma* procedures are contraindicated in pregnancy but there are only few *Basti* treatments mentioned

by Acharyas in *Garbhini Paricharya* which can give during pregnancy which are discussed in this article.

Keywords: Pregnancy, *Vata dosha*, *Basti*.

INTRODUCTION

Dosha-Dhatu-Mala these three entities governs the life process of body. Vitiating *Vata dosha* is the main reason for many physical and psychological abnormalities in pregnant woman. Increased *Vata dosha* leads to low birth wt baby, IUGR, preterm delivery, premature rupture of membrane etc.

It also affects psychological condition of pregnant woman due to which *satva* guna is decreased, *raja* and *tamo* gunas are increased. If *raja* is increased it leads to anxiety, fear and intolerance of pain and due to increase in *tamo* guna leads to depression, negative thoughts, fear from delivery, intolerance of pain so that

patient will not cooperate in *labour*. So there are more chances of operative delivery as well as post partum depression. So to keep *Vata dosha* in normal state *Acharyas* have indicated various types of *Basti* therapies in *Garbhini paricharya* to regulate *Vata dosha*.

MATERIALS AND METHODS:

This is conceptual types of research. Only textual materials are consult for present study and from which the relevant references have been collected. The principle Ayurvedic texts referred in this study are *Charaka Samhita*, *Sushruta Samhita*, *Ashtang Sangraha and Hridaya*, *Kashyapa Samhita* and available commentaries on them. Research articles also searched from various websites related to the title. All matter is analyzed for discussion and attempt has been made to draw some conclusions.

Concept of *Basti* and Types of *Basti* given during Pregnancy :

Basti is the principal treatment for disorders of *Vata*. *Basti* literally means bag/container /bladder. In ancient times sterilized urinary bladders of animals were used for instillation of enema hence the name of procedure is *Basti karma*. Now a days plastic enema pots and syrin ges are used to push medicated decoctions into the intestines of patients through anal route. *Acharya Charaka* have mentioned that there is no cause greater than *Vata* in the manifestation of disease and there is no better remedy than *Basti*.

Types of *Basti*:

1. *Anuvasana Basti* (oil enema)-

Basti in which oils, fats, tonics are administered. It is used in pure *Vata* disorders and when a person is having excess hunger or dryness related to *Vata* imbalances.

2. *Niruha Basti* (decoction enema):

It is also called as *Asthapana Basti*. Wherein herbal *kashaya* or decoction mix is administered. *Asthapana* means to establish life span and age which enhances every cell in body.

3. *Matra Basti* (Daily oil enema)-

It has *Vatashamaka* and *Rasayana* properties. It can be administered in all seasons without any strict dietary restrictions or daily routine. It is useful and safe in many conditions where other varieties of *Basti* are contraindicated.

4. *Brinhana Basti* (Nutritional enema)-

Wherein highly nutritive substances have been used such as warm milk, meat broth, bone marrow soup and herbs like *shatavari*, *ashwagandha*, *yashtimadhu* or *vidarikanda* etc

Basti should be given to the pregnant woman in bent or humpbacked position. In this position passage get dilated and medicine enter properly.¹

***Basti* which can give in pregnancy are only few in number which are discussed below:**

- ***Basti* in 5th month²**

Basti treatment can't be given before 5th month because in 1st trimester uterus is pelvic organ and due to this uterus can be harmed and so that there is chances of abortion. In 5th month *Aasthapan* and *Anuvasan Basti* is given for the diseases

of pregnant women but that *Basti* is indicated if necessary.

<i>Niruh Basti</i>	<i>Anuvasan Basti</i>
<i>Contents and its action</i>	<i>Contents and its action</i>
<i>Sour drugs: Vat-Kaph shamak</i>	<i>Sweet drugs: Vat-Pitta shamak</i>
<i>Salty drugs: Vat-Kaph shamak</i>	

- **Basti in 8th month**

After 7th month due to hormonal effect and Kapha Vata prakopa backache, constipation are very common problems. So Acharyas have mentioned Anuvasan and Aasthapan Basti in 8th month in Garbhini paricharya containing drugs mainly Kapha and Vata shamak. This Basti regulates Vata and clear the retained feces. Due to movement of vayu in its right direction, it delivers the baby without difficulty and remains free from complications.

- **According to Sushruta - Aasthapan Basti:**³

Decoction of *badar* is mixed with *bala*, *atibala*, *shatpushpa*, *palala*, milk, curd, oil, salt, *madanphala*, *honey* and *ghrita*.

Contents and Action:

<i>Badar – Kaph Vat shamak</i>	<i>Shatpushpa- Kaph Vat shamak</i>
<i>Bala – Vat Pitta shamak</i>	<i>Palala – Vat shamak</i>
<i>Atibala – Vat Pitta shamak</i>	<i>Madanphal – Kaph Vat shamak</i>

- **Anuvasan Basti:**

Oil medicated with milk and decoction of *madhur* group drugs are mentioned in *Anuvasan Basti*.

Contents and Action:

<i>Madhur group drugs- Vata Pitta shamaka</i>	<i>Milk-Vata Pitta shamaka</i>
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According to Acharya Vagbhata⁴, decoction of *shushka mulak*, *kol* and *amla dravya* mixed with *shatpushpa kalka*, oil, *ghrita* and salt is indicated for *Niruha Basti* and *ghrita medicated with madhura* drugs is given for *Anuvasana Basti*.

<i>Asthapana Basti</i>	<i>Anuvasana Basti</i>
<i>Contents and Action</i>	<i>Contents and Action</i>
<i>Shushka Mulaka-Kapha Vata shamak</i>	<i>Madhura drugs : Vata Pitta shamak</i>
<i>Kola – Kapha Vata shamak</i>	<i>Ghrita : Vata Pitta shamak</i>
<i>Shatpushpa – Kapha Vata shamak</i>	
<i>Amla drvyas – Vat shamak</i>	

- **Basti in 9th month**

Anuvasana Basti given in 9th month gives strength to woman and relaxes the pelvic bones for the preparation of labor.

<i>Acharya Charaka</i> ⁵	<i>Acharya Bhel</i> ⁶
<i>Oil medicated with madhur drugs</i>	<i>Oil medicated with kadamb, mash</i>
<i>Madhur drugs- Vata Pitta shamak</i>	<i>Kadamb – Tridosh shamak</i>
<i>This is Vat-Pitta shamak Basti</i>	<i>Mash- Vat shamak</i>
	<i>This is Tridosh shamak Basti</i>

- **Basti in Guda vedana⁷**

This *Basti* is given for *Gudvedana* (pain in anal region) which is very common in pregnancy mainly due to *parikartika* (anal fissure) or piles because of uterus pressure and constipation. *Vatashamaka* properties relieves pain and constipation and *Pitta shamak* properties stop bleeding.

- **Anuvasan Basti with Ghritamanda**

Ghritamanda - *Vata Pitta shamaka* So this *Basti* is *Vata, Pitta shamaka*

Contents and its action

Content	Action	Content	Action
<i>Viran</i>	<i>Kapha, Pitta shamak</i>	<i>Anatantamula</i>	<i>Tridosha shamaka</i>
<i>Shali</i>	<i>Tridosha shamaka</i>	<i>Kashmari</i>	<i>Tridosha shamak</i>
<i>Shashtik</i>	<i>Tridosha shamak</i>	<i>Parushak</i>	<i>Vata shamak</i>
<i>Kush</i>	<i>Tridosha shamak</i>	<i>Madhuka</i>	<i>Vata, Pitta shamak</i>
<i>Kash</i>	<i>Vata, Pitta shamak</i>	<i>Mrudvika</i>	<i>Vata, Pitta shamak</i>
<i>Ikshubalika</i>	<i>Vata, Pitta shamak</i>	<i>Priyal</i>	<i>Vata, Pitta shamak</i>
<i>Vetas</i>	<i>Kapha, Pitta shamak</i>	<i>Bibhitak</i>	<i>Kapha shamak</i>
<i>Jalvetas</i>	<i>Kapha, Pitta shamak</i>	<i>Tila kalka</i>	<i>Vata shamak</i>
<i>Bhootika</i>	<i>Kapha, Vata shamak</i>		

So this *Asthapana Basti* is *tridosha shamak* and mainly *Vata, Kapha shamak*.

- **Anuvasana Basti** is indicated for *udavarta* contents oil with *madhuka* and sweet group drugs.

Content and its action

<i>Madhuka-Vata, Pitta shamak</i>	<i>Madhuragana drugs- Vata, Pitta shamak</i>
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- **Basti in Udavarta**

Udavarta means *Vata* in opposite direction. There are *Basti* given in *udavarta* and constipation. it regulates function of *Vata* mainly '*Apana vayu*' and increases *Pachaka agni* by which *Udavarta* is treated.

- **Asthapana Basti** containing decoction of roots of *viran, shali, shashtik, kush, kash, ikshubalika, vetas, jalvetas, bhutika, anantamula, kashmari, parushak, madhuka, mrudvika* mixed with milk, *priyal, bibhitak majja, tilkalka* and salt.⁸

So this *Basti* is *Vata, Pitta shamak*.

- **Basti for fetal growth and development**

For growth and development of fetus and maintenance of proper health of mother *brinhan Basti* is indicated. *Brinhan Basti* given with *ksheer* mixed with salt⁹.

Content and its action

<i>Ksheer- Pitta shamak</i>	<i>Saindhav- Tridoshshamak</i>
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So this *Basti* is mainly *Vata, Pitta shamak*.

- **Anuvasan Basti** or **Matra Basti** content ghrita medicated with vidaryadigroup drugs.

Contents and its action

<i>Vidaryadigana- Pitta shamak</i>	<i>Ghrita- Vata,Pitta shamak</i>
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So this is *Vata, Pitta shamak Basti*.

DISSCUSSION

In *Ayurveda*, *Garbhini Paricharya* has been given which helps in maintenance of proper health of mother and proper development of fetus. Also helps in *Vatanulomana* (downward movement of *Vata*) which is needed for normal expulsion of *foetus* during delivery. *Basti* treatment is also indicated in *Garbhini paricharya* after seven month. From above literature we can stated that ingredients included in *Basti* treatments are generally *Vata Pittashamaka* and *Tridoshashamaka*. They possess *Rasayana* (rejuvenating), *Garbha poshaka* (nourishing the *foetus*), *Balya* (strengthening) and *Pushtidayaka* (anabolic) action which maintains and supports the pregnancy. And these drugs given in *Basti* form have specific target action and quick absorption in body.

CONCLUSION

Scientific study should be encourage in order to enhance *Basti* treatment during antenatal care. The clinical trial should be done to document the benefits of various *Basti* treatments mention in *Garbhini Paricharya* by Acharyas in *Ayurveda*. This should be prescribed to more women that came for antenatal checkups but under strict observation. By the *Asthapana* and *Anuvasana Basti shodana* of *puran Pureesha (feaces)* and *Anulamana* of *Vayu* (normal neurohormonal function) occurs which in turn leads to *sukhprasava* (complication free normal delivery). By the use of *Matra Basti* and *Brinhana Basti*, *IUGR*, low birth weight baby etc. problems will be solved.

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**CRITICAL REVIEW OF SIRAGATA VATA DISEASE W.S.R TO SIRA, DHAMANI AND RAKTA**

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ABSTRACT

Sira is considered as *Srotas* in Ayurveda which is comes under *Rasavaha* and *Raktavaha srotas*. The occurrence of a *roga* or disease starts with *Doshadushya Sammurchana*, which is takes place in *Srotas*. *Srotas* can be considered as the important system through which all the metabolites are transported. In the classics "*Siras* and *Dhamanis*" are defined separately as the channels for circulation of blood. The differentiation of *Sira* and *Dhamani* can be understood while the following description as "*Sravanat Srotamsi*" means through which blood flows continuously without any pulsation. "*Dhamanat Dhamani*" means to pulsate. From this explanation it is very clear that *Sira* is veins and *Dhamani* is artery. The *Ashrayasthana* of *Siragata Vata* is the *Sira* of the both lower limbs. The disturbance of *Dosha* mainly *Vata* occurs due to the above said *Ahara* and *Vihara* producing obstruction of the stream of blood in *Sira* of the both lower limbs. *Adho-Kaya* is a most important seat of *Vata*, where the *Kutilla Sira* is established. When the Vitiated *Vata* inflicts *Sira*, it is called as *Siragata Vata*. *Vata* which was localized in *Sira* produces pain and *Sira Aakunchana*. *Aakunchana* of *Sira* is known as *Kutilla Sira* explained by *Dalhana* which gives detailed of the varicosity of vein and fullness of the vein. *Rakta* moving in their own *Sira* does function such as providing nutrition to the tissue, color, tactile sensation and so many other functions. When it exaggerates, *Rakta* collects in its own *Siras*, and then many diseases occurred by blood developed in the body.

KEYWORDS: Dhamani, Rakta, Sira, Siragata Vata, Srotas.

INTRODUCTION

In *Siragatavyadhi*, *Sthanasamshraya* (localizing the vitiated *Dosha* and *Dhatu*) occurred in *Siras* of the both upper limbs and lower limbs; hence the position of all disease (*roga*) is to be studied well before the treatment. In the classics "*Siras* and *Dhamanis*" are defined separately as the channels for circulation of blood. The differentiation of *Sira* and *Dhamani* can be understood while the following description as "*Sravanat Srotamsi*" means through which blood flows continuously without any pulsation. "*Dhamanat Dhamani*" means to pulsate. From this explanation it is very clear that *Sira* is veins and *Dhamani* is artery.

According to Ayurveda *Sira* is considered as *Srotas* which is comes under *Rasavaha* and *Raktavaha srotas*. The occurrence of a *roga* or disease starts with

Doshadushya Sammurchana, which is takes place in *Srotas*. *Srotas* can be considered as the important system through which all the metabolites are transported.

According to *Acharya Charaka Dosha, Dhatu* and *Mala* are based on their respective *Srotas* for their development, conduction and obliteration. When *Srotas* gets unbalanced the physiological activity of *Dosha, Dhatu* and *Mala* also get unbalanced. The imbalance of *Srotas* is called "*Kha vaigunya*" – *Kha* means a space or cavity. In the classics there are two *Moolasthanas* have been given to each *Srotas*. If the *Moolasthana* is got affected then the entire *Srotas* is unbalanced. The *Moolasthanas* of *Rasavaha Srotas* is mentioned as *Hrudaya* and ten *Sthoola Dhamani*. The *Moolasthanas* of *Raktavaha* is *Yakrit* (liver) and *Pleeha* (spleen).^[1]

Srotovaigunya

The *Samprapti* of all diseases takes place when the *Srotas* gets misshapen structurally and functionally. If there is only vitiation of *Dosha* without any irregularity in the *Srotas*, the *Dosha* will not find an any place for *Samoorchana* and the disease will not be established.^[2] Hence along with keeping of the state of equilibrium of *Dosha*, the normal working of *Srotas* is very much important for the prevention of diseases.

One can avoid the vitiation of *Srotas* by avoiding such causes that disrupt the normal functioning. About *Rasavaha Srotas*, unnecessary or excessive intake of heavy, cold and fatty foods and disturbed mental health are the causes of vitiation. The causes of disturbance of *RaktaVaha Srotas* are taking the food material which causes *Vidaha*, *Snigdha Ahara* and more than normal exposure to sun.^[3]

The normal *guna* of *Rakta* is lost by taking more intakes of *Guru*, *Sheeta*, *Vidaha* and *Snigdha Ahara*. Charaka has mentioned four general defects of *Srotas*. They are *Atipravrutti*, *Sanga*, *Siragranthi* and *Vimaraga Gamana*,^[4] That means by any of this one can recognize the disturbance of the particular *Srotas*. In chronic condition *Vimaraga Gamana* or regurgitation is observed as a very important symptom.

The *Ashrayasthana* of *Siragata Vata* is the *Sira* of the both lower limbs. The disturbance of *Dosha* mainly *Vata* occurs due to the above said *Ahara* and *Vihara* producing obstruction of the stream of blood in *Sira* of the both lower limbs. *Adho-Kaya* is a most important seat of *Vata*, where the *Kutula Sira* is established. So *Tulya Dosha* and *Tulya Desha* make the disease *Durupakrama* i.e. not easily treatable and the duration of the disease becomes extended.

Rakta moving in their own *Sira* does function such as providing nutrition to the tissue, color, tactile sensation and so many other functions. When it exaggerates, *Rakta* collects in its own *Siras*, then many diseases occurred by blood developed in the body.^[5]

Rakta uttapatti

Panchabhautik of the *Ahara* when ingested and undergoes digestion completely by *Kostha Agni* and formation of *Rasa* is occurred. *Hrudya* is the main source from where it goes through twenty-four *Dhamanis* nourishing the entire body. This *Rasa* through *Aapya* after approaching *Yakrit* (liver) and *Pleeha* (spleen) convert red colors to the blood.^[6]

Rakta paribhasha

This *Aapya Rasa* after receiving red color to the blood by the *Tejas* present in the body remaining unvitiated and clear called *Rakta*.^[7]

Panchabhautika Constitution of Rakta

विस्रता द्रवता रागः स्पंदनं लघुता तथा ।

भूम्यादीनां गुणा ह्येते दृश्यन्ते चात्र शोणिते ॥ (सु. सू. १४/९)

Table 3.2.1: Panchabhautika Constitution of Rakta.

Qualities	mahabhoota
Visrata	Pruthvi mahabhoota
Dravata	Jala mahabhoota
Raga	Tejo mahabhoota
Spandana	Vayu mahabhoota
Laghuta	Akash mahabhoota

Shuddha rakta

इन्द्रगोपप्रतीकाशम असंहतम् अविवर्णच प्रकृतिस्थं जानीयात्

॥ (सु. सू. १४/९)

Blood color is look like of *Indragopa*, blood of like rabbit and also taste of blood slightly sweeter and salty is considered and confirmed as pure blood. The pure blood is made in accordance with time and place which helps to provides strength and luster to the person.^[8]

Rakta dushti nidana

Dushita, *Atitikshana*, *Atiushna*, *MadiraSevana*, more consumption of *Madaka Dravya*, excessive intake of *Kshara*, *Amlarasa*, *Lavanarasa*, *Katurasa*, *Kulthi*, *Urada*, *Tila Taila*, *Dravya of Haritavarga*, *Aanupamamsa*, *Dadhi*, *Sura*, *Viruddha Aahara*, *Snigdha*, *Guru Aahara*, *Krodha*, *Aatapa Sevana*, *Chardi Vega Pratighata*, if bloodletting is not done in *Sharad Ritu* these factors causes vitiation of the blood.^[9] *Sushruta* has encouraged factors vitiating *Pitta* will also vitiates blood.

Characteristic of vitiated blood

- *Vata* – its vitiated blood has delayed clotting.
- *Pitta*- its vitiated blood is hated by animals likes ants and flies and delayed clotting.
- *Kapha*- its vitiated blood was comparable to muscles. Blood resembling all the above characters and like with *Kanji*
- *Sannipataja*- its blood has extremely bad smell is known as *Sannipataja Rakta Dushti*.^[10]

Raktaja roga

Various types of blood disorders arise such as *Mukhapaka*, *Akshira roga*, bad smell from mouth and nose, *Raktajagulma*, *Upakush*, *Visarpa*, *Raktapitta*, *Vidrathi*, *Pradara*, *Vatarakta*, *Agnimaandya*, *Krodhaprachurta*, *Swarakshaya*, *Tandra*, *Nidra*, *Kushta*, all these disorders are due to the vitiation of *Rakta*.^[11]

If blood usually gets affected by *Pitta* and *Shleshma* or *kapha* then it produces disorder such as *Visarpa*, abscesses, diseases of spleen, abdominal tumors, fever, thirst, salty taste in the mouth.^[12,13,14]

Purification of blood

Even those treatable diseases not getting cured after exact treatment then the diseases from blood origin and other also should be treated by purification of blood. Vitiated blood should be evacuated by using *Jalauka*,

therapy mentioned for *Rakta Pitta*, purification therapy (*Vamana*, *Virechana* etc.)^[13]

One can use the treatment line of *Virechana*, *Upavasa*, and *Raktamokshana* for blood borne diseases.

Siragatavata

When the Vitiated *Vata* inflicts *Sira*, it is called as *Siragata Vata*.^[15,16]

Siragata kupita vata lakshana

Vata which was localized in *Sira* produces pain and *Sira Aakunchana*. *Aakunchana* of *Sira* is known as *Kutilla Sira* explained by *Dalhana* which gives detailed of the varicosity of vein and fullness of the vein.^[17]

Nidana

Factors which is affecting the *Vyana Vayu* will also be affect the *Sira* because *Vyana Vayu* circulates *Rasa*, removes *Sweda* and helps normal the blood flow, performs the five kind of action likes *Gati*, *Akshepana*, *Utkshepana*, *Nimesha* and *Unmesha*.^[18]

कुर्याच्छिरयगतः शुलं शशरयकुन्चनपुरणम । सु. सू. १४।९

This is fullness and emptiness of the *Sira*.^[19]

Aggravated vata in rakta

This type of *rakta* produces ulcer and also can causes severe pain with heat, *Vivaranata* (abnormal complexion), *Krushata* (leanness) and *Aruchi*. So, its symptoms are to loss of tactile sensation, increase of temperature, redness, discoloration and ulceration.^[20]

Prakopa karanas of vata^[21]

These are some following etiological factors of *Vata Prakopa*

- Intake of *Rooksha*, *Sheeta*, *Laghu Ahara*
- *Ativyayaaya* (Excessive sexual indulgence)
- *Prajagarana*
- *Upavasa* (Starvation)
- *Ativyayama*
- *Abhighata*
- *Atigamana* (Excessive walking)
- *Vega Dharana*
- *Bhara Vahana* (Carrying of heavy weight)

Vata gets disturbed when the all *Gunas* are similar to those of *Vata* which are increased in the body either by *Ahara* or *Vihara*. Thus, if substances enjoying *Rooksha*, *Sheeta*, *Laghu etc*, *Gunas* are ingested, *Vata* gets provoked.

Pathological factors of vata

After taking these *Ahara-Vihara* as par narrated above, by *Katu Vipaka*, increased the *Shoshana* is occur, *Srotas* become vacant by *Dhatu Kshaya* (*Riktani Srothansi*) that vacant *Srotas* is occupied with *Vayu* (*Poorvtva Anilo Vali*). As the person who consume more *Nidana*, *Vata*

Vridhhi occurs, if various types of too much causative factors are continued taken, then slowly *Vata Prakopa* (increased) occurs then *Prasara* (spread) also followed by *Sthanasamshraya* which may lead to *Vyakta* of disease.^[22]

So wherever, there is *Khavaigunya*, *Sthanasamshraya* is present, either with *Samsarga* of *Kapha*, *Pitta* or alone.

Siragatavata Samprapti^[23]

Due to *Nidan sevana* and Vitiated *Vyana Vayu* there is vitiation of other *Vayu* in *Sira*. So the vitiated *Vata dosha* causes the loss of functions of *Siras*. *Sira ankunchana* was hampered due to the *Kutilla Sira are made*.

Siragata vata chikitsa sutra

If the any diseases caused by *rakta* (blood), one should do the treatment that in which evacuates blood and *Pitta* such as *Virechana*, *Upavasa*, local application of *shita* drug and *raktamokshana*.^[24] Blood should be evacuated by keeping in mind, the *Bala* of a patient and quantity of *Dosha* in the body or till up to purification of patient's blood or depending upon the *Dushita Rakta Sthana* (site of disease) or diseases which are produced by this.^[25]

If the location of *vayu* is in *Twak*, *Mamsa*, *Rasa* and *Sira* then *Vatahara* treatment is advised like *Snehana*, *Abhyanga*, *Upnaha*, *Mardana* and *Alepa* can be adopted followed by *raktamokshana* (bloodletting).^[26]

CONCLUSION

Vitiated *Vyana Vayu* with vitiation of other *Vayu Vata* which was localized in *Sira* produces pain and *Sira Aakunchana*. So the vitiated *Vata dosha* causes the loss of functions of *Siras*. *Sira ankunchana* was hampered due to the *Kutilla Sira* are made explained by *Dalhana* which gives detailed of the varicosity of vein and fullness of the vein. *Rakta* moving in their own *Sira* does function such as providing nutrition to the tissue, color, tactile sensation and so many other functions. When it exaggerates, *Rakta* collects in its own *Siras*, and then this diseases occurred by blood developed in the body. Thus the treatment that in which evacuates blood and *Pitta* such as *Virechana*, *Upavasa*, local application of *shita* drug and *raktamokshana* were applied. *Vatahara* treatment is advised like *Snehana*, *Abhyanga*, *Upnaha*, *Mardana* and *Alepa* can be adopted followed by *raktamokshana* (bloodletting).

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A Brief Narrative Review Of Recommended Diet And Dietary Regimen In Pregnancy According To Brihatrayee (3 Main Treatises) Of Ayurveda.

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Abstract: Diet is an important factor for human survival. Ayurveda gives immense importance to proper wholesome diet. In pregnancy, diet plays a dual role as a material cause by nourishing embryo/foetus as well as mother. In this article, dietary regimen indicated in three main treatises of Ayurveda during pregnancy has been compiled, compared and discussed conceptually. For review, Brihatrayee have been used. And after narrative review it has been concluded that in Ayurveda, antenatal diet has been very scientifically recommended. Charaka, Sushruta and Vagbhata prescribes almost similar diet pattern during antenatal period.

Index Terms - Garbhiniparicharyaa, Aahara, antenatal care.

INTRODUCTION

Aahaara (diet) is called as the greatest medicine (*Mahaabheshaja*) in *Ayurveda*.¹ This signifies its importance in health as well as diseases. In *Ayurveda*, *Aahaara* has been included in three *Upasthambhas* (three supporting pillars of the body).² Diet is having the greatest importance as it is *Samavaayee* (material) cause of *Dosha* (body humours), *Dhatu* (body tissues) and *Mala* (excretory products) which form the body. Without diet human being cannot survive. *Charaka* quoted that everything in human body is generated from diet one consumes, even diseases also. So for physical and mental health, proper diet is very important.

In pregnant women, proper diet is very important for both mother as well as baby. Diet promotes well nourishment, strength, longevity, immunity and *oja* (vitality). In pregnancy, states of *Doshas*, *Dhatu* and *Malas* changes significantly in body. This changed physiology needs to be complemented with proper dietary regimen. So that homeostasis of *Doshas*, *Dhatu* and *Malas* will be maintained in both mother and baby.

In this article, recommended antenatal as well as prenatal diet / dietary regimen from selected treatises of *Ayurveda* has been described in brief and its scientific analysis has been done on the basis of *Ayurveda* and modern medical science.

AIM AND OBJECTIVES:

To review antenatal dietary regimen described in *Brihatrayee* of *Ayurveda*

To compile antenatal regimen described in *Brihatrayee* of *Ayurveda*

To compare antenatal regimen described in *Brihatrayee* of *Ayurveda*

METHODOLOGY-

In this narrative review dietary regimen indicated during pregnancy described in three main treatises of *Ayurveda* (*Charakasamhita*, *Sushrutasamhita*, *Ashtangsamgraha*) have been compiled and discussed in context of *Ayurveda* and contemporary understanding.

REVIEW OF LITERATURE

In *Ayurveda* the antenatal care doesn't start with conception but it starts just with the planning of conception. For healthy pregnancy, proper care and management should be planned since planning of pregnancy. In *Ayurveda* pre-conception regimen has also been indicated which should be followed before conception. This is because the product of conception that is the baby is nothing but product of union maternal and paternal reproductive factor. If these reproductive factors are healthy, then only a healthy baby can be produced. As seen earlier diet plays an important role in formation of maternal and paternal body tissues and other physiology of body. So, the ideal dietary regimen should be followed since couple plans for baby. Below a brief overview has been given of indicated diet before conception and diet during pregnancy.

DIETARY REGIMEN WHEN COUPLE PLAN FOR BABY CONCEPTION

There are different regimens have been indicated for both male and female who plans conception. For males *Charaka*ⁱⁱⁱ has recommended diet which is dominant in sweet taste. Means sweet dietary articles like sugar, milk and so on have been recommended. Milk and ghee processed with herbs included in *Jeevaniya* group of medicines by *Charaka* are more beneficial for proper formation male reproductive factors. For females *Charaka* has recommended to consume recipes prepared from oil and black gram. This improves quality of female reproductive factors (*Shonita*). One important thing is *Shodhana* (bio-purification) of body is recommended before all of these to have proper assimilation of ingested diet and to maintain homeostasis of *Doshas* in body. In *Ayurveda* month wise specific diet has been recommended as per requirement of embryo or foetus. The details of it have been shown in table below.

This regimen promotes normal foetal growth and development and maintains homeostasis of *Doshas*, *Dhatus* and *Malas*.

Along with indicated diet, general contraindications are also described in *Ayurveda*. These are as follows. Pregnant women should avoid substance like wine, excessive meat. *Ushana* (hot), *teekshna* (sharp), *katu* (spicy), *guru* (heavy), *vishambhi* food should also avoided by pregnant women.

In *Ayurveda*, a special condition called as *dauhridah* has been described in which pregnant mother develops various desires in fifth month of pregnancy.^{iv} It has been said that desires of foetus are expressed through the mother hence in this condition and they must be fulfilled because negligence or non-fulfilment can cause abnormalities or even death of foetus. These desires sometimes appear weird or unwholesome. But still it is said that these should be fulfilled smartly by converting them in to wholesome form with proper organisation so that they should not harm to foetus.

The dietary recommendations described in *Ayurveda* during preconception and pregnancy has been given prime importance in all treatises of *Ayurveda* and the principle and properties of diet during these periods are similar. It not only acts as diet but also works as medicine during this period.

DISCUSSION:

Pre conception and antenatal diet recommendations in *Ayurveda* are based on need of nutrition per respective month of pregnancy. The diet recommended before conception is having similar qualities with parental reproductive factors. It is aimed to improve quality as well as quantity (in case of male) of reproductive factors.

In initial months of pregnancy, growth of embryo doesn't need much proteins or fats. So the simple diet rich in *Madhura* and *Sheeta* properties is indicated. These properties are similar with that of embryo and fulfil growth requirements of foetus. From second trimester, foetal growth and development fastens. Bulk of body tissues increases, so the need of heavy diet which is rich in fats, proteins increases progressively. So from fourth month successive changes have been made in diet. In sixth month, to prevent pregnancy induced hypertension, preeclampsia like conditions, *gokshura* (*Tribulusterrestris*) has been added in dietary article by *Sushruta*. *Basti* (medicated enema) is been contraindicated till seventh month of pregnancy to protect foetus as it promotes downward progression of *vaata* and so the foetus. But after that, to make reproductive system ready for delivery of baby naturally, *bastis* are indicated to promote normal labour.

Explanation of development of *dauhridah* desires in pregnant women can be given on the basis of principle of similarities and differences. According to this principle similar factors are responsible for increase in similar factors in body when consumed; while opposite factors are responsible for decrease in opposite factors. If any factor exceeds in body the person dislikes things which cause its further aggravation and desires the opposite factors. Or whenever any factor reduces than normal, the individual desires for that factors. Foetal growth and development completely occurs by nutrition provided by mother. So if such abnormal increase or decrease occurs in foetus, it will be expressed through mother. That's why, to establish homeostasis or to correct proportion of such factors in foetus desires of mother should be fulfilled.

CONCLUSION:

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Table 1:

Month of pregnancy	<i>Charaksamhita</i> ^v	<i>Sushrutsamhita</i> ^{vi}	<i>Ashtangsamgraha</i> ^{vii}
First	Plain, non-medicated milk	<i>Madhura</i> (sweet), <i>Sheeta</i> (cold) and liquid diet	Medicated milk
Second	Medicated milk-Processed with sweet group of drugs	<i>Madhura</i> , <i>Sheeta</i> and liquid diet	Medicated milk-Processed with sweet group of drugs
Third	Milk with honey and ghee	<i>Madhura</i> , <i>Sheeta</i> and liquid diet	Milk with honey and ghee
Fourth	Milk with butter	Cooked <i>Shasti</i> rice with curd, dainty; pleasant food with milk, butter and meat of <i>Jaangala</i> animals	Milk with a <i>tola</i> (~12 gram) of butter
Fifth	Ghee made from butter of milk	Cooked <i>Shasti</i> rice with milk, meat of <i>Jaangala</i> animal, dainty food with milk and ghee	Ghee made from butter of milk
Sixth	Ghee made up of milk processed with sweet group of drugs	Ghee or gruel of rice processed with <i>Tribulusterrestris</i>	Ghee made up of milk processed with sweet group of drugs
Seventh	Ghee made up of milk processed with sweet group of drugs	Ghee medicated with <i>prithakparnyaadi</i> group of drugs	Ghee made up of milk processed with sweet group of drugs,
Eighth	<i>Ksheerayavaagu</i> (gruel made with milk) with ghee	<i>Aasthaapanabasti</i> (medicinal enema of decoction) of <i>badari</i> , <i>balaa</i> , <i>atibalaa</i> , <i>shatapushpaa</i> , <i>paatala</i> , honey and ghee. After <i>Aasthaapanabasti</i> , <i>Anuvaasanabasti</i> should be given by oil processed with milk and medicated with sweet drugs	<i>Ksheerayavaagu</i> (gruel made with milk) with ghee, <i>Aasthaapanabasti</i> (medicinal enema of decoction) of <i>badari</i> , <i>Anuvaasanabasti</i> (~medicinal enema of fats) of oil processed with sweet group of drugs
Ninth	<i>Anuvaasanabasti</i> (~medicinal enema of fats) and vaginal tampon of oil processed with sweet group of drugs	<i>Snigdha</i> (unctuous gruels with meat soup of <i>Jaangala</i> animals- till delivery	<i>Anuvaasanabasti</i> (medicinal enema of fats) and vaginal tampon of oil processed with sweet group of drugs

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A Brief Narrative Review Of Recommended Diet And Dietary Regimen In Pregnancy According To Brihatrayee (3 Main Treatises) Of Ayurveda.

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Abstract: Diet is an important factor for human survival. Ayurveda gives immense importance to proper wholesome diet. In pregnancy, diet plays a dual role as a material cause by nourishing embryo/foetus as well as mother. In this article, dietary regimen indicated in three main treatises of Ayurveda during pregnancy has been compiled, compared and discussed conceptually. For review, Brihatrayee have been used. And after narrative review it has been concluded that in Ayurveda, antenatal diet has been very scientifically recommended. Charaka, Sushruta and Vagbhata prescribes almost similar diet pattern during antenatal period.

Index Terms - Garbhiniparicharyaa, Aahara, antenatal care.

INTRODUCTION

Aahaara (diet) is called as the greatest medicine (*Mahaabheshaja*) in *Ayurveda*.¹ This signifies its importance in health as well as diseases. In *Ayurveda*, *Aahaara* has been included in three *Upastambhas* (three supporting pillars of the body).² Diet is having the greatest importance as it is *Samavaayee* (material) cause of *Dosha* (body humours), *Dhatu* (body tissues) and *Mala* (excretory products) which form the body. Without diet human being cannot survive. *Charaka* quoted that everything in human body is generated from diet one consumes, even diseases also. So for physical and mental health, proper diet is very important.

In pregnant women, proper diet is very important for both mother as well as baby. Diet promotes well nourishment, strength, longevity, immunity and *oja* (vitality). In pregnancy, states of *Doshas*, *Dhatu* and *Malas* changes significantly in body. This changed physiology needs to be complemented with proper dietary regimen. So that homeostasis of *Doshas*, *Dhatu* and *Malas* will be maintained in both mother and baby.

In this article, recommended antenatal as well as prenatal diet / dietary regimen from selected treatises of *Ayurveda* has been described in brief and its scientific analysis has been done on the basis of *Ayurveda* and modern medical science.

AIM AND OBJECTIVES:

To review antenatal dietary regimen described in *Brihatrayee* of *Ayurveda*

To compile antenatal regimen described in *Brihatrayee* of *Ayurveda*

To compare antenatal regimen described in *Brihatrayee* of *Ayurveda*

METHODOLOGY-

In this narrative review dietary regimen indicated during pregnancy described in three main treatises of *Ayurveda* (*Charakasamhita*, *Sushrutasamhita*, *Ashtangsamgraha*) have been compiled and discussed in context of *Ayurveda* and contemporary understanding.

REVIEW OF LITERATURE

In *Ayurveda* the antenatal care doesn't start with conception but it starts just with the planning of conception. For healthy pregnancy, proper care and management should be planned since planning of pregnancy. In *Ayurveda* pre-conception regimen has also been indicated which should be followed before conception. This is because the product of conception that is the baby is nothing but product of union maternal and paternal reproductive factor. If these reproductive factors are healthy, then only a healthy baby can be produced. As seen earlier diet plays an important role in formation of maternal and paternal body tissues and other physiology of body. So, the ideal dietary regimen should be followed since couple plans for baby. Below a brief overview has been given of indicated diet before conception and diet during pregnancy.

DIETARY REGIMEN WHEN COUPLE PLAN FOR BABY CONCEPTION

There are different regimens have been indicated for both male and female who plans conception. For males *Charaka*ⁱⁱⁱ has recommended diet which is dominant in sweet taste. Means sweet dietary articles like sugar, milk and so on have been recommended. Milk and ghee processed with herbs included in *Jeevaniya* group of medicines by *Charaka* are more beneficial for proper formation male reproductive factors. For females *Charaka* has recommended to consume recipes prepared from oil and black gram. This improves quality of female reproductive factors (*Shonita*). One important thing is *Shodhana* (bio-purification) of body is recommended before all of these to have proper assimilation of ingested diet and to maintain homeostasis of *Doshas* in body. In *Ayurveda* month wise specific diet has been recommended as per requirement of embryo or foetus. The details of it have been shown in table below.

This regimen promotes normal foetal growth and development and maintains homeostasis of *Doshas*, *Dhatus* and *Malas*.

Along with indicated diet, general contraindications are also described in *Ayurveda*. These are as follows. Pregnant women should avoid substance like wine, excessive meat. *Ushana* (hot), *teekshna* (sharp), *katu* (spicy), *guru* (heavy), *vishambhi* food should also avoided by pregnant women.

In *Ayurveda*, a special condition called as *dauhridah* has been described in which pregnant mother develops various desires in fifth month of pregnancy.^{iv} It has been said that desires of foetus are expressed through the mother hence in this condition and they must be fulfilled because negligence or non-fulfilment can cause abnormalities or even death of foetus. These desires sometimes appear weird or unwholesome. But still it is said that these should be fulfilled smartly by converting them in to wholesome form with proper organisation so that they should not harm to foetus.

The dietary recommendations described in *Ayurveda* during preconception and pregnancy has been given prime importance in all treatises of *Ayurveda* and the principle and properties of diet during these periods are similar. It not only acts as diet but also works as medicine during this period.

DISCUSSION:

Pre conception and antenatal diet recommendations in *Ayurveda* are based on need of nutrition per respective month of pregnancy. The diet recommended before conception is having similar qualities with parental reproductive factors. It is aimed to improve quality as well as quantity (in case of male) of reproductive factors.

In initial months of pregnancy, growth of embryo doesn't need much proteins or fats. So the simple diet rich in *Madhura* and *Sheeta* properties is indicated. These properties are similar with that of embryo and fulfil growth requirements of foetus. From second trimester, foetal growth and development fastens. Bulk of body tissues increases, so the need of heavy diet which is rich in fats, proteins increases progressively. So from fourth month successive changes have been made in diet. In sixth month, to prevent pregnancy induced hypertension, preeclampsia like conditions, *gokshura* (*Tribulusterrestris*) has been added in dietary article by *Sushruta*. *Basti* (medicated enema) is been contraindicated till seventh month of pregnancy to protect foetus as it promotes downward progression of *vaata* and so the foetus. But after that, to make reproductive system ready for delivery of baby naturally, *bastis* are indicated to promote normal labour.

Explanation of development of *dauhridah* desires in pregnant women can be given on the basis of principle of similarities and differences. According to this principle similar factors are responsible for increase in similar factors in body when consumed; while opposite factors are responsible for decrease in opposite factors. If any factor exceeds in body the person dislikes things which cause its further aggravation and desires the opposite factors. Or whenever any Factor reduces than normal, the individual desires for that factors. Foetal growth and development completely occurs by nutrition provided by mother. So if such abnormal increase or decrease occurs in foetus, it will be expressed through mother. That's why, to establish homeostasis or to correct proportion of such factors in foetus desires of mother should be fulfilled.

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(जगभरातील आरोग्यदायी औषधे भाज्या व फळे) (टपाल खर्च वेगळा)	

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आयुर्वेद पत्रिकेकडे लेख पाठवताना लेखकांनी खालीलपैकी कोणत्याही एका घोषणापत्रावर सही करून लेखाबरोबर पाठवावे.

लेखक घोषणा पत्र

मी/आम्ही जाहीर करतो की मी/आम्ही लिहिलेलाया शीर्षकाचा लेख पूर्णतः मूळ लेख (original) आहे. तो प्रकाशित करण्यासाठी अन्य कोणत्याही नियतकालिकाकडे पाठवलेला नाही. तसेच कोणत्याही नियतकालिकात पूर्वी प्रकाशित झालेला नाही. कोणताही वाद निर्माण झाल्यास मी/आम्ही स्वतः जबाबदार आहे/आहोत.

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मैं घोषित करता/करती हूँ कि मेरा लेख विषयपूर्णतः मौलिक है तथा कहीं अन्य किसी पत्रिका में प्रकाशित नहीं हुआ है। किसी भी प्रकार के वाद के लिए मैं स्वयं जिम्मेदार हूँ।

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I/We declare that the article titled send to AYURVED PATRIKA is my/our original article and it is not sent to any other journal for publication and not published previously in any journal. I/We are responsible in case of any conflict.

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आवाहन

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संपादक

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आयुर्वेद पत्रिका जाहिरात दरपत्रक

(नियमाप्रमाणे अतिरिक्त जीएसटी आकारला जाईल.)

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A case study on newly diagnosed patient of Diabetes mellitus w.s.r. to Kaphaja Prameha



Dr. Kiran Mantri

Abstract- This case study deals with a female patient Name - XYZ, age - 55 Years, newly diagnosed by modern medicine as suffering from Diabetes mellitus, treated with *Ayurved* Intervention. As per *Ayurved* Diagnosis, the disease was labelled as *Kaphaja Meha* with *Agnimandya*. The HbA1C level before treatment was 6.4. The medicine prescribed were Tab. *Chandraprabha Vati* 1 BD before food and Tab. *Aampachaka Vati* 1 BD for chewing after 1 hour of food. With 4 months treatment, the HbA1C level (after treatment) was 5.8. The mode of action of *Chandraprabha Vati* by *Vyadhi Pratyani Kalpa* to treat *Dhatwagnimandya*. The mode of action of *Aampachak Vati* by *Aam Dosh Pachana* and *Agnideepti*.

Keywords: Diabetes mellitus, *Kaphaja Meha*, *Agnimandya*, *Chandraprabha Vati*, *Aampachak Vati*.

Introduction- Diabetes mellitus (DM) comprises group of common metabolic disorders that share the phenotype of hyperglycemia^[1]. It results due to insulin deficiency, decrease glucose utilization and increase glucose production. If untreated it causes several micro and macro-vascular complications affecting vital organs such as heart, kidneys, nerves, eyes etc. Its prevalence is increasing rapidly, and it is estimated that by 2030, this number will almost 552 million, or one adult in 10, will have diabetes as per International Diabetes Federation^[2]. Recent ICMR-INDIAB study reports, suggested that diabetes epidemic is progressing rapidly across the nation, reaching a total of 62.4 million persons with diabetes in 2011^[3]. Oral hypoglycemic agents such as biguanides, sulfonylureas and insulin injectables are currently used in modern medicine for the treatment of diabetes. However, these drugs are only controlling the disease, with quest for complete cure still going on. Also these drugs have severe side effects such as hypoglycemia. Management of diabetes without any side effects is still a challenge to medical community. Various researches are carried out for launch of alternatives drugs and

therapy for this deadly disease.

Ayurveda has described 20 types of *Prameha* including *Madhumēha* (Diabetes Mellitus) and their treatments. Several *Ayurved* Formulations are used since ancient time to cure and control this disease. As they are efficient, easily available and cost effective, many people prefer to take such herbs in the treatment. *Chandraprabha Vati* and *Aampachak Vati* are two such *kalpa* used for treatment of *Prameha*. A female patient Name - XYZ, age - 55 Years, newly diagnosed by modern medicine as suffering from Diabetes mellitus came to Triguna clinic OPD for *Ayurved* Treatment with Fasting Sugar 156 mg/dL.

Timeline

*2015-07-20

complaints:- Anorexia, Loss of Taste, Alasyam Naktamutrata O/E - Vtals - Stable, BP - 130/90 mm of Hg, Nadi - Kapha Vataj, Jiwha - Sama Treatment Given:- 1) Tab. *Chandraprabha Vati* 1 BD before food 2) Tab. *Aampachaka Vati* 1 BD for chewing after 1 hour of food.

*2015-08-19

complaints:- mild Alasyam, mild Anorexia O/E - Vtals - Stable BP - 120/90 mm of Hg, Nadi - Kapha Vataj Jiwha - Eishada Sama Treatment Given:- 1) Tab. *Chandraprabha Vati* 1 BD before food 2) Tab. *Aampachaka Vati* 1 BD for chewing after 1 hour of food.

*2015-09-18

complaints:- much better, no complaints O/E - Vtals - Stable BP - 120/80 mm of Hg, Nadi - Kapha Vataj Jiwha - Eishada Sama Treatment Given:- Tab. *Chandraprabha Vati* 1 BD before food

*2015-10-17

complaints:- much better, no complaints O/E - Vtals - Stable BP - 120/80 mm of Hg, Nadi - Pitta Vataj Jiwha - Nirama Treatment Given:- Tab. *Chandraprabha Vati* 1 BD before food

*2015-12-01

Advice to Check HbA1C

*2015-12-03

प्रमेह व diabetes हांची भिन्न व्याधी सम्प्राप्ति आहे.

complaints:- no complaints O/E - Vtals - Stable BP - 120/80 mm of Hg, Nadi - Pitta Vataj, Jiwha - Nirama
Treatment Given:- No intervention, only Diet and Exercise Advice.

Case Report Narrative-

As patient is non working housewife with sedentary life style, high carbohydrate diet resulted in Diabetes mellitus. As per *Ayurved*, *Kaphaja prameha awasta* was seen clinically. As *Meha hetu* are - *Asya sukham* and *Gramya Aahar Vihar*. It results in *Agnimandya* and further in Disturbances of sugar level in blood. Hence to treat root cause treatment given was Tab. *Chandraprabha Vati* 1 BD before food and Tab. *Aampachaka Vati* 1 BD for chewing after 1 hour of food. With 4 months treatment, the HbA1C level (after treatment) was 5.8. The mode of action of *Chandraprabha Vati* by *Vyadhi Pratyani Kalpa* to treat *Dhatwagnimandya*. The mode of action of *Aampachak Vati* by *Aam Dosh Pachana* and *Agnideepti*.

Diagnostics

DATE	TYPE	VALUE	UNIT
2015-07-21	HbA1C (hemoglobin A1C)	6.4	%
2015-12-03	HbA1C (hemoglobin A1C)	5.8	%

Patient Perspective- Patient was having stress at the time of first visit as her Fasting sugar was 156 mg/dL. Her relative is MD Medicine Doctor. She told to patient to take allopathy, but patient Husband insisted her to take Ayurved treatment. She was relieved from all her complaints in 4 months only. Her HbA1c reports are normal now. Till date 09/08/2020 her all reports are normal and she is happy, feet and fine.

Discussion- A female patient Name - XYZ, age - 55 Years, newly diagnosed by modern medicine as suffering from Diabetes mellitus, treated with *Ayurved* Intervention. As per *Ayurved* Diagnosis, the disease was labelled as *Kaphaja Meha* with *Agnimandya*. The HbA1C level before treatment was 6.4. The medicine prescribed were Tab. *Chandraprabha Vati* 1 BD before food and Tab. *Aampachaka Vati* 1 BD for chewing after 1 hour of food. With 4 months treatment, the HbA1C level (after treatment) was 5.8. The mode of action of *Chandraprabha Vati* by *Vyadhi Pratyani Kalpa* to treat *Dhatwagnimandya*. The mode of action of *Aampachak Vati* by *Aam Dosh Pachana* and

Agnideepti.

Conclusion- Tab. *Chandraprabha Vati* and Tab. *Aampachaka Vati* are effective in management of Diabetes melitus w.s.r. to *Kaphaja Meha*.

Acknowledgements- " *Edam na Mamam, Edam Gurudevam*" -

My Guruvarya Vaidyaraj Prabhakar Shivram Pawar Sir, M.D. and Ph.D (Kayachikitsa) Ahmednagar.

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मासानुसारिक कल्प

आता आपल्या
क्लिनिकच्या नावासह ब्रँडिंग
व आकर्षक पॅकिंग
मध्ये उपलब्ध

फायदे

- ☞ गर्भवतीचे उत्तम स्वास्थ्य.
- ☞ आई व बालकास उपकारक
- ☞ सुखप्रसूती (सिझर डिलेव्हरी टाळण्यास मदत)
- ☞ तल्लख बुद्धी, सुदृढ सतेज व कांतीवान मूल

घटक

- ☞ सेंद्रीय व नैसर्गिक घटकांपासून निर्मित. (संदर्भ - अशांग हृदय)
- ☞ गर्भाच्या बुद्धीवर्धनासाठी ब्राह्मी, शंखपुष्पी इ. बुद्धीवर्धक औषधे आईच्या सुयोग्य पोषणासाठी शतावरी, शंखपुष्पी, पृष्णापर्णी इ. आवश्यक औषधे.
- ☞ बाळाच्या शारीरिक व मानसिक विकासासाठी आयुर्वेदिक ग्रंथात वर्णित औषधी तत्वांचा समावेश

मात्रा दररोज १० ग्रॅम, कोमट दूध, ज्यूस किंवा पाण्यासोबत.

संपर्क

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CLINICAL STUDY OF ROLE OF AMLAKI AND GAIRIK CHURNA IN AMLAPITTA

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ABSTRACT

Amlapitta is described as special disease in Ayurveda, it is also described as acidity in modern medical science. Increase in the ushna, tikshana gunas in the body, due to aphyahara and vihara is a causative factor of amlapitta. **Amlaki, Guna-** Laghu, Ruksha, Shita. **Rasa-** Shadrasa except lavana rasa but amla ras pradhana. Madhura rasa and shita virya are pittashamak. Gairik is khanija dravya, it is a special type of soil, hard in constitution, like a soft rock. **Shuddha Gairik, Rasa-** Madhura, Kashaya, **Virya** – shita Hence both amlaki churna and gairik churna were used in amlapitta vyadhi **Dose-** 1 gm Amlaki churna + 125 mg Gairik churna was used in TDS Dose. **ANUPANA-** Honey (Madhu) was used as anupana. It was also useful for mixing of both churnas. It was also useful for better taste, good compliance of patients as well as good result. Total 50 patients were treated of which 29 were female and 21 were male. 17 female (58%), and 13 male

(62%) patients showed best relief. Total 60% 10 female (47%), and 4 male (19%), showed better relief from amlapitta. Total 28%. While 2 female (5%), and 4 male (19%), patients showed minimum or no relief from amlapitta. Total 12%.

KEYWORDS: *Amlapitta, Aamalaki, Gairik, Madhu.*

INTRODUCTION

Amlapitta is described in Charak Samhita, when agni prakruta, as it is gets dushita by apathy ahara and vihara (irregular eating habits, spicy diet, irregular sleep), Thus dusta agni is not able to digest ahara properly, thus ardhapachita anna gets shuktatva (Aamswarupa), it is called as vidagdhajirna, giving rise to AMLAPITTA VYADHI.

Hetu

1. Viruddha ahara – kalviruddha, agniviruddha, matraviruddha.
2. Ushna, tikshana aharsevana.
3. Ajirnahana- aharsevan in ajirna condition.
4. Atichintana (Manas hetu)

Purvarupa

Agnimandya, daha, trushna, hrullasa, annavidaha, swedatipravartana, tiktodgar, amlodgar, aruchi, kantha daha, shirashula.

Rupa

Avipaka, amlatiktodgara, utklesha, gaurava, klama, hrutkantha daha, vidaha, romaharsha.

Treatment

Amlapitta can be treated by giving – dipana, pachana in samavastha, and by shitopcharaand pachana in niramavastha.

Amlaki is having lavana rahit, 5 rasas, madhura vipaka, shita virya and laghu, ruksha, shita gunas, with these gunas amalaki is tridoshghna, but specially having pittaghna property.

Gairika have madhura, shita, snigdha and guru gunas.

Thus both have properties against pitta dosha and excellently works as pittaghna.

Madhu honey is having Yogwahi, lekshana and dipana properties.

Hence these were best medicines for amlapitta. So used to treat amlapitta.

MATERIALS AND METHODS

Non-comparative single blind study carried out.

Place of Study: SMBT Ayurved college, Hospital and Research Institute Dhamangaon, Tal-Igatpuri, Dist- Nasik.

Sample Size: 50 patients.

Duration of Study: 7 Days.

Follow Up: Follow up taken on 7th Day.

Inclusion Criteria

All patients having symptoms of Amlapitta were included without any exclusion criteria.

Exclusion Criteria

No exclusion criteria was defined.

Drugs Used for Trial

Amalaki Churna 1gm + Gairik churna 125 mg with madhu as anupana and in adequate quantity to mix up churnas. This mixture was given to all patients in TDS dose.

Assessment Criteria: - Relief was asked to patients and recorded accordingly.

RESULTS

S. N.	RELIEF	NO OF PATIENTS	PERCENTAGE %
1.	75 TO 100 %	30	60%
2.	50 TO 75 %	14	28%
3.	25 TO 50 %	00	00%
4.	00 TO 25%	06	12%

DISCUSSION

Total 50 patients were treated, out of those 29 were female and 21 were male patients.

Out of these 88% patients showed moderate to good relief in symptoms and 12% patients showed minimum or no relief from symptoms of amlapitta.

Out of these 50 patients 46 (92%) patients were having Urvdhwag amlapitta and 4 (8%) patients were having Adhoga amlapitta.

CONCLUSION

1. Amlapitta is commonly found in female patients, than in male patients.
2. Given treatment is useful in amlapitta vyadhi and is having best results.
3. This treatment is helpful for healthy Mind.
4. Amlaki is natural Antoxid.

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4. Sushruta Samhita satik — Chaukhambha sanskrita prakashana.
5. Astang Hrudaya (Indutika) — Chaukhambha sanskrita prakashana.
6. Astang Hrudaya (Sarvanga Sundar) — Chaukhambha sanskrita prakashana.
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8. Sharangdhra Samhita — Chaukhambha sanskrita prakashana.
9. Madhav Nidana (Madhukosha) — Chaukhambha sanskrita prakashana.
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ABSTRACT

Amlapitta is described as special disease in Ayurveda, it is also described as acidity in modern medical science. Increase in the ushna, tikshana gunas in the body, due to aphyahara and vihara is a causative factor of amlapitta. **Amlaki, Guna-** Laghu, Ruksha, Shita. **Rasa-** Shadrasa except lavana rasa but amla ras pradhana. Madhura rasa and shita virya are pittashamak. Gairik is khanija dravya, it is a special type of soil, hard in constitution, like a soft rock. **Shuddha Gairik, Rasa-** Madhura, Kashaya, **Virya** – shita Hence both amlaki churna and gairik churna were used in amlapitta vyadhi **Dose-** 1 gm Amlaki churna + 125 mg Gairik churna was used in TDS Dose. **ANUPANA-** Honey (Madhu) was used as anupana. It was also useful for mixing of both churnas. It was also useful for better taste, good compliance of patients as well as good result. Total 50 patients were treated of which 29 were female and 21 were male. 17 female (58%), and 13 male

(62%) patients showed best relief. Total 60% 10 female (47%), and 4 male (19%), showed better relief from amlapitta. Total 28%. While 2 female (5%), and 4 male (19%), patients showed minimum or no relief from amlapitta. Total 12%.

KEYWORDS: *Amlapitta, Aamalaki, Gairik, Madhu.*

INTRODUCTION

Amlapitta is described in Charak Samhita, when agni prakruta, as it is gets dushita by apathy ahara and vihara (irregular eating habits, spicy diet, irregular sleep), Thus dusta agni is not able to digest ahara properly, thus ardhapachita anna gets shuktatva (Aamswarupa), it is called as vidagdhajirna, giving rise to AMLAPITTA VYADHI.

Hetu

1. Viruddha ahar – kalviruddha, agniviruddha, matraviruddha.
2. Ushna, tikshana aharsevana.
3. Ajirnahana- aharsevan in ajirna condition.
4. Atichintana (Manas hetu)

Purvarupa

Agnimandya, daha, trushna, hrullasa, annavidaha, swedatipravartana, tiktodgar, amlodgar, aruchi, kantha daha, shirashula.

Rupa

Avipaka, amlatiktodgara, utklesha, gaurava, klama, hrutkantha daha, vidaha, romaharsha.

Treatment

Amlapitta can be treated by giving – dipana, pachana in samavastha, and by shitopcharaand pachana in niramavastha.

Amlaki is having lavan rahat, 5 rasas, madhura vipaka, shita virya and laghu, ruksha, shita gunas, with these gunas amalaki is tridoshghna, but specially having pittaghna property.

Gairika have madhura, shita, snigdha and guru gunas.

Thus both have properties against pitta dosha and excellently works as pittaghna.

Madhu honey is having Yogwahi, lekshana and dipana properties.

Hence these were best medicines for amlapitta. So used to treat amlapitta.

MATERIALS AND METHODS

Non-comparative single blind study carried out.

Place of Study: SMBT Ayurved college, Hospital and Research Institute Dhamangaon, Tal-Igatpuri, Dist- Nasik.

Sample Size: 50 patients.

Duration of Study: 7 Days.

Follow Up: Follow up taken on 7th Day.

Inclusion Criteria

All patients having symptoms of Amlapitta were included without any exclusion criteria.

Exclusion Criteria

No exclusion criteria was defined.

Drugs Used for Trial

Amalaki Churna 1gm + Gairik churna 125 mg with madhu as anupana and in adequate quantity to mix up churnas. This mixture was given to all patients in TDS dose.

Assessment Criteria: - Relief was asked to patients and recorded accordingly.

RESULTS

S. N.	RELIEF	NO OF PATIENTS	PERCENTAGE %
1.	75 TO 100 %	30	60%
2.	50 TO 75 %	14	28%
3.	25 TO 50 %	00	00%
4.	00 TO 25%	06	12%

DISCUSSION

Total 50 patients were treated, out of those 29 were female and 21 were male patients.

Out of these 88% patients showed moderate to good relief in symptoms and 12% patients showed minimum or no relief from symptoms of amlapitta.

Out of these 50 patients 46 (92%) patients were having Urvdhwag amlapitta and 4 (8%) patients were having Adhoga amlapitta.

CONCLUSION

1. Amlapitta is commonly found in female patients, than in male patients.
2. Given treatment is useful in amlapitta vyadhi and is having best results.
3. This treatment is helpful for healthy Mind.
4. Amlaki is natural Antoxid.

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11. Dravya Guna Vigyana — Vd. Priyavrat Sharma.



A REVIEW ARTICLE ON 'RUTUCHARYA'- AYURVEDA SEASONAL REGIMEN FOR HEALTHY LIFESTYLE

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ABSTRACT

In Ayurveda *Aacharya Charaka*, *Sushruta* and *Vagbhata* have deeply elaborated the regimen of different seasons and called it as *Rutucharya*. To abide by the rules of *Rutucharya*, it will help in *Bala –Varna-Vrudhi* (increase in strength and luster⁽¹⁾). The rules which have to be followed in different seasons and develop specific lifestyle with the help of *Aahara/Diet - Vihara/Cloister* are called as *Rutucharya*. *Rutucharya* connects bridge between nature's cycle with human body's cycle. There are 6 *Rutus* and they are sub divided in 2 parts (2 solstices) as *Aadan Kala* and *Visarga Kala*, each *Kala* has 3 *Rutus*/seasons. *Aacharya's* has given detail information about *Aahara Vihara* with its quality and quantity separately for each *Rutu* and *Kala*. For the healthy lifestyle second most important factor is *Matra* i.e. the quantity of *Aahara* and *Vihara*⁽²⁾. *Matra* of *Aahara* is depending on its quality i.e. *Guru*/heavy and *Laghu*/light⁽³⁾. *Hin*/Low, *Ati*/More and *Visham*/Odd *Matra*/quantity of *Aahara-Vihara* may cause diseases. Day to day number of diseases and patients are increasing due to unhealthy lifestyle. As people are not aware about such concepts, they unknowingly follow unhealthy lifestyle. Here we have tried to compile about the rules of *Rutucharya*. It gives information about what have to do and not to do in different seasons. So, it can be

said that, if one has to comply with the rules of *Rutucharya* and *Matra* of *Aahara Vihara* it will surely help to develop a healthy lifestyle.

Keywords: *Rutucharya, Aahara, Vihara, Matra*

INTRODUCTION

Ayurveda is an ancient holistic system of healing. It is the "Art of total Health Care". *Ayurveda* system focus on caring of illness as well as prevention and promotion of health in healthy individuals. The strength and luster of one who knows the suitable regimen for every season and practices accordingly are enhanced by the maintenance of the equilibrium of tissue elements.⁽⁴⁾

Rutucharya And Lifestyle:- One should regularly take such articles which are conducive to the maintenance of good health and are capable of preventing the attacks of disease. *Rutucharya* are nothing but to follow the specific regimen of *Aahara-Vihara* according to different seasons. *Aahara* is included in three supports of life-*Trayopstambha/Three pillars of Life*⁽⁵⁾. The food which grows and gives strength to body is *Aahara*. *Aahara* is a basic source of life. Good food increases strength, luster and immunity of body⁽⁶⁾. *Vihara* is to follow the regimen of *Vyavaya/ Sexual Intercourse, Vyayama/Exercise, Abhyanga/Oiling of Body and Nidra/Sleep*.⁽⁷⁾ In corporately *Aahara-Vihara* of different seasons can be called as a Lifestyle.

Need of Study: - Due to unhealthy lifestyle many diseases like, Asthma, Stroke, Diabetes, Heart diseases, Obesity, Arthritis, Anxiety, Alzheimer's disease and Depression are growing very fast in society and seen even in a young population. In India studies have reported increasing CHD prevalence over the last 60 years, from 1 percent to 9-10 percent in Urban population and 1 percent to 4-6 percent in Rural population.⁽⁸⁾ Prevalence of childhood asthma in 2009 was 7.24percents and in 2017 it stands 11.7 percent due to bad dietary habits⁽⁹⁾. It is predicted that by 2030 India may become a Diabetic Hub and, the etiology includes lifestyle changes.

Rutucharya In Aadan and Visarga Kala: -Table No 1.

Year is divided into 2 parts-*Aadan kala* and *Visarga Kala* according to seasons⁽¹⁰⁾. The northward movement of the Sun and its act of dehydration bring about three seasons beginning from late winter to summer that are *Shishir, Vasant* and *Grishma* called as *Aadan kala*⁽¹¹⁾. The southward movement of sun and its act of hydration give rise to the other three seasons beginning with the rainy to early winter that are *Varsha, Sharad* and *Hemant* called as *Visargakala*⁽¹²⁾. *Aadan Kala* is also called as *Uttarayana* as Sun moves towards the north-Northern movement of Sun. Sun and Wind becomes very strong and dry in this *Kala* so take away all the cooling qualities of the Earth⁽¹³⁾. *Aadan kala* is *Aagneya* prominently. *Visarga Kala* is called as *Dakshinayana* as Sun moves towards south-Southern movement of Sun. The Moon is powerful, and Sun loses his strength. The earth becomes cool by the effect of clouds, rains, cold winds, and less heat of Sun-*Visarga kala* is *Shita* prominently.

During the period of *Aadan kala* not only the sun with its rays, but also winds with their sharp velocity and dryness, absorb the moisture from the earth. Winds progressively bring about dryness in the atmosphere during the 3seasons of this period viz. *Shishir, Vasant, Grishma* which enhances the *Tikta Kashay Katu Rasa/ taste* so have to avoid *Aahara* of prominence of these 3 *Rasas*. All these *Rasa* having drying effects and a result, human beings also become weak. So, the *Aadan Kala* is strength losing *Kala* for human being⁽¹⁴⁾.

During *Visarga Kala* viz. *Varsha, Sharad, Hemant* the Sun moves towards the south, and its power of heating is slackened by various factors viz. the time course, storm and rain but the moon is not affected. The earth is relived of its heat by the rain waters and drugs having *Amla, Lavan, Madhura Rasa* which causes unctu-

ousness in the body during the *Visarga Kala*, so have to take *Aahara* of these *Rasas*. As a result of this, human beings also progressively grown in strength. So the *Visarga Kala* is strength giving *kala* for human being⁽¹⁵⁾.

The Quantity of Aahara/ Food: - Always consider the *Matra*/quantity and *kala*/time of taking *Aahara*. One should eat in proper quantity. The quantity of food to be taken again depends upon the power of digestion including metabolism. The amount of food which, without disturbing the equilibrium of *Dhatus* and *Doshas* of the body, gets digested as well as metabolized in proper time is to be regarded as the proper quantity⁽¹⁶⁾. Light (*Laghu*) food articles are predominant in the qualities of *Vayu* and *Agni* like *Laja*/Popcorn and heavy (*Guru*)one in *Pruthvi* and *Aap* *Mahabhuta* like *Curd*, *Paneer* *Chee's* etc.⁽¹⁷⁾. There for according to their qualities, the light articles of food, being stimulants of appetite and by nature are considered to be less harmful even if taken in excess of the prescribed quantity. On another hand, heavy articles of food being by nature, suppressors of appetite are exceedingly harmful if taken in excess unless there is a strong power of digestion and metabolism achieved by physical exercise. In *Vagbhata* it is elaborated that *Ghan Aahara* (solid food) has to be taken by half of stomach, *Drava Aahara* (liquid) to be three fourth and one third have to be kept empty for the effortless digestion of food⁽¹⁸⁾. But now people are not following the Rule of *Aahar Matra* & consuming heavy food articles full of stomach usually many times. It causes *Agnimandya*/Lowering of Digestive fire and results in formation of *Santarpanjanya Vyadhies*/Diseases due to Accumulation.

Vihara:- To follow the rules about *Vyavaya*, *Vyayama*, *Abhyanga* and *Nidra* according to its quality and quantity are nothing but *Vihara*.

Vyavaya / Intercourse: In winter season, *Shishir* and *Hemant Ritu* one can practice *Vyavaya* regularly. In *Vasant* and *SharadRitu* it can be done after span of three days. And in *Varsha*, *Grishma Ritu* *Vyavaya* can be practice once in a fifteen days.⁽¹⁹⁾

Vyayama / Exercise:-

The one who is strength full and take *Aahara* of *Snigdha Guna* can practice *Vyayama* in cold seasons and in *Vasant Ritu* half full of his strength. In other seasons can do in reduced quantity.⁽²⁰⁾

Abhyanga/Oiling of Body: - *Abhyanga* or oiling of body should practice daily and regularly in all *Rutus*⁽²¹⁾

Nidra/Sleep: - *Nidra* has to be taken in night time.⁽²²⁾

In *Grishma Ritu* due to accumulation of *Vatadosha*, dryness of *Aadan kala* and shorter nights one can take *Nidra* in day time also. In other seasons daytime sleep increases *Kapha-Pitta Dosha*. Even though the persons who practice speech, horse riding, walking, lifting of heavy loads can take sleep in daytime. Also the persons suffering from dyspnea, diarrhea, pain, thirst, indigestion, assault, and who are weak can practice day time sleep in all *Rutus*.⁽²³⁾

Literature Review: -

A] Previous work done-

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- 1) *Chraka Samhita Sutrasthana-*
 - a) *Tashyashitiya Adhyaya-Rutucharya.*
 - b) *Matrashitiya Adhyaya-Aahar Matra, Guru-Laghu Aahar.*
 - c) *Annapanvidhi Adhyaya -Aahar Matra& Kala vichara.*
 - d) *Tristreshaniya Adhyaya-Trayopstambha.*
- 2) *Sushruta Samhita Sutrasthana-*

- a) *Rutucharya Adhyaya-Rutucharya*
- 3) *Ashtanghrudayam –Sarth Vagbhata,Sutrasthana-*
- a) *Rutucharya Adhyaya-Rutucharya,*
- b) *Dincharya Adhyaya-Abhyanga and Vyayama*
- c) *Matrashitiyadhayaya-Aahar Matra*
- d) *Annarakshadhayaya-Vyavaya*

Materials and Methods: -

Critical analysis of classical textbooks and relevant research material like-Charaka Samhita, Shushruta Samhita, *Ashtang Hrudayam*, related journals, research articles, and other textbooks were carried out; studied and reviewed. Result of this data mining has been presented in this research article.

OBSERVATION AND DISCUSSION

Effect Of Kala On Human Body:- *Tikta, Kashay and Katu* tastes are more powerful in *Shishir, Vasant* and *Grishma Rutus* of *Aadan kala*. All having dryness effect on body and causes vitiation of *Vata Dosha*. So, Human body becomes weak in *Aadan kala*.⁽²⁴⁾ Unctuous tastes *Amla, Lavan* and *Madhur* are powerful in *Varsha Sharad* and *Vasant Rutus* of *Visarga Kala*. So human body becomes more strength full in *Visarga kala*.⁽²⁵⁾

Aadana Kala:- Table No 2.

Aadan kala is strength losing *kala*. In this *kala Rukshata* and strength of body are decreasing in *Shishir, Vasant* and *Grishma Ritu* respectively.

Visarga Kala:- Table No 2 .

Visarga Kala is strength giving *kala*. In this *Kala Shigdhata* and strength of body are increasing in *Varsha, Sharad* and *Hemant Ritu* respectively.

Effect of Rutus On strength of Human Body: - Table No.3

At the start of *Visarga kala* i.e.in *Varsha Ritu* and at the end of *Aadan Kala* i.e. in *Grishma Ritu* the strength of body is low/*Hinbala*. In the middle of both *Kalas* i.e. in *Sharad* and *Vasant Ritu* the strength is medium/*Madyambala*. And at the end of *Visarga kala* i.e. in *Hemant Ritu* and start of *Aadan kala* i.e.in *Shishir Ritu* the strength of human body is much higher/*Uttambala*.⁽²⁶⁾

Effect of Ritu On Doshavashtha:- Table No4.

The *Sanchaya/Accumulation* of *Vata Dosha* is in *Grishma Ritu* due to *Ruksha* and *Laghu* properties of food and environment but *Vata* does not undergo *Prakop/Vitiation* due to the heat of season. *Pitta* undergoes mild increase in *Varsha ritu* because the food and environment is sour as similar to body, but *pitta* does not get vitiated due to cold season.⁽²⁷⁾ In *ShishirRitu Kapha* is mildly increased because of *Snighdha* and *Shita* properties of food and climate, but does not get vitiated due to its solidification⁽²⁸⁾

Shodhan of Doshas as per Ritu: - Table No 4.

Doshas accumulated in winter season should be illuminated by *Shodhan* process in *Vasant Ritu*. *Doshas* accumulated in *Grishma Ritu* should be illuminated in *Varsha Ritu* while accumulated in *Varsha Ritu*, illuminated in *Sharad Ritu*.⁽²⁹⁾

In *Sharad* and *Vasant Ritu Ruksha Aahar* /dry food article can be taken to help to prevent accumulation of *Kapha Dosha*. In rest all *Rutus Snigdha Aahar*/unctuous food is advisable. Like that in *Grishma* and *Sharada Ritu Ushna*/hot food items and in all rest of *Rutus Shit*/cold food articles can be taken as these are having opposite properties of specified *Ritu*.

Aahara Matra/Food Quantity: - Table No. 5

Now a days it is observed that people are taking *Guru*/heavy food articles like fermented food, bakery items etc. in extra quantity. A fad of zero figure in young girls move them to take only full stomach quantity of *Drava/liquides* food articles like fruit juices, soups etc. Instant and packed foods are stale food and are consumed in full stomach quantity as a wholesome meal in lunch or dinner. This disobedience of rules of *Aahar matra* results in start of pathophysiology of many diseases.

Vihara and Ritu: - Table No.6

With the help of these *Rutucharya* and *Aahar Matra*, one can develop his/her own lifestyle. Like people working in IT sector or in Multi-National Companies has connection with many countries and their work timing is really variable. Due to time variation if they are working at nighttime; they should take sleep - half of nighttime sleeps before meal at next morning. Also,

can take light and warm food articles in both *Aadan* and *Visarga Kala* and can-do daily oiling of body.

CONCLUSION

Rutucharya and *Matra* of *Aahara Vihara* plays vital role in maintenance of good quality health. When the rules of all these are followed it helps in prevention of many diseases and in promotion of health. We can conclude that with the help of unique concept of *Rutucharya* and *Aahara Matra*, can promote healthy lifestyle in society. The world will look forward to Ayur-

veda traditional way of Lifestyle modification like *Rutucharya*. It will help to maintain the physical, mental, social and spiritual wellbeing of life and surely makes life harmonious.

Further Scope for The Study: -

There is still window for researchers to find the effect of *Rutucharya* on Immunity and longevity with the help of modern technology in large population. Researchers can help people to develop their own lifestyle according to nature of work and *Rutucharya* and can observe the physiological changes.

Table 1: Showing regimen of Seasons- *Rutucharya*:-

Rutu	<i>Shishir</i> (late winter) <i>Magh-Falgun</i> (January - February - February-March)	<i>Vasant</i> (spring) <i>Chaitra -Vaisakha</i> (March -April - April- May)	<i>Grishma</i> (summer) <i>Jyeshtha - Aashaadha</i> (May-June - June -July)	<i>Varsha</i> (rains) <i>Shravan-Bhadrapada</i> (July - August - August-September)	<i>Sharad</i> (autumn) <i>Ashwin-Kartik</i> (September- October - October- November)	<i>Hemant</i> (early winter) <i>Aghan- Pausha</i> (November-December - December- January)
Rasa	<i>Tikta</i>	<i>Kashaya</i>	<i>Katu</i>	<i>Amla</i>	<i>Lavana</i>	Madhur
Bala	<i>Shreshta Bala</i>	<i>Madhyam Bala</i>	<i>Alpa Bala</i>	<i>Alpa Bala</i>	<i>Madhyam Bala</i>	<i>Shreshta Bala</i>
Do-shavastha	-	<i>Kapha Prakop</i>	<i>Vata Chaya, Kaph Prasham</i>	<i>Pitta Chaya, Vata Prakop</i>	<i>Pitta Prakop, Vata Shaman</i>	<i>Kapha Chaya, Pitta Prasham</i>
Aahara	<i>Snigdha Amla lavan Aahar Madira Sidhu Madhu Goras Ikshuras food, Vasa Taila</i>			<i>Madhur Sheet Drav Snigdha anna pan Jangal Pashu pakshi mansa Ghee Ksheer Shali Shastik</i>	<i>Amla lavana Sneha yukta Aahar</i>	<i>Jo Godhoom Shali Krushnamrug Titar mansa</i>
Vihara	<i>Abhyang shirstaila Swedan Kambal Reshmi Vastralepa</i>	<i>Ushna Sevan - stay in warm environment</i>	<i>Vyayam Ubtan Dhoompan Kavalgrah Anjan Lepa</i>	Stay in cool room <i>Anulepan Moti Mani Mala Dharan</i>	Loose cloths <i>Ubtan Sugandh moti mala dharan</i>	<i>Virechan Raktamokshan</i>
Tyajya avoid)	<i>Laghu vatkar Aahar, Sattu</i>	<i>Katu Tikta Kashay, Vat- vardhak Laghu Aahar, Sheetal Annapan</i>	<i>Amla Madhur Guru Snigdha Divaswap</i>	<i>Amla Lavan Katu. Vyayamstrisambhog (Vyavay) Madyapan</i>	<i>Sattu Divaswap Exercise Dhoop Maithoon (Vyavay)</i>	<i>Vasa Taila Kshar Audak-Mans Divaswap</i>

Table 2: Showing *Kala, Rasa* and *Bala* Connection for *Aadana Kala & Visarga Kala*:-

	Rutu	Rasa	Rukshata	Bala-Weakness	Snigdhatta	Bala-Strengthful
Aadan Kala	<i>Shishir</i>	<i>Tikta</i>	<i>Alpa</i>	<i>Alpa</i>	-----	-----
	<i>Vasant</i>	<i>Kashay</i>	<i>Madhya</i>	<i>Madhyam</i>	-----	-----
	<i>Grishma</i>	<i>Katu</i>	<i>Uttam</i>	<i>Uttam</i>	-----	-----
Visarga Kala	<i>Varsha</i>	<i>Amla</i>	-----	-----	<i>Alpa</i>	<i>Alpa</i>
	<i>Sharad</i>	<i>Lavan</i>	-----	-----	<i>Madhya</i>	<i>Madhyam</i>
	<i>Hemant</i>	<i>Madhur</i>	-----	-----	<i>Uttam</i>	<i>Uttam</i>

Table 3: *Rutu and Bala connection: -*

Sr. No	Sharir Bala/Strength of Body	Rutu of Aadan kala	Rutu of Visarga kala
1	Hina/Low	Grishma	Varsha
2	Madyama/Medium	Vasant	Sharad
3	Uttama/Higher	Shishir	Hemant

Table 4: *Rutu; Doshavashtha & Shodhan of Doshas according to Rutu:-*

Sr.No	Dosha	Sanchayavastha/ Accumulation	Prakopavastha/ Vitiation	Shodhan Process	Prashamavastha/ Pacification
1	Vata	Grishma	Varsha	Basti	Sharad
2	Pitta	Varsha	Sharad	Virechana	Hemant
3	Kapha	Shishir	Vasant	Vamana	Grishma

Table 5: *Showing Aahara Matra:-*

Sr.No.	Aahara/Food	Matra/Quantity
1	Ghana/Solid	One half of stomach
2	Drava/Liquide	Three fourth of stomach
3	Empty-For movement of Doshas	One third of stomach

Table 6: *Showing Vihara according to Rutu:-*

Sr.No.	Vihara	Rutu
1	Vyavaya/Intercourse	Shishir, Vasant Rutu-Regularly
2	Vyayama/Exercise	Cold Season, Vasant Rutu- half of body strength
3	Abhyanga/Oiling of body	Daily
4	Nidra/Sleep	Night sleep daily. Daytime sleep in Grishma Rutu only

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A REVIEW ARTICLE ON 'RUTUCHARYA'- AYURVEDA SEASONAL REGIMEN FOR HEALTHY LIFESTYLE

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ABSTRACT

In Ayurveda *Acharya Charaka*, *Sushruta* and *Vagbhata* have deeply elaborated the regimen of different seasons and called it as *Rutucharya*. To abide by the rules of *Rutucharya*, it will help in *Bala –Varna-Vrudhi* (increase in strength and luster⁽¹⁾). The rules which have to be followed in different seasons and develop specific lifestyle with the help of *Aahara/Diet - Vihara/Cloister* are called as *Rutucharya*. *Rutucharya* connects bridge between nature's cycle with human body's cycle. There are 6 *Rutus* and they are sub divided in 2 parts (2 solstices) as *Aadan Kala* and *Visarga Kala*, each *Kala* has 3 *Rutus*/seasons. *Acharya's* has given detail information about *Aahara Vihara* with its quality and quantity separately for each *Rutu* and *Kala*. For the healthy lifestyle second most important factor is *Matra* i.e. the quantity of *Aahara* and *Vihara*⁽²⁾. *Matra* of *Aahara* is depending on its quality i.e. *Guru*/heavy and *Laghu*/light⁽³⁾. *Hin*/Low, *Ati*/More and *Visham*/Odd *Matra*/quantity of *Aahara-Vihara* may cause diseases. Day to day number of diseases and patients are increasing due to unhealthy lifestyle. As people are not aware about such concepts, they unknowingly follow unhealthy lifestyle. Here we have tried to compile about the rules of *Rutucharya*. It gives information about what have to do and not to do in different seasons. So, it can be

said that, if one has to comply with the rules of *Rutucharya* and *Matra* of *Aahara Vihara* it will surely help to develop a healthy lifestyle.

Keywords: *Rutucharya, Aahara, Vihara, Matra*

INTRODUCTION

Ayurveda is an ancient holistic system of healing. It is the "Art of total Health Care". *Ayurveda* system focus on caring of illness as well as prevention and promotion of health in healthy individuals. The strength and luster of one who knows the suitable regimen for every season and practices accordingly are enhanced by the maintenance of the equilibrium of tissue elements.⁽⁴⁾

Rutucharya And Lifestyle:- One should regularly take such articles which are conducive to the maintenance of good health and are capable of preventing the attacks of disease. *Rutucharya* are nothing but to follow the specific regimen of *Aahara-Vihara* according to different seasons. *Aahara* is included in three supports of life-*Trayopstambha/Three pillars of Life*⁽⁵⁾. The food which grows and gives strength to body is *Aahara*. *Aahara* is a basic source of life. Good food increases strength, luster and immunity of body⁽⁶⁾. *Vihara* is to follow the regimen of *Vyavaya/ Sexual Intercourse, Vyayama/Exercise, Abhyanga/Oiling of Body and Nidra/Sleep*.⁽⁷⁾ In corporately *Aahara-Vihara* of different seasons can be called as a Lifestyle.

Need of Study: - Due to unhealthy lifestyle many diseases like, Asthma, Stroke, Diabetes, Heart diseases, Obesity, Arthritis, Anxiety, Alzheimer's disease and Depression are growing very fast in society and seen even in a young population. In India studies have reported increasing CHD prevalence over the last 60 years, from 1 percent to 9-10 percent in Urban population and 1 percent to 4-6 percent in Rural population.⁽⁸⁾ Prevalence of childhood asthma in 2009 was 7.24percents and in 2017 it stands 11.7 percent due to bad dietary habits⁽⁹⁾. It is predicted that by 2030 India may become a Diabetic Hub and, the etiology includes lifestyle changes.

Rutucharya In Aadan and Visarga Kala: -Table No 1.

Year is divided into 2 parts-*Aadan kala* and *Visarga Kala* according to seasons⁽¹⁰⁾. The northward movement of the Sun and its act of dehydration bring about three seasons beginning from late winter to summer that are *Shishir, Vasant* and *Grishma* called as *Aadan kala*⁽¹¹⁾. The southward movement of sun and its act of hydration give rise to the other three seasons beginning with the rainy to early winter that are *Varsha, Sharad* and *Hemant* called as *Visargakala*⁽¹²⁾. *Aadan Kala* is also called as *Uttarayana* as Sun moves towards the north-Northern movement of Sun. Sun and Wind becomes very strong and dry in this *Kala* so take away all the cooling qualities of the Earth⁽¹³⁾. *Aadan kala* is *Aagneya* prominently. *Visarga Kala* is called as *Dakshinayana* as Sun moves towards south-Southern movement of Sun. The Moon is powerful, and Sun loses his strength. The earth becomes cool by the effect of clouds, rains, cold winds, and less heat of Sun-*Visarga kala* is *Shita* prominently.

During the period of *Aadan kala* not only the sun with its rays, but also winds with their sharp velocity and dryness, absorb the moisture from the earth. Winds progressively bring about dryness in the atmosphere during the 3seasons of this period viz. *Shishir, Vasant, Grishma* which enhances the *Tikta Kashay Katu Rasa/ taste* so have to avoid *Aahara* of prominence of these 3 *Rasas*. All these *Rasa* having drying effects and a result, human beings also become weak. So, the *Aadan Kala* is strength losing *Kala* for human being⁽¹⁴⁾.

During *Visarga Kala* viz. *Varsha, Sharad, Hemant* the Sun moves towards the south, and its power of heating is slackened by various factors viz. the time course, storm and rain but the moon is not affected. The earth is relived of its heat by the rain waters and drugs having *Amla, Lavan, Madhura Rasa* which causes unctu-

ousness in the body during the *Visarga Kala*, so have to take *Aahara* of these *Rasas*. As a result of this, human beings also progressively grown in strength. So the *Visarga Kala* is strength giving *kala* for human being⁽¹⁵⁾.

The Quantity of Aahara/ Food: - Always consider the *Matra*/quantity and *kala*/time of taking *Aahara*. One should eat in proper quantity. The quantity of food to be taken again depends upon the power of digestion including metabolism. The amount of food which, without disturbing the equilibrium of *Dhatus* and *Doshas* of the body, gets digested as well as metabolized in proper time is to be regarded as the proper quantity⁽¹⁶⁾. Light (*Laghu*) food articles are predominant in the qualities of *Vayu* and *Agni* like *Laja*/Popcorn and heavy (*Guru*)one in *Pruthvi* and *Aap* *Mahabhuta* like *Curd*, *Paneer* *Chee's* etc.⁽¹⁷⁾. There for according to their qualities, the light articles of food, being stimulants of appetite and by nature are considered to be less harmful even if taken in excess of the prescribed quantity. On another hand, heavy articles of food being by nature, suppressors of appetite are exceedingly harmful if taken in excess unless there is a strong power of digestion and metabolism achieved by physical exercise. In *Vagbhata* it is elaborated that *Ghan Aahara* (solid food) has to be taken by half of stomach, *Drava Aahara* (liquid) to be three fourth and one third have to be kept empty for the effortless digestion of food⁽¹⁸⁾. But now people are not following the Rule of *Aahar Matra* & consuming heavy food articles full of stomach usually many times. It causes *Agnimandya*/Lowering of Digestive fire and results in formation of *Santarpanjanya Vyadhies*/Diseases due to Accumulation.

Vihara:- To follow the rules about *Vyavaya*, *Vyayama*, *Abhyanga* and *Nidra* according to its quality and quantity are nothing but *Vihara*.

Vyavaya / Intercourse: In winter season, *Shishir* and *Hemant Ritu* one can practice *Vyavaya* regularly. In *Vasant* and *SharadRitu* it can be done after span of three days. And in *Varsha*, *Grishma Ritu* *Vyavaya* can be practice once in a fifteen days.⁽¹⁹⁾

Vyayama / Exercise:-

The one who is strength full and take *Aahara* of *Snigdha Guna* can practice *Vyayama* in cold seasons and in *Vasant Ritu* half full of his strength. In other seasons can do in reduced quantity.⁽²⁰⁾

Abhyanga/Oiling of Body: - *Abhyanga* or oiling of body should practice daily and regularly in all *Rutus*⁽²¹⁾

Nidra/Sleep: - *Nidra* has to be taken in night time.⁽²²⁾

In *Grishma Ritu* due to accumulation of *Vatadosha*, dryness of *Aadan kala* and shorter nights one can take *Nidra* in day time also. In other seasons daytime sleep increases *Kapha-Pitta Dosha*. Even though the persons who practice speech, horse riding, walking, lifting of heavy loads can take sleep in daytime. Also the persons suffering from dyspnea, diarrhea, pain, thirst, indigestion, assault, and who are weak can practice day time sleep in all *Rutus*.⁽²³⁾

Literature Review: -

A] Previous work done-

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B] Ayurvedic Literature Review-

- 1) *Chraka Samhita Sutrasthana-*
 - a) *Tashyashitiya Adhyaya-Rutucharya.*
 - b) *Matrashitiya Adhyaya-Aahar Matra, Guru-Laghu Aahar.*
 - c) *Annapanvidhi Adhyaya -Aahar Matra& Kala vichara.*
 - d) *Tristreshaniya Adhyaya-Trayopstambha.*
- 2) *Sushruta Samhita Sutrasthana-*

- a) *Rutucharya Adhyaya-Rutucharya*
- 3) *Ashtanghrudayam –Sarth Vagbhata,Sutrasthana-*
- a) *Rutucharya Adhyaya-Rutucharya,*
- b) *Dincharya Adhyaya-Abhyanga and Vyayama*
- c) *Matrashitiyadhayaya-Aahar Matra*
- d) *Annarakshadhayaya-Vyavaya*

Materials and Methods: -

Critical analysis of classical textbooks and relevant research material like-Charaka Samhita, Shushruta Samhita, *Ashtang Hrudayam*, related journals, research articles, and other textbooks were carried out; studied and reviewed. Result of this data mining has been presented in this research article.

OBSERVATION AND DISCUSSION

Effect Of Kala On Human Body:- *Tikta, Kashay and Katu* tastes are more powerful in *Shishir, Vasant* and *Grishma Rutus* of *Aadan kala*. All having dryness effect on body and causes vitiation of *Vata Dosha*. So, Human body becomes weak in *Aadan kala*.⁽²⁴⁾ Unctuous tastes *Amla, Lavan* and *Madhur* are powerful in *Varsha Sharad* and *Vasant Rutus* of *Visarga Kala*. So human body becomes more strength full in *Visarga kala*.⁽²⁵⁾

Aadana Kala:- Table No 2.

Aadan kala is strength losing *kala*. In this *kala Rukshata* and strength of body are decreasing in *Shishir, Vasant* and *Grishma Ritu* respectively.

Visarga Kala:- Table No 2 .

Visarga Kala is strength giving *kala*. In this *Kala Shigdhata* and strength of body are increasing in *Varsha, Sharad* and *Hemant Ritu* respectively.

Effect of Rutus On strength of Human Body: - Table No.3

At the start of *Visarga kala* i.e.in *Varsha Ritu* and at the end of *Aadan Kala* i.e. in *Grishma Ritu* the strength of body is low/*Hinbala*. In the middle of both *Kalas* i.e. in *Sharad* and *Vasant Ritu* the strength is medium/*Madyambala*. And at the end of *Visarga kala* i.e. in *Hemant Ritu* and start of *Aadan kala* i.e.in *Shishir Ritu* the strength of human body is much higher/*Uttambala*.⁽²⁶⁾

Effect of Ritu On Doshavashtha:- Table No4.

The *Sanchaya/Accumulation* of *Vata Dosha* is in *Grishma Ritu* due to *Ruksha* and *Laghu* properties of food and environment but *Vata* does not undergo *Prakop/Vitiation* due to the heat of season. *Pitta* undergoes mild increase in *Varsha ritu* because the food and environment is sour as similar to body, but *pitta* does not get vitiated due to cold season.⁽²⁷⁾ In *ShishirRitu Kapha* is mildly increased because of *Snighdha* and *Shita* properties of food and climate, but does not get vitiated due to its solidification⁽²⁸⁾

Shodhan of Doshas as per Ritu: - Table No 4.

Doshas accumulated in winter season should be illuminated by *Shodhan* process in *Vasant Ritu*. *Doshas* accumulated in *Grishma Ritu* should be illuminated in *Varsha Ritu* while accumulated in *Varsha Ritu*, illuminated in *Sharad Ritu*.⁽²⁹⁾

In *Sharad* and *Vasant Ritu Ruksha Aahar* /dry food article can be taken to help to prevent accumulation of *Kapha Dosha*. In rest all *Rutus Snigdha Aahar*/unctuous food is advisable. Like that in *Grishma* and *Sharada Ritu Ushna*/hot food items and in all rest of *Rutus Shit*/cold food articles can be taken as these are having opposite properties of specified *Ritu*.

Aahara Matra/Food Quantity: - Table No. 5

Now a days it is observed that people are taking *Guru*/heavy food articles like fermented food, bakery items etc. in extra quantity. A fad of zero figure in young girls move them to take only full stomach quantity of *Drava/liquides* food articles like fruit juices, soups etc. Instant and packed foods are stale food and are consumed in full stomach quantity as a wholesome meal in lunch or dinner. This disobedience of rules of *Aahar matra* results in start of pathophysiology of many diseases.

Vihara and Ritu: - Table No.6

With the help of these *Rutucharya* and *Aahar Matra*, one can develop his/her own lifestyle. Like people working in IT sector or in Multi-National Companies has connection with many countries and their work timing is really variable. Due to time variation if they are working at nighttime; they should take sleep - half of nighttime sleeps before meal at next morning. Also,

can take light and warm food articles in both *Aadan* and *Visarga Kala* and can-do daily oiling of body.

CONCLUSION

Rutucharya and *Matra* of *Aahara Vihara* plays vital role in maintenance of good quality health. When the rules of all these are followed it helps in prevention of many diseases and in promotion of health. We can conclude that with the help of unique concept of *Rutucharya* and *Aahara Matra*, can promote healthy lifestyle in society. The world will look forward to Ayur-

veda traditional way of Lifestyle modification like *Rutucharya*. It will help to maintain the physical, mental, social and spiritual wellbeing of life and surely makes life harmonious.

Further Scope for The Study: -

There is still window for researchers to find the effect of *Rutucharya* on Immunity and longevity with the help of modern technology in large population. Researchers can help people to develop their own lifestyle according to nature of work and *Rutucharya* and can observe the physiological changes.

Table 1: Showing regimen of Seasons- *Rutucharya*:-

Rutu	<i>Shishir</i> (late winter) <i>Magh-Falgun</i> (January - February - February-March)	<i>Vasant</i> (spring) <i>Chaitra -Vaisakha</i> (March -April - April- May)	<i>Grishma</i> (summer) <i>Jyeshtha - Aashaadha</i> (May-June - June -July)	<i>Varsha</i> (rains) <i>Shravan-Bhadrapada</i> (July - August - August-September)	<i>Sharad</i> (autumn) <i>Ashwin-Kartik</i> (September- October - October- November)	<i>Hemant</i> (early winter) <i>Aghan- Pausha</i> (November-December - December- January)
Rasa	<i>Tikta</i>	<i>Kashaya</i>	<i>Katu</i>	<i>Amla</i>	<i>Lavana</i>	Madhur
Bala	<i>Shreshta Bala</i>	<i>Madhyam Bala</i>	<i>Alpa Bala</i>	<i>Alpa Bala</i>	<i>Madhyam Bala</i>	<i>Shreshta Bala</i>
Do-shavastha	-	<i>Kapha Prakop</i>	<i>Vata Chaya, Kaph Prasham</i>	<i>Pitta Chaya, Vata Prakop</i>	<i>Pitta Prakop, Vata Shaman</i>	<i>Kapha Chaya, Pitta Prasham</i>
Aahara	<i>Snigdha Amla lavan Aahar Madira Sidhu Madhu Goras Ikshuras food, Vasa Taila</i>			<i>Madhur Sheet Drav Snigdha anna pan Jangal Pashu pakshi mansa Ghee Ksheer Shali Shastik</i>	<i>Amla lavana Sneha yukta Aahar</i>	<i>Jo Godhoom Shali Krushnamrug Titar mansa</i>
Vihara	<i>Abhyang shirstaila Swedan Kambal Reshmi Vastralepa</i>	<i>Ushna Sevan - stay in warm environment</i>	<i>Vyayam Ubtan Dhoompan Kavalgrah Anjan Lepa</i>	Stay in cool room <i>Anulepan Moti Mani Mala Dharan</i>	Loose cloths <i>Ubtan Sugandh moti mala dharan</i>	<i>Virechan Raktamokshan</i>
Tyajya avoid)	<i>Laghu vatkar Aahar, Sattu</i>	<i>Katu Tikta Kashay, Vat- vardhak Laghu Aahar, Sheetal Annapan</i>	<i>Amla Madhur Guru Snigdha Divaswap</i>	<i>Amla Lavan Katu. Vyayamstrisambhog (Vyavay) Madyapan</i>	<i>Sattu Divaswap Exercise Dhoop Maithoon (Vyavay)</i>	<i>Vasa Taila Kshar Audak-Mans Divaswap</i>

Table 2: Showing *Kala, Rasa* and *Bala* Connection for *Aadana Kala & Visarga Kala*:-

	Rutu	Rasa	Rukshata	Bala-Weakness	Snigdhatta	Bala-Strengthful
Aadan Kala	<i>Shishir</i>	<i>Tikta</i>	<i>Alpa</i>	<i>Alpa</i>	-----	-----
	<i>Vasant</i>	<i>Kashay</i>	<i>Madhya</i>	<i>Madhyam</i>	-----	-----
	<i>Grishma</i>	<i>Katu</i>	<i>Uttam</i>	<i>Uttam</i>	-----	-----
Visarga Kala	<i>Varsha</i>	<i>Amla</i>	-----	-----	<i>Alpa</i>	<i>Alpa</i>
	<i>Sharad</i>	<i>Lavan</i>	-----	-----	<i>Madhya</i>	<i>Madhyam</i>
	<i>Hemant</i>	<i>Madhur</i>	-----	-----	<i>Uttam</i>	<i>Uttam</i>

Table 3: *Rutu* and *Bala* connection: -

Sr. No	Sharir Bala/Strength of Body	Rutu of Aadan kala	Rutu of Visarga kala
1	Hina/Low	Grishma	Varsha
2	Madyama/Medium	Vasant	Sharad
3	Uttama/Higher	Shishir	Hemant

Table 4: *Rutu*; *Doshavashtha* & *Shodhan* of *Doshas* according to *Rutu*:-

Sr.No	Dosha	Sanchayavastha/ Accumulation	Prakopavastha/ Vitiation	Shodhan Process	Prashamavastha/ Pacification
1	Vata	Grishma	Varsha	Basti	Sharad
2	Pitta	Varsha	Sharad	Virechana	Hemant
3	Kapha	Shishir	Vasant	Vamana	Grishma

Table 5: Showing *Aahara Matra*:-

Sr.No.	Aahara/Food	Matra/Quantity
1	Ghana/Solid	One half of stomach
2	Drava/Liquide	Three fourth of stomach
3	Empty-For movement of <i>Doshas</i>	One third of stomach

Table 6: Showing *Vihara* according to *Rutu*:-

Sr.No.	Vihara	Rutu
1	Vyavaya/Intercourse	Shishir, Vasant Rutu-Regularly
2	Vyayama/Exercise	Cold Season, Vasant Rutu- half of body strength
3	Abhyanga/Oiling of body	Daily
4	Nidra/Sleep	Night sleep daily. Daytime sleep in <i>Grishma Rutu</i> only

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A REVIEW ARTICLE ON 'RUTUCHARYA'- AYURVEDA SEASONAL REGIMEN FOR HEALTHY LIFESTYLE

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ABSTRACT

In Ayurveda *Aacharya Charaka*, *Sushruta* and *Vagbhata* have deeply elaborated the regimen of different seasons and called it as *Rutucharya*. To abide by the rules of *Rutucharya*, it will help in *Bala –Varna-Vrudhi* (increase in strength and luster⁽¹⁾). The rules which have to be followed in different seasons and develop specific lifestyle with the help of *Aahara/Diet - Vihara/Cloister* are called as *Rutucharya*. *Rutucharya* connects bridge between nature's cycle with human body's cycle. There are 6 *Rutus* and they are sub divided in 2 parts (2 solstices) as *Aadan Kala* and *Visarga Kala*, each *Kala* has 3 *Rutus*/seasons. *Aacharya's* has given detail information about *Aahara Vihara* with its quality and quantity separately for each *Rutu* and *Kala*. For the healthy lifestyle second most important factor is *Matra* i.e. the quantity of *Aahara* and *Vihara*⁽²⁾. *Matra* of *Aahara* is depending on its quality i.e. *Guru*/heavy and *Laghu*/light⁽³⁾. *Hin*/Low, *Ati*/More and *Visham*/Odd *Matra*/quantity of *Aahara-Vihara* may cause diseases. Day to day number of diseases and patients are increasing due to unhealthy lifestyle. As people are not aware about such concepts, they unknowingly follow unhealthy lifestyle. Here we have tried to compile about the rules of *Rutucharya*. It gives information about what have to do and not to do in different seasons. So, it can be

said that, if one has to comply with the rules of *Rutucharya* and *Matra* of *Aahara Vihara* it will surely help to develop a healthy lifestyle.

Keywords: *Rutucharya, Aahara, Vihara, Matra*

INTRODUCTION

Ayurveda is an ancient holistic system of healing. It is the "Art of total Health Care". *Ayurveda* system focus on caring of illness as well as prevention and promotion of health in healthy individuals. The strength and luster of one who knows the suitable regimen for every season and practices accordingly are enhanced by the maintenance of the equilibrium of tissue elements.⁽⁴⁾

Rutucharya And Lifestyle:- One should regularly take such articles which are conducive to the maintenance of good health and are capable of preventing the attacks of disease. *Rutucharya* are nothing but to follow the specific regimen of *Aahara-Vihara* according to different seasons. *Aahara* is included in three supports of life-*Trayopstambha*/Three pillars of Life⁽⁵⁾. The food which grows and gives strength to body is *Aahara*. *Aahara* is a basic source of life. Good food increases strength, luster and immunity of body⁽⁶⁾. *Vihara* is to follow the regimen of *Vyavaya*/ Sexual Intercourse, *Vyayama*/Exercise, *Abhyanga*/Oiling of Body and *Nidra*/Sleep.⁽⁷⁾ In corporately *Aahara-Vihara* of different seasons can be called as a Lifestyle.

Need of Study: - Due to unhealthy lifestyle many diseases like, Asthma, Stroke, Diabetes, Heart diseases, Obesity, Arthritis, Anxiety, Alzheimer's disease and Depression are growing very fast in society and seen even in a young population. In India studies have reported increasing CHD prevalence over the last 60 years, from 1 percent to 9-10 percent in Urban population and 1 percent to 4-6 percent in Rural population.⁽⁸⁾ Prevalence of childhood asthma in 2009 was 7.24percents and in 2017 it stands 11.7 percent due to bad dietary habits⁽⁹⁾. It is predicted that by 2030 India may become a Diabetic Hub and, the etiology includes lifestyle changes.

Rutucharya In Aadan and Visarga Kala: -Table No 1.

Year is divided into 2 parts-*Aadan kala* and *Visarga Kala* according to seasons⁽¹⁰⁾. The northward movement of the Sun and its act of dehydration bring about three seasons beginning from late winter to summer that are *Shishir, Vasant* and *Grishma* called as *Aadan kala*⁽¹¹⁾. The southward movement of sun and its act of hydration give rise to the other three seasons beginning with the rainy to early winter that are *Varsha, Sharad* and *Hemant* called as *Visargakala*⁽¹²⁾. *Aadan Kala* is also called as *Uttarayana* as Sun moves towards the north-Northern movement of Sun. Sun and Wind becomes very strong and dry in this *Kala* so take away all the cooling qualities of the Earth⁽¹³⁾. *Aadan kala* is *Aagneya* prominently. *Visarga Kala* is called as *Dakshinayana* as Sun moves towards south-Southern movement of Sun. The Moon is powerful, and Sun loses his strength. The earth becomes cool by the effect of clouds, rains, cold winds, and less heat of Sun-*Visarga kala* is *Shita* prominently.

During the period of *Aadan kala* not only the sun with its rays, but also winds with their sharp velocity and dryness, absorb the moisture from the earth. Winds progressively bring about dryness in the atmosphere during the 3seasons of this period viz. *Shishir, Vasant, Grishma* which enhances the *Tikta Kashay Katu Rasa*/ taste so have to avoid *Aahara* of prominence of these 3 *Rasas*. All these *Rasa* having drying effects and a result, human beings also become weak. So, the *Aadan Kala* is strength losing *Kala* for human being⁽¹⁴⁾.

During *Visarga Kala* viz. *Varsha, Sharad, Hemant* the Sun moves towards the south, and its power of heating is slackened by various factors viz. the time course, storm and rain but the moon is not affected. The earth is relived of its heat by the rain waters and drugs having *Amla, Lavan, Madhura Rasa* which causes unctu-

ousness in the body during the *Visarga Kala*, so have to take *Aahara* of these *Rasas*. As a result of this, human beings also progressively grown in strength. So the *Visarga Kala* is strength giving *kala* for human being⁽¹⁵⁾.

The Quantity of Aahara/ Food: - Always consider the *Matra*/quantity and *kala*/time of taking *Aahara*. One should eat in proper quantity. The quantity of food to be taken again depends upon the power of digestion including metabolism. The amount of food which, without disturbing the equilibrium of *Dhatus* and *Doshas* of the body, gets digested as well as metabolized in proper time is to be regarded as the proper quantity⁽¹⁶⁾. Light (*Laghu*) food articles are predominant in the qualities of *Vayu* and *Agni* like *Laja*/Popcorn and heavy (*Guru*)one in *Pruthvi* and *Aap* *Mahabhuta* like *Curd*, *Paneer* *Chee's* etc.⁽¹⁷⁾. There for according to their qualities, the light articles of food, being stimulants of appetite and by nature are considered to be less harmful even if taken in excess of the prescribed quantity. On another hand, heavy articles of food being by nature, suppressors of appetite are exceedingly harmful if taken in excess unless there is a strong power of digestion and metabolism achieved by physical exercise. In *Vagbhata* it is elaborated that *Ghan Aahara* (solid food) has to be taken by half of stomach, *Drava Aahara* (liquid) to be three fourth and one third have to be kept empty for the effortless digestion of food⁽¹⁸⁾. But now people are not following the Rule of *Aahar Matra* & consuming heavy food articles full of stomach usually many times. It causes *Agnimandya*/Lowering of Digestive fire and results in formation of *Santarpanjanya Vyadhies*/Diseases due to Accumulation.

Vihara:- To follow the rules about *Vyavaya*, *Vyayama*, *Abhyanga* and *Nidra* according to its quality and quantity are nothing but *Vihara*.

Vyavaya / Intercourse: In winter season, *Shishir* and *Hemant Ritu* one can practice *Vyavaya* regularly. In *Vasant* and *SharadRitu* it can be done after span of three days. And in *Varsha*, *Grishma Ritu* *Vyavaya* can be practice once in a fifteen days.⁽¹⁹⁾

Vyayama / Exercise:-

The one who is strength full and take *Aahara* of *Snigdha Guna* can practice *Vyayama* in cold seasons and in *Vasant Ritu* half full of his strength. In other seasons can do in reduced quantity.⁽²⁰⁾

Abhyanga/Oiling of Body: - *Abhyanga* or oiling of body should practice daily and regularly in all *Rutus*⁽²¹⁾

Nidra/Sleep: - *Nidra* has to be taken in night time.⁽²²⁾

In *Grishma Ritu* due to accumulation of *Vatadosha*, dryness of *Aadan kala* and shorter nights one can take *Nidra* in day time also. In other seasons daytime sleep increases *Kapha-Pitta Dosha*. Even though the persons who practice speech, horse riding, walking, lifting of heavy loads can take sleep in daytime. Also the persons suffering from dyspnea, diarrhea, pain, thirst, indigestion, assault, and who are weak can practice day time sleep in all *Rutus*.⁽²³⁾

Literature Review: -

A] Previous work done-

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B] Ayurvedic Literature Review-

- 1) *Chraka Samhita Sutrasthana-*
 - a) *Tashyashitiya Adhyaya-Rutucharya.*
 - b) *Matrashitiya Adhyaya-Aahar Matra, Guru-Laghu Aahar.*
 - c) *Annapanvidhi Adhyaya -Aahar Matra& Kala vichara.*
 - d) *Tristreshaniya Adhyaya-Trayopstambha.*
- 2) *Sushruta Samhita Sutrasthana-*

- a) *Rutucharya Adhyaya-Rutucharya*
- 3) *Ashtanghrudayam –Sarth Vagbhata,Sutrasthana-*
- a) *Rutucharya Adhyaya-Rutucharya,*
- b) *Dincharya Adhyaya-Abhyanga and Vyayama*
- c) *Matrashitiyadhayaya-Aahar Matra*
- d) *Annarakshadhayaya-Vyavaya*

Materials and Methods: -

Critical analysis of classical textbooks and relevant research material like-Charaka Samhita, Shushruta Samhita, *Ashtang Hrudayam*, related journals, research articles, and other textbooks were carried out; studied and reviewed. Result of this data mining has been presented in this research article.

OBSERVATION AND DISCUSSION

Effect Of Kala On Human Body:- *Tikta, Kashay and Katu* tastes are more powerful in *Shishir, Vasant* and *Grishma Rutus* of *Aadan kala*. All having dryness effect on body and causes vitiation of *Vata Dosha*. So, Human body becomes weak in *Aadan kala*.⁽²⁴⁾ Unctuous tastes *Amla, Lavan* and *Madhur* are powerful in *Varsha Sharad* and *Vasant Rutus* of *Visarga Kala*. So human body becomes more strength full in *Visarga kala*.⁽²⁵⁾

Aadana Kala:- Table No 2.

Aadan kala is strength losing *kala*. In this *kala Rukshata* and strength of body are decreasing in *Shishir, Vasant* and *Grishma Ritu* respectively.

Visarga Kala:- Table No 2 .

Visarga Kala is strength giving *kala*. In this *Kala Shigdhata* and strength of body are increasing in *Varsha, Sharad* and *Hemant Ritu* respectively.

Effect of Rutus On strength of Human Body: - Table No.3

At the start of *Visarga kala* i.e.in *Varsha Ritu* and at the end of *Aadan Kala* i.e. in *Grishma Ritu* the strength of body is low/*Hinbala*. In the middle of both *Kalas* i.e. in *Sharad* and *Vasant Ritu* the strength is medium/*Madyambala*. And at the end of *Visarga kala* i.e. in *Hemant Ritu* and start of *Aadan kala* i.e.in *Shishir Ritu* the strength of human body is much higher/*Uttambala*.⁽²⁶⁾

Effect of Ritu On Doshavashtha:- Table No4.

The *Sanchaya/Accumulation* of *Vata Dosha* is in *Grishma Ritu* due to *Ruksha* and *Laghu* properties of food and environment but *Vata* does not undergo *Prakop/Vitiation* due to the heat of season. *Pitta* undergoes mild increase in *Varsha ritu* because the food and environment is sour as similar to body, but *pitta* does not get vitiated due to cold season.⁽²⁷⁾ In *ShishirRitu Kapha* is mildly increased because of *Snighdha* and *Shita* properties of food and climate, but does not get vitiated due to its solidification⁽²⁸⁾

Shodhan of Doshas as per Ritu: - Table No 4.

Doshas accumulated in winter season should be illuminated by *Shodhan* process in *Vasant Ritu*. *Doshas* accumulated in *Grishma Ritu* should be illuminated in *Varsha Ritu* while accumulated in *Varsha Ritu*, illuminated in *Sharad Ritu*.⁽²⁹⁾

In *Sharad* and *Vasant Ritu Ruksha Aahar* /dry food article can be taken to help to prevent accumulation of *Kapha Dosha*. In rest all *Rutus Snigdha Aahar*/unctuous food is advisable. Like that in *Grishma* and *Sharada Ritu Ushna*/hot food items and in all rest of *Rutus Shit*/cold food articles can be taken as these are having opposite properties of specified *Ritu*.

Aahara Matra/Food Quantity: - Table No. 5

Now a days it is observed that people are taking *Guru*/heavy food articles like fermented food, bakery items etc. in extra quantity. A fad of zero figure in young girls move them to take only full stomach quantity of *Drava/liquides* food articles like fruit juices, soups etc. Instant and packed foods are stale food and are consumed in full stomach quantity as a wholesome meal in lunch or dinner. This disobedience of rules of *Aahar matra* results in start of pathophysiology of many diseases.

Vihara and Ritu: - Table No.6

With the help of these *Rutucharya* and *Aahar Matra*, one can develop his/her own lifestyle. Like people working in IT sector or in Multi-National Companies has connection with many countries and their work timing is really variable. Due to time variation if they are working at nighttime; they should take sleep - half of nighttime sleeps before meal at next morning. Also,

can take light and warm food articles in both *Aadan* and *Visarga Kala* and can-do daily oiling of body.

CONCLUSION

Rutucharya and *Matra* of *Aahara Vihara* plays vital role in maintenance of good quality health. When the rules of all these are followed it helps in prevention of many diseases and in promotion of health. We can conclude that with the help of unique concept of *Rutucharya* and *Aahara Matra*, can promote healthy lifestyle in society. The world will look forward to Ayur-

veda traditional way of Lifestyle modification like *Rutucharya*. It will help to maintain the physical, mental, social and spiritual wellbeing of life and surely makes life harmonious.

Further Scope for The Study: -

There is still window for researchers to find the effect of *Rutucharya* on Immunity and longevity with the help of modern technology in large population. Researchers can help people to develop their own lifestyle according to nature of work and *Rutucharya* and can observe the physiological changes.

Table 1: Showing regimen of Seasons- *Rutucharya*:-

Rutu	<i>Shishir</i> (late winter) <i>Magh-Falgun</i> (January - February - February-March)	<i>Vasant</i> (spring) <i>Chaitra -Vaisakha</i> (March -April - April- May)	<i>Grishma</i> (summer) <i>Jyeshtha - Aashaadha</i> (May-June - June -July)	<i>Varsha</i> (rains) <i>Shravan-Bhadrapada</i> (July - August - August-September)	<i>Sharad</i> (autumn) <i>Ashwin-Kartik</i> (September- October - October- November)	<i>Hemant</i> (early winter) <i>Aghan- Pausha</i> (November-December - December- January)
Rasa	<i>Tikta</i>	<i>Kashaya</i>	<i>Katu</i>	<i>Amla</i>	<i>Lavana</i>	Madhur
Bala	<i>Shreshta Bala</i>	<i>Madhyam Bala</i>	<i>Alpa Bala</i>	<i>Alpa Bala</i>	<i>Madhyam Bala</i>	<i>Shreshta Bala</i>
Do-shavastha	-	<i>Kapha Prakop</i>	<i>Vata Chaya, Kaph Prasham</i>	<i>Pitta Chaya, Vata Prakop</i>	<i>Pitta Prakop, Vata Shaman</i>	<i>Kapha Chaya, Pitta Prasham</i>
Aahara	<i>Snigdha Amla lavan Aahar Madira Sidhu Madhu Goras Ikshuras food, Vasa Taila</i>			<i>Madhur Sheet Drav Snigdha anna pan Jangal Pashu pakshi mansa Ghee Ksheer Shali Shastik</i>	<i>Amla lavana Sneha yukta Aahar</i>	<i>Jo Godhoom Shali Krushnamrug Titar mansa</i>
Vihara	<i>Abhyang shirstaila Swedan Kambal Reshmi Vastralepa</i>	<i>Ushna Sevan - stay in warm environment</i>	<i>Vyayam Ubtan Dhoompan Kavalgrah Anjan Lepa</i>	Stay in cool room <i>Anulepan Moti Mani Mala Dharan</i>	Loose cloths <i>Ubtan Sugandh moti mala dharan</i>	<i>Virechan Raktamokshan</i>
Tyajya avoid	<i>Laghu vatkar Aahar, Sattu</i>	<i>Katu Tikta Kashay, Vatvardhak Laghu Aahar, Sheetal Annapan</i>	<i>Amla Madhur Guru Snigdha Divaswap</i>	<i>Amla Lavan Katu. Vyayamstrisambhog (Vyavay) Madyapan</i>	<i>Sattu Divaswap Exercise Dhoop Maithoon (Vyavay)</i>	<i>Vasa Taila Kshar Audak-Mans Divaswap</i>

Table 2: Showing *Kala, Rasa* and *Bala* Connection for *Aadana Kala & Visarga Kala*:-

	Rutu	Rasa	Rukshata	Bala-Weakness	Snigdhatta	Bala-Strengthful
Aadan Kala	<i>Shishir</i>	<i>Tikta</i>	<i>Alpa</i>	<i>Alpa</i>	-----	-----
	<i>Vasant</i>	<i>Kashay</i>	<i>Madhya</i>	<i>Madhyam</i>	-----	-----
	<i>Grishma</i>	<i>Katu</i>	<i>Uttam</i>	<i>Uttam</i>	-----	-----
Visarga Kala	<i>Varsha</i>	<i>Amla</i>	-----	-----	<i>Alpa</i>	<i>Alpa</i>
	<i>Sharad</i>	<i>Lavan</i>	-----	-----	<i>Madhya</i>	<i>Madhyam</i>
	<i>Hemant</i>	<i>Madhur</i>	-----	-----	<i>Uttam</i>	<i>Uttam</i>

Table 3: *Rutu* and *Bala* connection: -

Sr. No	Sharir Bala/Strength of Body	Rutu of Aadan kala	Rutu of Visarga kala
1	Hina/Low	Grishma	Varsha
2	Madyama/Medium	Vasant	Sharad
3	Uttama/Higher	Shishir	Hemant

Table 4: *Rutu*; *Doshavashtha* & *Shodhan* of *Doshas* according to *Rutu*:-

Sr.No	Dosha	Sanchayavastha/ Accumulation	Prakopavastha/ Vitiation	Shodhan Process	Prashamavastha/ Pacification
1	Vata	Grishma	Varsha	Basti	Sharad
2	Pitta	Varsha	Sharad	Virechana	Hemant
3	Kapha	Shishir	Vasant	Vamana	Grishma

Table 5: Showing *Aahara Matra*:-

Sr.No.	Aahara/Food	Matra/Quantity
1	Ghana/Solid	One half of stomach
2	Drava/Liquide	Three fourth of stomach
3	Empty-For movement of <i>Doshas</i>	One third of stomach

Table 6: Showing *Vihara* according to *Rutu*:-

Sr.No.	Vihara	Rutu
1	Vyavaya/Intercourse	Shishir, Vasant <i>Rutu</i> -Regularly
2	Vyayama/Exercise	Cold Season, Vasant <i>Rutu</i> - half of body strength
3	Abhyanga/Oiling of body	Daily
4	Nidra/Sleep	Night sleep daily. Daytime sleep in <i>Grishma Rutu</i> only

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An International Open Access, Peer-reviewed, Refereed Journal

CLINICAL STUDY OF ROLE OF AMALAKI AND YASHTIMADHU CHURNA IN AMLAPITTA – A CASE REPORT

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Dist. Nashik, Maharashtra, India

Abstract: Amlapitta is described as special disease in Ayurveda, it is also described as acidity in modern medical science. Increase in the ushna, tikshanagunas in the body, due to apthyaahara and vihara is cosetive factor of amlapitta. Anxiety is also a reson for acidity.

Amlaki

Guna- Laghu, Ruksha, Shita.

Rasa- Shadrasaexeptlavan rasa but amlaraspradhana.

Vipaka: -madhura

Virya: -shita

Madhura rasa and shitavirya are pittashamak.

Yastimadhu

Guna: -Shita, guru, madhura.

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Anupana: - koshnajala.

Index Terms - Amlapitta, Aamalaki, yastimadhuchurna.

INTRODUCTION

Amlapitta is desribed in CharakSamhita, when agniis prakruta and as it getsdushita by apathy ahara and vihara (irregular eating habits, spicy diet, irregular sleep), Thus dustaagni is not able to diagestahara properly, thus ardhapachitaanna gets shuktatva (Aamswarupa), it is called as vidagdhajirna, giving rise to Amlapittavyadhi.

HETU-

- 1) Viruddhaahar – kalviruddha, agniviruddha, matraviruddha.
- 2) Ushna, tikshanaaharsevana.
- 3) Ajirnashana- aharsevan in ajirna condition.
- 4) Atyashana- aharsevana in atimatra.
- 5) Atichintana (Manashetu)

PURVARUPA-

Agnimandya, daha, trushna, hrullasa, annavidaha, swedatipravartana, tiktodgar, amlodgar, aruchi, kanthadaha, shirashula.

RUPA-

Avipaka, amlodgara, utklesha, gaurava, klama, hrutkanthadaha, vidaha, romaharsha.

TREATMENT-

Amlapitta can be treated by giving – dipana, pachana in samavastha, and by shitopchara and pachana in niramavastha.

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yastimadhuchurna have madhura, shita and guru gunas.

And with these gunas it acts as pittaghna.

Thus both have properties against pitta dosha and excellently works as pittaghna.

MATERIALS AND METHODS:-

Non-comparative single blind study carried out on one patient.

PLACE OF STUDY:-

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SAMPLE SIZE: - 1 patient.

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FOLLOW UP: - Follow up taken on 7th Day, and on 14th day

INCLUSION CRITERIA:-

One patient having symptoms of Amlapitta were included without any exclusion criteria.

EXCLUSION CRITERIA: - No exclusion criteria was defined.

DRUGS USED FOR TRIAL:-

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+

Yastimadhuchurna 1gm

This mixture was given to all patients in BD dose. With koshnajala as anupana.

ASSESSMENT CRITERIA: - Relief was asked to patient and recorded accordingly.

RESULTS:-

- 1) Treated patient showed best results in amlapittavyadhi.
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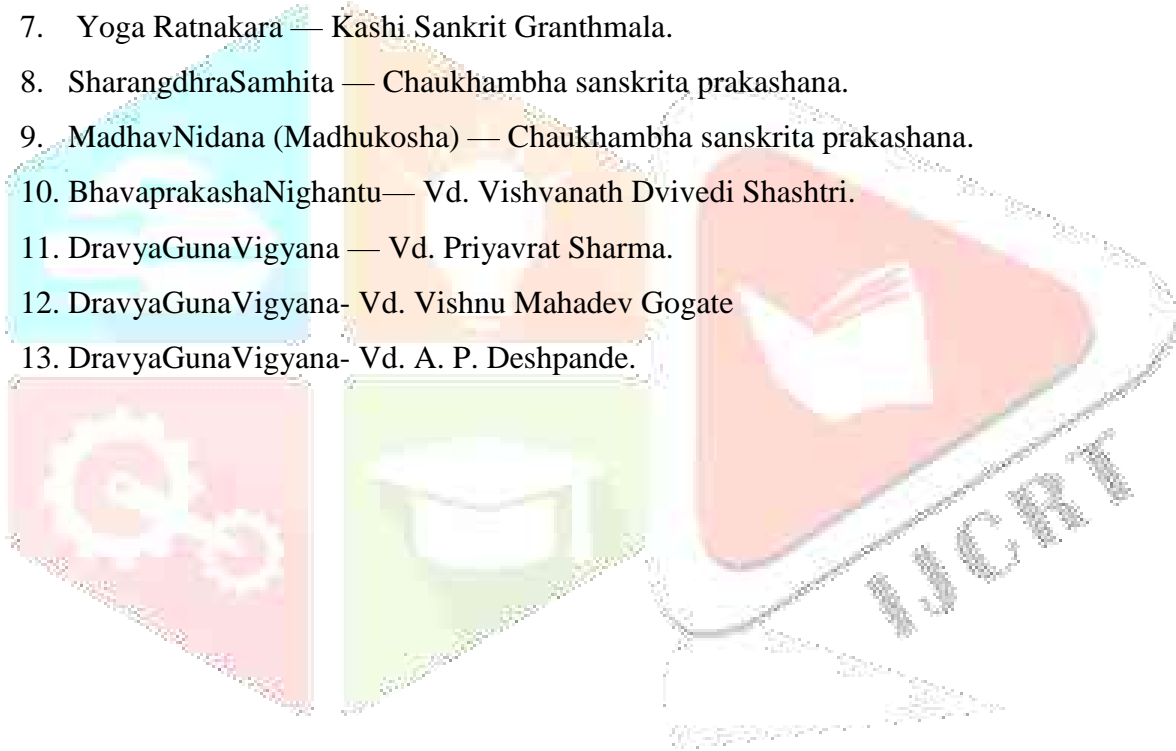
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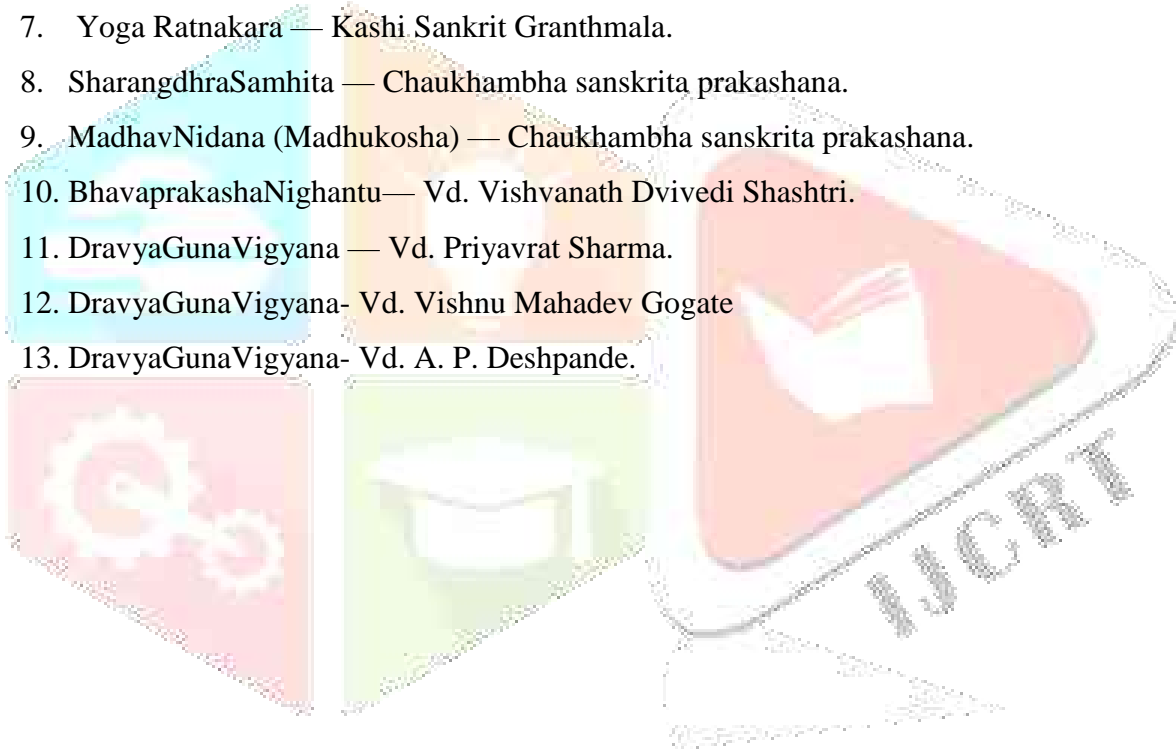
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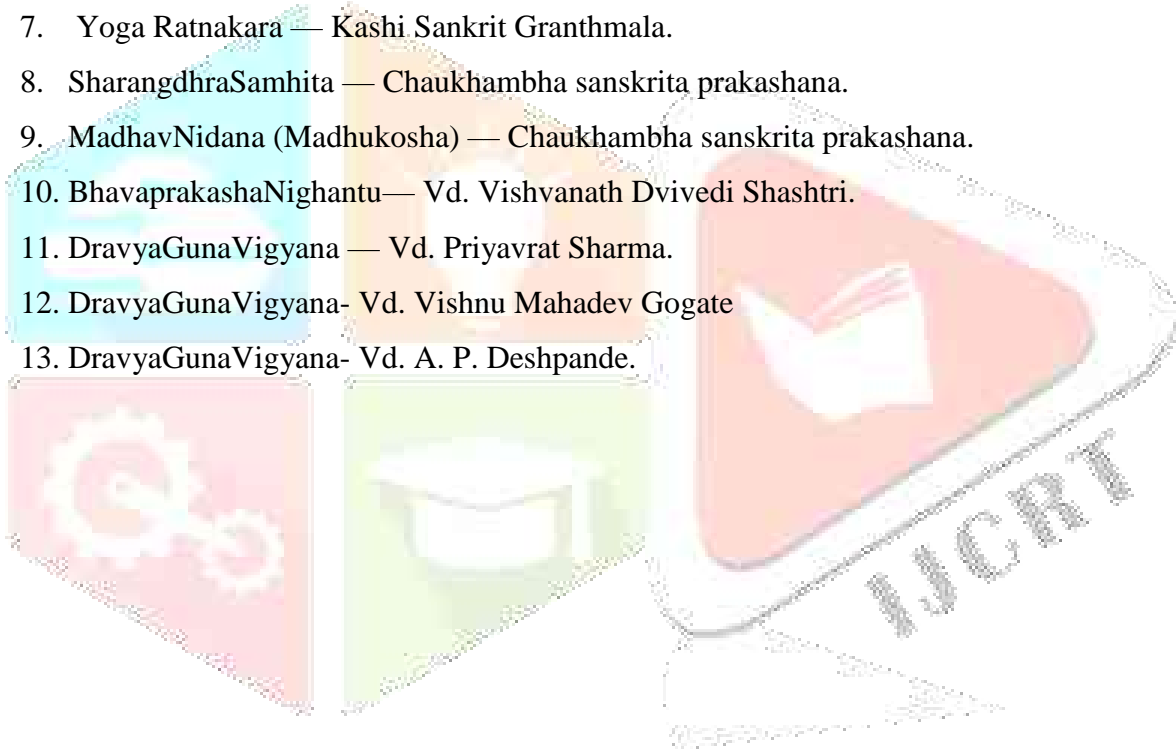
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A PILOT STUDY OF ROLE OF UTKLESHANA AND DOSHAR BASTI IN SHOTHA

Anil Raghunath Wagh^{1*} and Roshan Shankar Dhale²

¹HOD & Prof. Department of Panchakarma SMBT Ayurved College & Hospital,
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ABSTRACT

Shotha is described as special disease as well as symptom in most of Ayurvedic Samhitas, in modern medical science, it is described as swelling or edema on body. **Utkleshana basti:-** It is described in sushrut samhita, basically it is Niruha basti prepared with Eranda beeja, jeshthamadh, pippali, saindhava, and vacha and kalka of hapusha and madanphala is added to it. **Doshahar basti:-** It is described in sushrut samhita, basically it is Niruha basti prepared with shatavha (badishepa), jeshthamadha, indrayaya, Madanfala, Kanji and Gomutra. But by preparing oil with above drugs we have given anuvasana basti also for that purpose, Tila (sesame) oil was used. 80 ml anuvasana & 320 ml of Niruha basti was given to patient same day. 11 patients were treated out 11, one was male and ten were females. Out of these no reduction in Shotha was seen in two patients, while 0.5cm reduction

was noted in 3 patients. One patient was of Sthaulya weighing 101.5 kg, 2 kg weight reduction, 2cm Shotha reduction. 7 Patients had shown reduction in Kati and Sandhi Shula. One patient had shown no reduction in weight. In all patients Styana, Krusnabha, Harita Malapravrutti was seen from around 4th day, and symptoms were decreased from 3rd to 4th day of Dossahara Basti. These are signs of Utkleshana as Doshaharana takes place, symptoms were reduced.

KEYWORDS:- Utkleshana Basti, Doshahara Basti, Shotha.

INTRODUCTION

Shotha is a disease caused by obstruction to vata by kapha, and pitta in blood vessels.

Prodromal Signs (Purvarupa)

- 1) Ushma- Increase in local temperature.
- 2) Davathu- Increase in temperature of eyes, nose etc.
- 3) Stretching sensation in vessels.
- 4) Anga gaurava- Heaviness all over body.

Symptoms (Rupa)

The characteristic features of the disease shotha are seen after complete manifestation of disease are called symptoms of disease.

- 1) Gaurava - Heaviness.
- 2) Syandana - Irregularity.
- 3) Utseadh - Elevation of skin.
- 4) Ushma - Rise in temperature.
- 5) Siratanutwa - Weakness of blood vessels.
- 6) Lomaharsha - Horripilation
- 7) Vaivarnya - Discoloration
- 8) Raktima - Redness
- 9) Sthanika Shula - Local pain
- 10) Svakarma and Gunahani - Dysfunction & Abnormality in shape.

Treatment

Shotha should be treated by giving drugs against Nidan (causes), dosha, ritu (season) by considering Rugnbala, Doshabala and Kala. Conditions (Avastha)

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- 1) Alpadosha & Aamaja shotha - Langhana, pachana.
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MATERIALS AND METHODS

Type of study: - Non comparative single blind study, carried out.

Place of study - S.M.B.T. ayurved hospital, Dhamangaon, Tal : Igatpuri, Dist : Nashik

Sample size - 11 Patient

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Trial drugs used for study

Utkleshana basti :- Eradabeeja, jeshtamadha, pippali, saindhava, and vacha each 20 gms were taken and qwath was prepared using 1280 ml water and 320 ml qwath was prepared (1/4), hapusha and madanphala kalka 20 gm each and 30 ml tila tail was added to qwath to prepare basti along with 5 gm of saindhava and 20 gm madha. In this way utkleshana niruha basti was prepared and given to patient daily in the morning and on same day Anuvasana of 80 ml of utkleshana tail was given to the patient.

Utkleshana tail was prepared by using

Total drugs – 1 part,

Tila Taila – 4 parts,

Water – 16 parts

As described in taila siddhi kalpna.

Doshahar basti:- Shatahva, Jestmadha, indrayava, madanaphala each 20 gms were taken and qwath was prepared using 1280 ml water and 320 ml qwath was prepared (1/4), 30 ml gomutra, 30 ml kanji and 30 ml tila tail was added to qwath to prepare basti along with 5 gm of saindhava and 20 gm madha. In this way doshahara niruha basti was prepared and given to patient daily in the morning and on same day Anuvasana of 80 ml of Doshahara tail was given to the patient.

Doshahara tail was prepared by using

Total drugs – 1 part

Tila Taila – 4 parts,

Water – 16 parts,
Gomutra – 4 parts,
Kanji – 4 parts,
As described in tail siddhi kalpna.

Assesment criteria: - Shotha assessment done by measuring shotha, upashaya will indicate better Utkleshana and doshaharana. No relief in shotha will indicate no Utkleshana and doshharana.

DISCUSSION

11 patients were treated, out 11, one was male and ten were females.

One patient was a patient of Amavata. She was not following instructions about diet and Diwasvapa was also continued.

Commonly seen Hetu were Divasvapa, consumption of Vidahi Ahara, guru Ahara, Meat (Mansa), Avyayama Sitasamparka.

Out of these no reduction in Sotha was seen in two patients, while 0.5cm reduction was noted in 3 patients they were not following instructions about Ahara & Vihara. Due to Ahitakara Ahahara and Vihara more Doshadusti takes place showing poor response to treatment.

One patient was of Sthaulya weighing 101.5 kg, showed 2 kg weight reduction, 2cm Sotha reduction and reduction in B.P. by 10mm Hg (Systolic diastolic each). Dose of modern antihypertensive drugs were kept constant throughout treatment.

7 Patients had shown reduction in Kati and Sandhi Shula. Due to Basti specially Doshahara Basti, Vatanulomana of Apana taks place causing elimination of Prakupita Vata and resulting Shulaprashamana.

One patient had shown no reduction in weight. In this case Ahitakara Ahara, e.g. Vadapava, Guru Ahara and Divasvapa after lunch was continued throughout the treatment.

In all patients Styana, Kruśnabha, Harita Malapravrutti was seen from around 4th day, above symptoms were decreased from 3rd to 4th day of Doshahara Basti. These are signs of Utkleshana and Doshaharana, as Doshaharana took place, symptoms were reduced.

Utkleshana and Sodhana done by both Basties was seen irrespective to Kala, hence only Adana and Visarga Kala was taken in consideration.

All patients were having Kaphapradhana Prakruti hence special analysis according to Prakruti was not taken in consideration.

RESULTS

SN	Reduction in shotha (cm)	No. of Patients	Percentage %
1	0.0	2	18.10
2	0.5	3	27.27
3	1.0	1	9.09
4	2.0	3	27.27
5	3.0	1	9.09
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SN	Reduction in Weight (Kg)	No. of Patients	Percentage %
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3	2.0	7	63.63
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CONCLUSION

- Utkleshana Basti is effective in Shotha Vyadhi. Reduction in Shotha was recorded after Utkleshana Basti Cikitsa.
- Doshahara Basti is effective in Shotha Vyadhi at some extent it also causes Utkleshana of Dosha. Without giving any treatment for Utkleshana it shows mild signs of Utkleshana. Reduction in Shotha was recorded after Doshahara Basti.
- Both Basties concurrently have better results in Shotha Vyadhi.
- Reduction in B.P. was recorded in one patient.
- Both Basties are also having property of Sulaprasamana.
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ACKNOWLEDGEMENT

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A PILOT STUDY OF ROLE OF UTKLESHANA AND DOSHAR BASTI IN SHOTHA

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ABSTRACT

Shotha is described as special disease as well as symptom in most of Ayurvedic Samhitas, in modern medical science, it is described as swelling or edema on body. **Utkleshana basti**:- It is described in sushrut samhita, basically it is Niruha basti prepared with Eranda beeja, jeshthamadh, pippali, saindhava, and vacha and kalka of hapusha and madanfala is added to it. **Doshahar basti**:- It is described in sushrut samhita, basically it is Niruha basti prepared with shatavha (badishepa), jeshthamadha, indrayaya, Madanfala, Kanji and Gomutra. But by preparing oil with above drugs we have given anuvasana basti also for that purpose, Tila (sesame) oil was used. 80 ml anuvasana & 320 ml of Niruha basti was given to patient same day. 11 patients were treated out 11, one was male and ten were females. Out of these no reduction in Shotha was seen in two patients, while 0.5cm reduction

was noted in 3 patients. One patient was of Sthaulya weighing 101.5 kg, 2 kg weight reduction, 2cm Shotha reduction. 7 Patients had shown reduction in Kati and Sandhi Shula. One patient had shown no reduction in weight. In all patients Styana, Krusnabha, Harita Malapravrutti was seen from around 4th day, and symptoms were decreased from 3rd to 4th day of Dossahara Basti. These are signs of Utkleshana as Doshaharana takes place, symptoms were reduced.

KEYWORDS:- Utkleshana Basti, Doshahara Basti, Shotha.

INTRODUCTION

Shotha is a disease caused by obstruction to vata by kapha, and pitta in blood vessels.

Prodromal Signs (Purvarupa)

- 1) Ushma- Increase in local temperature.
- 2) Davathu- Increase in temperature of eyes, nose etc.
- 3) Stretching sensation in vessels.
- 4) Anga gaurava- Heaviness all over body.

Symptoms (Rupa)

The characteristic features of the disease shotha are seen after complete manifestation of disease are called symptoms of disease.

- 1) Gaurava - Heaviness.
- 2) Syandana - Irregularity.
- 3) Utseadh - Elevation of skin.
- 4) Ushma - Rise in temperature.
- 5) Siratanutwa - Weakness of blood vessels.
- 6) Lomaharsha - Horripilation
- 7) Vaivarnya - Discoloration
- 8) Raktima - Redness
- 9) Sthanika Shula - Local pain
- 10) Svakarma and Gunahani - Dysfunction & Abnormality in shape.

Treatment

Shotha should be treated by giving drugs against Nidan (causes), dosha, rutu (season) by considering Rugnbala, Doshabala and Kala. Conditions (Avastha)

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गोरक्षनाथ व गोरक्षसंहिता परिचय



डॉ. रचना चंद्रकांत आवारे

गोरक्षनाथ परिचय : गोरक्षनाथ हे शिवपरंपरा/नाथसंप्रदायचे हठसिध्दयोगी होते. गोरक्षनाथ ह्यांचा काळ हा इसवी सन १० वे शतक इ.स.का होता. योगाच्या क्षेत्रात गोरक्षनाथ ह्यांनी मोलाची कामगिरी केली. गोरक्षनाथ हे हठयोगाचे आचार्य श्री मत्स्येन्द्रनाथ यांचे शिष्य होते पण गुरुपेक्षा ही गोरक्षनाथांना महिम मानले जाते कारण त्यांनी योगाला सर्व सामान्यपर्यंत पोहचवण्याचे काम केले व लोकांच्या मनामध्ये योगा विषयी अनजामृती केली. दहाव्या शतकामधील एक प्रसिध्द हठसिध्दयोगी म्हणून गोरक्षनाथ समाजापुढे ज्ञान होते. गोरक्षनाथ ह्यांच्याबद्दल असेही म्हटले जाते की त्यांनी एकाद्या धातुला स्पर्श केला तर त्याचे सोने होते इतके प्रख्यात गोरक्षनाथ त्याकाळी होते. तसेच त्यांनी विविध विषयावर व-याच ग्रंथाचे लेखन केले आहे. त्यापैकी काही पुढील प्रमाणे आहेत: गोरक्षगीता, गोरक्षबोध, गोरक्षदिक्षा, गोरक्षगणेशगोष्टी, गोरक्षयोगमंत्रिरी, सिध्दसिध्दान्तरध्दति, गोरक्षतत्त्वप्रकाश, योगसिध्दान्तरध्दति, षट्चक्रबोध, इ.

योगविद्या प्राचीन काळापासून विश्वात प्रख्यात आहे. साधारणतः योगाच्या दोन परंपरा आहेत एक वैष्णवपरंपरा त्याचे प्रवर्तक श्रीनाथ (विष्णुदेव) तर दुसरी शिवपरंपरा त्याचे प्रवर्तक श्री अदिनाथ (महादेव) असून श्री अदिनाथ ह्यांनी जी योगविद्या पार्वतीदेवींना सांगितली, ती योगविद्या खूपच विरतूत व लांबलाचक आहे, तथापि हठयोगाचे आचार्य श्री मत्स्येन्द्रनाथ ह्यांनी श्री अदिनाथाकडून ऐकलेली व आचरलेली योगक्रिया शिष्योत्तम गोरक्षनाथ यांना सांगितली. गुरुच्या आज्ञेनुसार श्री गोरक्षनाथ यांनी केवळ २०२ श्लोकात ती योगविद्या सूत्रबध्द केली, ती रचना म्हणजे गोरक्षसंहिता होय.

गोरक्षसंहिता (गोरक्षपध्दती) परिचय : गोरक्षसंहिता हा ग्रंथ हठयोगावरील शिवपरंपरेतील प्रमुख ग्रंथ असून तो योगाभ्यासातील एक परिपूर्ण आणि संक्षिप्त असा ग्रंथ आहे. ह्या ग्रंथाचा काळ हा १० वे शतक आहे. ह्या ग्रंथाची रचना ही नाथसंप्रदायचे हठसिध्दयोगी गोरक्षनाथ ह्यांनी केली. या ग्रंथाची

रचना ही दोन शतकांमध्ये आणि एकूण २०२ श्लोकात केलेली आहे.

पहिले शतक - (एकूण श्लोक १००) : ह्या शतकाचा प्रारंभ हा श्री अदिनाथ व श्री मत्स्येन्द्रनाथ ह्यांना बंदन करून केलेला आहे. आसन, प्राणायाम, प्रत्याहार, धारणा, ध्यान समाधी ह्या योगाचे सहा अंगाचे वर्णन केलेले आहे. जीवन व मृत्यु ह्या चक्रातून मुक्ति तसेच परमपद प्राप्ती हे योगाचे प्रतिफल आहे. तसेच मनःसंयमाची महती इथे वर्णन केलेली आहे. ८४ प्रकारच्या आसनांचा उल्लेख करून केवळ १) सिद्धासन २) पद्मासन ह्या दोन आसनाचे विधि व लाभ सविस्तरपणे वर्णन केले आहे. त्यानंतर शरीरातील २९ अवयवांचे वर्णन पुढीलप्रमाणे सांगितले आहे - अ) चक्रे (६) -मूलाधार, स्वाधिष्ठान, मणिपूर, अनाहत, विशुध्द, आज्ञा इ. ब) आधार (१६) क) लक्ष्य (२) - आन्त (मूलाधार चक्र) आणि बाह्य (नासाग्र) ड) आकाश (५) श्वेत, नील, रक्त इ. ह्याच शतकात जामाख्या पीठाचे वर्णन करून ७२ हजार नाड्यांचे अस्तित्व मानून पुढील १० नाड्यांचे वर्णन केलेले आहे १) इडा २) पिंगला ३) सुषुम्ना ४) गांधारी (वाम नेत्र) ५) हस्तिजिह्वा (दक्षिण नेत्र) ६) पुष्पा (दक्षिण कर्ण) ७) यशास्वनी (वाम कर्ण) ८) ह्यामन ९) कुटु (लिंग) १०) शांखिनी (मूलाधार). ह्यानंतर १० वायुने पुढीलप्रमाणे सांगितले आहे

मुख्य ५- वायु व स्थान	उप ५-वायु व कार्य
प्राण- हृदय	नाग-उदगार
अपान-गुद	कूर्म-अक्षिनिमेष
समान-नाभिमंडल	कुक्कल-पिपासा
उदान-कण्ठ	देवदत्त-जुंभा
व्यान-सर्व शरीरव्यपी	धनजय-हिक्का.

वायुवर्णनानंतर ५ प्रकारच्या धारणा बद्दल सांगितले आहे. पुढे प्राण, अपान, हंस, अजपा, गायत्री मंत्राबद्दल निवेदन केले आहे. ह्यानंतर कुण्डलिनी व शक्तिचालना बद्दल उपदेश केलेला आहे. योगीचर्या कशी असावी (मिताहार, एकान्तवास इ.) हे

सांगितले आहे. १) महामुद्रा २) नभोधारणा ३) उड्डियानबंध ४) जालन्धरबंध ५) मूलबंध ह्या पंचमुद्रा व बंधाचे सविस्तररूपे वर्णन करून शुक्र व रज रक्षणाचे महत्त्व विशद करताना मुद्राचा उपयोग सांगितला आहे. शेवटी वायुनिरोध (नाडीशोधन) प्राणायाम अभ्यास करावला सांगितला आहे.

२) द्वितीय शतक - (एकूण श्लोक १०२)

: प्रारंभी प्राणायामाचे पूरक, रैचक, कुंभकासह १२ मात्रांच्या प्राणायामाचे वर्णन आहे. यानंतर गुरुला नमस्कार करून पद्यासनात बसून धूम्रध्यावर दृष्टी लावून प्राणायामाचा अभ्यास करावा, कुंभक प्राणायामाचे लाभ वर्णन करून आसन, प्राणायाम, प्रत्याहार, धारणा, ध्यान, समाधी ह्या सहा अभ्यासाचे स्वरूप व फल वर्णन केले आहे. ज्ञानेन्द्रियांचे (कर्ण, नासा, आक्षि, जिह्वा, त्वचा) सर्व व्यवहार बन्द ठेवणे म्हणजे प्रत्याहार. प्रत्याहार अभ्यासाचे महत्त्व व क्रिया वर्णन केली आहे. पुढे विपरित करणी मुद्रेच्या अभ्यासाने अमृतधाराचे सेवन सुचवले आहे. मूलाधार, स्वाधिष्ठान, मणिपूर, अनाहत, विशुद्ध, आज्ञा जागृती विषयी संदर्भ घेऊन चंद्रामृत पानाची वैशिष्ट्ये, महत्त्व व रहस्य सांगितले आहे. ५ प्रकारच्या धारणेचे १) पार्थिव धारणा २) जल धारणा ३) वायु धारणा ४) आग्नेय धारणा ५) आकाश धारणा बद्दल वर्णन व माहिती सांगितले आहे. त्यानंतर ध्यान अभ्यासाचे वर्णन करून ध्यानाने पापनिवारण व सामर्थ्य प्राप्ती होते याचे वर्णन केले आहे, तसेच आत्मध्यानाने होणारी अपरत्वाची प्राप्ती वर्णिली आहे. ध्यानाने आत्मसिद्धिचा लाभ होण्याची कल्पना मांडून कुण्डलिनी जागृतीचा संदेश दिलेला आहे. शेवटी, समाधी-वर्णन दिले आहे. समाधी अवस्थेची तुलना अन्य अवस्थांशी केली आहे. ह्या शतकाचा १०० वा श्लोक पुढील प्रमाणे आहे:

योगशास्त्रं पठेत्रित्यं किमन्यत्: शास्त्रविस्तरै:।

यत्स्वयं आदिनाथस्य निर्गतं वदनाम्बुजात्॥

(जो नेहमी योगशास्त्र वाचतो त्याला दुसऱ्या शास्त्राची काय गरज ? योगशास्त्राचे योग्य प्रत्यक्ष फळ मिळते कारण हे शास्त्र शिवशंकरांच्या मुखातून प्रगट झाले आहे) त्यानंतर २ श्लोकामध्ये योगशास्त्राचे मानवी जीवनातील महत्त्व हे अनन्यसाधारण आहे असे गोरक्ष संहितेत प्रतिपादले आहे अशाप्रकारे अन्य ग्रंथापेक्षा गोरक्ष संहितेत फक्त २०२ श्लोकांत २९ अवयव, आधार-१६, चक्रे-६, लक्ष्य-२, १० नाड्या, १० वायुचे, अमृतधारा,

चंद्रामृत, पंचमुद्रा व बंध, ५-प्रकारच्या धारणा, तसेच आसन, प्राणायाम, प्रत्याहार, धारणा, ध्यान, समाधी ह्या सहा अंगांच्या योगाचे वर्णन केले आहे. योगसिद्ध मुनींनी योगाचे विविध अंगांत विभाजन करून व त्याचे वर्णन केले आहे. जसे पंतजली प्रणित अष्टांग योग (यम, नियम, आसन, प्राणायाम, प्रत्याहार, धारणा, ध्यान, समाधी), घेरंडमुनी प्रणित सप्तांग योग (षटशुद्धि, आसन, मुद्रा, प्रत्याहार, प्राणायाम, ध्यान, समाधी) तसेच श्री स्वात्मराम योगी (हठयोगप्रदीपिकेत) ह्यांनी योगाचे चार विभागात तर गोरक्षनाथ सहा अंगांच्या योगाचे वर्णन केले आहे. ह्यावरून हेच लक्षात येते की योग म्हणजे फक्त आसन किंवा प्राणायाम नसून योग म्हणजे एक जीवनशैली आहे, आजच्या जीवनात योगजीवन शैलीला पर्याय नाही.

डॉ. रचना चंद्रकांत आवारे

M. D (Ayu), D. Y. -, D. N. Y. S

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या अंकातील विनामोठी अंशक म्हणून वाचकांसाठी असे आहे, या पत्रे लेखकांची सन्माननीत.

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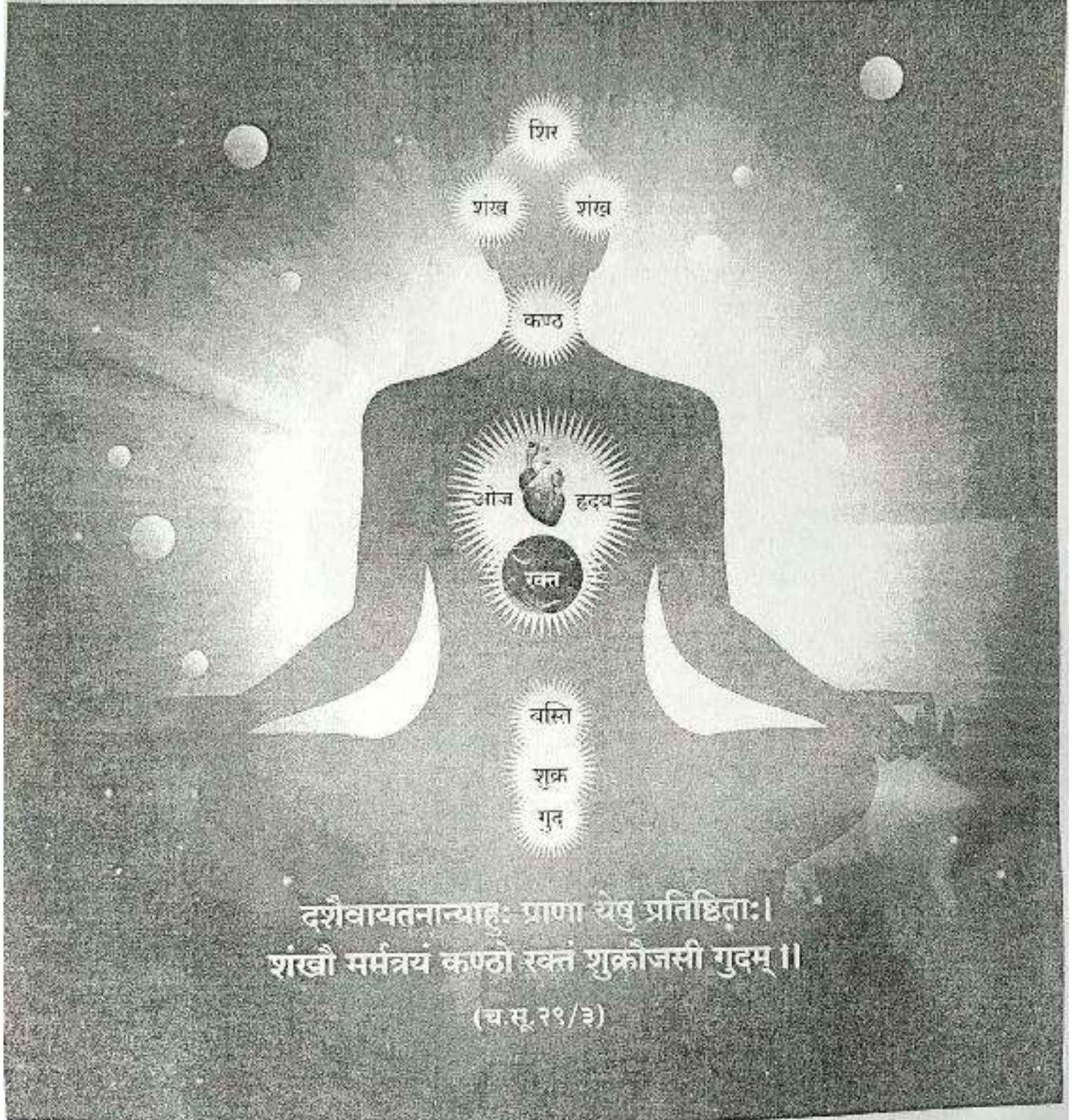
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(च.सू. २९/३)



AYURVEDIC APPROACH IN THE MANAGEMENT OF AMAVATA - A CASE STUDY

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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 *Rasadhatwagnimandya*. *Ama* is caused by *Diwaswap*, Sea food with milk etc. In present study a female patient of 37 yrs was complaining of *Sarvang Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashyata*, *Aangamarda*, *Jwar*. etc was diagnosed as *Amavata*. The *Ayurvedic* drug combination which include *Aajmodadichurna*, *Musta*, *Shunti*, *Haritaki*, *Yograj Guggulu* etc. *Anupan- Koshnajal. Kala- Adhobhakt*, was given for 60 days to manage 'Amavata'. It was

observed in clinical Assessment that the drug therapy shows the significant relief in *Sarvang sandhi shula*, *shoth*, *Jwar*, *AangAmarda*. Hence, the combination of above drug is effective in the management of *Amavata*.

KEYWORDS: *Amavata*, Rheumatoid Arthritis, *Aajmodadichurna*.

INTRODUCTION

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 *Dhamanies*, takes shelter in the *ShleshmaSthana (Amashaya, Sandhi, etc.)*, producing symptoms such as stiffness, swelling, and tenderness in small and big joints, making a person lame. It can be correlated

with rheumatoid arthritis (RA) at modern parlance. *Shamana* (conservative) and *Shodhana* (biological purification of the body) treatments are advised in Ayurveda whereas anti-inflammatory, analgesics, steroids, and disease-modifying antirheumatic drugs are required for its management as per modern medicine, which are not free from side effects. The prevalence of RA in adults has been reported to vary from 0.5 to 3.8% in women and from 0.15 to 1.37% in men, with peak incidence in the fourth decade of life.^[1] To avoid the permanent joint deformities and complication of musculoskeletal system, there is need of *Ayurvedic Management of Amavata*.

Presenting complaints

A 37 year old Indian female came for consultation in Panchakarma OPD of Ayurved hospital for the complaints of *Sarva Sandhi Shula (Vruchikdansh Vat Vedana)*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar* (99⁰F) since last 3 months. She was operated for Tubectomy before 7 years. No history of hypertension, Diabetes and any other major illness was noted.

Clinical Findings-

The patient was having *Sarva Sandhi Shula*, *Shoth*, *Kriyakashtata*, *Aangamarda*, *Jwar*(99⁰F). On an examination of patient it was found that pulse 92/min, Blood pressure 110/70 mm of Hg, *Vishamagni*, *Krurakoshta*, tongue was coated, sound was clear. Patient was having *Kaphavataprakruti* with *Madhyamsara*, *Hinasamhan*, *Samapramana*, *Madhyamsatmya*, *Madhyamsatva*, *Madhyamaharshakti* and *Jaranshakti*, *Rasavaha*, *Asativaha* and *Majjavahasrotodushti*. Baseline hematological investigation done on 20 April 2018 revealed Hb9.4 gm/dl, Total Leucocytes count 9,200/cumm, platelet count 4.50 lack/cumm, ASO serum 479.1 IU/ml, ESR 39, Serum Uric Acid 5.3 mg/dl and RA factor Positive.

MATERIALS AND METHODS

Therapeutic focus And Assessment

First Line of Treatment given to the patient was *Amapachan*, *Deepan* and *Shulaghanachikitsa*.^[2] A oral herbal Ayurvedic drug combination – *Ajmodadichurna*^[3] 1 gm, *Musta*^[4], *Shunti*^[5] and *Haritaki*^[6] each 500 mg was given with luke warm water twice a day After meal, *Yograj Guggul*^[7] 1 gm twice a day with luke warm water after meal, *Maharasnadi Kshaya*^[8] 20 ml twice a day before meal and *Gandharvaharitaki Churna* 2 gm at night with luke warm water. The above medication was given for duration of 2 months. No concomitant Allopathic medication was given during this whole treatment period. (table no.1)

Follow up And Outcome

Good result was observed on *Jwar, Angamarda, Kriyakashtata* and *Shoth* by the treatment regimen. *Jwar, Angamarda, Kriyakashtata Lakshana* was relieved on completion of fifteen days of treatment. *Shoth* was reduced after one month of treatment. Hematological parameter were reinvestigated on 24 may 2018, at this time Hb10.1 gm/dl, ESR 23mm per hour, ASO serum 194 and RA factor was positive. The patient was advised to continue oral medicine for next one month.

DISCUSSION

*Deepan- Pachanchikitsa*² was the line of management for the present case.

Drug Action

Ajmodadichurna- Deepan, Pachan and *Amavatghana*

Musta-Deepan, Pachan and *Jwarghana*

Shunti-Amavataghani, Pachani and *Kaphavataghana*.

Haritaki-Deepani and *Anuloman*.

Yograjuggul-Deepan, Vatrognashak and *Sandhi-Majjagat Vat Nashak*.

Maharasanadikshaya-Pachan, Vatrognashak and *Sandhi-Majjagat Vat Nashak*.

Gandharvaharitaki- Anuloman.

Hence, taking the above points into consideration, the above herbal drug combination has established properties like *Deepan, Pachan, Amanashan, Amashoshak*, and *Vata-Kaphahara*, which are all antagonists to the present disease entity. Hence, this drug was effective in correcting the pathological condition of the disease *Amavata* in the present case.

CONCLUSION

Amavata can be correlated to the Rheumatoid arthritis. The combined effect of above drugs were helpful in treating pathology of *Amavata*. This kind of approach may be taken in to consideration for further treatment and research work for *Amavata*.

Table no.1: Therapeutic intervention given in *Amavata* patient.

Internal Medication given	<i>Ajmodadi churna-1gm</i> <i>Musta-500mg</i> <i>Shunti-500mg</i> <i>Haritaki-500mg</i>	<i>Yograj Guggul</i>	<i>Maharasnadikashaya</i>	<i>Gandharva Haritaki</i>
<i>Anupan</i>	<i>Koshanajal</i>	<i>Koshanajal</i>	<i>Samabhagjal</i>	<i>Koshanajal</i>
Route of Administration	Oral	Oral	Oral	Oral
<i>Aushadisevan Kala</i>	<i>Adhobhakta</i>	<i>Adhobhakta</i>	<i>PragBhakta</i>	<i>Nishakal</i>
Dose	2.5gm in Two Divided Doses	2 gm in Two Divided Doses	40ml in Two Divided Doses	2 gm

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Review of *Annaprashan Samskara* and complementary feeding in infant

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ABSTRACT

Weaning plays a major role in determining the nutritional status of a child. Poor weaning practices during infancy and early childhood results in malnutrition with impairment of cognitive and social development, poor school performance and reduced productivity in later life. The objective of this study is to know weaning practices of mothers of different terrain. Breast milk provides all of the nutrients, vitamins and minerals an infant needs for growth in the first six months; so no other liquids or foods are needed. However, from the age of six months, breast milk is no longer sufficient by itself. Nutrition remains their main concern. What to give? What is ideal period? What is ideal sequence of fruits and food article etc. Focusing on above described area, attempts are made to investigate beneficiary effect of anaaprashan sasmkara and complimentary feeding in infant.

Keywords - weaning, annaprashana, kaumarbhritya, nutrition.

INTRODUCTION

Aahar is considered as one among the three pillars of supporting life (*Tray Upstambha*).¹ *Ayurveda* considers diet as greatest *medicament*.² *Samskara*'s are explained in Indian literature right from the Vedic period. *Ayurvedic Samhita*'s have also described various *Samskara*'s with its time period and method. All *Samskara*'s mentioned in Indian literature are not having medical importance, among them few are of sociocultural importance. In scientific community, *Samskara*'s having medical importance is more important. *Samskara*'s like *Jatakarma*, *Annaprashana*, *Karnavedhana*, *Nishakramana*, *Upanayana* etc. have great importance in one's life. It is very important to evaluate importance of these *Samskara*'s scientifically and make people aware regarding positive effect of these cultural ceremonies.

First two years of life is considered a "critical window" of opportunity for ensuring children's appropriate growth and development through optimal feeding. Appropriate nutrition during infancy and early childhood ensures growth, health, and development of a child to its full potential. Evidence based studies also

indicate that early nutritional inadequacy can lead

to long term impairment in growth and health of the growing child The National Family Health Survey (NFHS)-4 indicates that 35.75% children below 5 years are underweight, 38.4% are stunted and 21% wasted in country.³

Similarly; *Phakka* and *Parigarbhika* etc. are important nutritional disorders (*Kuposhanjanya Vyadhis*) described due to improper feeding practices in *ayurvedic* texts. As per UNICEF; proper breast feeding and complementary feeding are two interventions that are estimated to prevent 1/5th of total under- five mortality rate in developing countries⁴.

Methodology A review based study; information pertaining to this study was primarily obtained from various textbooks, clinical observations, research work and scientific studies. It is important to discuss various cultural ceremonies for exploring their timing, method, medical importance and scientific validity.

INFANTILE NUTRITION AT A GLANCE

Nutrition is well acknowledged factor essentially associated with growth and development of human being. Adequate nutrition during infancy and early childhood is fundamental requirement for the development of every child at his best potential. Childhood age especially infantile period is more susceptible period for risk of malnutrition and its related consequences due to higher requirement of nutrition of their body to cope up the need of growth and development. It is accepted that the period from birth to two years of age is a “critical window” for the promotion of optimal growth, health and behavioral development.⁵ Number of researches and studies in area of infantile and childhood morbidity as well as

mortality shows that this is the peak age for growth issues. This includes deficiencies of protein or/and energy and certain micronutrients; and common childhood illnesses such as diarrhea and other infectious diseases. After a child reaches two years of age, it is very difficult to reverse the stunting that has occurred earlier.⁶ World Health Organization (WHO) and UNICEF (The United Nations Children's Fund) recommend breastfeeding for a period of minimum 1 year with emphasis on feeding until 2 years with exclusive breastfeeding for the first 6 months of life.⁷ During this period infant after 6 month of age will require complementary foods i.e. food given in addition to breast feeding. After six months of age, it becomes increasingly difficult for breastfed infants to meet their nutrient needs from human milk alone.⁸ Furthermore, most infants are developmentally ready for other foods at about six months.⁹ Thus, the consensus is that six months is the appropriate age at which to introduce complementary foods.¹⁰ The transition from exclusive breastfeeding to family foods, referred to as complementary feeding, typically covers the period from 6 to 18-24 months of age.¹⁰

Modern considerations in Complementary feeding: -

Guidelines for infant feeding mentioned in *Ayurveda* on par with modern infant nutrition practices in aspects of balanced nutrition, consistency, quantity and frequency of food. Balanced Nutrition:-As per WHO; the energy need for complementary foods for infant with “average” breast milk intake in developing countries are as¹¹

Energy requirement	Age
200 kcal/day	6 to 8 months
300 kcal/day	9 to 11 months
550 kcal/day	12 to 23 months

About Annaprashana

ANNAPRASHANA has very important role in the life of child. Child receives only milk before this ceremony but due to rapid growth and development of child different types of food are required. This ceremony came into practice during the *sutra period*, though the references are also available in the Vedas. According to the *grihya* sutras and *ayurvedic* texts this ceremony should be performed at the age of 5 or 6th months.

In *kashyap samhita*, *sanskara* has been described in very detail. According to him, ANNAPRASHAN sanskar should be performed at the age of tenth month and at the age of sixth month, there is provision of *phalprashana*. On the day of feeding ceremony, materials of sacrificial food are cleaned and cooked after the food has been prepared one oblation to speech with words (the god have generated the goddess, manifold animals speak her forth. May she, the sweet sounding, the highly praised one, come to us. SWAHA)¹².

Kashyap has described the procedure in detail. On the day of food ceremony, in *prajapatya nakshtra*, the cooked food is placed in between the square plate by besmearing of the cow dung and sign of swastika is made on it. A pitcher placed with water is also placed there. Physician is performer of the ceremony. After offering the food to *agni*, the remaining part of the food is offered to the child. The remaining food made soft by mashing is given to child 3 to 5 times in a quantity equal to that of a thumb (*Angustha Matra*).

Consistency:

Infants can eat pureed, mashed and semisolid foods beginning at six months. *Kashyapa* has suggested feeding of various fruits in the 6th month (*Phalprashan*) which can be given as puree or in mashed form. By 8 months, most infants can also eat finger foods. And by 12 months, most children can eat the same types of foods as consumed by the rest of the family. For small children, the food should not contain particulate matter that may trigger gag reflex or vomiting. Thin gruels do not provide enough energy; young infant particularly during 6-9 months requires thick but smooth mixtures. Food that sticks on to spoon is the right consistency. *Kashyapa* suggests that after eruption of teeth or in 10th month, feeding of cereals (*Annaprashan*) should be done after making food soft in consistency by mashing (*sumrudidam*).¹³

Quantity : At 6 months of age, feed should be started with small amount as much as 1-2 teaspoons and the quantity is increased gradually as the child gets older and starts to accept food better. *Kashyapa* suggests that quantity of food to be given to the child should be equal to size of thumb in the beginning and should be fortified effectively¹⁴. Child should be given time to adapt gradually from smaller quantity to larger quantity.

Frequency: An average healthy breastfed infant needs complementary foods 2-3 times per day at 6-8 months of age and 3-4 times per day at 9-24 months. For children of 12-24 months of age, additional nutritious snacks such as a piece of fruit should also be offered 1-2 times per day. If energy density or amount of food per meal is low or the

child is no longer breastfed, more frequent meals should be provided¹⁵. As per *ayurvedic* aspect diet should be given according to agnibal of child.

Ayurvedic complimentary food

Acharya Kashyapa has mentioned that after 12th month, child should be fed with gruels prepared with husk free *Sali* and *Shashtika* rice mixed with oleaginous substances and salt. Rice rich in carbohydrate and also contains vitamins and minerals like Iron, Zinc, Calcium etc. It is a good promoter of nourishment and is easily digestible. *Godhuma* (Wheat) and *Yava* (Barley) powders can be cooked and given to the child according to congeniality. *Godhuma* (*Triticum aestivum*) contains carbohydrates, proteins, fatty acids, minerals etc. and has body nourishing and *immunomodulatory* actions. *Yava* (*Hordeum vulgare*) contains starch, sugars, fats, proteins and glycosides. It imparts strength of body. Gruels prepared out of these cereals can be given to the child with proper fortification of nutrients. *Vidanga* (*Embelia ribes*) cooked with salt and oleaginous substances is also beneficial to the child and in one having diarrhea, *Kodrava* (*Paspalum scrobiculatum* Linn.) should be mixed¹⁶. *Vidanga* is beneficial to treat *helminthic* and other gastrointestinal disorders. *Kodrava* or *Kodo* millet is a good substitute for wheat or rice and is rich in fiber content. It has good antioxidant activity which helps in managing persistent gastrointestinal disturbances. Adding lavana to food improves palatability, kindles digestive fire and increases bioavailability. Energy density of the food is increased by adding *sneha dravyas*. *Acharya Vagbhata* has

prescribed various nutritional supplements in the form of *Modaka* (sweet balls),¹⁷ to cope up with the nutritional deficiencies and other gastrointestinal related disorders arising during weaning period. These are preparations specially developed to meet the nutritional needs of the infant as the usual family diets in our country are often inadequate for proper growth of the child. ***PriyalaMajjadi Modaka***- This weaning food can be used for improving infant's nutritional status and is prepared by using powders of *priyalamajja* (*Buchanania lanzan*), *yasthimadhu* (*Glycyrrhiza glabra*), *laja* (Parched paddy), *sitopala* (*sugarcandy*) and *madhu* (honey). It is easily palatable and is rich in nutrients. Both *Priyala* and *Yashti* are sweet in taste and pacify *vata-pitta*. They have nourishing properties of all tissues and promotes strength. It is called as *Preenana Modaka*. Like *Dhatakyadimodak*, *Balabilwadi modak*, *Deepan modak* preparation are also mentioned.

CONCLUSION

Most infants gradually reduce the volume and frequency of their demand of breast milk between six to twelve months of age. As the demand for breast milk decreases, mother's supply will also gradually decrease. Therefore it is time when weaning should be initiated. Prolonged breast feeding after this period develops rickets, scurvy and anemia in the child. Thus *Annaprashan sanskar* is not only a religious ceremony, but it also draws attention of parents to start supplementary feeding from the stipulated period. Complementary and supplementary foods mentioned in classical texts are well enough to provide balanced nutrition for the

growing child. Based on the principles of complementary feeding mentioned in *Ayurveda*, infant foods have to be formulated considering current availability, acceptability, nutritional status and cost effectiveness of ingredients. Thus, one can bring out a solution for bridging the nutritional crisis commonly occurring during weaning period through proper diet. As diet is greatest medicament (*ahar mahabhaishjya*) mentioned in classics. Thus this ceremony gives proper time for weaning of a child and we can access developmental milestone such as appearance of first tooth, functioning of digestive powers, motor & fine skill development.

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PREVENTIVE AND SOCIAL MEDICINE IN AYURVEDA

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ABSTRACT

Ayurveda has great contribution in treatment of diseases as well as prevention of diseases. It not only provides palliative and curative medicine but also plays an effective role in the prevention of recurring diseases. *Ayurveda* gives equal importance to *Ahara* and *Vihara*. *Vihara* is defined as the second most important pillar of the *Ayurveda*. The modern world is currently facing an epidemic of lifestyle related diseases like diabetes, obesity, heart diseases, etc., as a result of stress, improper diet and irregular or sedentary lifestyle. Hence the person becomes psychological and physical illness and unable to enjoy full life span. Here treatment of ailment is personalized and depends on the psychophysiological makeup of the body. *Ayurveda* believes that in order to achieve and maintain healthy living (*Arogya*), it is essential to practice a healthy *Vihara* like *Dinacharya* (day regimen), *Ratricharya* (night regimen), *Ritucharya* (seasonal regimen), *Ahara Vidhi* (diet rules), *Sadavritta* (code of conducts) etc. are described in detail in *Ayurveda*. There are therapeutic procedures also used as preventive medicine like *Panchakarma*, *Rasayana* therapy. *Ayurveda* believes that every human being is a replica of this cosmos. So there is a relation between a person and its environment. In *ayurveda*, there is an elaborate description of different regimens according to seasonal and diurnal variation to stay healthy. Prevention is better than cure, keeping this philosophy in mind here are some lifestyle management and regimens for a person to live happy and healthy life. Present article aims to elaborate the concept of Lifestyle in *Ayurveda* classics.

KEY WORDS: *Ayurveda*, *Ahara*, *Vihara*, *Dinacharya*, *Ritucharya*

INTRODUCTION

Ayurveda, the age old science of life, has always emphasized to maintain the health and prevent the diseases by following proper diet and lifestyle regimen rather than treatment and cure of the diseases. The basic principle followed in the Ayurvedic system of medicine is *Swasthyashya Swasthya Rakshanam*, which means to maintain the health of the healthy, rather than *Aturashya Vikara Prashamanancha*, means to cure the diseases of the diseased. For this purpose the *Dinacharya* (daily regimen) and *Ritucharya* (seasonal regimen) have been mentioned in the classics of Ayurveda.

In this review article, *Dinacharya* (day regimen), *Ritucharya* (seasonal regimen), *Ahara Vidhi* (diet rules), *Sadavritta* (code of conducts) as mentioned in the classics of *Ayurveda* and their importance has been discussed.

DINCHARYA

Ayurvedic Daily routine helps in maintaining balance and harmony in your body and nature by regulating your biological clock and advocating a healthy lifestyle. It also helps in proper digestion, absorption, and assimilation of food. The discipline that you adopt in daily routine also improves self-esteem, brings happiness and promotes longevity.

Brahma Muhurta

Ayurveda recommends waking up early in the morning. According to ayurveda, you should wake up 96 minutes (around 1.5 hours) before sunrise.

Evacuation

After waking up, you will feel the urge for urination and bowel evacuation. Follow your urge and rush to the toilet for evacuating your bowel and urinary bladder.

Cleaning the Teeth

Use plant twigs or herbal tooth powder. Do not use any toothpaste.

Gum massage

After cleaning teeth, you should also do massage of gums with the fine herbal powder made of Kuth (*Saussurea Lappa*), *Triphala*, *Trikatu* and *Trijataka*.

Cleaning Tongue

You should clean your tongue using tongue scraper made of copper, silver or gold. You can also use tongue cleaner made of wood or plant twig.

Nasya

Charak Samhita recommends putting a few drops of *Anu Thailam* in each nostril every day in the morning.

Gandusha

After nasya, *Vagbhata* recommends *Gandusha*. *Gandusha* is an ayurvedic mouth wash. According to condition we can use oil, decoction & warm water for *gandusha*.

Abhayanga

Morning massage helps to delay aging, reduces tiredness, prevents Vata disorders, improves eyesight, nourishes the body, increases lifespan and improves sleep quality.

Exercise

You must do the exercise according to your physical capacity. Normally, 45 minutes of daily exercise helps in the prevention of lifestyle diseases.

Udvartana Massage

Massage with a fine powder of astringent herbs is helpful for liquefying fats underneath the skin. It also mitigates the *Kapha Dosha*. It is highly recommendable for over-weight and obese people.

Bath(Snana)

It improves appetite, vigor, lifespan and strength. It alleviates itching and removes dirt and sweat.

RITUCHARYA

Ritucharya is prominently discussed in the first few chapters of most of the *Samhitas* of Ayurveda. Prevention of disease to maintain health is being the first and foremost aim of the holistic science of Ayurveda. The year according to *Ayurveda* is divided into two periods *Ayana* (solstice) depending on the direction of movement of sun that is *Uttarayana* (northern solstice) and *Dakshinayana* (southern solstice). Each is formed of three *Ritus* (seasons). A year consists of six seasons, namely, *Shishira* (winter), *Vasanta* (spring), and *Grishma* (summer) in *Uttarayan* and *Varsha* (monsoon), *Sharata* (autumn), and *Hemanta* (late autumn) in *Dakshinayana*.

Shishira (winter) : (Mid-January to mid-March (approximately))

In this *ritu* the environment remains cold, along with cold wind. The predominant *Rasa* and *Mahabhuta* during this season are *Tikta* (bitter) and *Akasha*, respectively. The strength of the person becomes less, deposition of the *Kapha Dosh*a occurs and *Agni* (catabolism) remains in a higher state. Use routine like daily massage with oil/powder/paste, bathing with lukewarm water, exposure to sunlight, wearing warm clothes. *Vata* aggravating lifestyle like exposure to cold wind, excessive walking, sleep at late night, are to be avoided.

Vasanta (spring): (mid-March to mid-May)

Predominant *Rasa* and *Mahabhuta* during this season are *Kashaya* (astringent), and *Prithvi* and *Vayu*, respectively. Strength of the person remains in medium degree, vitiation of *Kapha Dosh*a occurs and *Agni* remains in *Manda* state. One should use warm water for bathing purpose, may do exercise during *Vasant Ritu*. *Udvardana* (massage) with powder of *Chandana* (*Santalum album*), *Kesara* (*Crocus sativus*), *Agaru*, and others, *Kavala* (gargle), *Dhooma* (smoking), *Anjana* (collyrium), and evacuative measures, such as *Vamana* and *Nasya* are advised.

Day-sleep is strictly contraindicated during this season.

Grishma (summer) Mid-May to mid-July (approximately)

The predominant *Rasa* is *Katu* (pungent) and *Mahabhuta* are *Agni* and *Vayu*. The strength of the person become less, deposition of *Vata Dosh*a occurs, but the vitiated *Kapha Dosh*a is pacified during this season. *Agni* of the person will remain in mild state. Staying in cool places, applying sandal wood and other aromatic pastes over the body, adorning with flowers, wearing light dresses and sleeping at day time are helpful. During night one can enjoy the cooled moonrays with breeze. Excessive exercise or hardwork is to be avoided; too much sexual indulgence and alcoholic preparations are prohibited.

Varsha (monsoon) Mid-July to mid-September (approximately)

The predominant *Rasa* and *Mahabhuta* during this season are *Amla* (sour), and *Prithvi* and *Agni*, respectively. Use of boiled water for bath and rubbing the body with oil properly after bath is advised. Medicated *Basti* (enema) is prescribed as an evacuative measure to expel vitiated *Dosh*as. Getting wet in rain, day-sleep, exercise, hard work, sexual indulgence, wind, staying at river-bank, etc., are to be prohibited.

Sharat (autumn) mid-September to mid-November

The predominant *Rasa* is *Lavana* (salty) and predominant *Mahabhutas* are *Apa* and *Agni*. The strength of the person remains medium, pacification of vitiated *Vata Dosh*a and vitiation of *Pitta Dosh*a occur, and activity of *Agni* increases during this season. Habit of eating food, only when there is a feeling of hunger is recommended. One should take water purified by the rays of sun in day time and rays of moon at night time for drinking, bathing, etc. It is advised to wear flower garlands, and to apply paste of *Chandana* (*Santalum album*) on the body. It is said that moon rays in the first 3 h of night is conducive for health. Medical procedures, such as *Virechana* (purging), *Rakta-Mokshana* (blood letting), etc, should be done during this season.

Day-sleep, excessive eating, excessive exposure to sunlight, etc., are to be avoided.

Hemanta (late autumn) Mid-November to mid-January

Predominant *Rasa* during this season is *Madhura* and the predominant *Mahabhutas* are *Prithivi* and *Apa*. The strength of a person remains on highest grade and vitiated *Pitta Dosh*a gets pacified. Activity of *Agni* is increased.

Exercise, body and head massage, use of warm water, *Atapa-sevana* (sunbath), application of *Agaru* on body, heavy clothing, sexual indulgence with one partner, residing in warm places is recommended. Exposure to strong and cold wind, habit of day sleep, etc., are mentioned to be avoided.

SADVRTTA

It is a code of good conduct put forward by Ayurveda Acharyas for maintaining personal as well as social health. Sadvrta provides guidelines on various day-to-day activities and throws light on their role in various aspects of health. Sadvrittas are regarded as one of the measures to prevent diseases. The role of Sadvrta is more of preventive in nature. It also plays a great stress on personal cleanness of body and mind. It acts as shield and strains of life under which we are constantly put in this world.

CONCLUSION

Ayurveda is based on the principle that to achieve and maintain health over the course of your life, you must re-balancing emotions, improve diet, practice yoga and “pranayama” (breathing exercises), and make lifestyle adjustments. Ayurveda blends our modern lifestyle and health-oriented habits with the ancient wisdom of using natural substances, medicines and herbs to help us lead a healthy, happy, stress-free and disease-free life. ... The cardinal aim of Ayurveda is to restore the individual balance between mind, body and spirit.

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Ayurveda approach in the management of Covid-19 in pregnancy-**A review study.****Vibha Sheshrao Adhaves¹, Vijaykumar Nawale²**P.G Scholar¹, Professor and Guide²

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*Corresponding author: vibhaadhaves10@gmail.com**ABSTRACT**

The covid-19 Pandemic in india is part of the worldwide pandemic of coronavirus disease 2019 (Covid-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first case of Covid -19 in India which is originated from china. COVID-19 is type of coronavirus disease belonging to the Family Corona viriadae. The disease is originate through bats and spread from unknown medium to People. Ideally, the condition is spread by Inhalation or close contact with infected patient's Droplets. Incubation Periods in between 2 and 14 days there are so many infections and Death that have been caused by the disease. The symptoms of disease include fever, cough, Sneezing, sore throat, difficulty in breathing, genaralized weakness. The diagnosis of disease is depends upon multiple symptoms of upper and lower respiratory tract. Based on the available evidences, various clinical guidelines for management of COVID-19 have been formulated. Ayurveda has documented

the first reference of epidemics as *Janapadodhwamsa* and has given a scientific insight to its causes, effect and prevention along with management strategies. This article intends to compile and summarise guidelines from esteemed organisations along with their implication in the Indian ethical scenario, and offers an easy tool for clinicians managing pregnant women in times of COVID-19. The clinical profile of COVID-19 matches with *Vata-Kapha* dominant *Sannipataja Jwara* for which detailed treatment guidelines and array of pharmaceutical preparations are described in *Ayurvedic* literature which are being practiced by qualified *Ayurvedic* physicians effectively since long. This highlights the *Ayurvedic* perspective of the COVID-19 along with its prevention, prophylaxis and management strategies through *Ayurveda*

Keywords:COVID-19, SARS CoV-2, *Ayurveda*, *Vata Kaphaja Jwara*, *Janapadodhwamsa*, Antenatal care

INTRODUCTION

Pregnancy is the most important and critical and precious part of every woman's life so that systematic Examination as well as healthy diet and other advice which are helpful for boosting her immunity are very important; this systematic supervision is called as *Garbhini Paricharya* (Anti Natal Care).

There is a new public health crises threatening the world with the emergence and spread of 2019 novel coronavirus (2019-nCoV) or the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Its impact on pregnant women is not yet clear owing to limited data and the knowledge is evolving in several aspects. Supervision should be regular and periodic in nature and according to need of *Garbhini* (ANC Mother). *Ayurveda* considers food to be the best source of nourishments as well as medication for the pregnant woman. *Ayurveda* has been described concept of the nine month diet in *Garbhini*. This diet changes in according to the growth of the foetus in the womb and at the same time ensures health of the mother. The things which are contraindicated in pregnancy are known as *Garbhopaghatakara Bhavas* and avoidance of these things is necessary for well being of foetus. In this paper we have described monthly dietary regimen and Living style for whole pregnancy according to *Samhita*. Considering the mode of transmission (Oro-nasal route through droplets/hand contact), Covid-19 has *Agantuja hetu* (external cause i.e. SARS-CoV 2). Disease symptoms manifest abruptly without having the prodromal phase when the cause is *agantuj* and the clinical presentation will

depend upon the status of already deranged *doshas* at the site where they are maximally concentrated. After gaining entry in a host *Agantuja hetu* ultimately leads to derangement of *Sharirika dosha* (*Vata*, *Pitta* and *Kapha*) and gets converted to *Nija* (internal) type⁴⁵ following the incubation period (variable, from 2-14 days in COVID19).

Although the route of entry of SARS-CoV-2 is Oro-nasal and it mainly hits the respiratory system but multiple organ system involvement is seen in different hosts.

SARS CoV-2 after entering the body, leads to derangement of *Shareerika dosha* and manifests mainly as *Rasapradoshaja* diseases like *Jwara* (fever) and *Arasadnyata* (loss of taste) along with *Pranavaha srotodushti* symptoms (Pulmonary symptoms) like *Shwasa* (dyspnoea) and *Kasa* (cough). *Annavaha Srotodushti* (digestive system) symptoms like *Aruchi* (anorexia), *Chardi* (vomiting) and *Purishavaha srotodushti* (excretory system) symptoms like *Atisara* (diarrhoea) are also not uncommon.

Other associated symptoms of COVID-19 are headache, body aches and arthralgia which are general symptoms associated with all the fevers. In severe stage, disease manifests as pneumonia, ARDS, shock, coagulation disorders with multi organ failure.

All these symptoms are described in *Jwara* under different types and COVID-19 can be categorized as *Vata-Kapha* dominant *Sannipataja Jwara* with variable involvement of *Pitta*. Hence, the line of treatment mentioned under *Jwara chikitsa* must be adopted for its management. In addition to this,

principles of *Shwasa* and other diseases like *Atisara* (Diarrheal diseases), *Chardi* (Vomiting), *Raktapitta* (bleeding disorders and Coagulopathies) can be employed depending upon the presenting case. *Jwara* (fever) according to Ayurveda arises from *Amashaya* and has been classified as a disease due to vitiation of *Rasavaha srotas*. Aggravated *Dosha* (*Vata*, *Pitta* or *Kapha*) due to underlying etiology, either alone or in combination of two or three, gets mixed with the improperly formed *rasa* (the first *Dhatu* formed after digestion) which cause sluggish circulation and further blocks the micro channels of *rasa* and *sweda* (thermoregulatory apparatus). The *Agni* (digestive fire) gets displaced out of its original site (*Paktisthana*), spreading out through the body which is not able to dissipate heat due to blocked sweat channels, causing fever. Moreover, displacement of *Agni* from its seat impairs all the metabolic functions of the body and leads to impaired immune response. Greater the derangement of *Agni* greater will be the accumulated *Dosha* and poor will be the prognosis as is seen in Covid-19 cases with comorbidities like hypertension, diabetes, cardiac and hepatic disorders, cerebrovascular accidents, cancer and cases with renal impairment.

AIMS AND OBJECTIVE

- To understand the mode of action of *Ayurvedic* Perspective and Management in Covid-19
- To review of covid -19 *ayurvedic* approach and management.
- To understand the mode of Action and Effect of covid-19 on pregnancy and Fetus

Effect of COVID-19 on Pregnancy

Pregnant women do not appear more likely to contract the infection than the general population. However, pregnancy itself alters the body's immune system and response to viral infections in general, which can occasionally be related to more severe symptoms and this will be the same for COVID-19. Reported cases of COVID-19 pneumonia in pregnancy are milder and with good recovery. In other types of coronavirus infection (SARS, MERS), the risks to the mother appear to increase in particular during the last trimester of pregnancy. There are case reports of preterm birth in women with COVID-19 but it is unclear whether the preterm birth was always iatrogenic, or whether some were spontaneous. Pregnant women with heart disease are at highest risk (congenital or acquired). The coronavirus epidemic increases the risk of perinatal anxiety and depression, as well as domestic violence. It is critically important that support for women and families is strengthened as far as possible; that women are asked about mental health at every contact.

Effect on Foetus :

- There are currently no data suggesting an increased risk of miscarriage or early pregnancy loss in relation to COVID-19.
- There is no evidence currently that the virus is teratogenic. Long term data is awaited.
- COVID-19 infection is currently not an indication for Medical Termination of Pregnancy.

Antenatal Care

- Women should be advised to attend routine antenatal care, tailored to minimum, at the

discretion of the maternal care provider at 12, 20, 28 and 36 weeks of gestation, unless they meet current self-isolation criteria.

- For women who have had symptoms, appointments can be deferred until 7 days after the start of symptoms, unless symptoms (aside from persistent cough) become severe. Foetal Kick count to be maintained.
- If needed to visit health centre, should take own transport or call for Ambulance, informing the ambulance staff about her status.
- For women who are self-quarantined because someone in their household has possible symptoms of COVID-19, appointments should be deferred for 14 days.
- Any woman who has a routine appointment delayed for more than 3 weeks should be contacted. (In rural areas ANMs/ASHAs can contact by telephone/ routine household visits with PPE).
- Even if a woman has previously tested negative for COVID-19, if she presents with symptoms again, COVID-19 should be suspected.
- Referral to antenatal ultrasound services for foetal growth surveillance is recommended after 14 days following the resolution of acute illness.

COVID-19 in Ayurveda

Ayurveda revealed that it is not always possible to name a disease in a definite term. Hence, this disease has to be analyzed according to the *Nidana Panchaka* theory of Ayurveda based on the concepts of *Dosha*, *Dushya*, *Srotas*,

Samprapti, and its management. Since the *Vedic* period, *Ayurveda* practitioners have an insight into the existence of microorganisms inducing infectious diseases. The word *Krimi* was referred to as an infectious agent in Vedas. Ancient Indian classics described nearly 100 types of infectious agents. In Mahabharata, *Vedavyasa* narrated the unavoidable existence of *Krimi*. It is also mentioned in classics that *Mahamari* (communicable diseases) can spread from one person to another through air, water, animal, flies, and physical contact.

Historical evidence of infections and epidemics in Ayurveda

When any disease or conditions like natural calamities or disasters affected a *Janpad*, it was called as *Janpandodhwansa*. Factors responsible for such an outbreak resulting in mass casualties are as follows

- Deranged *Vayu* (air),
- *Jala* (water),
- *Desh* (land)
- *Kala* (seasons).

These four factors are in common to habitants of an area which when vitiated are responsible for outbreak of a disease. Sins of present life and bad deeds of past life, *Pragyaparadha* (intellectual misconduct), *Adharma* (unrighteousness) have been ascribed as the root cause of such type of calamities.

Ayurvedic approach to Covid-19

Considering the mode of transmission (Oro-nasal route through droplets/hand contact), Covid-19 has *Agantuja hetu* (external cause i.e. SARS-CoV 2). Disease symptoms manifest abruptly without having the prodromal phase when the cause is *agantuj* and the clinical

presentation will depend upon the status of already deranged *doshas* at the site where they are maximally concentrated. After gaining entry in a host *Agantuja hetu* ultimately leads to derangement of *Sharirika dosha* (*Vata*, *Pitta* and *Kapha*) and gets converted to *Nija* (internal) following the incubation period (variable, from 2-14 days in COVID-19). Although the route of entry of SARS-CoV-2 is Oro-nasal and it mainly hits the respiratory system but multiple organ system involvement is seen in different hosts. SARS CoV-2 after entering the body, leads to derangement of *Shareerika dosha* and manifests mainly as *Rasapradoshaja diseases* like *Jwara* (fever) and *Arasagyata* (loss of taste) along with *Pranavaha srotodushti* symptoms (Pulmonary symptoms) like *Shwasa* (dyspnoea) and *Kasa* (cough). *Annavaha Srotodushti* (digestive system) symptoms like *Aruchi* (anorexia), *Chardi* (vomiting) and *Purishavaha srotodushti* (excretory system) symptoms like *Atisara* (diarrhoea) are also not uncommon. Other associated symptoms of COVID-19 are headache, body aches and arthralgia which are general symptoms.

Pathophysiology

The pathological complex can be conceptualized as “*Bhuta-abhishangajvara*” in *Ayurveda* (~fever due to infection of microbial organisms). Contributing aetiologies in the morbidity are *Nija*(~endogenous factors) and *Agantuka*(~exogenous factors). It can be co-related to *Aagantuja jvara* with (infectious disease) with a special reference to *Vata* dominant *jvara* (fever in *Ayurveda*), further manifested as the consequence of *Janapadodhwamsa* (epidemic). In this case, exposure to the

virus refers to exogenous aetiology and exertion contributed to the pathology. The *doshas* inflict *rasa vaha srotas* and *sweda vaha srotas*, the foetus gets its mean of survival from *rasa vaha srotas*, thus it may also be affected by *jwara*. describes the pathogenesis of COVID 19 in pregnancy.

Management:

Decoction of *madhuka*, *candana*, *sariva*, *usira*, *madhuyasti* and *padmaka* mixed with honey and sugar is beneficial.

Decoction of *candana*, *sariva*, *lodhra* and *mrdivika* mixed with sugar should be prescribed.

Water medicated with *payasya*, *sariva*, *pathya*, *nagara* should be given for drinking. *Hriberadi* decoction prescribed for diarrhea is also beneficial.

Decoction of ayurvedic drugs like *Tulsi*, *Guduchi*, *Shirish*, *Neem* and *Yastimadhu* can prove to be an elixir for pregnant woman in COVID-19 pandemic and will aid to prevent and treat COVID-19 symptomatically as these drugs possess Antiviral, Anti-bacterial, Anti-oxidant, Anti-inflammatory, Anti-allergic and Immune-modulatory effects.

The *ayurvedic* properties of drugs and its effect on respiratory system & basal body temperature. the chemical constituents and biological activities of *ayurvedic* drugs effective for pregnant women in COVID-19 pandemic.

Sanshamani Vati (*Guduchi ghana Vati*) 500 mg with a frequency twice a day.

Guduchi (*Tinospora cordifolia* (Willd.) Hook. f.) has *Rasayana*, *Balya*, *Agnidipana* and, *Tridoshshamaka* activity.

Sitophaladi churna 2 g mixed with 125 mg of *Godanti bhasma* was advised to be taken twice a day with lukewarm water.

Godanti bhasma has *Madhur Vipaka* and *Sheeta veerya*

Phala ghrita was advised (5 gram) twice a day. The dietary interventions should be as gruel and vegetable soup along with regular diet.

Method of preparation of decoction

Fresh raw drugs (1 part each) are taken and washed off properly, and then all dirt and contamination are removed.

Decoction can be prepared from *Tulsi patra*, *Shirish twak*, *Guduchi kanda*, *Madhuka mool*, and *Nimba patra* by adding four times water and reducing it to one-fourth and is allowed to cool down. The pregnant woman is advised to drink

20ml ---0---20ml decoction (twice a day)

DISCUSSION:

The world is facing a panic situation nowadays in the form of covid-19 pandemic. Which came in our life like a nightmare. There is no evidence till date exact protocol for treatment which can be use for covid-19 infection. So the only way to control the situation is prevention and symptomatic treatment to cure of corona infection. WHO, ICMR, AYUSH guidelines are made for the prevention of corona virus infection. But no any extra care suggested by the any health organisations for pregnant ladies. Pregnant ladies should be considered as vulnerable. As pregnancy is a immune-compromised state. Here are trying to suggest some remedies as preventive

measure. *Acharya Kashyapa* has stated that fever in a pregnant woman is the most troublesome disease as the foetus suffers due to the transfer of heat of fever from the mother to the foetus. This case demonstrated *Ayurvedic* management for pregnant woman with COVID-19 disease. The safety and efficacy were the initial concerns in considering the mentioned therapeutics. The intervention included oral medications, dietary intervention and lifestyle intervention. The initial treatment on admission was administered as *vyadhi-viprita upkrama (jwaraghna* action of *Sanshamani Vati* and *Godanti bhasma*) and *Sukumar ghrita* was administered for its *Vata-nashan karma* and *rasayana* action. Efficacy of *Sanshamani Vati* in the treatment of moderate infection of COVID-19 is evident through the recent researches.

CONCLUSION

The diet and lifestyle which are described thousands of years ago in the classical texts of *Ayurveda* is totally beneficial and one can follow it for prevention of COVID-19 in pregnancy. The disease COVID-19 can be considered as the clinical congruence of *Sam-sannipataja jwara* It comes under *Janapada dhamsa vikara* and can be grouped in *Bhutabhisanga Agantuga Vikara* (external cause of microbes) *Garbhini* should be treated circumspectly during this COVID-19 pandemic to prevent a deleterious effect. This article gives priority to the reduction of transmission of COVID-19 in pregnant women. In conclusion, the literature on the management of antenatal women in COVID times is extremely limited but rapidly growing and changing. The available guidelines too are updating

with time. The latest guidelines at present were reviewed, and a summary of management guidelines and their interpretation in the Indian Scenario has been attempted by this article. History of MERS or SARS threatens of the possible high mortality rates of COVID, yet the age group of the antenatal women and the current COVID antenatal data till date reassures otherwise. Appropriate and timely management seem to be the key, and all guidelines strive toward a safe motherhood and healthy offspring in the times of a global pandemic. *Garbhini paricharya* should be pursued meticulously as mentioned in ayurvedic classics COVID-19 in pregnancy should be treated premediated regarding *Garbhini Jwara*

Tulsi, Shirish, Guduchi, Yastimadhu and *Neem kwath* is effective in preventing and controlling the signs and symptoms of novel COVID-19 as all these drugs which are mentioned in *ayurvedic* texts acts as *Dahaprashaman, Jantughna, Shvashhara, Kasahara, Krimihgna, Jwarahara*. No adverse effect or complications should be produced with the use of this treatment.

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PREVENTIVE AND SOCIAL MEDICINE IN AYURVEDA

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ABSTRACT

Ayurveda has great contribution in treatment of diseases as well as prevention of diseases. It not only provides palliative and curative medicine but also plays an effective role in the prevention of recurring diseases. *Ayurveda* gives equal importance to *Ahara* and *Vihara*. *Vihara* is defined as the second most important pillar of the *Ayurveda*. The modern world is currently facing an epidemic of lifestyle related diseases like diabetes, obesity, heart diseases, etc., as a result of stress, improper diet and irregular or sedentary lifestyle. Hence the person becomes psychological and physical illness and unable to enjoy full life span. Here treatment of ailment is personalized and depends on the psychophysiological makeup of the body. *Ayurveda* believes that in order to achieve and maintain healthy living (*Arogya*), it is essential to practice a healthy *Vihara* like *Dinacharya* (day regimen), *Ratricharya* (night regimen), *Ritucharya* (seasonal regimen), *Ahara Vidhi* (diet rules), *Sadavritta* (code of conducts) etc. are described in detail in *Ayurveda*. There are therapeutic procedures also used as preventive medicine like *Panchakarma*, *Rasayana* therapy. *Ayurveda* believes that every human being is a replica of this cosmos. So there is a relation between a person and its environment. In *ayurveda*, there is an elaborate description of different regimens according to seasonal and diurnal variation to stay healthy. Prevention is better than cure, keeping this philosophy in mind here are some lifestyle management and regimens for a person to live happy and healthy life. Present article aims to elaborate the concept of Lifestyle in *Ayurveda* classics.

KEY WORDS: *Ayurveda*, *Ahara*, *Vihara*, *Dinacharya*, *Ritucharya*

INTRODUCTION

Ayurveda, the age old science of life, has always emphasized to maintain the health and prevent the diseases by following proper diet and lifestyle regimen rather than treatment and cure of the diseases. The basic principle followed in the Ayurvedic system of medicine is *Swasthyashya Swasthya Rakshanam*, which means to maintain the health of the healthy, rather than *Aturashya Vikara Prashamanancha*, means to cure the diseases of the diseased. For this purpose the *Dinacharya* (daily regimen) and *Ritucharya* (seasonal regimen) have been mentioned in the classics of Ayurveda.

In this review article, *Dinacharya* (day regimen), *Ritucharya* (seasonal regimen), *Ahara Vidhi* (diet rules), *Sadavritta* (code of conducts) as mentioned in the classics of *Ayurveda* and their importance has been discussed.

DINCHARYA

Ayurvedic Daily routine helps in maintaining balance and harmony in your body and nature by regulating your biological clock and advocating a healthy lifestyle. It also helps in proper digestion, absorption, and assimilation of food. The discipline that you adopt in daily routine also improves self-esteem, brings happiness and promotes longevity.

Brahma Muhurta

Ayurveda recommends waking up early in the morning. According to ayurveda, you should wake up 96 minutes (around 1.5 hours) before sunrise.

Evacuation

After waking up, you will feel the urge for urination and bowel evacuation. Follow your urge and rush to the toilet for evacuating your bowel and urinary bladder.

Cleaning the Teeth

Use plant twigs or herbal tooth powder. Do not use any toothpaste.

Gum massage

After cleaning teeth, you should also do massage of gums with the fine herbal powder made of Kuth (*Saussurea Lappa*), Triphala, Trikatu and Trijataka.

Cleaning Tongue

You should clean your tongue using tongue scraper made of copper, silver or gold. You can also use tongue cleaner made of wood or plant twig.

Nasya

Charak Samhita recommends putting a few drops of Anu Thailam in each nostril every day in the morning.

Gandusha

After nasya, Vagbhata recommends Gandusha. Gandusha is an ayurvedic mouth wash. According to condition we can use oil, decoction & warm water for gandusha.

Abhayanga

Morning massage helps to delay aging, reduces tiredness, prevents Vata disorders, improves eyesight, nourishes the body, increases lifespan and improves sleep quality.

Exercise

You must do the exercise according to your physical capacity. Normally, 45 minutes of daily exercise helps in the prevention of lifestyle diseases.

Udvartana Massage

Massage with a fine powder of astringent herbs is helpful for liquefying fats underneath the skin. It also mitigates the Kapha Dosha. It is highly recommendable for over-weight and obese people.

Bath(Snana)

It improves appetite, vigor, lifespan and strength. It alleviates itching and removes dirt and sweat.

RITUCHARYA

Ritucharya is prominently discussed in the first few chapters of most of the *Samhitas* of Ayurveda. Prevention of disease to maintain health is being the first and foremost aim of the holistic science of Ayurveda. The year according to *Ayurveda* is divided into two periods *Ayana* (solstice) depending on the direction of movement of sun that is *Uttarayana* (northern solstice) and *Dakshinayana* (southern solstice). Each is formed of three *Ritus* (seasons). A year consists of six seasons, namely, *Shishira* (winter), *Vasanta* (spring), and *Grishma* (summer) in *Uttarayan* and *Varsha* (monsoon), *Sharata* (autumn), and *Hemanta* (late autumn) in *Dakshinayana*.

Shishira (winter) : (Mid-January to mid-March (approximately))

In this *ritu* the environment remains cold, along with cold wind. The predominant *Rasa* and *Mahabhuta* during this season are *Tikta* (bitter) and *Akasha*, respectively. The strength of the person becomes less, deposition of the *Kapha Dosh*a occurs and *Agni* (catabolism) remains in a higher state. Use routine like daily massage with oil/powder/paste, bathing with lukewarm water, exposure to sunlight, wearing warm clothes. *Vata* aggravating lifestyle like exposure to cold wind, excessive walking, sleep at late night, are to be avoided.

Vasanta (spring): (mid-March to mid-May)

Predominant *Rasa* and *Mahabhuta* during this season are *Kashaya* (astringent), and *Prithvi* and *Vayu*, respectively. Strength of the person remains in medium degree, vitiation of *Kapha Dosh*a occurs and *Agni* remains in *Manda* state. One should use warm water for bathing purpose, may do exercise during *Vasant Ritu*. *Udvardana* (massage) with powder of *Chandana* (*Santalum album*), *Kesara* (*Crocus sativus*), *Agaru*, and others, *Kavala* (gargle), *Dhooma* (smoking), *Anjana* (collyrium), and evacuative measures, such as *Vamana* and *Nasya* are advised.

Day-sleep is strictly contraindicated during this season.

Grishma (summer) Mid-May to mid-July (approximately)

The predominant *Rasa* is *Katu* (pungent) and *Mahabhuta* are *Agni* and *Vayu*. The strength of the person become less, deposition of *Vata Dosh*a occurs, but the vitiated *Kapha Dosh*a is pacified during this season. *Agni* of the person will remain in mild state. Staying in cool places, applying sandal wood and other aromatic pastes over the body, adorning with flowers, wearing light dresses and sleeping at day time are helpful. During night one can enjoy the cooled moonrays with breeze. Excessive exercise or hardwork is to be avoided; too much sexual indulgence and alcoholic preparations are prohibited.

Varsha (monsoon) Mid-July to mid-September (approximately)

The predominant *Rasa* and *Mahabhuta* during this season are *Amla* (sour), and *Prithvi* and *Agni*, respectively. Use of boiled water for bath and rubbing the body with oil properly after bath is advised. Medicated *Basti* (enema) is prescribed as an evacuative measure to expel vitiated *Dosh*as. Getting wet in rain, day-sleep, exercise, hard work, sexual indulgence, wind, staying at river-bank, etc., are to be prohibited.

Sharat (autumn) mid-September to mid-November

The predominant *Rasa* is *Lavana* (salty) and predominant *Mahabhutas* are *Apa* and *Agni*. The strength of the person remains medium, pacification of vitiated *Vata Dosh*a and vitiation of *Pitta Dosh*a occur, and activity of *Agni* increases during this season. Habit of eating food, only when there is a feeling of hunger is recommended. One should take water purified by the rays of sun in day time and rays of moon at night time for drinking, bathing, etc. It is advised to wear flower garlands, and to apply paste of *Chandana* (*Santalum album*) on the body. It is said that moon rays in the first 3 h of night is conducive for health. Medical procedures, such as *Virechana* (purging), *Rakta-Mokshana* (blood letting), etc, should be done during this season.

Day-sleep, excessive eating, excessive exposure to sunlight, etc., are to be avoided.

Hemanta (late autumn) Mid-November to mid-January

Predominant *Rasa* during this season is *Madhura* and the predominant *Mahabhutas* are *Prithivi* and *Apa*. The strength of a person remains on highest grade and vitiated *Pitta Dosh*a gets pacified. Activity of *Agni* is increased.

Exercise, body and head massage, use of warm water, *Atapa-sevana* (sunbath), application of *Agaru* on body, heavy clothing, sexual indulgence with one partner, residing in warm places is recommended. Exposure to strong and cold wind, habit of day sleep, etc., are mentioned to be avoided.

SADVRTTA

It is a code of good conduct put forward by Ayurveda Acharyas for maintaining personal as well as social health. Sadvrta provides guidelines on various day-to-day activities and throws light on their role in various aspects of health. Sadvrittas are regarded as one of the measures to prevent diseases. The role of Sadvrta is more of preventive in nature. It also plays a great stress on personal cleanness of body and mind. It acts as shield and strains of life under which we are constantly put in this world.

CONCLUSION

Ayurveda is based on the principle that to achieve and maintain health over the course of your life, you must re-balancing emotions, improve diet, practice yoga and “pranayama” (breathing exercises), and make lifestyle adjustments. Ayurveda blends our modern lifestyle and health-oriented habits with the ancient wisdom of using natural substances, medicines and herbs to help us lead a healthy, happy, stress-free and disease-free life. ... The cardinal aim of Ayurveda is to restore the individual balance between mind, body and spirit.

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PREVENTIVE AND SOCIAL MEDICINE IN AYURVEDA

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ABSTRACT

Ayurveda has great contribution in treatment of diseases as well as prevention of diseases. It not only provides palliative and curative medicine but also plays an effective role in the prevention of recurring diseases. *Ayurveda* gives equal importance to *Ahara* and *Vihara*. *Vihara* is defined as the second most important pillar of the *Ayurveda*. The modern world is currently facing an epidemic of lifestyle related diseases like diabetes, obesity, heart diseases, etc., as a result of stress, improper diet and irregular or sedentary lifestyle. Hence the person becomes psychological and physical illness and unable to enjoy full life span. Here treatment of ailment is personalized and depends on the psychophysiological makeup of the body. *Ayurveda* believes that in order to achieve and maintain healthy living (*Arogya*), it is essential to practice a healthy *Vihara* like *Dinacharya* (day regimen), *Ratricharya* (night regimen), *Ritucharya* (seasonal regimen), *Ahara Vidhi* (diet rules), *Sadavritta* (code of conducts) etc. are described in detail in *Ayurveda*. There are therapeutic procedures also used as preventive medicine like *Panchakarma*, *Rasayana* therapy. *Ayurveda* believes that every human being is a replica of this cosmos. So there is a relation between a person and its environment. In *ayurveda*, there is an elaborate description of different regimens according to seasonal and diurnal variation to stay healthy. Prevention is better than cure, keeping this philosophy in mind here are some lifestyle management and regimens for a person to live happy and healthy life. Present article aims to elaborate the concept of Lifestyle in *Ayurveda* classics.

KEY WORDS: *Ayurveda*, *Ahara*, *Vihara*, *Dinacharya*, *Ritucharya*

INTRODUCTION

Ayurveda, the age old science of life, has always emphasized to maintain the health and prevent the diseases by following proper diet and lifestyle regimen rather than treatment and cure of the diseases. The basic principle followed in the Ayurvedic system of medicine is *Swasthyashya Swasthya Rakshanam*, which means to maintain the health of the healthy, rather than *Aturashya Vikara Prashamanancha*, means to cure the diseases of the diseased. For this purpose the *Dinacharya* (daily regimen) and *Ritucharya* (seasonal regimen) have been mentioned in the classics of Ayurveda.

In this review article, *Dinacharya* (day regimen), *Ritucharya* (seasonal regimen), *Ahara Vidhi* (diet rules), *Sadavritta* (code of conducts) as mentioned in the classics of *Ayurveda* and their importance has been discussed.

DINCHARYA

Ayurvedic Daily routine helps in maintaining balance and harmony in your body and nature by regulating your biological clock and advocating a healthy lifestyle. It also helps in proper digestion, absorption, and assimilation of food. The discipline that you adopt in daily routine also improves self-esteem, brings happiness and promotes longevity.

Brahma Muhurta

Ayurveda recommends waking up early in the morning. According to ayurveda, you should wake up 96 minutes (around 1.5 hours) before sunrise.

Evacuation

After waking up, you will feel the urge for urination and bowel evacuation. Follow your urge and rush to the toilet for evacuating your bowel and urinary bladder.

Cleaning the Teeth

Use plant twigs or herbal tooth powder. Do not use any toothpaste.

Gum massage

After cleaning teeth, you should also do massage of gums with the fine herbal powder made of Kuth (*Saussurea Lappa*), *Triphala*, *Trikatu* and *Trijataka*.

Cleaning Tongue

You should clean your tongue using tongue scraper made of copper, silver or gold. You can also use tongue cleaner made of wood or plant twig.

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Charak Samhita recommends putting a few drops of *Anu Thailam* in each nostril every day in the morning.

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After nasya, *Vagbhata* recommends *Gandusha*. *Gandusha* is an ayurvedic mouth wash. According to condition we can use oil, decoction & warm water for *gandusha*.

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In this *ritu* the environment remains cold, along with cold wind. The predominant *Rasa* and *Mahabhuta* during this season are *Tikta* (bitter) and *Akasha*, respectively. The strength of the person becomes less, deposition of the *Kapha Dosh*a occurs and *Agni* (catabolism) remains in a higher state. Use routine like daily massage with oil/powder/paste, bathing with lukewarm water, exposure to sunlight, wearing warm clothes. *Vata* aggravating lifestyle like exposure to cold wind, excessive walking, sleep at late night, are to be avoided.

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**PURISH MALA PARIKSHANAM: RELEVANT DIGNOSTIC TOOL IN ASHTAUIDHA PARIKSHYA STATES IN AYURVED CLASSICS.**Vd. Tridev Arun Patil^{1*}, Vd. Rajesh Wankhade², Vd. Yogesh Shewale³ and Vd. Nitin Pandav⁴¹Asst. Professore, Rachana Sharir Department, Smbt Ayurved College & Hospital Dhamangaon, Nashik.²Professore & Hod, Dravyaguna Department, Smbt Ayurved College & Hospital Dhamangaon, Nashik.³Asst. Professore, Kriya Sharir Department, Smbt Ayurved College & Hospital Dhamangaon, Nashik.⁴Asso. Professore, Samhita Department, Mads Ayurved College & Hospital Yeola, Nashik.***Corresponding Author: Vd. Tridev Arun Patil**

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ABSTRACT

Ancient *Ayurveda* has a great antiquity. There are many diagnostic tools of investigation quoted by Ayurved science. *Asthavidha Pariksha* i.e. eight types of investigation of Acaharya Yogratanakara in Ayurveda classics. Which one of prime investigations were to finds the various causative factors behind the diseases. *Ashtavidha pariksha* were i.e. *Nadi* (Pulse examination), *Mala* (stool examination), *Mutra* (Urine examination), *Shabda* (examination of Voice of patients), *Jivha* (Tongue examination) and *Sparsha* (Touch examination), *Aakruti* (examination of body physique), *Druk* (Vision examination). *Mala Pariskha* is one the major diagnostics tool in *Ashtavidha pareeksha*. *Purish Mala* (Stool) investigation is a significant laboratory investigative tool in treatment, which is used to recognize the health and infectious condition of an individual. It is essential to diagnose the disease after appropriate investigation and treatments are to be given. In this paper, purpose has been made to enlighten on concepts of *Ashtavidha Pariksha* and *Purish Mala Pariksha* is a most relevant diagnostic tool in this era. Hence *Ahstavidha Pariskha* with *Purish Mala Pariksha* acts as irreplaceable part in Ayurvedic *Chikitsa*.

KEYWORDS: *Asthavidha pariksha*, *Mala pariksha*, *Purish*, *Stool*, *Tridosha*.**INTRODUCTION**

Ayurveda had effective tools for the diagnosis of *Vyadhi*. *Rog* and *Rogi Pariksha* is one of the major key in treatment of various diseases. "*Nidan Panchak*" used for *Rog Pariksha* and "*Trividha (three folds examination)*", *Dashavidh Pariksha* (ten folds examination) and *Asthavidh Pariksha* (eight folds examination) were always used in *Rogi Pariksha*, because all above mentioned examinations were significant to diagnose the various *Vyadhi*'s. Thus the *Mala Pariksha* (Stool examination) was one of the most significant diagnostic tools in Ayurveda to identify the numerous diseases. With this pulse examination tools on patient wrist, we can easily detect the imbalances in components of the body and thus we can recommend an effective treatment according to that. So, this paper clarifies how *Purish Mala Pariksha* is a one of the easiest significant diagnostic tool which helps to diagnose the *Vyadhi* of patients.

AIM: Significance of *Purish Mala Pariksha* in *Asthvidha Parikasha*.**OBJECTIVES**

- 1) To evaluate the *Ashtovidh Pariskha* in *chikitsa*.
- 2) To aware and evaluate the *Mala Pariskha*

importance in *Asthvidha Pariksha* quoted in *Ayurved* texts.**MATERIALS AND METHODS***Asthavidha Pariksha* Following is the (eight fold examinations).

1. ***Nadi Pariksha* (Pulse investigation)**– *Nadi* maens pulse rate of human being was measured in various part of the body parts . but universally its measured in wrist joint in upperlimb . pulse investigate by some interating factors like wise speed, volume, tension rate, and type etc. The grade of *Dosha* in relative to age, sex, constitution, time of the day, season, physical activity, food intake, etc.
2. ***Mala Pariksha* (Stool examination)**–The status of the digestive system is characteristically replicated in the character of stool.
3. ***Mutra Pariksha* (Urine examination)**–The urine is examine with respect to its appearance, clarity, volume, color shade, etc.
4. ***Jivha Pariksha* (Tongue examination)**–Tongue is frequently examined with respect to perception of sense of taste,color shade, roughness and softness of superficial surface. It likewise gives indication about status of digestion and disease state.
5. ***Sparsha Pariksha* (Palpation and percussion)** –

Palpation is beneficial on significant inflammation, temperature, variations in the texture and shape of the body parts.

6. **Shadbda Pariksha (voice/sound examination)** – Voice of the patients is scrutinized with detail to its quality and nature. The nature of voice fluctuates in accordance with the psychosomatic composition of the persons.
7. **Druk Pariksha (Eyes/vision examination)**–The variations in the color shade, expression, etc shows the types of the morbid *Dosha* and are useful in arriving at identification and prognosis.
8. **Akriti Pariksha (stature)**– General overall exteriors of the patients will be exaggerated in particular of the neurological difficulties, nutritional disorders, disabilities etc.

Mala Pariksha

Purisha originates underneath *Sharir Mala* or *Trimala*. In the process of digestion, *Sarabhaga* i.e. main nutritive portion becomes absorbed and the remaining portion was undigested quantity converts solid which was termed as *Purisha mala*. Ayurveda quoted that, investigation of *Purish* is inadequate mostly up to the analysis of physical characteristics i.e. quantity (amount), *Gandha* (fragrance/ odor), color (shades), *phena pravrutti* (froth), *samhanan* (consistency).

Further these; a specified method of stool (*purisha mala*) investigation, i.e., *Jala Nimajjana Purisha Pariksha* has been defined to distinguish the existence of *Aama* in that way understanding the status of *Agni* in the *sharir*.

Features of normal Purisha Mala

Well-rounded *Purisha Mala* (stool) is neither too hard nor too soft (about the uniformity of a semi mature ripe banana). It specifies appropriate digestion healthy system. Appearances of normal stool in terms of physical characteristics such as *Gandha* (fragrance), *Varna* (color shade), *Sparsha* (touch), and *Vaishadya* (un stickiness/clear) are not labeled independently in the ancient period texts of *Ayurveda*, Only *Pramana* (quantity) of *Purisha* has been defined by *Acharya Charaka* as (*Sapt*) 7 *Anjali Pramana*. However *Purisha Mala* investigation had been given due significance in perception of the diseases.

Importance of Purisha Pariksha

1. Status of *Agni* i.e. digestive fire
2. Symptoms of abnormal *Doshas* i.e. body humors
3. Prognosis of infections
4. Occurrence of parasites.

Method of Investigation

There are two techniques of *Purisha Pariksha* defined in *Ayurveda*.

1. Physical examination of stool.
2. *Dosha Mala* Relation.
3. *Jala Nimajjana Purisha Pariksha* to identify the

presence of *Aama*.

In *Brihatrayi*, *Purisha Mala* has detailed explained in various diseases and the characteristics of physical examination was given.

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Dosha-Mala

Vata Dosha vitiated *Mala*- Dry, hard with blackish shade.

Pitta Dosha vitiated *Mala* -Yellow and Green color shade.

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CONCLUSION

Purisha Mala i.e. Stool is an essential by-product of the digestion and replicates the fluctuations occurring in the human body in contradictory pathological and diseased circumstances. Therefore, after *Nadi* and *Mutra*; this has been indicated third number place in *Asthavidha Pariksha*. Abnormal modifications in stool relating to its color shades smell (fragrance), consistency, quantity and frequency have been defined in several disease circumstances. A little effort has been made to accumulate these dispersed references mentioned in *Brihatrayee* at one roof and anyone can refer these variations in *Purish Mala* (stool) for diagnostic tool of various infection conditions.

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Ancient *Ayurveda* has a great antiquity. There are many diagnostic tools of investigation quoted by Ayurved science. *Asthavidha Pariksha* i.e. eight types of investigation of Acaharya Yogratakara in Ayurveda classics. Which one of prime investigations were to find the various causative factors behind the diseases. *Ashtavidha pariksha* were i.e. *Nadi* (Pulse examination), *Mala* (stool examination), *Mutra* (Urine examination), *Shabda* (examination of Voice of patients), *Jivha* (Tongue examination) and *Sparsha* (Touch examination), *Aakruti* (examination of body physique), *Druk* (Vision examination). *Mala Pariskha* is one the major diagnostics tool in *Ashtavidha pareeksha*. *Purish Mala* (Stool) investigation is a significant laboratory investigative tool in treatment, which is used to recognize the health and infectious condition of an individual. It is essential to diagnose the disease after appropriate investigation and treatments are to be given. In this paper, purpose has been made to enlighten on concepts of *Ashtavidha Pariksha* and *Purish Mala Pariksha* is a most relevant diagnostic tool in this era. Hence *Ahstavidha Pariskha* with *Purish Mala Pariksha* acts as irreplaceable part in Ayurvedic *Chikitsa*.

KEYWORDS: *Asthavidha pariksha*, *Mala pariksha*, *Purish*, *Stool*, *Tridosha*.**INTRODUCTION**

Ayurveda had effective tools for the diagnosis of *Vyadhi*. *Rog* and *Rogi Pariksha* is one of the major key in treatment of various diseases. "*Nidan Panchak*" used for *Rog Pariksha* and "*Trividha (three folds examination)*", *Dashavidh Pariksha* (ten folds examination) and *Asthavidh Pariksha* (eight folds examination) were always used in *Rogi Pariksha*, because all above mentioned examinations were significant to diagnose the various *Vyadhi*'s. Thus the *Mala Pariksha* (Stool examination) was one of the most significant diagnostic tools in Ayurveda to identify the numerous diseases. With this pulse examination tools on patient wrist, we can easily detect the imbalances in components of the body and thus we can recommend an effective treatment according to that. So, this paper clarifies how *Purish Mala Pariksha* is a one of the easiest significant diagnostic tool which helps to diagnose the *Vyadhi* of patients.

AIM: Significance of *Purish Mala Pariksha* in *Asthvidha Parikasha*.**OBJECTIVES**

- 1) To evaluate the *Ashtovidh Pariskha* in *chikitsa*.
- 2) To aware and evaluate the *Mala Pariskha*

importance in *Asthvidha Pariksha* quoted in *Ayurved* texts.**MATERIALS AND METHODS***Asthavidha Pariksha* Following is the (eight fold examinations).

1. ***Nadi Pariksha* (Pulse investigation)**– *Nadi* maens pulse rate of human being was measured in various part of the body parts . but universally its measured in wrist joint in upperlimb . pulse investigate by some interating factors like wise speed, volume, tension rate, and type etc. The grade of *Dosha* in relative to age, sex, constitution, time of the day, season, physical activity, food intake, etc.
2. ***Mala Pariksha* (Stool examination)**–The status of the digestive system is characteristically replicated in the character of stool.
3. ***Mutra Pariksha* (Urine examination)**–The urine is examine with respect to its appearance, clarity, volume, color shade, etc.
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Palpation is beneficial on significant inflammation, temperature, variations in the texture and shape of the body parts.

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8. **Akriti Pariksha (stature)**– General overall exteriors of the patients will be exaggerated in particular of the neurological difficulties, nutritional disorders, disabilities etc.

Mala Pariksha

Purisha originates underneath *Sharir Mala* or *Trimala*. In the process of digestion, *Sarabhaga* i.e. main nutritive portion becomes absorbed and the remaining portion was undigested quantity converts solid which was termed as *Purisha mala*. Ayurveda quoted that, investigation of *Purish* is inadequate mostly up to the analysis of physical characteristics i.e. quantity (amount), *Gandha* (fragrance/ odor), color (shades), *phena pravrutti* (froth), *samhanan* (consistency).

Further these; a specified method of stool (*purisha mala*) investigation, i.e., *Jala Nimajjana Purisha Pariksha* has been defined to distinguish the existence of *Aama* in that way understanding the status of *Agni* in the *sharir*.

Features of normal Purisha Mala

Well-rounded *Purisha Mala* (stool) is neither too hard nor too soft (about the uniformity of a semi mature ripe banana). It specifies appropriate digestion healthy system. Appearances of normal stool in terms of physical characteristics such as *Gandha* (fragrance), *Varna* (color shade), *Sparsha* (touch), and *Vaishadya* (un stickiness/clear) are not labeled independently in the ancient period texts of *Ayurveda*, Only *Pramana* (quantity) of *Purisha* has been defined by *Acharya Charaka* as (*Sapt*) 7 *Anjali Pramana*. However *Purisha Mala* investigation had been given due significance in perception of the diseases.

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7. **Ghranaja Pariksha (examination by odor/fragrance):**- with the help *Ghranaja Pariksha*, the stool can be examined. Modifications in odor of stool also can convey information about the dissimilar pathological state of *Agni*. Several categories of odors have been defined in the context of many diseases. *Visragandhi* (smell of raw meat), *Kunapagandhi* (smell of dead body), *Amagandhi* (smell of *Ama*) are the distinguishing odors found in various diseases.
8. **Jala Nimajjana Pariksha of Purish (stool examination with dipping in water).**
This is the single objective method which was performed in ancient times to identify the occurrence of *Aama* in stool. *Aama* is considered as a significant reason not only for the gastrointestinal

syndromes but also as the source of many systemic diseases such as *Aamavata* and *Jwara*. To identify the initial existence of *Aama*, an exceptional procedure was performed that is *Jala Nimajjana Purisha Pariksha*. In this technique, by observing the behavior of stool, i.e., whether it sinks or floats in water is distinguished. If stool sinks, it shows the presence of *Aama*. If it floats, then *Aama* does not exist in stool.

Dosha-Mala

Vata Dosha vitiated *Mala*- Dry, hard with blackish shade.

Pitta Dosha vitiated *Mala* -Yellow and Green color shade.

Kapha Dosha vitiated *Mala* - white colored stools shade.

CONCLUSION

Purisha Mala i.e. Stool is an essential by-product of the digestion and replicates the fluctuations occurring in the human body in contradictory pathological and diseased circumstances. Therefore, after *Nadi* and *Mutra*; this has been indicated third number place in *Asthavidha Pariksha*. Abnormal modifications in stool relating to its color shades smell (fragrance), consistency, quantity and frequency have been defined in several disease circumstances. A little effort has been made to accumulate these dispersed references mentioned in *Brihatrayee* at one roof and anyone can refer these variations in *Purish Mala* (stool) for diagnostic tool of various infection conditions.

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AN AYURVEDIC APPROACH OF LIFESTYLE MODIFICATION IN ANEMIA IN
CHILDREN - A CASE STUDYDr. Smita Jagdish Ahire*¹ and Dr. Vijay Suryavanshi²¹P.G Scholar Kaumarbhritya Department.²Guide and HOD Kaumarbhritya Department.

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ABSTRACT

Nutritional deficiency is the major cause for disease in developing countries like India. In India, most of the peoples are below poverty level and they are not able to afford balanced nutritional diet like milk, cereals, and green leafy vegetables for their routine diet. Due to which, Indian children are prone towards nutritional deficiency disorder like Iron Deficiency Anaemia. Anemia is a common problem in children. A child who has anemia does not have enough red blood cells or hemoglobin. The most common causes of anemia- such as iron deficiency are generally easy to treat. It is achieved by many herbal medicines and pathyapalan, which are describe by *Ayurveda*, especially for Anemia. WHO opines that more than 2 millions of children in world are anaemic and in which half of the children are suffering from Iron Deficiency Anaemia. Ayurveda is concerned with severe depletion of ojasogunaah in body (like *bala*, *Varna*, *sneha* etc.) leads to alparakta and alpameda. Such child attains vivarnata of skin like *pandu*.

KEYWRDS:**INTRODUCTION**

Anemia defined as a reduction of the red blood cell volume or hemoglobin concentration below the range of values according to healthy person. Although a reduction in the amount of circulating hemoglobin decrease the oxygen carrying of the blood, few clinical disturbances occur until the hemoglobin level falls below 7.8g/dl. Below this level, pallor becomes evident in the mucous membranes.^[1] Anemia is most often recognized by abnormal screening laboratory tests. Patients only occasionally present with advanced anemia and its attendant signs and symptoms.^[2] According to the third National Family Health survey (NFHS3), 79% of Indian children have anemia, including 71% of urban children and 84% of those in rural areas. The history provides significant clues to the etiology of anemia, Causes vary with age and anemia may be multifactorial disease. The hemoglobin level at which symptoms of anemia appear depends on the rate of development of the anemia. Symptoms occur at higher hemoglobin level if anemia develops rapidly, as with hemorrhage. The most common and earliest symptoms include lassitude, and easy fatigability. Alternative, children may have anorexia, irritability and poor school performance. Dyspnea on exertion, tachycardia, and palpitations indicate severe anemia.^[3] In Ayurveda, Anemia canbe compare with Pandu roga. Definition of Pandu roga describe by Acharya Maddhavkar in madhavnidan 8th chapter.

The causative factor, pathogenesis, type and treatment of panduroga is describe by Acharya charak in chikitsasthana 16th chapter, Acharya sushruta in uttarsthana 44th chapter.^[5,6] Acharya Vagbhat in nidansthana 13th chapter and chikitsasthana 16th chapter.^[7] Yogratnakar also mentioned 5 type of Pandu.^[8] Acharya kashyap given few specific pre-symptoms of Pandu roga in Vedanasthana.^[9] There are 5 type of panduroga, according to Acharya Charak, Acharya Vagbhat. Acharya Madhavkar, Acharya sharangadhar.^[10] Acharya Sushruta mentioned 8 type of Pandu.^[11]

CASE REPORT

A 12 year aged female patient visited the outpatient department of Kaumarbhritya, presenting with symptoms of weakness, anorexia, breathlessness, palpitation fatigue since 3 month. Patient has no any past history. Parents belongs lower middle socio economic community. Patient already consulted too many doctors, where she had diagnosed anemia because of hemoglobin level was 6.8 gm%. She had taken medicine continuously for 2 month but she didn't found any relief.

Antenatal History

Age of mother at the time of conception was 19 years and the father was 25 years. The mother took regular antenatal checkups and took medicine on time. No history of any kind of infections, diabetes, hypertension.

Natal History

Child was delivered by normal vaginal delivery at 39th week of gestational age with birth weight of 2.9 kg. No any history of neonatal Asphyxia, Neonatal jaundice, infection, congenital hypertension, or seizures was reported. Neonatal jaundice, infection, congenital anomalies. Feeding started after 1 hour of delivery.

Postnatal History

No any abnormal postnatal history found.

Family History

NAD.

Developmental History

All milestones are attained at proper time.

Medical History

Calcium supplement, Multivitamins supplements, Zinc supplement etc.

Anthropometry

1.	Head circumference	54cm
2.	Chest circumference	86cm
3.	Mid arm circumference (both)	26cm
4.	Mid thigh circumference (both)	54cm
5.	Height	157cm
6.	Weight	26cm

General examination

Consciousness- conscious	Lymphadenopathy – Absent
Icterus-absent	Cyanosis-absent
Clubbing-absent	Gait-scissoring gait
Pallor-Present	Eye-Normal

Vital sign

Blood pressure- 110/70mmhg
Respiratory rate: 20/min
Heart rate - 89/min
Temperature -97.8oF

Respiratory system

Chest bi- symmetrical, no added sound
RR- 20/min

Cardio-vascular system

S1S2 Heard, No murmurs, HR-89/min
Per-abdomen: Soft, no any prominent veins, mild splenomegaly present.

Immunization History

All vaccination given as per Schedule.

Dietic History

Exclusive breast feeding was done up to age of 6 month, weaning began with boiled potato, fruit juice, banana etc at the age of 7 month.

Personal History

Appetite –Reduced Bowel – Twice/day.
Micturition –Normal, 3-4 time/day.
Sleep –Disturb

General Examination

General Comment–Alert, active, well nourished child with normal sensorium.

Vital signs

HR –81/min
RR –19/min
Temp.97.8oF

Central nervous System

Higher mental function
Motor system Sensory system Intact Cranial nerve
Locomotors No any Abnormal seen.
Central nervous System:
Higher mental function
Motor system
Sensory system
Cranial nerve
Locomotors

No any abnormality seen.

Investigations

Done on before and after treatment.

Investigation	Before treatment	After treatment
HB %	6.5 gm/dl	10 gm/dl
MCV	65	70
MCH	24	28
MCHC	29	35
RDW	13.5	15.5
PLATELET COUNT	170000	247000
SICKLE CELL ANEMIA TEST	Negative	NOT DONE
Thalassemia test	Negative	NOT DONEs

Ayurvedic view

Pitta-pradhan tridoshaj dusti.

Ayurvedic view

Pitta-pradhan tridoshaj dusti Diagnosis:

The case was diagnosed as Nutritional Anemia.

Ayurvedic diagnosis is pandu roga.

Assessment criteria**Subjective**

For assessment the result four symptoms will be kept as parameter.

Paleness

- Grade 1- Present
- Grade 2- Absent

B) Hemoglobin %

- Grade 0- Below 6gm%
- Grade 1- 6 gm% - 8 gm%
- Grade 2- 8gm% - 10 gm%
- Grade 3- 10gm% - 12gm%

C): Joint pain

- Grade 1 – Present
- Grade 2- occasionally
- Grade 3- Absent

D) Headache

- Grade 1- Present
- Grade 2- Absent

Treatment plan

S.n Shaman chikitsa	Pathya's (Diet chart)
Tab. Arogyavardhani vati 125 mg BD	Early Morning: (lemon juice with honey, pomegranate juice) Breakfast :Chapati (2-3) Egg (1)
Tab. Dhatri-loha 125 mg BD	Lunch: Fruits (pomegranate, raisins), rice, dal, red spinach.
Syp. Amyron 10ml BD	inner: Dal pani, palak, chapatti (2-3), Milk (1 glass)
Guduchi choornas 1 gm + ½ tab kamdugdha rasa 1 BD Follow up- 1 month (Duration of treatment- 3 month)	

RESULT

Effect of Ayurvedic medicine and Pathya palan on symptoms of Anemia.

DISCUSSION

Pandu roga is a common disease which is seen growing children. In these condition children is not able to achieve the original nutrients and ions part from the food. In above case study patient got 80% relief from symptoms of Anemia, and hemoglobin is increase 6.8gm% to 10.6gm%. In Charak samhita, sushruta samhita, Astang hridaya and other classics are given many verities of treatment for Panduroga, which is very effective in the management of pandu roga.^[12-14] Oral medication is not sufficient to treat the Panduroga, pathya palan is also essential. In this study chosen to give oral medication with proper diet charts for 3 month and got significant result in reliving the symptoms of pandu. Arogyavardhani vati have properties of Deepan –pachan, that support the proper digestion of food and helps in the formation of rakta dhatu which is increase the hemoglobin value in the patient.^[15] Guduchi is a anti-oxidant drug, In Bhaishjya ratnavali Guduchi choorna mentioned as Pleeha-yakrit Rogadhikar and its effective in the treatment of Pandu roga and Aruchi.^[16] Dhatri loha which is also indicated in the pandu roga in bhaishjya ratnavali because the ingredients of the dhatri loha is Amalaki choorna, Loha bhasma, Shunti, Pippali.

Marich Haridra, And these drugs are blood enhancer and Trikatu (Shunti, Marich, Pippali) is help the GIT system for proper digestion.^[17] The ingredienents of Kamdugdha rasa are calcium carbonate, iron oxide, which is helpful

to increase the blood level in the body. The ingredients of Amyron syrup are Draksha, Shatavari, Aswagandha, Vidari kand, Kaunch, Aamlaki etc, which drugs are indicated in the management of anemia, general debility anorexia. In this patient the diet (Pathya palan) is advised according to the condition of the patient in which diet helps in the proper digestion of food and increases the blood level in the body.

CONCLUSION

In this patient, the overall effect was found near 80%. Therefore it can be concluded that Ayurvedic medicine along with pathya palan (Diet) help to improve the level of the blood i.e. hemoglobin, which is very effective in the management of the pandu roga and improving the quality of life.

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