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Release of Books by

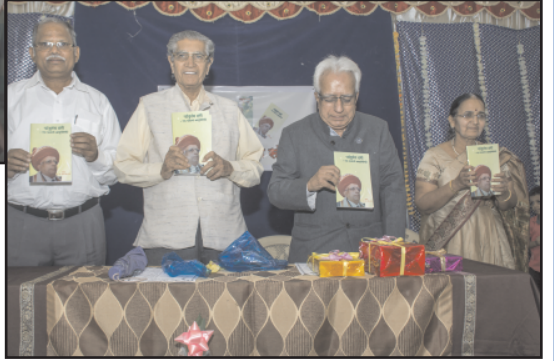
Mrs. Anagha Thombre / Dr. P. H. Kulkarni

1) Pandurang Hari - Ek Kahani Ayurvediki

2) Pandurang Hari - Ek Katha

3) Saptakhandat Ayurveda

4) Savalya Athavaninchya



**On the Dias - Mr. J. S. Bhadale, Dr. N. M. Joshi,
Dr. P. H. Kulkarni, Mrs. Thombare, Mr. Pawan Kulkarni**

Around the Italy for Ayurveda

16th International Conference on Ayurveda and Yoga was organized by International institute of Yoga and Ayurveda Italy from 5 to 7 September 2014 in Italy.

I was invited as a guest speaker for that conference .I was really excited to attend the conference. This was my first visit to Italy .

This was really just like a task for me.This task was completed successfully only because of the guidance of Hon Dr P. H. Kulkarni Sir .

In Italy Joytinat Swamiji's International institute of Yoga and Ayurveda is a renowned institute. I was very happy to know that the people in Italy are interested in Ayurveda and Yoga. There are many students of Dr. P. H. Kulkarni Sir. The institute area is really beautiful, calm and clean.

My book **Spirituality and Total Health** was published by Hon Joytimayanand Swamiji in the conference at Italy .

Deerghayu International peer reviewed Journal -120th issue (Oct. 2014) --was also published by Hon Joytimayanand Swamiji.

The audience was very sincere and passionate .The audience was eager to know about the various concepts in Ayurveda . Students of Ayurved and Yoga Institute were also very sincere. In the cultural programme there was a unique combination of Indian and Italian dance ---It was superb !!

I salute all The followers of Ayurveda and Yoga --- The Indian science !!!

Dr. Mrs. Kavita Indapurkar



**Deerghayu International
Peer Reviewed Journal - 120th Issue
was published at the hands of
Hon. Joytimayanand Swamiji
and
Dr. Annibale D'angelo**

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Research : Clinical

Study On The Efficacy Of Ardraka Swaras On Pratishyaya In Children Of Age Group 1 To 5 Years

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ABSTRACT

Background and Objectives :-

1. To compile a literature on Pratishyaya according to Ayurvedic texts.
2. To study the properties and functions of Ardraka.
3. To study the efficacy of Ardraka Swaras in Pratishyaya based on collected data.

Method :- Open trial study, 30 patients who fit the inclusion criteria were selected for the study.

Duration of treatment :- 7 days and Follow up on 3rd, 5th and 7th day.

This study was carried out in BVDU College of Ayurved & Hospital attached to Bharati Medical Foundation in Year 2013 and 2014.

Result :- The clinical trial proved Ardraka Swaras to be effective in Pratishyaya.

Ardraka Swaras was effective in subsiding the following symptoms; Nasasrava, Kshawathu, Ghranoprodha, Kasa, Jwara, Shirashool and Swarbhedha. In all symptoms the P-Value is less than 0.05.

Statistical Analysis: Ardraka Swaras were effective in the management of Pratishyaya in children.

CONCLUSION :

Ardraka Swaras were effective in management of Pratishyaya . The pratishyaya Vyadhi has been studied from different Samhitas in detail . The detail study of the properties and functions of Ardraka was carried out. The symptoms of Pratishyaya resembles the signs and symptoms of rhinitis. The average analysis of the effect of the drug showed marked improvement on all the symptoms of Pratishyaya. Significant improvement was seen on 7th day as compared to 1st day. No adverse reactions have been seen in this study for the drug.

INTRODUCTION

Ayurveda has its own unique principles in understanding a disease by its preventive & therapeutic view points. The disease as per Ayurveda is a status of disturbance in the homeostasis of Tridosha. The whole science of Ayurveda deals with proper maintenance of Tridoshas for the maintenance of health. As well as bringing down normalcy of Tridoshas from a disturbed status for curing of diseases.

Pratishyaya which is a very common disease affecting any age group of either sex & is also prevalent worldwide, hence the disease Pratishyaya is selected for the study. It is a complex disease involving several symptomatology and diverse pathogenesis.

While administering medicines to children, palatability is very important. The problem arises when we prescribe the ayurvedic formulations such as Swarasa, churna, kashaya etc. which are bitter in taste. Taking the aspects of palatability and acceptability into effective consideration the medicine is administered in Syrup form.

AIM :-To study the efficacy of Ardraka Swaras in Pratishyaya.

OBJECTIVES :-

1. To compile a literature on Pratishyaya according to Ayurvedic texts.
2. To study the properties and functions of Ardraka.
3. To study the efficacy of Ardraka Swaras in Pratishyaya based on collected data.

MATERIALS AND METHODS :**DRUG REVIEW :-****ARDRAKA SWARAS**

- Sharangdhar samhita madhyam khand 1 adh. 13
- Bhavprakash Arochakvikar 16 adh. 9

PLAN OF RESEARCH :-

- For clinical trial special case proforma was prepared.
Patients were taken from BVMF's Ayurvedic Hospital, Kaumarbhritya OPD & Health camps.
- The raw materials were brought from local market Pune.
- These materials were identified and authenticated as per Ayurvedic pharmacopeia norms by the experts in the Botanical Department of University of Pune, Prepared at B.V.D.U. Poona College Of Pharmacy, Erandwane and standardized by L. P. B. V. Bhide Foundation Pune.
- 30 patients who fit the inclusion criteria were selected for the study.

Drug :- Ardraka Swaras in Syrup form.

Type Of Study:- Open trial study.

DRUG ADMINISTRATION SCHEDULE :

Age	Syrup
1 Year	3ml / 10ml ie 2.5 ml qid
2-3 Years	6ml / 20ml ie 5 ml qid
3-4 Years	9ml / 30ml ie 7.5 ml qid
4-5 Years	12ml / 40ml ie 10 ml qid

MEDICINE GIVEN	Ardraka Swaras in Syrup form
TIME	4 times in a day
DURATION	7 days
ROUTE OF ADMINISTRATION	ORAL
FOLLOW UP	3 rd , 5 th & 7 th day

ASSESSMENT CRITERIA :-

DIAGNOSTIC CRITERIA :- Symptoms of Pratishyaya as follows:

- Nasasrava
- Kshavathu
- Granopaaarodha
- Shirashoola
- Jwara
- Kasa
- Swarbheda

SUBJECTIVE CRITERIA :-

- Full detailed history and physical examination of the patients were recorded into the specially prepared case record proforma for Pratishyaya..
- Main criteria of the assessment was relief in symptoms and clinical end point.
- The efficacy was compared , analyzed and assessed.
- Follow up was taken on 3rd, 5th & 7th day.

OBJECTIVE CRITERIA :-

- Nasasrava (Watery/Mucoid/Yellow/Green) :-
 - No Nasasrava :- 0
 - Mild Nasasrava :- 1
 - Moderate Nasasrava :- 2
 - Continuous Nasasrava :- 3
- Kshavathu :-
 - No Sneezing :- 0
 - Mild Sneezing :- 1
 - Moderate Sneezing :- 2
 - Always Sneezing :- 3
- Ghranoparodha :-
 - No nasal obstruction :- 0
 - Mild nasal obstruction :- 1
 - Moderate nasal obstruction :- 2
 - Complete nasal obstruction :- 3
- Sheerashoola :-
 - Present :- +
 - Absent :- -
- Jwara :-
 - No Fever (98.7°F) :- 0
 - Mild Fever (99°F-100°F) :- 1
 - Moderate Fever (101°F-102°F) :- 2
 - Severe Fever (Above 102°F) :- 3
- Kasa :-
 - No cough :- 0
 - Occasional cough :- 1
 - Moderate cough :- 2
 - Continuous cough :- 3

□ Swarabhed :-

- Present :- +
- Absent :- -

INCLUSION CRITERIA :-

- Age – 1 to 5 years.
- Patients presenting with symptoms of Pratishyaya.
- Patient with Vataj, Pittaj and Kaphaj Pratishyaya.
- Pratishyaya with Mild Jwara and Mild Kasa.
- Patients with both gender were included.

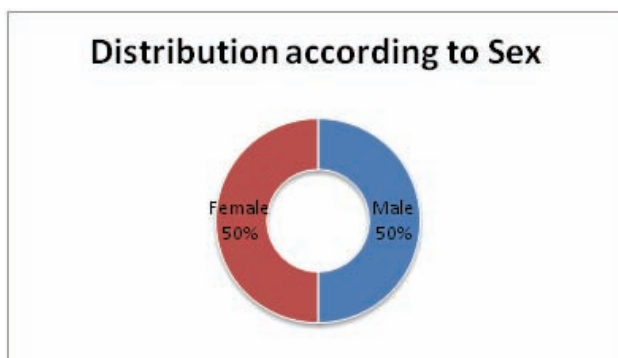
EXCLUSION CRITERIA :-

- Chronic debilitating disease.
- Congenital anomalies related to Respiratory System.
- Lower Respiratory Tract Infection.
- Raktaja, Sannipataj and Dushta Pratishyaya.
- Severe Jwara.

OBSERVATIONS

ACCORDING TO SEX DISTIRBUTION OF 30 PATIENTS OF PRATISHYAYA.

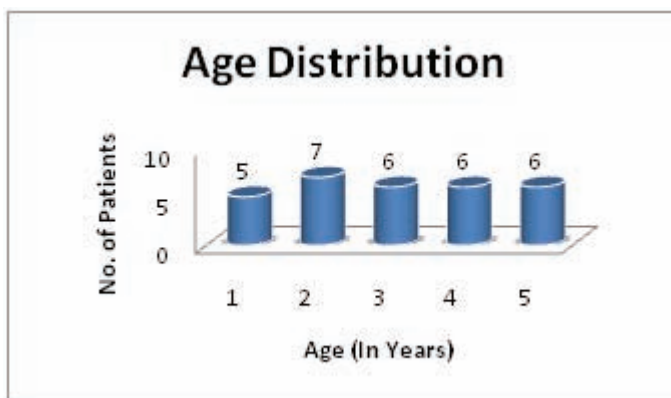
Sex	Frequency	Percentage
Male	15	50
Female	15	50
Total	30	100



Out of 30 Patients, 15 (50%) are male and 15 (50%) are female.

AGE WISE DISTRIBUTION OF 30 PATIENTS OF PRATISHYAYA

Age(In Yrs)	Frequency	Percentage
1	5	16.7%
2	7	23.3%
3	6	20%
4	6	20%
5	6	20%
Total	30	100%

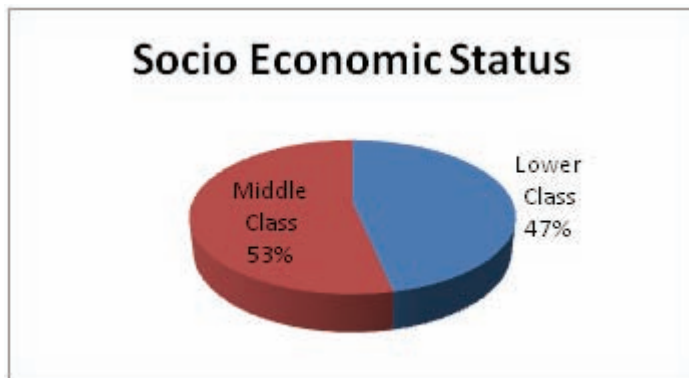


Out of 30 patients, 5 (16.7%) are of age 1 year, 7(23.3%) are of age 2 years, 6 (20%) are of age 3 years, 6 (20%) are of age 4 years, 6 (20%) are of age 5 years.

SOCIO ECONOMIC STSTUS :-

Socio Economic Status	Frequency	Percentage
Lower Class	14	46.7%
Middle Class	16	53.3%
TOTAL	30	100%

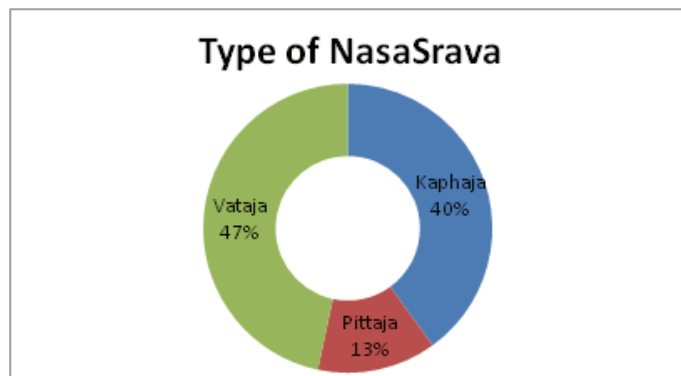
Out of 30 Patients, 14 (46.7%) patients belongs to Lower Class and 16 (53.3%) patients belongs to Middle Class.



TYPE OF NASASRAVA :

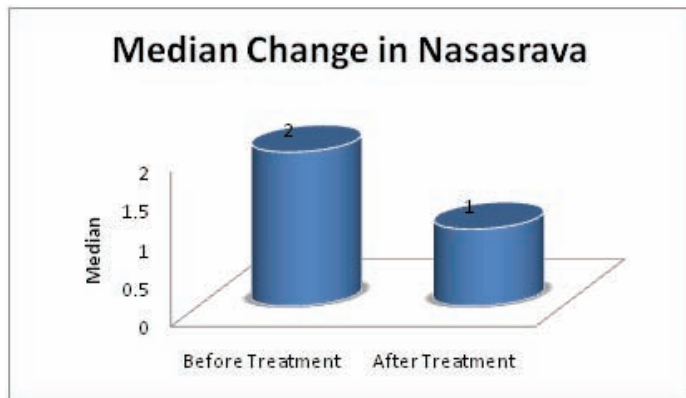
Type of Nasasrava	Frequency	Percentage
Kaphaja	12	40%
Pittaja	4	13.3%
Vataja	14	46.7%
TOTAL	30	100%

Out of 30 patients type of Nasasrava is, 12 (40%) is Kaphaja, 4 (13.3%) is Pittaja, 14 (46.7%) is Vataja.

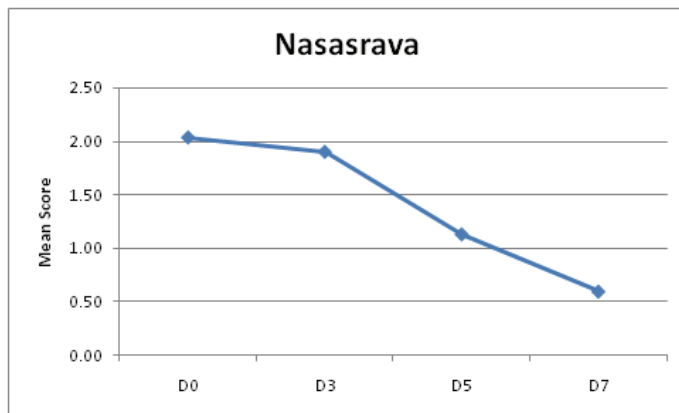


NASASRAVA

Nasasrava	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
	2	1	-4.940a	0.00	Significant



Before treatment the median value was 2, after treatment it is reduced to 1, hence the treatment is significant. Using Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence it can be concluded that, Adraka Swarasa is significantly effective on Nasasrava.

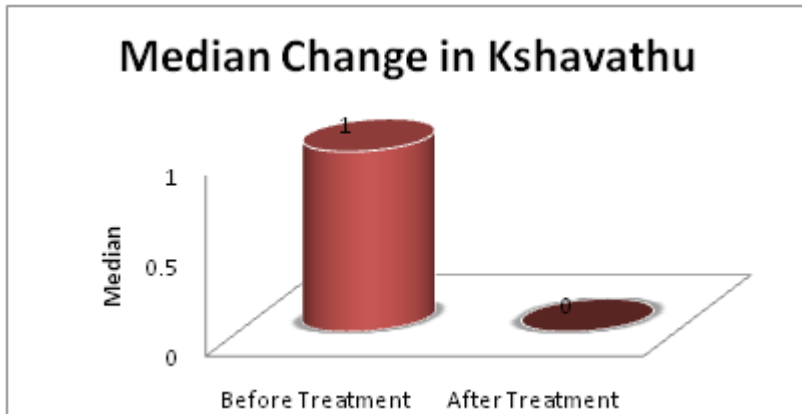


Mean Score for Nasasrava is reduced from 2.03 to 0.60 after treatment.

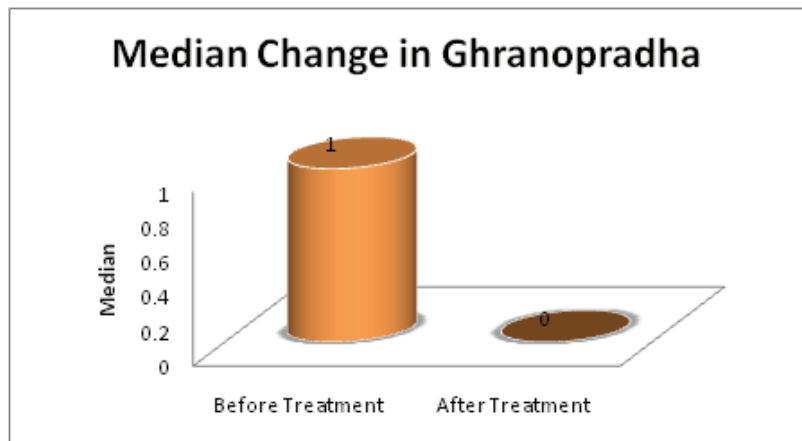
KSHAVATHU :-

Kshavathu	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
	1	0	-4.802a	0.00	Significant

Before treatment the median value was 1, after treatment it is reduced to 0, hence the treatment significant. Using Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence it is say that, Adraka Swarasa is significantly effective on Kshavathu.

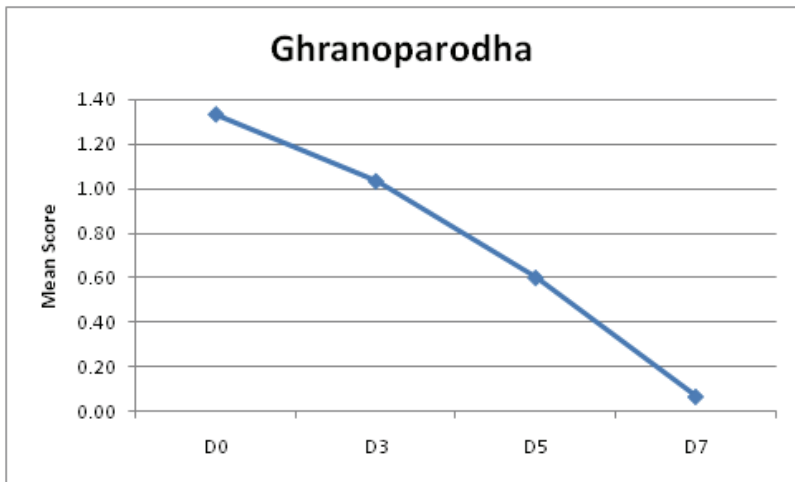
**GHRANOPARADHA :-**

Ghranopradha	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
	1	0	-4.802a	0.00	Significant



Before treatment the median value was 1, after treatment it is reduced to 0, hence it is significant.

Using Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence it is say that, Adraka Swarasa is significantly effective on Ghranoparodha.

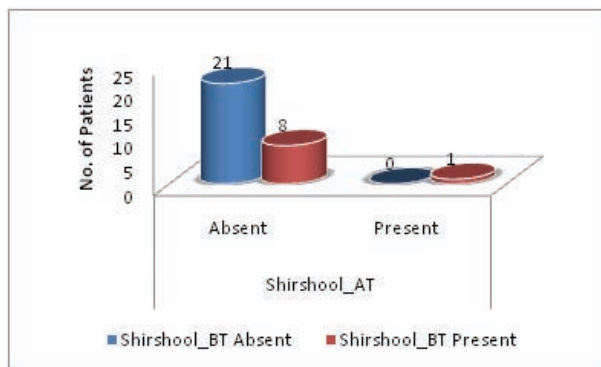


Mean score for Ghranoparodha is reduced to 0.07 from 1.3

SHIRSHOOLA :-

		Shirshoola AT		Total
		Absent	Present	
Shirshool_BT	Absent	21	0	21
	Present	8	1	9
Total		29	1	30

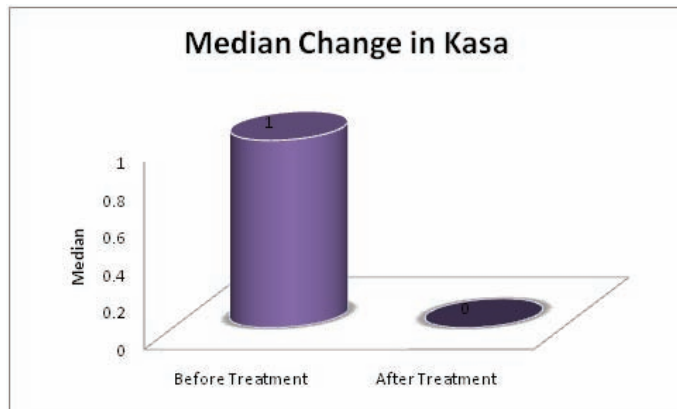
	Value	P-Value
McNemar Test	50.48684	0.008
N	30	



Using McNemar's Test P-Value (0.008) is less than 0.05 hence it is conclude that, the treatment is significantly effective on Shirshool.

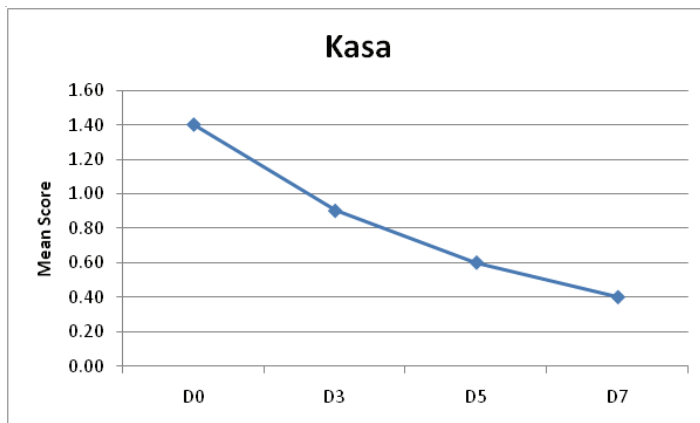
JWARA :-

Jwara	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
	1	0	-4.123a	0.00	Significant



Before treatment the median value was 1, after treatment it is changed to 0, hence it is significant.

Using Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence we can say that, Adraka Swarasa is significantly effective on Kasa.

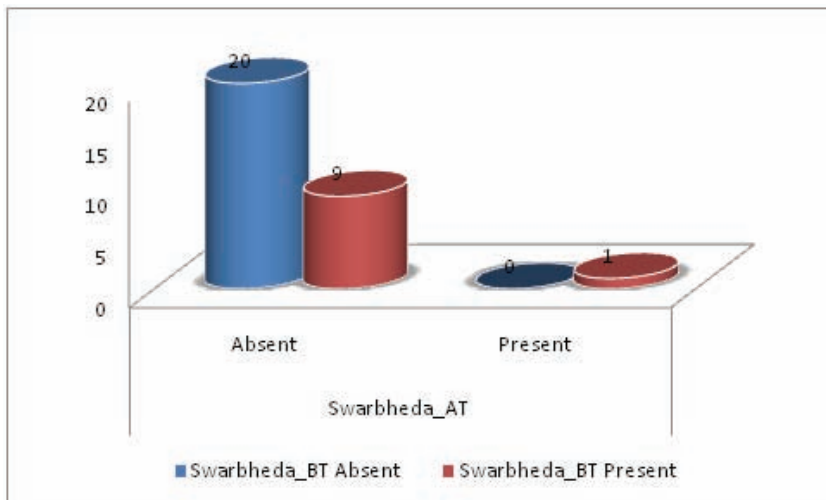


Mean score for Kasa is change from 1.40 to 0.40.

SWARBHEDA :-

		Swarbheda_AT		Total
		Absent	Present	
Swarbheda_BT	Absent	20	0	20
	Present	9	1	10
Total		29	1	30

	Value	P-Value
McNemar Test	53.19417	0.004
N	30	



Using McNemar's Test, P-Value (0.004) is less than 0.05, hence it is conclude that Adraka Swarasa is significantly effective on Swarbheda.

DISCUSSION

❖ Age -

Maximum children were observed in the age group 2 – 5 yrs . This is probably due to low immunity and contact with other infected children at the day care and preschool.

Hence pre school going children are more prone to acquiring upper respiratory tract infection.

❖ Sex – 50% male and 50% of female children underwent the clinical trial. This shows that both having incidence for Pratishyaya .

❖ Socio economic status –

The socio economic condition of family strongly affects the health of child. Some factors play an important role in regarding health of child i.e. Hygienic conditions, Diet, Surroundings.

In this study, out of 30 Patients, 14 (46.7%) patients belongs to Lower Class and 16 (53.3%) patients belongs to Middle Class.

NASASRAVA :-

In this study major group of children were having Nasasrava 100% and it was the chief diagnostic criteria put forward. Before treatment the median value was 2, after treatment it is reduced to 1, hence the treatment is significant.

Out of 30 patients, type of Nasasrava is 12 (40%) is Kaphaja, 4 (13.3%) is Pittaja, 14 (46.7%) is Vataja. This clearly indicates that Vataja and Kaphaja Pratishyaya is more common in trial study.

Using Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence it is say that, Adraka Swaras is significantly effective on Nasasrava.

Ushna, Tikshna, Ruksha gunas, Katu rasa and Vipaka of Ardrak Swaras are Vata Kaphahara. Hence it was seen to be more effective in Vata Kaphaja types of Nasasrava.

KSHAVATHU :-

In Kshavathu, 28 (93.3%) children were found. During t/t on fifth day patient having no history of moderate sneezing, 10 (33.3%) of patients were having history of mild Kshavathu. Reduction was found on the 7th day in symptoms of kshavathu.

Before treatment the median value was 1, after treatment it is reduced to 0, hence the treatment is significant.

Using Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence we can say that, Adraka Swarasa is significantly effective on Kshavathu.

It can be concluded that, Ushna Virya, Rukshna, Tikshna Guna of Ardrak Swaras was effective in subsiding Kshawathu.

GHRANOPARODHA :-

Before treatment the median value was 1, after treatment it is reduced to 0, hence it is significant.

The symptom Granoparodha were found in 29 (96.6%) patients. After treatment significant reduction was found and symptom Granoparodha was found only in 2 (6%) patients.

According to Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence Ardraka Swaras is significantly effective on Ghranoparodha.

This may be because of activity of specification of kapha Dosha and Anuloman of Vayu. The probable action is due to Ushna, Tikshna and Vatashamak Guna of Ardrak.

JWARA :-

Before treatment the median value was 1, after treatment it is changed to 0, hence it is significant.

According to Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence we can say that, Ardraka Swaras is significantly effective on Jwara.

In this study there were 18 (60%) of Jwara patients on day 1st. During treatment on 5th day there was no Jwara in any patients.

These result occurred due to Ushna, Tikshna and Deepan Guna and Ushna Virya of Ardrak Swaras which causes Aampachan, hence it helped in pacifying Jwara.

KASA :-

Before treatment the median value was 1, after treatment It is changed to 0, hence it is significant.

Using Wilcoxon Signed Rank Test, P-Value is less than 0.05 hence we can say that, Ardraka Swaras is significantly effective on Kasa.

In this study major group of children were having Kasa 100% and 12 (40 %) Patients were found history of Moderate kasa and 18 (60%) patients were found with history of mild Kasa. After treatment 12 (40%) patients were found history of mild Kasa. 18 (60%) patients were found with no Kasa.

Due to Ushna, Tikshna Guna & Vata Kaphahara Karma symptom Kasa was reduced.

SHIRASHOOLA :-

Using McNemar's Test P-Value (0.008) is less than 0.05 hence it is conclude that, the treatment is significantly effective on Shirshoola. In this study there were 8 (26.6%) patients with symptom Shirashoola. After treatment there was only 1 patient with Shirashoola. This occurred due to Ushna Virya and Vatanuloman property of Ardraka.

RESULT

- The clinical trial proved Ardraka Swaras to be effective in Pratishyaya.
- Ardraka Swaras was effective in subsiding the following symptoms; Nasasrava, Kshawathu, Ghranoparodha, Kasa, Jwara, Shirashool and Swarbhedha.
- In all symptoms the P-Value is less than 0.05 .

CONCLUSION :

- Ardraka Swaras were effective in management of Pratishyaya.
- The Pratishyaya Vyadhi has been studied from different Samhitas in detail .
- The detail study of the properties and functions of Ardraka was carried out.
- The symptoms of Pratishyaya resembles the signs and symptoms of Rhinitis.
- The average analysis of the effect of the drug showed marked improvement on all the symptoms of Pratishyaya. Significant improvement was seen on 7th day as compared to 1st day.
- No adverse reactions have been seen in this study for the drug.

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Research: Clinical

A Comparative Study Of Anand Bhairav Rasa And Tribhuvana Kirti Rasa In The Management Of Vata Kaphaja Jwara.

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ABSTRACT

Background and Objective :

- 1) To compile reference regarding Anandbhairav rasa & Tribhuvanakirtirasa from classical & contemporary literature.
- 2) To compile earlier references from classical and contemporary literature in Ayurveda on VataKaphajaJwara.

Method : Comparative single blind study. 40 patients were selected for the study and divided into Two groups randomly.

Group A was given Anandbhairav rasa 250 mg internally 1 Tab twice a day.

Group B was given Tribhuvanakirti rasa 250 mg internally 1 Tab twice a day.

Duration of treatment : 7 days and Follow up everyday.

This study was carried out in BVDU College of Ayurved & Hospital attached to Bharati Medical Foundation in Year 2013 and 2014.

Result : The clinical trial of Anandbhairav Rasa and Tribhuvanakirti Rasa observed equally effective in VataKaphajaJwara. Both drugs were equally effective on symptoms of VataKaphajaJwara i.e. Staimityam, Parwanambhed, Gauravam, Shirograha, Pratishtyaya, Kasa, Swedapravartanam & Santapa (Temperature) in both groups. The Nidra was reduced in group B due to Tribhuvanakirti Rasa as compared to group A. In all symptoms the

P-Value is less than 0.05.

Statistical Analysis : Both groups were equally effective in the management of VataKaphajaJwara.

Conclusion :

The evaluation of drugs in both groups were equally effective in the management of VataKaphajaJwara.

The Jwaravyadhi has been studied from different samhitas in detail & also detail study of

AnandbhairavRasa and Tribhuvankirti Rasa was carried out.

INTRODUCTION

Ayurveda is a science of life which protects health and prevents diseases. Certain diseases may not be life threatening but increasingly annoying and irritation to the individual in his routine activity. If more over neglected they may lead to a series of complications later into Acute Respiratory Diseases (ARD).

Ayurveda has described so many vyadhis and their chikitsa 'Jwara' occupies first place among the physical.

Jwara is included in Ashtamahagadha mentioned by Acharya Charaka. Jwaravyadhi is top amongst all Vyadhi mentioned in Ayurvedic classics.

Sometimes Jwara is present in body as Lakshan (Symptom) or sometime it is a separate Vyadhi (disease).

In Ayurvedic text Jwara is mentioned with its different types of Chikitsa according to Avastha & types. Bruhatrai and Laghutrai has given so many formulation to treat the Jwara in the form of Kashaya, Churna, Gutti, Vati and Rasa kalpa. Yogratnakar and Rasendrasangraha has mentioned the Anandbhairav & Tribhuvana Kirti Rasa in the treatment of Vata. Kaphaja Jwara.

AIM : To evaluate the Comparative efficacy of Anandbhairav Rasa and Tribhuvana Kirti Rasa on Vata Kaphaja Jwara.

OBJECTIVES :

- 1) To compile reference regarding Anandbhairav Rasa & Tribhuvana Kirti Rasa from classical & contemporary literature.
- 2) To compile earlier references from classical and contemporary literature in Ayurveda on Vata Kaphaja Jwara.

MATERIALS AND METHODS :

DRUG REVIEW :-

- 1) **ANANDBHAIRAV RASA :-** Rasendrasangraha - Jwarachikitsa 104-106.

Drugs :- Vatsanabha, Hingula, Shunthi, Marich, Pippali, Tankan, Javitri.

Method of Preparation :- Purified and dried Vatsanabha, Hingula, Shunthi, Marich, Pippali, Tankan, Javitri churn taken in equal quantity and triturated with Jambiri Nimbu rasa and prepared Vati of 250 mg taken along with luke warm water.

- 2) **TRIBHUVANA KIRTI RASA :-** Yogratnakar - Jwara Adhikara.

Drugs :- Vatsanabha, Hingula, Shunthi, Marich, Pippali, Tankan, Pippali Moola.

Method of Preparation :- Purified and dried Vatsanabha, Hingula, Shunthi, Marich,

Pippali, Tankan, PippaliMoolataken in equal quantity in churna form and 3 Bhavna of Tulasipatra rasa, Adrakrasa and Dhattura rasa given. TribhuvanKirti rasa 250 mg taken along with luke warm water.

PLAN OF RESEARCH :-

- For clinical trial special case proforma was prepared.
- The patients were selected from B.V.D.U Bharati Ayurved Hospital, Pune Kayachikitsa Department IPD & OPD .
- The raw materials were brought from Ayurvedic Store Dhankawadi, Pune.
- These materials were identified and authenticated as per Ayurvedic pharmacopia norms by the experts in the Botanical Department of University of Pune, Prepared and standardized by analytical lab R.S.B.K.V Dept.. of B.V.D.U, College Of Ayurved PUNE-43.
- Total 40 patients were enrolled and divided into 2 groups. Each group had 20 complete sample.

Type of study : Comparative single blind study.

DRUG ADMINISTRATION SCHEDULE :

Particulars	Group A	Group B
No. of Patients	20	20
Medicine Given	Anandbhairav Rasa	TribhuvanaKirti Rasa
Dose 250 mg. each tablet	250 mg. each tablet	
Time	Abhakta1 Tab Twice a day	Abhakta1 Tab Twice a day
Duration 7 Day	7 Day	
Anupan Luke warm water	Luke warm water	
Route of Drug Administration	Oral	Oral
Follow up Everyday	Everyday	

ASSESSMENT CRITERIA :-

DIAGNOSTIC CRITERIA :- Symptoms of Vata kapha Jwara as follows:

- Staimityam
- Parvanam Bheda
- Nidra
- Gauravam

- Shirograha
- Pratishtaya
- Kasa
- Swedapravartanam
- Santap (Temperature)

SUBJECTIVE CRITERIA :-

- Full detailed history and physical examination of the patients were recorded into the specially prepared case record proforma for VataKaphajaJwara.
- Main criteria of the assessment was relief in symptoms and clinical end point.
- The efficacy was compared, analyzed and assessed in Group A (Anandbhairav Rasa) and Group B (TribhuvanaKirti Rasa).
- Follow up was taken everyday.

OBJECTIVE CRITERIA :-

- Axillary body temperature recorded by using thermometer. (Range of temperature 98.7°F to 101°F.)

➤ Temperature Gradation :-

Normal	=	0
Mild (Normal to 99°F)	=	1
Moderate (99.1°F to 100°F)	=	2
Severe (100.1°F to 101°F)	=	3

Gradation of symptoms:-

· Staimityam	:- Absent	: 0
(A feeling of dampness)	Present	: 1
· ParvanamBheda	:- Absent	: 0
(Pain in the small joints)	Mild (Occasionally)	: 1
	Moderate (Intermediate pain)	: 2
	Severe (Continuous Pain)	: 3
· Nidra	:- Absent	: 0
(Sleepiness)	Mild (4-5 hrs/Interrupted)	: 1
	Moderate (2-3 hrs/)	: 2

	Severe (1 to 2 hrs)	: 3
· Gauravam (Feeling of heaviness)	: - Absent	: 0
	Mild (Desire to activity)	: 1
	Moderate (Fatigue after Small activities)	: 2
	Severe (Do not want to do Activity)	: 3
· Shirograha (Headache)	: - Absent	: 0
	Mild (Occasionally)	: 1
	Moderate (Intermediate pain)	: 2
	Severe (Continuous Pain)	: 3
· Pratishyaya Coryza)	: - Absent	: 0
	Mild (Sneezing)	: 1
	Moderate (Sneezing with mild discharge)	: 2
	Severe (Continues discharge)	: 3
· Kasa (Cough)	: - Absent	: 0
	Mild (1-3 Vega)	: 1
	Moderate (4-6 Vega)	: 2
	Severe (7-10 Vega)	: 3
· Swedapravartanam (No Sweating)	: - Absent	: 0
	Mild (Occasional Sweating)	: 1
	Moderate (Intermediate Sweating)	: 2
	Severe (Continues Sweating)	: 3

INCLUSION CRITERIA :-

- Sample size (40 patients) were divided in 2 groups.
- Age group :- 19 to 55 years
- Patients were diagnosed on the basis of symptoms of VataKaphajaJwara as per mentioned in Ayurvedic text book.
- Range of temperature 98.7°F to 101°F.

- Complaint of fever less than 7 days.
- Patients with both gender were included.

EXCLUSION CRITERIA :-

- Pregnancy
- History of chronic fever.
- Patients suffering from Enteric fever were excluded.
- Malaria .

INVESTIGATION (PRE TRIAL)

- Haemogram with ESR
- Platelet Count
- Urine :- Routine & microscopic
- Widal test
- PBS for M.P.

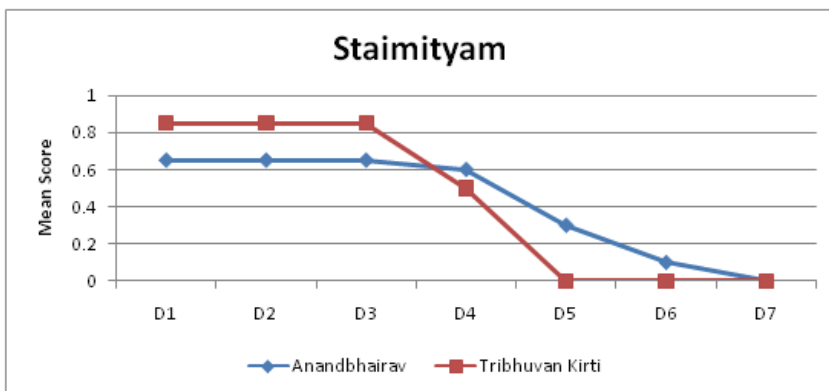
OBSERVATIONS**· STAIMITYAM :-**

Staimityam	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	1	0	-3.419	.001	Significant
TribhuvanKirti Rasa	1	0	-3.755	.000	Significant

Comparative Analysis of improvement between Groups :

	Median Improvement	Mean Score	Mann-Whitney U statistic	P- Value
AnandbhairavRasa	1	20.63	197.5	0.947
TribhuvanKirtiRasa	1	20.38		

Distribution of improvements in Staimityam for AnandbhairavRasa & TribhuvanKirti Rasa were not significantly different ($P = 0.947$). Therefore, **Anandbhairav Rasa and TribhuvanKirti Rasa were equally effective in Staimityam.**



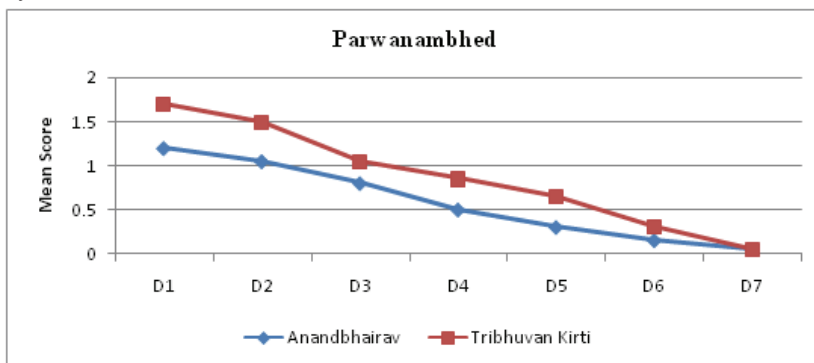
PARWANAMBHED :-

Parwanambhed	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	1.5	0	-3.213	.001	Significant
TribhuvanKirti Rasa	2	0	-3.753	.000	Significant

Comparative Analysis of improvement between Groups :

	Median Improvement	Mean Score	Mann-Whitney U statistic	P- Value
Anandbhairav Rasa	1.5	17.88	147.5	0.157
TribhuvanKirti Rasa	2	23.13		

Distribution of improvements in Parwanambhed for Anandbhairav Rasa & Tribhuvan Kirti Rasa were not significantly different (P = 0.157). Therefore, Anandbhairav Rasa and Tribhuvan Kirti Rasa were equally effective in Parwanambhed.



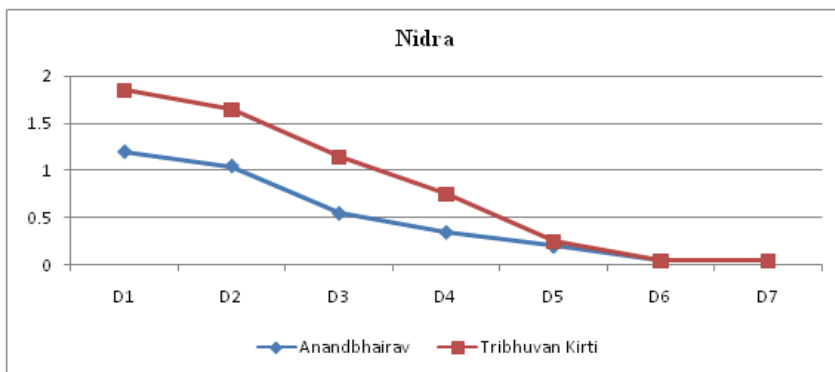
· **NIDRA :-**

Nidra	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	1	0	-3.416	.001	Significant
TribhuvanKirti Rasa	2	0	-3.977	.000	Significant

Comparative Analysis of improvement between Groups :

	Median Improvement	Mean Score	Mann-Whitney U statistic	P- Value
Anandbhairav Rasa	1	16.58	121.5	0.033
TribhuvanKirti Rasa	2	24.43		

Distribution of improvements in Nidra for AnandbhairavRasa&TribhuvanKirtiRasa was significantly different ($P = 0.033$). Therefore, **AnandbhairavRasa and TribhuvanKirtiRasa were not equally effective in Nidra.**

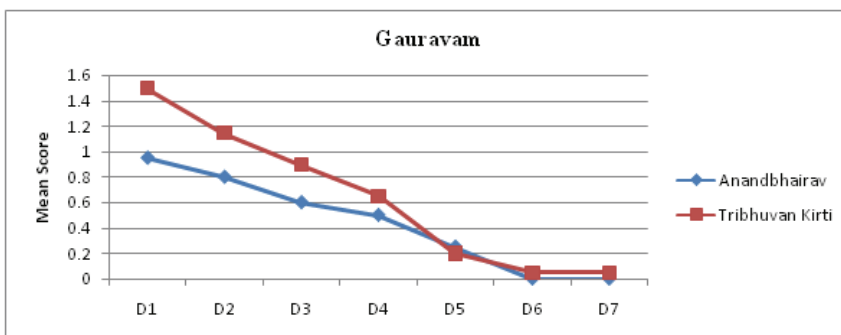
· **GAURAVAM :-**

Gauravam	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	1	0	-3.153	.002	Significant
TribhuvanKirti Rasa	2	0	-3.602	.000	Significant

Comparative Analysis of improvement between Groups :

	Median Improvement	Mean Score	Mann-Whitney U statistic	P- Value
AnandbhairavRasa	1	17.65	143	0.127
TribhuvanKirtiRasa	2	23.35		

Distribution of improvements in Gauravam for Anandbhairav & TribhuvanKirti were not significantly different ($P = 0.127$). Therefore, **Anandbhairav and TribhuvanKirti were equally effective in Gauravam.**



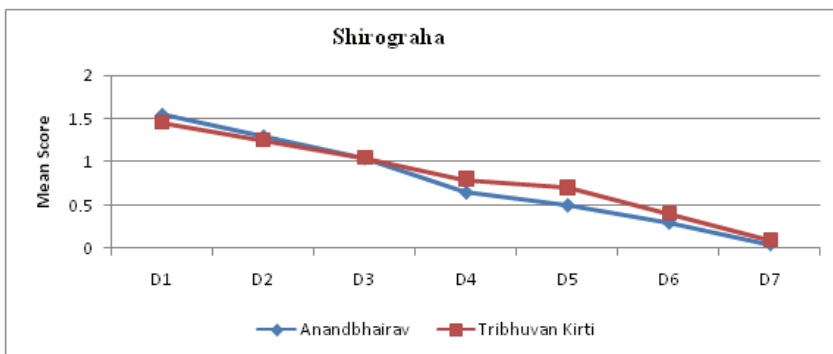
SHIROGRAHA :-

Shirograha	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	2	0	-3.314	.001	Significant
TribhuvanKirti Rasa	2	0	-3.354	.001	Significant

Comparative Analysis of improvement between Groups :

	Median Improvement	Mean Score	Mann-Whitney U statistic	P- Value
AnandbhairavRasa	2	21.38	182.5	0.64
TribhuvanKirtiRasa	2	19.63		

Distribution of improvements in Shirograha for Anandbhairav Rasa & TribhuvanKirti Rasa were not significantly different ($P = 0.64$). Therefore, **Anandbhairav Rasa and TribhuvanKirti Rasa were equally effective in Shirograha.**



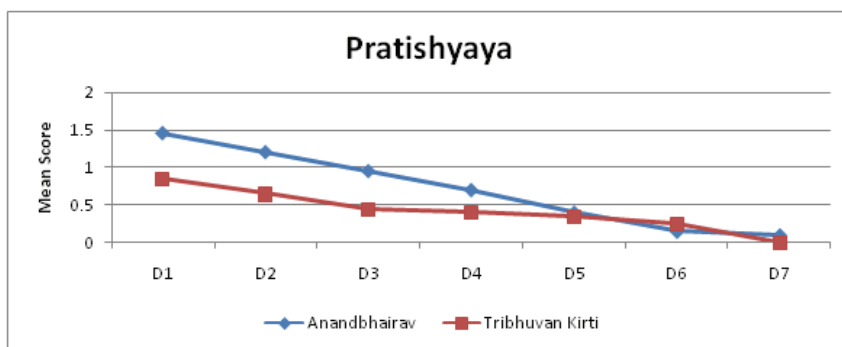
PRATISHYAYA :-

Pratishyaya	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	2	0	-3.354	.001	Significant
TribhuvanKirti Rasa	0	0	-2.714	.007	Significant

Comparative Analysis of improvement between Groups:

	Median improvement	Mean Score	Mann-Whitney U statistic	P- Value
AnandbhairavRasa	2	23.05	149	0.174
TribhuvanKirtiRasa	0	17.95		

Distribution of improvements in Pratishyaya for Anandbhairav&TribhuvanKirti were not significantly different (P=0.174). Therefore, **Anandbhairav Rasa and TribhuvanKirtiRasa were equally effective in Pratishyaya.**



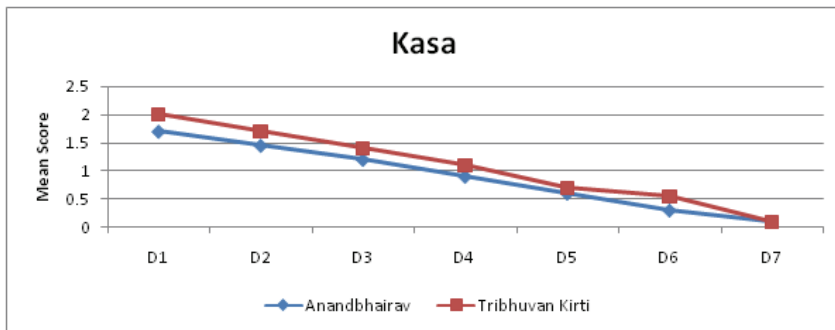
• **KASA :-**

Kasa	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	2	0	-3.502	.000	Significant
TribhuvanKirti Rasa	2	0	-3.919	.000	Significant

Comparative Analysis of improvement between Groups :

	Median mprovement	Mean Score	Mann-Whitney U statistic	P- Value
AnandbhairavRasa	2	19.25	175	0.512
TribhuvanKirtiRasa	2	21.75		

Distribution of improvements in Kasa for Anandbhairav Rasa & TribhuvanKirti Rasa were not significantly different ($P = 0.512$), Therefore, **Anandbhairav Rasa and TribhuvanKirti Rasa were equally effective in Kasa.**



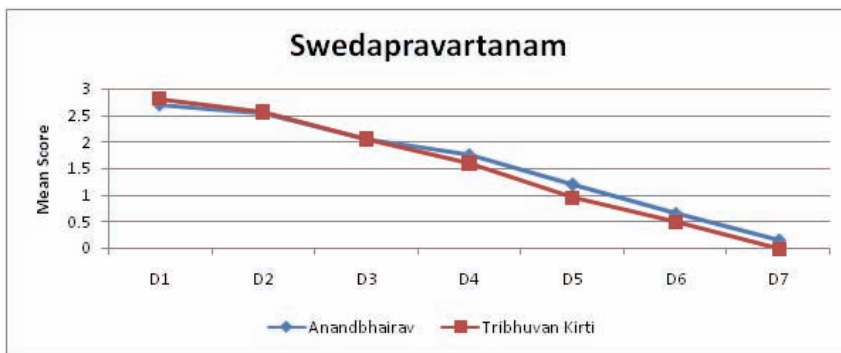
• **SWEDAPRAVARTANAM :-**

Swedapravartanam	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	3	0	-4.042	.000	Significant
TribhuvanKirti Rasa	3	0	-4.179	.000	Significant

Comparative Analysis of improvement between Groups:

	Median improvement	Mean Score	Mann-Whitney U statistic	P- Value
AnandbhairavRasa	3	18.40	158	0.265
TribhuvanKirtiRasa	3	22.60		

Distribution of improvements in Swedapravatanam for Anandbhairav&TribhuvanKirti were not significantly different ($P = 0.265$), Therefore, **Anandbhairav Rasa and TribhuvanKirti Rasa were equally effective in Swedapravatanam.**



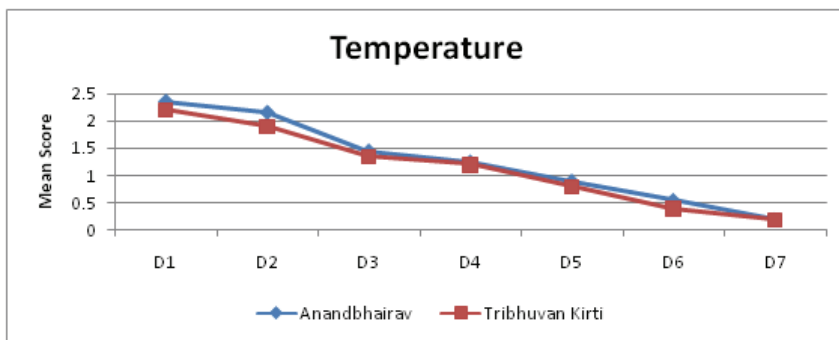
. SANTAPA(TEMPERATURE):-

Santapa	Median		Wilcoxon Signed Rank Statistic 'W'	P-Value	Result
	Before Treatment	After Treatment			
Anandbhairav Rasa	2	0	-3.985	.000	Significant
TribhuvanKirti Rasa	2	0	-3.895	.000	Significant

Comparative Analysis of improvement between Groups :

	Median improvement	Mean Score	Mann-Whitney U statistic	P- Value
AnandbhairavRasa	2	21.10	188	0.758
TribhuvanKirti Rasa	2	19.90		

Distribution of improvements in Temperature for Anandbhairav&TribhuvanKirti were not significantly different ($P = 0.758$). Therefore, **Anandbhairav Rasa and TribhuvanKirti Rasa were equally effective in Santapa.**



DISCUSSION

➤ **Prakruti**-The study shows that,

Out of 20 Patients in Group A, 1(5%) was of KaphaPradhan Pitta Prakruti, 3(15%) were of KaphaPradhanVataPrakruti, 1(5%) was of Pitta PradhanKaphaPrakruti, 3(15%) were of Pitta PradhanVataPrakruti, 2(10%) were of VataPradhanKaphaPrakruti and 10(50%) were of VataPradhanPitta Prakruti.

Out of 20 Patients in Group B, 3(15%) were of KaphaPradhan Pitta Prakruti, 1(5%) was of KaphaPradhanVataPrakruti, 0(0%) of Pitta PradhanKaphaPrakruti, 7(35%) were of Pitta PradhanVataPrakruti, 0(0%) of VataPradhanKaphaPrakruti and 9(45%) were of VataPradhan Pitta Prakruti.

➤ **Symptomatology :-**

1. Staymityam (A feeling of dampness) :-

According to Wilcoxon Signed Rank 'W', Anandbhairav Rasa and Tribhuvankirti Rasa both were statistically significant in Staymityam which were equally effective.

This study shows that Anandbhairav rasa and Tribhuvankirti rasa were effective in VataKaphajaJwara. Staymityam was reduced mostly due to common ingredients of both drugs like Pippali, Marich, Dhattur, Shunthi having properties Ushna, Tikshna Guna and Vata-Kaphaghna.

2. Parwanambhed (Pain in the small joints) :-

According to Wilcoxon Signed Rank Statistic 'W', Anandbhairav Rasa and Tribhuvankirti Rasa both were statistically significant in Parwanambhed which were equally effective.

Parwanambhed is a symptom of VataKaphajaJwara due to vitiated VataDosha. It reduces due to vataghna property of common ingredients of both drugs like Pippali, Marich, Shunthi, Tulsi.

3. Nidra (Sleepiness) :-

According to Wilcoxon signed rank test 'W', TribhuvanKirti Rasawas more effective than Anandbhairav Rasa and was statistically significant in Nidra.

It was effective due to Kaphaghna properties of Pippali, Shunti and Vatsanabha and Vyavayi and Vikasiguna of Dhattur of TribhuvanKirti Rasa.

4. Gauravam(Feeling of heaviness) :-

According to Wilcoxon signed rank test 'W', Anandbhairav Rasa and Tribhuvankirti Rasa were statistically significant in Gauravamwhich were equally effective.

This may be due to Ushna and Tikshnaguna of Pippali, Marich, Dhattur, Shunthi and also vata- kaphaghna property of Tulsi and Tankan .

5. Pratishyaya (Coryza) :-

According to Wilcoxon signed rank test 'W' , Anandbhairav Rasa and Tribhuvankirti Rasa were statistically significant in Pratishyayawhich were equally effective.

The reason for good result, may be due toKanthya, Ushna, Tridosahar properties of ingredients of both drugs likeDhatura, Vatsanabha, Shunti,Pippali, Adark, PippaliMoola and Prabhav of Tulsi.

6. Shirograha (Headache) :-

According to Wilcoxon signed rank test 'W', Anandbhairav Rasa and TribhuvanKirti Rasa were statistically significant in Shirograhawhich were equally effective.

Shirograha is a symptom due to vitiated Kapha and Vatadosha. Result may be due toVataghna property of ingredients of both drugs like Shunthi, Pippali, Marich, Tulsi.

7. Kasa (Cough) :-

According to Wilcoxon signed rank test 'W', Anandbhairav Rasa and TribhuvankirtiRasa were statistically significant in Kasa which were equally effective.

This may be due to Kasaghna property of Tulsi, Marich, Pippali,Javitri and JambirNimbu.

8. Swedapravartanam (No Sweating):-

According to Wilcoxon signed rank test 'W', Anandbhairav Rasa and Tribhuvankirti Rasa were statistically significant in swedapravartanam which were equally effective.

The reason for good result , because of YogvahiGuna of Hingul, Tankan and VyavayiGuna of Vatsanabha, Dhattura.

9. Santapa (Temperature) :

According to Wilcoxon signed rank test 'W', Anandbhairav Rasa and Tribhuvankirti Rasa were statistically significant in Santapa (Temperature)which were equally

effective. This may be due to Swedaajanaproperty of Hingul, Tankan and VyavayiGuna of Vatsanabha, Dhattura.

RESULT

- 1) The clinical trial of Anandbhairav Rasa and Tribhuvankirti Rasa observed equally effective in VataKaphajaJwara.
- 2) The effect on symptoms i.e.Staimityam, Parwanambhed, Gauravam, Shirograha, Pratishtyaya, Kasa, Swedapravartanam&Santapa (Temperature) of both drugs was approximately equal .
- 3) Comparatively Nidra symptom was reduced effectively in group B (Tribhuvankirti Rasa as compared to group A (Anandbhairav Rasa).
- 4) In all symptoms the P-Value is less than 0.05.

CONCLUSION

The evaluation of drugs in both groups were equally effective in the management of VataKaphajaJwara.

Jwaravyadhi has been studied from different samhitasin detail.

Detail study of Kalpas i.e. Anandbhairav Rasa and Tribhuvankirti Rasa was carried out.

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Research : Clinical

Effect of Rasâyana choorna in general health Improvement.(in middle age group)-a clinical study.

*Dr. Sheetal Chavan **Dr. Varsha Sadhale

ABSTRACT

Rasâyana are the herbo-mineral preparations which promote a youthful state of physical and mental health and expand happiness. Rasâyana have high levels of both safety for daily use and effectiveness. Today due to changing life style and bad food habits, man is prone to a wide range of diseases. Rasâyana is a boost for immunity. It prevents the early ageing process. Hence a clinical study is planned on 30 patients having generalized symptoms related to digestion; defecation and micturation. They were given Rasâyana curò for 30 days ,containing Guduci, Gokshura and Âmalaki in equal quantity. Agnidîpana, samyak malaprav⁰tti, samyak mûtraprav⁰tti and weight reduction were observed after the treatment. Relief in symptoms like generalized debility, giddiness,hyperacidity, breathlessness, heaviness and tastelessness were observed.

Keywords : Rasâyana curò ,general health.

Introduction

Âyurveda has two main aims "ò" 34ò" to maintain health and to cure disease. The branch of Rasâyana or rejuvenation is one of the eight specialized branches of Âyurveda that primarily deal with the maintenance of health .The purpose of Rasâyana is to give strength ,immunity, ojus, vitality, will power , determination and to strengthen the senses , so that one is not exposed to sickness and disease as long as one lives. Naimittika rasâyana is given to combat or balance a specific cause ,which is causing a disease in body. In today's era due to changed life pattern almost every individual complains about the problems associated with digestion, defecation and micturation. And as said before Rasâyana can be used to cure this general debility. Hence present study was undertaken to study the effect of Rasâyana curò in general health Improvement.

Aim :

To evaluate the effect of Rasâyana curò in general health improvement.

Objectives :

To study the general symptoms related to life style.

To study the effect of Rasâyana curò in general health improvement.

Materials and methods :

Drug : Rasâyana curòa , as mentioned in Ashpâòga h^odaya ,sûtrasthâna 39 th chapter was used. Containing Guduci, Gokshura and Âmalaki.

Preparation of drug: leaves of Guduci, thorns of Gokshura and fruit of Âmalaki were taken in fine powder form. Each 1 kg of above curòa were purchased from local market at Nanded and mixed properly. Packets were prepared ,each containing 80 gms of Rasâyana curòa.

Dose : 5gm of Rasâyana curòa. Was given in early morning on empty stomach (Rasâyana kâla) with luke warm water for 30 days.

Patients : 30 patients were randomly selected who were having general debility related to digestion, defecation and micturation.

Criteria for selection of patients :

Inclusion : patients between 30 to 60 years of age irrespective of signs and symptoms, sex, education and occupation.

Exclusion : patients who were not giving regular follow up and not following the investigators advice were excluded.

Parameters :

- Objective : CBC, Urine –Albumin, Sugar, Microscopic. were done before and after treatment.
- Subjective : daurbalya ,sandhi œula, amlapitta, bhrama ,shrama shwâsa, aruci, gaurava.

Follow up :

- Assessment after every seven days.
- Signs and symptoms recorded before and after treatment.

Observation and Results :

Sex	Male	Female	X ²	÷2	Probability
No. of patients	17	13		0.533	p>0.05
Age group	30-40	40-50	50-60		
No. of patients	8	11	11	0.6	p>0.05
Koshpha	Madhyama	Krûra	M ^o du		
No. of patients	15	8	7	3.38	p>0.05

- It was observed that Male :Female ratio was (M:F =57:43)
- It was observed that maximum number of patients were from group 40 -50 years and 50 - 60 years i.e. (11 each)8 patients were from group 30- 40 years.

· Koshpha wise observed patients were 15 from madhyama ,8 from krûra and 7 from m^odu.

Agni

Agni	Manda	Samyak	Tikshòà	Vishama	
Before	18	06	03	03	$\div 2 = 79.333$
After	01	25	03	01	$p < 0.05, p < 0.001$

Before treatment patients with mandâgni were maximum. i.e.18 .

After treatment patients with samyak agni were maximum i.e. 25.

Observed difference was statistically highly significant.

Jaraòúakti:

Jaraòúakti	Alpa	Madhyama	Uttama	
Before	09	16	05	$\div 2 = 29.1666$
After	00	15	15	$p < 0.05, p < 0.001$

Before treatment patients with madhyama Jaraòúakti were maximum i.e.16.

After treatment patients with madhyama and uttama Jaraòúakti were maximum i.e. 15 each.

Observed difference was highly significant.

Jivhâ :

jivhâ	Sâma	alpasâma	Nirâma	
Before	17	06	07	$\div 2 = 27.8497$
After	06	05	19	$p < 0.05, p < 0.001$

Before treatment patients with sâma jivhâ were maximum i.e.17.

After treatment patients with nirâma jivhâ were maximum i.e. 19.

Observed difference was statistically highly significant.

Weight reduction :

Mean difference	S.D.	S.E.of difference	t	p
-1.3	+0.9986	1.8018	7.1300	<0.001

It was observed that there was reduction in weight after treatment. This difference was statistically highly significant.

Mûtra prav^otti

Mûtra prav ^o tti	Aprâkruta	Prâkruta	
Before	12	18	$\div 2=12.53$
After	02	28	$p<0.05, p<0.001$

After treatment prâkruta Mûtra prav^otti changed from 18 to 28 .this difference was statistically highly significant.

Mala prav^otti.:

Mala prav ^o tti	Asamâdhânkâraka	Samâdhânkâraka	
Before	16	14	$\div 2=24.4084$
After	02	28	$p<0.05, p<0.001$

Before treatment patients showed nearly equal samyak and asamyak Mala prav^otti.

After treatment nearly all patients show samyak malaprav^otti.

Observed difference was highly significant.

Gradation of symptoms :

- Daurbalya : (general debility)
 - Grade 0- able to carry daily activities without any exertion.
 - Grade I –able to carry routine activity with mild exertion.
 - Grade II – patient is exhausted while doing routine activity
 - Grade III- unable to carry out routine activity.
- Sandhicœula :(joint pain)
 - Grade 0- no pain
 - Grade I – patient says joint tender
 - Grade II – patient winces
 - Grade III - patient winces and withdraws the part.
 - Grade IV – patient will not allow to touch the joint.
- Amlapitta :(hyperacidity)
 - Gradation for symptoms of amlapitta were done using symptoms like urodâha,nausea,vomiting and their frequency.
 - Grade 0-no complain

Grade I – Frequency of complaints ones a month.

Grade II – Frequency of complaints twice a month

Grade III- Frequency of complaints ones in 8 days

Grade IV-Daily.

Symptoms :

Sr. no.	Symptoms	Symptoms Present in Patients.(%)	No. Grade IV Change	Upto Grade III 25%	Upto Grade II 50%	Upto Grade I 75%	Above Grade 0 75%
1.	Daurbalya (general debility)	76%	-	-	-	21.74%	78.26%
2.	Sandhi œula (joint pain)	70%	-	19.04%	71.41%	-	9.52%
3.	Amlapitta (hyperacidity)	40%	-	-	25%	-	75%
4.	Bhrama (giddiness)	33%	-	-	-	10%	90%
5.	Shrama shwâsa (breathlessness)	30%	-	11.11%	11.11%	33.33%	44.44%
6.	Aruci (tastelessness)	30%	-	-	-	33.33%	66.67%
7.	Gaurava (heaviness)	20%	-	-	50%	33.33%	16.67%

Lab report :

• Before treatment :

Out of 30 patients taking Rasâyana curòa

- 13 patients having Hb% counts below 9gms%
- 7 patients had complaint of burning micturation with presenting microscopic epithelial cell positive.

• After treatment :

After one month of treatment of Rasâyana curòa it was observed that

- 10 patient show increase in Hb% by 1-2 gm%
- Out of 7 patients of burning micturation 5 patients got relief with absence of epithelium cell in urine microscopic examination.

Discussion :

The observed difference may be due to combined effects of the drugs. The Âmalaki and guduci are tridosha ûâmake and gokshura is vâta –pitta ûâmake .Agnidipana was observed in all patients due to Agnidipana activity of gokshura and guduci and 'Rucikara)"l)" activity of Âmalaki. This improvement in agni directly enhances jaraòûakti.

Samyak malprav^otti is due to Anulomana effect of Âmalaki which reduces Vibandha ,Âdhmâna and Vishtambha which ultimately relieves constipation and sangrâhi action of guduci relieves dravamala prav^otti.

Samyak mûtra prav^otti was observed in patient due to bastiœodhana and mûtrala properties (diuretics) of gokshura.

Weight reduction may be due to prak^ota jatharâgni which improves dhâtvagni especially medadhâtvagni .There is need of clinical study according to this effect.

Relief in symptoms like generalized debility ,giddiness ,hyperacidity , breathlessness, heaviness and tastelessness were observed due to properties of these drugs.

Over all action of above drugs can be used as Rasâyana to promote longevity.

Conclusion :

1. From the above observation and analysis it may be concluded that Rasâyana curà is very useful in maintaining general health by improving Agni, Jaraòûakti and prak^outa mala ó"l)" mûtra prav^otti.
2. Rasâyana curà is more effective in symptoms like daurbalya ,Bhrama,Gaurava and Aruci.
3. It can be concluded that : Rasâyana curà helps in early recovery from various disease especially in pittaja vyadhi i.e. Amlapitta.
4. It produces good health of individual and improves immunity of individual.

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Case Study :

Applied use of Basti and Uttar Basti in Hypoplastic Uterus and Anovulatory Cycle

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Introduction :

Now a day's female suffering from many gynecological disorders as she is being educated or non educated.

In our day today practice we have studied and treated many female patients of arising disorders by medicinal as well as Panchakarma therapy.

In Charak Samhita various gynecological disorders are described in chapter 'yonivyapad' (disorders of female reproductive system). (ch.su 19/9)

Etiology, clinical features and treatment of diseases like irregular menses, menorrhagia, PCOD, infertility; infantile uterus, anovulatory cycle, infection etc are explained in above chapter.

As

“Na shukram dharaytyebhidoshairyonirupdruta I

Tasmadgarbh na gruhyati stree gachatyamayan bahun II”

(ch. chi 30/37)

i.e. Woman suffering from these disorders cannot conceive and suffer from many diseases, if woman conceive she may have high risk of miscarriage or abortion. Now a day's most arising disorder is infertility.

Abstract

Inability of conception after one year of sexual life without contraception, when the couple gets worried for a baby is described as infertility.

The most important factor of infertility from female side

- failure of ovulation
- Abnormalities in female genital tract.

In Ayurveda

Above factors are described in Charak Samhita (Chikitsa Stana 30-34) under 'Shandhi' and 'Putraghni' Yonivyapada Adhyaya.

In this if ovum is Vikrut(vitiates) by Vikrut(vitiated) Dosha and comes in contact with sperm and form zygote, Vikrut Vata Dosha makes pregnant uterus abnormal. Due to this female fetus formed are abnormal (ch. chi 30/38). Her uterus is small, doesn't get feminine character even in reproductive age, breast size small, hate emotions towards male, may have incurable infertility.

Treatment (Described in Charak Samhita, chikitsasthan 30/45).

Doshashamaka, Shodhana, Bruhana Chikitsa could be good modalities of treatment as it undergoes into Snehan (oil massage), Swedan (steam), Basti (medicated enema), Uttarbasti (uterine insertion of medicated oil), Yonidhavan (douches), Pichudharan (medicated oil packing) and other oral medicines like Triphala, Shatavarighrita, Phalaghrita, Roupya Bhasma, Tapyadi Loha etc.

In modern

Anovular menstruation - cyclical monthly bleeding may occur from only oestrogenated endometrium, which is termed as anovular menstruation. This tends to occur for a few years after the first onset of menstruation (menarche) as well as before the final cessation of menstruation (menopause).

Treatment

1. Proper education.
2. Primary health care.
3. D & C, 18-21st days of menses.

Oral

Clomiphene citrate.

Oestrogen therapy.

HCG, gonadotropin, bromocriptin for luteal deficiency.

Steroid therapy for suppress adrenal echogeneity.

Infection can be treated according to diseases.

Surgical

Any anatomical defect.

According to above theoretical study female of anovulatory cycle with hypoplastic uterus is treated successfully, which is being taken for case study.

Female patient

Age -27 yrs Married life- 4 yrs

Planning for issue since last 3 ½ yrs.

Main complaints- Irregular menses with less and scanty bleeding with irregular interval of time.

Menstrual cycle cease only after taking hormonal treatment.

Investigations-

USG- on 5th jan 2013

Hypoplastic uterus with (54x25x28mm) with small ovaries.

Right-19x8mm and Left-16x9mm. both are small with none of ovaries shows follicle. Endometrium is thin.

Follicular study- on 9th jan 2014

Mean follicular size is in mm of right and left ovary from 9th to 21st day of menses is nil follicles and endometrial thickness is 5.5, 7.7, 7.7 and same in subsequent days.

Day	Right ovary	Left ovary	Endometrial thicknes
9 th	Nil follicle	Nil follicle	5.5
11 th	Nil follicle	Nil follicle	7.7
13 th	Nil follicle	Nil follicle	7.7
15 th	Nil follicle	Nil follicle	7.7
17 th	Nil follicle	Nil follicle	7.7
19 th	Nil follicle	Nil follicle	7.7
21 st	Nil follicle	Nil follicle	7.7

Treatment advised

1. Dietary plan with yoga.
2. Oral medicinal treatment- Rajahpravartini Vati, Pushpadhanva Rasa, Nashtapushpantak Rasa, Chandraprabha Vati, Punnarnava Mandura, Aarogyavardhini Vati, Praval Panchamruta Vati, Praval Pishti etc.
Asava and Arishta-Kumariasava, Karpasmulasava, Ashokarishta, etc.
Ghrita- Phala Ghrita, Ashvagandha Ghrita.
3. Panchakarma treatment (Described in Charak Samhita, chikitsasthan, 30/45, 46)

Sarvang Snehana(whole body massage),

Petisweda(box steam),

Kal basti-Anuvasana & Niruha(medicated enema)

Anuvasana basti- Balya, Vatanolomak taila as well as Phala Ghrita are used.

Niruha basti- Saindhava, honey, Artavaprada herbal Churna, Gomutra as well as Lekhana drugs are used for stimulation of hormone and inhibiting the growth of uterus, ovaries and follicles followed by Uttar Basti after cessation of menstrual cycle.

Uttarbasti (intrauterine insertion of medicated oil) has been done 5 days/ month for consecutive 3 months. Uttarbasti starts from 4th day of menses continue to 8th day.

Medicines are used in uttarbasti (ch. chi.30/103, 104, 105) –

Mahamasha Taila, Mahanarayan Taila, Neem Taila, Phala Ghrita, Ashwagndha Ghrita and Kshara Taila. These Taila and Ghrita are used in proportionate quantity for alternate and consecutive days.

Quantity of Uttarbasti medicine is 7-8 ml in measure.

Before all aseptic precautions Kati Snehana and Sthanic Nadi Swedan(lumbar region massage and local steam) has been done, afterwards uttarbasti procedure completed with all aseptic precautions.

Above all Panchakarma, medicinal treatment and Uttarbasti is for about 3 months.

Afterward, other investigation repeated. Which shows-

USG

Uterus is anteverted, normal in size of 7.7x3.4x4.0 cm with endometrium thickness of 6.1mm.

Right ovary- 2.8x1.6cm & Left ovary- 2.7x1.5cm, both are normal in size and echo texture.

Follicular study

Day	Rt ovary	Lt ovary	Endometrial thickness
7 th	10.0x8mm	10.4x7.0mm	6.1mm
12 th	11.2x8.9mm	10.4x7.0mm	7.2mm
14 th	13.3x13.0mm	10.4x7.0mm	7.7mm
16 th	14.1x13.2mm	10.4x7.0mm	7.8mm
18 th	15.2x13.3mm	10.4x7.0mm	8.0mm
20 th	16.4x13.4mm	10.4x7.1mm	8.2mm
21 st	ruptured		

Conclusion

Concluded part is that as patient was suffering from hypoplastic uterus with anovulatory cycle. With the help of Ayurvedic medicine, Basti procedure patient treated successfully. This treatment acts as Deepan, Pachana, Strotoshodhana, correct metabolism, glandular stimulation for hormonal secretion.

Uttarbasti corrects the reproductive system growth and secretion, Kaphashodhana, Poshana, Balya, Pittavirechaka and Vatanulomak. All functions correct by Ayurveda therapy.

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There is no cognition (understanding)
of any kind without self awareness.
No consequent (resultant) can exist
independently or without a cause.

{ English Charak Samhita ,Sharir Sthan
Adhyay/ chapter 3 ~shloka 24 .
Editor :Prof.P.H. Kulkarni ,
Co-editor > Prof. Dr. Atul Rakshe }.

Experimental :

Study Of Rakta Dhatu Sarata With Special Reference To Hemoglobin Estimation

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ABSTRACT

40 volunteers were selected for the study of Rakta Dhatu Sarata with special reference to hemoglobin estimation. Assessment of RaktAsarata was done with Âyurvedic Textual guidelines and it was compared with Hemoglobin estimation. Hemoglobin estimation was done with help of Sahli's Hemoglobinometer. As per present study, it is seen that Rakta Dhatu Sarata cannot be correlated with Hemoglobin estimation. The present study concluded that Âyurvedic clinical judgments cannot always be compared with modern objective parameters.

Key words - RaktAsarata, Hemoglobin percentage.

INTRODUCTION

In Âyurvedic compendia, Charak has explained tenfold examination methods for the healthy and diseased person among which Sarata examination (Examination of Tissue quality) is one of the important parts of clinical examination¹.

Dhatu are the basic structural and functional unit of the life². Quality of life and physical strength depends on Dhatu Sarata and immunity depends on physical strength. In a nutshell, Sarata examination is an important indicator of immunity status³.

In Sarata examination, qualitative, quantitative and functional assessment of particular Dhatu is done by Darshan (inspection) Sparshan (Palpation, Percussion) and Prashna (Interrogation/History)⁴.

After assessing Dhatu Sarata, conclusion is drawn as Uttam Sara Dhatu (Best quality tissue), Madhyam Sara Dhatu (Moderate quality tissue) and Asara Dhatu (Low quality tissue)⁵.

But traditional method of examination may be sometimes time consuming and of subjective type, so it is a need of time to develop some objective parameters for Dhatu Sarata. Therefore in the present study, the efforts have been made to find out correlation of Hemoglobin estimation with Rakta Dhatu Sarata.

Previous work done has been carried out by Vaidya Shyam Kunvar as Sara Saratva Parikshana with reference to Rakta Dhatu.

AIM

To assess Rakta Dhatu Sarata with special reference to hemoglobin estimation.

OBJECTIVES

1. Determine the Rakta Dhatu Sarata as per the guidelines of Âyurvedic compendia.
2. Correlation of Hemoglobin estimation with Rakta Dhatu Sarata.

HYPOTHESIS

Does Uttam Rakta Sarata has optimum level of hemoglobin percentage (In male-14-16gm%, female-12-14gm %)?

MATERIAL & METHODS**Study design**

It is an Analytical Observational Study.

Materials

Literature review was taken from classical Âyurvedic texts, Modern literature & Web references regarding Rakta Dhatu Sarata and hemoglobin estimation⁶. The volunteers of Rakta Dhatu Sarata were diagnosed with the special case format. Sahli's hemometer was used for hemoglobin estimation. Hemoglobin estimation reports of all patients have been collected.

Methodology**Selection of volunteers**

Forty healthy volunteers from the same age group were selected for the present study in which there were 20 males and 20 females. Volunteers having any severe hematological problems were excluded.

PLAN OF WORK

The findings of each volunteer were recorded in the case proforma. Collection of all data, references & case papers were done. In this study Rakta Dhatu Sarata were compared with group of hemoglobin estimation. Analysis was done for each data & final conclusion was drawn on the basis of observations.

CRITERIA FOR ASSESSMENT

Assessment of volunteers were done by preparing proforma for different features of Rakta Sarata which is as follows

(Ref: Dr. Swati Chobhe, MD dissertation, Pune University in April 1996)

Sr. No.	Points of Rakta Dhatu Sarata	Total marks
1	Raktavarna (bright, pink color) of structures	10
2	Snigdha Structure(unctuousness)	10
3	Digestive capacity 10	
4	Estimation of strength 10	
5	Manasvitva (arrogance) 10	
6	Sukha in relation with Rakta Dhatu	10
7	Tolerance of Ushma(heat)	10
8	Tolerance of Klesha(Stress)	10
9	Uddhata Medha (sharp grasping capacity)	10
10	Soukumarya 10	
	Total	100

All the points of performa were graded as good, moderate and poor. As Tolerance of heat and Tolerance of Klesha (physical stress) is less in Rakta Dhatu Sarata, maximum marks were given to less Tolerance of heat and Tolerance of Klesha. Intolerance of heat and Intolerance of physical stress comes under soukumarya. As strength of Rakta Ssara person is not much, maximum marks were given to moderate strength. Maximum marks were given to good Digestive capacity, good Manasvitva and good Medha. Sum of the marks, given to each point of proforma was done and volunteers were graded as Uttam Rakta Dhatu Sara, Madhyam Rakta Dhatu Sara and Hina Rakta Dhatu Sara.

Total Assessment of Rakta Dhatu Sarata

Marks	Type of RaktAsara
0 – 30	Asara
31 – 60	MadhyamSara
61 – 100	UttamSara

Estimation of Hemoglobin :

Sahli's hemometer was used for hemoglobin estimation.

Gradation of Hemoglobin percentage in Healthy volunteers

Grades	Hemoglobin percentage in Male Volunteers	Hemoglobin percentage in Female Volunteers
Good	14-16	12-14
Moderate	12-13.8	10-11.8
Less	10-11.8	8-9.8

OBSERVATION**Table No. 1 Distribution of Rakta Sarata in total number of volunteers:**

Sr. No.	RaktAsarata	No. of Females volunteers	No. of Males volunteers	Total	Percentage
1.	UttamSara	01	03	04	10%
2.	MadhyamSara	17	10	27	67.5%
3.	Asara	02	07	09	22.5%

After taking detailed history of 40 volunteers according to proforma, 10% of volunteers were having Uttam Rakta Dhatu Sarata, 67.5% of volunteers were having Madhyam Rakta Dhatu Sarata and 22.5% of volunteers were having Hina Rakta Dhatu Sarata.

Table No. 2 Relation of Hemoglobin percentage to Rakta Dhatu Sarata in Male volunteers

Hb Percentage	Total number of volunteers	Uttam Rakta Sarata	Madhya Rakta Sarata	Rakta Asara
14-16	05	01	03	01
12-13.8	14	02	07	05
10-11.8	01	—	—	01

From the above tables, 05 volunteers were found having Hb percentage between 14 to 16 among which 01 volunteer has Uttam Rakta Sarata while 03 volunteers were having Madhyam Rakta Sarata & 01 volunteer has Hina Rakta Sarata. Whereas 14 volunteers were found having Hb percentage between 12 to 13.8 among which 02 volunteer has Uttam Rakta Sarata while 07 volunteers were having Madhyam Rakta Sarata & 05 volunteer has Asara Rakta Sarata. Only 01 volunteer was found having Hb percentage between 10 to 11.8 and was found having Hina Rakta Sarata. So exact relationship between hemoglobin and Rakta Sarata cannot be correlated

Table No. 3 Relation of Hemoglobin percentage to Rakta Dhatu Sarata in Female volunteers

Hb Percentage	Total number of volunteers	Uttam Rakta Sarata	Madhya Rakta Sarata	Hina Rakta Sarata
12-14	02	01	01	—
10-11.8	14	—	12	02
8-9.8	04	—	04	—

From the above tables, 02 volunteers were found having Hb percentage between 12 to 14. Among which 01 volunteer has Uttam Rakta Sarata while 01 volunteer was having Madhyam Rakta Sarata. Whereas 14 volunteers were found having Hb percentage between 10 to 11.8. Among which 12 volunteers were having Madhyam Rakta Sarata & 02 volunteers were having Hina Rakta Sarata. 04 volunteers were found having Hb percentage between 8 to 9.8 and was found having Madhyam Rakta Sarata only.

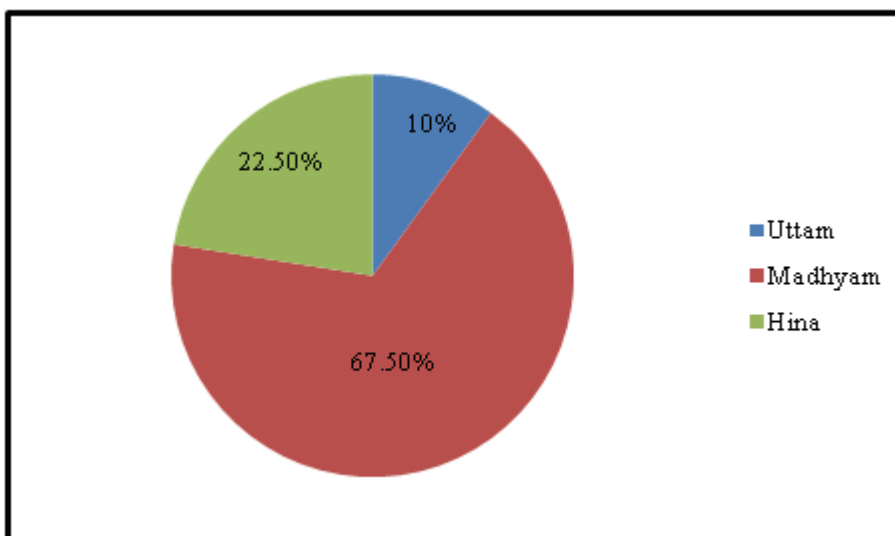
GRAPH

Fig 1 Rakta Sarata

DISCUSSION -

In the present Study of assessment of Rakta Dhatu Sarata with special reference to hemoglobin estimation, 40 volunteers (20 Male & 20 Female) were taken. According to proforma it was found that only 10% i.e. 04/40 volunteers were having Uttam Rakta Dhatu Sarata, while 67.5% i.e. 27/40 volunteers were having Madhyam Rakta Dhatu Sarata and 22.5% i.e. 09/40 volunteers were having Hina Rakta Dhatu Sarata.

Assessment of Rakta Dhatu Sarata contains total 10 points which are Raktavarna (bright, pink color) of structures, Snigdha Structure, Digestive capacity, Estimation of strength, Manasvitva (arrogance), Sukha in relation with RaktaDhatu, Tolerance of heat, Tolerance of Klesha (Stress), Uddhata Medha (grasping capacity), Soukumarya. In which Raktavarna-Snigdha Structure, Digestive capacity, Manasvitva and Medha is found good while strength is found moderate but Sukha, Tolerance of heat, Tolerance of Klesha, Soukumarya properties are found less.

In the present study according to Hemoglobin percentage, 07 volunteers were found having good Hb % but out of these 07 volunteers, only 02 volunteers belonged to Uttam Rakta Sarata while 04 volunteers were having Madhyam Rakta Sarata & 01 volunteer has Rakta Asarata. Whereas 28 volunteers were found having moderate Hb % but 02 volunteers out of 28 were having Uttam Rakta Sarata while 19 volunteers were having Madhyam Rakta Sarata & 07 volunteers were having Rakta Asarata and 05 volunteers were found to have less Hb % but out of 5 volunteers, 04 volunteers were having Madhyam Rakta Sarata & only 01 volunteer had Rakta Asarata.

Relation of Hemoglobin percentage and Rakta Dhatu Sarata -

Relation between Good Hb% in Uttam Rakta Sara Volunteers is easily understood but in spite of having good Hb% ,volunteers were having Asara Rakta Dhatu.This was found because human body is composed of all 7 Dhatus which are interlinked and when body is in the state of homeostasis there exists coordination among all Dhatus.

Due to interlinking and coordination of all Dhatu, some features of Rakata Sarata can get masked due to features of Sarata of other Dhatus. If person with good Hb% is having Uttam Mamsa Dhatu Sarata or Uttam Asthi Dhatu Sarata, then such person can have good physical stamina, good tolerance of heat and stress which is not found in Uttam Rakta Sara.

One more point must be taken into consideration that Hemoglobin is purely physical constituent while examination of Rakta Sarata is examination of physical as well as mental features which affects life in the form of intolerance of heat and stress etc but if person has Uttam Sarata of other Dhatus then features of Rakta Sarata can get masked and person get diagnosed as Madhyam Rakta Sara or Rakta Asara in spite of having good Hb%.

CONCLUSION -

This research work is done to assess the properties and functions of Rakta Dhatu with relation to Rakta Sarata. The 40 volunteers were examined for Rakta Sarata and graded as Uttam, Madhya and Asara. The important features which were found in Uttamrakata Sara were Snigdha Raktavarna of different body parts and good power of Agni.

Considering dominance of Madhur Rasa (sweet taste) in diet of Uttam Rakta Asara volunteers, relation of Rakta Dhatu and diet must be taken into consideration, to maintain properties and functions of Rakta Dhatu within normal limits.

From this research, it can be concluded that Snigdha Raktavarna (bright pink color of nails, conjunctiva, faceetc) of different body parts and power of Jatharâgni (digestive capacity) are main characters to assess properties and functions of Rakta Dhatu.

Uttam Rakta Sara volunteers will rarely suffer from the deficiency of Rakta Dhatu and volunteers having Asara Rakta Dhatu are prone to get deficiency of Rakta Dhatu. Though UttamRaktAsara volunteers will rarely suffer from the deficiency of Rakta Dhatu but, Uttam Rakta Sara volunteers are prone to Rakta Vruddhi (Increased state of RaktaDhatu), hence Uttam Sarata also must be maintained by proper diet and should avoid hot, pungent food to balance Rakta Dhatu. State of Uttam Rakta Sara must be maintained by indulging predominantly sweet taste in diet.

As digestive system and Rakta Dhatu are interdependent, clinical examination of Jatharagni (digestive power) is important in Rakta Pradoshaj Vyadhi (Diseases of vitiated Rakta Dhatu) and vice versa. Balancing of digestive functions is the most important step for balancing of vitiated Rakta Dhatu.

It is also important to examine Rakta Sarata in the patients having disturbed functioning of Annavaha Srotas i.e. digestive system. Balanced state of Rakta Dhatu is important for healthy status of mind; hence examination of Rakta Dhatu as well as balancing of Rakta Dhatu is one of the important factors in the psychological problems.

Hb% is one of the factors with relation to the Rakta Dhatu, while examination of Rakta Sarata consists of features of Rakta Sarata exhibiting at physical and mental level.

Examination of Rakta Sarata will help in physiology as well as in clinical medicine for diagnosis and treatment in relation to diseases related with Rakta Dhatu.

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Experimental :

Evaluation of 'Sama Ayama-vistara' In Unhealthy Individuals With Congenital/Developmental Physical Deformity.

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ABSTRACT:

"Pramana-shareera" has been elaborated in different Ayurvedic samhitas and the scholar has also focused on this topic in his previous research project. As one of the important types of measurement referred as Angulipramana is used for measuring the dimensions like Ayama (height)¹, Vistara (Length from the tip of middle finger of right hand to the same of left hand in expanded position)², etc. of different parts and sub-parts of human body. The specific sutra about Sama Ayam-Vistara is related to the same measurements and its relation with different parameters of Healthy Life. The hypothesis about Sama Ayam-Vistara given in Charak Samhita Vimansthana 8/118 states whereas the Ayam & Vistara of an individual is equal all the criteria stated in sutra as Ayu (longevity of life), Bala (Sharirik & Mansik Bala = Physical & Mental - Strength, Health), Oja (Luster of face), Sukham (Happiness), Aishwaryam (wealth, Property) are best at its maximum. Whereas the difference between Ayam & Vistara increases or decreases, the benefits of all above criteria will be more or less respectively³.

It means Sama Ayam-Vistara is directly proportional to healthy & happy life and inversely proportional to unhealthy and unhappiness of a person. In my previous research project scholar has elaborated the results regarding 'Sama Ayam-Vistara' in healthy individuals so in the present study, the second part (Unhealthy & unhappiness of a person) was considered for evaluation of the hypothesis. It means the relation of Sama Ayam-vistara with unhappy & unhealthy persons those related with different unhealthy parameters with physical & mental deformities. In this also the scholar has taken only congenital/developmental deformities those related with Physical deformity (Sharirik Vikas-Vridhijanya / Janmajat Vikruti) of an individual to evaluate the hypothesis.

Total 50 individuals of either sex were selected for this study of the age group 25 & above. The Swanguli Praman was calculated by screw gauge and Ayam & Vistara of an individual were measured by measuring tape in cm and converted into Anguli-praman. The Ayam and Vistara of an individual were measured by measuring tape and recorded in case paper proforma with detail information about congenital / developmental physical deformity. The statistical analysis illustrates that the difference between Ayam & Vistara in Physical deformity individuals lies between 3 to 4 Angula. It proves that the results about Sama Ayam vistara in unhealthy individuals with Congenital / developmental deformity individual follows hypothesis. So at

least the concept of 'Sama Ayam-Vistara' helps us to give an idea about the Happy & Healthy or Unhappy & Unhealthy status of an individual.

Keywords: Sama Ayam-Vistara, Congenital / Developmental Physical deformity relation.

INTRODUCTION :

In Rachana sharir, Sushrutacharya has elaborated the concept of pramanvat sharir and its relation with good health as well as longevity of life. On the basis of same concept Charakacharya has explained the hypothesis of Sama Ayam-Vistara.

About Scholarsprevious related study :

The hypothesis about SamaAyam-Vistara given inCharaksamhitaVimansthana 8/118 was taken for the evaluation. The hypothesis states whereas the Ayam & Vistara of an individual is equal all the criteria stated in sutra as Ayu(longevity of life), Bala(Sharirik&MansikBala = Physical & Mental - Strength, Health), Oja(Luster of face), Sukham(Happiness), Aishwaryam(wealth, Property) are best at its maximum. Whereas the difference between Ayam & Vistara increases or decreases, the benefits of all above criteria will be more or less respectively³. In this study only Ayu and Bala (Sharirik&Mansikbala) were specifically considered for research project. This effort was taken to evaluate whether Sama Ayam-Vistara follows the said criteria of the hypothesis in present era or not. For this evaluation 200 individuals of either sex of the ages 60 year and above were considered. Whereas the cases above 60 year age naturally fulfills the criteria of good Ayu(longevity if life) though even partly. The ayam and Vistara of an individuals were measured by measuring tape and recorded in case paper proforma with detail information. Then difference between the Ayam and Vistara elaborated with the relation of their bala (Sharirk and mansik bala). The bala of an individual was measured by fist press method and some questionnaires related with Vyadhikshamatwa & Vyayamshaktya. In this study it was observed that Ayu, Sharirik & Mansikbala follows the hypothesis. Whareas the difference between the Ayam & vistara decreases the individual get sharirik & Mansikbala at its maximum and whereas the difference increases it shows bala at its medium or at its low depends upon the difference between Ayam and Vistara.

It was also observed, Whereas the difference between Ayama & Vistara lies between 0 to 2 angula then bala of an individual lies at its maximum. Whereas the difference between Ayama & Vistara lies between 2 to 4 angula then bala of an individual lies at its medium. And as difference between Ayama & Vistara lies Below 4 angula then the bala of an individual lies at its minimum.

So in the present study, the relation of Sama Ayam-vistara with unhappy & unhealthy persons those related with different unhealthy parameters with physical deformities were considered. In this also the scholar has taken only congenital/developmental Physical deformities (SharirikVikas-Vridhdhijanya / JanmajatVikruti) of an individual correction needed to evaluate the hypothesis.

Scholar has already elaborated in detail about Pramansharir, angulipraman, Swanguli

praman and the concept of Ayam and Vistara in his previous research project, so explained here in brief about the same.

AnguliPraman :

At the time of Charakacharya & Sushrutacharya the length & breadth of different anga-pratyanga was measured by using the fingers. This technique of measurement is called as **Anguli praman**. As length & breadth of finger is different from person to person. So own ownangulipraman is taken to measure the different Anga-Pratyanga and referred it as **Swanguli praman**.

Swanguli Praman:

According to Sushrutacharya as stated in Sutra Sthana 35/12 Swangulipraman is a **length of proximal inter phalangeal joint (of right hand) called as Swanguli⁴**. In right handed person right hand and in left handed person left hand Swanguli considered for the measurement.

Ayam & Vistara :

The height of a person is called as **Ayam¹** & the length taken from the tip of middle finger of right hand to the tip of middle finger of left hand is called as **Vistara²**.

According to Sushrutacharya the Ayam is **120** anguli⁴. According to Charakacharya the Ayam is **84** anguli⁵. According to AstangHridayaSharir the Ayam is **3^{1/2}** hasta⁶.

Congenital / Developmental Physical deformities(SharirikVikas-Vriddhijanya / JanmajatVikruti) : The unhappiness of an individuals is always there because of congenital or developmental physical deformity. Here scholar has focused on physical deformity only. This physical deformity which is not 100% curable causes the unhappiness in an individuals.

The scholar has classified the case study in following two group :

- 1) Congenital / Developmental Physical deformities related with different part of the body. (SharirikVikas-Vriddhijanya / JanmajatVikruti)
- 2) Congenital / Developmental Physical deformities related with Special senses. (PanchadnyanendriyaVikas-Vriddhijanya / JanmajatVikruti)

In the present research project the scholar has focused only on Congenital / Developmental Physical deformities (SharirikVikas-Vriddhijanya / JanmajatVikruti) related with various parts of the body (different Anga-pratyanga). These includes the deformities of upper limb region, lower limb region, vertebral column, organs related etc. except physical deformities related with Special senses (where as the scholar has elaborated the part of research project related with special senses in another research paper) and elaborated its result in relation with the concept of 'Sama Ayam-Vistara'. Whether it shows any significance in the present era or not.

MATERIALS & METHOD :

- 50 Individuals of 25 years & above were considered for the research project.
- Individuals of either sex were taken for the present study.
- Screw gauge to measure the Swanguli praman of an individuals.
- Measuring Tape, Scale to measure the Ayam & Vistara of an individual.
- And Case paper proforma for the detail information with concern Congenital / Developmental Physical deformities related with different part of the body.
- **Inclusion criteria:**
 - Concern Individuals of Congenital / Developmental Physical deformities related with different part of the body
 - Individuals of either sex of 25 years & above.
- **Exclusion Criteria:**
 - Healthy individuals & individuals below 25 years.

Methodology:

- For case study 25 males & 25 Females of physical deformity were considered.
- The detail information of the individual were taken by case paper proforma.——Please give the details of the proforma.
- The measurement of Swanguli praman is taken by Screw gauge.
- Measurement of **Swanguli-Praman considered as** Length of proximal inter-phalangeal joint of right hand⁴.



- The **Ayama & Vistara** of the individuals were taken by measuring scale and the readings were recorded with dividing it by Swanguli-praman to convert it in Anguli praman.
 - **Measurement of Ayam** considered as Height of a person¹.



- **Measurement of Vistara** considered as Length from the tip of middle finger of right hand to the same of left hand in expanded position²



- Information about Concern Congenital/ Developmental Physical deformities (Sharirik Vikas- Vriddhijanya / Janmajat Vikruti) related with different part of the body were recorded in case paper proforma.

Images of Different Congenital/ Developmental Physical deformity :



RESULTS :

- The Results drawn on the basis of observations and the percentile analysis shows that the difference between Ayam & Vistara in Congenital / Developmental Physical deformity individuals lies between 3 to 4 Angula.
- Sama Ayam vistara in unhealthy individuals with Congenital / developmental deformity individual follows the hypothesis.

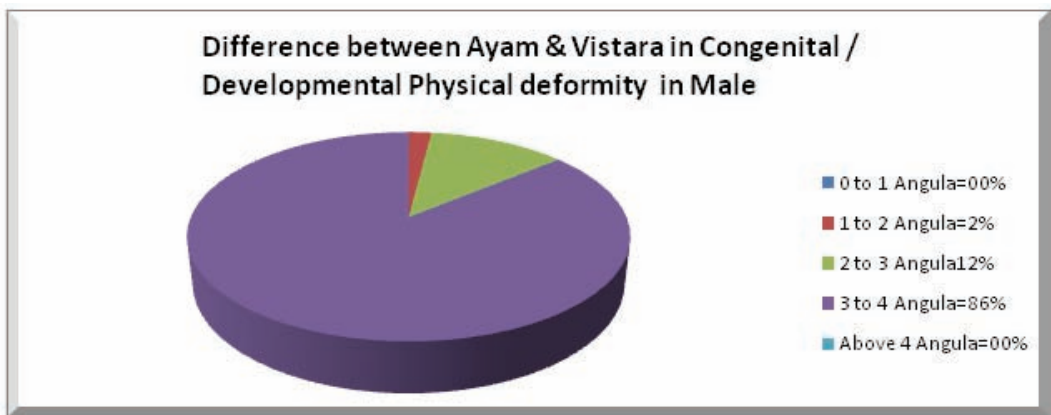
Table No 1.

Title: Result showing difference between Ayam & Vistara in Congenital / Developmental Physical deformity in Male individuals.		
Sr. No	Difference between Ayam & Vistara	% of the Result
1	0 to 1 angula0 to 1 angula	00 %
2	1 to 2 angula	02 %
3	2 to 3 angula	12 %
4	3 to 4 angula	86 %
5	Above 4 angula	00 %

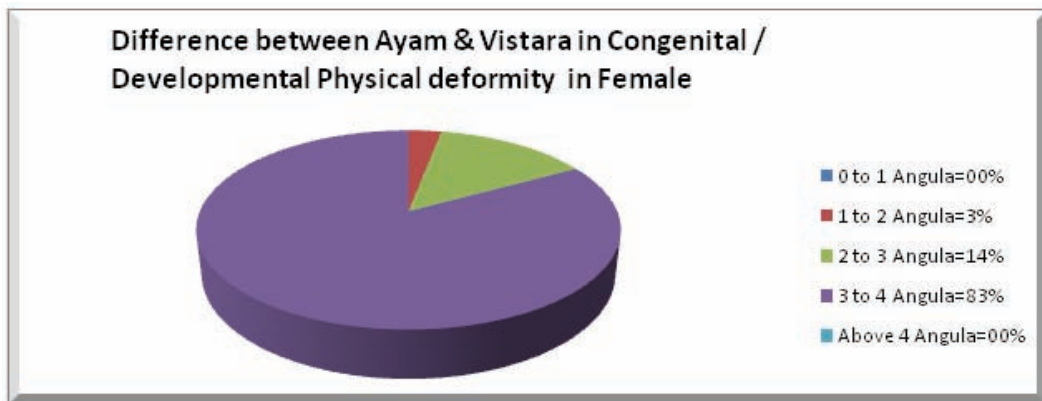
Table no 2.

Title: Result showing difference between Ayam & Vistara in Congenital / Developmental Physical deformity in Female individuals.		
Sr. No	Difference between Ayam & Vistara	% of the Result
1	0 to 1 angula0 to 1 angula	00 %
2	1 to 2 angula	03 %
3	2 to 3 angula	14 %
4	3 to 4 angula	83 %
5	Above 4 angula	00 %

Graph 1 :



Graph 2 :

**DISCUSSION :**

The concept of Sama Ayam-vistara in healthy individual was already elaborated by the scholar in his previous research. Whereas the concept is closely related to the concern research project. The results of this research project are directly proportional to the hypothesis. According to the concept of sama Ayamvistara and its relation in unhealthy individual with congenital / developmental deformity may gives the idea about the physical and mental strength along with life span and economical status of an individual . Because according to concept, sama Ayam & Vistara has good physical and mental strength along with good life span and economical status of an individual whereas the difference between Ayam and Vistara increases or decreases, all above criteria stated above lies at its more or less respectively. It means Sama Ayam-Vistara is directly proportional to healthy & happy life and inversely proportional to unhealthy and unhappiness of a person.

It means that in healthy & happy individual theayam and Vistara lies Approximately equal and in unhealthy and unhappy person the difference between Ayam & Vistara is greater. The outcome of the concern research project prove the same.

The unhealthiness or unhappiness is approximately related to the physical or mental deformity. It might be cause of congenital or developmental deformities at different period of the ages. So at least concept of 'Sama Ayam-Vistara' helps us to give an idea about the Happy & Healthy or Unhappy & Unhealthy status of an individuals.

CONCLUSION :

The statistical evaluation illustrates that in unhealthy individual with congenital / developmental deformity, the difference between the Ayam & vistara increases as compared to the relation of Ayam & Vistara in healthy individuals.

In unhealthy individuals with congenital / developmental deformities the statistical evaluation

shows that the difference between the Ayam & Vistara lies approximate 3 to 4. Though there is again variation among the difference between Ayam and Vistara but the difference between Ayam and Vistara lies approximately 3 to 4 angula . This variation probably depends upon the concern congenital / developmental physical deformities.

From above outcome it proves that, In unhealthy individual the difference between Ayam & Vistara lies approximate 3 to 4 angula (and may sometime above 4 angula.) So we can say that in unhealthy individual with congenital / developmental deformities the difference between Ayama & Vistara increases and it lies approximately between 3 to 4 angula.

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Experimental :

Advance Parameter Of Sharir Varna For Kapha Doshaj Prakruti.

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ABSTRACT :

Inexplanation of Doshaj Prakruti different similes for Sharir Varna are mentioned in Vata Prakruti, Pitta Prakruti, and Kapha Prakruti individuals. Maximum similes are given to explain the Varna of Kapha Prakruti. Images are picked up as color mentioned in Kapha Prakruti's Anukatva and other things (animals/metals/plants). Cropping h bee done from those images then cropped images matched with Felix von Luschan's chart (Standard Skin Chart of Austrian anthropologist). With the help of this study Skin color Shade card is prepared by which it is easy to understand and identify the color/Sharir Varna of Kapha Prakruti person while doing the Prakruti assessment.

INTRODUCTION :-

In Charak Samhita Prakruti Parikshan included in Dashvidha Parikshana and detail explanation regarding assessment of Doshaj Prakruti is mentioned in Bruhtryi (Ch.Vi.8/97, Su. Sha. 4/72, A s. Hr.Sha 3/97). Assessment of Prakruti is very much essential to maintai S washya and to treat disease also (Cha.Vi.8/9 Chakrapani).

In explanation of Doshaj Prakruti meaning of some Lakshana are not clearing understood, for Eg. Sharir Varna. Maximum similes are given to explain the Varna of Kapha Prakruti like :

- Priyangu, Durva, Sharkand, Shastra, Gorochan, Padma, Suvarna (As. Hr. Sha. 3/97).
- Sukumar, Avadat (Ch. Vi. 8/97)
- Durva, Indivar, Nistrish, Aristak, Sarkand (Su. Sha. 4/72)

With the help of these references it is difficult to understand exact meaning and Varna in the assessment of Prakruti. With the help of this study Skin color Shade card is prepared by which it is easy to understand and identify the color/ Sharir Varna of Kapha Prakruti person.

MATERIALS :-

Ayurved Samhitas, Sanskrit Shabda Kosha (Vachaspatyam), Monier Williams dictionary and other literatures related to this topic.

METHOD :-

The literary work done with the help of finding word meaning. Explanation & specification Sharir Varna according to Kapha Prakruti. Images are picked up as color mentioned in Kapha Prakruti's Anukatva and other things (animals/metals/plants). Cropping has been done from those images then cropped images matched with Felix von Luschan's chart (Standard Skin Chart of Austrian anthropologist). Preparation of final color shade card is done.

This is Felix Von Luschan's (F.V.L) Skin tone chart. (Standard Skin tone Chart of Austrian Anthrepopologist).

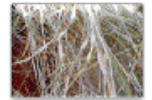
	1	10			19	28	
	2	11			20	29	
	3	12			21	30	
	4	13			22	31	
	5	14			23	32	
	6	15			24	33	
	7	16			25	34	
	8	17			26	35	
	9	18			27	36	

RESULT :-

WORD MEANING & IMAGES OF DIFFERENT SIMILIES THAT MENTIONED IN SHARIR VARNA. (Ch.Vi.8/97, Su. Sha. 4/72, As. Hr.Sha 3/97).

❖ **Durva**

Bent grass, panic grass, Panicum Dactylon [Monier - Williams]

❖ **Indivar**

Blossom of blue lotus [Monier - Williams]



❖ **Shastra**

A sword, any weapon [Monier - Williams]

❖ **Aadra Aristak**

The soap berry tree (the fruit of which are used in washing).
[Monier - Williams]

❖ **Priyangu**

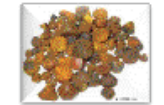
Panic seed, Panicum italicum [Monier - Williams]

❖ **Sharkand**

Stem of Saccharum sara, the shaft of an arrow. [Monier - Williams]

❖ **Gorochan**

Gomati. [Geervanlaghuosh]

❖ **Padma**

Pale Red, rose colored, desirous, lusturful. [Monier - Williams]

❖ **Suvarna**

Good or beautiful color, bright, golden, yellow. [Monier - Williams]

❖ **Hams**

White (fair)

❖ **Sukumar**

Having pleasant look [Gangadhar tika]

❖ **Avadat**

Fair complexion. [Gangadhar tika]

DISCUSSION :-

After studying Samhitas the total Sharir Varna mentioned in Kapha Prakruti are Sukumar, Avadat, Prasanna, Snigdha, Durva, Indivar, Nistrish, Aadra - Aristak, Sharkand, Priyangu, Gorochan, Padma, Suvarna, Shuklang. In these Varnas :- Sukumar, Avadat, Prasanna, Snidgha Sharir Varna are mentioned according to Guna (Cha.Vi. 8) which shows quality of Varna, that indicate luster or texture of the skin but not specific color of Sharir Varna.

In this study all photographs are collected and cropping has been done for making shade card. These crop images are organized to prepare Sharir Varna Shade card. Few colors of Kapha Prakruti mentioned in Text are not exactly matched with F.V .L chart but still they are included in Sharir Varna chart because these Sharir Varna are mention in Samhitas (Ch.Vi.8/97, Su. Sha. 4/72, As. Hr.Sha 3/97)

CONCLUSION :-

- Parameter is established by constructing skin color shade card based on Sharir Varna of Kapha Prakruti.
- Prepared shade card is beneficial to fix Sharir Varna of an individual in assessment of Kapha Prakruti.
- Sharir Varna of Kapha Prakruti mentioned in samhita can be studied under the heading of 1. Color mentioned as per Kapha Prakruti. 2. Color of animals (Anukatva)/metals/plants.
- Varna quality is mentioned related to Snigdha Guna should be taken under consideration while matching color.

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See colour plate on Page No. 163

Experimental :

Sadhyasadhyatva of Hypothyroidism With Special Reference to Tail Bindu Mutra Parikshan

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Abstract: Tail Bindu Mutra Pariksha is a diagnostic tool of urine examination in Ayurveda. Tail Bindu Mutra Pariksha helps to decide prognosis of disease. It tells about Sadhyasadhyatva of disease. Hypothyroidism is a condition characterized by abnormally low thyroid hormone production. This study aim at using this ancient process to diagnose Sadhya- Asadhyatva in case of hypothyroidism.

Material & Method: 30 patients suffering from hypothyroidism were selected randomly from Bharati Ayurved Hospital, Pune. Urine was collected in petri dish and Tila tail drop was dropped on it at the height of 1 cm. **Observation:** In all 30 urine samples, Tila Oil drop sinks at the bottom, it indicates Asadhyatva of hypothyroidism. Chalini (sieve) like structure was not observed in oil drop (Tail Bindu). In all 30 samples shape of Tail Bindu (oil drop) was remained unchanged that is Pearl Shape. It suggests the dominance of Kapha Dosha in hypothyroidism. **Conclusion:** In hypothyroidism Kapha Dosha is dominant and hereditary factor is not significant in its pathogenesis. Hypothyroidism is a Yasya disease because it cannot be cured permanently, only can be controlled.

Key words: hypothyroidism, Tail Bindu Mutra Parikshan, Yogaratnakar.

Introduction: Hypothyroidism is a disorder in which the thyroid gland is not able to produce enough thyroid hormone to meet the body's needs. Thyroid hormone regulates body metabolism. Metabolism is a way by which the body uses its energy and so hypothyroidism affects nearly every organ in the body. Without enough thyroid hormone, many of the body's functions slow down. According to Sushrut Samhita, Nidan Sthan, 11/23-31, Galagand is caused by Tridoshas. According to Yogaratnakar, Roginam Asthasthan Pareekshan, Shlok no. 1, for proper diagnosis of disease and disease condition, patient's different pathophysiological conditions are examined under Ashtavidha Pariksha (8 types of investigations). The Ashtavidha Pariksha include Nadi (Pulse), Mutra (Urine), Mala (Stool), Jihva (Tongue), Shabda (Speech), Sparsha (Touch), Druk (Vision), Akrti (shape). Among Ashtavidha Pariksha, Mutra Pariksha (examination of urine) has special attention in Yogaratnakar, Mutra Pareeksha. Along with the examination of colour, appearance and consistency of urine, a special technique for the examination of the Mutra i.e. Tail Bindu Mutra Pariksha was developed to diagnose disease conditions and to find out their prognosis. For this patient's early morning urine sample should be collected in a clean glass vessel. Then one drop of Tila Tail (sesame oil) is

dropped over the surface of urine without disturbing the Petri dish. The pattern and the distribution of the oil drop on the urine were observed to determine the prognostic features of the disease.

1) If Vata Dosha is predominant, then the Taila drop attains Mandala (circular shape). If Pitta Dosha is predominant, it attains Budbuda (bubbles) shape. If Kapha Dosha is predominant, it becomes Bindu (globule or droplet) and if Tridoshaj are predominant the oil drop sinks in the urine.

2) In 'Kulaj Vyadhi' (genetic disorder) the oil drop takes a Chalini (sieve) shape in urine sample and then spreads. In 'Bhutadosha' the oil drop takes the image of human being or skull.

3) If oil drop spreads quickly over the surface of urine, the disease is Sadhya (curable). If the oil does not spread over the urine sample, the disease is considered as Kashta Sadhya or difficult to treat. If the oil drop directly goes down and touches the bottom of the vessel, then the disease is considered as Asadhya or incurable.

4) If oil spreads in east direction patient will get relief very soon. If oil spreads in the south direction, the patient will suffer from Jwara (fever) and gradually recovers. If oil spreads in the northern direction, the patient will definitely be cured and become healthy. If the oil spreads towards the west, he will attain Sukha and Arogya i.e. happiness and health.

5. If the oil spreads towards the Northeast, the patient is bound to die in a month's time. Similarly if the oil drop spreads into Southeast or Southwest directions, or when the oil drop splits, the patient is bound to die. If the oil spreads on to Northwest direction, he is going to die anyway.

Materials and Methods: We selected 30 no of patient known case of hypothyroid of either sex. Patients of hypothyroidism were asked to collect the mid stream urine of the first urination of the day in a clean and neat bottle. Urine collected was poured in a petri dish kept on a flat surface and is allowed to settle. When urine was stable, Tila Taila (oil drop) was dropped over the surface of urine (at the height of 1mm) slowly without touching the surface by disposable plastic dropper. It was then left for a few minutes and the oil drop pattern in the urine was observed. The inferences were then recorded.

Observations : Distribution of patients of hypothyroidism according to TSH value.

TSH Value in micro IU/ml	No. Of patients
5.5.To 15.5	21
15.5 to 25.5	00
25.5 To 35.5	03
35.5 To 45.5	02
Above 45.5	04
Total	30

Tila oil drop was settled down in Bindu (globular) shape in all 30 urine samples. In Oil drop, Chalini like structure is not seen in all 30 patients urine sample.

Discussion :

1. If oil drop directly goes down and touches bottom of the petri dish containing urine sample, then it is considered as Asadhya Vadhi or incurable disease. In all 30 urine samples, oil drop was settled down in petri dish. So hypothyroidism is Asadhya Vyadi.
2. In hypothyroidism dominance of Kapha Dosha is observed, because the oil drop is of Bindu shape. In Ayurvedic literature the hypothyroidism is known as GALAGAND. Galagand is caused by Kapha Dosha.
3. Chalani like structure of oil drop was not seen in all 30 patients urine sample. This shows Hypothyroidism is not a Kulaj (hereditary) disease.

Conclusion : In the present study, in majority of the patients matched with the description given in literature. Hypothyroidism is caused by Kapha Dosha. Hypothyroidism is not hereditary disease. Hypothyroidism is not treated easily and requires lifelong medications so this disease categories as Asadhya (Yapya). The present study is a basic step to know about the Sadhya-Asadhyatwa of hypothyroidism with the help of Taila Bindu Mutra Parikshan.

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Survey Study :

“Survey Study Of Coronary Artery Disease Patients And Its Association With Anger”

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ABSTRACT : Background--Coronary artery disease is a result of plaque buildup in arteries, which blocks blood flow and heightens the risk for heart attack and stroke. Historical evidence of Atherosclerosis has been found in Egyptian mummies and in Ayurveda before 200-100 BC. Pathology of Atherosclerosis is based on dietary habits, physical activities, cholesterol as culprits. Aim—Survey study of coronary artery disease & its association with anger. Methodology—30 prediagnosed CAD patients were selected and their anger score was calculated with the help of Standard anger questionnaire from Anger Management by – Glennr Schirladi and Hallmark Kerr. A correlation between CAD and anger was established using the data collected in this manner. Result—Mostly CAD patients are found with high anger level. Conclusion—Krodha (anger) is a risk factor of CAD. It may provoke or worsen the disease.

Key Words: Coronary artery disease, Hrudya, Heart, Anger, Krodha

INTRODUCTION :

Ayurveda is the divine science of life being practiced since time immemorial.

Ayurveda is that which deals with Ayu (life). (Su.su1/23)

Therefore every research done in the field of Ayurveda also gives emphasis to health prophylaxis along with the treatment.

The aim of Ayurveda is treating a diseased person and also maintaining the health of a normal individual. (Ch.su.30/26)

Diseases are defined as those which on conjunction cause pain. They are located in mind and body. (Su.su1/31)

Rajas and Tamas are considered as the two doshas of the manas (mind). Rajas when predominant gives rise to emotions like Anger.

Diseases are classified under two major parts.

- 1) Nija- In born endogenous, internal, organic, produced inside the body.
- 2) Agantu- The inclusion of mental diseases caused by emotions such as anger, fear etc; comes under Agantu.

Disease is a stage where a person is ill health either mentally or physically. Krodha(anger) is such a stage of mind where there is mental ill health and this leads to diseases in body.

Ayurveda treats man as a whole. Ayurveda divides persons according to Prakruti. There are two types: Sharir Prakruti and Manas Prakruti. Sharir Prakruti belongs to Vata, Pitta, Kapha; and Manas Prakruti belongs to Sattva, Rajas, Tamas. Prakruti depends on dominancy of Doshas at the time of conception.(Su.sh.4/63)

The reaction of a person to any kind of physical or mental stimuli depends on his/her 'Prakruti'..

In modern science anger (krodha) is one of the most important predisposing factor of various diseases.

Sir Monire Williams and Suryakanta have mentioned that meaning of krodha is anger.In modern science; a tool which quantitatively measure percentage of anger (krodha) has been mentioned.

Coronary artery disease is a result of plaque buildup in arteries, which blocks blood flow and heightens the risk for heart attack and stroke.

The arteries, which start out smooth and elastic, become narrow and rigid, restricting blood flow to the heart. The heart becomes starved of oxygen and the vital nutrients it needs to pump properly.

Eventually, a narrowed coronary artery may develop new blood vessels that go around the blockage to get blood to the heart. However,during times of increased exertion or stress, the new arteries may not be able to supply enough oxygen-rich blood to the heart muscle.

In some cases, a blood clot may totally block the blood supply to the heart muscle, causing heart attack. If a blood vessel to the brain is blocked, usually from a blood clot, an ischemic stroke can result. If a blood vessel within the brain bursts, most likely as a result of uncontrolled hypertension (high blood pressure), a hemorrhagic stroke can result.

CAD is very common disease now a days. It is one of the main reason for cardiac death. Stress is one of the main predisposing factor for CAD. Stress & Manas Bhavas(Sattva/Raja/Tama) are related(Ref.-Dr.Rashi Sharma-Study of Manas Prakruti w.s.r. to their vulnerability to stress BVDUCOA 2012-13).

Anger and stress might be risk factors, or these can make other risk factors (such as high cholesterol or high blood pressure) worse. For example, if we are under stress, our blood pressure may goes up, we may overeate, we may exercise less, and may be more likely to smoke.

People respond in different ways to events and situations according to their Manas Bhavas. One person may find an event joyful and gratifying, but another person may find the same event miserable and frustrating. Sometimes, Tama & Raja dominant people may handle stress in ways that make bad situations worse by reacting with feelings of anger, guilt, fear, hostility, anxiety, and moodiness. Others may face life's challenges with ease.

Aim and objectives :-**AIM :**

- Survey study of prediagnosed coronary artery disease patients & its association with anger.

OBJECTIVES :

- Selection of prediagnosed CAD patients with the opinion of cardiologists.
- To assess anger score in all CAD patients.
- To find association between anger & CAD.

Materials and Methods – 30 prediagnosed coronary artery disease patients from Pune based hospitals were selected for the study. The quantitative measurement of anger in these patients was done with the help of Standard anger questionnaire **from Anger Management by Glennr Schirladi and Hallmark Kerr**. This questionnaire has 31 questions and level of anger is divided into three levels- (1)Low : 31 - 43, (2)Moderate: 44 – 65, (3)High: 66 – 124. The findings of the anger score in CAD patients were compared and statistical analysis was done.

INCLUSION CRITERIA :

- 1) Patients of either sex.
- 2) Recentlyprediagnosed CAD patients.
- 3) Age group b/w 30-50 yrs.
- 4) Sample size was 30 CAD patients.

EXCLUSION CRITERIA:

- 1) Patient of acute myocardial infarction (STEMI & NSTEMI).
- 2) Patient of valvular heart disease.
- 3) Patient of abnormal heart beat.
- 4) Chest pain due to non cardiac problems.
- 5) Chronic CAD patients.
- 6) Patients below 30 yrs. & above 50 yrs.

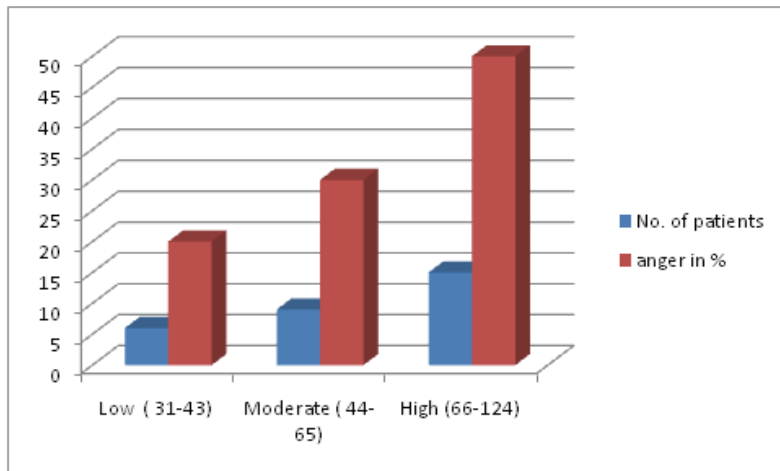
RESEARCH METHODOLOGY:

- 1) Study of prediagnosed CAD patients was done in Pune based hospitals.
- 2) Krodha (anger) assessment which is in the form of a questionnaire was used for the study. (Ref. Standard anger questionnaire from Anger Management by Glennr Schirladi and Hallmark Kerr)

3) Association of CAD & Krodha (anger) was done with appropriate statistical analysis.

RESULT & CONCLUSION:

Sr. No.	Name	Anger score
1.	Mr. Ramesh Bhagwat	82
2.	Mr. Sanjay Shelke	80
3.	Mrs. JayashreeWaghmare	91
4.	Mrs. ShakuntalaDawane	78
5.	Mr. RajendraSantule	38
6.	Mr. LakhaniYadav	87
7.	Mr. DhondibaMankar	82
8.	Mrs. ReemaKanujia	64
9.	Mrs. KomalPawar	41
10.	Mr. PradeepBirange	83
11.	Mrs. JayantiPardeshi	60
12.	Mrs. Varshakamble	43
13.	Mr. SachinThorat	79
14.	Mr. Tapaswini Singh	90
15.	Mrs. ShobhaRawat	61
16.	Mrs. Shayra Sheikh	91
17.	Mrs. HeerabaiBorade	84
18.	Mr. NitinBharekar	56
19.	Mrs. SuvarnaPhalke	85
20.	Mrs. ShobhaGaikwad	49
21.	Mr. Ankur Jain	39
22.	Mrs. ShaifaliSaiyad	77
23.	Mr. Pankajgaikwad	62
24.	Smt. ParubaiPawar	42
25.	Mrs. Rukmini Sonar	63
26.	Mr. RajeshKulkarni	85
27.	Mrs. Pooja Singh	65
28.	Mrs. RajeshwariTomar	95
29.	Mr. SureshWagh	61
30.	Mrs. Vidya Mane	41

STATISTICAL ANALYSIS : (by percentage method) :

- Pilot study of 30 patients was done to find out relation b/w CAD& anger.

CONCLUSION:

- The low anger level was found in 20% CAD patients.
- Moderate anger level was found in 30% CAD patients.
- High anger level was found in 50% CAD patients.

From this study it has been found that anger score is mostly high in CAD patients.

DISCUSSION : There are many risk factors for CAD. Krodha(anger) is one of them. Krodha is a Manas Bhava. Anger should be controlled by meditation &councelling for good prognosis of CAD.

LIMITATIONS OF STUDY : Though the study clearly indicates a correlation between Krodha(anger), the sample size for the experiment was very small. Further study can be done under more restrictive conditions to avoid bias and with a larger sample size is required to establish the hypothesis.

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Review Article :**Grapes (Draksha) A Review**

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Abstract

Grapes are said to be the oldest cultivated fruit. It is used in Ayurvedic & Unani treatment & shows numerous biological activities. The potential health benefits of consuming grapes are numerous. Grapes also have some special components that make them more beneficial to our health, giving them "super food" status. Grapes contain powerful antioxidants known as polyphenols, which may slow or prevent many types of cancer, including oesophageal, lung, mouth, pharynx, endometrial, pancreatic, and prostate and colon. They are also good source of bioflavonoids. *Vitisvinifera* has more varieties. It is seen that it is useful in prevention of cancer, heart disease, high blood pressure and constipation. Grapes are high in water content and good for hydration. Many studies have shown that increasing consumption of plant foods like grapes decreases the risk of obesity and overall mortality. This review provides Ayurvedic history, varieties, profiling, nutritional values, pharmacological review & side effects of Draksha (grapes).

Keywords- Grapes (Draksha), Nutritional values, Chemical profiling.

Introduction -

Vitisvinifera commonly known as grapes, angur /dakh, is from Vitaceae family.

Grapes are natives of Western Asia and Central Europe. Grapes were found in Egyptian tombs and in the tombs of pre-Christ era as well. East, are botanically known as '*vitisvinifera*'. This species has more than 10,000 varieties. In 1700, the Spanish introduced grape cultivation to California. It is a large deciduous climber having upto 35 cm long stem, leaves are orbicular-cordate, palmately 5 or 7 lobed, irregularly toothed. Flowers are green in colour. Berries variable in size, ovoid to globose & greenish, purplish or bluish black edible, generally sweet. Seeds 2, 4 pear shaped. In India though a large number of types have been introduced & cultivated experimentally or otherwise to a greater or lesser extent at different times & places, only a few of them are commercially successful.[5]

Cultivation- Grapes are propagated from cuttings, field-budding or grafting to resistant rootstocks. [6]

Propagation

Seed - best sown in a cold frame as soon as it is ripe [7] Six weeks cold stratification improves the germination rate, and so stored seed is best sown in a cold frame as soon as it is obtained. [7]. In India Grape is mostly propagated by hardwood stem cuttings. [5][8][4]

References of Draksha have been mentioned in Vedic period e.g. Paniniya Ganapath, Shankhalikhitdharmasutra, Patanjali Mahabhashya. [35] It is also mentioned along with many other plants by Charaka & Sushruta in their early medical treatise in the first century A.D.

Charaka Samhita is the oldest & most comprehensive text available. Medicinal plants mentioned in it many centuries ago are recorded with complete understanding of various dimensions reflected to their usage. It is the drug of Phala Varga. Its synonyms are Kashmirika (grows in high altitude of Northern Region), Gucchaphala (fruits appear in bunches), Gostani (shape is like cow's teat), Brimhani (it promotes body), Madhuras, Svaduphala, Guda, Sadvi (fruits are sweet), Shramaphala (allays fatigue), Yakshmaghni (allays consumption).

It has Madhur (sweet) taste (rasa), Sheet (cold) potency (veerya), Madhur (sweet) vipaka (intestinal digestion and tissue metabolism), Snigdha (unctuousness) attributes., vata-pitta shaman (alleviate vata & pitta). It is used for ahariya & aushadhikalpana (medicinal formulations). [1] [2]

In Ayurvedic Charaka Samhita total 162 references of Draksha are mentioned. It is the first drug of Kasahar Dashemani, also mentioned in Kanthya, Snehopag, Virechanopag, Jwarhar, Shramahar Gana & in Madhur Skandha. [1] [2]

Of which Draksha shows Virechana (purgative), Kanthya (beneficial for throat), Snehopag (sub oleative), Virechanopag (sub purgative), Kasahar (anti cough or antitussive), Jwarahara (anti pyretic), Shramahar (energy compensator) actions. [1][2]

Total 21 Kalpanas i.e. Svarasa, Ghrit, Avaleha, Basti, Kwath, Ksheerpak, Gutika, Choorna, Taila, Arishta, Kalka, Madya, Asav, Rag, Panak, Saktu, Mamsarasa, Sneha, Varti, Yush & Yavagu mentioned. [1] [2]

In Unani medicine leaves of grapes useful in piles. Their juice cures headache, syphilis, piles, inflammation of the spleen, diuretic allays vomiting, stops bleeding from the mouth, applied in scabies, produces alopecia. The ashes of the stem are used in joint pain, stones in bladder, swelling of testicles & piles,

The flower are expectorant, emenagogue, enriches the blood, tonic to liver, good in chronic bronchitis produces constipations. The fruit is sour sweet, digestive, stomachic, expectorant, purifies & enriches the blood. The seeds are aphrodisiac, astringent to the bowels; their ash is applied to diminish inflammation.

The dried fruits are demulcent, laxative and useful in thirst. The sap of young branches popular for skin diseases & is still a popular remedy in Europe for ophthalmia. [3]

Chemical composition –

Grapes are rich in reducing sugars but poor in protein. They are a fair source of iron &

minerals, traces of bromide, iodide & fluoride are normally found in grapes.[4]

Grape is a phenol-rich plant, and these phenolics are mainly distributed in the skin, stem, leaf and seed of grape, rather than their juicy middle sections. The compounds mainly included proanthocyanidins, anthocyanins, flavonols, resveratrols and phenolic acids.[26]

Vitisvinifera -

Calorie	Cholesterol	Minerals	Vitamins
Low (69 calorie)	No cholesterol	Iron , Copper, Manganese (in good Amount)	A, C, K, B-complex, Carotenes, Thiamine, Riboflavin & pyridoxine[4]
		Potassium (191mg)	

Red grapes appear to be richer in B –vitamins than white grapes. The vitamin content increases during maturation except for biotin which decreases.[4]

No.	Part of drug	Chemical composition
1.	Fruit	Reducing sugar , poor in protein, Bromide, Iodide, Fluoride, Vit.C, Bioflavonoids (Vit P) [4]Enzymes – berries contain invertase, Carbohydrates, Nitrogen compounds[4]Organic acid - Tartaric acid & Malic acid (in large amount), Citric acid(small amount) Phenolic compounds – pigments & tannin.
2.	Leaves	Thiamine ,Niacin, Biotin, Tocopherol, Ascorbic acid
3.	Leaves, Bark, Roots, & in Berries	Glucose, fructose, sucrose, maltose, of VitisVinifera L. Var. melibiose, raffinose, stachyose, Malic, Thompson seedless.[4] tartaric, citric, isocitric, ascorbic, cis-aconitic, oxalic, glycolic, glyoxylic, succinic, lactic, glutaric, fumaric, pyrrolidone carboxylic, á-ketoglutaric, pyruvic, oxaloacetic, galacturonic, glucuronic, shikimic, quinic, chlorogenic, and caffeic acids
4.	Leaves & Bark	Sugars , Verbascose, Manninotriose
5.	Determine quantitatively in Leaf, Petiole, Xylem, Bark, Tendril, Bud, peduncle pedicel, berry, lateral roots & main roots at 4 separate physiological stages of growth.[4]	Glucose,Fructose, Sucrose, Malate, Tartrate & Citrate[4]

Colour of grapes	Grapes	Colour -Due to
· Green	Immature	Chlorophyll
· Red	Red , purple & black	Anthocyanins(red pigment –oenin)
· Yellow	White & Red	Flavones compounds viz. querctin & its glycoside, quercitrin.[4]

The green colour of immature grapes due to chlorophyll. The red colour in red, purple & black grapes is due to anthocyanins the red pigment has been identified as oenin. The yellow colour of white & red grapes is due to flavones compounds viz. querctin& its glycoside, quercitrin. [4]

Grapes phenols include mainly the pigments & the tannins. They have received considerable attention because of their role in determining the colour, taste & body of wines. There is loss of vitamins during the processing of grapes for wine making. [4]Anthocyanins are pigments and responsible for the colour of grape fruits, and flesh did not contain anthocyanins[26]

Nutritive value of Grapes

Proximate principles- Allthe values are per 100gms.of edible portion. [35]

No.	Name	Moist-ure	Prot-ein	Fat	Min-erals	Fibre	Carb-oh-ydrate	Ener-gy	Calc-ium	Phos-ph-orus	Iron
1.	Grapes pale green variety	79.2g.	0.5g.	0.3g.	0.6 g.	2.9g.	16.5g.	71 kcal	20 mg.	30mg.	0.52 mg.
2.	Grapes blue variety	82.2g.	0.6g.	0.4g.	0.9g.	2.8g.	13.1g.	58 kcal	20 mg.	23 mg.	0.5 mg.
3.	Grapes Marsh's seedless	88.5 g.	1.0 g.	0.1g.	0.4g.	-	10.0g.	45 kcal	30 mg.	30 mg.	0.2 mg.
4.	Grape fruit triumph	92.0g.	0.7g.	0.1g.	0.2g.	-	7.0g.	32 kcal	20 mg.	20 mg.	0.2 mg.
5.	Raisin	20.2g.	1.8	0.3	2.0	1.1	74.6 g.	308 kcal	87 mg.	80 mg.	7.7 mg. [35]

Vitamin content - All values are 100 gm.of edible portion[35]

No.	Name	Carotene µg	Thiamine mg.	Riboflavin mg.	Niacin mg.	Total B6 mg.	Folic acid (ug)		Vitamin C	Choline
							Free	Total		
1.	Grapes blue variety	3	0.04	0.03	0.02	-	-	-	1	-
2.	Grapes pale green variety	0	-	-	0	-	-	-	1	-
3.	Grape fruit Marsh's seedless	-	0.12	0.02	0.3	-	-	-	-	-
4.	Grape fruit triumph	-	0.12	0.02	0.3	-	-	-	31	-

Mineral & Trace elements- All values are 100 gms.of edible portion[35]

No.	Name	Mg.	Sod.	Pot.	Cu	Mn	Mo	Zn	Cr.	S.	Ci
1.	Grapes pale green variety	82	-	-	0.20	0.11	-	0.10	0.007	-	-

Essential Amino acids [35]

No.	Name	App. Total N g/ 100mgs	Arginine	Histidine	Lysine	Tryptophan	Phenylalanine	Tyrosine
1.	Grapes	0.08	460	230	140	030	130	110

No.	Name	App. Total N g/ 100mgs	Methionine	Cysteine	Threonine	Leucine	Isoleucine	Valine
1.	Grapes	0.08	210	100	170	130	050	170

Grapes varieties :

1. Black Corinth Grapes
2. Black Monukka Grapes
3. Bronx Grapes
4. Cardinal Grapes
5. Concord Grapes
6. Emperor Grapes
7. Muscat Grapes
8. Perlette Grapes
9. Red Flame Grapes
10. Ribier Grapes
11. Thompson Seedless Grapes [9]

Review of pharmacological activities of useful parts of Grape -**1] Anti-inflammatory –(fruits, leaves & juice)**

Alcoholic extract of fruit, leaves & juice of *Vitisvinifera* L. have significant anti-inflammatory activity. The anti-inflammatory activity of *Vitisvinifera* L. may be attributed to the presence of high content of flavonoids viz, quercetin, rutin, kaempferol, and luteolin in addition to phenolic acids and β -sitosterol which are all reported to have anti inflammatory effect. [24]

2] Action on chloasma – (Grape seed extract)

Chloasma (melasma), an acquired hypermelanosis, is often recalcitrant to various treatments and an amenable. The reducing effect of proanthocyanidin, a powerful antioxidant, on chloasma in a one-year open design study. Proanthocyanidin-rich grape seed extract (GSE) was orally administered. GSE is effective in reducing the hyper pigmentation with chloasma. . [23]

3] Anticancer activity- (grape skin and seed extracts)

The use of grape antioxidants are promising against a broad range of cancer cells by targeting epidermal growth factor receptor (EGFR) and its downstream pathways, inhibiting over-expression of COX-2 and prostaglandin E2 receptors, or modifying estrogen receptor pathways, resulting in cell cycle arrest and apoptosis. [19] A natural product, resveratrol (3, 4, 4'-trihydroxy-*trans*-stilbene), a phytoalexin found in grapes and other food products, is known as a cancer chemopreventive agent.[20][22] Resveratrol inhibits proliferation and induces differentiation of myeloid leukemia cells.[20] The mixture of Terminalia chebula, grape juice and sugar cane juice has been used.[21] Resveratrol, a natural product derivative from grape juice has been proved to possess cancerchemopreventive activity [33]

4] Cardioprotective activity – (grape seed& extracts)

Animal study (Normal Wistar strain rats were pretreated with *Vitisvinifera* seed (500mg/kg body weight) for 28 days) intoxicated with isoproterenol (ISO).[17] The potential cardioprotective activity of *Vitisvinifera* may be due to the presence of therapeutic phytochemicals such as proanthocyanidins and natural polyphenolic. [17] The active components from grape extracts have polyphenols such as resveratrol, phenolic acids, anthocyanins, and flavonoids. All possess potent antioxidant properties. [18] Consumption of grape and grape extracts or grape products may be beneficial in preventing the development of chronic degenerative diseases such as cardiovascular disease. [18]

5] Effect of Grape (*Vitisvinifera*L.) Seed on Reducing Serum (Uric Acid Level in Gout-Animals Model)

The effect of grape seed greater on lowering uric acid level in gout-animals models than in control group. Additionally GS can be lowering serum urate level in hyperuricemic. GS may therefore prevent against gouty and inflammatory. [16]

6] Antibacterial, Antifungal, antiviral, Antioxidant activities – (leaves – Chloroform fraction)

Fractions shows action against gram-positive (*S. aureus* and *E. faecalis*) than against gram-negative bacteria (*E. coli* and *P. aeruginosa*). Antifungal activity against the genus *Candida* (*C. albicans* and *C. parapsilosis*).[15]

7] Antibacterial activity (*Vitisrotundifolia*- seeds)

Antimicrobial activity of different variety of grape seed extract was checked against bacterial species. Polyphenols are the main antimicrobial compounds of the plant. Grapes have a rich source of this molecule. High antibacterial activity was found with a fraction that contains oligomeric units of catechins & epicatechins. The same antibacterial effects were obtained against strains of *Escheria coli*, *Staphylococcus aureus* (methicillin-resistant *Staphylococcus aureus*) the bacterial implicated in oral diseases (*Streptococcus mutans*, *Porphyromonas gingivalis* & *Fusobacterium nucleatum*) & *Helicobacter pylori*. [14]

8] Anti –oxidant activity - (seed extract)

The extracts evaluated by B- Caritene – linoleate model & linoleic acid peroxidation method. [10] By potassium ferricyanide reduction method, this extract shows good reducing power at 500 mg/ml concentration. [10] It was found that acetone:water:acetic acid (90:9.5:0.5) extract was better radical scavenger than methanol:water:acetic acid (90:9.5:0.5) extract. [11] The presence of enriched phenolic and flavonoid compounds act as antioxidants. [12]

9] Anti-histaminic, Anti-microbial, Anti-malignant, Laxative-

It shows anti-histaminic, anti- asthmatic, expectorant and mast cell stabilising properties. [27] It can be used as effective anti-allergic agents against the respiratory allergic disorders. Moreover

herbal drugs provide better options to prepare formulations on the basis of their pharmacological actions. Their role as immunomodulator agents is equally important in limiting repeated respiratory allergies and potentiating the respiratory system. [27]

10] **Hepatoprotective** – (leaves)

Hepatoprotective effect of ethanolic extract and its four different fractions were investigated against carbon tetrachloride (CCl₄)-induced acute hepatotoxicity in rats. *n*-BuOH fraction in 83 mg/kg dose shows antioxidant and hepatoprotective activities. [28]

11] **Antihypertensive –(Grape skin extract (GSE))**

An alcohol-free hydroalcoholic grape skin extract (GSE) obtained from skins of a vinifera grape (*Vitislabrusca*) in experimental rodent hypertension models. The antioxidant effect seen on lipid peroxidation of hepatic microsomes and the vasodilator effect of GSE assessed in the isolated mesenteric vascular bed of Wistar rats. The antihypertensive effect of GSE might be owing to a combination of vasodilator and antioxidant actions of GSE. [29]

12] **Antiulcer Activity** – (Grape Seed Extract and Procyanidins)

Antiulcer activities of grape seed extracts and procyanidins investigated using rats. The gastric protective activity of a series of procyanidins increased with the increasing polymerization of catechin units. The mechanism of antiulcer activity may be the protection by radical scavenging activity on the stomach surface against radical injury induced by HCl/EtOH solution and the defense action of procyanidins covering the stomach surface by their strong ability to bind protein. Oligomers longer than tetramers showed a strong protective effect against gastric mucosal damage. [30]

13] **Bronchodilator** – (leaf hydroalcoholic extract)

Grape leaf hydroalcoholic extract on isolated rat tracheal contractions induced by KCl and acetylcholine. The grape leaf extract at 0.5, 1, 2, 4 and 8 mg/ml significantly reduces the tracheal contractions induced by KCl. extract effects occur on the smooth muscle cell membrane. Grape leaf hydroalcoholic extract inhibits the rat tracheal contractions induced by KCl and acetylcholine via blocking the voltage dependent calcium channels (VDCC) on the smooth muscle cells membrane. [31]

14] **Wound healing activity - The oil of grape and cranberry**

The oil of grape and cranberry has wound healing activity. An excision wound model in rats used for study. The controls were treated with petroleum jelly. The standard group of animals were treated with mupirocin ointment. The hydroxyproline content of the granulation tissue was significantly higher in the animals treated with cranberry and the grape-oil. [32]

Thus grapes due to their high nutrient content play an important role in ensuring a healthy & active life. The whole fruit, skin, leaves & seed of grape plant used as medicine. It contains flavonoids that are very powerful antioxidants, which can reduce the damage caused by free radicals.

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Bhagwaan Aatreya said :

A tree fed with water at its root .puts forth green leaves and delicate sprouts. And in due time grows in to a big tree full of blossoms and fruit. Similarly does a man grow strong by means of the unctuous enema / Anuvasan Basti . { English Charak Samhita , Siddhi Sthan ,1/31, Editor - Prof. P. H. Kulkarni ,Co editor - Prof. Dr. Mrs. Mugdha Bothare }.

Review Article :

The Relevance Of Trividhahetu In The Manifestation Of Disease

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ABSTRACT

Ayurveda explains the suitable things to be followed for the longevity of healthy life. The science of life describes the etiological factors related with the manifestation of diseases under Trividhahetu as Asaatmya Indriyaartha Samyoga, Prajnaaparaadha and Parinaama. The disease is what which gives pain either physical or psychological or both. Hetu is the cause for the disease explained as either common or specific. Ayurveda detailed the only cause of disease as Trividhahetu. Asaatmya Indriyaartha Samyoga is related with improper perceptions by the senses. Prajnaaparaadha is related with mental cause. Parinaama is Kaala which relates the important role of time factor in the manifestation of disease. The descriptions given in Ayurveda are true and well substantiated. Hence the term Trividhahetu comes under all types of diseases that hinders the healthy living and can be taken as preventive knowledge for the unhealthy life style.

Keywords – Ayurveda, Trividhahetu, Asaatmya Indriyaartha Samyoga, Prajnaaparaadha, Parinaama, Kaala.

INIRODUCTION

Ayurveda is the life science which beholds the sanctity and importance of long healthy life. The causes of diseases may be single or many. But the relativity of the disease with healthy living remains the same. The change in any sort in perceptions by the senses may be a reason for the diseases. The sense organs are eyes, ears, nose, tongue and skin. The skin is the largest sense organ of the body which perceives tactile sensation. The importance of the presence of mental faculty residing in the body explains the cause for psychic derangement diseases. A healthy mind prevents the body from certain ailments. The presentations of a disease will vary according to time. The same disease may manifest in a different signs and symptoms after many years. This shows the importance of time. Also a disease changes from acute or recent onset to chronic and hence difficult to treat after some time period. Some diseases remain dormant for a time period before manifestation of symptoms termed as incubation period.

Hetu or Nidaana is the etiological factor for a disease¹. It refers to the cause of the disease. The synonyms of Nidaana are Nimitta, Hetu, Aayathana, Pratyaya, Uthaana, Kaarana, Karthaa,

Yoni, Moola, Mukha, Prakriti etc.² The disease is which produces any sort of pain either physical, mental or both. The synonyms of the term disease are Vyaadhi, Aamaya, Gada, Aathanka, Yakshma, Jvara, Vikara, Paapma, Dukha, Aabaadha etc.³ even Dosha is also used as synonym of disease.

Types of Hetu :

- 1) Asaatmya Indriyaartha Samyoga, Prajnaaparaadha, Parinaama
- 2) Naishtika Hetu, Laukika Hetu
- 3) Sannikrishta Hetu - precipitating causes
Viprakrishta Hetu - causes of long duration
Vyabhichaari Hetu - weak causes
Praadhaanika Hetu - fulminating causes - produce the disease quickly.
- 4) Dosha Hetu
Vyaadhi Hetu
Ubhaya Hetu
- 5) Utpaadaka Hetu - direct responsible causes
Vyanjaka Hetu - stimulating cause
- 6) Baahya Hetu - external causes
Aabhyaantara Hetu - internal causes

Nidaana Panchaka :

The five means of diagnosis or the knowledge of the disease is acquired in Ayurveda are Nidaana(cause), Purvaroopaa(premonitory symptoms), Roopa (signs and symptoms characteristic of the diseases), Upashaya(diagnostic test or trial or error method) and Sampraapti(mode of manifestation of the disease).⁴

Hetu is mainly of 3 types - Asaatmya Indriyaartha Samyoga, Prajnaaparaadha and Parinaama.⁵

It is divided into 3 as per contacts - 1) Ayoga or Hina Yoga - diminished use
2) Mitya Yoga - perverted use
3) Atiyoga - excessive use. It is known as Aindriyaka that is related to sense organs.⁶

Sravanendriya :

Hearing of harsh, frightening, inauspicious, disliked sound etc. is denoting Mitya Yoga of auditory sense organ. To hear too much loud sound like of clouds, drums, cries etc. is Ati Yoga and not at all hearing is the negative use or Hina Yoga or Ayoga.⁷

Sparshanendriya :

Lack of touch, excessive or diminished touch of objects deranges the tactile sense organ. Touch of the organisms, poisonous winds and untimely touch of unctous substance, cold and hot is also known as Mitya Yoga. Too much indulgence in very hot and very cold objects and also in bath, oil massage, and anointing etc. is Ati Yoga Total abstinence is Hina Yoga or Ayoga.⁸

Darshanendriya :

Excessive gazing at bright objects, looking at very minute object and not seeing at all cause the derangement of visual sense organ. Looking at disliked, fierce, loathsome, distant, too near and dark objects is known as Mitya Yoga. Excessive gazing at the more bright objects is Ati Yoga. Avoiding looking altogether is Hina Yoga or Ayoga.⁹

Rasanendriya :

Excessive or avoidance of intake, faulty intake in respect of habitual suitability etc. and little of food is Mitya Yoga. Too much intake of rasas is Ati Yoga. Not at all taking of food is Hina Yoga or Ayoga.¹⁰

Ghranendriya :

Inhaling too mild or too irritant odours or completely abstaining from the odours damages olfactory sense organ. Too much of smelling of intense and congestant odours is Ati Yoga Not at all smelling is Hina Yoga or Ayoga.¹¹

Prajnaaparaadha :

The unwholesome action performed by Dhee (intellect), Dhriti (Courage), Smriti (Memory) are deranged is known as Prajnaaparaadha (intellectual error), which vitiates all the Doshas.¹² Wrong understanding by the intellect and wrong actions (accordingly) should be known as Prajnaaparaadha which is committed by mind (Manas).¹³

Dheebhramsha or Buddhivibhramsa (Degradation of Intellect)

Here the knowledge is understood incorrectly, the Intellect (Buddhi) judges beneficial as non beneficial and vice versa; mortal things as immortal and vice versa.¹⁴

Dhritivibhramsha [Degradation of Courage (Dhairya)]

In degraded Courage mind loses the noble capacity of detachment from other things and the mind and sense organs behave without control; attracted to things which are harmful to the body and mind.¹⁵

Smritibhramsha (Degradation of Memory)

The Memory (Smriti) of an ideal Sattvic Intellect (Buddhi) takes the individual to health and remembers the concept of God or Divine Soul. But the degradation of Memory (Smriti) makes people to forget the beneficial decisions taken by the Intellect (Buddhi). Increase in the

qualities characteristics of *Rajas* and *Tamas* cause many diseases.¹⁶

Forcible propulsion of urges or their suppression, indulgence in exertive actions and over intercourse; Wrong initiations of actions, disappearance of modesty and good conduct, rebuking the respected ones; Use of unwholesome things though already known as such, use of factors causing severe derangement of mind. Movement in wrong place and time, friendship with wicked persons, avoidance of the code of noble conduct; Envy, conceit, fear, anger, greed, ignorance, confusion, troublesome actions etc. and other such action arisen from *Rajas* and *Tamas* is said as *Prajnaaparaadha*, which is the root cause of diseases.¹⁷

Parinaama :

Kaala (Time factor) is understood as Parinaama.¹⁸ Kaala should be known as unwholesome if it is having signs contrary (Mitya Yoga) , excessive (Ati Yoga) or deficient (Hina Yoga or Ayoga) of those of the season.¹⁹ Kaala is year, which again consists of Hemantha, Greeshma and Varsha seasons with dominant characters of cold, heat & rains respectively.²⁰

Kaala is the name of divinity, which is self born, has no beginning, middle or end. All types of abnormalities of tastes of all substances, life and death are dependent on Kaala. It is called Kaala as it does not spare even minute things ie; without causing any change. It makes all things into one and it brings about death or destruction of all.²¹

Kaala is divided from Akshinimesha (winking of eyelids) to Kashta, Kalaa, Muhoorta, Ahoraatra, Paksha, Maasa, Samvatsara and Yuga.²² Kala is relevant to the administration and selection of drugs for treatment and is of two kinds that commencing with 'Kshana' and that of the 'stages of disease'. Kshanaadi means Kshana, Kaashta, Kalaa, Naadika, Muhoorta, Yaama, Ahoraatra, Paksha, Maasa, Ritu, Ayana, Samvatsara. The disease develops in the body is in different successive stages and not all of a sudden. Maagha etc. are 12 Maasa, two Maasa make one Ritu which are six in number and they are Shishira, Vasanta, Greeshma, Varsha, Sharat and Hemantha in order.²³

- 1) Sishira Ritu = Magha-Phalguna(Mid Jan. to Mid March)
- 2) Vasantha Ritu = Chaitra-Vaisakha(Mid March to Mid May)
- 3) Greeshma Ritu = Jyeshtha-Aashada(Mid May to Mid July)
- 4) Varsha Ritu = Sraavana-Bhaadrapada(Mid July to Mid Sept.)
- 5) Sharat Ritu = Asvayuja-Kaartika(Mid Sept. to Mid Nov.)
- 6) Hemantha Ritu = Margashira- Pausha(Mid Nov. to Mid Jan.)

These six Ritus are divided into two Ayanaas.. They are Dakshinaayana and Uttaraayana. Varsha, Sharat, Hemantha form Dakshina Ayana where Shareerabala gradually increases and Shishira, Vasantha, Greeshma constitute Uttara Ayana, here Shareerabala gradually decreases. Two Ayanaas form one Samvatsara, five Samvatsara form one Yuga, thus Kaala commencing with Nimesha and ending in Yuga, rotates like a 'Chakra' continuously, called as Kaalachakra.²⁴

If there is excess of a specific characters of Kaala, it is called as excessive occurrence (Ati Yoga), deficient in these characters denote the deficient occurrence (Ayoga) and Kaala having characters opposite to its own indicates the perverted occurrence (Mitya Yoga) Hina Yoga, Mithya Yoga and Ati Yoga of Kaala, Indriyaartha and Karma are the chief causes of diseases and their Samyak Yoga is the chief cause for health.²⁵

DISCUSSION :

There are no other causes other than Trividhahetu explained by Ayurveda. All causes which manifest different diseases are included in Trividhahetu only. Asaatmya Indriyaartha Samyoga is due to the negligence of one's senses. The three types explained as Mitya Yoga, Ati Yoga and Hina Yoga are different sorts of this negligence. Prajnaaparaadha is the after effect of bad mental faculty. The unhealthy mind in the body causes many psychological disorders. Parinaama or Kaala is also an important factor to be considered for the cause of diseases. The etiopathogenesis and symptoms of a disease vary accordingly with the influence of time. The diurnal and seasonal changes of doshas are the outcome of Kaala factor. The importance of Trividhahetu for the understanding and diagnosing of diseases helps in treatment aspects also.

CONCLUSION :

The Asaatmya Indriyaartha Samyoga, Prajnaaparaadha and Parinaama (Kaala), these three with their three subdivisions each are the causes of disorders while their Samyak Yoga are the causes of normalcy.²⁶ In short, harmful action of speech, mind and body which remain unsaid except excessive and negative uses be taken as Mitya Yoga.²⁷ Desire is the root cause of all the miseries and elimination of desires leads to eradication of all the miseries.²⁸ The Asaatmya Indriyaartha Samyoga and Prajnaaparaadha can be controlled but Kaala or time factor is uncontrollable. This implies that Kaala is the important and unavoidable factor in the Trividhahetu and hence Kaala is explained as Bhagavaan or God.

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Maharshi Aatreya said to Agnivesha :
The Maatra Basti (enema)is recommended
for daily use in persons emaciated by
(1) overwork (2) over-exertion (3) load lifting
(4) travelling (5) riding (6) indulgence in
women (7) debilitated persons & (8) affected
by Vata disorders .
{ English Charak Samhita ,Siddhi Sthan
Adhyaya 4, Shloka 52.
Editor -Prof.Dr.P.H. Kulkarni
Co-editor: Prof.Dr. Mrs. Mugdha Bothare } .

Review Article :

Effect Of Vikrut (vitiated) Dosha In The Normal Function Of Kidney – A Study

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Abstract

Anatomically, kidney is a Matruja Avayava (having maternal origin). It is supposed to have evolved from the Prasad Bhag of Rakta and Meda. Taking the Doshas into consideration, Rakta is Pittapradhan and Medas is Kaphapradhan.

Liver, spleen and Saraktamedas are considered to be the abodes of Rakta Dhatu. Rakta Dhatu shares a bond of Ashray-Ashrayi Bhava with Pitta Dosha. Rakta is Pitta Dosha Pradhan. Its Sthula Mala is Pitta Dosha and Sukshama Mala is Kleda. In case of Rakta Dhatu Vikruti the presence of Visha Dravyas and Malas raise which in turn overburdens the kidney leading to renal diseases.

Kidney, Vapavahan and Saraktamedas are the abodes of Medo Dhatu. It helps in maintaining Dhatus, hairfollicles prevents the depletion of Dhatus.

Introduction

According to Ayurveda.

According to Acharya Sharangdhar, in Swasthavastha Vrukka nourishes the Medo Dhatu, Majja and Vasa. When it gets vitiates, it first and foremost leads to Prameha Roga. The Sthula Mala of Medo Dhatu is Sweda where as Kleda is its Sukshma Mala.

The functions of kidney are predominated by Kledaka Kapha, Pachaka Pitta, Samana Vayu and Apana Vayu.

Thus after the study of doshas it is understood that the anatomy as well as physiology of kidney is influenced by Pitta and Kapha dosha.

Udana Vayu After digestion of food particles which got micronism, those taken into Mootra, Mala, Swedadi Marga(urine, waste products, sweat glands etc ways) with the help of Udana Vayu.

Vyana Vayu it carries out the function of segregating the Kledansha from Drava (fluid) in kidney and also helps in supplying the Poshakansha (nourishing particles) to the entire body.

Apana Vayu after appropriate Dharan of Mala-Mootra (waste product), it helps in evacuation.

Pachaka Pitta it helps in segregation of Dosha, Prasad Bhaga (Rasa) and mala from the digested food that develop during the process of digestion.

Kledaka kapha Because of Drava and Snigdha Guna (liquid and unctuous property) Kledak Kapha digest the Praklinna and Binnasanghat Aahar (smooth and disintegrated particles) with the help of Pachaka Pitta.

Urine is Jala, Pitta and Kapha Dosha Pradhan having Lavana (salty) and Katu (Pungent) rasa. Due to the presence of Pitta, urine attains a particular Odour. Thus theoretically it is understood that Pitta and Kapha vitiation leads to Mutra (urine) vitiation and the same are responsible for renal disorders also.

According to modern

Urea and uric acid is produced in liver, these are brought to the kidney through blood. Kidney just gives the excretory form to urine.

Laboratory studies

After proper urine examination in both normal and diseased patient, the laboratory & statically findings were analyzed.

After doing the comparative analysis between 10 patients from each group, the graph is presented as follows...

1. Taila bindu pareeksh (oil drop examination test)

In this examination, the drop of oil doesn't spread on the surface of urine. Here, the graph is shown in between 0-3 and in 50% normal people also, this oil drop shines as a droplet on the surface of urine.

This clarifies that in comparison to diseased person's urine the influence of Kapha Dosha is more in a normal person's urine.

This exam is an indicator for the presence of Ghana Dravyas (solid particles) in urine.

From this examination, it is understood that there is predominance of Kapha whereas in a diseased person, there is vitiated Pitta and Kapha dominance.

2. Specific gravity

The specific gravity of urine in a diseased person is raised. In a normal person, the specific gravity of urine is approximately 1.020 which slightly varies accordingly to the person's diet.

In a diseased person, it rises approximately to 1.045. Thus, it is understood that in a renal patient or in case of increased Ghana Dravyas(solid particles), there is influence of Kapha and Pitta Dosha. Because of which the urine output reduces and this vitiates the Rakta.

3. Sugar analysis

In this examination, it is clear from the graph that the urine sugar levels are raised up to 2%, whereas in a normal person it's maintained up to 0.5%. From this it's clear that there is predominance of Kapha and Vata in a renal patient.

4. Albumin examination

In the given graph, the urine albumin level in diseased person is +++ (75%) which is the indicator of kidney diseases. On the other hand the value of urine albumin level in a normal person is + (up to 25%) as shown.

This clarifies that the condition of anemia, malnutrition, frequent fasting has developed in a normal person. From this, it's understood that the albumin levels are raised and has a predominance of Kapha and Pitta Dosha in renal patient's urine as compared to a normal person.

From all above examinations and analysis, it is clear that, as compared to a normal person, the influence of Kapha Pitta Dosha is more in the diseased person's urine.

In the modern era due to a person's improper food habits, daily routine, various addictions, digestion disorders, liver disorders, improper way of a person's physical and mental activities, intake of various medicines either during minor or major illness (especially antibiotics, analgesics, antihypertensive, steroids) for a long duration. Due to all these factors, resulting in Dosha vitiation, which might be further leads to renal disorders. The onset of such diseases by birth or sudden is very rare.

Thus for proper functioning of kidney, balanced diet with appropriate quantity of proteins, carbohydrates, fats, vitamins, alkali and water is important.

In normal person, due to malnutrition, anemia, sunstroke, etc leads to variations in color, appearance and specific gravity of urine. Large intake of food containing alkali and calcium, acute infection, presence of cell(oxalate, granular cells, RBC's) in urine is noted for particular time only, which can be resolved by Nidaan Parivarjan (withdrawal of causes) or symptomatic treatment. When the kidney gets highly vitiated (anatomically and physiologically) then along with Nidan Parivarjan (withdrawal of causes), proper treatment is needed.

Natural ways to overcome renal disorders (Described in mutraroga chikitsa by Acharya Giridharilal Mishra, Tritiyakhanda-68)

In the view to protect the kidney from various disorders, followings measures can be taken,

-Increase daily intake of water minimum 2 ½ lit.

-Water with lemon juice (1-2 times/day)

-Regular intake of honey improves the immunity of kidney.

-Increase the intake of boiled vegetables, salad, vegetable soups, and fruits in diet, so that the intake of sour food is reduced. The working capacity of kidney reduces due to alkaline food stuffs.

-Coconut water, sugarcane juice, flax seed water help in proper functioning of kidney.

-Use of radish or Amalaki Churna dissolves the vesicle calculus.

-Drinking Isabgol soaked water reduces the burning sensation of urine.

Thus for proper functioning of kidney balanced diet with appropriate quantity of proteins, carbohydrates, fats, vitamins, alkali and water is important.

Thus by indulging above mentioned dietary habits the Dosha remains in Prakrutavastha (normal condition), which maintain the proper functioning of kidney as well as the body.

Renal disorder is of 2 types – acute and chronic.

In the acute stage, the patient is able to perform his daily activities. But in chronic phase, the patient often gets bed ridden.

Line of treatment (Described in Bhaishajya Ratnavali 93/14)

1. Virechana (purgation therapy)

A person suffering from renal disorders often faces complaints of Koshtabadhata (constipation), Mandagni (loss of appetite) and Aruchi (aversion towards food). Thus regular evacuation of bowel plays important role in purification of blood.

2. Swedana (fomenting)

As long as there is Shotha (Swelling) in kidney, it is necessary to protect the patient from exertion and cold factors. Keep the body warm which helps in dilatation of blood vessels. Thus, fomenting the skin (body) is important.

3. Mutra pravartana (urination)

Mutra Pravartana helps in resolving various dreadful symptoms in a Vrukka Rogi. But the formation and evacuation of urine is possible only when Vrukka Shotha resolves.

Various Mutrala drugs like Gokshuradi Guggulu, Shweta Parpati, Panchatrunakashaya, Punarnava, Aaragwadha, etc are useful in excretion of urine.

4. Raktashodhana (blood purification)

Due to inadequate urine output, the toxic constituents mixed in the blood leads to further Mootra Vishamata (uremia). Thus for Raktashodhana (purification of blood) Aaragwadha, Punarnava and makoya, etc drugs are used.

Specific line of treatment (Described in Bhaishajya Ratnavali 93/13)

1. Rakta mokshana (blood letting)

To overcome the severe acute complications which develop in renal patients, Raktamokshana is necessary.

2. Medicines

Dhatu Poshaka (tissue nourishment), Agnipradeepaka (appetiser), Hridy Aahar and medicines should be used. In the initial stages, along with Agnidipaka, Anulomaka (laxative) Aushadhi Dravya for proper elimination of waste products, nourishing diet and exercise is useful. Regular satisfactory bowel evacuation should be assured

3. Aahar (food)

Cow's milk, goats milk, coconut water, sattu, Ganji, Daliya, orange, sweet lime, grapes, papaya, pomegranate, Cheeku are useful.

4. Vihara (activities)

The patient should avoid exposure to cold factors and always keep body warm.

5. Apathya (contraindications)

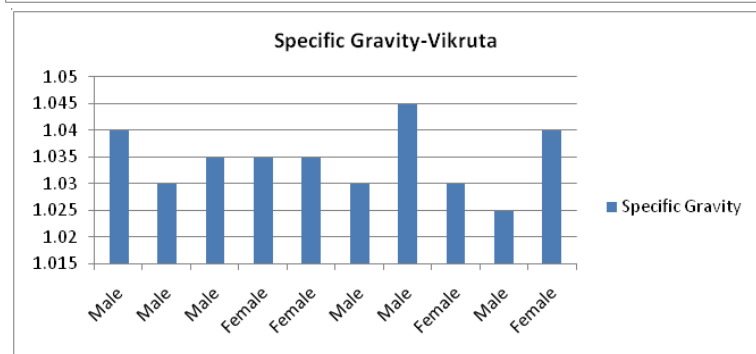
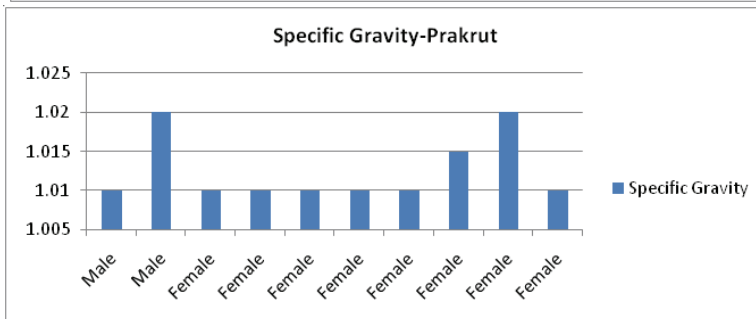
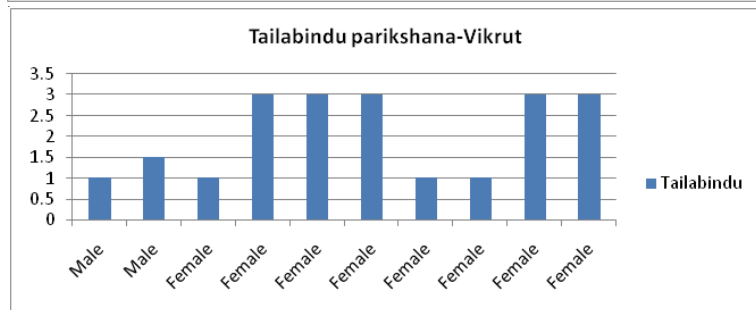
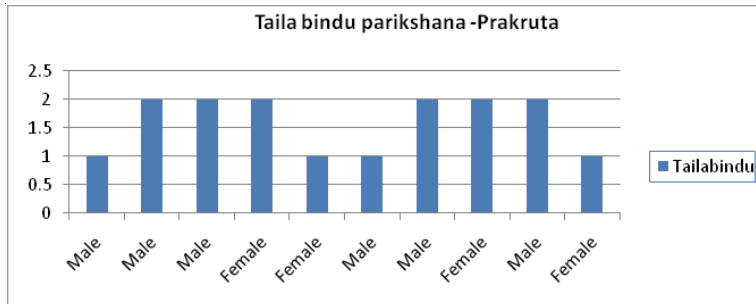
Patient should not take food in Tivravastha (acute condition).

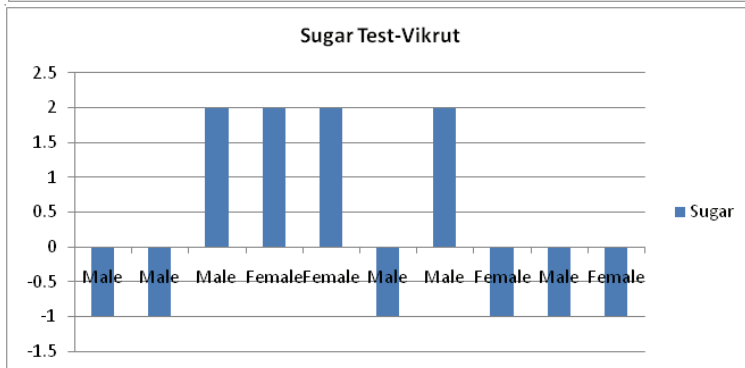
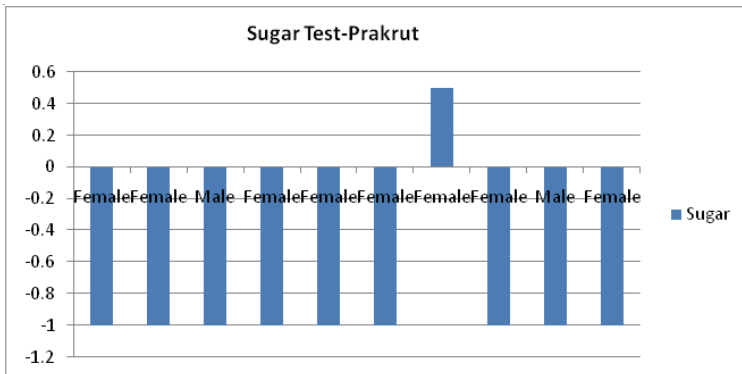
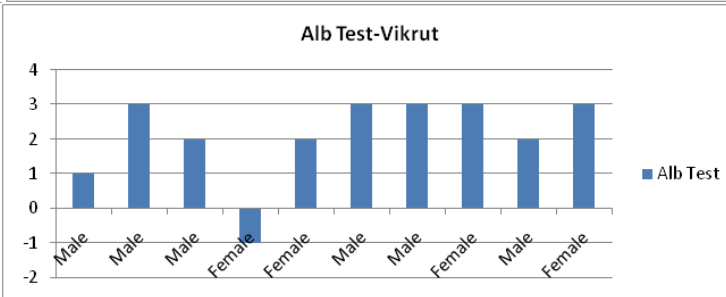
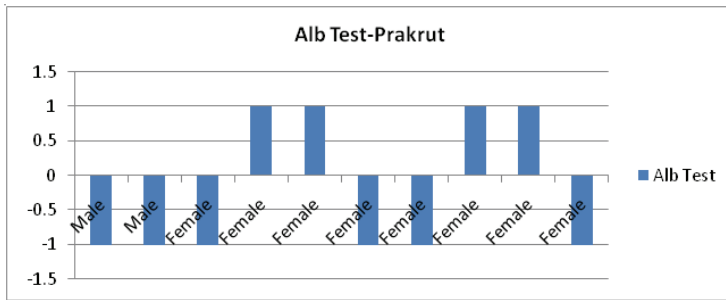
Avoid Curd, bulky fruits (banana, guava), fish, nonvegetarian and spicy food.

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GRAPHICAL PRESENTATION





Review Article :

Adharan of Dharniya Vega as an Etiological Factor of Various Diseases Mentioned in Charak Samhita

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ABSTRACT :

Âyurved is the first medicinal science to quote a strong bonding between mind and body. So any balanced or imbalanced condition of mind affects body and vice-versa.

There are many etiological factors for disease formation; one of them is Vega Dharan. These Vega Dharan are mentioned in etiological factors of many diseases by Carakâcârÿâ. So Carak Samhitâ is screened for such etiological factors and the probable pathogenesis is analysed. This pathogenesis is then co-related with vitiation of Dôshas and prevention of such diseases is suggested.

So not holding back of Dharniya Vega such as Krodha, Shôka, Bhaya etc definitely affects human physiology adversely leading to various disorders, which we are going to put forth here.

This study is definitely useful in today's stressed era so that it would be helpful to control psychosomatic disorders and to enhance quality life.

INTRODUCTION :

Âyurved is a preventive and curative science. So Carak has mentioned etiological factors of various diseases, amongst them Vega Dharan is an important one.

Vega: Gati or flow. Any movement is known as Gati. Vegas are nothing but physical or mental impending urges¹.

Dharniya and Adharniya Vega are found in Carak Sutra Sthan 7. There are two types of Vega
1. Adharniya 2. Dharniya.

Adharniya Vega means the Vegas which should be expelled or fulfilled immediately when they arise and Dharniya Vega are the Vega which should be controlled by an individual for a healthy mind and body.

Adharniya Vega mentioned are Mutra, Purîsha, Charddi, Ashru, Nindra etc². All these are reflexes which are controlled by Vâta Dosh so if not expelled/fulfilled leads to vitiation of Vâta Dosh and cause of various diseases like Udâvarta, Shirshool, Âdhmân etc. So Âchârÿas other than Carakachaya have also asked not to hold back theses urges³.

But here in this article we are considering the Dharniya Vegas, the Vegas which should be hold back by an individual.

Literal meaning of Dharniya is to hold back or to control and Vegas here means different emotions of mind. Dharniya Vegas⁴ are as follows:

Lobha – eager desire/longing for anything

Shôka - sorrow personified (death of son)

Bhaya- fright

Krodh- rage

Mân- self conceit

Nairlajjay- shamelessness

Irshya-envy of others

Atirâg-feeling of passion

Abhidhyây- bad feeling for others

AIM: To compile references of Adharan of Dharniya Vega as an etiological factor of various diseases mentioned in Carak Samhita.

OBJECTIVES :

1. Collection of references of etiological factors from Carak Samhita.
2. Formulation of patho- physiology of Adharan of Dharniya Vega.
3. Probable mode of prevention of diseases occurring from Adharan of Dharniya Vega.
4. Analysis of Dharniya Vega with respect to today's lifestyle.

MATERIALS AND METHODS :

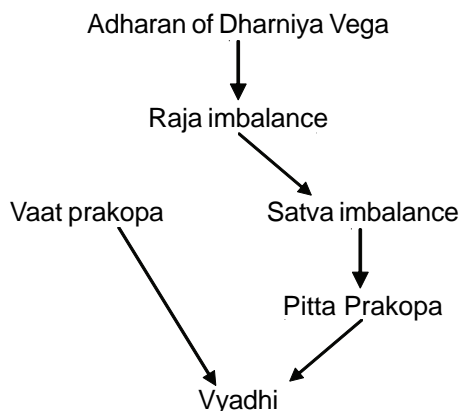
These are the Vegas or emotions one should control otherwise creates imbalance between Doshas & becomes Vyadhi Hetus. Imbalance in any constituent of body leads to Vikar while balance state is the healthy state of body⁵. So Carakâchâryâ has mentioned etiological factors of many diseases, where Dharniya Vega are present which are compiled as:

SHÔKA → **Vâta Vitiation** → Vâtaj Shiroroga⁶, Vâtaj Hrudroga⁷, Vâtaj Jwar⁸, Vâtaj Prameha⁹, Shôkaj Jwar¹⁰, Vâtaj Gulma¹¹, Apasmar¹², Vâtaj Arsha¹³, Pandu¹⁴, Sannipataj Atisâr¹⁵, Shôkaj Atisâr¹⁶, Vâtaj Charddi¹⁷, Trushna¹⁸, Arochak¹⁹, Vâta Vyadhi²⁰, Shukra Dushti²¹, Beejopghataj Napusankta²².

BHAYA → **Vâta Vitiation** → Bhayaj Jwar²³, Unmad²⁴, Apasmar²⁵, Pandu²⁶, Sannipataj Atisâr²⁷, Bhayaj Atisâr²⁸, Vâtaj Charddi²⁹, Trushna³⁰, Arochak³¹, Shukra Dushti³², Beejhopghtaj Napusankta³³.

KRODHA → Pitta Vitiation → Pittaj Shiroroga³⁴, Pittaj Hrudroga³⁵, Pittaj Jwar³⁶, Pittaj Prameha³⁷, Krodhaj Jwar³⁸, Pittaj Gulma³⁹, Apasmar⁴⁰, Pittaj Arsha⁴¹, Pandu⁴², Pittaj Atisâr⁴³, Trushna⁴⁴, Pittaj Madatyay⁴⁵, Arochak⁴⁶, Vâta Rakta⁴⁷, Shukra Dushti⁴⁸, Stanya Doshâ⁴⁹.

There are Tridosha (Vâta, Pitta, Kapha) and Trigunas (Satva, Raja, Tama) in our body which maintain our physical and mental health⁵⁰. Any imbalance in them causes certain disease. The not holding back of Dharniya Vegas leads to Pradnyâ paradha and Asâtmyaindriyarth Samyoga which are amongst the main Hetu of all the Vyadhis. Adharan of Dharniya Vegas also create imbalance in Doshas⁵¹. This leads to patho-physiology given below:



This reference from Carak, Jwar Chikitsa can also be applied to Dharniya Vega. So again it can be said that Kâm, Shôka, Bhaya vitiates Vâyu and Krodha vitiates Pitta⁵², which helps in understanding above patho-physiology more clearly.

This kind of pathogenesis is also found in today's era which is titled as psycho-somatic disorders in modern medicine such as Irritable bowel syndrome, hypertension, bronchial asthma, anorexia nervosa, peptic ulcer, migraine etc, which are mentioned with different terminology in Âyurved thousands of years back.

Let's take example of few diseases where psychological factors play important role in pathogenesis. Say irritable Bowel Syndrome where due to psychological factor (like Krodha and Shoka) leads to excess secretion of Pitta and vitiating of Vayu. These vitiating Doshas disturb digestion of person and develops symptoms like diarrhoea or constipation etc⁵³.

If we consider case of hypertension, a person who gets too angry (stress)⁵⁴ then anger or Krodha leads to derangement of Satva leading to Pitta Prakopa, which ultimately affects the Gati of Vyân Vâyu. This increases the blood pressure.

Even in case of peptic ulcer the gastric secretions are triggered due to emotional stimulus thus become an important cause.⁵⁵

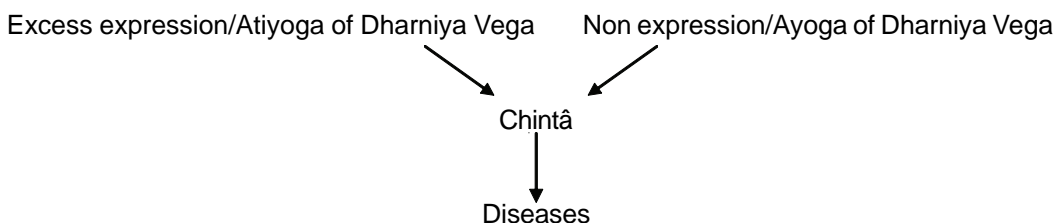
Psychological/emotional factors play more adverse role on digestion and leads to various

disease. So Carak has quoted that proper digestion does not occur, in spite of taking Pathya Âhar in required quantity due to Hetus like Chintâ (stress), Shôka, Bhaya, Krodha and Ratri Jagran⁵⁵. So one should avoid or try to hold back expression of Dharniya Vegas.

DISSCUSSION :

Tridoshas are the main reason of all the diseases but here it is noticed that only two doshas viz Vâta and Pitta gets vitiated due to Adharan of Dharniya Vega. Tama Guna controls activities of mind while Raja Guna makes mind unstable and generates emotions constantly in mind. Kapha Dosha and Tama Guna are not directly present in the pathogenesis of psycho somatic diseases.

Stress/Chintâ is found as a cause of some diseases like pandu and vâta-vyadhi. Excess expression/Atiyoga & non expression/Ayoga of Dharniya Vega leads to stress/Chintâ leads to diseases.



You may find it paradox but for gaining the Chaturvidha Purushartha (Dharma, Artha, Kâm, Moksha) optimum expression of these Dharniya Vegas are important. Optimum expression of Dharniya Vegas can come under Eustress. Atiyoga and Ayoga of Dharniya Vegas lead to de-stress. Atiyoga will lead to vitiation of Vâta and Pitta while Ayoga will lead to vitiation of Kapha. Same is said by Vagbhattacharya that you should find a golden mean in all your physical activities and mental emotions to lead a healthy physical and mental life⁵⁷.

CONCLUSION :

As the patho-physiology of diseases occurring from Adharan of Dharniya Vega occurs at the level of mind, it can be controlled by Satvavajaya Chikitsa and Naishtiki Chikitsa⁵⁸.

This means one suffering from such kind of disease should be counselled and explained what things are favourable and what are not. Somehow the level of Satva(mental fitness) of patient should be increased. While explaining patho-physiology of Unmad again it is mentioned. One with Heen Satva (poor mental fitness) gets affected by Unmaad Vyadhi only⁵⁹, not the persons with Uttam Savta. So by doing Yoga, Pranayam, meditation, counselling etc the Satva of person can be increased.

In Sharir Sthan again it has been mentioned that, desire (Ichha) for pursuing happiness & to avoid pain leads to craving (Trushna). So one should learn to control craving for materialistic things and maintain healthy state of mind & body⁶⁰. This craving/Trushna promotes person to do Pradnyaparadha and Asatmyaindriyarth Samyoga which are the main etiological factors of all diseases.

This craving of Sukha & Dukha is a central cause for generation of emotions/Dharniya Vegas like Lobha, Shôka, Bhaya etc.

While mentioning Dharniya Vega there is a list of around 10 etiological factors but when the Samhita is searched only three factors are emphasized viz Shôka, Bhaya and Krodha. Along with these factors Irshya and Lobha are the strong emotions/Dharniya Vegas which are observed clinically & practically. These emotions make a person mentally insecure leading to heart diseases, Irritable Bowel Syndrome, malignancies, various addictions etc. So etiological factors of all diseases should be reviewed from Âyurvedic perspective and mental status of every patient must be examined thoroughly. Database of these conditions should also be prepared with screening all Samhitas.

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Review Article :**Role of Ojas in Hypothyroidism**

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Abstract : Ojas is essence of all Dhatus and is characterized by growth and development. Three types of abnormalities of Ojas are described in Sushrut Samhita chapter 15, Ojovishrams, Ojovyapad and Ojakshay. Hypothyroidism is a condition in which the thyroid gland does not produce enough thyroid hormone.

Discussion: Chronic fatigue, weight gain, depression, low blood pressure, sensitivity to cold, bradycardia, elevated LDL- cholesterol, hoarseness of voice, constipation, headache, muscle weakness, joint stiffness, swollen face, menorrhagia (heavy and prolonged menstruation), cramps, memory loss, visual problems, infertility and hair loss these are symptom of hypothyroidism . Many symptoms are similar to Ojas Vikruti Lakshna. Symptoms of hypothyroidism are common in Ojas Vishrams Lakshan like fatigue, constipation, decreased taste and smell, increased cold sensitivity etc. On the basis of this we can correlate hypothyroidism with Ojas Vikruti.

Conclusion: Ojas Dusti is present in hypothyroidism. Mainly Ojas Vishrams type of Dusti is more common and Oja Vyapad and Ojas Kshaya type of Dusti are less common.

Keywords: Ojavishrams, Ojavyapad, hypothyroidism.

Introduction :- Ojas is defined as the final and excellent essence of Dhatus beginning with Rasa and ending with Shukra. Ojas is watery in nature, unctuous, pure white, cold, soft, delicate and the excellent seat of life force. Ojas is Sarva Dehagatam. In Susruth Samhita Ojas is described in Sutrasthan chapter15. The normal function of Ojas is unobstructed movements, firm and well developed muscles, clarity of voice, complexion and normal functioning of external (motor) and internal (sensory) organs.

There are three types of abnormality of Ojas- Ojo Vishrams, Ojovyapad and Ojakshaya. Vishrams means displacement from its normal place. Vyapad means vitiation due to contact with vitiated Dosha and Dushya. Kshaya means deficiency from its normal due to worry, anxiety, wasting etc. Stiffness and heaviness in limbs, swelling are seen in Ojo Vishrams. Loss of lustier, malaise, drowsiness and excessive sleep occurs in Ojasvyapad. In case of Ojakshay wasting, fainting, emaciation, confusion, delirium and lastly death. Hypothyroidism is a disorder that occurs when the thyroid gland does not make enough thyroid hormone to meet the body's needs. Thyroid hormone regulates metabolism, the way the body uses energy and affects nearly every organ in the body. Without enough thyroid hormone, many of the body's

functions slow down. The thyroid gland makes two thyroid hormones, triiodothyronine (T_3) and thyroxine (T_4). T_3 is made from T_4 and is the more active hormone, directly affecting the tissues. Thyroid hormones affect metabolism, brain development, breathing, heart and nervous system functions, body temperature, muscle strength, skin dryness, menstrual cycles, body weight and cholesterol levels. The symptoms of hypothyroidism are variable, depending on the severity of the hormone deficiency. But in most cases, symptoms tend to develop slowly, often over a number of years. They typically include any or all of the Symptoms. Early Symptoms:- Fatigue, heavier menstrual periods, joint or muscle pain, paleness or dry skin, depression, thin brittle hair, weakness, weight gain without trying, increased sensitivity to cold, hard stool or constipation.

Late Symptoms :- Decreased taste and smell, hoarseness, puffy face, slow speech, thickening of the skin, thinning of eyebrows.

Lakshnas of Ojas Vikruti are similar to hypothyroid symptoms.

Discussion : Symptoms of Ojas Vikruti are common in hypothyroidism Ojavisrams- 1) Sandhivishlesh means dislocation of joint. In hypothyroidism also joint related symptoms like joint stiffness and joint pain are seen.2) Dosh Chyavanam means displacement of Doshas from its normal place. Main Sthan of Vata is Pakvashaya. Main Sthan of Kapha is Urapradesh. In Hypothyroidism Vata and Kapha Dushti at Galapradesh is seen. 3) Kriya Sannirodha- means impaired functions of the body. In hypothyroidism bodies many functions are impaired like, increase sensitivity to cold, weight gain without trying and heavier menstrual period in females, Hoarseness of voice, slow speech, Decrease taste and smell.4) Sthabdhagatrata- means stiffness of joints. In hypothyroidism many patients suffers from osteoarthritis. So patients suffer from joint pain. Fatigue, constipation, dyspnoea are common symptom of hypothyroidism, as well as these are also seen in Ojovisrams. Symptoms of Ojovyapad like excessive sleep and puffiness of face are common in hypothyroidism. Symptoms of Ojakshaya like delirium, depression and coma are common in hypothyroidism.

Conclusion : Symptoms of hypothyroidism are similar to Ojovikruti Lakshan. Symptoms of hypothyroidism are similar to Ojovishrams Lakshna, some are similar to Ojovyapad and Ojokshaya. On the basis of these we can say that Ojas plays important role in hypothyroidism. In hypothyroidism Ojas Vikruti is found, because all symptoms of hypothyroidism are similar to Ojas Vikruti Lakshnas. So Dusti of Ojas mainly Ojas visrams is seen in hypothyroidism.

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Worshipful Maharshi Punarvau Aatreya said ,
Man is the epitome of the universe (microcosm). |
There is in man as much diversity as in the world
outside. And there is in the world as much diversity
as in man.

यह पुरुष लोकके सदृश्य है ।
ऐसा भगवान आत्रेय पुनर्वसुने कहा ।
क्यों कि ,जितने मूर्तिमान/भावविशेष इस
लोकमे है ,उतने पुरुषमें है ।
और जितने पुरुषमे हैं उतने इस लोकमे हैं ।

[English+ Hindi Charak Samhita.
Editor - Prof. P. H. Kulkarni].

General :

Sprawling slums increase probability of TB infection

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Abstract :

Tuberculosis is increasing in the state of Maharashtra due to sprawling slums. More cases are reported in Mumbai and Pune. 1,45,000 TB cases are being treated currently. Bacterium Tuberculosis is causative organism. It is air borne disease. Poverty is responsible. 3,00,000 people die due to Tuberculosis in India, annually and patients are below povertyline. Massive wave of urbanisation in India is responsible of spread of disease. It is second greatest killer worldwide. Multidrug resistant case is a problem. Ayurveda Panchakarma, food advice and some medicines will help TB patients.

1) Introduction to problem :

Proliferation of slums clubbed with unhygienic conditions and acute poverty are contributing to growth of Tuberculosis (TB) in urban areas, suggest the state health department of organizations working with the state machinery under the Revised National TB Control Programme (RNTCP)

In Pune city, about 80% of the cases are reported in slums.

The new census data shows that not only Maharashtra state has the biggest slum population, but its slums also seem to be in a far worse condition when compared to those in the rest of the country. One-fifth of the country's slum-dwellers live in Maharashtra and one in every ten slum-dwelling households in India are from Mumbai. While slum and non-slum urban households in the rest of India seem to have comparable standards of living, in Maharashtra the condition in which slum-dwellers live is worse.

According to Un-Habitat, slums are characterized by over crowding and poor ventilation, the leading contributors to the rise in TB cases worldwide. Studies have shown that HIV related tuberculosis is becoming an increasingly urban phenomenon, particularly in slums.

Under the RNTCP, TB Director are treating 1,45,000 TB cases across the state. So far department found that a majority of the patients come from below poverty line category.

Accurate diagnosis remains a major weak link in TB control and the government sponsored RNTCP - that has been successful in covering a large part of the population through its DOTS programme (Directly Observed Treatment Short course) is now entering a new phase with the objective of treating 90% of all cases in India by 2015. However reaching the slum population

is the major challenge the state machinery is faced with.

In Mumbai, slums are on the rise and so are cases of TB. Poor immunity levels, health and hygiene practices and habits like spitting in open are found in people living below poverty line levels. Slums like Dharavi and Bhiwandi are huge and it's a major challenge for the state government to reach the people here with effective treatment for the infection.

Under the RNTCP, we have two major challenges to meet in urban slums. A majority of people in state or even otherwise don't approach the state or corporation hospitals. They go to private practitioners. People who call themselves medical practitioners treat patients and vital period of treatment is lost. The state is trying to create a network and reach slum people and give them treatment. The migration of people from slums is another challenge. About 50-60% population in slums migrates in search of work. So an infected person carries TB to other parts. He also misses out on treatment which results in death. To address the problem, the state government is collecting data from slums and would maintain a record of migrant patients.

Activists and NGOs say maintaining a record of TB patients is a challenge. India has declared TB a notifiable disease. This means that all private doctors, caregivers and clinics treating a patient suffering from TB will have to report every single case to the government. Those who come under the ambit of healthcare providers include clinical establishments run or managed by the government, private or NGO sectors, and individual practitioners.

Not all private practitioners report cases to the government and hence it becomes difficult to get the exact number of patients. TB is not limited to poor but it has wormed its way from slums to other urban people.

A recent study of Andheri's Kokilaben Hospital has found that an overwhelming percentage of children referred to the hospital for tuberculosis had contracted its dreaded strain - multidrug resistant TB (MDRTB) - directly from the community and not from their immediate families.

Shockingly during the process of contact tracing, the study found that none of the kids had an adult relative suffering from TB, leave alone its resistant form, suggesting they got the infection from outsiders.

A well-known industrialist from Pune was shocked when he was detected with TB. He said that he used AC car and always ensured to keep safe distance from crowd. But then when we enquired and checked people around him, we found that his driver who lives in a city slum had TB. said a medical practitioner from Pune who is treating the industrialist.

A health activist working with an advocacy group, says sthat like HIV, TB still remains in stigma.

If anyone is detected with TB, the first step family members take is to ostracize the person insteqad of treating him. There is need for efforts to educate common people, especially those from the low income group.

It is high time the state and the local governing bodies take care of slum population and

provide them with basic health infrastructure. They are a part of the city and should be treated equal. The city cannot ignore these people who play a vital role by providing basic services.

2) About Tuberculosis :

Tuberculosis is an infectious disease caused by bacteria that attacks the lungs and is spread through air when an infected person coughs or sneezes. It is now among the top killers worldwide. Though largely associated with poverty and excessive smoking now, the infection is spreading out of slums and affecting affluent classes in urban areas, observes the state health department.

According to government data, TB is one of the leading causes of mortality in India that kills more than 300,000 people in India every year, a majority of them poor.

2.1) Scene in Pune :

Of the total TB cases registered in the limits of Pune Municipal Corporation (PMC), over 80% are from slums. In 2011, the number of TB (all kinds) patients registered in Pune city was 3,652 while in 2012 the number went up to 3,872. This year, till September, we have registered 2,783 cases. Of these patients, about 80% are from slums. These numbers are based on the patients inflow to PMC hospitals and private hospitals that notify about the patient to the PMC health department, it is likely that there may be more patients, but they are not recorded with the PMC.

The Pune Municipal Corporation (PMC) figures suggest that an estimated 40% of Pune's population i. e. about 14 lakh people, lives in slums. Moreover, the Environment Status Report has stated that at the rate at which the slums in the city were growing, at least 50% of the city's population would be living in shanties in the next few years.

2.2) World Bank says :

The World Bank (WB) feature report states that India's massive wave of urbanization is increasing chances of infection spread. TB bacteria proliferate in dank, dark slums. Their warrens of narrow lanes and haphazard jumble of homes, shops, and workshops are packed so tightly together that little light and air can filter through. And, these dense labyrinths are spreading rapidly across the country as legions of people flock to towns and cities in search of a better life. Well-to-do people are not immune. Shanty towns stand cheek-by-jowl with densely packed pockets of poverty in almost every Indian city, and airborne bacteria know no boundaries, states the WB feature report.

2.3) State of Slums :

1/5th of country's slum population lives in Maharashtra. 1 in 10 slum-dwelling households in the country is located in Mumbai. In Pune, about 40% population lives in slums. As per estimates, in the next few years, this figure could go up to 50%.

3) Key Facts :

■ TB is second only to HIV/AIDS as the greatest killer worldwide due to a single infectious agent. ■ In 2011, 8.7 million people felt ill with the infection and 1.4 million died. ■ Over 95% of TB deaths occur in low-and middle-income countries, and it is among the top three causes of death for women aged 15 to 44. ■ In 2010, there were about 10 million orphan children as a result of TB deaths among parents. ■ It is a leading killer of people living with HIV causing one quarter of all deaths. ■ Multi-drug resistant TB (MDR-TB) is present in virtually all countries surveyed.

3.1 Who is at most risk?

□ Tuberculosis mostly affects young adults, that too in the most productive years. However, all age groups are at risk. Over 95% of cases and deaths are in developing countries. □ People who are co-infected with HIV and TB are 21 to 34 times more likely to become sick with TB (see TB and HIV section). Risk of active TB is also greater in persons suffering from other conditions that impair the immune system. □ In 2011, about half a million children (0-14 years) fell ill with TB, and 64,000 children died from the disease in 2011. Tobacco use greatly increases the risk of TB disease and death. More than 20% of TB cases worldwide are attributable to smoking.

4) Treatment :

□ Active, drug-sensitive TB disease is treated with a standard six-month course of four antimicrobial drugs that are provided with information, supervision and support to the patient by a health worker or trained volunteer. □ Without such supervision and support, treatment adherence can be difficult and the disease can spread. □ The vast majority of TB cases can be cured when medicines are provided and taken properly. (Source : WHO)

5) View of Ayurveda :

It is known as Rajayakshma. Vata and Kapha Doshas are disturbed.

Rasa (Lympha), Rakta (Blood), Mansa (Muscles) gets vitiated.

Mala (Waste Products) faces is disturbed.

Srotas (Channels) - Rasavaha (Lymphatic), Raktavaha (Circulation), Pranvaha (Respiratory), Annavaha (Digestive) are not functioning properly.

5.1) Preventive and Post infection treatment :

1) Abhyantar (Internal) Chikitsa (Treatment), 2) Panchakarma (Five cleansing procedures), 3) Diet, Yoga and Pranayam (Breathing exercise)

5.2) Abhyantar Chikitsa :

1) Sookshma Triphala - 250 mg 2 tabs x 2 times. Tab acts as antibacterial. 2) Breathalt - 250 mg 2 tabs x 2 times for cough. 3) Mahasudarshan Kwath - 3 tsp x 2 times for reducing fever and balancing all systems. 4) Cap. Tripurasaraswati - 250 mg/day. 5) Hanuman Sanjivati Bruhat - 2 tsp 2 times/day to enhance immunity.

5.3) Panchakarma :

5.3.1) Bahya (External) - Snehan (Oil massage) and Swedan (Steam) (Sudation). Snehan and Swedan by Mahanarayan oil to chest every day.

5.3.2) Nasya by Panchendriya Vardhana or Anu tail (Errhine therapy) Apply 2 drops in each nostril two times a day.

5.3.3) Basti Chikitsa - Matra basti by Til (Sesamum) Oil - 80 ml. every day at least for 10 days.

5.3.4) Shirodhara - by Jatamansi Siddha oil once a week.

6) Aahar (Diet) :

Laghu (Light), Shuddha (Clean) fresh food.

Milk, Eggs, Ghee, Dryfruits, Moong, Soyabin, Rice, Freshfruits etc. helps to increase Stamina (Strength)

Plenty of Water, Soup, Juices like Lime juice, Kokam juice to reduce side effect of some Medicines.

7) Yoga Procedures :

Pranayam, Kapalbhathi, Omkar are good as exercise for lungs. It increases capacity of lungs. Yoga increases stamina and immunity power of digestion. Suryanamaskar, Vajrasan, Bhujangasana, Makarasan, Shavasan, Padmasana, Shalabhasana, Gomukhasana etc. are useful to remove toxins through Sweda (Sweat).

8) Acknowledgement :

Thanks are due to -

i) International Pandurang Ayurveda Panchakarma Research Institute, Pune

ii) Institute of Indian Medicine, Pune

iii) World Bank Report

iv) World Health Organisation

v) Health Department, Govt. of Maharashtra, Mumbai

vi) Times of India, Pune 20th Octo 2013

vii) Tuberculosis Control Unit, Pune Municipal Corporation

9) References :

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General :

Scope of Herbal bio-medical research in Andaman & Nicobar islands

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Abstract:

The need of a medical approach to provide primary health care to the masses in developing countries has compelled the World opinion to make use of Local practises, methods of health care with suitable reorientation & modification. The successful utilization of tradition birth, attendants, & local practitioners at grass root level finally lead to the Alma Ata deceleration in 1978, wherein it was recommended to member countries to make use of their traditional system for providing medication. It was further suggested that the therapies & health practices should be adopted as such with suitable modification, if necessary. This provided a great opportunity for research in traditional system of medicine. Thus, the research programs designed & planned to provide suitable answer to such a situation & contribute suitably to the W. H. O objective "Health For All By 2000A.D." Health planning is a concept of Govt. of India and it is bond to serve the health of nation with the help of all stake holder. It is a part of national development planning & is necessary for the economic utilization of material, man power and financial resources for the health care Department of AYUSH. With this vision the National Medicinal Plants Board (NMPB) under the Department of AYUSH, Ministry of Health and Welfare are Family Welfare, Govt. of India is also coordinated the sustainability, conservation, cultivation, quality assurance, protection of knowledge of Traditional knowledge and related issues , of access and benefit sharing etc.

The Andaman & Nicobar Islands are a chain of more than 321 Islands & lie in the shape of an arc towards the southeast portion of the Bay of Bengal between 6° & 14° latitude & 92° & 94° longitudes. These Bay Islands comprise two districts Andaman & the Nicobars. The dreaded 10° channel separates both the districts, which is 230 km wide & 670m deep.

Andaman and Nicobar archipelago has full diversity of medicinal plants resource coupled with traditional knowledge which can be used with modern scientific explanation and validate this knowledge. The medicinal plants have the potential to provide livelihood opportunities to community as islanders are using mainly their folk lore claims for their day to day ailments and can be developed islanders economy as well the capacity as a whole. This will be added grading, drying storing, packing of raw linking herbs, correct pricing besides linking primary producers to the supply chain. The abundance of medicinal plants in this group of Islands also suggest to get its chemical and molecular profiling and germplasm and Genotype

identification and their conservation. As one human is not identical with another. Same way no individual plant, even of the same species is identical with another. However, human being is the creature of nature and interrelated with each other. Similarly, whole plant parts are used as a medicinal plant instead of the chemical content. Parts of the plants vary in their content from year to year and seed variety to seed variety. Different agronomic practices may also change the efficacy of the advocacy. These Bay Islands have a vast treasure of indigenous, nonindigenous especially endemic herbs/minerals/sea products etc. A need of fullfledged scientific preservation of such tremendous resources of health is the demand of today.

Moreover to promote and propagate the medicinal or therapeutic approaches of plants available in this archipelago for the local community is also very much required to be preserved and validated with scientific validation for the humanity as a whole.

Introduction :-

The Bay Islands stretching from Burma in the north to Sumatra in the south between 60 and 140 N. latitudes and 920 and 940 E longitudes. 90% of these Andaman & Nicobar Islands is covered by tropical forest only. Mainly this tropical forest included ample Medicinal plants, and biosphere reserves and centuries, may be due to geographical location of these Bay Islands. The dreamed 100 channel which is Ca 230 km wide and 670 M deep, separates the Andaman and the Nicobar, the islands represent peaks of a prominent oceanic rise extending from the mountain ranges of West Burma continuing in a south easterly direction through the Islands of Sumatra and Java. The Southern most tip of the Great Nicobar Island in the Nicobars group is about 145 km. from Sumatra in Indonesia. The Nicobar group covers an area of 195339 km. In the Nicobar group, three distinct assemblies of Islands, can be recognized. From North to South, they are the Car Nicobar group, the Nancowry group the Great Nicobar group.

The purpose of this report is also to improve the health services for the islanders as well to promote their wisdom for community and for humanity as a whole. A holistic view of the human health was considered essential in India. It comprised study and maintenance of equilibrium between four elements, body, mind, intellect and soul. This vision may explore folklore claims/remedies of tribals and further developing upon the same can also promote further tourism. The researches on available therapeutic resources for prevalent diseases i.e. Hypertension, Diabetes Mellitus, Bronchial Asthama, Skin disorders etc. can also be done.

The topography of the area is generally hilly and undulating, the main hill range runs from North to South. Saddle peak in the North Andaman at the height of 732 M above sea level is the highest point in these islands. Mount Thullier, in Great Nicobar, the Southernmost Island in the Nicobar group is 642 M high, Pygmillion Point/Indra Point where a light house is situated is the last point on earth in Indian territory. The slopes are moderate to steep and rugged. They are susceptible to heavy soil erosion. The Nicobar Islands are almost flat, surrounded by coral reefs and shallow features of the seas long, narrow stretches of sandy beaches are the salient features of the topography here, the climate is tropical, there are

occasional storms and cyclones. Extremes of summer and winter are unknown, as also frost. The relative humidity is high, the weather is always warm and sultry, but it is tempered by the pleasant sea breeze. The temperature varies from 23°C to 31°C. Rainfall received by these Islands from both monsoon an average 3180 MM rainfalls is mostly from South-East monsoon. Despite the constraints of transportation and weather is making all out efforts to provide medical facilities to each corner of the Islands. The tribals of these islands do not want to share their assets, properties and costumes with others, therefore to get their medicinal claims, To collect the therapeutic approaches through Kamoch Roichon (Nicobari local practitioner/quack used in various ailments prevalent in this area.

Aims & Objects:-

For the betterment of the Islands a proposal of Ayurveda Projects and health services can be postulated with following aims and objects :-

- a. To find out the posology (Forms and Dosage) of said drug in the light of scientific explanation.
- b. To preserve the traditional endemic drugs by patency/upgradation of indigenous medicine and innovation of new folklore remedies.
- c. To educate the Islanders pertaining to their rich treasure.
- d. To serve the health services by all the ways of Ayurveda (Astanga Ayurveda).
- e. To conduct door to door survey in selected tribal pockets & villages, to study the incidents of morbidity & provide treatment at their doorsteps.
- f. To create general awareness to healthful living & impart health education on principles of Ayurvediya pharmacology.
- g. To collect information regarding the health practices and methods of treatment including the drug utilised from Tribal Areas.
- h. To propagate methods for preservation and propagation of plant drugs including their use for self-medication & possible commercial potential.
- i. To conduct field studies trails on selected disease prevalent in the area. The effort may be directed to derive data on prevalence of diseases, their relationship with various Socio-economic and personal factors along with clinical trials.
- j. Due emphasis may also be made on identification and application of common local herb for the treatment of prevalent diseases in the community.
- k. Propagation of concept of maintaining medicinal plant on the lines of kitchen garden may be focused with the provision to provide health education on principles of Svastha – *Vrtta (personal hygiene)* for maintenance of positive health.
- l. The knowledge of tribal's way of life approach to the treatment of diseases and educating

them on special preventive measures for the diseases prevalent in the area will be adopted as per their *Prakriti* .

- m. The economic potential of medicinal plants available in the forest areas may be brought home.
- n. The oral spoken traditions on medicinal plants preserved by tribal people may also be recorded to understand their approach to treatment of diseases which are generally based on the herbal drugs.
- o. A provision to provide a basic medical aid (First AID Kit or Home Kit) with the help of medicinal plants at doorsteps of the people in selected areas / villages may be able to contribute .

Methodology:

The Nicobar Islands are part of Union Territory Andaman and Nicobars considers as a southern most vital organ of the body of India. Out of total 2,80,661 population of Andaman and Nicobar Island 39, 208 population belongs to the Nicobar (1991 Census), whereas the gradual percentage of decadal variation is coming on the higher side and CSO' New Delhi has estimated the figures will go up in 2001. Amongst two types of tribals. e. Nicobarese and Shompen, the Shompens are very few i. e. 233 in number (1981 Census). These tribals are very simple and shy in nature.

The present paper is based on my of one book named “Andaman Nicobar, An Emerald of Ayurveda Tourism” which is the outcome of my three years of posting at Carnicobar.

The outcome of different tours and surveys done exhibits the numerous potentials in the field of medical researches with relation to different types of habitats ecological conditions, of these Bay Islands. There are many more taxa occurring in the Islands, which are useful in Ayurveda. The mentioned only serve as examples.

According to Botanical Survey of India, Port Blair total 2500 types of vegetation's in which 2000 represents to indigenous plants and 500 belong to non indigenous plants are available in these Islands. Amongst these few are even rare or endemic in nature.

Total number of 223 species are found as medicinal out of 306 species collected; a total number of 181 species are found to be useful in Ayurvedic system of medicine. Out of 2200 species 1800 are indigenous whereas, 400 are Non-indigenous. Many Species of family were found abundant like Acanthaceae, Agavaceae, Amaranthaceae, Anacardiaceae, Anastrocladaceae, Annonaceae, Appocynaceae, Araceae, Asclepiadaceae, Asteraceae, Barringtoniaceae, Caesalpinoideae, Elaecarpaceae, Euphorbiaceae, etc.

The knowledge of these plants & animals in the respect of medicine amongst all the tribals are tremendous and need to be scientifically explored. The tribals of these Islands are very shy and quite. Moreover, except the Nicobarese other tribals like Shompens, Sentinels, Andamanese do not want to take any medicaments from any pathy as they trust on their own

folk lore remedies. Survey reports indicate that they are very healthy & the average age is 70 Years. Which reveals the efficacy of their folklore drugs & remedies especially for day-to-day ailments. Tribals might be knowing about contraception as their population is limited & they understand the need limited population for their survival. Plenty of Calcium Carbonate Sources like Corals, Shell & others marine flora & fauna are to be scientifically explained.

To save the treasure of these Islands the cultivation, progression, preservation, processing & patency are necessary today. The high devotion is all the more gratifying. The knowledge amassed over millennia by tribals is passed on verbally over many generations & in danger of being lost forever. Verbal knowledge of folklore claimants/ quacks inhibit the spread of knowledge from generation to generation.

A collaboration between the Botanical survey, Zoological survey, Anthological survey & health care research for Ayurveda is needed. The basic aim behind the presentation of this report is to prevent the loss of precious indigenous knowledge, active trial to salvage, to save the traditional Herbo-Bio wisdom in Andaman and Nicobar Islands and for the benefit of medical science.

Observation and Discussion:

The latest censuses of plants, medical facility, sex and age wise populations of Andaman and Nicobar Island can be updated. However referred book has narrated these censuses as on 1991.

Ample Medicinal Plants:-

According to Botanical survey of India, a total of 2500 different types of vegetations are found in this group of Islands. Out of this 2000 vegetations represents Indegeneous plants whereas 500 species of Flora are Non Indegeneous. Out of 2000 indigeneous plants 136 & 110 Taxa enlisted as endemics and are rare in Bay Islands. The need to identify the medicinal Drugs by Pharmacological, Pharmacognostical, chemico-pharmaceutical analysis is on demand today.

Andaman and Nicobar Medicinal Plants Board (Society) Port Blair

India is bestowed with unique bio – diversity of medicinal, aromatic and dye plants in its various climatic regions. Thus, this is an advantage position to exploit the rich resource both for improving the domestic demand as well as for export. There is resurgence for plant based medicines and various green products for health care due to cheaper cost with almost low side effect. There is a global interest and revival of plant based herbal materials, not only as medicines, but also for various herbal health products for the present day health conscious people. Unfortunately, this valuable plant resource is under serious threat due to rapid industrialization, habitat loss, over exploitation, unscientific methods of collection by people, lack of awareness and the usefulness and importance, etc. More than 1100 medicinal plants being used in India for various herbal preparation. However, 500 types are commonly used in Indian System of Medicines (ISM).

Andaman and Nicobar Islands are having unique bio-diversity and least exploited rich resource of medicinal, aromatic and dye plants of this regions. About 300 species of medicinal plants have been identified by the Botanical Survey of India in various Islands of A & N Islands. For paucity of wild supply, a sustained cultivation of medicinal plants is needed to maintain the regular supply to the needy sectors. For that reasons, Govt. of India has formed a nodal agency as National Medical Plants Board. As per the directives of the board Andaman & Nicobar Medicinal Plants Board (Society) has been established during 2002 with the objectives of policy formulation, co-ordination, ensuring sustainable availability in medicinal plant sector of this union territory.

Communication/ Transport Hazards :-

The Bay Islands, stretching from Burma in north to Sumatra in South between 6 & 14 N latitudes & 92 & 94 longitude. Since the part of India has a peculiar problem of communication of transportation as Islanders & Tribals residing in the interior Islands where Health Services cannot reach, are surviving on natural resources of flora and fauna available to them. Though, allopathic and homeopathic hospitals/centres, primary health centers are serving their health demands at centre level.

Important flora :

Endowed with immense genetic resources of wild that plant species, fruit trees, medicinal plants etc, the Biosphere Reserve harbours rich genetic germplasm resources. About 14% of the vascular flora is rare and endemic. 30 species of plants are rare among the known flora which are endangered and confirmed to a few pockets on this island. The characteristic tree fern *Cyathea albosetacea* and the beautiful ornamental orchid *Phalaenopsis speciosa* are found only in this Island.

Flora:

The involvement of various stakeholders in such endeavours is need of the hour and the role of BSI in capacity building in the field of taxonomy, documentation of floristic diversity and in situ and ex-situ conservation strategies for both the terrestrial and marine plant diversity is well known...As the depletion and dwindling of certain plant resources of Andaman & Nicobar islands is of immediate concern, the BSI has already started identifying the issues involved for drawing up an integrated and environmentally sound identifying the issues involved for drawing up an integrated and environmentally sound strategy for the insular species in order to address those issues.

The Andaman & Nicobar islands constitute one of the ten phytogeographical zones in the country because of the tropical humid climate and insular nature of the territory, and the physical isolation between the islands and also from the neighbouring mainlands through millions of years has resulted in the evolution of a rare and distinct flora. However, many of the indigenous elements especially the endemic among them which are generally characterized by a small gene pool, reduced interspecific competition, inbreeding and small population

size are vulnerable both natural and human induced threats. This being the concern expressed by many, the community involvement is seen only in developmental activities, but not in conservation efforts aimed at rehabilitation of the threatened plant species.

Fixing Priorities:

The demand of Ayurveda with definite priorities in the field of research & treatment is now needed for utilization of trained manpower who are going to be available in the Islands. (As the reservation for the students of this Islands is available in all the Ayurvedic colleges & institutions of India.)

Conclusion ;Ayurveda for all ages:

Ayurveda is a science of Ayu. Ayu consists life span of all living species from birth to death. Astanga Ayurveda comprises all the branches from obstetrics to surgery. So it serves all the ages from the infants to old ages. By adopting it, one can find healthy Foods, healthy child, healthy Youth, healthy old aged humans. At the same time long lasting chronic disease can be curtailed/cured by longlasting rejuvenation therapies & medicines of Ayurveda. The longevity is found more in this group of Islands & the attitudes & beliefs of population towards diseases, its cure & prevention is found by indigenous system of medicines.

Moreover, there are many more taxa, indigenous, non-indigenous flora, medicinal plants and Folk Lore Claims. Every pocket of virgin undisturbed forest in these islands is precious for our country as it may contain one or more endemic species and it is high time that we conserve and protect this for future generations.. This has resulted in understanding the identification, occurrence, phonology, frequency and distribution of the various drugs used in Ayurveda.

Ayurveda serves with the help mainly 90% with medicinal plants therefore, abandoned wisdom of therapeutic flora. It is a need to collect, identified and apply the available flora from these archipelago on ayurvedic norms not only to the islanders but also for the development of Ayurveda Tourism in this Islands.

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Appendix :

1. Plants example ways found during 1999-2002 her tenure at Carnicobar :

Village	Identify	Hindi	Sanskrit	English	Latin	Family	Used	Form	Uses
Kinmai	Yes	Bhul Amla	Bhumyamaki Bhudhatri, TamalakiBahupatra, Bahuphala		Phyllanthus Fralermus (webs)	Euphorbiaceae	Panchannga	Svarasa, Curna	Jaundice
Kinmai	Yes	Karella	Karvellaka	Bitter Guard	Momordica Charantia	Cucurbitaceae	Patra, Phala	Svarasa, A,	Hypertension
Kinmai	Yes	Jambiri Nimbu	Jambir	The Lemon of India	Citrus Limen (L)	Labiatae	Patra, Pushpa, Bija, Mula	Tuaka Kuath, Curna Svarasa	Hypertension
Kinmai	Yes	Tulsi	TulsiSursa, Apeta- Raksasi, Bhutaghni, Bahu-Manjari, Sulabha, Gramya	Sacred Basil, Holy Basil	Ocimum Sanctum (L)	Labiatae	Patra, Pushpa, Bija, Mula	Tuaka Kuath, Curna Svarasa	Hypertension
Kinmai	Yes	Musakani Chuhanni	Akhupami, Akhukami, Undurkarniaka, Musikkarni	--	Ipomoea Gomezzi	Convolvulaceae	Panchannga	Svarasa	Jaundice
Kinmai	Yes	--	--	--	Calubrina Asiatica Bren.	Rhamnaceae	Patra	Svarasa	Diabetes Mellitus

Kinmai	Yes	--	--	--	Acgurec i a Heckeri Cl.	Convolv ulaceae	Patra	Svarasa	Diabet es Mallitu s
Champi n	Yes	Bariy ar Khira tee	BalaVatyalika, Kharayastica	Countr y Mellow	Side acuta Burm F	Malvace ae	Mula, Bita, Pancan ga	Svarasa Curna	Analg es— tic
Champi n	Yes	Bhui Amla	Bhumyamalk, Bhudhatri, Tamalki, Bahapatra, Bahuphala	--	Phyllant hus Urinaria Linn.	Euphorb iaceae	Pancan ga	Svarasa	Snake Bit

l o	Nicobai Name	Villa ge Fro m	Identify Yes/No	Hindi Name	S an sk rit N a m e	En glis h N a m e	Lat in N a m e	Fa mil y	Par U se d	Form Used	Uses
0	Lurong	Champi n	Yes	Marcula	-	-	Morinda Citi forli a (l)	Rebi ace ae	Mul a P atr a	Svarasa	Hemostat eye disease,
1	Ki-ang	Champi n	Yes	-	-	-	Ele uth ern at Her aru der al Is (S w.) Sch Bip .	Ast era c Ea e	P atr a	Kvatha	Dysentery Diarrhea

2	Hingah kap	Cha mpi n	Yes	Kala Rana	Kr sn ab ija	Ph arb itis Se eds	Im po mo e a nil (L) Rat h.	Co nvo lv Ula cea e	P atr a	Svarasa	Ear-ache
3	Upchip o	Cha mpi n	Yes	Barga da	V at a, N ya gr ao dh a, B ah up ad y	Ba nya n	Be ng ale nsi s Lin n.	Mo ace a e	P atr a	Svarasa	Injury
4	Linppm al	Kak ana	Yes	-	-	-	Ph ysa lis Min ima (L)	Sol an ac Ea e	P atr a	Svarasa	Fever
5	Tahero n	Kak ana	Yes	-	-	-	Sc orp ari a duc is (L)	Sc orp hu lar eac ea e e	P atr a	Svarasa	Analgesic

6	Ampli	Kakana	Yes	-	-	-	Am on a Sq ua mo sa (L)	An no na Ce ae	P atr a	Svarasa	Swelling
7	Takuyu	Kakana	Yes	-	-	-	Le ain dic a Ma rrill	Vit ace a e	P atr a	Svarasa	Swelling
8	Gasptti	Kakana	Yes	-	-	-	Isc hai mu m Sp	Po ace a E	P an ca ng a	Svarasa	UTI
9	Sapanu	Kakana	Yes	-	-	-	Ma nih ota sc Ula nta cra nt z	Eu ph orb lac ea e	P atr a	Svarasa	Fever
0	Singro	Kakana	Yes	-	-	-	Cl oxy lon Mu rica tu m Wi ght	Eu ph orb lac ea e	P atr a	Svarasa Cuma	Giddines

1	Inmi	Kakana	Yes	Bariyar, Khirate	Balavayalika, Kharayastica	Co unt ry Mel low	Sid a Glu tino sa	Mal vac e Ae	P an ca ng	Svarasa	Fever
2	Kin Fih Yam	Kakana	Yes	Bhui Amla	Bhumyamalak i, Bhudhart ri, Tamalak i	-	Eu ph orb iac ea	-	P atr a	Svarasa	Jaundice
3	Tachur oi	Aro ng	No	-	-	-	Le a Sp eci es	Le eac ea e	P atr a	Svarasa	Stomach ache Gastritis

General :

Ayurveda And Counselling

Lucia Tommasini

Founder : International Centre for social and Human Studies (C.I.L.U.S.) Italy.

Many say that the past is the past and we live in the present. Many forget that our present is the consequence of the past, the unresolved, the unmetabolized elements of the past.

How does Ayurveda fit into this peculiar picture?

We are in the same situation as our ancient Rishis who gathered to discuss the evidence of illnesses, of unhealthy living and thinking of their time.

They asked for help from the Gods and they were given the Ayurveda, the science of life. This science paradoxically has always been present while not written. This SCIENCE is NATURE and our duty is to respect and understand it.

The anecdote of our Rishis has been wisely spiritualized considering the evidence of the time and at the same time disregarding the underlying symbolism.

On the secular level we consider that the quality of life is different, moving away from the vedic truths. In this context we say that Charaka (a living being or a symbol?) gathered the information given to the Rishis by the Gods and taking inspiration from the Vedas wrote down the Samita, the Charaka Samita. This Samita gives a range of important information aiming at teaching a life style and how to apply it and which are the causes that can take us far from the right path. It offers a very wide picture open to different views, at least apparently.

Quantum medicine is a new born medicine or rather, is a new way that western science approaches nature and human energy.

The principles on which it stands seem to be translated from the Charaka Samita. But Charaka lived in the past and we live in the present and this fact gives us the certainty that we know more. Actually this is not the truth: we are trying to elevate our ignorance, hiding its seed with new discoveries.

I would like to remember the statement of a world known physicist, Pontecorvo, who said in an interview about scientific progresses and physics in particular that modern day science is discovering infinitesimally small particles which perfectly reproduce the characteristics of larger form.

This view is inherent to all that we know of what we call new and advanced scientific knowledge.

Let us talk about science a little. On the practical side, we call science all the evidences and parameters which come under the control of our senses and are reproducible and moreover make the individual free from responsibilities.

In this modern world we have lost some of the values linked to responsibilities. We cannot place the blame but we can seek to understand the reason. Society, which is anonymous, needs a representative in order to generate some kind of order. Equally, responsibility is reduced to the application of what is called scientific. We have science of politics, science of banking, science of agriculture, science of religions, all start from a science!

I think it is good to remember the time of Rishis when humanity had lost the meaning of responsibility. Why am I saying all that ? What is the meaning of Ayurveda in this context? The meaning is very profound. Ayurveda is a seed of perfect knowledge for which a correct interpretation is necessary.

In this particular time in which we live, illness has become an expression of power. The research on illness generate what we call science and science becomes a power. Ayurveda gives us the basis of knowledge. It is up to us to develop the understanding of it.

Each elements of the traditional or classic Ayurveda is a seed of knowledge through which different levels of understanding have developed during the passing of time.

Professor Kulkarni published recently on facebook this interesting information: 'Atma the souls is a boomerang. Atma leaves a body and return to a new body. One day the journey will be one of no return. Atma will be at the feet of God' (Maharati Dev Geeta), Charon, a French physicist of last the century, compared Atman to a diamond. Death generates an explosion of the diamond and the thousands bits resulting from the explosion will return as a boomerang to a new body until when thanks to repeated purification the bits will form again the diamond and consequently return to god, the origin of the diamond.

These days we speak of illness more often than of health and the major difficulty is that today's Rishis have a little audience. We live in time of changes. Changes do not mean negation of what we have known until now, our culture, our tradition. To change means to generate evolution.

Ayurveda means perfect knowledge of what is life. It has no time and no country. It is a symbolic code of knowledge and because of the intrinsic value of a symbol, it is eternal. The difficulty resides in the interpretation of the symbol. The interpretation we have given to ayurveda in the last 30 or 40 years has been very materialistic and at the same time has tried to became scientific in parallel with allopathy.

The modern diffusion has not caused a parallel reduction of illnesses and improvement of lifestyle as wished by the Rishis. Charaka says :'Ayurveda has no origin because it has always existed. The study and the understanding of this veda is a difficult matter and some think that it is in the expression of this understanding that we can make the point of origin. This science is not such because of our understanding. It is eternal having no beginning and

no end; it deals with the intrinsic law of nature where there is evidence of the eternal flow of intelligence and expression of Nature'. Charaka introduces the principle of quantic medicine.

What is quantic medicine? It is a bioenergetic medicine that studies and measures the dynamic of energies produce by atoms, molecules, substances, cells, tissues, organs, systems. These several energies give birth to a unity of which we have the evidence through body, mind and spirit. Quantic medicine suggests that illness is the effect of a distortion of the magnetic field which regulates the chemical reactions of human body cells. It also states that everybody has a different magnetic field including DNA.

Quantic medicine claims that emotions have specific frequencies with a large range of possible reactions. In treating the energetic field there shall be an involvement of the mental and spiritual level. Quantic medicine recognizes the unity of the mystic dimension with the scientific and phylosophical ones. It bring back the so called science to a level of consciousness which represents the primordial matrix. Why do we speak of quantic medicine? Because Ayurveda is a quantic science. Quantic physics has abandoned the concept of indivisibility of the atom showing in scientific manner the subnuclear dimension, showing how the concept of Reality shall be the object of constant revision. This new science gives importance to the concept of probability. Nothing is sure and equal in all cases.

Thanks to the concept of probability we can objectively study the interconnection of the activity of cells, organs, tissues and moreover, the observer will have the capacity to get into the structural value of what he is observing. The theory says that the observer will become part of what he is observing. (This quantic procedure can overlap the Buddhist compassion theory.) Quantic physics claim that the specific study of a part is a nonsense because the part is active and alive only in the whole. This is what Ayurveda states. The body is composed of interconnected parts and its expression is a code, a type of map which responds to the stimuli created by the meeting of physical matter and energy. The energy which reaches matter is generated by emotions and at the same time generate emotions.

Quantic medicine states that certain types of personality always develop particular physic and psychological problems. Ayurveda gives us a clear image of this evidence through Prakruti, the constitution.

Avyacta being the expression of the perfect balance between fullness and emptiness represents the immortal present. Avyacta is then timeless, without shape or substance it is uniquely phenomenal. Within Avyacta there is Purusha, the unmanifest, the inactive which cannot reproduce, the mover which knows himself. The catalytic force in him gives rise to a process of condensation which permeates Purusha and is expressed in Prakriti and manifested in three forms or interdependent qualities called Trigunas which represent the qualities of human energies.

This process has a consequential nature :

Avyacta, Purusha, Prakriti, Energy, Mind and Body. 'The mind, the consciousness and the body altogether constitute a tripod. The world is sustained with their union and they are the

foundation of everything. (CS SUT I46)

The concept of mind in Indian philosophy and medicine is not an easy matter to discuss. Some scholars and students tend to claim that :‘It, the mind, shall be as it has been propounded by the Indian sages centuries ago...’. At the same time others equate the Indian concepts with those of the west, like the tendency to equate yoga with relaxation losing the real meaning of the concept of yoga,

At the present time, in order to keep the value of the ancient knowledge, we need to accept it while, at the same time, enquiring and communicating in order to share the knowledge. We need to appreciate that knowledge does not mean to modify what we already know. It should be the expression of an understanding of what we already know while we add another bit of knowledge. At the same time we must not only presume and say that what we know is exactly what shall be known.

There are two main conditions that we can experience in this life: Wellbeing and Illness. Wellbeing is the result of body, mind and spirit in a state of balance. Illness is a departure from the normal or balanced state of being and it is a complex condition. Every expression of our body is connected to the mind, Manas.

It is considered the sixth sense organ. It has function of a organ but it is not an organ. It expresses the coming together of bioenergetic stimuli from every cells in the human body, condensing all these elements into an activity which generates thought. Body, mind and spirit is a triad in search of balance between the needs and goals of the individual. The body is the result of the coming together of five elements which are the building blocks of the universe. The energetic vibrations of each of these elements create matter, the body.

The mind, Manas, plays a significant role. It reacts to the stimuli from all the sense organs and creates something that transcends the sense organs and which at the same time is connected to them. The mind is like a mirror which reflects the activities of the sense organs. Stimuli find expression through the mind. The mind expresses itself through the body and the body reacts in response to the mind. These two activities are interdependent, one cannot exist without the other. The mind is an intermediary state between body and spirit. The mind is closely connected to the body, to its functional, organic an psychological expression.

Do external forces make the mind act or does the mind respond in different ways to stimuli? This is a dilemma . The theory of Trigunas, Sattva, Rajas, Tamas are helping us to understand the problem. They express the qualities of energy as postulated by Quantic Medicine. Through their peculiar nature they modify the energy generated by the body in connection with the universal elements. We shall not forget the statement of official science which says that we are the microcosm of macrocosm.

There is a way we can address the mind? Scientifically this seems a nonsense. Actually we recognize the evidence of the mind and at the same time we do not want to interfere with its expression. I wonder if this attitude does not express the human fear of mental abuse. Ayurveda gives us a progression under the theory of Antahkarana, the internal mental organ

which has the capacity to decide and to determine. In itself it contains the three possibilities which are: to receive, to analyse, to transmit. Antahkarana embraces Buddhi, Ahamkara, Citta and Manas. Our aim is to concentrate on Manas for the purpose of understanding the meaning and the practice of Counselling. The mind can be translated with Manas. Manas as it is understood in Ayurveda and Ayurveda philosophy, has a wide and complex meaning. It is the eleventh indriya possessing a double function: it allows sensation and generates the action; it participates in the characteristics of the other indriyas and at the same time centralizes in itself all perceptions and activities. Manas allows all kind of experimentation of Ahamkara.

Manas is an expression of Trigunas and Tridoshas. Manas expresses the energy represented by Triguna and Tridoshas. Our body is built on the panchamahabhutas. All the characteristics of bhutas are selected by trigunas. The Trigunas are the expression of Prakriti so they are the intrinsic quality of universal energy. In our everyday life we cannot contemplate this wonderful evidence connected with the Trigunas such as : Sattva balance, Rajas activity, Tamas inertia. Instead, we act unknowingly in response to these stimuli. Perhaps we have reached the point where it is necessary to explain the meaning of Counselling in the framework of Ayurveda science and philosophy. Prakriti in Ayurveda is the coming together of all the elements of nature: atoms, cells, tissues and so on. Let's not forget that each element has a unique characteristic/property. Yet, when together allows Manas to express itself. It is interesting to consider that in all expressions of life, we always have two possibilities. Look at the evidence of the sun and the moon, the constant alternative.

Our Prakriti in unchangeable, it is with us, it is us, from the time of conception. At the same time we can use our Prakriti in two opposite ways. Counselling, which is not a science but a way of behaving will enable us to understand the meaning of our Prakriti and how to use it in order to achieve wellbeing. Organic illnesses can be fatal. Functional illnesses are successfully treated but the relapse is extremely frequent. Which aspect of the Prakriti has to be addressed in order to overcome the emotional field behind the uneasiness?

Counselling can help to find out the solution. Counselling in the west is considered a discipline which aims is to create a relationship of help. It is not scientific, it does not want to impose any theory or belief. Technically a counsellor is required to understand the mind and behaviour of the other and his action is to listen and raise up the capacity that are intrinsically present in the other. A counsellor never touches upon the so-called psychic aspect or neurologic aspect. He studies and acts within the energy field. The advantages Ayurveda gives us is that the characteristic of these energies have already been understood and defined. We should remember that all situation behind wellbeing are linked to a disorder always governed by the mind or manas. All pathogenic agents are not independent from the mind or rather from the emotions generated and governed by the mind.

Counselling through Ayurveda will express in a practical way the theory of Energy or quantum medicine. The counsellor will objectively understand the origin of the problem by detecting immediately the impact of doshas and gunas in the individual behaviour. Mind, Manas, is the link between Body and Spirit. The primordial characteristics of Prakriti the Trigunas generates

human, mental, and spiritual behaviours.

Perhaps I can quote here the words of Professor Kukarniji when he says in his book on Mind ' Nature and Soul are essentially basic elements because neither efficient cause can play the part of the material cause nor the latter can serve the purpose of the former'. This statement has very important implications. The law of cause and effects, karma, constitutes a connecting ring between, body and mind, Sharira and Manas. Without karma there is no knowledge, understanding, compassion. The Trigunas give the imprint to the karma. All that we live is consequential, it is karmic and as expression of the Trigunas. Knowing this simple and composite law, our ancestors gave us points to help our understanding. The four objectives of life, Dharma, Artha, Kama, Moksha.

You may think that my points are very reductive. I do not think so. Our ancestors were extremely detailed, were extremely specific and their purpose was not to make the subject too difficult. Instead they had the capacity to give the possibility to reach the total meaning starting from a single point. We shall not repeat the mistake of modern physics who searching the truth, has discovered that the smaller cells, equal the structure of the bigger. Ayurveda ask for a contemplative and meditative study. Counselling asks the therapist to contemplate the mind and behaviour of the other in order to help. I found very impressive this definition of counselling: 'to acquire knowledge and professional capacity linked to the help relationship. The English word Counselling basically means 'to give help, to give comfort, to help someone to raise up'. (Oxford English Dictionary says: Consellin, the provision of professional assistance and guidance in resolving personal or psychological problems). Historically the origin of 'counselling' dates back to the last century, around the 30s. It was Rollo May an American psychologist who first presented at the Michigan University the 'Art of Counselling'. Carl Rogers, in the 40s published a thesis on the theory and methodology of Counselling giving birth to 'the theory centred on the client'. The theory gives the foundation of this art or technique which says: 'The therapist shall create those conditions that will allow the person to find out his/her interior strength and manoeuvre the individual potentialities so that he/she can develop self realisation.

The work I s based on a personal exchange between the therapist and the patient. It is not a point of studying a method. The patient shall feel free to express himself as if he is in front of a mirror. It will be then in front of a mirror that he will develop his/her understanding of the origin of the problem and capacity to solve it. Ayurveda teaches us that the use of a practise will suffer because of the change of time and behaviour. Instead theory cannot suffer because of the passing of time. Theory needs to be applied where and when it will be accepted and recognized. Ayurveda is not a practical body, it a profound theory. Practicality needs to be applied, theory need to be understood. We shall remember that wellbeing and illness are related to energy, energy transmission and how this transmission happen. It is not easy to summarize this peculiar field and this is not the right place to do so.

In the Charaka Samita we read: ' to one who sees the evidence and does not feel the need or does not have the capacity to get into the mind of the other with the light of one's intelligence and cleverness, this person cannot cure any illnesses' (CS Vim IV 12). One of the several

objectives of the practice of counselling is to acquire the capacity to recognise the communication style. On these basis several schools of thought have already developed.

Ayurveda counselling has found a modality of practice in the United States. Human behaviour is under the umbrella of the Trigunas. Our way of being and becoming is related to the Trigunas. While we contemplate in a dharana state the expression of the Trigunas in us and in the patient, we activate a energy field which allows the patient to understand himself. Do we agree that in the light of the philosophies and knowledge we have inherited from Ayurveda it is our duty today to develop this new understanding in India, in Poone under the guidance of our beloved teacher Prof Kulkarni ji ?

SYLLABUS

The Master in Ayurveda Health Counselling is open to those who are interested in understanding the difficulties experienced by mind and body and want to find out the peculiar reasons which cause these difficulties. At the same time the Counsellor shall be prepared to act as a mirror before the difficulties experienced by others and in doing so he will allow the individual to find his own means for the solution of his/her difficulties, There is evidence that almost all of our dis-ease starts from the mind and its behaviour. In this context we translate mind with MANAS and manas is a consequential aspect of our being.

A Counsellor will take into consideration the several elements generating manas and his approach will not be judgemental or didactic either. He will listen and help the individual to find the solution to the problem by using his own experience, capacities, faults. Counselling helps to solve conditions of anxiety, dissatisfaction and conflict linked to physical and psychological aspects of the Individual's constitution, Prakruti. The Counsellor helps those who feel the need to open a dialogue with an independent observer, the counsellor, who is aware of the ayurveda constitution theory and prepared to give a helping guide to overcome discomfort. The purpose of the Master is to study the way to help people in this present time of physical and mental discomfort, of trials and tribulations of life. Counselling wants to find a way to help without imposing strict obligations of behaviour upon those who need help. Counselling and several ways of performing it An overview of the different schools. Ayurveda basic principles and related Quantic Energy and Counselling. Basic principles of Ayurveda Avyacta, Purusha, Prakriti Triguna Karmindriya, Jnanindriya, Manas Tanmatra, Mahabhutas Tridaths, Tridoshas, Prakruti.

How to use Aahar and Vihar in the conselling session.

Antakharana, Buddhi, Ahankara, Citta, Manas and related Quantic Energy: the use of these principles in Counselling. The Counsellor approach: he shall help the individual to understand himself. The Counsellor shall be trained to listen keeping in mind the ayurvedic tripod: Body, Mind, Spirit. The Counsellor shall be trained to appreciate the value of Sattva, Rajas, Tamas and Vata, Pitta, Kapha using their profile as a guide to evolution. The Cousellor shall be trained to be detached and compassionate at the same time in order to generate self confidence.

"It is not by changing the soil that we will allow the seed to grow. We shall use the soil for its own properties and put the seed in an appropriate soil".

General :

Rulebooks of drinking the water.

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Abstract :

With the help of classical references here is an attempt to recollect the regulations for drinking the water and its consequences on our body. For example drinking warm water has benefits over cold water. For reducing the weight one should avoid water after food, instead, should have it before food. By making such simple amendments in the habit of drinking the water, one may get rid of unwanted health disturbances.

Key words: Water, Digestion, Thirst, Sweat, Constipation.

Introductio:

Water means 'life'¹, this we have been listening, learning & experiencing since childhood. But there are many queries related to drinking of water. When to have water? How much should be the daily consumption? How should it be, Warm or cold? In relation to meal when should it be taken? Likewise many questions are there in our minds. Everybody decides their own answers according to convenience. Are there any rules for water drinking? It is necessary to know the science behind drinking the water& its consequences on our body.

Material & Methods :

As this is a review article the materials are the classic texts of Ayurveda. And the method is systematic collection of the scattered references regarding the water and with these classical references here is an attempt to evoke the regulations for drinking the water.

Observations & Discussion :

First of all we will see when to drink the water in relation to food. Many opinions are put forward regarding this, like; one should not have water in between meals, one should consume water only after some time following food; as, water if taken in between meals, affects the digestion. Many such outlooks are famous in public. But if the water is taken in proper way, sips by sips during meals, it does not affect the digestion perhaps it enhances the process². For the digestion of food some amount of liquid is needed. So to have water in between the food is good for incorporation of the food. The taste of the food which is leftover in mouth is cleared by the sips of water if taken in between meals. One can enjoy the taste of the remaining food with clean tongue. With these entire benefits one should definitely have water

in between a meal. According to Acharya Vagbhata drinking water before food makes the person slim. Inbetween the meal remains average built & after food becomes fat³. So to achieve the desired result & built of the body one can try these methods of water drinking in relation to food. But for a healthy person, to maintain the normal health, drinking water in between the meal is beneficial.

Next is the issue how much quantity of water should be consumed? Many say plenty of water should be taken. How much this plenty actually is? A liter or 2 or 4 or 5!!! There are some simple criteria for that. Nature of the work is one of the major factors. E.g. the need of a heavy worker of water who tends to sweat large amount of sweat during work is definitely more than a soft-ware professional who works in an air conditioner & in sitting posture. Next factor is the atmosphere in which one resides. Warm areas & warm atmospheric conditions increase the need of water consumption. Warm areas also include cooking near gas stove for 2-3 hours which causes water loss through profuse sweating. It is not observed in case if the food is cooked in an oven. Our body gives us signals regarding the natural urges like thirst. One should not ignore these signs, like dryness of mouth, tongue, throat; increased thirst, momentary deafness, loss of concentration, burning sensation during urination, decrease in the frequency of urination, hard stools, constipation etc. If not suffering from any other illness, these are the symptoms of less water intake than the need of the body. The talking professions like telephone operator, salesman, teacher, etc, need more amount of water. To decide whether water consumed is normal or not, a simple criterion is frequency of urination. Normal frequency of urination in a healthy individual is 5 to 7⁴ times in 24 hours. Decrease in frequency denotes less water intake. It should be adjusted accordingly. It is advised to have plenty of water now days. In fact our body gets liquids in many forms, viz. tea, coffee, cold drinks, Dal, Sambar, juices, etc. although none of these can replace water to nullify the thirst. The moral is to drink the water judiciously. If excess water is consumed it leads to heaviness of body, fullness of abdomen, lack of digestion, nausea, excess salivation, etc⁵. While preparing the chapatti if more water is added the combination becomes very loose & if less water is added we can't roll the chapatti properly. In either cases Chapatti is not formed. We should modify the water drinking pattern according to the changes in weather, our own body constitution, food habits and nature of work. A non-vegetarian needs more water to digest the excess muscle proteins in food. Obviously the requirement increases in this case. The person should not feel any difficulty to pass the stools next day. To generalize the quantity of water to be consumed, for an apparently healthy person of 70 kg, having average workload at normal room temperature is 2-3 liter. There should be relevant amendment according to changes in the atmospheric temperature. Except Sharad (October heat period) & Grishma (summer) Ritu even Swastha individual should drink minimum required water, citation by Acharya Vagbhata⁶.

How should the water be consumed? Hot or cold? Obviously, neither too hot nor too cold water should be taken⁷. India is the country with huge weather diversity. Here one experiences extreme cold & hot weather conditions depending on the place where he/she is living. In one place also, there is variation according to the season. For example our national capital New Delhi experiences extreme conditions of weather in summer & in winter. One should consume

the opposite quality of water to that of atmosphere⁸, to compensate the weather. Usually the water colder than the body temperature is heavier for digestion than that of warmer than body temperature. Especially after food one should consume warm water. It reduces the heaviness after food. Laziness does not affect the body. It helps in the digestion of food. Reverse are the effects of drinking refrigerator water. Freeze water is not suitable for drinking⁹. Much of the energy is used for the digestion of the cold water. One suffers frequently from cold & cough. That is why having practice of drinking warm water have benefits over the cold water drinking practice. It is beneficial for maintaining normal health. Acharya Sushruta quotes warm water as 'Sada Pathya' means always beneficial for body¹⁰. The exceptions are Sharad (October heat period in India) & Grishma (summer) Ritu. In these seasons one should have normal temperature water as there is heat in the atmosphere.

Drinking a glass of water immediately after getting up is good or not? Ingesting anything, when it is not required, is not easily accepted by the body. Indigestion is observed if food is taken before the digestion of earlier ingested food. Same way water also needs to be digested. If thirsty, it is alright to have water in the morning. But it is not good as a habit. It may lower the digestive power. Giving excess water to farms spoils the grains. Likewise excess water drinking leads to many disorders. It may lead to Kapha-Pitta Dosha vitiation leading to disorders¹¹. Many times we don't realize the exact cause may be the excess water. Many people have this habit of drinking water in the morning for years together. Their claim is it has become habitual so it will not harm. Even though human body has tremendous capacity to adjust according to changes in the biological processes, when the threshold is attained, the capacity is lost and there is manifestation of diseases. At such circumstances one does not even think that excess water may be the cause of the particular disease. So avoid unnecessary water drinking at wrong time in excess quantity. As is the issue of morning water drinking, same is of drinking water while going to bed. One should not have a habit of having a glass of water just before going to bed. Especially if there is evidence of cold, cough & sneezing. By correcting this simple but affecting severely habit, one may get rid of unwanted health disturbances.

Conclusion :

From the above description we can conclude that drinking sips of water during meal is beneficial for a healthy person to maintain the normal health. An apparently healthy person of normal built having average workload should drink 2-3 liters of water, at normal room temperature. There should be proper adjustment according to heat or cold in the in atmosphere depending on the signals given by our body. Drinking warm water has benefits over cold water. One should avoid unnecessary water drinking at wrong time in excess quantity. Drinking water is not wrong but the way it is drunk should be appropriate.

(Endnotes)

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**Maharshi Aatreya said to Agnivesha:
The action of expelling the impurities
through the upper channel is known as
Emesis /Vamana.**

**Expelling the impurities through the
lower channel is known as
Purgation/ Virechana.**

**Both are processes of cleansing the
bodily impurities .**

**Hence they are known by the common
term VIRECHANA(purgation).**

**[English Charak Samhita ,
Kalpa Sthana , Adhyaya 1, Shloka 4.**

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(Philosophy)

Shrimad Bhagwadgeeta Adhyaay Two (Chapter 2)

Prof. Dr. Pandurang Hari Kulkarni

SAANKHYA YOGA is title of the chapter. SHANTIDEO/GOD of peace. Person desires about something and hopes he/she will get it, achieve it. Sincere efforts carried out, however no success, not achieved desired goal. person lands in depression after blow of bad luck. Happiness is the name of success/fulfillment of desired. If desires not achieved, fulfilled is known as sorrowness, grief, sad state of mind, such state of mind affects body. Constant catabolic effect, stress on mind accelerates catabolic activity, loss of body weight, dryness of body occurs. Aatma the soul is not affected by the joyness or sadness at any instances. Aatma cannot die, dry out or thinout or burnout. Aatma is the head of the body.

Work and work that is KARMAYOGA is necessary for every body every day. One may get success or failure at the end. Abandon of everything is known as SANYAAS i. e. Renunciation. One may get success or failure. Both should be equated at very occasion. This attitude is considered as of high level, the best. Person gets angry if desired effect, success is not achieved. This leads to malfunction of buddhee, the intellect and mind. Person suffers. Every now and then some instances happen, mind gets disturbed. But mind needed to be balanced at all occasions, no disturbances at mind level. Mind is having constant movements, but one should try not to aggravate. One should not go into depression. Stay stabilised and continue performing one's duty.

2/1 : Mental stress, mind burning. Greif turns more heavy. Eyes started watering

2/2 : Excess of thinking, Aggravated greif takes away desired success.

2/3 : No shelter of weakness, Greif everywhere. Avoid weakness. Start your duties.

2/4+5 : How and why person can fight with seniors, respected people, relatives. Kill those people and blood will be everywhere. Instead of fighting begging is better, devotee was thinking.

2/6 : Victory or defeat, who will die and live, nobody knows. Such life is not useful.

2/7 : Greif and stress changes life. Many questions appear in mind. No clear thoughts, unable to see clearly. Confusion and confusion only, what I do, O god, show me the path. Devotee is facing difficulties inward and outward.

2/8-9 : Body is drying due to greif. It seems death is nearer, on the battlefield. I may get kingdom with prosperity, even the sovereignty of the gods. But I will not fight.

2/10-11 : You do not understand to whom you should cry. You are speaking as if you are intelegent. Knowledgeble. Wise people do not pity grieve, sorrow for dead or for the living.

2/12 : God and devotee. Never was there a time when god was not, nor devotee. There ever be

a time hereafter when god and devotees will be present.

(In shlokas 11-38 Wisdom of samkhya philosophy is described. It is teaching of Upanishadas.)

2/13 : Childhood, youth and old age are stages of body. Soul passes these changes, however soul is not affected though he is travelling birth after birth.

2/14 : External objects come in contact of sense organs, person gets information about hot, cold, joy, sorrow. These states are temporary and changing. This is to be remembered. (Joy is Brahman is universal, self-existent and dependent of particular causes and objects.)

2/15 : Let there be happiness or pain, both are equal, not affected by state of grief. Such people reach to the God, The Brahman. These are fit for eternal life. It is transcendence of life and death.

2/16 : Brahma - of the existent there is no ceasing to be and of the non-existent there is no coming to be. Seers conclude after discussion that Brahma is truth, eternal. Chant NAAMA (name of god or Om) and see the existence of God.

2/17 : Brahma is everywhere in the universe. It is SAT (Truth) and ATMASWAROOPA. It is indestructible. No body can destruct the Brahman.

2/18 : ATMA (Soul) - Soul is controller of body. Soul is eternal, present all the time, soul is indestructible, eternal and incomprehensible i. e. impossible to understand. It is limitless. Soul gets perishable body. Body (SHARIRA) slowly decays. Body is perishable. Hence every body should fight on this battlefield. Face whatever is coming to you and be a fighter.

2/19 : Soul, do not kill, slay any body, or slain. It is not true. No body kills soul. Slay or slain is hallucination, delusion.

2/20 : Soul is never born. Soul does not die at any time. Soul once come to be will again cease to be. Soul is unborn (AJA), eternal (SHASHWAT), permanent (NITYA) and primeval (PURATAN). Body dies soul dies not.

2/21 : Who will kill eternal indestructible soul? Answer to this question is 'nobody'. No one be cause of death, slay. One who knows it no sorrow or griefs.

2/22 : Person changes worn-out cloths and uses new one. Human body die, soul finds out new body. Old house broken down, Man build new house. Binding of Book torn off, person rebind with new material. It happens in this world constantly.

2/23 : Weapon cannot cut, cleave soul. No gun bullet pierce the soul, Fire unable to burn him, do not turn into ashes. Soul Cannot sink in the water, do not wet him, cannot float on water. Even strong wind can not dry soul or take him to other place.

2/24 : Soul is uncuttable, unburnt, never wetted nor dried. Soul is eternal (SANATAN) all pervading, unchangeable and immovable. soul is same forever.

2/25 : One cannot see soul with eyes. Unable to understand with ears, tongue, nose, skin. It

can not be perceived with mind even. It is not affected by anything (AVIKARI). Soul cannot be hurt or slain. Grief of dead person is misplaced. According to SAANKHYA, PURUSHA is beyond the range of form or thought.

2/26 : If somebody thinks that, soul borns with body and dies with body, we should not grieve over what is perishable. (We burn body after death of a person. As soul is not present in the dead body cannot burn soul, we can hold dead body but we cannot hold soul.)

2/27 : One that is born, death is certain and one who is dead, birth is certain. No grieve for unavoidable. Death is inevitable.

2/28 : All beings are unmanifest in the beginning, manifest in the middle and ultimately unmanifest, vanish in their end. This is reality, Hence no weeping, lamentation.

2/29 : Some people look at death with marvel, few people hear of death and they wonder, other people read about death, demise and think that it is a miracle. In reality nobody knows about death, not understood.

2/30 : Atma is dweller of the body. Atma, soul is head, king of human body. It can not be killed, slain. Hence no grieve for anybody.

2/31 : KARMA - DUTY - Everybody should perform his or her usual duty every day - warrior should fight against evil - farmer should plough the farm, businessman should take care of the business. Every servant should perform his or her service. This is real dharma, duty. This is gruhasthashrama. It is ultimate aim of life, fair fight is needed.

2/32 : Follow swadharma i. e. assigned duty. Afterwards door of heaven is opened. Person gets all happiness, joy of success.

2/33 : If self duty is not performed that will be a great blunder, sin. It will destroy your honour and self duty.

2/34 : To avoid our duty is illfame. People go on speaking. People forgets good aspects. For a person who is honoured, illfame is like a death.

2/35 : To abstain from battlefield is not good for warrior, fighter. Great people will think the person is coward, fearful hence ran away. Such person loses his/her dignity.

2/36 : People speak bad about such person. Many unseemly words will be uttered by the enemies. The strength of a person is slandered with defamatory words (person should be indifferent to praise and blame.)

2/37 : If somebody dies while performing his duty, he will certainly be in the heaven, the good world. If one win the race, won the battle will be on the top of the earth and rule, controls his area of working, profession, kingdom. Hence everybody should arise with utmost determination and fight in the life field. (It is possible to rise higher through the performance of one's duty in the right spirit.)

2/38 : Treat, pleasure and pain, gain and loss, victory and defeat, alike. Get ready with such

mindset, then it will not be a sin.

2/39 : What is yoga? - There are two paths, ways of life journey. One is SAMKHYA and other is Yoga. This is Action Path. Samkhya is renunciation (sanyasa) path. No grief over body and soul. Perform your duties. But do not insist of getting desired end result of action, work. This desire, wish needed to be forgotten. This is the meaning of Yoga Marga. It is better to master in YOGABUDDHI, YOGA DNYANA.

2/40 : In the path of Karmayoga no effort is lost, no step is lost. Work/Karma done is accumulated, it is always a gain, moment by moment. No obstacles prevail if you continue with your work, righteous duties (Dharma). Every thing flows well. No fear occurs, if fear is there it will be thrown away. Work protects from fear of great nature. Work completes some time (Siddhi), one gets sadgati - good place, good end.

2/41 : What to do or not to do is a decision of Buddhi. Buddhi should be one pointedness, single mindedness. It is with many branches and endless. One pointedness has to be acquired by cultivation. Distraction of mind is natural condition. We have to be freed from it. It should be by genuine experience of reality. It should not be mysticisms of nature, or sex, children, money etc. Person needs everything, waves after waves in the arena of mind. It disturbs all life.

2/42-44 : Some people advise to perform homa, havan, sacrifices. People attracted towards such persons believing that we will get all happiness, prosperity in this life as well as in next life. People continue such performances, activities and get entangled in it, whirling day after day. One can not concentrate on one thing, point, unable to stabilise mind. If you became Karmath i. e. activist, you may get heaven, reach there but you will go to heaven and come back, birth, death, shuttle service continues. You will not get Mukti, Moksha, the real Salvation, Stabilised mind is required for attaining Moksha.

2/45 : Everybody should try to stay beyond Satva, Raja, Tama Gunas (Qualities). Stay immersed in Satva Guna and experience that you are above happiness and misery. Stay aloof, at a distance in feeling, interest. Food, Clothing and shelter are required by every person, however it is advised that do not get entangled in these. Everybody needed to be knowledgeable, understanding, insight. Many actions are performed for having son, rain, fortune etc. with such individual deed. All these activities will give happiness, joy in this life. But certainly it is not path to Moksha.

2/46 : In Rainy season due to heavy rainfall, rivers flooded, and there is no necessity of well, borewell or such water reservoir. Similarly knowledgeable person not needed to perform sacrifices like yadnya, home, havan, poojapath. Those who are illumined consciousness, ritual observances are not required, it is of little value.

2/47 : To perform our duties constantly is the motive of man. Do not perform your action for receiving, getting its fruit, prize, result of labour etc. No desire for getting fruits, however, duty performance needed to be continued, no stoppage at any time. It should be a daily routine. This is disinterestedness.

2/48 : Do your work. If you get its reward, fruit, it is good. If you do not get any prize, reward it is also good. Both needed to be equated. Continue to perform your duties. It is known as KARMAYOGA.

2/49 : Mind, Buddhi should equate all. This attitude is best; supreme. Hence it is to be adopted people of inferior level, those who seek for the fruits of action.

2/50 : To see equal every where. It is an art. Who is wellversed in this, he stays away from bad (Paap) or good (Punya). Hence follow the path of yoga. Have support of this way without attachment. Who works skillfully (skill in action) is KARMAYOGA. Yoga is evenness of mind in success or failure, one who is engaged in the performance of his/her proper duties, while his mind rests in God, DEVA.

2/51 : Who has renounced the fruits, end products of action, became free from the bonds of birth and reach happy, sorrowless state. Knowledgeable people, even when alive, they are released, Mukta. They reach the abode of God, DEVA GRUHA. This is Moksha, not bondage what is ever.

2/52 : Having desire for something is like turbid water, translucent glass before eyes, impure object. One can not understand realise properly. Wise person comes out of such covering, enveloped, wrapped, smoke screen. Then has no desire for hearing the same, reading the same. He becomes indifferent. One who has attained the wisdom of the supreme, passes beyond the words, range, boundary of Vedas and the Upanishadas.

2/53 : Hearing Veda Stanzas, advice, opinions person, gets puzzled, completely confused, bewildered concentrate intently on one object only, is known as SAMADHI. It is practiced constantly, mind of person gets stabilised on wavering. Then attain to insight i. e. Yoga, Saamy Buddha Yoga. If you do something then you get something is a state of confusion, perform your duties, Buddhi will be stabilised.

2/54 : Sthitapradnya, perfect sage, Purna Yogi - Devotee having a question about a perfect sage, sthitapradnya or purna yogi, whose buddhi, intellect is stabilised. How one should recognise him, what are the symptoms, how he sits, walks, speaks? is it different from other common person?

2/55 : All desires, aims, expectations etc. are fulfilled or abandoned. Then person (soul) becomes content it self with happiness, then he is called as sthitapradnya, stable in intelligence.

2/56 : Whose mind is untroubled in the midst of sorrows. Who is free from eager, desire, amind, pleasure, Whose passion, fear, rage have passed away. Such person is sthitapradnya, settled intelligence.

2/57 : One who is without affection on any side, one who does not rejoice glad or loathe rejects as he obtains good or evil. Such person is sthitapradnya.

2/58 : One who draws away the senses from objects like tortoise in his limbs in to the shell and sits quietly. Tortoise lives in water and on earth and lives long life. All sense organs means

eyes from seeing, nose from smelling, ear from hearing, tongue from taste and skin from touch. No more desired, satisfied already, all emotions are kept under control. Such person is known as stithapradnya, intelligence is firmly set in wisdom.

2/59 : One who is not consuming food, means fasting. In this case person is not taking food however desire for taste, desire of food is still there, not abandoned, wants to experience it again and again. However when person experiences parbrahma, god for a fraction of second, all desires are dropped down, vanished, interest in such things goes away. After fasting, organs became weak, debilitated, no strength for enjoyment of the subject of the organ. Total fasting is extreme. But eat little food, and continue with our work, Buddhi, intelligence becomes stabilised. Inner abstention is important, free from desires.

2/60 : Even though a man may ever strive for perfection and disciplining his impetuous senses will carry of his mind by force.

2/61 : Take little food and keep all organs under control, it is known as Yukti, Yukta means small quantity. Bring all senses under control. Person should concentrate on God only, should be devotee, the Bhakta. Intellect, Buddhis remains under control, it became unshakable, static. It is known as sthir Buddhi, his intelligence is firmly set. He experiences enjoys happiness and sorrow is stithapradnya.

2/62 : KRODHA - ANGER - When man thinks of some object of sense. Attachment to them is produced. From attachment desire springs out and then desire becomes anger. Kaam means desire, longing for desire increases. And if desire is not fulfilled anger emerges and go on increasing. Desire proves to be restless as most powerful external forces. Desire may lift us to glory or hurl us into disgrace.

2/63 : Bewilderment, confusion arises from anger, then state of loss of memory, followed by destruction of intelligence the buddhi and lastly person perishes, destroyed completely.

Destruction of intelligence leads to failure to discriminate between right and wrong. When soul, Atman is overcome by passion, its memory is lost, its intelligence is obscured, and at the end man is ruined. Inward isolation of senses, is needed. It is not isolation from the world or destruction. To love senses or hate, both are not correct. Horses of senses are not separated, unyoked from the chariot, but needed to be controlled by the reins of mind.

2/64 : If our soul, means Atman, the Antahkaran is under our control, then person stays away of emotions like love, anger, jealousy. He is in all subjects, enjoys the same still he stays away, keeps distance. Man with disciplined mind is healthy person.

The stithapradnya has no personal aims or hopes. He is not disturbed by touches of outward things. He accepts what happens without attachment or repulsion. He has no strong desire, covet or jealous of none. As he has no desire he makes no demands.

2/65 : If Chitta, Soul is pure, happy then there is end of all sorrows. Happy Soul, Atman stable intelligence, Buddhi.

2/66 : Uncontrolled person have no steady intellect, unshakable emotions, stable shraddha, no power of concentration, such person gets no happiness.

2/67 : As wind carries away a ship on the waters, the mind runs after roving senses, it also carries away understanding. Buddhi disturbed.

2/68 : Hence who has controlled his senses, his intellect is stable, such people be called as stithapradnya, sthira buddhi, stable, thinker. At first limited control followed by sense organ control. Later on Sadhana, Abhyas is required. This is helping to improve our work. And ultimately we get self realisation - Atmadnyan.

2/69 : Knowledgeable person do not like ignorance means darkness. Ignorant person works for some benefit, profit only. He stays away from knowledge. One who works for knowledge is known as stithapradnya. Night means darkness. Person with knowledge is awoken at night, and he tries how to remove darkness, the ignorance. He is sage of vision. He is wakeful to the nature of reality. At the same time unwise is asleep or indifferent. The day or condition of activity is for sage and it is night for unenlightened person.

2/70 : Water enters in the sea constantly. But no change, no disturbance from ocean, sea. It remains as it is, calm. Many thoughts enters in the mind of enlightened person. However such disciplined person is not disturbed. His peace of mind, tranquility is not moved, stays motionless. If a person wants to achieve something then peace of mind is disturbed. Hence it is better every person should perform his duties intently. Then whatever end product person receives, he should be satisfied.

2/71 : Every person needed to work without any attachment. While experiencing, enjoying the work, one should not entangled in it. This should be the daily practice. Extreme affinity or love needed to be avoided. I can do, I have done, only I am capable to perform this. such ego be avoided. Then and then only person gets real peace.

Human mind is of two kinds pure and more pure. Intention of fulfilling the attached desire is pure. One who is free from attachment to desires is more pure. This quote is from Upanishada.

2/72 : Work with detached mind is called BRAAHMI Awastha, stage of enlightenment, knowledgeable. Such person attains the position of god. This is last and best stage. Just go on performing your duties, you will achieve such stage. No such person having delusion, and at the time of death, such person attains peacefully the level of god. The soul enters in an ocean having name, the god, DEVA. Also can merge in sunlight, space, aroma, very easily. This is Moksha, the salvation. If mind is without any desires at this time, then there will not be rebirth. NARA (Man) transforms into (God).

DEVAGEETA

The 2nd Chapter known as Samkhya Yoga, Yoga of Knowledge, SHANTI DEVA is completed.

New Problem :

Stay Informed on Ebola

Ebola virus created a sense of panic across the world. With few suspected patients being kept under observation in India, the rumours of this epidemic having entered our country have started making rounds. We need to know about this virus, it's symptoms and precautions in order to remain safe.

Ebola virus disease

Ebola, which first appeared in outbreaks in Sudan and DR Congo in 1976, is a severe and often fatal disease with no known specific treatment or vaccine. It has since killed more than 1,500 people in parts of Africa.

Source : In Africa, particular species of fruit bats are considered possible natural hosts for Ebola virus.

Transmission : Infected bats are thought to transmit the disease to humans, or indirectly through other animals which are hunted for their meat.

Damage : Incubation period is from 2-21 days. Death from disease is often caused by multiple organ failure and tissue death.

Possible routes :

Close contact with the blood, secretions, organs or other bodily fluids of infected or dead animals. (Fruit Bat, Gorilla, Chimpanzee, Shrew, Duiker)

Consumption of infected bushmeat.

Touching objects that have come in contact with the virus.

Targets in the body :

Hepatocytes, functional cells of the liver.

Endothelial cells, which form the linings of the blood vessels

Phagocytes, blood cells that absorb foreign particles.

Symptoms

Fever

Sore throat

Severe headache

Muscle pain

Intense weakness

Vomiting

Diarrhea

Impaired liver and kidney function

Internal and external bleeding

Note : List of animals is not exhaustive.

Sources : Centres for Disease Control and Prevention; World Health Organisation.

The epidemic that recently swept across sub-Saharan, tropical rainforest regions of Africa has created quite a stir throughout the world. With increased mobility in and out of geographical locations, it has become imperative to dispense information and safety measures about the outbreak. The countries that are affected severely include Guinea, Liberia, Sierra Leone and Nigeria. Quarantine measures have been adopted where the infected person or the place where Ebola outbreak has occurred is to be isolated completely so as to stop the virus from spreading further around.

What is Ebola?

The Ebola virus disease was formerly known as Ebola haemorrhagic fever. Believed to have been spread among humans through other infected primates, it has a fatality rate of almost 90%. The first identification of an Ebola attack was in 1976, occurring simultaneously at the Yambuku village in the northern part of Democratic Republic of Congo and Nazara in Sudan. The disease got its name from the river Ebola which flows by the village of Yambuku. Genus Ebola virus comes from the Filoviridae family (filovirus).

Genus Ebola virus comprises 5 distinct species :

Tai Forest Ebola virus (TAFV)

Bundibugyo Ebola virus (BDBV)

Zaire Sudan Ebola virus (SUDV)

Ebola virus (EBOV)

Reston Ebola virus (RESTV)

Why do we need to worry?

The virus spreads in humans first, upon coming in contact with wild animals and spreads among humans through human contacts involving blood, mucous membrane, organs, broken skin and other bodily secretions. Symptoms of the infection may vary and generally includes joint and muscle pain, lack of hunger, diarrhoea, inflamed testicles and hair loss etc. Blindness, iritis and light sensitivity are also reported in different cases. The Ebola virus can also be transmitted for up to 7 weeks through the semen of infected person who has cured. As the WHO report shows that the mortality rate of the disease is 90% and the disease is of epidemic nature, we must fully know how it spreads and how we should act in order to help shorten the outbreak.

Prevention is better than cure

All the entry and exit points in India and throughout the world are being equipped to identify, isolate and provide medical care to the suspect. People traveling out of the infected countries are advised to undergo check-up at the government facilities in the country. Airhostesses are

being trained to handle people who might be a possible carrier of the virus. These are extremely contagious in nature and require disinfections Protective equipment like masks, gloves, full body cover and other techniques of preventing human to human infection. Enforced isolation, also known as Quarantine is a measure, sometimes necessary to reduce the spread of virus. There are no licensed vaccines or treatment available as its still in the research and development stage. A DNA vaccine derived from adenovirus, ilovirus- like particles have shown promising result in curing the infection from other primates.

Ayurvedic View :

Infection is due to low immunity (Ojakshaya). Following regimen is useful.

1. Small quantity of warm food 3-4 times a day.
2. Regular exercise.
3. Abhayareshtha or Virechana Kashay 20ml with equal amount of water after dinner one month.
4. Tab. Phalatrik 2 X 2 times a day one Month.
5. Tab. Suvarna Soot shekhar - 1 tablet morning/evining one month.

Marmatherapy :

Balance your heart chakra

Allow love and compassion into your life and improve your relationships

Did you know your heart chakra is responsible for your relationship with others? When you are feeling friendly, loving and amicable towards people, your heart chakra is open and well-balanced; when you are experiencing grief, loneliness or feeling anti-social, your heart chakra is blocked; when you are experiencing grief loneliness or feeling anti-social, your heart chakra is blocked! Also known as the anahata chakra, this is the fourth out of the seven main chakras that help you understand the mind-body relationship. Located in the chest area, it is usually represented by the colour green, the element air and a circular flower with 12 green petals. It implies that deep beneath our personal stories of suffering and pain, lies boundless love and compassion.

A Blocked Chakra can be Harmful

When your heart chakra is blocked, some aspects of your life like health, mind or emotions won't function well. You may feel anxious, dull, listless, sad for no reason, or chaotic and caught up in a whirl of unpleasant events.

Physical : Laziness, excessive weight gain or weight loss, lack of appetite or irregular eating.

Mental : Depression, criticising and keeping the mind busy in negative thoughts. Also, you'll feel like a failure in your personal and professional relationships.

Tips to balance your Anahata

Things to do at home :

Put up pictures of loved ones.

Incorporate vegetables and leafy greens like kale, spinach, dandelion, cabbage, broccoli, cauliflower, celery, squash, green and herbal teas and spices like sage, cilantro, basil, thyme and parsley in your daily diet to nourish your heart chakra.

Make use of essential oils. Rose oil, especially, is a wonderful heart healer commonly used to combat depression. Use this oil to increase positive thoughts, a sense of spiritualism and feelings of hope and happiness.

Since the heart chakra is associated with the colour green lighting green candles and having pictures of nature in your surroundings will help your heart feel at ease.

Chant the beeja mantra 'yam' daily. The heart chakra is associated with this vibrational sound.

Outside the house :

- Perform an anonymous 'random act of kindness' every day, for a week. See how it makes you feel.
- Volunteer at a pet or homeless shelter.

- Spend time in natural settings. Forests are especially good. Visit cultures known for their open heartedness and non-materialism.

With family and friends :

- Spend time with young children and animal companions. Get down on their level. Follow their lead.
- Reconnect with an old friend. Let them know what they mean to you. If you have children, hug them and tell them you love them.

A Study :

Homoeopathy pills as effective as painkillers

The tiny, white homoeopathic pills could be as effective as allopathic painkillers, says a new research from the premier research institute.

The research was done in the Institute of chemical Technology, formerly called the University Department of Chemical Technology, in Matunga, Mumbai along with homoeopathic specialist.

Homeopathy has in recent years been termed "withcraft" or merely a placebo effect by Western experts.

"Homeopathy at 220 years, is the youngest form of the medicine and still looked at with scepticism. He got the idea after the Indian Institute of Technology - Bombay showed in 2010, that homeopathy uses nanotechnology to deliver results. "The IIT study showed how our science works.

ICT conducted the study on rats. "The rodents were arranged in four groups. The first group was healthy and hadn't been biologically engineered to suffer from arthritis like the rest." The second group was given water as a placebo, while the third was given homoeopathy medicines. "The last group was given a popular diflofenac painkiller, which is widely used to treat inflammation of tissues among arthritic patients."

The allopathic medicines reduced the pain quickly, but by the seventh day, the homoeopathy pills were as effective.

"By day 14, the homeopathic medicines seemed better," homeopathic pills could emerge as the treatment of choice for treatment of choice for patients with chronic pain. "Homoeopathic medicines have no side-effects like allopathic painkillers.

Administrator of the Maharashtra Council of Homoeopathy, said that in the last five years, many studies have been done to prove the efficacy of homoeopathic pills.

Youngest Medicine

Homoeopathy is one of the youngest forms of medicine compared to ayurved. It's almost 220 years old.

In 2008, a metaanalyses in the lancet medicine journal said homoeopathy's results are mainly placebo effects.

In 2010, the British Medical Association equated homoeopathy with withcraft. In April 2014, Australia's National Health and Medical Research Council reiterated this viewpoint.

Education :

Ayurveda Courses for all **Visit : www.ayurvedalokguru.com**

- 1) Autonomous Ayurveda courses Drafted by Prof. Dr. P. H. Kulkarni in 1981.
- 2) Ayurveda Courses Adopted by Institute of Indian Medicine in 1981.
- 3) The courses were considered in May 1984 at International Seminar along with other issues related to Ayurveda propagation in foregin countries.
- 4) In National seminar organized by Institute of Indian Medicine in co-operation with faculty of Ayurvedic Medicine, University of Pune and National integrated Medical Association in Sept. 1985, Diploma in Ayurveda was approved.

Subsequently, the said course was passed by faculty of Ayurvedic Medicine & Academic council of Pune University in 1986.

- 5) The course was started by Institute of Indian Medicine at Australian School of Ayurveda adelaide, South Australia from Feb. 1986 under guidance of Prof. Kulkarni.
- 6) Correspondence course/distance Ayurvedic learning course was started in 1988 in New Zealand and Australia by I.I.M.
- 7) In 1993, with the help of Ayurveda Academy, various courses in Ayurveda (Short & Long term) drafted & circulated at many places in the world. These courses were started at various places, e.g.
 - a) Adelaide, Gold Coast in Australia.
 - b) Italy, Holland, France, UK, U.S.A.
- 8) Basic courses were modified according to the need and regulations of the respective countries.
- 9) Ayuveda Associations were established at various places to control the education and practice of Ayurveda.
- 10) Ayurveda courses being conducted with proper standard of training, Work experience with Guru-Shishya Parampara (Teacher - Student study system).
- 11) Many new courses instituted in 2014

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Author : Shri. Vedang Sagar Kulkarni,
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(D.I. Vol. 30, issue no. 117, Jan-Mar. 2014 Pages - 3-24)

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219) Diabetes - Care/Cure in Ayurveda	2013	DI
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229) English Charak Samhita - Chikitsa Sthan - Part - 2	Aug. 2014	DI
230) Shwas - Bronchial Asthma	2014	DI
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232 - 260) दीर्घायु वार्षिक अंक १९८३ ते २०११		
261) सप्तखंडात आयुर्वेद	Jul. 2014	DI
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Contact : Dr. K. M. Bhandare, (M) : 9822876551
Dr. Prasanna, (M) : 9850570812
E-mail : drkishor_bhandare@yahoo.co.in



- 3) **3rd Ayurveda Research Day on Sunday, 8th March 2015 at Pune, Maharashtra.**

Contact : Prof. Dr. Mrs. Kavita Indapurkar, M : 9890791688
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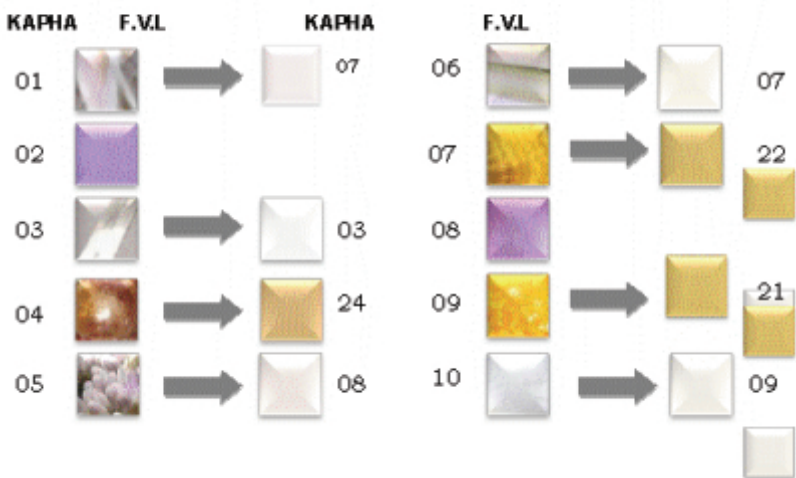
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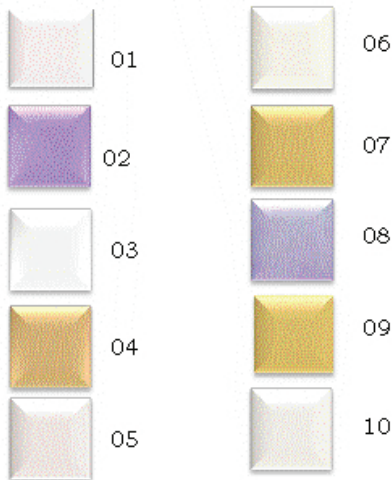
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8th International conference on Ayurveda and Holistic sciences



8th International conference on Ayurveda and Holistic sciences was organized at Kolhapur on 13th and 14th December 2014. Prof. P. H. Kulkarni inaugurated the conference as chief guest.

Dr. Sunil Patil, (Founder, president of vaoushadhi vidyapeeth),IAA convener Dr. Atul Rakshe, guests from Italy, Malaysia and Japan were present among the delegates.

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