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and

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ज्येष्ठ गोवा स्वातंत्र्य सैनिक आणि समाज सेवक डॉ.मधुकर पाटणकर (डावीकडे), डॉ.पांडुरंग हरी कुलकर्णी यांच्या ' कशी आहे प्रकृती ' या पुस्तकांबद्दल चर्चा करताना.

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Review of Basti Therapy

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ABSTRACT :

Basti is one of the most important measure described in various texts for the internal purification of our body i.e. Panchakarma. The wide applicability & highest disease curing ability Acharya Charaka described it as “chikitsardha” & some Acharya said purna chikitsa for vata disorder. Basti is not only best for vata but also equally effective in correcting morbid pitta, kapha & rakta. Basti is used to remove ama from the tissues.

The review of Basti helped in conducting that Basti is effective in treating vata disorders.

Key words : Anuvasan , Basti, Chikitsardha, Niruha , Samhita

Introduction :

Panchakarma is unique therapeutic procedure because of its preventive, promotive, prophylactic and rejuvenative properties as well as providing the radical cure . Among these Panchakarma , Basti karma is such a chikitsa which is applicable in all the vataj vyadis . Acharya Charaka also compares the action of the Basti with the watering of plants at their roots. Acharya says the diseases pertaining to extremities , bowels and those arisen in the vital parts , proximal parts of body, in short all the parts of human body are affected by vayu, when it is aggravated severely hence basti is said to be half treatment of all the diseases “chikitsardha”.

Aims and Objectives :

- ◆ To search Basti in various texts including ayurvedic literatures with references
- ◆ To understand importance of basti in various texts

Materials and methods :

This Article is based on review of ayurvedic texts. Material related to Basti topics have been collected. The main ayurvedic texts used in this study are Charaka Samhita , Sushrut Samhita, Ashtang Hrudhay. We have also referred to the modern texts and search various websites to collect information on the topic.

Classification of Basti :**1) On the basis of Adhithana-**

i. Pakvashyagat Basti : Drugs are administered through anal canal in to the colon. It includes Niruha and Anuvasana Basti.

ii. Garbhashayagata Basti : Drugs are administered through vagina in to uterus.

iii. Mutrashayagata Basti: Drugs are administered in urinary bladder.

Garbhashayagata Basti and Mutrashayagata Basti come under the heading of Uttar Basti.

iv. Vrana Basti : In this type, the drugs are poured in to the Vrana for its Shodhna and Ropana it is mentioned by Acharya Sushruta.

2) On the basis of Nature of Basti Dravya :

- 1) Mrudu Basti
- 2) Madhyam Basti
- 3) Tikshna Basti

3) On the basis of Schedule :

1. Karma Basti:Total 30 Basti administered in which there are 18 Anuvasana and 12 Niruha Basti. In these 30 days Basti schedule 1st is Anuvasana, next 12 are alternate Anuvasana-Niruha and last 5 are Anuvasana Basti.

2. Kala Basti :

According to Charakacharya, it is half of karma Basti. Chakrapani opines that it includes sixteen Basti out of which 10 Anuvasana and 6 are Niruha Basti. According to Vagbhata it includes 15 Basti, out of 6 are Niruha and 9 are Anuvasana.

3. Yoga Basti : Total 8 Basti- 5 Anuvasana and 3 Niruha.

4) On the basis of Speciality :

- | | |
|-----------------------|-----------------|
| 1) Madhutailika Basti | 2) Yapana Basti |
| 3) Yuktaratha Basti | 4) Siddha Basti |
| 5) Vaitaran Basti | 6) Pichha Basti |
| 7) Picchila Basti | 8) Khira Basti |

General Benefits : Basti is useful for many disorders including

- ◆ Musculoskeletal disorders (sciatica, Lower back pain, Arthritis, Gout, Rheumatism)
- ◆ Neurological disorders like Parkinson's, Muscular dystrophy, paraplegia, hemiplegia
- ◆ Mental conditions such as Alzheimer's epilepsy, Mental retardation, sensory disorders.

Indications of basti :

80 types of vata, paralysis, abdominal disorders, retention of flatus, faeces, numbness, Worms, Gulma, udavarta, pain & swelling of joint, feeling of intense heat, fistula in ano, Headache, Earache.

Contraindication of basti :

All types of diarrheas, rectal bleeding, Diabetes, severe anaemia, Hypoproteinaemia, pulmonary tuberculosis, pregnancy, children's <10yrs, Intestinal obstruction, oedema.

Mode of action : The virya of Basti because of its Anupravana bhava is transmitted all over the body by the Apanadi vatas & thus systemic effect. Guda is also called as the Mula of the sharira. The virya of basti dravya extracts the morbid Doshas from all parts of the body i.e. Apada mastaka to the pakwashaya just as the sun extracts the kledatwa from earth.

The surface area of the rectum is more & it has rich blood supply so dravya used in basti get absorbed through the rectal mucosa. because lower part of rectum enters the systemic circulation via middle & inferior haemorrhoidal veins & the dravyas absorbed from the upper part of the rectum is thrown into the portal circulation through the superior haemorrhoidal veins.

Discussion : Basti dravya is given through rectum, it goes to intestine. The mucosal layer is superficial which is comes in contact with the Basti dravya so daily intestine gets purified & villi get nutrition because the mucus membrane absorb lipid soluble content & further absorption of micronutrients enter the circulation & finally it reach the target organ. so the drug given through Basti is potent curing many of the diseases.

Conclusion : Thus Basti has been widely and elaborately described by the texts of ayurvedic literatures. Each and every texts has described its function in his own ways especially for pacification of the vata dosha . A detailed and various definitions and classifications have been described by various texts of Ayurveda .

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Recurrent Pregnancy loss and Obesity and Menopause and use of Medhya Rasayna

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Abstract : Menopause is a syndrome which almost every women has to suffer once in her lifetime, it not only brings pain and trouble but also brings some changes to her lifestyle. In modern science it is a syndrome but in ayurveda it is mentioned as a swabhavik vyadhi of jarawastha(Oldage) in which there is predominantly dhatukshaya. In modern though there is hormonal therapy but it too has some pros-and-cons and is expensive. In ayurveda rasayna is mentioned which is effective to curb jaraawastha lakshan. Hence it is a very useful medium to bring happiness in women's life.

Introduction : Though, women are progressing in various sectors, they are still suffering from many health related problems at different age group and the most suffering age group is forty-plus due to change in reproductive life by permanent cessation of menstruation causing untoward physical and mental agonies called as menopause. Every woman faces varies physiological and psychological changes during this "change of life" as a part of hormonal derangement. Sometimes such disturbances attain the stage of disease or syndrome called as "Menopausal Syndrome" which is accompanied by various vasomotor, psychological, genital, locomotors and GIT related symptoms.

Keywords : rajonivriti , menopause, jarawastha lakshan, yasya vyadhi, medhaya rasayna

Modern Concept :

Menopause is a natural biological process and experienced individually by every woman. Menopausal syndrome is the results of the gradual weaning in the functions of the ovaries to produce estrogen and progesterone, as a consequence of which, the pituitary gland becomes more active (positive feedback) and produces FSH and LH in greater quantity resulting into various somatic and psychological disturbances.

The atrophic Physical changes and various symptoms include Vasomotor, Genito-sexual, Urinary, Gastrointestinal, Locomotors etc. These occur due to mainly hormonal disturbances including estrogen deficiency and aging.

The psychological changes and symptoms vary considerably and depend largely on an individual and on a woman's previous outlook on the menopause and its significance rather than estrogen deficiency.

Clinical features include - Menstrual irregularities , hot flushes, palpitation, hypertension, headache, psychological symptoms like mood swings, anxiety depression ,there maybe sexual difficulties, other symptoms include constipation, dyspepsia, breastpain, feeling of pricks, forgetfulness, virulization/ hirsutism etc.

Ayurvedic Concept :

For a woman “Rajah” is a very important factor. Shuddha Rajah or Artava is a sign of Dhatuparipurnata, and it marks the starting of Reproductive life of a female. Utpatti of Rajah can be understood by various nyayas, generally as upadhatu of Rasa. Raja is described as Dhaturupa, Upadhaturupa and Malarupa in different context.

In Ayurveda, Rajonivritti is not described as a diseased condition. It is a naturally occurring condition of every woman observed at the later stage of life when the body is fully in grip of senility. Rajonivritti as a diseased condition is not described in the classics, because in ancient time, the way of living was totally different. Ladies had to do lots of house-hold works, so the essential exercises for the body, were being done automatically. Adding to this, full attention was being given to their “Dinacharya” as well as “Ritucharya”. Perhaps, due to these reasons the incidences of Rajonivritti lakshanas were very less.

Almost all Acharyas have described the age of Rajonivritti as approximately 50 years without any controversy, which is also true in the current era. The reason may be the Rajah is a byproduct of Rasadhatu and the function of Rasadhatu is better in Taruna Avastha (i.e. Yuvavastha), which reduces during the Praudhavastha and resulting into Rajonivritti.

As Rajonivritti is a naturally occurring condition in female body; it can be categorised under Swabhavika Vyadhis as that of Jara (aging); Kshudha (Hunger); Pipasa (thirst); Nidra (sleep) and Mrityu (death) described in the classics. The various symptoms of Jaravastha are more likely observed in Rajonivritti avastha also. So, it can be stated that Rajonivritti is one of the part of the process of aging, specific to female and that's why it is a “yapya condition” it can be slowed down by dietetics,Rasayana etc.

These Swabhavika Vyadhis are further classified in Kalaja and Akalaja. So, Rajonivritti although not mentioned separately should be considered of two types i.e. Kalaja Rajonivritti and Akalaja Rajonivritti.

In Kalaja Rajonivritti, generalized deterioration of dhatus; generalized Vatavridhi; Kaphakshaya, synergistically lead to particular Rasa- Raktu dhatukshaya and especially Upadhatu Artavakshaya. In addition, due to generalized Raukshya and Shosha, Rukshata take place at artavavaha srotas, and all this changes ultimately result into Artavanasha, which manifest as Rajonivritti.

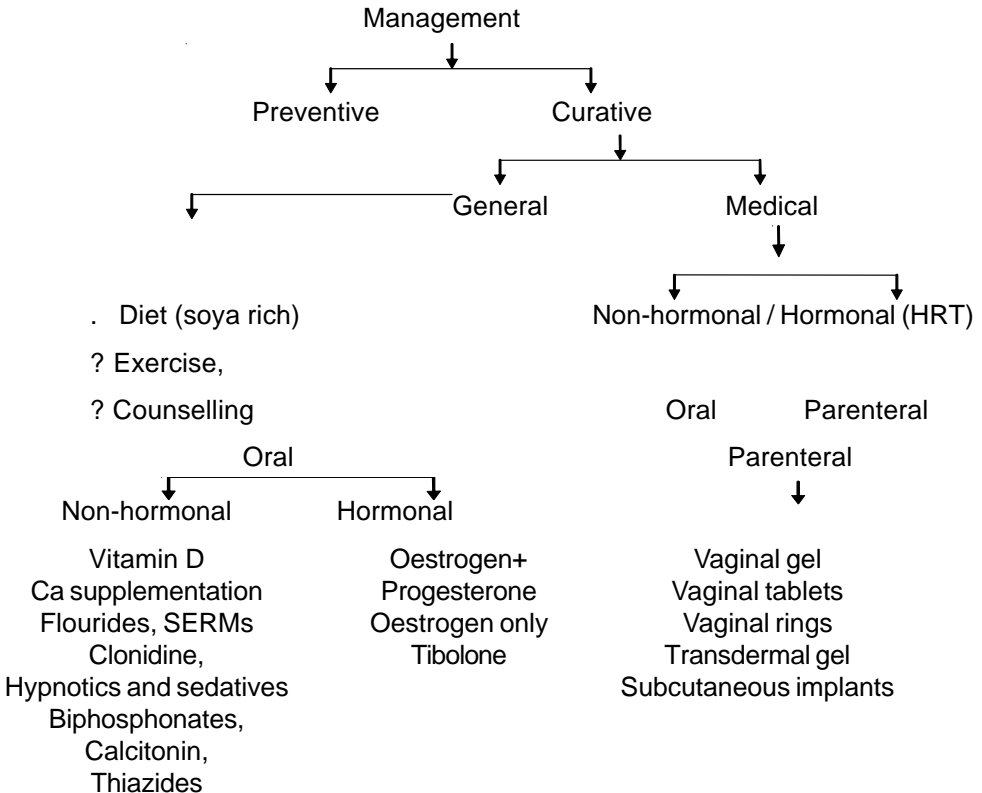
In Akalaja Rajonivritti, the factors like Karma or Environment (i.e. Pragyaparadha including Mithya Ahara, Vihara etc.) and Abhighata (i.e. direct or indirect trauma to the Srotomoola) will directly lead to Dhatukshaya and viddhata of artavavaha srotas respectively and ultimately result into Rajonivritti.

The majority of the lakshanas of Rajonivritti are due to Vata Vriddhi, Kapha Kshaya, Ashayapakarsha of Pitta by aggravated vata; vitiation of Manovaha srotas; and Dhatukshaya, which all are manifesting as a part of aging. Considering this stage as a generalized kshaya avastha,

Management-

Modern -

In modern science Hormone Replacement Therapy is the hallmark of the treatment of menopausal syndrome.



Though there is a spectacular achievement in combating the symptoms of short term and prevention of long term problems of menopausal by Hormone Replacement Therapy, still various health risks and side effects exist which is the main drawback of that treatment.

Ayurvedic Principles : As Rajonivritti comes under swabhavika vyadhi, according to Acharya Caraka, 'svabhavo nishpratikiyaha' i.e. by nature they are incurable. Chakrapani while commenting on the word 'nishpratikiya' says that this disease cannot be managed with any treatment other than Rasayana.

Thus it can be managed by principles of swabhavika roga, jara roga, vatvyadhi, manas roga, and dhatukshaya.

In ayurveda considering this stage as a generalized kshaya avastha, Rasayana therapy is seems to be a treatment of choice, to nourish the dhatus. However, Rasayana is also not a complete cure of the Rajonivritti lakshanas, as it can just delay the process of symptomatology for some time, but it cannot revert back this process.

Medhya rasayana i.e. mandukparni, yastimadhu, guduchi, shankhapushpi strengthens the body and maintains normal body function. It helps in maintaining tri-dosha in prakut sam-awastha. Pitta dosha maintains the intelligence and kapha sustains the body with sthira guna which mainly acts against Vata lakshan which is root cause of lakshanas found in jarawastha. So, primarily it can be used for the enhancement of intelligence, grasping power and memory power and immunity and hence longevity. Thus its action is by treating manas lakshana dhatukshaya lakshana. Vataghana. It is also very beneficial for general debility too. It can be used from late youth period to avoid early vardhakya and uneventful and graceful vardhyakya as curative and promotive. Hence it can be considered as drug which not only curbs menopausal effects but it acts on general ageing process. But still the effect of the Rasayana therapy remains till the person continues treatment. But the disease manifests again if the treatment is discontinued. As the Swabhavika diseases are Yasya in nature. Along with this counseling of patient should be done.

Certain counseling techniques :

Counseling should be carried out as a part of therapy. Few counseling points have been highlighted here.

- ◆ Menopause is not a disease but is a natural inevitable biological process and unique for every woman.
- ◆ It does not mean the end of sexual life and family happiness and if she accepts these slight disturbing changes philosophically, they will correct themselves more quickly.
- ◆ Feel young; keep mind and thoughts on today and the future.
- ◆ Develop a daily exercise routine to keep body tissue fit, firm and youthful.
- ◆ Remember brisk walking for at least 30 minutes every day will be useful for arthritic complaints.
- ◆ Take adequate rest and sleep at night for at least 6 hours and avoid daysleep as well as late night awakenings.
- ◆ Develop a daily routine for few meditational practices to attain peace.
- ◆ Lastly don't avoid sexual activity completely, as it prevents vaginal atrophy by increasing vascularity.
- ◆ The advices regarding pathyapathya should also be given to the patients.

Pathyapathya**Pathya:**

Ahara: - Nutritious diet, plenty of fluids, fruits or fruit juice and fiber rich vegetables and salads is advised.

Vihara: - Walking for minimum 15-30 minutes a day, night sleep for at least 6 hours and to keep genital area clean is advised.

Apathya:

Ahara: - Excessive spicy acidic and fatty foods, highly seasoned foods, Caffeine drinks, alcoholic drinks, tobacco, hydrogenated saturated fats (meat, margarine etc.) is advised to avoid.

Vihara:- Mental stress, needless worry, over exertion, day sleep is advised to avoid.

Summary :

Group of symptoms seen due to cessation of menstrual cycle which leads to a series of changes in women and affects her life is called as menopausal syndrome. In modern HRT is the main line of treatment but due to its adverse effects and cost it is not a definitive and widely used treatment. As a result maximum women tend to suffer. Ayurveda has called it a phenomenon occurring due to jarawastha . It is mainly due to dhatukshaya which can be effectively slowed down by Medhya Rasayna. Alongwith this it also acts on Vata which is mainly vitiated in vardhakya Kal. Thus medhya rasayna can be used as a treatment for Rajonivrti along with change in lifestyle and proper counseling.

Conclusion- rajonivrti is a stage where women develops various symptoms due to vitiated vata dosha, dhatukshaya along with manas roga and jarawastha which can be effectively curbed with use of medhya rasayna which acts on all above symptoms.

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Study of Relationship between Rakta Dhatu and Avyahata Pakruta Vega

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Abstract :

Human physiology depend on Dosha, Dhatu and Mala. Dhatu are building blocks of body⁶. Among these seven Dhatus, Rakta is the most important Dhatu as it carries out function of Jeevana⁷. In Charak Sutrastana, Charakachary has described features of Vishudhya Rakta Purusha¹. Avyahat Paktruvega is one of the most important features of Vishuddha Rakta Purusha.

Avyahat Paktruvega = Good Digestion Capacity and Unobstructed Natural Urges⁵

Additional reference of the word Vishuddha Rakta is also found in Charak, Vimana Sthana, while defining Dhatu Sarata. By definition of Dhatu Sarata, purest form of Dhatu is called as Vishuddhatara Dhatu which is an Uttam Sara Dhatu.

Dhatu having optimum qualities can carry out all its functions continuously for a prolonged period without undergoing fatigue is categorized as Uttam Sara Dhatu.

Avyahat Paktruvega = Feature of Vishuddha Rakta Purusha = Uttam Rakta Sarata

Concept of Rakta Dhatu sarata and Avyahat Paktruvega, which is a feature of Vishuddha Rakta Purusha are clinically studied and examined simultaneously in this research project.

Hypothesis was, individuals having Uttam Rakta Sarata (best Rakta Sarata) possess good digestive process (Avyahat Paktruvega), individuals having Madhyam Rakta Sarata (moderate Rakta Sarata) possess moderate digestive process (Avyahat Paktruvega), while individuals having Heena Rakta Sarata (Poor Raktasarata) possess poor digestive process (Avyahat Paktruvega).

It was an open observational study on 120 volunteers. General information of volunteers and consent was taken. 74 female and 46 male got included in this study. Questionnaire for assessment of Agni parikshan and Rakta Sarata was prepared. Rakta Sarata and Agni were assessed by personal supervision and intense interrogation.

Chi-square test was applied to find out the association between the two parameters Rakta Dhatu Sarata and Avyahat Paktruvega.

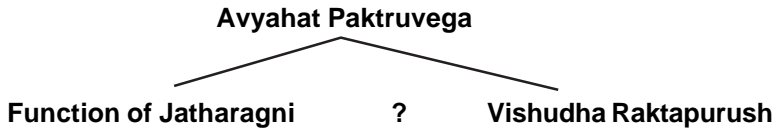
Key words- Rakta Dhatu, Vishuddha Rakta Purusha, Agni, Avyahat Paktruvega, Raktasara

INTRODUCTION :

Features of Vishuddha Rakta Purusha are cheerful healthy complexion, energetic active sensory organs, inclination of sense organ toward their subject, good digestion and unobstructed natural urges, satisfaction, nourishment, strength¹.

Following references shows reason behind presence of Avyahat Paktruvega in Vishuddha Rakta Purusha.

Avyahat Paktruvega is the function of Jatharagni, and it is a feature of Vishuddha Raktapurusha.



Why Avyahat Paktruvega which is a function of Jatharagni is a feature of Vishuddha Raktapurusha is a question, which can be answered on the basis of Panchabhautik Similarity between Rakta and Jatharagni.

Panchabhautik Similarity between Rakta and Jatharagni-

Tej mahabhoota is predominant in Rakta Dhatu as well as Agni⁴. Due to Panchabhautik similarity, Avyahat Paktruvega depends on Vishuddha stage of Rakta Dhatu.

Clinical relation between Rakta Dhatu, Agni and Avahat Paktruvega

Pandu, which is a common disease of Rakta Dhatu has under functioning of Jatharagni

In Pandu, state of Jatharagni is described as **Hatanal**, which means under functioning of Jatharagni². So weak digestive fire (Jatharagni Mandya) is an important symptom in Pandu.

According to modern medicine also symptoms of anemia comprises of gastro intestinal disturbances, which indicates deranged physiology of digestive fire, these symptoms are –

- Anorexia
- Nausea
- Vomiting
- Abdominal discomfort
- Constipation

Due to correlation between digestion (Avyahat Paktruvega) and Rakta Dhatu, in the patients of Raktadushti, physician must do clinical examination of Rakta Dhatu as well as Jatharagni (Avyahat Paktruvega) simultaneously.

In CharakViman Sthana, Physician is advised to examine Sarata of Rakta Dhatu to rule out proper functioning of Rakta Dhatu.

Question was, is it possible to assess clinically, functioning of Rakta Dhatu and Jatharagni simultaneously by examining **Vishudha Rakta Purusha** and **Rakta Dhatu Sarata**?

To establish relationship Rakta Dhatu and digestion (AvyahatPaktruvega) this research project was carried out at Ayurved College and Research Centre, Akurdi, Pune 44.

Aim and Objectives :

Aim :

To study relationship between Rakta Dhatu and AvyahatPaktruvega.

Objectives :

1. To find out relationship between Rakta Dhatu and AvyahatPaktruvega.
2. Assessment of Rakta Dhatu Sarata and Jatharagni in selected volunteers by using standard proforma.
3. To prepare a questionnaire to determine Rakta DhatuSarata.
4. To prepare a questionnaire to determine Jatharagni.

MATERIAL AND METHODS :

Randomly selected one hundred twenty volunteers were registered for research project. Separate case paper of RaktaSarata and Agni Parikshan was prepared with Inform Consent paper.

TYPE OF STUDY :

Study design was observational cross-sectional study.

ETHICAL CLEARANCE :

Clearance from the Institutional Ethical Committee was taken.

Validation of Proforma of Agni Parikshan, Rakta Sarata and questionnaire was done by Institutional Ethical Committee and Maharashtra University of health Sciences, Nashik

Material :

The study has been performed on 120 volunteers, out of which 46 were male and 74 were female. They were randomly selected from the student of Ayurved College & Research Centre, Akurdi.

RaktaDhatuSarata questionnaire along with standard proforma of Agni Parikshan was prepared

Methodology :

Selection criteria :

More than 120 volunteer were submitted to Rakta Dhatu Sarata and Agni assessment, till target population was achieved.

Inclusion criteria :

1. Age group-18 to 40 yrs.
2. Gender- Irrespective of gender.

Exclusion criteria :

1. Person Suffering from any acute or chronic illness.
2. Pregnant and breast feeding women.

Assessment Criteria :

1. RaktaDhatuSarata of each volunteer was done with the help of standard proforma of RaktaDhatuSarata, prescribed by Maharashtra University of health Science,nashik(M.S,India) and complementary questionnaire was also prepared to rule out RaktaSarata of every volunteer.
2. Validation of complementary questionnaire was done by I.E.C.
3. Agni Parikshan of each volunteer was done with the help of standard proforma of AgniParikshaprescribed by Maharashtra University of health Science,nashik(M.S,India)
4. Result was being noted.

Methodology :

- Volunteers were randomly selected from college and hospital campus.
- Volunteers were informed about the study and mentally prepared for the same.
- Consent of each candidate was taken after explaining research project.
- Examination of Agni of each volunteer was done according to proforma.
- The proforma include general information about age, gender, birth date, occupation, address, Agni parikahan, and RaktaDhatuSarata.
- Assessment of AvyahaatPaktruvega and Agni Parikshan of all volunteers was done carefully.

Observations and Result :

1. Distribution ofvolunteers occurring to gender -

Here among 120 volunteers who were randomly selected, 38% (46) were male and 62% (74) were female.

2. Distribution ofvolunteers according to age -

Here among 120 volunteers, 68.4 % (82) belonged to 20-24 years of age group, and 28.3% (28.3) volunteers were in between 25-30 years of age group and 3% (4) belonged to 30-35 years of age group.

3. Distribution of volunteers according to occupation-

From 120 volunteers, 100% volunteers were students.

4. Distribution of Volunteers according to RaktaSarata-

- From 120 volunteers, 34.2 % (41) were having Uttam RaktaSarata.
- 43.3 % (52) volunteers were having Madhyam RaktaSarata.
- 22.5 % (27) Volunteers were having Heen RaktaSarata persons.

5. Distributions of volunteers according to AvyahatPaktruvega-

- From 120 volunteers 46.7% (56) volunteers were having Good AvyahatPaktruvega.
- 22.5 % (27) volunteers were having Moderate AvyahatPaktruvega.
- 30.8 % (37) volunteers were having Poor AvyahatPaktruvega.

Out of 120 volunteers 46.7% volunteers were having good AvyahatPaktruvega.

6. Associations between Rakta Sarata and Avyahat Pktruvega –

Rakta Sarata	Avyahat Paktruvega			Chi square Df=4	P
	Good (%)	Moderate (%)	Poor (%)		
Heena – 27(22.5%)	2(7.4)	5(18.5)	20(74.1)	59.748	<0.001 HS
Madhyam – 52(43.3%)	18(34.6)	19(36.5)	15(28.8)		
Uttam – 41(22.5%)	36(87.8)	3(7.3)	2(4.9)		

From 120 volunteers Heen Rakta Sara persons were 27 (22.5%), among them 2 (7.4%) were having good Avyahat Paktruvega, 5(18.5%) were having Moderate AvyahatPaktruvega and 20 (74.1%) were having Poor Avyahat Paktruvega.

From 120 volunteers Madhyam Rakta Sara persons were 52 (43.3%), among them 18 (34.6%) were having Good Avyahat Paktruvega, 19(36.5%) were having Moderate Avyahat Paktruvega, and 15(28.8%) were having Poor Avyahat Paktruvega.

From 120 volunteers Uttam Sara persons were 41 (22.5%), among them 36 (87.8%) were having Good Avyahat Paktruvega, 3(7.3%) were having Moderate Avyahat Paktruvega and 2(4.9%) persons were having Poor Avyahat Paktruvega.

Discussion :

As per Aim and Objectives mentioned previously, efforts were taken to find co-relationship in between Rakta Dhatu and AvyahatPaktruvega.

Study of relationship between Rakta Dhatu and AvyahatPaktruvega is a title of this research project.

AvyahatPaktruvega is related with Kshudha (Hunger), Trishna (Thirst), Abhyavaran (Intake of food) and Pachan (Digestion).

Digestion is carried out by Jatharagni. Arousal of hunger, thirst, food intake depends ultimately on previously digested food by Jatharagni.

Balanced or imbalanced state of Jatharagni reflects on AvyahatPaktruvega, hence assessment of AvyahatPaktruvega was carried out by preparing proforma for Agni parikshan Proforma.

Agni parikshan proforma comprises of features of Jeernaahar Lakshanas.

AvyahatPaktruvega was assessed on the basis of examination of Jatharagni by assessing. 120 volunteers were randomly selected.

To find association between Rakta Dhatu and AvyahatPaktruvega, 'Chi-Square Test of Association' was applied.

As per Aim and Objectives mentioned previously, efforts were taken to find co-relationship in between Rakta Dhatu and AvyahatPaktruvega.

Assessment of Rakta Dhatu was done by using Rakta Sarata Proforma and Questionnaire.

Assessment of AvyahatPaktruvega was done by using Agni parikshan Proforma and Questionnaire.

AvyahatPaktruvega is coupled with Kshudha (Hunger), Trishna(Thirst), Abhyavaran (Intake of food) and Pachan(Digestion).Hunger, thirst and food intake is directly proportional to balanced or imbalanced state of Jatharagni.

Balanced or imbalanced state of Jatharagni reflects on AvyahatPaktruvega, hence assessment of AvyahatPaktruvega was carried out by preparing proforma for Agni parikshan, which comprises of features of JeernaaharLakshanas3.

Frequency of occurrence of Jeerna Aahar Lakshanas, tolerance /intolerance of hunger, bowel habits were taken into consideration for assessment of Avyahat Paktruvega.

Good/Moderate/Poor AvyahatPaktruvega was confirmed on the basis Tikshna /Visham /Manda Agni.

Tikshna Agni persons were confirmed to have good AvyahatPaktruvega because all Jeerna Aahar Lakshanas were found in them.

Manda Agni persons were confirmed to have poor AvyahatPaktruvega because less Jeerna Aahar Lakshas were found in them.

Relation between Visham Agni and moderate AvyahataPaktruvega remain obscured. But most of persons having moderate AvyahatPaktruvega showed irregular appetite and irregular motion.

Conclusion :

This research work shows that:-

1. Uttam Rakta Sarata is correlated with good Avyahat Paktruvega so, associations of Uttam RaktaSarata and good AvyahatPaktruvega is proved.
2. Heen Rakta Sarata is correlated with Poor Avyahat Paktruvega so, an association of Heen RaktaSarata and Poor Avyahat Paktruvega is proved.
3. Statistically relation between Madhyam Rakta Sarata and Modrate Avyahat Patkruvega is not proved.

Application of study :

In Kriya Sharir it helps to understand relation between Rakta Dhatu and Jatharani.

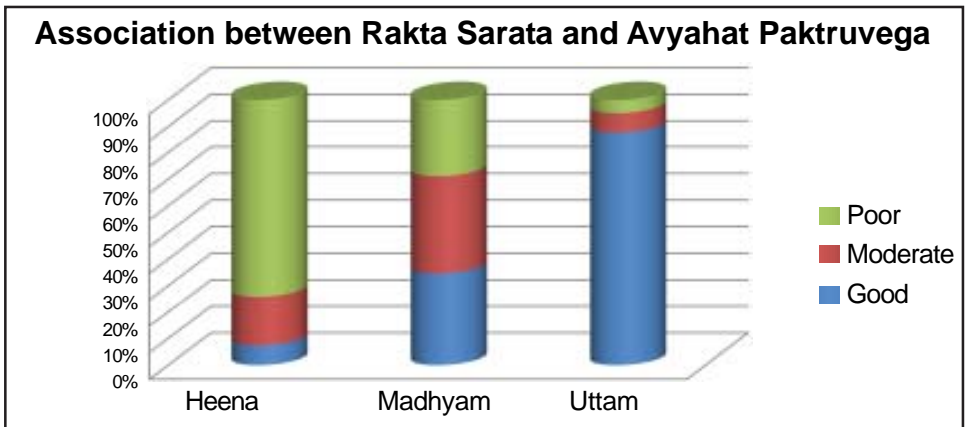
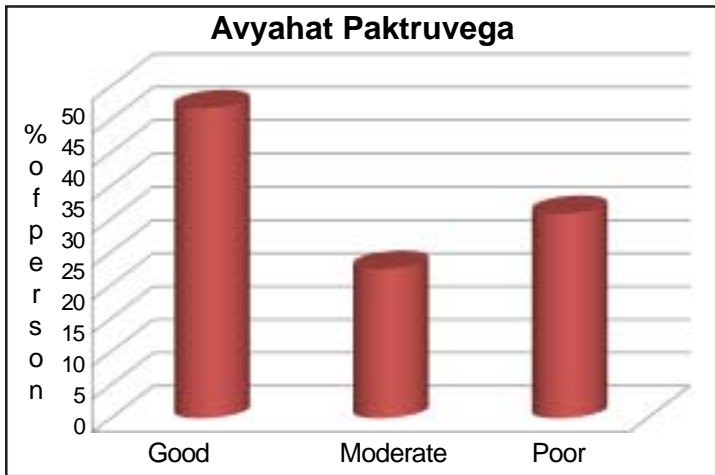
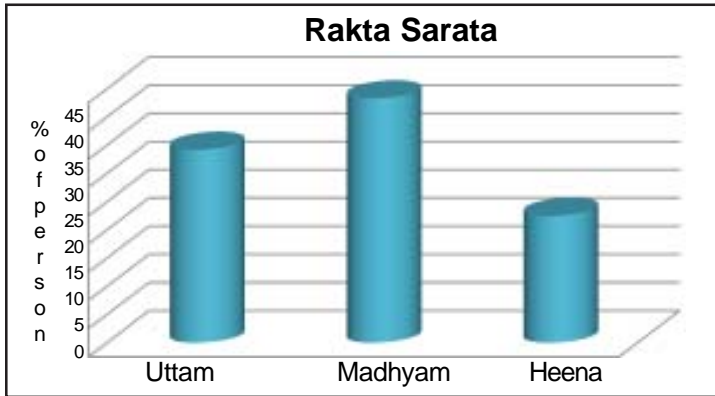
It helps to understand relation between Rakta Dhatu andAvyahatPaktruvega which is a feature of Vishudhya RaktaPurusha.

In Kaychitkisa- It would help in management of diseases of RaktaDhatu more efficiently by focusing on clinical examination of Rakta Dhatu as well as Agni (AvyahatPaktruvega).

Medicines balancing Jatharagni and Rakta Dhatu should be prescribed for fast recovery of patients; of course such clinical research must be undertaken.

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The Concept of Grahani – IBS?

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Abstract :

Concept of Agni is the unique concept of Ayurveda which explains the fundamentals for understanding the theories of Aahar Pachan, Dhatu Utpatti, Vyadhi Utpatti etc. Agni believed to be the agency for any kind of transformation. It is a known fact that at each and every second multiple transformations take place within the body. Thus transformation may be Bio-physical or Bio-chemical or any other type of Bio transformation.

Disease state is also a pathological change either functional or structural. Thus the principle of Agni becomes vital as the healthy and diseased state can be understood by understanding the condition of Agni.

Grahani is one of the common disease caused by the improper functioning of Agni and Digestive system.

Keywords – Agni, Grahani, Irritable Bowel Syndrome

The concept of Agni is the unique and basic concept explained in Ayurveda. This concept highlights the fundamental for understanding the theories of Ahara Pachan, Dhatu Utpatti, Vyadhi Utpatti etc. The concept of Agni is described in various Indian Philosophies as an Agni Tatva (element) but in Ayurveda the concept of Agni is slightly different.

While highlighting the importance of Agni Acharya Charak says that with food body nourishment occurs but with proper transformation of that food it helps in improving the quality of Ojas, strength and complexion. It is the Agni that plays a vital role in this connection because tissue elements like rasa etc. cannot originate from undigested food particles. (1)

Agni is believed to be the agency for any kind of transformation. It is a known fact that at each and every second multiple procedures of transformation takes place within the body. These transformations may be Biochemical or Bio-physical or any other type of Bio-transformation and hence due to these constant transformation body grows, develops and lastly gets destroyed.

As a result we can say that life is nothing but a constant process of transformation.

Disease state is also a pathological change either functional or structural. Thus the principle of Agni becomes vital as the healthy and diseased state can be understood with the condition of Agni.

According to Charak and Sushruta, disease is a condition experienced by Atma through mind.

It is the abnormal condition of body and mind which gives the sense of displeasures and pain to Atma. With this concept it is clear that the root cause of all the diseases lies within the process of digestion. When the digestive system is working at its optimum support by correct life style and correct quantity and quality of food as the individual prakruti. "AROGYA" is maintained and any imbalance or misinterpretation of any of these may lead to disease.

Grahini is one of the common disease caused by the mis / improper functioning of Agni and digestive system.

In Ayurveda Grahini is explained extensively. Grahini is explained and described in many ways as per the signs and symptoms described by Acharyas, but the co-relation is meant by the IBS.

In Grahini the symptoms are observed as Irregular bowel functions, Diarrhoea, Constipation, Abdominal pain etc. (2)

Grahini is considered to be the part of small intestine that retain the semi digested food.

The digestion is ruled by Jatharagni but supported by three doshas. As each dosh supports digestion an imbalance of any one of the dosh will affect the role of that specific doshas in the digestive process and ultimately affects the function of the other doshas in digestion.

When the digestive system is affected by one or more doshas leading to incomplete digestion which leads to disease of Annavaha srotus. Grahani is due to chronic imbalance of one or more doshas affecting Jatharagni leading to weakness in the duodenum. The function of duodenum according to Ayurveda is not only to digest the food but the hold (retain) the food until, it is digested. Due to weakened Agni, duodenum becomes weakened and its function inhibited, it will then either release its contents early, then into the colon with the food being "uncooked" or it will retain its contents for longer periods releasing the food into the colon i.e. overcooked. Due to this factor one of the main symptom that defines Grahani is alternatively loose bowel motion with constipation. These very symptoms are presented in IBS.

The main cause of Grahani is the eating habit of the individuals Excessive fasting regularly &

for longer duration, over eating, irregular eating, intake of unwholesome, heavy, cold, excessively un-unctuous food, suppression of manifested natural urges etc. which leads in aggravation of one or more doshas which hampers the condition of Agni leading to vyadhiutpatti. (3)

There are premonitory signs and symptoms explained by Charakacharya as excessive thirst, feeling of laziness, decrease in strength, burning sensation, delayed digestion and heaviness in body. (4)

Hence looking at the causes, signs and symptoms of Grahani we can say that it can be correlated with IBS.

IBS has following symptoms :

The passage of stools alternated with constipation or diarrhea and with undigested food particles. The disease is also associated with thirst, loss of tastes, pedal oedema, pain in bones, fever etc. (5) The main symptom of IBS is pain & discomfort in the abdomen which is often associated with frequent diarrhea or constipation. It may be triggered by psychological stress.

It is gastro intestinal motility disorder for which there is no organic or structural cause.

• Other symptoms which sometimes occur - include:

- Feeling sick (nausea).
- Headache.
- Belching.
- Poor appetite.
- Tiredness.
- Backache.
- Muscle pains.
- Feeling quickly full after eating.
- Heartburn.
- Bladder symptoms (an associated irritable bladder).

The summary of therapies helpful in the treatment of Grahani according to Ayurveda includes:

- Oleation therapy(6)
- Fomentation therapy(7)
- Purificatory therapies(8)
- Fasting therapy(9)
- Therapies to improve digestion(10) etc.

Hence with these therapies IBS can be treated accordingly.

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ROLE OF NASYA KARMA IN NETRA-ROGAS

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ABSTRACT :

Nasyakarma is one of the important procedure of *Panchakarma* which helps to eliminate vitiated *doshas* that accumulate in the *urdhvanga*. *Nasya* is practiced in India since ancient times & also accepted globally now a days. It used in management of various diseases of the ENT, Ophthalmology , Dentistry & *Shirovyadhies* . The medicaments which administered through nose is called as *Nasya*. According to *Ayurveda*, all diseases of the eyes were caused due to vitiation of *tridoshas* . *Nasya* is a type of therapy used to eliminate vitiated *doshas*. Nose is the easiest and nearest opening to convey the potency of medicines to the *urdhvanga* . The drugs administered through the nostrils, reach the *Shringataka Marma* and spread in *urdhvanga* through the opening of *Siras* of *Netra - Karana-Nasa-Kanth-Shiro Sthan*. *Shringataka Marma* is *Sira Marma* situated at the union of *Siras* supplying the nose, eye, ear and tongue. The *Nasya* drug acts through the absorption and stimulation to *Shringataka marma*. The action of *Nasya Karma* depends upon the *Dravyas* used in it. Hence the *Nasya karma* is effective treatment in *Netra rogas*.

KEY WORDS :- Classification of *Nasya* , *Nasya karma* , *Nasya karmukatva* , *Netra rogas* .Total no. of Ref. :- (12)

INTRODUCTION :

Nasya karma is the main therapeutic measure of *Urdhvajatrugata Vikaras*. All organs, which are above the clavicle, are considered as *Urdhvanga* e.g. *Nasa*, *Mukha*, *Netra* and *Shira*.

Definition of *Nasya*: In *Ayurveda*, the word *Nasya* has been taken specifically to mention the root of administration of the drugs. *Acharya Sushruta* has given the above description meaning "the medicaments, which administered through nose is called as *Nasya*." (Su.Chi.40/21)

- Best method to eliminate and alleviate the vitiated *Doshas* of *Urdwanga*.
- Only *Shodhana* procedure which can perform for *Utamanga Shuddhi*.
- Different therapeutic forms of application can be used, like *Churna*, *Kalka* etc. according to *Rogibala* and *Rogabala*.
- Only procedure which can directly influence *Indriyas*.
- Better chance of absorption through blood vessels.

Etymology : The derivation of the word *Nasya* is from "Nasa" *dhatu*. It conveys the sense of *Gati* - motion. *Vyapti* bears the meaning pervasion. Here, the *Nasadhatu* is inferred in sense of nose.

“Aushadhamaushadhasiddhau vaa snehonasikabhyaam diyate iti nasyam | “

(Su.Chi.40/21)

Acharya Sushruta has given the above description meaning that the medications which is administered through nose is called *Nasya*.^[2]

Synonyms : *Shirovirechana, Shirovireka, Murdhavirechana, Nasta karma, Navana* .

Classification of Nasya :

- *Charaka* classified the *Nasya* in five types viz. *Navana, Avapidana, Dhmapana, Dhuma* and *Pratimarsha*.

Navana is further divided into *Snehana* and *Shodhana*, *Avapidana* into *Shodhana* and *Stambhana*, *Dhuma* into *Prayogika, Vairechanika* and *Snaihika* while *Pratimarsha* is divided into *Snehana* and *Virechana*.

The above mentioned five types of *Nasya* are regrouped according to their pharmacological action into three groups viz. – *Rechana, Tarpana* and *Shamana*.

Charaka has also mentioned 7 types of *Nasya* according to parts of the drugs to be used in *Nasya karma* viz. – *Phala, Patra, Mula, Kanda, Pushpa, Niryasa, Twaka*.^[1]

- *Sushruta* classified *Nasya* in 5 types viz. *Nasya, Avapida, Pradhamana, Shirovirechana* and *Pratimarsha* . These 5 types of *Nasya* are further classified according to their functions into two groups viz. *Shirovirechana* and *Snehana*.

Shirovirechana, Avapida and *Pradhamana* are used for *Shirovirechana* purpose. i.e. for the elimination of morbid *Dosha* from *Shira* while *Pratimarsha Nasya* may be used for *Snehana*.^[2]

- *Vagbhata's* Classification of *Nasya*

Ashtanga Sangraha has mainly classified *Nasya* according to its effect viz. *Virechana, Brihana* and *Shamana*. *Snehana* and *Brihana Nasya* have been further subdivided according to the doses into two groups i.e. *Marsha* and *Pratimarsha*.

Avapida nasya may be given for both *Virechana* and *Shamana* while *Pradhamana Nasya* is given only for *Shirovirechana*.

Ashtanga Hridaya has mainly classified *Nasya* in 3 types viz. *Rechana, Brihana* and *Shamana*.^[3]

- *Kashyapa's* Classification of *Nasya*

According to *Kashyapa Samhita* , *Nasya* has been classified into two groups i.e. *Brihana*

and *Karshana*. These two types are also known as *Shodhana* and *Purana Nasya*.^[5]

- *Sharangadhara's* Classification of *Nasya* : *Sharangdhara* has also classified *Nasya* according to their functions into two groups viz. *Rechana* and *Snehana*. *Rechana Nasya* is further subdivide into *Avapida* and *Pradhamana* while *Snehana Nasya* is subdivided into *Marsha* and *Pratimarsha*.^[6]
- *Bhoja's* Classification of *Nasya*
Bhoja has classified two types of *Nasya*, viz -*Prayogika* and *Snaihika*.
- *Videha's* Classification of *Nasya*
Videha has stated two types i.e. *Sangyaprabodhaka* and *Stamabhana*.
- Classification according to *DravyaBheda*

ChoornaNasya, KalkaNasya, KsheeraNasya, SnehaNasya, MamsaNasya, DhoomaNasya, KwathaNasya, MadyaNasya.^[1-3,5-8]

Aim and Objectives :

To study the role of *Nasya karma* in *Netraroga* .

To study about the *Nasya karma* in Ayurvedic literature .

Material and Methods :

The data was collected from standard Ayurveda text books, Previous research material, from articles, books, other publications, concerned modern texts and from internet .

Taking the Charaka's classification as the basis , all the above mentioned types of *Nasya* are being described here separately:^[1]

✿ *NavanaNasya* :

Method : *Navana* is administered by instilling the drops of a medicated oil or *Ghrita* in the nose. *Navana* is generally the *SnehaNasya* and is known as *Nasya* in general.

Classification : It can be mainly classified into *Snehana* and *Shodhana Nasya*.

-*SnehanaNasya*: As the word *Sneha* suggests , *Snehana Nasya* gives strength to all the *Dhatu*s and is used as *Dhatuposhaka*.

Dose : The following is the dosage schedule for *SnehaNasya*

(i) *HinaMatra*: 8 drops in each nostril.

(ii) *MadhyamaMatra*: *ShuktiPramana*: 16 drops in each nostril.

(iii) *UttamaMatra*: *PanishuktiPramana*: 32 drops in each nostril.

-*ShodhanaNasya* : *Sushruta's Shirovirechana* type is included in *Shodhana* type of *Navana Nasya*. It eliminates the vitiated *Doshas*.

Dose : It can be given in following dosage schedule according to Sushruta

Uttama: 8 drops, *Madhyama*: 6 drops, *Hina*:4 drops.

✿ *AvapidaNasya* : It is a type of *Shodhana Nasya*.

Definition : The word *Avapida* means it is expressed juice of leaves or paste of required medicine

Dose : *HinaMatra*: 4 drops, *MadhyamaMatra*: 6, *UttamaMatra*: 8 drops

✿ *DhumapanaNasya* : *Dhumapana* or *Pradhamana* is a specific *Shodhana Nasya*.

Definition : This type of *Nasya* is instilled with *churna* (powder) specifically for *Shirovirechana*. *Dhumapan* mentioned in *Charaka & Pradhamana* described in *Sushruta*.

Dose : According to *Videha* the dose of *Dhumapana Nasya* is three *Muchuti*.

✿ *Dhuma Nasya*: *Dhuma Nasya* is defined as medicated fume taken by nasal route and eliminated by oral route . *Acharya Sushruta* has not described it as a type of *Nasya*. The smoke inhalation per mouth is known as *Dhumapana* and is not included in *Nasya*. It is harmful to the eye sight. *DhumaNasya* is indicated in *Shiroroga*, *Nasaroga* and *Akshiroga*.

✿ *Marsha – PratimarshaNasya*: Definition: *Marsha* and *Pratimarsha* both consist of introduction of oil through the nostrils. *Pratimarsha* and *Marsha* are same in principle, but the main difference between them is of dose. In *Pratimarsha Nasya* 1-2 drops are given while in *Marsha Nasya* the dose is 6 to 10 drops. *Pratimarsha Nasya* can be given daily and even in all the seasons at morning and evening. *Marsha Nasya* may give some *Vyapada* if not properly done but again he opined that it gives quick result and it is more effective than *Pratimarsha Nasya*.^[1]

Contra indications of *Nasya* :

Ajima, *Bhuktabhakta*, *Snehapeeta*, *Madyapeeta*, *Toyapeeta*, *Snehadipatukamah*, *Snatahshirah*, *Snatukamah*, *Kshudharta*, *Trushnarta*, *Shramarta*, *Matta*, *Murcchita*, *Shastrahata*, *Dandahata*, *Vyavayaklanta*, *Vyayamaklanta*, *Panaklanta*, *Navajwara*, *Shokabhitapta*, *Virikta*, *Anuvasita*, *Garbhini*, *Navapratishyayarta*, *Anrutu*, *Durdina*, *Apatarpita*, *Pittadravah*, *Kruddha*, *Gararta*, *Bala*, *Vridhdha* , *Vegavarodhitah*, *Anarthava*, *Raktasravita*, *Vamita*, *Sutika*, *Shvasa*, *Kasa* .^[1,2,3]

Age : *Nasya* should not be given in the patients less than seven years or more than eighty years of age.

Course of *Nasya Karma* : According to *Sushruta*, *Nasya* can be done repeatedly in the interval of 1, 2, 7 and 21 days depending upon the condition of the patient and severity of the disease.^[2]

Procedure of *NasyaKarma* :

The procedure adopted for the *nasya karma* as per *Brihatrayi* , classified under following

headings :

- ◆ *PurvaKarma :- Sambara sangraha , Atura pariksha, Atura sidhata.*
- ◆ *PradhanaKarma:- Nasya aasana and karma, Nasyattara paricharya, Vyapath and treatment.*
- ◆ *PashchatKarma:- Dhumpana, Kavalgraha-Gandusha, Nasyottara bhojanam, Pariharya vishaya.* [2]

➤ **Samyak Yoga Lakshana**

Samyak yoga is due to removal of vitiated *Doshas* from *Shira* and due to *Strotovishuddhi*, The symptoms of *samyak nasya* according to *Charaka* are *Urah-shiro-laghava*, *Indriyavishuddhi* and *Strotovishuddhi*. In addition, *Sushruta* has described *sukhaswapna-prabodhana*, *chitta- indriya-prasannata* and *vikaropashama*. Besides these, *Vagbhata* described *sukhaswasaniswasa* , *akshilaghutva* and *swaravishuddhi* as symptoms of *samyaka yoga* of *nasya*. [2]

➤ **Ati Yoga Lakshana**

According to *Charaka*, the features of *atiyoga nasya* are, feeling of *shiro*, *akshi*, *shanka*, *sravanaarati*, and *toda* and *timira*, *Kaphasrava*, *shirguruta* and *indriyavibhrama* , *Mastulungagama*, *Vatavridhhi* and *Shiroshunyata* are the symptoms of *Atiyoga* of *Nasya* are also the symptoms of *Atiyoga* of *Shirovirechana*. *Gadodrekais* the only symptom mentioned by *Vagbhata*. [2]

➤ **Ayoga Lakshana**

If *nasya dravyas* are not administered in proper way or the dose is less, features of *ayoga nasya* like *galopalepa*, *shirogaurava*, and *nishthivana* are seen.

According to *Sushruta*, *vatavaiguna*, *indriyaruksata*, *roga Ashanti*, *kandu*, *upadeha* , *guruta* and *strotasamkaphasrava* are the symptoms of *hinashuddhi*.

Nasashosha, *asyashosha*, *aruchi* and *peenasa* are other symptoms of *Ayoga* of *Nasya karma*. [2]

✿ **Nasyakarma yogya Netraroga :**

Prakupit tridoshas vitiated by *hetu sevana* goes through *urdwagami sira* of *netra* and produces *darun netraroga*. *Netra* is the site of *Aalochak pitta*. The properties of *pitta* and *rakta* are same as they have *aashrayasrayi bhav*. In such condition, *Nasya* is very useful in *netraroga* produced by *tridoshdushti*. Such as *Abhishyanda*, *Adhimantha*, *Siraharsha*, *Sirotpata*, *Shushkakshipak*, *Sashof Akshipak*, *Ashof Akshipak*, *Timir*, *Linganash*, *Pittavidagdha*, *Avranshukra*, *Ajakajat*, *Arma*, *Arjun*, *Balasgrathit*, *Lagan*, *Pittotklishhta*, *Raktotklishhta*, *Kaphotklishhta*, *Praklinnavartma*, *Pakshmakop*, *Pakshmathat* etc. [2,4,8,10,11]

Discussion :

Karmukata of Nasya : *Acharya Vagbhata* has stated Nose is the easiest and nearest opening to convey the potency of medicines to the cranial cavity. He was the first person to narrate the mode of action of drugs by *Nasya Karma*. The drugs administered reach the *Shringataka Marma* and spread through the opening of *Siras* of eye , ear , throat etc . and to the head . *Acharya Sushruta* opines *Shringataka Marma* as a *Sira Marma* situated at the union of *Siras* supplying the nose, eye, ear and tongue. *Indu* in his commentary defines *Shringataka* as *Shirasoantarmadhyā* , which can be considered as inner side of the middle part of the head. *Acharya Charaka* also explains the indications of *Nasya* in *Siddhithana* and that the *Nasya* drug acts through absorption and stimulation to *Shringataka marma*.

The action of *Nasya Karma* depends upon the *Dravya* used in it. Based on these, it is divided into *Shamana*, *Shodhana*, and *Brihana*. In the present study, *Brihana Nasya* was selected , in *Brihana Nasya*, *Ghritha* and *Taila* are said to be ideal drugs . This *Nasya* is done mainly to nourish the *Urdhvangas* . It is advised in *Dhatu Kshayajanya Vikaras*. Drugs used in this type of *Nasya* have qualities like *Snigdha*, *Sukshma* etc. These *Sneha Dravyas* possess *Sukshma Guna*, so that it is easier to absorb through the *Shlaishmika Kala* of the nose.^[1-2,12]

These medicines used are highly lipid soluble, and are capable of accelerating *Vata Dosha* by their antagonistic properties. The lipid soluble drugs have a delayed action and the duration of action is long. So the *Brihana Nasya Dravyas* act slowly for a longer time.

Blood brain barriers are highly permeable for lipid substances and so the *Sneha Dravyas* are easily absorbed and these substances pass and exert their actions. Lipids provide energy to the nervous tissue.

Absorption and transportation of the drug administered by nasal pathway

In supine position keep the head in a lowering state, so the retention of medicine in nasopharynx, help in providing sufficient time for local absorption of the drug.

Any liquid soluble substance has greater chance for passive absorption through the cell of lining membrane.

The drug absorption is enhanced by massage and local fomentation.

On the basis of these facts, we can understand that, procedure, posture and conduct explained for *Nasya karma* have a great importance in drug absorption and transportation.

Conclusion :

Nasya karma is described under *Panchakarma* in *Ayurveda*. It is one of the very effective treatment modality for treating various *Netra rogas*. It helps to treat *Abhishyanda*, *Adhimantha*, *Siraharsha*, *Sirotpata*, *Shushkakshipak*, *Sashof Akshipak*, *Ashof Akshipak*, *Timir*, *Linganash*, *Pittavidagdha*, *Avrانشukra*, *Ajakajat*, *Arma*, *Arjun*, *Balasgrathit*, *Lagan*, *Pittotklishhta*, *Raktotklishhta*, *Kaphotklishhta*, *Praklinnavartma*, *Pakshmakop*, *Pakshmathat* etc. Hence the *Nasya karma* is effective treatment in *Netra rogas*.

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SCIENTIFIC SIGNIFICANCE OF ABHYANGA (MASSAGE)

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Abstract :

Abhyanga is the daily oil massage as recommend in Ayurveda .Literally ,abhyanga means smearing the body With unctuous or oily substance...Charaka advocates skin organ of touch ,connects with mind,gives rise to pleasure and pain experiences “ ***sparsanendriyasamsparsah sparso manasa eva cha dvidvidha sukhdukham vedananam pravartakah. Sa I.133.***So abhyanga is important procedure to control mind and normal physiology of body.The other benefits of applying oil to the body are smooth skin free from disturbances of vata and tolerant of exertions and exercise. The body of one who uses oil massage regularly does not become affected much even if subjected to accidental injuries .In abhyanga process there is increase in peripheral circulation and vasodilation which is responsible to increase more oxygenated blood to the muscles and help to produce energy in fatigue muscles as well as removal of waste products from the body .According to modern physiology massage soothes the two master systems of the body ,the nervous system and endocrine .The pleasure from touching is mediated through the limbic system which causes the secretion of hormones physically equivalent to health and happiness .Massage has been found to increase secretion of human growth hormone(HCG).Thus abhyanga contribute to the various components of health .According to modern and ancient view abhyanga does indeed promote strength and immunity also.

Keywords : Abhyanga, massage, stress.

Total No. of References - (11).

Introduction :

Ayurveda is said to be ancient science of perfect health, comes from the highly developed vedic civilization. The Ayurveda has principles for maintaining and promoting good health. The ayurvedic oil massage called Abhyanga is an integral part of the Dincharya recommend for overall health .Literally abhyanga means smearing the body oil substance or movement towards dhatus i. e. oil smeared moves towards the inner dhatus. Abhyanga is considered a part of an important rejuvenation therapy called Panchakarma. It is said to effect by moving the doshas out of their locations to the channels of elimination out of the body. As such, it is both curative and preventive. If total body abhyanga is not possible daily, at least a person may do abhyanga on shira and pada.

Aim and objectives :

- 1} Review of Abhyanga
- 2} Understanding of scientific concept of Abhyanga.

Materials and methods:

A thorough review on the procedure ,brief classical techniques clinical consequences of Abhyanga are discussed with contextual evidences by the help of following material –various classical Ayurvedic texts E.g charaka samhita, sushrut samhita etc. along with their commentaries. References were analyzed and reviewed to get deep understanding of concept of Abhyanga.

Review of Abhyanga :

Bahya snehana described in Ayurveda are Abhyanga ,Gandusha, Lepa, Nasa Tarpana, udvartana, utsadana, moordhnitaila etc.Among them preference has been given to abhyanga.The body of one who uses massage regularly does not even affected to accidental injuries. By using oil massage daily, a person is endowed with pleasant touch, and becomes strong, charming and least affected by old age^[1]. person practicing abhyanga become physically and psychologically enough to bear exercise and stress. He also get resistant to all vatjanya disorders.

Sushrut explained abhyanga gives a glossy softness to the skin, guards against the aggravation of vata and kapha, improves colour and strength and gives tone to the tissues of the body. Oily substances affused on the human organism imparts a tonre and vigour to its tissues in the same manner as water furnishes the roots of a tree or a plant with the necessary nutritive elements and fosters its growth when poured into the soil where it grows^[2]

In Ashtang Hridayam, daily practice of abhyanga evident to delay ageing cures tiredness and vata disorders, improves vision, complexion nourishes, lead to healthy life, sound sleep ,lustrous skin. Abhyanga done daily is best but "Sarvanga sundara teeka" says that if it is not possible to do Abhyanga daily, at least it must be done in two to three days. Abhyanga should be done especially on head, ear and feet^[3-5].

Padabhyanga makes skin soft, beautiful, provide strength and stability to feet, it reduces padsphutan, srama, sankocha, stiffness, roughness, fatigue and numbness of the feet are alleviated strength and firmness of the feet is attained. Vision is enhanced. It also prevents the sciatica, cracking of skin and other vatjanya foot disease. Benefits of applying oil to the scalp are also described in samhitas as shiroabhyanga, makes hair thick, soft and glossy. Similarly applying oil to the ears leads to benefits in the ear disorders which due to increased vata, stiff neck, stiffness in the jaw. etc. Sarangdhara lists three kinds of topical applications antidosic, antipoisonous, cosmetics etc.

Indication of abhyanga:

Direct reference are not available but scattered reference can be seen according to which are

indicate in Bala (childrens), Vrুদ্ধha (old age), Krusha and diseased person. It also indicated in all vata rogas, skin rogas, hair fall, premature graying of skin.

Containdication of abhyanga :

Abhyanga should not be done in person suffering from kapha disorder, after purificatory procedures, if indigestion exists, abhyanga should be avoided when fever is present, abhyanga should not follow emesis, purgatives, or niruha enema and in over nourished disease like prameha.

Abhyanga technique :

The technique of abhyanga is not elaborated in the major classics of ayurveda. However with the advent of time commentators have tried their best to give rational, preclinical and clinical explanation of the methods of Abhyanga. First indication about abhyanga is found in Rigveda in which Abhyanga is told to be done by hands and digits and the stoke should be gentle.

Time of administration :

After doing exercise before commencing or both , when the person starts to have a desire for food and drinks ,abhyanga should be done. The digestive fire actually determines how well oil can be utilized by the body through bhrajaka pitta . Abhyanga should be practice regularly once in a day or once in a two day or once in three day. In children daily abhyanga is adviced.

Characters of oil :

Like warm sesame oil is the best of oils for strength and unction according to charaka. *Sarvesham tilajatanam visisyate balarthe snehane (suxii 12)*. Further it is sweet, penetrating, hot readily absorbed, aggravates P&K, is constipating and anti-diuretic, the best among vata alleviating, strength promotion, beneficial of skin, promotes intellect and appetite". Sesame oil possess the properties like penetrating deep into the tissues and spreading throughout the body fast, capable of entering into even minute pores, not increasing kapha, it makes lean person fatty and fat person lean, with appropriate processing it cures all diseases". Dalhana declares that sesame oil penetrates into the deepest level of tissues in only 5-10 minutes.

Duration and direction of Abhyanga :

According to dalhana time taken for sneha to penetrate through up is 300 matra kala, further it takes 900 matra kala to reach up to majja further it pacified vitiated dosha. So abhyanga approx must be done for 5 mins. Abhyanga should be done in anuloma gati in direction of skin hairs.

Mode of action of Abhyanga :

Charaka describes the vayu is predominant in tactile sense organ which is located in skin .Charaka also describes in an important link between mind, touch and all the senses "out of all the sense ,the tactile sense organs and is also associated inherently with mind so due to pervading of tactile sense, mind also pervades. Therefore abhyanga/oil massage is the most beneficial for skin and balancing mind, hence one should use it regular.

Charaka described 107 marmas which are said that pressure at these points can have both positive or negative results. Proper massage of these points help dissolve stress or remove blocks accumulated there. Sushrut (suxxiv 29-32). Rubbing and friction tend to dilate the orifice of the ducts and increase the temperature of the skin. Friction pacifies vata, cures itches, rashes and eruptions. The mode of action of abhyanga can also be understand by the properties of snehana, i.e snigdha and guru acts as vatahara, snehana, balya and pustikara, Mrudu guna reduces the stiffness due to kathinya guna help the drug to reach upto minute channel.

Discussion :

Abhyanga massage is jarahara (delay ageing), klesha sahatva (tolerating stress) because it is evident to reducing physiological measures of stress, including hormonal (cortisol, epinephrine and non-epinephrine) as well as physical (heart rate and blood pressure) variables^[4]. Massage activate the parasympathetic nervous system to slow down heart rate and breathing, relax musculature and improves digestion^[5]. This had been described as Deeptagni (improves appetite), suddha koshta (proper digestion) in benefits of abhyanga. Massage increases endorphin, release endorphins are pain reducing transmitters, endorphin also stop transmission of pain signals. so abhyanga said to be abhigata sahatva, dagdha, bhagna, kushta. Abhyanga is svapnakara (sound sleep) by decreasing Beta Brainwave activity, this leads to increase release of relaxing neurotransmitters serotonin and dopamine as well as decreased release of cortisol levels. This type of brain activity is one which facilitates deep sleep induction^[7].

Abhyanga is ayushkara (longevity), twak dardhyakara (skin, soft, strong complexion) because massage improves circulation. Massage dilates superficial blood vessels and increase the rate of blood flow^[8]. Since lymphatic system runs quite superficially under the skin, specific massage techniques have well developed to encourage better flow and ultimately improves removal of lymphatic fluid, which in turn helps improve removal of metabolic waste keeps blood pressure low and avoiding unnecessary stress on cardiovascular system. Skin related benefits include assistance in overall cellular friction and increasing production of skin nurturing sebum. Sebum is our bodies natural lubricant, it protects, cools, calms and maintains skin youthful properties^[9,10].

As abhyanga /massage improves the lymphatic circulatory system, thus also improve the immune^[11]. Massage has shown to naturally improve the immune system cytotoxic capacity by increasing the natural killer. Since both cortisol and insulin are linked with impaired immune function. Massage can also help immunity by controlling levels of these stress hormone. Serotonin releases and bacteria fighting peptides have been linked to improved immunity.

Conclusion :

Abhyanga is one of the procedures to be practiced routinely in the system of once living. It is the most commonly indicated and extensively applied treatment procedure amongst the Bahiparimarjan chikitsa. It is clear from discussion that Abhyanga helps man to prevent the common health hazards. It will help to lead a healthy life. Massage has been used for centuries

for both therapeutic and preventing purposes. It is, and should be used as, a preventive medicine technique. Abhyanga or massage heal damaged muscle, stimulate circulation clear waste products via the lymphatic system, boost the activity of the immune system, reduce pain and tension and induce a calming effect. Massage may also enhance well being by stimulating the release of endorphins (natural pain killers and mood elevators) and reducing levels of certain stress hormones Abhyanga nourishes dhatus, pacifies the doshas, relieves fatigue, provides stamina, pleasure and perfect sleep, enhance the complexion and the luster of the skin, promotes longevity and nourishes all parts of the body. So everyone should do Abhyanga.

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EVALUATION OF "AYAM-VISTARA" IN STHOULYA

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ABSTRACT :

In Dashavidha pariksha, pramana sharira have importance for measurement. And scholar has focused on this topic in his research project. Pramana has two types Anguli and Anjali Pramana. Anguli Pramana is used for measuring the dimensions like Ayama (height), Vistara (Length from the tip of middle finger of right hand to the same of left hand when the upper extremity stretched horizontally) etc. of different parts and sub-part of human of body¹.

Acharya Charaka states in vimanstan where as ayam & vistara of an individual is equal the person will have balanced longevity in life. ie Ayu (longevity of life), Bala (Sharirik & Mansik Bala), Oja, Sukham(Happiness), Aishwaryam (wealth) and Vitta at its maximum. And if variations seen in the ayam and vistara then all above criteria will affects. Sthoulya is included in Astounindita Purush. Meda does snehana karma in the body. Sites for medodhara kala explain as Sthan, Sphik and Udar.⁹ For this study total 80 individuals of either sex were selected of the age group 20-70yrs. The individuals were taken randomly. The Swanguli Praman was calculated by vernier caliper and Ayam & Vistara of an individual were measured by measuring tape. in cm and converted into Anguli-praman.

The study shows that Sthoulya is common in female individuals. And there is no relation sama sharir and sthoulya.

Keywords : Pramana sharir, Ayam- Vistara, Sthoulya.

INTRODUCTION :

Acharya charaka stated that if ayam (height) and vistara (length from tip of one hand to another when the upper extremity stretched horizontally) is equal then it is sama sharir. The difference between ayam and vistara is equal then the person will have balanced longevity in life. ie Ayu (longevity of life), Bala (Sharirik & Mansik Bala - Physical & Mental Strength, Health), Oja (Luster of face), Sukham (Happiness), Aishwaryam (wealth) are good And if remains unequal then all above criteria will varies Respectively.

Swanguli pramana is the length of proximal inter phalangeal joint. Is used for the measurement of ayam and vistara For this evaluation 80 individuals of either sex of the ages 20-70 year were selected. The ayam and Vistar of an individuals were measured by measuring tape

and recorded in case paper with detail information. Then difference between the Ayam and Vistara elaborated with the relation sthoulya.

AIM : " To evaluate "Ayam-Vistara" in Sthoulya."

OBJECTIVES :

- 1) Detail study of A) Sthoulya (Obesity), B) Ayam vistara.
- 2) Relation between ayam vistara and sthoulya.
- 3) Relation between Sama sharir and sthoulya.

SWANGULI PRAMANA

Swanguli-Praman :

करमध्यामांगलस्य मध्यभागः सन्धिस्वरूपः

(सु.सू. २५/१२) अडमल्लटिका

According to Sushrutacharya as stated in Sutrasthana, **length of proximal inter phalangeal joint called as Swanguli. In right handed person right hand and in left handed person left hand Swanguli considered for the measurement.**

AYAM

The height of a person¹.

- 1] Sushruta - 120 angula³
- 2] Charak - 84 angula⁸
- 3] Vagbhata - 3^{1/2} hasta⁹

VISTARA

Distance from the tip of middle finger of one hand to the same of another hands, when the upper extremity stretched horizontally¹.

STHOULYA

According to Ayurveda :

तत्रातिस्थूलकृशयोर्भूय एवपरे निन्दितविशेषा भवन्ति ।

(च. सू. २१/४)

Acharya Charak includes in Asthounindit purush.

अयेथोपचयोत्साहश्चलस्फिगुदरस्तनः ।

अतिस्थूलः स्मृतो योज्य तत्रान्न मारतापहम् ॥ ३१ ॥

(अष्टांग संग्रह सूत्रस्थान ४)

Sthoulya is mentioned as Person having medasachiti at sthan, sphik and udar reasons includes in sthoulya concept

According to Modern :

The guidelines by WHO, Obesity is the accumulation of adipose tissue in such a quantity so as to impair the health. Obesity is most commonly caused by a combination of excessive Food intake, lack of physical activity, and genetic susceptibility. A few cases are caused primarily by genes, endocrine disorders, medications or mental illness. Evidence to support the view that obese people eat little yet gain weight due to a slow metabolism is not generally supported. On average, obese people have a greater energy expenditure than their thin counterparts due to the energy required to maintain an increased body mass.

Obesity is a leading preventable cause of death worldwide, with increasing rates in adults and children. In 2014, 600 million adults (13%) and 42 million children under the age of five were obese. Obesity is more common in women than men. Authorities view it as one of the most serious public health problems of the 21st century.

MATERIALS

- 1] Literature : Relevant Ayurveda & Modern.
- 2] Measuring tape: For measurement of length.
- 3] Vernier Calliper : For measuring the breadth
- 4] Information sheet
- 5] Individuals : Experimental study.
- 6] Camera : For photography.

METHODOLOGY :

Review : First I studied proportion ayam vistar in healthy individual from Previous work done.

Collection of data : From different sources like samhitas, Modern text books and internet I have collected the data for my work project.

Selection of patient :

By Aurveda :

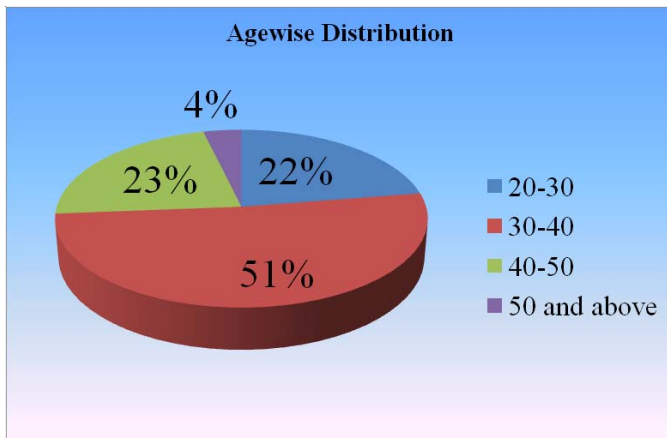
- 1) Darshana pariksha : Individual is selected by observing Medasanchiti.

By Modern :

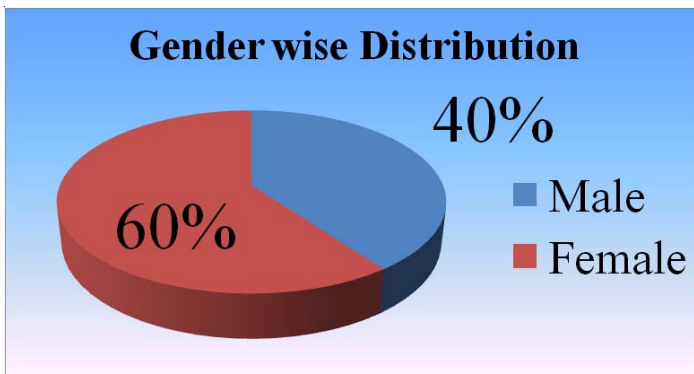
- 1) Weight is measured in kg.
- 2) Height of person is calculated in cm. and converted into meter.
- 3) BMI is calculated by weight / Height (m^2). When it is $> 30 \text{ kg}/m^2$ then person is Selected for the research work.

Other measurement :

- 1) Swanguli pramana is measured by breadth of proximal inter phalangeal joint of middle finger with the help of vernier caliper.
- 2) Vistara is measured by tip of middle finger one hand to another when arms stretched Horizontally.
- 3) Ayam and Vistar is converted into Anguli Pramana.
- 4) Difference between ayam and vistar is calculated in cm and converted into anguli pramana.
- 5) All data recorded on the case paper proforma.
- 6) Difference between ayam and vistar is observed.

OBSERVATIONS :**1) AGE:**

Obesity is more in 30-40 years age group

2) GENDER:

Maximum numbers of female individuals.

3) Difference between ayam vistar in sthoulya (In Angula) :

Parameter	Mean	SD	r	p values
Difference in Ayam & Vistara	2.679625	1.064278	0.01879	0.018
BMI	34.07875	5.740125		

P value < 0.05 it indicated there exists relation between Ayam Vistar (in angula) and sthoulya. i.e. As difference in Ayam & Vistara increases in Sthoulya also increases.

4) BMI :

Parameter	N	Average Difference in ayam vistar		BMI
		In cm	In angula	
Sama-ayam vistara	5	0.94	0.48	32.88
Ayam vistar	75	4.932	2.826267	34.15

CONCLUSIONS

- 1) Gender : Sthoulya is more common in female.
- 2) Age : Common 30-40 age group.
- 3) The p value < 0.05 indicated that there is relation between ayam-vistar and sthoulya. Suggested that the difference between ayam vistar is more in sthoulya.
- 4) No individual of have sama sharir. There is no relation of sama sharir and sthoulya.

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- 10) Internet

Swanguli pramana :



Ayam:



Vistara :



CONCEPTUAL STUDY OF SHUKLAGATA VYADHIS

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ABSTRACT :

Description of eye Diseases is found in detail in Sushruta samhita. Uttartantra. Sushruta has described 76 eyes diseases. Out of which 11 diseases are shuklagata .⁽¹⁾ Anatomically Shuklamandala is having predominance of Jala Mahabhoota & Kapha Dosha. Since it is vascularised, pitta should also be considered as anubhandha dosha.

The external lining in shuklamandala (slaishmikakala) is continous with the internal layer of vartmamandala. So the diseases confined to this layer may manifest the signs and symptoms in both suklamandala and vartmamandala. The slaishmikakala is rich in different types of glands; so inflammations of these glands are very common.

Armas are a specific group of diseases confined to the slaishmikakala. It is a degenerative change manifesting itself as a growth. The different types of armas can be considered as the different stages of single disease. Since it is a growth the treatment is chedhana (surgical).

The diseases confined to blood vessels are very prominent in suklamandala. Sira Jala, Sira harsha, sirolpatha, sira pitaka etc. are important among them. The severity of these diseases can be confirmed from the nature and pattern of the affected vessels.

The fibrous coat of suklamandala being collagenous in nature the rheumatic complaints produce ocular manifestations in this mandala.

KEY WORDS: Arma, eyes, Fibrous coat, Shuklamandala, Vyadhi.

INTRODUCTION :

Suklamandala is that portion of the eye which is seen white in colour. Structturally it has two layers Suklamandala proper & external slaishmikakala. Suklamandala is having predominance of jalabhootha, while external slaishmikakalais having predominance of agnibhoota, due to vascularity.

Jala being the predominant bhoota, kapha is the sthanik dosha. Moreover the tough, fibrous nature also indicates kapha predominance. Since there is involvement of agnibhoota in the external lining of suklamandala, pitta is to be considered as anubandha dosha. Because of its kapha and pitta nature, rasa, rakta and mamsa are the involved dhathus. Sushruta has

mentioned 11 diseases while Vagbhatta has mentioned 13 diseases, including Sirotpata, Siraharsha.

For convenience of description, the diseases of suklamandala can be divided into four groups.

1. Degenerative changes
2. Inflammatory conditions
3. Systemic disorders
4. Others.

1. Degenerative Conditions – Being exposed, the atmospheric condition influences this tissue very much. Smoke, dust, dry and rough wind etc. brings much irritation. This often leads to degenerative changes.

A. Arma – "Iryate anen iti Armah."

Arma means the disease condition, which goes on growing slowly, chronically. It is very common in dry sandy condition. It is seen as a triangular sheet of fibro vascular tissue, involving the external layer of suklamandala. Most often it starts from the kaneenakasandhi and very rarely from the apanga sandhi.

Classification – The predominance of dosha varies according to the different stages of the growth, The characteristic features of growth also differ from one another. Based on this difference, armas are classified into five types

1) Prastharyarma is thin, reddish and fast growing. All doshas are involved along with raktadhatu. As far as growth is concerned, prastharyarma can be considered as the first stage of arma growth.

2) Sonitharma is also rakta predominant but more bulky than prastharyarma.⁽³⁾ This denote that is has attained some growth, and the growth is continuing.

3) In Suklarma the mass is bulky, less vascularised and growth is slow. That means growth is retarded.

4) In Adhimamsarma,⁽³⁾ the mass is bulky and starting to shrink. The clour is not bright red, but brownish which denotes that the growth is stopped.

5) Snayuarama: , Vardhane Chiraata, i.e., a type of arma which grows slowly in comparison with other armas. In this the mass is rough and seems like snayu. Here the growth is almost arrested and degenerative changes have started.

One another classification of Arma is based on principles of Shatrakruta and Ashatrakruta. Though, Arma is Chhedya vyadhi, many types of Anjanas are described in its management. Also after Chhedana, many types of Lekhanjanas are mentioned for Apunarbhava Chikitsa, a therapy which inhibits relaps or reccurance of the Disease. Eg. Mericha, Pippali and Saindhava Lavana.

The characteristic features of arma give the idea about the stage of growth. But the extent of the stages will not be same in all patients. In general we can say that prastharyarma and sonitharma are the initial stages and fast growing. Suklarma is the retarded stage where as adhimamsarma and snavarma, are regressive stage and here the growth is almost arrested.

Treatment of arma :

Since the lesion is an abnormal growth, the aim of the treatment is removal of the same. For this surgery (Armachedanam) is the method of choice.⁽⁴⁾ The layer of growth is detached from the underlying tissue of suklamandala and cut off near the kaneenakasandhi. After chedhana, anjana is advised to prevent further growth.

2. Inflammatory conditions : They are as follows,

A. Siraj pitaka – This is the inflammation involving external most vessels of suklamandala. Pitta is the predominant dosha and rakta is the vitiated dhatu. It is commonly seen in elderly persons, usually 2-3 mm away from the krishna sukla sandhi.⁽⁶⁾

Treatment – Pitta samana treatment is beneficial in initial stages. For this aschothana, seka, vitalaka etc. can be used.

B. Sirotpatha – It is the deep inflammation of suklamandala, Vitiated pitta is confined to raktavahasrothas and these vessels are directly involved in the pathology. It Affects the male usually & Bilateral involvement is seen.

Treatment – Pitta and rakta being the vitiated dosha and dhatu, pitta rakta samana, treatment is advised. Netraseka, aschotana, vitlaka etc, are good for ophthalmic medication.

C. Siraharsha – This is the later stage of sirotpatha. When Sirotpatha is left untreated, the siras become more prominent and congested. Severe photophobia also is developed. Treatment is same like that of Sirotpatha.

D. Sirajala – This is a condition where suklamandala is covered by a network of thick blood vessels.⁽⁵⁾ Vitiated pitta is confined exclusively to the blood vessels.

Treatment – Lekhananjanam can be tried in mild cases. If the vessels are small and thin, it can be removed by the medicinal aids.

3. Systemic disorders-

A. Arjuna – This appears as bright red spots in the suklamandala. Pitta is the predominant dosha and it vitiates raktadhatu also, and manifests as red spots⁽⁹⁾ Treatment of underlying Systemic disease should be done. For ophthalmic medication seks and aschothana are suitable procedures.

B. Suktika – Suktika is a pitta predominant condition, confined to suklamandala. It is Greyish or yellowish spot having Lustreless appearance. Treatment includes pitta shamana chikitsa and supply of vit.A.

4. Other.

A. Balasagrathitha : This is a kapha predominant disease, manifesting as whitish module.⁷ There is no pain, but discomfort and lacrimation is common.

Treatment : Kapha samana treatment is indicated. Systemic approach such as snehapana, Vamana etc may be conducted. For ophthalmic medication, anjana is the method of choice.

B. Pishtaka : This is also a kapha predominant condition and is symptomless. Treatment is same like that of valasagrathitham.

CONCLUSION :

Anatomically suklamandala is having kaphapradhanya and pitta as Anubandha dosha. Suklamandala (Slaismikakala) is vascularised so inflammatory conditions are seen in this layer. Sushruta has mentioned 11 diseases of Shuklamandala. Arma is a degenerative change. The different types of armas can be considered as the different stages of single disease. Since it is a growth the treatment is chedhana (surgical).

The diseases confined to blood vessels are very prominent in suklamandala. Sira Jala, Sira harsha, sirolpatha, sira pitaka etc. are important among them. The severity of these diseases can be confirmed from the nature and pattern of the affected vessels. The fibrous coat of suklamandala being collagenous in nature the rheumatic complaints produce ocular manifestations in this mandala.

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Evaluation of Bhedana Karma of YG3 In Yakrut Vikara

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Abstract : The aim of the study is to evaluate the bhedana karma of YG3 i.e. combination of Yakrut Pleehari Loha Vati, Kutaki Churna & Kumari KalpaVati in Yakrut Vikara. We assessed the symptoms of Yakrut Vikar like Udarshool, Yakrutplihha Vrudhhi, Agnimandya etc. Statistically significant results were observed in the study group.

Keywords : Bhedana Karma, Yakrut plihari Loha, Kutaki Churna, Kumari Kalpa Vati, Yakrut Vikar

Chronic liver disorders are the major health problems around the world. Liver disease is the 5th most common cause of death.¹ The most important cause of liver disorders & especially liver cirrhosis is chronic alcohol consumption.² Liver cirrhosis was estimated to be responsible for over one million deaths in 2010, which is approximately 2% of all deaths worldwide. Other causes for liver disorders may include non alcoholic fatty disorders, infections like hepatitis A, B etc or overuse of medicines.³

Ayurved has explained Liver as Yakrut. Also Ayurved considers Yakrut as the main reservoir for blood(Moolasthanana of Raktavahasrotasa).⁴ It plays a vital role in the process of production of raktadhatu and it's circulation. It is also a pittasthanana. When dosha get vitiated in Yakrut it may results in several Yakrut vikara. But the main treatment of Pitta – Raktavikar always belongs to the treatment of liver.

Yakrut Vikara chikitsa explained in Ayurved includes Shodhana, Shaman and Pathya. Amongst Shodhana ,Virechana and Raktamokshan are the main treatments of choice of Yakrut Vikara. 4 types of Virechana are explained in Sharangadhar Samhita - Anulomana, Stramsana, Bhedana and Rechana.⁵ Amongst them Bhedana karma is selected for the study on patients of YakrutVikar.

Aim :

To evaluate the Bhedana Karma of YG3 in Yakrut Vikara.

(YG3 : Combination of Yakrut Pleehari Loha Vati, Kutaki Churna & Kumari KalpaVati)

Objectives :

- 1) To standardize Yakrutplihari Loha Vati, Kutaki Churna and Kumari Kalpa Vati.
- 2) To assess the role of YG3 on symptoms of Yakrut Vikara

Inclusion Criteria –

- Patients with confirm diagnosis of only following diseases :
 - a) Hepatocellular Carcinoma (Stage I to IV)
 - b) Liver Cirrhosis
 - c) Liver metastasis
 - d) HBsAg+ ve
 - e) Hepatitis B & C
 - f) Hepatomegaly
- Patients which are not responding to Surgical treatment, Chemotherapy, Radiation, RFA (Radiofrequency Ablation), Chemoembolization, Liver transplant.
- Patients of age group 20 – 70 yrs.
- Patients of either sex.

Exclusion Criteria –

- Patients having following disorders :
 - a) Ascitis
 - b) Portal vein obstruction
 - c) Spleenomegaly
 - d) Cholengiocardinoma
- Patients undergoing Chemotherapy, Radiation therapy, RFA therapy and Chemoembolization.

Study design – Clinical Trial was carried out as follows -

- **Group A : (Experimental group) –**

Patients receiving combination of Yakrut Plihari LohaVati, Kutaki churna & Kumari Kalpa Vati i.e. YG3. 22 patients were enrolled in this group.

Dose Design For Group A :

Medicine	Reference	Standardization	Dose	Anupan	Kala
Yakrut Pleechari Loha & Kutaki Churna	Bhaishajya Ratnavali (41/162 – 166)	Manufactured as per GMP Norms and Standardized as Per IHS	125mg+ 500mg	Ghruta 2.5 gms	Rasayana Kala (Morning) & Antarabhakta Kala (Evening).
Kumari Kalpa Vati	(Proprietary medicine of Atharva Nature Health Care Pvt LmtD)	Manufactured as per GMP Norms and Standardized as Per IHS	250 mg (2 tab)	Warm water	Vyanodan Kala (After Lunch & Dinner)

Group B : (Control group) –

Patients receiving Yakrutplihari LohaVati & Kutaki churna. For the convenience it is named as YG2 combination. 26 patients were enrolled in the study.

Dose Design For Group B :

Medicine	Standardization	Dose	Anupan	Kala
Yakrut Pleehari Loha & Kutaki Churna	Manufactured as per GMP Norms and Standardized as Per IHS	125mg + 500mg	Ghruta 2.5 gms	Rasayana (Morning) & Antarabhakta (Evening). Kala & Kala

Duration of treatment – Patients received the treatment up to 6 months.

Methodology –

- ◆ Patients of Liver disorders mentioned in the inclusion criteria were selected for the study.
- ◆ Standardized Ayurvedic medicines were used for the study i.e. YG3 (Combination of Yakrut Plihari Loha + Kutaki Churna + Kumara Kalpa Vati) and YG2 (Yakrut Plihari Loha + Kutaki Churna).
- ◆ Assessment with Standard criteria was done for patients of Yakrut Vikar before starting the treatment (a), middle of the treatment (b) and at the end of the treatment (c).
- ◆ Statistical analysis was done using Man Whitney Z test for symptoms, unpaired T Test for percentage of weight loss.

Observation Table - Intra Group Assessment i.e. Between Group A and Group B

	Mean of Group A	Mean of Group B	SD FOR A	SD FOR B	P	SIGNIFICANCE
Udarshool / Yakrut pradeshi shul	-0.54	-0.65	0.59	0.84	0.61	Not Significant
Yakrutplihavrudhi	-0.31	0.07	0.56	0.39	0.0067	Very Significant
Agnimandya	-0.81	-0.69	0.79	0.61	0.54	Not significant
Aruchi	-0.13	-0.38	0.46	0.69	0.16	Not Significant
Hrullas	-0.18	-0.7	0.39	1.11	0.0333	significant
Sharira Shaithilya	-0.04	-0.5	0.21	0.86	0.01	significant
Avipaka	-0.68	-0.53	0.47	0.76	0.44	Not Significant
Daha	0.09	-0.2	0.42	0.72	0.04	Significant
Fullness	-0.72	-0.03	0.63	0.87	0.003	Very Significant
Abdominal swelling	-0.036	0.07	0.49	0.48	0.003	Very Significant
Vomiting	-0.04	-0.3	0.21	0.67	0.08	Not quite significant

Discussion :

Udarashoola / Yakrutpradeshi shoola is the common symptom of Yakrut vikara. It is mainly caused due to accumulation of dushta doshas in Yakrut and the Yakrut vruddhi caused due to it. YG2 contains combination of Yakrut Pleehari Loha and Kutki, which has a bhedana action especially in bowel, whereas YG3 contains combination of Yakrut Pleehari Loha, Kutki and Kumari Kalpa, which possesses bhedana action on doshas and malas accumulated in Yakrut. This is due to Yakrutgamitva and Bhedana property of Kumari, which is the main ingredient in Kumari KalpaVati.

Yakrut pleeha vruddhi is developed in many Yakrut vikara due to vitiation of Rakta dhatu. Yakrut and pleeha being moolasthan of Raktavaha srotasa, vitiated Rakta dhau gets accumulated in Yakrut and Pleeha leading to Yakrut pleeha vruddhi.⁶ Yakrut pleehari Loha and Kutki are mainly improving function of Rakta dhatu, Yakrut and Pleeha. Majority of the contents of Kumari Kalpa (Kumari, Haritaki, Pippali and Sharapunkha) are directly mentioned as Yakrut pleeha vrudhinashak.⁷

Yakrut being a site of Agni, Agnimandya is an important factor in Samprapti of Yakrut vikara. YG3 contains additional medicine Kumari Kapla, which contains Agnideepana dravya like Shunthi, Maricha, Pippali and Vidanga along with Bhedana dravya like Kumari and Anulomana dravya like Haritaki.

Fullness in abdomen is the commonly seen symptom in patients of Yakrut vikara due to accumulation of vitiated doshas in Pakwashaya and Yakrut.

Bhedana dravya like Kutki are beneficial to relieve this symptom due to evacuation of mala through anus⁸. Kumari Kalpa, which contains a substantial amount of Kumari, possesses Yakrutgamitva and Bhedana action. Thus fullness in abdomen is significantly relieved in study group patients who are treated with YG3.

Statistically efficacy of YG3 is proved with very significant p values at time points b and c.

Abdominal swelling in Yakrut vikara is mainly due to Yakrut Vruddhi. Very significant improvement in abdominal swelling is found in group A patients at time point b. This is due to bhedana and Yakrutgami action of YG3.

Conclusion :

Patients in Group A showed statistically very significant results in Yakru pliha vrudhhi, Hrullas, Sharir shaithilya, Daha, Fullness and Abdominal swelling at mid and end of the treatment. Bhedana action of YG3 in Yakrut Vikara is found to be evident as compared to YG2.

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How much ?

Handful of water

Fistful of food

And needed

A pinch of happiness |

(P.H.KULKARNI).

Comparative pharmaceutical evaluation of Aamalaki Mashi prepared by Bahirdhuma & Antardhuma method

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ABSTRACT –

Aamalaki Mashi was prepared by Bahirdhuma and Antardhuma method and evaluation was made on basis of organoleptic characters and yield of Aamalaki Mashi. A detail study of changes occurring during this preparatory process was noted. An effort was made to obtain a standard temperature range for Mashi preparation considering 100 gms of raw material i.e. Aamalaki Churna.

Keywords – Aamalaki Mashi, Bahirdhuma, Antardhuma.

INTRODUCTION -

Ayurveda is one of the most ancient systems of medicine. Rasashastra and Bhaishajya Kalpana are the integral parts of Ayurveda mainly dealing with Ayurvedic Pharmaceutics. In Ayurveda, to treat various ailments herbs are used extensively in various pharmaceutical preparations. Different formulation prepared with various herbs and their administrations are collectively discussed in the subject 'Bhaishajya Kalpana.' Any methodology belonging to Ayurvedic formulation can be included in the Panchavidha Kashaya Kalpana¹ viz. Swarasa, Kalka, Kwatha, Hima and Phanta. Though these five preparations are effective, there are some limitations like palatability, odour, shelf life, mode of action, etc. So as to overcome this problem, the Acharyas using Yukti Pramana designed some derived formulations. Mashi Kalpana is one of the derived formulation in which bulk of raw material (herbal/ animal origin) is reduced to a greater extent by application of certain quantum of heat.

In Ayurvedic texts, the methods described to prepare Mashi are 'Bahirdhuma' and 'Antardhuma'. The main principle behind these processes is to convert the raw material into black coal or ash by application of heat. Bahirdhuma method is a type of open and direct heating in which raw medicinal drug is roasted in an open environment. Antardhuma method is a type of closed and direct heating in which the raw medicinal drug is heated in a closed system using Sharavsamputta. The system is designed in such a manner that the smoke gets entrapped in the system and do not go out. 'Kajjal'² or collyrium like appearance and 'Nirdhum'³ i.e stoppage of the appearance of fumes are the endpoints of the process validation of Mashi.

MATERIAL AND METHODS

i) Aamalaki Churna was procured from standard source.

ii) Equipments –

The equipment used for the preparation of Aamalaki Mashī can be grouped according to the preparation method.

a. For Bahirdhuma method –

Earthen pan (round shaped)

Size - Depth = 5 cm

Diameter = 24 cm

Height = 5 cm

Stirrer

L.P.G

Retort stand

Glass thermometer

b. For Antardhuma method –

Two Sharava (round shaped)

Size - Depth = 4 cm

Diameter = 26 cm

Height = 4.5 cm

For preparation of Sharavasamputa – cloth pieces, fullers mud and water

Putā –Laghuputa - 22X22X22 cm

Cow dungs – total 4.5 in number, each of 25-27 cm in diameter, 2.5 cm thick, weighing 310-320 gms

Retort stand

K Thermocouple

Pilot Study - First of all, a pilot study was carried out to explore a standard Pharmaceutical Protocol for the present study. The purpose of pilot study was to make a supportive framework for doing final pharmaceutical work on basis of optimization of quantity of raw material, optimization of equipments for carrying out the process, optimization of temperature, approximate time required for the complete process, in-process observations, yield of final product and its organo-leptic characterization. The findings of pilot study were of great significance for preparing Aamalaki Mashī by both the methods.

Actual Pharmaceutical study - A right product is the combination of only two components -

1. The accurate and authentic quality of raw material
2. Precision in the process.

Expt no. I] Preparation of Aamalaki Mashi by Bahirdhuma method^{4,5}

Principle – Open heating

Ingredients – Aamalaki Churna = 100 gms

Equipments – Rounded earthen pan, stirrer, glass thermometer, retort stand, L.P.G, weighing machine and watch.

Procedure –

1. An earthen pan containing Aamalaki Churna was kept on gas burner.
2. With the help of retort stand, glass thermometer was inserted in the Churna without touching the bottom of the pan.
3. The gas burner was ignited and the flame was adjusted to medium low.
4. Continuous stirring was done till the Churna became completely black colored and the fumes coming from the Churna were ceased.
5. At this stage, the pan was kept aside away from the flame and the final product which resembled a black ash was transferred to a clean plate.

Photo -1 Preparation of Aamalaki Mashi by Bahirdhuma method



Equipment for Aamalaki Mashi preparation



In process + lump formation, colour changes



The mixture has turned black coloured



Final product - Aamalaki Mashi



Yield of Aamalaki Mashi

Expt no. II] Preparation of Aamalaki Mashi by Antardhuma method⁶

Principle – Closed heating

Ingredients – Aamalaki Churna = 100 gms

Equipments –

- Preparation of Sharavasamputa- Two Sharava, fuller's earth (multanimati), water and pieces of cloth.
- Mashi preparation – Sharavasamputa containing Aamalaki Churna, 4.5 cow dungs, Laghu Puta, Til Tailam, match box, weighing machine and watch.

Procedure –

- A Sharava containing Aamalaki Churna was taken and another Sharava was placed on it upside down.
- A mixture of fuller's earth and water was prepared and a piece of cloth was dipped in it so that the entire cloth was properly loaded with the mixture.
- This mud cloth was wrapped around the area of contact of the Sharava.
- After the mud cloth was completely dried, another mudcloth prepared in the similar manner was wrapped around it. Total seven mudcloths were used for wrapping & sealing.
- Three cowdungs cut into small pieces were placed at the bottom of the Laghu Puta, the Sharavasamputa was placed over it and the remaining one and a half cowdungs pieces were placed covering the sides and the top of Sharavasamputa.
- Some drops of Til Tailam were sprinkled over the cowdungs and with the help of a match stick the cowdungs were subjected to fire.
- Sharavasamputa was kept for Swangashita and the observations were noted.

Photo -2 Preparation of Aamalaki Mashi by Antardhuma method



RESULTS

Expt no I] Preparation of Aamalaki Mashi by Bahirdhuma method.

It was observed that the final product was Mashi which was very soft and completely black colored resembling a collyrium.

Table No.1 (a) – Observations of Expt no I

Sr. No	Observations	Findings
1	Weight of AamalakiChurna	100 gms
2	Starting time of expt	3.35 pm
3	End time of expt	4.35 pm
4	Initial temperature	31.5°C
5	Final temperature	172°C
6	Total yield	56.69 gms

Table No.1 (b) – Changes observed at various temperatures in Expt no I

Sr. No	Temperature	Changes
1	71.2°C	Color started to change
2	94.8°C	Occurrence of pleasant smell, formation of lumps which broke on continuous stirring
3	97.3°C	Appearance of fumes
4	103.7°C	Occurrence of burning smell
5	138°C	Proportion of fumes increased, freeness in stirring
5	152°C	Feeling of smoothness and freeness while stirring, raw material converting into black ash
6	172°C	Formation of complete black ash and ceasing of fumes.

Table No.1 (c) – Organoleptic characters of Aamalaki Mashi in Expt no I

Sr. No	Tests	Aamalaki Churna	Aamalaki Mashi
1	Shabda	--	--
2	Sparsha	Soft	soft
3	Rupa	dark chrome yellow	black
4	Rasa	Amla, Tikta, Madhur, Kashaya, Katu	characteristic
5	Gandha	non-specific	non-specific

Table No.1 (d) – Color changes with temperature of Aamalaki Mashi in Expt no I

Sr. No	Temperature	Color changes
1	31.5°C	Dark chrome yellow
2	52°C	Original color getting darker
3	69°C	Light brown
4	113.5°C	Brown
5	126°C	Chocolate brown
6	148°C	Dark chocolate
7	154°C	Black
8	165°C	Dark back
9	172°C	Jet black

Expt no II] - Preparation of Aamalaki Mashi by Antardhuma method. It was observed that the final product obtained was Mashi which was soft and completely black colored ash.

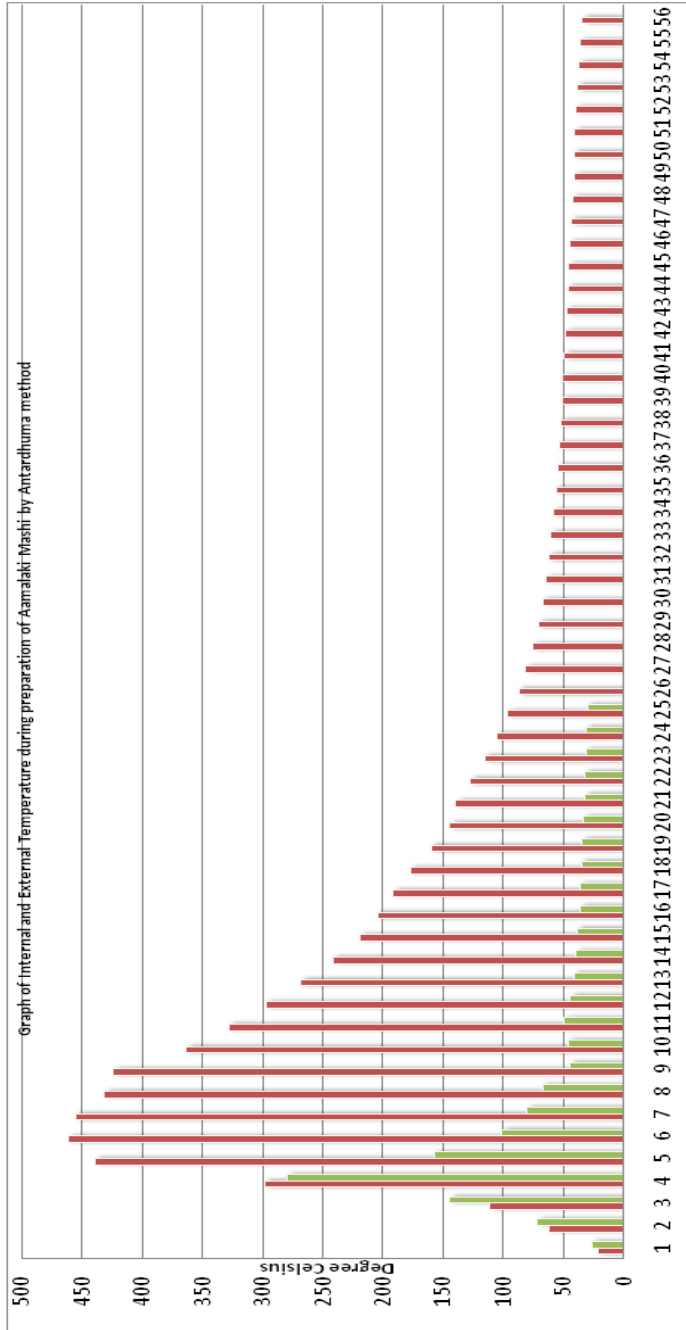
Table No.2 (a) – Observations of Expt no II

Sr. No	Observations	Findings
1	Weight of AamalakiChurna	100 gms
2	Starting time of expt	10.55am
3	End time of expt	8.30 pm
4	Time of appearance of fumes from Puta	11.10 am
4	Time of disappearance of fumes from Puta	12.10 pm
5	Total yield	33 gms

Table No.2 (b) – Organoleptic characters of Aamalaki Mashi in Expt no II

Sr. No	Tests	Aamalaki Churna	Aamalaki Mashi
1	Shabda	--	--
2	Sparsha	soft	Soft
3	Rupa	dark chrome yellow	Black
4	Rasa	Amla, Tikta, Madhur, Kashaya, Katu	Characteristic
5	Gandha	non-specific	non-specific

Graph -1 Graph of Internal and External Temperature during preparation of AamalakiMashi by Antardhumaa method of internal and external temp



DISCUSSION

Mashi is a dosage form in which the raw drug material is burnt till it becomes completely black like a carbon. Use of Mashi Kalpana can be found since Samhita period. It is prepared by Bahirdhuma and Antardhuma method. There are three important Sanskara involved in Mashi preparation viz. Agni, Kala, Bhajana. They affect the physico-chemical parameters of the final product and need to be taken into consideration. Kapala or Kataha and Saravasamputa were used for Bahirdhuma and Antardhuma method respectively. Use of iron container in the preparation of Aamalaki Mashi, which is an amla dravya can degrade the quality of the final product. Nowadays, earthen pan, stainless steel utensils can be used its preparation. The main principle behind this is that there should not be any chemical reaction between the material of container and the medicinal drug during processing.

All plant materials are composed of carbon chains and hence are called organic. They also contain significant amount of inorganic constituents. By application of heat, the process of decomposition and degradation of organic matter begins resulting in the conversion of the plant material into organic charcoal. During this combustion process, smoke appears at the beginning of the process and material starts blackening.

During pilot study, Aamalaki Mashi was prepared by Bahirdhuma and Antardhuma method. Pilot work was of help for making supportive frame work to do the pharmaceutical work and for assessment of approximate time, temperature, equipment, amount of raw material and physical changes during Mashi preparation. Kajjala like appearance and Nirdhuma were the endpoint of the preparation process. The endpoint 'Nirdhuma' was observed during Bahirdhuma method only. The temperature range for Bahirdhuma method ranged from 170°C - 180°C and for Antardhuma method, heat produced by 4.5 to 5 cow dungs. There was formation of Kshara when the temperature exceeded the given range. It was observed that the total yield obtained during the pilot work by Bahirdhuma method was nearly 55 % to 60 % and by Antardhuma method was nearly 35 % of the raw material used. On the basis of pilot study, actual pharmaceutical work was done.

In Bahirdhuma, the heating was done in an open vessel. The type of heating was open heating and unidirectional. Due to heating in open environment, presence of atmospheric oxygen can interfere with raw material, oxidation reaction takes place leading to the formation of oxides. In this process, the heating can be done in controlled manner. The organic constituents present in the Churna undergo decomposition on heating due to which loss of heat labile and volatile compounds can take place. Only those constituents which can sustain heat at the temperature of Mashi formation can be retained in the final product.

In Antardhuma, the heating was done in closed system. The type of heating was closed heating and from all sides. Due to heating in closed system, presence of oxygen can be very less so oxidation reaction is negligible as compared to Bahirdhuma method. So, the formation of oxides can be less resulting in fewer yields as compared to Bahirdhuma method.

Secondly as the system is closed, during heating process the pressure inside increases with

the increase in the temperature and the volume decreases due to which the reaction takes place vigorously resulting in the weight loss. Heating takes place in uncontrolled manner. Also, after the cowdungs are burnt completely and their temperature comes to normal room temperature, entrapped heat in the Sharava might cause the decomposition of organic constituents till the Sharavasamputa attains Swangashitvatva. Therefore, the time taken to prepare Aamalaki Mashi by Antardhuma method is more whereas in Bahirdhuma method due to direct contact with environment equilibrium is quickly maintained between the temperature of the system and environment so the time required is less.

In Darsan Shastra, some unique principals regarding Pakajotpatti have been described by Nyaya – Vaisesika viz. Pilu Paka⁷. In Pakajotpatti, the role of Agni plays an important role in transformation of one substance to another with complete change in their Panchamahabhautika composition. Due to which the final product is completely different form the original product. Due to Agni Sanskara, the particles in the raw drug start disintegrating leading to the breakdown of Sthula matter i.e. Parthiva and Aapya components. The Guru, Kathina, Sthira, Sthulaguna are transformed into Laghu, Mrudu, Slakshna, Chala, Sukshma guna which are dominantly present in Vayu and Akasha Mahabhut. So, Mashi is Laghu, Mrudu and its surface area is more than the Churna owing to the reduction in the size of Parthiva components. The Principle of Pilu Paka can be applied to Mashi dosage form. Due to Agni Sanskara, new interactions occur within the raw drug resulting in the formation of new chemical moieties due to which Mashi exhibits pharmacological action which is different from the original drug. There are three important changes taking place during conversion of raw material to Mashi viz.


1. Evaporation or loss of some constituents which are thermo labile and volatile and are not desirable in this particular dosage form.
2. Preservation of some constituents which are therapeutically active organic and inorganic constituents or formation of new chemical moieties which are therapeutically active takes place.
3. Conversion of same constituents into charcoal.

Thus, without application of any costly method for extraction using organic solvents, we can get therapeutic active organic and inorganic chemical constituents in the form of black mass as Mashi by doing Agni Samskara in controlled manner.

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Tony Francis

Jun 10 at 6:42pm • 🌐



Don't drug yourself to death.

An Interesting Fact

Before 1997, the fasting sugar limit for Diabetes was 140.

WHO put a pannel to decrease it and was fixed it as 126.

All of a sudden 14% of world population became diabetics overnight.

Later in 2003, American Diabetic Association again decrease the limit to 100.

And after this 60% of Indian population became diabetic.

And you know who are the members of those panels deciding the fasting sugar limit consists of ??

They are the consultants of 7 big pharmaceutical companies in world.

So in short, it's the Pharma industry that decide if you are diabetic or not.

Be aware ! 🤔 🤔 🤔 🤔

Role of Takrarishta in Grahani

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Abstract :

“Grahani” an anatomical part of Mahasrotas having the physiological action on “Agni”. Grahani as a disease is an impairment of Agni, having main symptoms like Natidrava, natisandra mala pravrutti due to Agnimandya. Grahani is a disease of GIT. Improper diet intake especially in hampered digestion causes the disease Grahani. To breakdown the pathology of Grahani Deepana and Pachana karma is the most important function of it. Use of Takra as a Aahardravya in is told by every Acharya in classics. Use of Aahardravya in form of Takra in medicinal preparation like by using various deepen, pachan dravya can be more useful to breakdown the pathogenesis of Grahani. Takrarishta should be drug of choice for the disease Grahani. Considering importance of properties of Takra and Arishta, Takrarishta has been chosen and its probable mode of action will be communicated.

Keywords : Grahani, Takrarishta (15)

Introduction :

Grahani is a very important organ of Annavaha srotas as Aaharpaka (Digestion) is greatly dependent up on its function. The term “ Grahani dosa ” implies all the disease located in Grahani (Duodenum including small intestine). The term “Grahani” as a disease entity is specifically used for ailment called Grahani-gada which is caused by the vitiation (malfunctioning) of the organ called Grahani(1).

Anatomical and Physiological correlation of Grahani :

Anatomically according to Acharya Charaka Grahani is a part situated above the Nabhi, it is site of Agni(2). As per Acharya Sushruta the 6th Pittadharakala situated between Amasaya and Pakwasaya is called Grahani(3).

Physiologically it holds the ingested food for the duration of its before the kitta or Undigested food residue is propelled into the Pakawasaya. Thus Grahana, Pachan, Vivechan and Munchan become main functions of Grahani(4).

Grahani Vyadhi :

There is Ashraya –Ashrayee relationship between Grahani and Agni. As Agni is located in

Grahani. When there is impairment of Agni function of Grahani get disturbed. Commentator Chakrapani comments that Grahani dosa implies the malfunctioning of Agni. Grahani is disease having main symptoms Muhurdrava Muhurbaddha malpravritti, Trishna, Aruchi, Vairasya, Praseka, Chardi, Jwara(5).

Etiology and pathogenesis :

Constant intake of food especially in person with hampered digestion(6) and those who have recovered from disease like diarrhoea or gastroenteritis these factor further vitiates the power of digestion and causes Grahani Vyadhi(7).

Grahani and Agni are interdependent and Agnidushti is main cause of Grahani. It also occurs as a sequel of other disease like Atisara. In the beginning Agnidushti occurs, due to this Ingested food is not properly digested and Apachan takes place. This ultimately results in ama formation and also may lead to Shukta paka which further leads to Annavisha causes Grahni Dushti. Sign and symptoms of Grahani Vyadhi given in table no. 1

Modern view :

Any Functional i.e malsecretion of different digestive enzyme (mandagni). Malabsorption may be due to rapid peristaltic movement of intestine or defective surface area for absorption and structural (i.e any inflammation of mucosa) disorders of the G.I.T causes Grahani Vyadhi. We can not correlate it directly with particular disease but can be compared with following disease of G.I.T.

- 1) Malabsortion syndrome
- 2) Irritable Bowel Syndrome
- 3) Inflammatory Bowel Syndrome
- 4) Amoebiasis

The sign and symptoms of above diseases given in table no.2. The sign and symptoms of above diseases seen in Grahani in its various stages.

Management of Grahani Vyadhi with Takrarishta :

There are many formulations mentioned in our classics to treat Grahani disease. Detail description regarding treatment includes Pathya aahar, Vihaar, Shodhan and Shamana chikitsa. Takra has been described as a best diet in the management of Grahani disease. Takra and its formulation have utmost importance in Grahani chikitsa. Takrarishta is one of them. In phalashruti of Takrarishta it is said that formulation is useful in Shotha, Gulma, Arsha, Krimi, Prameha, Udara etc(8).

Acharya Charaka mentioned Takrarishta in two different roga adhikara like Grahani adhikara and Arsha adhikara. Ingredients of both preparation are different. They are given in Table no.3 (Grahani adhikara) and Table no.4 (Arsha adhikara). Chakradatta and Bhaishjyarnavali have

the same reference of Charaka Grahani adhikara without any difference. Acharya Vagbhat mentioned Takrarishta in Grahani Chikitsa.

Acharya Shodhala explained this formulation in Gadanigraha under Prayoga Khanda – Asavadhikara. Acharya shodhla quoted same reference of Charaka Arsha adhikara, the difference lies only in the mentioning of Sushavi instead of Kunchika.

Discussion :

Acharya Vagbhata mentioned Grahani Roga is one of the Maharoga. The pathogenesis of Grahani is revolves around Agnidushti.

In Charaka samhita Takra is mentioned in Agrya Dravyas(9). Use of Takra as aahardravya in Grahani is told by every Acharya. Use of Takra in medicinal preparation like Takrarishta by using various deepan pachan dravya can be more effective. Takrarishta have role in good absorption (Grahiswabhabava), digestion (Pachan), carminative action (Deepan) etc. Takra has properties like Agnideepan, Grahi, Laghu and Tridoshashamak. Takra stimulates the power of digestion, It is Madhur in vipaka (the best that emerges after digestion) and therefore, it does not cause aggravation of pitta. Because of its kashaya, ushna veerya, vipaka sheet it is useful for counteracting the aggravated kapha. It is madhur, amla and Sandra in guna, so it is useful for counteracting aggravated vayu.

In modern science it is rich source of potassium, Calcium, Phosphorus, vitamin b12, Riboflavin(10). It contain probiotic which help to maintain normal gut flora to support optimal digestion(11). It restores necessary intestinal bacteria that are helpful in diarrhoea due to food poisoning, irritable bowel syndrome etc(12). The ingredients of takrarishta have properties like Deepan, Pachan and grahi. They are given in Table no. 5.

Arishta is more effective due to Dravya samyog and Sanskara. It has properties like bahudoshahara, tridoshashamak, sarak(13). It can be useful in Shotha,

Arsha, Grahani, Pand, Aruchi, Jwara, Kaphajvaydhi(14). Arishta improve function of Agni by its Ushna, Tikshnaguna then it goes to Hridaya through Dhamani. Due to Sukshma and Vikasiguna, it enters in Sukshmasrotasa. At the level of Srotas due to Pramathi guna it removes the obstruction of srotasa so it has properties of srotovishodhan.

Due to properties of Takra, Arishta and Takrarishta it can be useful in Grahani Disease.

Conclusion :

Takrarishta prepare from Takra and other drugs having Deepan, Pachan and Grahi properties can be useful in the disease of digestive system. Properties of Takra and adjuvant drugs increases the digestion power (Agni) and maintain the function of gut flora, So Takrarishta should be the drug of choice in the management of Grahani disease.

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Table no 1 : Sign and symptoms of Grahani vyadhi

Sr no.	Sign and Symptoms	Charaka	Sushruta	Vagbhata
1	Malapravritti			
	Atisrishtam	+	-	+
	Vibaddha	+	+	+
	Dravam	+	+	+
2	Trishna	+	+	-
3	Arochaka	+	+	-
4	Vairasya	+	+	-
5	Praseka	+	+	-
6	Tamakanvitam	+	+	+
7	Chardi	+	+	-
8	Jwara	+	+	+
9	Lohagandhiudgara	+	+	-
10	Amagandhiudgara	+	+	-
11	Tiktodgara	+	+	-
12	Krisah	-	+	+
13	Dahavan	-	+	-
14	Moorcha	-	-	+
15	Siroruk	-	-	+
16	Vishtabha	-	-	+

Table no :2 Sign and symptoms Gastro-intestinal diseases

Sr no.	Diseases	Sign and Symptoms
1	Malabsorption syndrome	Diarrhoea, Abdominal discomfort, Steatorrhoea, Weakness, Weight loss, Anaemia, Dehydration, Hypotension, Specific malnutrition and Vitamin deficiency
2	Irritable Bowel syndrome	Abdominal pain or discomfort, Bowel disturbance i.e stool may be loose or formed, Abdominal distension associated with constipation, Nausea, weight loss.
3	Inflammatory Bowel syndrome Ulcerative colitis	Acute –Mild, Moderate, Severe passage of frequent small volume loose stool with fresh blood and mucous, Cramping abdominal pain, Tenesmus with fever, Tachycardia. Chronic- Diarrhoea, Passage of blood and mucous with faeces, Tenderness over colon, Malaise, Anorexia, Malabsorption.
	Crohn's disease	Fever, Weight loss, Malabsorption, Recurrent abdominal pain and Diarrhoea
4	Amoebiasis	Frequency of stool with mucous and blood in later stage bulky and offensive stool with dark blood and pus, Abdominal pain, Rigidity of abdominal muscle.

Table no : 3 Takrarishta – Grahani Adhikara-Charak chikitsasthan 15/120-121

Ingredients	Latin name	Quantity
Yavani	<i>Trachy spermumammi</i> Linn	3 pala
Amalaki	<i>Emblica officinalis</i> Gaertn	3 pala
Haritaki	<i>Terminalia chebula</i> Linn	3 pala
Marich	<i>Piper nigrum</i> Linn	3 pala
Saindhavlan	Rock salt	1 pala
Samudralavan	Sea salt	1 pala
Bidalavan	Black salt	1 pala
Souvarchalalavan	Sonchal salt	1 pala
Romakalavan	Sambhar salt	1 pala
Takra	Buttermilk	1 Kamsa

Table no : 4 Takrarishta –Grahani Adhikara-Charak chikitsasthan 14/72-75

Ingredients	Latin name	Quantity
Hapusha	<i>Junipersus communis</i> Linn	1 pala
Kunchika	<i>Nigella sativa</i> Linn	1 pala
Dhanyaka	<i>Cariande rsativu.</i> Linn	1 pala
Ajaji	<i>Cuminum cyminum.</i> Linn	1 pala
Karavi	<i>Carum carvi</i> Linn	1 pala
Shati	<i>Hedychium apicatum</i> Linn	1 pala
Pippali	<i>Piper longum</i> Linn	1 pala
Pippalimula	<i>Piper longum</i> Linn	1 pala
Chitraka	<i>Plumbago zeylanica</i> Linn	1 pala
Gajapippali	<i>Pothos scadens</i> Linn	1 pala
Yavani	<i>Tachyspermum ammi</i> Linn	1 pala
Ajamoda	<i>Carum roxburghianum</i> Benth	1 pala
Takra	Buttermilk	1 Adhaka

Table no : 5 Properties of Ingredients of Takrarishta-Bhavaprakash Nighantu^{15]}

Dravya	Rasa	Veerya	Vipaka	Guna	Karma
Yavani	Katu, Tikta	Ushna	Katu	Laghu, Tikshna	Deepan, Pachan
Amalaki	Amlapradhan madhur, Katu, Tikta, Kashay	Sheet	Madhur	Laghu Ruksha	Deepan, Pachan
Haritaki	Kasahypradhan madhur,, Katu, Tikta Amla	Ushna	Madhur	Laghu Ruksha	Deepan, Pachan
Panchlavan	Lavan	Ushna	Madhur	Tikshna, Guru	Deepan, Pachan
Takra	Amla, Anurasa-Kashay	Ushna	Madhur	Laghu ,Ruksha	Deepan, Pachan, Grahi

Role of Shambhavi Mudra in Swasthya

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Abstract :

Yoga provides a holistic approach to health and well - being.⁽¹⁾ *Mudras* are part of *Yoga*. In *laya Yoga shambhavi mudra* is defined as a *pratyahara* technique, i.e. it leads to sensory withdrawal.⁽²⁾ The term *pratyahara* is composed of two Sanskrit words, *prati* and *ahara*. *Indriya Pratyahara* means literally "control of *ahara* / sensory inputs," or in more erudite terms "gaining mastery over external influences." *Dhyâna* or meditation is an act of continuous contemplation.¹⁴

Shambhavi mudra steadies the wandering mind, leading it to focus with accuracy. Wherever the eyes go the mind follows, so when the gaze is fixed on a single point, the mind also becomes single pointed and the thoughts aligned. Thus *shambhavi mudra* is also a form of *trataka* and a means to achieve *dharana*, the meditative state of relaxed concentration.⁽³⁾

In present study, the basic concept, technique and benefits of *shambhavi mudra* were studied. It is seen that this *mudra* has positive impact on physical and psycho-social well being of the practitioner.

Key Words: *Mudra*, *Shambhavi*, *Dharana*, *Meditation*, Positive impact.

Total no. of references : 18

Introduction:

*Shambhavi mudrika kritwa atmapratyakshamanayet/
Bindu brahmamayam drushtwa manastatra niyojayet||
Satyam satyam punah satyam satyamah maheshwaraha |
Shambhavi yo vidnyaniyatsa ch Brahma nn chanyatha||*

Gheranda Samhita

By assuming the position of *Shambhavi Mudra* a *Yogi* should see the self. When the *Brahma* is seen in the form of a dot he should fix his mind on it and nowhere else. A *Yogi* who knows the science of *Shambhavi* he himself becomes *Brahma* and none else. I, Lord *Maheshwara* (*Shiva*), am telling this again and again that this is truth.-*Gherand Samhita* (*Hatha Yoga*) 5000 BC⁽¹⁵⁾

Yoga provides a holistic approach to health and well-being .⁽¹⁾ *Mudras* are part of Yoga.

Mudra is a Sanskrit word derived from the root *mud*, 'please' or 'delight' and *dravay*, the causal form of *dru*, 'to draw forth'.⁽⁴⁾

The term *mudra* has been used with different meanings at different periods of time. In this study I will refer to it as meaning gesture and attitude. Every *mudra* can be seen as a symbolic expression of psycho-physiological, emotional, devotional and aesthetic attitudes which the practitioner is aiming to ultimately experience.

Mudras are not mere creations of an inventive mind but originally came spontaneously to adepts and still occur today to the *jivanmukta*, liberated person.⁽⁵⁾ The fundamental tantric principle behind *mudra* is that 'whatever is in the macrocosm, also exists in the microcosm.' Man is a microcosm – whatever exists in the outer universe can also be experienced in him.⁽⁶⁾

It has been so defined because its performance is said to give pleasure and satisfaction to the object of reference (with form or formless), which in turn rebound on the practitioner.

Shambavi is the consort of *Shambhu*, Lord Shiva, who represents the state of higher consciousness. In *laya yoga shambhavi mudra* is defined as a *pratyahara* technique, i.e. it leads to sensory withdrawal.⁽²⁾ *Shambhavi mudra* steadies the wandering mind, leading it to focus with accuracy. Wherever the eyes go the mind follows, so when the gaze is fixed on a single point, the mind also becomes single pointed and the thoughts aligned. Thus *shambhavi mudra* is also a form of *trataka* and a means to achieve *dharana*, the meditative state of relaxed concentration.⁽³⁾

This is just one of the 108 methods of VIGYANA BHAIRAV TANTRA

Materials and Methods :

*Netrajanm Samalokyam Aatmaramam Nirikshayet |
Sa Bhaved Shambhavi Mudra Sarwatantreshu gopita |*

Gheranda samhita 3/59

Shambhavi mudra done as per guidelines of AYUSH circular for international yoga day (21 june 2015)

Sthiti: Any meditative posture.

Technique

- Sit in any meditative posture.
- Keep your spine comfortably erect.
- Hold *gyan mudra* as follows:

Touch the tip of the thumb to the tip of the index finger, forming a circle.

The other three fingers are straight and relaxed.

All three fingers are side-by-side and touching.

Keep your palms facing upwards upon the thighs.

- Arms and shoulders should be loose and relaxed.
- During *shambhavi mudra* the eyes are not kept in the primary position, but are moved to a fixed gaze at the eyebrow centre and this implies a peculiar coordination of the eyeball muscles. However this *mudra* is more about concentration, concentrate 'the self' rather than eyes on '*brhu Madhya*'.
- Beginners may close their eyes and sit with a slightly upturned face.
- You need not concentrate. Just maintain a mild focus between the eyebrows and be
- conscious of your breath.
- Dissolve your thoughts and attain single and pure thought.
- Meditate.
- Stay as long as you can.

Observations & Results:

- 1) There is Reduction in disease conditions and medicine usage in chronic diseases.⁽⁷⁾
- 2) Reduction in menstrual problems .⁽⁸⁾
- 3) Reduced risk of heart diseases and improved cardiac function⁽⁹⁾
- 4) Increase in theta & delta brainwaves which leading to relaxation leading to Improved quality of sleep, Improved attention, Enhanced mental capabilities, Increased alertness, awareness, and relaxation **& Enhanced Mental and Emotional Well-being** ⁽¹⁰⁾⁽¹¹⁾⁽¹²⁾.
- 5) *Shambhavi Mudra* stimulate the *Adnya Chakra* between the eyebrows & decrease in Intra ocular pressure hence beneficial to patients of Glaucoma.⁽¹³⁾

Conclusions :

This age old advocated *mudra* should be made an inseparable for of *dinacharya* as it not only shows positive impact on physical well being but also on mental and psycho-social & spiritual health, thus leading a step towards '*swasthya*'.

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Conceptional Study of Dinacharya to Maintain Ocular Health

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ABSTRACT :

Shalakyta Tantra one of the eight branches of *Ayurveda* explains perfectly the structure, functioning, treatment as well as prevention of ailments of eyes. Prevention of ocular disorders and preservation of ocular health has become essential, as changing life style has resulted in many eye disorders and brought miseries to daily life. Our ancient have also given prime importance to eye by considering it as the most vital sense organ among all sense organ. To name a few disease like dry eye, computer vision syndrome, age related macular degeneration, glaucoma, cataract, diabetic retinopathy, hypertensive retinopathy etc may occur due to defective life style changes particularly in the busy modern life. Association between such defective lifestyle measures and subsequent eye diseases and their prevention procedures are searched and reviewed from different ayurvedic literatures and online sources. An ayurvedic view of preventive measures is discussed in this article for giving the best possible ocular health for the individual and community.

KEY WORDS:- *Dinacharya*, Eye care in *Ayurvedic approach*, lifestyle eye disorders, preventive ophthalmic measures.

TOTAL NO OF REFERENCES:- 19

INTRODUCTION

❖ **PRAYOJANA OF AYURVEDA**

SWASTHSYA SWASTHYA RAKSHANAM| AATURASYA VIKAR PRASHAMANAM
CHA|| CHA. SU 30/26

Ayurveda is ancient system of medicine which aims not only in cure the disease but also prevent the humanity from all categories of physical, mental, intellectual and spiritual miseries. It is emphasized that "an eye can perceive forms, it adorns the face". It is a source of direct knowledge and proved that about 80% of the knowledge we gain through the eye. Good vision is crucial for social and intellectual development of a person. In *Ayurvedic Samhitas Sushruta* has given more important to eye as it is evident from the fact that the *Uttantantra of Sushruta Samhita* start with eye diseases and out of which

19 chapters are based on only eye diseases. In classical text of *Ayurveda* in the form of *Dinacharya* (daily regimen) *Rutucharya* (seasonal regimen) and specific therapies like *kriyakalpa* which are useful to restore eye health and proper vision. The importance of preserving eye health and vision is quoted by *Vagbhata* that “all effort should be made by men to protect the eyes through out the life for the man who is blind this world is useless, the day and night are the same even though he may have wealth.”¹

❖ **DINACHARYA (DAILY REGIMEN)**

Dinacharya regarding maintaining eye health is described in *Charak Samhita*, *Sutrasthan Swasthyachatushka*, *Sushruta Samhita Chikitsa Sthan 24th chapter*, *Ashtang Hruday Uttarasthan 13th chapter*. *Charak* advised daily regimen with *Anjana*, *Sushrut* advised *Netraprakshalana*. So the daily regimen are as follows.

❖ **NETRAPRAKSHALANA (EYE WASH)**

Washing eyes with decoction of *Lodhra* (*Symplocos racemosa* Roxb.) or with *Amalaka* (*Embllica officinalis*) *Swarasa* (juice) after getting up from bed in the Morning.²

❖ **ANJANA**

Anjana is the process in which the medicine is applied along the inner surface of eye lid. As advised by the *Charak in sutrasthan 5/15th* eye is *pitta* predominant in nature. So should be protected from *kapha dosha*. *Souveeranjana* or *rasaanjana* can be applied in the eye for *kapha shodhana*. So daily practice of *anjana* is the best simple ophthalmic medication to prevent the eye diseases.³ Action of *anjana* karma is to dissolve the accumulated *doshas* through mouth, nose, eye. it dilates the blood vessels and increase the blood flow. In this way *Shodhana* is done in eye and eye parts, *Netrakosha*, *Ashruwaha strotas* and *Shrungataka marma*. Ultimately it maintains the eye healthy.⁴

❖ **NASYA**

The procedure in which, medicines are applied through the nasal cavity to nourish the organs above the clavicle called as *Nasya*. Anatomically nasal cavity is the natural root to the head. So it is considered that the medicine applied through the nasal cavity reaches all the areas in the CNS, particularly strengthens the “*Shrungataka marma*”. it is the fusion point of Nerve ending which gives nourishment to the eye, nose, ear and tongue.⁵ In daily regimen “*Pratimarsh Nasya*” is advised. It cleanses the accumulation of vitiated *kapha* in the *Strotas* of the eye as it has the action on *Shirowaha Strotasa*.⁶

❖ **KAVAL AND GANDUSHA**

The procedure in which the medicines are applied in the mouth in the form of liquid and semi solid are called as *kaval* and *gandusha*. In *kaval* medicine is in the liquid form and to such extent that it can be shaken well, so that while shaking the medicine reaches all parts of oral cavity. The ophthalmic branch of facial artery lies along the cheek. Medicines may get absorbed through the oral mucous membrane due to the massaging effect of

the liquid medicine. In this way the medicinal drugs used for the *kawal* gives nourishment stimulations and maintain the ocular health. In *Gandusha*, the medicine is in liquid and steady form, same function is carried out by improving the circulation of oral cavity and enhances the rapid acceptability of potency of drugs. So the nerve endings of oral cavity get stimulated and brings reflex action in the eyes.⁷

❖ ABHYANGA

Abhyanga is the procedure oil is applied in the head. Oil is based for *vata dosha* the *vata dosha* is confined to eye is *Prana vayu* and seat of *Prana vayu* is in the head (*Murdha*) the brain stem is kept protected inside the scalp. When oil applied over the scalp, the medicinal effect reaches upto the brain. The optic which ends in *Drishhti Patalam* (Retina) is the direct extension of brain stem. So the oil applied over the head especially at the region of *Murdha* acts on the *Drishtipatalam* through the optic nerve so daily application of oil, selected and medicated according to "Prakriti" of person is preventive measures of eye diseases.⁸ *Abhyanga* nourishes all sense organs and also acts as *Drushti Prasadana*.⁹

❖ SNANAM (BATH)

The sense organ get freshness with bath. The temperature mechanism is maintained and blood circulation is kept intact. Usually hot water is preferred for the body bath and cold water for the head and the hair bath. *Sushruta* advised that hot water used for head resulted in adverse effects on eyes and hairs.¹⁰

❖ MUKHLEPA

Application of medicines on face in the form of *lepa* is known as *Mukhlepa*. The facial artery, facial nerve and trigeminal nerve are situated along the cheek, having branches to the eye. So the medicinal *lepa* applied over the face gives nourishment and stimulations to eye.¹¹

❖ PADPRAKSHALANA, PADABHYANAGA AND PADATRA DHARAN

Washing of feet is known as *Padprakshalana*. Massage of the feet known as *Padabhyanaga*. Use of foot wear known as *Padatra Dharan*. Foot is the end organ so the nerve endings are highly sensitive. As advised by the *Dalhana* two nerves are started from the foot and reaches upto the eyes so taking care of foot is also essential as is connected to the eye. So foot should be kept clean *Abhyanga* and foot wear should be use to avoid physical injuries to the foot. As *Padprakshalana*, *Padabhyanga* and *Padatra dharan* has *Chakshushya* effect.¹²

❖ CHATRADHARANA (USE OF UMBRELLA)

Use of umbrella is known as *Chatradharana*. It protects the eye from the sunshine dust, smoke and it acts as the *Chakshushya*.¹³

❖ TRAYOPASTAMBHA (TRIPODS OF LIFE)**❖ AHARA (DIET)**

Ahara, Nidra and Bramhacharya these three are tripods of life. According to the Ayurveda and other vedic literatures we can see an extensive reference of drugs and foods which are mentioned by *Acharyas* for the protection of vision and preventing blurring of vision in cases like Diabetic Retinopathy, Computer vision syndrome, and Dry eyes. Preventing vit A deficiency in child hood is very important for perceivance of night vision which can be best done through the administration of *pathya chakshushya ahara*. *Virudhha/apathya ahara* may lead to poor vision or may cause blindness. So the ahara plays vital role in the ocular health.¹⁴ The person who follows regular diet and regularly take *Triphala powder* along with honey and ghee at the night is always free from diseases of eye.¹⁹

❖ NIDRA (SLEEP)

Sleep rejuvenates the mind and body. Sound sleep is absolutely necessary for the eyes. Normally 6-8 hours of sleep is necessary for a normal adult. Lack of sleep may lead to repeated eye irritation, headache, asthenopic symptoms, blurred vision, swelling of optic nerve, change in colour perception etc. When natural urge of sleep is hold it leads to *Akshigauravam* (heaviness and fatigue in eyes). In the context of etiological factors responsible for eye diseases Sushruta has mentioned "*Swapnaviparyaya*" (faulty sleep).¹⁵

❖ MANA (MIND), STRESS

To Maintain proper eye health and vision vagbhatta advised "*Manaso Nibhrutti*" i.e withdrawing mind from all sensual functions.¹⁶ A good balanced mental status is essential for proper functioning of the eyes because sense organ can perceive the objects only in presence of mind.¹⁷ Stress hormone cortisol causes arterial dilatation and venous constriction. A clinical conditions like twitching of eye lid and dry eye are other effect of oxidative stress. Stress induced hypertension may lead to the other vascular disorders of retina.

❖ VEGADHARANA (SUPPRESION OF NATURAL URGE)

It is mostly seen that in modern age lifestyle people use to suppress natural urge due to various reasons like busy work schedule and many other reasons. In the context of eye disease Sushruta has mentioned *Veganigrahat* (suppression of natural urge) and particularly *Baspagrahat* (suppression of tears). Charak has mentioned *Nidra* (sleep) and *Baspagrahat* (suppression of tears) causes various diseases of the eyes.

❖ YOGA AND EYE HEALTH

In *Gherand samhita* and *Hathayoga Pradipika* clearly mentioned that Yoga especially shatkriyas like *Trataka and Neti kriya* may help to improve vision and maintain the eye health.¹⁸⁻¹⁹

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Ayurved Galaxy E-Journal - Vol. 6 - Abstracts

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Procedural Pain Management of Neonate

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Recognition that both premature and full-term infant experience pain has led to increasing appreciation of the prevalent problem of under treatment of stress and pain of infants who are hospitalized in the Neonate intensive care unit(NICU). Both humanitarian considerations and scientific principles favor improved management strategies to prevent pain and stress whenever possible and when discomfort is unavoidable, to provide prompt and appropriate treatment. The prevention of pain is important not only because it is an ethical expectation but also because repeated painful exposures can have deleterious consequences. Procedural pain causes physiological changes in the body of a neonate, where an inflammatory response to the damaged tissues is initiated, while a stress response induces hormonal and metabolic changes affecting stability of the homeostasis. So principles of prevention and management of neonatal pain and stress has to be considered.

Modern science has shown, via various research papers and publications as Sucrose a better analgesic drug on pain management of neonates. An ayurvedic approach should be considered in the field of kaumarbhryta for vedanasthapan in Neonate as an alternative or better medicine than common available modern drugs.

According to ayurveda the elevated Vata is the root cause of Vedana. Hence, the Gunas of Mocharas like Guru, Ushna, Snigdha which are complimentary to the Laghu, Sheet and RukshaGuna of Vata can be used to conquer the Vata and hence act as Vedanasthapan. Mocharas is being used in Ayurveda for relief of pain in adult population. Hence, it can be used in neonate.

DHATU SHAIHILYA AND ITS COMPONENTS

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Dhatu Shaithilya is a structural and functional deformity. Shaithilya is an incompact type of union. Dhatus will acquire Shaithilya at different degrees of Anibidasamyoga. Shaithilya is of two types Physiological and Pathological. Unless the pathogenesis of Shaithilya is understood the treatment of same is not possible. In this study the compositional changes in the sharir bhavas causing Shithilatwa are focused. Shaithilya can be explained on the basis of the guna, karma and sharir bhavas associated with the Panchamahabhuta. Compositional changes in Medo dhatu and pathogenesis of Shaithilya in Prameha are discussed here. Shaithilya in Kaphaja Prameha is due to saturation of kleda in body i.e. Aap Mahabhuta. Shaithilya in Pittaja Prameha is due to ushna, Tikshna guna i.e. Aap, Teja Mahabhuta. Shaithilyain Vataja Prameha is due to deceased Drava guna and increased Ruksha guna i.e. Vayu, Akash Mahabhuta.

Comparative study of Kamala

Dr. Suvarna Kande , Dr. Anand More , Dr. Pallavi Dand

Kamala is described elaborately in ancient Ayurvedic texts, in the context of panduroga. Kamala is the condition which affects the lustre of body to yellow due to vitiation of Pitta dosha. Signs and symptoms of Kamala have great resemblance with the jaundice of modern medical sciences.

Normally, in body liver plays a major role in the maintenance of metabolic homeostasis. The textual and pathological classification of Kamala has a vast significance in diagnosis of diseases. In Jaundice (Haemolytic, Hyper-bilirubinaemia ,Obstruction Jaundice) – Yellow appearance of the skin, sclera and mucous membranes resulting from an increased bilirubin concentration, Dark urine, pale stool, Xanthelasma, malabsorption, weight loss, osteomalacia found and Fever, Rigor, pain, white coloured stool in obstructed jaundice. So, the liver disorders are explained in both sciences among them Kamala is correlated with jaundice.

As per Kamala, appearance, pathogenesis, types of Kamala and its clinical features are having resemblance with jaundice. Bahupitta kamala, Ruddhapatha kamala, and chronic stages of kamala can correlate with haemolytic, hepatic and obstructive jaundice.

Therefore we can say that kamala and jaundice are same diseases.

AYURVEDIC MANAGEMENT OF MADHUMEHA

Dr. Sandeepsingh Tiwari, Dr. Anand More

History of dietetics is very old, which is essential factor for the maintenance of life. It is described in the samhita, the intake of Hitakar Ahara results shubha (advantageous) effect and Ahitakar Ahara creates ashubha (harmful) effect. According to Charaka, body as well as disease are caused by diet. The ancient prophets gave much importance to intake of proper ahara and proper vihar for leading a diseases free life. Prameha is characterized by profuse urination with several abnormal qualities due to doshaj imbalances. The main causes of prameha are lack of exercise and improper food habits, excessive food intake of category snigdha and guru guna, milk products, jiggery and the food which causes vitiation of kapha dosha are the primal causes of disease. Vagbhata described prameha as a frequent and copious urine with turbidity i.e. "Prabhutavila mutrata ". If Prameha is not treated earlier or not properly, then all types of Prameha turns into Madhumaeha which includes in the Vataj Prameha category. According to signs & symptoms of Madhumeha, it can be correlate with diabetes mellitus of modern medicine.

In Ayurveda the line of treatment of Madhumeha is strictly on individual's constitution. It is based on an entire change in the lifestyle of the person, along with medication and diet, the patient is also advised to lead a healthy lifestyle and live an active life, rather mental aspects of the disease are stressed. Madhumeha can be controlled by various measures like Shodhan chikitsa, Shaman chikitsa and Yoga chikitsa.

ROLE OF VATSAKDIGA IN STHAULYA (OBESITY)

Dr. Shital. S. Patil, Dr. Mrs. Savita. S. Nilakhe

Obesity is the most common nutritional disorder in affluent societies. The incidence of Diabetes mellitus, hypertension, angina pectoris, and myocardial infarction etc. is higher among obese individuals. Commonly obesity is due to excessive eating and sedentary lifestyle. ÂcârâCarak has quoted a Sthaulya under the eight varieties of impediments (Acm- NindîtPuruc). There are some new researches, some new efforts and some new paradigm in the path of solution of the disease Sthaulya. In the pathway of this solution some create milestones. This research work is a paradigm in the pathway of solution of the disease Sthaulya. A trial has been made in the present study to make some new dimensions in respect to weight loss and overall effect of treatment were obtained based on clinical evaluation. 30 patients of Sthaulya have been selected between the age group 18-50 years. Clinical examination done with the help of assessment criteria. Necessary blood investigation done before and after treatment. VatsakâdiGaG aVa m î given to patients after proper concent. Obeservations were noted. Stastical evaluation is done from collected data. Sthaulya is caused due to vitiation of Kaphadôc a and Mçdo, MâA sadhâtu. So the treatment should require which stabilise these vitiating duc yas. VatsakâdiGaGa is selected for treatment as in benefits of it given that it cures Vât, Kapha, and Mçda. Observation was made after the follow up and final result is obtained. Sthaulya is produced due to over nourishing dietary, behavioral and mental type of causative factors. These factors vitiates MâAsa, Mçda, along with Kapha and Sthaulya is developed. VatsakâdiGaG aVa m î has significant role in reduction of MâAsa and MçdaDhâtu. It also cures MârgavarôdhajanyaVâtprakopa.

AYURVEDIC CONCEPT OF STRESS

Dr. Vaishnavi Tupe, Dr. Anand More, Dr. Pallavi Dand

Ayurved science is designated as advantages & disadvantages as well as eternal science of healthy living treasures. It deals with physical, psychological well being of human being & covers all aspect of human life. The urge to act in the presence of stress has been with us since our ancient ancestors. But in today's corporate dominated world, the response to stress is simply inappropriate & may be a contributor to Stress. What is Stress?, and what does it means to us people or more specifically what does it means to the Ayurvedic Practitioner? Stress is the anxiety, depression, tension, fear, worries & pressure etc. Life stressor involves changes in your environment that central nervous system must adapt to the course of daily living. Stressor includes either positive or negative life events e.g. death, divorce, new job, new house, new baby that requires you to adapt to these changes in your life. Stress can manifest itself in physical, emotional or behavior symptoms. Stress is mentioned in various Vedic Scriptures like Riga-veda, Yajurved, Atharvaveda. Stress has also been mentioned in first chapter of Shrimad Bhagvata Geeta. In ancient period Acharya Charaka, Sushruta, and Vagbhata contributed about Mana, Manasroga, and its management according to their own view. The term Chittodvega can be compared with stress (Anxiety disorders), is one of the Vikara of Manodosh. Ayurvedic view of Chittodvega (Stress), its etiopathogenesis and management is described elaborately in Samhita. It helps to understand the concept of stress and its effect on mana in ayurved.

STUDY THE CONCEPT OF ISCHEMIC HEART DISEASE IN AYURVED

Dr. Bhanwar Saini, Dr. Anand B. More, Dr. Virendra pawar

In this era of Antibiotics decline in infectious diseases is seen but degenerative diseases have established themselves all over world, among which Atherosclerosis and Ischemic Heart Diseases are considered as greatest killer. In view of the increasing morbidity and mortality by these diseases and in absence of safety and adequate efficacy of modern drugs, it has become a timely necessity to understand disease process properly and to explore traditional indigenous system of medicine. So that drugs stated useful in ancient literature for these diseases can be used for I. H. D. Vatika Hrcchula described in Ayurveda simulates with Ischemic Heart Diseases.

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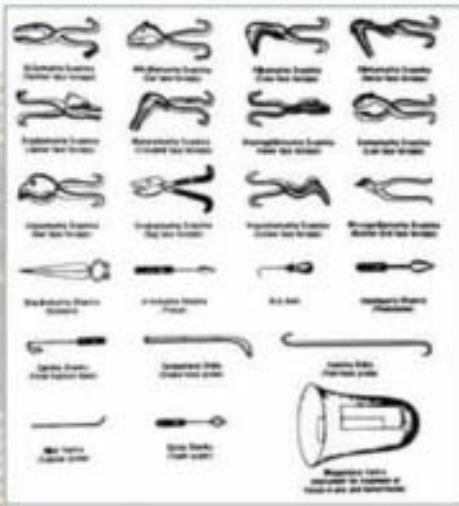
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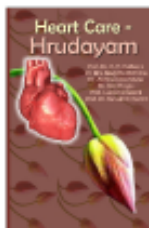
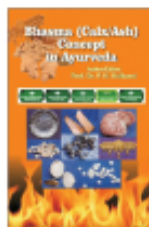
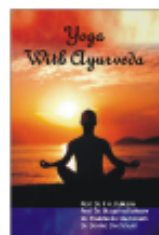
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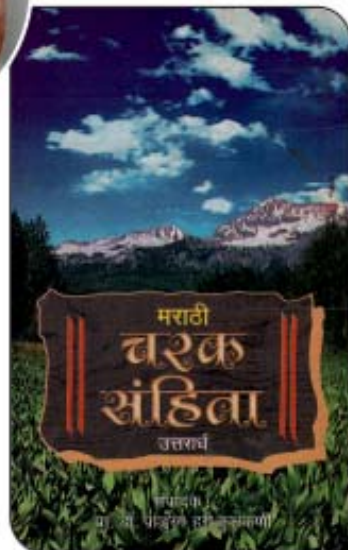
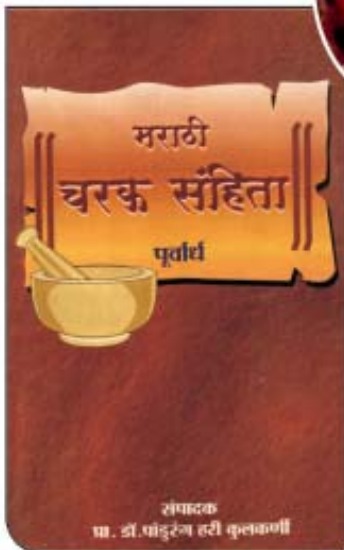
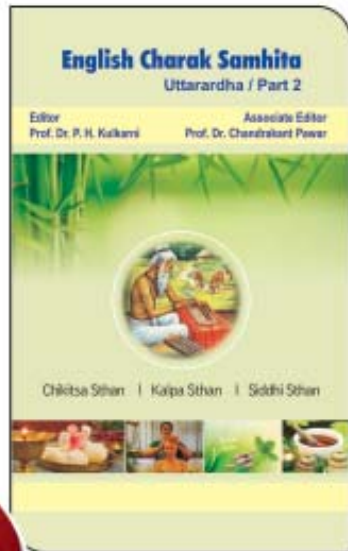
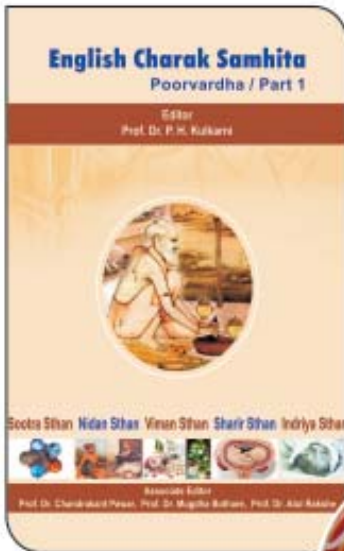
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