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सितम्बर-अक्टूबर 2022

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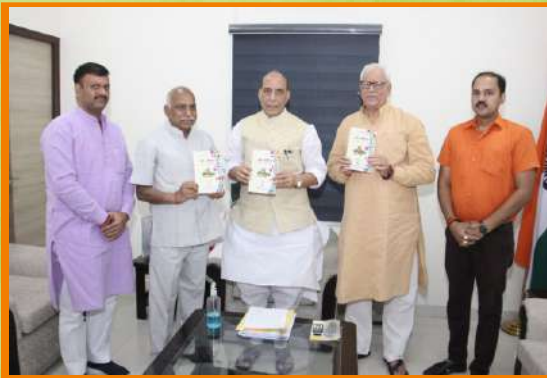
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# विश्व आयुर्वेद परिषद् पत्रिका

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सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक हैं। पत्रिका के लेखों में व्यक्त विचार लेखकों के हैं। सम्पादक एवं प्रकाशक का उससे सहमत होना आवश्यक नहीं है। आपके सुझावों का सदैव स्वागत है।

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## ***Guest Editorial***

Ayurveda is the oldest surviving medical system in the world. Ayurvedic science is not merely a traditional Indian form of medicine but a perennial naturopathic system of healthcare that has survived the test of time as well as an onslaught of modern science and methods of treatment. The Ayurvedic Market is undergoing tremendous growth owing to the rising awareness among the population due to its wellness efficacy as well as in mitigating the recent COVID-19 pandemic. Also, the ease of availability and growing awareness about benefits of the products are driving a positive impact factor on market growth. Moreover, expanding medical tourism is also contributing to boosting the growth of the market.



Recently our Hon'ble Prime Minister Shri Narendra Modi Ji also announced that the Govt. of India would soon introduce a special **Ayush visa** category for foreign nationals who want to come to India to take advantage of traditional medicine, as part of initiatives to promote medical tourism. "With this visa, it will make travel easier for accessing Ayush therapies in India." A Delhi-based autonomous policy research institute-Forum on Indian Traditional Medicine (FITM) under Research and Information system for developing country (RIS), recently published a research report on the AYUSH Sector that, the current turnover of the Indian AYUSH industry is US\$ 18.1 billion and the market size of Indian AYUSH industry as a whole, has grown by 17 percent during 2014-2020. The total AYUSH and herbal medicines export in India has increased from US\$ 1.09 billion in 2014 to US\$ 1.54 billion in 2020, registering a robust growth rate of 5.9 percent annually.

The business of Ayurvedic medicine is dependent on multiple herbs, which are often harvested from different parts of India. Companies in the trade have to set up systems down the line to the very source, with an assured market. From there, a logistics framework has to be created to ship the products to the factories and from there to the distribution hubs and stockists of the global market. At present, traditional, and complementary systems of medicines account for a major part of the healthcare being provided worldwide. Ayurvedic stakeholders should come forward and take the opportunities for further growth of Ayurvedic medicine in the global market.

**- Dr. Bishnu Choudhury**

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## SCREENING OF EXOTIC PLANTS AND THEIR INCLUSION IN MATERIA MEDICA OF AYURVEDA

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### Abstract :

*Ayurveda is the oldest scientifically codified system of medicine being practiced in Indian subcontinent since the Vedic period. Observation of the textual references reveals gradual increase in the number of plant species utilized for the therapeutic purposes. This fact establishes on-going process of research in the field. Bhatt Narhari in Raj Nighantu has provided clear cut guidelines for the screening of new medicinal plants and their inclusion to the Ayurvedic Materia Medica. Screening and inclusion of new plant drugs into material medica is a continuous process. A large number of exotic plants have been screened for their therapeutic potential by scholars of Ayurveda. In recent past, a large number of exotic plant species have entered Indian subcontinent which have potential to be used for therapeutic purposes and are being used for the same by traditional healers. The complete description of such*

*medicinal plants in terms of their pharmaco-gnostical and pharmacological properties i.e. Name, Morphology, Rasa, Guna, Virya, Vipaka are not available in the Ayurvedic texts. Therefore, there is an urgent need to identify, these plants and standardize them scientifically. Present paper is an attempt to formulate screening process for exotic plant species on the basis of established principles of Ayurveda with the help of modern technology and their inclusion into Materia Medica.*

**Keywords-** Exotic Medicinal plants, Screening, Pharmacological.

### INTRODUCTION-

The knowledge of medicinal plants in past is scientifically documented and systematically organized in Ayurveda samhitas, Nighantus and other texts. Concept of inclusion of new drugs into Ayurvedic Pharmacopoeia is as old as Ayurveda itself. A careful review of classical texts reveals that number of

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plants utilised for therapeutic purposes has continuously swelled up with the passage of time. This observation clearly indicates on-going process of scrutiny of new plant species for their therapeutic potential and their inclusion in Ayurvedic Pharmacopoeia. There is an instruction in Carak Samhita<sup>1</sup> regarding screening and

inclusion of undocumented plant species into Materia Medica.

In texts of Ayurveda, various plant species of exotic origin have been described. Plants having foreign nativity have been screened for their pharmacological properties and therapeutic potential with their inclusion in Ayurvedic pharmacopoeia in recent past. Examples are listed below.

**Table No.1**

**Some Exotic Plants introduced in Materia Medica of *Ayurveda*<sup>[2]</sup>**

S. N	Botanical Name	Sanskrit Name	Family	Nativity	in <i>Āyurveda</i>	Ref.
1.	<i>Aloe sp.</i>	<i>Kumārī</i>	Liliaceae	Africa	8 <sup>th</sup> AD	A.Ni.
2.	<i>Hyoscyamus niger</i> L.	<i>Pārasīka yavānī</i>	Solanaceae	Europe	9 <sup>th</sup> AD	VM.
3.	<i>Papaver somniferum</i> L.	<i>Ahiphena</i>	Papaveraceae	Spain	12 <sup>th</sup> AD	GN.
4.	<i>Anacyclus pyrethrum</i> L.	<i>Akarakarā</i>	Asteraceae	North Africa	12 <sup>th</sup> AD	GN.
5.	<i>Pistacia lentiscus</i> L.	<i>Mastagī</i>	Anacardiaceae	North Africa	12 <sup>th</sup> AD	GN.
6.	<i>Ocimum basilicum</i> L.	<i>Barbarī</i>	Lamiaceae	Central Asia	14 <sup>th</sup> AD	MP.Ni
7.	<i>Bixa orellana</i> L.	<i>Sindūrī</i>	Bixaceae	America	14 <sup>th</sup> AD	MP.Ni
8.	<i>Lepidium sativum</i> L.	<i>Candraśūr a</i>	Brassicaceae	Persia	16 <sup>th</sup> AD	BP.Ni.
9.	<i>Smilax china</i> Linn.	<i>Copachīnī</i>	Smilacaceae	China, Japan	16 <sup>th</sup> AD	BP.Ni.
10.	<i>Thevetia nerriifolia</i> Juss.	<i>Pīta karvīra</i>	Apocynaceae	America	17 <sup>th</sup> AD	R.Ni.
11.	<i>Plantago ovata</i> Forsk.	<i>Isabgola</i>	Plantaginaceae	Persia	19 <sup>th</sup> AD	AV.
12.	<i>Chinchona succirubra</i> Pavon	<i>Cinconā</i>	Rubiaceae	South America	19-20 <sup>th</sup> AD	DG.Vi.

In present era, with the emerging concept of global village, a remarkable number of exotic medicinal plants have entered Indian land through various routes, either imported intentionally or unintentionally their seeds have paved their route along with other imported materials. Some of these plant species are dreaded weeds and have drawn the attention of authorities. *Parthenium hysterophorus* L. (Asteraceae) is one such





example. Some other plants introduced to the land have promising therapeutic potential and have entered Local Health Traditions and are being used for the management of diseases both for humans and veterinary purposes. Some of these plants may prove having potential therapeutic uses. Complete description of such medicinal plants in terms of their Pharmaco-therapeutic properties viz. *Rasa, Guna, Virya, Vipaka* are not available in the *Ayurvedic* texts. Therefore, there is an urgent need to name these plants and analyse them scientifically in terms of *Rasa, Guna, Virya, Vipaka* on the basis of principles established by the Sages in classical texts with application of modern scientific tools. Simultaneously, these plants should be analysed for their chemical composition so that they can be successfully utilised in therapeutics and documented by incorporating into *Ayurvedic* Materia Medica for future references.

In modern science every drug is evaluated for its therapeutic potential by evaluation of therapeutic efficacy in animal models. In case of exotic plants, traditional healers have screened them by the method of trial and error and are using these plants for medicinal purposes in human beings by oral route. Exotic plants being used in local health traditions for human and veterinary practices by oral

route, having no reports regarding harmful effect may be considered for therapeutic trials.

### **Proposed Steps for the Screening of *Anukta Dravya***

1. Identification of plant species used in local health traditions with the help of traditional healers, Cowherds, Shepherds and other forest dwelling communities [3,4,5].
2. Collection of information regarding therapeutic use of plant species in Local Health Traditions for human as well as veterinary purposes in a pre-designed questionnaire [6].
3. Cross verification of information's collected regarding therapeutic use of species by other sources including other traditional healers of the area and other regions.
4. Collection of plant specimen for taxonomic identification.
5. Determination of pharmacological properties of the plants in perspective of *Ayurveda* by determination of *Rasa* using subjective and objective methods provided the plant has established safety profile authenticated by its use by oral route in local health traditions or having established safety profile by toxicological screening studies published in Journals.
6. Phytochemical analysis of the plant for the determination of its



pharmacological properties in terms of *Rasa, Guna, Vîrya, Vipâka*<sup>[6,7]</sup>.

7. Nomenclature of the plants on the basis of laid-down principles for the nomenclature of plants in classical text of *Ayurveda*<sup>[8]</sup>.
8. Therapeutic trial of plant species for the indications it is being used in Local Health Traditions.
9. Critical analysis of information's gathered from different sources and publication of data for cross verification, further researches and inclusion in *Materia Medica*.

### **Methodology for the Screening of Exotic Plant Species to *Materia Medica***

#### **Collection of Information, Specimen and Sample from Field**

Such type of studies should be area specific. Study area must be identified prior to initiation of study. Time for any survey study must be spread over at least one year in order to observe all types of vegetation (annual / biennial / perennial) in flowering and fruiting stage. Frequent field visits to the study area should be undertaken for collection of information regarding the drugs in local health traditions and collection of plant specimens. The traditional healers working in the field of herbal medicine should be identified with the help of Village *Pradhan* and other persons residing in the

area. Information regarding utilization of medicinal plants should be collected from traditional healers on the basis of a pre-designed questionnaire. Traditional healers often have reservations in sharing their traditional knowledge due to fear of biopiracy. They must be insured regarding profit sharing in case of commercialization of the information collected as per the Intellectual Property Rights Act 2015. Once the rapport is built, traditional healers feel free to share the information. Information regarding the name of medicinal plants, local names, habitat, disease conditions treated, mode of administration, route of administration in human being and animals should be collected at the time of collection of plant species.

After collection of information regarding utilization of a particular plant, traditional healer should be requested for in-situ identification of plant utilized for collection of plant material for lab analysis and specimen for herbarium preparation. It is important to mention here that wild life (protection) act 1972 and other relevant laws must be taken care of during the whole process and permission from concerned authorities must be sought when and where required.

#### **Identification of Plant Species**

After establishment of botanical identity with the help of published floras and other online resources, plant specimen



should be mounted on herbarium sheet. Standard operating procedures regarding collection of specimens and herbarium preparation must be followed [9]. Taxonomic validation of prepared herbarium specimen should be done with the help of regional herbaria.

### **Determination of Pharmacological Properties of Exotic Plant Species**

In texts of *Ayurveda*, Pharmacological properties of drugs have been described in terms of *Rasa*, *Guna*, *Vipaka*, *Veerya* and *Prabhava*. *Rasa* is first and most prominent pharmacological character of a drug which is perceived by direct inference (*Pratyaksha pramana*)<sup>[10]</sup>. It is easy to define any drug by the perception of taste. *Āyurvedic* principles defines that *Rasa* of any drug can denote the properties of the drug<sup>[11]</sup>. Basic constitution (*Panchbhautik sangathan*) of the drug can be inferred on the basis of its *rasa*<sup>[12]</sup>. By following the principles of General deduction of properties (*Samāna pratyayarabdh*)<sup>[13]</sup>, basic constitution (*Panchbhautik sangathan*) of the drugs can be inferred. On the basis of basic constitution of drug, it's *Guna*, *Vipaka*, *Veerya* and its effect (*Prabhav / Dosha Karma*) can be inferred<sup>[14]</sup>.

### **Methods for Determination of Rasa**

Texts of *Ayurveda* have guiding principles regarding different

pharmacological properties of *Dravya* (Diet and Drugs). *Rasa* has been considered to be the subject of *Rasnendriya* and can be perceived by the direct contact of *Dravya* with *Rasnendriya*<sup>[15]</sup>. This method of determination of *Rasa* is subjective method. With evolution of modern scientific techniques, phytochemicals present in plant drugs (*Dravya*) can be detected in laboratory. Chemical constitution of *dravya* has been considered as an index of *Rasa* of *Dravya*. This is another tool for the determination of *Rasa* of *Dravya*. Both the methods are being discussed below.

### **Subjective Method: Determination of Rasa (Taste) by Direct Observation**

#### ***Rasa* (Taste) as Subject of *Rasanendriya* (Gustatory sense organ):**

It is direct observation by the contact of *Gyanendriya* (sense organ) with the impulse. *Rasa* of a *dravya* is perceived by the direct contact of *Dravya* with the *Rasnendriya*. The knowledge of *Rasa* is obtained when the material comes in contact with the sensory organ i.e. *Rasanendriya*. This is called *Rāsana Pratyakca*<sup>[15]</sup>.



**Table No.2:**  
**Characteristics of *Rasa* described in *Āyurvedic texts*<sup>[16,17,18,19]</sup>**

S.N.	<i>Rasa</i>	Characteristics of <i>Rasa</i>
1.	<b><i>Madhura</i></b>	<ol style="list-style-type: none"><li>1. <i>Ṣaḍindriyaprasādana</i> (Soothing to all six sense organs), <i>Ghrāṇamukhakaṅthoṣ ṭhajihvāprahlādanḥ</i> (soothing to nose, mouth, throat, lips and tongue)<sup>[16]</sup></li><li>2. <i>Mukhopalepaṃ janayati</i> (Besmeared the mouth)<sup>[17]</sup></li><li>3. <i>Dehaṃprahlādayati</i> (Soothing to the body)<sup>[18]</sup></li></ol>
2.	<b><i>Amla</i></b>	<ol style="list-style-type: none"><li>1. <i>Āsyamāsrāvayati</i> (Brings about salivation)<sup>[16]</sup></li><li>2. <i>Dantahaṣamutpādayati</i> (Tingling sensation of teeth), <i>Sraddhāmcot - pādayati</i> (Generates interest in food)<sup>[17]</sup></li><li>3. <i>Urahkaṅthamvidahati</i> (Burning sensation in chest and throat), <i>Akṣibhruvaṃsank - ocaayati</i> (Constricts eyes/eyebrows), <i>Romānhaṣayati</i> (Generates horripilation)<sup>[18]</sup>.</li><li>4. <i>Kṣhalayate mukham</i> (Cleanses the mouth)<sup>[19]</sup>.</li></ol>
3.	<b><i>Lavana</i></b>	<ol style="list-style-type: none"><li>1. <i>Āsyamāsrāvayati</i> (Brings about salivation)<sup>[16]</sup></li><li>2. <i>Bhaktaruciṃutpādayati</i> (Generates taste in food), <i>Mardava māpādayati</i> (Softens buccal cavity)<sup>[17]</sup></li><li>3. <i>Kaṅthakapolauvidahati</i> (Causes burning sensation in throat/ buccal cavity)<sup>[18]</sup></li></ol>
4.	<b><i>Katu</i></b>	<ol style="list-style-type: none"><li>1. <i>Vaktramsodhayati</i> (cleanses mouth), <i>Ghranamsravayati</i> (secretion from nose), <i>Caksuvirecayati</i> (starts lacrimation)<sup>[16]</sup>.</li><li>2. <i>Jivhāgram bādhatē</i> (irritates tongue tip), <i>Udvegāṃ janayati</i> (causes distress), <i>Śirogrhṇite</i> (holds head)<sup>[17]</sup>.</li><li>3. <i>Cimcimāyatekaṅthakapolau</i> (tingling sensation in throat &amp; buccal cavity), <i>Vidahati deham</i> (burning sensation body)<sup>[18]</sup>.</li><li>4. <i>Kapolaṃ dahati</i> (burning sensation in buccal cavity)<sup>[19]</sup>.</li></ol>
5.	<b><i>Tikta</i></b>	<ol style="list-style-type: none"><li>1. <i>Svayamarochiṣṇuḥ</i> (Distasteful)<sup>[16]</sup></li><li>2. <i>Galeṣoṣamutpadayati</i> (Dryness in throat), <i>Mukhvaishadyaa</i> (cleanses mouth), <i>Bhaktaruchiṃcopadayai</i> (improves taste)<sup>[17]</sup></li><li>3. <i>Rasanāṃ pratihanti</i> (obstructs perception of other tastes)<sup>[18]</sup></li></ol>
6.	<b><i>Kasāya</i></b>	<ol style="list-style-type: none"><li>1. <i>Vaisadhyama</i> (Non-Sliminess), <i>JihvaJadyama</i> (Stiffness in tongue throat)<sup>[16]</sup>.</li><li>2. <i>Vaktraṃpariṣoṣayati</i> (generates dryness in mouth), <i>Hridayaṃkaṣhati - pādayati ca</i> (produces strain and pressure on chest)<sup>[17]</sup></li></ol>

By analysis of the impulses produced by *dravya (Ras)* on *Rasnendriya* (gustatory sense organ) and other signs and symptoms, either local or systemic, *Rasa* present in the *dravya* can be determined.



## Determination of *Rasa* (Taste) by inference *Anumâna* (Inference)

*Rasa* of a *dravya* can also be inferred by the pharmacological action of *Rasa* on *Dosha*, *Dhatu* and *Mala* using *Anumana Praman* i.e. by inferential methodology.

## Determination of *Rasas* through *Dosha-Dhatu-Mala Karmas*<sup>[20]</sup>

Table No.-3

### Action of *Rasa* on *Dosha-Dhatu-Mala*

S.N	<i>Rasa</i>	<i>Dosha-Karma</i>	<i>Dhatu-Karma</i>	<i>Mala-Karma</i>
1.	<b>Madhura</b> (Sweet)	<i>Vata-Pitta Samana</i> ( <i>Vata-Pitta</i> Pacifying), <i>Kapha Kopana</i> ( <i>Kapha</i> Aggravating)	<i>Sarvadhâtuvardhana</i> (Promotes all the <i>Dhatu</i> s), <i>Balya</i> (Strength Promoting), <i>Jîvana</i> (Vitaliser), <i>Āyusya</i> (Providing Longivity) <i>Stanyavardhana</i> (Galactogogue).	<i>Sṛṣṭaviṇmūtra</i> (Diuretic, Purgati -ve carminative)
2.	<b>Amla</b> (Sour)	<i>Vata Samana</i> ( <i>Vata</i> Pacifying), <i>Pitta-Kapha</i> <i>Kopana</i> ( <i>Pitta-Kapha</i> Aggravating)	<i>Brimhaṇa</i> , <i>Balya</i> , (Body and strength promoting), <i>Śukrahā</i> (Causing loss of semen).	<i>Sṛṣṭaviṇmūtra</i> (Diuretic, Purgative and carminative)
3.	<b>Lavana</b> (Salty)	<i>Vata Samana</i> ( <i>Vata</i> Pacifying), <i>Pitta-Kapha</i> <i>Kopana</i> ( <i>Pitta-kapha</i> Aggravating)	<i>Dhātunāśana</i> (Debilitating) <i>Daurbalyakara</i> (Debelitating), <i>Avṛṣya</i> (Non-Aphrodisiac), <i>Dhātu Śaithilyakara</i> (Slacking)	<i>Sṛṣṭaviṇmūtra</i> (Diuretic, Purga – tive/ carminative)
4.	<b>Katu</b> (Pungent)	<i>Vata-Pitta Kopana</i> ( <i>VataPitta</i> aggravating), <i>Kapha Samana</i> ( <i>Kapha</i> Pacifying)	<i>Dhātunāśana</i> (Debilitating), <i>Lekhana</i> (Slimming), <i>Avṛṣya</i> (Non-Aphrodisiac).	<i>Baddhaviṇmūtra</i> (Constipative, Anti-diuretic, <i>vata</i> binding)
5.	<b>Tikta</b> (Bitter)	<i>Vata Kopana</i> ( <i>Vata</i> Aggravating), <i>Pitta-</i> <i>Kapha Samana</i> ( <i>Pitta-</i> <i>Kapha</i> Pacifying)	<i>Dhātunāśan</i> (Debilitating), <i>Avṛṣya</i> (Non-Aphrodisiac), <i>Meda-</i> <i>Vasa-Majja-Lasīka-Śoṣaṇa</i> (Causing Consumption of fat, Bone Marrow Lymph).	<i>Baddhaviṇmūtra</i> (Constipative, Anti-diuretic and <i>vata</i> binding)
6.	<b>Kaṣaya</b> (Astringe- nt)	<i>Vata Kopana</i> ( <i>Vata</i> Aggravating), <i>Pitta-</i> <i>Kapha Samana</i> ( <i>Pitta-</i> <i>Kapha</i> Pacifying)	<i>Śoṣaṇa</i> , <i>Lekhana</i> (Consume All the <i>Dhatu</i> s and Slimming).	<i>Baddhaviṇmūtra</i> (Constipative, Anti-diuretic and <i>vata</i> binding)



## Objective Method for the Determination of *Rasa*

*Rasa* of a *dravya* is determined and closely related to its chemical composition. *Rasa* of herbs may also be determined on the basis of their phyto-constituents. In objective method for determination of *rasa* of drugs, qualitative as well as quantitative chemical analysis of different chemical constituents can be undertaken. Study carried out by *Ācārya* P.V. Sharma and N.G. Bandyopadhyay may be considered as pioneering study in this direction planned to detect *Rasa* in a given drug by qualitative chemical analysis of its different constituents. For the determination of *rasa* present in specific drug, specific chemical constituents responsible for a particular *rasa* were taken into consideration and tested (Table No.4).

**Table No.4 -  
Chemical Constituents tested for specific *Rasa*<sup>[21]</sup>**

Sr.No.	Name of <i>Rasa</i>	Chemical Constituents
1.	<i>Madhura</i>	Carbohydrate, Protein
2.	<i>Amla</i>	Acids
3.	<i>Lavana</i>	Sodium Chloride, Potassium Chloride
4.	<i>Katu</i>	Essential oil, Phenol, Coumarin, Sterol
5.	<i>Tikta</i>	Alkaloids, Glycoside, Coumarin, Sterol
6.	<i>Kaṣaya</i>	Tannin

A comparative analysis of findings derived from Subjective and Objective methods, *rasa* of *Dravya* (Drug) in question may be determined. Once the *rasa* of *Dravya* (drug) has been determined, other pharmacological properties viz. *Guna*, *Vipaka*, *Veerya*, *Prabhava* and *Karma* of the drug can be deduced by critical analysis of its therapeutic indications in Local Health Traditions and *Rasa* determined. Unless proved otherwise, drug under study may be considered *Saman Prityayarabdha*.

### Nomenclature of Exotic Plants (*Anukta Dravya*)

After collecting the information about Morphology, Habit, Habitat, Therapeutic Uses in Local Health Traditions, deduction of Pharmacological properties in perspectives of Ayurveda, plant drug should be considered for a suitable Name in Sanskrit (Ayurveda). For nomenclature of the exotic plant species, the criteria of Nomenclature described in classical texts of Ayurveda should be taken into consideration. *Dhanvantari Nighntu*<sup>[22]</sup> says that names, one or many are assigned to plants according to habitat,



form, colour, potency, taste and therapeutic efficacy. According to *Raja Nighantu*<sup>[8]</sup> names and synonyms are assigned to plants on the following seven bases - *Rudhi* (Traditional Use), *Prabhava* (Desyokti), *Lanchana* (Morphological characters), *Upma* (Simile), *Viryā* (Potency), *Itrahvaya* (Prevalence in other regions or due to other factors).

### **Therapeutic Trial**

After the drug has been assigned a suitable name, it should be considered for validation of therapeutic efficacy of the drug / preparations of drug in the management of disease conditions treated in Local Health Traditions. The safety profiling and toxicity studies are essential parameters for determination of therapeutic dosage, dosage form, purification of the drug if required before its inclusion in *Materia Medica* of Ayurveda. For this purpose, a thorough review of scientific publications world over may provide required evidences.

### **Critical Analysis**

After development of safety profile we should cross verify the information's which are gathered from different sources and validate them. All the data found from different sources should be evaluated and arranged in scientific manner. Data should be analysed for further researches and all the information are used for authentication of *dravyas*. Critical analysis of the

information's gathered from journals, books, should be done and cross verification of the literature to authenticate that drug. We should clear that the properties of the drugs which have been described by traditional healers are matching with the literature or not. This step is used for authentication of the drug. After that the drug should be introduced in *Materia Medica*.

### **Discussion and Conclusion**

Plants are the most dependable friends of man for food, medicine, clothing, shelter. India is very rich in floral diversity and there are numerous medicinal plants which are not mentioned in classical texts of *Ayurveda* and are being used very popularly in ethnomedicine / Local Health Traditions. There is a need of exploration of these plants for their pharmacological properties in perspectives of Ayurveda and their inclusion in *Materia Medica* of Ayurveda. As discussed earlier, *Rasa* has got an important position in *Dravyaguna Shastra*. Gustatory sense organ is the specific laboratory through which, by direct observations of *rasas*, *Panchbhautik* composition of *dravyas*, their pharmacological properties like *vipaka*, *viryā*, *guna* can be inferred and proved experimentally in laboratory provided the safety profile of the plant has been established. Determination of *Rasa* is the preliminary step to initiate the



process of screening of an exotic plant species being used in local health traditions.

### Abbreviations-

G.N. – Gada Nigraha; MP.Ni.- Madana Pâl NighaGtu; BP.Ni. – Bhâv Prakâsh NighaGtu; DG.Vi.- Dravyaguna Vijnâna; BP.Ni.- Bhâv Prakâsh NighaGtu; A.V.- Âyurved Vijnâna; A.N.-Astanga NighaGtu; V.M.- Vranda Madhava; R.Ni.-Raj NighaGtu.

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## CENTURIES OLD AYURVEDA IS THE NEED FOR THE BENEFITS OF SOCIETY

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### ABSTRACT-

*Ayurveda is the centuries old science of life and healthcare. But its growth is stunted and derailed in medieval period by foreign invaders. Ayurveda enforced their own way practice of medicine at that time, which is based on the principals of Loka-purusha samya, Svabhavoparamavada, and its own way of personalized health care strategy of management, known as prakriti. The basic doctrine of Ayurvedic therapeutics are differ from contemporary system of medicine, which is based on human body-mind-spirit on its quantum logic and pronature. The entire understanding of prevention, preservation, and restoration of health, diathesis of disease, diagnostic and management are operated through the theories of Triguna, Tanmatra, Panchamahabhuta, Tridosha, Dhatu, Srotas, Ojas, Agni and Ama. However, Ayurveda is still on cross road in terms of understanding and research. Every individual define its utility in the society on its own way and*

*claiming their superiority. Although, it is emerging as a new hope of future medicine on the globe and researchers are inclined towards fauna and flora of Ayurveda.*

**Key-wards:** *Ayurveda, Svabhavoparamavata, Loka-purushasamya, personalized medicine, Holistic medicine,*

### INTRODUCTION

Ayurveda is the oldest system of medicine and healthcare in the world, its antiquity going back to the ancient Vedas. It is amazing to note that Ayurveda has practiced without break since past to the present. In medieval period its growth was stunted and derailed by foreign invaders. They gradually break the back bone of Indian healthcare i.e Ayurveda and enforced their own practice of medicine at that time, called as Unani and modern system of medicine. Ayurvedic physician learn a lot from Unani scholars at that time and try to incorporate new diseases, diagnostic tools and drugs in their compendium of Ayurveda.

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In this ways Ayurveda has enriched by literature in many ways and evolved newer remedial measures for the management of ailments. But, British rulers gradually paralyze the Indian healthcare and enforced doctrine of reductionist medicine and try to close the door of practice of Ayurveda. But practitioners of Ayurveda maintain its revival at his own level. Although, India has got freedom from British rulers on 15th August, 1947, but Ayurveda has got freedom after 23 years at the place of its origin, in 1970 Govt. of India has passed Indian medicine central council act 48 and established a regulatory body as CCIM in 1971 to monitor higher education in Indian system of medicine. Now, it's functioning in under control of ministry of AYUSH, Govt. of India, which was established in 2014 to ensure the development and propagation of AYUSH systems of medicine and healthcare. Still now, Ayurveda is not on the mainstream of the national healthcare system and Ayush graduate are not counted at the level of national healthcare forum. Though, it has its own way of approaches for preservation & promotion of health, prevention and management of diseases.

The knowledge of Ayurveda has descended from past to the present in the form two sets of authentic texts viz-1. Brihatrayi and 2. Laghutrayi. The Brihatrayi comprises of three big books such as Charaka Samhita, Sushruta Samhita,

and Samhitas of Vagbhata, in which the first two are pre Christian texts books. The Laghutrayis are the texts book of medieval period comprises of three small books such as Madhava nidana, Sharangdhara Samhita, and Bhavaprakash. These texts book have been developed after addition and deletion over a period of thousands of years. These text books had incorporated newer concepts of diagnostic, disease evolved at that time in the society and medicament for their management. This indicate progressive growth and development at that time.

The basic tenets of Ayurveda are based on entirely a different understanding of the structure and function of human body-mind-spirit on its quantum logic and pro-nature, which is operated through the theories of Triguna, Tanmatra, Panchamahabhuta, Tridosha, Dhatu, Srotas, Ojas, Agni and Ama. Proper functioning of Ojas and Agni i.e. immuno-metabolic activities; may lead to health and in reverse may lead to disease. Ayurvedic therapeutic has three distinct systems of life science and healthcare viz- 1. The Pro-nature approach 2. The holistic approach and 3. The personalize healthcare approach strategies for diagnosis as well as treatment of ailments.

### **1. The holistic approach**

In Ayurveda the individual living being (microcosm) is considered as a replica of



the universe (macrocosm). In the diagnosis and management of diseases in Ayurveda, the patient (microcosm) is considered a total entity, which is connected with the cosmic forces (macrocosm) i.e. based on the principle of Lokapurusha-samyā (microcosm vs macrocosm). This is why Ayurveda encompasses the entire spectrum of lifestyle management, dietetics and soft nutraceutical medications as the basic matrix of the therapeutic intervention. Hence, the treatment modality has also to be “whole” to be truly holistic as described by Ayurveda in its triple approach of health care through Daivavyapasraya, Yuktivyapasraya and Sattvavajaya .

## **2. The pro-nature approach**

Ayurveda strongly believes in the doctrine of self-healing suggesting that evolution, manifestation, and remission of diseases are the functions of nature and are self-designed to the protection of the organism, which is known as Svabhavoparamavada. Hence, a physician should always respect the biological responses and should never act against nature. In this way Ayurveda more stresses that the immuno-metabolic enhancing strategies are always better than the anti-approaches to kill the micro-organism and similar other unsafe therapeutic interventions.

## **3. The personalize healthcare approach**

Ayurveda has its own way of personalized health care strategy of management, known as prakriti and strongly believes that no two patients are equal as each one has distinct Prakriti and Vikriti. Hence each individual patient even if suffering from one common disease, is to be tackled in an individualized manner. The Prakriti of individual differs like genome of conventional biomedical sciences. Therefore, the response of treatment will also differ in different individuals (Purusham-purusham-vikshya sa Geya bhishaga uttamah). This scientific fact which was described in Ayurveda thousands of years ago is being now tested in medical science of today.

### **Why Ayurveda is need of Today's?**

Modern medicine has tremendous advances in the field of laboratorial gazettes, surgical skills, and management of infectious disorders by acquiring updated knowledge of basic and bio-sciences. It has succeeded to eradicate several infectious diseases like cholera, plague, small pox, chicken pox poliomyelitis etc with the help of immunization programme. Pain killers and anti-biotics impart good relief but no permanent cure. These sharp medicines are turning ineffective due to adverse side effects, drug resistance and high cost, warranting search for new safe and cost



effective medicines. In this concern Ayurveda is being explored for safe affordable treatment for all. Further, in recent years a new class of lifestyle related chronic diseases have surfaced, where modern medicine is not very effective. Ayurvedic medicine seems to have strength in promotive and preventive health care along with management of chronic lifestyle related diseases.

There is also a great scope of integrative practice of medicine, where both systems join hands in a symbiotic manner. It has been noticed that adjuvant use of Ayurveda with ongoing modern treatment, helps to reduce the drug resistance, side effects of chemical drugs and also helps to reduce the cost of treatment. It has simultaneous approach of promotion of health and cures of ailments. This is the reason, why traditional medicine is being promoted globally.

Traditional Chinese medicine is one of example of such type of amalgamation, which is supported by their Government politically, socially, scientifically and professionally. Now a day's Chinese medicine is emerged as a main stream of healthcare delivery system. This model of healthcare delivery system is also appreciated by W.H.O. and proclaimed that without proper incorporation of respective traditional system of medicine of that country, we cannot full fill dream of better

healthcare. Ayurveda is still on cross road and seeking its own place in national healthcare delivery system in India. Although, it is emerging as a new hope of future medicine on the globe and researchers are inclined towards fauna and flora of Ayurveda, to evolve newer, safe and effective remedial measures for the treatment of ailments. It is right time to follow Chinese model of healthcare in India.

### **Conclusion**

In this emerging scenario, there is a great need of intense interaction of Ayurveda with science of today to allow the growth and development of the third superior dimension of biomedicine, which is the need of today society. However for pursuing such a scientific strategy we must need to develop and create fresh new research methodologies through the science of Ayurveda and the science of today without hampering the backbone of Ayurveda. Ayurveda puts greater emphasis on promotion of health and prevention of disease than merely management of diseases on the basis of individualized approach. Hence, for the management of diseases and designing of research protocol Prakriti assessment along with immune strength i.e. status Ojas and metabolic strength i.e. status of Agni must in incorporated. Therefore, hurriedly borrowed conventional methods of



research may not succeed to unfold the complex theories and clinical practices of Ayurveda for the benefits of society.

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## MANAGEMENT OF PSYCHOSOMATIC DISORDERS THROUGH AYURVEDA IN CURRENT SCENARIO

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### ABSTRACT-

*The Psychosomatic disorders are the out come of the modern way of life. The state of health and disease are described in relation to the four dimension of life process- "Sarirendriya Sattvatma Samyoga" and hence every thing is psychosomatic. The Practice of Yoga, Sadvritta, Aachar Rasayana Medhya Rasayana therapy and similar other ancient positive health measures are in the prevention and treatment of stress and psychosomatic disorders may be fruitfully explored. Ayurveda has better option for the psychosomatic problems, which can be applied effectively in day to day practice. In Psychosomatic, the initial cause of such a disease, centers around the psyche and the manifestations are obviously somatic in nature. The Psycho somatic disorders are Peptic Ulcer, Ulcerative Colitis, Essential Hypertension, Ischemic Heart Disease, Bronchial Asthma, Diabetes Mellitus and Rheumatoid Arthritis. Environmental preservation both in its physical and*

*psycho social dimension is essential for prevention of psychosomatic disease in a given society, similarly personality training and transformation by practice of Yoga.*

**Keywords:-** Ayurveda, Yoga, Medhya Rasayana, Sadvirtta, Aachara Rasayana, Psychosomatic

### INTRODUCTION

The physical disorders which are either initiate or exacerbated by the presence of psychosocial environmental stressors are called psychosomatic disorders. Body and mind are inter linked to each other. *Chakrapani* the commentator of *charakasamhita* further clears the above as these *sharirika* (somatic) and *manshika* (psychic) disorder follows each other as somatic to somatic, psychic to psychic and psychic to somatic vice versa.

In present scenario of medical practice we find a major proportion of patients who are suffering from psychosomatic disorders like irritable bowel syndrome, Diabetes mellitus, Hypertension, Bronchial asthma, Ulcerative colitis,

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rheumatoid arthritis etc. The main reason behind this being changing in lifestyle, never ending desires and needs, moral degradation and more struggles of human being in each and every aspect of life. Somatological and psychological solutions, which have been put forward in the past haven't succeeded and now scientists have begun to think in terms of 'Psyche in soma'. This concept has given origin to the term 'psychosomatic disorders'. Psychosomatic disorders (term coined by Heinorth, 1918) are those disorders in which mental factors play a significant role in the development, expression or resolution of a physical illness.

#### **Aim-**

To compile the psychosomatic disorders and its management by different methods given in *Ayurvedic* literature.

#### **Material and Method-**

All *Samhitas* and commentaries *Nighantus* were searched for Ayurvedic literature. Contemporary information was

collected from modern books, journals and internet. All information was studied, analyzed and interpreted.

#### **Result & Discussion -**

Ancient Ayurvedic *Acharyas* have included the psychological factors by giving equal consideration as well as physical, food, nutritional and behavioral patterns of individual life as style while listing causative factors of diseases in classics. The commonly recognized psychosomatic conditions classified according to the involvement of organ system are mentioned in Table No.1.

*Mana* and *Sharira* are regarded as separate entities in our classics. According to *Ayurveda* an organism is the complex combination of *Aatma* (Soul), *Indriyas* (Sense Organs), *Manas* (mind) and *Sharira* (body). *Ayurvedic* approach to disease is definitely psychosomatic in nature. Numerous references regarding this in Ayurvedic classics are listed in Table No.2.





S.No.	System Involved	Psychosomatic Conditions
1.	Gastrointestinal	Peptic Ulcer, <i>Grahani</i> (Irritable bowel syndrome), <i>Vibandh</i> (Constipation), <i>Bhayaj</i> and <i>ShokajAtisaar</i> (Nervous Diarrhoea), <i>Bhuktadwasha</i> ( Anorexia nervosa)
2.	Cardiovascular	<i>Uccharaktachap</i> (Essential Hypertension), <i>Hridayaroga</i> (Coronary Disease and Cerebro-Vascular Disorders), Myocardial infarction, Angina pectoris
3.	Respiratory	<i>TamakaSwasha</i> (Bronchial Asthma)
4.	Skin Disorders	<i>Anurjata</i> (Urticaria), <i>Ekkustha</i> (Psoriasis)
5.	Muscular Disorders	<i>Amavata</i> (Rheumatoid Arthritis)
6.	Endocrine	Hyperthyroidism, <i>Madhumeha</i> ( Diabetes mellitus)
7.	Mental Disorder	<i>Unmad</i> (Psychosis), <i>Apsamar</i> (epilepsy), <i>Mada</i> (psycho-enuesis), <i>Murrcha</i> ( fainting), <i>Anidra</i> (insomnia)
8.	Urogenital	Amenorrhea, Menorrhagia, Dysmenorrhoea, Premenstrual Tension, Menopausal Disorders, Premature Ejaculations
9.	Vasomotor	Migrane and other types of Headaches
10.	Child Psychosomatic Disorders	Chronic Abdominal Pain, Enuresis, Appetite problems



**Table No.2**

**Some examples for psychosomatic approach towards disease as per *Ayurveda***

S.No.	Examples	Reference
1.	<i>NidraNasha</i> due to <i>Vatavidhi</i>	Su.Su. 15/13
2.	<i>Tandra</i> and <i>Nidra</i> due to <i>Kaphavidhi</i>	Su.Su. 15/13
3.	<i>Murcha</i> due to <i>Pittavidhi</i>	Su.Su. 15/13
4.	<i>Kustha</i> is due to disrespect to <i>Guru</i> and <i>Bhramans</i> , <i>ManshikAabhighat</i> , <i>Paapkarma</i>	Ch.Ci 7/8
5.	<i>Kama</i> and <i>Shoka</i> aggravates <i>Vata</i>	Ch.Ci. 3/115
6.	<i>Krodha</i> aggravates <i>Pitta</i>	Ch.Ci. 3/115
7.	<i>Bhaya</i> leading to <i>Atisara</i>	Ch.Ci. 19/12
8.	<i>VataVyadhi</i> due to <i>Chinta</i> , <i>Krodha</i> , <i>Shoka</i> etc.	Ch.Ci. 28/16

### **Management of Psychosomatic Disorder :-**

Therapies are of three kinds, viz. *Daivavyapashya* (Spiritual Therapy), *Yuktivyapashya* (Therapy based on reasoning) and *Sattvavajaya* (Psychotherapy). Spiritual therapies are incantation of mantras talisman, wearing of gems, oblations, auspicious offering gifts, observance of scriptural rules, atonement, fast, chanting of auspicious hymns, obeisance to the gods etc. *Yuktivyapashya* therapies are administration of medicinal drugs and proper diet. In *Sattvavajaya* therapies are

withdrawal of mind from harmful things and use of *Aachara Rasayana*.

*Ayurveda* also described a special class of promotive agents called *Medhya Rasayanas* claimed to promote health. *Medhya Rasayanas* also possess considerable degree of anti-anxiety effect besides their classical mental health promoting role. Most of *Medhya Rasayanas* eg. *Sankhpushpi* (*Convolvulus pluricaulis*), *Yashthimadhu* (*Glycyrrhiza glabra*), *Giloya* (*Tinospora cordifolia*), *Mandukparni* (*Centella asiatica*), *Brahmi* (*Bacopa monnieri*), *Ashwagandha*



(*Withania somnifera*) etc. have shown significant anti-anxiety and adaptogenic anti-stress effect and thus appear to be potential source for developing medicinal therapy for psychosomatic diseases. Yoga therapies are also useful to prevent and treatment of psychosomatic disorders. Yogasanas and pranayamseg. Anulomviloma, Kapalbhathi are highly beneficial for mental and physical health.

### **Aachara Rasayana**

In *Rasayanadhya*, our *Acharyas* have introduced a unique concept of codes and conducts for day to day implementations along with whole some food habits. *Rasayans* is divided into two groups i.e. *Dravya Bhoota* and *Adravya Bhoota*. The *Aachara Rasayana* belongs to *Adravya Bhoota* group which also incorporated *Ajasrika Rasayana* like use of ghee, cow's milk etc. It is one of the major components of *Swasthvritta*. For better understanding of the quote by *Acharya Charaka* from the fourth part of *Rasayana* section, the contents of *Aachara Rasayana* can be categorized as-

- Psychological Aspect
- Personal Aspect
- Religious and Spiritual Aspect
- Social and Behavioral Aspect
- Food and Nutritional Aspect

### **Psychological Aspects**

- *Satyavadi* : To be honest and trustworthy
- *Akrodhi* : To be calm
- *Ahimsaka* : To be non- violent
- *Anayasa* : Never to be tried, but be cheerful
- *Prashanta* : To be cool, calm and quiet
- *Priyavadi* : To speak good, pleasant
- *Japapara* : To practice incantation of holy hymens

### **Social and Behavioral Aspects**

- *Satyavadi* : To be honest, trustworthy
- *Nivruttam Madhya Maithunam* : To walk away from alcohol and sex
- *Deva-Gau-Brahmana Acharya Guru vruddhaarchanaratam* : To be devoted to

### **Religious and Spiritual Aspects**

- *Dharamashastraparam* : To be duty bound and ethical
- *Adhyatmapravanendriyam*: One who indulges in spiritual texts
- *Tapaswinam* : To practice meditation
- *Daananityam* : To be charity regularly

### **Personal Aspects**

- *Shouchaparam* : To maintain purity
- *Samajagaranaswapana* : Balance in the state of sleep and wakefulness



- *Deshkalapramanjnam* : who is having proper knowledge of desh and kala
- *Yuktijnam* : To be skilled and never get deceived easily
- *Jitatmanam* : To be self controlled, non- yielding to sensory pleasure

#### **Food and Nutritional Aspects**

- *Nityam Ksheeram Ghrithashinam* : To consume milk and ghee in regular basis
- *Asankeernam* : One who takes simple and planned diet.

All above therapies are highly beneficial in treatment of psychosomatic disease.

#### **Conclusion-**

Psychological disorders after some time are converted into somatic disorder and vice versa. Management given in *Ayurveda Achara Rasayana, Medhya Rasayana* and diet are very useful in psychosomatic disorders.

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## YAVAGU (SEMI-SOLID SOUP)- BOON FOR DIGESTION

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*Yavagu* (semi-solid soup) is a one of type of *Kritanna Kalpana* (prepared or cooked food) which is prepared with rice and water. It is easy to digest and having rich of nutrients. *Yavagu* can be used as *Ahara* (Food) or *Aushadha* (Medicine) according to the drugs, which add in it while preparing *Yavagu*.

*Yavagu* can be uses for both healthy person and diseased person. *Yavagu* is mostly prescribed in post-operative part of *Sanshodhana Karma after completion of therapy as (Sansarjana Karma)*.



### Properties of *Yavagu*

*Yavagu* possess *Grahi* (digestive and absorbable), *Balya* (strengthen the body), *Tarpani* (nutritious) and *Vatanashini*

(specify the vitiated *Vata*) properties. It also adopts the pharmacological properties of the drug decoction which is used in the preparation of *Yavagu* for specific diseases as described in *Samhitas*.

### Ideal quality of *Yavagu*:

A *Yavagu* should possess normal semisolid form and should not be excessive concentrated or dilute. It should be in warm and fresh condition and not use after cooling. The rice grains should be remained intact after the preparation.

### Dose

The dose should be given as per digestive capacity of the individual.

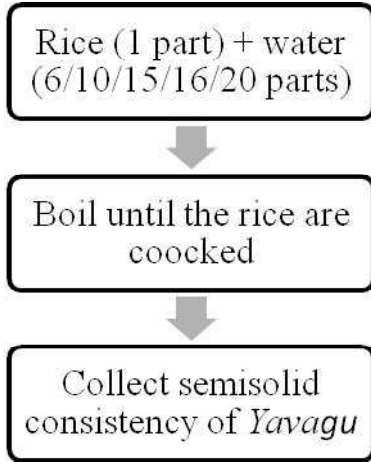
### Contraindications for use of *Yavagu*

Very thick, containing more water, more amount of rice, very sticky, distilled by the person are not used.

### Common method of Preparation

For preparation of *Yavagu*, take 1 part rice and boiled with 6 parts of water or decoction till the rice cooked completely. The additive can be added according to taste before serving. The proportion of water or decoction in *Yavagu* preparation are varies according to different Acharyas.

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According to	Proportion	
	Rice	Water
Kashyap Samhita	1 part	10 parts
	1 part	15 parts
	1 part	20 parts
Sharangdhara Samhita	1 part	6 parts
	1 part	16 parts

### Types of *Yavagu*-

Types of <i>Yavagu</i>	Ingredient	Properties
<i>Kalka Siddha Yavagu</i>	<i>Pippali, Chitraka, Sunthi</i>	<i>Deepana, Udarshoola</i>
	<i>Vidanga, Shigru, Takra, Maricha, Sarjika Kshara</i>	<i>Krimighana, Deepana</i>
<i>Kwatha Siddha Yavagu</i>	<i>Haritaki, Sunthi</i>	<i>Vatanulomaka</i>
	<i>Takra</i>	Indigestion of <i>Ghrita</i>
<i>Mamsarasa Siddha Yavagu</i>	<i>Dugdha</i>	<i>Bhasmaka</i>

There are three types of *Yavagu* based on form of drug used for preparation i.e. *Kalka* (paste), *Kwatha* (decoction) and *Mamsarasa* (meat soup). In *Kalka Siddha Yavagu*, *Kalka* (Paste) of mentioned *Dravya* should be used. For *Kwatha Siddha Yavagu*, Decoction is prepared from of mentioned *Dravya* and then after *Yavagu* prepared from decoction. Same procedure follows for *Mamsarasasiddha Yavgau*. All these three types of *Yavagu* has a different therapeutic indication and based on these they used in different diseased conditions.



### Nutrition value of rice (mg per 100gm)

Moisture	2
Protein	6.7
Fat	0.4
Crude fiber	0.3
Carbohydrate	80.1
Calories	363

The major carbohydrate constituent of rice is starch which is 72-75%. Starch molecules, which are the source of calories in diets, prepared from rice, when heated in an aqueous or moist environment, swell and rupture and thus permits greater enzymatic digestion by the activity of enzymes like amylases. Resistant starch acts like soluble fiber in the gastrointestinal tract, thus providing the health benefits. Resistant starch has a low glycemic index because of the slow release of glucose. Increasing resistant starch content in the diet has the potential to provide several significant health benefits and add value to rice.

28 Types of *Yavagu* are mentioned by Acharya Charaka in the *Apamarga Tanduliya Adhyaya*.

These *Yavagu* are indicated for particular diseased condition. *Panchakola Siddha Yavagu* is one of them and its is used for increasing digestive capacity and also acts as analgesic.

### *PANCHAKOLA SIDDHA YAVAGU*

#### Ingredients:

1. Pippali (Piper longum Linn)- Q.S.
2. Pippali Moola (Piper longum Linn)- Q.S.
3. Chavya (Piper chaba hunter)- Q.S.
4. Chitraka (Plumbago zeylanica Linn)- Q.S.
5. Shunthi (Zingiber officinale Rosc.)- Q.S.
6. Rice- 1 part
7. Water- 6 parts

#### Method of preparation

1 part rice + 6 times of water



*Panchakola* powder are added as per requirement



Boil until rice are cooked



Take semisolid consistency of *Panchakola Yavagu*

#### *Rasapanchaka of Panchakola Yavagu*

Based on all five *Dravyas* of *Panchakola*, the *Rasapanchaka* of *Panchkola Yavagu* is:

- |             |                      |
|-------------|----------------------|
| Taste       | - Astrigent & Bitter |
| Consistency | - Semi-solid         |
| Potency     | - Hot                |



Post digestive effect - Hot

Action - *Deepaniya* (Carminative)  
& *Shoolahara* (Analgesic)

## HEALTH BENEFITS

### Increasing Appetite

The individual drug of Panchakola acts as a stimulant of appetite as well as a carminative. A carminative is a remedy which tends to overcome flatulency, that is, distention of the stomach or colon with gas and appetizer which stimulates the appetite. Hence it is used for increasing appetite.

### Acts as Analgesic

The analgesic action of drug present in *Panchakola Yavagu* i.e. *Pippali*, *Pippalimoola*, *Chavya*, *Chitraka*, *Shuntihi*, relieves abdominal colic and specify pain.

## CONCLUSION

*Yavagu* plays effective role to maintain healthy body status of individuals as well as plays supportive treatment in various disease conditions.







## CLINICAL ANATOMY OF MEDOVAHA SROTAS

- Anop Singh<sup>1</sup>, Manish Choudhary<sup>2</sup>, Niranjan Kumar Sharma<sup>3</sup>

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### Abstract :

*The human body is a conglomeration of the transport of dhatus & excretes waste product from the body. These channels are those carrying one of them is Medovaha Srotas. The distribution of adipose cells in human body is prevalent in subcutaneous tissue, omentum, kidney, skeletal muscles, liver and this reconfirms the (Vrikka, Vapavahan, Kati) described by Prameha Vyadhi etc.*

*Obesity can be defined as an excess of body fat. The fat in the adipose tissue is derived from two main sources that from food fat, carbohydrate & protein. Adipose cell convert the carbohydrate into fat cells. Fat is stored as neutral fat in the adipose cell of the fat depots. After fat metabolism, more than 95% of ingested fat is absorbed. Only 5% lifestyle, neuro-endocrinological abnormality and genetic predisposition are the leading causes of obesity. The mutation of MCR-4 gene, Leptin gene, and Leptin receptor are the monogenic causes of obesity discovered so far.*

**Keyword:** Medovaha Srotas, Obesity, Leptin receptor, Adipose tissue

### INTRODUCTION-

Srotas is defined as the channels/pores which continuously secretes, transport nutrient Dhatus & excrete waste product from body.

1. The human body is a conglomeration of Srotas “Api Cha Eke Srotosameba Samudayam Purushamichanti Srotas” are also responsible for transportation of Doshas.
2. The equilibrium of Doshas keeps our body in the state of normalcy but the exaggerated vitiates the Srotas and leads to development of diseases.
3. The knowledge of Srotas is very essential as it is responsible for carrying & transformation of tissue elements there by maintaining the health. These channels carry Prana, Uadaka, Anna, Meda. One of them is Medovaha Srotas.

### CLINICO ANATOMY OF MEDOVAHA SROTAS IN REFERENCE TO OBESITY

The human body is a conglomeration of the Srotas. It is defined as the channel

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which continuously secretes, transport Dhatus & excretes waste product from the body. These channels are those carrying. The distribution of adipose cells in human body is prevalent in subcutaneous tissue, omentum, kidney, skeletal muscles, liver and this reconfirms the Moolasthanas described by Charak and Sushruta. The Obesity can be defined as an excess of body fat. The fat in the adipose tissue is derived from two main sources that's from food fat, carbohydrate & protein. Adipose cells are actually responsible for converting carbohydrate into fat cells. Fat is stored as neutral fat in the adipose cell of the fat depots. After fat metabolism, more than 95% of ingested fat is absorbed, only 5-6% is excreted in stool. The excessive intake, lifestyle, neuro endocrinological abnormality and genetic predisposition are leading causes of obesity. The mut 4 gene, leptin gene, and leptin receptor are the monogenic causes of obesity discovered so far. Obesity, Leptin receptor, Adipose tissue is defined as the channels/pores which continuously secretes, transport nutrient Dhatus & excretes. The human body is "Api Cha Eke Purushamichanti" are also responsible for transportation of keeps our body in the state of normalcy but the exaggerated Dosha and leads to development of diseases. It is very essential as it is responsible for carrying & transformation

of tissue elements there by maintaining the health. The Ayurveda has given prime importance to Medovaha Srotas diseases. Meda Dhatu is the predominant most of the Santarpanajanya Vyadhi - Sthaulya and there is high prevalence of these diseases in developed as well as developing countries in present time. Each Srotas Srotomarg and a Sroto moola of Medovaha Srotas described by scholars of Ayurveda is Vrikka, Vapavahan and Kati.

#### **Material and Methods:**

Many Ayurvedic Samhitas and Modern literature have been referred to collect the concept of Medovaha Srotas. The collected literature from different sources has been analyzed to justify the Moola Sthana of Medovaha Srotas & Channel's. Functional Anatomy of Medovaha Srotas in reference to obesity. Medovaha Srotas and also to justify the Bijasvabhava Sthaulya according to modern science.

#### **REFERENCE TO OBESITY**

It is defined as the channel which continuously secretes, transports Dhatus & excretes waste product from the body. These channels are those carrying Prana, Meda etc.

#### **Vitiation of Medovaha Srotas:-**

Absence of physical activity, day sleep, excessive fatty diet, food, which increase



Kapha and wine of Varuni type are some of the risk factors that vitiates the Medovaha Srotas<sup>8</sup> and vitiation of Medovaha Srotas leads to manifestation of eight types of socially unfit body like Atisthula, Atikrusha, Atiloma...etc.<sup>9</sup> while the injury to Moola of Medovaha Srotas develops excessive sweating (Swedaangamanam), oily appearance of body (Snigdhangatta), dryness of palates (Taalū Sōsha), obesity (Sthulata), oedema (Shophatta) & thirst (Pippasa)<sup>10</sup>. Excessive increase of Medodhatu produces obesity (Sthulata), premonitory symptoms of diabetes, unctuousness of the body, fatigue, increase of abdomen, flanks & breasts, cough, dyspnoea, bad smell etc.<sup>11</sup>

#### **Fat metabolism: -**

Fat stores as natural fat (triglycerides) in the adipose cell of our body and is derived from fat in the diet and the fat converted from excessive intake of carbohydrate and protein. White and Brown are the two types of adipose tissue in our body, White is the biggest store of energy scattered throughout the body and helps in maintenance of FFA (free fatty acid) concentration in the blood, whereas Brown adipose tissue is found only in infants having higher metabolic rate as compared to white adipose tissue.<sup>12</sup> Triglyceride (Natural fat), phospholipids, cholesterol and few others are the forms

of fat in the food and are classified under Lipids.

Chemically, the basic lipid motility of the triglyceride & the phospholipids is fatty acid while the cholesterol doesn't contain fatty acid; its sterol nucleus is synthesized from portions of fatty acid molecules, thus giving it many of physical & chemical properties of another lipid substance. The triglycerides are used mainly to provide energy for different metabolic process where as cholesterol and phospholipids are used to form the membrane of all body cell.<sup>13</sup> Digestion of fats, Some hydrolysis of neutral fats takes place during cooking. 30% of dietary triglyceride is digested by salivary lipase, rest is digested by the action of pancreatic lipase and bile salts in small intestine while Gastric lipase is a weak fat splitting enzyme, so fat digestion in stomach occurs only in exceptional circumstances. (Here TG-Triglyceride, DG-Diglyceride, MG-Monoglyceride, FA-fatty acid) with action of lipase. Absorption of fat: - Most of fat is absorbed in the upper part of the small intestine and small amounts are from ileum. Movement of villi, compress the lacteal & villus capillaries this increase the mobilization of lipid towards the thoracic duct & portal vein respectively while Cholesterol likes short chain fatty acid is directly absorbed into the lymphatic's. On



a moderate fat intake more than 95% of the ingested fat is absorbed, only 5-6% is excreted through stool. The part of the fat absorbed in blood is in form of VLDL, LDL, HDL & rest of the fat is stored in adipose cell of fat depots as triglyceride.<sup>14</sup> From carbohydrate and protein- By lipogenesis most of sugar are converted into body fat if they aren't used as energy after they are consumed similarly excess protein isn't used to build muscle rather it is used for non-protein bodily function & is stored as body fat.

#### **STHAULYA/OBESITY: -**

It is a Santarpanjanya Vyadhi, which occurs due to the vitiation of Medovaha Srotas.

#### **NIDAN: -**

It is found that dietary factors, lifestyle factors, psychological factors and genetic factors, all are responsible for Sthaulya. Food rich in carbohydrate (ghee, oil, newly harvested rice and fresh wine), sedentary lifestyle (lack of exercise, day sleep) and psychological factors (lack of mental exercise) causes obesity. The maternal genetic factors (Matrija Bija) is responsible for formation of Medo Fat/TG, DG+FA, MG +FA/Functional Anatomy Of Medovaha Srotas in Reference To Obesity

Dhatu and the excessive Medo Dhatu is formed by defective genetic material,

this is referred as Bijasvabhava in Ayurveda<sup>15</sup>. Above risk factors causes obstruction in Medovaha Srotas leading to development of Sthaulyata (Obesity) characterized by making the person incapable of various activities, difficulty in breathing, breathlessness, bad smell of body, excessive hunger, poor physical & sexual capacity etc.

#### **OBESITY: -**

It is defined as an excess of adipose tissue in our body mainly due to dietary imbalance & over nutrition that imparts the health risk. The most widely used method to gauge obesity is body mass index (BMI) which is equal to weight in kg/ height in m<sup>2</sup>. A BMI between 25 & 29.9kg/m<sup>2</sup> is called over weight and a BMI greater than 30kg/m<sup>2</sup> is called obese, which is associated with increased adipose stores in subcutaneous tissue, skeletal muscle, and internal organs such as kidney, Omentum, and heart, liver. Each 9.3 calories of excess energy stores approximately 1gm of fat.

#### **CONCLUSION**

As tree is seriously affected by injury to its root, similarly channels of circulation in human body are seriously affected when their Moolasthan is affected. Our Acharya have described the Moolasthan of Medovaha Srotas as



Vrikka, Kati & Vapavahana because mainly adipose tissue is stored in kidney, Omentum, liver & subcutaneous tissue of abdomen and flanks etc. so fat deposition is mainly found in this region due to vitiation of this Srotas. The risk factors of obesity described by ancient scholars of Ayurveda are very much similar to the factors found in modern science; moreover mutation of leptin receptor and congenital deficiency of leptin may be the reason behind Bijasvabhavaja Sthaulya (genetic obesity)

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## TREATMENT OF GRUDHRASI WITH AYURVEDIC PRINCIPLES WITH REFERENCE TO SCIATICA: A CASE STUDY

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### Abstract :

*Low back pain with sciatic pain is a major cause for morbidity and hampers quality of life of patients all over world. Signs and symptoms of Grudhrasi described in Ayurved samhitas are similar to those of sciatica. Excessive travel, improper food habits, lack of exercise, traumatic injuries, inflammation of spine and intervertebral discs are common etiological factors found in Grudhrasi (sciatica). As per Modern medicine, NSAIDs, steroids, local (epidural) injections, surgery are available treatments at present, owing its some adverse effects. A case of Grudhrasi treated with Ayurvedic line of treatment is discussed in this present article. Patient was treated with Ayurvedic medicine formulations, Snehana (local massage with oil), Swedana (hot fomentation) and Basti (medicated enema) who was not relieved by NSAIDs. Patient showed good symptomatic relief with this treatment increasing our confidence in Principles of Ayurveda. Multiple such trials are necessary to*

*prove usefulness of Ayurveda principles with modern correlation.*

### INTRODUCTION-

Low back pain is one of disease condition, which is causing morbidity and hampering quality of life of diseased person all over the world nowadays. Excessive traveling, improper food habits, lack of exercise, traumatic injuries, improper posture for long time, inflammation or bulging of intervertebral disc causing compression of nerve roots plays major role in etiopathogenesis of such pain. The pain starting in lumber region and radiating to one or both legs causing pain, stiffness, numbness is considered as sciatica or sciatic pain. The lifetime incidence of sciatica varies from 13% to 40%. The annual incidence of an episode of sciatica ranges from 1-5%.

Patients of sciatica are mostly treated with analgesics, NSAIDs, steroids orally or locally (epidural injection) or surgery now a days. Medicinal treatment has its own limitations and some adverse effects along with benefits. Local steroid

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injections or surgery are rarely required and need expert doctors, also put financial burden on patient. Hence indigenous treatment with Ayurveda which has no adverse effects if given properly can be beneficial to such patients. Ayurveda has also emphasized on omission of etiological factors and giving strength to particular body part or system depending on disease which prevents recurrence of disease. Treatment with Ayurveda is easy, cost effective and non-invasive improving quality of life of patient.

Similar symptoms like sciatica are seen in disease Grudhrasi. Grudhrasi is a disease described under vata vyadhi chikitsa adhyaya in chikitsa sthan of Charaka samhita. In Grudhrasi the pain starts from buttock in lumber region and radiates to thigh (Uru), knee (Janu), calf (Jangha) to reach foot (Pada). Pain may be severe and cause stiffness (stambha), restrictions to movements (sankoch). Sometimes it is pricking type. The entire region may show spanda (flickering movement). These symptoms are seen in vata predominant Grudhrasi. When there is kapha dosha along with vata dosha, above symptoms are accompanied by dullness (tandra), heaviness in that part of body and anorexia (aruchi). As Grudhrasi is Vata vyadhi i.e., Vata is important factor in samprapti (pathogenesis), the etiological factors responsible for vitiation of Vata are

also responsible for development of Grudhrasi. Common causes for vitiation of vata dosha are described in Charaka samhita in vata-vyadhi chikitsa adhyaya.

Causative factors for vitiation of Vata dosha includes taking food which is ruksha (devoid of oiliness) and laghu in guna, sheeta virya, taking food in less quantity than required, excessive sexual activity, not sleeping till late night, improper processing of purification of body with vaman, virechana etc. Panchakarmas, excessive blood letting, excessive fasting, exercise, body movements, walking and travel, decrease in volume of Rasadi sapta dhatu in body, loss of body weight due to worry, unhappiness (shoka) or disease, sitting or sleeping on uncomfortable seat or bed, excessive anger, fear, sleeping in day time, holding / stopping natural urges like flatus, micturition etc., production of Aam, trauma to body and vital parts (marma) of body and due to fall from vehicle or animals like elephant, horse etc. The vata dosha when vitiated due to such hetus (etiological factors), enters the empty spaces (strotas) in body and then produces diseases in one part of body or all over body with various symptoms.

Doshas produce different symptoms depending on the site of disease in the body. Three main rogmarga (sites) are described by acharya charaka-koshtha, shakha, marmasthisandhi (madhyam



marga). In Grudhrasi, doshas are situated in asthi, sandhi, snayu etc. i.e., in madhyam marga. Whenever Asthi dhatu is vitiated by doshas, shows signs and symptoms like excess of bones or teeth over previous one, breaking of bones or teeth, pain in bones or teeth, discoloration of bones or teeth and diseases of hairs, nails etc.” When snayu, sira, kandara (muscles, vessels, ligaments) get vitiated show signs and symptoms like stambha (stiffness), sankoch (contracture or restricted movements), khalli, granthi (nodules like Rheumatoid nodules) and sphuran (flickering movements of body or body part).<sup>7</sup> Hence during treatment of Grudhrasi it is important to treat the dosha, dhatu, upadhatu, strotas involved in it. Vata and kapha dosha, asthi, majja, rakta, mamsa dhatu and upadhatu snayu are involved in pathogenesis of disease Grudhrasi.

Acharya Vagbhata, while describing treatment of vata dosha dushti, asked for snehapan (oleation therapy), swedan (hot fomentation), mild purgation, food with madhura, amla, lavana rasa dominance, madya, abhyanga, mardana and basti treatment.<sup>8</sup> Acharya Charaka also emphasized on above treatment protocols in vata vyadhi chikitsa adhyaya. Charaka has advised to apply oil (sneha) to respective part of body or whole body and hot fomentation (swedan) with nadi sweda,

prastar sweda, sankar sweda or any other suitable sweda procedure for treatment of vata vyadhi. Treatment with external and internal oleation therapy is advised by him in vata vyadhi chikitsa adhyaya when vata enters Asthi and majja dhatu.” Charaka also advised that, when disease involves Asthi dhatu (dhatugata avastha) or doshas are situated in Asthi dhatu, it should be treated with panchakarma like vaman, virechana etc., especially with basti (medicated enema) with milk and ghee fortified with medicines of tikta rasa (bitter taste).” All these principles of treatment should be taken into account during treatment of any disease due to vata dominance including Grudhrasi. In the treatment of Grudhrasi, Acharya Charaka has advised for blood letting from vein which is situated near ankle joint and Agnikarma advised at the same site. Along with it basti karma is also advised in treatment of Grudhrasi.

Sciatica is a disease of peripheral nervous system. It is a radicular pain experienced by patient starting from buttocks to one or both legs with or without paresthesia in the distribution of sciatic nerve. It also restricts movements of that part making patient dependent on others. It occurs due to irritation of sciatic nerve or its root in spine. Sciatic nerve is longest and largest nerve in human body starting from lumbosacral vertebrae and running up





to foot.” The sciatic nerve is made up of L4-S2 nerve roots and runs posteriorly from buttocks to thigh, calf and foot sole. It has motor activity in upper part of leg while sensory and motor activity in lower leg and foot. Nerve root compression due to herniated discs, disc degeneration, lumbar canal stenosis, spinal tumors, spondylolisthesis of lumbar vertebrae, lumbar and pelvic muscle spasm and/or inflammation may impinge a lumbar/sacral nerve root causing sciatic symptoms.” Following factors are seen to have positive influence with the development of sciatica - Increasing height in old age group, Genetic pre-disposition, smoking, walking and jogging in previously known patient, occupation -particularly associated with physical activity involving flexion/ torsion of trunk, driving ect.

Present article is related to the patient of Grudhrasi, who was treated with Ayurvedic medicines and Panchakarma considering all above-mentioned principles in mind. At the end of treatment patient reported good relief from his symptoms. One should emphasize on Ayurvedic concepts and principals while performing Ayurvedic treatment of any disease. This article is written to pass this message to Ayurveda scholar and to increase their faith in Ayurveda.

## 2. CASE REPORT

### A. Case History

A 56 years male patient, sales person by profession, visited to Kayachikitsa outpatient department with following complaints from 15 days.

- ♦ Severe low back pain radiating from buttock to thigh, calf and foot of left leg
- ♦ Numbness/heaviness in entire left leg
- ♦ Restricted movement of left leg
- ♦ Difficulty in walking
- ♦ Anorexia (Aruchi)

He had taken primary treatment with NSAIDs, muscle relaxants and steroids but symptoms were not relieved completely, hence visited to our hospital in order to get Ayurvedic treatment. On reviewing history, it was found that he was traveling daily about 70 - 80 km on bike on uneven roads, had irregular timings of meal, used to eat cold (shit) - dry (ruksha) or oily food, cold drinks. He had irregular bowel habits mostly constipation was observed. SLR (Straight Leg Raising) test was performed which was positive for 50°. X-Ray photograph showed no major abnormalities but some signs of inflammation. Hence patient was diagnosed to have Grudhrasi.



## **B. Samprapti ghataka (factors involved in pathogenesis)**

- ♦ Dosha - Vata dominant kapha
- ♦ Dushya - Asthi, Rasa, Mamsa (Snayu), Rakta (Kandara)
- ♦ Strotodushti Asthivaha, Rasavaha, Raktavaha (Kandara), Mamsavaha, Annavaha, purishvaha
- ♦ Mala - Apan vayu, Purisha

## **C. Treatment given**

### **(1) Shamana chikitsa**

- ♦ Tab. Ekangveera rasa 500 mg TDS
- ♦ Tab. Kaishor guggul 500 mg TDS
- ♦ Liq. Dashmularishta 20 ml TDS

All above formulations are given in Apan Kala” (before meal) with warm water as vyadhi is 201 located in territory of Apan vayu. Shaman chikitsa was continued for 15 days.

### **(ii) Sthanika chikitsa**

- ♦ Sthanik (local) abhyanga (oil massage) with Sahachar oil
- ♦ Nadisweda (hot fomentation with steam by tube) at the affected part (Nadisweda was performed with steam generated from decoction of Dashamula, Nirgundi and Erandapatra.)

### **(iii) Shodhan chikitsa**

Tiktaksheer basti” (medicated enema) is done with milk fortified by five bitter

plants panchatikata (Nimba, Patol, Guduchi, Vasa, Kantakari) and Ashwagandha ghrut in quantity of 150 ml after meal for 10 days continuously

## **3. RESULTS AND DISCUSSION**

The results of therapy are summarized in Table No 1. The patient showed 50% relief in radicular pain after 10 days of treatment. The symptoms like restricted movement and numbness/ heaviness showed 75% relief while Aruchi / anorexia was absent after 10 days of treatment. SLR test which was positive at 50° on beginning of treatment improved up to 75° after 10 days. On completion of treatment on day 15, there was slight radicular pain but all other symptoms were relieved completely. SLR was negative on day 15.

Tab. Panchatikta ghrut guggul 500 mg TDS, Tab. Abhadi guggul 500 mg BD, and Praval pishti (powder) 250 mg BD with milk is prescribed to patient as Rasayan (Rejuvenating) treatment for next 15 days. On follow up after 30 days patient showed no recurrence of any symptom was observed.

Hetu (etiology), samprapti (pathogenesis) and clinical features indicated disease Grudhrasi of left leg. There was Vata predominance with associated Kapha dosha. Vitiated Vata and Kapha dosha were brought to normal state by ushna, tikshna, vatanuloman and



vatakapha shamak properties of Ekangveer rasa, Kaishor guggul and Dashmularishta. Kaishor guggul. Anulomana was achieved by ingredients like Triphala and Nishottara which helped to bring Vata in its normal direction. Inflammation at spine, intervertebral disc and paraspinal muscles was decreased by Guduchi and other ingredients of Kaishor guggul. Muscle spasm was relieved by decreasing pain by ingredients of Ekangveer rasa. Aruchi (anorexia) which was due to Agnimandya was relieved by ushna-tikshna, deepan, pachan drugs in Ekangveer rasa and Dashmularishta. Restricted movements due to sankoch (constriction and stiffness) of snayu and kandara was relieved by massage with sahachar oil and hot fomentation by Nadisweda. Snayu kandara rakta dushti was brought to normal with snehan swedan and Tiktaksheer basti. Tiktaksheer basti has brought vata to its normal state and has given strength to Asthi and Snayu in turn to spine, intervertebral discs and paraspinal muscles.

Grudhrasi is disease of vata predominance, situated in madhyam marga and involving asthi, sandhi, snayu, kandara, majja, mamsa, rakta, rasa dhatu and their strotas. In this patient above samprapti ghataka were present along with association of kapha dosha and disturbance in annavaha - purishavaha strotas was present. Hence, treatment was done with

vatashaman, deepan - pachana medicines to break samprapti. All the formulations used in this treatment brought vitiated vata and kapha dosha to normal state with their properties. After relief in symptoms drugs like panchatikta ghrot guggul, praval pishti and abhadi guggul given to strengthen body tissues involved in disease which prevent recurrence of disease and symptoms.

Ayurvedic treatment is helpful in most of the cases of Grudhrasi / sciatica. But in some cases, where etiological factor for sciatica is tumor, hematoma at spine, herniation or rupture of intervertebral discs causing entrapment and compression of nerve roots. In such cases surgical intervention is necessary. This case study is one of the protocols used in our daily OPD with positive outcome in the treatment of Grudhrasi. More such cases with different etiological factors should be treated with this protocol to confirm its benefits on large scale.

#### 4. CONCLUSION

While treating any patient of Grudhrasi, samprapti ghataka must be taken into consideration and hence same treatment to all patients of Grudhrasi will not be effective. It was observed that Ayurvedic treatment of any disease done after proper understanding of samprapti and samprapti ghataka always gives fruitful results. Many such cases together will provide clear evidences



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## चिकित्सायाम् बस्तिकर्म प्रधानता विश्लेषणम्

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### प्रस्तावना—

आयुर्वेदे रोगाणाम् चिकित्सार्थं कश्चित् विचित्रोपचाराः सन्ति । तेषां मध्ये 'पंचकर्म' चिकित्सा एकं अस्ति । पंचकर्मणः अन्तर्गते— वमनम्, विरेचनम् निरूहवस्तिः, अनुवासनवस्तिः एवं नस्यकर्म एते पञ्च कर्माणि सन्ति ।

आयुर्वेदे वर्णितं 'पंचकर्म' नामकी अतिमहत्वपूर्णा चिकित्सा वर्तते । 'पंचकर्म' नामकी चिकित्सायां— पंचकर्मणि मध्ये 'वस्ति' चिकित्सा विशेषरूपेण वातिक विकारशमनार्थं कथितमस्ति, परन्तु ग्रन्थेषु कथितमस्ति यत् 'वस्तिकर्म' अनुसृत्य अनेकानां औषधीनां उपयोगं .त्वा 'वस्तिः' सर्वप्रकारकान् विकारान् स्वस्थीकर्तुं शक्नोति ।

### बस्तेः परिभाषा—

बस्तिना दीयते इति वस्तिः । (अरुणदत्त टीका अ.ह.सू. 12/142) वस्तिरेणादीनां मूत्राधारः । वस्ति कर्म तु मूत्राधारपुटके सोध्यं कर्म । वस्ति शब्दो हि सामान्यो निरूहे स्नेहवस्तौ च । (डल्हण टीका—सु. चि. 5/2—4)

सामान्य शब्देषु "वस्ति" शब्दस्य अर्थम् अस्ति "मूत्राशयः" प्राचीन काले पशूनां मूत्राशयस्य प्रयोगः एकः यन्त्रस्य रूपे कृतं आसीत् । पशूनां मूत्राशये

औषधद्रव्यं पूरयित्वा गुदामार्गात् अथवा मूत्रमार्गात् अथवा योनि मार्गात् शरीरे प्रविष्टं कारयति स्म, अतः काल—प्रभावेन 'वस्ति' शब्दः—वस्तिकर्मणः प्रयुक्तः जातः ।

### वस्तिर्वातहराणाम् श्रेष्ठम् ।

(च.सू. 25/40)

तस्याचिकित्सार्थमिति ब्रुवन्ति सर्वा  
चिकित्सामपि वस्तिमेक ।

(च.सि. 1/4)

वस्तिं वातरोगाणां श्रेष्ठा चिकित्सा कथिता वर्तते, परन्तु वस्तिः केवलं वातजरोगाणामेव नहि, अपितु पित्तज—कफज—रक्तज—संसर्गज—सन्निपात— सर्वेषां प्रकारकाणां रोगाणां तथा प्रायः सर्वेषु अंग—अवयवेषु आश्रितव्याधिषु प्रषस्तचिकित्सा कर्म अस्ति अतएव आयुर्वेदाचार्यैः इदं "अर्धचिकित्सा" एवं कश्चिद् विद्वद्धि तु अयं "पूर्ण चिकित्सा" रूपं कथितवन्तः ।

नाभिप्रदेशं कटिपार्श्वकुक्षिं गत्वा  
शक्रदोषचयं विलोडय ।

सस्नेहा सपुरीष दोषः सम्यक्  
सुखनैतिर्च यः स वस्तिः ।।

(च.सि. 1/40)

<sup>1</sup>व्याख्याता, <sup>2</sup>उपाचार्य, कायचिकित्सा एवं पंचकर्म विभाग, राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालय एवं चिकित्सालय, वाराणसी



आचार्य चरकानुसारेण यः नाभिप्रदेशे, कट्यां पार्श्वे एवं उदरे गत्वा, मलानां दोषाणाञ्च संचयं विलोडय (मथयित्वा) एवं शरीरस्य सस्नेहनं कृत्वा दोषैः एवं मलैः सह सुगमतापूर्वकं अधोमार्गात् आवर्तनं (वापस) आगच्छति, तं "वस्तिः" कथितं अस्ति ।

**बस्तेः वर्गीकरणम्—**

आचार्यचरकानुसारेण

1. आस्थापनम्
2. अनुवासनम्
3. उत्तरवस्तिः

**अधिष्ठानस्य आधारोपरि चत्वारि भेदाः—**

1. पक्वाशयगतः वस्तिः
2. गर्भाशयगतः वस्तिः
3. मूत्राशयगतः वस्तिः
4. व्रणगतः वस्तिः

**निरुहस्तः एवं अनुवासन बस्तेः परिभाषा—**

(1) आस्थापनं बस्तिः वा निरुहा वस्तिः—

स दोष निर्हरणात् शरीरनीरोहनाद्रा निरुहः ।

वयः स्थापनात् आयुः स्थापनात् या  
आस्थापनम् ॥

(सु.चि. 35/18)

यस्मिन् वस्ति—कल्पनायां क्वाथस्य प्रधानता भवति, तं 'निरुह—बस्तिः' कथ्यते । अयं आस्थापनवस्तिः अपि कथ्यते । दोषान् शरीरात् वहिः

कर्तुं अथवा दोषाणां हरणम् एवं शरीरस्य रोहणं करणेन—इमम् 'निरुह—बस्तिः' कथ्यते, तथा च वयसः एवं आयु—स्थापन करणेन 'आस्थापनवस्तिः' अपि कथितुं शक्यते ।

**(2) अनुवासनवस्तिः—**

स्नेहवस्तिविकल्पोऽनुवासनः पादाव (प) कृष्टः ।

अनुवसन्नपि न दुष्यत्यनुदिवसं वा दीयत  
इत्यनुवासनः ।

(सू. चि. 35/18)

यस्यां बस्तौ स्नेहस्य प्रधानता स्यात् सा अनुवासन—बस्तिः कथ्यते, या वस्तिः शरीरे निवसन्नपि कस्यापि प्रकारस्य दोषोत्पन्नं न करोति, एवं या बस्तिः प्रतिदिनं दातुं शक्यते, सा अनुवासन—बस्तिः कथ्यते ।

**बस्तेः कश्चिद् प्रमुखकार्याणि—**

(क) सर्वशरीरे वस्तेः कार्याणि—

वीर्येण बस्तिरादत्ते दोषानापादमस्तकात् (न) ।

का पक्वाशयस्थोऽम्बरगो भूमेरको रसानिव ॥

स कटीपृष्ठ कोष्ठस्थान वीर्येणा लोडय  
सञ्चयान् ।

उत्खातमूलान् हरति दोषाणां साधुयोजितः ॥

(सु.चि. 35/27)

पक्वाशयस्थः वस्तिः स्वशक्तिना शिरसा पादपर्यन्तं यावत् सम्पूर्णदोषाणां तेनैव प्रकारेण ग्रहणं करोति, येन प्रकारेण आकाशस्थः सूर्यः पृथ्वीतः रसान् शोषयति ।



पक्वाशयाद्वस्तिवीर्यं श्रैर्देहि मनुसर्पति ।  
वृक्षमूलेनिषिक्तानामपां वीर्यमिवद्गुमम् ॥

(सू. चि. 35 / 25)

पक्वाशयात् वस्तेः वार्यं (प्रभाव) स्रोतैः सम्पूर्णशरीरे  
तेनैव प्रकारेण प्रसारितः भवति, येन प्रकारेण वृक्षस्य  
मूले सिंचितजलस्य प्रभावं सम्पूर्ण वृक्षे प्रसारितः भवति ।

आपादतल मूर्धस्थान दोषान् पक्वाशये  
स्थितः ।

वीर्येण वस्तिरादत्ते खस्थोऽर्कोभूरसानिव ॥

(च. सू. 7 / 64)

पक्वाशये स्थितः वस्तिः स्वकीयशक्तिना  
पादमूलात् मस्तकपर्यन्तम् निवसितान् दोषान् आकृष्य  
बहिः निस्सारयति, येन प्रकारेण आकाशे स्थितः,  
सूर्यः स्वकीया शक्तिद्वारा पृथ्वीरसं शोषणं करोति ।

(ख) वस्ते, वातस्योपरि कार्यम्—

तत्रा वजितेऽपि शरीरान्तर्गता, वातविकारः  
प्रशान्तिमापद्यन्ते, यथा वनस्पतमूले, छिन्ने स्कन्धशाखा  
प्ररोह कुसुमफल पलाशादीनां नियतो विनाशस्तद्वत् ।  
(च.सू. 20 / 13)

शाखागताः कोष्ठगताश्चरोगाः

मर्मोर्ध्वसर्वावयवाङ्गजाश्च ।

ये सन्ति तेषां न हि कश्चिदन्यो वायोः परं  
जन्मनि हेतुरस्ति ।

विण्मूत्रपित्तादिमलाशयानां विक्षेपसङ्घातकरः  
स यस्मात् ।

तस्यातिवृद्धस्य षमाय नान्यद्वस्तिं विना  
भेषजमस्ति किञ्चित् ॥

तस्माच्चिकित्सा धर्मिति ब्रुवन्ति सर्वा  
चिकित्सामपि बस्तिमेके ॥

(च.सि. 1 / 38-39)

वातं शरीरस्य प्राथमिकं नियन्त्रकं मन्यते । यदि  
वातः एकाकी अथवा अन्यदोषैः सह मिलित्वा दूषितं  
भवति, तदा वस्तिः, वातस्य मार्गेण—सहैव—  
पित्तं—कफं— एवं मलमार्गमपि सामान्यं करोति ।

वस्तेः सामान्यप्रेरककर्माणि—

बस्तिर्वयः स्थापयिता सखायुर्बलाग्रिमे  
धास्वर वर्णकृच्च ।

सर्वार्थकारी शिशुवृद्धयूनां निरत्ययः  
सर्वगदापहश्च ॥

विट्श्लेष्मपित्तानिलमूत्रकर्षी दाढर्यावहा  
शुक्रबलप्रदश्च ।

विष्वक्स्थितं दोषचयं सर्वान् विकारान् शमये  
निरुहः ॥

(च.सि. 1 / 27-28)

वस्तिः आयुस्थिरं रक्षितुं समर्थ अस्ति, अयं  
सुखं, आयुः, बलं, अग्निं, धारणा, शक्तिः, स्वरं वर्णञ्च  
दातुं समर्था अस्ति । वस्तिः सर्वेषां कार्याणां सिद्धं  
करोति । बालकानां, वृद्धानां, एवं युवा जनानां कृते  
हितकरं मस्ति, अस्य सेवनार्थं कोपि उपद्रवं न भवति,  
एवं च सर्वरोगाः नष्टाः भवन्ति । निरुहवस्तिः मलं,  
कफं, पित्तं एवं मूत्रं बहिः निर्गमनाय भवति, शरीरे



दृढता उत्पन्न करोति । शुक्रं बलं च बर्धयति, वस्तिः सम्पूर्णशरीरे निवासकर्तृकदोषस्य संचयं शमयित्वा सर्वप्रकारकान् रोगान् शान्तं करोति ।

**बस्तेः रोगाणामुपरि कार्यम्—**

स्तब्धाश्च ये संकुचिताश्च येऽपि ये  
पङ्गवोयेऽपि च भग्नरुग्णाः ।

येषांच शाखासु चरन्ति वाताः शस्तो  
विशेषेण हि तेषु बस्तिः ॥

आध्यापने विग्रथिते पुरीषे शूले च  
भक्तानभिनन्दने च ।

एवंप्रकाशश्च भवन्ति कुक्षौ ये चामयास्तेषु  
च बस्तिरिष्टः ॥

(च. सि. 1 / 32-33)

येषां व्यक्तिनाम् शरीरं स्तब्धमूतः स्यात्, संकुचितभूतः स्यात्, यः व्यक्तिः पंगुभूतः स्यात् येषां अस्थिः भग्नाः येषां शरीरे वेदाना सञ्जाताः स्यात्, एवं येषां शाखासु कुपिता वायुः गमनं कुर्वन् भवति, एता.शानाम् व्यक्तिनाम् विशेषरूपेण बस्तेः प्रयोगं उत्तमं भवति ।

उदरे आध्यमानभूते सति, मले विग्रथिते भूते, उदरे शूल-उत्पन्ने भूते, भोजने अरुचिः भूते, तथा च अनेन प्रकारेण अन्यः ये केचित् अपि रोगाः उदरे भवन्ति, तेषु सर्वेषु रोगेषु वस्तेः प्रयोगः उत्तमं भवति ।

**निष्कर्ष —**

पित्तं पंगु कफं पंगु पंगवो मलघातवः ।

**वायुना यत्र नीयन्ते तत्र गच्छन्ति मेघवत् ॥**

(शा. पू. 5 / 43)

अर्थात् वायु द्वारा एवं शरीरे सर्वेषां धातूनां गमनम् भवति । अनेन विभिन्न रोगाणां उत्पत्तिर्भवति । वायोरभावे दोष धातूनां गतेरभावो भवति, तेन रोगाभाव अपि भवति । अतः रोगोत्पत्तां वायुरेव विशेष कारणत्वेन तिष्ठति । वातरोगाणां संख्या अपि अन्य रोगापेक्षया अधिका अस्ति । बस्तिः कालं प्रकृतावस्थायां आनेतु श्रेष्ठ अस्ति । वायुः कस्यापि प्रकारकस्य रोगस्य उत्पन्नं कर्तुं सर्वाति महत्वपूर्ण कारकः अस्ति । वातस्य नियन्त्रिते सति 'वस्तिः' सर्वेषां दोषाणामुपरि, एवं अनेन प्रकारेण सर्वेषां रोगाणामुपरि नियन्त्रण प्राप्त करोति । अतः बस्ति चिकित्साया आयुर्वेदे विशेषं स्थानं अस्ति ।

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8. भेल संहिता — आचार्यः भेलः, लेखकः वैद्य विषारद् वी० एस० वेंकटब्रह्मण्यम् शास्त्री साहित्यकारः अनुसंधान ईकाइ टी० एम० एस० एम० पुस्तकालयः तंजापुर नई दिल्ली (1997)।
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11. शारंगधर संहिता— आचार्यः शारंगधरः, डॉ शैलजा श्रीवास्तव द्वितीय संस्करणम्, (1998), चौखम्बा ओरियंटियाला, वाराणसी।
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13. आयुर्वेदिय पंचकर्म विज्ञान वैद्य हरिदास श्रीधर कस्तूरे, षष्ठम् संस्करण,
14. श्री वैद्यनाथ आयुर्वेद भवन लिमिटेड, नागपुर।



## चरकसंहिता में रसादि द्रव्यों का प्रयोग

– संगीता इन्दौरिया<sup>1</sup>, गोविन्द सहाय शुक्ल<sup>2</sup>  
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ब्रह्मा के मुख से उद्भावित अनादि आयुर्वेद चिकित्सा विज्ञान प्राचीन काल से ही “स्वस्थस्य स्वास्थ्य रक्षणम्” एवं “आतुरस्य विकार प्रशमनं।” प्रयोजनद्वय के द्वारा मानव मात्र के स्वास्थ्य का संवर्धन करता रहा है। प्रारम्भ में ऋग्वेद से लेकर अथर्ववेद तक इस विज्ञान का प्रवाह देवलोक में प्रचलित था। इस बात का प्रमाण वेदों में मिलता है। तदन्तर लोक कल्याण की भावना से आचार्य आत्रेय, धन्वन्तरी आदि के द्वारा उनके शिष्य-प्रशिष्यों के माध्यम से भूलोक पर प्रारम्भ की गई शाश्वत विज्ञान की धारा आज भी अहर्निश प्रवाहमान है।

पृथ्वीलोक पर संहिताओं में आयुर्वेद के अलग-अलग अंगों पर बहुत सारे वैज्ञानिक परीक्षणोपरान्त एक परिष्कृत स्वरूप हमारे सामने उपस्थित किया है। ज्ञान के इस परिष्कृत स्वरूप को संहिताकारों ने अष्टांग में विभाजन कर विस्तृत रूप से वर्णित किया है। परन्तु इन आठ अंगों में पृथकतः रसशास्त्र एवं भैषज्य कल्पना नाम से अलग अंग वर्णित नहीं किया गया है, जबकि

चिकित्सा इस मूलभूत विज्ञान के बिना संभव नहीं है।

1500 ई. पू. रचित अग्निवेश तंत्र जो कि प्रतिसंस्कृत होकर आज चरक संहिता के नाम से प्रसिद्ध है। चरक संहिता में वर्णित अष्टांग में भी रसशास्त्र पृथकतः वर्णित नहीं है, परन्तु चरक संहिता में चिकित्सात्मक दृष्टिकोण से रसशास्त्रीय द्रव्यों का बाह्य एवं आभ्यान्तर रूप से प्रयोग उसके सिद्धान्त एवं व्यापद् विस्तृत रूप से देखने को मिलते हैं। चरक संहिता में वर्णित इस विषय को निम्न प्रकार से जान सकते हैं।

### 1. रस :-

चरकसंहिता में रस ( पारद ) का उल्लेख कम ही स्थानों पर हुआ है। पारद शब्द का प्रयोग चरकसंहिता में कहीं भी नहीं मिलता है। परन्तु रस नाम से पारद का प्रथमतः उल्लेख चिकित्सा स्थान के कुष्ठ चिकित्सितम् अध्याय में हुआ है।

संदर्भ	प्रयोग	रोग
1. चरकसंहिता चिकित्सा स्थान 7 / 71,72	आन्तरिक प्रयोग	कुष्ठ
2. चरकसंहिता चिकित्सा स्थान 25 / 116	बाह्य प्रयोग	व्रण

<sup>1</sup>पी. जी. अध्येता, <sup>2</sup>विभागाध्यक्ष, <sup>3</sup>सहआचार्य, <sup>4</sup>सहायक आचार्य, रसशास्त्र एवं भैषज्य कल्पना विभाग, सर्वपल्ली राधाकृष्णन आयुर्वेद विश्वविद्यालय, जोधपुर, राजस्थान



उक्त अध्याय में लेलीतक प्रयोग (आंवलासार गंधक ) अथवा स्वर्णमाक्षिक के द्वारा निगृहीत (सूक्ष्म चूर्ण किया हुआ) सभी व्याधियों को दूर करने का सामर्थ्य रखने वाले रस (पारद) को कुष्ठी द्वारा सेवन करने का निर्देश दिया गया है। यह भी निर्देशित है कि उक्त रस (पारद) को वज्र शिलाजीत अथवा योगराज नामक योग के साथ नित्य सेवन कुष्ठ से पीडित व्यक्ति करे।

व्रण चिकित्सा में भी त्वक् सवर्णीकरण योग में रसोत्तम (पारद) का उपयोग किया गया है। उक्त योग का लेप करने से व्रण सवर्णकर हो जाता है।

**2. महारस :-** रसशास्त्रीय वाङ्मय में अभ्रक, वैक्रान्त, माक्षिक, विमल, शिलाजतु, सस्यक, चपल व रसक को महारस श्रेणी में सम्मिलित किया गया है। अभ्रक, वैक्रान्त, विमल, तथा रसक का चरकसंहिता में उल्लेख नहीं मिलता है। माक्षिक, शिलाजतु तथा सस्यक का वर्णन चरक संहिता में बहुतायत से किया जाता है।

#### माक्षिक :-

संदर्भ	प्रयोग	रोग
चरकसंहिता चिकित्सा स्थान 7 / 70,71	आन्तरिक प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 16 / 73,79	आन्तरिक प्रयोग	पाण्डु
चरकसंहिता चिकित्सा स्थान 16 / 82	आन्तरिक प्रयोग	पाण्डु
चरकसंहिता चिकित्सा स्थान 26 / 250	बाह्य प्रयोग	नेत्ररोग

**माक्षिक प्रयोग:-** चरक चिकित्सा स्थान के अध्याय 7 में गोमूत्र के साथ (स्वर्णमाक्षिक) उपयोगी बताया है इसी प्रकार स्वर्णमाक्षिक द्वारा निगृहीत रस (पारद) का उपयोग भी इस अध्याय में निर्देशित है। 16 वें अध्याय में "मण्डूर वटक" नामक योग में तथा "स्वर्णमाक्षिकादि योग" में भी इसका उपयोग किया गया है। इसी अध्याय के 82 वें श्लोक में "योगराज" नामक योग में भी इसका प्रयोग बताया गया है। "मण्डूर-वटक" में स्वर्णमाक्षिक व स्वर्णमाक्षिकादि योग व योगराज में स्वर्ण व रजत माक्षिक दोनों का उपयोग किया गया है। 26 वें अध्याय में सौवीराञ्जन वर्ति में माक्षिक का उपयोग किया गया है।

#### शिलाजतु :-

संदर्भ	प्रयोग	रोग
चरकसंहिता सूत्र स्थान 21 / 24	आन्तरिक प्रयोग	अतिस्थूलता
चरकसंहिता सूत्र स्थान 24 / 56	आन्तरिक प्रयोग	मद-मूर्च्छा
चरकसंहिता चिकित्सा स्थान 1 / 3 / 48-65	आन्तरिक प्रयोग	रसायन
चरकसंहिता चिकित्सा स्थान 7 / 71	आन्तरिक प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 16 / 84,78,87	आन्तरिक प्रयोग	पाण्डु



शिलाजतु का प्रयोग मेदोरोग (अतिस्थौल्यता) की चिकित्सा के लिये अग्निमन्थ के साथ बताया गया है। विधिशोणीतीय अध्याय मे मद-मूर्च्छा में घृत/मधु/चीनी/दूध के साथ शिलाजतु का प्रयोग बताया गया है। कुष्ठ में रस (पारद) के साथ वज्र शिलाजीत का प्रयोग बताया है। पाण्डु चिकित्सा मे "स्वर्णमाक्षिकादि योग", "योगराज", "शिलाजतु वटक" नामक योगों में शिलाजतु का प्रयोग आचार्यों द्वारा किया गया है। शिलाजतु के विभिन्न भेदों का व उसके बाह्य-आभ्यान्तर प्रयोग का सम्पूर्ण ज्ञान आचार्य चरक ने सुस्पष्ट किया है।

**सस्यक:-**

संदर्भ	प्रयोग	रोग
चरक संहिता सूत्र स्थान 3/10	बाह्य प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 3/12	बाह्य प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 7/102	बाह्य प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 7/108	बाह्य प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 7/114	बाह्य प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 7/120	बाह्य प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 14/155	बाह्य प्रयोग	अर्श
चरक संहिता चिकित्सा स्थान 25/117	बाह्य प्रयोग	व्रण
चरक संहिता चिकित्सा स्थान 26/250	बाह्य प्रयोग	नेत्ररोग

चरकसंहिता में तुत्थ का प्रयोग मुख्यतया त्वक् विकार (कुष्ठ) में किया गया है। सूत्रस्थान के तृतीयाध्याय आरग्वधीयाध्याय में "कुष्ठादि चूर्ण" नामक योग में अम्रतासंग् (तृतीया) का बाह्य उपयोग बताया गया है। इसी अध्याय के 12 वें श्लोक में "तुत्थादि लेप" प्रदेह के रूप में बताया गया है। इसी प्रकार चिकित्सास्थान के कुष्ठ चिकित्सितम् अध्याय में "कुष्ठाद्य तैल" का लेप अवचूर्णन, उदवर्तन, घर्षण करने से कुष्ठ का नाश बताया गया है। इसी प्रकार "तिक्तेक्ष्वाकादि तैल" में दोनो तूतिया (नीला तूतिया, खर्पर तूतिया) का प्रयोग किया गया है। उक्त तैल का अभ्यंग बताया गया है। इसी प्रकार "कनकक्षीरी तैल" में इसका प्रयोग किया गया है तथा इसका अभ्यंग मण्डल कुष्ठ में बताया गया है। "विपादिकाहर घृत-तैल लेप" में तुत्थ उपयोग में लिया गया है। विपादिका, चर्मकुष्ठ, एककुष्ठ, किटिभ व अलसक कुष्ठ में इसका उपयोग किया है।

इसी प्रकार अर्श चिकित्सितम् अध्याय में "दन्त्याद्य लेप" नामक योग में अमृतासङ्ग (तुत्थ) का प्रयोग किया गया है तथा इसका लेप बताया है। त्रिमर्मीय अध्याय में "सौवीराञ्जनादि चूर्णाञ्जन" या वर्ति में इसका प्रयोग किया है तथा इस वर्ति का तिमिर आदि सभी नेत्ररोगों में उपयोगी बताया गया है। 25 वें अध्याय में "वर्णकर लेप" में भी तुत्थ का प्रयोग किया गया है।



3. उपरसः— रसशास्त्रीय वाङ्मय में महारस की तरह ही उपरसों का भी प्रयोग हुआ है जो निम्न है— गंधक, गैरिक, कासीस, कांक्षी, हरताल, मनःशिला, अञ्जन, कंकुष्ठ इत्यादि। चरकसंहिता में गंधक, गैरिक, कासीस, फिटकरी, हरताल, मनःशिला, अञ्जन का उल्लेख बहुतायात से स्पष्टतया मिलता है। कंकुष्ठ का उल्लेख इस संहिता में नहीं मिलता है।

#### गंधक —

संदर्भ	प्रयोग	रोग
चरक संहिता सूत्र स्थान 3/10	बाह्य प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 7/70	आन्तरिक प्रयोग	कुष्ठ
चरक संहिता चिकित्सा स्थान 7/71	आन्तरिक प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 17/125	आन्तरिक प्रयोग	कुष्ठ

गंधक का उपयोग चरकसंहिता सूत्रस्थान अध्याय—3 के कुष्ठादि चूर्ण में किया गया है तथा इसका बाह्य प्रयोग बताया गया है। इसी प्रकार कुष्ठ चिकित्सित अध्याय में आवला स्वरस व मधु के साथ, आवलासार गंधक द्वारा निग्रहीत (भस्म किया हुआ) पारद का प्रयोग किया गया है। इसी प्रकार कास चिकित्सित अध्याय में “मुक्तादि चूर्ण” में गंधक का प्रयोग किया गया है।

#### गैरिक :-

संदर्भ	प्रयोग	रोग
चरकसंहिता सूत्र स्थान 1/70	पार्थिव औषध द्रव्यों में गणना	—
चरकसंहिता सूत्र स्थान 3/5,	बाह्य प्रयोग	उल्लेख
चरकसंहिता सूत्र स्थान 4/46	शोणितस्थापण वर्ग में	उल्लेख
चरकसंहिता चिकित्सा स्थान 4/73	आन्तरिक प्रयोग	रक्तपित्त
चरकसंहिता चिकित्सा स्थान 4/79	आन्तरिक प्रयोग	रक्तपित्त
चरकसंहिता चिकित्सा स्थान 4/99	अवपीड नस्य	रक्तपित्त
चरकसंहिता चिकित्सा स्थान 20/32-33	आन्तरिक प्रयोग	छर्दि
चरकसंहिता चिकित्सा स्थान 21/82	आन्तरिक प्रयोग	विसर्प
चरकसंहिता चिकित्सा स्थान 23/79	आन्तरिक प्रयोग	विष
चरकसंहिता चिकित्सा स्थान 23/220	आन्तरिक प्रयोग	विष
चरकसंहिता चिकित्सा स्थान 25/117	आन्तरिक प्रयोग	द्विग्रणीय
चरकसंहिता चिकित्सा स्थान 26/210	आन्तरिक प्रयोग	मुखरोग
चरकसंहिता चिकित्सा स्थान 26/232	विडालक	त्रिमर्मीय (नेत्ररोग)
चरकसंहिता चिकित्सा स्थान 26/235	विडालक	त्रिमर्मीय (नेत्ररोग)
चरकसंहिता चिकित्सा स्थान 30/91	आन्तरिक प्रयोग	योनिव्यापद



गैरिक का उल्लेख चरकसंहिता में कई स्थानों पर मिलता है। सूत्रस्थान के प्रथम अध्याय में पार्थिव द्रव्यों की गणना में गैरिक का उल्लेख मिलता है। सूत्रस्थान में शोणितस्थापन वर्ग में गैरिक का उल्लेख मिलता है। इसी प्रकार चिकित्सा स्थान के रक्तपित्त चिकित्सा में “उशीरादि चूर्ण” में गैरिक का प्रयोग किया गया है। एक अन्य योग में वैदूर्य—मणि व मुक्ता के साथ गैरिक का प्रयोग बताया है, नासागत रक्तपित्त में स्तम्भक अवपीड नस्य में गैरिक का उपयोग किया है। छर्दि चिकित्सा में सुगन्धबाला के साथ गैरिक का प्रयोग बताया है। 23 वें अध्याय में “महासुगन्धी अगद” में गैरिक का उपयोग बताया है। इसी अध्याय में नख—दन्त विष चिकित्सा में प्रयोग किया गया है। द्विव्रणीय अध्याय में वर्णकर लेप में तथा 26 वें त्रिमर्मीय अध्याय में नेत्ररोग में विडालक के रूप में इसका प्रयोग किया गया है। इसी अध्याय में वर्णित “खादिरादि गुटिका” में भी गैरिक का प्रयोग किया गया है।

#### कासीस:—

संदर्भ	प्रयोग	रोग
चरकसंहिता सूत्र स्थान 3/5	बाह्य प्रयोग	कुष्ठ
चरकसंहिता सूत्र स्थान 3/10	बाह्य प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 7/114	बाह्य प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 7/117,167	बाह्य प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 21/126	बाह्य प्रयोग	विसर्प
चरकसंहिता चिकित्सा स्थान 25/100	बाह्य प्रयोग	व्रण
चरकसंहिता चिकित्सा स्थान 25/117	बाह्य प्रयोग	व्रण
चरकसंहिता चिकित्सा स्थान 26/254	बाह्य प्रयोग	नेत्ररोग
चरकसंहिता चिकित्सा स्थान 26/271	बाह्य प्रयोग	पालित्य
चरकसंहिता चिकित्सा स्थान 30/79	बाह्य प्रयोग	योनिव्यापद

कासीस का प्रयोग चरकसंहिता सूत्रस्थान—3 में त्वक विकारों में लेप रूप में किया गया है। “कुष्ठादि चूर्ण” में इसका प्रयोग है, तथा अवचूर्णक रूप में भी प्रयोग किया गया है। कुष्ठ चिकित्सा में “कनक क्षीरी तैल”, “सिध्म लेप” में इसका उल्लेख मिलता है। इस प्रकार 21 वें अध्याय में विसर्प की चिकित्सा में “दन्त्यादि लेप” में इसका उल्लेख है। 25 वें अध्याय में “वर्णकर लेप” व्रण—अवसादन में “त्वक्कार्ष्ण्यकर लेप” में कासीस का उल्लेख मिलता है। 26 वें अध्याय में “दृष्टिप्रदा वर्ति”, “महानील तैल” में इसका उल्लेख है। योनिव्यापद चिकित्सा में “धातक्यादि तैल” में कासीस का प्रयोग किया है।



## मनः शिला :-

संदर्भ	प्रयोग	रोग
चरकसंहिता सूत्र स्थान 1/70	पार्थिव औषध द्रव्यों में गणना	—
चरकसंहिता सूत्र स्थान 3/5,	बाह्य प्रयोगार्थ—लेप	कुष्ठ
चरकसंहिता सूत्र स्थान 3/10	बाह्य प्रयोगार्थ—लेप	कुष्ठ
चरकसंहिता सूत्र स्थान 3/12	बाह्य प्रयोगार्थ—लेप	कुष्ठ
चरकसंहिता सूत्र स्थान 3/14	बाह्य प्रयोगार्थ—लेप	कुष्ठ
चरकसंहिता सूत्र स्थान 3/15	बाह्य प्रयोगार्थ—लेप	—
चरकसंहिता सूत्र स्थान 5/26	धूमपान	—
चरकसंहिता चिकित्सा स्थान 3/306	अञ्जन	ज्वर
चरकसंहिता चिकित्सा स्थान 7/167,117,116	बाह्य प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 17/145	आन्तरिक प्रयोग	हिक्का—श्वास
चरकसंहिता चिकित्सा स्थान 18/52	धूमपान	कास
चरकसंहिता चिकित्सा स्थान 18/72	धूमपान	कास
चरकसंहिता चिकित्सा स्थान 18/73	धूमपान	कास
चिकित्सा स्थान 18/146	धूमपान	कास
चरकसंहिता चिकित्सा स्थान 20/39	आन्तरिक प्रयोग	छर्दि
चरकसंहिता चिकित्सा स्थान 23/55	आन्तरिक प्रयोग	विष
चरकसंहिता चिकित्सा स्थान 23/190	आन्तरिक प्रयोग	विष
चरकसंहिता चिकित्सा स्थान 25/114	बाह्य प्रयोग	व्रण
चरकसंहिता चिकित्सा स्थान 26/250	वर्ति	नेत्ररोग
चरकसंहिता चिकित्सा स्थान 26/253	वर्ति	नेत्ररोग
चरकसंहिता चिकित्सा स्थान 26/196	बाह्य प्रयोग	मुखरोग
चरकसंहिता चिकित्सा स्थान 26/235	विडालक	मुखरोग

चरकसंहिता सूत्रस्थान प्रथम अध्याय में पार्थिव औषध द्रव्यों में मनःशिला की गणना की गई है। इसी प्रकार तृतीय अध्याय में बाह्य प्रयोगार्थ लेपों में मनःशिला का उल्लेख मिलता है। “कुष्ठादिचूर्ण” “तुत्थादि लेप” “मनःशिलादि लेप” में मनःशिला का प्रयोग किया गया है। पञ्चम अध्याय में शिरोविरेचनादि धूमवर्ति में मनःशिला का उल्लेख है। चिकित्सा स्थान के तृतीयाध्याय ज्वर चिकित्सा मे— विषम ज्वर में अञ्जन में मनःशिला का प्रयोग किया गया है। कुष्ठ चिकित्सा में “कनकक्षीरी तैल” “सिध्म तैल” “मनःशिलादि धूम” “प्रपौण्डरीकादि धूम” अन्य धूमपान योग में मनःशिला को निम्बू के रस व मधु के साथ उपयोग लिया गया है। विष चिकित्साध्याय में “मृतसञ्जीवनी अगद” में मनःशिला का प्रयोग किया गया है। त्रिमर्मीय चिकित्साध्याय में “सौवीराञ्जनादि चूर्णाञ्जन या वर्ति”, “सुखावर्ती वर्ती” “पीतक चूर्ण” आदि योगों में मनःशिला उपयोग में ली गई है। इसी प्रकार कफज नेत्ररोगों में विडालक में इसका प्रयोग किया गया है।



### अञ्जन :-

संदर्भ	प्रयोग	योग
चरकसंहिता सूत्र स्थान 1/70	पार्थिव औषध द्रव्यों में	गणना
चरकसंहिता सूत्र स्थान 5/15	नित्य बाह्य प्रयोग	नेत्र
चरकसंहिता चिकित्सा स्थान 17/125	आन्तरिक प्रयोग	हिकका-श्वास
चरकसंहिता चिकित्सा स्थान 23/55	आन्तरिक प्रयोग	विष
चरकसंहिता चिकित्सा स्थान 26/210,250	आन्तरिक प्रयोग	मुखरोग, नेत्ररोग

चरकसंहिता सूत्रस्थान के प्रथम अध्याय में उल्लेखित तस्याशितीय अध्याय में सौवीराञ्जन एवं रसाञ्जन का स्वस्थ नेत्र के लिये प्रयोग बताया गया है। इसी प्रकार सौवीराञ्जन का हिककाश्वास में "मुक्तादि चूर्ण" के घटक द्रव्य के रूप में भी प्रयोग किया गया है। 23 वें अध्याय में "मृतसञ्जीवनी अगद" में भी अञ्जन उल्लेखित है। 26 वें अध्याय में "सुखावती वर्ति" व मुखरोगों में "खदिरादि गुटिका" में भी अञ्जन प्रयोग में लिया गया है।

**साधारण रसः-** साधारण रसवर्ग में कम्पिल्लक, गौरीपाषाण, नवसादर, कपर्द, अग्निजार, गिरिसिन्दूर, हिंगुल, व मृद्दाश्रृंग को माना है। इनमें से कम्पिल्लक, कपर्द का ही उल्लेख चरकसंहिता में मिलता है।

### कम्पिल्लक :-

संदर्भ	प्रयोग	रोग
चरकसंहिता सूत्र स्थान 2/9	विरेचन द्रव्यों में उल्लेख	विरेचन
चरकसंहिता सूत्र स्थान 3/10	बाह्य प्रयोग	कुष्ठ
चरकसंहिता सूत्र स्थान 26/84	विरुद्ध आहार विहार में उल्लेख	-
चरकसंहिता विमान स्थान 8/136	विरेचन द्रव्य कल्प संग्रह	-
चरकसंहिता चिकित्सा स्थान 5/130	आन्तरिक प्रयोग	गुल्म
चरकसंहिता चिकित्सा स्थान 7/103	बाह्य प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 7/120	बाह्य प्रयोग	कुष्ठ
चरकसंहिता चिकित्सा स्थान 13/120	आन्तरिक प्रयोग	उदररोग
चरकसंहिता चिकित्सा स्थान 21/137	बाह्य प्रयोग	विसर्प
चरकसंहिता चिकित्सा स्थान 25/90	बाह्य प्रयोग	व्रण
चरकसंहिता चिकित्सा स्थान 26/64	आन्तरिक प्रयोग	गुल्म, अश्मरी
चरकसंहिता कल्प स्थान 9/10	आन्तरिक प्रयोग	विरेचन
चरकसंहिता सिद्धि स्थान 10/26	आन्तरिक प्रयोग	पक्वाशय शोधक बस्ति

कम्पिल्लक का प्रयोग चरकसंहिता सूत्रस्थान में विरेचन द्रव्यों में किया गया है। इसी प्रकार सूत्र स्थान के अध्याय-3 में "कुष्ठादि चूर्ण" में कम्पिल्लक को उपयोग में लिया है तथा इसका अवचूर्णन बताया गया है। अध्याय-26 में विरुद्ध आहार वर्ग में मट्ठा के साथ कम्पिल्लक का प्रयोग निषेध बताया गया है।





विमानस्थान में “विरेचनद्रव्य कल्प-संग्रह” में कम्पिल्लक वर्णित है। चिकित्सा स्थान के गुल्म चिकित्सितं अध्याय में पित्तज गुल्म चिकित्सा में मधु के स्थान कबीला का प्रयोग बताया है। कुष्ठचिकित्सा अध्याय में “कुष्ठाद्य तैल” “विपारिकाहर घृत तैल” में इसका प्रयोग किया गया है। अध्याय -13 उदर चिकित्सा में “पटोल-मूलाद्य चूर्ण” में कम्पिल्लक का उपयोग किया है। विसर्प चिकित्सा में “कम्पिल्लकादि तैल” में प्रयोग किया गया है। द्विव्रणीय अध्याय में भी “कम्पिल्लकादि तैल” वर्णित है। त्रिमर्मीय अध्याय में “त्रुटयादि चूर्ण” में इसका प्रयोग किया है। इसका प्रयोग गुल्म एवं अश्मरी में बताया गया है। चरकसंहिता कल्पस्थान में लोध्र के साथ विरेचन के लिये प्रयोग में लिया है। सिद्धिस्थान में पक्वाशय शोधक बस्तियों में कम्पिल्लक उपयोग में लिया गया है।

**कपर्द:-**

संदर्भ	प्रयोग	रोग
चरकसंहिता चिकित्सा स्थान 26/224	बाह्य प्रयोग	कर्ण शूल

चरकसंहिता चिकित्सा स्थान में त्रिमर्मीय अध्याय में “गन्ध तैल” में कौडियों का प्रयोग वराटकान् नाम से किया है। वराटक को मिट्टी के शराब में फूँक कर उसकी भस्म (राख) का क्षार जल बनाकर गंधतैल बनाने में उपयोग में लिया गया है।

**विमर्श-**

सम्पूर्ण चरकसंहिता का रसशास्त्र की दृष्टि से विश्लेषण करने पर आचार्य अग्निवेश, चरक एवं दृढबल के रसविद्या में पारंगत होने का पता चलता है। आचार्यों ने रस, महारस, साधारणरस व उपरस के द्रव्यों का बाह्य एवं आभ्यान्तर प्रयोग शोधन मारण प्रक्रिया के साथ कर उनके सूक्ष्मतरु रूप (भस्म) में प्रयोग करने को निर्देशित किया है। चरक संहिता में भस्म या मारण शब्द का प्रत्यक्ष रूप से उल्लेख नहीं मिलता है किन्तु अप्रत्यक्ष रूप से रसद्रव्यों के सूक्ष्मतरु चूर्ण का प्रयोग किया गया है, जिसे उन्होंने शराव में रख अग्नि में फूँक कर बनाया या विभिन्न द्रव्यों द्वारा सूक्ष्म रूप में निगृहित कर उपयोग किया या अयस्कृति निर्माण कर के उपयोग में लिया। सस्यक विष द्रव्य है अतः इसका पूर्णतया बाह्य प्रयोग ही बताया है। इसके साथ ही पारद, माक्षिक, शिलाजीत, गंधक, गैरिक, मनःशिला, अंजन, कम्पिलक, कपर्द आदि का बाह्य प्रयोग के साथ-साथ आन्तरिक प्रयोग भी बताया है। शिलाजीत का वर्णन रसायन पाद के अन्तर्गत विस्तृत रूप से किया है। जिसमें उसकी प्राप्ति, भेद, सेवन-मात्रा, उपयोग, पथ्य-अपथ्य को वर्णित किया गया है। इस प्रकार स्पष्ट है कि चरक संहिता काल में रसशास्त्रीय रसद्रव्यों का उल्लेख बहुतायत से किया गया है।



## परिषद् समाचार

### विश्व आयुर्वेद परिषद एवं रुहेलखंड आयुर्वेदिक मेडिकल कॉलेज के संयुक्त तत्वावधान में अग्निकर्म, रक्तमोक्षण एवं मर्म चिकित्सा पर नेशनल वर्कशॉप का आयोजन

दिनांक 9 अक्टूबर 2022 को विश्व आयुर्वेद परिषद एवं रोहिलखंड आयुर्वेदिक मेडिकल कॉलेज के संयुक्त तत्वावधान में अग्निकर्म, रक्तमोक्षण एवं मर्म चिकित्सा पर एक नेशनल वर्कशॉप का आयोजन रोहिलखंड आयुर्वेदिक कॉलेज के सभागार में सम्पन्न हुआ। जिसमें मुख्य अतिथि के रूप में विथरी चौनपुर के विधायक डॉ. राघवेंद्र शर्मा जी ने कहा कि आयुर्वेद निश्चित रूप से भविष्य की एक सशक्त चिकित्सा पद्धति होगी। रोहिलखंड इंटरनेशनल यूनिवर्सिटी के प्रेजिडेंट डॉ. अशोक अग्रवाल जी अपने वक्तव्य में कहा आयुर्वेद का महत्व अब सारा विश्व जान चुका है। ये पूर्णतः वैज्ञानिक चिकित्सा पद्धति है। इसको बस परिमार्जित करने की जरूरत है। कार्यक्रम का शुभारंभ संस्था के ध्येय गीत से प्रारंभ हुआ उसके बाद धन्वंतरि वंदना के साथ अतिथियों का स्वागत किया गया। स्वागत भाषण आयोजन सचिव डॉ. शांतुल गुप्ता ने दिया। कार्यक्रम में राष्ट्रीय सचिव डॉ. सुरेंद्र चौधरी ने विश्व आयुर्वेद परिषद के बारे में विस्तार से लोगों को अवगत कराया। आयोजन अध्यक्ष डॉ. डी. के. द्विवेदी ने तीनों विषयों की सूक्ष्म विवेचना की। बरेली आयुर्वेदिक कॉलेज के प्राचार्य प्रो. डी. के. मौर्य, विश्व आयुर्वेद परिषद के राष्ट्रीय संगठन मंत्री डॉ. योगेश चंद्र मिश्र ने भी अपने उद्बोधन में आयुर्वेद की प्रासंगिकता पर विशद चर्चा की। उद्घाटन सत्र के पश्चात रक्तमोक्षण की वर्कशॉप नई दिल्ली से पधारे डॉ. महेश कुमार ने, मर्म चिकित्सा की वर्कशॉप उत्तराखंड से पधारे, डॉ. मो. शाहिद ने तथा अग्निकर्म की वर्क शॉप संयुक्त रूप से डॉ. राकेश सिंघल एवं डॉ. डी. के. द्विवेदी ने प्रस्तुत की। इस कार्यक्रम में गंगाशील के डायरेक्टर डॉ. विशाल अग्रवाल, प्राचार्य डॉ. सुशांत साहू, धन्वंतरि अयुर्वेदिक कॉलेज की डॉ. पारुल, रुहेलखंड आयुर्वेदिक कॉलेज के प्राचार्य डॉ. मुकेश सक्सेना, फर्रुखाबाद आयुर्वेदिक कॉलेज के डॉ. मंजूनाथ, डॉ. आर. के. तिवारी, डॉ. एच. एस. राय, डॉ. पारुल, डॉ. नितिन शर्मा, पीलीभीत के डॉ. रमेश गुप्ता, एमिल फार्मा, धूतपापेश्वर आदि फार्मा कम्पनियों का भी विशेष सहयोग रहा। इस अवसर पर डॉ. जे. पी. पांडेय, डॉ. राजीव सक्सेना, डॉ. ज्ञानदेव शर्मा, डॉ. रामबाबू प्रजापति, डॉ. वीरेंद्र जैसवार, डॉ. उज्जमा, डॉ. दीपशिखा शर्मा, डॉ. सूर्य प्रकाश आदि सहित 350 छात्र उपस्थित रहे। संचालन डॉ. रंजन विशद ने किया।

### चरक वनांचल स्वास्थ्य सेवा यात्रा-22 के प्रतिभागियों का प्रमाणपत्र वितरण समारोह सम्पन्न

दिनांक 30 सितम्बर 2022 को चरक वनांचल स्वास्थ्य सेवा यात्रा-22 के प्रतिभागियों का प्रमाणपत्र वितरण समारोह एवं काशी हिन्दू विश्वविद्यालय, विश्व आयुर्वेद परिषद ईकाई की नवीन कार्यकारिणी की घोषणा सम्पन्न हुई। वैद्य के एस. धीमान, मुख्य अतिथि एवं वैद्य के एन. द्विवेदी की अध्यक्षता में सभी प्रतिभागियों को प्रमाणपत्र प्रदान किया गया। वैद्य पी. एस. ब्याडगी ने कार्यक्रम का संचालन किया। यात्रा प्रमुख वैद्य अजय पाण्डेय एवं सह प्रमुख वैद्य आशुतोष पाठक ने कार्यक्रम का आयोजन किया। वैद्य कमलेश द्विवेदी ने परिषद के गतिविधियों की जानकारी दी। वैद्य अरुण द्विवेदी ने नवीन विश्वविद्यालय ईकाई एवं विद्यार्थी ईकाई की घोषणा की। विश्वविद्यालय ईकाई- अध्यक्ष- वैद्य प्रेम शंकर उपाध्याय, उपाध्यक्ष- वैद्य रामानन्द तिवारी, सचिव- वैद्य सुदामा सिंह यादव, विद्यार्थी ईकाई- अध्यक्ष- वैद्य प्रत्युष शर्मा, उपाध्यक्ष- वैद्य सुशील कुमार, सचिव - वैद्य शिवांगी कनौजिया, कार्यक्रम के आयोजन में वैद्य शशिरेखा, वैद्य चन्द्र शेखर पांडेय, वैद्य सुनीता सुमन, वैद्य वैभव जायसवाल, वैद्य अनुराग पाण्डेय, वैद्य संजीव कुमार एवं अन्य शिक्षकों एवं विद्यार्थियों का विशेष सहयोग रहा।



## आयुर्वेद चिकित्सा के प्रोत्साहन हेतु तीन दिवसीय कौशल विकास शिविर विशिखा-2022 का आयोजन

दिनांक 9/9/22 से 11/9/22 तक विश्व आयुर्वेद परिषद द्वारा विद्यार्थियों में आयुर्वेद चिकित्सा के प्रोत्साहन हेतु तीन दिवसीय कौशल विकास शिविर का आयोजन संस्कृति आयुर्वेद महाविद्यालय के सहयोग से संस्कृति विश्वविद्यालय मथुरा में विशिखा-2022 का आयोजन किया गया। शिविर में कुल 134 विद्यार्थियों ने प्रतिभाग किया। ये विद्यार्थी उत्तर प्रदेश के सात महाविद्यालयों से पंजीकृत हुए, जिनमें प्रमुख नाम संस्कृति आयुर्वेदिक कालेज मथुरा, दिव्य ज्योति आयुर्वेदिक कालेज, मोदी नगर, जी.एस. आयुर्वेदिक कालेज हापुड़, श्री ६ न्वन्तरि आयुर्वेदिक कालेज मथुरा, प्रेम रघु आयुर्वेदिक कालेज, हाथरस, एस आर एम आयुर्वेदिक कालेज बरेली, श्री राम आयुर्वेदिक कालेज एवं महावीर आयुर्वेदिक कालेज मेरठ रहे। शिविर में देश के मूर्धन्य वक्ताओं ने अपने अनुभव विद्यार्थियों से साझा किया। जिनमें प्रमुख रूप से प्रो० कमलेश कुमार शर्मा, डॉ. योगेश पांडेय, प्रो योगेश चंद्र मिश्रा जी, डॉ. सुरेंद्र चौधरी जी रहे। विद्यार्थियों को रस शास्त्र की औषधियों यथा शतधौत घृत का निर्माण डा मंदीप जैसवाल जी द्वारा, एलोवेरा जेल एवं फ्रूट केयर क्रीम का निर्माण डॉ. सुभाष यादव जी द्वारा, आयुर्वेदिक साबुन का निर्माण डॉ. विवेक अवस्थी जी द्वारा सिखाया गया। डा सुशांत मिश्रा द्वारा नाड़ी परीक्षा, डॉ. निधी शर्मा द्वारा पंचकर्म चिकित्सा, वैद्य चंद्र चूड़ मिश्रा द्वारा योग चिकित्सा एवं जलौकावचारण के सत्रों का संचालन किया गया। शिविर में डॉ. नितिन शर्मा, डॉ. शांतुल कुमार गुप्ता एवं डॉ. पुनीत अग्निहोत्री द्वारा विद्यार्थियों को चिकित्साभ्यास से सम्बंधित आवश्यक बातें विस्तार से बताई गयी।

## उद्धव दास मेहता स्मृति निबन्ध प्रतियोगिता 2022 का पुरस्कार वितरण एवं श्रेष्ठ चिकित्सक सम्मान समारोह सम्पन्न

भोपाल, दिनांक 9 अक्टूबर 2022 को भाई उद्धवदास मेहता स्मृति न्यास द्वारा गठित राज्य स्तरीय धनवंतरि जयंति समारोह समिति द्वारा आयोजित भगवान धनवंतरि का पूजन एवं 20 विशिष्ट आयुर्वेद चिकित्सकों का सम्मान तथा अखिल भारतीय आयुर्वेद स्नातकोत्तर छात्र निबन्ध प्रतियोगिता में प्रथम, द्वितीय एवं तृतीय पुरस्कार वितरण के मुख्य अतिथि चिकित्सा शिक्षा मंत्री श्री विश्वास सारंग ने कहा कि आयुर्वेद चिकित्सा पद्धति श्रेष्ठ चिकित्सा पद्धति है। आयुर्वेद को शोध तथा प्रलेखन की आवश्यकता है। राज्य में एम.बी.बी.एस. पाठ्यक्रम हिन्दी में 16 अक्टूबर से शुरू किया जायेगा। स्वागत भाषण धनेश चतुर्वेदी, सचिव, स्मृति न्यास ने किया। लोकप्रिय सांसद साधु जी प्रज्ञा सिंह जी ने कहा कि सब लोगो को अपने जन्म दिन पर एक औषधी का पौधा लगाना चाहिये। इससे पर्यावरण में सुधार होगा। मुख्य वक्ता रघुराम भट्ट ने कहा कि आयुर्वेद में संस्कृत का ज्ञान अति आवश्यक है। समुचित ज्ञान के द्वारा आयुर्वेद के गूढ़ रहस्यों को समुचित तरीके से समझा जा सकता है। महापौर श्रीमती मालती राय ने कहा कि न्यास बहुत अच्छा सामाजिक कार्य कर रहा है। आयुर्वेद इलाज में रोग को जड़ से समाप्त किया जा सकता है। नगर निगम अध्यक्ष किशन सूर्यवंशी ने कहा कि भाई उद्धवदास जी मेहता भोपाल की शान थे। नगर निगम उनके नाम पर पुरस्कार शीघ्र शुरू करेगा। न्यास द्वारा आयोजित इस कार्यक्रम का संयोजन डॉ. सौरभ मेहता, सचिव, भोपाल ईकाई एवम वैद्य अनुराग सिंह राजपूत, महासचिव, मध्य प्रदेश ईकाई ने किया, जिसमे भारी संख्या में आयुर्वेद चिकित्सक, शिक्षकगण, परिषद के केन्द्रीय तथा राज्य पदाधिकारियों, कार्यकर्ताओं तथा छात्रों की उपस्थिति रही। लगभग छः सौ प्रतिभागियों की उपस्थिति रही।

इस वर्ष उद्धवदास मेहता स्मृति स्नातकोत्तर निबन्ध प्रतियोगिता के विजेता छात्रों में, स्वर्ण पदक एवं 21000 का नगद पुरस्कार पूना, महाराष्ट्र की वैद्य रवीना नागेश दलवी ने प्राप्त किया। रजत पदक एवम 15000 रुपए का



नगद पुरस्कार वैद्य चौत्रा, उडुपी, कर्नाटक ने प्राप्त किया। कांस्य पदक एवम 11000 का नगद पुरस्कार मैसूर, कर्नाटक की वैद्य आर दर्शिनी ने प्राप्त किया। प्रदेश के सम्मानित होने वाले चिकित्सकों में वैद्य प्रभाकर शंकर चतुर्वेदी, वैद्य साधना वायकर, वैद्य आर बी द्विवेदी, वैद्य राजकुमार मालानी, वैद्य अनिल सिंघई, वैद्य हिमांशु दत्त पाण्डेय, वैद्य मनोज कुमार सिंह, वैद्य नारायण चन्द्र मिश्र, वैद्य मुकेश पाण्डेय, वैद्य प्रमोद भट्ट, वैद्य प्रमेन्द्र रघुवंशी, वैद्य शिखा गुप्ता, वैद्य सुचेता राय, वैद्य आशुतोष कुमार जैन, वैद्य सचिन चौहान, वैद्य विशाल शिवहरे, वैद्य अमित श्रीवास्तव, वैद्य पुनीत द्विवेदी, वैद्य सोमिल दुबे, वैद्य विकास जैन थे।

डॉ कमलेश द्विवेदी, राष्ट्रीय सह संगठन सचिव ने विश्व आयुर्वेद परिषद की गतिविधियों पर विस्तृत प्रकाश डाला। कार्यक्रम का समापन डाबर इण्डिया लिमिटेड के डॉ. नीरज तिवारी एवं वैद्य गोपाल दास मेहता, सदस्य प्रदेश परामर्शदाता समिति के द्वारा सबको आभार व्यक्त करने के साथ किया।

### ***Ganesh Puja Festival is Celebrated with Medicinal Plants***

Viswa Ayurved Parishad Chikitsak prakosht Team Telangana Vibhag celebrated Ganesh puja. In south India 21 plant leaves are used specifically with specific mantras. In these charts and booklets a small attempt is done to show the importance of these patris and Role of Ayurved and Dharma in our festival. This is an opprtunity for us to show to common public that Ayurved and Dharma are a part of life with scientific relevance in respect to health and environment and also to our scientifically evolved cultural heritage to the world.

### **विनम्र श्रद्धांजलि**



**Dr. Sargu Satyanarayana garu**  
Ex. VAP President, Telangana

डॉ. सरगु सत्यनाराण गारु, अध्यक्ष, विश्व आयुर्वेद परिषद् तेलंगाना का आकस्मिक निधन 2 अक्टूबर 2022 को हो गया। विश्व आयुर्वेद परिषद् परिवार उनकी आत्मा की शान्ति के लिए प्रार्थना करता है।