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विश्व आयुर्वेद परिषद् के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, संरक्षक, विश्व आयुर्वेद परिषद् द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखनऊ से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखनऊ-226010 से प्रकाशित।

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अतिथि सम्पादक

हमारे अस्तित्व के दो भाग हैं– वस्तुनिष्ठ शरीर और अनुभव परक मन। शरीर की संरचना और इसके तंत्रीय कार्यों के बारे में शरीर विज्ञान में प्रचुर जानकारी उपलब्ध है परन्तु मन के स्वरूप एवं इसके कार्यों की पहेली आज भी अनसुलझी है। एक बात पर वैज्ञानिक समुदाय भी एक मत है कि शरीर की तरह मन का भी अस्तित्व अप्रत्यक्ष रूप से प्रमाणित है और दोनों एक दूसरे के पूरक, पोषक एवं सहायक है। प्रकृति से प्राप्त भोजन एवं आक्सीजन का प्रयोग करके समस्त शारीरिक क्रियायें संचालित होती हैं। इन सभी शारीरिक क्रियाओं का संचालन एवं इनकी गुणवत्तापूर्ण नियंत्रण में मस्तिष्क की महत्वपूर्ण भूमिका होती है। जीव वैज्ञानिकों एवं चिकित्सा विशेषज्ञों की यह मान्यता है कि अनुभव परक मनरूपी सत्ता का कार्य निष्पादन मस्तिष्क के द्वारा ही होता है। उनका यह भी स्पष्ट एवं दृढ़ मत है कि संतुलित, शारीरिक–मानसिक कार्य निरूपण एवं इनकी साम्यावस्था के लिए शरीर एवं मन के बीच अनवरत एवं निर्बाध रूप से सम्वाद चलता रहता है। इसे ही मनो–कायिक प्रक्रिया की संज्ञा दी जाती है। शरीर के विभिन्न तंत्रों में एक ओर जहां भोजन–आक्सीजन के माध्यम से चय–अपचय की क्रिया चलती है। वहीं दूसरी ओर विभिन्न प्रकार के जैव, रासायनिक पदार्थों का संश्लेषण एवं उत्पादन तथा जैव विद्युतीय तरंगों के द्वारा विविध प्रकार की जैव रासायनिक क्रिया एवं यांत्रिक क्रियाओं का सम्पादन भी होता है। इन सभी क्रियाओं की मानक गति एवं मात्रा ही न केवल सामान्य जीवन का आधार बनती हैं, बल्कि शरीर और मन दोनों को संतुलित पोषण मिलता है। जिसे अन्ततोगत्वा हम मनोकायिक स्वास्थ्य के नाम से जानते हैं। इस सन्दर्भ में पुनः दो तथ्यों पर विचार करना आवश्यक प्रतीत होता है। पहला तो यह कि मनोकायिक स्वास्थ्य के लिए शरीर और मन के बीच निरंतर संवाद का चलते रहना अनिवार्य है, दूसरा तथ्य जो इससे ही जुड़ा है कि इस संवाद का आधार हमें प्रकृति प्रदत्त भोजन और आक्सीजन ही है। शरीर के अन्दर उत्पन्न होने वाले समस्त जैवा रासायनिक एवं विविध प्रकार की जैव यान्त्रिक क्रियायें शरीर–मन को सुचारू रूप से संचालित करने के लिए आवश्यक आधार प्रदान करती हैं। इसका तात्पर्य यह है कि हमारे जीवन का आधार स्रोत प्रकृति है। यहाँ यह भी उल्लेखनीय है कि चैतन्यता के गुणों से ओत–प्रोत होने के कारण मन हमारे आस–पास होने वाली अनेकानेक अनुकूल और प्रतिकूल घटनाओं एवं उद्दिपनो को पांच ज्ञानेन्द्रियों द्वारा ग्रहण करता है, जिसके फलस्वरूप शरीर के अन्दर होने वाली जैव रासायनिक क्रियायें तथा यान्त्रिक क्रियायें प्रभावित होती हैं तथा शरीर–मन के बीच सम्वाद की गति एवं गुणवत्ता भी नकारात्मक रूप से प्रभावित होती हैं। ऐसी स्थिति में हमारा मनोकायिक स्वास्थ्य असंतुलित होता है। तब हमारा जीवन सुविधा और सुख की स्थिति से असुविधा और दुख की स्थिति की दिशा में मुड़ जाता है। ऐसी स्थितियों से अपने आप को बचाने के लिए हमें अपनी जीवन–शैली एवं खानपान को प्रकृति के साथ जोड़ना होगा। हम भली–भाँति जानते हैं कि हमारे शरीर के अन्दर उत्पादित रासायनिक पदार्थों का आधार हमारा भोजन ही है, जो शरीर के आंतरिक वातावरण को शुद्ध रखता है और हमारे भोजन का आधार प्रकृति प्रदत्त वनस्पति एवं फल ही है। इसके साथ हमारा अनुभव परक मन, जो प्रशासक एवं नियन्त्रक की भूमिका में होता है वह भी प्राकृतिक शैली से पुष्ट होता है। इस आलोक में योग एवं आयुर्वेद हमारे जीवन में आने वाली किसी भी शारीरिक एवं मानसिक कठिनाई को दूर करने में सहायक हो सकता है। इन दो जीवन पद्धतियों से हम न केवल प्रकृति के निकट होंगे, बल्कि परिस्थिति जन्य किन्हीं दो विकारों से हमें मुक्ति मिल सकेगी। हमारे मनोकायिक स्वास्थ्य के संवर्धन में आशातीत सफलता मिलेगी और हम एक सफल जीवन जी सकेंगे। आइये हम सभी योग और आयुर्वेद के सहारे प्रकृति की ओर प्रस्थान करें।

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CONCEPT OF AKSHI PATALAS AND TREATMENT IMPLEMENTATION

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ABESTRACT

Ayurveda is been divided into eight branches. Each and every branch deals with its own speciality. Shalakya Tantra is one of Ayurveda speciality deals with the diseases of organs above Jatru moola. Basically Shalakyatantra deals with diseases of Ophthalmology, ENT, Mouth, Throat and Head. Acharya Sushruta explained the Shalakya Tantra in a systemic manner. In Uttaratantra he described Netra shareer in 5 Mandalas, 6 Sandhis and 6 Patalas. The same division was adopted by Vagbhatta, Madhavakara and Bhavamishra also.

Key Words- Netra, Patalas.

INTRODUCTION

Eye is widely used word for the organ of sight. Akshi, Netra, Nayana and Lochana are the words used in anatomical sense and Chakshu is its functional phenomenon. Acharya Sushruta has given a much elaborated description about the situation, shape, dimensions and Mandalas, Sandhis, Patalas of eye. In Sushruta Samhita Uttartantra, Acharya Sushruta has described Netra as Suvrittam, Gostanakaram and Nayana Budbudam, which denotes the shape and consistency of the Netra. Eye (Akshi) is made up of five mandals, six sandhi and four patalas.

Patala – There are 6 Patalas in the eye – Two Vartma Patalas and Four Akshi Patalas.

A. Bahya Patalas - These can be considered as two Eye lids in broad sense. In another view bahya patalas can be

1. Outer Vartma patala which constitutes Skin covering of Lids

2. Inner Vartma patala – which constitutes Antah shleshma kala (palpebral conjunctiva)

B. Akshi Patala - These four Patalas are different layers which constitute eyeball providing platform for the pathogenesis of timira, kacha & linganasha. Four Akshi Patalas are arranged anteroposteriorly from outer to inside of Eye. Thickness of each patala is 1/5th of the Drushti. As per the description given in our Samhitas and Teekas, it is difficult to name or define Patalas as a single structure. Hence it becomes the most controversial topic of Ayurvedic ophthalmology. Here an attempt is made to understand Akshi Patalas.

DISCUSSION –

Patalas as Tunics of Eyeball :

1. 1st patala (tejojala ashrita) depends upon teja and jala for its nourishment and it is the outermost patala. Acharya Dalhana comments Teja as alochaka pitta or shirantargata rakta and jala as twakgata rasa dhatu. This can be aqueous humour formed from cilliary capillaries via blood aqueous barrier. The Prathama patala can be considered as Outermost Tunic - sclera and

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cornea which depends on the uvea and aqueous respectively for its nourishment and existence.

2. 2nd patala (Pisithaasrita) represents vasculo-muscular coat of the eye i.e. smooth muscle fibres, the ciliary body, iris & extra ocular muscles.
3. 3rd patala which is Medoaasritha can be correlated to Innermost Tunic - retina & vitreous humour.
4. 4th patala is Asthyaasritha and can be considered as the lens.

Acharya Dalhana numbered these patalas from inward to outward. Kalaka-asthyaasrita patala as first patala, medo-aasritha patala second & so on. According to him this concept of patala is told for appropriate selection and administration of treatment.

Patalas as the Dhatus -

Vitiated doshas can initiate any disease only after Doshadushya samurchana in viguna srotas. Dhatus are discribed as Dushya, the sites to shape khavaigunya. In this regards Acharya Sushruta describes Patalas as dhatus.

1. First or outermost Patala is described as Tejojalashrita. The word Teja can be taken as Siragata Rakta dhatu, while Jala implies for Rasa Dhatu. First Patala rely on Rasa and Rakta dhatu for its nourishment.
2. Second Patala is said to be 'Mamsashrita' and there will be vitiation of Mamsadhatu in diseases where second Patala is involved. Mansadhatu is next to Raktadatu and rely on Rasa and Rakta for nutrition and so transmission of viguna dosha too.
3. Third Patala is described as 'Medoashrita' and there will be vitiation of Medo Dhatu in diseases where third Patala is involved.
4. Fourth Patala is 'Asthyashrita'. It is constituted by Asthi.

Like whole body, Seven Dhatus are also involved in the eyes. These dhatus are deeper in successive manner, so Patalas too. Involvement of deeper Dhatus represents disease progresses; and accordingly it becomes incurable.

Patalas in context of prognosis or severity The word patala is also used by Acharyas to explain the prognosis of many of the ophthalmic conditions. For e.g. In the context of Kshatasukla (krishnagata roga) injury pertaining to 1st patala alone is curable, kshata in 2nd patala is yapya and in 3rd patala makes it as aadhya. Here it is used to indicate severity of damage.

Implementation of Concept of Akshi Patalas in Treatment

1. 1st Patala dushti – As this patala rely on Ras and Rakta dhatu. In vikruti of pratham patala Ras and Rakta dhatu chikitsa is employed. So Langhan, Vaman (Ras dhatu chikitsa) Virechan, Raktamokshan and Tikta dravya (Rakta dhau chikitsa).
2. 2nd Patala dushti – Mansa dhatu chikitsa – Shastra, Agni, Kshar karma is to be done.
3. 3rd Patala Dushti – Medadhatu chikitsa – Prameha chikitsa, Ashtanindit purush chikitsa, Shilajatu prayoga.
4. 4th Patala Dushti – Asthidhatu chikitsa – Anuvasan & Asthapan Basti, Guggulu. According to the symptoms Dushti of that particular Patala can be assessed and so treatment is planned.

CONCLUSION

To conclude, Patalas are described by Ancient Acharyas in order to show the severity of the diseases when they involve deeper tissues and no single structure can be correlated in particular with Patala. All structures of Drishti comprise of all patalas. One more point in support is that each and every structure is made up of all the Dhatus and hence each and every structure of eye is composed of all the patalas and the prognosis of the pathologies pertaining to that particular structure can be assessed according to the depth of the dhatu or patala, in which vitiated doshas locate.

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A CASE STUDY ON MEDOVRIDDHI OR OBESITY

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ABSTRACT

Medovriddhi or Obesity is one of the commonest lifestyle disorders. This case study represents holistic approach of Ayurveda is effective in its treatment. Relief in various symptoms and change in parameters proved that the holistic approach is very effective in this disorder.

INTRODUCTION:

The world is facing with many lifestyle disorders. Lifestyle disorders are being raised because of unbalanced food, sedentary lifestyle and stressful mental conditions. Obesity is one of the commonest disorders. In India, obesity has reached epidemic proportions in the 21st century with morbid obesity affecting 5% of the total population.[1] Unhealthy, processed food has become much more accessible following country's continued integration in global food markets.[2] Obesity is a major risk factor for cardiovascular disease. Indian Heart Association has been raising awareness about it.[3] India has second highest obese children in the world, which is 14.4 million.[4]

Normal BMI 18.0-22.9 kg/m2, Overweight 23.0-24.9 kg/m2 and Obesity >25 kg/m2. According to Guidelines for diagnosis of obesity and abdominal obesity for India have been published in JAPI (2009) that a BMI over 23 kg/m2 is considered overweight.[5] In Ayurveda, this condition can be called as Medovriddhi, which is due to excess formation of Meda, which accumulates in the body tissue.

Obesity can be cured and prevented as well with holistic approach of Ayurveda. So, we are discussing a case study of a patient of obesity, who had tired of many medicines and therapies; we dealt that patient with combination of Aushadha, Ahara, Vihara which is the basic treatment pattern of Ayurveda to treat Medoviddhi or obesity and the result was appreciating.

MATERIAL AND METHOD:

In this case study a female patient whose age was 39 years, weight was 93 kg., height was 163 cm. and BMI was 35 had taken.

A. History & Lifestyle:

Religion: Hindu

Education: Higher secondary

Occupation: Boutique

Marital status: Married

Socioeconomic status: Middle class

Associated disease; Hypothyroidism since 4 years, Hyperlipidemia since 1 year

Family history: Hyperlipidemia, Diabetes mellitus, IHD

Emotional make-up: Normal

**A.M.O., Govt. Ayurveda College, Burhanpur, **Professor, ***M.D. Physiology, Reader, Govt. Ayurveda College, Bhopal*

Veg./Non veg.: Non veg., freq. 1-2/week

Type of Ahara: Adhyashana mostly

Dominant Guna in diet: Guru, Snigdha

Dominant Rasa in diet: Lavana

Frequency of fast-food intake: 4 days/week

Sleeping hours; in a day: 1 hour, in a night: 9 hours

Exercise: walking 30 min.day

Addiction: Tea

B. Dashavidha Pareeksha:

Prakriti: Vata-Kaphaja

Vikriti: Kapha Pradhana

Sara: Madhyama

Samhanana: Madhyama

Pramana: Madhyama

Satmya: Madhyama

Satva: Madhyama

Aharashakti: Pravara

Vyayamshakti: Madhyama

Vaya: Yuva

3. Method:

This patient had advised to take Haritakishunthi churna, Surya Namasar and specific Ahara explained in diet chart. The diet chart included Apatarpaka, Ruksha Guna Pradhana Ahara. Duration of treatment was two months.

Result:

Result was quite interesting and more than expectations.

Parameters	**Before T/t**	**After T/t**
a.Weight	93	82
b. BMI	35	30.86
c. Body fat%	45.57	40.67
d.Measurements		
(i) Rt. Mid Arm	37	34
(ii) Chest	100.5	96.5
(iii) Abdomen	90.5	86
(iv) Mid thigh	61	57
(v) Leg	45.8	42
(vi) Hip	110	107
(vi) Waist	85	79.5
e. Investigations:		
(i) HDL	48	49
(ii) LDL	159.27	139.35
(iii) VLDL	20	19.8
(iv) S. Cholesterol	227.27	208.15
(v) S. Triglyceride	100.20	99.10
(vi) Risk factor	4.7	4.2
(vii) Blood sugar	99.10	78.26

There is a relief in symptoms of Medovriddhi (obesity) like Anga Gaurav, Kshudha Adhikya, Nisha Mutrata, Chal Sphika, Chal Udara, Chal Stana, Anga Shaithilya, Gatra Sadan, Utsaha Hani, Nidra Adhikya, Tandra, Klama and Snigdha Gatrata.

DISCUSSION:

Medovriddhi (obesity) is a Santarpanajanya Vyadhi and its treatment is indicated as Apatarpana, Laghu, Ruksha Chikitsa in various Ayurvedic Samhita. The treatment which was used in this case was Haritakishunthi Churna, which has characteristic of Laghu, Ushna, Ruksha, Medohara, Vataghna etc. properties. Diet chart included Barley, walnut, milk, turmeric, amla, daliya, fruits etc.,which are Laghu, Apatarpaka and nutritious in nature. Surya Namaskar is a whole body exercise, which is helpful in loosing weight and has many physical, mental and emotional benefits. Weight reduction and relief in various symptoms indicates that the given treatment was so effective.

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MEDICO-LEGAL CLASSIFICATION OF SNAKES, POSTMORTEM APPEARANCE AND MEDICO-LEGAL ASPECT OF POISONING

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INTRODUCTION

for medicolegal purpose, snakes are classified into two groups e.g. poisonous and non poisonous.

The poisonous snakes are further classified on the basis of poison secreted by them into three main types, viz

(1) Elapids (secreting neurotoxic venom)

(2) Vipers (vasculotoxic), and

(3) Sea snakes (myotoxic).

ELAPIDS:

This group consists of cobra, king cobra, common krait, bandedkrait, and the coral. The head is nearly of the same width as that of the neck and the pupils are round. The fangs are situated anteriorly but being covered with a fold of mucous membrane, they may be difficult to see. The tail is usually round.

VIPERS:

This group consist of pit vipers and pitless vipers. The pit is situated between the eye and the nostril and helps to detect warm blooded prey in dark. The head is triangular and wider than the neck and the pupil is vertical. This snake can therefore bite through clothes and give a complete dose. While the bites of pit vipers are seldom fatal to human beings, those of pitless vipers are dangerous. the bamboo snakes belong to the category of pit vipers while the russell's viper and the saw-scaled viper belong to the category of pitless vipers.

SEA SNAKES:

They are in the vicinity of sea coasts. They have small heads, and flat rudder-like tail to help in swimming. The nostrils are situated on the top of the snout and are valved to enable free breathing. Therefore, generally, they do not bite.

POISONOUS SNAKES OF INDIA

The important poisonous snakes of india are the cobra, king cobra, common krait, banded krait, common green pit viper, russell's viper, and saw scaled viper.

COBRA (KALA SAMP):

This snake grows to a length of about 1.5 to 2 metres. Its colors is usually black but may be variable. The head is nearly of the same width as that of the neck which is generally provided with a hood bearing a spectacle mark. It expands its neck to form a hood only when enraged. In the absence of a hood the cobra is identified by 2 or 3 series of very dark or black belly scales under and below the neck or by the divided tail shields. The cobra prefers populated areas and its distribution in india is wide spread.

KING COBRA (RAJ SAMP):

This snake is bigger than the common cobra. It grows to a length of about 2.5 to 4.5 meters. The young king cobra is jet black in color while

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the adult king cobra may be yellow, green, brown or black. There are usually white or yellow cross bars or chevrons on the body. The king cobra prefers jungles or forest and is found in their vicinity.

COMMON KRAIT(KAWRIYA):

This snake grow to a length of 1 to 1.25 or even 1.50 meters. Its color is usually glistening black and has single or double white arches across the back beginning some distance from the head. It has a central row of hexagonal scales on the back and a creamy white belly. The head is covered with large shields and the tail scales are entire. The common krait prefers to live in or near the house, is wide spread in india, and is responsible for a number of cases of snake bite in india.

BANDED CRAIT (KOELEA KRAIT):

This snake is bigger and stouter than the common krait and grows to the lenth of about 2 meters. in addition to the distinguishing features of the common krait, the banded krait as the name suggest, has alternate black and yellow bands across its back. It is commonly found in Assam, Bengal and parts of South India.

COMMON GREEN PIT VIPER (HARA PHISI):

This snake grows to a length of 30 to 100 cms. Its color is usually vivid green, rarely yellow or brown. The body is flat and broad and the head is triangular with pit between the eye and nostrils. The flanks have a yellowish white line. The tail is long with divided scales. This variety usually occurs in the hills and is widely distributed in india.

RUSSELL'S VIPER(KHAD CHITRO):

This snakes grow to a length of about 1.5 meters. Its color is brown or buff and has three row of black diamond shaped spots or chains on the back. It is stouter than any other poisonous snake in india. It can be identified by (1) A flat triangular head with a distinct V mark, with its apex pointing forward (2) Small head scales (3) Broad undivided belly plates, and (4) A narrow short tail with shields divided in two rows. Its nostrils are bigger than those other Indian snake.

SAW-SCALED VIPER(AFAI):

This snake grows is grows to a length of 50 to 75 cms. Its color is brown or brownish grey or greenish. It can be identified by (1) A triangular head with a white mark on it resembling an arrow. (2) A wavy line on each flank with diamond shaped areas between the upper curve of the two wavy line. (3) Small head scales (4) Broad belly plates (5) Undivided tail shields (6) Body scales serrated like saw. this snake is found throughout india.

DISCUSS THE CHARACTERISTICS OF SNAKE VENOM

In the fresh state it is a clear transparent, amber tinted and dries into a yellow granular mass which retain its activity for many years. Elapid venom is mainly neurotoxic, viper venom mainly vasculotoxic, and sea snake venom myotoxic.

A neurotoxic venom causes muscular weakness of thew and paralysis of the muscles of the face, throat and respiration. The neurotoxins of cobra venom produce both convulsion and paralysis, whereas krait venom causes only muscular paralysis.

A vasculotoxic venom produces enzymatic destruction of cell walls and coagulation disorders. As a result, the endothelium of blood vessels is destroyed, red cells are lysed, and other

tissue cells are destroyed. Locally, there is oozing of haemolytic blood, and a spreading cellulitis. Haemorrhages from external orifices of the body are common. Other functional disturbances are related to the involved organs, eg, convulsions from haemorrhage in the brain.

A myotoxic venom produces generalized muscular pain, followed by myoglobinuria, three to five hours later, ending in respiratory failure in fatal cases.

SYMPTOMS AND SIGNS:

It is important to realize that poisonous snake bite is not necessarily the same as snake bite poisoning.

The degree of toxicity depends upon the size of the person bitten, the potency of the venom, the main toxic principle it contains, and the amount injected, which in turn depends upon the age, size, sex and species of the snake, whether it had recently taken a prey, whether the bite is on bare skin or through clothing, the type of fang whether canalized or grooved, and the season and the time of bite. The season is also important because snakes which have recently emerged from hibernation have a particularly potent venom. Nocturnal bites may be more serious than those which occur during the day.

A bite from a elapid snake is attended by mild local symptoms as compare to bite by viper, but by marked neurotoxic effects. Such as giddiness, lethargy, muscular weakness and spreading paralysis. There is salivation and even vomiting. Difficulty in speaking and swallowing. Ptosis and paralysis of the extra ocular muscle may occur. The patient is conscious but unable to speak. After a couple of hour, respiration cease with or without convulsion and the heart stop.

A bite from a viper is attended by severe local symptoms and marked vasculotoxic effect. There is intense local pain, swelling, ecchymosis and severe oozing of haemolytic blood. Serous and serosanguinous blisters sometimes appear. Nausea and vomiting occur. Bleeding from the gums, haemoptysis and bleeding from the mucous membrane of the rectum and other orifice of the body are common.

A bite from a sea snake is felt as a sharp initial prick becoming painless later. After one or two hour, generalized muscular pain and stiffness develop, starting in the neck and limb girdle. Myoglobinuria causes a characteristics brown discolouration of the urine and serum transaminase becomes elevated.

FATAL DOSE-

15 mg of the dried cobra venom, 20 mg of the viper venom, 6 mg of the krait venom and the 8 mg of the saw scaled viper venom are fatal. The amount of dried cobra venom yielded in one bite is about 200-350 mg. the viper bite yield about 150-200 mg, the krait about 20 mg, and the saw-scaled viper about 25 mg.

FATAL PERIOD-

Death may occur instantaneously from shock due to fright. Generally, death from cobra venom occurs within a few minutes to few hours while that from viper venom in a few days. Sea snake bite is mostly not fatal.

TREATMENT OF VENOMOUS SNAKE BITE

- Allaying anxiety and fright
- Prevention of spread of venom
- Immobilization
- Tourniquet

- Cleansing the wound
- Incision and suction

Antivenin:

it is of two kinds, either specific or polyvalent. Specific antivenin is prepared by hyperimmunising horses against the venom of a particular snake while polyvalent antivenin is prepared by hyperimmunising horses against the venoms of four common poisonous snakes.

While antivenin is very effective even when given after a delay, it is important to establish the necessity for its use. Delayed serum sickness type of response is quite common and fatal anaphylactic reaction may occur. It should therefore be given only if signs of systemic poisoning, eg, ptosis or haemorrhagic signs develop after snake bite. Its use may also be considered in all patient with extensive local tissue damage because the risk of systemic poisoning in such cases is high. Injection of antivenin if done at the bite within a few minutes, can help to ameliorate local necrosis.

If a person is sensitive to serum, desensitization is achieved by injecting multiple small doses under cover of adrenaline, antihisatamines, and corticosteroids.

If as much as antivenin can neutralize circulating toxin only and not the toxin fixed in the tissues, the toxin's action at tissue level may be antagonized by neostigmine-atropine therapy in case of elapid bite and heparin along with supportive fibrinogen transfusion in case of viper bite.

When antivenin is not available local infiltration of carbolic soap around the site of the bite in case of elapid snakes and heparin in case of vipers is recommended.

POSTMORTEM APPEARANCES

One or two bite marks about 1 cm deep in case of elapid and 2.5 cms deep in case of viper may be found. There is some swelling and cellulitis about the bitten part.

If the venom is predominantly neurotoxic, there are no definite appearances indicating the cause of death expect the sign of asphyxia.

In case of viper bite, the local appearance are more striking due to severe oozing of blood from the puncture site. The blood is generally fluid and haemolysed causing early staining of the blood vessels. There are haemorrhages are seen especially in the left ventricle.

MEDICOLEGAL ASPECTS

Snake bite is generally accidental, rarely homicidal and still rarely suicidal (Cleopatra). Cattle are sometimes poisoned by chamars (cobblers) for the sake of hides by a peculiar method. A cobra is placed in an earthen vessel with a banana. The cobra is irritated by applying heat to the vessel. It bites the fruit, the pulp of which is then smeared on a rag, and the rag thrust in the animal's rectum with the help of a bamboo stick. Sui (abrus precatorius) poisoning of cattle resembles viper in snake bite.

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FISTULA-IN-ANO (BHAGANDARA) TREATED WITH DIFFERENT KSHARA SUTRA W.S.R. TO PAIN

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ABSTRACT

Standard Apamarga ksharasutra is used successfully in the management of Bhagandara by researcher. But Snuhi latex having a very little amount of it is collected after the incision of stem, requires fresh latex in ever coating , rare to get in all part of india.It coagulates if not used early and become useless. Collection is more difficult in summer, so preparation is possible only in limited seasons. Sometimes it is painful, irritant and allergic to the patients. Sometime it may be harmful for skin and eyes during preparation, if not use carefully.

In Guggulu resin coated Ksharasutra, Guggulu found in some special zone and in a very little quantity. Use of Guggulu having a large share in medicinal preparations. So in future the lack of Guggulu will be definately face.

Considering the above mentioned problems, we have decided to plan for modified Shala resin (Shorea robusta) coated Ksharasutra having better action, acceptability and more availability. An annual yield of 4-5 kg. resin per tree is obtained, For this above cited study three type of Ksharasutras were prepared.

So at the end of this study final conclusion can be drawn that Shala resin coated ksharasutra is more competent and effective than Guggulu coated Ksharasutra & Snuhi coated Ksharasutra in the management of Bhagandara (Fistula-in-ano).

Key words : Fistula, madhukadi, verbal analogue scale, unit cutting time

INTRODUCTION

From the onset of civilization the humanity suffered from various diseases and among the many uncomfortable conditions, Bhagandara is the one of the most important one. The disease is widely prevalent and numerous options are being practiced for its management. However none of them could provide solace to the suffering mankind.

The Bhagandara is one among the eight troubles described in Ayurveda. Bhagandara is a disease that exists since the early days of evaluation of the mankind. In India the disease is known from very early days.[1]

Fistula-in-ano is a disease of ano rectum and form quite a large share of all the disease of this part of the body. It is characterized by single or multiple sinuses with purulent discharge in the perianal area. It becomes a notorious disease due to its anatomical situation and it is a disease of guda which is one of the most marms, in which recurrence of Fistula-in-ano occurs even with skilled surgeons. In Ayurveda classics it is known as Bhagandara and is included in eight mahagada by Acharya sushruta.

The literary meaning of Bhagandara is 'Daran' like Bhag (yoni), Guda and Vasti area. It clearly indicates that bursting of a pakva pidika

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results into daran of that area and communicates with Bhag (yoni), guda and vasti with surrounding skin surface and is term as Bhagandara.[2]

Need and Significance of Present Research Work:

It is quite common for a patient to seek treatment of this disease through surgical intervention because this is only alternative known to the modern medical practitioners and the public in general.

In modern surgery the only form of treatment of an anal fistula that affords any reliable prospect of cure is operation. The surgeries of anal fistula have an unenviable reputation for subsequent recurrences faecal soiling, imperfect control of flatus, chronic wound healing, more hospitalization etc. These are few operations in surgery where the quality of the result is so much influenced by the technical skill of the surgeon.

John Goligher has reported that recurrence rate in the fistulectomy is about 8%. Besides that 12% of the patients complained of inadequate control of faeces, 16% of imperfect control of flatus and 24% of frequent soiling of their underclothes.[3]

It has brought revolution in the Indian system of surgery. Kshara Sutra ligation therapy in the management of Fistula-in-ano has proved boon for the humanity. It can effectively Substitutes the modern surgical procedure, because of following facts -

- Economical.

- Early ambulation of patient even after the procedure as it is a kind of minimal invasive procedure.

- Less discomfort.

- No damage of sphincter and soft tissues in anal region.

- No need of long duration hospitalization.

Other complications of the operation that mentioned priority has never been reported in Kshra Sutra therapy.

Man always strives for the best that is why the advancements and research has become a continuous process.Kshara-sutra will definitely play a key role in the development of Shalya Tantra branch. Kshara Sutra is a unique and an established procedure for the management of Bhagandara in Ayurveda.

In kshara-sutra therapy the cutting and healing of fistulous track takes simultaneously. In some cases it has been observed that the healing status of track was not satisfactory with snuhi ksheera coated kshara sutra. In these situations we decided a comparative study of different kshara sutra.

AIMS AND OBJECTS:

1. To study fundamental principal describe by the Sushrut Samhita in the management of Bhagandara.
2. Comparative study of Guggulu coated kshara-sutra and Shala coated kshara- sutra in the management of Fistula-in-ano.
3. Taming the symptoms like pain, burning sensation, and discharge. Itching and Tenderness in the management of Fistula-in-ano.
4. To compare the healing status in all groups.
5. To provide the safe, painless & economical & without recurrence management of Fistula-in-ano.

MATERIALS AND METHODS

(A) Content of standard Ksharasutra.

1. Snuhi Ksheera (Euphorbia nerifolia)
2. Apamarg Kshara
3. Haridra Churna

(B) Content of Guggulu coated Ksharasutra.

1. Guggulu resin (Commiphora mukul)
2. Apamarg Kshara
3. Haridra Churna

(C) Content of Shala coated Ksharasutra.

1. Shala resin (Shorea robusta)
2. Apamarg Kshara
3. Haridra Churna

(D) Madhukadi taila-The drug is used for present study describe in Astanga Hridaya for Bhagandara. (A.H.U. 28/35-36)

Statistical Analysis:

All information which are based on various parameters was gathered and statistical calculation were carried out in terms of mean (X), standard deviation (S.D.) standard error (S.E.), paired test (t value) and finally results were incorporated in term of probability (p) as-

P	≥	0.05	Insignificant
P	≤	0.020	moderately significant
P	≤	0.010	Significant
P	≤	0.001	highly significant

Criteria of Assessment:

(a) Subjective

- Pain
- Burning sensation
- Itching

(b) Objective

- pain (Verbal analogue scale)
- Swelling
- Discharge
- U.C.T. (unit cutting time)

Grouping of Patients:

For clinical trial 90 patients will be grouped in three groups -

Group A: Standard Ksharasutra + Madhukadi Taila

Group B: Guggulu coated Ksharasutra + Madhukadi taila.

Group C: Shala Coated Ksharasutra+ Madhukadi taila

INCLUSION CRITERIA:

All the patients were between age group of 16-70 years.

EXCLUSION CRITERIA:

- Patients above the age of 70 years
- AIDS patients
- Childrens
- Fisure -in- ano
- Carcinoma of rectum
- Crohn's disease
- Ulcerative colitis
- Tuberculosis
- Diabetes mallitus
- Osteomyelitis of coccyx
- High anal type of Fistula

Administration of Drug:

Kshara-sutra was changed weekly till recovery.

Drug (Madhukadi taila) administered after Kshara-sutra ligation in Fistula-in-ano in all three groups.

Doses:

To the depth of Fistula-in-ano (standard dose 2ml) in morning and evening every day.

Duration:

Symptoms were assessed till recovery of the disease.

Observation:

In the present study the incidence of Bhagandara was greater in males (90%) compared to females (10%). Long hours as sedentary jobs,Excessive physical exerise like riding of vehicles, Bed dietary habits increased the incidence in males. Beside few ladies turned up in the O.P.D., may be due to lack of knowledge, education and their shy nature.

Vataj and kaphaj individual (72%) are effected to a greater extent by Bhagandara. (Kumar P. and Sahu M. 1988). In the present study almost same result was noticed. The disease was more prevalent in Kaphaj (54.44%) and Vataj (25.55%) individuals. This is probably due to the fact that Kaphaj prakriti persons are more prone to adopt sedentary life style, which is one of the main etiological factors.

In present study it was observed that the incidence of the disease was highest in age group of 30-40. Overall 80% patients were of middle age. The disease was more prevalent in this group, because this is the most active phase of any human and hence increased travelling, improper attention to bowel movements, overstraining, local hygiene, long hours of sitting in same postures etc. Increased the incidence of the disease in the patient of this age group.

Majority of patients (50%) were from business and service class (40%). Businessmen and those doing office jobs need to constantly sit in the same posture for long hours. Constant pressure over buttock, lack of exercise leads to constipation and culminates in the causation of Fistula-in-ano in these people.

The above said reasons also justify the predominance sedentary type of life style (64.44%).

Out of 90 patients selected for this study (70%) were vegetarian so it is indicated that the location of hospital and city where the maximum of people are choiced to vegetarian.

The 73.33% patients were married in this clinical study. Common in these individuals is due to the facts that they bear maximum mental and physical stress which leads to improper attention towards the person himself. Altered sleeping routine, faulty dietary habit, less attention towards bowel movements, local unhygine were main contributory factor to these findings. Besides this Acharyas had mentioned the role of excessive intercourse in the etiology of Bhagandara which may also be the reason of this data.

The majority of patients (81.11%) were having in this research work less than one year chronicity followed by group above 3 years chronicity of Bhagandara 1.11%. Patients were found cronocity of 1-3 year (17.77%). Lack of proper knowledge about the disease initial treatment with antibiotics or other therapy. Considering it just an abscess delays the treatment and hence by the time the patient come for treatment. It is more than within a year and thus we found such an high incidence in the group of under one years.

In this clinical study maximum numbers of patients were suffering from parishravi type of Bhagandara (54.44%).

The classification mentioned in the texts of Ayurveda is valid and scientific even today. More then 75% of the patients have a parisravi type of Bhagandara (Sharma K.R. and Deshpande P.J., 1968). This may be due to more number of posteiorly situated where the maximum number of gland also presents posteriorly and low anal Fistula-in-ano are generally of parisravi type.

`Incidence of Bhagandara in the study reveals the majority of the cases (72.22%) were of low anal variety. Sainio (1984) reported that 90% of the Fistula occurs due to non-specific infection of anal glands. These anal glands are situated in anal an crypt which occurs in lower portion of anal canal.

Majority of Fistulas have their external opening in the posterior half. More than half of the cases have their external opening in posterior half of anal canal again this is because of location of anal glands which are numerous in numbers in the posterior half of anal canal.

Clinical Study

shows the comparative percentage relief in pain and t and p values was assessed. The percentage relief in pain in group A was 58.14% and in group B was 81.82% and in group C was 70.83%. All the patients were analyzed before and after treatment. The maximum percentile relief was noticed in group B (81.82%) with t-value 5.137 and minimum was of group A (58.14%) with t-value of 3.339. The results were highly significant in B and C groups.

Conclusion and Result

So at the end of this study final conclusion can be drawn that Shala resin coated ksharasutra is more competent and effective than Guggulu coated Ksharasutra & Snuhi coated Ksharasutra in the management of Bhagandara (Fistula-in-ano) specially in pain.

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Table No.01: Showing Statistical presentation of Pain (N=30)

Group	M.BT.	M.AT.	%	SD±	SE±	t-value	p-value
A	1.433	0.6	58.14	1.366	0.249	3.339	<.005
B	0.733	0.133	81.82	0.639	0.116	5.137	<.001
C	1.6	0.466	70.83	1.479	0.270	4.196	<.001

A CLINICAL STUDY OF PRAMEHA WITH SPECIAL REFERENCE TO RAJO DOSHA

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ABSTRACT

INTRODUCTION

Prameha is one of the metabolic and lifestyle disease described by classics. Prameha is Anushangi Vyadhi. Commentator Chakrapani explained the meaning of Anushangias Punarbhavi (common recurrence) which signifies it a lifestyle disorder. Continuous Apathya Aharaand Viharaleads to formation of Amas in body, which vitiates the Doshaand leads to disease condition, henceforth detoxification is necessary. In females, there is setup of the biological clock by which regular menstruation detoxifies the vitiated Doshaand keeps females healthy. In same context,a principle explained in Bhavprakash, as follows:

''रजः प्रसेकनारीणांमासिमासिसिविशोधयेत् ।

सर्वशरीरदोषाश्वनप्रमेहन्यतस्त्रियः ।।''

—भावप्रकाश उत्तरार्ध चि0 38/23

It states that every month women let out their Dosha (impurities) in the form of menstruation and this is reason that women do not suffer Prameha. This explores a new area to think that imbalance in raja i.e. Sarva Tantra Aprasiddha (not explained in other text) and Pratyaksha Virodhascha (generally not observed).

This principle is not explored in other Samhitabut according to present demographic data, prevalences of diabetes in femalesis less as compared to males. As regular menstruation protects the females to suffer from Prameha, it can be inferred that Rajadoshahas a strong role in the pathogenesis of Prameha. Regarding this, few facts seen in classics and modern science, are as follow:

While going through the Samhita,regarding prameha and rajodosha.Some facts are found, which support the above mentioned principle. While explaining the nidana-dosha-dushyasiddhanta, Chakrapani has given important view that, etiological factors must possess the same quality as that of the dosha and dushya participated in prameha pathology. And it is seen that, prameha and rajodosha, both have the same do sha and dushya and also have same etiological factors. Thus rajodosha could be endured as thecausative factor for prameha and vice versa. Rajodosha and prameha both have same atipravritti type of samprapti. Srotas of both diseases also have connection i.e. vitiation of raktavaha srotas & it's mula has strong role in pathogenesis of Prameha. Acharya Shushruta has given the striking connection between Prameha & sukradosha. He stated that aggravation of vyana and apana gives rise to disorder of semen and different types of prameha. As shukra andartva may be considered as the homologous, therefore same principle can also be applied to the artava dosha and prameha.

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MODREN ASPECTS :

According to Chennai urban population study (CUPS) prevalence of diabetes is maximum above the age group 45 i.e. is menopausal. At menopause, flushing of vitiated dosha through the body gets stopped which may provoke the prevalence of diabetes in females. The ratio of manifestation of diabetes in females is less compared to prevalence in males, supports the fact that woman suffer diabetes in lesser extent which may be due to cleansing of dosha by menstruation. H.I. Cramer was the first researcher to notice fluctuations in blood sugar due to menstruation. It shows that peak level responded as hyperglycemia, and after cleansing their dosha (menstruation), normal glycemic control was regained.

NEED OF STUDY;

As the global burden of diabetes is increase day by day, hence there is need to study the entity in depth and implement the Ayurvedic principles in its management. No treatment modality is effective until the suitable understanding of the pathogenesis is accomplished. Also etiological factors play a great role in the pathogenesis of illness. In ancient texts one reference is there which indicates the normal menstruation protects the females from prameha.Which means menstrual disorder makes the females prone to develop prameha.So to explore the menstrual disorder as one of the etiological factors of prameha, the study was carried out.

MATERIALS & METHODS:

45 patients registered at OPD & IPD of NIA Hospitals, Jaipur,irrespective of caste and religionrandomly selected & assigned into 3 groups namely A, B & C.

GROUP A

Patients were pramehi with artvkshayareceived thekalpit yoga (vidangadikwatha+haritiki) from Yogaratnakara) which is pramehahara drug in dose of 40ml for two times a day with lukewarm water for 2 months.

GROUP B

Patients were pramehi with artvkshaya, received rajapravrtaka churna which is drug of artavakshayaya in the dose of 2.5gm for two times a day with anupana tila and mandukparni kwatha for 2 months.

GROUP C

Patients were pramehi with artavavriddhi received bhumyamalaki churan which is mentioned in pradara adhikara in the dose of 5gm for two times a day with anupana tandulodaka for 2 months.

INCLUSION CRITERIA

- Diagnosed and confirmed cases of Diabetes Mellitus typeII, on the basis of laboratory investigations.
- Female patients with rajodosha (artvakshaya or artvavriddhi)associated with prameha.
- Female patients between the age group of 12-50 years.
- Fasting blood sugar level upto 200mg/dl.

EXCLUSION CRITERIA

- Patient suffering from complication of diabetes and serious illness.
- Male patients
- Patient having Type-DM I
- DM associated with any type of malignancy

- Diabetes insipidus.
- Fasting blood sugar level more than 200mg/dl
- DM with coronary artery diseases and hypertension.

ASSESSMENT CRITERIA

Subjective Parameter : Forpramehaprabhutamutrrata (polyuria) aavilmutrata (turbidity in urine) pipasaadhikya (polydipsis), kshudhadhikya (polyphagia), karpadataladaha (burning sensation in hands & feet)

For rajodosha, duration of menstrual period, no. of sanitary pads/cycle, interval of menstrual period, vedna, angamarda and daurgandhya.

Objective parameter : Lab Investigation

Blood examination: HB,TLC,DLC,ESR, FBS, PPBS.

Urine examination : routine and microscopic examination

STASTISICAL ANALYSIS : Paired 't' Wilcoxon signed rank test, Kruskal –wallis test, Tukey-kramer multiple comparisons test.

DISCUSSION:

In Ayurveda, the action of drugs is determined on pharmacodynamics factors as rasa, guna, veerya and vipaka along with certain specific properties called prabhava. Which cannot

Subjective parameters	**Relief % in group A**	**Relief % in group B**	**Relief % in group C**
Prabhutmutrata	**37.38**	**7.63**	**68.02**
Avila mutrata	**62.99**	**45.98**	**33.33**
Pipasadhikya	**31.50**	**40.09**	**53.95**
Ksudhadhikya	**31.50**	**18.77**	**49.88**
Karapadataladaha	**31.50**	**25.09**	**57.80**

Objective parameters	**% Relief in** Group A	**Relief % in group B**	**Relief % in group C**
FBS	**6.745**	**1.554**	**7.261**
PPBS	**1.72**	**1.382**	**2.034**
HB	**0.070**	**0.149**	**0.065**
TLC	**0.233**	**0.176**	**0.730**
URINE SUGAR	**0.3519**	**0.2582**	**0.4140**

be explained on these principles inherited by the drugs.

Considering the above facts present trial was conducted in 45 patients with three groups of 15each

In Group A maximum drugs were of ushnavirya and Madura vipaka. Katu rasa and rukshaguna of drug helped in upshoshana of sweda, kleda and mala along with shamana of kapha. Like wise Tikta rasanormalize the excesskleda, meda, vasa, maja, sweda, mutra and purisha. Shadaindriyaprasadana effect of madhura rasa prevented patients from early incidence of complications. Thus the drug appeared successful in breaking the dosha-dushya sammurchana. Dipan and pachan effect ofkatu and tikta rasa would have acted upon dhatvagnimandya and help in normalizing the body metabolism.

In Group B Maximum dravya were of katu rasa pradhana property, laghu, tikshnaguna, katuvipaka and ushnavirya. Artavakshyais due to the srotorodha of kapha and vata, which again vitiates the vata (specifically the apanavata). This drug was mainly acted on the kapha avarodha, and regulated the artava pravritti, thus got relief in the symptoms of artavkshaya.Wash out of dosha would be helped into the shodhana of dosha in patient's body, and may be resulted into the pramehalakshanakshaya.

In Group C The drug was of tikta, kashayamadhura rasa and shitavirya, pacified the saraand ushnaguna of pitta, which has resulted into the samprapti of the artavvriddhi. Kashya rasa acted as sthabhana along with dipana effect of tikta rasa. It has cured the artavvriddhi and henceforth also given significant results in the prameha

CONCULSION

Group A has been given the kalpita yogawhich is pramehahara drug. Group B patients were pramehi with artavkshaya, rajapravrtaka churna had given to this group which is drug of artavakshyaya. Group C patients were prameha with artavavriddhi, bhumyamalaki churna was given to this group, which is from pradara adhikara. Results of drug in Group B were less as Compared to Group B and effect of drug was almost equal in Group A &C.The results obtained verified our hypothesis that any obstruction in the flow of Raja (rajakshaya) cn vitiation dosha to produce prameha. In group C the patients's result obtained were significant because here in this group the patients were already suffering from atipravati of raja,hence the pathology of Prameha was easier to cure.Hence the principle explained in Bhavprakash, proved. In future large scale study should be carried out.

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शेष पेज नं0 37 पर

CONCEPTUAL STUDY OF SHOTHA W.S.R. TO INFLAMMATION IN AYURVEDA AND MODERN MEDICINE

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ABSTRACT

Inflammation in Ayurveda is known by different names in different contexts namely Shotha, Shopha. Svayathu, utsedha etc. Inflammation and oedema associated with it is duly recognized in Ayurveda is a pathological manifestation. Choronic inflammation is a cardinal Sign of chronic degenerative disorders. While Modern medicine considers inflammation as a symptom or rather as a healing response of the body in wounds. Ayurveda treats the concept of inflammation as a (a) symptom of a disease (b) an independent disease and (c) a comlication of diseases. The disturbances in micro channel circulation in inflammation are due to Sroto dushti (clogging of channels) by Aama (toxic waste of metabolism) preventing Aama formation could hold the key to preventing chronic degenerative. disorbers. The paper deals with the concept of understanding inflammation in Ayurveda and modern medicine.

Keywords : Aama, shopha, shotha, degenerative disease srotodushti.

INTRODUCTION

Indian traditional system of medicine, Ayurveda encompasses all aspects of living-health and sickness. Like other pathological conditions inflammation has been documented in the Brihat-Trayee the Charaka Samhita, the Susruta samhita and Astanga Samgraha between 1500 Bc and 600 Ad. Madhava Nidana, in around 700 AD a complete book on pathogenesis in Ayurveda is influenced by all the three books in it's description of inflammation.

Inflammation and the oedema associated with it have got the attention due to it in Ayurveda as a pathological manitestation. It is known by different names in diferent contexis namely Shotha and Shopha. Svayathu Utsedha are the other terms used in Ayurveda. It is characteriesd by elevation, oedema, heaviness and pain inflammation has been dealt with as a disease as a symptom and also as a complication of diseases.

Today inflammation has been recognised as a healing the acute stage. In fo the body in response to cell injury due to trauma or infection, a complex network of molecular and celluasr interactions is directed as a means toretum to homeostatis mediated by cytokines. If tissue health is not restored, inflammation becomes a chronic condition that damages the surrounding tissue. From the time celsus (30BC-38AD) characterized inflammation by it's four cardinal signs rubor (redness) calor (increased heat) tumor (swelling) and dolor (pain)and the fifth sign function laesa (loss of function) was added by virchow in the 19th century modern science has come a long way.

This paper seeks to present the Ayurvedic perspective on chronic inflammation in the light

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of path breaking research on this aspect in modern science and exploring the relationship between inflammation and degenerative disordos as described in Ayurvedic literature.

METHOD

The research is purely a literary one. Major Ayurveda texts, charaka, Susruta and Ashtanga Samgraha were referred to for the differenet names associated with inflammation and a possible correclation was attempted with the subject of inflammation in Robins and Cotran's pathologic basis of diseases. Shotha or any other symptoms mentioned frequently with degenerative disorders were noted.

The Backdrop

Chronic inflammation is a cardinal sign of chronic degneretive disorders. A low grade chronic inflammation is also the symptom of most aging diseases. Aging and degenerative disorders go hand in hand. It is olasming that an increasing numbr of young people are being diagnosed with disorders that were hither to considered the bane of the elderly.

Most of the age related diseases such as Arthritis, Diabetes, Osteporosis, Atherosclerosis Parkinson's disease and Alzheimers disease are underlined by chronic inflammation. This has been suggested by increased serum levels of inflammatory mediators like cytokine levels in the subjects studies have also proved that aging is serum levels of inflammatory mediators like cytokine levels accompanied by a 2-4 fold increase in the levels of cytokines.

Chronic inflammation precedes most cancers. Rudolf Vircho the German physician in the 19th century suggested a link between inflammation and cancer Cardiovascular diseases, diabetes and other chronic diseases. Indeed in recent years his observations have been confirmed and a molecular basis of most chronic diseases and the associated inflammation has been identified.

Ayurveda and Inflammation

A revisit to Ayurveda classics points to the understanding of inflammation as a vascular and cellular reaction. Vitiation in the channels of microcirculation or Srotodushti as it is envisaged in Ayurveda leads to (a) Excessive functioning (b) Obstruction or inadequate activity (c) Tumouror new growths (d) movements in unnatural directions.

The first inflammatory response is usualy increased activity (due to vascularity) in the form of excessive exudates and protein release into the extra cellular matrix. Then there is obstruction leading to change in the rate of diffusion of nutrients, oxygen and wastes. The hampered diffusion leads to tumours, benign or malignant. Movement in unurual direction may be due to reverse osmosis as a result of electrolyte differences. All the clogging of the micro channels has been attributed to Aama, the toxic by product of improper digestion. Aama is considered the pro inflammatory waste and the chief contributor to srotodushti.

It is interesting to note that there have been suggestions to quanify and quality Aama according to its's description in Ayurveda. That the Aama status of a person in a very personalized form of treatment could actually be regarded as a bio-marker for chronic inflammation leading to metabolic syndrome and cancer will perhaps pave the way for preventive oncology and prevention of lifestyle disorders. Here, it is also to be noted that Granthi or tumour formation

is considered as a form of inflammation in Ayurveda.

The inflammatory response

Modern medicine classifies inflammation as (a) acute and (b) chronic (exceeding 3 weeks). Inflammation is the body's response to trauma or infection and is in fact a healing process. The molecular and cellular interactions are directed to facilitate a return to physiologic homeostasis and tissue repair. The response is composed of both local events and a systemic activation mediated by Cytokines. If tissues health is not restored inflammation becomes chronic and continually damages host tissue.

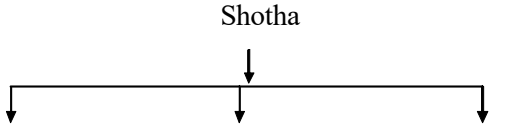
Ayurvedic perpective

Ayurveda has considered inflammatkion as a pathologic condition that needs to be treated with anti inflammatory medication and addressing the underlying aetiology.

Inflammation as an independentdisease :

The classics have given extensive coverage to Shotha as a disease by dedicating entire chapters to the subject. The disease Shotha includes both Oedema and oedematous inflammation.

Shotha as an independent disease in Charaka Samhita

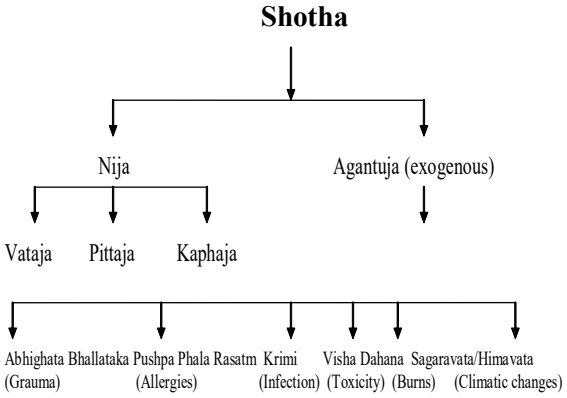


Classification as in Charaka Samhita

Inflammation associated with oedema has been treated as an independent disese in the Samhitas Charaka, Susruta and Astanga Sangraha. Shotha as a disease indicated oedematous condition with general symptoms of heaviness, instability, an elevation of heat, thinning of veins, discolouration.

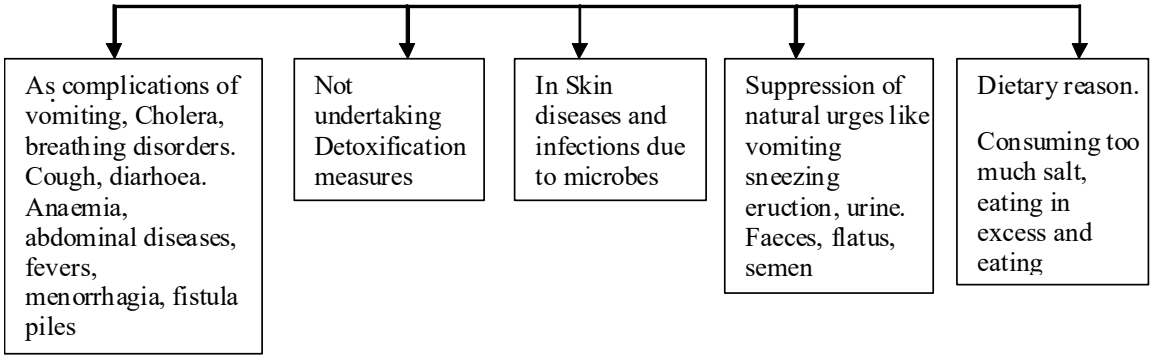
Symptoms akin to increased vascularity like increase in temperature and increased venous pressure have been considered as the prodromal symptoms of Shotha.

The classification of shotha is based on aetiology and has been dealt with as basicallyu being of two types. (1) Due to intrinsic factors called as Nija and (2) exogenous called as Agantuja



The aetiology for exogenous inflammation is quite complete and proves the extent of knowledge of this pathological condition in India sicne at least three thousand years.

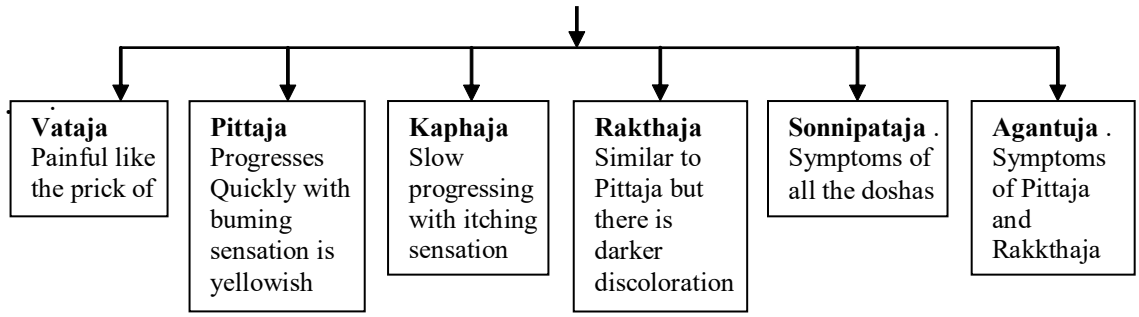
Cause of Nija Shotha or endogenous Oedema



Sushruta samhita

Classification of Shotha in Sushruta varies slightly as he considered Raktaja Shopha (inflammation due to disorders in blood) and spoke of Vranashotha i.e. inflammation in wound. This classification is justified from a surgeon's point of view

Shotha



Shotha as a complication of diseases

Charaka described seven types of inflammatory swelling that arises as complications of uncontrolled diabetes susruta and Vagbhatta listed these as ten. Charaka also spoke of inflammatory swellings occurring in the absence of Diabetes, but with obesity as a triggering factor. Inflammatory swellings such as Sharavika, Kaccapika, jalini, have been explained as difficult to treat in obese persons. Prognosis of inflammation has been linked to obesity. This establishes the awareness of the relationship between inflammation and metabolic disorders.

Charaka, Sushruta and Vagbhatta have considfed Vidradhi or abscess as one of the 10 inflammatory swellings. This could occur externally (in the skin, muscle and ligament) and also internally (in vital organs).

Inflammation has been understood as a symptom of an abscess. The site for internal abscess with associated inflammation have been listed as heart (pericardial region included?) pharyns, liver, spleen, kidneys, bladder, pelvic and inguinal regions.

Neoplasia (granthi) has been considered a form of hard elevation occurring due to non resolving of oedematous injflammation.

Dietary (improper diet, eating too much salt) and lifestyle factors, suppression of natural urges were considered in Ayurveda as those favouring the formation of inflammation.

Certain diseases like cough, diarrhea, anaemia and abdominal diseases like enlarged liver enlarged spleen and perionities causing oeadema/inflammation.

Krimi or infection is mentioned as an aetiological factor for inflammation but has not been dealt with in detail. Rather the aggravation or tridosha is considered as Ayurveda follows the humoral theory of diseass.

Shotha has been mentioned as a complication of pandu (anemia). The genral symptoms of inflammation are heaviness, instability, an elevation of temperature of veins and discoloration.

'Table 1 : Shotha as a symptom of disease

Sl. No.	Sanskrit Name for the Disease	English Equivalent
1.	Upajiwhika (Charaka Sutra Sthana 18.19)	Glossitis
2.	Galashundi (Charaka Sutra Sthana 18.20)	Uvalitis
3.	Visarpa (Charaka Sutra Sthana 18.23)	Erysepalas
4.	Galagraha (Charaka Sutra Sthana 18.22)	Throat infections
5.	Galagand (Charaka Sutra Sthana 18.21)	Goitre
6.	Mruth bhakshana janya pandu (Ch Chi 16.28)	Anaemia that originates by eating mud
7.	Kumbha kamla (Charaka Chiktsa Sthana 16.38)	Hepatitis
8.	Sandhigatavata (Charaka Chiktsa Sthana 28.37)	Oestoarthritis
9.	Vatarakta (Charaka Chiktsa Sthana 29.12)	Gout

Pathya-apatha

Pathya

- **Rasa → Katu, Tikta**
- **Guna Karma → Deepana**
- **Dhaanya → Jeer shashteeka, Shaalee, Yava,**
- **Shaaka → Nishpaava, Kutakee, Rakta Shigru, Lashoona Kaaravellaka, Moolaka, Patola, Aamalakee, Vetaagra, Sauvarchala, Hareetakee, Haridraa Guggulu, Grinjana, Vaayasee, Vetra**
- **Shimbee → Mudga, Kulattha**
- **Maamsa → Godhaa Maansarasa, Shallaks Maamsarasa Kukkut'a Maamsarasa Shrigee Maamsarasa Maamsarasaand pippalee**
- **Dugdha → Godugdha, Ushtra Dugdha, Takra, Jeerna Ghrita**
- **Drava → Arishta, Madya, Aasava Erand Taila, Goumootra, Ushnodaka, Shuntee Siddha Jala**
- **Kritaana → Kulattha, Yoosha, Mudga Yoosa, Tanduladaka Yava and Godhooma jainta pedaarths.**
- **Other → Pippalee, panchkola, jeeraka, Trikatu, Maanakands, Madhu, Kartooree, Shilaajata, Virechana, Vamana, Langhana, Svedana, Lepa, parisheka.**

Apatha

- **Rasa →Amla, Lavana**
- **Guna/Karma → Guru, Vidaahee, Vijjala**
- **Shaaka → Shushka Shaaka**
- **Shimbe → Tila**
- **Maamsa → Graamya Maamsa, Aanoopa Maamsa, Shushka Maamsa**
- **Dugoha → Dugdha, Dadhi**
- **Sneha → Ghrita, Taila, Vasaa**
- **Kritaanna → Krisharaa, Bharjita Saktu, Paishtika Padaartha, Tilakrita Anna**

Other → Lavana Madhu, Guda padaartha, Adhyashana, Maithuna, Divaasvapha, Vasas Asaalmya, Samashana, Hlavadhaanya Mria Bhakshawa Madya

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BLUMEA LACERA (KUKRONDHA) – A VALUABLE MEDICINAL HERB

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ABSTRACT

Backgrounds - Ayurveda, ancient yet timeless, gives you the means of attaining and maintaining your own optimal health and well-being. Ayurveda uses the inherent power of natural herbs to bring out wonderful results on the human body. The herbs are natural and 100% safe for human body. A perennial herb Blumea lacera DC. family Compositeae is of the common rabi weeds of India. **Blumea lacera** is described by Ayurveda experts Acharya Bhavprakash as hot, pungent & bitter, antipyretic, useful in bronchitis, blood disorders, fever, thirst & burning sensations. It is stomachic, antispasmodic, antipyretic and diuretic; cures bronchitis, fevers and burning sensation.

Aim & objective -

The main objective of this article is to discuss the detail description of rarely used plant B. lacera.

Material & Method -

The authentic subject material has been reviewed from Ayurveda text, different researchs & review articles were searched on internet. Discussion & conclusion - B. lacera is a type of seasonal weed while it has a lots of medicinal properties which describe in Ayurvedic texts. Now a days various research done on its pharmacological properties.

Keywords **-** Blumea lacera, phytoconstituents and it's medicinal uses.

INTRODUCTION -

Ayurveda is the traditional healing modality of the Vedic culture from India. Ayurvedic medicine views health as much more than the absence of disease. Plant continue to be a major source of medicine, as they have throughout human history[1]. Primitive man observed and appreciated the great diversity of plants available to him. Plant is man's friend in survival, giving him food, fuel and medicine from the days beyond drawn of civilization[2]. As time went on, each tribe added the medicinal power of herbs in their area to its knowledge base. They methodically collected information on herbs and developed well-defined herbal pharmacopoeias. Many drugs are commonly used today of herbal origin. Indeed, about 25 percent of the prescription drugs dispensed in the United States contain at least one active ingredient derived from plant material. Some are made from plant extracts; others are synthesized to mimic a natural plant compound.

The importance of drug is very well known in all Ayurvedic classics and it has been highlighted by Charaka in Chatushpada[3]. The World Health Organization (WHO) estimates that 4 billion people, 80 percent of the world population, presently use herbal medicine for some aspect of primary health care. WHO noted that of 119 plant-derived pharmaceutical medicines, about 74 percent are used in modern medicine in ways that correlated directly with their traditional uses as plant medicines by native

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cultures. Blumea lacera is described as a valuable medicinal plant in many popular systems of medicine including Ayurveda, homoeopathy, and unani. Stimulatory allelopathy of different parts of B. lacera on many agricultural crops has also been reported[4]. Blumea lacera is described by Ayurveda experts as hot, pungent & bitter, antipyretic, useful in bronchitis, blood disorders, fever, thirst & burning sensations[5]. Not much work has been done on various utility aspects of B. lacera.

AIM & OBJECTIVE –

The main objective of this article is to discuss the detail description of rarely used plant B. lacera.

MATERIAL & METHOD -

The authentic subject material has been reviewed. It is collected from Ayurveda texts, different researchs & review articles were searched on internet. Detailed description of the plant B. lacera given blow.

DISTRIBUTION -

The plant occurs throughout the plains of India from the north-west ascending to 2,000 ft in the Himalayas. It is a common roadside weed in Ceylon and Malaya. It is distributed to the Malay Islands, Australia, China and Tropical Africa. Stimulatory allelopathy of B. lacera on many agricultural crops such as rice has been reported[6,7,8] including rabi and kharif obnoxious weeds such as Echinocloa colonum, Ageratum conyzoides, Chenopodium album, Melilotus indica, Phalaris minor, Cirsium arvense, and Spilanthes[9]. It is commonly found along nallas in moist and shady places near old buildings. In Rajasthan, it is available in Ganganagar, Jhunjhunu, Sikar, Barmer, Jodhpur, Alwar, Pali, Jaipur, Bhilwara, Bharatpur and Jhalawar districts.

MORPHOLOGY -

The Compositae family is named on the basis of cluster of flowers occuring on the flat thalamus. Flowers are of 2 kinds viz disc florets present in the centre are tubular shaped and ray florets on the margins are tongue (lingulate) shaped. The inflorescence is surrounded by one or more whorls of green bracts called involucral bracts. The plants of this family is easily identified by the most typical characters such as capitulum inflorescence and involucral bracts. As per Taxonomy, this family comprises of 900 genera and over 13000 speccies world wide. In India about 138 genera and 708 species occuring mainly in the Himalayas and the mountains of southern and western India. Blumea genera consists of about 80 species. There are some species found as B. densiflora Hook.f. (Fl Br Ind), B. balsamifera DC., B. eriantha DC etc. Some of species as B. balsamifera DC. yield a camphor known as Nagi-camphor or Blumea camphor.

The plant B. lacera is a small shrub growing to a height of 1-2 feet growing all over India from Punjab to Mijoram, in Pennisular area and in Andaman-Nicobar islands, ascending up to an altitude of 1,800 m. Stem is erect, ash colored, densely glandular, pubescent. The leaves are small and have copper color on the upper surface. Lower leaves petioled, often incised or lyrate, the upper subsessile elliptic oblong or obovate, finely silky pubescut. The flowers are yellow in color, bisexual florets and found in clusters. There are many flower heads in single plant, arranged in axillary cymes or terminal panicle. Pappus is white. Fruits is an achene, oblong and not ribbed. Flowers and fruits are seen in the spring season (January-April)[10].


CULTIVATION -

In many parts of India, Blumea is cultivated for its green leaves and roots. Blumea is a late kharif crop. Standard agrotechniques have not been developed. Seeds are generally sown in late August on prepared land with good tilth; fertilizers are not used. Leaves are harvested at time of 50% flowering. Blumea leaf beetle (Chrysolina madrasae Jackoby) is the main insect pest.[11,12,13,14,15.]

TAXONOMY

Kingdom: Plantae
Subkingdom: Tracheobionta
Division: Magnoliophyta
Class: Magnoliopsida
Subclass: Asteriadae
Order: Asterales
Family: Asteraceae
Genus: Blumea
Species: lacera

VERNACULAR NAMES

Hindi - Kukrondha, kukurvanda, jangli muli and kakionda
Sanskrit - Kulaahalaa
Bengali - Kukursunga, barasuksung
Oriya - Pokasunga
Kannada - Gandharigidda
Marathi - Bhanurda
Bombay - Kukurnirmule, bhaborda, bhangrud, gangavale and nimurdi
Gujrati - Kalhada
Tamil - Kattumullangi, naarkkrandai
Telgu - Adavimullangi, kaarupogaaku and naaltumma
Kannada - Jaali
Pharsi - Mugilaan
Uttar pradesh - Kakranda, kukundar
Latin - Blumea lacera D.C.

AYURVEDIC CLASSIFICATION –

Madanpal Nighantu - Abhyadi Varga[16]
Bhavaprakash Nighantu - Guduchyadi Varga
Priya Nighantu - Shatpushpadi Varga[17]

RAS-PANCHAKA

Rasa (Taste)– Tikta (Bitter), Kashaya (Astringent)

Guna (Qualities) – Laghu (Lightness), Ruksha (Dryness) and Teekshna (Pungent)

Vipaka(After digestion) – Katu (Pungent)

Veerya (Potency) – Ushna (Hot)

Doshaghnta (Actions) – Kapha-pitta shamaka (Reduces vitiated kapha and pitta dosha),

PHYTOCONSTITUENTS -

Various parts of the plant yield an 0.5% essential oil on steam distillation. It contains cineol 66, d-fenchone 10 and about 6% citrol. Leaves also contain coniferyl alcohol derivatives, campesterol and flavones. Ethanolic extract of the aerial parts contain hentriacontane, hentriacontanol, á-amyrin, lupeol and its acetates and ß-sitosterol. Root and root bark contain triterpenes and sterols.

PHARMACOLOGICAL PROPERTIES -

Blumea is described in Ayurveda as bitter, astringent, acrid, thermogenic, errhine, anti-inflammatory, styptic, opthalmic, digestive, anthelmintic, liver tonic, expectorant, febrifuge, antipyretic, diuretic, deobstruant, and stimulant. The root kept in the mouth is said to cure disease of the mouth. In the Konkan region of India, the plant is used to drive away fleas and other insects. It is prescribed as an antiscorbutic in West Africa[18]. Essential oil from Blumea has been shown analgesic, hypothermic, and tranquilizing activities[19]. 1,8 cineole possesses noted antiviral activity, antitussive effects (relieves coughs), bronchodilator effects (help open the bronchial tubes (airways) of the lungs, allowing more air to flow through them), mucolytic and mucociliary effects (mucolytics break down or dissolve mucus and thus facilitate the easier removal of these secretions from the respiratory tract by the ciliated epithelium, a process known as mucociliary clearance) and anti-inflammatory activity. 1,8 cineole also has positive effects on lung function parameters whether for the common cold or chronic obstructive pulmonary disease[20]. Campestrol has been isolated from aerial parts and 5-hydroxy-3, 6, 7, 3',4'-pentamethoxy flavone, 5,3',4' trihydroxy flavone and an unidentified flavone have been isolated from leaves[21]. Blumea lacera is considered a valuable homoeopathic drug[22] useful in case of enuresis, neuralgia, headache, cold borne cough. A tincture is useful in case of bleeding piles[23]. Natives of Chhattisgarh use this weed for treating health problems[24]. There is a heavy demand of different parts (fresh and dry both) of this weed in national and international drug markets[25]. Fresh leaves of Blumea are the most valuable part. Alcoholic extract of the herb exhibited marked anti-inflammatory activity against carrageenin- and bradykinin-induced inflammation in rats. Essential oil from leaves is antimicrobial and insect repellent. Essential oil showed analgesic, hypothermic and tranquillizing activities[26].

USEFUL PARTS – Whole plant specially Leaf & Root.

DOSAGE - Fresh juice - 10 ml.

Paste - 5 to 10 gm.

USES OF KUKUNDARA[27]-

S.N.	DISEASES	USES
1.	External pile mass	Paste(Kalka) of the leaf applied over the area having pile mass.
2.	Internal pile mass	**(A)** Tablet(Vati) of paste of the leaf along with powder of black pepper given internally. **(B)** Kukundar siddha ghruta pana. **(C)** Leaf juice along with Mishri.
3.	Intestinal worms	Decoction or fresh juice from the leaf & root in a dose of 30-40 ml.
4.	Rhinitis and headache due to sinusitis	Fresh juice of the leaves is installed as 'Nasya' (Nasal drops).
5.	Conjunctivitis	Fresh juice of the leaves is put as eye drops.
6.	Swelling(Sotha)	Leaves are slightly heated and applied over the area affected with localized swelling.
7.	Wound healing/Abscess	Fresh juice is used as drops or the leaf is made into paste and applied over wound associated with pus.
8.	Dog bite	Fresh juice of root with milk is administered in a dose of 10 ml.
9.	Oral ulcers & gingivitis	Gargling is done from the decoction of the root.
10.	Bleeding problems	Fresh juce of the Panchanga in a dose of 10 ml.
11.	Dysentery	Leaf juice along with rhizomes of Cyperus rotundus given.
12.	Cholera	Roots mixed with pepper are given.
13.	Fever, leucorrhea and cough	Decoction of the root is given in a dose of 45-50 ml.

ADVERSE EFFECT - No adverse effect is reported or known after the usage of B. lacera.

RESEARCH ABOUT B. LACERA

Anti-diarrheal action : Present study was undertaken to investigate the anti-diarrheal activity of the ethanolic extract from the roots of Blumea erianth DC (EEBE) and Blumea lacera (EEBL). The doses of EEBE and EEBL both significantly decreased ($P<0.001$) the total number of diarrheal feces[28].

Anti-pyretic activity : The present study was carried out to determine the antipyretic activity of the methanolic extract of Blumea lacera leaves (BLE) on albino rats. Three ascending doses of 100 (1/20 LD50), 200 (1/10 LD50) and 400 mg/kg (1/5 LD50) were selected for studying the antipyretic activity of BLE in rats. BLE at dose rates of 200 and 400 mg/kg reduced brewer's yeast induced pyrexia in rats suggesting antipyretic effect of BLE[28].

Hypoglycemic activity : The antidiabetic activity of methanolic leaf extract of Blumea lacera in Swiss-albino mice results obtained from this study indicate that the methanol leaf extract of B. lacera has glucose lowering capacity at all doses examined in a dose-dependent manner ($P<0.000\ 1$). Maximum hypoglycemic activity (46.85%) of methanol extract of B. lacera leaves in glucose-induced hyper-glycemic mice was observed at 400 mg/kg, while the standard drug,

glibenclamide produced 47.53% at dose of 10 mg/kg[29].

Antispasmodic activity :

The present study has shown that hexane extract from Blumea lacera exerts reversible relaxant and antispasmodic effects on guinea-pig ileum. Our current data show that extracts are also capable of inhibiting the response of a wide range of contractile stimuli, such as neurotransmitters acetylcholine and histamine, barium chloride a release bound (Ca2+) although showing no Obvious selectivity between contractile agents[30].

CONCLUSION

Key concepts of Ayurvedic medicine include universal interconnectedness (among people, their health, and the universe), the body's constitution (prakriti), and life forces (dosha), which are often compared to the biologic humors of the ancient Greek system. Using these concepts, Ayurvedic physicians prescribe individualized treatments, including compounds of herbs or proprietary ingredients - diet, exercise, and lifestyle recommendations. Traditional medicine system of India comprised varieties of plants which are playing a significant role in curing diseases from ancient times. Among them, B. lacera is a type of seasonal weed while it has a lots of medicinal properties which describe in Ayurvedic texts. Now a days various research done on its pharmacological properties. This review provides taxonomy, geographical distribution, phytoconstituents and pharmacological properties of B. lacera.

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MEDICAL PRACTICE OF TOXICOLOGICAL CLINIC

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CURRENT PRACTICES

There is a wide disparity in the emphasis placed on toxicology testing in modern hospitals. Some hospitals have extensive toxicology testing with relatively sophisticated instruments that are dedicated to the detection and measurement of poisons.

Many others do little or no testing for poisons except for those toxins that are very common or a part of routine medical practice. This latter group of laboratories would test, for example, for digoxin, a cardioactive drug that is often involved in overdoses. Such labs might also test for the most common drugs of abuse. These tests would be urine-based, qualitative, and usually less than 100% specific.

This is, to some extent, a function of the specific mission of the medical center. For example, an urban institution located where drug abuse is a severe problem would be more likely to develop elaborate toxicology laboratory facilities. Other laboratory directors are of the opinion that limited medical resources are betterdirected at other areas.

Drug-testing technologies employed in clinical laboratories range all the way from thin-layer chromatography to high-performance liquid chromatography with mass spectrometer detectors. Smaller laboratories with modest offerings in toxicology testing usually. limit themselves to immunoassays for drugs of abuse and such tests are conducted on large analyzers. TLC may be inexpensive to run and will detect many of those drugs found in poisoning cases. It is not easily mastered, however, and is costly from the perspective of technologist time. For many drugs, TLC has a high detection limit, i.e., small quantities are not detected. This rarely is a major problem in clinical toxicology because overdosed patients usually have substantial quantities of drugs in their body fluids.

Some hospital laboratories employ relatively advanced instruments such as gas or liquid chromatographs sometimes coupled to mass spectrometer detectors. With this type of sophisticated equipment very advanced testing is possible.

Very significant expense is associated with this approach to toxicology testing. One automated system has been developed that uses liquid chromatography in an automated testing platform. As such it reduces the training problem and increases the rapidity of testing, but the cost of this system may not be justified for every overdose case.

VALUE AND LIMITATIONS OF LABORATORY TESTING

In this section we focus on the studies that have been done to pinpoint the best way to use a toxicology laboratory. One's initial attitude might

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be that the more laboratory testing the better. One might think that the physician treating an overdose is operating in a vacuum and can use all the help that is available. It might further be assumed that laboratory identification of the responsible toxin will "break the case," enabling the physician to provide the appropriate antidote, predict the outcome, and care for the patient in a much more effective manner.

Upon further thought, however, one might recall that not many antidotes are available, often the toxin is known from history (e.g., a parent might bring in the empty pill bottle found by the bedside), and the doctor knows how to treat the patient's symptoms irrespective of what particular stimulus caused those symptoms.

We need to ask at this point, therefore, whether the laboratory is valuable and how it should be used. Clinical outcome studies can cast light on this question and help one to plan the most intelligent use of toxicology testing.

LABORATORY ACCURACY OR ERROR

Some studies suggest that the toxicology laboratory should not be used because there is simply too much error in testing and results are not reliable. In one study1 toxicology specimens were split among three commercial laboratories with orders for comprehensive toxicology testing including identification and quantification of toxic agents. The study claimed that drugs responsible for the patient's overdose were identified in only 50 to 70% of cases. Moreover, the laboratories differed significantly among each other in regard to the quantitative results. This older study may have had some value in showing the uncertainty related to toxicology testing.

Patient credibility should not be assumed when many of these overdose patients are suicidal, depressed, etc. The authors of this study were also critical when laboratories failed to identify a drug even if the laboratory did not test for that particular drug on a regular basis.

OUTCOME STUDIES

The best way to examine the clinical value of toxicology laboratories is to conduct outcome studies, i.e., evaluation of patient outcomes as a result of the availability of drug test results. A logical method for evaluating the value of drug testing is to ask if the laboratory test findings were useful in improving patient care. In 52% of cases, the laboratory found a result that differed from what was already known from the patient's history. It might, perhaps, be thought that the lab is invaluable because most of the time (52%) new findings emerged from its investigation.

A comprehensive toxicological analysis was performed on 444 patients whose emergency room presentation suggested the possibility of drug overdose.

Physicians must be aware of the limited ability of their laboratory's drug screen. Sometimes they fail to consider this.

THE STRUCTURE OF CLINICAL TOXICOLOGY TESTING

It has been argued above that random screening is not an effective approach to the problem of laboratory involvement in care of the overdosed patient. What tests should be included in a hospital's repertoire and how rapidly should the laboratory provide such testing results? Three knowledgeable sources have published responses to this question and they provide the lists shown here for STAT (i.e., immediate) testing in the context of possible drug overdose:

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A CRITICAL REVIEW ON PHARMACODYNAMICS OF BASTI AND ITS ACTION

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ABSTRACT

Background-Ayurveda being an ancient science it has developed through many experiences and experiment in medicines. Panchakarma therapy is a very imperative and essential part of Ayurvedic treatment. Recent advancement in Ayurvedic Clinical Research shows that so many incurable neurological problems can be successfully treated by Ayurvedic medicines and Panchakarma therapies. Amongst all the Shodhan and Shaman treatments of Ayurveda; Basti is one which can be used in all types of diseases and conditions. With proper combination of different drug it acts as anabolic as well as catabolic therapeutics, that's why it is called as half treatment. . In many chronic as well as in acute conditions this basti therapy has established quick and spontaneous results. This panchakarma therapies can be given not only for morbid conditions but also for the swastha as it acts as a rasayana and vajikarana in some cases. Though Basti is given in the Pakvashaya (Rectum and Colon) its active ingredients i.e. "Virya of the Basti" spreads in the entire body to get desire action. BastiVirya may act through enteric nervous system (ENS). The gastrointestinal system has a network of nerve fibres, which is known as 'Enteric Nervous System (ENS). Similar to brain, ENS sends and receives impulses; record experiences and responds to various stimuli.

Aim-

The main aim of this article is to explore and collect all references of Basti from modern as well as Ayurvedic point of view and to explore the exact mechanism of action. highlight the importance of the basti and its pharmaco-dynamics and explain that this therapy is not only useful in vatavyadhies, but it is very important therapy in almost all diseases in fact at every stage of the disease. In the present article, we have discussed certain important features of vasti karma. Material & Method. In the present study, we collected and compiled references regarding classical Ayurvedic texts, research papers in peer reviewed journals & related data of different websites have critically reviewed.

Discussion & conclusion-

We often choose allopathic solutions for most of our problems, but in Ayurveda, Panchakarma can be the better and effective solution as it ends the problem with the help of natural products and has no side effect. Recent advancement in Ayurvedic Clinical Research shows that so many incurable neurological problems can be successfully treated by Ayurvedic medicines and Panchakarma therapies. To eradicate the diseases completely and to enhance nonspecific immunity against all diseases the purifactory procedures play an important role.

Key words- Basti, Virya, Enteric nervous system, Panchakarma, Basti, Pharmacodynamics.

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INTRODUCTION-

Panchakarma therapy is a very imperative and essential part of Ayurvedic treatment. The effectiveness of Panchakarma therapy also depends on suitable application of different elimination procedures as well as on the proper preparations of various formulations required to complete the Panchkarma. Acharya Charaka described that Basti can be used as universal tool for all type of diseases and conditions[1]. It shows broad spectrum and multidimensional aspect regarding effects. It can be used for Karshan (Catabolic) as well as for Brimhana (Anabolic) with In Panchkarma Chikitsa, Basti is superior to other (virechan, vaman) Shodhanas. It increases Shukra, Oja & Agni. This Karma of Basti is basically due to its Shodhana property that starts right from the Pakvashaya. It has the effect on whole body that can be compared to the Srotoshodhana. The rationale shodhan is the concept of "autointoxication", the idea that food enters the intestine and rots. Basti is a multidrug formulation that is given per rectum and reaches up to ileo-caecal junction and classical Bastiputak proved more efficacious than enema pot method and has more retention time in both Asthapana as well as Anuvasana Basti, thus absorption is more in classical method.[2] Shodhana is entity that is associated with the removal of Mala (morbid Doshas) from the body. There are various toxins accumulated in the body due to defective removal which can be considered as a part of Mala or morbid Doshas.[3] Panchakarma itself is a composite and distinctive system of treatment, so its pharmaceutical preparations also possess some special characteristics. changes in the mixture of drugs. Change in Root of drug administration and causes different action by the same drug i.e. Madanaphala by oral root induces emesis while through rectal root it act as Aasthapanopaga[4] Basti has two types Niruh or Asthapan Basti and Snehaor Anuvasan Basti.[5] Niruha Basti is a mixture of oil, honey, 'kwaatha' (decoction) and 'Kalka'. These ingredients are immiscible with each other. A homogenous mixture is required for actual administration of 'Basti'. Initially honey and rock salt are mixed together in the beginning followed by addition of oil. This mixture is then thoroughly mixed. The finely wet grinded paste of prescribed medicinal plants is then mixed in it. The mixture is then again mixed thoroughly. The prescribed liquids such as kwaatha (decoction) are then added to it and the mixture is subjected to thorough churning to produce a homogeneous mixture. The mixture thus acquires a physical state of emulsion. An emulsion is a mixture of two or more immiscible (unbendable) liquids. One liquid (the dispersed phase) is dispersed in the other (the continuous phase). Drugs used in Basti through rectum definitely show different effects. Again an anatomical and physiological variation in small intestine and large intestine causes effect variation during absorption and transportation. These anatomical and physiological variations as well as some procedural aspects like position of patient, time of administration of Basti related with food, Properties of solution affects the pervading attributes (spreading/up to what extent does Basti Dravya goes) as volume of Enema solution exceeds 80-100ml, drugs reaches up to the ileum. Ultimately this makes an impact on Absorption and Excretion of Basti. So it is necessary to explore the Physio-Pharmacological aspect of Basti.

Role of Honey[6]: Charak mention that It has properties like 'Yogavaahitwa' by way of which

it enhances the properties of substances with which it is processed. Honey is a natural product with very complex chemical composition. It is composed primarily of fructose and glucose but also contains 4 to 5% fructooligosaccharides which serve as prebiotic agents.[7] It contains more than 180 substances, including amino acids, vitamins, minerals and enzymes. Honey has simulative effect on colonic probiotic bacteria. It is involved in formation as well as inactivation of carcinogens in the gut lumen and may be altered in a positive way by the presence of colonic probiotic bacteria. Honey a natural emulsifying agent which may also be used to help stabilize the colloid, binding the liquids together. In cases where the emulsion is not successfully stabilized, components may separate again later on. Antitoxic effect of honey catalyse that neutralizes hydrogen peroxide which is found extensively in mammalian tissues is continuously produced by numerous metabolic reactions in the organism, bacterial and viral infections, sharp changes of weather conditions, stress conditions, over fatigue etc.[8]

Role of SaindhavaLavana (rock salt): Salt in general are having the properties like Vishyandi, Sukshma, Tikshna and Vataghna, it promotes the evacuation of bladder and rectum.[9] Owing to the Sukshma property it helps the drug (potency of the drug) to reach in the micro channels, Saindhava mixed with honey is capable of liquefying the viscid Kapha and breaking it into minute particles for their easy elimination. Similarly it may liquefy the morbid Doshasanghata and breaks it into smaller particles by virtue of its Ushna and Tikshna property respectively and thus helps their elimination. Apart from this, Saindhava (rock salt) destroys the Picchila, Bahula and Kashaya properties of Madhu (honey), and makes close union with it to form a homogeneous mixture.[10] It also has chhedan (penetrative), Vilayan (Liquefaction of doshas) Avidahi (doesn't cause burning sensation) and Tridoshaghna property. It dissolves and expels Dosha from colon. Thus it helps in absorption and bio purification process of Basti. Continuous churning of honey and rock salt increase the homogeneity of the emulsion of Basti material and reduction in the size of particles with the duration of BastiBhavana.

Role of Sneha (Lipids): It includes Ghrita, Taila (oil), Vasa, Majja (bone marrow) and each one is having its specific properties accordingly it produces beneficial effects. Sneha in general is Vatahara, Mrudukara (produces softness in the channels and tissues, in turn helps for easy elimination of waste substances) and removes the obstruction the channels produced by the Mala i.e. MalanamVinihanti Sangam.[11] Owing to the Snigdha Guna, it produces unctuousness in the body in turn helps for easy elimination and by Sukshma Guna it helps the drug (potency of the drug) to reach into the micro channels. Apart from these functions, it protects the mucous membrane from the untoward effect of irritating drugs in the Basti Dravya. In colon production of short-chain fatty acids (SCFA) is produce by abundant bacterial fauna. Colonocytes can take SCFA up efficiently and in part utilize them as nutritional sources. Both squamous stratified mucosa of rumen and columnar simple epithelium of intestine absorb readily SCFA. Passive diffusion of the unionized form across the cell membrane is currently admitted. In the lumen, the necessary protonation of SCFA anions could come first from the hydration of CO2. SCFAs

might play a key role in the treatment of the metabolic syndrome, bowel disorders, and certain types of cancer. In clinical studies SCFA administration positively influenced the treatment of ulcerative colitis, Crohn's disease, and antibiotic-associated diarrhoea.

Role of Kalka: It serves the function of Utkleshana or Doshaharana or Samshamana depending upon its contents and is selected accordingly. It gives required thickness to the Basti material. Less quantity or absence of Kalka (paste of herbs) makes the Basti Dravya thin which comes out immediately after administration. Excess quantity of the Kalka (paste of herbs) makes the Basti Dravya thick and difficult for administration and may not come out within the expected time. Kalka Dravya acts as a catalyst agent which improves the potency of Basti.

Role of Kwatha: It is the Drava Dravya (liquid part), usually the Kashaya (decoction of herbal drugs) is used, but as per the need Kshira (milk), Mamsa rasa (decoction of meat), Amlakanji, cow urine, Dadhimastu (curds water) etc. are also used in place of decoction of herbal drugs or for the preparation of Kwatha (decoction of herbal drugs) itself. The drugs used for the preparation of Kalka and Kwatha are selected on the basis of Dosha, Dushya and Srotas involved in the pathogenesis of the disease, hence they are the main constituents of the Basti Dravya.

Probable absorption of Basti : The human colon has a nominal mucosal surface area of about 2000 cm2 but in reality the total absorptive area is even greater because colonic crypt cells are capable of absorption as well as secretion.[12] Drug absorption is determined by the drug's physicochemical properties, formulation, and route of administration. In rectum drugs may cross cell membranes by passive diffusion, facilitated passive diffusion, active transport, or pinocytosis. Sometimes various globular proteins embedded in the matrix function as receptors and help transport molecules across the membrane.[13] In clinical study on pharmacokinetic of Basti of Triphala Tail Anuvasan and Triphala Niruha in humans shows significant absorption of Gallic acid in blood which is active ingredient of Triphala as compared to oral Group. On quantitative estimation of Gallic acid in all the samples of human Anuvasana, Niruha and Oral group, concentration of Gallic is found highest in Anuvasana group at 90 minutes after administering Triphala Niruha Basti.[14]

DISCUSSION

On analysis as explained before, all organs related to Basti Karma are Sadhyo Pranahara Marmas, by virue of Agneyaguna which it posess it may help to transport the Basti Veerya more easily. The given Basti, reaches Nabhipradesha and the Veerya may get transported through Dhamanis, Sira, and Srothas to whole body as mentioned above. More over Niruha Basti is a uniform mixture of Makshika, Lavana, Sneha, Kalka and Kwatha. The Makshika and Lavana will help in Kapha Chedana and Vilayana.[15] Saindhava by it's Sukshma, Theekshna, and Vyavayiguna will reach to minute channels of the body. The different Dravyas which are used to make Basti have different properties; some may be water soluble and some may be fat soluble and so may be absorbed accordingly. The Kalka used in Basti help to attain the particular consistency which may be responsible for retaining Basti for a while for its function. Snehana causes Dosha Vishyandana and

Swedana cause Srothomukha Visodhana. Both of them help to easily eliminate the imbalanced Dosha. Sukhoshnata is a must for proper action of Basti. There are lots of similes in our classics which beautifully explain the mode of action of Basti. The Basti stays in Pakvashaya drags the Doshas from whole body just like the sun which resides in the sky evaporates the water from the earth surface.[16] as those rays are strong and penetrating. Similarly the Teekshna, Ushna, Vyavayi oushadha used in Basti help to drag the vitiated Doshas present throughout the body. When a cloth is immersed in water mixed with a dye, the cloth will take the colour of dye only from water; like that, the given Basti will take out the vitiated Doshas from body.[17] This explain the specificity of Basti. Even though the Basti reaches upto Pakvashaya, the Veerya of Basti is transported to all of the body; just like the water poured to root of the plant reaches to whole plant.[18] We can make certain inferences on the basis of all these factors. The Basti is given to Vata sthana and so it can alleviate the Vata at its'own site. As the Vata is brought under control the disease itself is cured, because without the major causative factor, the disease it self does not have any existence. Thus our classics very beautifully explained the mode of action of Basti. The therapeutic effect of Basti is the best evidence for its mode of action. But in contemporary science action of Basti remain as a great dilemma. We can postulate certain hypothesis on the basis of mode of action. They are;

- Absorption mechanism
- Neural Stimulation
- Chemical Stimulation
- Mechanical Stimulation

Absorption mechanism : Absorption is the process by which the end products or drug molecules pass through epithelium and enter the blood stream. Diffusion, Hydrostatic pressure, Osmotic pressure, Adsorption, Hydrotrophy, Passive and Active transport are the main factors involved into the absorption process . Brush border epithelium i.e. microvilli is the chief absorption organ. The gastrointestinal tract is lined with epithelial cells. Drugs must pass or permeate through these cells in order to be absorbed into the circulatory system. One particular cellular barrier that may prevent absorption of a given drug is the cell membrane. Cell membranes are essentially lipid bilayers which form a semi permeable membrane. Pure lipid bilayers are generally permeable only to small, uncharged solutes. Hence, whether or not a molecule is ionized will affect its absorption, since ionic molecules are charged. Solubility favors charged species, and permeability favors neutral species. The intestinal absorption of acidic drugs is decreased several fold and the absorption of basic drugs increased several fold when the pH of the intestinal contents is raised from 4 to 8. This supports the hypothesis that the intestinal mucosa preferentially allows the absorption of the unionized form of a drug. Highly lipid-soluble drugs are in general rapidly absorbed while decidedly lipid-insoluble drugs are in general poorly absorbed.[19] It is suggested that the paracellular route for drug penetration in the large intestine is restricted more than in the small intestine. The absorption rates of highly lipophilic indomethacin were similar in the large and small intestines, while intermediately lipophilic acetaminophen was more rapidly absorbed in the small intestine than in the large intestine[20] The colon is believed to be a suitable absorption site

for peptides and protein drugs for the following reasons; (i) less diversity, and intensity of digestive enzymes, (ii) comparative proteolytic activity of colon mucosa is much less than that observed in the small intestine, thus Colon Drug Delivery System protects peptide drugs from hydrolysis, and enzymatic degradation in duodenum and jejunum, and eventually releases the drug into ileum or colon which leads to greater systemic bioavailability. And finally, because the colon has a long residence time which is up to 5 days and is highly responsive to absorption enhancers.[21] The concentration of drug reaching the colon depends on formulation factors, the extent of retrograde spreading and the retention time. Foam and suppositories have been shown to be retained mainly in the rectum and sigmoid colon while enema solutions have a great spreading capacity.[22] Because of the high water absorption capacity of the colon, the colonic contents are considerably viscous and their mixing is not efficient, thus availability of most drugs to the absorptive membrane is low. The human colon has over 400 distinct species of bacteria as resident flora, a possible population of up to 1010 bacteria per gram of colonic contents. Among the reactions carried out by these gut flora are azoreduction and enzymatic cleavage i.e. glycosides.[23] These metabolic processes may be responsible for the metabolism of many drugs and may also be applied to colon-targeted delivery of peptide based macromolecules. The microflora of the colon is in the range of 1011 - 1012 CFU/mL, consisting mainly of anaerobic bacteria, e.g. bacteroides, bifidobacteria, eubacteria, clostridia, enterococci, enterobacteria and ruminococcus etc. This vast microflora fulfills its energy needs by fermenting various types of substrates that have been left undigested in the intestine, e.g. di- and tri-saccharides, polysaccharides etc.[24] For this fermentation, the microflora produces a vast number of enzymes like glucoronidase, xylosidase, arabinosidase, galactosidase, nitroreductase, azareducatase, deaminase, and urea dehydroxylase. Short chain fatty acids are absorbed from rectum more in the presence of Na, K. Unionized lipid soluble substances are absorbed in colon by simple diffusion across a lipoidal barrier mucosa. These are certain points put forwarded in favour of rectal route of drug absorption. Moreover, a study was conducted to evaluate whether the absorption of Basti takes place to systemic circulation. To find an answer to this question an animal experiment was undertaken to ascertain whether a marker compound gains entry in to the systemic circulation when administered by Basti and the influence of other factors on this absorption. From primary evidence obtained by study it can be said that, phytochemicals of the Basti formulation do get absorbed in systemic circulation and the concentration and rate of absorption is dependent upon properties of its constituents like Prakshepa etc.[25] The absorption of Basti Dravya can be understood by certain references in our classics. Just like the water poured on the root of plant get transported to all parts, the Basti given to Pakvashaya; will spread throughout the body.[26]

Nervous Stimulation : This action can be explained in modern parlance by the direct action of active principles of drug on receptors in the gastrointestinal tract related to the enteric nervous system. ENS (Enteric Nervous System) is substantial group of neurons, it is capable of Autonomous reflex without influence of central nervous system. More than 500 million neurons present in the ENS (Enteric Nervous System)

so it's called "second brain".[27] Its nerve cells are bathed and influenced by same neurotransmitters. Gut brain (ENS) is located in the sheaths of tissue lining the oesophagus to colon. Considered a single entity, it is a network of neurons, possessing neurotransmitters and proteins that zap messages between neurons regulates functioning of body like those found in brain proper and a complex circle that enables to act independently, learn, remember and produce gut feeling. The gut contains 500 million neurons, more than that of in the spinal cord. Major neurotransmitters like serotonin, dopamine, glutamate, norepinephrine and nitric oxide are in the gut. Also two dozen small brain proteins, called neuropeptides are there along with the major cells of immune system. The brain sends signals to the gut by talking to a small number of 'command neuron' which in turn sends signals to the gut interneuron that carry up and down. Both command neurons and interneurons are spread throughout the two layers of the gut tissue called 'myenteric plexus and the submucosal plexus. ENS works in synergism with the CNS. Stimulation with Basti (either by chemo or mechano receptors) may lead to activation of concerned part of CNS which precipitates result accordingly. Again it is not mandatory for a drug to stay in long time contact to the receptor e.g. like in Proton Pump inhibitor where drug interact and flush out from circulation, it is known as "HIT AND RUN MODULE" of pharmacodynamics. Same module of pharmacodynamics may be hypothesized for Niruha Basti. There is close resemblance in the functioning of Vata Dosha and nervous system and Bastiis prescribed as the best remedy for Vata.It again validates the efficacy of Bastikarma on nervous system[28].

Chemical and mechanical stimulation: NiruhaBasti is hyper osmotic solution which causes movement of solvent from cells of colon to the lumen containing BastiDravya facilitates the absorption of endotoxin and produce detoxification during elimination. Kalka used in the Basti has got irritant property along with other ingredients which may induce colonic distention. The distention stimulates pressure which produces evacuatory reflex. The sigmoidal, rectal and anal regions of large intestine are considerably better supplied with parasympathetic fibers than other part of intestine; they are mainly stimulatory in action and function especially in defecation reflexes. A volume of about 100 cc of gas is estimated to be present inthe tract which is readily expelled by Basti. Even though the Basti given is expelled out immediately as such or mixed with feces, the Veerya of Basti is spread throughout the body by the Vata.[29]

Active principle is an ingredient of a drug that is actively involved in its therapeutic effect. Nipata (contact) and Adhivasa (inherent residing) are the two chief mode by which Basti Virya can affect the body as seen by the above mentioned explanation.

Action of Bastivirya by Nipata: Basti administered in the Pakvashaya affects the whole body by its Virya similarly as the sun in the sky affects the Bhurasa (water) though it is far away.[30] This example shows Action of Basti is not only dependent upon absorption of the active principle but also it affects the body as soon as these active principles comes in contact with the Pakvashaya proving the action of Bastivirya by Nipata.

Action of Bastivirya by Adhivasa: When Basti is administered in the Pakvashaya, its Virya (probably active principles) is taken up by Samana

Vayu with the help of Apana Vayu. Then it reaches other Vayus also, and affects them by its action. It also keeps Pitta and Kapha in there proper places. It exerts its effect on Bhutas which are similar to that Guna of Virya. The transport of Bastivirya is by Kedarikulya Nyaya which makes it spread all over the body by virtue of different Vayus.This quotation supports the theory of absorption of Basti active principles i.e. phytochemicals of the Basti as the action is dependant upon Gunas which are the properties in Dravya.[31]

CONCLUSION

The mode of action of Basti is more complicated and is very difficult to explain with the available most modern technologies. But our classics explained it in a simplified language with certain beautiful similies. Although the Rectum is not a usual site for absorption of ingested nutrients, drugs introduced by rectum may be absorbed here. Thus drugs introduced by this route may have systemic effect as well as local effect. For proper benefits of Basti only drugs are not sufficient, for proper passage and pervading attribute up to the small intestine, time of Basti administration is very important i.e. after food for Anuvasan and without food before hunger for Niruha. The water soluble substances may be easily absorbed as the water moves in both the directions across the mucus membrane of small and large intestine. As short chain fatty acids are also absorbed from the colon. Colon mucosa under the effect of medication can be made to absorb the unusual substances also. As all organs related to Basti Karma are Marmas, it can be inferred as one of the reasons for the mode of action of Basti Karma. Nabhi and is relevance in Ayurveda may be another reason for the systemic action of Bastikarma. We can only postulate certain hypothesis about the mode of action of Basti. It may be some absorptive mechanism, neural simulation, chemical or mechanical stimulation. Thus we can conclude that Ayurvedic concept of Basti is most scientific

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पेज नं0 7 का शेष

CONCLUSION:

There are a lot of choices for the treatment of Medovriddhi (obesity). In Ayurveda, here is a concept of Aushadha, Ahara and Vihara for any particular disease. Obesity can't be controlled only through medicines only. Proper diet and exercise have their importance in it. And in this case study it has proved that holistic approach is necessary for complete cure of a disease.

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लाजवंती (Mimosa pudica Linn.) सामान्य चिकित्सकीय परिचय

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प्रस्तावना–

''सेन्द्रियं चैतनं द्रव्यं निरेन्द्रियं अचेतनं''

(चरक)

वैसे तो सभी वनौषधियों को सेन्द्रिय अर्थात् चेतना युक्त माना गया है, पर लाजवन्ती में यह चेतना स्पष्ट परिलक्षित होती है, इस वन औषधी के पत्तों को छूने मात्र से इसके पत्ते संकुचित होने लगते है, जो इस पौधे में स्पर्शनेंद्रिय की स्पष्ट उपस्थिति दिखाता है। लगभग 15 से 20 मिनिट में पत्र अपनी पूर्व अवस्था में आ जाते है। लाजवंती लेग्युमिनोसी कुल की वनस्पति है। जिसका उपकुल माइमोसॉयडी तथा वानस्पतिक नाम है, माइमोसा प्युडिका। लज्जालु का गुल्मजातीय प्रसरणशील कण्टकित क्षुप 2–4 फीट ऊँचा होता है, यह पौधा ब्राजील का आदिवासी है और अब भारत के समस्त उष्ण प्रदेशों में पाया जाता है। इसके पत्र बबूल एवं खदिर पत्र के सदृश्य 10 से 20 जोड़े में होते है। इसके प्रत्येक फली में 3 से 5 बीज होते है, वर्षा ऋतु में पुष्प तथा शीत ऋतु में फल आते है। इसकी जड़ चीमड़, खट्टी एवं कुछ तीती होती है। इसकी जड़ एवं पत्रों का औषधी के रूप में विशेष प्रयोग किया जाता है। स्पर्श से पत्तियॉ संकुचित हो जाती है, इसीलिए इसे लज्जालु, नमस्कारी आदि नाम दिए गए है। इसके अन्य संस्कृत नाम हैं–शमीपत्रा, खदिरका, समंगा, रक्तपादी। अंग्रजी में इसे 'टच मी नॉट' या 'सेंसिटिव प्लांट' कहते हैं। आयुर्वेद अनुसार, लज्जालु कटु विपाक एवं उष्ण वीर्य द्रव्य है। इसका रस कषाय, तिक्त एवं गुण लघु, रुक्ष है।

रासायनिक संगठनः–

इसकी मूल में माइमोसिन नामक विषाक्त क्षाराभ भी होता है तथा बीजो में म्युसिलेज होता है, तथा इनके बीजें से 17 प्रतिशत हरितपीत तैल निकलता है। पत्र में एड्रिनेलिन जैसा एक तत्व पाया जाता है।

अन्य मत :–

अधिकांश विद्धानों ने माइसोमा प्युडिका को लज्जालु माना है। अभिधानमजंरी में कांचनपुष्पी पर्याय से एक द्रव्य का वर्णन दिया गया है वह 'बायोफाइटम् सेनसिटिहम्' जिसे कुछ लोग लज्जालु मानते है। भावप्रकाश ने अलम्बुषा जिसका एक नाम विपरीत लज्जालु (लकजन) भी है को लज्जालु का एक भेद नाम दिया है, जिसे बायोफाइटम् सेनसिटिहम् माना जा सकता है। जिसका प्रयोग मुख्यतः वृषण वृद्धि, यकृत वृद्धि, एवं पीतज्वर में तृष्णा शमन में किया जाता है। कुछ विद्धानों ने 'नेप्टयूनिआ ओलेरॅसिआ' को लज्जालु माना है यह तालाबो में होता है तथा यह शीतल एवं संग्राही होता है। आचार्य चरक ने लज्जालु को सन्धानीय एवं पुरीषसंग्रहणीय महाकषाय में रखा है तथा आचार्य सुश्रुत ने प्रियंग्वादिगण एवं अम्बष्ठादिगण में समंगा नाम से लज्जालु का उल्लेख किया है। समंगा यद्यपि मंजिष्ठा का भी पर्याय है तथापि मंजिष्ठा प्रतिनिधि हो सकती है। समंगा यह लज्जालु ही है। लज्जालु उत्तम रक्तसंग्राहक है। छोटी रक्तवाहिनियों का संकोच कराती है उसका प्रयोग रक्त और पित्तप्रधान रोगों पर होता है। रक्तमिश्रित प्रवाहिका और सिकतामेह में इसके मूल का क्वाथ दिया जाता है।

**असिस्टेंट प्रोफेसर, द्रव्यगुण विभाग, **असिस्टेंट प्रोफेसर, द्रव्यगुण विभाग, ***असिस्टेंट प्रोफेसर, द्रव्यगुण विभाग, शासकीय आयुर्वेद महाविद्यालय उज्जैन (म.प्र.) ****प्रधानाचार्य एवं विभागाध्यक्ष पंचकर्म, शासकीय धन्वन्तरि आयुर्वेद महाविद्यालय, उज्जैन, (म.प्र.)*

चिकित्सकीय उपयोग –

लज्जालू भारतवर्ष में प्राचीनकाल से परिचित है। सौराष्ट्र में इसके मूल की छाल उदरवायु, संग्रहणी, अतिसार, प्रमेह, भंगदर और वमन रोग पर व्यवहत होता है। पत्रों को कुचल पुल्टिस बना कर फोडे पर बांधते है।

इसके पत्रों के रस का बाह्य प्रयोग करने पर भंगदर रोग दूर होता है। बालकों के आक्षेप को दूर करने के लिये भी पत्रों का रस देते है।

कालीखांसी – लज्जालू के मूल का चूर्ण 1–1 रत्ती शहद या शक्कर के साथ दिन में 3–4 बार बालक को देते रहने से काली खांसी के वेग का दमन हो जाता है।

मूत्रावरोध – मूल या पंचाग का क्वाथ पिलाने में मूत्रावरोध दूर हो जाता है। अश्मरी कण हो तो बाहर निकल जाता है और मूत्र नलिका पर शोध आया हो तो वह भी दूर हो जाता है।

अर्शशोथ – लज्जालु के पत्रों का रस दिन में 2–2 बार लगाते रहने से मस्से की सूजन जल्दी दूर हो जाती है।

आगन्तुक क्षत – नयी चोट लग जाने या घाव हो जाने पर इसके पत्रों की पुल्टिस बांधी जाती है या रूई को पत्रों के रस में भिगोकर बांध दी जाती है।

गलगण्ड और गण्डमाला – लज्जालु के पत्रों का रस 1 से 2 तोले तक दिन में 2 बार 2–3 मास तक पिलाते रहने पर नये और पुराने रोग में लाभ पहुॅचता है।

अन्त्रावतरण – लज्जालु के पत्र पीस गरमकर अवतरण स्थान पर बांधे उपर थोडा सेक करें। फिर नीचे से उपर की ओर मसलने पर आंत उपर चढ़ जाती है। इसी तरह योनि भ्रंश में भी इसका प्रयोग किया जाता है।

नैत्र पुतली पर मांसवृद्धि – नेत्र में टेरिजियम या मांसवृद्धि होकर काले भाग पर फैलती है, उस पर लज्जालु के पत्रों का रस और अश्वमूत्र को समभांग मिलाकर प्रायः सांय अंजन करते रहने से टेरिजियम या मांसवृद्धि नष्ट हो जाती है।

स्तन शैथिल्य – लाजवन्ती की जड़ तथा असंगध समान मात्रा में लेकर इन्हें जल के साथ पीसकर स्तनों पर दिन में दो बार लेप करने से स्त्रियों के स्तनों का ढीलापन दूर होकर वे कठोर होते है। इस लेप से स्तनों की अन्य विकृतियां भी दूर होती है।

नपुंसकता – लाजवन्ती के बीज, वट की जटा, इमली के बीज, सफेद मूसली, ईसबगोल की भूसी, सालममिश्री और सिंघाडे का आटा प्रत्येक समान मात्रा में लेकर सबके बराबर मिश्री मिलाकर रख लें। प्रातः सायं 5–5 ग्राम चूर्ण गाय के दूध के साथ सेवन करने से नपुंसकता, शीघ्रपतन आदि दूर होते है।

प्रमेह – लाजवन्ती के बीज, तालमखाने के बीज, ढाक का गोंद, सालममिश्री और सफेद मूसली सभी समान मात्रा में लेकर चूर्ण तैयार कर लें, इस चूर्ण से आधी मात्रा में मिश्री मिलाकर रख ले, इसको 3–3 ग्राम की मात्रा में सुबह–शाम गाय के दूध के साथ सेवन करना सभी प्रमेहों में हितकर कहा गया है।

सर्पविष मे – राज मार्तण्ड के अनुसार छुईमूई के मूल को हाथ में घिसकर, अथवा उसका मूल हाथ पर बांधकर अत्यंत भयंकर विषैले सर्पो को पकड़ा जा सकता है। अर्थात् इसके मूल के स्वरस को पीने से और लेप करने से सर्पविष का असर नहीं होता होगा।

विमर्शः–

लाजवन्ती के क्षुप पूरे भारत में विशेषतः काली और पानी से तर रहने वाली चिकनी मिट्टी में प्रायः वर्ष भर पाये जाते है। कई घरों में लाजवन्ती को बगीचो में भी लगाया जाता है। परंतु इसके गुण धर्मो की सम्पूर्ण एवं सार्थक जानकारी के अभाव में इसका सही और औषधीय प्रयोग जनसामान्य द्वारा

नही हो पाता है। वैसे तो आयुर्वेदीय चिकित्सीय ग्रंथ लज्जालु के चिकित्सीय उपयोगो एवं महत्वों से भरे पडे है, पर विशेषतः स्त्रियों के सभी प्रकार के प्रदरों की चिकित्सा में इसके योगो का विशेषतः वर्णन मिलता है। लाजवन्ती, अशोक की छाल, बबूल की कच्ची फली, अश्वगंधा, मोचरस, कमरकस, सालमपंजा, सभी को समान भाग चूर्ण रूप में तण्डुलोदक से लेने पर रक्त प्रदर में विशेष लाभ होता है। लाजवन्ती का चिकित्सीय ग्रंथो में दूसरा सर्वाधिक वर्णित उपयोग दाह शामक औषधि के रूप में मिलता है। अर्थात् इसे सभी प्रकार के दाह जैसे – हस्तपाद दाह, योनिदाह, मुखदाह, मूत्रदाह, आदि में दाह शामक के रूप में कालीमिर्च एवं मिश्री के साथ पानक रूप में प्रयोग किया जाता है। वस्तुतः ज्वर में पिपासा, दाह आदि के शांति के लिए षंडंगपानीय के स्थान पर यदि लाजवन्ती के पानक का प्रयोग किया जाये तो निश्चित रूप से यह अति लाभकारी सिद्ध होगा।

उपसंहारः–

लाजवंती भारतीय चिकित्सा पद्धति में प्रयुक्त होने वाली, सहज और आसानी से एवं अल्प लागत में मिल जाने वाली आयुर्वेद की एक बहुमूल्य औषधी है। लाजवंती के पौधे में पाये जाने वाले विविध औषधीय कर्मों के कारण इसका अनेक व्याधियों की चिकित्सा में प्रयोग किया जाता है। इसका मुख्यतः प्रयोग अतिसार में, प्रमेह में, प्रदर रोग में, शोथ में, यकृत विकार में, उदर विकार में, हस्तपाद दाह में, योनिदाह में, व्रणशोधन के लिये, सर्पविष चिकित्सा में, नपुंसकता में किया जाता है। लाजवंती का पूरा पौधा चिकित्सकीय कार्य हेतु प्रयोग किया जाता है लेकिन कार्यकारी तत्वों की विशेष उपस्थिति के कारण मूल एवं पत्र इसके मुख्य प्रयोज्यांग हैं।

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चिकित्सा, समाज सेवा और राजनीति के समन्वय का पर्याय
श्रद्धेय उद्धवदास मेहता ''भाईजी''

सबके भाईजी :–

भोपाल के कुलीन और प्रतिष्ठित ब्राह्मण परिवार में जन्म लेकर स्वर्गीय श्री उद्धवदास मेहता ने अपने जीवन की प्रत्येक सांस हिन्दी, हिन्दू और हिन्दूस्तान के हित में होम दी। उनकी संघर्षपूर्ण जीवन गाथा भोपाल रियासत के नवाबी दौर में आतंक और शोषण की शिकार हिन्दू जनता को सम्बल देती रही। सम्मान और कृतज्ञता भाव से जनता ने उन्हें ''भाई जी'' के नाम से संबोधित किया और ''भाई जी'' ने समान रूप से सभी को स्नेह और सहारा दिया।

प्रजा पुकार :

काशी संस्कृत कॉलेज से आयुर्वेद और संस्कृत की परीक्षाएं उत्तीर्ण करने के पश्चात् ''भाई जी'' ने आजीविका के लिए चिकित्सक का व्यवसाय अपनाया, परन्तु उनकी प्राथमिकता समाज सेवा ही रही। महामना पं0 मदन मोहन मालवीय को अपना आदर्श मानने वाले ''भाई जी'' ने नवाबी शासन में हिन्दूओं पर होने वाले जुल्मों के खिलाफ संघर्ष का शंखनाद कर दिया। 1926 में सार्वजनिक जीवन की शुरूआत करते हुए 1930 में हिन्दू कान्फ्रेन्स के नाम से नवाब भोपाल को अट्ठाईस सूत्रीय ज्ञापन सौपा। सन् 1934 में भोपाल से प्रथम हिन्दी साप्ताहिक 'प्रजा पुकार' का प्रकाशन प्रारंभ किया।

दृढ़ संकल्प :

सन् 1937 में नागरिक स्वतंत्रता के पहले आंदोलन में ''भाई जी'' को गिरफ्तार कर लिया गया और छह माह की सजा सुनाई गई। इस अवधि में ''भाई जी'' का संकल्प और भी दृढ़ हुआ। जेल से छूटे तो आर्य समाज के हैदराबाद सत्याग्रह की सहायता में जुट गए। 1940 में भोपाल में राष्ट्रीय स्वयंसेवक संघ का कार्य प्रारंभ हुआ और ''भाई जी'' को संघ चालक बनाया गया। सन् 1944 में संघ की रैली में दिए गए भाषण को नवाबी शासन ने आपत्तिजनक मानते हुए पुनः गिरफ्तार कर लिया।

डायरेक्ट एक्शन :

सन् 1949 में विलीनीकरण आंदोलन का नेतृत्व करते हुए गिरफ्तार किये गये। ''भाई जी'' की गिरफ्तारी के विरोध में जंगी प्रदर्शन हुये। प्रदर्शनकारियों पर पुलिस ने निर्मम लाठी चार्ज किया। भोपाल में डायरेक्ट एक्शन के नाम पर जब हिन्दू मंदिरों में तोड़–फोड़ की गई तो ''भाई जी'' ने सात दिन तक अनशन किया। परिणामस्वरूप नवाबी शासन को लूट की क्षतिपूर्ति करनी पड़ी और मंदिरों में मूर्तियों की प्राण प्रतिष्ठा करानी पड़ी।

समाज सेवा :

राजनीति ''भाई जी'' के मूल स्वभाव में नहीं थी, परन्तु भोपाल राज्य की तत्कालीन परिस्थितियों की चुनौती स्वीकार करते हुए ''भाई जी'' ने हिन्दू महासभा का नेतृत्व संभाला और हिन्दू हितों के संरक्षण को माध्यम बनाया। बाद में श्री कुशाभाऊ ठाकरे तथा पं0 दीनदयाल उपाध्याय के आग्रह पर ये जनसंघ में शामिल हुए। लेकिन राजनीतिक दल के नेता होने के बावजूद ''भाई जी'' समाज सेवा के कार्य में सक्रिय रहें। भोपाल में विश्राम घाट ट्रस्ट, बाल निकेतन अनाथालय, मंदिर कमाली ट्रस्ट की स्थापना करायी। हिन्दू त्यौहारों के उल्लासपूर्वक

आयोजित करने की परंपरा डाली। हिन्दू समाज को जातिगत भेदभाव से मुक्त करने का प्रयास किया और हर क्रम में अस्पृश्य समझी जाने वाली जातियों के साथ सामूहिक भोज किया। शुद्धि अभियान चलाया और अपहृत महिलाओं को मुक्ति दिलाकर उन्हें समाज में सम्मानपूर्ण स्थान दिलाया। ''भाई जी'' एक अच्छे चिकित्सक थे। गरीब और जरूरतमंद को निःशुल्क दवाएं देकर उन्होंने पूरे समाज का सम्मान जीता। अपने पेशे, समाज सेवा और राजनीति के बीच अद्‌भुत समन्वय स्थापित करने के कारण उनके राजनीति विरोधी भी ''भाई जी'' को श्रद्धा की दृष्टि से देखते रहें।

सर्वदलीय सेवा :

बंगाल में अकाल के समय पीड़ितों के लिए सहायता सामग्री जुटाने, 1962 में चीनी आक्रमण के विरूद्ध सर्वदलीय चीनी आक्रमण विरोधी समिति का गठन, 1973 में मूल्य वृद्धि विरोधी आंदोलन का नेतृत्व, पीरगेट पर दुर्गा मन्दिर की स्थापना के लिए संघर्ष तथा आपातकाल में जनता का मनोबल बढ़ाने के लिए की गई जेल–यात्रा ''भाई जी'' के जीवन के ऐसे कीर्तिमान हैं, जिन्हें भोपाल की जनता कभी विस्मृत नहीं कर सकती। यही कारण है कि आज भी उनके नाम का पुण्य स्मरण पूरी श्रद्धा के साथ किया जाता है।

''भाई जी'' के निधन के पश्चात् उनके नाम पर एक न्यास की स्थापना की गई। जो उनके कार्यों को आगे बढ़ाने का कार्य कर रही है। इस ट्रस्ट के माध्यम से समाज सेवा के क्षेत्र में उत्कृष्ट कार्यों के लिए एक लाख रूपये, प्रशस्ति पत्र, शाल नगर निगम भोपाल द्वारा पिछले 15 वर्षों से दिया जा रहा है।

पं0 उद्धवदास मेहता की 2010–2011 में जन्म शताब्दी वर्ष प्रदेश के लोकप्रिय मुख्यमंत्री श्री शिवराज सिंह चौहान के अध्यक्षता में मनाई गई। समापन समारोह में श्रीमती सुषमा स्वराज उपस्थित रहीं। मुख्यमंत्री जी ने उनके नाम पर आयुर्वेद के क्षेत्र में व्यक्ति अथवा संस्था के उत्कृष्ट कार्यों के लिए एक लाख रूपये का पुरस्कार रखा, जिसका नाम ''पं0 उद्धवदास मेहता आयुर्वेद सेवा सम्मान'' निश्चित किया गया। इस पुरूस्कार में एख लाख रूपये तथा प्रशस्ति पत्र दिया जाता है। उल्लेखनीय है कि वर्ष 2015 का पुरस्कार विश्व आयुर्वेद परिषद्, मध्यप्रदेश को दिया गया।

विश्व आयुर्वेद परिषद् और भाई उद्धवदास मेहता स्मृति न्यास के संयुक्त आयोजन में अखिल भारतीय स्तर पर पी.जी. आयुर्वेद विद्यार्थियों के लिए एक निबन्ध प्रतियोगिता का आयोजन सन् 2010 से प्रारंभ किया गया है। इसमें प्रथम पुरस्कार को 10,000/– रूपये (स्वर्ण पदक, शॉल, श्रीफल, प्रशस्ति पत्र) द्वितीय पुरस्कार को 7,000/– रूपये (रजत पदक, शॉल, श्रीफल, प्रशस्ति पत्र) एवं तृतीय पुरूस्कार को 5,000/– (ताम्र पदक, शॉल, श्रीफल, प्रशस्ति पत्र) देकर पुरस्कृत किया जाता है। पं0 उद्धवदास मेहता के समकालीन भोपाल के वैद्यो की परंपरा में स्व0 पं0 खुशीलाल शर्मा, स्व0 वैद्य शिवनारायण शर्मा (बड़े दादा), स्व0 वैद्य शिवनारायण शर्मा (छोटे दादा), स्व0 वैद्य रामचन्द्र व्यास, स्व0 वैद्य शिवनारायण शास्त्री आदि प्रमुख है।

न्यास द्वारा पिछले 15 वर्षों से प्रत्येक वर्ष मध्यप्रदेश के प्रतिष्ठित आयुर्वेद चिकित्सकों का सम्मान किया जाता है। इसमें शॉल, श्रीफल, प्रशस्ति पत्र देकर उनका उत्साहवर्धन किया जाता है। इस कार्यक्रम में अनेकों केन्द्रीय मंत्री, प्रदेश के मंत्री समेत कई आयुर्वेद विशेषज्ञों की उपस्थिति रही है।

संकलनकर्ता

वैद्य गोपाल दास मेहता

भोपाल

आयुर्वेद को समर्पित मौनसाधक
वैद्यरत्न महेशदत्त शर्मा शास्त्री

पतित पावनी पुण्य सलिला मातेश्वरी नर्मदा के उर्वरा तट जाबालिपुरम् का हर क्षेत्र रत्नों से भरा पड़ा है। यदि आयुर्वेद की बात करें तो अमृता–नर्मदा के अक्षत आशीष के साथ ही भगवान धन्वन्तरि की कृपा प्रसाद प्राप्त कर यह नगर धन्यता को प्राप्त हुआ है। यहाँ के आयुर्वेदज्ञों ने विविध क्षेत्रों में महारत उपलब्ध कर संस्कारधानी को गर्वित–गौरवान्वित किया।

आयुर्वेद के इन्हीं रत्नों में एक थे, वंदनीय भिषक् केसरी पं0 शंकरदत्त गौड़ राजवैद्य। जिनके घर 20 जून 1933 को जो किलकारी गूंजी उसे नाम दिया गया– महेश दत्त। पूत के पांव पालने में दिखने की चर्चा को कठोर परिश्रम, लगन, निष्ठा और तपस्वी की तरह साधना से सार्थक करते हुए काव्य–तीर्थ, शास्त्री (1952), साहित्य–रत्न (1953), आयुर्वेदाचार्य (स्वर्ण पदक–1956) तथा एम.ए. संस्कृत (1973) के माध्यम से शिक्षा–यात्रा को आपने विराम दिया। आयुर्वेद चिकित्सा के रचना के स्वनामधन्य हस्ताक्षर श्री भी.वी. डेग्वेकर का शिष्यत्व प्राप्त कर ''नख से शिख'' तक आयुर्वेद की बारीकियों को जानने हेतु अर्जुनीय लक्ष्य का प्रेरक परिचय दिया। आपकी सेवा भावना के परिणामस्वरूप रा.आ.वि., भारत सरकार, नई दिल्ली द्वारा सन् 1999 को आपको रत्न सदस्य (एफ.एन.ए.ए.) से सम्मानित किया गया।

पूज्य पिता ने मानव–सेवा का पाठ पढ़ाया तो सच्चे उत्तराधिकारी का परिचय देने में कोई कसर नहीं रखी और 1955 में मुख्य चिकित्सा अधिकारी, नगर निगम, जबलपुर से जो सेवा कार्य प्रारम्भ किया तो डूबते ही चले गये। मानव सेवा के लिए जंगलों की खाक छानी, औषधियों की खोज की, अपने अनुसंधानों को नित नये आयाम दिये। मध्य प्रदेश, आयुर्वेद, युनानी प्राकृतिक चिकित्सा बोर्ड से 1983 में पंजीयत हुए। आपके प्रपितामह मेरठ में स्वाधीनता समर में शहीद हुए। पूर्वज देश भक्ति में सक्रिय रहें तो घुटीं में पी गईं 'देश–भक्ति, जनसेवा गुणधर्म का निर्वहन मनसा वाचा कर्मणा निरंतर जारी है।

पद, प्रतिष्ठा, सम्मान, अलंकारादि चंवर डुलाते रहते हैं, किन्तु मजाल की सादा जीवन उच्च विचार को कभी आंच आ जाये। आपकी मृदुभाषिता, मिलनसारिता, व्यवहार कुशलता, सज्जनता एवं सेवा भाव के कायल अनेक बड़े–बड़े धर्मगुरु, श्री सम्पन्न, साहित्यकार, पत्रकार हैं हीं, दूर–दूर से सुनकर दौड़े आने वाले सामान्य जन और निर्धन ग्रामीण भी हैं, जो निःशुल्क सेवा चिकित्सा पाकर यशगान गाते नहीं थकतें। देश एवं विदेश में भी आयुर्वेदिक चिकित्सा के माध्यम से आयुर्वेद के ध्वजवाहक के स्वरूप में प्रतिष्ठित है।

आप आयुर्वेद महासम्मेलन, उज्जैन, मध्यप्रदेश के वरिष्ठ मार्गदर्शक, अखिल भारतीय आयुर्वेद महासम्मेलन, दिल्ली सरकार; राष्ट्रीय आयुर्वेद विद्यापीठ, नई दिल्ली में राष्ट्रीय गुरु तथा अनेक संस्थानों

के सेवा कार्यों से सम्बद्ध रहकर केन्द्रीय भारतीय चिकित्सा परिषद्, नई दिल्ली के विनिमय समिति के सदस्य के रूप में कई वर्षों तक कार्यरत रहें।

आप आयुर्वेद महासम्मेलन शताब्दी समारोह में केन्द्रीय मानव संसाधन मन्त्री प्रो0 मुरली मनोहर जोशी तथा बिहार के तत्कालीन मुख्यमंत्री द्वारा आयुर्वेद शोध पुरस्कार से सम्मानित हुए। ज्योतिषपीठाधीश्वर, शंकराचार्य स्वामी स्वरूपानन्द सरस्वती द्वारा वैद्य रत्न पुरस्कार से सम्मानित किया गया। ज्ञान कल्याण न्यास, नई दिल्ली द्वारा विद्वत् वैद्य सम्मान, अखिल भारतीय आयुर्वेद कांग्रेस, दिल्ली द्वारा आयुर्वेद पीयूष पाणी पुरस्कार, मध्यप्रदेश आयुर्वेद महासम्मेलन, उज्जैन द्वारा आयुर्वेद चूड़ामणि पुरस्कार, अवन्तिका चिकित्सा मण्डल, उज्जैन द्वारा आयुर्वेद प्रभाकर एवं अखिल भारतीय आयुर्वेद सम्मेलन, मध्य प्रदेश शाखा द्वारा आयुर्वेद चूड़ामणि सम्मान से सम्मानित किया गया। भारतीय दिगम्बर जैन प्रशिक्षण संस्थान द्वारा प्रशस्ति पत्र प्रदान किया गया। इसके अलावा भी श्री ओंमकार प्रसाद तिवारी, आयुर्वेद अलंकरण तथा अन्य सामयिक सम्मानों एवं पुरस्कारों से आपको अलंकृत किया गया।

प्रदेश एवं देश की अनेक आयुर्वेद धर्मी संस्थाओं के श्रेष्ठ पदों को भी आपने सुशोभित किया जिनमें कुछ निम्न हैं– अध्यक्ष– अखिल भारतीय आयुर्वेद विद्यापीठ, नई दिल्ली; उपाध्यक्ष– अखिल भारतीय आयुर्वेद कांग्रेस, दिल्ली; अध्यक्ष– विनिमय समिति– भारतीय चिकित्सा, केन्द्रीय परिषद्, नई दिल्ली; मुख्य चिकित्सा अधिकारी– नगर पालिका निगम, जबलपुर; विभागाध्यक्ष–आयुर्वेद महर्षि वैदिक विश्वविद्यालय जबलपुर; अध्यक्ष– मध्य प्रदेश आयुर्वेद महासम्मेलन आदि पदों पर कार्य करते हुए यथा शक्ति सतत् आयुर्वेद सेवा हेतु प्रयास रत रहें।

प्रतिदिन अनुमानतः शताधिक रोगियों को निःशुल्क परामर्श प्रदाता, देश–विदेश में आयुर्वेद चिकित्सा के अनूठे ध्वजवाहक वैद्य पं0 महेश दत्त शर्मा शास्त्री आज की दुनियॉ में प्रचार–प्रसार से परे संस्कार धानी के जाज्वल्यमान, नक्षत्र, आन बान शान हैं एवं ऋषि जाबाली के इस पावन नगरी के अभिमान हैं, जो अभी इस आयु में भी सतत् सेवा भावना से प्राचीन प्रचलित शास्त्रीय औषधी योगों की गुणवत्ता एवं सफलता पर तथा परम्परागत वनस्पति औषध प्रयोगों के नवीन व्याधियों पर सफलता पूर्वक अनुसंधान कार्यों में संलग्न है।

संकलनकर्ता
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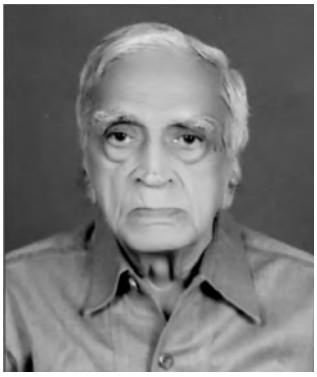
शासकीय आयुर्वेद महाविद्यालय, जबलपुर

संक्षिप्त जीवन वृत्त



प्रो0 एम. पी. पाण्डेय
पद्मश्री, छत्तीसगढ़ रत्न, रविशंकर विश्वविद्यालय,
ए.एम.एस. (बी.एच.यू.)
एम. ए. (सागर विश्वविद्यालय)
जन्म तिथि 17 / 01 / 1929
वर्तमान 90 वर्ष में प्रविष्ट

प्रारंभिक शिक्षा –

रायपुर में मिडिल स्कूल तक। 1942 के स्वतंत्रता आंदोलन में भाग लेने के लिए 6 माह का कारावास हुआ और स्कूल से निष्कासित किये गये। किसी तरह प्राइवेट परीक्षार्थी होकर मैट्रिक पास किया। प्राइवेट परीक्षार्थी को साइंस विषय लेने के लिए पात्रता नहीं थी, पर डॉक्टर बनने की इच्छा थी, काशी हिन्दू विश्वविद्यालय में ही समन्वयात्मक शिक्षा देने की एकमात्र संस्था देश में थी, वहाँ प्रवेश लेकर 1952 में ए.एम.एस. की उपाधि प्राप्त की। राष्ट्रीय चेतना से संस्कारित बनारस विश्व विद्यालय के राष्ट्रीय व सांस्कृतिक संस्कार मिले।

महामना मदन मोहन मालवीय, डॉ0 राधा कृष्णन, डॉ0 अमरनाथ झा, आचार्य नरेन्द्र देव के चरित्रों से प्रभावित हुए तथा आयुर्वेद के दिग्गज गुरुजनों पद्मभूषण, पं0 सत्यनारायण शास्त्री, पं0 राजेश्वर दत्त शास्त्री, डॉ0 यदुनंदन उपाध्याय, डॉ0 पटवर्धन, डॉ0 गंगासहाय पाण्डेय, पं0 रमानाथ द्विवेदी, पं0 शिवदत्त शुक्ला आदि से ज्ञान प्राप्ति हुई। 1953 में शासकीय आयुर्वेद संस्था में अध्यापक तथा बीच में कुछ दिन जबलपुर एवं ग्वालियर शासकीय महाविद्यालय से सम्बद्ध रहे तथा 1990 में रायपुर कालेज के प्राचार्य पद पर 36 वर्ष तक शिक्षण संस्थान से संबद्ध रहते हुए सेवा निवृत्त हुये।

एकेडमिक कार्यों में संबद्धता :–

बनारस विश्वविद्यालय, जामनगर विश्वविद्यालय, दिल्ली विश्वविद्यालय, हिमाचल विश्वविद्यालय, गोहाटी विश्वविद्यालय, कलकत्ता विश्वविद्यालय, राजस्थान विश्वविद्यालय, उत्कल विश्वविद्यालय, लखनऊ विश्वविद्यालय, कानपुर विश्वविद्यालय, नागपुर विश्वविद्यालय, बैंगलोर विश्वविद्यालय, मैसूर विश्वविद्यालय, मुम्बई विश्वविद्यालय, मध्यप्रदेश के सातों विश्वविद्यालय, एन.आई.ए., जयपुर, पुना विश्वविद्यालय आदि प्रमुख थे।

आपने प्रदेश एवं देश के विभिन्न आयोगों में सेवायें दीं, जिनमें केन्द्रीय लोक सेवा आयोग (यू. पी.एस.सी., दिल्ली), उत्तर प्रदेश लोक सेवा आयोग, मध्य प्रदेश लोक सेवा आयोग (इन्दौर), यू.पी. आयुर्वेद संचालनालय (लखनऊ), एम. पी. संचालयन (भोपाल), एन.आई.ए., जयपुर थे।

विभिन्न सम्मानों एवं पुरस्कारों से आपको अलंकृत किया गया है, जिनमें कुछ निम्न हैं– पद्मश्री रत्न– भारत सरकार, छत्तीसगढ़ रत्न–छत्तीसगढ़ सरकार, आयुर्वेद मार्तण्ड, मध्य प्रदेश शासन, आयुर्वेद शास्त्र चर्चा परिषद्, लक्ष्मणझूला, दिल्ली। इसके अलावा आप निम्न कार्यों, संगठनों में पूर्णरूप से सम्बद्ध रहे– सी.सी.आई.एम. (प्रथम दो सत्र), विश्व आयुर्वेद सम्मेलन, बी.एच.यू., अहमदाबाद में पंचकर्म सेमिनार में मेडल, एफ.आर.ए.एस. (इण्डियन सेक्सन) कलकत्ता, लाईफ टाइम अचिवमेण्ट अवार्ड, पुना, आयुर्वेद सेमिनार, अजमेर; धन्वन्तरि पुरस्कार, छत्तीसगढ़ शासन।

वर्तमान सम्बद्धता –

आर.ए.एम. (राष्ट्रीय आयुर्वेद मण्डल, मुम्बई) संस्थापक एवं उपाध्यक्ष, शारीर शोध संस्थान (लखनऊ);, राष्ट्रीय अध्यक्ष, अखिल भारतीय स्वतंत्रता सेनानी एवं उत्तराधिकारी संघ (नई दिल्ली), छत्तीसगढ़ स्वतंत्रता सेनानी संघ – अध्यक्ष।

आपके द्वारा कुछ शोध पत्र भी लिखे गये जिनमें सचित्र आयुर्वेद, आयुर्वेद विकास, धन्वन्तरि, आयुर्वेद (अजमेर), नार्गाजुन और एन.आई.ए. (इन्दौर में), महा सम्मेलन पत्रिका (दिल्ली), वाग्भट्ट पत्रिका (बैंगलोर), विभिन्न आयुर्वेद सेमिनार में रिसर्च पेपर शामिल हैं।

इसके साथ ही अन्य दैनिक पत्र–पत्रिकाओं में आयुर्वेद एवं स्वास्थ्य के परिप्रेक्ष्य में लेखन जारी हैं। आयुर्वेद की संगोष्ठी में शोध पत्र प्रस्तुत करना, अध्यक्षता करना, निर्देशन देना, आयोजन करना, ऐसे कार्यों की गणना सम्भव नहीं है। ऐसे मनीषी को शत् शत् नमन।

संकलनकर्ता
डॉ0 सुशील द्विवेदी
एसोसिएट प्रोफेसर,
शासकीय आयुर्वेदिक कालेज, रायपुर