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मार्च-अप्रैल 2014



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**Journal of Vishwa Ayurved Parishad**

वसन्त ऋतु



# विश्व आयुर्वेद परिषद

## Vishwa Ayurveda Parishad

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A Non-Government Voluntary Organisation Dedicated for Re-establishment of Ayurveda to its Past Glory

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### VAIDYA UDDHAVDAS MEHTA MEMORIAL All India Ayurveda P.G. Students Essay Competition-2014

Dear Students,

Vaidya Uddhavas Mehta Ji was born on 10<sup>th</sup> August 1911 in Bhopal in reputed family. After completing the degree in Sanskrit and Ayurveda from Kashi, he started his practice in Ayurveda. Pandit Madan Mohan Malviya Ji was his idol. He devoted his life for Hindi, Hindu and Hindustan. Although he was engaged as practitioner but priority was on social service. His struggle against the terror and exploitation against the Nawabi regime of Bhopal State, gave consolation to Hindu population. As a mark of respect he became popular by the name of Bhaiji.

He started his public life in 1926 and gave memorandum to Nawab of Bhopal in 1930 on the behalf of Hindu conference. In 1934 he started one weekly Hindi magazine Prajapukar. In 1937 Bhaiji was arrested for leading first freedom movement and imprisoned for 6 months. After release he started helping for Hyderabad Satyagraha. He became Sangha Chalak in

Bhopal in 1940. Again he was arrested in 1944 for addressing a rally. People became violent when he was arrested in 1949 while leading Vileenikaran movement.

Basically he was a physician and a social worker but due to existing situation of Bhopal state he was compelled to lead the work of Hindu Mahasabha. Later he joined Jansangh by the request of Late Kusabhau Thakre & Late Pt. Deendayal Upadhyay. But he could not leave active social service. He established Vishramghat trust, Balniketan Anathalaya, Mandirkamaali trust, Durgamandir of Peerghat and others. He attempted to unite Hindu society which was divided in several parts. Bhaiji was popular physician and treating the poor community free of cost. He had established an excellent coordination between profession, social service and politics and lead different issues such as drought in Bengal, China war in 1962, price hike in 1973, emergency in 1975 and other social issues. These were the qualities and reason that Bhaiji ruled over the heart of people. Even today he is remembered with full respect and devotion for his excellent personality and contribution.

In auspicious memory of such an idol person VISHWA AYURVED PARISHAD & BHAI UDDHAVDAS MEHTA SMRITI NYAS jointly organizing an essay competition among Postgraduate students of Ayurveda on the topic entitled as **"Mainstreaming of Ayurveda: Issues, Challenges and Solutions"**.

No doubt, Ayurveda has enjoyed unquestioned patronage in past. After independence it acquires official recognition but its output at national level is not justifiable. Numbers of qualified Ayurvedic scholars are present to provide service to the mankind. Even then, we are not able to fulfill the need of society due to various shortcomings. It was traditional belief that Ayurveda is eternally perfect science beyond time & space and it does not need any research and development, has done big harm to this great science. Present status of Ayurveda cannot be said satisfactory. There is a need of more and more dynamism and activism in this field to update Ayurveda and to develop it further in tune with the changing needs of the society today. Hence, the issues, challenges and solutions should always visualize & reflect its desired goal and outcome for the benefit of ailment and for its better growth & development.

This essay competition invites the young Ayurvedic P.G. Scholars who are the backbone of this system of medicine to come out with their views about the right approach for its mainstreaming in current health scenario. Entries are invited to submit an essay on topic as **"Mainstreaming of Ayurveda: Issues, Challenges and Solutions"**. Vishwa Ayurveda Parishad is firmly determined to welcome and appreciate the views in form of essay in **"BHAI UDDHAVDAS MEHTA MEMORIAL ALL INDIA AYURVEDA P.G. STUDENTS ESSAY COMPETITION -2014"**.





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



## Editorial



Approximately 15,000 students are getting B.A.M.S. degree in India every year and most of them start private practice in field. The other options such as P.G. study, job and other studies are limited. These graduates are struggling infact for there livlehood. Why? Because they are not performing better in practice. There exposure to the knowledge, practical training and confidence is inappropriate to do practice. So they start practice of allopathic medicine on the basis of symptoms for quick response and for which they are not entitled by most of the state governments. It is a general feeling that present generation of Ayurvedic graduates are not well-versed in Ayurvedic fundamentals and practice or we can say that current education system are not enough to produce competent Ayurvedic physicians.

Central council of Indian medicine is the governing body which is regulating the Ayurvedic education but sorry to say that they are unable to maintain it. Approximately 300 Ayurvedic colleges are providing education at U.G. level but most of them are not able to maintain their minimal standard. Various educational norms and regulations have been brought by the different regulatory bodies but the standard of education is still a subject of concern. Some studies indicate some serious flaws in the existing graduate level education system.

The present U.G. curriculam is full of huge modern as well as Ayurvedic subject. But problem is this that how it is possible to cover the syllabus by an Ayurvedic teachers in a short limited period of time table. It may not be said wise that an Ayurvedic teacher may teach all modern subject skillfully. Inappropriate exposure to recent advancements, poor infrastructure, non functioning laboratories, less number of patients in hospitals, lack of teachers in college etc. are the lacunae which is a subject matter to discuss at broader level. The teachers have different other concerns such as slow promotion process, less salary in comparison to allopathic colleges, over load syllabus, poor facility for training to update etc. Reduction in staff pattern according to minimum standard can not be said good for science and fore comers. Apart from that deep understanding in teaching and zeal for learning both are missing. Infact the teacher are not enjoying their profession. Minimization of subject matter of Sanskrit, Maulika Siddhanta, Padarth vigyan, Samhita and other subject are weakening the science of Ayurveda.

So without understanding the problem at every level means student, teacher, college administration, regulatory body etc. we may not be able to provide better quality of Ayurvedic graduates who are backbone and strength of the system. It is high time to make a broad forum to discuss different issues and search for a common programme to develop further strategies for betterment of Ayurvedic system of medicine and ailing mankind.

**Dr. K.K. Dwivedi**  
**Editor**



# STRESS INDUCED CHRONIC INSOMNIA (ANIDRA) AND ITS MANAGEMENT WITH DASHAMULA KWATHA

## SHIRODHARA

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### ABSTRACT:

*Sleep is one of the most important physiological processes responsible for the maintenance of health. It is one of the states of brain activity generally resultant effect of exhaustion and fatigue. 'Sleep' is defined as unconsciousness form in which the person can be aroused by external stimulus or other. It is different from coma. In coma state, person cannot be aroused. The incidence of sleep disturbance is very common in all age groups irrespective of caste, community, race, socio-economic status and sex etc. which might be related to the lifestyle, environmental influence, mental tension, changed food habits and day to day stress. These ultimately disturb the psychoneuro-biological rhythm of sleep, which broadly discussed under sleep disorders. Nidra is one among the primary tripod of life<sup>1</sup>.*

*Ten patients of stress induced chronic Insomnia (Anidra) have been studied to evaluate the role of psychic traits (Manasabhava) in etiopathogenesis and management of disease. Dashamula kwatha Shirodhara half an hour daily in morning for 21 days has showed highly significant relief on Sleeplessness (61.29%), Distress (63.64%), Sleep Time, Sleep Quality and Freshness after Awakening (100% each). Relief in mental health has been observed based on Hamilton's Anxiety Rating Scale,*

*Hamilton's Depression Rating Scale, Brief Psychiatric Rating Scale and Manasabhava pariksha on Ayurvedic parameters.*

**KEY WORDS:** Anidra, Psychic traits, Manasabhava, Sleep, Stress, Chronic Insomnia, Dashamula kwatha, Shirodhara.

### INTRODUCTION :-

DSM-IV-TR defines insomnia as "difficulty in initiating or maintaining sleep or non restorative sleep" and as "causing clinically significant distress or impairment in social, occupational, or other important areas of functioning."<sup>2</sup> It must cause the patient significant distress or functional impairment. A brief period of Insomnia is most often associated with anxiety either as a sequel of an anxious experience or in anticipation of an anxiety provoking experience. Amongst its types, *Transient Insomnia* is usually situational with duration of less than a week and caused by life stress (examinations, bereavement, brief illness), time (zone travel, shift work), environmental change (hospitalization). *Short-term Insomnia* persists for 1-4 weeks & often due to family or work stress.<sup>3</sup> Chronic insomnia, including sleep maintenance problems, occurs more commonly among the elderly<sup>4</sup>, depressed patients,<sup>5</sup> and medically ill populations<sup>6, 7</sup>, including those with chronic pain syndromes<sup>8</sup>. These patients are often

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viewed as difficult to treat yet are among the groups that have the greatest need for treatment.

*Chronic Insomnia* may continue for more than a month and is usually consequence of medical & psychological problems. It could be: primary which may be idiopathic, a rare condition characterized by life-long short sleep commences in early life & continues into adulthood with daytime fatigue, irritability, tension; or secondary insomnia precipitated due to medical causes (pain from arthritis, nerve compression & angina; others include asthma, peptic ulcer, dementia & sleep apnoea), psychological causes (anxiety, depression, hypochondriasis), drug induced (coffee, tea, nicotine, beta-blockers, methyldopa, phenytoin, bronchodilators, monoamine oxidase inhibitors, steroids, alcohol, hypnotic withdrawal).<sup>9</sup>

Secondary Insomnia is further classified as: *physical insomnia* (due to febrile illness, urinary frequency, chronic obstructive lung disease, cardiac disease, vascular disorders and endocrine & metabolic disorders), *physiological insomnia* (jet lag, shift work & noise etc.), *psychological insomnia* (stress - examination, work, bereavement etc.), *psychiatric insomnia* (depression, anxiety etc.), *pharmacological insomnia* (alcohol, caffeine, CNS depressants, CNS stimulants, nicotine & steroids).<sup>10</sup>

Ayurveda considered Nidra among three Upastambha<sup>11</sup> and discussed about Nidra and Nidranasha in the context of Ashtaunindatiya Adhyaya. Charaka has stated that happiness & sorrow, growth & wasting, strength & weakness, virility & impotence, knowledge & ignorance as well as existence of life and its cessation depend on the sleep. Moreover, Nidra is *Pushtida* and Nidranasha does the *Karshana* of the body. Untimely excessive sleep and prolonged vigil take away both happiness

and longevity<sup>12</sup>. Charaka has included the *Asvapna* (Insomnia) in Vataj Nanatmaja Vikara<sup>13</sup> whereas Sushruta explained it under Garbha Vyakarana Shariram<sup>14</sup>, where Nidra plays a role of nutrition and development along with *Vaikariki Nidra* which can be correlated to sleep disorders.

Vagbhatta mentioned Nidra in Trayopastambha and considered *Mandanidra* due to Vata, but used the term *Asvapna* in Vataja Nanatmaja Vikara<sup>15</sup>. In Ashtanga Hridaya Nidra, Nidra vikara and its Chikitsa are mentioned under Annarakshadhya where Trayopastambha are explained<sup>16</sup>. Sharangadhara discussed *Anidra* in Vataja Nanatmaja Vikara, *Alpa nidra* in Pittaja Nanatmaja Vikara and *Atinidra* in Kaphaja Nanatmaja Vikara<sup>17</sup>. Thus, all Acharyas considered importance of Nidra and Nidranasha. Anidra or Alpa Nidra is seen in many diseases as a *Lakshana* and it may be also the along Upadrava or Arishta Lakshana also. Hence, the Nidana, Samprapti and Chikitsa of *Asvapna* are explained with its role in the manifestation of a disease.

Stress is one of the commonest cause attributed to Insomnia. Sleep disturbance associated with stress has not been well-documented due to its transient's nature. It must be further emphasized that those who do respond with insomnia may later develop chronic psychophysiological insomnia as result of the initial stress. Vata and Manasa are interdependent and if one becomes vitiated, it vitiates the other.<sup>18</sup> Thus, both seems to be vitiated in Anidra. Charaka has given due importance to Vata in the management of Anidra.<sup>19</sup> Treating the psychic disorder is a difficult task, however proper counseling and relaxation techniques along with other therapies are helpful in the management. Hence, Manaha-sukham,



Manonukula-vishaya etc. are mentioned in the management of Anidra<sup>20</sup>. Many Ayurvedic formulations have been shown to relieve stress. Among them, Mamsyadi Ghrita oral and Dashamula Kwatha Shirodhara had been selected for treating the stress induced chronic insomnia.

#### **MATERIAL AND METHODS:-**

Ten patients fulfilling the diagnostic criteria of sleep disorder (especially stress induced chronic insomnia) were randomly selected from O.P.D. & I.P.D. of I.P.G.T. & R.A., Hospital, Gujrat Ayurved University, Jamnagar among them 08 patients have completed the treatment and two patient left the treatment in between.

**Diagnostic Criteria:** Detail medical history and physical examination was made according to modern and Ayurvedic clinical method. Patients were diagnosed according to diagnostic criteria given for insomnia in DSM IV. Detailed proforma was prepared to study Manasabhava in insomnia supported by Hamiltons Anxiety Rating Scale, Hamiltons Depression Rating Scale & Brief Psychiatry Rating Scale.

**Drug & Dose:** Dashamula Kwatha Shirodhara: Dashamula Kwatha 500 gm/day to prepare two liter kwatha for Shirodhara for 21 Days. The follow up period was one month.

**Inclusion Criteria:** 1) Male & female patients between 25 & 70 years, 2) Psycho- physiological insomnia especially stress induced, 3)Willing to give informed consent.

**Exclusion Criteria:** 1) Below 25 & above 70 years, 2) Psychiatric patients on treatment, 3) Hypertension, 4) Patients having pain, 5) On hypnotic or other drugs known to cause drowsiness.

#### **OBSERVATIONS:-**

**Age - Sex Religion:-** Maximum patients (40%)

belonged to the age between 41 to 70 years which denotes initial stage of Pitta-Vata & Rajas predominance playing an active role in pathogenesis of Anidra. Female patients (60%) were more in comparison to male (40%). Sleep disorders are on higher side in females than the males.<sup>21</sup> More patients were Hindus (80%) being dominancy of Hindu population in the area.

#### **Education, Occupation & Socio-economic status:-**

Maximum patients (40%) were secondary educated followed by 30% graduates, 20% higher secondary educated & 10% post graduate. As such there is no relationship between education and Anidra. **Maximum patients reported in this study were housewives (50%), followed** by 30% Labourers, 10% each Business & students while 20% were of other categories. This suggests that due to the physical & mental stress and strain and having more responsibilities, the housewives suffer more from this disease. Labourers and students also suffer from excessive mental stress & worry which may leads to disease manifestation Anidra.

Majority of patients were married (80%) indicating marital commitment, children care & other family problems. Maximum patients were from poor class (30%) followed by lower middle, middle & rich class (20% in each) and upper middle class (10%). The poor class people may have more struggles leading to stressful life and insomnia.

**Maximum (100%) patients belong to** urban habitat, suggesting environment & working atmosphere, living condition etc. are responsible to precipitate disease. Still Indian lifestyle has its root in rural areas, which is best for healthy living.

**Stress & Family History:** - Psychic stress was observed in 60% patients followed by physical stress (40%) and 40% of the patients had positive family



history for psychic & physical disturbance. Negative attitude and insight towards the patients might act as a stressor enhancing psychic symptoms in insomnia. It is reported that sleep disorders run in families.<sup>22</sup>

**Dietetics & Lifestyle:** Most of the patients were vegetarian (90%) followed by mixed diet (10%). The 80% patients had Sattvika and 20% had Rajasika type of diet. As per Ayurvedic classics vegetarian diet increases dominancy of Sattvika ansha of Manas and decreases Tamasika ansha of Manas causing Anidra.<sup>23</sup> Data reveals that 90% patients had katu rasa dominant diet, 80% each tikta & lavana rasa, 20% patients madhura rasa and 10% had kashaya rasa dominant diet. Katu- tikta rasa dominant diet increases vata and due to vata prakopa anidra occurs.<sup>24</sup> Moreover, 50% patients had Mandagni, 30% Tikshnagni, 20% Vishamagni since Nidra is stated to enhance Agni,<sup>25</sup> the sleeplessness may produce mandagni. More patients had krura koshta (50%) followed by madhyama koshta (40%) & Mridu Koshta (10%) suggestive of pitta and vata dominancy since majority of patients had vata-pitta prakriti (70%).

Maximum patients had addiction of tea and smoking (20% in each) followed 10% patients of coffee addicted, caffeine has a stimulant action on CNS increasing mental activity. Nicotine is responsible for dependence and leads to CNS stimulation resulting aggravation in disease condition.<sup>26</sup> All the patients had disturbed sleep and 50% each had regular and occasional dreams during routine sleep. Sometimes, dreams are indicative of underlying disorders causing insomnia.<sup>27</sup> The patients had constipation & irregular bowel habit (90%) indicating vata dominancy.

**Prakriti Sara - Samhanana Pramana - Satmya**

**Sattva :-** Maximum patients had vata-pittaja sharirika prakriti (70%), 20% Vataja prakriti, 10% had Pittaja sharirika prakriti indicating that vata-pitta prakriti patients are more at risk for developing Anidra. Further, 90% patients had rajasika & 10% sattvika manasa prakriti. Rajas having pravartaka property keeps mind active leading to insomnia. Most of the patients had madhyama sara (80%), 20% avara sara. More patients (80%) had madhyama samhanana followed by avara samhanana (20%). Moreover, 60% had madhyama pramana and 20% each had pravara and avara pramana. The sara, samhanana and pramana reflect the nourishment and constitution. Role of sleep in growth and nourishment is very important.<sup>28</sup> Maximum patients had madhyama satmya (80%) followed by avara satmya (20%) and madhyama sattva (30%) & avara sattva (70%). Charaka has mentioned that person having madhyama and avara sattva are more vulnerable to diseases.<sup>29</sup>

**Ahara & Vyayama Shakti :-** Maximum patients had pravara abhyavaharana (50%) followed by (40%) and 10% avar abhyavaharana shakti. 50% patients had madhyama jarana - shakti followed by 40% avar jarana - shakti and 10% pravara jarana-shakti. Proper sleep helps in digestion, improves Agnibala and normalizes doshas to maintain dhatusatmya. The 90% patients had avara vyayama-shakti followed by madhyama (10%) vyayama-shakti. Abnormal sleep decreases working capacity & performance resulting in avara vyayama-shakti.

**Vaya Desha- Nidana :-** All the patients had madhyama vaya, anidra dominated in madhyama & jirna vaya due to stress & strain, increased liabilities and elevated pitta & vata<sup>30</sup> All patients belonged to Jangala Desha (Vata- Pitta bhuyistha) where vata-pitta dominant vikaras are found more<sup>31</sup> and Anidra





is also a vata- pitta vitiated disease<sup>32</sup>. Maximum patients (40%) had aharaja nidana (dietary) followed by 60% manasika (psychic), 50% viharaja (life style) and 20% others. It highlights the role of these etiological factors in vitiation of vata-pitta, leading to disease manifestation.

**Chief Complaints:** - The 70% patients had difficulty in falling sleep and 76.67% had difficulty in maintaining sleep. Moreover, 46.67% patients had distress in working area, 26.67% had impaired Sleep wake schedule and 26.67% patients had sleep terrors or nightmares which may be due to dushti of vata and rajas caused by chala and pravartaka guna, respectively.

**Associated Complaints:** - Present study reveals that maximum 86.67% patients were having Krodhā & Shirogaurava followed by 83.33% patients having Akshi Gaurava, 76.67% each having Smritihas and Ajirna, 70% Vibandha, 50% Bhrama, 40% Shirodaha and Gastro-esophageal reflex, 36.67% each having Netradaha & Bhaya, 30% each having Kshudhamandhya, Shoka & Jrimbha, 26.67% Angamarda & Glani, 23.33% Shirahshula, 13.33% Udvega and 3.33% Bruxism. These complaints are due to vata, pitta and rajasa. However, Akshi Gaurava, Shiro Gaurava etc. are due to kapha prakopa.

#### **RESULTS AND DISCUSSION:-**

In a series of 08 patients, Shirodhara provided highly significant relief ( $p < 0.001$ ) on **Chief Complaints:** Sleeplessness (61.29%), Distress (63.64%), Sleep Time, Sleep Quality and Freshness after Awakening (100% each). It may be due to procedural and anxiolytic effect of Shirodhara & Tridosha-shamaka properties of Dashamula.

Highly significant relief ( $p < 0.001$ ) was observed on **Associated Complaints:** Akshi Gaurav (86.36%),

Smritiharsa (66.67%), Angamarda (82.35%) and Freshness after awakening (75%). Improvement in Smritiharsa etc may be due to procedural & tranquillizing effect of Shirodhara normalizing the vitiated manas Doshas, improving concentration & memory. Significant relief ( $p < 0.01$ ) was observed on: Shiro Gaurav (94.74%), Shirahshula (80%), Keshapatan (68.42%), Netradaha (92.31%), Vibandha (47.61%) & Alasya (72.22%). Symptomatic relief on Akshigaurav and Shirogaurav may be due to ushna Virya & kapha-vatta shamaka properties of maximum drugs of Dashamula kwatha. The relief on Alasya may be due to laghu-ruksha guna & katu vipaka of majority of drugs pacifying the vitiated kapha. The relief on Smritiharsa, Angamarda and Freshness after awakening may be due to madhura & tikta Rasa and madhura vipaka of the drugs - Shalaparni, Prishniparni & Gokshura. The relief in Shirahshula may be due to guru- snigdha guna & vata shamaka effects of Shalaparni & Gokshura. Moreover, all the drugs being ushna virya counteract the shita guna of vitiated vata. In Keshapatan, relief may be due to tikta, kashaya rasa & katu vipaka of majority of Dashamula drugs normalizing vitiated pitta-kapha.

**Manasa Pariksha Bhava:** Shirodhara showed highly significant relief ( $p < 0.001$ ) on Moha (83.33%), Krodhā (78.95%) and Bhaya (78.95%) which may be due to tridosha-shamaka & manas doshahara properties of the drug formulation and due to procedural effect of shirodhara increasing concentration to normalize manasabhavas.

**Hamiltons Anxiety Rating Scale:** Highly significant relief ( $p < 0.001$ ) was found in: Anxious mood (73.68%), Tension (78.26%), Insomnia (82.14%), and Somatic Sensory (78.57%). The patient feels relaxation physically and mentally. The relaxation of



frontalis muscle tends to normalize the entire body and achieve a decrease in over activity of sympathetic nervous system.

**Hamiltons Depression Rating Scale:** Shirodhara provided highly significant relief ( $p < 0.001$ ) in: Depressed Mood (80.64%), Suicidal thought (75%), Insomnia initial (93.75%), Insomnia middle (91.67%), Insomnia delay (87.50%), Work interest (67.64%), **Anxiety psychic (83.33%)**, Anxiety Somatic (89.29%) and Hypochondriasis (65%). This relief may be due to majority of the drugs in Dashamula having laghu, ruksha guna, ushna virya and katu vipaka which normalize vitiated kapha & tamasa in depression while relief on other symptoms may be due to mechanical effect of Shirodhara providing relaxation to decrease activity of sympathetic nervous system. Significant relief ( $p < 0.01$ ) was observed on Retardation (90.65%), Somatic general (90.65%), Somatic (GIT) (82.35%) and Insight (83.77%) which may be due to anxiolytic effect of Shirodhara.

**Brief Psychiatry Rating Scale:** Highly significant improvement ( $p < 0.001$ ) was observed in:

Mannerisms & Posturing and **Conceptual Disorg.** (100% each), **Anxiety** (85.18%), **Tension** (92.59%), **Suspiciousness** (94.44%), **Hallucinatory behave.** (86.36%) and **Unusual thought content** (90.48%), which may be due to tranquillizing effect of Shirodhara. Significant relief ( $p < 0.01$ ) was observed in: **Emotional withdrawal** (80%), which may be due to Ushna Virya of maximum drugs in Dashamula pacifying vitiated shita guna of vata to normalize vitiated manasa doshas. Moreover, vata is the controller & coordinator of Manasa.

**Hematological and Biochemical parameters** have shown no significant changes after a course of therapy.

#### CONCLUSION:-

Dashamula Kwatha Shirodhara has showed marked improvement in 25% patients; moderate improvement in 50% and mild improvement was observed in 25% patients. None of the patients got complete remission in this group.

#### Interpretation of clinical data<sup>33</sup>

**Table 1: Effect on Chief Complaints**

Chief Complaints	n	Mean score		Mean Difference	% Relief	S.D.	S.E.	't'	p
		B.T.	A.T.						
Sleeplessness	8	3.87	1.5	2.38	61.29	0.92	0.32	7.32	<0.001
Difficulty in falling sleep	8	2.25	0.25	2	88.89	0.93	0.33	6.11	<0.001
Difficulty in maintaining sleep	7	1.75	0.25	1.5	85.71	0.76	0.29	5.25	<0.01
Distress	8	2.75	1	1.75	63.64	0.89	0.31	5.58	<0.001
Disorders of S-W schedule	8	3.25	0.63	2.63	80.77	0.52	0.18	14.35	<0.001
Sleep quantity	8	1.75	0	1.75	100	0.46	0.16	10.69	<0.001
Sleep time	8	1.5	0.13	1.5	100	0.53	0.19	7.94	<0.001
After awakening	8	1.63	0.25	1.38	100	0.52	0.18	7.51	<0.001



**Table 2 : Effect on Associated Complaints**

Associated Complaints	n	Mean score		Mean Difference	% Relief	S.D.	S.E.	't'	p
		B.T.	A.T.						
Akshigaurava	8	2.75	0.38	2.38	86.36	0.52	0.18	12.98	<0.001
Shiro Gaurva	7	2.38	0.13	2.25	94.74	1.04	0.39	5.75	<0.01
Alasya	7	2.25	0.63	1.63	72.22	0.74	0.28	5.78	<0.01
Jrimbha	3	0.75	0.13	0.63	83.33	0.92	0.53	1.18	-
Shirodaha	5	1.63	0.13	1.5	92.31	1.31	0.59	2.56	-
Netradaha	10	1.73	0.13	1.6	92.31	1.24	0.39	4.07	<0.01
Angamarda	7	2.12	0.38	1.75	82.35	0.71	0.27	6.55	<0.001
Glani	1	0.25	0	0.25	100	0.71	0.71	0.35	-
Bhrama	3	0.88	0.25	0.63	71.43	0.92	0.53	1.18	-
Ajirna	3	0.75	0.25	0.5	66.67	0.76	0.44	1.45	-
Kshudhamandya	5	1.75	0.5	1.25	71.43	1.04	0.46	2.7	-
Vibandha	7	2.63	1.38	1.25	47.61	0.71	0.27	4.68	<0.01
Shirahshula	7	2.5	0.5	2	80	0.93	0.35	5.72	<0.01
Keshapatan	7	2.38	0.75	1.63	68.42	0.75	0.28	5.78	<0.01
After awakening	8	3	0.75	2.25	75	0.46	0.16	13.75	<0.001
Krodha	5	1.75	0.25	1.5	85.71	2.24	1.31	0.59	-
Shoka	5	1.75	0.25	1.5	85.71	1.31	0.59	2.56	-
Bhaya	4	1.13	0.13	1	88.89	1.07	0.53	1.87	-
Udavega	5	0.5	0.13	0.38	75	0.74	0.33	1.13	-
Vishada	5	1.5	0.38	1.13	75	0.99	0.44	2.54	-
Smritihrasa	7	2.63	0.88	1.75	66.67	0.71	0.27	6.55	<0.001

**Table 3: Effect on Manasa Pariksha Bhavas**

Manasabhav	n	Mean score		Mean Difference	% Relief	S.D.	S.E.	't'
		B.T.	A.T.					
Moha	8	2.25	0.38	1.87	83.33	0.64	0.23	8.28
Krodha	8	2.38	0.5	1.88	78.95	0.64	0.23	8.28
Shoka	7	2.25	0.63	1.63	72.22	0.74	0.28	5.77
Bhaya	8	2.38	0.5	1.88	78.95	0.64	0.23	8.28
Medha	8	2.75	1.23	1.63	59.09	0.74	0.26	6.18
Smriti	8	2.13	0.63	1.5	70.59	0.93	0.35	4.29
Moha	8	2.25	0.38	1.87	83.33	0.64	0.23	8.28

**Table 4 : Effect on Associated Complaints**

H A R S	n	Mean score		Mean Difference	% Relief	S.D.	S.E.	't'	p
		B.T.	A.T.						
Anxious mood	8	2.38	0.63	1.75	73.68	0.71	0.25	7	<0.001
Tension	8	2.88	0.63	2.25	78.26	0.71	0.25	9	<0.001
Fear	6	1.88	0.25	1.65	86.67	1.18	0.48	3.35	<0.05
Insomnia	8	3.5	0.63	2.88	82.14	0.64	0.23	12.69	<0.001
Intellect. (cog)	8	3.25	1.38	1.87	57.69	1.13	0.40	4.71	<0.01
Depress. mood	8	3.13	1	2.13	68	0.99	0.35	6.06	<0.001
Somatic (mus.)	8	1.5	0.13	1.38	91.67	0.52	0.18	7.51	<0.001
Somatic (sen.)	8	1.75	0.38	1.38	78.57	0.52	0.18	7.51	<0.001
C.V.Symptoms	5	0.63	0	0.63	100	0.52	0.23	2.7	-
R. Symptoms	5	1.13	0.13	1	88.89	1.07	0.48	2.09	-
GIT Symptoms	11	1.47	0.27	1.2	81.81	0.86	0.26	4.62	<0.001
G.U.System	10	1.07	0.67	1	93.73	0.85	0.27	3.74	<0.01
Auto.Symptoms	7	1.25	0.13	1.13	90	0.64	0.24	4.64	<0.01
Behavioral symptoms	5	0.75	0	0.75	100	0.71	0.32	2.37	-



**Table 5: Effect on the symptoms of Hamiltons Depression Rating Scale**

H D R S	n	Mean score		Mean Difference	% Relief	S.D.	S.E.	't'	p
		B.T.	A.T.						
Depressed mood	13	2.07	0.4	1.67	80.64	1.11	0.31	5.4	<0.001
Guilt	9	0.93	0.13	0.8	85.71	0.77	0.26	3.10	<0.05
Suicide	15	1.87	0.47	1.4	75	1.06	0.32	4.40	<0.001
Insomnia initial	14	2.13	0.13	2	93.75	0.76	0.20	10.24	<0.001
Insomnia middle	13	1.6	0.13	1.47	91.67	0.83	0.22	6.58	<0.001
Insomnia delayed	13	1.6	0.2	1.4	87.5	0.74	0.20	6.85	<0.001
Work interest	13	2.27	0.67	1.53	67.64	0.92	0.25	6.03	<0.001
Retardation	9	0.87	0.14	0.78	90.65	0.70	0.23	3.37	<0.01
Agitation	7	0.53	0.14	0.78	90.65	0.70	0.23	3.37	<0.05
Anxiety(psychic)	12	1.6	0.27	1.33	83.33	0.82	0.24	5.66	<0.001
Anxiety(somatic)	15	1.87	0.2	1.67	89.29	0.82	0.21	7.90	<0.001
Somatic general	11	0.53	0.14	0.78	90.65	0.70	0.23	3.37	<0.01
Somatic (GIT)	11	1.13	0.2	0.93	82.35	0.80	0.24	3.88	<0.01
Genital	7	1.6	0.2	1.4	87.5	0.74	0.20	6.85	<0.001
Hypochondriasis	11	2.13	0.53	1.6	75	1.12	0.34	4.73	<0.001
Insight	4	0.33	0.12	1.6	83.77	0.61	0.33	4.73	<0.01
Loss of weight	6	0.67	0.07	0.53	80	0.83	0.34	1.57	-

**Table 6 : Effect on the symptoms of Brief Psychiatry Rating Scale**

B S R A	n	Mean score		Mean Difference	% Relief	S.D.	S.E.	't'	p
		B.T.	A.T.						
Somatic concern	8	0.67	0.07	0.53	80	0.83	0.34	1.57	-
Anxiety	13	1.8	0.27	1.33	85.18	0.83	0.23	6.63	<0.001
Emotional withdrawal	11	1.33	0.2	1.07	80	0.87	0.27	4	<0.01



Conceptual Disorg.	12	1.07	0	1.07	100	0.70	0.20	5.25	<0.001
Tension	13	1.8	0.13	1.67	92.59	0.82	0.23	7.36	<0.001
Manneurism& postur.	7	0.47	0	0.47	100	0.51	0.20	2.39	-
Suspiciousness	7	1.80	0.10	1.70	94.44	0.64	0.19	8.23	<0.001
Grandiosity	9	1	0.67	0.93	93.33	0.88	0.29	3.17	<0.05
Hostility	7	0.73	0.13	0.6	81.81	0.74	0.28	2.15	-
Hallucinatory behave.	12	1.47	0.2	1.27	86.36	0.88	0.26	4.97	<0.001
Motor retardation	3	0.4	0.67	0.33	83.33	0.72	0.42	0.8	-
Uncooperativeness	5	0.67	0.07	0.6	90	0.74	0.33	1.82	-
Unusual thought cont.	12	1.4	0.13	1.27	90.48	0.8	0.23	5.49	<0.001
Genital	7	0.4	0.67	0.33	83.33	0.72	0.42	0.8	-
Blunted effect	12	0.47	0.07	0.4	85.41	0.63	0.18	2.19	-
Excitement	5	0.6	0.07	0.53	88.89	0.74	0.33	1.60	-

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**वोट देश के प्रति अपनी  
जिम्मेदारी से करें।**



**मतदान आपका हक है  
और जिम्मेदारी भी।**



# “CONCEPTUAL AND APPLIED STUDY OF VISHESHA W.S.R. TO MANAGEMENT OF CHARMAKEELA”

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## ABSTRACT:

Concept of *Vishesha* has been extracted from *Vaisheshik Darshan*. *Maharishi Kanad* has described *Vishesha* as one of the “*sat-padarthas*”. These “*sat-padarthas*” are to get *abhyudaya* i.e. prosperity in life and *nishreyasa* i.e. ultimate goal. *Carak* has firstly described the applied concept of *Vishesha* in *Carak samhita*. While commenting on *Carak samhita acharya Cakrapani* described the three types of *Vishesha* as *Dravya Vishesha*, *Guna Vishesha*, and *Karma Vishesha*.

The concept of *Vishesha siddhant* can be applied in any type of disease which can occur due to vitiation of *doshas*. *Charmekeela* is the growth like formation on the external surface of *Twacha* due to *Prakupit vyanvayu* along with *Kapha* and has been taken as trial disease in this study.

To fulfill the objectives of study patients of charmakeela attending the O.P.D. of skin care unit, R.G.G.P.G.Ay. college, Paprola, H.P. were selected and were divided into two groups. In group1 decoction of *lekhnaya mahakashaya* in the dose of 40 ml twice a day was given and in group2 decoction of *lekhnaya mahakashaya* 40 ml along with local application of *apamarga pratisarniya kshara* was done. Total duration of trial was 1 month. Patients were asked to come at every 15 days for follow up.

Group2 has shown the markedly improvement in the cardinal symptoms of charmakeela rather than group1. There was no significant change in

hematological profile and lipid profile other than serum cholesterol of the patients before and after the trial. Decrease in serum cholesterol was significant before and after the trial.

**KEY WORDS:** *Vishesha Siddhanta, Charmakeela, Lekhaniya Mahakashaya, Apamarg kshara.*

## INTRODUCTION:

*Caraka* says that disturbances in *dhatu*s is a state of disease and equilibrium is *Prakruti*. *Cakrapani* defines *prakruti* as healthy state or state of *arogya*. Health is *Sukha* and disease is *Dukha*. It means these six are the main materials and methods for *Dhatu*samyak. These six are named as *Satbhava padartha* by *Vaishishika darshan*. Among these *Satpadarthas Samanya* and *Vishesha* are the two main principles of *Ayurveda*. Fundamental principles are the main pillars of ayurvedic medicinal therapy. *Ayurveda* has its strong roots in its own basic principles. Principle of *Vishesha* is also one of these valuable principles

*Vishesha* is meant for diminution of all vitiated, all existing materials, *Cakrapani* explained in his commentary that *Vishesha* is a differentiating intelligence.

A disease can only be developed either by *vriddhi* or *kshaya* of natural *doshas*. If we want to treat any disease, we have to either elevate or diminish these *vriddha* or *kshayit doshas* to get equilibrium. There are two main principles that is *Samanya* and *Vishesha* for this purpose. *Samanya* is for elevation and *Vishesha* is for diminution of

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*vridha*.

The concept of *Vishesha siddhant* can be applied in any type of disease which can occur due to vitiation of *doshas*. Now a days people are very conscious about their out look and appearance. *Charmkeela* is a disease which is cosmetologically unwanted. It is the growth like formation on the external surface of *Twacha* due to *Prakupit vyanvayu* along with *Kapha*

#### AIMS AND OBJECTIVES:

- Conceptual study of *Vishesha* w.s.r. to Management of *Charmakeela* as described in various Ayurvedic, philosophical and modern dermatological texts.
- Clinical study to evaluate the effect of *Pratisarniya kshara* and *Lekhniya Mahakasaya* in the patients of *Charmakeela* under the supervision.

#### MATERIAL AND METHOD:

A total of 30 patients in two groups each of 15 patients of *Charmakeela* were registered from OPD and Skin care unit in P.G. department of *Samhita evum Siddhant* of R.G.G.P.G. Ayu. College and Hospital *Paprola*, Distt. *Kangra (H.P.)* irrespective of their sex, caste etc. Out of 30 patients only 24 have completed the trial and divided into two groups taking into consideration the inclusion and exclusion criteria.

**Inclusion criteria:** Patients willing to participate in the trial, of any age other than infants irrespective of sex and having following signs and symptoms of *Charmakeela* taken for clinical study:

<b>Granthitva</b>	Growth like structure
<b>Raukshyatva</b>	Roughness
<b>Kharatva</b>	Dryness
<b>Krishnatva</b>	Hyperpigmentation
<b>Nistoda</b>	Burning sensation

**Exclusion criteria:** Patients unwilling to participate

in the trial, Infants, suffering from severe systemic illness and having any local secondary infection.

#### Laboratory investigation:

- Blood - Hb, TLC, DLC, ESR, FBS, Lipid profile
- Urine - Routine, Microscopic

**Ethical approval:** The research proposal was approved by INSTITUTIONAL ETHICAL COMMITTEE held on 15-03-2011 in *Paprola, H.P.*

#### Treatment protocol:

- **Group 1:** Decoction of *Lekhniya mahakashaya* in dose of 40 ml twice a day for 1 month
- **Group 2:** Decoction of *Lekhniya mahakashaya* in dose of 40 ml twice a day for 1 month along with local application of *Apamarg pratisarniya* once, repeated when needed.

**Follow up** - After every 15 days.

**Drug:** There are 2 drugs selected for the trial in this study. One is *lekhnika mahakashaya* and the other is *apamarg pratisaya kshara*.

#### *Lekhniya mahakashaya*

These ten drugs are the ingredients of *Lekhniya mahakashaya*. All drugs are in *sama bhaga* In which *karanja* has been taken as *pratinidhi dravya* of *chirbilva* and *shwet vaccha* as that of *hemvati* by *chakrapani*.

Sr. No.	Name of plant	Latin name
1.	<i>Mustak</i>	<i>Cyperus rotundus</i>
2.	<i>Kustha</i>	<i>Saussurea lappa</i>
3.	<i>Haridra</i>	<i>Curcuma longa</i>
4.	<i>Daruharidra</i>	<i>Barberis aristata</i>
5.	<i>Vacha</i>	<i>Acorus calamus</i>
6.	<i>Ativisha</i>	<i>Aconitum hetrophillum</i>
7.	<i>Katurohini</i>	<i>Picrorrhiza kurroa</i>



8.	<i>Chittrak</i>	<i>Plumbago zeylanica</i>
9.	<i>Karanja</i>	<i>Pongamia pinnata</i>
10.	<i>Shweta vacha</i>	<i>Iris insata</i>

#### **Apamarga pratisarniya kshara**

10 kg Apamarga panchanga, Gomutra to dissolve ksharodak, 50 gm Shankhnabhi Bhashma, 15 gm each Sudhashama Bhashma, Shukti Bhashma, Bhashma Sharkara Shudha Hartal, Shudha manahshila, Saindhava, Sauvarchala, Bid Lavana, Samudga Lavana, Romaka Lavana, Swargika Kshara, Langali Churna, Chitraka Churna, Ativisha Churna, Vaccha Churna, Hingu Churna, Karanja Patra Churna, Dhattur Churna, Kanak Kshiree Churna.

#### **Criteria for assessment**

All the patients were examined at 15 days interval. The improvement was assessed on the basis of relief in the sign and symptoms of the disease Charmakeela, Any changes in the pathological status taken into consideration. All the sign and symptoms were assigned numerical score depending upon their severity to assess the effect of the drug objectively before and after the treatment. *Granthitva* was scored 0,1,2,3 as no, soft, hard and very hard respectively while *raukshyatva*, *kharatva*, *krishnatva* and *nistoda* were scored 0,1,2,3 as no, mild, moderate and severe respectively.

#### **Statistical analysis**

The results obtained were assessed and analyzed statistically mainly on the recorded scores of sign and symptoms and also before and after the treatment. Unpaired 't' test was applied in the data. For analysis "IBM SPSS Statistics v20-64bit" software was used. The obtained results

were interpreted as follows

- Insignificant  $>.05$
- Significant  $<.05 >.01$
- Highly significant  $<.01, >.001$

#### **OBSERVATION AND RESULT:**

In the present study patients in two groups each of 15 patients of *Charmakeela* were registered. Out of 30 patients only 24 have completed the trial, 6 patients could not complete the trial as they did not return back on the scheduled time for the evaluation.

100 % patients were having *granthitva*, *raukshyatva*, *krishnatva*, 66.6% were having *kharatva* and only 33.3% were having *nistoda* as sign and symptoms of *charmakeela*.

The trial medicine did not show any significant effect on the hematological status of the patients participated in the trial. All the variables exhibited a very little change after the completion of the trial which was not significant. The trial medicine did not show any significant change in triglycerides, HDL LDL and VLDL of patients. Mean of serum cholesterol before trial was 177.3333 and after the trial was 157.08333. This change was significant ( $P > 0.001, < 0.05$ ).

In group I *granthitva* was relieved by 49.98%, which was insignificant statistically ( $p > 0.001$ ) while in group II percentage relief in *granthitva* was 86% which was highly significant statistically at the level of  $p < 0.001$ . *Raukshyatva* was relieved up to 73.33% in group I which is highly significant statistically ( $p < 0.001$ ) while in group II it was up to 94.44% which was also highly significant ( $p < 0.001$ ). The percentage relief in the patients of group I in *kharatva* was 66.67% which was significant ( $p > 0.001, < 0.05$ ) while in that of group II was 93.33% which was also statistically significant ( $p > 0.001, < 0.05$ ) *Krishnatva* of group I was relieved by



33.33% which was statistically significant ( $p > 0.001$ ,  $< 0.05$ ) and in group II it was relieved by 77.28% which was statistically highly significant ( $p < 0.001$ ). In group I symptoms of nistoda was relieved by 43.67% which was significant ( $p > 0.001$ ,  $< 0.05$ ) and in group II the result was same i.e. statistically significant ( $p > 0.001$ ,  $< 0.05$ ).

#### **Probable mode of action of trial drug:**

While considering the *Rasa, Guna, veerya, Vipaka, Prabhava* of all the 10 drugs of *Lekhniya Mahakashaya*, it is found that maximum drugs are of *tikta, katu, kashaya rasa pradhana* maximum drugs are *laghu, ruksha* which are of *kaphashamak* property and *tikshana guna pradhana*, which are anti *prithvi* and *jala mahabhoot* having *kaphashamak* action. Maximum drugs are of *ushna virya* and act opposite to the *sheeta virya* of *kapha* and *vata*. All 10 drugs are of *katu vipaka* and opposite to the *madhur vipaka* of *kapha*. According to *Shushrut Lekhan dravyas* are *vata* and *Agni Pradhan*. So on the basis of *prabhava, Lekhniya Mahakashaya* causes scraping of *vridhdha, dusta mamsa and kapha*.

Kshara is having *katu rasa, ushna veerya* and *teekshna* etc. *gunas*. These properties of kshara cause *ksharan of dushit Mamsa* and removal of the deformed skin and promotes healing of *vrana*.

#### **DISCUSSION :**

The concept of *vishesha* in ayurveda is of different meaning *Samanya* is for increasing and *vishesha* is for decreasing. This study is about *vishesha* only. Applied form of *vishesha* is meant for *hrasa* or decrease.

There are three types of *vishesha dravya, guna* and *karma*. When *dravya* directly decrease the other *dravya*, it is *dravya vishesha*. When opposite *guna* decrease another one, it is *guna vishesha*. When any activity will be the reason of decrease of

another one it is *karma vishesha*. Being a *chikitsa pradhan shashtra trividh karma* also can be taken as *karma* here.

*Charmakeela* is a growth like structure developed on external surface of *twacha* because of *prakupit vyan vayu* along with *kapha*. *Charmakeela* has resemblance with so many skin disorders according to modern dermatology. Some of them are warts, *molluscum Contagiosum*, *Seborrhic Keratosis*, skin tags, *Callus*, *Keloid*, *Buniun*, *Syringoma* and *trichoepithelioma*. Out of these, warts and *molluscum* are due to *HPV viral infection*, *seborrhic keratosis* is due to *photo exposure*, *callus* and *buniun* due to *continuous pressure* and *syringoma* and *trichoepithelioma* are *eccrine* and *sweat gland cysts* with *idiopathic etiology*.

Maximum drugs are of *tikta, katu, kashaya rasa pradhana* and *laghu, ruksha* which are of *kaphashamak* property and *tikshana guna pradhana*, which are anti *prithvi* and *jala mahabhoot*. Maximum drugs are of *ushna virya* and act opposite to the *sheeta virya* of *kapha* and *vata*. All 10 drugs are of *katu vipaka* and opposite to the *madhur vipaka* of *kapha*. According to *Shushrut Lekhan dravyas* are *vata* and *Agni Pradhan* So on the basis of *prabhava, Lekhniya Mahakashaya* causes scraping of *vridhdha, dusta mamsa and kapha*.

Kshara is made up of *agneya aushadhis* that is why it is having *katu rasa, ushna veerya* and *teekshna* etc. *gunas*. These properties of kshara cause *ksharan of dushit Mamsa* and removal of the deformed skin. This also promotes healing of *vrana* by enhancing the formation of *granulation tissue*.

Oral intake of *lekhniya mahakashaya* is *guna vishesha* as all drugs of *mahakashaya* are of opposite *gunas* to *doshas* involved in *charmakeela*. *Kshara karma* is *karma vishesha* in the management of *charmakeela* as *trividh karma* also can be



considered in chikitsa.

While comparing data of both group difference was significant in Granthitva while insignificant in Raukshyata, Krishnatva and Nistoda. As cardinal symptom of charmakula is nail like projection over external surface of twacha and this symptom is markedly relieved in group II thus we can say that patients of II group were markedly improved than group I.

#### CONCLUSION:

Results of II group were better in comparison to group I. This data shows that only internal medication is not sufficient to treat Charmakeela, excision of the lesion should also be done as Kshara causes scraping and removal of growth and Lekhniya mahakashaya causes diminution of kapha and shaman of prakupit vyan vayu.

All the clinical data shows that combined therapy of both drugs was more effective rather than single therapy of lekhniya mahakashaya in the patients of charamkeela. In nutshell, the present study has established that combined therapy with decoction of lekhniya Mahakashaya orally along with local application of Apamarg kshara in the patients of charmakeela has given better result than the individual therapy of oral intake of lekhniya Mahakashaya. The present study states that Karma Vishesha along with Guna Vishesha have much value in the management of charmakeela in the comparison of alone guna vishesha.

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# LANGHANA : A MAJOR BREAK THROUGH IN AMAVATA

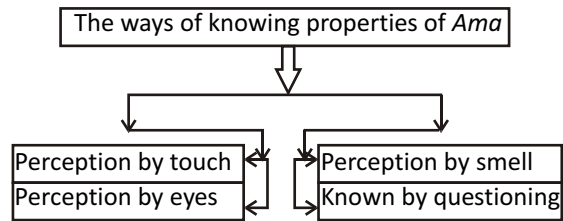
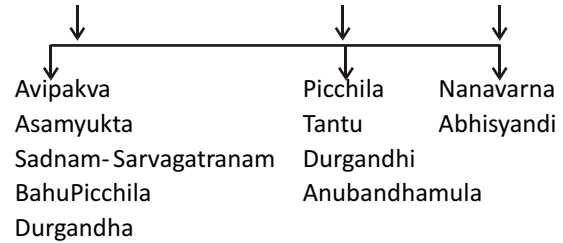
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**ABSTRACT-** *Amavata* is a disease that originates as a result of conjoined pathology of *Ama* and *Vata*, *Ama* being the precursor ingredient. *Ama* can be produced in the body because of any kind of *Agnimandya* i.e. *Jatharagni Mandya*, *Dhatvagni Mandya* or *Bhootagni Mandya* i.e. Interaction of any substance with deficient *Agni* results in the incomplete transformation i.e. Unripe constituents that further give rise to a number of Localized (GIT) or Systemic diseases after absorption. *Amavata* is such a disease in which *Agni dushti* and *Ama* production are the key elements. To resolve the *Agni dushti* and digestion of *Ama* are the major part of line of management of *Amavata*. The best regimen for this is *Langhana* as prescribed by *Acharyas*. *Langhana Dravyas* and 10 types of *Langhana*(except *Shirovirechana*) regimens can competently get through the chain of Pathogenesis and can therefore prevent the recurrence of *Amavata*.

**KEY WORDS:** *Langhana*, *Agnimandya*, *Amavata*.

**INTRODUCTION-** *Amavata* is a major life crippling disease that affects the quality of life in severity. Until this *Ama* is situated in *Koshtha* it is responsible for the *Sthool Amaja vikaras* like *Alasaka* and *Visoochika*. When this stage is ignored and not treated properly this *Ama* is absorbed into the circulation and then transported to different *Srotas*, *Dhatu*s and *Organs*. This stage of *Ama* shows its minuteness and deep penetration to even microscopic *Srotas* and resulting in dreadful diseases like *Amavata*. This *Ama* also affects the efficiency of *Dhatvagni* thereby potentiating the production of *Ama* in *dhatu*s. So the resolution of the *Agni dushti* and digestion of *Ama* are the major parts of line of management of *Amavata*.

**Ama swarupa:** According to *Vijayarakshita*, *Ama* possesses properties like *Avipakva*, *Asamyukta*, *Durgandhayukta*, *Bahupichhila* and causes weakness in whole body. Besides *Tantumata* and *Anubandhamula* are also mentioned by *Arundatta*.  
*Vijayarakshita*                      *Arundatta*                      *Madhava*



- a) Dravatava
- b) Picchilatva
- c) Snigdhatva
- a) Durgandha
- a) Tantumata
- b) Avipakvata
- c) Asamyuktata
- d) Nanavarnata
- e) Picchilata
- a) Gatra gaurvata
- b) Avipakvata
- c) Sadanam sarvagatranam

It is thus seen that *Ama* is a pathological substance produced in the body due to improper *Agni*. This *Ama* if remains untreated spread all over the body and has properties like a poison. This substance behaves like a foreign body. It is not

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useful for the body in any way. It, however, obstructs the normal movement of the Dosha, Dhātu and Mala-by sticking to them as well as to the transporting channels i.e. Srotas.

**The effects produced by Ama with reference to Sandhigata Vikaras are correlated with the metabolites as under:**

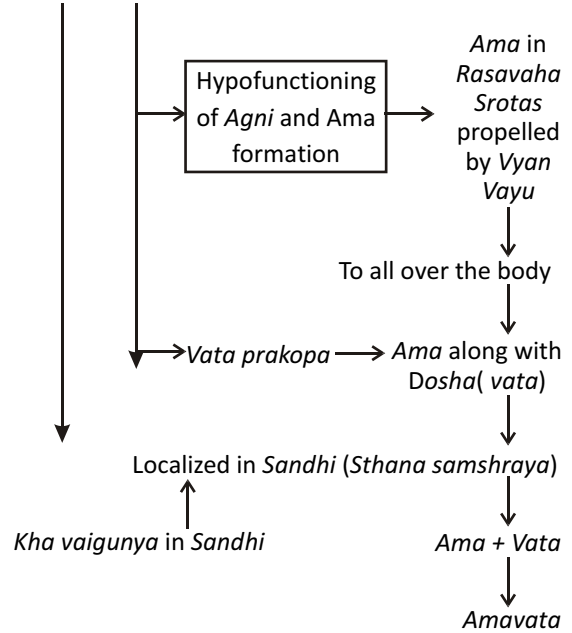
S. NO.	Incomplete metabolism	Formation	Result
1	Protein	Uric Acid	Accumulation in joints causing Gout
2	Carbohydrates & Fats	Lactic acid	Accumulates in muscles causing pain and also common in Rheumatic condition

**Ama and Amavata** - with reference to the present subject Nidana Sevena enhances the properties of Prthvi and Apa Mahabhuta like Sita, Sthira, Drava, Picchila, Guru, Manda etc. in the body due to which properties of Teja Mahabhuta like Usna and Tikshna are decreased. The strength of all the Agni in the body is declined with the result of production of Ama. Ama is Snigdha, Sthula, Sthira, Guru, Picchila and so it has great affinity for Slesma. The production of Ama is a central phenomenon in Amavata because Ama is the samvayi (unseparable) cause of Amavata. Excessive indulgence in consuming different incompatible food (virudhahar), Lack of exercises, Doing hard work after taking fatty meal, A person suffering from Ajeerna (indigestion, excessive exercise, indulgence in coitus and swimming. (ajeerna, vyayama, vyavaya, jalpratarana) etc are the nidanas responsible for the occurrence of disease.

**Pathogenesis:** Due to these causative factors vata gets aggravated and Ama Dosha is produced. Here vitiation of Vata and production of Ama Dosha takes place simultaneously due to Mandagni as it is shown in the following flow chart:

**SAMPRAPTI OF AMAVATA:**

Diet related, Life style related Nidana



Vata gets vitiated due to its own causative factors. The disease takes its root in the Annava Srotas. After digestive processes, Avipakva Ahara Rasa is propelled to Hridaya by Samana Vayu, from where it is thrown in to the whole body through Dhamani by Vyana Vayu. Rasavaha Srotas are the nearest and open (Asanna and Vivrt). Hence initially these are mainly afflicted. The vitiated Dosa further act on Ama and with their interaction vicious cycle of production of virulent Ama at the tissue level starts taking place. The Ama attains different colours and more and more sliminess and gets stuck to the Srotas. It produces more secretions, Kleda in the Srotas. Thus the Dhatus are deprived of their nutrition causing Dhatuksaya and Sarira Daurbalya. Also Hritgaurava due to Guru Guna of Annarasa, and improper Avalambaka Karma (Adoptive support) by vitiated Avalambaka Kapha. Though Ama circulates in the whole body, the chief



presentation of the disease is in the *Kaphasthanas*, due to similarity of *Guna* of *Ama* and *Kapha*. *Trika* is the main *Sthana* of the controller *Avalambaka Kapha*. Also due to specific *Nidana Sevana* and *Slista* i.e., *Picchilatva* of *Slesaka Kapha* in the *Sandhi* & it is the main site of Pathogenesis. Bodily movements are chiefly located at the *Sandhi*. Hence, with the disease manifestation along with *Angamarda*, *Jvara*, *Gaurava* etc. *Sandhi Sula*, *Sandhisotha* and *Sandhigraha* occurs. Other parts of locomotor system like muscles, tendons, ligaments are also affected and *Gatrastabdhat* appears. The part of the body in which *Ama* prevails that part is affected with the clinical features of *Ama* and the resultant symptoms are according to that Particular *Dosa* involved.

**Langhana as a principle regimen of Amavata :**

“लघनं स्वेदनं तिक्तं दीपनानि कटूनि च ।  
विरेचनं स्नेहपानं बस्तयश्चाममारुते ॥  
सैन्धवाद्येनानुवास्य क्षारबस्ति प्रशस्यते ।”  
(चक्रदत्त 25 / 1)

Anything that lightens or attenuates (the aggravated humours and altered constituents) in the body has been said to be a *Langhana*. Such things as are light, warm, pungent, not slimy, dry, subtle, rough, unstable and hard are generally *Langhana*. *Acharya charaka* classified *Langhana* into 10 types. It includes four kinds of purification processes i.e. administration of *Vamana* (emetics), *Virechana* (purgatives), *Shirovirechana* (errhines or cerebral purgatives) and *Asthapana vasti* (dry

enema), also bearing *Pipasa* (thirst), *Maruta* (wind) and *Atapa* (the heat of the sun), intake of the medicines called *Pachana*, *Upavasa* (starvation) and *Vyayama* (physical exercise). These *Langhana* regimens are prescribed in general to all diseases by *Acharya* but as a specific line of management can also be applied in certain disorders as is evident by the first line of management in *Amavata* by *Chakradatta*. Application of former regimens i.e. *Vamana*, *Virechana* and *Asthapana vasti* is dependent upon the status of *bala* of patient. Latter six (processes) have been expounded as methods of treatment are sufficient for all disease. If considerations of measure and time be observed, they prove equally successful in the cure of all curable disease including *Amavata*.

**DISCUSSION:**

As it is evident from the classical review that *Ama* is the key element responsible for the pathogenesis of disease *Amavata*. The primitive origin of *Amavata* lies in *Amashaya* where *jatharagni* is inappropriate for digestion and then *Bhootagni* and *Dhatvagni* are lowered respectively affecting the overall metabolism and its end products. Therefore rectification of *Agni* by different measures is supposed to be the most basic therapy for the management of *Amavata*. This is achieved by the *Langhan* therapy which is a multifold therapy including the ten segments i.e. purification as well as palliative. It counters the *ama* in all possible ways as shown below:

	Vaman	Virechan	Shiro virechan	Asthapan vasti	Pipasa	Marut	Atap	Pachan	Upavas	Vyayam
Laghu	+	+	+	+	+	+	+	+	+	+



Ushna	+	+	+	+	+	-	+	+	+	+
Tikshna	+	+	+	+	+	-	+	+	+	+
Vishad	+	+	+	+	+	+	+	+	+	+
Ruksha	+	+	+	+	+	+	+	+	+	+
Sukshma	+	+	+	+	+	+	+	+	+	+
Khar	+	+	+	+	+	+	+	+	+	+
Sara	+	+	+	+	+	+	+	+	+	+
Kathina	-	-	+	+	+	+	+	-	-	+

#### Properties of *Langhana Dravya*

*Laghu*

*Ushna*

*Tikshna*

*Vishad*

*Ruksha*

*Sukshma*

*Khar*

*Sara*

*Kathina*

#### *Ama*

*Guru*

*Shita*

*Manda*

*Picchila*

*Snigdha*

*Sthula*

*Snigdha/Picchil*

*Sandra*

*Mridu*

Passage of wind (*vata*), Urine(*mutra*) and Stools(*purisha*), lightness of the body, purification of the thorax, clear eructations, the throat become purified, when dullness and exhaustion disappear, when perspiration shows itself, when liking for food returns, when hunger and thirst arise together, and when the mind becomes cheerful, it should then be held that the *Langhana* desirable to be observed has been properly observed. In today's era different life style like fast food, bakery products, daytime sleeping habit, sedentary habits, lack of exercise, stress etc. triggers *Ama* formation. With the help of *Langhana Dravya* which having dominance of *vayu* and *Agni mahabhuta* such tendency of *Ama* production are definitely decreased. Some *Ahara Dravya* like *shashtishali*, *mudga* which are *laghu* in nature and *katu- tikta dravya* which having *laghu*, *ruksha*, *ushna* etc properties decreases the *Ama* formation thereby decreases overload of *Agni*.

#### Effects of *Langhana* therapies are given as following:

Also *Langhana* is the best remedy for the *Rasavaha Srotodushti* that occurs in the preceding stage of *Amavata* after disorderiness in *Avasthapaka*. Those persons who have phlegm and bile as blood impurities in excess; and those that have got their wind (*vata*) In an excited or disordered state; as also those that have large bodies or strength in excess; are fit for *Langhana* through the four kinds of corrective process.





**CONCLUSION:**

For the management of *Amavata*, *Langhana* is the first measure advocated in *Ayurveda*. Any measure, which brings in *Laghuta* in the body, is known as *Langhana*. *Amavata* is an *Amashayotha* Vyadhi. The pathology originates in *Amashaya* due to poor digestion in presence of *Mandagni*, ultimately resulting in formation of *Ama*. So the *Upavasa* (starvation) will further stop the production of *Ama*. In addition it helps in digestion of *Ama*. Along with *Upavasa* the use of drugs having the *Langhana* properties (i.e. *katu* and *tikta dravya*) will also benefit in *Pachana* of *Ama* and correct the *Mandagni*. As per severity of disease and condition (*bala*) of the patient other types of *Langhana* depicted by *Charaka* may be useful in the *Amavata* therapy. So due to these properties *Langhana* reduces the clinical features of *Amavata* which is produced by the *Ama*. On whole, *Langhana* has a prime role in the curative aspect of *Amavata*.

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# INDIAN AND GLOBAL SCENARIO OF AYURVEDA : REALITY BITES

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## INTRODUCTION

Ayurveda is a real science of life dealing with all aspects of life. The origin of Ayurveda was before the evolution of whole mankind and its sole purpose was health and welfare of all communities. In spite of flooding of various medical sciences emerging at regular intervals, Ayurveda has maintained its prestige in all regards. Though, it is recognized as Indian system of medicine but, its knowledge and practice is expanded all over the world. Moreover, today in the 21<sup>st</sup> century, a person expects to maintain his health and enjoy his life happily and it is the science of Ayurveda that includes all that is essential to make a man not only healthy but also happy. Further, it also deals with philosophical aspect of life.

## PROPAGATION OF AYURVEDA

So, for welfare of mankind, it was mandatory to develop and propagate Ayurveda globally. Though Ayurveda has been timely tested for thousands of years, it has faced and currently facing many difficulties for its acceptance. Governmental and non-governmental institutions have been trying since long to give Ayurveda a recognition in various countries. This has led to opening of different teaching Ayurveda colleges in many countries.

As a consequence of constant efforts of Government of India and Ayurveda scholars, today Ayurveda is practiced world wide. The scenario for Ayurvedic education and practice has changed since last decade in western countries. The preventive and promotive aspect of Ayurveda is attaining fame all over the world. Appreciation of Ayurveda in other countries has already begun.

But, this is only one part of the story. The concept of Global Ayurveda has spread very rapidly and it is preached that the status of Ayurveda will rise only when Ayurveda is recognized in view of international standpoint. Ayurveda has reached at the level of majority of countries but is not accepted as an independent system of medicine. It has no independent identity in United Kingdom, United States of America and other western countries. Under the laws of medicinal act in these countries, Ayurvedic herbs can only be sold OTC i.e. over the counter which requires no intervention of practitioner at any stage of consumption. Any person can make these herbs in their own premises and then can prescribe them to any individual. There is no one to be called as Ayurvedic practitioner. B.A in Ayurveda or M.Sc in Ayurveda from their institutions can practice Ayurveda in this way. Ayurveda falls under category of herbal medicine and food supplements in western countries. As a result of strict laws like THMPD in Europe, there is no way to practice Ayurveda legally. Hence, only way to prescribe Ayurveda is through black marketing. In USA, Ayurveda is identified as complementary alternative medicine. There is no discrimination between Ayurveda, herbal medicine and naturopathy. Ayurveda is identified as herbal medicine and rapidly getting commercialized. The key aim of Ayurveda is service to the humanity and not profit, but this ideology is left somewhere behind. Looking at the darker side, Ayurveda has only become a mode of fulfilling selfish interests of many countries.

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## EDUCATION SYSTEM

Education of Ayurveda is also suffering. A minimum standard of general education in certain basic subjects is required to understand Ayurveda and practice it, but this standard is not maintained. In western countries, any person who is interested in Ayurveda can get admission in the universities or organizations teaching Ayurveda. Such organizations provide short term courses in Ayurveda and provide knowledge through which the scholars can gain profit by marketing it. There is an illegal import of man power from India for such organizations to teach Ayurveda. Translations of our classics in foreign languages are now easily available. The day will come when they will require no one from India to teach Ayurveda and possibly we will invite them to share their knowledge of Ayurveda with us.

It seems that we are blindly following western medicine in the field of education. Our whole curriculum is changed keeping in mind the changes happening over time in the curriculum of western medicine. One thing is for sure that we cannot impart the best education in Ayurveda by following these guidelines. We need to make some changes in the curriculum so that we can pass on the genuine Ayurveda to our next generations which can be practiced. More than 60 years have been passed after Independence, still we are not able to find the best possible method for the education of Ayurveda. It is not important that how many graduates of Ayurveda are produced each year; rather it is important how many of them are practicing Ayurveda. Sometimes, it seems that the degree of BAMS gives the backdoor entry for the practice of other systems of medicine. This is the high time that we need to look out for the causes and try to find out the probable solutions. Until and unless we accept the reality, we shall not be able to take the corrective measures.

Nowadays everybody talks about specialties and super specialties, more than 50 years have

been passed, Ayurveda has reached to 22 specialties from Ashtang Ayurveda. Is it worth to have such specialties in Ayurveda? Are our post graduates given that much of clinical knowledge to practice such specialties? The Ayurvedic scholars should understand the need and plan of action of such implementation of specialties in Ayurveda. Also, there is discussion about introducing DM degree in Ayurveda, where our Ph.D's are struggling for acceptance of research experience.

Ayurveda literature is written by Acharyas as a whole system of medicine and life where there is no differentiation as clinical and non clinical. Ayurveda was never a non clinical science, it was never meant to only teach and not practice. Unfortunately a teacher who does not practice the Samhitas, teaches the same to our students. Will such teachers be capable of imparting ethical Ayurveda to our students? Knowledge without practice is of no use. With this we shall be able to produce very well learned graduates but not well practicing doctors which is the ultimate need of society.

It will be an interesting look out to find out working hospitals in Ayurvedic colleges to give proper clinical exposure to students. Most of the time of our students should be passed in the hospitals by encouraging the teaching in the hospitals on patients. This will boost the self-confidence of students. Today students are going away from our ancient texts i.e. Samhitas, which will have its long lasting impact on the future of Ayurveda. Since last few years, there is a discussion that such Samhitas should be removed from the curriculum because the whole syllabus has been taken from Samhitas and it is taught in different subjects. If this happens our ancient literature will be replaced by textbooks in vernacular languages. Samhita teaching should be priority to make understand the students the basics and fundamentals to produce a generation who have a strong faith in Samhitas and can practice Ayurveda



in better way. This is also proved by the evidence that Ayurveda is practiced in its authentic manner in India where there is a strong faith in Samhitas.

### **AYURVEDIC MEDICINES**

Majority of people in India live below poverty line. They thrive for their basic necessities of life and shelter. Medication is a very distant thing for them. Ayurvedic medicine is not freely available to all. It is our own system of medicine, yet the number of hospitals and dispensaries of Ayurveda are much much less than Allopathic hospitals. In countries like Bangladesh and Nepal, Ayurvedic medicine is available in district dispensaries and hospitals along with other traditional and allopathic medicines. In Bangladesh, 20 known and listed Ayurvedic and Unani drugs are made available free in all (district) dispensaries. In India, still in many states, Ayurveda is struggling for acceptance and popularity. Hence, many people are not getting the benefit of Ayurveda. They are still devoid of this treasure. Others, knowing the merits of Ayurveda, are not getting their privilege, as they are not able to afford the cost of Ayurvedic medicine. Adulterations in medicine are increasing day by day. The preparation methods of valuable and effective medicines are altered as per selfish needs and availability of raw drugs. Overall effect of this is not getting suitable results of Ayurveda medicines.

### **RESEARCHES IN AYURVEDA**

Last decade has seen a mushroom rise in research journals and publication value of researches in all fields. Ayurveda is also influenced by such practices. Hence today any research in Ayurveda is now done with ultimate aim of publication in a high impact factor journal. For this, the research should be modified as the needs of particular journal and not for the welfare of mankind. Though the internet facilities have made these publications accessible to all but practically, important clinical research which can be a breakthrough cannot be reached to a practitioner in

a village. Seminars, conferences, Sambhasha were the correct way of imparting knowledge and new researches in Ayurveda where useful discussion and pros and cons of all the researches were discussed without any bias.

It is said that Ph.D. degree was introduced in Ayurveda to promote researches in Ayurveda, today are our Ph. D scholars perusing the field of research??? It is a common scenario that maximum number of Ph.Ds join any academic institution with expectation that their duration of Ph.D. should be calculated as teaching experience. Unfortunately our Ph.D. institutions have to come up with the resolution that the duration of regular Ph.D. will be calculated as teaching experience, otherwise the seats for Ph.D. would have remain vacant.

### **WAKE UP !!!!**

Considering all the factors, all the fairer and darker side, it is the duty of learners of the great Ayurveda to face the reality and be ready for the future challenges. Following the western methods of education, research etc is not compatible with Ayurvedic system. The depths of Ayurveda are needed to be recognized and preached to make it acceptable not just as a medical system but as a life system, philosophical guide and a way to impart health and happiness to all.

Let us accept the flaws in the education system of Ayurveda !

Let us keep our own interests away from Ayurveda!

Let us not blindly follow the western medicine!!

Let us have faith in our Samhitas!!!

Let us pass on the authentic Ayurveda to our next generations !!!

Let us Live Ayurveda !!!!!



## A USEFUL AYURVEDIC MEDICINAL PLANT: DRONAPUSHPI (*LEUCAS ASPERA/CEPHALOTUS*)

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### ABSTRACT

*Dronapushpi* is an annual herb which is commonly known as "Gumma." It is a weed found during rainy season with many crops and in open fields in India. Although *Dronapushpi* is a problematic weed for farmers, it is a tasty pot herb for many rural people and a valuable medicinal herb for herbalists and is cultivated for herbal drugs in many parts of India. According to *Ayurveda*, the plant is mild stimulant and diaphoretic and used in fevers, jaundice, coughs and chronic skin diseases etc. The herb has been reported for various pharmacological activities such as anti-filarial, antioxidant, hepato-protective, antimicrobial & anti-diabetic etc.

**KEY WORDS:** *Dronapushpi*, Gumma, *Ayurveda*, pharmacological activities

### INTRODUCTION

"*Dronapushpi*" is a herbaceous medicinal plant, which belongs to the family Lamiaceae, it is found everywhere as a weed in rainy season. *Dronapushpi* has been described in various *Nighantus* with various health benefits and medicinal importance. *Acharya Bhavaprakasha* has described *Dronapushpi* as having *Shothahara* and *Bhedana* properties.<sup>1</sup> Same pharmacological activities are also supported by *Kaiyadeva*

Taxonomical	Ayurvedic
<b>Botanical Name:</b> <i>Leucas aspera</i> or <i>L. cephalotus</i> Spreng. <b>Family:</b> Labiatae or	<b>Kaiyadeva nighantu:</b> Ausadhi varga <b>Bhavaprakasha:</b> Guducyadi varga, Saka

Lamiaceae	varga <b>Raja nighantu:</b> Parpataadi varga
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*Nighantu* and *Madanapala Nighantu*<sup>2</sup> as *Shophagna* & *Shophahara*. *Shodhala nighantu* described its uses in *agnimandhya* & *Pakshaghaata*.

### CLASSIFICATION

**Synonyms:** *Drona*, *Dronapushpi*, *Kshavapatri*, *Khumbhayoni*, *Kutumbaka*, *Kurumba*, *Kurumbika*, *Phalepushpa Palindi*, *Shvasanaka*, *Supushpi*.

**Habitat:** It is found as a weed in cultivated ground, road sides in waste places and throughout the greater part of India ascending up to 18000m in Himalaya. Also found in west Bengal, Punjab, Assam, Rajasthan, Tamil Nadu, Gujarat, Maharashtra etc.

**Morphological features:**<sup>3,4</sup> An annual hairy pubescent herb, 2-3 feet high. **Root-** Cylindrical, zig-zag, smooth, long, with numerous wiry, fine rootlets, size variable. **Stem & branches-** Light greenish yellow surface, obtusely quadrangular with four prominent furrows, hairy with spreading hairs. **Leaves-** 1.5 -3 by 0.5-1 inch, Ovate or Ovate lanceolate, subacute, membranous, more or less pubescent, crenate-serrate, base tapering; Petiole 0.25-0.5 inch long. **Flowers-** White colored, Complete, Regular, Zygomorphic, Bracteate, Sessile, in large globose, dense terminal whorls 1-2 inch in diameter. **Fruits-** Schizocarpic, Carcerule, Nutlets 4, obovoid-oblong, smooth, brownish. **Seeds** 0.3 cm long, 3.0-1 cm wide, oblong,

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trigonus, smooth dark brown in colour.

**Phytochemistry:**<sup>5</sup>

The plant contains glycoside, traces of alkaloid, oleanolic acid, ursolic acid and beta-sitosterol. **Root:** contains a triterpenoid, leucolactone, sitosterol, stigmasterol and campesterol. **Leaves:** Alpha- fornesene, alpha-therjene, menthol **Flower:** Amyl propionate, isoamyl propionate, aromatic oil, alkaloids. **Seeds:** Greenish oil containing palmitic, stearic, oleic, linoleic acids, Beta-sitosterol, ceryl alcohol.

**Properties:**<sup>6,7</sup>

- द्रोणपुष्पी गुरुः स्वादु रूक्षोष्णा वातपित्तकृत् ।  
सतीक्ष्णा लवणा स्वादुपाका कट्वी च भेदनी ॥  
कफामकामला शोफ तमकश्वासजन्तुजित् ।  
(भा०प्र०)
- द्रोणपुष्पी कटुः सोष्णा रुच्या वातकफापहा ।  
अग्निमान्द्यहरा चैव पथ्या वातापहारिणी ॥  
(रा०नि०)

Rasa - Madhura, Katu, Lavana,

Guna - Guru, Ruksha, Tikshna

Virya - Ushna

Vipaka - Madhura

Dosha - karma KaphaVatashamaka

**Parts used:** Leaves, flowers, roots.

**Dose:** Fresh juice= 10-20 ml.

**Formulations**<sup>8</sup>: Sudarshan churna, Gorochanadi vati, Pleehari gutika, Balarogantaka-rasa, Vishmajvaradi-kshar

**Therapeutic Uses:**<sup>1,2,7</sup>

- द्रोणपुष्पी कटुः सोष्णा रुच्या वातकफापहा ।  
अग्निमान्द्यहरा चैव पक्षाघातस्य नाशिनी ॥  
(सो०नि०)
- द्रोणपुष्पीदलं स्वादु रुक्षं गुरु च पित्तकृत् ।  
भेदनं कामला शोफ मेहज्वरहरं कटुः ॥  
(भा०प्र०)
- अत्रजने कामलात्तानां द्रोणपुष्पीरसो हितः ।  
(वृन्दः—पाण्डुरोगाधिकारम्)
- The leaves and flowers are acrid, thermogenic, carminative, digestive, anthelmintic, anti-inflammatory, emmenagogue, antipyretic, expectorant & antibacterial.
- Parts of the herb are useful in colic, dyspepsia, verminosis, arthralgia, chronic skin eruptions, psoriasis, cough and catarrh in children, amenorrhoea, intermittent fevers and ulcers.
- The juice of leaves is highly recommended as an eye-drop in encephalopathy due to worm infestation in children and is useful as a nasal drop in catarrh and cephalalgia.
- Juice of leaves used for headaches and colds.
- A decoction of leaves and *kalajaji* seed or the

<b>Fever</b>	Equal amounts of flower of <i>Dronapushpi</i> , leaves of <i>Nimba</i> , <i>Tulsi</i> , roots of <i>Musta</i> , <i>Kantakaari</i> and black pepper seeds are pounded together and juice is extracted. This juice is given in the dose of 10-20 ml. orally.
<b>Stomachache</b>	Curry made from the plant is useful if given orally.
<b>Eczema</b>	Plant is burnt and some coconut oil is mixed with the ash, this paste is applied on the infected skin lesions.
<b>Eye-Disorders</b>	Juice of <i>L. aspera</i> leaves is mixed with rice water and used orally as well as topically.
<b>Hemorrhoids</b>	Equal amounts of roots of <i>Dronapushpi</i> and black pepper are grounded together; a spoonful of the mixture of this is given twice a day till the ailment cures.
<b>Anorexia</b>	Juice is extracted from the leaves and flowers, 3-5 spoonful is given orally.
<b>Migraine/ Sinusitis</b>	Juice is extracted from the freshly plucked leaves and two drops of the juice is used in <i>nasya karma</i> .
<b>Jaundice</b>	Juice from the pounded leaves is extracted and little quantity of goat urine is mixed, this is given twice a day for 4 days.



fresh juice of tumeric and rice, are used for ulceration.

- Poultice of leaves also used for itching, headache and vertigo.
- A decoction of leaves or crushed leaves is used as a sedative in nervous disorders.
- Syrup of the flowers is used as a domestic remedy for cough and cold.

**Therapeutic Administration**<sup>9,10</sup>:

**Pharmacological Studies:**

- **Antimicrobial activity of *Leucas aspera* flowers:** The methanol extract of *L. aspera* flowers, its fractions, the alkaloidal residue and the expressed flower juice showed good antibacterial activity for methanol extract and methanol fraction with maximum activity for the alkaloidal residue.<sup>11</sup>

- **Hepato-protective activity: *L. cephalotus*** possesses significant degree of hepatoprotective effect against carbon tetrachloride induced hepatotoxicity and if *L. cephalotus* extract used as a prophylactic measure will serve as better hepatoprotective agent and ameliorate various liver diseases particularly of acute nature. It is found to be effective in the treatment of **Viral Hepatitis**.<sup>5</sup>

- **Antimicrobial activity:** The essential oils from *L. aspera* possessed bacteriostatic activity against *Staphylococcus aureus*, *Vibrio cholerae*, *Salmonella typhi*, *Klebsiella aerogenes*, *Escherichia coli*, *Proteus vulgaris*, *Pseudomonas pyocyanea* and *Dys. Flexneri*.<sup>12</sup>

- **Antispasmodic:** Extract procured from the plant *L. cephalotus* showed **Antispasmodic activities**.<sup>5</sup>

- **Antifungal activity:** *In vitro* study of chloroform and ether extracts of *L. aspera* revealed its antifungal activity against *Trichophyton* and *Microsporum gypseum*. The minimum inhibitory concentration was found to be 5mg/mL. *Leucas*

*aspera* had both fungistatic and fungicidal actions.<sup>13</sup>

- **Antifilarial activity:** *L. cephalotus* exhibits potent antifilarial activity against adult worms and the microfilaria of *Setaria cervi*.<sup>14</sup>

- **Anti-diabetic activity:** The ethanolic extract of leaves is reported to have antidiabetic, anti hyperlipidemic & antioxidant activity. The administration of ethanolic extract of *Leucas cephalotes* leaves possess anti hyperlipidemic effect in addition to antidiabetic activity at doses of 150, 300 & 450mg/kg body weight. Extract at the dose of 450mg/kg body weight was found to be more potent as comparable to Glibenclamide and Metformin as an antidiabetic. Dose dependent reduction in plasma glucose level & lipid profile in normal and alloxan, Streptozotocin induced diabetic rats with ethanolic leaves extract. However they showed that *Leucas cephalotes* ethanolic extract show IDDM and NIDDM antidiabetic activity.<sup>15</sup>

- **Antioxidant & Antibacterial:** Study of essential oil showed the major components were: oleic acid, hexadecanoic acid, 1-octen-3-ol, caryophyllene, etc. The essential oil showed antioxidant scavenging activity. Antibacterial activity showed inhibition of test bacterial growth, especially *E. coli* and *Salmonella enteritidis*.<sup>16</sup>

- *L. Cephalotus* also reported for different kind of activities as cardiac depressant, hypotensive, antihelmintic, antiseptic, insecticidal, antiscabies, & anticoagulant etc.

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## मेदोरोग का नैदानिक विवेचन

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### सारांश—

आधुनिक जीवनशैली, आहार— विहार एवं पाश्चात्य संस्कृति का अन्धानुकरण तथा स्पर्धाजन्य मानसिक एवं शारीरिक दबावों के कारण मानव समाज में अनेक याप्य तथा दुरुपक्रम्य व्याधियों की उत्पत्ति हुई है जो तीव्र गति से प्रसारित हो रही है। इन जीवनशैली जनित विकारों में मेदोरोग या स्थौल्य अग्रणी है। विगत 20 वर्षों में मेदोरोग मे 3 गुना वृद्धि हुई है तथा यह आगे भी बढ़ती जा रही है। विकसित देशों से प्राप्त आकड़ों के आधार पर 20 से 40 प्रतिशत वयस्क तथा 10 से 20 प्रतिशत बालक मेदोरोग से ग्रसित पाये गये। मेदोरोग होने पर अनेक प्रकार के उपद्रवों तथा मृत्यु की सम्भावना भी बढ़ जाती है। आयुर्वेदीय ग्रन्थों में मेदोरोग के हेतुओं का विस्तृत एवं वैज्ञानिक विश्लेषण प्राप्त होता है। इन वर्णित मेदोरोग हेतुओं एवं सम्प्राप्ति चक्र का वर्तमान एवं आधुनिक विज्ञान के परिप्रेक्ष्य में कार्य—कारण भाव की आधारशिला पर विवेचन करना चिकित्सा के दृष्टिकोण से अत्यावश्यक है। इसी उद्देश्य की पूर्ति हेतु प्रस्तुत शोध निबन्ध की परिकल्पना की गई है।

**संक्षिप्त शब्द—** मेदोरोग, स्थौल्य, निदान, सम्प्राप्ति प्रस्तावना—

स्वस्थ व्यक्ति का स्वस्थानुवर्तन तथा आतुर व्यक्ति का सम्यक रोग प्रशमन — ये उभय आयुर्वेद

के प्रयोजन हैं। इस प्रयोजन के निमित्त हेतु विचार अत्यन्त आवश्यक है। संक्षेप रूप में निदान परिवर्जन ही चिकित्सा है। यदि हेतुओं का निःशेष तथा सम्यक् ज्ञान प्राप्त नहीं होता है, तो व्याधि की सम्प्राप्ति का विघटन—चिकित्सा सम्भव नहीं है। मेदोरोग, स्थौल्य, मेदोदोष एवं मेदोवृद्धि परस्पर पर्याय रूप में वर्णित हैं, जिसमें मेद धातु की विकृति होती है। अत्याहार एवं शारीरिक परिश्रमरहित जीवनचर्या व बीज दुष्टि के फलस्वरूप शरीर में वसा के रूप में ऊर्जा संचय की वृद्धि होने लगती है, जिससे मेदोरोग उत्पन्न होकर शरीर पर प्रतिकूल प्रभाव पड़ता है। विश्व स्वास्थ्य संगठन ने स्थौल्य को 21 वीं सदी की वृहदतम स्वास्थ्य समस्या माना है।

आधुनिक चिकित्सा विज्ञान में वर्णित ओबेसिटी (स्थौल्य) की आयुर्वेदीय ग्रन्थों में बताया गए मेदोरोग से पर्याप्त साम्यता है। मेदोरोग की उत्पत्ति शारीरिक परिश्रम न करने से, अत्यधिक सोने से, विशेषतः दिन में, कफ प्रकोपक आहार, मधुर रस वाले द्रव्यों तथा स्नेह के अधिक मात्रा में सेवन से होती है। यद्यपि आयुर्वेदीय ग्रन्थों में मेदोरोग एक ही प्रकार का वर्णित है, परन्तु शागुर्द्धर संहिता के टीकाकार आढमल्ल ने सम्प्राप्ति के आधार पर मेदोरोग के दो भेद करने का प्रथम प्रयास किया है। यथा—प्रथम भेद वह है जिसमें वृद्ध मेद धातु का संचय उदर में विशेष

■ \*प्रवक्ता, स्वस्थवृत्त विभाग, राजकीय आयुर्वेदिक कालेज, अतर्रा (बांदा)

विश्व आयुर्वेद परिषद पत्रिका : मार्च—अप्रैल 2014

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होता है जो स्थौल्य (आधुनिक ओबेसिटी) का द्योतक है। द्वितीय भेद के रूप में प्रवृद्ध मेद द्वारा स्रोतों के अवरोध के फलस्वरूप श्वास कष्ट, तृष्णा, मोह आदि लक्षणों का उल्लेख है, जिससे रक्तगत वसा वृद्धि (हाइपरलिपिडीमिया) का बोध होता है।

**विषय प्रवेश –**

**स्थौल्य की व्युत्पत्ति :-** स्थूलयति ते च अतः स्थौल्यम्। (वाचस्पत्यम् 6/5358)

**स्थौल्य की निरुक्ति :-**

स्थूलयति वर्धते उदरादि वृद्धया य स स्थूलः। (भा०प्र० 31)  
मेदोमांसातिवृद्धत्वाच्चलस्फिगुदरस्तनः।  
अयथोपचयोत्साहो नरोऽतिस्थूल उच्यते।।

च०सू० 21/8-9

मेद तथा मांस धातु के अत्यन्त बढ़ जाने पर जिसके स्फिक् तथा स्तन इधर-उधर हिलने लगते हैं, जिसके शरीर तथा उत्साह की वृद्धि अनुचित हो रही हो, उस व्यक्ति को अतिस्थूल कहा जाता है।

**मेदोरोग की निदान-सम्प्राप्ति :-**

**निदान :-** मेदोरोग सम्बन्धी निदान मुख्यतः 4 वर्गों में विभक्त किए जा सकते हैं :-

- (1) आहारात्मक
- (2) विहारात्मक
- (3) मानस
- (4) अन्य निदान

विभिन्न संहिता ग्रंथों में वर्णित मेदोरोग सम्बन्धी निदान इस प्रकार हैं-

**चरक संहिता –** (च.सं.सू. 21/4)

अति संपूरण	अव्यायाम	बीज स्वभाव
गुरु	अव्यवाय	
मधुर	दिवा स्वप्न	

शीत	हर्ष
स्निग्ध	अचिन्तन

अचिन्तन एवं हर्ष मानसिक संतुष्टि के परिचायक है जबकि अतिनिद्रा, दिवा स्वप्न एवं अव्यायाम शारीरिक श्रम रहित जीवन चर्या के द्योतक हैं।

च.सं.सू. 23/3-4 में अति स्थौल्य को संतर्पणोत्थ व्याधि माना है एवं निम्नलिखित निदान वर्णित हैं -

**आहारज :-** स्निग्ध, मधुर, गुरु, पिच्छिल, नवान्न, नवमद्य, आनूप एवं जलीय मांस, गोरस, गुडान्न, पिष्टान्न

**विहारज :-** चेष्टाद्वेष, दिवा स्वप्न, शैथ्या एवं आसन सुख आचार्य चरक ने आहारज एवं विहारज हेतुओं के अतिरिक्त बीज स्वभाव को भी स्थौल्य का विशिष्ट हेतु माना है (च.सं.सू. 21/4)।

सुश्रुत-संहिता :- (सु.सं.सू. 15/37)

आहारज - श्लेष्मल आहार, अध्यसन

विहारज - अव्यायाम, दिवा स्वप्न

**अष्टांग हृदय:-** अ.ह.सू. 24/20-22 में अतिस्थौल्य के आहारज निदानों का ही विशेष उल्लेख है। श्लेष्मल आहार के लिए 'गुर्वादि' शब्द का प्रयोग किया है तथा अतिबृंहण को स्थौल्य का प्रमुख हेतु बताया है।

**माधव-निदान :-**

चरक के समान ही मेदोरोग सम्बन्धी निदानों का वर्णन है (मा.नि. 34/1-2)

**भाव प्रकाश :-**

स्थौल्याधिकार अध्याय 39 में मेदोरोग सम्बन्धी निदान बताये हैं।

**आहारज :-** श्लेष्माहार, मधुर अन्न, स्नेह द्रव्य



**विहारज :-** अव्यायाम, दिवा स्वप्न

चिकित्सा के सन्दर्भ में अन्य मेदोरोग सम्बन्धी निदान तमोगुण बहुलता एवं मानसिक तुष्टि भी माना हैं (शैया सत्वोदार्यतमो-भा.प्र. 39/1)

**योगरत्नाकर :-**

**आहारज :-** श्लेष्मबहुल आहार, मधुर अन्न, स्नेहद्रव्य, भोजनोपरान्त जल सेवन

**विहारज :-** अव्यायाम, दिवा स्वप्न

अध्याय 34 में तिक्त रस को मेद प्रवर्द्धक कहा गया है। आहार सेवन के पश्चात् बैठे रहना-तुण्ड रोग (उदर प्रदेश में मेदो-वृद्धि) का कारण माना है।

**भैषज्य रत्नावली :-**

मेदोरोग के हेतुओं का पृथक् वर्णन न करके स्थूल व्यक्ति के लिए दिवा स्वप्न एवं श्लेष्मल आहार का निषेध किया है जो मेदोरोग के कारण हैं।

**पूर्व रूप :-**

आयुर्वेदीय किसी भी ग्रन्थ में मेदोरोग के पूर्वरूपों का वर्णन नहीं प्राप्त होता है, परन्तु रोग की अव्यक्तावस्था को कई रोगों का पूर्वरूप माना गया है (च.चि. 28/19)। इस प्रकार मेदोरोग के अव्यक्त अथवा अस्पष्ट रूप को पूर्वरूप कहा जा सकता है। पूर्वरूप की उत्पत्ति दोषों की स्थान संश्रयावस्था में होने से कफ वृद्धि के लक्षण यथा अंग शैथिल्य, आलस्य, गात्रसाद, मधुरास्यता, अतिनिद्रा आदि स्थौल्य के पूर्वरूप हैं।

**रूप:-**

मेदोमांसातिवृद्धत्वाच्चलस्फिगुदरस्तनः

अयथोपचयोत्साहो नरोऽतिस्थूल उच्यते।

(च.सू. 21/9)

मेदोवर्द्धक निदान के अति सेवन के

फलस्वरूप मेद एवं वसा सर्वप्रथम उदर प्रदेश में संचित होती है, क्योंकि उदर में मेदोधरा कला स्थित होती है (सु.शा. 4/12)। इसके पश्चात् स्फिक् एवं वक्ष प्रदेश में इनका संचय होता है तथा मन्द गति से चलने पर भी रोगी के स्फिक्, उदर एवं स्तन वृद्ध होने के कारण हिलते हैं। अन्य धातुओं की अपेक्षा मेद की ही विशेष वृद्धि होती है जिससे व्यक्ति बहुत मोटे (स्थूल) अंगों वाला होता है परन्तु उसमें विशालकायता के अनुपात में उत्साह का अभाव होता है।

चरक ने अतिस्थूल व्यक्ति में निम्नलिखित दोष बताए हैं : (च.सू. 21/4)

**1. आयुषोद्वास :-** मेदस्वी व्यक्ति के शरीर में मेद की ही अधिक वृद्धि होती है, रसादि अन्य धातुएँ उस अनुपात में नहीं बढ़ती अपितु मेद जन्य स्रोतोरोध के कारण उनका निरन्तर क्षय होता है, इसलिए मेदोरोगी की आयु क्षीण हो जाती है।

**2. जवोपरोध :-** विशाल काय होने से मेदोरोगी शिथिल एवं सुकुमार हो जाता है तथा शरीर भारी होने के कारण उसमें जवोपरोध अर्थात् स्फूर्ति, वेग एवं उत्साह का क्षय होता है।

**3. कृच्छ्रव्यवायता :-** वृद्ध मेद द्वारा स्रोतों के आवरण के फलस्वरूप शुक्र धातु की उत्पत्ति सम्यक् रूप से न होने से मैथुन करने में कठिनाई होती है।

**4. दौर्बल्य :-** धातुओं के समान रूप से न बनने के कारण मेदोरोगी में दुर्बलता होती है।

**5. दौर्गन्ध्य :-** मेद के दुष्ट एवं प्रवृद्ध होने से मल रूप स्वेदोत्पत्ति भी अधिक होती है जिससे शरीर दुर्गन्धयुक्त हो जाता है। मेद स्वभावतः आम गन्धि होने से भी दुर्गन्ध का कारण होता है। (चक्रपाणि)



**6. स्वेदाबाध :-** मेद के श्लेष्म-संयुक्त होने से तथा मेद के विष्यन्दि, बहुत्व एवं गुरु गुणों के प्रवृद्ध होने से मेदस्वी व्यक्ति व्यायाम सहन नहीं कर पाता एवं अति स्वेद से पीड़ित रहता है।

**7-8. क्षुधातिमात्रता एवं पिपासातियोग :-** अग्नि के तीक्ष्ण होने से, कोष्ठ में वायु की प्रचुरता के कारण अग्नि का सन्धुक्षण होते रहने से मेदोरोगी को भूख एवं प्यास अधिक लगती है।

सुश्रुत ने स्थौल्य के अन्य लक्षणों के साथ क्षुद्रश्वास का उल्लेख किया है। अति मात्रा में संचित मेद द्वारा सूक्ष्म स्रोतसों का अवरोध होने से रोग में क्रथन (अकस्मात् श्वासावरोध) गदगदत्व, अल्प शुक्रता, गात्रसाद, जाड्य, सर्वक्रिया-असमर्थता उत्पन्न होती है।

चरक ने प्रकृषित दोषों के मेद धातु में आश्रित होने पर प्रमेह के पूर्वरूपों की उत्पत्ति यथा-स्वेदोत्पत्ति, अंग गंध, शिथिलांगता, घनांगता, शीतप्रियत्व, मधुरास्यता इत्यादि - (च.सं.चि. 6/13-14)का वर्णन किया है (च.सं.सू. 28/15)।

**उपशय:-**

औषध, अन्न, विहार, देश और काल आदि से उत्पन्न सुख परम्परा को ही उपशय कहा जाता है (च.सं.नि. 1/10)। इसका प्रयोग अज्ञात व्याधि में व्याधि के ज्ञान के लिए एवं ज्ञात रोग में चिकित्सा हेतु किया जाता है। परन्तु मेदोरोग का निदान रोगी में पाये जाने वाले लक्षणों के आधार पर सरलता से किया जाता है।

**सम्प्राप्ति :-**

मेदोरोग की निदान सम्प्राप्ति में निम्नलिखित घटकों का महत्वपूर्ण योगदान है :-

**(1) आहारज-** विहारज निदान एवं मधुर रस का

स्नेह में परिवर्तन :-

चरक ने अतिसम्पूरक विशेषतः गुरु, मधुर, शीत एवं स्निग्ध द्रव्यों के सेवन के साथ व्यायाम न करने से स्थौल्य की उत्पत्ति बताई है (च.सू. 21/4) जबकि सुश्रुत ने श्लेष्मलाहार एवं अध्यशन के साथ अव्यायाम एवं दिवा स्वप्न से मेदों वृद्धि का उल्लेख किया है। चरक ने श्लेष्मनानात्मज विकारों के अन्तर्गत अतिस्थौल्य अथवा मेदोरोग का समावेश किया है। (चं.सू. 20/17) मधुकोश के अनुसार मेदोरोगी में प्रायः मधुरतायुक्त आम अन्नरस उत्पन्न होता हुआ स्नेह गुण की अधिकता के कारण मेदो वृद्धि होती है।

आहार द्रव्यों का तुल्यत्व एवं विशिष्टत्व धातु की वृद्धि एवं क्षय के लिए क्रमशः उत्तरदायी है। (अ.सं.सू. 19/18)

द्रव्यं तुल्यं विशिष्टं हि स्व स्व वृद्धयै क्षयाय च।

प्रतयात्म बीज नैर्यस्माद् भृशमाशु च जायते।

(अ.सं.सू. 19/18)

द्रव्यों में बीज रूप में स्थित गुण या तो धातुओं के गुणों के तुल्य (समान) होते हैं अथवा विशिष्ट (असमान) होते हैं जिससे धातुओं की क्रमशः वृद्धि या क्षय होती है। यह तुल्यता अथवा विशिष्टता द्रव्यतः, गुणतः एवं कर्मतः हो सकती है।

आहार द्रव्यों में आश्रित उपरोक्त एक, दो अथवा तीनों भाव एक साथ मिलकर, शरीरगत धातुओं के तुल्य होने पर उनकी तीव्रता से वृद्धि करते हैं तथा विशिष्ट होने पर धातुओं के क्षय का कारण होते हैं क्योंकि धात्वग्नि-पाक की अवस्था में धातुओं में स्थित पाचक अंशों (धात्वग्नियों) द्वारा केवल उन्हीं पोषक अंशों पर क्रिया होती है जो तद्-तद् धातुओं के तुल्य होती हैं जिसके



फलस्वरूप उन धातुओं की अधिक वृद्धि होती है। इसके विपरीत यदि किसी धातु के पास पहुँचने वाले आहार रस में उपस्थित पोषक अंश यदि उस धातु के गुणों के प्रति विशिष्ट हों तो धात्वग्नि उनका पाक करने में असमर्थ होने से धातु का सम्यक् पोषक नहीं कर पाती है परिणामतः उस धातु का क्षय होने लगता है।

सुश्रुत के अनुसार अत्यधिक मात्रा में कफवर्द्धक आहार अथवा अध्यशन करने से जठराग्नि द्वारा उनका सम्यक् परिपाक न होने से अपक्व अन्नरस बनता है (सु.सू. 15/37)। यह अपक्व अन्न रस मधुरतर तथा अति स्निग्ध होता है, अतः रक्ताग्नि एवं मांसग्नि द्वारा इसका उपयोग नहीं हो पाता तथा अपरिवर्तित अवस्था में ही यह मेदोऽग्नि तक पहुँचता है जिसकी क्रिया के फलस्वरूप इसका रूपान्तरण मेद धातु के रूप में हो जाता है। मेदोरोगी में पूर्ववर्ती धातुओं अर्थात् रस एवं रक्त का सम्यक् पोषण नहीं हो पाता, जिसका कारण मेदोरोगी द्वारा विशिष्ट आहार (मेदोवर्द्धक) सेवन, अदृष्ट कारण या स्रोतोऽवरोध है (सु.सू. 15/37 पर उल्हण)

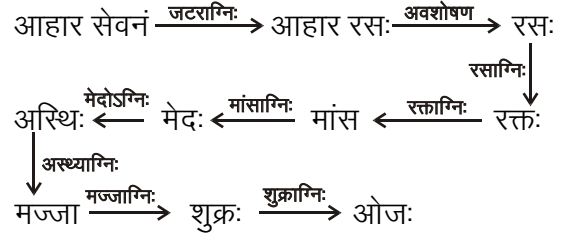
## (2) अग्नि की विकृतिः—

अग्नि व्यापार तीन स्तरों—यथा जठराग्नि, भूताग्नि एवं धात्वग्नि के स्तरों पर होता है। आहार पर सर्वप्रथम जठराग्नि की क्रिया तीन अवस्थाओं क्रमशः मधुरावस्था, अम्लावस्था एवं कटु पाकावस्था में होती है। जठराग्नि द्वारा आहार के स्थूल स्वरूप का संघात भेद होकर सूक्ष्मतर कणों में परिवर्तन होता है जिस पर भूताग्नियाँ कार्य करती हैं तथा अवशोषण योग्य आहार रस निर्मित होता है। पाँच भूताग्नियाँ यथा पार्थिव, आप्य,

अग्नये, वायव्य एवं आकाशीय—पंच भौतिक आहार के तद्-तद् अंशों पर कार्य करके क्रमशः पार्थिव आदि भावों का पोषण करती हैं। तत्पश्चात् आहार—रस अवशोषित होकर रस—रक्त संवहन में पहुँच जाता है। (च.चि. 15/15—17 पर चक्रपाणि) आहार रस से रस धातु का पोषण तथा क्रमानुसार पूर्व की धातु से पश्चात् की धातु का पोषण होता है (च.चि. 15/16—17)

धातुओं की वृद्धि अथवा क्षय धातुओं में स्थित कायाग्नेरंश (धात्वग्नि—हेमाद्रि) के साद (मंद) अथवा दीप्ति (तीक्ष्ण) की अवस्था पर क्रमशः निर्भर करती है तथा पूर्ववर्ती धातु की वृद्धि होने पर परवर्ती धातु की वृद्धि एवं पूर्ववर्ती धातु के क्षीण होने पर परवर्ती धातु की वृद्धि एवं पूर्ववर्ती धातु के क्षीण होने पर परवर्ती धातु का भी क्षय होता है (अ. ह.सू. 11/34)

स्वस्थानस्थस्य कायाग्नेरंशः धातुशु संश्रिता।  
तेषां सादातिदीप्तिम्यां धातु वृद्धि क्षयोदत्रवः।। 34  
पूर्वो धातुः परं कुर्याद्वृद्धः क्षीणश्च तद्विधम्। (अ.ह. सू. 11/34)



मेद धातु की वृद्धि मुख्यतः दो अवस्थाओं में सम्भव है— प्रथम पूर्व की धातुओं अर्थात् रस, रक्त विशेषतः मांस की वृद्धि होने पर तथा द्वितीय मेदो धात्वग्नि की मंदता से। प्रथम स्थिति में मेदो धात्वग्नि सम होती है परन्तु मेदोवर्द्धक निदान के सेवन के कारण उत्पन्न आहार रस के मेदा



धात्वग्नि की क्रिया के अनुकूल होने से मेद का निर्माण अधिक होता है तथा इस आहार रस का उपयोग पूर्ववर्ती धात्वग्नियों यथा रसाग्नि एवं रक्ताग्नि द्वारा तद्-तद् धातु से साधर्म्य न होने से सम्यक्तया नहीं हो पाता। परिणामतः मेद की ही अधिक वृद्धि होने से रस-रक्त, मांस का अपेक्षाकृत क्षय होता है।

द्वितीय स्थिति में मेदों धात्वग्नि मंद होने से मेद का उपयोग परवर्ती अस्थि धातु के निर्माण एवं पोषण हेतु नहीं हो पाता, अतएव मेदधातु का संचय होने लगता है तथा पोषण के अभाव में परवर्ती धातुओं अस्थि, मज्जा एवं शुक्र का क्षय होता है जिससे रोगी में अस्थि-सन्धि शूल, दौर्बल्य, कृच्छ्रव्यावायता आदि लक्षण मिलते हैं। मेदोरोगी में प्रायः प्रथम एवं द्वितीय दोनों प्रकार की सम्प्राप्ति चक्र एक साथ चलती रहती है।

**(3) स्रोतो अवरोध-** स्रोतरोध सूक्ष्म एवं स्थूल स्रोतसों के स्तर पर हो सकता है। सूक्ष्म स्रोतसों के द्वारा ही आहार रस शरीर की विभिन्न धातुओं तक पहुँचता है। इन सूक्ष्म स्रोतसों का अवरोध आम के द्वारा होता है। आमोत्पत्ति जठराग्नि अथवा धात्वग्नि की मंदता के फलस्वरूप होती है। यह आम सूक्ष्म स्रोतसों में अवरोध के साथ ही धात्वग्नि की क्रिया को भी बाधित करता है। मेद तथा कफ के द्वारा स्थूल स्रोतसों का भी अवरोध होने लगता है जिसके कारण मार्ग के रूक जाने से 'कुम्भकार पवन न्याय' से भीतर बलवान होकर तथा बढ़कर वायु अग्नि को प्रदीप्त कर देता है तथा अत्यधिक प्रवृद्ध वायु अग्नि वैशम्य उत्पन्न कर देता है जिससे रोगी में प्रमेह पिडिका, वात रोग आदि उपद्रव होते हैं।

(4) मेदोरोग की सम्प्राप्ति में बीज-दुष्टि की भूमिका- चरक ने मेदोरोग की उत्पत्ति के कारणों में 'बीज स्वभाव' की व्याख्या करते हुए चक्रपाणि ने पुनः कहा है कि स्थूल माता-पिता की संतान भी बीज दुष्टि के कारण प्रायः स्थूल होती है। (च.सं.सू. 21/4)

**प्रमेह तथा मेदोरोग का परस्पर सम्बन्ध:-** निदान की दृष्टि से मेदोरोग तथा प्रमेह-दोनों ही संतर्पणजन्य व्याधियाँ हैं। गर्भिणी के अति संतर्पण से भावी संतति में अतिस्थौल्य एवं प्रमेह की उत्पत्ति हो सकती है। इसी प्रकार प्रमेह के चिकित्सा सूत्र में चरक ने 'स्थूल प्रमेही' शब्द का प्रयोग किया है (च.सं.चि. 6/15)। प्रमेह के पूर्वरूपों की उत्पत्ति मेद धातु की दृष्टि से ही होती है (च.सं.सू. 28/15)।

**मेदोरोग की निदान-** सम्प्राप्ति में श्लेष्मल आहार प्रमुख निदान एवं कफ प्रधान दोष है जिसके द्वारा मेद की दुष्टि होती है। प्रमेह में भी कफ ही प्रधान दोष है जिसके द्वारा प्रथमतः मेद धातु तत्पश्चात् अन्य धातुओं की दुष्टि होती है।

**दोष-** त्रिदोष (क्लेदक कफ, समान, व्यान, अपान वायु, पाचक पित्त)

**दूष्य-** रस, मेद

**स्रोतस-** अन्नवह, रसवह, मांसवह, मेदोवह

**स्रोतो दुष्टि-** संग, आवरण, विमार्ग गमन

**अधिष्ठान-** सम्पूर्ण शरीर विशेषतः उदर, स्फिक, स्तन

**अग्नि-** मेदो धात्वग्निमांघ, उठराग्निमांघ

**उद्भव-** चिरकारी

**रोग मार्ग-** वाह्य

**मेदोरोग के उपद्रव:-** चरकानुसार अतिस्थूल की



सम्यक चिकित्सा न करने पर अति प्रवृद्ध अग्नि एवं प्रकुपित वायु द्वारा दारुण विकार उत्पन्न होते हैं जो रोगी का अतिशीघ्र नाश कर देते हैं। (च.सू. 21/5-8)। शिवदास सेन ने दारुण विकारों से प्रमेह पिडका, ज्वर, भगन्दर, विद्रधि एवं वात रोगों का ग्रहण किया है।

सुश्रुत मतानुसार मेदोरोगी में रसादिवाहक स्रोतसों के मार्ग कफ तथा मेद से आवृत्त हो जाते हैं जिसके कारण शेष उत्तरोत्तर धातुएँ अधिक पुष्ट नहीं होती हैं, फलस्वरूप रोगी अल्प जीवन शक्ति-व्याधि क्षमता-वाला होकर प्रमेह, प्रमेह पिडका, ज्वर, भगन्दर, विद्रधि और वात विकार इन रोगों में से किसी एक रोग से पीड़ित होकर मृत्यु को प्राप्त होता है। (सु.सं.सू. 15/37)

अष्टांग संग्रह में श्वास एवं उरुस्तम्भ का भी उल्लेख है (अ.सं.सू. 2429)।

भाव प्रकाश में कतिपय नवीन उपद्रवों यथा अतिसार, अर्श, श्लीप, अपची एवं कामला तथा स्वेद दौर्गन्ध्य जनित त्वक रोगों की उत्पत्ति का वर्णन है (भा.प्र. स्थौल्याधिकार 39/10)।

**मेदोरोग की साध्यता- असाध्यता एवं चिकित्सा सूत्रः-** मेदोरोग एक कष्टसाध्य व्याधि है जिसमें जठराग्नि की विकृति तथा प्रवृद्ध मेद द्वारा मार्गावरोध जन्य वात प्रकोप के फलस्वरूप भयावह उपद्रव यथा प्रमेह पिडका, भगन्दर आदि उत्पन्न होकर रोगी की मृत्यु भी हो सकती है। मेदोरोग में मुख्यतः कफ वात प्रकोप के साथ मेदोधातु की वृद्धि होती है। इसमें गुरु-अपतर्पण चिकित्सा का विधान है जो द्विविध चिकित्सा का मिश्रण है क्योंकि लंघन मात्र से मेदोरोग का उपचार संभव नहीं है। यद्यपि रसनिमित्त व्याधियों की चिकित्सा हेतु लंघन वर्णित है, परन्तु लंघन से पुनः वात

प्रकोप सम्भावित है। अतएव गुरु-अपतर्पण चिकित्सा अधिक उपयोगी है। (च.सं.सू. 21/7) विमर्श एवं निश्कर्ष - प्रस्तुत चिन्तन के परिप्रेक्ष्य में यह विचारणीय है कि प्राचीन आचार्यों द्वारा वर्णित हेतु आधुनिक काल में भी उतने ही युक्तियुक्त तथा तर्कसंगत एवं प्रत्यक्ष दृष्टिगोचर हैं। ये हेतु अर्वाचीन विज्ञान की कसौटी पर भी उतने ही व्यवहारिक प्रतीत होते हैं। पहले स्थौल्य धनाद्य देशों एवं धनी वर्ग के व्यक्तियों की व्याधि मानी जाती थी परन्तु आधुनिक शारीरिक श्रमरहित जीवन शैली के बढ़ते प्रचलन के कारण प्रायः हर वर्ग के व्यक्ति इस व्याधि से ग्रसित हो रहे हैं। आयुर्वेदीय ग्रन्थों में उपलब्ध नैदानिक विवेचन के समुचित ज्ञान एवं निदान त्याग द्वारा इस आधुनिक महामारी से निःसन्देह बचा जा सकता है।

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## पर्यावरण संरक्षण में आयुर्वेद की भूमिका

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प्रस्तावना—

जो शास्त्र मनुष्य की आयु का ज्ञान कराए उसे आयुर्वेद कहते हैं। आयुर्वेद के दो प्रयोजन हैं। प्रथम स्वस्थ व्यक्ति के स्वास्थ्य की रक्षा तथा दूसरा आतुर के विकार का प्रशमन करना। आयुर्वेद के प्रथम प्रयोजन को पूरा करने के लिए आचार्यों ने सद्वृत्त, स्वस्थवृत्त, सम्यक् ऋतुचर्या आदि का वर्णन किया है। व्यक्ति के स्वास्थ्य को बनाये रखने के लिए पर्यावरण के शुद्ध रहने पर ही इन उद्देश्यों की प्राप्ति हो सकती है। इसके लिए भी आचार्यों ने यत्र तत्र पर्यावरण संरक्षण के लिए विभिन्न संदर्भों का उल्लेख किया है।

षडधातुज पुरुष (पांचभौतिक + आत्मा) को हानिकारक तत्वों से बचने के लिए प्रकृति रूपी पर्यावरण की आवश्यकता रहती है। पर्यावरण के पांचभौतिक तत्वों के संतुलन के परिणाम स्वरूप ही हम सुरक्षित रह सकते हैं।

इस पर्यावरण को हम दो भागों में बांट सकते हैं, धारक पर्यावरण, पोषक पर्यावरण। धारक पर्यावरण के अन्तर्गत सोम, सूर्य और वायु आते हैं जो हमारे शरीर के वात, पित्त और कफ को संचालित करते हुये देह को धारण करते हैं।

विसर्गादान विक्षेपे: सोमसूर्यानिलस्तथा।

धारयन्ति जगद्देहकफपितानिलस्तथा।।

(सु.सू. 21/8)

पोषक पर्यावरण के अन्तर्गत आता है पादप जगत। क्योंकि पादप जगत ही सोम (जल), सूर्य व वायु से स्वतंत्र ऊर्जा प्राप्त कर उसे ग्रहण योग्य

स्थिर ऊर्जा में परिवर्तित करते हैं। जिसे ग्रहण करने से हमारे शरीर का पूर्ण पोषक सम्भव होता है। इन धारक व पोषक पर्यावरण के संतुलन के परिणाम स्वरूप ही हम स्वस्थ रह सकते हैं तथा आयुर्वेद के प्रथम प्रयोजन का पालन कर सकते हैं। लेकिन तेज गति से बढ़ रही जनसंख्या और आधुनिकता की अंधी दौड़ के कारण हम वायु, जल, देश और काल जैसे पर्यावरण के प्रमुख घटकों को प्रदूषित करते जा रहे हैं। आचार्य चरकानुसार इन चार भावों के विकृत होने पर एक ही समय से एक ही समान लक्षण वाले रोग उत्पन्न होकर जनपद को नष्ट कर देते हैं।<sup>1</sup>

शब्दकुंजी— पर्यावरण, जनपदोद्ध्वंस, आयुर्वेद।

परिचय — यत्र तत्र आयुर्वेद के ग्रंथों में स्वस्थवृत्त के संदर्भ में भी पर्यावरण से संबंधित तथ्य मिलते हैं। जैसे — वायु

जीवन के लिए वायु अत्यन्त आवश्यक है। आहार, जल, वायु इन्हीं पर जीवन निर्भर है, इनमें भी वायु सबसे अधिक आवश्यक है और वायु के बिना क्षण भर भी जीवन संभव नहीं है। शरीर की संपूर्ण जीवनी प्रक्रियाओं में वायु की उपस्थिति आवश्यक है। वायु के संयोग से ही आहार का चयापचय होकर जीवनी शक्ति प्राप्त होती है और जीवन का क्रम चलता रहता है। श्वास प्रश्वास द्वारा रक्त का शुद्धीकरण, शक्ति उत्पादन, शरीर ताप परिरक्षण तथा आहार का उपयोग इत्यादि सभी प्रकार के जीवन घटक क्रियाओं का होना तभी संभव है जब जीवित शरीर को शुद्ध वायु प्राप्त

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होती रहे।

जिस प्रकार जीवित शरीर के आन्तरिक धारक धातु रूप त्रिदोषों में शरीर वात का महत्व है उसी प्रकार जीवन के पोषक त्रिस्थूण आहार, जल, वायु में पर्यावरणीय वायु का महत्व है। इस संदर्भ में चरक संहिता की उक्ति उद्धरणीय है। "वायुस्तन्त्रयन्त्रधरः" वायु तन्त्र यन्त्र को धारण करने वाला है, यह प्राण, उदान, व्यान, समान अपान स्वरूप है, सभी प्रकार की छोटी बड़ी चेष्टाओं का प्रवर्तक है, मन का प्रणेता नियन्ता है, सभी इन्द्रियों का उद्योजक है, सभी इन्द्रियार्थों को ग्रहण करने वाला है, सभी शरीर धातुओं का व्यूहकारक है, शरीर का संधान करने वाला है, वाणी प्रवर्तक है, स्पर्श रूप के ग्राहक त्वक् व वर्ण का मूल है, हर्ष व उत्साह का जनक है, अग्नि का प्ररके है, दोषों का संशोषक तथा मलों का बहिर्गमन कराने वाला है, स्थूल एवं अणु स्रोतों का भेदक है, गर्भ को आकृति देने वाला तथा आयु के अनुवर्तन का प्रमुख कारण है, ये सभी कर्म अप्रकृपित वायु से सम्पन्न होते हैं। इसके विपरीत प्रकृपित वायु शरीर में अनेकानेक रोग को उत्पन्न करता है। प्राणों को नष्ट करता है।

बाह्य वायु के गुण

पूर्वी वायु— समधुर, स्निग्ध, लवण, गुरु, विदाही, रक्तपित्तकारक तथा क्षत, विषार्त, व्रण तथा कफ रोग को बढ़ाने वाली, वातल श्रान्त एवं कफशोषी व्यक्ति के लिए हितकर परन्तु क्लेशकृत होती है।

दक्षिणी वायु— मधुर, अविदाही, कषायानुरस, लघु, श्रेष्ठ, चक्षुष्य बल्य एवं रक्तपित्त शामक है तथा वातवर्धक नहीं है।

पश्चिमी वायु— विशद, रूक्ष, पररुष, खर, स्निग्धता तथा बल का ह्रासक, तीक्ष्ण, कफ—मेद विशोषक, सद्यः प्राण बलक्षयकर तथा शरीर शोषक है।

उतरी वायु— उतरी वायु स्निग्ध, मृदु, मधुर, कषायानुरस शीत, दोषो का अप्रकोपक, प्रकृतिस्थ, व्यक्तियों में क्लेद व बल को बढ़ाने वाली है। यह क्षीण तथा विषार्त पुरुषों के लिए उत्तम है।

विकृत वायु (वायु प्रदूषण)

वस्तुतः वायु प्रदूषण से तात्पर्य है — वायुमण्डलीय वायु के उपयुक्त अनुपात का बदलना, उसमें अशुद्ध वायु CO<sub>2</sub> का बढ़ना। अन्य पदार्थों का मिलना, जलन व सडन आदि से उत्पन्न वायव्य पदार्थों का मिलना, दुर्गन्धि, धूम, धूलि, वाष्पादि का वायु में मिलना। इन सबसे वायु दूषित होती है एवं उपरोक्त व्याधियाँ उत्पन्न करती हैं। आचार्य चरक मतानुसार इस प्रकार की वायु को रोग पैदा करने वाली जानना चाहिये। जैसे — ऋतु के विपरीत बहने वाली, अतिनिश्चल, अत्यन्त वेग वाली, अत्यन्त कर्कश, अतिशीत, अतिउष्ण, अत्यन्त रूक्ष, अत्यन्त अभिष्यन्दी, अत्यन्त भयंकर शब्द करने वाली, आपस में टक्कर खाती हुई, अति कुण्डली युक्त, बुरे गन्ध, वाष्प, धूल, बालू और धूम से दूषित वायु।<sup>1</sup>

आचार्य सुश्रुत ने भी विकृत वायु के लक्षण लिखे हैं — धुआं अथवा वायु के विषाक्त होने पर पक्षी श्रम से थककर भूमि पर गिर जाते हैं और कास, श्वास, प्रतिश्याय, शिरोरोग, तथा नेत्ररोग से ग्रसित हो जाते हैं।<sup>1</sup>

वायु जन्य व्याधियाँ

वायु जीवन के लिए अत्यन्त महत्वपूर्ण होने से अशुद्ध वायु के सेवन से शरीर में सामान्य अस्वास्थ्यकर स्थिति उत्पन्न हो जाती है। मनुष्य प्रायः शिरःशूल, आलस्य, अरोचक, पाण्डु, कास, श्वास, यक्ष्मा, प्रतिश्याय, निबन्ध, अग्निमाद्य व दौर्बल्य से पीडित रहता है अशुद्ध वायु से प्रायः श्वसन संस्थान की व्याधिया होती हैं यथा श्वास,





कास, यक्ष्मा प्रतिश्याय ।

इसके अतिरिक्त वायु के माध्यम से संचारित जीवाणुओं से होने वाले सभी रोग दूषित वातज माने जाने चाहिए। वायु प्रसरित एपिडेमिक्स में राजयक्ष्मा कुष्ठ, मसूरिका, चेचक, डिप्थीरिया तथा अनेक विषाणुज रोग प्रमुख है। धूलकणों से होने वाले रोग Silicosis, Siderosis, Antrascosis and Pollen से होने वाले एलर्जी सम्बन्धी रोग भी महत्वपूर्ण है।

वायु शुद्धि उपाय

1. किसी स्थान की वायु का शुद्ध करने के लिए अधिकाधिक शुद्ध वायु प्रवाहक सर्वोत्कृष्ट उपाय है।
2. कर्पूर, देवदारु, धूप, चन्दन, श्रीवास, सर्ज, अगरू निम्ब, सोमराजी, तेजपत्र, गन्धक, गुग्गुलु, राजिका, श्वेतसर्षप आदि हवन द्रव्यों को अग्नि में हवन करने से वायु शुद्ध होती है।
3. लाख, हल्दी, तमालपत्र, तगर, कूठ व प्रियंगु आदि को अग्नि में डालकर इनके धूम से विषाक्त एवं विकृत वायु शोधन करना चाहिए।<sup>6</sup>

जल

जल, जीवन के लिए अत्यन्त आवश्यक वस्तु है। जल के बिना जीवन संभव नहीं है। चरक संहिता सूत्रस्थान 27वें अध्याय में जल के प्रकारों का उल्लेख करते हुए बताया गया है कि जल एक ही प्रकार का होते हुए भी विविध प्रकार का हो जाता है देशकालादि के प्रभाव से। आकाश से एक ही प्रकार का ऐन्द्र जल गिरता है व गिरता हुआ जल तथा पृथ्वी पर गिरा हुआ जल देश काल की अपेक्षा करने वाला होता है और चन्द्र तथा सूर्य की रश्मियों के सम्पर्क से शीत, उष्ण, स्निग्ध और रूक्ष आदि समीपस्थ व भूमि के गुणों से युक्त हो जाता है। आकाश का जल स्वभावतः शीत, शुचि, शिव,

मृष्ट निर्मल, लघु, इन गुणों वाला होता है।<sup>6</sup> यह जल पृथ्वी पर गिरने के बाद पात्र की अपेक्षा करता है।<sup>7</sup>

श्वेत भूमि पर पडकर कषाय रस, पाण्डुर भूमि पर तिक्त, कपिल या भूरी पृथ्वी पर क्षारीय, ऊषर भूमि में लवण, पर्वत पर कटु, काली मिट्टी पर मधुर बनता है। अन्तरिक्ष जल चार प्रकार का कहा गया है। धार, कार तौषार व हैम।

धार – धारा से गिरने वाला जल धार जल।

कार – कर (ओले) के रूप में गिरने वाला जल कार जल

तौषार – ओस जो प्रातः वनस्पतियों पर पडी देखी जाती है। वह तौषार जल।

हैम – जमकर बर्फ बन गया हैम जल। इनमें लघु गुण के कारण धार जल प्रधान माना गया है। धार जल पुनः दो प्रकार का होता है – गांग जल, सामुद्र जल गांग जल प्रायः अश्विन मास में बरसता है। अश्विन मास में सामुद्र जल भी गांगजल के समान होता है। गांग व सामुद्र जल का परीक्षण शाल्योदन पिण्ड के प्रभाव से करने की मान्यता है। गांग जल को शुद्ध, श्वेत वर्ण के विस्तृत वस्त्र खण्ड पर रोककर एक कोण से गिराकर एकत्र कर लेना चाहिए या साफ छत से एकत्र कर लेना चाहिए अथवा किसी अन्य स्वच्छ पात्र में एकत्र कर लेना चाहिए। इसे छान कर स्वर्ण, रजत या मृत्तिका पात्र में संचित कर प्रयोग में लेना चाहिए।

विकृत जल (जल प्रदूषण)

आचार्य चरक के मतानुसार जो जल अत्यन्त विकृत गन्ध, वर्ण, रूक्ष, स्पर्श वाला एवं क्लेदयुक्त हो, जिसे जलचर पशु व पक्षी छोडकर चले गये हो, जो सूखकर अल्प मात्रा में रह गया हो, जो पीने में स्वादयुक्त न हो, पीने में अप्रिय हो उसे दूषित



अर्थात् नष्ट गुणों वाला जल समझना चाहिये।<sup>9</sup> आचार्य सुश्रुत ने भी विकृत जल के लक्षण बताते हुए लिखा है कि दूषित जल पिच्छिल, उग्रगन्धयुक्त, फेनयुक्त एवं रेखाओं से पूर्ण होता है। इसमें रहने वाले जीव (मेढक, मछली) मर जाते हैं और अनूपचर जीवों के साथ पक्षी गण भी जल विष से मतवाले (भ्रमित) हो जाते हैं इस जल में जो भी स्नान करते हैं उनको वमन, मोह, ज्वर, दाह तथा शोफ हो जाता है।<sup>9</sup>

अशुद्ध जल का जन्य रोग

अशुद्ध जल सेवन से अनेक प्रकार के रोग होते हैं। जल में 25 तक काठिन्य रहने पर उसका पेय जल के रूप में प्रयोग किया जा सकता है। इससे कोई हानि नहीं होती परन्तु बहुत अधिक काठिन्य युक्त जल से कई हानियाँ होती हैं – जैसे साबुन का नुकसान, सब्जियों तथा मांस आदि पकाने के लिए तथा चाय आदि उबालने हेतु भी अनुपयोगी होता है। जल के अस्थायी काठिन्य से बर्तनों में कैल्शियम जमा हो जाता है। काठिन्य युक्त जल से अजीर्ण तथा अतिसार एवं अन्य उदर विकार हो जाते हैं।

जल के माध्यम से होने वाले अन्य रोग निम्न हैं –

1. जीवाणु जन्य रोग – जैसे आन्त्र ज्वर, डिसेण्ट्री, अतिसार, विसूचिका, कामला इत्यादि।
  2. परोपजीवी कृमि रोग – जैसे गण्डूपद कृमि, अंकुश कृमि, अमीबिक डिसेण्ट्री तथा पानी में बढने वाले मच्छरों से मलेरिया, डेंगू आदि रोग होते हैं।
- जल शुद्धि की विधियाँ – जल का शोधन दो प्रकार से होता है –

मार्जन

प्रसादन

1. मार्जन – विकृत जल को अग्नि से क्वथित करके सूर्यताप से तप्त करके तप्त लौहपिण्ड या तपते हुए सिकता अथवा लोष्ट्र से निर्वापण द्वारा

शुद्ध करने की विधि को मार्जन कहा जाता है। उबालकर या तिर्यक् पातन यन्त्र द्वारा पातित जल भी शुद्ध होता है।

2. प्रसादन – जल शोधन की दूसरी शास्त्रीय विधि है – प्रसादन। सुश्रुत ने कलुषित जल के शोधनार्थ सात वस्तुओं को प्रसादन कहा है। जैसे कतक, गोमेद, विसग्रन्थि, शैवाल मूल, वस्त्र, मुक्ता तथा मणि।

अर्थात् मोटे वस्त्र से छान लेने से भी सूक्ष्म जन्तु आदि अलग हो जाते हैं और जल की शुद्धता बढ जाती है।<sup>10</sup> आचार्य सुश्रुत ने स्वर्ण, रजत, ताम्र, कास्य तथा स्फटिक एवं मृत्तिका पात्र में रखकर पुष्प से वासित करके सुगन्धित जल पीने का निर्देश किया है। नागकेशर, चम्पा, उत्पल पाटला आदि पुष्पों के सुगन्ध से जल की दुर्गन्धि दूर हो जाती है और जल पीने के लिए उत्तम हो जाता है।<sup>11</sup>

प्रतप्त पाषाण रूप्य मृत्तिका स्वर्ण व जतु को जल में डालकर गर्म किया हुआ अथवा सूर्यताप से गर्म हुआ जल त्रिदोषहर व तृष्णाहर होता है।<sup>12</sup> इसी प्रकार दिन में सूर्यकिरणों में और फिर रात में चन्द्रमा की किरणों में रखा हुआ जल अरुक्ष अनभिष्यन्दि तथा गगनाम्बु के तुल्य माना गया है।<sup>13</sup> धव, अश्वकर्ण, असन, पारिभद्र, पाटल, निर्गुण्डी, मोखा, अमलतास, विट्खदिर त्वक इनको जलाकर इनकी शीतल की हुई भस्म को जल में छिडक देवे अथवा इस राख की एक अंजलि घडे भर पानी में डाल कर पीने के लिए प्रयुक्त होने वाले जल का शोधन करें।<sup>14</sup>

देश

स्वस्थवृत के संदर्भ में देश का विशेष महत्त्व है। देश की प्रकृति के अनुसार ही नित्य आहारादि का सेवन करना चाहिए। उसके गुण के विपरीत



आहार विहार करने वाला व्यक्ति रोगी नहीं होता है।

भूमि व देह भेद से देश दो प्रकार का कहा गया है। बाह्य देश जांगल, आनूप और साधारण भेद से तीन प्रकार का होता है। जांगल देश वातभूयिष्ठ, आनूप देश कफोत्वण तथा साधारण देश समतल कहा गया है। अतः साधारण देश श्रेष्ठ है। जो व्यक्ति जहां उत्पन्न हुआ है उसके लिए वहीं की उत्पन्न औषध हितकर है।

विकृत देश (भूमि प्रदूषण)

आचार्य चरक मत से जिस देश के स्वाभाविक वर्ण, गन्ध रस, स्पर्श विकृत हो गए हो, अधिक क्लेदयुक्त, साप हिसंक जन्तु, मच्छर, टिडी, मक्खियाँ, चूहे, उल्लू, गीध, सियार आदि जन्तुओं से व्याप्त, तृण और फूस से युक्त उपवन वाले, विस्तृत लता आदि से युक्त, जैसा पहले कभी नहीं हुआ हो ऐसे गिरे हुये, सूखे हुये और नष्ट शस्य वाले, धूम युक्त वायु वाले लगातार शब्द करते हुए पक्षियों के समूह और जहां जोर से कुत्ते चिल्लाते हो, अनेक प्रकार के मृग पक्षी घबरा कर दुखित होकर इधर उधर दौड़ते हैं। ऐसे जनपद जहां धर्म, सत्य, लज्जा, आचार, स्वभाव और गुण नष्ट हो गए हो, जहां के जलाशय क्षुब्ध हो और उसमें बड़ी लहरे उठती हो, जहां लगातार आकाश से उल्कापात होता हो, बिजली गिरती हो, भूकम्प होता हो और भयंकर शब्द सुनाई पड़ते हो, रूखे ताम्र की तरह अरुण, सफेद, मेघ, जल से घिरे हुए सूर्य, चन्द्रमा और तारा आदि दिखाई पड़ते हो बार बार निरन्तर घबरायें हुए भ्रम के साथ डरे हुए कर तरह रोते हुए की तरह, अन्धकार से घिरे हुए कर तरह, गुहक (देवादिग्रह) द्वारा आक्रान्त देश की तरह और क्रन्दन का शब्द जहां अधिक सुनाई पड़ता हो वह देश दूषित है ऐसा समझना चाहिए।<sup>15</sup>

भूमि शुद्धि

मार्जन से, दहन से, कालान्तर से अर्थात् कुछ समय बीत जाने से, गोक्रमण से, धोने व सींचने से, उल्लेखन से तथा आलेपन से भूमि की शुद्धि होती है।

विकृत काल

ऋतु के स्वाभाविक लक्षणों से विपरीत लक्षणों वाले और कम लक्षणों वाले काल को अहितकर (अस्वास्थ्य कर) जानना चाहिए।<sup>16</sup> काल के लक्षणों का अतियोग, अयोग, मिथ्यायोग, होने से काल अस्वास्थ्यकर होता है। काल शब्द से हेमन्त, ग्रीष्म, वर्षा आदि ऋतुओं का ज्ञान किया जाता है। जैसे — हेमन्त ऋतु में अधिक सर्दी, ग्रीष्म ऋतु में अधिक गरमी एवं वर्षा ऋतु में अधिक वर्षा होना क्रमशः हेमन्त ग्रीष्म एवं वर्षा काल का अतियोग कहा जाता है। वर्षा ऋतु में जल बिल्कुल न बरसे तो इसे क्रमशः वर्षा काल का अयोग कहा जाता है। हेमन्त ऋतु में भी सर्दी अधिक पड़े, कभी कम पड़े कभी बिल्कुल न पड़े और कभी गरमी पड़ने लगे। इसी तरह ग्रीष्म ऋतु में कभी गरमी अधिक हो, कभी कम हो, कभी बिल्कुल न पड़े और कभी सर्दी पड़ने लगे एवं वर्षा ऋतु में कभी वर्षा अधिक हो, कभी कम हो, कभी बिल्कुल न हो, कभी सर्दी या गर्मी पड़ने लगे तो इसे क्रम से हेमन्त, ग्रीष्म एवं वर्षा ऋतु का मिथ्या योग कहा जाता है।

उपरोक्त विवेचन से यह तो स्पष्ट है कि आचार्यों को वायु, जल, देश व काल की विकृति एवं उपायो के बारे में ज्ञान था।

इस प्रकार उपरोक्त विवेचन से हम देखते हैं कि उपरोक्त दोषों से युक्त चारों पर्यावरणीय भावों को जनपदोदध्वंसक मानना चाहिए।

वाय्वादि चारो पर्यावरणीय भावों के वैगुण्य के मूल कारण



वायु, जल देश व काल इन चारों पर्यावरणीय भावों की विकृति का मूल कारण अधर्म अर्थात् जनपद वासियों में कर्तव्य परायणता का अभाव हो जाना है। धर्म से तात्पर्य कर्तव्य से है। पर्यावरण की शुद्धता तथा अनुकूलता को बनाये रखना प्रत्येक नागरिक का धर्म है। इस धर्म की उपेक्षा ही अधर्म है। इससे वायु, जल, देश, काल विकृत हो जाते हैं और जनपदोद्ध्वंस का हेतु बनते हैं।

उपसंहार—

जनपदोद्ध्वंस काल में प्रभावित जनपद में जनपदोद्ध्वंस के पूर्व एकत्रित गुणयुक्त औषधियों की सहायता से जनपदोद्ध्वंस गुणयुक्त व्यक्तियों की रक्षा कर जा सकती है। ऐसी शास्त्रीय मान्यता है। इसलिए आचार्य ने जनपदोद्ध्वंस की आंशका उत्पन्न होने पर नष्ट होने के पूर्व ही औषधियों का संग्रह कर लेने का उपदेश दिया है। वायु, जल, देश काल, विगुणित रहते हुए ही गुणयुक्त औषधियां हितकारी होती हैं।

निष्कर्ष रूप से यह तथ्य स्पष्ट उजागर होता है कि प्राचीन भारतीय मनीषियों को पर्यावरण की शुद्धता एवं अशुद्धता का स्पष्ट ज्ञान था, जिसके घटक द्रव्य वे वायु, जल, देश काल को मानते थे इसके फलस्वरूप जनपद के जनपद त्रस्त हो जाकर नष्ट हो जाया ककरते हैं। आज के परिवेश में भी वही सभी तथ्य पूर्णतया सटीक बैठते हैं। पर्यावरण को धर्म अधर्म से जोड़कर पर्यावरण के घटकों के प्रति जागरूकता उत्पन्न कर पर्यावरण संरक्षण को ही आयुर्वेद के प्रथम उद्देश्य को प्राप्त करने की पहली नींव थी। उस समय के दृष्टिकोण से पर्यावरण प्रदूषित नहीं होता था परन्तु ज्यों ज्यों मानव अधर्मी (अकर्तव्य शील) होता जा रहा है उसका पर्यावरण (प्रकृति) से नाता टूटता जा रहा है।

वह प्रकृति से दूर होता जा रहा है वह भिन्न भिन्न

बीमारियों का घर बनता जा रहा है। जरूरत है समय रहते ही आयुर्वेद के पर्यावरण व प्रकृति प्रेम को समझकर आस्था बढ़ाने की एवं जन सामान्य में पुनः आयुर्वेद के दृष्टिकोण के प्रति विश्वास जाग्रत करने की। यह हम सभी वैद्यों का मूल कर्तव्य है। यही आज के वक्त की जरूरत भी है।

सन्दर्भ ग्रन्थ—

1. चरक संहिता—आयुर्वेददीपिका' टीका सहित
2. सुश्रुत संहिता— 'निबन्धसंग्रह' एवं 'न्यायचन्द्रिका' टीका सहित
3. अष्टांगसंग्रह— 'शशिलेखा' टीका सहित
4. अष्टांगहृदय— 'सर्वांगसुन्दरा' एवं 'आयुर्वेदरसायन' टीका सहित

श्लोक—

1. विसर्गादान विक्षेपः सोमसूर्यानिलस्तथा ।  
धारयन्ति जगद्देहकफपितानिलस्तथा ॥ (सु.सू. 21/8)
2. च.वि. 3/6
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**MAINSTREAMING OF AYURVEDA-ISSUES,  
CHALLENGES AND SOLUTIONS**

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**AYURVEDA**

Ayurveda is one of the oldest natural healing systems of the Vedic sciences which originated in India approximately 5000 years ago and is often called the "Mother of all healing". The literal meaning of Ayurveda is "The science of life". It is the combination of two Sanskrit words 'Ayur' (life) and 'Veda' (science or knowledge). Ayurveda allows the individual to understand their body, mind and soul at its deepest level and experience the wisdom of this knowledge to appreciate the consciousness that is present in the entire universe.

**MAINSTREAMING OF AYURVEDA**

The objective of mainstreaming is to bring the practice of Ayurveda in the forefront so that it does not get neglected. It is a very big issue for those who belong to the world of Ayurveda.

The early interventions in Ayurveda in the 19th century were largely institutional and were brought about by the vaidya community in order to strengthen their system against the colonial policy of promoting western medicine. Ayurvedic education moved from guru-shishya relation to the college as an institution, medicinal production shifted from the household of the vaidya to bulk production. These changes were thought to be necessary for Ayurveda to survive along with biomedicine. Historical evidence points to the fact that during the cholera epidemic of early 20th century, Ayurveda vaidyas successfully treated

patients in different regions. There was keen interest on studying how Ayurveda could address contemporary health problems and compete with allopathy in its own terms, rather than adopt biomedical technologies and methods of verification. Ayurvedic literature has remedies for age-related diseases like memory loss, osteoporosis, diabetic wounds, etc. for which no efficient medicine is available in modern therapy. But now a days there are some issues and challenges related to its which are as under:-

**ISSUES**

In the 1960s and 1970s in post independent India, the issue of integration was raised repeatedly when curricular change in traditional medicine was attempted. There was a huge demand for biomedical subjects in Ayurveda courses from middle class, urban students who were now entering Ayurveda. Familiarity with anatomy, etiology, therapy and biomedical pharmacology was necessary for Ayurveda to coexist with biomedicine in the public institutions and the extent of biomedical subjects in Ayurvedic courses varied from 50% to 75% in the regional colleges. Even though Ayurveda has a sound literature background ironically, its share in the global medicinal market is very less (0.5%). In fact, in the private sector, people preferred vaidyas with a family tradition in medicine rather than a degree holder due to this the number of non-institutional

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ISM practitioners was growing till the 1990s after which it is trailing.

A large majority of demand for complementary medicine and herbal therapies in the west is from upper middle class women with more leisure and resources. In India, on the other hand, AYUSH services are used by lower middle class people and the poor for major diseases and for obstetric care. The nationwide survey of National Rural Health Mission on the utilization of government AYUSH institutions indicated high attendance in standalone facilities and in well-established co-located facilities. The point is not that knowledge should not be diffused but is one of priorities in resource allocation. A survey of Ayurvedic institutions in Delhi also shows that rickshaw pullers and other working class people turn to Ayurveda for several chronic ailments, such as skin diseases, gastrointestinal disorders, liver diseases, arthritis, gynecological problem and some acute ailments. The main problem in this situation is the dearth in the supply of medicines to AYUSH hospitals and dispensaries. In addition, there are no Ayurvedic protocols for pre and neonatal care for conducting deliveries in the Ayurveda maternity wards in government institutions.

#### **CHALLENGES FACED BY AYURVEDA**

##### **Consumer Perception**

- Trust so low that even Ayurvedic physicians resort to allopathic treatment.
- Cannot explain the rationale behind the cure.
- Explanation by physicians which often uses sanskrit words, not understood by common man.

Ayurveda is experiencing renaissance among the consumers throughout the world. However one of the major reasons for the impediment of Ayurveda is lack of formulation. Heavy metals are deliberate constituents of traditional Ayurvedic

medicines. In order to avoid heavy metal toxicity, proper care should be taken while preparing the Ayurvedic formulations. There is a lack of standards for safety, efficacy and quality control, lack of adequate regulation of herbal medicines, lack of appropriate research methodology, standardization of Ayurvedic drugs.

#### **CHALLENGES BEFORE AYURVEDIC EDUCATION**

Ayurveda in the present day being praised as the time tested, unique holistic life science that has been rescuing humanity for many centuries. But unfortunately it is not being allowed to rescue humanity to that extent to which it can. The basic reason for this is the various challenges that it is facing in the field of its education and practice. The challenges of Ayurvedic education and that of Ayurvedic practice are interlinked. The solutions for Ayurvedic educational challenges can solve most of the challenges of Ayurvedic practice.

The basic challenges that Ayurvedic education is facing are:-

**I. Non-availability of literature-** Except the two sets of lexicon i.e. Brihatrayee & Laghutrayee so many other important books of Ayurveda are not available to the academic zones. The documentation of knowledge in these two sets of books is very complex and demands high perceptual levels to understand them. Such level of intellect is not expected with everyone.

Therefore, it is very important for an Ayurveda professional to go through various Ayurvedic books and related other books to understand the content of Ayurvedic science.

**II. Scattered knowledge-** Acharyas could visualize the ultra-fine complex arrangements of network of life in the body. Therefore it seems that it was felt difficult and unnecessary to document every aspect of science in detail. Therefore it had become



mandatory of knowledge in the form of samhitas viz. grammar, philosophy, social movement, tantrayuktis, tantradoshas, etc. This type of documentation of knowledge has not only made information very difficult to understand but also made information be scattered in samhitas. Therefore, it has become must and need of the day that there must be a book that would bring all the scattered information from various corners of all samhitas and explain them in a systematic manner so that the present generation would understand the information given in the science.

**III. Inadequacy of knowledge-** Teaching faculty of Ayurveda is being deprived of adequate authentic knowledge about various aspects of science. Only those people who could spend time and work into the concepts would be able to understand the content of science and acquire proper knowledge while others do not. In addition to that there is no compulsion for teaching faculty of Ayurveda fail to possess adequate knowledge and bring their students into confidence. There are certain important basic concepts of Ayurveda like:-

1. Concept of doshasanchara.
2. Concept of marma.
3. Concept of vyadhighataks.
4. Concept of rogmargas.
5. Concept of kriyakalas.

There are those important concepts on which other concepts of Ayurveda are depended.

Therefore, there is an urgent need to have clarity and uniform opinion on these concepts in order to bring out and educate about the real sketch of Ayurveda to the student community.

**IV. Lack of adequate clinical exposure-** It is an open secret that doing is the best way of knowing. Therefore, to understand the real meaning of a statement of Ayurveda one needs to put it in

practice with an inventive vision but unfortunately, the Ayurvedic community is not getting adequate clinical exposure. In fact even the clinical teaching faculty members too are not provided with enough provisions to have adequate clinical exposure.

Therefore, all necessary provisions must be made for teaching faculty to have adequate clinical exposure enabling them to understand the science and serve humanity in a better way.

**V. Existence of misinforms/misconceptions-**

There are various misconceptions about many important concepts of Ayurveda. Eg. Marmachikitsa, concept of Ojus, concept of Manasrogas, concept of Arishtalakshanas, etc.

Therefore, this challenge needs to overcome at an earliest possible. Otherwise we may have to learn the same science from others.

**V. Lack of an effective and uniform professional media of conversations-**

This challenge is posing a major threat to Ayurvedic science. There are many doctors who could acquire good conceptual and practical knowledge of Ayurveda and some of them are very much interested to give their knowledge to others. There are also people who are eager to take knowledge from them. But the person who is interested to give information is not able to do so because the conversational media he uses is not conveying his intensions precisely to the audience because the various terms that the person want to deliver are delivered as such by the media without changing them into simpler terms and this becomes the problem for the audience to understand the information precisely.

Therefore, there is an urgent need of an effectie media of conversation for the faculty of Ayurveda.

**VII. Reluctant attitude of governing bodies-** The government should make inspection to see that all



Ayurvedic teaching hospitals and district hospitals must be furnished with latest medical equipment so that Ayurvedic doctors get an opportunity to prepare Ayurvedic medicines that can meet an emergency/acute condition which is the need of the day.

### **SOLUTIONS**

The emphasis of efforts in Ayurveda should therefore be-

- Students willing for medicine should be exposed to Ayurveda during their intermediate class. Schools should be forced to guide students about various aspects of Ayurveda like Yoga, Prakriti parikshan, etc. This would help students to willingly opt for Ayurveda and not consider it as a backdoor entry.
- Separate entrance test for BAMS course instead of recruiting from the CET pool those who wanted to enter MBBS but could not because of poor scores. There is a need to create Ayurvedic professionals who seek to enter Ayurveda for its own value and respect their own system of medicine.
- Standardising Ayurvedic diagnostic and treatment protocols by in situ studies and documentation of clinical practices.
- Creating centres of excellence for 'nadiparisha', 'marmachikitsa', 'vishachikitsa', treatment of paralysis, medicinal preparation and other special methods of Ayurveda.
- Including these protocols to strengthen the Ayurvedic component in BAMS and MD degree courses. Linking skilled traditional vaidyas with the college education systems.
- Creating regional Ayurvedic protocols for the public health system, including pre-natal and post-natal care and maternal health.
- Sustainable manufacture and supply of quality

drugs for public health.

- Greater research into new food stuffs in the market, contemporary dietary habits and lifestyle and their effect of body constitution and dosha, dhatusatmya as measured in various regions, rather than single drug research for export.
- National level forum for serious debate and discussion among Ayurvedic professionals about the role of randomized controlled trials (RCTs) and multinationals in Ayurveda and for the creation of pan Indian protocols for strengthening professional boundaries.
- Regulatory mechanism to specify to what extent an Ayurvedic graduates perform biomedical interventions and whether biochemists/ biomedical specialist are competent to carry out research on Ayurveda without formal training in Ayurvedic pharmacology.
- In order to promote Ayurveda in the international market, Ayurvedic drugs should be available in standardized form, which is the minimum requirement for introducing a product in the western market.
- Ayurvedic formulations should be standardized on the basis of active principles or major compounds along with fingerprints. There as great scope for India to achieve global leadership of traditional medicinal market through export of quality products from Ayurvedic medicinal system.

### **CONCLUSION**

When all these challenges are met the various demands existing before the recognition of Ayurveda today can be overcome correctly and easily. And then the so called an alternative science "Ayurveda" would be proved as the ultimate Health Science rescuing humanity.

With a hope to see Ayurveda on the top of the world.





Pandit Durga Prasad Sharma Memorial All India Ayurvedic

U.G. Students Essay Competition - 2013

Ist Prize (Gold Medal) Winner Essay

## स्वस्थस्य स्वास्थ्य रक्षणम् आतुरस्य विकार प्रशमनं च

• \*निखिल डी० शेण्डकर

"Change yourself and you have done your part in changing the world. Every individual must change his own life, if he wants to live in a peaceful world. The world cannot become peaceful unless and until you yourself begin to work toward peace."<sup>1</sup>

Ayurveda is the ancient Indian system of nature and historic medicine when translated from Sanskrit. Ayurveda means "The science of Life" the treasure and essence of Ayurveda is stated in following Theory and Aim of Ayurveda:<sup>2</sup>

हिताहित सुखदुःखं आयुस्तस्य हिताहितं। मानं च तच्चयत्रोक्तं आयुर्वेद स उच्यते।। (च.सू. 1/41)

The science which describes the span of life and tells about useful and harmful, happy and unhappy life and also gives guidelines for what is beneficial and harmful to life. He, who has health, has hope; and he who has hope, has everything.<sup>2</sup>

The treasure and essence of Ayurveda is .....<sup>2</sup>  
स्वस्थस्यस्वास्थ्यरक्षणम्। आतुरस्यविकारप्रशमनं च।। (च.सू. 30/26)

Emphasized by Acharya Charaka which means Ayurveda deals with the maintenance of the health of a healthy person and the alleviation of disturbance due to the disease is the main aim of Ayurveda.<sup>2</sup>

According to Fundamental concept of Ayurveda, a perfectly balanced diet containing all essential nutrients plays a vital role in maintaining a perfect state of health. The basis of a good diet is variety, because none of a single food contains all nutrients essential for health. Ayurveda has stored in its vast treasure, a wide range of herbal formulations to supplement the nutritional deficiencies for maintaining a perfect state of health and fulfill the desires of longevity. Ayurveda clearly stresses upon the need and suggests

numerous valuable therapies & remedies for rejuvenation & virility to attain a perfect state of health essential for Longevity.<sup>2</sup>

**Criteria to decide Swastha-**

समदोषाः समाग्निश्च समधातू मलक्रियः। प्रसन्नात्मेन्द्रियमनः स्वस्थत्यभिधीयते।। सु.सू. 15/48

Sushruta Samhita explain Only he, whose Doshas (Vata, Pitta & Kapha), Dhatus (physical components - Rasa (Plasma), Rakta (Blood), Mamsa (Flesh), Meda (Fats), Asthi (Bones), Majja (Bone marrows) & Shukra (Semen) & Agni (digestive fire) is balanced, appetite is good, all tissues of the body and all natural urges are functioning properly, and whose mind, body and spirit (self) are cheerful or full of bliss, is a perfectly healthy person. Ayurveda considers the individual as whole and seeks to re-establish harmony between all the constituents of the body and a perfect balance of the tripod - Mind, Body and Spirit. Basically Ayurveda is Health promotive - preventive curative and nutritive - all self-contained.<sup>3</sup>

अन्नाभिलाषोभुक्तस्यपरिपाकसुखेन च।

सृष्टविष्मूत्र- वातत्वंशरीरस्यतुलाघवं।।

सुप्रसन्नेन्द्रियत्वं च सुखस्वप्नप्रबोधनम्।

बलावर्णायु- षोलाभः सौमनस्यंसमाग्निता।।

विद्यादरोग्यलिंगानिविपरीतेविपर्ययम्।। (का.सं.खि. 5/6)

In the context of Khilasthana in Kashyapa Samhita, healthy person desire of intake of food and easy digestion of ingested food. Evacuation of faeces urine and flatus properly, lightness in the body, pleasantness in sense organs, proper timely sleep and awakening, gain of strength, life and pleasant mind and normal Agni are the features of health. And state of illness is opposite to above

■ \*द्वितीय व्यावसायिक बी०ए०एम०एस०, बी०एम० कनकनवाड़ी आयुर्वेद महाविद्यालय, शाहपुर, बेलगाम, कर्नाटक



mention condition.<sup>4</sup>

सममांसप्रमाणस्तु समसंहननो नरः ।  
दृढेन्द्रियो विकाराणां न बलेनाभिभूयते ॥  
क्षुप्तिपासातपसहः शीतव्यायामसंसहः ।  
समपक्ता समजरः सममांसचयो मतः ॥  
(च.सू. 21 / 18-19)

Charaka coated that the person having impartial musculature and compactness of the body, the person possess very strong sensory and motor organs, they are not conquer the attack of diseases. They can stand hunger, thirst, the heat of the sun, cold and physical exercise. The person having good health can digest and assimilate properly.<sup>5</sup>

#### According to WHO:

"Health is the complete state of physical, physiological and social wellbeing and not merely an absence of disease or infirmity" and to maintain the health of all individuals in the world, for peace, happiness and prosperity. To keep one healthy is a basic right of an individual. Health state depends on mental and physical wellness.<sup>6</sup>

#### How to maintain Swaasthya in healthy person:

नित्यं हिताहारविहारसेविसमीक्षकारीविषयेष्वसक्त ।  
दातासमः सत्यपरः क्षमावान् आप्तोपसेवि भवत्यरोग ॥  
(अ.ह.सू. 4 / 37)

Acharya Vagbhata emphasizes on the one who always restore to describe food and regimen, is objective, apathetic, straight forward, honest having patience and who values traditional wisdom will never be affected or defeated by diseases.

दिनचर्यानिशाचर्यात्रहृतुचर्यायथोदितम् । आचारन्पुरुषः  
स्वस्थः सदानिष्ठतिनान्यथा ॥ (भा.प्र. 5 / 13)

To maintain the Swasthya of the Swastha person one must follow daily regimen, night regimen and seasonal regimens.<sup>5</sup>

**Dinacharya (Daily routine)**- Do's and don'ts are the main topic in this course along with the indications best for you on daily basis.<sup>8</sup>

**Ritucharya (Seasonal routine)**- This part comprises the basic knowledge of the seasonal changes on your body and how you can face these changes in a better without losing your health.<sup>8</sup>

**Vega (Natural urges)**- Nature has given us few urges

like to pass out excreta- micturition, coughing etc. which are natural and their harmony shows the health. These are of two types and will be dealt in a proper way to tell one how to maintain these to avoid diseases.<sup>8</sup>

- Adhaaraneeya: None suppressible
- Dhaaraneeya: Suppressible

**Sadvritta (Social behaviour-do's and don'ts)**- Ayurveda is a science of complete health and harmony so there are a lot of rules which one should follow to attain complete health.<sup>8</sup>

In Sanskrit the daily routine is called the Dinacharya. Ayurveda recommends that in order to be optimally healthy we should tune our bodies to the nature's master cycle which in turn regulates the various other rhythms.<sup>9</sup>

Everyday two cycles of change pass through us, each bringing a Vata, Pitta, or Kapha predominance.<sup>9</sup>

The approximate times of these cycles are as follows:<sup>9</sup>

#### First cycle:

6 A.M. to 10 A.M. - Kapha  
10 A.M. to 2 P.M. - Pitta  
2 P.M. to 6 P.M. - Vata

#### Second cycle:

6 P.M. to 10 P.M. - Kapha  
10 P.M. to 2 A.M. - Pitta  
2 A.M. to 6 A.M. - Vata

Considering the above cycles the ideal schedule should be like this<sup>9</sup>

#### MORNING (प्रातःचर्या)-

Time to wake up: A healthy person should get up two hours before sunrise. During this hours the Vata element is dominant. Vata is light, subtle and clear and this helps in tuning the body to the delicate messages the nature sends. This is the time when there is the most sattva in the air. It is the most fresh and pure time of the day. Some exceptions to this rule of rising are the very young, the old, parents with small children and people with fevers or diarrhea of stool & urine.<sup>9</sup>

**Elimination:** Drinking a glass or two of warm water helps in the elimination.

As soon as possible empty your colon and



bladder. If you wait until later in the morning or during the day you are slowly poisoning yourself and creating an opportunity for chronic conditions to arise.<sup>9</sup>

**Cleaning of Sense:** Wash the eyes with water. Preferably use rose water and Triphala to purify the sight.<sup>9</sup>

Brush the teeth and scrape the tongue with a tongue cleaner to purify mouth and sense of taste. Ayurveda considers the coating of the tongue as an indicator of 'Ama' or toxins in the colon.<sup>9</sup>

Gargle with warm water or herbal tea to purify your voice and strengthen your teeth.<sup>9</sup>

Finally do Jalneti and put a little oil in your nose to purify the sinuses and your sense of smell. The traditional Dinacharya also recommends that you inhale the smoke of medicinal herbs every morning to purify the mind, head, face, neck and lungs.<sup>9</sup>

**Massage:** Abhyanga is the name for oil massage with sesame oil. This is typically a self massage. It is one of the main ways that Ayurveda keeps us strong and prevents us from aging. This massage need not be long and cumbersome. Massaging the Scalp, forehead, temples, hand and feet for about 5 minutes is sufficient.<sup>9</sup>

**Exercise:** Vyayama is the name for physical exercise. This is usually some Yoga postures and breathing exercises (Pranayam) but it can be anything including a walk, a swim, sun salutes or whatever. This early morning exercise removes stagnation in the body mind, strengthens the digestive fire, reduces fat and gives you an overall feeling of lightness and Joy as it fills your body with good Prana. It is not to be strenuous. In fact, exercising at one fourth to one half of your capacity is recommended.<sup>9</sup>

**Bath:** After exercise bath to remove any excess oil and dirt. Both showers and bathtubs are recommended in the classics. Usually warm water baths are suggested. Put on clean clothing after the bath.<sup>9</sup>

**Meditation:** For a few minutes to an hour sit down and see who you really are, put your attention towards Awareness. This is the most important aspect of Dinacharya. Simply be quiet, sit in Peace.<sup>9</sup>

**Breakfast:** This should be warm, nourishing and wholesome.<sup>9</sup>

**Study/Work:** Do what you do from now until noon.  
**SUNDOWN (सायं चर्या)**

Sundown is a special time of balance between day and night. In this balance it is easier for your mind to stop long enough so that can see your Self. This is the time for evening prayers and meditations in many cultures around the world.<sup>10</sup>

**DINNER:**

It should be taken around 7 P.M. It should be lighter than the lunch. The dinner should be at least three hours before bedtime as gives the body ample time to digest the food. Sleeping just after the dinner with a heavy stomach is not conducive to a sound sleep.<sup>7</sup>

Walk to aid digestion for about 10 - 15 minutes.<sup>10</sup>

**BED TIME (रात्रिचर्या)**

Go to sleep around 10 P.M. so that you can get 6 to 7 hours of sleep before 4:30 am. A good practice is to massage the soles of your feet with calming oil before going to bed. This will calm your system and promote wellbeing.<sup>10</sup>

One should try to keep the routine as close to the recommended Dinacharya as possible. The body might resist the change for a first few days but if you do manage to persist then you are bound to get rewarded with a much healthier and satisfying life.<sup>10</sup>

**SEASONAL REGIMEN (ऋतुचर्या)**

Ritu, the season, classified by different features express different effects on the body as well as the environment. Ayurveda has depicted various rules and regimens (Charya), regarding diet and behaviour to acclimatize seasonal enforcement easily without altering body homeostasis. The prime principle of Ayurvedic system of medicine is preventive aspect, can be achieved by the change in diet and practices in response to change in climatic condition. This is a very important aspect of preventive medicine as mentioned in Ayurvedic texts. Lifestyle disorders are very common in the present era, basically originating from lack of following seasonal regimens due to lack of



concentration in seasonal characteristics. A firm scientific analysis is the base, which holds true even on date. In this review article, various regimens in diet and lifestyle as mentioned in the classics of Ayurveda and their importance on lifestyle disorders has been discussed.<sup>11</sup>

#### **Classification of season-**

The year according to Ayurveda is divided into two periods Ayana (solstice) depending on the direction of movement of sun that is Uttarayana (northern solstice) and Dakshinayana (southern solstice). Each is formed of three Ritus (seasons). The word Ritu means "to go". It is the form in which the nature expresses itself in a sequence in particular and specific in present forms in short, the seasons.<sup>11</sup>

A year consists of six seasons, namely, Shishira (winter), Vasanta (spring), and Grishma (summer) in Uttarayan and Varsha (monsoon), Sharata (autumn), and Hemanta (late autumn) in Dakshinayana. As Ayurveda has its origin in India, the above seasonal changes are observed predominantly in Indian subcontinent.<sup>11</sup>

#### **Uttarayana and its effect-**

Uttarayana indicates the ascent of the sun or northward movement of the sun. In this period the sun and the wind are powerful. The sun takes away the strength of the people and the cooling quality of the earth. It brings increase in the Tikta (bitter), Kashaya (astringent), and Katu (pungent) Rasa (taste), respectively, which brings about dryness in the body and reduces the Bala (strength). It is also called Adana Kala.<sup>11</sup>

During Uttarayana the seasonal changing in Indian subcontinent is from Shishira (winter) to Vasanta (spring) and to Grishma (summer). The period can be compared to mid-January to mid-July, when warmness and dryness in weather increases. It has an overall debilitating effect on environment, to which human being is also a part.<sup>11</sup>

#### **Dakshinayana and its effect-**

Dakshinayana indicates the descent of the sun or movement of the sun in southern direction. In this period, the wind is not very dry; the moon is more powerful than sun. The earth becomes cool

due to the clouds, rain, and cold winds. Unctuousness sets in the atmosphere and Amla (sour), Lavana (salty), and Madhura (sweet) Rasa are predominant, so the strength of person enhances during this period. It is also called Visarga Kala.<sup>11</sup>

During Dakshinayana, the seasonal changes occur in the Indian subcontinent from Varsha (monsoon) to Sarada (autumn) and to Hemanta (late autumn). This period can be compared to mid-July to mid-January, when cool sets, and due to which anabolic activity dominates over the catabolic activity in the environment.<sup>11</sup>

#### **State of strength-**

In the beginning of Visarga Kala and ending of Adana kala, that is, during Varsha and Grishma, weakness occurs. In the solstices, that is, during Sharada and Vasanta, strength remains in moderate grade and in the end of Visarga Kala and in the beginning of Adana Kala, that is, during Hemanta and Shishira, maximum strength is seen.

#### **Food habits (आहार विहार)-**

Regarding the importance of food, Ayurveda quotes various references in each and every step. Acharya Charaka mentioned food is the root cause of both as well as disease. Wholesome food leads to happiness and unwholesomeness leads to unhappiness. One should consume food after the proper analysis, since body is originated from the food. Even Sushruthacharya opines the same. Acharya says that healthy food alone is responsible for the development of the body tissues, on the other hand the unhealthy practice of diet is the root cause for all the diseases. An ideal food not only nourishes the body but also the mind. Here the ideal food symbolizes the food articles taken by considering the factors like time, place, quantity and manner of food intake. In this regard Ahara (food) has been declared first among the Trayopastambha (three pillars) in classics without which life cannot exist. Not only for maintenance of life and growth but also it has a pivotal role in restorative state of diseased condition.<sup>12</sup>

**Aahara vidhi vidhana (Dietetic Rules):** As wholesome diet plays a crucial task in growth and



development of the body, person has to patently know which is wholesome and which is unwholesome to him. Wholesome varies from person to person. The food which is Saatmya (wholesome) to one person may be Asaatmya (unwholesome) to other. Regarding the Saatmya Asaatmya qualities of food, Ayurvedic classics have laid down some rules and regulations.<sup>12</sup>

#### **THE BASICS OF YOGA:**

The word 'yoga' means "to join or Yoke together". It brings the body and mind together to become a harmonious experience. Yoga is a method of learning that aims at balancing "Mind, Body and Spirit". Yoga is a practice with historical origins in ancient Indian philosophy.<sup>13</sup>

The philosophy and practice in all forms of YOGA is embedded in the following eight principles.<sup>13</sup>

- Yama - Control of the Mind
- Niyama - Follow rules
- Asana - Postures
- Pranayama - Controlled breathing
- Pratyahara - Complete relaxation
- Dharana - Attain consciousness of the body
- Dhyana - Concentration and Awareness
- Samadhi - State of Absolute Awareness

**Why Yoga?** To make disease & medicine free through a scientific approach on the knowledge base of our great saints & sage and more on yoga.<sup>13</sup>

#### **YOGA AND HEALTH**

Yoga views the human body as a composite of mind, body and spirit.

"Health is the state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity" (WHO).<sup>13</sup>

#### **HOW YOGA RELATES TO HEALTH-**

**PHYSICAL WELLBEING:** Yoga Improves blood circulation and over all organ functioning.<sup>13</sup>

**MENTAL WELLBEING:** Bring down stress, enhances power of relaxation & stamina and bestows greater power of concentration and self control.<sup>13</sup>

**SPIRITUAL WELLBEING:** Regulation and transformation of blood chemistry through proper

synthesization of neuroendocrine secretions, dispassionate internal vibrations leads one to attain the power to control the mind and to become free of effect of external forces compelling one to lose to equanimity.<sup>13</sup>

**SOCIAL WELLBEING:** Yoga practitioner become cheerful enjoys talking to people, shares problems with friends and can realize that there are other also who are sailing in same boat, so that one can easily mix-up in group by happier nature.<sup>13</sup>

#### **HOW YOGA WORKS IN OUR BODY-A SCIENTIFIC SCENARIO-**

Blood flow & oxygen supply of whole body increases through yoga, thus every part of body gets more energy.<sup>13</sup>

#### **Role of Yoga in Health and Fitness**

Yoga take place main role in three areas that is<sup>13</sup>

##### **Physical**

##### **Psychological and**

##### **Spiritual**

#### **1. Physical:**

**Flexibility:** Yoga helps the body to become more flexible, bringing greater range of motion to muscles and joints, flexibility in hamstrings, back, shoulders, and hips.<sup>13</sup>

**Strength:** Many yoga poses support the weight of own body in new ways, including balancing on one leg (such as in Tree Pose) or supporting with arms increases strength.<sup>13</sup>

**Better breathing:** Most of us breath very shallowly into the lungs and don't give much thought to how we breath. Yoga breathing exercises, called Pranayama, focus the attention on the breath and improve lung capacity and posture, and harmonize body and mind which benefits the entire body. Certain types of breath can also help clear the nasal passages and even calm the central nervous system, which has both physical and mental benefits.<sup>13</sup>

**Disease eliminator:** Yoga has the power to prevent and eliminate various chronic health conditions in women similar to men.<sup>13</sup>

**Heart disease:** With less stress and blood pressure chances of cardiovascular diseases are prevented. Increasing blood circulation and fat burning results



in lowering cholesterol.<sup>13</sup>

Diabetes: Yoga stimulates insulin production and reduces glucose to prevent diabetes.<sup>13</sup>

Gastrointestinal: Yoga improves the gastrointestinal functions in women effectively.<sup>13</sup>

Metabolism: Yoga helps women to stay healthy by balancing metabolism results by controlling hunger and weight.<sup>13</sup>

Pain Prevention: Increased flexibility and strength can help prevent the various instances of back pain, chronic pain, neck pain can be lessened with yoga practice.<sup>13</sup>

Blood circulation: Yoga postures can help improve circulation and eliminate toxic waste substances from the body.<sup>13</sup>

## **2. Psychological:**

Mental calmness: Yoga asana practice is intensely physical. Concentrating so intently on what body is doing has the effect of bringing calmness to the mind.<sup>13</sup>

Stress reduction: Physical activity is good for relieving stress, and this is particularly true of yoga. Yoga provides a much-needed break from stressors, as well as helping put things into perspective. Yoga provides a much-needed break from stressors, as well as helping put things into perspective. Yoga controls breathing, which reduces anxiety. It also clears all the negative feelings and thoughts from mind leading to reduction of depression.<sup>13</sup>

Concentration: Yoga increases concentration and motivation in quick time. This is why women from all aspects of life practice yoga since better concentration can result in better focus on life and profession.<sup>13</sup>

Memory: Yoga stimulates better circulation especially to the brain, which reduces stress and improve concentration leading to better memory.<sup>13</sup>

Body awareness: Doing yoga will give an increased awareness of own body. It increase level of comfort in own body. This can lead to improved posture and greater self-confidence.<sup>13</sup>

## **3. Spiritual**

Inner connection: Yoga can help to create a bond, a relation between body and mind apart from all other benefits.<sup>13</sup>

Inner peace: Yoga is the only method known to us for better and quicker inner peace. The inner peace increases and improves our capability in making effective decisions even at serious circumstances.<sup>13</sup>

Purpose of life: Yoga is a simple exercise method that has numerous benefits, psychologically and physically apart from allowing us to attain inner. It helps to find the purpose of life and secrets to healthy longer life.<sup>13</sup>

## **OTHER ROLE OF YOGA IN HEALTH AND FITNESS:**

Surya Namaskar is a complete body exercise. It keeps all internal organs, stomach, intestines, pancreas, spleen, heart and lungs, healthy and strong. Also muscles of external body parts, chest, shoulders, hands, thighs, legs becomes healthy and strong.<sup>13</sup>

It makes spine and waist flexible by removing disorders. It improves blood circulation in the body which removes skin diseases.<sup>13</sup>

These are the best twelve steps of surya namaskar yoga positions in sequence to burn calories, weight loss and complete health, fitness.<sup>13</sup>

## **PREVENTION OF DISEASE:**

Scientific studies have shown that the practice of Yoga has curative abilities and can prevent disease by promoting energy and health. That is why more and more professionals have started using Yoga techniques in patients with different mental and physical symptoms, such as psychosomatic stresses and different diseases.<sup>13</sup>

Our bodies have a tendency to build up and accumulate poisons like uric acid and calcium crystals, just to mention a few. The accumulation of these poisons manifests in diseases and makes our bodies stiff.<sup>13</sup>

A regular Yoga practice can cleanse the tissues through muscle stretching and massaging of the internal organs and brings the waste back into circulation so that the lungs, intestines, kidneys, and skin are able to remove toxins in a natural way.<sup>13</sup>

## **Blood Pressure:**

Yoga asana is recommended for the treatment of both high and low blood pressure.<sup>13</sup>

Yoga provides exercise to all the organs of the body so as to regulate the overall metabolism rate in



the body. There are several causes of high blood pressure like increased stress, anger and anxiety or other mental and cognitive disorders.<sup>13</sup>

Yoga helps to free one's mind from the negative thoughts and provides complete rest to the mind and the body. This increases the metabolism of the body and brings the mind at rest. Excessive thinking about something also increases the pressure with which the blood flows in various organs of the body.<sup>13</sup>

#### **Glowing Skin and Beauty:**

There is no specific yoga for beautiful skin. The practice of yoga helps the individual achieve a sense of balance and relaxation in life. Yoga works on physical and mental aspects of the individual. Thus yoga for strength also helps individual's live healthy that will show on the skin.<sup>13</sup>

The overall improvements in the body of an individual will lead to the improvement in the skin quality as the skin will be well nourished. The same applies to yoga for hair. This is simply because improved circulation of blood will nourish the hair follicles better.<sup>13</sup>

#### **THE FIVEFOLD PURIFICATION THERAPY:**

If toxins in the body are abundant, then a cleansing process known as Panchakarma is recommended to purge these unwanted toxins. This fivefold purification therapy is a classical form of treatment in Ayurveda. These specialized procedures consist of the following:<sup>14</sup>

**Vaman** (Therapeutic vomiting or emesis)

#### ● **Virechan** (Purgation)

**Basti** (Enema)

**Nasya** (Elimination of toxins through the nose)

**Rakta moksha** (Bloodletting or detoxification of the blood)

**Vamana** (Emesis)

It is a process of therapeutic vomiting (induced), which helps eliminate the toxic or waste matters from the stomach and thoracic cavity. Kapha dominant diseases like severe skin diseases (psoriasis, urticaria); bronchial asthma, mental disorders etc. are selected for this treatment procedure. This process is not suggested for expecting mothers. Normally eight bouts of emesis

are followed. the vomiting is stopped when yellow coloration (pittanta) is seen. Then, dhoomapana-inhalation of medicated fumes-is done through a special process. Finally, certain rules have to be followed called Paschatkarma that basically implies strict diet regimen.<sup>14</sup>

#### **virechana (Purgation)**

This eliminates the toxic or waste matters from the intestine. It also cures pitta or pitta-dominated diseases. Poorvakarma or initial process of cleansing like Vamana is suggested here. About 20 purges may be seen in this process depending on the patient's health. A mild form of Virechana without the Poorvakarma, is an integral part of Ayurvedic therapy. It is also used for prevention of diseases.<sup>14</sup>

#### **Basti (Enema)**

The process of Vasti or therapeutic enema is resorted to eliminate toxins from colon, and strengthens the tissues. Two kinds of Vastis are followed in Ayurveda. Snehavasti is the Vasti where medicated oils are used. This is not advised in patients suffering from diabetes, anemia, diarrhea and obesity, Poorvakarma is required here.<sup>14</sup>

For Kashaya vasti, honey, rock salt, Sneham (oils), paste of medicines are required and mixed one by one in the above order. This concoction is taken in an empty stomach. After the process the patient is allowed to take a bath.<sup>14</sup>

Diseases like hemiplegia and disease due to Vata are treated by this process. Medicines are selected as per disease and stage.<sup>14</sup>

#### **Nasya (Nasal application of herbal medicines)**

Nasya is instillation of medicine through nose. It is important procedure of Ayurveda for the treatment of Sirorogas or diseases affecting head area. Nasya helps cleanse the head and sinuses. The process is contraindicated in various psychological diseases, asthma and cough. Here, the patient is to inhale lightly warmed oil. Warmed oil is massaged in the patient's neck, shoulder, palm, face and sole before and after the process of Nasya. Different timings are indicated for different Dosha types. Morning time is prescribed for Kapha diseases, noon in pitta diseases and evening in vata



diseases.<sup>14</sup>

### **Raktamoksha (Blood-Letting)**

Susruta gave stress to Raktamoksha (blood-letting) as one of the Panchakarma, taking two of the Vastis as a single karma (here, procedure). The process of letting out the vitiated blood is termed Raktamoksha. In this procedure localized impurity or poison from the blood is removed through various methods. Often leech is used to suck out the impure blood from the affected area. Blood-letting is also done to eliminate toxins from the blood stream causing various chronic skin disorders like urticaria, eczema, scabies and leucoderma etc. The method was also effectively used to cure enlarged liver and spleen.<sup>14</sup>

There are steps to be followed before doing Panchakarma called poorvakarma. One is Snehana or oleation where medicated oils are applied internally and externally. Another process called Swedana or sudation is actually classified into four types to induce sweating. The purpose of Poorvakarma is to liquefy and guide the provoked Doshas to the mainstream to facilitate the Sodhana or cleansing.<sup>14</sup>

### **DISCUSSION-**

Health For All (HFA) means that health is to be brought within reach of everyone in a given country. And by "health" is meant a personal state of well being, not just the availability of health services - a state of health that enables a person to lead a socially and economically productive life. Health For All implies the removal of the obstacles to health - that is to say, the elimination of malnutrition, ignorance, contaminated drinking water and unhygienic housing - quite as much as it does the solution of purely medical problems such as a lack of doctors, hospital beds, drugs and vaccines.<sup>15</sup>

### **CONCLUSION-**

- Ayurveda the science of positive health primarily.
- The science for cure of diseases secondarily.
- 'Swastha' and 'Swaasthya' are clearly defined in Ayurvedic literature.
- Absolute health status is a difficult proposition.

- Ayurveda advocates multi-dimensional concept of health.
- To achieve Purushartha one should require healthy & disease free life.
- Ayurveda explains the features to get complete health.
- W.H.O. says the definition of Health also correlates the definition of Swastha.

Need of the hour is conversion of defected, sedentary lifestyle to ideal, healthy, long, happy & disease free life. It is only possible when person follows the advice given by the Swasthavritta explained in Ayurveda.

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## परिषद् समाचार

### उज्जैन (म०प्र०) में राष्ट्रीय संगोष्ठी एवं राष्ट्रीय कार्यकारिणी की बैठक

विश्व आयुर्वेद परिषद के तत्वावधान में उज्जयिनी आयुर्वेद सम्भाषा-2014 नामक राष्ट्रीय संगोष्ठी का आयोजन 28 एवं 29 मार्च 2014 को शासकीय स्वशासी धन्वतरि आयुर्वेद महाविद्यालय, मंगलनाथ रोड, उज्जैन (म०प्र०) में सम्पन्न हुआ।

इस कार्यक्रम का शुभारम्भ मुख्य अतिथि प्रो० एस०पी० मिश्र, कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून ने दीप प्रज्वलन एवं धन्वन्तरि के चित्र पर माल्यार्पण कर किया। विशिष्ट अतिथि डॉ० एस०एन० पाण्डेय, अध्यक्ष, आयुर्वेद महासम्मेलन, म०प्र० थे। प्रो० आर०एस० चौहान, आयोजन अध्यक्ष एवं प्रधानाचार्य शा०स्वा०ध०आ० महाविद्यालय, उज्जैन ने अतिथियों का स्वागत किया। द्वितीय विशिष्ट अतिथि प्रो० अश्विनी भार्गव, कुलसचिव, सन्त रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर, पंजाब थे। डॉ० बी०एम० गुप्त, राष्ट्रीय उपाध्यक्ष, विश्व आयुर्वेद परिषद ने परिषद की गतिविधियों को रेखांकित किया। वैद्य गोपाल दास मेहता, अध्यक्ष म०प्र० इकाई ने संगोष्ठी के उद्देश्य की चर्चा की। प्रो० सी०पी० शर्मा शिक्षण प्रभारी, म०प्र० ने शैक्षणिक गतिविधियों पर प्रकाश डाला। संगोष्ठी का संचालन एवं धन्यवाद ज्ञापन डॉ० राम तीर्थ शर्मा आयोजन सचिव ने किया।

प्रथम वैज्ञानिक सत्र की अध्यक्षता प्रो० यू०एस० निगम, मुम्बई तथा सह अध्यक्षता डॉ० महेश व्यास ने की। इस सत्र में 14 शोध पत्र पढ़े गये। डॉ० ओ०पी० सिंह, वाराणसी, डॉ० ओ०पी० व्यास इस सत्र के अतिथि वक्ता थे। द्वितीय सत्र की अध्यक्षता प्रो० यू०एस० शर्मा, दिल्ली तथा सह अध्यक्षता डॉ० आर०के० पारिक भोपाल ने की। इस सत्र में अतिथि व्याख्यान डॉ० महेश व्यास, जामनगर एवं डॉ० अजय पाण्डेय, वाराणसी ने दिया। इस सत्र में भी 14 शोधपत्र पढ़े गये। तृतीय सत्र की अध्यक्षता प्रो० सी०पी० शर्मा, प्राध्यापक प्रकोष्ठ प्रदेश प्रभारी, म०प्र० एवं सह अध्यक्षता डॉ० ओ०पी० व्यास, उज्जैन ने की। इस सत्र में 10 शोध पत्र पढ़े गये। डॉ० के०एस० पवार, पंजाब, डॉ० सिद्धेश्वर सथुआ, उज्जैन ने अतिथि व्याख्यान दिया। इसके अलावा पोस्टर सत्र में 30 शोध पत्र प्रदर्शित किये गये।

समापन सत्र के मुख्य अतिथि पद्मश्री से सम्मानित प्रो० ओ०पी० उपाध्याय, कुलपति, सन्त रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर, पंजाब थे। इस अवसर पर प्रो० उपाध्याय को विशिष्ट सम्मान प्रदान किया गया। कार्यक्रम की अध्यक्षता प्रो० योगेश चन्द्र मिश्र, राष्ट्रीय अध्यक्ष, विश्व आयुर्वेद परिषद ने की। रामानुज कोट पीठाधीश्वर श्री श्री युवराज स्वामी माधव प्रपन्नाचार्य महाराज ने आशीर्वाचन एवं विशिष्ट जनों को स्मृति चिन्ह प्रदान किया।

इस अवसर पर प्रो० यू०एस० निगम को राष्ट्रीय उपाध्यक्ष एवं डॉ० महेश व्यास को राष्ट्रीय सचिव का प्रभार प्रदान किया गया।

इस अवसर पर डॉ० शिवादित्य ठाकुर, पटना, डॉ० हितेश भाई जानी, जामनगर, डॉ० नित्यानन्द शर्मा, कोटा, डॉ० सुनिल कुमार यादव, जयपुर, डॉ० नवप्रभात लाल, पंजाब, डॉ० यू०यस० चतुर्वेदी बिहार ने व्याख्यान दिया।

प्रो० जे०पी० चौरसिया, डॉ० नृपेन्द्र मिश्रा, डॉ० योगेश वाणे, डॉ० सलिल जैन, डॉ० आशीष शर्मा, डॉ० प्रकाश जोशी, डॉ० शिरोमणि मिश्र – संयोजक वैज्ञानिक सत्र का सराहनीय योगदान रहा।

डॉ० के०के० द्विवेदी, सम्पादक, विश्व आयुर्वेद परिषद पत्रिका ने राष्ट्रीय स्तर पर होने वाले कार्यक्रमों यथा स्नातक, स्नातकोत्तर, व्यक्तित्व विकास शिविर, स्मृति व्याख्यान तथा अन्य गतिविधियों की विस्तृत जानकारी दी।

### वाराणसी में नवसम्बत्सर समारोह

वाराणसी में नवसम्बत्सर समारोह का आयोजन चैत्र शुक्ल प्रतिपदा विक्रम सम्वत् 2071 दिन सोमवार तदनुसार दिनांक 31 मार्च 2014 को धूमधाम से मनाया गया। कार्यक्रम का शुभारम्भ प्रातः उदीयमान सूर्य के प्रथम अर्ध के साथ राजेन्द्र प्रसाद घाट, वाराणसी में सम्पन्न हुआ। इस अवसर पर मुख्य अतिथि डॉ० सुभाष श्रीवास्तव, निदेशक, कृत्तिका प्राकृतिक चिकित्सा संस्थान ने नये वर्ष पर सबको शुभकामना देते हुए कहा कि आयुर्वेद एवं प्राकृतिक चिकित्सा के सिद्धान्तों द्वारा जीवन शैली जन्य विकारों का बचाव एवं चिकित्सा दोनों सम्भव है। इसका प्रचार प्रसार घर-घर में व्यापक रूप से होना चाहिए। अध्यक्षता करते हुए डॉ० सुनील कुमार साह, प्रख्यात नेत्र चिकित्सक ने बताया कि आयुर्वेद केवल चिकित्सा शास्त्र नहीं अपितु प्रत्येक व्यक्ति एवं घर की जीवन शैली का विज्ञान है, जिसको अपनाने के लिए आप सबको आगे आना चाहिए, क्योंकि यही सम्पूर्ण स्वास्थ्य का आधार है।

कार्यक्रम का संयोजन डॉ० मनीष मिश्र ने किया तथा सबको धन्यवाद ज्ञापित करते हुए कार्यक्रम को सफल बनाने में मुख्य रूप से डॉ० पी०एस० उपाध्याय, डॉ० उमेश दत्त पाठक, डॉ० प्रेम नारायण मिश्र, डॉ० के०के० द्विवेदी, डॉ० ध्रुव कुमार अग्रहरी, डॉ० भावना द्विवेदी का आभार व्यक्त किया।



## VAIDYA UDDHAVDAS MEHTA MEMORIAL ALL INDIA AYURVEDA P.G. STUDENTS ESSAY COMPETITION 2014.

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Rationale and fundamental thoughts in the form of essay are invited on the given topic i.e.

**"Mainstreaming of Ayurveda: Issues, Challenges and Solutions".**

\*Central committee will honor along with a citation, Gold medal to best essay, Silver medal to 1<sup>st</sup> runner up and Bronze medal to 2<sup>nd</sup> runner up candidates.

\*All the MD(Ay.) students can participate in the essay competition. Essay should be single sided in computerized typing on A4 size paper, having fonts size 12 with 1.5 spaces in three copies.

\*It may be in English, Hindi or Sanskrit having not less than 1500 words or six pages(maximum 15 pages).

\*At the last page of essay participants should clearly mention their full details viz. name, year, name of college/institute, corresponding address, contact number and email-id.

\*The essays will be evaluated by three referees under coding.

\*Decision of committee will be full and final.

\*The last date for submitting the essays in triplicate copies is up to May 15, 2014 on given corresponding address.

\*Essay should be dually attested by Principal/Supervisor/State convener to certify that participant is regular student of the particular institution.

\*Awarded essays will be published in Journal of Vishwa Ayurveda Parishad and yearly publication of SANJIVANI.

\*For more details contact the member of state convener or our web site [www.vishwaayurveda.org.in](http://www.vishwaayurveda.org.in).

\*The prize distribution ceremony will be organized at Bhopal (M.P) in month of August 2014.

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**BHAI UDDHAVDAS MEHTA SMRITI NYAS (REG.)**

3, New Market, Hanuman Mandir Lane, T.T.Nagar, BHOPAL-462003

# अर्बन को-ऑपरेटिव बैंक लि० बरेली

मुख्यालय : ब्लॉक 'ए' दीनदयालपुरम, पीलीभीत मार्ग, बरेली – 243122  
टेलीफैक्स : 0581 2311340, मो० 98978 66225

—:: हमारी विशेषताएं ::—

1. 365 दिन ग्राहक सेवा में समर्पित बरेली का प्रथम बैंक ।
2. जमा राशि पर अन्य बैंकों से अधिक ब्याज दर ।
3. वरिष्ठ नागरिकों, विधवाओं तथा विकलांगों को 0.5% अधिक ब्याज सुविधा ।
4. सभी शाखाओं पर लाकर्स की सुविधा अन्य बैंकों से सस्ती एवं सुलभ हैं ।
5. ATM सुविधा उपलब्ध है ।
6. सभी प्रकार के ऋण व अग्रिमों की सुविधा उपलब्ध है ।
7. आयकर अधिनियम की धारा 194 "ए" (V) के अन्तर्गत बैंक सदस्यों से सावधि जमा पर प्राप्त ब्याज के स्रोत पर आयकर की कटौती नहीं ।

## शाखायें

प्रेमनगर 98978 66227	सी०बी०गंज (डी.डी.पुरम) 98978 66226	सिविल लाईन्स 98978 66229	
श्यामगंज 98978 66228	नवाबगंज 98978 66449	सुभाषनगर 98978 16566	बहेड़ी 99970 18502

हमारा लक्ष्य-ग्राहक संतुष्टि एवं त्वरित सेवा

श्रीपाल कश्यप  
सचिव / महाप्रबन्धक

संतोष कुमार गंगवार  
अध्यक्ष

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राष्ट्रीय संगोष्ठी - उज्जयिनी आयुर्वेद सम्भाषा-2014 एवं राष्ट्रीय कार्यकारिणी बैठक, उज्जैन, (म०प्र०) के दृश्य



वि व आयुर्वेद परिषद के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, महासचिव द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखन से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखन -226010 से प्रकाशित प्रधान सम्पादक- प्रोफेसर सत्येन्द्र प्रसाद मिश्र