

ISSN 0976- 8300

विश्व आयुर्वेद परिषद् पत्रिका

वर्ष - 12

अंक - 9, सम्वत् 2072

भाद्रपद

सितम्बर 2015



Website : www.vishwaayurveda.org

A Reviewed

Journal of Vishwa Ayurved Parishad

₹50/-

देश के विभिन्न स्थानों पर चरक जयन्ती की झलकियाँ



चरक जयन्ती की झलकियाँ



प्रकाशन तिथि - 15.9.2015

ISSN 0976- 8300

पंजीकरण संख्या - LW/NP507/2009/11 आर. एन.आई. नं. : यू.पी.बिल./2002-9388

विश्व आयुर्वेद परिषद् द्वारा आयोजित कार्यक्रमों की झलकियाँ



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

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र



विश्व आयुर्वेद परिषद् पत्रिका

Journal of Vishwa Ayurved Parishad

वर्ष - 12, अंक - 9

भाद्रपक्ष

सितम्बर - 2015

संरक्षक :

- डॉ० रमन सिंह
(मुख्य मंत्री, छत्तीसगढ़)
- प्रो० योगेश चन्द्र मिश्र
संगठन सचिव

प्रधान सम्पादक :

- प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक :

- डॉ० कमलेश कुमार द्विवेदी

सम्पादक मण्डल :

- डॉ० पुनीत कुमार मिश्र
- डॉ० अजय कुमार पाण्डेय
- डॉ० विजय कुमार राय
- डॉ० मनीष मिश्र
- डॉ० आशुतोष कुमार पाठक

अक्षर संयोजन :

- बृजेश पटेल

प्रबन्ध सम्पादक :

- जितेन्द्र अग्रवाल

सम्पादकीय कार्यालय :

विश्व आयुर्वेद परिषद् पत्रिका

1/231, विरामखण्ड, गोमतीनगर

लखनऊ - 226010 (उत्तर प्रदेश)

लेख सम्पर्क- 09415618097, 09336913142

E-mail - vapjournal@rediffmail.com

dwivedikk@rediffmail.com

drramteerthsharma@gmail.com

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

अनुक्रमणिका

- | | |
|---|----|
| 1- सम्पादकीय | 2 |
| 2- A CRITICAL REVIEW OF THE ANATOMICAL CONCEPT OF GRAHANI
- Ashutosh Kumar Pathak, K N Singh | 3 |
| 3- "समानेनावृतेऽपाने ... तत्र दीपनं सर्षिरिष्यते।" (च.चि. 28/205-206) सिद्धान्त पुष्ट्यर्थ ग्रहणी रोग में दीपनीय औषध सिद्ध घृत का सैद्धान्तिक एवं प्रायोगिक विवेचन"
- अरविन्द कुमार गुप्ता, सतीश सोनी,
केदार लाल मीणा | 8 |
| 4- A REVIEW ON ANTI OBESITY & ANTI HYPER LIPIDEMIC ACTIVITY OF AYURVEDIC CLASSICAL DRUGS
- Manjunatha.T.Sasanoor,
Prasanna. N. Mogasale, Nagaraj .S,
Prabhuraj D Baluragi, Baldev Kumar | 14 |
| 5- HERBAL APPROACH IN LIVER DISEASES
- Anjali Goyal, Arvind Kumar Gupta,
Baldev Kumar | 22 |
| 6- AYURVEDIC VIEW OF AETIOPATHOGENESIS OF MADHUMEHA (DIABETES MELLITUS) AND IT'S RELATION WITH MEDOROG (OBESITY)
- Ramesh Kant Dubey | 27 |
| 7- सन्तर्पणजन्य प्रमेह हेतु विचार-वर्तमान परिप्रेक्ष्य में विश्लेषणात्मक विवेचन
- प्रदीप शिवराम पवार, असित कुमार पांजा,
ओम् प्रकाश उपाध्याय | 32 |
| 8- DIABETES MELLITUS/MADHUMEHA : A NEW DIMENSION ON ITS MANAGEMENT
- Ajay Kumar Pandey, R.H. Singh | 36 |
| 9- DIET AND CANCER
- Bhawana Mittal, Meenakshi,
Anita Sharma, Vinod Kumar Gothecha | 42 |
| 10- परिषद् समाचार | 46 |



शाश्वत सिद्धान्तों पर आधारित आयुर्वेद चिर पुरातन होने के साथ ही चिर नवीन भी है। समय की आवश्यकता के अनुसार परिवेश में आवश्यक परिवर्तनों को स्वीकार करने में आयुर्वेद को संकोच नहीं, किन्तु सिद्धान्तों में परिवर्तन की न तो कोई उपयोगिता है और न ही कोई अनिवार्यता। आज के भूमण्डलीकरण के दौर में परिश्रम और बुद्धि कौशल के बल पर भारतीय युवक तकनीकी क्षेत्र में वैश्विक कीर्तिमान स्थापित कर अपनी क्षमता का प्रदर्शन कर रहे हैं। चिकित्सा क्षेत्र में भी निश्चेतना विज्ञान में हुये नवीन अन्वेषणों से शल्यशास्त्र में जो क्रान्तिकारी परिणाम आ रहे हैं, वे सराहनीय है। किन्तु जीवनशैली के कारण होने वाले रोगों तथा जीवाणु एवं विषाणु जन्य व्याधियों में प्रयोग की जानेवाली औषधियों के थोड़े से तात्कालिक लाभ के साथ ही, परिणामी भीषण दुष्प्रभावों से विश्व के चिकित्साशास्त्री, वैज्ञानिकगण तथा आम नागरिक सभी त्रस्त हैं। एण्टीबायोटिक्स, शनैः शनैः प्रभावहीन सिद्ध होते जा रहे हैं। इस स्थिति में आयुर्वेद के प्रति लोग आशा भरी दृष्टि से देख रहे हैं।



विगत दो तीन सौ वर्षों में अनेक कारणों से भारत के नागरिकों की आत्मविश्वास विहीन पीढ़ी विकसित करने का काम योजना पूर्वक किया गया। भारतीय संस्कृति, वैदिक वाङ्मय एवं संस्कृत भाषा में निबद्ध प्राचीन साहित्य, जिसका अधिकांश भाग पहले ही नष्ट-भ्रष्ट किया जा चुका था, में निहित तथ्यों के प्रति अनादर और अनास्था का भाव उत्पन्न करने में तत्कालीन शासक वर्ग सफल रहा। वे अपनी योजनाओं को लागू करवाने वाले लिपिक वर्ग को ही विकसित करने के इच्छु थे और अपने उत्पादों को बेचने के लिये एक बड़े बाजार के रूप में ही यहाँ के नागरिकों को देखते थे। इस कार्य में उनकी योजना काफी अंशो तक सफल भी रही। स्वतन्त्रता के पश्चात भी यह परम्परा विकसित होती रही। आयुर्वेद के अध्ययन-अध्यापन पर भी इसका प्रभाव पड़ा। वर्तमान समस्याओं के निदान एवं निराकरण के लिये एलोपैथी की वैशाखी की आवश्यक लगने लगी और हमारे आयुर्वेद के अध्येता भी शनैः शनैः परावलम्बी होते गये। अपने प्रति हमारा आत्म विश्वास कम होता गया। आज प्रायः आयुर्वेद के विद्यार्थी मेडिकल कालेज में प्रवेश न पास करने के कारण ही आयुर्वेद का अध्ययन कर रहे हैं। आयुर्वेद कालेजों की व्यवस्थायें तथा उनमें प्रत्यक्ष रुग्णाभ्यास की व्यवस्था अत्यल्प है। निश्चित ही हमारे विद्यार्थी प्रथम श्रेणी की क्षमता रखते हैं, किन्तु उचित व्यवस्था तथा वातावरण के अभाव में वे अपने उत्तम के स्थान पर एलोपैथी का सिद्धान्त प्रयोग में लाकर अपने को धन्य मान रहे हैं। विश्व के अनेक देशों में जो औषधि याँ अपने गम्भीर दुष्परिणामों के कारण प्रतिबन्धित कर दी गई हैं, हम उनका उपयोग बड़ी शान के साथ कर रहे हैं। ऐसा ज्ञात हुआ है कि उत्तर प्रदेश सरकार ने आयुर्वेद चिकित्सकों को कुछ हद तक एलोपैथिक औषधियाँ लिखने का अधिकार दे दिया है। इसके परिणाम सुखद एवं दुखद दोनों हो सकते हैं। सुखद इस सन्दर्भ में की आत्ययिक चिकित्सा के उपयोग से मरीजों को लाभ पहुँचेगा, किन्तु इसकी आड़ में केवल आधुनिक चिकित्सा कार्य करने से आयुर्वेद के प्रति विश्वास, उपयोग में भी आयेगी। आयुर्वेद में आत्ययिक चिकित्सा के अन्वेषण में भी न्यूनता आयेगी।

आयुर्वेद की नवीन पीढ़ी जैसे ही आत्मविश्वास से परिपूर्ण होकर जितनी मात्रा में कार्यक्षेत्र में खड़ी होगी, उतनी ही मात्रा में स्वास्थ्य चिन्तन का भारतीय पक्ष सुदृढ़ होता जायेगा। इसके लिये किसी लम्बी कालावधि की आवश्यकता नहीं। घोर अन्धकार का भी प्रकाश से कभी सामना होता है। बस दियासलाई की एक तीली के जलते ही प्रकाश सर्वत्र फैल जाता है आत्मविश्वास जागरण हेतु विश्व आयुर्वेद परिषद् ने अनेक कार्य प्रारम्भ किये हैं। आप सब सुधीजनों के सहयोग से हम लक्ष्य में सफल होंगे, इस विश्वास के साथ आपका सक्रिय सहयोग अपेक्षित है।

— प्रो० योगेश चन्द्र मिश्र
राष्ट्रीय संगठन सचिव
विश्व आयुर्वेद परिषद्



A CRITICAL REVIEW OF THE ANATOMICAL CONCEPT OF GRAHANI

- Ashutosh Kumar Pathak* K N Singh**

e-mail : rebellionashu@gmail.com

ABSTRACT :

The digestion, absorption and assimilation of food occur in gastrointestinal tract and there is clear and complete description of the digestive organs and digestive process on anatomical, physiological ground initiating from macroscopic to microscopic level in modern science. According to Ayurveda the chief site for digestion of food is Grahani and is considered as organ where Agni resides which in turn carry out the function of digestion. It is said that Grahani and Agni are interdependent; due to this nature these two are responsible for proper functioning of the each other. Any derangement in function of any one leads to improper digestion which inturn causes many disease as Acarya had illustrated that most disease occur due to functionally weak Agni 3 i.e. Mandagni further Mandagni for long period leads to a chronic disease called as Grahani Roga. So, the proper Understanding of Grahani leads to better clarity of Grahaniroga which will prove as a boon for the treatment of patients.

INTRODUCTION-

Modern interpreters have viewed Grahani from the angle of different regional parts of gastro intestinal tract including the associated glands and can be summarised as Dr. Ghanekara, Dr.D.S.Gauda, Dr Hari Prapanna Sharma, Dr. D. N. Banarji accepted the mucous membrane of entire small intestine as Grahani. Dr. Gananatha Sen regarded the proximal twelve finger portion of Ksudrantra

(small intestine) as Grahani. Dr. V.S. Variyara concluded that pyloric valve can be considered as Grahani. Dr. Guru et al. preferred Grahani up to the large intestine as the process of absorption continues up to level of large intestine. Dr. R.K. Gupta et al. also considered Grahani to be entire small bowel & colon. The description of anatomical structure of Grahani available by now is been far from an universal acceptance. Keeping this view in mind the present study entitled "A critical review of anatomical concept of Grahani has been undertaken.

ANATOMICAL ASPECT -

Acarya Caraka considered Grahani to be above Nabhi and to be present on left side while Acarya Sushruta and other Acaryas had elaborately describe the position of Grahani in comparison to Acarya Caraka and considered that it is situated between Amasaya and Pakvasaya and regarded it as PittadharaKala. It appears that there is difference in the view regarding the position of Grahani, but it is not so as Caraka Samhita mainly belongs to Atreya Sampradaya which is chiefly concerned with medicine while Sushruta Samhita belongs to Dhanvantri Sampradaya which represents school of surgeons. So, Acarya Caraka was more concerned with the physiological aspect and Acarya Sushruta with anatomical aspect that is why we get elaborate description of anatomical location of Grahani in Sushruta Samhita.

As Acarya Sushruta and other Acaryas had illustrated that Grahani is situated between Amasaya

*Assistant Professor, Associate Professor Department of Rachana Sharir, Faculty of Ayurveda, IMS, BHU, Varanasi (U.P.)



and Pakvasaya, thus in order to get the exact position of Grahani, location of Amasaya and Pakvasaya must be established. The term Amasaya and Pakvasaya are mentioned by all Acaryas in Kostha or as Kosthangas. The nomenclature of the same Kosthangas may differ when their anatomical and physiological aspect are considered and it can be seen even in present era as the “gastrointestinal tract” is more of anatomical term while “digestive tract” is indicative of physiological aspect of the alimentary tract. This is more clearly depicted by Dr. Dwarkanath as - The anatomical nomenclature of different part of the Mahasrotas (G.I.Tract) can be summarised as: Amasaya (the stomach), Ksudrantra (the small intestine), Unduka (the caecum), Sthulantra (the large intestines), Uttaraguda (the upper segment of the rectum), Adharaguda (the lower segment of the rectum). The physiological nomenclature of the Annavaha Srotas (alimentary tract) is: Amasaya (the stomach), Pacyamanasaya (the small intestine), Purisadhara (the caecum), Pakvasaya (the large intestine). As it can be depicted that the Amasaya is both functional and anatomical term while Pakvasaya is more of physiological term, so the term will be considered in the same way to establish anatomically the organs related with them. Location of Amasaya according to Acarya Caraka is in between Nabhi and Stana, while Sushruta had stated it to be present above Pittashaya and also considered that Amasayadvara is situated near Hridaya which itself is present between Stana. Acarya Sharangadhara stated it to be present below the Urasa. It can be inferred that the upper limit of Amasaya is present Near the Hridaya, near between Stana, below Urasa.

Lower end of Amasaya is considered at Nabhi by Acarya Caraka and illustrated that Amasaya is present between Stana and Nabhi while Acarya Sushruta considered Nabhi to be situated between Amasaya and Pakvasaya and also regarded Pitta to be present in Amasaya and Pakvasaya Madhya

region. Both seems to be indicative of same region. Nabhi term has been used in quite wide references, but yet not been fully established. It can be viewed from the two aspects - Surface anatomy - From the surface anatomy point of view it can be correlated with region around umbilicus. Visceral anatomy - From visceral anatomy aspect it can be correlated with region around pancreas or small intestine.

In modern science the organ lying in region below the heart, Urasa, Stana and above pancreas / small intestine is stomach, so Amasaya can rationally correlate with stomach. Concerning the physiological aspect of Amasaya, Acarya Caraka has said that all digestion got completed in Amasaya and its lower part is seat of Agni, other Acaryas considered that initial partial digestion of food occur in Amasaya (Bhinasanghata), the same concept is documented in modern classics also under the functions of stomach as - Its peristaltic movement softens and mixes the food with gastric juice. The gastric gland produces the gastric juice which contains enzymes that plays important role in digestion of food and after this, complete digestion and absorption of food occur in between Amasaya and Pakvasaya Madhya i.e. in Grahani. Here it appears that there is difference between the view of Acaryas regarding the role of Amasaya in digestion but it is not so as Acarya Cakrapani had clarified the doubt by dividing the Amasaya in two parts Urdhva-Amasaya and Adho-Amasaya, among these Urdhva-Amasaya was considered as site for Kapha Dosa and Adho-Amasaya for Pitta Dosa. Thus, Urdhva-Amasaya of Caraka corresponds to the Amasaya of Sushruta and other Acaryas. While Adho-Amasaya corresponds to Grahani, where whole digestion and absorption of all essential nutrient occur. Thus, Amasaya can rationally correlate with stomach.

Now, taking Pakvasaya into consideration as mentioned above this term is mostly concerned with physiological aspect. Acarya Sushruta mentioned it



to be situated below the Nabhi and above Shroni and Guda also all Acarya considered it to be Mula of Purishvaha Srotas, thus it can called as organ commencing below Nabhi, mainly concerned with faeces formation. Moreover it is regarded as the site of PurishdharaKala and functions to separate mala, further more a Kala called MaladharaKala which also carry out the same function .i.e. separation of Mala and is present in Unduka part of Antra present in Kostha. Acarya Dalhana considered Unduka to be the part of Pakvasaya is of view that it is Pottali shaped with separation of Mala to be its main function. Dr. Gananatha Sen considered it as caecum .Thus, on this basis Unduka can be called as caecum. Functionally also, the main function of large intestine is formation of faeces by absorbing the water from the chyme. Thus, the initial part of Pakvasaya being Unduka can be rationally correlated with caecum and rest other part of Pakvasaya can be correlated with remaining large intestine. Taking all the aspect in consideration Amasaya can be correlated with stomach while Pakvasaya can be correlated with large intestine. The structure lying between these two organ is small intestine and this may be called as Grahani, but it needs more evaluation from physiological aspect.

PHYSIOLOGICAL ASPECT -

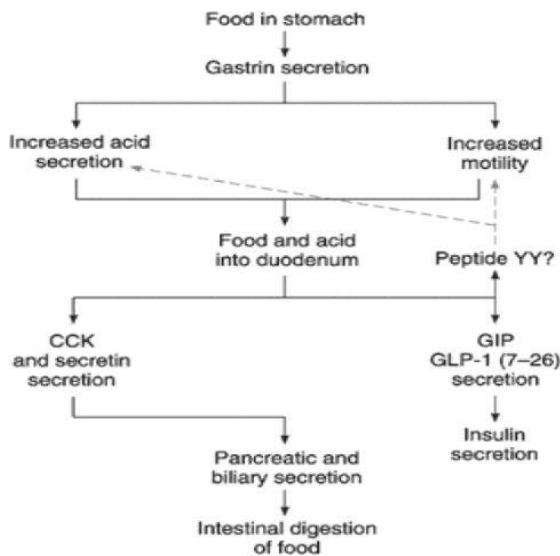
All Acarya has regarded Grahani as the seat of Agni whose chief function is to receive the food coming from Amasaya and hold it for proper digestion and after absorption of nutrients the digested food is propelled forwards to Pakvasaya. The Agni or Pacaka Pitta is responsible for digestion of food as per all Acarya, here it is worth mentioning that the subtypes of Pittas are enumerated for first time by Acarya Sushruta, afterwards all Acaryas followed it, While Acarya Caraka had emphasized on the concept Agni though the concept of Pitta was there but was not classified further. All Acaryas had clarified that Pitta and Agni are not different entity though this statement appears to be appropriate only

in term of Jathragni and Pacaka Pitta as these were chief representator of Agni and Pitta respectively, also there site is almost same as described by Acaryas and are most important among them. Thus, it can be said that Pacaka Pitta, Kayagni , Antaragni, Dehagni, Jathragni, Kosthagni are one or same as far as digestive function is concerned but it is also evident that the site and function of five Pitta are different from the thirteen Agni except the concept of Jathragni and Pacaka Pitta. An elaborate work is needed to explore the relationship between the subtypes of Pitta and sub types of Agni. Acarya Sushruta, Vagbhatta and other Acarya regarded the Grahani and PittadharaKala to synonymous, whose chief function is digestion and absorption of food. This Kala is the lining of Grahani which absorb nutrients and digest the food by secretion of various digestive factors viz. Agni/ Pacaka Pitta, Accha Pitta. As already discussed that Pacaka Pitta and Jathragni are same entity while Accha Pitta is Pitta which is secreted when partially digested food moves from stomach towards Pitta Sthana, as seen recorded in Caraka Samhita that, “thereafter, as the partly digested food which has attained Amla Bhava is moved down, Accha Pitta is secreted”. Commenting on the passage, Acarya Cakrapani Datta observes: “by the term Vidagdha means partly digested. Amla Bhava means after assuming sourness. Asayaat refers to Amasaya. The term Chyavamanasya means, being led down by Vayu to the lower portion. The entire passage means, “the partly digested food acquiring the quality of sourness when moved down from the Amasaya comes into the contact with the Pitta Sthana. By Accha Pitta is meant Aghana or light (the term Aghana has also been interpreted as swatchh or (clear). Udiryate means produced. The term Amla refers to the production of Pitta under the influence of the Aahara of food which has since assumed Amla Bhava (qualities of sourness).” Same description is available in modern text also as acidified chyme moved from Amasaya (stomach) and



approaches the small intestines it leads to secretion of many hormones which interns responsible for secretion of many digestive enzymes and can be clearly understood from the following table -

The modern and Ayurveda concepts of digestion are similar and can be compared as -



Steps of digestion in modern classics. the dotted line shows inhibitory action. (Ganong's physiology).

Acidified food (amlabhava) from the Amasaya While passing through the initial part of Grahani



Leads to the secretion of Accha Pitta which in turn responsible for



The secretion and discharge of Pachaka Pitta in this place.



This, aids in digestion of food in the intestine and the separation of the Sara from the Kitta.

Steps of digestion as mentioned in Ayurveda

In other words, these above correlations are seen to generalise the manner in which Accha Pitta is stated to be produced as the food, now rendered sour, passes down in to the duodenum from the stomach and comes in contact with the Pittashaya. It is obvious that the concept of Accha Pitta comprehends the gall bladder, bile and pancreatic juice which are responsible for the subsequent stage of the digestion of fats, proteins and carbohydrate in the small intestine. Thus Accha Pitta, form part of the concept of Jathragni, Kayagni, Pacaka Pitta. So, enzymes of small intestine and other factors helping in digestion can be called as Pacaka Pitta while the endocrine secretion can be called as Accha Pitta.

Associated function of Grahani:-

1. **Retention of food in Amasaya** - It helps to retain food in Amasaya for proper mixing digestion. In modern classics this function is attributed to Role of the Pylorus in Controlling Stomach Emptying.
2. **Argala at door of Pakvasaya** - Acaryas had described the position of Grahani as Pakvasayadvara i.e at door of Pakvasaya which regulates the passage of food from Grahani to Pakvasaya. Similar concept is document regarding ileocecal valve.
3. **Holding the food-** Grahani hold the food for digestion and absorption as also mentioned in modern classics for small intestine as - Other



than in the first part of the duodenum, large crescentic folds of mucosa project into the lumen of the small intestine, lying either transversely or slightly obliquely to its long axis. The circular folds slow the passage of the intestinal contents and increase the absorptive surface.

4. Propelling the digested food further -The propelling the digested food forwards is equivalent to peristalsis of small intestine as Chyme is propelled through the small intestine by peristaltic waves.

CONCLUSION

Thus, after thoroughly evaluating comparison of anatomical and physiological aspect of Grahani to that of small intestine it can be stated that The term Grahani can be rationally correlated anatomically as well physiologically to the organ small intestine and more precisely to inner lining of it. This term also include the functions of pyloric sphincter and ileocecal valve. So, it can be concluded that the anatomical correlate of Grahani is small intestine including pyloric sphincter and ileocecal valve.

REFERENCES

1. Charak Samhita
2. Susruta Samhita
3. Astanga Hridaya
4. Astanga samgraha
5. Bhav Prakash
6. Chakrapani commentry on Chraka Samhita
7. Dalhan commentry on Susruta Samhita
8. DwarikaNath C Fundamental Principles of Ayurveda
9. Ganong Willam F., Review of medical physiology, McGraw-Hill Comp., Inc. 25th edition.
10. Garnath Sen, Pratyaksha Shariram, Published by Charu Chand, Edition 3rd.
11. Gaur Damodar Sharma, Parishadhayam Shabdhartha Sharirum
12. Guyton, C. Text Book of Medical Physiology, W.B Saunders Company West Washington square Philadelphia,
13. Standring Susan, Grays Anatomy, The anatomical basis of clinical practice, 39th edition Gaur Damodar Sharma,
14. Parishadhayam Shabdhartha Sharirum Edited by publisher Pt. Sri Vaidyanath, Ayurved Bhawan Ltd Nagpur Edition 2nd 1979.

शुभकामना



Prof. P. K. Goswami have joined as Director, North Eastern Institute of Ayurveda & Homoeopathy, Shillong (Meghalaya) which is an autonomous institute, under Ministry of AYUSH, Govt. of India. Prof. Goswami was working as Prof. in faculty of Ayurveda, IMS, BHU, Varanasi. He is the active & life member of the Vishwa Ayurved Parishad.

Prishad Congratulate him on his this achivment & express the Best Wishes.





“समानेनावृतेऽपाने ... तत्र दीपनं सर्पिरिष्यते। ” (च.चि. 28 / 205–206) सिद्धान्त पुष्ट्यर्थं ग्रहणी रोग में दीपनीय औषध सिद्ध घृत का सैद्धान्तिक एवं प्रायोगिक विवेचन”

- *अरविन्द कुमार गुप्ता **सतीश सोनी ***केदार लाल मीणा*

e-mail : akg1010810@gmail.com

सारांश :

आरोग्य, आयु, बल, वर्ण, उत्साह, उपचय, प्रभा, ओज एवं प्राण, ये सभी भाव शरीर के स्वस्थ होने के परिचायक हैं। शरीर की आरोग्यता का तथा उपर्युक्त उल्लेखित भावों का मूल आधार अग्नि ही है। अग्नि की विकृति होने पर ही शरीर में रोगों के लक्षणों की अभिव्यक्ति होती है। आज की जीवन शैली जो कि पाश्चात्य जीवन शैली से पूर्णतः प्रभावित है। अत्यधिक रात्रि जागरण, दुर्व्यसन, बाजार एवं डिब्बा बंद आहार सेवन ये सभी क्रियाकलाप हमारी जठराग्नि को प्रभावित कर शरीर के बल का ह्रास करते हैं। यह अवस्था आयुर्वेद में ग्रहणी दोष नाम से वर्णित की गई है। इस रोग में लाभ पहुँचाने के उद्देश्य के साथ 30 रोगियों पर दीपनीय घृत का एक मास तक निरन्तर प्रयोग किया गया जिसका लाभालाभ प्रतिशत 19.56 रहा। परन्तु साथ ही साथ कुछ लक्षणों में अत्यन्त उत्साहजनक लाभ प्राप्त हुआ।

संक्षिप्त शब्द :

अग्नि, ग्रहणी दोष, जठराग्नि, दीपन, आवरण

प्रस्तावना :

आयुर्वेद दृष्ट्या दुःखत्रय विनाश में अग्निसाम्य की महती भूमिका है। आहार का शरीर में सात्मीकरण अग्नि पर ही निर्भर करता है।

आहार का सम्यक् पाक होकर ही शरीर के दोष, धात्वादि की वृद्धि होती है। अग्नि के शान्त होने पर मृत्यु एवं प्राकृत होने पर लम्बी आयु प्राप्त होती है, परन्तु विकृत

होने पर रोग उत्पन्न होते हैं, यथा—विसूचिका, ग्रहणी अलसक, अतिसार आदि। इन रोगों में अग्नि की विकृति होकर अन्न का सम्यक् पाक न होकर आमोत्पत्ति होती है और यही आम उपर्युक्त एवं अन्य अनेक रोगों का कारण बनता है, अतः व्याधि के पर्यायों में चरक संहिताकार ने “आमय” शब्द का भी उल्लेख किया है। संक्षेपतः शरीर स्वास्थ्य एवं रोगोत्पत्ति में अग्नि का महत्व है।

आज के भौतिक युग में मानव ने मिथ्या भौतिक—संसाधनों की प्राप्ति तथा पाश्चात्य सभ्यता व संस्कृति के अन्धानुकरण के कारण आयुर्वेदीय सद्वृत्त एवं स्वास्थ्य संरक्षण के उपदेशों को विस्मृत कर दिया है, एवं अध्यशन, अनशन, विषमाशन, वेग विधारण इत्यादि निदानों के साथ—साथ काम, क्रोध, लोभ, मोह इत्यादि मानसिक दोष प्रकोपक भावों का सतत सेवन कर रहा है जिससे अग्नि के विषम, तीक्ष्ण, मन्द होने से आहार का सम्यक् पाक न होकर आमोत्पत्ति होती है। फलस्वरूप ग्रहणी अतिसार, प्रवाहिका, विसूचिका आदि रोगों की प्रबल सम्भावना है। सम्प्राप्ति वैशिष्ट्य से वर्तमान में विविधान्न सेवन सम्भूत व्याधियों में ग्रहणी रोग बाहुल्येन सम्प्राप्त हो रहा है इसी उद्देश्य से ग्रहणी रोग के जानपदिक स्वरूप एवं गम्भीरता को देखते हुए तथा वर्तमान में एतद्विषयक आयुर्वेदीय शोध कार्य अन्य विषयों की अपेक्षा न्यून होने से इस रोग का चयन किया गया है।

सामग्री एवं कार्यविधि

सिद्धान्त (समानेनावृतेऽपाने) का विवेचन

“समानेनावृतेऽपाने.....तत्र दीपनं सर्पिरिष्यते।”

(च.चि. 28 / 205–206)

*Ph.D. Scholar, **P.G. Scholar, ***Associate Professor & Head, Dept Of Basic Principles, National Institute of Ayurveda, Jaipur (RAJ)



अर्थात् समान वायु के द्वारा अपान वायु के आवृत होने पर ग्रहणी रोग, पार्श्व में पीडा, हृदय रोग और आमाशय में शूल होता है, ऐसी दशा में अग्नि दीपक घृत का प्रयोग करना लाभकर होता है।

उपरोक्त सिद्धान्त समान आवृत अपान में दीपन सर्पि के प्रयोग की ओर संकेत करता है। सिद्धान्त के सम्यक् विवेचन के लिए समानावृत अपान की ग्रहणी दोष में कार्मुकता व दीपन को समझना आवश्यक है।

1. समानावृत अपान – ग्रहणी दोष में कार्मुकता

ग्रहणी रोग की उत्पत्ति में सबसे महत्त्वपूर्ण भूमिका अग्नि की रहती है। आचार्य चरक ने ग्रहणी दोष चिकित्सा में सर्वप्रथम अग्नि के महत्त्व का ही वर्णन किया है। चक्रपाणि ने ग्रहणी दोष की व्याख्या करते हुए ग्रहणी दोष को अग्नि दोष कहा है। अतः ग्रहणी दोष ग्रहणी आश्रित अग्नि दोष ही है।

आचार्य चरक ने ग्रहणी दोष उत्पत्ति में अभोजनाद आदि निदान सेवन से सर्वप्रथम अग्नि का दूषित होना ही बतलाया है।

ग्रहणी दोष के स्वरूप का वर्णन करते हुए आचार्य चरक ने बताया है कि मन्दाग्नि द्वारा विदग्ध आहार की जब अधोमार्ग से आम अथवा पक्व मल के रूप में प्रवृत्ति होती है तब उसे ग्रहणी गद कहते हैं।

इस प्रकार आयुर्वेद वाङ्मय में जिस रोग में मल कभी पक्वावस्था में कभी अपक्वावस्था में कभी बंधा हुआ कभी पतला मल अधोमार्ग से प्रवृत्त होता है तथा वह विदाह युक्त होता है उस वितावस्था को ग्रहणी दोष रोग कहते हैं। इसमें विदाह समान वायु के प्रकुपित होने के कारण अग्निमांद्य होने से होता है। समान वायु द्वारा होने वाले पाचन, विवेचन व मुंचन कर्म भी सम्यक् रूप से नहीं होते हैं।

असम्यक् पाचन होने के कारण अम्ल अवस्था पाक व कटु अवस्था पाक भी वित हो जायेंगे। इस प्रकार असम्यक् कटु विपाक होने के कारण पक्वाशय में वात की उत्पत्ति नहीं हो पाएगी।

अपान वायु का कार्य भी मल-मूत्रादि का सृजन करना ही है। इस प्रकार समान वायु द्वारा सम्यक् मुंचन

कर्म सम्पादित होने पर ही अपान वायु द्वारा मल-मूत्रादि का सम्यक् सृजन होगा। इस प्रकार समान वायु के वित होने पर पाचन कर्म सम्यक् नहीं होने के कारण भोजन का कटु अवस्था पाक वित हो जाता है, इस कारण पक्वाशय में वात की उत्पत्ति नहीं होती है। इसके साथ ही समान वायु के मुंचन कर्म के असम्यक् होने के कारण अपान वायु को मलादि के विसृजन के लिए सम्यक् आवेग नहीं मिल पाता है।

इस प्रकार अपान वायु को सम्यक् आवेग नहीं मिलने के कारण तथा असम्यक् कटु विपाक होने से पक्वाशय में वात की उत्पत्ति नहीं होने के कारण अपान वायु के कार्य अवरुद्ध हो जाते हैं। इस प्रकार वित समान वायु द्वारा अपान वायु के कार्य में अवरोध उत्पन्न किया जाता है।

अतः समान वायु की विति के कारण अग्निमांद्य होने पर अन्न विदाह युक्त हो जाता है तथा मल भी कभी अपक्व तथा कभी पक्व अवस्था में रहता है। अपान वायु के कर्म भी विते समान वायु द्वारा अवरुद्ध होने के कारण सम्यक् रूप से नहीं होते हैं। आयुर्वेद में ग्रहणी दोष का स्वरूप भी अन्न का विदाह युक्त होना तथा मल की असम्यक् प्रवृत्ति होना ही बतलाया है। वाग्भट ने ग्रहणी रोग को महारोग की भी संज्ञा दी है। इस प्रकार समानावृत अपान अवस्था पूर्णतः ग्रहणी दोष नहीं मानकर ग्रहणी दोष की प्रारम्भिक अवस्था मानी जा सकती है।

2. दीपन

प्रस्तुत शोध कार्य में जिन औषधियों का चयन किया गया है वे सभी औषधियाँ दीपन कर्म करने वाली हैं लेकिन साथ ही कुछ औषधियाँ दीपन के साथ पाचन व संग्राहक कर्म करने वाली भी हैं। आचार्य चरक ने केवल दीपनीय गण का ही उल्लेख किया है इससे यही आभास होता है कि आचार्य चरक दीपन व पाचन कर्म को एक ही कर्म की दो अवस्थाएँ मानते हैं। यदि दीपन एवं पाचन पृथक-पृथक कर्म आचार्य को स्वीकार होते तो चिकित्सा के प्रमुख उपक्रम पाचन के लिए भी पृथक्शः गण की परिकल्पना करते।

इस प्रकार दीपन और पाचन वस्तुतः एक ही कर्म की दो अवस्थाएँ हैं जिनमें प्रथम दीपन कर्म व द्वितीयावस्था में पाचन कर्म सम्पन्न होता है। पांचभौतिक संघटन की दृष्टि



से भी दीपन-पाचन अग्निवाय्यवात्मक है किन्तु दीपन में वायु की और पाचन में अग्नि की प्रधानता होती है।

इस प्रकार दीपन एवं पाचन एक ही कर्म के दो प्रकार हैं और यहाँ दीपन से दीपन एवं पाचन दोनों कर्मों का ग्रहण किया जा सकता है।

3. सिद्धान्त का औषधीय विवेचन

प्रस्तुत शोध कार्य के शीर्षक "समानेनावृतेऽपाने..... तत्र दीपनं सर्पिरिष्यते।" के अनुसार समान वायु से आवृत अपान में दीपन घृत का प्रयोग करना चाहिए।

आचार्य चरक ने ग्रहणी रोग में दीपन घृत की कार्मुकता बताते हुए वर्णन किया है कि घृत के सेवन से समान वायु दोष रहित होकर अपने मार्ग में चली आती है, यह वायु अग्नि के समीप में ही रहती है इसलिए अपनी क्रिया द्वारा अग्नि को बलवान बनाती है। ग्रहणी दोष में समान वायु की विकृति हो जाने से ही अग्नि मन्द पड़ जाती है।

इस प्रकार दीपन घृत के प्रयोग से समान वायु दोष रहित होकर अपने स्थान पर आकर अग्नि का बल प्रदान करती है। अपने मार्ग में लौट आने से अपान वायु पर उसका आवरण भी हट जाएगा। इस प्रकार अग्नि के बलवान हो जाने पर अजीर्ण की उत्पत्ति भी नहीं हो पाएगी

जो कि ग्रहणी सम्प्राप्ति की प्रथम अवस्था होती है अजीर्ण नहीं होने से अन्न विदग्ध अवस्था को प्राप्त नहीं होगा और अपान वायु का आवरण हट जाने से मल की प्रवृत्ति भी उचित प्रकार से होगी। चूँकि दीपन कर्म से युक्त औषधियाँ पाचन कर्म में भी समर्थ होती है इस कारण ग्रहणी रोग में आम रस का पाचन होने से अन्न की विदग्धता भी नष्ट हो जाएगी। इस प्रकार दीपन सर्पि का प्रयोग समानावृत अपान अवस्था में उत्तम सिद्ध होता है।

योग विश्लेषण

प्रस्तुत शोध प्रबन्ध में समान आवृत अपान अवस्था में दीपन सर्पि के प्रयोग का निर्देश दिया है। यह एक कल्पित योग है। औषध का चयन आधार द्रव्यों का दीपन कर्म युक्त होना रखा गया है। इस कल्पित योग में कुल घटक द्रव्य 13 है,

इनमें मुख्य घटक द्रव्य घृत है। घृत स्वयं अग्नि दीपक होता है, परन्तु प्रस्तुत शोध प्रबन्ध में सिद्धान्तानुसार दीपनीय औषध सिद्ध घृत के प्रयोग करने का निर्देश दिया है।

लक्षणानुसार प्रबन्ध में स्वीत दीपन घृत नामक योग के घटक द्रव्यों को तालिका में अधोलिखितानुसार दर्शाया गया है—

क्र. सं.	द्रव्य	रस	गुण	वीर्य	विपाक	कर्म	कारण	प्रकार
1.	घृत	मधुर	मृदु, स्निग्ध, मन्द	शीत	मधुर	पित्त शामक, अग्निवर्धक	मधुर विपाक, शीतवीर्य	विचित्र प्रत्यारब्ध
2.	पिप्पली	कटु	लघु, स्निग्ध, तीक्ष्ण	अनुष्णशीत	मधुर	कफवात शामक	-	विचित्र प्रत्यारब्ध
3.	पिप्पली मूल	कटु	लघु, स्निग्ध, तीक्ष्ण	अनुष्णशीत	मधुर	कफवात शामक	-	विचित्र प्रत्यारब्ध
4.	चित्रक	कटु	लघु, रुक्ष, तीक्ष्ण	उष्ण	कटु	कफवात शामक	शीत वीर्य	
5.	मुस्ता	तिक्त, कटु, कषाय	लघु, रुक्ष	शीत	कटु	कफ पित्त शामक		विचित्र प्रत्यारब्ध
6.	अतिविषा	तिक्त, कटु	लघु, रुक्ष	उष्ण	कटु	दीपन, पाचन, ग्राही, त्रिदोषहर		समान प्रत्यारब्ध



7.	विल्व	कषाय, तिक्त	रूक्ष, लघु	उष्ण	कटु	कफवातशामक		समान प्रत्यारब्ध
8.	अजवायन	कटु, तिक्त	लघु, रूक्ष, तीक्ष्ण	उष्ण	कटु	कफवातशामक		समान प्रत्यारब्ध
9.	हरीतकी	कषाय प्रधानपंचरस (लवणवर्जित)	लघु, रूक्ष	उष्ण	मधुर	त्रिदोषहर		समान प्रत्यारब्ध
10.	बिजौरानिम्बु	अम्ल	तीक्ष्ण	उष्ण	अम्ल	कफवातशामक		समान प्रत्यारब्ध
11.	आर्द्रक	कटु	गुरु, रूक्ष, तीक्ष्ण	उष्ण	कटु	कफवातशामक		समान प्रत्यारब्ध
12.	दाडिम	मधुर, कषाय	लघु, स्निग्ध	अनुष्ण	मधुर	त्रिदोषघ्न		समान प्रत्यारब्ध
13.	सैधव लवण	लवण	किंचित् गुरु, स्निग्ध	शीत	कटु	त्रिदोषघ्न	शीत वीर्य, कटु विपाक	विचित्र प्रत्यारब्ध

जयपुर के द्वारा संचालित चिकित्सालय के बहिरंग विभाग से ग्रहणी रोग के शास्त्रोक्त लक्षण एवं रोगी के रक्त व मल परीक्षण को आधार मान कर किया गया।

क. लक्षणपरक— आतुरों का चयन निम्न बिन्दुओं को आधार मानकर किया गया —

1. रोगी की आयु 11–60 वर्ष के मध्य हो।
2. रोगाक्रान्त काल 2 माह से 5 वर्ष के मध्य हो।
3. रोगी में गृहणी रागे के निम्न लक्षण मिलते हों

क. लक्षण समूह—

1. मुहुर्बद्धं 2. अजीर्ण 3. प्रसेक 4. तृष्णा 5. वैरस्य 6. छर्दि 7. अरोचक 8. प्रवाहण 9. आलस्य 10. बलक्षय 11. आंत्रकूजन 12. उदरशूल 13. हस्तपाद शोथ 14. अस्थिपर्वरूक 15. तिक्ताम्लोद्गार 16. गौरव 17. सफेन मलप्रवृत्ति 18. सशूल मलप्रवृत्ति 19. सशब्द मलप्रवृत्ति 20. पुनः—पुनः मलप्रवृत्ति 21. भोजनोत्तर मलप्रवृत्ति 22. आम श्लेष्मयुक्त मलप्रवृत्ति 23. दुर्गन्धित मलप्रवृत्ति

उपर्युक्त लक्षणों के आधार पर चयनित रोगियों को एक माह पर निरीक्षण हेतु चिकित्सालय में बुलाया गया।

ख. प्रयोगशालीय परीक्षण— प्रयोगशाला में रोगी का रक्त एवं मल दोनों का चिकित्सा पूर्व एवं चिकित्सा पश्चात् परीक्षण किया गया, क्योंकि ग्रहणी रोग में भोजन का

सम्यक् पाचन नहीं होने के कारण अन्न विदाह युक्त हो जाता है। इस प्रकार अपक्व रस पर रंजक पित्त की क्रिया सम्यक् प्रकार से नहीं होने के कारण रक्त का निर्माण भी उचित मात्रा में नहीं हो पाता है, तथा मल भी कभी बद्ध अवस्था कभी द्रव रूप में, कभी पक्व व कभी अपक्व अवस्था में रहता है।

2. प्रायोगिक विवेचन

अ. मल परीक्षण— मल परीक्षण में निम्न बिन्दुओं पर विचार किया गया— 1. भौतिक परीक्षा 2. रासायनिक परीक्षा 3. सूक्ष्मदर्शी परीक्षा

ब. रक्त परीक्षण — रक्त परीक्षण में रोगी के रक्तगत हीमोग्लोबिन की मात्रा का परीक्षण किया गया है।

चिकित्सा व्यवस्था

चयनित रोगियों को चिकित्सा के साथ साथ पथ्य आहार विहार एवं अपथ्य आहार—विहार के साथ चिकित्सा सम्बन्धी सामान्य निर्देशों से भली—भाँति अवगत कराया गया तथा चयनित सभी रोगियों को निम्न चिकित्सा व्यवस्था दी गई।

औषध मात्रा— प्रातः—सायं भोजन पूर्व 10 ग्राम कल्पित दीपन घृत का सेवन करवाया गया।

औषध सेवन अवधि — ग्रहणी रोग एक कृच्छ्रसाध्य व्याधि है अतः औषध परीक्षण की अवधि एक माह रखी गई।



तालिका क्रमांक – I सांख्यिकीय आधार पर लक्षणों में लाभालाभ (प्रदर्शक तालिका)

SYMPTOMS	N	Mean		Dif.	% of Change	SD	SE	T	P
		BT	AT						
मुहुर्बद्धं मुहुर्द्रवं	30	2.53	1.27	1.27	50.00	0.64	0.12	10.85	<0.001
अजीर्ण	30	2.07	1.07	1.00	48.39	0.59	0.11	9.33	<0.001
प्रसेक	9	1.44	1.33	0.11	7.69	0.33	0.11	1.00	N.D.
तृष्णा	15	1.87	1.73	0.13	7.14	0.35	0.09	1.47	N.D.
वैरस्य	9	2.11	1.89	0.22	10.53	0.44	0.15	1.51	N.D.
छदि	9	1.56	1.44	0.11	7.14	0.33	0.11	1.00	N.D.
अरोचक	18	1.44	0.67	0.78	53.85	0.43	0.10	7.71	<0.001
प्रवाहण	10	1.70	1.50	0.20	11.76	0.42	0.13	1.50	N.D.
आंत्रकृजन	16	1.88	1.75	0.13	6.67	0.34	0.09	1.46	N.D.
आत्मस्य	23	1.78	1.48	0.30	17.07	0.47	0.10	3.10	<0.01
बलक्षय	20	1.60	1.25	0.35	21.88	0.49	0.11	3.20	<0.01
उदरशूल	21	2.19	1.90	0.29	13.04	0.46	0.10	2.83	<0.01
हस्तापाद शोथ	4	1.50	1.50	0.00	0.00	0.00	0.00	0.00	N.D.
अस्थिपर्वरुक्	19	2.00	1.89	0.11	5.26	0.32	0.07	1.46	N.D.
तिक्ताम्लोद्गार	20	2.25	1.10	1.15	51.11	0.49	0.11	10.51	<0.001
गौरव	13	1.62	1.54	0.08	4.76	0.28	0.08	1.00	N.D.
सफेन मलप्रवृत्ति	21	2.14	1.86	0.29	13.33	0.46	0.10	2.83	<0.01
सशूल मल प्रवृत्ति	21	2.10	2.00	0.10	4.55	0.30	0.07	1.45	N.D.
सशब्द मल प्रवृत्ति	20	2.15	1.85	0.30	13.95	0.47	0.11	2.85	<0.01
पुनःपुनः मल प्रवृत्ति	23	2.00	1.04	0.96	47.83	0.64	0.13	7.19	<0.001
भोजनोत्तर मल प्रवृत्ति	21	2.10	1.14	0.95	45.45	0.59	0.13	7.40	<0.001
आम श्लेष्मयुक्त मल प्रवृत्ति	27	2.44	2.37	0.07	3.03	0.27	0.05	1.44	N.D.
दुर्गन्धित मल प्रवृत्ति	22	2.23	2.14	0.09	4.09	0.29	0.06	1.45	N.D.



तालिका क्रमांक (iii)
सांख्यिकीय आधार पर प्रयोगशालीय परीक्षणों में लाभालाभ प्रदर्शक तालिका

SYMPTOMS	N	Mean		Dif.	% of Change	SD	SE	T	P
		BT	AT						
Hb%	30	13.83	13.82	0.01	0.07	0.04	0.01	1.36	N.D.
OVA/ Cyst. (Stool)	30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	N.D.

सिद्धान्तानुसार ऊहापोहात्मक विश्लेषण

“समानेनावृतेऽपानेतत्र दीपनं सर्पिरिष्यते।”

(च.चि 28 / 205-206)

अर्थात् समान आवृत अपान अवस्था में दीपन सर्पि का प्रयोग करना चाहिये।

ग्रहणी में सम्प्राति संघटनानुसार मिथ्या आहार से दोष प्रकोप होकर सर्वप्रथम अग्नि दूषित होती है अग्नि दूषण से अजीर्ण की उत्पत्ति होकर अपक्व, शुक्त विषरूप आमरस की उत्पत्ति होती है अतः ग्रहणी रोग में प्रथम अग्निमांघ होकर अजीर्ण की उत्पत्ति होती है।

समान आवृत अपान में भी सर्वप्रथम अग्निमांघ ही होता है, क्योंकि समान वायु ही अग्नि को बल प्रदान करता है तथा समान आवृत अपान अवस्था में प्रथम समान वायु का प्रकोप होने से अग्नि का संधुक्षण नहीं होने के कारण से अग्निमांघ की स्थिति उत्पन्न होती है व समान वायु के अपान वायु पर आवरण करने से अपान वायु का कार्य भी अवरुद्ध हो जाता है इससे मल का निर्हरण उचित रूप से नहीं हो पाता है। इस प्रकार समान आवृत अपान का साम्य ग्रहणी रोग के लक्षणों से होता है, क्योंकि ग्रहणी रोग में भी निदान सेवन करने पर पहले अग्नि ही दूषित होती है तथा ग्रहणी दोष में भी मल की प्रवृत्ति कभी बद्ध अवस्था में व कभी द्रव अवस्था में होती है। इस प्रकार ग्रहणी दोष में समान वायु व अपान वायु की विकृति सिद्ध होती है।

सिद्धान्तानुसार समानावृत अपान में दीपन सर्पि के प्रयोग का निर्देश दिया है। आयुर्वेद वाङ्मय में अग्निवर्धन के लिए दीपन कर्म का ही उपदेश किया गया है। ग्रहणी दोष में भी चरक ने अग्निमांघ की अवस्था में घृत प्रयोग का निर्देश दिया है तथा बताया है कि दीपन औषध सिद्ध घृत सेवन से समान वायु प्रसन्न अर्थात् दुष्टि रहित होकर अपने मार्ग में वापस लौट आती है इस प्रकार समान वायु के अपने स्थान में आ जाने से अपान वायु पर से उसका

आवरण भी हट जाता है इस प्रकार अपान वायु भी आवरण हट जाने से अपने कार्य प्राकृत रूप से करने लगती है।

इस प्रकार समानावृत अपान अवस्था में दीपन सर्पि का प्रयोग समग्र रूप से संक्रान्त होता है।

उपसंहार एवं निष्कर्ष

इस शोध कार्य में आतुरों पर किये गये प्रयोग के परिणाम से यह निष्कर्ष निकलता है कि ग्रहणी रोग शमनार्थ दीपन घृत का प्रयोग समग्र रूप से संक्रान्त नहीं होता है। प्रत्येक लक्षणों में हुए लाभालाभ के परिणाम पर विचार करते हैं तो मुहुर्बद्ध-मुहुर्द्रव, अजीर्ण, अरोचक, तिक्ताम्लो-द्गार, पुनःपुनः मल प्रवृत्ति व भोजनोत्तर मल प्रवृत्ति में उत्साहजनक लाभ हुआ है। जबकि अन्य लक्षणों पर मिले परिणाम अधिक सन्तोषजनक नहीं रहें।

मुहुर्बद्ध-मुहुर्द्रव, अजीर्ण, अरोचक, तिक्ताम्लोद्गार लक्षण अग्निमांघ के कारण ही उत्पन्न होते हैं तथा यह अग्निमांघ समान वायु की विकृति का प्रतीक है तथा पुनःपुनः मल प्रवृत्ति व भोजनोत्तर मल प्रवृत्ति अपान वायु की विकृति के द्योतक हैं। इस प्रकार शोध प्रबन्ध के सिद्धान्त के अन्तर्गत वर्णित ग्रहणी दोष शब्द का अभिप्रायः समानावृत अपान अवस्था द्वारा उत्पन्न अग्निविकृति से लिया जाना चाहिए। विषमादि अग्नि विकृतियों को वाग्भट्ट ने ग्रहणी दोष शब्द नाम दिया है।

अतः शोध प्रबन्ध में प्रयुक्त दीपन घृत ग्रहणी रोग को पूर्णतः शमन करने में असमर्थ है। दीपन घृत द्वारा केवल समानावृत अपान द्वारा उत्पन्न अग्निमांघ जन्य लक्षणों के शमनार्थ अधिक उपयोगी है। समानावृतापान अवस्था अथवा ग्रहणी रोग की उत्पत्ति में सर्वप्रथम अग्निमांघ ही होता है तथा अन्य किसी रोग में जहाँ अग्निमांघ हो वहाँ दीपन सर्पि अथवा दीपन कर्म करना लाभदायक रहेगा।

सन्दर्भ ग्रन्थ सूची -

1. Caraka Samhitā, Āyurvedadēpikā Commentary by Cakrapāēi, Edited by Vaidya Yādavajētrikamajē Ācārya, Caukhambā Surabhāratē Prakāśana Vārānasi, Rerint Edition-2011, Page 512
2. Vāgbhata, Astanghrīdaya Sarvāīgasundarā Commentary by Aruēadatta & Āyurvedarasāyana Commentary by Hemādri, Edited by Pt. Harisadācīvaçāstrē Parāḍakara, Repint Edition-1982, Page-155



A REVIEW ON ANTI OBESITY & ANTI HYPER LIPIDEMIC ACTIVITY OF AYURVEDIC CLASSICAL DRUGS

- *Manjunatha.T.Sasanoor, **Prasanna .N. Mogasale, ***Nagaraj .S,

****Prabhuraj D Baluragi, *****Baldev Kumar

e-mail : drmanjuss@gmail.com

ABSTRACT :

In Modern era with continuous changing life styles and environment, man become the victim of many disease, Obesity is one of them.

A definition of Swastha purusha as given by Acharya Charaka, a healthy body is the only one media to achieve the ultimate goal among the chaturvidha purushartha. Acharya Sushruta also said that Madhyama Sharira is the best but Ati Sthaula and Ati Krisha are always affected with ailments.

Prevalence of obesity is increasing day by day. As per survey done in 2007 October, 5% of Indian populations are obese. This prevalence in urban area ranges from 35 to 40% above the age group of 40yrs. A rough estimate puts 20% excess weight in the bracket 25% mortality and 30% over weight carries 45% of morbidity and mortality.

Obesity is the only one disease which is gaining more and more attention of scientists at global level. Many institutions and Medical schools are making efforts to find a perfect remedy for this burning problem.

KEY WORDS:-

Sthaulya, Obesity, Nindita Purusha, Swastha purusha, purushartha.

INTRODUCTION-

Obesity is a blessing of the Modern age of Machines and Materialism. It occurs as a result of lack of physical activity with increased intake of high calorie food. The industrialization, stress during the work. dietary habits, lack of exercise & varieties of diet intake e.g. fast food, frozen fruits, increased amount of soft drinks and beverages, canned foods results into the clinical entity Obesity.

Acharya Charaka has thrown light on the eight varieties of impediments which are designated as Nindita Purusha, Ati Sthaulya comprises one of them.

Sthaulya is a santarpanjanya vikara, having unique samprapti. Unlike other diseases, here there will be teekshna jatharagni and manda dhatvagni. Srotorodha caused by kapha and meda will leads to tiryak gati of vata which inturn intensify the jatharagni.

Because of srotorodha there will be medo dhatu poshana and anya dhatu kshaya. Vriddha medo dhatu will cause daurbalyata and many other symptoms like kshudra shwasa, kshudha, trishna, atisweda, daurgandhya which will hamper the quality of life. Mean while if it is not treated early, in due course of time, it will cause other vyadhis like prameha

*P.G Scholar, Dept. of P. G. Studies in Maulik Siddhant and Samhita, National Institute of Ayurveda, Jaipur, Rajasthan, India **Asso.Prof, ***Prof, Dept. of P. G. Studies in Roga & Vikruti Vignana, SDM College of Ayurveda & Hospital, Kuthpady, Udupi, Karnataka, India ****Medical Officer PHC Chamani, Tq:- Shahapur, Dist:Gulbarga, Karnataka, *****Asso.Prof. Dept. of P. G. Studies in Maulik Siddhant and Samhita, National Institute of Ayurveda, Jaipur, Rajasthan, India



bhagandara, vidradhi, vata roga lastly end up with mrityu.

Sthoulya can be compared to obesity in modern science. It is the most common physical abnormality and a serious health hazard found all over the world in people of all races and all age groups irrespective of any barrier. This lies in the twilight zone between health and disease.

“Longer the belt line, shorter the life line” obesity indirectly means short life span with all its associated illnesses. The slow but gradual collection of fat not only hampers activities but inevitably interferes with the adequate functioning of the vital processes. Apart from mechanical inefficiency and aesthetic undesirability it is the cause of many degenerative and metabolic diseases with resultant premature death. It is not only a symptom or a disease in itself but is the root cause of various other serious health related problems.

It is the second leading cause of preventable death (after smoking), and is associated with type 2 diabetes, hyperlipidemia, high BP, coronary artery disease, arthritis, gallstones, psychosocial disability and certain types of cancer.

Actually obesity not having any particular definition it varies from person to person. In broad range a person having more than 20% of normal weight in relation to age, height and sex of individual is considered as obese. The easiest method to determine the obesity is to calculate BMI (body mass index).

BMI can calculate by the following method

Weight in kg / height in meters. Divide this number again with your height.

Normal BMI = 18.5-24.9;

Overweight = 25.0-29.9;

Obese = 30 or greater;

And morbidly obese = 40 or greater.

Causes

- ♦ Genetic factor if there is a family history of obesity.
- ♦ Hormonal factors- it may be due to disorder of pituitary, thyroid, pancreas, gonads or adrenals.
- ♦ Less physical activity- sitting most of the time in front of computer i.e. doing no movements. Lack of exercises can lead to deposition of fat on various tissues which increase the insulin resistance in the body and can lead to type 2 diabetes mellitus.
- ♦ More intake of calories than required
- ♦ Unhealthy food or unbalanced diet enjoying the delicious junk food. Easily available and who has the time to cook.
- ♦ Depression
- ♦ Certain medications e.g. steroids

MANAGEMENT

Modern science Point of view -

There is a wide range of products available in the market which claims to reduce weight in short duration but beware of such culprits of the society. Reducing the weight in very short duration can also be very harmful.

So, successful programs for weight loss reduction and maintenance should be started and followed under the care of a physician and/or a nutritionist. Life style modifications can play a vital role in the management of obesity. Don't wait for the condition to become worse as by that time it may have given rise to various other morbid diseases. Few guidelines are laid down which can help in the management of obesity.

- ♦ Go for morning walk daily.
- ♦ Regularly do some breathing exercises like anulom vilom, kapalhatti and some yogic asana for maintaining yourself in good shape and health.



l t hy mind. Dhanurasana, suryanamaskar, matsyendra, ardhmatseyndra, sarvang asana can be beneficial to reduce the weight but do consult the physician if you are having some associated health related problems.

- ♦ Take balanced diet. Eat fresh vegetables and fruits. High fiber diet is good to keep the digestive system in healthy condition. Carrot, pineapple, papaya, apple are some of the effective fruits for keeping healthy and fit. Take lauki, palak, methi, cabbage, beet in daily diet and avoid eating to much potatoes.
- ♦ Eat green salad containing tomatoes and mint leaves as they are good for burning excessive fat.
- ♦ Drink good amount of water everyday as water is extremely effective in proper functioning of body and also lead to obesity control.
- ♦ Eat proper meals rich in salad and green vegetables and low in fat at regular intervals as compare to heavy meals. Never miss your breakfast as skipping your regular diet is unhealthy habit and leads to obesity.
- ♦ Taking Luke warm water after your regular lunch and dinner as it is effective for proper digestion of food and burning of excessive fat but take it about an hour after meal.
- ♦ Avoid rice, refined flour, and high caloric chocolates.
- ♦ Take green tea or ginger tea as ginger is very good in burning excessive fat in your body.
- ♦ Using vegetable oil like ground oil, sunflower oil is good for cooking purpose. Avoid using excess butter, deep frying the foods and excess salt in your cooking.
- ♦ Live stress free and be more optimistic.

Ayurvedic Point of view

Acharya Charaka Said “Karshyameva 4 varam sthoulyat na hi sthoolasya bshhajam”

Sthoulya is a kashta sadhya vyadhi because santarpana will lead to further medodhatu vridhhi and apatarpana will not conquer teekshnagnibala. Because of improper nourishment of saptadhatu, sthoola person will become durbala, hence unable to withstand prabhoota shodhana. Here the line of treatment should be in such a way that it should do medo dhatu karshana, shesha dhatu poshana without affecting rogi bala.

Because of kriya akshamata vamanadi shodhana karamas are contraindicated in sthoulya, at the same time as there is prabhoota dosha, shamana aushadhis may take longer time.

Basti is considered as ardhha chikitsa or 5 poorna chikitsa . It is the best remedy for morbid vata, but according to Acharya sushruta it is beneficial even in the kaphaja & pit taja disorders by using various combinations of ingredients. Pakvashaya sthita basti will do doshapakarshana from apadatala mastaka just like sun will draw water from like earth. It is sarvarthakari, will do ashu apatarpana and tarpana based on drugs used in it.

CERTAIN AYURVEDIC MEDICATIONS ARE EXTREMELY GOOD TO REDUCE THE WEIGHT

Agnimantha (Premna mucronata Roxb)⁶

Caraka Prescribes the decoction of Agnimatha as a good remedy for obesity.

Asana (Bijaka Pterocarpus marsupium Roxb)

In the Obesity, Sesamum oil in the morning or decoction of the heartwood of Asana should be taken mixed with honey.

Atimuktaka (Madhavi Hiptage benghalensis Kurz)⁷

The Seed- Kernal of atimuktaka taken with honey checks the growth of abdomen (due to obesity). Similarly acts the root of citraka taken with honey while keeping on wholesome diet.

Babbula (Acacia Arabica willd)⁸

The body should be anointed with the paste of babbula leaves and then with that of haritaki followed by bath. By this excessive perspiration is alleviated.

Badari (Ziziphus mauritiana Lam)⁹



Liquid gruel mixed with sour gruel and paste of badari leaves alleviate obesity

Bilva (Aegle marmelos)¹⁰

Decoction of brihat panchamula (Bilva, Agnimatha, Shvonaka, Kashmari, Patala) mixed with honey alleviates obesity.

Juice of bilva leaves removes foul odor of the body.

The paste of Bilva and Haritaki in equal parts removes foul smell of the body and also mature boils. Similarly seeds of Putikaranja are also efficacious.¹¹

Chitraka (Plumbago zeylanica Linn)

Intake of chitraka root with honey keeping on wholesome diet is useful.

Eranda (Ricinus communis Linn)¹²

In order to remove obesity one should take alkali of eranda leaves mixed with hingu.

The root of eranda smeared with honey is kept overnight in water. By taking this extract (water) the enlarged abdomen is reduced.¹³

Gavedhuka (Coix lachrymal-jobi linn)¹⁴

Gruel made of the parched grains of gavedhuka and mixed with honey reduces bulk of the body. Parched grain flour of gavedhuka and barley and also the decoction of triphala mixed with honey reduces fat.¹⁵

Guggulu [Commiphora mukul (Hook ex stocks) Engl]¹⁶

In obesity, use of rasanjana, brihat panchamula, guggulu, shilajitu and agnimantha is beneficial.

In case obesity has set in, one should use regularly shilajatu, guggulu, cow's urine, triphala, lauha-bhasma, rasanjana, honey, barley, mudga, kodrava, syamaka, vanakodrava etc. which are rough and reduce fat.¹⁷

Haritaki (Terminalia Chebula)¹⁸

Haritaki almost alleviates disorders caused by oversaturation.

Paste of Haritaki should be anointed on the body before taking bath. It checks perspiration.¹⁹

Haritaki powder mixed with honey should be taken with wine morning. It checks perspiration and provides fragrance in the body.²⁰

Maricha (Piper nigrum Linn)

One suffering from obesity should take one betel leaf with ten grains of maricha followed by intake of cold water for two months. This makes the man lean and thin.

Mundi (Sphaeranthus indicus Linn)

Mundi powder taken with sour gruel removes foul smell due to obesity.^{21,22}

Patala (stereospermum suaveolens DC)

Intake of decoction patala and chitraka mixed with shatapushpa and hingu alleviates all types of obesity.²³

Patra (Cinnamomum tamala Nees & Eberm)

An ointment of patra, balaka, aguru, ushira and chanadana removes foul smell of the body.

Rasanjana (Semi solid extract of daru haridra Berberis aristata Dc)

Rasanjana is the best drug for obesity.²⁴

Shirisha (Albizzia labbeck Benth.)

Rubbing with the powder of shirisha, lamajjaka, nagakesara and lodhra removes impurities of skin and excessive perspiration.

Tambula (Piper betle Linn)

One betel leaf mixed with 10gm. Maricha and take with cold water for 2 months makes one lean and thin.

Triphala

Decoction of triphala mixed with honey reduces fat.^{25,26}

Use of buttermilk and nimba, urine and triphala is the remedy for the disorder of lipid metabolism. (CS SU13.78)



Vasa (Adhatoda Vasica Nees)

Juice of vasa leaves mixed with powder conch-shell or juice of bilva leaves removes foul smell of the body.²⁷

Yava (Hordeum Vulgare Linn)

Powder of barley mixed with amalaka is the best remedy for obesity.²⁸

One indulged in physical exercise, mental work, sexual act, wayfaring, honey and waking and keeping on diet of barley and syamaka alleviates obesity. (VM 36.4) etc.

Dosing schedule & properties of antiobesity Drug.

Lahasun/Garlic (Allium sativum)²⁹

In vitro studies, garlic has been found to have antibacterial, antiviral, and antifungal activity. However, these actions are less clear in vivo. Garlic is also claimed to help prevent heart disease (including, high.

Therapeutic Properties:- Antimicrobial, hypolipidemic, antioxidant, antineoplastic, antithrombotic, anti atherogenic effects.

Dose Recommended :- Cloves: 2 to 5 g fresh; 0.4 to 1.2 g of dried powder;

Bio Active Principles :- Allicin, allin

Guggulu [Commiphora mukul (Hook ex stocks Engl)]³⁰

Therapeutic Properties:- Hypolipidemic, anti inflammatory; antitumor.

Dose Recommended :- Resin: 50-100 mg Zguggalsterone, a ketosteroid

Maricha (Piper nigrum Linn)³¹

Therapeutic Properties:- anti-inflammatory, antioxidant, analgesic effects, Aromatic, stimulant, carminative, febrifuge, cholagogue, emmenagogue

Dose Recommended :- Seeds: 2-5g Crystalline alkaloids piperine.

Asthisamhara Cissus quadrangularis Linn³²

Therapeutic Properties:- Anti-inflammatory, anti obesity, analgesic, antibiotic, anthelmintic, antimicrobial, hypoglycemic.

Dose Recommended :- Stem: 100 -500 mg Phytosterols and fibre

Dhanyaka (Coriandrum sativum L.) (Coriander)³³

Therapeutic Properties:- Hypotensive, hyperglycemia, hyperlipidemia

Dose Recommended :- Leaf: 5 mg Essential oil containing linalool as well as furanocoumarins (coriandrine, dihydrocoriandrine)

Mustaka (Cyperus Rotundus L.) (Nutgrass)³⁴

Therapeutic Properties:- Ant-inflammatory, antidiabetic, hypocholesterolaemia.

Dose Recommended :- Leaf: 1-3g Alkaloids Garcinia Cambogia (Malabar Tamarind)³⁵

Therapeutic Properties:- Antiobesity, antiinflammatory, antiulcer, antimicrobial.

Dose Recommended :- Fruits: 200 to 500mg (-) Hydroxy citric acid (HCA) Yashtimadhu (Glycyrrhiza glabra Linne) (Licorice)³⁶

Therapeutic Properties:- Anti-allergic, antiinflammatory, antistress, antidepressive, antiulcer, antidiabetic, antidepressant effects.

Dose Recommended :- Root: 2-4 g. Licorice flavonoid oil (LFO)

Kamal (Nelumbo nucifera.) **Gaertn** (Indian Lotus)³⁷

Therapeutic Properties:- Antidiabetic, antipyretic, anti-inflammatory, anticancerous, antiviral antimicrobial, and anti-obesity properties.

Dose Recommended :- Sees: 6-15g Leaf : 3-6 g Alkaloids (liensinine, neferine, nuciferine, remrefidine and isoliensinine) and flavonoids [(+)-1(R)- coclaurine, (-)-1(S)- norcoclaurine and quercetin 3-O-b-Dglucuronide]



Pippali (Piper longum) L (Long papper, Pipali)³⁸

Therapeutic Properties:- Immunomodulatory, antiasthamatic, antioxidant,

Dose Recommended:- Seeds: 500mg-1g Alkaloids piperine and piperlongumine hypocholesteremic, antiinflammatory, negative chronotropic and negative inotropic activities.

(Amala)³⁹ Phyllanthus emblica.L

Therapeutic Properties:- Anabolic, antibacterial, antipyretic, antiviral, antioxidative, antihepatic, immunomodulator.

Dose Recommended :- Seeds:3 to 6g Ascorbic acid, fiber, pectin, zinc Souropus androgynusL.Merr. (Sweet leaf bush)⁴⁰

Therapeutic Properties:- Antioxidative, antiobesity.

Dose Recommended :- Leaves: 18 mg Saponin, alkaloids and tannin Draksha (Vitis vinifera L.) (Grape)⁴¹

Therapeutic Properties:- Antioxidant, antithrombotic, cardioprotective effects, antiobesity

Dose Recommended :- Skin Extract 50 mg Seed Extract 100 mg-350 mg Resveratrol (trans-3, 40, 5-trihydroxystilbene), a phytopolyphenol

Shunthi (Zingiberofficinale) Roscoe (Ginger)^{42,43}

Therapeutic Properties:- Antioxidant, antihypolipidaemic.

Dose Recommended:- Rhizome: 10mg Gingerols, 6-shogaol and galanolactone

Anti hyperlipidemic and Anti Obesity Efficacy of Some Ayurvedic drugs Bauhinia purpurea (Kovidara)

CONCLUSION

All the drugs discussed in this review shows that the Ayurvedic classics explained many sthalya and medohara drugs, some of these drugs have action on obesity and anihyperlipidemic action as per

modern pharmacology. Among those drugs some research work done and some one in the process of clinical evaluation.

REFERENCES

- 1) Acharya Agnivesh, Sutra Sthana. 21/17-18, CharakaSamhita, revised by Charaka and Dridhabala, Chakrapanidatta, commentary, edited by Vaidya Jadavji Trikamji Acharya, Varanasi, chaukhamba surabharati publication. Fifth edition 1992, page no 117
- 2) Acharya Sushruta, Sutra sthan 15/48, Sushruta Samhita, edited by Kaviraja Ambikadutta Shastri (Part 1). Chaukhambha Sanskrit Sansthan, Varanasi; Ninth edition, 1995. page 84
- 3) Acharya Sushruta, Sutra sthan 15/42, Sushruta Samhita, edited by Kaviraja Ambikadutta Shastri (Part 1). Chaukhambha Sanskrit Sansthan, Varanasi; Ninth edition, 1995. page 83
- 4) Acharya Vagbhata, Sutra Sthana 14/31, Ashtanga Hridaya, Arunadatta, Hemadri, commentaries, collated by late Dr Anna Moreswara Kunte and Krsna Ramachandra Shastri Navare, Sarvangasundara and Ayurvedarasayana, Varanasi Chaukhambha Orientalia, reprint ninth edition 2005. page 227
- 5) Acharya Agnivesh, Siddhi Sthana. 1/40, Charaka Samhita, revised by Charaka and Dridhabala, Chakrapanidatta, commentary, edited by Vaidya Jadavji Trikamji Acharya, Varanasi, chaukhamba surabharati publication. Fifth edition 1992, page no 683
- 6) Acharya Agnivesh, Sutra Sthana. 24-18, Charaka Samhita, revised by Charaka and Dridhabala, Chakrapanidatta, commentary, edited by Vaidya Jadavji Trikamji Acharya, Varanasi, chaukhamba surabharati publication. Fifth edition 1992, page no 117
- 7) Acharya Bhavaprakash, Chikitsa prakarana 39.24, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhambha Sanskrit Bahawan, Elevent Edition 2009, Page no 407
- 8) Acharya Bhavaprakash, Chikitsa prakarana 39.78-79, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhambha Sanskrit Bahawan, Elevent Edition 2009, page no 411



- 9) Acharya cakradatta, chikitsa 36.16, edited by Prof Ramanath Dwivedi, Varanasi, chaukhamha Sanskrit Bahawan, Reprint 2011; page no 222
- 10) Acharya Srisarangadhara Madhyama khanda 2/111-114, Adamalla's Dipika and kasirama's Gudarthadipika, commentary, edited by Pt. Parashuram Shastri Vidyasagar, Varanasi, chaukhamha surabharati Prakashan. edition 2006, page no 159
- 11) Acharya Bhavaprakash, Chikitsa prakarana 39.71, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 410
- 12) Acharya Bhavaprakash, Chikitsa prakarana 39.21, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 405
- 13) Acharya Bhavaprakash, Chikitsa prakarana 39.25, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 405
- 14) Acharya Agnivesh, Sutra Sthana. 2/25, Charaka Samhita, revised by Charaka and Dridhabala, Chakrapanidatta, commentary, edited by Vaidya Jadavji Trikamji Acharya, Varanasi, chaukhamha surabharati publication. Fifth edition 1992, page no 26
- 15) Acharya Bhavaprakash, Chikitsa prakarana 39.22, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 405
- 16) Acharya Vagbhata, Sutra Sthana 14/23, Ashtanga Hridaya, Arunadatta, Hemadri, commentaries, collated by late Dr Anna Moreswara Kunte and Krsna Ramachandra Shastri Navare, Sarvangasundara and Ayurvedarasayana, Varanasi Chaukhamha Orientalia, reprint ninth edition 2005. page 783
- 17) Acharya Sushruta, Sutra sthan 15/32, Sushruta Samhita, edited by Kaviraja Ambikadutta Shastri (Part 1). Chaukhamha Sanskrit Sansthan, Varanasi; Ninth edition, 1995. page 81
- 18) Acharya Sushruta, Sutra sthan 44.67, Sushruta Samhita, edited by Kaviraja Ambikadutta Shastri (Part 1). Chaukhamha Sanskrit Sansthan, Varanasi; Ninth edition, 1995. page 214
- 19) Acharya Bhavaprakash, Chikitsa prakarana 39.75, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, Page no 411
- 20) Acharya Bhavaprakash, Chikitsa prakarana 39.83, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 411
- 21) Acharya Bhavaprakash, Chikitsa prakarana 39.70, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 410
- 22) Acharya cakradatta, chikitsa 36.38, edited by Prof Ramanath Dwivedi, Varanasi, chaukhamha Sanskrit Bahawan, Reprint 2011; page no 227
- 23) Acharya Bhavaprakash, Chikitsa prakarana 39.20, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 406
- 24) Acharya Vagbhata, Uttarantra 40.49, Ashtanga Hridaya, Arunadatta, Hemadri, commentaries, collated by late Dr Anna Moreswara Kunte and Krsna Ramachandra Shastri Navare, Sarvangasundara and Ayurvedarasayana, Varanasi Chaukhamha Orientalia, reprint ninth edition 2005. page 944
- 25) Acharya Bhavaprakash, Chikitsa prakarana 39.18, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 406
- 26) AH Su) Acharya Vagbhata, Uttarantra 14.22, Ashtanga Hridaya, Arunadatta, Hemadri, commentaries, collated by late Dr. Anna Moreswara Kunte and Krsna Ramachandra Shastri Navare, Sarvangasundara and Ayurvedarasayana, Varanasi Chaukhamha Orientalia, reprint ninth edition 2005. page 226
- 27) Acharya Bhavaprakash, Chikitsa prakarana 39.69, Bhavaprakash Edited By Pandit Sri Brahma Sankar Mishra, Varanasi, chaukhamha Sanskrit Bahawan, Elevent Edition 2009, page no 410
- 28) Acharya Agnivesh, Sutra Sthana. 21/23, Charaka Samhita, revised by Charaka and Dridhabala, Chakrapanidatta, commentary, edited by Vaidya Jadavji Trikamji Acharya, Varanasi, chaukhamha surabharati publication. Fifth edition 1992, page no 117



- 29) Soon Ah Kang et al, Effect of Garlic on Serum Lipids Profiles and Leptin in Rats Fed High Diet, J Food Sci Nutr (2006) ; Vol II : 48-53.
- 30) Lata S. Saxena KK, Bhasin V, Saxena RS, Kumar A, Srivastava VK.: Beneficial effects of *Allium sativum*, *Allium cepa* and *Commiphora mukul* on experimental hyperlipidemia and atherosclerosis - a comparative evaluation, 1991; 37-3:132-5
- 31) Acharya.D and Shrivastava. A, Indigenous Herbal Medicines: Tribal Formulations and Traditional Herbal Practices. Aavishkar Publishers Distributors, Jaipur. 2008 ISBN 978-81-7910-252
- 32) Achal Thakur, Vandana Jain, L Hingorani, KS Laddha, Phytochemical Studies on *Cissus quadrangularis* Linn 2009; 1(4) : 213-215.
- 33) Lata S. Saxena KK, Bhasin V, Saxena RS, Kumar A, Srivastava VK.: Beneficial effects of *Allium sativum*, *Allium cepa* and *Commiphora mukul* on experimental hyperlipidemia and atherosclerosis - a comparative evaluation, 1991; 37-3:132-5
- 34) David Bruce Leonard, L.Ac. Roast Duck Production, Medicine at your Feet : Healing Plants of the Hawaiian Kingdom *Cyperus rotundus* (Xiang fu) 1998 2006. J Ethnopharmacol. 76(1) : 59-64.
- 35) Saito M, High dose of *Garcinia cambogia* is effective in suppressing fat accumulation in developing male Zucker obese rats, but highly toxic to the testis. Food Chem Toxicol. 2005; 43(3) : 411-9
- 36) Kaku nakagawa, Hideyuki kishida, Naoki arai, Tozo nishiyama, and Tatsumasa mae, Licorice Flavonoids Suppress Abdominal Fat Accumulation and Increase in Blood Glucose Level in Obese Diabetic KK-Ay Mice, Biol. Pharm. Bull. (2004); 27(11) : 1775-1778.
- 37) Brindha. D, D. Arthi, Antimicrobial Activity of White and Pink *Nelumbo nucifera* Gaertn flowers, Journal of Pharmaceutical Research and Health Care, 2010; 2(2) : 147-155.
- 38) Suresha .B., M. G. Hariprasad, R. Rema & U. Imran : Antiobesity effect of Lipovedic formulation in rats fed on atherogenic diet. The Internet Journal of Nutrition and Wellness. 2009; Vol 8 No 2.
- 39) Rasheda Ahmed, Sharmin Jahan Moushumi, Humayaun Ahmed, Mohammad Ali. Md. Has Reza, Wahid Mozammel Haq, Rownak Jahan, Mohammeded Rahmatullah, A study of Serum Total Cholesterol and Triglyceride Lowering Activities of *Phyllanthus Emblica* L. (Euphorbiaceae) Fruits in Rats Advances in natural and Applied Sciences 2010; 4 (2) : 168- 170.
- 40) Santoso.U, Kusussiyah and Y. Fenita, The effect of *Souropus androgynous* Extract and Lemuru oil on Fat deposition and fatty acid Composition of Meat in Broiler Chickens, J. Indonesian Trop. Anim. Agric. 2010; 35(1).
- 41) Ekanem AP, Wang M, Simon JE, Moreno DA. Antiobesity properties of two african plants (*Fromomum meleguetta* and *Spilanthes acmella*) by pancreatic lipase inhibition. Phytother. (2007); Res. 21: 1253- 1255.
- 42) Rihana kamal and Shagufta Aleem, Clinical evaluation of the efficacy of a combination of Zanjabeel (*Zingiber officinale*) and amla (*Emblca officinalis*) in Hyperlipidaemia, Journal of Traditional knowledge 2009; 8 (3): 413-416.
- 43) 287. Al-Amin ZM, Thomson M, Al-Qattan KK, Peltonen-Shalaby R, Ali M. Antidiabetic and hypolipidaemic properties of ginger (*Zingiber officinale*) in streptozotocin-induced diabetic rats. British Journal of Nutrition 2007; 96 : 660-666.



HERBAL APPROACH IN LIVER DISEASES

- *Anjali Goyal **Arvind Kumar Gupta ***Baldev Kumar

e-mail : hemadriayurveda@gmail.com

ABSTRACT :

Herbal medicines have been used in the treatment of liver diseases for a long time, so the maintenance of a healthy liver is essential for the overall well being of an individual. Liver injury induced by toxins is more common nowadays. Herbal remedies are focused in the pharmaceutical industry to evolve a safe route for liver disorders. Therefore, hepatoprotective natural products such as *Andrographis paniculata*, *Curcuma longa*, *Picrorrhiza kurroa*, *Eclipta alba*, *Phyllanthus niruri*, *Solanum nigrum*, *Glycyrrhiza glabra*, *Berberis aristata*, *Emblica officinalis*, *Tinospora cordifolia*, *Boerhavia diffusa* are going to be discussed in this article. Hepatic disease (Liver disease) is a term that affects the cells, tissues, structures, or functions of the liver. Herbal drugs are more widely used than allopathic drugs as hepatoprotective because majority of them are inexpensive, better acceptability, better compatibility, with the human body and having minimal side effects. These herbal drugs have been shown the ability to maintain the normal functional status of liver.

KEY WORDS:-

Hepatoprotective, Herbal remedies, detoxification, karmala.

INTRODUCTION: -

Ayurveda, is a system of holistic healing that originated in India. Charaka Samhita and Sushruta Samhita are two main classical Ayurvedic texts, the roots of which can be traced back to 1000 B.C. These texts describe the indications, pharmacognostic,

pharmacological and therapeutic properties of over 700 Indian plants in detail. Where the liver is damaged scar tissue forms and stops the flow of healthy cells. Eventually if the scar tissue outnumbers the healthier tissue then liver's functioning gradually deteriorates. If this occurs it is sought immediately and procedures followed to give to the liver a chance to heal. The longer it is left in a damaged state the less the chances of recovery. The Liver has a pivotal role in human metabolism as:-

- ♦ The liver produces and secretes bile (to be stored in the gallbladder until needed) that is used to break down and digest fatty acids.
- ♦ It also produces prothrombin and fibrinogen, blood-clotting factors, and heparin, a mucopolysaccharide sulfuric acid ester that keeps blood from clotting within the circulatory system.
- ♦ The liver converts sugar into glycogen, which it stores until the muscles need energy and it is secreted into the blood stream as glucose.
- ♦ The liver synthesises proteins and cholesterol and converts carbohydrates and proteins into fats, which are stored for later use.
- ♦ It also produces blood protein and hundreds of enzymes needed for digestion and other bodily functions.
- ♦ The liver also produces urea, while breaking down proteins, which it synthesises from carbon dioxide and ammonia. It is eventually excreted by the kidneys.

*M.D.Scholar, Basic Principle Department, **M.D. Scholar, ***Associate Professor, Basic Principle Department, National Institute of Ayurveda College, Jaipur (Rajasthan)



- ♦ The liver also stores critical trace elements such as iron and copper, as well as vitamins A, D, and B12.
- ♦ The liver is also responsible for detoxifying the poisonous substances by transforming and removing toxins and wastes.

Liver Disorders:-

In Ayurveda, liver is known as yakrita. It has been described as one of the chief organ of the human body. The major disease described in Ayurvedic texts is Kamala, which is compared with jaundice. According to Charaka Samhita, Pandu (anemia) and kamala are related to each other. In fact if a patient suffering from pandu keeps on consuming pitta aggravating foods, the already disturbed pitta further affects blood and skin resulting in kamala. The eyes, skin, mucus membrane and nails are yellow coloured. In addition the patient has general debility, indigestion and anorexia. Liver disorders described in modern medicine are:-

- ♦ Hepatitis may be viral, toxic or deficiency type.
- ♦ Cirrhosis
- ♦ Liver failure

Hepatitis:-

Among the many diseases that can affect the liver the most common is 'viral hepatitis' (Inflammation of liver cells caused by viral infection). Hepatitis can be caused by drugs, viruses, bacteria, mushrooms, parasites like amoebas or giardiasis. The most common hepatitis viruses affecting the liver are named for letters of the alphabet: hepatitis A, hepatitis B, hepatitis C, hepatitis D, and hepatitis E.

Hepatitis A-

Hepatitis A is usually spread through dirty food and water. Symptoms typically appear 2 to 6 weeks after start of infection. Nausea, diarrhoea, appetite loss, jaundice, abdominal pain etc. are the important one. Patient is advised to take rest, avoid alcohol and fatty foods, eat a balanced diet.

Hepatitis B-

It is transmitted through direct contact with blood, serum, saliva, faeces, urine, and sexual contact. They may not be manifest any signs and symptoms in a majority of patients. Some patient's develops symptoms like tiredness, loss of appetite and bodyache. They may develop dark urine, pale feces and yellow discolouration of skin. Vaccination against virus is effective in preventing infection.

Hepatitis C-

It is a truly serious disease with no known effective treatment. It is transmitted through blood and body fluids in transfusions, injections, the sharing of IV needles with drug users, and possibly by sexual contact with exposed partners. There is no vaccine against hepatitis C. The symptoms of infection can be medically managed, and a proportion of patients can be cleared virus load by a long course of anti-viral medicines.

Hepatitis D-

Only occurs in the presence of Hepatitis B virus.

Hepatitis E-

It is another common type of hepatitis in developing countries. It occurs in epidemics. The infection route is faeco-oral, same as the route for Hepatitis A virus; therefore, again, must be very careful in what we eat and drink.

Cirrhosis:-

Cirrhosis of the liver is a chronic, diffuse degenerative liver disease in which the parenchyma (the functional organ tissue) degenerates, the lobules are infiltrated with fat and structurally altered, dense perilobular connective tissue forms, and areas of regeneration often develop. Severe cirrhosis leads to ammonia toxicity, hepatic coma, gastrointestinal haemorrhage, and kidney failure. The most common cause of cirrhosis is believed to be alcohol abuse.



Liver failure:-

Liver failure is the inability of the liver to perform its normal synthetic and metabolic function as part of normal physiology. Two forms are recognized, acute and chronic. Acute liver failure is an uncommon syndrome in which hepatic encephalopathy, characterised by mental changes progressing from confusion to stupor and coma, results from a sudden severe impairment of hepatic function. Chronic liver failure develops when the functional capacity of the liver can no longer maintain normal physiological conditions and is characterised by the presence of encephalopathy and/or ascites. If a virus causes liver failure, supportive care can be given at hospital to treat the symptoms until the virus runs its course. In these cases, the liver will sometimes recover on its own. For liver failure that is the result of long-term deterioration, the initial treatment goal may be to save whatever part of the liver is still functioning. If this is not possible, then liver transplant is required.

Ayurvedic herbs for treatment of liver diseases:-

Although the Ayurvedic texts have not described liver diseases in detail but still number of formulations have been mentioned which have been used successfully by practitioners of Ayurveda. These formulations are of diverse origin and may be derived from plant source alone or herbs in combination with minerals. In following pages we will discuss popular Ayurvedic medicinal herbs used in the treatment of liver diseases.

Andrographis paniculata (kalamegh) :-

Andrographis paniculata is known as Bhunimba or Kalamegha in Ayurveda. It is used as bitter tonic and febrifuge. It contains diterpene lactones (Andrographolide, neoandrographolide and kalmeghin). Traditionally this herb has been used to potentiate immune system response to inflammation and infections and as an anti-inflammatory, antipyretic (lowers fevers) and a hepatoprotective (liver protector). Traditionally it is

used for treatment variety of ailments including liver disorders. The diterpenes of andrographis were shown to increase glutathione (GSH), which may decrease susceptibility of the tissue to oxidative damage.

Eclipta alba (bhringaraja):-

Eclipta alba grows wild in moist places or on the sides of water channels. It contains resin, alkaloid (eclipticine), and Wedelolactone (C₁₅H₁₀O₇). Another alkaloid, 25-β hydroxyverazine has been reported from alcoholic extract of the Eclipta alba. It is used as a tonic and diuretic in hepatic and spleen enlargement. It is commonly used in viral liver to promote bile flow and protect the parenchyma. It is a source of coumestans-type compounds used in phytopharmaceutical formulations of medicines prescribed for treatment of cirrhosis of the liver and infectious hepatitis. It is widely used in India as a cholagogue (aids bile secretion) and deobstruent (removes functional obstructions in the body) in hepatic enlargement, for jaundice and other ailments of the liver and gall bladder.

Picrorrhiza kurroa (Kutaki):-

The active constituent is known kutkin, a mixture of kutkoside and picroside. Other constituents are apocynin, andorsin, and cucurbitacin glycosides. Pharmacologically Kutkin has hepatoprotective activity. Apocynin is a potent NADPH oxidase inhibitor and has antioxidant and anti-inflammatory activity. Ayurveda describes it as bitter in taste and light, dry and cold in effect. While alleviating Kapha and Pitta, it has a wide range of action on the human body mainly accounted for as Yakrit-uttejak (liver-stimulator). It alters the structure of the outer membrane of the hepatocytes in such a way as to prevent penetration of the liver toxin into the interior of the cell. It stimulates the action of nucleolar polymerase A, resulting in ribosomal protein synthesis and, thus stimulates the regenerative ability of the liver and formation of new hepatocytes.



Phyllanthus niruri (Bhumyamala):-

Phyllanthus niruri is well-known Ayurvedic plant used for its beneficial effect in liver diseases. It is bitter herb that traditionally used to care for hepatitis and jaundice. Phyllanthin, hypophyllanthin and tricontanal all the three constituents demonstrate hepatoprotective activity. Phyllanthin and hypophyllanthin are active against carbon tetrachloride and galactosamine induced hepatotoxicity whereas tricontanal is active only against galactosamine induced hepatotoxicity. Phyllanthus blocks DNA polymerase, the enzyme needed for the hepatitis B virus to reproduce.

Solanum nigrum (Makoya):-

Solanum nigrum commonly called Black nightshade or Kakamachi, grows as a weed, found in the dry parts of India and other parts of the world. Whole plant and berries are used in medicine. It is an excellent remedy for liver disorders. The fruit contains four glyco-alkaloids including Solamargine, solasonine or solanine and solanigrine. Solamargine and solasonine are present in leaves also. Inhibition of lipid peroxidation and free radical scavenging activity has been suggested as a possible mechanism of action.

Boerhaavia diffusa (Punarnava):-

In Ayurveda it is known as Punarnava and commonly known as spreading hogweed. The roots of the plant are used for liver and gall bladder diseases. However its specific use in Ayurveda is as diuretic. It contains an alkaloid punarnavine. Roots contain the rotenoids boeravinone A, B, C and F and punarnavoside has also recently been isolated. It has been used to treat hepatic disorders for thousands of years. Today there are many studies that verify the claim. One animal study evaluated the effect of B.diffusa on rats with ethanol induced liver damage. The liver damage consisted of increased levels of cholesterol, free fatty acids and triglycerides in the liver and kidneys, all of which were reversed after treatment with B.diffusa.

Curcuma longa (Haridra):-

Curcuma longa commonly known as turmeric is another plant which has got scientists attention as novel hepatoprotective agent. Dried rhizomes are used in medicine. It contains yellow coloured coloring matter called curcumin. Curcuminoids have shown to be antioxidant and antiinflammatory activities. Turmeric protects liver from the damaging effects of alcohol, toxins and even some pharmaceutical drugs. It can regenerate damaged liver cells. Curcuma longa stimulates the production of bile. The herbs are also involved in shrinking engorged hepatic ducts and improve gall bladder function. Herbalists used it to treat biliousness and conditions caused by excessive bile such as nausea, gas and heartburn as well as for flushing out gallstones. They also used the herb for liver conditions such as hepatitis, cirrhosis and jaundice.

Glycyrrhiza glabra (Yashtimadhu):-

Glycyrrhiza glabra is popularly known as licorice. In Ayurveda, it is known as Yashtimadhu which signifies sweet taste of the drug. The roots are used in medicine. It contains glycosides including glycyrrhizin, glycyramarin, isoliquiritin and isoliquiritin. Other components include asparagine, resin and estrogen steroid. Recent work has thrown light on hepatoprotective activity of licorice. It reduces alanine transaminase and aspartate transaminase values in serum. The exact mode of action is not clear but it has been proposed that glycyrrhizin has inhibitory effect on immune mediated cytotoxicity against hepatocytes and on nuclear factor (NF)-kappa B, which activates genes encoding inflammatory cytokines in the liver. Experimental hepatitis and cirrhosis studies on rats found that it can promote the regeneration of liver cells and at the same time inhibit fibrosis. Glycyrrhizin can alleviate histological disorder due to inflammation and restore the liver structure and function from the damage due to carbon



tetrachloride. The effects including: lowering the SGPT, reducing the degeneration and necrosis and recovering the glycogen and RNA of liver cells.

Berberis aristata (Daruharidra):-

Berberis aristata, commonly known as Indian Barberry is important medicinal plant of Ayurveda and Western herbal medicine. In Ayurveda it is known as Daruharidra. Rasaut is prepared by boiling the bark of the root and of the lower part of the stem in water. The solution is then strained and evaporated till a semi-solid mass is obtained; this is rasaut. The plant is used as hepatic stimulant and chalogouge. Chemically it contains alkaloids (berberine, berbamine and oxycanthine), tannins, gum and resin. It is indicated as one of the best remedies for correcting liver function and promoting the flow of bile, healing leucorrhoea, jaundice, and enlarged spleen, inflammation of the gallbladder, improving appetite, digestion and assimilation.

Emblica officinalis (Amalaki):-

Emblica officinalis, commonly known as Indian Gooseberry. It is important ingredient of Triphala, famous Ayurvedic remedy for constipation. Fruits are used in medicine. It is considered to the best source of Ascorbic acid (vitamin C). In addition, it contains gallic acid, tannic acid, albumin and calcium. The bark contains leukodelphinidin and procyanidin. The fruit contains alkaloids phyllantidine and phyllanthine. Extract was investigated for hepatoprotective activity using carbon tetrachloride (CCl₄) induced liver injury in rats. It was observed to inhibit the hepatotoxicity produced by acute and chronic CCl₄ administration as seen from the decreased levels of serum and liver lipid peroxides (LPO), glutamate-pyruvate transaminase (GPT) and alkaline phosphatase (ALP).

Tinospora cordifolia (Guduchi):-

Guduchi promotes regeneration of the liver and protects it from disease. It is one of the best herbs for the long term health of the liver. The stem

contains alkaloidal constituents, including berberine; bitter principles, including columbin, chasmanthin, palmarin and tinosporin, tinosporic acid and tinosporol. Effect of *Tinospora cordifolia* extract on modulation of hepatoprotective and immunostimulatory functions in carbon tetrachloride (CCl₄) intoxicated mature rats was reported. The treatment with *T. cordifolia* extract (100 mg/kg body weight for 15 days) in CCl₄ intoxicated rats was found to protect the liver, as indicated by enzyme level reduction in serum levels of SGOT, SGPT, ALP, bilirubin. Its tonic properties benefit the entire body, specially the immune system. It is beneficial for people of all constitutional types, making it one of the safest herbs to use for liver diseases.

SUMMARY:-

The liver, the detoxifying factory in the body, has become an increasingly overworked organ. While those who smoke, abuse alcohol and drugs, and live in severely polluted environments are at greatest risk, we the work cited in the article it can be concluded that herbs have great role in the treatment of liver diseases like hepatitis, jaundice etc. Ayurvedic drugs have promising profile as far as drug development from natural source is concerned. One can expect herbal drugs to acts as lead compound for development of economical, effective and non toxic hepatoprotective agents.

REFERENCES:-

1. Caraka Samhita (Text with English Translation) by Prof. Priyavrat Sharma, Published by Chaukhambha Orientalia rd Varanasi, 3rd edition, 1996
2. Bhavaprakasa Of Bhavamisra, commented by Dr. Bulusu Sitaram, Published by st Chaukhambha Orientalia, Varanasi, 1st edition, 2006
3. Davidson's Principles and Practice of medicine by Nicholas A. Boon, Nicki R. Colledge, Brian R. Waiker & John A.A.Hunter, th Published by Elsevier Limited, 20th edition, 2006



AYURVEDIC VIEW OF AETIOPATHOGENESIS OF MADHUMEHA (DIABETES MELLITUS) AND IT'S RELATION WITH MEDOROG (OBESITY)

- *Ramesh Kant Dubey

e-mail : rameshdubey01@gmail.com

ABSTRACT :

There are 20 types of Prameha mentioned in Ayurveda. Of these Madhumeha is caused predominantly by vitiation of vata. It is characterized by passage of excessive quantity of urine resembling honey in taste and color along with sweetness of whole body. The provocation of vata is either directly by its causative factors or by the avarana of kapha and pitta to its path. Madhumeha has been classified by Vagbhata into two categories viz. dhatuksayajanya and avaranjanya Madhumeha. The former type is the result of provocation of vata by continuous use of factors causing aptarpana and is asadhya. The latter type is caused by vitiation of kapha and pitta by factors leading to samtarpna and kastasadhya i.e. curable by extensive treatment.

Madhumeha resembles with Diabetes mellitus which is a metabolic disorder of carbohydrate, protein and fat caused by absolute or relative deficiency of insulin. There are two types of Diabetes mellitus. Type I diabetics are asthenic and suffer from the disease in early years of life. It may be correlated with dhatuksayajanya Madhumeha. Type 2 patients are mostly obese and suffer from it generally after age of forty and managed easily by diet and exercise. It resembles to avaranjanya Madhumeha. The present conceptual study is planned to understand the etiopathogenesis of Madhumeha described in Ayurveda in correlation with modern knowledge of pathogenesis of diabetes mellitus.

KEY WORDS:

Madhumeha, Diabetes mellitus, Nidana, Samprapti, Medorog, Obesity, Prameha

INTRODUCTION

Prameha is one of the chronic diseases described in Ayurvedic texts. There are twenty types of prameha and Madhumeha is considered under vataja category. Madhumeha is the incurable and advanced stage of prameha characterized by excretion of urine which resembles honey in taste and characteristics and also accompanied by sweetness of whole body of the patient. Prameha has been mentioned as anusangi roga (adherent disease) by Charaka and santarpanajanya roga caused by saturation of body due to overeating by Astanga Hridaya. Chakrapani Datta, the commentator of Charaka Samhita further elaborated the term 'Anusangi' that 'Anushangi punarbhavi' which indicates the recurrent tendency of disorder. That is why Madhumeha is 'Yapya' (difficult to treat) disease. Prameha is one of eight Maharogas. Susruta also described Madhumeha as 'Medo dustijanya vikara (disorder of fat / lipid)

Prameha includes clinical conditions involving prediabetes, diabetes mellitus and obesity. Integration of the theory and modalities of Ayurveda in the management of these disorders may prove to be beneficial. Prameha is characterized by Prabhutavil Mutrata i.e. passage of excessive and turbid urine. There are 20 types of Prameha resulting from the interaction of the three Doshas and 10 Dushyas

Lecturer, Deptt. Of Swasthavritta, Govt Ayurvedic College & Hospital, Atarra, Dist Banda, (U.P)



meda, mansa, kleda. shukra, shonita, rasa, vasa, majja, lasika and oja. In fact 20 types of Prameha refer to 20 types of physical abnormalities of urine which may come across in different patients with or without association of diabetes mellitus. This disease has close relationship with Sthaulya. With regard to diabetes mellitus, Sahaja and Jatah Pramehi correlate with type 1 diabetes; Apathyanimittaja Prameha correlates with type 2 diabetes. Madhumeha can occur as the terminal stage of type 2 diabetes, or as type 1 diabetes beginning in early childhood. Various dietary, lifestyle, and psychologic factors are involved in the etiology of Prameha, particularly in relation to disturbances in fat and carbohydrate metabolism.

Aetiology of Madhumeha

All the aetiological factors given in Ayurvedic texts can be classified into two groups viz. samanya nidana (general aetiology) and visista nidana (specific aetiology).

General Aetiology :-

Two factors i.e. hereditary and dietetic are generally responsible for causing the disease prameha and the patients are classified accordingly. as sahaja pramehi and apathyanimittaja pramehi.

i) Sahaja Prameha/Madhumeha :-

Prameha has been mentioned as a kulaja vikara ie. it has tendency of inheritance. It is the genetic defect which is inherited from one generation to another. Sahaja type of diseases may occur due to defect in bija or bijabhaga or bijabhaga avayava, which can be interpreted as spermatozoa/ovum or chromosomes or genes respectively. The over indulgence in madhura rasa by mother during pregnancy is responsible for inducing prameha in the child. Chakrapani has also narrated that the chief cause of defect in bija (spermatozoa or ovum) is apathya sevana by the parents. The genetic and dietetic factors both play a combined role in the manifestation of sahaja prameha or Madhumeha.

ii) Apathya Nimittaja Prameha/Madumeha :-

The general causative factors of prameha including kaphaja, pittaja, and vataja prameha described in the Ayurvedic texts are responsible for vitiation of dosa leading to prameha/Madhumeha.

SPECIFIC AETIOLOGY OF MADHUMEHA

AHARA

Excessive intake of

1. Guru dravya
2. Snigdha dravya
3. Amla dravya
4. Lavana rasa
5. Nava anna
6. Nava pana

VIHARA

Excessive indulgence in

- Nidra
- Asya sukha
- Tyakta vyayama
- Tyakta chinta
- Samsodhana akurvata

It can be concluded that dadhi, paya, nava anna, nava pana, guda vikrti and gramya, anupa, audaka mamsa have been described as aetiological factors of prameha in all Ayurvedic Texts. Susruta has described drava ahara specifically, while Ashtanga Hridaya has mentioned picchil dravya as causative factor of prameha. All the classical texts have given specific stress on lack of exercise, sedantary life style and the consumption of diets having high caloric value as important predisposing factors for Madhumeha.

SAMPRATI (PATHOGENESIS) OF MADHUMEHA-

Medhumeha is advanced stage of other types of prameha which arises due to negligence of treatment according to Susruta, whereas Vagbhata has described two types of Madhumeha on the basis of pathogenesis i.e. (a) Dhatuksayajanya and (b) Avaranajanya. Different types of permutation and combination of vitiated kapha and bahu abaddha meda comes in contact either with mamsa or kleda (or both) because both of them are already increased in quantity. If the vitiation of mamsa dhatu occur prameha pidika (carbuncles) and putimamsa are



manifested. Otherwise contact of vitiated kapha and meda directly with sharira kleda leads to conversion of the latter into mutra. During this process the vitiated kapha obstructs the openings of mutravaha srotasa which are already filled with vitiated meda and kleda, subsequently producing the disease prameha. Excessive indulgence in the aetiological factors of prameha result in, aparipakva vata, pitta and kapha which along with meda further proceed downward through the mutravaha srotas to get localized at basti mukha and thus leads to prameha.

The different aspects of Madhumeha is explained below :

1. Madhumeha due to Suddha Vata:

In Charaka chikitsasthana, it is mentioned that Vata dosha gets provoked by vata kara nidana leading to ksaya of dosha (kapha, pitta) and sarabhuta dhatus like vasa, majja, lasika and oja. Vata further gets provoked due to ksaya of dhatus. This highly provoked vata carries oja towards basti and thus leading to Madhumeha. It is asadhya (incurable).

2. Apratikarita Vatanubandhita Madhumeha :

It is not a separate entity but it may be an advanced stage of kaphaja or pittaja prameha due to dirghakala anubandha or an ignored stage of prameha without proper treatment.

3. Dhatuksayajanya Madhumeha :

Due to ksaya of vital dhatus vata gets provoked which leads to excretion of urine resembling honey and Madhumeha is produced.

4. Avaranajanya Madhumeha :

Excessive intake of unctuous substances, articles having acidic and salty taste, guru, snigha ahara etc. and indulgence in excessive sleep and sedentary habits etc. lead to excessive increase of kapha, pitta, meda and mamsa which causes srotorodha leading to avarana of vata. This vitiated vata carries the oja to basti resulting in Madhumeha and appearance of

the symptoms of vata, pitta and kapha alternately and frequently.

SAMPRAPTI GHATAKA OF MADHUMEHA

Dosha - Tridosha (kapha predominant)

Dushya - Meda, Rakta, Sukra, Ambu , Vasa, Lasika, Majja, Rasa, Oja, Mamsa , (meda visesa); Sveda

Srotasa - Mutravaha , Udakavaha and Medovaha

Sroto Dusti - Atipravrtti

Adhishthana - Basti

Agni - Dhatvagnimandya

Udbhavasthana - Amasaya

PRAMEHA & MADHUMEHA VERSES DIABETES MELLITUS

Prameha is characterized by Prabhutavil Mutrata i.e. passage of excessive and turbid urine .Prabhutmutrata is more due to metabolic changes and avilmutrata is due to urinary changes. Prameha in later stages becomes converted into Madhumeha which is incurable as patient requires continuous treatment for controlling the disease. Diabetes mellitus resembles madhumeha. It is a chronic carbohydrate metabolic disorder characterized by hyperglycemia with or without glycosuria resulting from absolute or relative deficiency of insulin. It may be accompanied by other biochemical disturbances and presence of progressive diabetic tissue damage. Charaka and Chakrapani opined that Kapha dosha is dominant.

Prameha has been mentioned as a kulaja vikara ie. it has tendency of inheritance . In identical twin studies the concordance rate for NIDDM is around 90% in contrast to 50% or less in IDDM. Thus concordance rates are higher than 40% in sibs and non identical twins. Charaka has mentioned Dadhi and other products of the milk as risk factors for development of Prameha. Excess intake of milk and its by products may be responsible for DM due to



high calories. Beside this, Bovine serum albumin (BSA), a major constituent of cow's milk, has been implicated in triggering type 1 diabetes. Various nitrosamine (found in smoked meats) and coffee have been proposed as potentially diabetogenic factors. Overeating especially when combined with obesity and under activity is associated with the development of Type 2 DM. Obesity probably acts as a diabetogenic factor in those genetically predisposed to develop type 2 diabetes. Westernized diet with an excess of energy dense, saturated fat and refined carbohydrate rich foods are found responsible for NIDDM.

Mamsa is one of the main Dusya described by Charaka especially in Kaphaja Prameha and Avaranjanya Madhumeha. Mamsa and Kapha have similar qualities. They both give strength to the body. When get vitiated, Mamsa losses its normal consistency and develops Shaithilya. Mamsa dushti may be compared to deranged protein metabolism which is an integral part of Diabetes Mellitus. Increased Glucocorticoid activity has catabolic action on peripheral tissue protein releasing more amino acids in blood. Amino acid breakdown in liver results in increased production of urea and these free amino acids can be compared with abadha mamsa. Putimamsa and pidaka are the morbid states of mamsa dhatu. Two major changes take place in mamsa dhatu and these are protein degradation and reduction in its blood supply, along with these elevated blood sugar level form a favorable media for the growth and multiplication of the microorganism The results are putrefaction and evolution of multiple septic foci in mamsa dhatu. Kapha and Meda resemble with each other in regard to functions. Both are generally vitiated by similar etiological factors.

In Madhumeha vitiation of Meda results by two ways. First is Abadha. Normal function of Meda is to produce Dridhatva i.e. compactness in the body.

So this Abadhatva causes derangement in the structure of Meda producing Shaithilya in the body. This resembles with free fatty acid excess and second is Bahu (increased quantity).

Majja Dhatu is not vitiated in maximum extent but Vata causes its Ksaya. The Ketone bodies production due to excessive utilization of fat may be referred to the dushti of vasa and majja. Murccha is the symptom occurs due to dushti of majja in Diabetes Mellitus. Shukra also get vitiated in the pathogenesis produces symptoms like daurbalya and Krichhracrvyavayata, Sexual impotency and testicular hypofunctions have been reported in Diabetes Mellitus. Oja dushti is mainly observed in Vataja Prameha i.e. Ojomeha (Madhumeha). Provoked Vata due to its own etiological factors or due to Avaran carries Oja towards Basti and excrete outside through urine so the symptoms of Ojaksaya manifests, like Gurugatrata, Nidra, Tandra and Daurbalya. Kleda is one of major components involved in the pathogenesis. The physiology of Kleda is mainly related with Mutra and Sweda along with Meda. In normal physiology Mutra and Sweda maintain the balance of Kleda. The symptoms which manifest due to Kleda vitiation are Prabhutamutrata, Swedavridhhi, Shaithilya and Daurgandhya.

MADHUMEHA & OBESITY

Prameha and Medoroga both are Santarpanotha Vyadhis. It has been quoted that when a pregnant female indulges in Santarpanotha Nidana, the child may have tendency to develop both Atihsthaulya and Prameha. Also in the Chikitsa Sutra of Prameha 'Sthula Pramehi' has been described. It has also been said that Purvarupa of Prameha arise due to Medo Dusti and are called as Rupa of Medoroga. So far the etiopathogenesis of both diseases is concerned, it is observed that in Medoroga Kapha is the predominant Dosha which vitiates Meda. In Prameha too, Kapha is the predominant Dosha which is increased in amount and liquidity and it vitiates



Medo Dhatu which further vitiates the other Dhatu. Hence, an inter relation is found between the two diseases. Sthula Purush is prone to develop Prameha.

DISCUSSION & CONCLUSION

The sedentary life style along with changed food habit has lead in the emergence of many diseases and one of them is Madhumeha. Though Madhumeha is a disease known since ancient times to the mankind, its increasing number is quiet alarming. Prameha is characterized by increased quantity and frequency of urine as well as changes in characteristics of urine and 20 types of Prameha indicate 20 types of urinary abnormalities which may or may not be associated with diabetes mellitus. All types of prameha if remain untreated may get converted into Madhumeha. Madhumeha can be correlated to the features of Diabetes mellitus. D.M. is a metabolic disorder of carbohydrate, fat, & protein characterized by hyperglycemia with or without glycosuria. At the present time there is no known cure for DM and even with proper medical management; prognosis may still be poor due to irreversible major impairments or severe disabilities. It is most often treated with diet and exercise along with oral hyperglycemic drugs (OHD) and insulin. Oral hypoglycemic agents and insulin used for the treatment of diabetes mellitus by the allopathic system of medicine have numerous side effects. Ayurveda because of its holistic approach not only aims to achieve strict glycemic control but also treat root cause of the disease.

Ayurveda can provide better management for Madhumeha without hazardous side effects. In Ayurveda, Madhumeha has been described as one among one of the 20 types of Prameha and is a subtype of Vatika Prameha. The Vata may be provoked either directly by its etiological factors, by Avarana of Kapha and Pitta to Vayu or by Dhatukshaya. Vagbhatta has classified Madhumeha into two categories viz. Dhatukshayajanya

Madhumeha and Avaranajanya Madhumeha. The factors which provoke Vata directly cause Apatarpanajanya Madhumeha and the factors which provoke Kapha and Pitta cause Santarpanajanya Madhumeha. In the former type the patients are usually asthenic can be correlated with Type I DM and in the latter type patients are obese and can be equated with Type II DM Under the Samprapti of Santarpanajanya Madhumeha or in Sthula Madhumehi the vitiating Kapha and Pitta obstruct the Path of Vata causing its provocation. For successful treatment of any disease it is desirable to establish the etiopathogenesis of the disease because it is essential for breaking up of the chain of pathogenesis. Understanding ayurvedic view of the etiopathogenesis of Madhumeha in integration with modern science will help in developing proper dietary and life style modification in the form of Nidan parivarjana, because 50% of cases of diabetes mellitus respond well to diet and exercise regimens.

REFERENCES :

1. Shastri A.D., Susruta Samhita with commentary, Chaukhambha Surbharti Prakashan, Varanasi, 2003, 255
2. Vaidya. Lal Chandra, Astanga Hridaya with Commentary, Moti Lal Banarasi Dass Publishers, Delhi., 1st reprint, 1990, 324
3. Tripathi Brahmanand, Charaka Samhita with commentary, Chaukhambha Surbharti Prakashana, Varanasi., reprint edition, vol. 1 , 1991, sutrasthana chapter 25, Shloka 40
4. Shastri K.N., Charaka Samhita with Commentary, Chaukhambha Vaidya Bhawan, Varanasi, 22nd Edition, 1996, 501-7
5. Shah Siddharta N : Editor-in-Chief, API Textbook of Medicine, published by the Association Of Physicians Of India, Distribution : National Book Depot, Parel, Mumbai 400012 , 7th edition , 2005, 990



सन्तर्पणजन्य प्रमेह हेतु विचार—वर्तमान परिप्रेक्ष्य में विश्लेषणात्मक विवेचन

- *प्रदीप शिवराम पवार, **असित कुमार पांजा, ***ओम् प्रकाश उपाध्याय
e-mail : vd.pradeepsparwar@gmail.com

सारांश :

वर्तमान समय में परिवर्तित जीवनशैली, आहारशैली, विहारशैली एवं पाश्चात्य संस्कृति का अन्धानुकरण इत्यादि तथा प्रत्येक क्षेत्र में दृष्टिगोचर अत्याधिक स्पर्धा के कारण उत्पन्न मानसिक तथा शारीरिक दबाव के परिणामस्वरूप समाज में अनेक याप्य तथा दुरुपक्रम्य व्याधियों का अत्याधिक रूप में सूत्रपात हुआ है तथा द्रुतप्रसार हो रहा है। शरीर एवं मन ये उभयरूप से व्याधि तथा स्वास्थ्य दोनों के निमित्त आश्रय है। शरीर एवं मन दोनों को समानरूप से पीडा देने वाले तथा आधुनिक जीवनशैली के अति अन्धानुकरण से जनित, पुष्पित तथा फलित विकारों में प्रमेह (मधुमेह) अग्रगण्य है। प्रमेह साम्प्रत कालीन समाज में वैद्य तथा आतुर उभय के लिये चिन्ता का प्रधान विषय है। प्रमेह व्याधि जिन कारणों से स्वस्थ व्यक्ति के स्वास्थ्य पर आक्रमण कर उसे आक्रान्त कर आतुरावस्था में परिवर्तित कर देता है वे प्रमेह के हेतु कहलाते हैं। प्रमेह के आकर ग्रन्थों में दो प्रकार परिगणित किये गये हैं, सन्तर्पणजन्य तथा अपतर्पणजन्य। आयुर्वेदीय आर्ष ग्रन्थों में प्रमेह के हेतुओं का विस्तृत एवं वैज्ञानिक विश्लेषण दृष्टिगोचर होता है। इन वर्णित प्रमेह हेतुओं का वर्तमान एवं आधुनिक विज्ञान के परिप्रेक्ष्य में कार्य-कारण भाव की आधारशिला पर विवेचन करना चिकित्सा के दृष्टिकोण से आवश्यक है। यह विवेचन करना ही इस विश्लेषण की प्रधानभूत आधारशिला है।

संक्षिप्त शब्द—

प्रमेह, हेतु, आहारज, विहारज, कफ

प्रस्तुत विवेचन की आवश्यकता

स्वस्थ व्यक्ति का स्वास्थ्यानुबन्ध अविरत अवस्था में रखना तथा आतुर व्यक्ति का सम्यक प्रशमन करना ये

उभय आयुर्वेद के प्रयोजन हैं। उभय प्रयोजन साध्य करने निमित्त हेतु विचार अत्यन्त आवश्यक है। संक्षेपरूप में निदान परिवर्जन ही चिकित्सा का अन्तिम सत्य है। यदि हेतुओं का निःशेष तथा सम्यक ज्ञान प्राप्त नहीं होता है तो व्याधि की चिकित्सा असम्भव है। अतः प्रमेह व्याधि के प्रसंग में भी हेतुविचार के बिना अन्य कोई भी चिकित्सोपक्रम सम्भव नहीं है।

विषय प्रवेश :

प्रमेह यह संज्ञा इस व्याधि को प्राप्त होने का कारण यह है कि इस व्याधि में व्यक्ति प्रकर्ष अर्थात् अधिक मात्रा में तथा बारंबार अर्थात् अधिक बार मूत्र का त्याग करता है, तथा इस व्याधि से ग्रस्त व्यक्ति को प्रमेही कहा जाता है।

हेतु विचार :

जैसे कि पूर्व में कहा जा चुका है कि हेतु, निदान तथा कारण परस्पर पर्यायवाची शब्द हैं, जो आहार एवं विहार सेवन करने के परिणामस्वरूप प्रमेह व्याधि का आक्रमण होता है वे सर्व हेतु के अन्तर्गत अन्तर्भूत होते हैं। आचार्य चरक ने निम्नांकित हेतु वर्णन किये हैं—

**आस्यासुखं स्वप्नसुखं दधीनि ग्राम्यौदकानूपरसाः पर्यासि ।
नवान्नपानं गुडवैकृतं च प्रमेहहेतुः, कफकृच्च सर्वम् ।।**

च.चि. 6/4

यद्यपि प्रमेह के अन्य भी हेतु आचार्य चरक ने निदानस्थान में तथा आचार्य सुश्रुत ने वर्णन किये हैं, तथापि प्राधान्यतः महत्वपूर्ण एवं सर्व वर्णित हेतुओं का प्रतिनिधित्व करने वाले निदानों का इस प्रसंग में विवेचन करना विस्तारभय के कारण युक्तिसंगत दृष्टिगोचर होता है। हेतुओं को प्रायः दो विभागों में विभक्त कर विवेचन सम्भव है।

*Dept of Basic Principles, PMT's Ayurveda Medical College, Shevgaon, Ahmednagar **Dept of Basic Principles, National Institute of Ayurveda, Jaipur ***Honorable Vice Chancellor, Guru Ravidas Ayurved Vishwa-Vidyalaya, Hoshiarpur.



1) आहारज निदान

2) विहारज निदान

हेतु विवेचन के समय विहारज हेतुओं का विवेचन प्रथम करने का अभिप्राय यह है कि प्रमेह प्रादुर्भाव में विहारज हेतुओं का महत्व आहारज हेतुओं की अपेक्षा अधिक है। अतः विहारज हेतुओं का प्रथम विश्लेषण करना अभीष्ट है, जैसे— आस्यासुखं, स्वप्नसुखं इत्यादि। अतः वर्णित हेतुओं को उपर्युक्त दो विभागों में विभक्त कर विवेचन किया जाता है।

1) विहारज हेतु

अ) आस्यासुख

आस्या अर्थात् आसन अर्थात् एक स्थान पर बिना किसी चेष्टा के सुखपूर्वक रहने में भक्ति होना। ऐसे व्यक्ति जो एक ही स्थान पर सुखपूर्वक बैठे रहते हैं वे भविष्य में प्रमेही होने की सम्भावना अधिक रहती है। आस्यासुख का निरन्तर सेवन करने से शरीर में श्लेष्मा की वृद्धि होती है तथा मांस एवं मेद धातुओं में शैथिल्य उत्पन्न होता है, जो कि प्रमेह सम्प्राप्ति के महत्वपूर्ण प्रसंगों में से एक है। वर्तमान समय में बड़ी कम्पनीयों में काम करने वाले, बैंकों में काम करने वाले तथा ऐसे सभी लोग जो कार्यालयीन कार्यव्यवस्था से संलग्न हैं, जिसके परिणामस्वरूप वे अपने शरीर की चेष्टायें करने में असमर्थ होते हैं ऐसे सर्व लोगों का अन्तर्भाव इस हेतुसेवन में करना युक्तियुक्त प्रतीत होता है। अतः आस्यासुख यह प्रमेह सम्प्राप्ति की शृंखला में एक महत्वपूर्ण कड़ी है।

आ) स्वप्नसुख

विधिवर्जित अर्थात् शास्त्र में वर्णित निद्रा की सम्यक् विधि के विपरीत निद्रा का सेवन स्वप्नसुख कहलाता है। विधिविपरीत अर्थात् रात्रीसमय में जागरण करना तथा दिन में सोना। यह हेतु वर्तमान समय में अनेक व्याधियों के प्रधान कारणों में एक अग्रणी कारण है। साम्प्रतकाल जीवनशैली में लोग रात्री में विलम्बपर्यन्त जागरण करते हैं तथा दूसरे दिन देर तक सोते रहते हैं अर्थात् ब्राह्म मुहुर्त पर उठते नहीं हैं। स्त्रीवर्ग में जो महिलायें गृहिणी हैं, वे प्रायः दिवास्वाप का सेवन अधिकांशतः करती हैं। यह दिवास्वाप प्रायः भोजन के पश्चात् ही होता है। रात्री जागरण करने से शरीर में वातदोष अपने रूक्ष गुण से वृद्धि होता है। भोजनोत्तर दिवास्वाप यह मांसवह स्रोतस दुष्टी का प्रधान हेतु है। दिवास्वाप यह मेदोवह स्रोतस दुष्टी का

भी हेतु है। मांस एवं मेद ये कफ के समान धर्मी धातु होने से इनकी दुष्टि आश्रयाश्रयी भाव से भी सिद्ध है। प्रमेह के सम्प्राप्ति घटकों में मांस एवं मेद ये दोनों अति महत्वपूर्ण हैं। अतः दिवास्वाप यह प्रमेह सम्प्राप्ति में तथा दिवास्वाप का सेवन न करना यह प्रमेह की सम्प्राप्ति विघटन में एक महत्वपूर्ण प्रसंग है।

इ) अव्यायाम

अधुनातन काल में यह केवल प्रमेह का ही नहीं अपितु प्रायः सर्व सन्तर्पणजन्य व्याधियों का महत्वपूर्ण हेतु है। परिवर्तित जीवनशैली के फलस्वरूप दिनचर्या में वर्णित आत्ययिक अत्यावश्यक विषयों के अतिरिक्त जैसे— मलविसर्जन, दन्तधावन तथा स्नान आदि अतिआवश्यक विषयों के अतिरिक्त प्रायः सर्व विषय दिनचर्या से बाहर किये गये हैं अर्थात् उनका पालन नहीं किया जाता। अव्यायाम से अव्यायामजन्य दोष जो कि लाभों से विपरीत हैं। जैसे— की मेदवृद्धि, मांस—मेद शैथिल्य निर्माण होंगे। अतः अव्यायाम यह प्रमेह सम्प्राप्ति में अतिमहत्वपूर्ण हेतु है। तात्पर्य यह है कि व्यायाम (नित्य) प्रमेह सम्प्राप्तिविघटन में भी महत्वपूर्ण भूमिका प्रदान करता है, इस विधान की संस्तुति आधुनिक विज्ञान भी करता है। अतः अव्यायाम यह प्रमेह सम्प्राप्ति में तथा व्यायाम विधि यह प्रमेह चिकित्सा में अविभाज्य अंग है।

2) आहारज हेतु

आहारज हेतुओं का विचार करते समय ऐसे हेतु अथवा आहारिय द्रव्यों का विचार किया गया है, जो शरीर में प्रवेश के पश्चात् जल महाभूत अथवा तत्सम देहधातुओं की विकृत स्वरूप तथा विकृत परिमाण में वृद्धि करेंगे।

अ) दधीनि

दधीनि यह शब्द अनेकवचन में प्रयोग किया है। इसका अभिप्राय यह है कि केवल दधि ही नहीं बल्कि दधि से उत्पन्न सभी विकृतियों का इससे ग्रहण करना इष्ट है। इस प्रसंग में एक चिन्तनीय विषय यह है कि दधि अथवा दुग्ध विकृति इनको प्रमेह व्याधि का हेतु होने के लिये विधिरहित सेवन करना आवश्यक है। यदि इनका विधि के अनुसार तथा परिमाण में तथा स्वस्थावस्था में सेवन किया जाता है, तो ये प्रमेह की उत्पत्ति करने में प्रायः असमर्थ होते हैं। दधिविकृति जैसे वर्तमान समय में पनीर से निर्मित सभी उपविकृति, बिर्याणी (दधि प्रयोग), तथा



दुग्धविकृति जैसे आइस्क्रीम, सर्व प्रकार के मिल्क शेक तथा अन्य सभी फ्रूट शेक आदि अनेक पदार्थों का समावेशन होता है। दधिविकृति प्रायः गुरु, अभिष्यन्दि, श्लेष्मावृद्धि करने वाले तथा श्लेष्मासमानधर्मी मांस-मेदधातुओं एवं क्लेदस्वरूप में जल महाभूत की शरीर में विकृतावस्था में उत्पत्ति करते हैं। दधि तो शास्त्रोक्त अभिष्यन्दि द्रव्य का उदाहरण है। ये द्रव्य प्रायः मधुर एवं अम्ल रस के होने से तथा शीतवीर्य एवं मधुर-अम्ल विपाकी होते हैं अर्थात् रस-वीर्य-विपाक द्वारा श्लेष्मा की वृद्धि करने वाले होते हैं। इनका विधिरहित सेवन करने से ये प्रमेह सम्प्राप्ति में द्रव्य गुण से श्लेष्मा की वृद्धि करते हैं बहुद्रववान् श्लेष्मा ही दोषविशेष है।

आ) ग्राम्य-औदक-आनूप मांस

ग्राम्य अर्थात् ग्राम में निवास करने वाले जैसे बकरी, कुक्कुट आदि, औदक अर्थात् प्रत्यक्षरूप से जल में निवास करने वाले यथा मत्स्य आदि तथा आनूप अर्थात् आनूप देश (जलप्रधान-वृष्टिबहुल) में निवास करने वाले प्राणि कहलाते हैं। ग्राम्य जीव ग्राम में निवास करने के कारण अल्पविचरणशील होते हैं अतः उनका मांस गुरु, अभिष्यन्दि तथा श्लेष्मावृद्धि करने वाला होता है। इसी प्रकार औदक तथा आनूप मांस में जल महाभूत की अधिकता के कारण प्रायः द्रव, स्निग्ध गुण से श्लेष्मा की वृद्धि करने वाले होते हैं। सम्प्राप्ति में महत्वपूर्ण प्रसंग के कारण है। वर्तमान समय में समाज में काल के प्रभाव तथा युगप्रभाव के कारण इस युग में धर्म का एक ही पाद शेष रहा है अर्थात् तीन पाद नष्ट हो चुके हैं, तथा रज एवं तम गुण का अत्यधिक प्रचार-प्रसार होने के परिणामस्वरूप समाज की राजसिक एवं तामसिक अन्न के सेवन के प्रति अभिरुचि में निरन्तर वृद्धि हो रही है। मांस प्रायः राजसिक एवं तामसिक उभय प्रकारों में अन्तर्भूत होता है। मत्स्य तथा सामुद्र जल में उत्पन्न अन्य अनेक जीवों के मांस का सेवन वर्तमान में प्रमेह प्रसार में महत्वपूर्ण हेतु है। सामुद्र जल में निवास करने वाले जीवों के मांस में प्रायः लवण रस का अंश भी होता है। लवण रस क्लेद उत्पन्न करता है तथा रक्त एवं मांस में शिथिलता उत्पन्न करने वाला होता है।

इ) नव अन्न-पान

नव अन्न का अभिप्राय धान्य उत्पत्ति के पश्चात् 1 संवत्सर पर्यन्त वह नव कहलाता है। उसके पश्चात् वह पुराण कहलाता है। नव-पुराण का वर्णन करने का अभिप्राय

पांचभौतिक सिद्धान्त तथा पांचभौतिक समत्व से है। आर्ष महर्षियों ने ऐसे आहारद्रव्यों एवं विहारीय विषयों का सेवन करने का निर्देश किया है जो अग्नि के अनुकूल हो सकते हैं। हमारा मुख्य चिन्तनीय विषय अग्नि ही है, अग्नि की ही चिकित्सा करनी है। अतः सेवन करने योग्य भी ऐसे ही आहारद्रव्य पथ्यतम है जो अग्नि महाभूत के समान धर्मी तथा लघु गुण युक्त हैं। धान्य की उत्पत्ति के पश्चात् नूतन अवस्था में उसमें प्रायः पृथ्वी-जल महाभूत का अधिक्य रहता है अनन्तर काल के परिणाम के द्वारा जब वह पुराण हो जाता है उसमें वायु आकाश तथा अग्नि महाभूत का प्राधान्य दृष्टिगोचर होता है, हमारे लिये यही अभिप्रेत है। अतः आहार द्रव्यों का ग्रहण पुराण अवस्था में करना युक्ति एवं तर्कसंग है। आधुनिक काल में लोग प्रायः नव अन्नधान्यों का ही सेवन करते हैं। नव धान्य प्रायः गुरु, अभिष्यन्दि, अम्लविपाकी होने के कारण श्लेष्मा की वृद्धि करने वाले होते हैं। तथा नवपान से वर्षा ऋतु में संगृहीत जल है तथा शरत् ऋतु में वही उदक कालपरिणमन द्वारा पुराण कहलाता है। नव अन्नपान में उपस्थित पृथ्वी जल महाभूत से शरीर में सामान्य-विशेष सिद्धान्त के अनुसार श्लेष्मा की वृद्धि करते हैं जो प्रमेह का हेतु है। जल भी नवावस्था में गुरु तथा अभिष्यन्दि होता है अतः उसका सेवन अभीष्ट नहीं है।

ई) गुडविकृति

गुडविकृति में गुड से निर्मित सभी विकृतियों का अन्तर्भाव होता है। गुडविकृतियों में फाणित आदियों का समावेश होता है। गुडविकृति प्रायः गुरु, अभिष्यन्दि, कृमिवर्धक होती है। वर्तमान समय में गुडनिर्मिति के समय उसका रूपवर्धन करने हेतु कुछ रासायनिक पदार्थ प्रयुक्त किये जाते हैं। जिसके परिणामस्वरूप गुड तो सुन्दर निर्माण होता है किन्तु उसमें प्रयुक्त विषद्रव्यों के गुण मिश्रित हो जाते हैं। ऐसा गुड भी सन्तर्पणजन्य विकारों का महत्वपूर्ण हेतु है। शास्त्रोक्त विधिद्वारा निर्मित तथा 1 संवत्सर पुराण गुड प्रयोगार्थ सर्वथा उचित है।

उ) कफकृत च सर्वम्

अन्तिमतः आचार्य चरक ने उपसंहार करते हुये यह कहा है कि वर्णित आस्यासुखादि हेतुओं के अतिरिक्त अन्य ऐसे कोई भी निदान जो कफदोष की शरीर में वृद्धि करेंगे वे सर्व प्रमेह के हेतु हैं। कफवृद्धि करने वाले रस मधुर, अम्ल, लवण तथा वीर्य-शीत एवं मधुर एवं अम्ल विपाक



ऐसे द्रव्य जो उपर्युक्त रस वीर्य विपाकवान् हैं वे सभी कफदोष की वृद्धि करने वाले होते हैं।

साम्प्रतकालीन हेतु-

वर्तमान समय में समाज में प्रचलित कुछ हेतु तथा उनके गुण एवं सेवनजन्य परिणामों को निर्देशित किया जा रहा है। इस विषय पर अधिक अनुसन्धान एवं विश्लेषण की आवश्यकता प्रतीत होती है।

1) All fast foods

- a) South Indian- Idaly, Dosa, Uttappa
गुण- प्रायः अम्लविपाकी, विदाही एवं पर्युषित
- b) North Indian - kachori, samosa
गुण- प्रायः गुरु, विदाही
- c) Chinese- pizza, nudals
गुण- प्रायः अभिष्यन्दि, अम्लविपाकी, पर्युषित

उपर्युक्त आहारद्रव्य प्रायः स्रोतरोधक तथा आमदोष को उत्पन्न करने वाले हैं तथा अपाचित स्वरूप में मेदधातु की वृद्धि करते हैं। धातुपरिणमन प्रक्रिया को अत्यधिक प्रमाण में दुषित करने वाले हैं। वर्तमान समय में प्रायः अधिकतर समाज में इन द्रव्यों का प्रसार अत्यधिक रूप में हो चुका है। परिणामस्वरूप प्रमेह आदि कृच्छ्रसाध्य तथा याप्य व्याधियों का द्रुत प्रसार हो रहा है।

2) All bakery products

Breads, brown breads, All biscuit products, burgers

उपर्युक्त पदार्थ प्रायः पर्युषित, विदाही, अम्लविपाकी तथा गुरु होते हैं तथा धातुपरिपोषण क्रम हो दुषित करते हैं।

3) All cold drinks

Pepsi, Coca Cola, Thums Up etc. chilled plain water

समाज के उच्चवर्ग में यह हेतु अधिक दृष्टिगोचर होता है। वे प्रायः भोजन के समय अथवा अन्य किसी भी साधारण निमित्त पर शीतपेयों का अत्यधिक प्रयोग करते हैं। कुछ लोगों को अत्यधिक शीतजल सेवन का व्यसन होता है, वे शीतकाल में भी शीतजलपान करते हैं। इसके परिणामस्वरूप अग्निमान्द्य होता है, परिणामस्वरूप आमस्वरूप में धातुओं की उत्पत्ति तथा प्रमेहदि सन्तर्पणजन्य विकारों का सूत्रपात प्रारम्भ होता है।

निष्कर्ष -

प्रस्तुत चिन्तन के परिप्रेक्ष्य में यह बात परम चिन्तनीय है कि प्राचीन काल में आचार्य चरक द्वारा वर्णित हेतु आधुनिक काल में भी उतने ही युक्तियुक्त तथा तर्कसंगत एवं प्रत्यक्ष दृष्टिगोचर हैं। आचार्य चरक भारतीय चिकित्साप्रणाली के प्राण हैं, भारतीय चाहे सब कुछ भूल सकते हैं किन्तु चरक का नाम नहीं भूल सकते। ये हेतु अर्वाचीन विज्ञान की कसौटी पर तुलना करने पर भी उतने ही व्यवहार सिद्ध प्रतीत होते हैं। साम्प्रत काल में समाज में इन्द्रियसुखों का भोग करने का प्रचालन अत्यधिक प्रमाण में बढ़ रहा है। ठीक उसी प्रकार के हेतु आचार्यों ने बहुत समय पूर्व में वर्णन किये हैं। अन्तिमतः सन्तर्पणजन्य प्रमेह के वर्णित हेतु आधुनिक काल तथा आधुनिक विज्ञान के परिप्रेक्ष्य में विचार करने पर उतने ही सटीक एवं व्यवहारसिद्ध हैं।

सन्दर्भ ग्रन्थ सूची -

1. च.सू. 1/55
2. च.चि. 6/15
3. सु.उ. 1/25
4. अ.ह.नि. 1/2
5. आस्या आसनम् तथा सुखं निश्चेष्टितमवस्था नम्। गंगाधर राय च.चि. 6/4
6. ...शयनं विधिवर्जितम्। अ.ह.नि. 10/3
7. च.सू. 21/50
8. च.वि. 5/15
9. च.वि. 5/16
10. अ.ह.सू. 11/26
11. बहु अबद्धं मेदो मांसं...इति दुष्यविशेषः। च.नि. 4/7
12. During moderate or heavy exercise the usage of glucose does not require large amounts of insulin because exercising muscle fibers become more permeable to glucose even in the absence of insulin because of the contraction process itself. (Gyuton page no. 963 reprint 2008)
13. शा.सं.पू. 4/25
14. च.नि. 4/6
15. च.वि. 3/25
16. भ.गी. 17/9, 10
17. च.वि. 1/18



DIABETES MELLITUS/MADHUMEHA : A NEW DIMENSION ON ITS MANAGEMENT

- Ajay Kumar Pandey*, R.H. Singh**

e-mail : drajaipandey@gmail.com

ABSTRACT :

Diabetes mellitus is certain to be one of the st most challenging health problems in the 21st century. It is one of the important multifactorial, commonest metabolic disorder in men and women, all over the world. Recent epidemiological studies reveals that approximately 246 million of people suffer from diabetes mellitus. By 2025 this figures could be expected to be 380 millions. Its incidence has been estimated to be around 15% of Indian population. WHO has projected India as the leading country in the world, as per diabetic concerned. In the year 2025 the diabetic population in India will reach up to 70 million. It is epidemic in many developing and newly industrialized nations. It is a major global health problem with diverse causative factors often associated with multiple devastating innervating complications, increasing disability and reduced life expectancy. The information available in the classics of Ayurveda, shows that diabetes mellitus as a disease was very well known to the propounders of Ayurveda. It is amazing to note that the entire knowledge of disease diathesis, prognosis and treatment of diabetes mellitus vis a vis Prameha/Madhumeha was equally advanced since antiquity in the classics of Ayurveda. Hence the scientific community of all over the world including practitioners and researchers are now inclined to the other system of medicine including Ayurveda in the search of new treatment modalities for better management of diabetes mellitus and its complications.

KEY WORDS:

Ayurveda, Diabetes, Prameha/Madhumeha, Ojas, Agni.

INTROCUCTION:

Diabetes mellitus is des c r i b e d as Prameha/ Madhumeha in ancient Indian Sanskrit literature including Ayurveda which is duly acknowledged in the modern medical texts. But it should be made clear that the term Diabetes mellitus is not clearly mentioned in the classical texts of Ayurveda. Rigveda (1500BC) contains hymns which include description of various medical conditions including Prameha/ diabetes. It is one of the oldest diseases recognized since antiquity. Pointed out by medical historians that diabetes mellitus was first known to Indians since prehistoric periods. But its actual cause is still unknown. The characteristic features of Madhumeha are very similar to those of Diabetes mellitus which is described in Ayurvedic lexicons. Therefore, Madhumeha is being considered here as Diabetes mellitus. It is mentioned under Vatika Prameha in Charaka Samhita, while Sushruta has contributed separate chapter to this chronic health hazard. However, detailed descriptins of the disease process and therapeutics prescribed in these classics could not get proper recognition, because of the fact that conventional medical science in the understanding of patho-physiology, complications and therapeutic interventions, it provides a better platform to interpret and understand the centuries old knowledge of health care systems, Furthermore, scientific

*Assistant Professor, **Professor Emeritus, Department of Kayachikitsa, Faculty of Aurveda, BHU, Varanasi (U.P.)



analysis of Ayurvedic drugs, reveal that Ayurvedic drugs have enormous therapeutic capabilities for the management of Diabetes mellitus and its associated complications, which modern medicine is searching for the same. In classical texts of Ayurveda diabetes mellitus is mentioned as sub types of Prameha, Mootratipravrittaja Vikara and as a complication of Prameha. Charaka has described disease which is very difficult to cure. Now it is possible to classify the diabetics into primary and secondary types as well as Insulin dependent and Non Insulin dependent types. It is amazing that 7 century B.C. Ayurvedic texts like Charaka and Susruta Samhita have been described high caloric diet and sedentary habit as an important causative factors of Apathyanittaja Prameha and genetic/hereditary factors described as Sahaja Prameha. Beside these causative factors, diabetics are again divided in two groups in terms of the constitution and body weight viz- 1. Krishna Pramehi- thin diabetics and 2. Sthula Pramehi- obese diabetics. These two types of diabetics have been described to be treated on two different lines of management.

Important facts of Diabetes mellitus

- ♦ Worldwide more than 246 million of people suffer from diabetes mellitus. By 2025 this figures could be expected to be 380 millions. Although the prevalence of both type 1 and type 2 DM is increasing worldwide, but the prevalence of type 2 DM is raising with alarming rate.
- ♦ In 2007, the five countries with the largest numbers of people with diabetes are India (40-9 million), China (39.8 million), the United States (19.2 million), Russia (9.6 million) & Germany (7.4 million).
- ♦ By 2025, the largest increases in diabetes prevalence will take place in developing countries.

- ♦ Each year a further 7 million people develop diabetes.
- ♦ Each year 3.8 million deaths are attributable to diabetes.
- ♦ Every 10 seconds one person dies from diabetic complications.
- ♦ Every 10 seconds two people develop Type II diabetes.
- ♦ Diabetes is the further leading cause of global death.
- ♦ At least 50 to 80% of diabetics are unaware of their condition.
- ♦ Type II DM is most frequent cause of kidney failure in Western world.
- ♦ 10% to 20% of people with diabetes die of renal failure.
- ♦ 2.5 million People worldwide are affected with diabetic retinopathy.
- ♦ Chance of heart attack or stroke are twice in Type-II diabetics. (Diabetes Care. 2004; 27(5): 1047-1053, Indian J Med Res 125, March 2007, pp 217-230).

NINDANA-ETIOLOGY:

The exact cause of such a fast increase in incidence of diabetes is exactly not known in conventional system of medicine. But it is largely believed that the role of genetic factors, environmental factors and altered stressful life style play major role in the genesis of this chronic health hazard. Similar opinion is given by ancient scholars of Ayurveda.

Asyasukham svapnasukham dadhini gramyaodakanooparasah pay ansi I.

Navannapanam gudavaikritam ca prameh hetuh kaphakechcha sarvam II. (C.S.Ci-6/4)

Daoprimehobhavatah Sahajaoapathya-nimittashcha I. (S.S.Ci.-11/3)



Aharaja Karana

1. Excess and frequent use of new grains.
2. Excessive use of curd, sugar cane juice, milk and its products.
3. Meat soup of animal residing in water or near water.
4. All Kapha vitiating diets and deeds.
5. 18 types of Viruddha Ahara - Incompatible foods.

The incompatible food when ingested produces toxic metabolites (Gara-visha and Ama) and gradually hampers the process of metabolism of sugar, protein and fat that may lead to variety of metabolic disorders including diabetes mellitus.

Viharaja Karana

1. Stress producing factors like - over anxiety, anger, worry, grief and work.
2. Baktasya adou jalam peetam - sthulatvam, kaphakaram.
3. Ingestion of food with inadequate intervals.
4. Faulty dietary habits.
5. Indulging sex / sleep with full belly etc.
6. Excessive consumption of alcoholic beverages. (Basavaraja - 14th century A.D.).

All these factors, also directly disturb metabolism of ingested food and thereby in due course, it produces Madhumeha.

Sahaja Karana

Charaka, Sushruta and Bhela have mentioned about the hereditary cause of Madhumeha in terms of Beeja, Beejabhaga and Beejabhagavayava. Again Charaka proclaimed that excessive indulgence in Madhura Rasa, dietetics/lifestyle and abnormal psychological status by their parents are responsible for genetic abnormality that may lead to Jataprimeha/Madhumeha.

All the Pramehas when not treated or improperly treated may lead to Madhumeha.

PRODROMAL FEATURE

Ayurveda once again exhibits here its observational supremacy by furnishing prodromal features of Madhumeha, which covers the prediabetic stage or diabetes mellitus. Some of the important features are:-

- ♦ Excessive accumulation of waste product in external body part.
- ♦ Feeling a sort of heaviness in the body
- ♦ Inclination towards comforts and cold things.
- ♦ Excessive thirst.
- ♦ Dryness of the mouth.
- ♦ Sweet taste in mouth.
- ♦ Burning sensation of hands and feet.
- ♦ Conspicuous change in the bodily odor-pleasant odor
- ♦ Matting of hair

CLINICAL FEATURE

Ayurveda has described 20 subtypes of Prameha as different clinic-pathological conditions, which is outcome of interaction of specific Doshas and Dushyas at different level that may lead to gross urinary characteristic and clinical manifestations. Vagbhata seems to have paid much attention in diagnosing the disease in its early stage explaining the following in his treatise Rasaratna samucchaya.

- 1) Asvस्थ्यam sarva gatreshu - persisting & vague uneasiness in the body.
- 2) Shoshah - Asyasosha - feeling of dryness in the body and dryness in the mouth.
- 3) Taapo angah- burning sensation in the body.
- 4) Bahumootrata- increased frequency of micturition.
- 5) Karshyam- emaciation.



The above conditions alarm us to understand their observational supremacy.

In advanced stage urinary changes become more prominent such as-

- a) Prabhootamutrata- excessive urination.
- b) Avilamootrata - turbidity in urine.
- c) Madhviva mehati - passes urine similar to Madhu.
- d) Madhuryacha tanoratah - patient's body starts yielding sweet smell and taste.
- e) Mootreabhidhavantipeelakashcha - ants, flies etc. are attracted towards urine & body parts.

CLASSIFICATION OF DIABTES MELLITUS IN AYURVEDA:

1. Etiological - 2

("Dao pramehau bhavatai - Sahajoopathy-animittashcha" Su. Ci. 11/3)

a) Sahaja prameha : (patients of Type I) Matripitribeejadoshakrita, i.e. defects in-

1. BIja-sperm/ovum
2. BIjabhaga-Chromosome
3. BIjabhagavayava- genes

b) Apathyanimittaja prameha: (patients of Type II)

It is caused by-

- ♦ faulty dietary habit
- ♦ sedentary life style
- ♦ lack of physical exercise
- ♦ psychological factors: worry, grief, anger, anxiety etc.

2. Constitutional-2

- ♦ Sthula pramehi: patients of NIDDM with or without insulin resistance.
- ♦ Krisha pramehi: malnutrition related diabetes mellitus or Type-I.

3. Doshika- 3: Urinary Abnormalities.

- ♦ Kaphaja - 10 types - early features of diabetes mellitus.
- ♦ Pittaja - 6 types - acute features of diabetes mellitus.
- ♦ Vataja - 4 types - chronic features of diabetes mellitus.
- ♦ Prognostic - 3:
 1. Sadhya: curable
 2. Yapy: palliative
 3. Asadhya: untreatable

DIAGNOSTIC CRITERIA FOR DIABETES MELLITUS

On the guidelines of Sushruta i.e., "Sva shastre kushalaha- annyeshu shast raartheshu, Abahishkrutah", the latest techniques that modern science has come up, which may be utilized as an aid for diagnosis and assessment of prognosis wherever needed, until a better and simple method is evaluated in Ayurveda. Diabetes is diagnosed (ADA-2000) by measuring blood glucose levels. It is diagnosed by three ways and each must be confirmed on subsequent day. They are-

- ♦ Classical symptoms of diabetes + casual glucose concentration > 200 mg/dl.
- ♦ Fasting plasma glucose (FPG) > 126 mg/dl.
- ♦ 2 hour plasma glucose (PPG) > 200 mg/dl.
- ♦ Glycosylated Hb (HbA1c - < 6.5% in normal individual)

Blood urea, Serum creatinine, Lipid profile, Serum cholesterol, CRP, NCV etc are needed to assess the complications.

BASICS OF DIABETIC MANAGEMENT

In Ayurveda, Nidanaparivarjana is the foremost principles and important tools for the management of disorders of body and mind. Beside this, Charaka has broadly divided diabetics into two



groups one is Sthula Pramehi (obese diabetic) and another is Krisha Pramehi (lean and thin diabetic). This infers the two important principles (such as biopurificatory (Samshodhana) and promotive measures- Sambrinhana therapy) for diabetic management. It appears quite similar to the management of Type I and Type II diabetes of conventional system of medicine. The ultimate goal is not only to achieve the laboratory norms, but also to minimize diabetic complications and improve the quality of life. The approaches of diabetic management are summarized as given below.

- 1) **Nidana parivarjana** - avoidance of etiological factors
- 2) **Ahara** - specific dietary regimen and the following diets are beneficial to diabetics. Yava, Palandu, Purana dhanyam, Takram, Laja, Godhuma, Chanaka, Tikta saka, Purana kulutha, Bhojana madhye salilam. Abhrimhana aharam (not medokara)
- 3) **Vihara**- exercise and meditative Asanas & life style management.
 - ♦ Vyayama (regular exercise)
 - ♦ "Padatra rahito munivartanah".
 - ♦ "Yojananam shatam yayat".
 - ♦ "Khaneth va salilasayaha".
 - ♦ "Gramaika ratram bhaikshwasi".

"All the above indicates the equal importance to diet & exercise besides mediation"
- 4) **Shodhana**: Clinically the disease Madhumeha is presented in two distinct groups Krisha and Sthula. The Madhumeha as such due to its grave nature, demands Sodhana and Shamana chikitsa. However these distinct clinical presentations of the disease sometimes compel the physician to Shamana chikitsa initially. As far as Shodhana is concerned Virechana has got more importance than others.

5) Shamana Aushadhi:

- ♦ Herbal drugs: viz- Vijayasara, Nisha, Amalaki, Mamajjaka, Jambubeeja, Bilvapatra, Pippalmula, Gudamara, Karavellaka, Methika, Jarula, Tejapatra, Nimba, Karvellaka etc.
 - ♦ Mineral drugs: viz- Shilajatu, Shivagutika, Chandraprabhavati, Vasantakusamakara rasa, Trivanga etc.
 - ♦ Herbo-mineral preparation: including classical and neo-formulations.
- 6) Yoga therapy: under care of trained yoga therapist.
 - 7) Promotion of Ojas: Drugs having Rasayana and Jivaniya properties like- Shilajatu, Amalaki and Haridra.
 - 8) Promotion of Agni: Drugs which acts at the level of Agni like- Pippali, Bhallataka etc.

CONCLUSION

No doubt modern medicine may have found a way to bring the cases of diabetes mellitus under control up to some extent, yet the effort cannot be considered as final. Even though majority of the patients remain well for certain period with the current therapeutic measures, the underside, however must not be lost sight. It is because of danger of complications such as- resistance, hypersensitivity and antagonist formation with insulin, drug intolerance, fear of hypo and hyperglycemic episode with sulphonylureas. This seeks great attention from the present day practitioner and researchers to evaluate the present status of this chronic health hazard and to evolve newer strategies in its management. In this regard above mentioned Ayurvedic drugs and lifestyle interventions not only have anti diabetic potential but also minimize short and long term diabetic complications. Beside this, Ayurvedic drugs have Rasayana, ojavardhaka, jivaniya and balya properties. By virtue of these properties Ayurvedic drugs alone or in combination



with modern medicine, have capacity to reduce the insulin as well as oral hypoglycemic drug requirement, prevent or delay the long term complications, and maintain overall health in diabetics.

REFERENCES

1. American diabetic association: Treatment target for diabetes. Diabetes care 2007; 30 (Suppl. I): S 4 -- S41.
2. American diabetic association: Criteria for the diagnosis of diabetes mellitus. Diabetes care 2007; 30 (Suppl. I): S42-S47.
3. American diabetic association: Standards of medical care in diabetes. Diabetes care 2007; 30 (Suppl. I): S 4-S41.
4. American Diabetes Association. Standards of medical care in diabetes. Diabetes Care. 2004; 27 (Suppl I): S15-S35.
5. Anti-diabetic therapy for type II diabetes. JAMA 2002; 286: 360-382.
6. Long term glycemc controle related to mortality in type II diabetes. Diabetes Care 1995; 18: 1534-1543.
7. Pandey A.K. Study of Immune status in patients of diabetes mellitus and the role of Panchakarma and Naimittika rasayana. MD (Ay.) 2002, thesis under Prof. R.H. Singh, Kayachikitsa, IMS, BHU, Vns.
8. Singh R.H. Ayurvediya Nidana Chikitsa ke Siddhanta, Vol. I and II, (1985). Chaukhambha Amarbharti Prakasan. Varanasi.
9. Singh R.H. (2005): Kayachikitsa Vol. II Section 6. Chaukhambha Surbharti Prakashana, Varanasi.
10. Singh R.H. Panchakarma therapy: 2nd Ed. (2202); Chaukhambha Sanskrit Series office, Varanasi.
11. Singh R.H. The holistic principles of Ayurvedic Medicine, 1998. Chaukhambha Pulications, Varanasi.
12. Pandey A.K. and Singh R.H.: A Study of the Immune status in patients of diabetes mellitus and their Management with certain Naimittika RasAyana drugs. JRAS. Vol. XXIV. No. 3-4. 2003; 48-61.
13. Wild S, Roglic G, Green A, Sicree R, King H. Global prevalence of diabetes. Diabetes Care. 2004; 27(5): 1047-1053.
14. Hari Sharma, H.M. Chandola- Ayurvedic cocept of Obesity, Metabolic syndrome & DM. The JACM, Vol. 17-number 6, 2011, pp 459-552.

शोक समाचार

विश्व आयुर्वेद परिषद् के राष्ट्रीय कार्यकारिणी के सदस्य डॉ० ऋषिराज वशिष्ठ की धर्मपत्नी श्रीमती किरणलता का स्वर्गवास दिनांक 9 सितम्बर 2015 को जगाधरी, यमुनानगर (हरियाणा) में हो गया। परिषद् के राष्ट्रीय संरक्षक प्रोफेसर योगेश चन्द्र मिश्र ने डॉ० वशिष्ठ की धर्मपत्नी के स्वर्गवास पर शोक व्यक्त किया। परिषद् परिवार श्रीमती किरणलता के निधन पर श्रद्धांजलि अर्पित करता है।

◆◆◆

विश्व आयुर्वेद परिषद् तेलंगाना के प्रथम महासचिव डॉ० पी० रामचन्द्र रेड्डी का देहावसान हो गया। तेलंगाना परिषद् संगठन द्वारा उनके निधन पर एक शोक सभा का आयोजन दिनांक 6 अगस्त 2015 को डॉ० बी० आर० के० आर० राजकीय आयुर्वेदिक कालेज हैदराबाद के आत्रेय सभागार में किया गया। परिषद् परिवार डॉ० पी० रामचन्द्र रेड्डी के निधन पर श्रद्धांजलि अर्पित करता है।

◆◆◆



DIET AND CANCER

- Bhawana Mittal* Meenakshi** Anita Sharma*** Vinod Kumar Gothecha****

e-mail : dr.bhawanamittal@gmail.com

ABSTRACT :

Some foods actually increase our risk of cancer, while others support our body and strengthen our immune system. By making smart food choices, we can protect our health, feel better, and boost our ability to fight off cancer and other disease. What we should eat, and should not eat, has a powerful effect on our health, including our risk of cancer. If we change our diet and behaviors, we can minimize our risk of disease and possibly even stop cancer in its tracks.

INTRODUCTION :

The link between diet and cancer is complex and difficult to unravel. This is because our diet is made up of lots of different foods and nutrients. Most of these affect our risk of cancer, often in combination with one another. Scientists need to conduct very large studies to see which specific foods protect us from cancer, and which cause it.

An unhealthy diet can increase the risk of cancer Very few specific foods or drinks have been convincingly shown to increase or reduce the risk of cancer. This is because a person's diet consists of many different foods, nutrients and chemicals that affect their risk of cancer.

Healthy eating habits- Changes in the way we live have led to changes in our eating habits. By being continually on the move and eating at irregular times, some of us are losing awareness of what, when and how we eat. And we have moved away from the traditional family meal at the table to eating on the

move or in front of the television. Working out a daily meal routine and focusing on your food will help increase your awareness of what we are eating and develop healthier eating habits.

HEALTHY EATING TIPS & IDEAS FOR MEAL TIME:-

Keep to a meal routine:- Try to eat at roughly the same times each day, whether this is two or five times a day. If we create a regular routine it will help our body to learn when our next meal is due and prevent us from getting too hungry between meals.

Keep to the same pattern of eating every day.

- ♦ Pick a pattern that fits in with our own daily routine and stick to it. If we haven't eaten like this for some time, it will require effort.
- ♦ If we are someone who snacks, try to snack at around the same time each day.
- ♦ Try planning when we intend to eat and check at the end of the day if we have achieved this.

Focusing on our food:- Focusing on food will help us to control our portion sizes. Research has found that we are more likely to eat more calories while watching television. And if we eat while doing something else, such as walking, it is easy to eat much more than we realize. The following tips may help us focus on our food and help us to eat less:

- ♦ We should eat meals at the table it will help us focus on the amount of food.

*M.D. Scholar **M.D. Scholar *** Assist.Proff. **** Associate Proff. & H.O.D. of P.G.Deptt. of Agad Tantra N.I.A. Jaipur (RAJ)



- ♦ We should eat slowly. It takes time for our body to register how much food we've eaten and how full we are.
- ♦ We should not eat while walking, wait until we get there and take time to concentrate on what we are eating.

DIFFERENT FOODS AND NUTRIENT:-

Meat:- Eating lots of red and processed meat can increase our risk of bowel cancer, and possibly stomach cancer. We should try using beans or pulses instead of meat in our recipes. When we do cook meat, we should use lowtemperature methods such as braising. Cooking meat at high temperatures until it chars can produce cancer-causing chemicals.

Fiber:- Fiber-rich foods can reduce the risk of bowel cancer by at least a quarter. These include fruit and vegetables, wholegrain cereals, wholemeal and wholegrain bread, brown rice and pulses. Boost the fiber in our diet by choosing wholegrain varieties of starchy foods wherever possible. Many fruits and vegetables also contain lots of fiber, especially peas, spinach, apples, avocados, pears, berries. Other fruit and vegetables that contain moderate amounts of fiber include Brussels sprouts, green beans, broccoli, corn, spinach, carrots and oranges.

Fiber triggers the production of helpful chemicals, and increases the frequency of bowel movements. Fiber could protect against bowel cancer in a few different ways. Bacteria in the bowel interact with fiber to produce several chemicals including butyrate. Butyrate changes the conditions in the bowel, so that tumors are less likely to develop. Lab experiments have shown that butyrate can also stop the growth of cancer cells and cause them to die off. Fiber also increases the weight of the stools and the frequency of bowel movements. This reduces the contact time between the bowel and chemicals in the stools.

Fats:- Fats are a necessary part of our diet but high-fat diets can increase our risk of cancer, heart

disease and other conditions. There are at least two ways in which dietary fat contributes to cancer. First tumor cells need low density lipoproteins (LDL's) to grow. Therefore a diet that helps to lower LDL levels could keep potentially cancerous cells from growing. Eating fat also stimulates the production of bile, which is needed to digest fat. If a lot of bile is allowed to stagnate in the large intestine for a long period of time. It's converted into apcholic acid, a proven carcinogen.

Vitamins and minerals:- Vitamins and minerals, such as foliate, selenium, calcium, and vitamins A, C and E, could reduce our risk of many cancers. It is still unclear which specific vitamins or minerals may do so. But it is likely that we need a combination of all of them. We should eat lots of different fruit and vegetables to get a balanced complement of vitamin and minerals. The best way to get our full range of vitamins and minerals is to eat a healthy, balanced diet, with a variety of fruit and vegetables. Supplements do not substitute for a healthy diet, although some people may be advised to take them at certain times in their lives. For example, doctors may advise women who are planning to have a baby to take a daily 400-microgram supplement of folic acid. And dark-skinned or elderly people may need to take vitamin D supplements since they need more sun exposure than other people to make enough vitamin D. Eating lots of fiber could reduce the risk of bowel cancer.

Acryl amide:- Many foods contain high levels of a chemical called acryl amide. International public concern followed since acryl amide is known to cause cancer by damaging DNA. This substance is produced when starchy foods are heated to high temperatures, and is found in foods such as chips, crisps and some bread.

Artificial sweeteners:- Artificial sweeteners are used in a wide variety of foods and drinks. Almost everyone in developed countries consumes them, in foods.



Green tea:- Some studies have found that green tea could reduce the risk of many cancers. Green tea contains high levels of a group of chemicals called catechins. Because of the way it is prepared, green tea contains 3-10 times more catechins than black tea. Laboratory studies on cells have shown that catechins could block the growth of cancers. They prevent DNA damage by mopping up free radicals, blocking the growth of tumor cells and stopping the activation of cancer-causing chemicals.

Tomatoes:- Tomatoes contain a chemical called lycopene. This is found in all forms of tomatoes and tomato products including fresh, tinned, paste, juice and ketchup. Lycopene is a powerful antioxidant and mops up free radicals that could damage DNA. It is unclear if lycopene could actually reduce the risk of prostate cancer. A large study of 47,000 men found that eating 2-4 weekly servings of tomatoes reduced prostate cancer risk by a quarter. Even so, eating lots of tomatoes can help you get your recommended five portions of fruit and vegetables a day.

Red and processed meat contains chemicals that could cause bowel cancer:- Red and processed meat contains a red pigment called haem. Haem could stimulate the bacteria in our guts to produce chemicals called N-nitroso compounds, or NOCs. Many of these are known to cause cancer. Almost all red and processed meats contain more haem than white meats. This may explain why red and processed meats increase bowel cancer risk while white meats do not. Haem could also irritate or damage the cells in the bowel. The cells divide much more than normal to compensate for this damage. This increases the chance that one of these cells could acquire changes that set it down the road to cancer. Some processed meat contains chemicals called nitrites. In the bowel, nitrites are converted into NOCs, which could cause cancer.

Eating lots of salt can increase the risk of stomach cancer:- Stomach cancer is especially

common in countries like Japan where people tend to eat lots of salty and salt-preserved foods. In the UK it's thought that nearly a quarter of stomach cancers are linked to eating too much salt. Salt could affect the risk of stomach cancer by damaging the lining of the stomach and causing inflammation. Salt could also interact with a stomach bug called *Helicobacter pylori* that cause both stomach ulcers and stomach cancer.

Eating lots of saturated fat may increase the risk of breast cancer:- Fat in our diets probably affects the risk of breast cancer by increasing the levels of estrogen and other hormones in our blood.

FRUITS & VEGETABLES:-

Fruit and vegetables are an important part of a healthy diet and can affect the risk of some cancer types like mouth and throat cancers. They are a good source of many important nutrients such as vitamin A, vitamin C, vitamin E and foliate, and are an excellent source of fiber. Eating fruit and vegetables with a wide variety of colours will help us get a broad range of vitamins and minerals, as the chemicals that give these foods their colour are often the same ones that are good for us.

Fruit and vegetables may reduce the risk of many cancers:- Eating lots of fruit and vegetables could reduce the risk of mouth, esophageal and lung cancers, as well as some types of stomach cancer.

Fruit and vegetables are a good source of vitamins, minerals, and fiber:- Fruit and vegetables contain a wide range of nutrients. Researchers are still trying to work out which of these might reduce cancer risk. Studies are looking at specific nutrients such as vitamin E, and foliate. But it may be that need these nutrients in balanced combinations to reduce the risk of cancer effectively. Differently coloured fruit and vegetables contain different nutrients so it is important to eat a wide range of colours. One study found that people who eat the



widest range of fruit and vegetables have 22% lower risk of mouth cancer than those who eat the narrowest range. Fruit and vegetables are also a very good source of natural fiber, and there is strong evidence that high levels of fiber reduce risk of bowel cancer.

Fruit and vegetables have wide health benefits:-People were first recommended to eat five portions of fruit and vegetables a day in 1991 based on the scientific evidence at the time. Since then, many expert reports on diet and cancer prevention have supported the 5-a-day message. Eating five daily portions of fruit and vegetables can help us maintain a healthy body weight. Doing this we can help in reduce the risk of bowel, breast, kidney, womb and esophageal cancers. And getting enough fruit and vegetables can also reduce the risk of many other diseases including heart disease and diabetes.

CONCLUSION:-

After all above description it is concluded that we should know about the general types of food that can help to keep us healthy. And we should know that a balanced diet will help to maintain a healthy body weight, which can itself reduce the risk of many cancers. By eating the right balances of foods in healthy portions, we can maintain a healthy body weight. But our eating habits - the way we eat our food - can also help us to keep a healthy weight.

REFERENCE:-

- ♦ Dr. Sears L.E.A.N., 12 Dietary Changes that Will Lower Your Cancer Risk (Internet) [cited 2012 Feb 11], Available From: <http://www.askdrsears.com/topics/familynutrition/anticancer/12-dietary-changes-willlower-your-cancer-risk>
- ♦ Diet, healthy eating and cancer: Cancer Research UK (Internet) [cited 2012 may 12] Available From: <http://info.cancerresearchuk.org/healthyliving/dietandhealthy-eating/diet-healthy-eating-and-cancer>
- ♦ Maya W.Paul and Melinda Smith, The Anti-Cancer Diet: Cancer Nutrition Tips, (Internet)[cited 2012 may 11], Available From: http://www.helpguide.org/life/healthy_diet_cancer_prevention.html
- ♦ LifePositive :Your complete Guide To Personal Growth, Cancer Diet (Internet) [Cited 20 12 may 8], Available From : <http://www.lifepositive.com/body/bodyholistic/cancer-cure/cancer-diet.asp>
- ♦ Healthcastle Nutrition Inc., Cancer diet,1997-2012,(Internet)[cited 2012 may 8], Available From: <http://www.health-castle.com/health-nutrition/cancer-diet>
- ♦ Walter C. Willett, M.D., Dr.P.H., Department of Nutrition, Diet and Cancer, 2000 June 21 (Internet) [cited 2012 May 8], Available From: <http://theoncologist.alphamedpress.org/content/5/5/393.long>
- ♦ Wellness Directory, Nutrition-A Cancer Battle Plan, 2010 Nov 18, (Internet)[Cited 2012 May 7], Available From: <http://www.mnwelldir.org/docs/nutrition/diet.htm>
- ♦ Reduce Your cancer risk, NHS choices: your health, your choices, 2011 Nov 4, (Internet)[Cited 2012 May 8], Available From: <http://www.nhs.uk/Livewell/preventingcancer/Pages/diet-and-cancer.aspx>
- ♦ Independent Cancer Research Foundation, INC., Overview of The Cancer Diet,(Internet)[cited 2012 May 7], Available From: <http://www.new-cancer-treatment.org/Articles/CancerDiet.html>
- ♦ Diet For Cancer,(Internet) [cited 2012 May 7], Available From: <http://www.livestrong.com/diet-for-cancer/>



परिषद् समाचार

विश्व आयुर्वेद परिषद के विदेश विभाग प्रमुख द्वारा आयोजित बैठक

विश्व आयुर्वेद परिषद्, उत्तराखण्ड के साथ परिषद के विदेश विभाग प्रमुख डा० स्वामीनाथ मिश्र ने तपोवन ऋषिकेश में दिनांक 26 अगस्त 2015 को एक बैठक उत्तराखण्ड प्रान्त अध्यक्ष डा० यतेन्द्र सिंह मलिक की अध्यक्षता में आयोजित की। डा०मिश्र विगत सप्ताह भर से अपने सयोजन में लगभग 24 विदेशी सदस्यों के दल के साथ योग व आयुर्वेद शिविर के लिए ऋषिकेश में रहे। यह हर्ष की बात रही कि इस दल के इटली निवासी चार युवतियों ने आयुर्वेद के प्रति गहन रुचि ली और डा०मिश्र के दिशा निर्देशन एवं दिल्ली से आई डा०शिवानी मिश्र पाण्डेय के संयोजन में आयुर्वेद को समझने का प्रयास किया और डा० मिश्र की प्रेरणा से चारों युवतियों ने विश्व आयुर्वेद परिषद की आजीवन सदस्यता ग्रहण की। बैठक में उपस्थित जनों ने इन प्रवासी सदस्यों का परिषद में हार्दिक स्वागत किया।

डा० जी एल अरोडा, ऋषिकेश ने प्रवासी सदस्यों को सम्बोधित करते हुये आयुर्वेद को समझने के लिए इसके मूल सिद्धान्तों की जानकारी हेतु आह्वान किया। डा० विनिष गुप्ता संयोजक अध्यापक प्रकोष्ठ ने स्वास्थ्य रक्षा में आयुर्वेदीय स्वस्थवृत्त में विभिन्न चर्चाओं के महत्व को प्रतिपादित किया। पं० गौरव उप्रेती ऋषिकेश ने अपने इर्द-गिर्द उत्पन्न होने वाली सामान्य जड़ी-बूटियों के महत्व को बताया कि जिनसे शरीर को रोगों से मुक्त किया जा सकता है।

प्रवासी सदस्यों ने भी आयुर्वेद पद्धति के बारे में अपने-विचार रखे। कारमैन पिल्लीटरी ने कहा कि एलोपैथिक मेडिसिन के दुष्प्रभावों से आज सारा विश्व चिन्तित है और आयुर्वेद एक सुरक्षित विकल्प के रूप में हमारे सामने है। हमसब आज संकल्पित हैं कि अपने परिवार, मित्रो व देशवासियों के बीच आयुर्वेद विज्ञान को प्रचारित करेंगे।

अपने अध्यक्षीय सम्बोधन में डा० मलिक ने प्रवासी सदस्यों का विश्व आयुर्वेद परिषद में स्वागत करते हुये डा०स्वामी नाथ मिश्र द्वारा विदेशों में परिषद के कार्यों को प्रसारित किये जा रहे प्रयासों की सराहना की। इस पुनीत कार्य में सहयोगी बनी डा० मिश्र की सुपुत्री डा० शिवानी मिश्र पाण्डेय के प्रयासों के लिये साधुवाद दिया। प्रवासी सदस्यों को अनुरोध किया कि मानव के शरीर, मन व आत्मा पर आधारित इस आध्यात्मिक ज्ञान को गहराई से समझे व सम्पूर्ण स्वास्थ्य की रक्षा करने वाली भारत की इस प्राचीन चिकित्सा पद्धति को सर्वत्र प्रसारित प्रचारित कर मानव कल्याण में भागीदार बनें। इस अवसर पर डा० जी एल अरोडा तपोवन ऋषिकेश द्वारा परिषद की संरक्षक सदस्यता ग्रहण करने पर बधाई दी गई।

गाजियाबाद में चरक जयन्ती समारोह सम्पन्न

चरक जयन्ती के शुभ अवसर पर विश्व आयुर्वेद परिषद् गाजियाबाद के अध्यक्ष वैद्य एस. के. ए. गोलिया और महामंत्री वैद्य विवेक राठौर द्वारा नव गठित कार्यकारिणी के सहयोग से महर्षि चरक के जन्मोत्सव का आयोजन किया गया। इसमें प्रातः नौ बजे से बारह बजे तक निःशुल्क आयुर्वेदिक चिकित्सा शिविर का आयोजन किया गया और लगभग दो सौ से ज्यादा रोगियों ने इस सुविधा का लाभ उठाया। इसमें डॉ. महेश अग्रवाल, डॉ. सुभाष गुप्ता, डॉ. नवीन चौहान, डॉ. सुमन किशोर सिन्हा का सहयोग सराहनीय रहा। इसके पश्चात दोपहर के सत्र में हृदय रोग और वात रोग पर डॉ. आलोक शर्मा और डॉ. विशाल त्रिपाठी, इनके सहयोगी डॉ. हिमांशु वर्मा व डॉ. शम्भू शरण यादव द्वारा सम्भासव किया गया। इसमें लगभग सौ से ज्यादा चिकित्सकों ने भाग लिया। जिसमें डॉ. आँचल माहेश्वरी और डॉ. रजनी दुबे द्वारा संचालन किया गया। इसमें डॉ. पवन सैनी, डॉ. सुरुचि सैनी, डॉ. राग्यप गोलिया, डॉ. विनोद कुमार, डॉ. पवन कुमारी, डॉ. बी. एस. शर्मा, डॉ. गिरीश कुकरेजा, डॉ. मनोज जैन, डॉ. चतर सिंह, डॉ. पवन प्रधान, डॉ. कमलेश वर्मा, डॉ. नरेंद्र त्यागी, डॉ. संजय त्यागी आदि प्रमुख रूप से उपस्थित थे। उत्सव के समापन के समय अध्यक्ष वैद्य गोलिया, महामंत्री वैद्य राठौर,



डॉ. सुभाष गुप्ता, डॉ. नवीन चौहान, डॉ. महेश अग्रवाल द्वारा प्रतीक चिन्ह देकर सम्मानित किया गया। अंत में वैद्य गोलिया जी ने सभी का धन्यवाद के साथ वैद्य विजय अग्रवाल जी ने वन्दे मातरम के साथ उत्सव का समापन किया।

प्रादेशिक आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर का भव्य आयोजन

विश्व आयुर्वेद परिषद मध्य प्रदेश द्वारा प्रादेशिक आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर, दिनांक 17, 18 एवं 19 जुलाई 2015 को शासकीय आयुर्वेद महाविद्यालय, ग्वारीघाट, जबलपुर में आयोजित हुआ, जिसका समापन 19 जुलाई को हुआ। उपरोक्त शिविर में मध्यप्रदेश में स्थित समस्त प्रमुख आयुर्वेद महाविद्यालय से विद्यार्थियों का आगमन हुआ, जिन्हें देश-विदेश में प्रसिद्ध आयुर्वेदाचार्यों द्वारा तीन दिवसीय आवासीय प्रशिक्षण दिया गया।

शिविर का भव्य शुभारम्भ 17 जुलाई को प्रातः 10 बजे हुआ। कार्यक्रम का शुभारम्भ भगवान धन्वन्तरि स्तवन, सरस्वती वंदना और अतिथियों द्वारा दीप प्रज्वलन द्वारा किया गया। कार्यक्रम में मंच पर मुख्य अतिथि के रूप में महामंडलेश्वर स्वामी श्यामदास जी महाराज, विशिष्ट अतिथि के रूप में श्री कैलाश गुप्ता (वरिष्ठ समाजसेवी), डॉ भृगुपति पाण्डेय (वरि. का. सदस्य केंद्रीय भारतीय चिकित्सा परिषद, नई दिल्ली), डॉ यू एस निगम (प्रसिद्ध आयुर्वेदाचार्य, मुंबई), डॉ नवीन कोठारी (वरिष्ठ अस्थिरोग विशेषज्ञ), पार्षद प्रिया पटेल, कार्यक्रम संयोजक एवं प्रधानाचार्य डॉ0 रविकांत श्रीवास्तव एवं कार्यक्रम की अध्यक्षता श्री सभाजीत यादव (अतिरिक्त संभागायुक्त जबलपुर) जी ने की।

इस अवसर पर तीन दिवसीय प्रशिक्षण में दिये जाने वाले प्रशिक्षण पर एक पुस्तक भी विमोचित की गई जिससे यह विद्यार्थी अपने-अपने जिले में वापसी के बाद उपरोक्त व्यावहारिक ज्ञान को सभी आयुर्वेदिक चिकित्सकों के साथ साझा कर सकें एवं रोगियों को निरंतर लाभ प्रदान करते हुए, आयुर्वेद का प्रचार और विकास करें। तीन दिवसीय प्रशिक्षण में विभिन्न सत्र आयोजित हुए जिसमें जबलपुर के गणमान्य हस्तियों डॉ बी के पांसे, डॉ अखिलेश नेमा, डॉ राम किशोर करसोलिया आदि की अध्यक्षता में सम्मन किये गये।

उपरोक्त तीन दिवसीय प्रशिक्षण में प्रातः डॉ राजकुमार अग्रवाल जी के मार्गदर्शन में प्रतिदिन योगाभ्यास करवाया गया। डॉ0 यू0 एस0 निगम जी, डॉ मधुसूदन देशपांडे जी एवं डॉ आर के गुप्ता जी के मार्गदर्शन में प्रतिदिन पंचकर्म का व्यावहारिक प्रशिक्षण प्रदान किया गया। डॉ0 रवि कुमार श्रीवास्तव जी के मार्गदर्शन में व्यक्तित्व विकास के व्याख्यान हुए।

प्रतिदिन सायं गीता धाम में सांस्कृतिक कार्यक्रम आयोजित हुए जिसमें जबलपुर एवं रीवा के छात्र, छात्राओं द्वारा एकल गीत एवं नृत्य, समूह गीत एवं नृत्य प्रस्तुत किये गये। इस अवसर पर राकेश अग्रवाल, आशीष श्रीवास्तव एवं संदीप अग्रवाल भी मौजूद थे।

समापन सत्र के मुख्य अतिथि श्री शरद जैन (आयुष राज्य मंत्री, म. प्र.) थे। सत्र की अध्यक्षता श्री जे के जैन (संयुक्त संभागीय आयुक्त जबलपुर), विशिष्ट अतिथि डॉ भृगुपति पाण्डेय (वरि. का. सदस्य केंद्रीय भारतीय चिकित्सा परिषद, नई दिल्ली), डॉ यू एस निगम (पंचकर्म विशेषज्ञ, मुंबई), डॉ एस एन सिंह (प्राचार्य – राजकीय सम्पूर्णानन्द आयुर्वेद महाविद्यालय, वाराणसी), डॉ दीपक कुलश्रेष्ठ (प्राचार्य – शासकीय आयुर्वेद महाविद्यालय, रीवा) थे।

समापन सत्र में डॉ भृगुपति पाण्डेय, डॉ यू एस निगम एवं योगाचार्य अवनीश तिवारी जी का श्रीफल, शाल एवं अभिनन्दन पत्र द्वारा सम्मान किया गया। इसके अलावा डॉ मधुसूदन देशपांडे (पंचकर्म विशेषज्ञ, भोपाल), डॉ एस एन सिंह एवं डॉ रविकांत श्रीवास्तव (प्राचार्य – शासकीय आयुर्वेद महाविद्यालय, जबलपुर), दीपक कुलश्रेष्ठ आदि का उत्कृष्ट सेवा सम्मान से नवाजा गया।

कार्यक्रम को संबोधित करते हुये श्री शरद जैन जी ने कहा कि यह कार्यक्रम छात्रों हेतु महत्वपूर्ण है और इस प्रकार के कार्यक्रम निरंतर होते रहना चाहिए। इससे जहा आयुर्वेद का प्रचार और विकास होगा वही समाज आयुर्वेद से



और भी ज्यादा लाभ ले सकेगा। डॉ यू एस निगम जी ने कहा कि पंचकर्म आयुर्वेद में सबसे अधिक महत्वपूर्ण है अतरु इसका अभ्यास निरंतर होना चाहिए। डॉ मधुसूदन देशपांडे जी ने कहा कि आयुर्वेद चिकित्सको को समाज में जाकर स्वास्थ्य जागरण और लोगो के मन से आयुर्वेद संबंधित भ्रान्तियां दूर करने के निरंतर प्रयास करना चाहिये। डॉ रविकांत श्रीवास्तव जी ने सभी का आभार प्रकट किया। मंच का संचालन डॉ सुमित श्रीवास्तव जी द्वारा किया गया।

उपरोक्त कार्यक्रम में मधुमेह मुक्त भारत विषय पर एक संगोष्ठी का आयोजन भी किया गया, उपरोक्त संगोष्ठी महामंडलेश्वर स्वामी अखिलेश्वरानन्द जी के मुख्य अतिथित्व, श्री चमन श्रीवास्तव जी की अध्यक्षता (संचालक – ए पी एन स्कूल) और विषय विशेषज्ञ डॉ आशीष डेंगरा (मधुमेह रोग विशेषज्ञ), डॉ आर के तिवारी (आयुर्वेद विशेषज्ञ) एवं योगाचार्य अनीश तिवारी जी के मार्गदर्शन में सम्पन्न हुई।

उपरोक्त तीन दिवसीय प्रशिक्षण को सफल बनाने के लिये डॉ रवि कुमार श्रीवास्तव, डॉ के के विश्वकर्मा, डॉ मुकेश पाण्डेय, संजय दुल्हानी, डॉ निधि श्रीवास्तव, डॉ दुर्गेश गुप्ता, डॉ अश्विनी विद्यार्थी, डॉ राकेश सारस्वत, डॉ प्रभात श्रीवास्तव, डॉ आर के गुप्ता, डॉ कमलेश गुप्ता, डॉ सुमित श्रीवास्तव एवं अन्य प्रमुख सदस्यों के योगदान से हुआ।

हैदराबाद में चरक जयन्ती समारोह सम्पन्न

जकोटिया आयुर्वेद कला सरगा, हैदराबाद में 23 अगस्त 2015 को चरक जयन्ती समारोह धूम-धाम से मनायी गयी। प्रोफेसर टी० श्रीनिवास राव (भूतपूर्व अतिरिक्त निदेशक) कार्यक्रम के मुख्य वक्ता थे। इस अवसर पर मुख्य वक्ता ने आचार्य चरक का भारतीय चिकित्सा विज्ञान में अवदान पर प्रकाश डाला। कार्यक्रम में शहर के अनेको वैद्य, चिकित्सक एवं छात्रों की उपस्थिति रही।

चरक जयन्ती एवं पं० विश्वनाथ द्विवेदी स्मृति व्याख्यान – 2015

प्रत्येक वर्ष की भाँति इस वर्ष भी राजकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, सम्पूर्णानन्द संस्कृत विश्वविद्यालय, वाराणसी में दिनांक 27 अगस्त 2015 को चरक जयन्ती एवं पं० विश्वनाथ द्विवेदी स्मृति व्याख्यान का सफल आयोजन परिषद् की स्थानीय शाखा एवं महाविद्यालय द्वारा संयुक्त रूप से किया गया।

कार्यक्रम में मुख्य वक्ता प्रसिद्ध रस विज्ञानी प्रोफेसर सी० बी० झा (इमेरिटस प्रोफेसर, बी०एच०यू०) ने अपना व्याख्यान प्रस्तुत किया। कार्यक्रम में विशेष अतिथि के रूप में प्रोफेसर यदुनाथ प्रसाद दूबे (माननीय कुलपति सम्पूर्णानन्द संस्कृत विश्वविद्यालय, वाराणसी) ने इस अवसर पर अपने विचार रखते हुये संस्कृत को आयुर्वेद का आधार बनाकर समझने के लिये प्रेरित किया। कार्यक्रम की अध्यक्षता प्रोफेसर एस० पी० मिश्र (माननीय कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून) ने की। इस अवसर पर उन्होंने प्रसन्नता व्यक्त करते हुए कहा कि परिषद् के प्रयासों से चरक जयन्ती अब वैश्विक रूप से मनायी जा रही है।

समारोह की विषय स्थापना एवं परिषद् के गतिविधियों पर डॉ० कमलेश कुमार द्विवेदी ने प्रकाश डाला। कार्यक्रम का संचालन डॉ० विजय कुमार राय ने किया एवं धन्यवाद ज्ञापन डॉ० सुभाष श्रीवास्तव ने ज्ञापित किया। इस अवसर पर महाविद्यालय एवं स्थानीय चिकित्सक, छात्र व पं० द्विवेदी के परिजन डॉ० गणनाथ द्विवेदी, विजय द्विवेदी तथा अन्य उपस्थित रहे। डॉ० अश्विनी गुप्ता, डॉ० अनुपमा, डॉ० अंजना द्विवेदी, डॉ० रमेश गुप्ता, डॉ० विजय लक्ष्मी, डॉ० महेश नारायण गुप्ता, वैद्य उमेश दत्त पाठक, डॉ० वी० डी शर्मा, प्रो० जेमिनी पाण्डेय, डॉ० शिवानी घिल्डियाल, डॉ० परवेज अहमद अंसारी, डॉ० विनय मिश्र, डॉ० अशोक कुमार शुक्ला (क्षेत्रीय आयु० अधिकारी वाराणसी) डॉ० प्रद्युम्न पाण्डेय (पूर्व निदेशक, सी० आर० आई० नई दिल्ली) डॉ० शालिनी, डॉ० शैलेन्द्र सिंह, डॉ० राकेश मोहन, डॉ० उषा द्विवेदी, डॉ० उमेश चन्द्रा, डॉ० अजय कुमार, डॉ० टीना सिंघल, डॉ० रामचन्द्र पाण्डेय, डॉ० ए० एन० सिंह, डॉ० रवि सिंह, डॉ० राजेश चौहान, डॉ० बी० एन० मोर्या, डॉ० विनय मिश्र, डॉ० उमाशंकर ओझा, डॉ० हरिओम पाण्डेय, वैद्य ध्रुव कुमार अग्रहरि आदि विशेष रूप से उपस्थित थे।