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देश के विभिन्न प्रान्तों में विश्व आयुर्वेद परिषद् की गतिविधियाँ



वाराणसी में सम्पन्न हुए कौशल वर्धन एवं व्यक्तित्व विकास प्रशिक्षण कार्यक्रम की झलकियाँ



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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

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

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अतिथि सम्पादकीय

प्रिय पाठक वृन्द,

जब यह विशेषांक आपके हाथों में होगा, उस समय आंग्ल वर्ष 2016 के प्रारम्भ के साथ-साथ सम्पूर्ण विश्व को ऊर्जा प्रदान करने वाले भगवान भास्कर का प्रवेश मकर राशि में हो चुका होगा। मकर संक्रान्ति के इस अवसर को विश्व-आयुर्वेद परिषद स्वास्थ्य संरक्षण की दृष्टि से विश्व मांगल्य दिवस के रूप में मनाता है। सर्वविदित है कि विश्व की प्राचीनतम चिकित्सा पद्धति एवं भारतवर्ष की अनुपम धरोहर, आयुर्वेद चिकित्सा पद्धति विश्व के लिये अनूठी देन है, क्योंकि आयुर्वेद ही मात्र एक ऐसी चिकित्सा पद्धति है, जो कि प्रथमतः स्वास्थ्य के संरक्षण के साथ निःरोग समाज का संकल्प कराती है।



वर्तमान में विशिष्ट वैज्ञानिक अनुसंधानों द्वारा एलोपैथिक चिकित्सा पद्धति में जैसे-जैसे नई औषधियों की खोज की जा रही है। वैसे-वैसे नई-नई व्याधियों की उत्पत्ति भी विश्व के सामने चुनौती बनी हुई है। ऐसी विषमस्थिति में नई व्याधियों की उत्पत्ति को रोकने एवं उनकी चिकित्सा हेतु आयुर्वेद एवं इसके सिद्धान्त ही एक मात्र उपाय के रूप में दिखते हैं।

वस्तुतः यह सही है कि भारतवर्ष में आयुर्वेद चिकित्सा पद्धति को जिस प्रकार प्रचार-प्रसार के साथ राजकीय संरक्षण प्राप्त होना चाहिए था, उसका प्रत्यक्षतः अभाव सा दिखता है। परन्तु यह भी सही है कि विगत 20 वर्षों में नई-नई आयुर्वेदिक औषधि निर्माणशालाओं के निर्माण के साथ-साथ आयुर्वेदिक उत्पादों एवं औषधियों के उत्पादन व विपणन में जिस गति से वृद्धि हुई है, उससे यह बात स्पष्ट रूप से सामने आती है कि स्वास्थ्य संरक्षण एवं व्याधि प्रशमन हेतु इन आयुर्वेदिक औषधियों एवं उत्पादों का उपयोग जनमानस में भारत वर्ष के साथ ही साथ विश्व के अनेक देशों में प्रचुरता से बढ़ रहा है। यह भी तब है जबकि अधिकांशतः आयुर्वेद चिकित्सक अपनी पारम्परिक एवं विशिष्ट आयुर्वेद चिकित्सा पद्धति का उपयोग नहीं कर रहे हैं।

मित्रों! आप सभी को विश्व मांगल्य दिवस की शुभकामनाएं प्रेषित करते हुए आज प्रत्येक आयुर्वेद चिकित्सक से यह अनुरोध करना है कि हम अपने आयुर्वेद के ज्ञान एवं अनुभवों को परिमार्जित करते हुए तथा अपने गुरुजनों एवं शास्त्रों के मार्गदर्शन में कम से कम एक-एक व्याधि का आयुर्वेद चिकित्सा पक्ष समुन्नत करें, साथ ही साथ चिकित्सकीय प्रयोग अवश्य करें। तभी हमारा संकल्प “सर्वे भवन्तु सुखिनः, सर्वे सन्तु निरामयाः” पूर्ण हो सकता है और तभी आयुर्वेद को उसका स्वर्णिम गौरव भी प्राप्त हो सकेगा।

- डॉ० पुनीत कुमार मिश्र
उप सम्पादक



CONCEPTS OF AYURVEDA FOUND IN OTHER CLASSICS

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Bruhatrayee and laghutrayee are well known texts of Ayurveda, finding no much difference in fundamentals concepts. There are certain other classics contributing in the field of yoga and other Vedic sciences, where we find concepts of Ayurveda with a considerable difference. Some of such classics are published and some others unpublished. However Vedic sciences do accept the fundamental thoughts propounded by scholars from the concerned fields. The same with Ayurvedic concepts may be with variations.

Yoga-yajnavalkya is the text authentic on yoga, since it has given details of panchavidha vatas and in addition added five more vatas not found in Ayurvedic classics. Dasavidha vatas are mentioned as prana, apana, samana, udana, vyana, naga, kurma, krukara, devadatta and dhananjaya.¹

Pranavata as described in yoga-yajnavalkya

The seat of pranavata is considered between nose and mouth, in the center of hrudaya and in the center of naval region, unlike Ayurvedic classics. Some scholars opine that big toe is also the seat of pranavata.²

Additional information given by yoga-yajnavalkya regarding the phenomenal aspect of pranavata is that, it is situated below, above and surrounding the kundalini and it illuminates other vatas like a lamp.

In comparison with Ayurvedic classics the site of pranavata and the functional sphere is oriented towards yogic science because the text is concerned with yoga. It is noted that all dashavidha vatas are traversed through all nadis. Out of these ten, yoga-

yagnavalkya has stated that five vatas (prana-apan) are important ones.³

Commentary

Ayurvedic classics explained the functional sphere of pranavata, including hrudaya. The arising seat of pranavata is murthni (siras). Thus it is understood the space between mouth and nose are covered in siras. Apart from these, yoga-yagnavalkya mentioned nabhi madyam and padaangustam. There is no mention; regarding presence of kundalini surrounding which pranavata resides is not concerned with physical being. And hence this concept has no rule in explaining disease or its treatment.

Vyanavata

As per Ayurveda, vyanavata is situated in hrudaya and traverses all over the body. yoga-yagnavalkya has stated seat of vyanavata as ears, eyes, sides of neck, nose, ankle, throat, and buttocks.⁴ this description is no way matching with the Ayurvedic classics and not standing on applied aspects of vyanavata explained in Ayurveda. As such vyanavata has got functional sphere all over the body the places of situation told by yagnavalkya are covered by Ayurvedic concept.

Commentary

Vyanavata is responsible for generalized functions of body, pertaining to the movements of joints, transport of body fluids to their corresponding sites. The opinion of yoga-yagnavalkya might be focusing on functional basis applying to yoga-sadhana.

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Udanavata

As per yoga-yagnavalkya udanavata is situated in all the joints of both hands and legs.⁵ This concept is not at all matching with the Ayurvedic perspective. The same is holding good with the functional sphere of Ayurveda.

Commentary

As described in Ayurveda, udanavata in terms of its physiology, pathology and treatment more focused over chest, throat, color of skin and disease wise related to lungs and skin lusture.

Samanavata

As per yoga-yagnavalkya samanavata is present all over the body⁶ and it is held responsible for distribution of the digested material. He added further that samanavata is traversing in 72,000 nadis all over the body. This concept is in contrary with Ayurvedic view and it is identical with vyanavata functions instead of samanavata in Ayurveda.

Commentary

Samanavata is placed in nabhi near digestive fire, functionally helps in digestion, separation and sends the digesting material to the hind part of the alimentary canal. There is no mention of nadis in Ayurvedic view pertaining to the functions of samanavata. The view expressed by yoga-yagnavalkya is not matching with the Ayurvedic classics, neither in physiology nor in pathology nor in treatment.

Apanavata

The site of apanavata described in yoga-yagnavalkya is identical with the Ayurvedic concepts. In addition to this apanavata is said to reside above and below the kundalini.⁷ Functional sphere of the apanavata is discussed in detail in Ayurvedic classics, which has process of excretion, expulsion of fetus, movement of sperm and ovum etc. The concept of yoga-yagnavalkya regarding apanavata is not for physical plane.

Commentary

It is to consider that apanavata site and functional sphere related to vital functions of human being and thus understanding pathology and treatment are pertaining to the root cause of the ailments. The concept of yoga-yagnavalkya in this regard is not helpful.

Apart from the above 5 types of vata the other 5 types described with their locations in the body. They are naga, kurma, krukara, devadatta and dhananjaya respectively.⁸ The sites are Naga- twak, kurma-rakta, krukara-mamsa, devadatta- medas and dhananjaya- asthi.

Yoga-yagnavalkya has described further the functions of all kinds of vatas which are almost identical with the functions described for vata dosha in Ayurveda classics as such it is appearing to be added information, probably incorporated later on.

1. Pranavata functions: inhalation, exhalation and coughing.⁹
2. Vyanavata functions: taking and giving (contraction and relaxation)¹⁰
3. Udanavata functions: Raising the body¹¹
4. Samanavata functions: Nutrition to the entire body¹²
5. Apanavata functions: All excretory functions¹³
6. Naga vata functions: belching¹⁴
7. Kurma vata functions: Blinking of eyes¹⁵
8. Krukara vata functions: Sneezing¹⁶
9. Devadatta vata functions: Drowsiness¹⁷
10. Dhananjaya vata functions: Swellings¹⁸

Commentary

Charaka Samhita explained in detail regarding tridoshas with their qualities and functions. As far as vatadosha is concerned ruksha, laghu, sheeta, khara, chala and vishada qualities are noted and the same are accepted by other scholars of Ayurveda. As such the attributed qualities are subjective and



can be elicited through physiological phenomena only. That means no text of Ayurveda has stated the qualities of respective doshas are objective. The referential points may be the symptoms rather than the qualities as such.

In this scenario the subject of Ayurveda in the classics of other sciences may not reveal the phenomenal aspect of doshas. Yoga-yagnavalkya mentions dashavidha vatas along with their functions. The mentioned functions are continued with the practices of yoga, where broad outlook given for them in Ayurveda classics is not seen. In fact Ayurveda accepts panchavidha vatas only not of kurma, krukara, naga, devadatta, dhananjaya. The attributes told for these types of vata are covered originally by five types of vata as explained in routine classics of Ayurveda. However the disease classification and treatment are not focused in these types of vata and hence not mentioned in the classification of vata.

“Todarananda”, the Magnus opus, written by Todaramalla, explained the details of 10 types of vata including their colors and their attributes in “Ayurveda Soukhyam”. No other popular text of Ayurveda either from south India or north India has mentioned 10 types of vata.

CONCLUSION

At the outset, Ayurveda concept is not supporting 10 types of vata either theoretically or practically. Thus the attributes given for later types of vata are considered to be the subdivision of main types of vata. However it is understood that the gunas of vata are attributed to all the changes brought by the medicaments, pharmacologically are in the same fold, basically, in classics of Ayurveda no much descriptions are there regarding the action of drug on particular kind of dosha.

The combined preparations used in different treatment modalities are expected to exert a specified action to obtain the deserved effect in particular pathological conditions. We seldom find the types

of vata (kurma, krukara, naga, devadatta, dhananjaya) in classics of Ayurveda, and thus not in practice so the exerted actions and the effect are not at all mentioned with the above types of vata.

Yoga-yagnavalkya also has not discussed the involvement of these kinds of vata applied in asthangayoga in diseased conditions, neither has it been mentioned in other contemporary text books nor in Ayurvedic texts.

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प्राणालय इति प्राहुः पादाङ्गुष्ठेपि केचन ॥
3. एते नाडीषु सर्वासु चरलि दश वायवः ।
एतेषु वायवः पञ्च मुख्याः प्राणादयः स्मृतः ॥
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गुदाग्न्यागारयोस्तिष्ठन्मध्येपानः प्रभञ्जनः ।
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13. अपानवायोः कर्मतद्विष्णुत्रादिविसर्जनम्
14. उद्गारादिगुणोयस्तुनागकर्मतिकीर्तयते
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16.वशुतवैकृकरस्यच
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18. धनंजयस्यशोफादिसर्वकर्मप्रकीर्तितम् ।
19. Charaka samhita
20. Susruta samhita
21. Yogayajnyavalkya
22. Patanjali yogadarsana



GUDUCHI (TINOSPORA CORDIFOLIA (WILD.) MIERS EX HOOK. F. & THOMS.) A SPECTACULAR CLIMBER & NATURAL ANTIOXIDANT

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ABSTRACT :

All edible things which are used in our food are full of free radicals. So there develop a need to free our body from these free radicals and the things which can help are the natural antioxidants. Guduchi is the best of them which is abundantly available in all over the India. Though almost all of its parts are used in traditional systems of medicines, leaves, stem and roots are the most important parts which are used medicinally.

GUDUCHI (*Tinospora cordifolia* (Wild.) Miers ex Hook. F. & Thoms.) is a versatile resource for all forms of life. It belongs to family Menispermaceae. It contains many different chemicals that affect the body. Some of these chemicals have an antioxidant effect. While other might increase the ability of body's immune system and some chemicals have activity against cancer cells also. The 'Rasayana' accords longevity, enhance the memory, improve the health, bestows youth, better complexion, voice, energy and lustre the skin. So it is one of the most effective rasayana and rejuvenative. It works well on all the seven dhatus [tissues] and keeps the system in balance. This review gives a bird's eye view on the therapeutic uses of various parts and extract of *T. cordifolia* to enrich our knowledge about this plant

KEYWORDS: *Tinospora cordifolia*, Guduchi, Antioxidant, Antipyretic, Rejuvenator, Rasayana, Dhatu.

INTRODUCTION:

Guduchi (*Tinospora cordifolia* (Wild.) Miers ex Hook. F. & Thoms.) is one of the non-controversial

and extensively used herbs in Ayurvedic medicine. It belongs to family Menispermaceae. The World Health Organization reported that 80% of the world population relies chiefly on traditional medicines involving the use of plant extracts or their active constituents. It contains Berberine, Giloin and bitter substances. It acts as antiperiodic, alterative and diuretic. Watery extract of the plant is used as a febrifuge and is called 'Indian quinine'. An infusion prepared from the stem and root is a valuable tonic in debilitating diseases, intermittent fever and dyspepsia¹

VERNACULAR NAMES:

Guduchi (*Tinospora cordifolia* (Wild.) Miers ex Hook. F. & Thoms.) is commonly known as "gurcha, giloe, gulancha" in Hindi, "guduchi, amrita, somavalli" in Sanskrit, "gula-vel" in Marathi, "gulancha" in Bengal, "seendal" in tamil, "gilo" in Urdu.^[1]

The plant *Tinospora cordifolia* (Wild.) Miers ex Hook. F. & Thoms. Is known as Guduchi because it protects body from diseases. It is a rope-like (Tantrika) perennial climber (Amrta, Amrtavallari) ascending on host in a circular way (Kundali, mandali). It is generated from stem (Kandodhbhava) and when cut, it regenerates (Chinnaruha). In transverse section of the stem, a circular structure is seen (Cakralaksanika). Its leaves appears like filled with honey (Madhuparni) and are eaten by calves (Vatsadani). The seeds are semilunar (Candrasasa) which is the basis of the name moon-seed.

Guduchi is a potent drug efficacious in fever (Jvarnasini) and well known rasayana (Jivanti,

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Dhara, Rasayana, Vayastha). It promotes strength and vitality (Soma), counteracts the poisons (Visaghni) and protect from disorders (Guduchi, Vasalya).²

CLASSICAL REFERANCES:

In VEDA Sounakiya Atharvaveda and Panini Upadhi Bhojavrtta Sayana delineated that Guduchi is kept in every house to avoid snakes and scorpions.

CHARAK has catogrized it in Vayahsthapana, Daha prasamana, Trishna nigraha, Triptighna, Stanya-sodhana and also in Agrya dravyas (principal drugs) by attributing Grahi, Vatahara, Dipaniya, Kapha-Rakta hara and Vibandhahara properties. He also identified it as one of the best Medhya Rasayanas (brain tonic).³

SUSRUTA has mentioned it in Guducyadi, Patoladi, Valli Panchmula, Kakolyadi, and Aragvadhadi.gana⁴

Astanga Sangraha has mentioned it into Guducyadi, Patoladi, Aragvadhadi.⁵

Description of Guduchi is found in almost all nighantus. Dhanvantari nighantu, Bhava prakash nighantu and Raja nighantu described it under Guducyadi Varga. Sodhala included it into Osadhi Varga

BOTANICAL DISCRIPTION:

Guduchi grows throughout India in deciduous as well as dry forests. It is said that it climb over the highest trees.

It has two varities :

(1) *Tinospora cordifolia* Miers (*Menispermum cordifolium* Willd.)

(2) *T. cinensis*: (*T. malabarica* (Lam.) Miers)

(1) ***Tinospora cordifolia* Miers (*Menispermum cordifolium* Willd.)**

It is a large climber with succulent, corky, and grooved stems; branches posses slender, pendulous fleshy roots.

Leaves- membranous, glabrous, 5-10 cm long, cordate; petiole 2.5-7 cm long.

Flowers- in racemes of about 5 cm; axillary, terminal or from the old wood, pale yellowish white in colour.

Fruits- carpels, dorsally convex, ventrally flat, size of a large pea.

(2) *T. cinensis*: (*T. malabarica* (Lam.) Miers)

It is a large climber with 2 cm. diameter stem, old branches are smooth and shining, more or less warty light coloured papery bark, young parts covered with whitish hairs.

Leaves- membranous, sparingly pubescent above, broadly ovate-cordate, 7.5-23 cm long, petiole 6-12 cm. long, striate.

Flowers- arranged in pseudo racemes arising from the old branches, simple, pedunculate, yellowish green coloured.

Fruits- drupes 1-3, scarlet or orange coloured.⁶

DISTRIBUTION:

It grows as a climber on small trees and shrubs, both species are distributed almost throughout the India.

It is found in lower valleys in Garhwal up to 900m; also reported from Almorha, Kashipur in Kumaon region. It is fairly common plant of deciduous and dry forests, growing over hedges and small trees.⁷

SUBSTITUTES AND ADULTERANTS:

T. cordifolia is substituted or adulterated with other species of *Tinospora*, viz. *T. sinensis* (Lour.) Merrill (syn. *T. malabarica* Miers ex Hook. f. and *T. crispa* (Linn.) Miers ex Hook. f. & Thoms.). Although, the microscopical characters of *T. sinensis* resemble that of *T. cordifolia*, there are few characters by which these two species can be differentiated. The distinguishing characters are:

In *T. cordifolia* the sclerenchymatous sheath becomes disintegrated into scattered irregular



patches in the cortical regions whereas in *T. sinensis* it is broken into areas capping the vascular bundle and remains persistent even after further secondary growth. Crystals are absent in *T. cordifolia* while in *T. sinensis* a large crystal of calcium oxalate is present within the lumen of each cork cell. Mucilaginous cells are more in *T. cordifolia* as compared to *T. sinensis*. Vascular strands are fewer in *T. cordifolia* while greater in *T. sinensis*. Xylem is well developed in each strip of vascular strand in *T. cordifolia* while it is poorly developed in *T. sinensis*. Pith is very narrow and composed of thin walled cells in *T. cordifolia* while it is wide in *T. sinensis*. Starch content is more in *T. cordifolia* as compared to *T. sinensis*.⁸

CHEMICAL CONSTITUENTS :-

Different constituents that it contains are the bitter principles, a glucoside, alkaloids etc. The glycoside - giloin and a non-glucoside - gilenin and gilossterol have been found. The leaves contain alkaloid tinosporin, tinosporic acid and tinosporol. Cordifol, heptacosanol and octacosanol are also isolated from leaves. From the stem Tinosporodine and B-sitosterol have been isolated and a new furanoid diterpine- tinosporide are also isolated from stems and its structure are determined.⁹

GUDUCHI SATTVA:

The process of 'Sattva' (cold water extract) is not traceable in the Brhat Trayi text. It is mainly developed during the medieval period. The process involves, crushing of Guduchi stems and extracting in the cold water at room temperature (i.e. without heating). After repeated extractions the cold infusion is dried and the obtained solid powder is called as "Guduchi sattva".¹⁰

AYURVEDIC PROPERTIES AND PHARMACOLOGICAL EFFECT:

According to Ayurveda literature Guduchi is tikta (bitter), kasaya (astringent) in rasa (taste), guru (heavy) and snigdha (unctuous) in guna (properties), ushna (hot) in virya (potency) and madhura (sweet)

in vipaka (metabolism). But kaiydev nighantu has mentioned laghu (light) guna (properties) in Guduchi.¹¹

According to kaiydev nighantu and Bhavprakash, Guduchi is katu (pungent), tikta (bitter), kasaya (astringent) in rasa (taste).^{12, 13}

Due to these properties, it alleviates all the three doshas and ama (indigested food). Pharmacological effects of Guduchi are rasayana (tissue vitalizer), sanghrahini (absorbent), balya (strength giving) and agnidipani (appetizer). It cures trishna (thirst), daha (burning sensation), meha (urinary disease including glycosuria), kasa (cough), pandu (anemia), kamala (jaundice), kustha (skin diseases), vata-rakta (arthritis with skin lesions), jwara (fever), krimi (worm infestation) and vami (vomiting). It also cure prameha (twenty types of urinary diseases), swash (dyspnoea), arsh (haemorrhoides), mutrakricha (difficulty in micturition), hridrog (cardiac problems) and vata diseases.¹⁴

Guduchi Sattva is claimed to be a potent tonic and rejuvenator. It is useful in fevers, diarrhoea, urinary tract infections, jaundice, skin diseases, irritable bowel syndrome and defects of semen morphology & spermatogenesis.¹⁵

MEDICINAL USES:

Parts of Guduchi medicinally used are stem, leaf and arial roots. Among the Mundas of chota Nagpur the whole plant, well ground, is applied on fractures.

Stem: It is bitter stomachic, stimulate bile secretion, cause constipation, tonic, allays thirst, fever, burning sensation, vomiting, diuretic, enriches the blood, cure jaundice, useful in skin diseases. The juice is useful in diabetes, vaginal and urethral discharges, low fevers, enlarged spleen and act as a powerful diuretic.

Root: The root are considered a powerful emetic and is used for visceral obstruction.

Guduchi satvva: The starch obtained from the roots and stems of the plant is similar to Arrow-root



in appearance and effect. It answers not only as a remedial medicinal agent in chronic diarrhea and chronic dysentery, but it is also a valuable nutrient, when there is intestinal irritability and inability to digest any kind of food.

Guduchi should be always used fresh for good result and the twiner which grows on nimba tree is said to have better result.¹⁶

THERAPEUTIC USES:

1. The fresh juice of Guduchi (20ml twice daily) used as medhya drug.¹⁷
- 2.(a) Guduchi svarasa (juice) and satavari svarasa equal parts (10 ml each) are mixed together and given alongwith guda (jiggery) in vataj jvara.¹⁸
(b) decoction prepared with Guduchi, Parpat and Amalaki (500ml-100ml) may be administered in case of pittaj jvara.¹⁹
3. Guduchi svarasa with honey given in prameha act as a vitalizer.²⁰
4. Guduchi svarasa along with gingely oil (taila) is given orally in slipada.²¹
5. Leaves of Guduchi, Nimba and Patola are made into juice and administered along with honey in amlapitta.²²
6. Guduchi him kasaya may be given orally along with honey in chardi.²³
7. Long administration of Guduchi in either juice or paste or powder or decoction form will definitely cure vatarakta.²⁴
8. Externally, the medicated oil of Guduchi is effectively used to reduce the pain and edema in gout and skin diseases.
9. Externally, the medicated oil of Guduchi is effectively used to reduce the pain and edema in gout and skin diseases.²⁵
10. Fresh juice with turmeric powder cures all types of hepatitis with in a short period.²⁶

11. In filariasis the paste of Guduchi, kutaki, sunthi, devdaru and vidanga works well when applied externally.²⁷
12. In the diseases due to vata dosa it is given with ghritha, in pitta dosa with sarkara and kapha dosa with madhu.²⁸
13. In tubercular fever, its decoction is given with ativisa.²⁹
14. The juices of guduchi, amalaki and haridra act synergistically in urinary problems.³⁰
15. In hepatitis, the fresh juice of guduchi given with rock candy, hastens the recovery.³⁰
16. The decoction of guduchi and sunthi is a very effective combination for the treatment of gout and rheumatic disorders.³⁰
17. It's medicinal ghee with kantkari is beneficial in cough.
18. Guduchi juice works well with cow's milk or lodhra in leucorrhoea and with cumin seeds in burning sensation due to pitta.³⁰
19. It's decoction with nimba and vasa effectively relieves the itching and oozing.³⁰
20. The starch (sattva) of guduchi is used for chronic fever, to alleviate it as well as to reduce the burning sensation and to increase the appetite and energy.³⁰
21. In indigestion it is given with jaggery, in Vatarakta it is given with castor oil and in Amavata it is given with sunthi.³¹

RESEARCH:

I. Anti-Cancer activity:

A prospective, randomized, double blind placebo controlled clinical trial was conducted on breast cancer patients. Consenting breast cancer patients, who were receiving adjuvant therapy (CMF regimen), were recruited, and randomized to drug and placebo group. From the results, it appears that the drug *T. cordifolia* provided some protection



against the cancer chemotherapy induced leucopenia.^[32]

II. Immunomodulator activity:

In clinical studies, it also showed immunosuppression on obstructive jaundice patients.^{[33][34]}

III. Hepatic disorders:

In clinical studies 20 patients of infective hepatitis were selected on the basis of clinical and biochemical findings. Four tablets (500mg each) thrice in a day, orally with fresh water were given to the patient for 4 weeks. Comparison between before and after treatment of those patients (N=20) were showed that drug *T. cordifolia* (Guduchi) played an important role in relieving the symptoms as well as normalization of altered liver function test.^[35]

IV. Post menopausal syndrome:

Clinical evaluation of a non-hormonal drug minofil containing *T. cordifolia* along with other plant drugs was done in women of post-menopausal syndrome. Breast discomfort, nausea and fluid retention was observed in 22% (7 cases) with estriol and almost no side effect was observed with minofil.

Minofil with short period of therapy showed more sustained effect and without side effects is cost effective and may be an alternative to HRT, which is still in controversy. However, long term follow up is required before universal use in post menopausal syndrome.^[37]

CONCLUSION

In spite of the overwhelming influences and our dependence on modern medicines and tremendous advances in synthetic drugs, a large segment of the world population still likes drugs of plants origin. Of the 2,50,000 higher plant species on earth, more than 80,000 are medicinal. However, only 7000-7500 species are used for their medicinal values by traditional communities. *Tinospora cordifolia* (guduchi) is one of the most important medicinal plants used in medicines of ayurveda, siddha, unani and homeopathy because of having a number of pharmacological as well as therapeutic properties. Traditionally, this plant is used to treat a huge variety of health problems. Therefore, there is an urgent need to investigate the biological activity of its phytoconstituents for development of an effective, safe and cheap herbal drug.



(a)



(b)

Fig : Showing *Tinospora Cordifolia*

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ROLE OF PANCHAKARMA IN SEQUENTIAL MANAGEMENT OF PRANAVAHA SROTASTHA VYADHI IN CHILDREN

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Pranavaha srotas as per Ayurveda:

As per Ayurveda pranavaha srotas includes both cardiorespiratory system. According to Caraka mula of pranavaha srotas are Hridaya and Mahasrotas. As per Susruta hridaya and rasavahi dhamani as mula for pranavaha srotas. By this we can say that the main seat of pranavaha srotas is uraha pradesha which is the main sthana of kapha dosha. Among kapha, mainly Avalambaka, bhodaka, kledhak kapha are related to pranavaha srotas, along with kapha, vata dosha too plays role in manifestation of pranavaha srotho vyadhi, especially prana, udana, samana and vyana.

यो वायुर्वक्त्रसंचारी स प्राणो नाम देहधृक्

सोन्न प्रवेशयत्यन्तः प्राणांश्चाप्यवलम्बते 13

प्रायशः कुरुते दुष्टो हिक्काश्वासादिकान् गदान्

- Su.Ni.1/13-14

This sloka states that dushitha prana vyau causes hikka, swasa etc. As in the samprapti of hikka and swasa, Caraka has told that both diseases originate from the site of pitta and are caused by simultaneous aggravation of kapha and vayu.

In Caraka vimana 5th chapter dhatu kshaya, vegadharana, use of rooksha dravyas, exercise at the time of appetite and any hard work are given as that causes of pranavaha sroto dusti, in which many of them leads to vata prakopa. So by this we can say that vata plays an important role in pathogenesis of pranavaha sroto dusti. The diseases which come under prana vahasroto dusti are Swasa, kasa, hikka.

Doshik involvement in different prana vaha sroto vyadhis :

Hikka, swasa - prana vata, kapha (caraka)

Kasa - udana vayu, apana vayu (caraka)
Prana vayu, udana vayu (susruta)

Pratisyaya - Vata kapha pradana tridoshaja (kashyapa)

As per the involvement of dosha one should choose the panchakarma procedure.

Modern :

As per modern science, thorax is the main seat of cardiorespiratory diseases in which mainly bronchial asthma, bronchitis and pneumonia are very common in pediatric age group.

Role of Panchakarma :

Today there are millions of people suffering from different kinds of respiratory illness that can have a significant effect in the way they live their daily lives. Respiratory illness can vary from being acute to chronic. In acute cases, it is usually easy to treat and is only a short term illness. However the chronic conditions of respiratory illness are difficult to treat and can cause permanent damage to the respiratory system.

In modern system of medicine only symptomatic treatment is available and the recurrence rate is high and the patients are getting dependency on oral and inhaled corticosteroids, short acting β_2 agonists, theophylline all of which cause significant side effects in long run.

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In this scenario one can get rid of those diseases permanently from the root by elimination of vitiated doshas with the help of panchakarma therapy by which we can prevent undesirable adverse effects of modern medication. Vitiated exaggerated doshas, which are the root cause of the disease are to be eliminated through the nearest outlet of the body. As it is said that the panchakarma is done when doshas get aggravated and move out of their own seat to other places like shaka etc.

Modulation of panchakarma in the frame work of kaumarabhritya:

Snehana and swedan are the poorvakarmas of panchakarma therapy but they have limited application in pediatric age group.

Snehana :

न स्नेहयेदार्भिणीं न प्रसूतां

न क्षीरपं नैव दग्धातिवृद्धौ | Ka.su.22/30

Kashyapa told that oleation therapy is contraindicated to the pregnant women, delivered women, infant on milk diet, having received burn.

स्निग्धा एव सदा बाला घृतक्षीरनिषेवणात्

सद्यस्तान् वमनं तस्मात् पायेयेन्मतिमान् मृदु ||

- A.H.U.2/31-32

There is no necessity for snehana as the child is always snigdha by the intake of milk and ghee especially in the first two years of life. By these references we can say that additional and formal snehana vidhi is not required in children especially up to the 2ys of age.

Swedana :

Swedana is mainly done for softening and dilatation of srotas by which the doshas can be reached to kosta from shaka. The following are the references regarding indication of swedana in children as per age.

न स्नेहयेदार्भिणीं न प्रसूतां

न क्षीरपं नैव दग्धातिवृद्धौ | ka.su.23/25

Kashyapa told that eight types of swedana to the children from birth onwards considering the time period and state of the disease and strength of body.

बालानां कृषमध्यानां स्वेद आवस्थिको हितः
शीतव्याधिशरीराणां बालानां च विशेषतः 8 ||

-ka.su.23/8

The avasthik swedana is beneficial to the initiated and medium built children, especially to the children whose body is seized with the disease of cold. It means where ever generalized swedana is indicated in adults, there we have to do local sudation.

निवर्तमाने बालस्य सौकुमार्ये यथाक्रमम्
प्रवर्तमाने काठिन्ये तेषां स्वेदं प्रवर्धयेत् 28 ||

-ka.su.23/28

Swedana should be increased gradually as the child gets endurance in place of delicacy and appearance of toughness, the swedana of these children should be increased.

जातस्य चतुरो मासान् हस्तस्वेदं प्रयोजयेत्
अप्रमादी निवातस्थो विधूमाग्नचूष्णा शनैः 27 ||

-ka.su.23/27

From birth to four months, the hand swedana should be used very carefully, sitting in a wind protected place, warming the hand gradually over the fire devoid of smoke.

षड्वर्षप्रभृतीनां तु पटस्वेदः प्रशस्यते |

-Ka.si.3/17

From six years onwards children can be given pata sweda.

हिक्काश्वार्दितं स्निग्धैरादौ स्वेदैरुपाचरेत्
आक्तं लवणतैलेन नाडीप्रस्संकरै 71 ||

-Ca.Ci.17/71

While explaining the treatment of hikka and swasa, caraka told that after anointing the body with sneha mixed with salt, unctuous fomentation therapies should be done like nadi sweda, prasthara sweda and sankara sweda.



Swedana liquifies kapha and srotas are made mridu, by these two actions together direct the vata in its right path which is known as anulomana. Well regulated pinda sweda with sastika Sali dasamoola ksheera is well tolerated by children. It gives both benefits of snehana and swedana.

Swedana should be cautiously monitored in case of children since the loss of water can lead to serious consequences as the water content of the children is in greater proportion. So very mild swedana is to be done.

So above principles should be kept in mind, when ever modulated poorva karma is to be done prior to sodhana chikitsa in children.

Panchakarma procedure specific to pranavaha srotas :

In swastha and atura avastha role of dosha is present. In general panchakarma is contraindicated by the other disciplines in bala, vridha and garbhini but it is not an absolute contraindication.

शिशोर्व्याधौ समुत्पन्ने धात्रीणामेव शोधनम्
अलं बालसुखायेति को लोके नावबुद्ध्यते ॥

- Ka.Si.3/6

Just by sodhana of mother is not suffice to cure the disease of the child as accumulated dosas in the body of the child will not cleansed till they are not let out by vamana.

उभायोस्तु यदा सम्यक्शोधनं कुरुते भिषक्
तदाऽऽरोग्यं भवत्याशु शिशोर्लेखा यथाऽश्मनि ॥

- Ka.si.3

When the physician applies proper cleansing measures to both mother and child, the healthy state comes very fast to the child.

The panchakarma or shodana has to be done where ever the disease status modify appropriately to the children. But however where ever the situation demands for panchakarma that should be tailored to the status of the children.

Vamana :

Vamana is a best procedure for eliminating kapha dosha. It is well indicated in pediatric age group right from birth and also a very helpful procedure in elimination of doshas especially kapha from amasaya and urasa.

After vomiting, the secretions accumulated in the trachea due to contraction of respiratory muscles comes out lucidly in the form of expectorant.

गर्भाश्वः सैन्धववता सर्पिशा वामयेत्ततः ।

- A.H.U.1/10

Any left over fluid or mucous present in the oral cavity can be let out by giving ghee & rock salt for inducing vomiting.

सद्यस्तान् वमनं तस्मात् पाययेन्मतिमान् मृदु
स्तन्यस्य तृप्तं वमयेत् क्षीरक्षीरान्नसेविनम् ३२
पीतवन्तं तनुं पेयामन्नादं घृतसंयुताम् ।

- A.H.U.2/32-33

In children vamana procedure should be done immediately with out poorva karma with mridhu oushadhi. In ksheerapa and ksheerannada, vamana should be done after child being sufficiently fed by breast milk. In annada , to be done after giving thanu peya mixed with ghee.

स्वयं छर्दयते यस्तु पीतं पीतं पयः शिशुः
न तं कदाचिद्बद्धान्ते व्याधयो देवमानुषाः ॥

The child who himself ejects milk after repeated suckling, to him the daiva and manusi diseases never afflict.

तत्राशु धात्रीं बालं च वमनेनोपपादयेत् ।

-A.H.U.2/23

While describing cikista of ksheera alasaka, vaghbata told that vamana should be done to both mother and child. Vamana is also indicated to both in mother and child in kapha dushitha sthanya vyadhi.

यश्चाह्वसैन्धवयुतं कुमारं पाययेद् घृतम् ।
सिन्धूत्थपिप्पलीमद्वा पिश्टैः क्षौद्रं युतेरथ ॥



राठपुशपैः स्तनौ लिम्पेच्छिषोष्व दषनच्छदौ ।
सुखमेवं वमेद्बालस्तीक्ष्णैर्धात्रीं तु वामयेत् ॥

In kapha dushitha stanya , vamana is done by the mixture of ghrita with yasti and saindhav. Madanaphala puspa kalka with madhu is to be applied over the nipple and areola of mother's breast and on the lips of child. This decides the route of administration and the dosage of vamana drug in children is either by applying over the lips of child or by applying over the nipple and areola of mother's breast.

Caraka told that baby suffers with swasa,kasa and tamaka swasa due to intake of kapha vitiated breast milk which comes under pranavaha sroto vyadhis. As already discussed that vamana is indicated in kapha dushitha sthanya.

ततः श्लेष्मणि संवृद्धे वमनं पाययेत्तु तम् ।
पिप्पलीसैन्धवक्षौद्रैर्युक्तं वाताविरोधि यत् ॥

- Ca.Ci.17/76

While describing the treatment of swasa& hikka, Caraka has told that when kapha is in samvridhi state, vamana karma should be done with pippali,saindhav and madhu which should not vitiate vata.

पैत्तिके सकफे कासे वमनं सर्पिशा हितम् ।

-Ca.Ci.18/83

If pittaja kasa is associated with kapha, vamana should be done by vamana dravya sidha ghrita.Lastly we can say that Vamana is not contraindicated in children, but to be given in mild form.Vamana is the widely indicated shodhana procedures in children even in ksheerada apart from mother in a modified manner as described above.

Virechana :

In pitta dosha treatment of choice is virechana. In children, mridu virechan is indicated by acharyas in many diseases related to pranavaha srotas. This states that any panchakarma procedure to be done in children should be of mild form.

मूलं तु द्विविधं तस्याः श्यामं चारुणमेव च
तयोर्मुख्यतरं विद्धि मूलं यदरुणाप्रभम् 7
सुकुमारे शिशौ वृद्धे मण्डुकोष्ठे च तच्छुभम् ।

- Ca.K.7/8

By this sloka we can say that mridu virechana is to be done in children by aruna trivrit mula.

बाले वृद्धे क्षते क्षीणे सुकुमारे च मानवे
योज्यो मृद्धनपायित्वाद्विशेषाच्चतुरङ्गुलः 5
द्राक्षारसयुतं दद्याद्दाहोदावर्तपीडिते
चतुर्वर्षमुखे बाले यावदद्वादशवार्षिके ।

- Ca.K.8/5

In chaturanguna kalpa adhyaya of caraka, mridhu virechana by aaragvadhha is advised in children of age group between 4 to 12years.

एराण्डशङ्खिल्लीभ्यां संसनमन्यद्रसायनं नास्ति ।

- Ka.su.22/9

Samsrana by eranda and shankini acts as a best rasayana.

In kashyapa vamana virechana siddhi adhyaya, vridha kashyapa said that drugs which are to be given to the child of 4th or 8th month for vamana and virechana, should be mixed with sugar.

कल्याणकं पिबेत् फक्कः षट्पलं वा यथाऽमृतम् ।
सप्तरात्रात् परं चैनं त्रिवृत्क्षीरेण शोधयेत् ॥

-Ka.Phakka chikitsa

In kashyapa phakka cikitsa it is said that snehana in children should be done with kalyanaka ghrit or shatphal ghrit or amrita ghrit for 7 days followed by shodhana with trivrit ksheera.

By the above references we can say that mridhu virechana is indicated in children. As already vridha vaghbata said that in case of pitta sthanya dusti, sthanya rasa gets changed into katu anu rasa which causes diseases of pranavaha srotas like kasa and swasa.

While describing the pathogenesis of hikka and swasa, caraka has given role of pitta dosha.



कफवातात्मकावेतौ पित्तस्थानसमदभवौ
हृदयस्य रसादीनां धातूनां चोपशोषणौ ।

- Ca.ci.17/8

This sloka states that hikka and swasa originates from pitha sthana.

वातश्लेष्महरैर्युक्तं तमके तु विरेचनम् ।

- Ca.Ci.17/121

In tamaka swasa, virechana is to be done with vatakapha hara drugs.

धात्री कुमारश्च पिबेत् क्वाथयित्वा ससारिवम् ।
अथवा त्रिफलामुस्तभूनिम्बकटुरोहिणीः ॥
सारिवादिं पटोलादिं पद्मकादि तथा गणम् ।
घृतान्येभिश्च सिद्धानि पित्तघ्नं च विरेचनम् ॥

- A.H.U.2/14-15

In pitta dushitha sthanya cikitsa, vaghbhata advised virechana karma to both dathri and kumara.

पैत्ते तनुकफे कासे त्रिवृतां मधुरैर्युताम्
दद्याद्धनकफे तिवक्तैर्विरेकार्थं युतां भिषक ।

-Ca.ci.18/85

When tanu kapha is associated with pittaja kasa, thiktha virechana dravya mixed with madhura dravya to be given.

अथ खलु विधिवदुपस्निग्धास्विन्नसुरवोषितजीर्णाहार कृ
दन्ती –श्यामाकम्पल्लकनीलिकासप्तलावचाविषाणिकादीनां
पूर्वोक्तानां लाभतः कर्षिणां भागानर्धपलिनां वा
प्रस्थद्विप्रस्थमात्रीष्वप्सु चतुर्भागवशेष – – मूत्रसंयुक्तं
नातिद्रवोष्णशीतं पाययेत् कालबलवयो- गदावेक्षम् । बालं
तु पूर्ववदाङ्गुकेन प्रपाययेन्नवनीतेन वा सार्धमेतं लेययेत्तपश्चित्तं
नित्यं द्वित्रिवेगं चतु- – मेकाद्वित्रिप्रस्थम् । अत ऊर्ध्वं
वर्मतियोगमाचक्षते । तत्रापि वमनवदुपचारः सर्व इति ।

Now definetly to the person having received methodicial snehana,swedana and then proper sleep in the previous night and after digestion of previously taken meals.....one karsa or half pala dose of available drugs amongst danti, syama, kampillaka, neelika, saptala, vacha and vishnika as mentioned earlier should be decocted with one prasta or two prasta water till 1/4th remains.....mixed with cow's urine, not excessively thin,hot or cold should

be given for drinking, considering the time strength,age and status of the disease to the child, it should be given for drinking daily with the help of aduka (specific vessel) or else for licking with butter or thick supernant part of milk, two,three,four(bouts of purgation are said to be inferior,medium and best bouts, according to quantity inferior,medium and best are).....one,two and three prasthas. More than this is said to be the excess use of purgation.

Usually virechana seems to be inappropriate procedure in pranavaha sroto vyadhi but as explained earlier pitta dushita stanya vyadhi leading to swasa kasa in child where virechana is the choice of sodhana chikitsa in pranavaha sroto vyadhi. Hence virechana can be considered as sodhana chikitsa in prana vaha sroto vyadhi, where ever pitta dosha is predominant.

Nasya :

कफानिलाधिकत्वे ष – – – –

प्रधमनानि जिघ्रतो वस्त्रपुटिकाबद्धानि भवन्ति ।
क्षौद्रयुतानि त्वव पीडः स्यात् । मुखनासिकयोरलं कफं
विघातयतीति परिषत् ॥

- ka.si.4

According to kashyapa, nasya karma is indicated in kapha and vata dominant diseases which are also the main cause of prana vaha sroto dusti.

नस्यकर्मणि बालानां स्तनपानां विशेषतः
कटुतैलं प्रयुजीत घृष्टं वा सैन्धवान्वितम् ॥

- Ka.Si.4

तेनास्य पच्यते श्लेश्मा श्लेष्णा न च बाध्यते ।

- ka.si.4

In breast fed babies, nasya is to be done by ghrita mixed with saindhava or katu taila. This results in clearing the shleshma and makes the child free from kaphaja vikaras, because kapha is the main causative factor for urdhvajathrugata roga and pranavaha sroto dustha vyadhis.



कुमारतैलमेतेषां व्याधीनां शमनं परम्
नस्ये पाने तथाऽभ्यङ्गे पुराणं घृष्टमेव च ।

- Ka.si.4

Kumara taila is said to be the best tail for samana purpose in case of nasya upadrava.

लशुनस्य पलाण्डोर्वा मूलं गष्जकस्य वा
नावयेच्चन्दनं वाऽपि नारीक्षीरेण संयुतम् ।

- ca.ci.17/131

Nasya with lasuna, palandu, grujanaka (carrot) swarasa is indicated in hikka and swasa or nasya of nariksheera mixed with chandan can also be used.

While describing the indication of nasya karma Caraka told that nasya can be given in the following diseases like pinasa, galasaluka ,greevaroga, nasa soola, swarabhedha, vakgraha, nasa vikara etc.

Vasti :

Vasti is said to be best treatment in vata vikaras and is considered as ardha chikitsa.

पित्तं पङ्गु कफः पङ्गु पङ्गवो मलधावतः
वायुना यत्र नीयन्ते तत्र गच्छन्ति मेघवत् ।

-Sa.pu.5/25

The movements of Pitta, kapha, mala and dhatu are not possible without vata, hence we can say that vata is involved in pathogenesis of any disease.

शिशूनामशिशूनां च बस्तिकर्मा मृतं यथा

For children and adults, vasti is just like a nectar.

अधस्तनोऽन्नभोक्ता च चयदावा --

— ka.si.1

According to kashyapa the age of vasti procedure, when the child is lowered (walks on grounds), eats cereals.

बस्तिकर्म ततः कुर्यात्स्वेदादीश्चानिलापहान्
रास्नाजमोदासरल देवदारुरजोन्वितम् ।।

-A.H.U.2/12

Vaghbata told use of vasti karma in the treatment of vata dushita sthanya.

बस्तिष्णिर्बद्धाविड्वातं शुष्कोर्ध्वं चोर्ध्वभक्तिकैः

- Ca.ci.18/32

In vataja kasa, vasti should be given in badha vidavata stage.

स्निग्धस्यास्थापनैर्दोशं निर्हरेद्वातपीनसे

- ca.ci.26/141

In vataja pinasa, sneha followed by asthapanana vasti is to be done.

बस्तस्यः स्नेहपानानि स्वेदाश्चोद्धर्तनानि च
वातरोगेषु बालानां संसृष्टेषु विशेषतः

- ka.phakka cikitsa

vasti, oral use of oleaginous substances, sedation and rubbing of unguents specially in children seized with disease of vata.

In any of the diseases if vata dosha is dominant in the pathogenesis of the diseases or diseases in chronic state there we can give vasti treatment.

CONCLUSION :

It is prevalent among Ayurvedic community that panchakarma in kaumarabhritya is generally contraindicated. After an over view of the panchakarma in kaumarabhritya is not an absolute contra indication but appraisaly special condition of child in relation to psyche and physic the panchakarma can be modified and executed in children as well without any comprehension. The chapter is limited to actual panchakarma procedures to be undertaken in prana vaha sroto vyadhi due to fear of voluminous extension of subject. However all the general principles of panchakarma like indications, contraindication, complications, management are to be considered in shodhana chikitsa of pranavaha sroto vyadhi too.

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CONCEPTUAL STUDY OF AGNI IN ANCIENT LITERATURE

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INTRODUCTION:

In Ayurveda, the term “Agni” is used in the sense of digestion of food and metabolic products. Agni is one of the ten factors which are required to be examined before initiating the treatment of patients.¹ Agni is responsible for absorbing the nutrients and essential elements the body needs while burning off waste products (agni is the root of the English word “ignite”) If our agni is strong, we’re able to digest food efficiently and easily assimilate our daily experiences. On the other hand, if agni is weak, our body won’t digest well, creating toxic residue or ama that lodges deep in our cells.² If digestive fire is not functioning properly, one has poor digestion, languid blood-circulation, poor complexion, low energy levels, flatulence and poor immunity against diseases. Thus promoting proper functioning of the digestive fire is treating the root cause of the diseases, according to Ayurvedic principles.

In Brahmasutra, Agni has been meant to be a sign of life in the body. Great value of Agni has been shown by classical literature.

In shabdakalpa druma, 61 synonyms of Agni have been compiled. These synonyms help in explaining the nature and functions of the Agni, e.g., (Vaishvanara, Sarva Paka, Tanoonpata, Amivachatana, Damunasa, Shuchi, Vishwambhar, Rudra, etc.³)

Agni according to nyaya vaisesika is divided into three categories-bhauma or the physical fire, divya or the celestial fire like the lightening, rays of sun, moon, and the stars. Audarya or the abdominal fire which is responsible for the digestion as well as metabolism and akaraja which is present in the metals such as gold and silver. it has been

shown here that the matter and energy are separable only upto a certain level beyond which they are interchangeable and inseparable from each other.

Acharya Charak has mentioned that after stoppage of the function of Agni, the individual dies, and when the Agni of an individual is sama, then that person would be absolutely healthy and would lead a long, happy, healthy life. But, if the Agni of a person is vitiated, the whole metabolism in his body would be disturbed, resulting in ill health and disease. Hence, Agni is said to be the base (mool) of life. (Cha.Chi.15/4.)⁴. According to Acharya Sushruta, there is no existence of any other Agni in the body without Pitta, because when there is increased digestion and combustion in the body due to Ushna guna of Pitta, the treatment is like Agni (Su. Su. 21/09)⁵.

Chakrapani has commented on “Pittantargatta,” that the function of Pitta inside the body is not combustion but its work is to provide heat of Agni. (Chakrapani Tika on Cha.Su.-12/11).⁶

According to Hemadri, Pitta is of five divisions, which are located in the interior of the pakvashaya and amashaya, although it is composed of panchabhutas. Because of an increase of (predominant qualities of) tejas bhuta, it is devoid of liquidity (although it is a liquid). Also, because it does not possess snigdha (viscosity), sita and such other properties of apa bhuta, it is called by the term “Anal” because of its function of paka. It cooks the food, dividing it into essence and waste separately. Being localized there, it bestows grace (help) to the other Pitta present there and also the other dhatvagni present in the dhatus by giving them strength (power of functioning), which is known as “Pachaka Pitta” (As.Hr.Su.12/10-12)⁷

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Types of Agni-

Author	No.	Name	Reference
Acharya Charaka	13	Jatharagni-1, Bhutagni-5, Dhatvagni-7	Ch.Chi.15/38). ⁸
Acharya Sushruta	5(agni)	Pachak, Ranjak, Sadhak, Bhrajak, Alochak	(Sh.Su.21/10.) ⁹
Acharya Vagbhata	18	Bhutagni-5, Dhatvagni-7, Doshagni-3, Malagni-3	(Sha.Sa.Pu.Kh.-5/32). ¹⁰
Sharangadhara	5(pitta)	Pachak, Ranjak, Sadhak, Bhrajak, Alochak	
Bhavamishra		Same as Acharya Charaka & Vagbhata	(Bh.Pu.Kh.-3/169,180). ¹¹

Detailed Study of Jatharagni, Bhutagni, Dhatvagni- The strength of the grahani is from Agni itself, and the strength of Agni is from grahani. When the Agni undergoes vitiation, grahani also gets vitiated and produces diseases(As.Hr.Sha.3/50-54).¹² Jatharagni is the Agni present in the Jathara. Jathara stands for the stomach and duodenum. As per Ashtanga Hridaya, seat of Jatharagni is grahani (duodenum). The name grahani, as it holds the food for certain amount of time inside the Amasaya (stomach) in order to initiate digestion. Jatharagni is the main important Agni that controls the function of all other 12 Agnis. All the Agnis are totally dependent on the status of Jatharagni (Cha. Chi. 15/39-40)¹³ Jatharagni is considered to be the prime because each and every nutrient that one ingests first comes to the stomach and duodenum and is subjected to the action of Jatharagni. Jatharagni plays a key role in digestion of food-stuffs composed of the five basic elements and transforms it for utilization by the respective tissues. Jatharagni separates food material into the sara (essence portion) and kitta (waste products) in the human body. Jatharagni is also classified into four categories according to its performance of digestion in the human being(Cha.Chi.15/51)¹⁴ namely Vishamagni, tikshanagni, Mandagni and Samagni.

A. Samagni- Normal digestive fire is characterised by strong and appealing appetite that is easily satisfied with normal food. Digestive functions are proper; there are no episodes of gas, colic and constipation¹⁵. It digests and assimilates food properly at the proper time. This thus increases the quality of the Dhatus (supportive tissues of the body)¹⁴.

B. Vishamagni (Variable) Here the digestive fire is disturbed by vata. Because of variability in vata, there are episodes of alternating cycles of strong appetite with loss of appetite and forgetfulness to consume foods¹⁵. This type of Agni changes between digesting food quickly and slowly. It creates different types of udargata roga.¹⁴

C. Tikshnagni (High) Here the digestive fire is disturbed by pitta. In these cases, agni is usually high and both pitta and agni share same properties. In these cases, immunity against diseases is good. Because of variability in pitta, there are episodes excessive appetites.¹⁵ Tikshnagni means very quick/very sharp/very fast. Acharya Shushruta states that when the power of digestion is increased from normal to above normal, food digests very quickly and produces hunger or the desire for food. When food is digested, the throat, the mouth cavity and the lips become dry with a burning sensation. This condition is known as "Bhasmak Roga" according to Ayurveda¹⁴.



D. Mandagni (Low) “Mand” means slow. Here the digestive fire is disturbed by kapha. Because of variability in kapha, there are episodes of poor appetite, sluggish metabolism and tendency to weight gain despite optimal food consumption. Excessive mucus or phlegm production and congestion are striking features.¹⁵ The meaning of the Mandagni is slow digestive power or digestive capacity. Those who are having Mandagni eat very little and are unable to digest the smallest amount of food. Dhanvantri says that Agni digests the least amount of food in the greatest amount of time.¹⁴

(According to Hareet Samhita, Samagni depends on whether the Doshas (Vata, Pitta, Kapha) are in normal stage. When the Pitta is higher than normal, the condition is known as Tikshnagni. When Vata and Kapha are higher than normal, the condition is known as Mandgni)

2. Five bhutagni are fine and subtler agnis located in the five mahabhutas. These agnis are responsible for the molecular metabolism and help in synthesis and break down of materials at molecular level. These represent the catabolic processes in our body. There are five Agnis in each of the five basic elements, namely – Parthiva (earth), Apya (water), Tejas (Agni), Vayavya (vayu) and Nabhasa (akash).
3. Seven dhatu agnis are responsible for the formation of tissues (dhatus) and participate in the specific tissue metabolism. The dhatvagni represent the entire range of anabolic processes functioning in the respective tissues. Acharya Charaka has mentioned the fact that that the seven dhatus that are support of the body contain their own Agni, and by their own Agni they digest and transform the materials supplied to them to make the substances alike to them for assimilation and nourishment (Cha. Su. 28/15)¹⁶
1. Rasadhātu (nutrient fluid) – Rasagni.
2. Rakta dhatu (blood tissue) - Raktagni.

3. Mamsa dhatu (muscle tissue) - Mamsagni.
4. Medas dhatu (Adipose tissue) – Medo agni
5. Asthi dhatu (Bony tissue) – Asthyagni.
6. Majja dhatu (Bone marrow and nervous tissue) – Majjagni
7. Sukra dhatu (Reproductive tissues including sperm and ovum) – Sukragni

CONCLUSION-

Agni apart from the digestive function, is also responsible for the production of strength which has two aspects namely 1. strength to resist the occurrence of disease and decay in the human body 2. strength to perform physical exercises. Due to faulty agnis, a number of unripe, undigested or unmetabolised byproducts are formed and have tendency to block the micro channels of the body, thus resulting in accumulation of doshas and which finally precipitate in the form of disease. Ayurveda emphasizes that most of the diseases are the product of faulty agnis that is why the main principle of treatment of all diseases in Ayurveda is to restore and strengthen the agnis (digestive and metabolic fire).

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शेष पेज नं० 27 पर



A VIEW OVER MUKHADUSHIKA WITH SPECIAL REFERENCE TO ACNE

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ABSTRACT :

Ayurveda is deep sea of knowledge in which not only systemic diseases but also local diseases either small or large are described in detail along with its management also. Mukhadushika (acne) is one of these. This is a type of skin disorder described under the concept of kshudraroga. Kshudra means alpa or laghu These disease explained briefly by the acharyas and said to be laghurupa. The diseases which are not suitable for any other classification or category are grouped under this heading and named as kshudra roga. Kshudra means little which causes no more distress in body. But mukhadushika may cause anxiety in beauty concern persons. In present era it is understood as acne vulgaris or pimples. This condition is most common among young people. So it is also called yuvana pidika.

KEY WORDS-

Kshudraroga, Yuvana pidika, Mukhadushika etc.

INTRODUCTION-

Shalmali kantaka samana that to because of kapha vata and rakta vitiation manifests pidakas on face also called mukhadoshika.¹ The Ayurveda name for the disease of acne is Yuvana Pidika. 'Yuvana' means young age and 'Pidika' means small pustules, thus according to Ayurveda acne is regarded as an ailment where the small pustules tend to emerge at a young age. In Ayurveda, acne is categorized as a skin ailment which identifies with being a blood disorder. According to Ayurveda acne is the result of distortion or imbalance in the vata and pitta doshas

(air and fire body humors) which further cause deformation of the blood or the 'rakta' dhatu.²

In our today's life acne is a common skin disease characterized by pimples on the face, chest and back. It occurs when the pores of the skin become clogged with oil, dead skin cells, and bacteria. According to Ayurveda Acne is a message from your body telling you that something is wrong inside with your body dosha system like your stomach is upset, having acidity, changes in dietary habits.³

Causes ⁴

- ♦ Age- Teenagers are more prone to develop acne.
- ♦ Cosmetics- Make-up and any other chemical treatment can make acne worse.
- ♦ Disease- If a person is having history of long term chronic illness or regular gastro-intestinal problem or Hormonal disorders can increase the severity of acne problems.
- ♦ Drugs- Acne can develop as a result of using certain drugs such as tranquilizers, antibiotics, oral contraceptives and steroids.
- ♦ Personal hygiene- Strong soaps, hard scrubbing, and pricking at pimples can make acne worse.
- ♦ Stress- Emotional stress can contribute to acne.
- ♦ Environment- Exposure to polluted environment & sweating can also make the condition worse.
- ♦ Gender- Boys are more likely to develop acne and tend to have more serious cases than girls.
- ♦ Diet- Fatty & oily foods can affect acne.

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Type and symptoms⁵

In modern medicine according to its structure shape and constituents, acne is divided into six different types,

- ♦ Mild acne vulgaris
- ♦ Acne papulosa
- ♦ Acne indurate
- ♦ Acne cystic,
- ♦ Acne atrophica and
- ♦ Acne keloidalis.

Although pitta and rakta vitiation is common in all, vata is predominant in acne atrophica and kapha is predominant in acne cystica and acne keloidalis.

Acne has also been classified as premenstrual acne, adolescent acne and acne vulgaris. As the name suggests, premenstrual acne appears before the menstrual cycle and disappear after the cycle is over.

MATERIAL METHODS-

Ayurvedic Samhita literature, modern medicine literature and journals are studied for this review work.

DISCUSSION

Basically acne is a disorder due to vitiation of all doshas. However, pitta vitiation is the predominant factor. Pitta vitiates the blood and the skin to form acne. Hormonal disturbances may cause this disease in adolescents. It is common inflammation condition of the pilo-sebaceous follicles, characterized by comedones, which are secondarily infected resulting in papules, pustules, cysts, nodule and scars. It is also related to the disturbances in menstrual cycle and digestive tract problems.⁶ Acne which is also known as Acne vulgaris is mainly the malady of adolescents where there are excessive secretions of oil glands. Acne generally tends to disappear with age.

Treatment

Ayurveda therapy for acne is relevantly holistic in approach which helps both in curing acne as well as keeping the malady away. When Ayurveda therapy is rendered to a patient with acne, the primary focus of a physician would be to ascertain the cause of the ailment. This may require proper analysis of the dosha which is imbalanced and resulting into formation of acne. This would follow by prescribing medicines both for internal as well as external use.⁷

- ♦ Treat the proper cause like disturbance in menstrual cycle or gastrointestinal problems. Depending upon the type of skin is dry, too oily or infection is present, different treatment is given.⁸
- ♦ In oily skin with inflammation fomentation of face with medicated vapour of water and few basil leaves or little oil of eucalyptus, at least twice a day, then drying the face is beneficial⁹.
- ♦ If there is no inflammation and skin is oily then simply rub boiled lemons peels to remove oil. In this case apply mixture of amalaki powder, musta powder, red lentil powder and curcuma in water.¹⁰
- ♦ Don't apply thick oily paste, causes closing of pores.
- ♦ In dry skin apply a mixture of equal parts of sandal wood powder, curcuma zedoaria, red sandal powder and milk twice a day¹¹.
- ♦ Coconut oil contains anti-microbial and antiseptic properties. This is why the external use of coconut oil is highly beneficial in curing a number of skin ailments like acne.
- ♦ The juice of the herb of Wheat grass can be applied onto the affected skin and taken in the recommended dose. It works as a blood purifier and natural antiseptic and is an easy home remedy for acne.
- ♦ Two teaspoons of Rose syrup mixed in a glassful of water taken on an empty stomach once or twice a day is an effective home remedy for acne.



Rose water can also be applied externally onto the skin.¹²

Pitta alleviation¹³

- ♦ The best herbs to alleviate pitta are durva, shatavari, amalaki and sandalwood.
- ♦ If infection is present, tab. Guduchi 250 mg thrice a day for fifteen days is indicated.
- ♦ For blood purification, alterative herbs should be used like Indian sarsaparilla, manjistha and curcuma.
- ♦ Bowel should be cleared.

Vata-kapha type¹⁴

- ♦ Aryogyavardhni vati 125 mg thrice a day for fifteen days.
- ♦ Take care of agni.

Other

- ♦ Don't squeeze the acne.
- ♦ Reduce stress.

Nutritional Influences:¹⁵

- ♦ Ayurveda strictly disallows spicy, fried and oily food so as to get rid of the acne.
- ♦ Eat a well-balanced diet high in fibre, zinc, and raw fruits and vegetables and avoid foods and foods high in iodine, such as table salt.

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PREVENTIVE AND CURATIVE ASPECT OF EYE DISORDERS THROUGH AYURVEDA

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ABSTRACT

Eye is the most highly specialized sense organ serving the most vital function of providing sight to living creatures. Protection of the visual organ is not only a necessity but also a responsibility of every individual. Vision is unarguably the most important of the five senses. Hence all sincere efforts should be made by men to protect the eyes, throughout the period of life; For the man, who is blind, this world is useless and the day and night are the same even though he may have wealth. Prevention is better than cure. So here it's better to take care of health than to solve the disease afterwards. It's easier to prevent disease from happening in the first place than to cure the disease after it has happened. Eye disorders in every age is very troublesome, it hinders the day to day life. If these eye diseases are left untreated it further leads to many pathologies like blindness, Cataract, Glaucoma, Degenerations and many more. Hence care must be taken for prevention of the eye diseases by different methods.

KEY WORDS:

Eye, Ayurveda.

INTRODUCTION:

In the present era today's life is like a machine and competitive. No one has enough time to take care of about his diet and to maintain regular life style. Quality and quantity of food are not maintained due to business and improper pattern of food. Prevention and maintenance of good health of

normal well being is foremost important, if fails treatment follows.

Preventive measures:

- ♦ Nidana Parivarjana: The term Nidana relates both to etiology as well as diagnosis of diseases. The etiology helps in ascertaining the causative factors of a disease whereas diagnosis helps in the determination of the nature of the disease. Nidana Parivarjana is the basic treatment and very important to treat the disease. According to Ayurvedic classics, root cause of disease is Asatmendriarthasanyoga which happens today.
- ♦ Acharya Charaka has broadly classified the causes as misuse, overuse and disuse of the senses and has regarded as "Volitional transgression". i.e. excessive gazing at over brilliant object is excessive use, avoiding looking altogether is disuse and seeing too near, too distant, fierce, frightful, wonderful, disliked, disgusting, deformed and terrifying objects is perverted use of objects. Acharya Sushruta and others have described the following causes for eye diseases. (Tabel 1)
- ♦ Pratimarsha Nasya: The procedure in which the taila is administered by nasal route is known as Nasya. The Dosha which are in the Utamaanga are eliminated by the procedure of Nasya. By the help of Nasya all the Indriya will be clarified and greatly strengthened. So daily use of Pratimarsha Nasya will prevent the accumulation of vitiated kapha in the channel of eyes.

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Table 1

Causative Factors	Su.Sh	M.N	B.P	Y.R
Diving into water immediately after exposure to heat	+	+	+	+
Excessive looking at distant objects	+	+	+	+
Sleeping during day/awakening at night	+	+	+	+
Excessive weeping	+	+	+	+
Anger/grief	+	+	+	+
Injury to head	+	+	+	+
Excessive use of sour gruel and vinegar <i>Kulatha</i> and <i>Masha</i> pulses	+	-	+	-
Suppression of natural urges	+	+	+	+
Excessive perspiration	+	+	+	+
Smoking or working in smoke	+	+	+	+
Suppression of/ or excessive vomiting	+	+	+	+
Concentrating on minute objects	+	+	+	+
Intake of fluids and other foods at night	-	+	-	+
Alcohol	-	+	-	+
Change of seasons	-	+	-	+
Travelling in very high speed	-	-	+	-

- ♦ Healthy diets to improve eyesight: The person who is regularly in habit of taking old preserved Ghrita, Triphala, Shatavari, Patola, Mudga, Amalaki, and Yava (barley) has no reason to fear from even the severest form of Timira (Darkness). The cooked vegetables of Jivanti, Sunishannaka, Tanduliya, good quantity of Vastuka, chilli and Madhuka and also the flesh of birds and of wild animals are beneficial for eyesight. Patola, karkotaka, karavellaka, brinjal, Tarkari, Karira fruits, Shigru; all these vegetables cooked with Ghrita promote eyesight.
- ♦ Shiroabhyanga: Shiroabhyanga is nothing but massage of head with various medicated oils. Generally whole body massage is started with this procedure. In this procedure oil goes to the root of hair & massage increases peripheral blood circulation of scalp & facial region. So it adds freshness to the senses as well as gives calmness to the mind. It gives strength to the eye sight and reduces dark circles around the eyes.
- ♦ Anjana: Anjana is a procedure in which specific medicine is applied to the eye lids with a Shalaka or finger in a uniform manner from kaneenika sandhi to Apanga and Apanga to Kaneenika sandhi. Anjana can be used for both preventive and curative aspects. Sauveera Anjana is good to the eyes and it should be applied daily. Rasanjana should be applied once in a week to drain out Kapha (secretions) from the eyes. Vision is predominant in Pitta, hence it is particularly susceptible to Kapha. So this measure alleviates Kapha & is beneficial for clarifying the vision.



- ♦ Exercise: Eye exercise plays a significant role in promoting eye health and strengthens the muscles of the eyes & thus help in curing many ailments of the eyes. Certain eye exercises are known to completely rectify eye problems.
- ♦ Snanam: Bathing improves digestion, acts as aphrodisiac, prolongs life, increases enthusiasm and strength. It helps to get rid of dirt, waste products, sweat, tiredness, excessive thirst, burning sensation and microbes. Daily head bath with cold water will keep the eye fresh, healthy and functioning.
- ♦ Padaabhyanga: Use of regular oil massage of feet helps to keep the vision healthy and also nourishes the eyes.
- ♦ Netra Prakshalana: Cleansing of eyes with diluted cold infusion of Triphala to removes toxins and keep eyes healthy forever.
- ♦ Shodhan chikitsa: The process of expelling morbid material through the downward tract is known as Virecana. Virechana is said to be ideal for Anulomana of Doshas specially vitiated Pitta, as eye is the sight of Pitta predominance.
- ♦ Shaman chikitsa: Triphala is said to be the drug of choice in case of eye diseases with various Anupanas (vehicles) according to the involvement of Doshas. Other chakshushya rasayana compounds came into Ayurvedic literature after 16th century viz. Saptamrita Lauha etc. many mineral and animal drugs e.g. Yashada etc. is termed as Chaksushya.

DISCUSSION:

Management of Eye Diseases:

The treatment of the Eye diseases depends upon the stage and dominance of particular Dosha. Oleation, Blood Letting, Virechana, Nasya, Anjana, Murdha Basti, Basti, Tarpana, Lepa and Seka – these therapies administered many times, suitable to the Doshas is the mode of treatment.

- ♦ Langhana: Langhana produces Laghuta in the body and also makes Srotoshuddhi with its various properties which lead to proper channelization of Rasa. It also corrects Agni due to which further process of disease will automatically checked and the whole Samprapti will be broken down. Upavasa, Paachana, Deepana, are more useful in Abhishyanda.
 - ♦ Kriyakalpa: Kriyakalpa is one such group of special methods of drug administration locally into the eye for the treatment for eye diseases. Its include Tarpana, Putapaka, Seka, Aschyotana and Anjana.. After a good Akshitarpan patient feels lightness of eyes & freshness in vision. His light bearing capacity gets increased.
- In Ayurved classics, Hetusutra, the section deals regarding the causative factors for the disease formation comes first. These Hetus are of mainly three types - Asathmendriyartha Samyoga, Pragyaparadha & Parinama. Understanding of these factors in detail & avoidance at the best is the foremost important in prevention aspects. Avoidance from the etiological factors like Excessive or deficient or wrong use of senses, Diwaswapna, Vegavarodha, Atimaitihuna, Viruddhahara etc. Diet is the basis of all functions of the body. The Do has and Dhatus of the body are created, maintained and destroyed mainly by diet. The Rasas like Amla and Katu are particularly harmful for eyes i.e. curds, pickles and red chilly etc. Smoking is considered as harmful for eyes according to Ayurveda as well as modern medicine. As per Ayurveda, smoking may vitiate Pitta and Vata by increasing its Tikshna, Ushna and Ruksha Gunas, hence it can be considered as one of the important factors in the causation of eye diseases. Observing the minute things regularly causes strain to the ciliary muscles and lens results in visual problems e.g. Pathology technicians, Diamond Cutter, Wrist watch repairers, Tailors, ladies doing embroidery work etc. Acharyas have also explained lots of local and systematic therapy to treat eye diseases e.g. kriyakalpa, Lekhana Karma,



Agnikarma, Virechan, Raktamokshan etc. The above factors are very important in preventive and curative aspects.

CONCLUSION:

In Ayurvedic classics, Chakshushya & many food items, drugs and therapeutic procedures are explained which are said to improve or enhance the visual acuity as well as improve the health of the eye. So here it can be concluded that Prevention of eye diseases is not only important but it is very much essential for helthy eye in today's era.

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MULABANDHA:A POTENTIAL WAY TO PREVENT UTERINE PROLAPSE

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INTRODUCTION:

According to Hatha Yoga Pradipika "Press the heel against the perineum and contract it firmly. Draw the Apana upwards. This is known as Mula bandha"

The Sanskrit word Mula means 'root, firmly fixed, source or cause, basis, the foot, the lowest part or bottom, foundation'. Bandha means 'lock, restrain, shut or close'. Together the word mula and bandha refer to the contraction of Mooladhara chakra, the seat of kundalini. This contraction is triggered at the 'root' of the spine or the trunk of the body, the perineum. Mula bandha is known as the 'perineal lock', contraction of the muscles around the perineal body in the male and the cervix in the female, in order to release and control energy generated by the Mooladhara chakra.¹

"Prolapse" refers to a descending or drooping of organs. Pelvic organ prolapse refers to the prolapse or drooping of any of the pelvic floor organs, including: Bladder, Uterus, Vagina, Small bowel, Rectum. These organs are said to prolapse if they descend into or outside of the vaginal canal or anus.

Pathophysiology of Prolapse- DeLancey in 1994 defined three levels of vaginal support, reviving the importance of the connective tissue structures and giving a working basis for the present day understanding of the anatomy and surgical treatment.

Three level of support-

Level 1	The Cardinal uterosacral ligament complex
Level 2	The Pubo- cervical and recto-vaginal fascia
Level 3	The Pubo-urethral ligaments anteriorly & the perineal body posteriorly

Damage to any of these mechanisms will contribute to prolapsed. Endopelvic fascia is derived from the paramesonephric ducts and is histologically distinct from the fascia investing the pelvic musculature, although attachments exist between the two. It is a continuous sheet that attaches laterally to the arcus tendinous fascia pelvis and levator ani muscles and extends from the symphysis pubis to the ischial spines. This network of tissue lies immediately beneath the peritoneum, surrounds the viscera and fills the space between the peritoneum above and the levators below; in parts it thickens to form ligaments, e.g. the uterosacral-cardinal complex. This complex is probably the most important component of the support. The segment of fascia that supports the bladder and lies between the bladder and vagina is known as the pubocervical fascia, and that which prevents anterior rectal protrusion and lies between the rectum and posterior vagina is termed the rectovaginal fascia.²

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3. Classification of Uterine Prolapse-

1. Anterior vaginal wall prolapsed	Urethrocele: urethral descent Cystocele: bladder descent Cystourethrocele: descent of bladder and urethra
2. Posterior vaginal wall prolapsed	Rectocele: rectal descent Enterocoele: small bowel descent
3. Apical vaginal prolapsed	Uterovaginal: Uterine descent with inversion of vaginal apex Vault: post-Hysterectomy inversion of vaginal apex

Symptoms³-

Non-specific: Lump, local discomfort, backache, bleeding/ infection if ulcerated, dyspareunia or apareunia, Rarely, in extremely severe cystourethrocele, uterovaginal or vault prolapse, renal failure may occur as a result of ureteric kinking.

Specific:

- o **Cystourethrocele** - Urinary frequency and urgency, voiding difficulty, urinary tract infection, Stress incontinence
- o **Rectocele:** Incomplete bowel emptying, digitation, splinting, passive anal incontinence

Staging system of prolapse-SHAW'S system

Grade 0	• Normal position
Grade 1	• Descent into vagina not reaching introitus
Grade 2	• Descent up to the introitus
Grade 3	• Descent outside the introitus
Grade 4	• Procidentia



Pelvic Organ Prolapse Quantification System (POP-Q)

Stage	Description
0	No prolapse anterior and posterior points are all -3 cm, and C or D is between -TVL and -(TVL-2) cm.
1	The criteria for stage 0 are not met, and the most distal prolapse is more than 1 cm above the level of the hymen (less than -1 cm).
2	The most distal prolapse is between 1 cm above and 1 cm below the hymen (at least one point is -1, 0, or +1).
3	The most distal prolapse is more than 1 cm below the hymen but no further than 2 cm less than TVL.
4	Represents complete procidentia or vault eversion; the most distal prolapse protrudes to at least (TVL-2) cm.

Baden-Walker System for the Evaluation of POP on physical Examination

Grade	posterior urethral descent, lowest part other sites
0	Normal position for each respective site
1	Descent halfway to the hymen
2	Descent to the hymen
3	Descent halfway past the hymen
4	Maximum possible descent for each site

Mode of Action of MulaBandha in fixing Prolapse:

Perineal contraction, stimulates both the sensory-motor and autonomic nervous system in the pelvic region, this pelvic stimulation activates the parasympathetic fibres emerging from the pelvic spinal cord. Parasympathetic fibres emerge from the cervical (neck) and sacral (pelvic) areas only, while sympathetic fibres emerge from the thoracic (upper back) and lumbar (lower back) areas. MulaBandha condenses energy in lower chakras. It is also done whenever there is an excessive pressure or a concentration of energy, to stop energy from flowing into earth. Moreover MulaBandha prevents the out flow of the energy from Mooladhara (related to vital force) to other people⁴. If we practice MulaBandha properly, the contraction at the base (Mula) of our bodies will according to the Hatha

Yoga Pradipika, allow the apana vayu, the downward force of energy within our body, and change the direction and move upwards to unite with the prana vayu. When these two energies (vital breaths) meet certainly we will achieve success in yoga⁵ (HathYoga Pradipika 3,60-68). Dr. Hiroshi Motoyama reports that the benefits

MulaBandha include stimulating the pelvic nerves, toning of the Urogenital organs and improving constipation and hemorrhoids⁶. The muscle which is mainly strengthened in the practice of the MulaBandha is puboperinealis muscle. Puboperinealis refers to the fibers that attach to the perineal body (PB). The PB is the central tendon of the perineum. Which is located at the dividing line between the anal and urogenital triangles, and it is the central body mass of dense connective tissue



found between the distal third of posterior vaginal wall and the anus below the pelvic floor. It is formed by the midline connection between the halves of the perineal membrane, which is known as urogenital diaphragm (UGD) and provides support to the distal vagina and urethra by attaching these structures to the bony pelvis⁷ (DeLancey, 1999). The PB supports the distal vagina and rectum with practice you will be able to sense the contraction of successive layers of muscles from the outside in. Starting superficially and with a minimal effort, you can feel activity in the ischiocavernosus, bulbospongiosus and superficial transverse perineal muscles. And with a little more attention you can activate the deep transverse perineal muscles and the urethral sphincter. And with yet more effort you can activate the pelvic diaphragm. The central tendon of the perineum, which is located at the dividing line between the anal and urogenital triangles, appears to be the key structure around which the more delicate versions of Mulabandha are organized. This is an extremely tough fascial region into which the superficial and deep transverse perineal muscles insert. If you can learn to focus your attention on this tiny region while creating minimal physical contraction of the nearby muscles, you will be feeling the root lock. (Yoga teachers who speak of placing awareness on the perineum are referring to this region.) Concentrate on the sensation, and in time Mulabandha will feel natural and comfortable. With experience you can hold the lock constantly, which is what yogis recommend for meditation.⁸

Procedure of Mulabandha-

Stage 1- Sit in a comfortable meditative posture. Close your eyes and relax the whole body. Be aware of the natural breath. Focus the awareness in the perineal region. Contract this region by pulling on the muscles of the pelvic floor and then relax them. Continue to briefly contract and relax the perineal region as rhythmically and evenly as possible. Breathe normally during the practice of this yogic exercise and you should not hold the contraction any time.

Stage 2- Continue to breathe normally without holding it. Slowly contract the perineal region and hold the contraction. Contract it a little tighter, but keep the rest of the body relaxed. Contract only those muscles related to the Muladhara (perineal) region.

Stage 3- As you breathe in, lift the perineum upward. Breathe out and slowly down the lower back.

CONCLUSION-

In yoga, the pelvic floor exercise, or Mulabandha, is one of the fundamentals of core body strength⁹. The practice of Mulabandha tones and strengthens the muscles of the pelvic region¹⁰. The anatomical correlation of the Mulabandha with Uterine prolapse is quite convincing as it enhances the tone and integrity of the Pelvic floor muscles by providing the strength to various components of the Pelvic floor muscles and ligaments. It can be used to formulate preventive and therapeutic strategies toward the Uterine prolapsed and pelvic floor dysfunctions. Group instructions supplemented with brief individual instruction can be an effective method to improve Pelvic floor strength. Research work is very scanty on this subject. So, more number of randomized controlled trials (RCTs) and cohort studies are required in this field. Future research could concentrate on assessment of Pelvic floor function before and after the Mulabandha.

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SCIENTIFIC INTERPRETATION OF SUTIKA PARICHARYA

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ABSTRACT

The word Sutika signifies a woman who has achieved Motherhood. It's a complete spiritual pleasure for a woman to become mother. Motherhood has the greatest potential influence in human life. The Scientific interpretation of sutika is "Puerperal women". Maharshi Kashyap explained exceptionally well for primigravida that in the process of delivery, woman's one foot situated in this loka and the other in Yama Loka. He also postulated that women will be nomenclatured as Sutika only after the expulsion of placenta.

After delivery women's body became empty and exhausted with depletion of all Dhatus. Therefore Sutika are advised to follow a specific Paricharya for definite period called Sutika Kala as per Bala and Agni of individual. All the classics have advised oil massage, oral administration of Sneha with medicines and decoctions, hot fomentation of Yoni and hot water bath. Medicated rice gruel along with medicated meat soups is advised as diet. Massage and Sneha administration is capable of suppressing Vata; maintaining body circulation and simultaneously enhancing immunological resistance. Medicated decoctions intake works as blood purifier & also beneficial in removing blood clots retained in the uterus. Hot fomentation of Yoni helps in relieving pain and inflammation. Hot water bath maintains hygiene of the body. Rice gruel & meat soups are prescribed considering to give strength and to enhance digestive power of Sutika

Thus, this regimen works as a boon for Sutika in revitalizing her, making her physically and mentally fit to revert back her pre-pregnant state

KEYWORDS:

Sutika, Sutika Paricharya, Sutika kala

INTRODUCTION

A Sutika or Puerperal woman is one who is in process to achieve motherhood. Motherhood, all love begins and end there. The natural state of motherhood is unselfishness. By becoming mother the lady no longer is the centre of her own universe, she relinquish the position to her children.

The period is specified to a definite duration for Sutika which is usually of 30 days to 45 days and is called post natal period or Puerperium or Sutika Kala. It's very essential for puerperal women to follow the schedule as per advised. Scientifically Sutika Paricharya has great potential influence as by following this she can gradually attain back to her pre-pregnant state. Considering the various opinion of Acharya four specific duration of Sutika emerges out: 1½ month, reappearance of menstruation, four months and six months.

In resumption of pre-pregnancy physiology i.e. ovarian and menstrual cycle great individual variation occurs, as some in women restarts their menses from the second month of delivery, while other may not get it even for one or two years Reappearance of menstruation is given considering anatomical and physiological changes of reproductive system respectively. The limit of six months probably reflects the idea about reappearance of menses after attainment of replenishment of Dhatus and steadiness of body, the blood accumulated in Yoni is discharged periodically.

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Sutika should start her normal diet in 10-12 days. Special life style suggested by Ayurveda in detail to maintain the health of the delivered women. Sutika Paricharya includes special Aahar and Aoushad. Some are administered externally and some internally along with Ashwasana. Ashwasana is physiological reassurance; the women after delivery should be encouraged by sweet spoken, accoucheuse and made to lie down in hunch back position. This is a kind of Satvavajaya Chikitsa. It's a process of mental boosting to let her prepare to take care of herself as well as the baby.

External administration includes:

- ♦ Udarapeedana (abdominal compression) for Shonita shuddhi. This may facilitate uterine stimulation inducing contraction which may results in expulsion of residual blood clots.
- ♦ Abhayanga stimulates the pressure points of the body. Improves skin soothes nerves and pagru wulves to function well. Abhayanga of Yoni tones vagina and perineum; it also heals vagina and perineal wounds.
- ♦ Hot Yoni fomentation, it helps in minimizing the pain as well as inflammation. This also helps in healing the episiotomy. In healing process blood flow of local area increased via vasodilatation Macrophages and leucocytes enhances the repair this simultaneously reduces the edema.
- ♦ Fumigation with Kushta, Gugglu and with Ghrita - Kushta Agru, Gugglu all the three drugs have essential volatile oils which have strong antiseptic and disinfectant properties especially against streptococcus and staphylococcus Thus Yoni Dhupan helps in preventing and curing infections.
- ♦ Hot water bath is helpful in maintaining the hygiene and simultaneously reduces the inflammation

Motives of external administrations are:

- ♦ Letharginess of labor process is reduced.
- ♦ Heals the lacerations in external genitalia via vasodilatation blood flow is increased. Macrophages and leucocytes enhances the repair simultaneously reduces the edema.
- ♦ Disinfects the birth canal.
- ♦ Maintains hygiene

Some drugs and Aahar administered internally. Decoctions prepared with laghu panchmoola, it includes Gokshuru, Brihati, Salparni, Prishanparni, and kantakari. These drugs have digestive diuretic anti-inflammatory and antiseptic properties so helpful in atony of bladder during post partum period and also for diereses of accumulated fluid in body.

Following drugs/Aahar works internally:

- ♦ Manda- Its intake works as energy booster and it enhances the digestive capacity of Prasuta.
- ♦ Yavagu- This is prepared from rice gruel along with Sneah powdered Pippali and nagar. It is easily assimilable in the body and provides nourishment.
- ♦ Peya - Its intake provide strength and they are easily digested so, this is prescribed to Prasuta
- ♦ Rice gruel prepared with Vidaryadigana along with milk - This has anabolic action, hepatoprotective and rejuvenates the body
- ♦ Panchkola with Ghrita or jaggery - Panchkola drugs has antipyretic appetizer and utero tonic property. They have antibacterial and antifungal action also Panchkola with Ghrita is mostly used Ghrita being Yogvahi enhances the property of Panchkola
- ♦ Rice soups prepared with Vidaryadigana and milk - These drugs are Rasayana helps the women to recover. In puerperal period, this regimen should advise for 3, 5 or 7 days.



- ♦ Meat soups of wild animals - Meat being excellent source of iron vitamins essential amino acids and trace elements Meats are advised from 12th day.

Motive of internal administered includes-

- ♦ To restores the strength
- ♦ To accelerate the involution process
- ♦ To improve her immunity
- ♦ To improves laceration

These dietary regimens resembling to Sansarjank Karma where it is followed according to Agni. Thus the above mentioned regimen works scientifically for the well being of Sutika.

DISCUSSION

Several anatomical, physiological and psychological changes occur in woman after child birth. Following the birth of child along with placenta, body of Sutika achieved Shunyata, along with Rakta Nisruthi and Dhatu Ashyata, hence women becomes more prone to Vata vitiated disorders. The motive of this Sutika Paricharya is to revert back Sutika to her pre pregnant state. To boost the immune system of the Sutika so that she regain the strength to cope up with this new beginning of the motherhood happily.

As per different opinion of Acharyas, collectively for specific duration of Sutika emerges out i.e. 1½ months, reappearance of menses, six months & four months. Adhyardha Masa (½ month) is the minimum required duration; atleast Sutika should obey the entire regimen properly in this period for her wellbeing.

Maintaining health of Sutika achieved only by following the Paricharya properly. Replenishment of Dhatu, steadiness of body and Agni. Maintenance is the basic objective of Sutika Paricharya so that the Sutika becomes healthy physically as well as mentally.

CONCLUSION

Ayurveda the ancient science is unique and ultimate Sutika Paricharya is one of its concepts

explaining the importance of reestablishing of health of a women after delivery After the review of various texts it can be concluded that Ayurveda has executed the postnatal care in a meticulous fashion focusing on every aspect required to nurture and replenish the health of a women and avoid post partum complications Sutika Paricharya is quite practical and authentic in present scenario.

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Essay Competition- 2015*

Silver Medal (2nd Prize) Winner Essay

**RE-ESTABLISHMENT OF AYURVEDA GLOBALLY : OBSTACLES
AND SOLUTIONS**

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INTRODUCTION :

Ayurveda, the ancient science of life, is the World's Oldest Comprehensive Health Care System, that originated in India and provides a complete approach to healthy living. It is the Indigenous Medical system of India, dates back at least thousands of years (approx. 2000 years), in its codified form and has roots that are much deeper still.

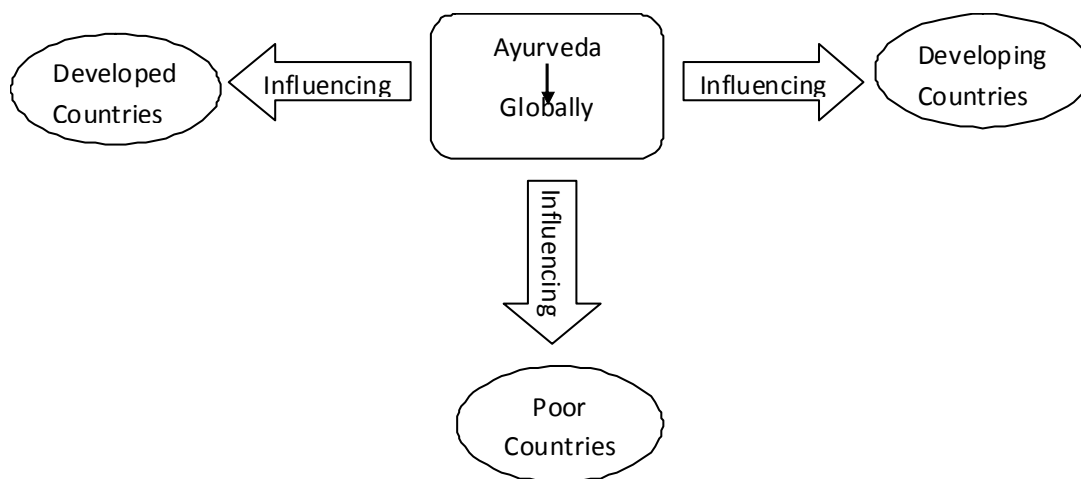
Ayurveda promotes physical, mental and spiritual well being of the individual. It is still, considered as an indispensable branch of medicine, that depends on the constitutions of the body called Vata, Pitta, Kapha, to achieve the right balance.

Ayurveda has attracted the attention of Global population specially the Developed Countries since ages. Ayurveda has potential to take lead among all other traditional medicines popular in different countries. It's our prime duty to create, awareness about the curative potential of Ayurvedic Drugs in India and other countries.

Define Re -establishment : In Reference of Ayurveda

Re-establishment : "Restoration to the previous state."

"The act of restoring, something to satisfactory state. Regular exercise resulted in the reestablishment of his endurance".



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Ayurveda is “Life Science” originated in pre historic time, some of the concepts of ayurveda have been discovered, since the times of “Indus Valley Civilization” and earlier. Ayurveda significantly developed during the Vedic Period and later some of the Non Vedic Systems such as Buddhism and Jainism, also are incorporated in the system.

But, British Colonialism and the dominance of Allopathic Medicine & the pressure of Modernization etc. have badly affect the Ayurveda. Now, “Restoration to the Ayurveda” is necessary. Developing “New Age of Ayurveda”, by follows:

1. Revolution in ayurveda in the level of education, profession, research and information technology.
2. Linking Ayurveda closely to Indian spirituality & combine all the components of Ayurveda.
3. Making Ayurveda, basis of Mind-Body Medicine.
4. Claming the “Scientific Basis of Ayurveda” .

Ayurveda Globally

Foreign travellers were coming to India, since centuries in search of knowledge. The benefits of Ayurveda is so well known that, many tourists flocked the state of Kerela, only to undergo various treatments. Since around 65% of plants required for Ayurveda -medicine are found there. This gain rise of propagation of Ayurveda in foreign Countries. This gave rise to the Worldwide fame of this traditional medicine. Initially, the propogation of Ayurveda, in foreign countries was limited to special lectures in Universities. But, now, we see the changes. However, many countries took it, upon themselves to spread awareness across the public. One such country is “Russia”. Over the last 15 years, Russia has made vigorous efforts to go in, for Ayurveda in the country. Finally, in 2004, a “Russian-Indian Centre on Ayurvedic Research” was set up in Moscow. Different assemblies are organised

& the participants from abroad, who attend the assembly include, Ayurveda practitioners from Bulgaria, Lativa, Russia, Chile, Spain, South Africa & Bangladesh etc.

Our mission is to inform the people about the benefits of Ayurveda, while spreading the Age Old System around the World to improve lives.

Obstacles:- 1- General view-

- 1 – Pre globalisation -
 - a- Acceptability
 - b- Adaptability
- 2 – Post globalisation
 - a- Managing knowledge
 - b- Integration
 - c- Competition

1. Pre globalisation -Acceptability

- lack of awareness- specifically about the details.
- Difficulty in explaining the system.
- Bed perception of herbomineral system of medicine.
- Adaptability- not enough qualified people-therapists and doctors.
- Trained local personnel to attain sustainability.
- Use simple language for better communication.
- Unavailability of herbs and raw materials abroad.
- Ensuring quality control.

AYURVEDA AND LAW

Many countries do not recognise ayurveda as a system of medicine.

- As health supplement.
- Have to get help of WHO.
- At ministerial level.

2- Post globalisation-1- Managing Knowledge

- Regional differences in the practices.
- Lack of evidence based documentations.
- Lack of stringent qualification norms.



2-Integration

- No research and development only 2% of total govt. allocation goes to ayurveda.
- What may work in india may not work abroad.
- No market research- have to find out what the needs of the people are- the common diseases etc.
- Integration of knowledge- Process of standardisation of health care service.

Abnormalitis in “Quality controls”.

Lack of Efficacy.

3-Competition- Genuine and quack.

- Unorganised players creating havoc.
- Product profiling.
- Positioning.
- Packaging.

2-Wide description on obstacles-

1- Eductional level- There is a need of dynamic continuum between research , education and practice. Educational institutions, their logical number, location, infrastructure with inbuilt quality audit and quality assurance are needed.

2- Professional level- Expectations of people from ayurvedic therapy are imaginary. Patients think of magic pill, which will be effective wthin 2 days, 4 days, and 5 days. But , we know that, mode of action of ayurvedic drugs are slow than allopathic drugs, so dominancy of modern medicines and ideology are increased, and , this is the one of the important obstacle in the field of ayurveda. Poor standardalization of ayurvedic drugs, so quality, efficacy of drugs are badly effected.

3- Research level- Not give the proper attention on cellular effects on aushadhis, prakriti genomics, cellular ayurvediya, ayurgenomics etc.

4- Information technology as growth technology- Not use properly.

5- Longevity and aging challenges- Not give the proper attention of rasayana and vajikarana drugs.

Other obstacles-

- 1- Misleading created by western countries : in special reference of rasaushadies.
- 2- Lack of scientific prove.
- 3- Principle of ayurveda , simply and understandable to the foreigners.
- 4- Not correctly unnderstand the basic text of the samhitas of ayurveda.
- 5- In europe, ayurveda resembles as “ massages”, but, in present era, requirement of broad scale, its basic text, spreading as whole as “ panchkarma therapy”.
- 6- Drug and cosmetic act- reform it.
- 7- Lack of standardization and commercialization.
- 8- Lack of drug pharmacopeia- For describe its “ pharmacokinetics and pharmacodynamics”.
- 9- Misleading by the western countries on rasaushadies. And, by western contries have banned on rasaushadies (heavy Hg metal concept).
- 10- Lack of the international criteria for patency of the ayurvedic drug. For spreading world wide , broad parameters required, but lack of it : social media etc.
- 11- Lack of “ accumulation of different parts of ayurveda” and complete ayurveda, which, influenced from spirituality, yoga, life- science and beyond the life science .
- 12- Lack of indian policy and government sector.
- 13- Lack of high industrial and educational level.

3-Solutions – 1- General view-

By explaining its benefits on world wide level, we re-established the ayurveda, globally—



- 1- Staying well (preventive care).
- 2- Improved mental balance and physical balance both.
- 3- De- stressing and cosmetical purpose.
- 4- Long term revitalizing energy.
- 5- Relaxation : by panchkarma therapy like massages.
- 6- Anti- aging.
- 7- Other benefits .

Other important points-

- 1- Resource management for medicinal plants- interventions needed.
- 2- Technological interventions- conservation of genetic diversity, resource augmentation, development of under- utilised species.
- 3- WHO has framed a code of drug manufacturing practice in ayurveda.
- 4- “Backing up—Ayurveda—with evidence” .

6- WORLD AYURVEDA FOUNDATION, GUJARAT AYURVEDIC UNIVERSITY and other universities of south and north india , DEPT. OF AYUSH, GOVT. OF INDIA, PHARMEXCIL etc.— —: “ aimed global propogation of ayurveda and its re- establishment”.

7- “ WORLD AYURVEDA CONGRESS” -: “ PROVE AYURVEDA, GLOBALLY”.

2-Its best solution : “Revolution of Ayurveda”

Ayurveda is a discipline of the Upaveda or “Auxiliary Knowledge” in Vedic Tradition. The origin of Ayurveda are also found in Atharvaveda. These are also various legendary accounts of the origin of Ayurveda, e.g., that it was received by “Brahma”. Ayurvedic practices include the use of herbal medicines, minerals or metal supplimentations (Rasa Sastra), Surgical Techniques, opioms & application of oil by massages. Ayurveda divided into 8 parts as: Shalya,

Shalaky, Kaya Chikithsa, Bhotvidya, Kaumaryabrithya, Agadanttra, Rasayantantra & Vajikarantantra. Today, require the complete “Revolution” in reference of Ayurveda. Every parts, have, individual importance & in present era, reform ,in every parts/sectors are necessary , for its globalization. Important Revolutionary Steps are:-

1. Drug Standardization
2. Its manufacturing
3. Involvement of the scientific new tools & techniques & innervation in the manufacturing of the Ayurvedic Formulations, with the same efficacy of the Drug, which is described in the Samhitas.
4. Hightech establishment of Ayurvedic Hypothesis, with all diagnostic & therapeutical tools & technology.
5. To prepare a comprehensive “Drug Pharmacopeia” to establish its “Pharmacokinetics & Pharmacodynamics”.

3-Broad Science :

Ayurveda & prove its importance Ayurveda is a broad science. In present era, to reestablish Ayurveda ,we require to prove its importance and its benefits on the World wide level, on different scientific parameters. Prove its Physiology: “As it acts on the individual person seprately,based on Prakrati”.

Vata, Pitta & Kapha three important components for explaining its physiology & it means its own physiology, not influenced by Modern. Today time to prove it.

Prove the “Shrotas”: Channels in the body system & the different other points ,required research analysis & proving it on the scientific scale.

With the help of social media like- : print media, google, facebook, twitter, you tube etc. , we can spread ayurveda globally and re- establish it .



3-Other solutions-

- 1- Prove, ayurvedic drugs as its bioavailability and its physiology and also shows that its not much severe side – effects like modern medicines.
- 2- Prove nanotechnology concept – In terms of rasaushadies and bhasmas .
- 3- Prove on the basis of scientific parameters as different drugs like- ashvagandha and shatavari and different herbal drugs-: analysis and its organic complex/ compound and structure evaluations.
- 4- Solve the language problem by skilled ayurvedic practitioners.
- 5- And , integration of sanskrit language in school curriculum, friendly.
- 6- In social media -: like facebook, you tube and twitter etc., accumulation of different research papers, journal and clinical case- history and rebirth and spiritual cases and its prove.
- 7- Skilled ayurvedic scholars required . For it, in the foreign countries and in india also, promote and motivate in the education and industrial sector-: ayurveda.
- 8- Promote panchkarma therapy- 1- purvkarma 2- pradankarma 3- pashchathkarma
- 9- Modification and reformation of “ drug and cosmetic act”—for improving the quality and efficacy of the drugs of ayurveda .
- 10- Complete development of the eight parts of the ayurveda, world wide.
- 11- Standardization and commercialization.
- 12- By making , “ Drug pharmacopeia” .
- 13- Explain the importance of rasaushadies on world level and explain it , by research and on scientific scale in the front of the western countries and explain it, that, in the drugs, we use the pure Hg metal after different process of shodhan.
- 14- Complete ayurveda as world wide.
- 15- Promotion by the government.
- 16- Promotion in the higher education- institutional level and industrial level in the field of ayurveda.
- 17- WHO guidelines for herbal industry- 1-GMP for herbal products. 2-Appropriate quality control / assurance system should be used and it should cover wide range.
- 18- WHO- Global and Regional Policy For Ayurveda.
- 19- Improving “ national policy on Indian systems of medicines(ism) in india.
- 20- Trading of ayurvedic herbs and herbal compound formulations.
- 21- Facilities have been established in many countries like the us, australia, the uk ,brazil, new zealand and japan to impart training in ayurveda.
- 22- The department of AYUSH govt. of india has signed an MOU with the university of Mississippi’s department of pharmacognasy , and established the NATIONAL CENTRE FOR NATURAL PRODUCTS RESEARCH , where scientists are searching the efficacy of many Indian plants and herbs.
- 23- WHO launched a comprehensive traditional medicine strategy in 2002. This strategy ensure availability and affordability of TM/ CAM including essential herbal medicines. And, promote therapeutically sound use of TM/ CAM by providers and consumers .
- 24- Indian systems of medicine use more than 1100 medicinal plants of which most are collected from the wild. Many of these plants are also native to other countries as well. We have to evolve a system of sustainable harvest and cultivation through plantation – style medicinal farms.

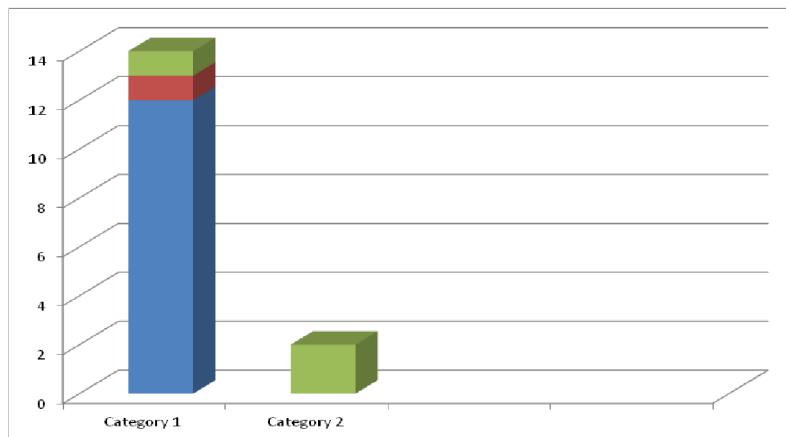


25- Good agriculture practices shall be undertaken to ensure the use of correct raw materials . Good laboratory practices and good manufacturing practices as well as good health care practices are also needed to produce good quality agribusiness products. So, among the indigenous systems of medicine prevalent today, ayurveda has attracted the most attention and caught the imagination of millions of people, not just in india but world- wide.

6-Graphical presentation-

Side – effect criteria:-1- Allopathic drugs have much side- effect.

2- Actually, Ayurvedic drugs have no side- effect ,but, graphical representation showing little amount of side- effect, which, occur, due to the manual abnormalities- like- manufacturing, storage and purification of the drugs and some other reasons.



Category 1- side effect of Allopathic drugs

Category 2- side effect of Ayurvedic drugs due to HUMAN ERRORS.

CONCLUSION-

So, re- establishment of ayurveda can possible globally by solving the all obstacles and prove the ayurveda , globally. Recent resurgence of Ayurveda across the globe is the result of continous efforts taken by some renowned Ayurvedic practitioners to spread the knowledge about the importance of ayurveda in developed countries like u.s.a., japan, australia,italy, and germany. Since, Ayurveda is gaining recognition inside and outside india, there is tremendous scope for increasing the exports of Ayurvedic products and services, especially in the post reform period of liberalization and globalization.Globalzation of ayurvedic medicinal products is an imminent event in the evolution of Ayurveda.

Even after two decades of its globalization, ayurveda is facing identity crisis in the medical world. In spite of the increasing popularity of ayurveda, it is still lagging behind from traditional chinese medicine in global recognition.But , Ayurveda has been wrongly parented in many countries under the shelter of “herbal medicine” or as a traditional medicine of empirical base or at the most as a “ complementary and alternative medicine”. So, in present era, re- establishment of ayurveda is necessary .so, lastly, we can say -: changing the “ old face of ayurveda : need of time”.and , prove the ayurveda, globally, for its re- establishment.



**Pandit Durga Prashad Sharma All India Ayurveda UG Students
Essay Competition- 2015**

Gold Medal (1st Prize) Winner Essay

**THE SCIENTIFIC IMPORTANCE OF JANAPADODHWAMSA IN
VIEW OF ANCIENT AND PRESENT TIMES**

- Pushya A Gautama*

INTRODUCTION :

"The earth does not belong to man; man belongs to the earth. This we know. All things are connected, like the blood that unites one family. Whatever befalls the earth befalls the sons of the earth. Man did not weave the web-of-life: he is merely a strand in it. Whatever he does to the web, he does to himself"

- Chief Seattle, Native American Chieftain

The term Janapadodhwamsa is composed of three words: 'Jana', 'Pado', and 'Udhwamsa'. The term 'Janapada' refers collectively to a body of people. 'Udhwamsa' refers to destruction. Thus janapada udhwamsakara bhavas are those long and short-term factors that cause massive destruction of a large body of people.

Authors have loosely correlated *janapadodhwamsa* bhavas with epidemics, or endemics. An epidemic is "a widespread occurrence of an infectious disease in a community at a particular time". An endemic is "a disease or condition regularly found among particular people or in a certain area". While these definitions hold" good, the Ayurvedic definition encompasses a much wider understanding. It includes the causes, symptoms, diagnosis and management of diseases/disorders which occur in a large body of people.

Charakacharya mentions (Cha. Vi. 3/8) that predominantly four factors are responsible for janapadodhwamsa. These are: Air, Wind, Water, and Unseasonal variations. He also gives a detailed and

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prophetic description of how these factors v appear when vitiated. Though he included both natural [n]jata hetu] and man-made [aniyata hetu] disasters, never in history have these factors been more significantly true, than in the world today.

While these corelations are applicable, the term Janapadod hwamsa. Tsa literally means factors which harm/ destroy masses. The janapadodhwamsa-karabhavas mentioned by Charakacharya do not only refer to epidemics caused by air borne, soil borne, wind borne microorganisms or climate change, but to the global impact of soil, air, water, and climate pollution, which affect huge numbers of people across the world. This has a by far larger effect, and causes greater destruction than a mere epidemic or endemic. Thus the term janapadodhwamsa has a wider implication in terms of health and well being than the cause and consequence of an epidemic or endemic disease.

However, it needs to be remembered that the causes of epidemics have their roots in human lifestyles and socio-economic practices, and most importantly, patterns of human use and misuse of the very environmental elements that nurture human existence.

Let us look at the first factor - water. When a water body has an abnormal smell, colour, texture, or is filled with mucinous material, devoid of natural water dwelling species, appears wasted, and murky, or fills one with a sense of revulsion, then it is said



to be a reservoir of disease for any population coming in contact with it.

This is true of much of the water available to the poor in the world we live in today. According to a United Nations Report released on March 22, 2010 on World Water Day, contaminated and polluted water now kills more people than all forms of violence including wars! 90 percent of wastewater discharged daily in developing countries [like India] is untreated. Several signs of a contaminated water body listed by Charaka apply to the Yamuna, the river that nurtured Lord Krishna. It is said that 3 billion litres of waste are pumped into Delhi's Yamuna River each day. The frothy brew is so glaring that it can be viewed on Google Earth.

The TDS (Total Dissolved Solids) concentration in the river have been found to be significantly higher than permissible limits, making it unfit for drinking. This leads to difference in smell, colour, and texture of the water, as mentioned by Charaka.

According to a study conducted on the flora and fauna of the river Cooum, a famous water body in Chennai, it was found that in 1950, there were 49 species of fish to be found in the water. However, currently there are none, due to extremely high levels of toxic dumping. This fact also points to something else - that the world we live in is far more polluted than the world as it was in ancient times - and there has been rapid deterioration. In India, the five most common water borne diseases are diarrhea, cholera, malaria, Japanese encephalitis, and filariasis.

Taking the example of diarrhea as a case study of water borne disease, a study states that diarrhea is responsible for the death of over 1-lakh children below the age of 11 months in India. After pneumonia, it is the largest cause of death globally, and the highest cause of death in India. The incidence of water borne diarrhea is also predicted to increase by 13.1 % by 2040 along the Ganges Basin.

The second janapadodhwamsa kara bhava mentioned by Charakacharya is desha - land.

Charaka says that land which has an appearance, smell, taste, or feel which is abnormal, which has an excessive moisture, from which all usual animals and life forms are absent, which is full of flies and other insects that thrive in unhygienic places, which is covered in brownish dust, which has thin, or wasted water bodies, and which is full of frightening sounds is a land mass which is likely to start a disease epidemic. Some estimates state that 25% of the Earth's species reside in the soil.

Soil borne infections are caused by two types of organisms - Eudaphic organisms, and soil borne pathogens. Eudaphic organisms are those whose natural habitat is the soil. While some of these may harm the soil, many of these are beneficial, and nurture the soil. Soil borne pathogens are those, which may survive for extended periods of time in the soil, but whose natural habitat is not the soil. Clostridium tetani is an example of a eudaphic organism, while Ascaris lumbricoides (round worm) is an example of a soil borne pathogen. Tetany has been explained in Ayurveda as well, under the heading of Dhanurvata, indicating once again that soil borne infections are not of recent origin, and that knowledge and treatment of such diseases has been an age old practice.

Soil-borne infections have become far more complex than the presence of harmful soil microorganisms. Several infections such as silicosis and aspergillosis can be transmitted through the air as air borne particles as well. Thus, activities that increase, or cause soil erosion can become major causes of soil borne diseases. Large-scale deforestation, associated with unsustainable agricultural practices lead to long term soil erosion.

Another important factor that Charakacharya has mentioned under the janapadodhwamsakara bhava is vayu, or air. He says that wind which blows strongly, which is unseasonal, is extremely cold, hot, rough, moist, fearsome, having an abnormal smell, carrying sand particles, dust, or smoke in excess, is air which is likely cause an epidemic.



Airborne diseases play a huge role in causing diseases worldwide today. In an estimate given as of March 2014, the WHO reported that an estimated 7 million people died globally in 2012 due to air pollution, approximately 11 % of deaths worldwide that year. This confirms that air pollution is the world's largest single environmental health risk. Among out-door air pollution caused deaths, 40% were due to ischemic heart disease, 40% were due to stroke, 11% were due to capno (chronic obstructive pulmonary disease), and 6% were due to lung cancer. Among indoor pollution caused deaths, 34% were due to stroke, 26% were due to ischemic heart disease, 22% were due to capno, and 12% were due to acute lower respiratory infections in children. In India, outdoor air pollution is the fifth leading cause of death after high blood pressure, indoor air pollution, tobacco smoking and poor nutrition. It was also reported that 6,20,000 premature deaths occur from air pollution related diseases per year.

Even 3000 years ago, diseases such as Asthma, (tamaka swasa), kasa (all kinds of cough) etc. and several other respiratory diseases such as chinna shwasa, maha shwasa, kshudra shwasa etc have been mentioned, indicating that a variety of respiratory diseases existed even then. The treatment principles mentioned for such diseases, hold good even today, throwing some light on how to handle complicated cases as well. For example, virechana in tamaka shwasa, practiced 3000 years ago, is still effective today.

While this may be so, the complexity of air pollution today [like soil pollution and water pollution] travels far beyond that of ancient times. Really rectifying diseases caused by air pollution will today also need to involve an in-depth study on the causes for the current paradigms of air pollution, and in the formulation of sustainable steps which can be taken for their mitigation.

The fourth and last factor mentioned by Charakacharya is unseasonal variations. Unseasonal

variations have caused several catastrophes in the past, and will continue to do so in the future - niyata hetu is inevitable. But what of anyata hetu? One of the most significant causes of disease today is climate change. Global warming causes unseasonal heavy rainfall in some areas, is associated with long periods of drought in others and tends to reduce soil health, making it moist and sluggish in some areas (longer survival period of soil borne diseases), and dry and arid in others (higher incidence of inhalable harmful organisms). Global warming has also caused the 'migration towards the pole' of several organisms that are unable to survive in the higher temperatures. This has caused the advent of soil borne diseases as well as other forms of diseases in previously disease free areas. A well-researched example of this is Malaria.

While consumerism and industrialization have led to rapid and massive deterioration of the conditions of living, the treatment methods mentioned by Charakacharya become deeply significant.

Charakacharya mentions several treatment methodologies for janapdodhwamsa janya vyadhis. He says that Panchakarma is the best treatment method. The following study shows how Ayurveda can help in respiratory illnesses.

A study was conducted by Mukesh Rawal and KM Chudasma on the effect of Vamana in Tamaka Shwasa showed that out of 20 patients selected, it was found that in all of them, wheezing sounds were absent or greatly reduced after the administration of a single vamana administered with madanapahala pippali choorna (9g) yashtimadhu choorna (6g) trikatu choorna (6g) and saindhava along with yashitmadhu phanta andgoksheera aakantha paana. This documentation plays a vital role in establishing the clinical success of vamana in tamaka shwasa, which has been used for thousands of years in Ayurveda, and also provides the scope for future Ayurvedic management in asthmatic diseases born



of air pollution. These procedures may be done along with the use of rasayanās, and rigid adherence to the sadvruttas.

When talking about janapadodhwamsa in modern times, while the four factors mentioned by Charakacharya hold good, there is also a much more detailed system wise/etiology wise/ area wise classification of wide spread diseases which are available today.

A list of systemwise epidemics have been listed below, along with an example of their successful Ayurvedic management :-

1. Respiratory Infections: Tuberculosis

India is the country with the largest incidence of Tuberculosis in the world. As of 2013, 5.5 lakh deaths were caused due to TB according to a WHO report.

Vedas refer to Yakshma, and Ayurveda, to Rajayakshma, both loosely correlated to Tuberculosis. Under the aegis of Dr. PK Debnath, The National Research Institute of Ayurvedic Drug Development conducted a study on the efficacy of Ashwagandha capsule (500mg twice daily) and Chyawanaprasha (100 mg thrice daily) both standardized samples, as adjuvants to the treatment of Pulmonary TB along with Anti Tubercular Drugs. Three control groups were formed - one group on merely ATD (anti tubercular drugs), one with adjuvant of ashwagandha, and one with adjuvant chyawanaprasha. The results were extraordinary - In the Chyawanprash add-on group the bacterial load negativity started from 17th day against Aswagandha group from 20th day and completed on 26th day. That is, all those patients (100%) were completely TB free by the 26th day. Even on 29th day 50 percent of ATD group patients had bacterial load positive - 50% of ATD group patients were TB positive even after 29 days of treatment.

2. Gastrointestinal Infections: Cholera

There are an estimated 100,000 to 120,000 deaths worldwide every year that result from cholera.

Madhavanidana mentions pachana, vamaṇa, apatarpana, and use of phala varti as treatment for visuchika. Sanjeevani gutika, which has specially been mentioned in the treatment of Visuchika contains drugs such as Shunti, Maricha, and Pippali which are agnivardhaka and pachaka, while it also contains drugs such as Vatsanabha and Triphala which are tridosha shamaka. Visuchikari gutika created by a Vaidya from Kottakkal during a cholera epidemic in the 19th Century was said to perform a similar action, though the exact ingredients of this preparation are not commonly known. The treatment line prescribed for visuchika 5000 years back by our Acharyas has great potential in its treatment even today.

In recent times, Dukoral, a patented cholera vaccine has been created, which however provides immunity for only a few months, against few strains of the bacterium, making it an ineffective permanent option against cholera. However, other treatment measures such as sufficient rehydration, along with administration of antibiotics such as tetracycline and a congenial diet have proven to be effective in the treatment of cholera. But antibiotics prepared synthetically have their own limitations and side effects.

The topic of janapadodhwamsa begins with Rishi Atreya instructing his students to collect medicinal plants, saying that an epidemic is imminent, and that the herbs will be required to treat and prevent it. This is quite possibly the birth of vaccination, wherein the Rishi administered medicines to the population to help combat the oncoming epidemic by giving them some form of immunity or resistance to the disease.

3. Vector- Borne Diseases : Chikungunya

Perhaps the biggest success story of Ayurvedic treatment of janapadodhwamsa in modern times has been the treatment of Chikungunya. Nearly 1.3 million suspected cases of Chikungunya were reported in 2006. Spread by the Aedis mosquito



(which also causes Dengue), for the purpose of this essay, it has been included under water borne diseases. Initiated by the CCRAS in 2009, and headed by Dr. GS Lavekar, Director CCRAS New Delhi, it was found that in one of the studies that out of 162 patients, 47% reported relief from sandhishoola (joint pain), 85% reported relief from jwara (fever), and 93% reported relief from sandhishotha (Joint swelling). A preventive formulation called Swasthya Rakshana Amruta Peyawas made and distributed to people in prone areas, and as of 2009 had 52 lakh beneficiaries. This is once again in keeping with the basic Ayurvedic tenet- Swasthaya swasthya rakshanam - protecting the health in the healthy.

4. Sexually Transmitted Diseases: AIDS

A study conducted by Dr. Gurubasavaraj Yalagachin from our SDM College hospital on the effect of Amrutaprasha Ghrita administered in AIDS patients found a significant improvement in their CDC counts, increase in weight, improved complexion, strength, and energy.

5. Other infectious diseases: Leptospirosis, Rabies, Tetanus, Leprosy etc.

Ayurveda says that it is not necessary to know the name of a disease to treat it. There are several new diseases today that did not exist in ancient times, a number of them caused by our unhealthy lifestyles and practices. Adapting our ancient principles and treatment methods to the modern health needs is the crying need of today. Clinical studies, as well as drug research as done in the case of Chikungunya, can help immensely. Also documentation of success stories can help guide other physicians. Integrative studies as done in the case of treatment of TB can create a new paradigm of integrated treatment. Thus, the scope of Ayurveda in modern times, in addressing janapadodhwamsa is enormous.

However, aside from treating diseases caused by janapadodhwamsa, it is also necessary to prevent, and address the factors which result in the diseases.

The first and only step towards sustainable mitigation of the pollution that causes janapadodhwamsa lies in addressing the causes for it. Combustion of natural gas, petroleum, coal, and wood in industries, automobiles, aircraft, etc. releases several poisonous gases, such as carbon monoxide, sulphur dioxide, carbon dioxide, and nitrous oxides. Other causes of air pollution include metallurgical processing, chemical industries including pesticides, fertilizers, etc., processing industries (such as cotton textiles, wheat flour mills, asbestos etc.), welding, stone crushing, burning of landfills and wastes etc.

Land, of the size of two football fields is being deforested every minute in the Amazon, the largest forest remaining in the world today. Forests act as carbon sinks they absorb the carbon dioxide and noxious gases released by human unsustainable practices. Increase of noxious emissions, associated with destruction of carbon sinks accelerates the process of human extinction; and also accelerates the earth's journey toward the 'point of no return' a term environmentalists have used to denote the stage of damage/destruction from which the Earth cannot recover.

Due to the phenomenon of global warming (green house gases which are trapped beneath the ozone layer gradually increasing the earth's surface temperature), the earth's temperature is said to have risen by 2 degrees Celsius. Scientists predict that the earth is likely to become a second Venus, which now cannot support any life due to dehydration caused several million years ago. The climate of Venus as it was originally, however is predicted to have supported life. Also, by 2050, 1/4th of the earth's species are predicted to become extinct, due to the current climate change paradigm.

Charakacharya had clearly understood this, when he explained kala janapadodhwamsa kara bhava. He explained that the features of a particular season, whether in excess of the normal, less than normal, or contrary to the normal features could



result in an epidemic. While undoubtedly minor seasonal variations occur routinely throughout the world, the nature of climate change seen now, is the highest ever, after the ice age. Thus, Charakacharya was not only referring to minor seasonal variations, but was also cautioning us against the current climate change disaster.

Measures such as afforestation, reduction of vehicular emissions, sustainable

methods of agriculture such as crop rotation and mixed cropping, reduction and elimination in the use of pesticides, and fertilizers which release CFCs (chl oro-fluoro-carbons) and other green house gases, and reducing unsustainable dumping in landfills and water bodies which release noxious gases need to be implemented immediately in order to combat climate change. While efforts in this direction are being undertaken, they are erratic, and scarce. It is heartening that there is a growing global awareness of the crying need to address climate change induced problems, but initiatives are still weak, and are limited by poor government initiatives, and implementation of existing laws.

Perhaps most important of all is the preservation of our ancient indigenous seeds - the wide and rich pharmacopeia of our ancient Acharyas. If we lose the plants and herbs that keep Ayurveda alive, and the great traditional gurus who still move among us with their wisdom and knowledge, we will be an impoverished nation indeed!

CONCLUSION:

Janapadodhwamsa kara bhavas have been defined as factors that can cause large-scale epidemics. However, they were also a caution against the enormous problems that we are facing due to air pollution, water pollution, land pollution, and climate change today - problems that we have brought upon ourselves by unsustainable lifestyles, and disregard for the Earth's resources. The treatment that Charakacharya mentioned for

janapadodhwamsa is remarkable in its foresight. Apart from treatment methodologies which are applicable today even in newly formed diseases, he asks us to live moderate lives, which respect the Earth and all of nature. In essence, he was indicating that what is needed is not a different law, or a different government to set things right, but a change in attitude in each one of us, that will lead to the change we need as a nation.

janapadodhwamsa remains as important today, if not more so, than it was 3000 years ago, both in terms of the nature of the diseases that occur, as well as in the manner of their treatment. I would like to conclude with the quote -

*'Dharmo Rakshati Rakshitaha -
Dharma protects those who protect it'
- The Earth will protect those who protect it.*



परिषद् समाचार

Prof. R. H. Singh is enlisted for Padmashri award - 2016

Prof. Ram Harsh Singh is renowned teacher, researcher & academician, popular physician, writer & orator, efficient administrator and above all a good human being, born on Jan 10th, 1942 graduated in Ayurveda, Medicine and Surgery (ABMS) from prestigious Banaras Hindu University (1961), did Ph.D (1969) and D. Litt (1982) under the coveted supervision of Padmashri Prof. K. N. Udapa. He joined the Faculty of Ayurved at Banaras Hindu University in 1963 and served this prestigious institution for over 40 years in the capacity of Lecture, Reader and Professor-Head Department of Kayachikitsa and Dean, Faculty of Ayurveda BHU till Feb 2003 after which he joined the Rajasthan Ayurved University of Jodhpur as its First Vice Chancellor on a 3-years tenure (2003-2006) where he played a commendable role to establish a new role model institution of higher learning in Ayurved. Professor Singh was the Full Chair Professor for one year (2006) at Wonkwang Digital University, Republic of Korea and he is the Visiting Professor (2012-2014) at Mount Madonna Institute of Creative Science and Arts, USA. At present he is working as Life-time Distinguished Professor in the Faculty of Ayurveda at BHU and is an Adjunct Professor at the Central University of Higher Tibetan Studies and has been the RAV Guru Dept. of AYUSH (2007-2012).



He is Fellow of the National Academy of Indian Medicine and Jewel Member of All India Ayurveda Academy (RAV). Prof. Singh has produced over 100 MDs and 30 Ph.Ds under his guidance, many of whom are holding top rank positions in the country. He has published 20 important books and 200 research papers in National and International journals. He is on the Editorial board of several National and International Journals. He is the Member of National Commission on History of Science and is the Chairman of the Scientific Advisory Board of the CCRAS (2012-2015). He has been the Chairman of AYUSH sector Innovation Council (2012) constituted by Govt. of India and has been the member of 12th FYP Steering committee of Planning Commission on AYUSH.

He is the recipient of the prestigious Ram Narayan Sharma National Research Award (2005) carrying cash prize Rs 1.50 Lakh by the President of India for outstanding contributions in the field of Ayurveda, Hari Om Ashram Award, IASTAM Award, Charak Award of Red Swastik Society of India, Jivak Award of Asian Medicine, Piyus Pani Award, Life time achievement and Kasturba Oration Award of MGIMS, Platinum Jubilee Oration Award of Indian Science Congress and Distinguished Alumni Award of Banaras Hindu University. He has widely traveled all over the world to promote Ayurveda globally.

He has been seriously engaged in revival and development of Ayurved on Scientific lines as an evidence-based system of Medicine. He is also engaged in developing newer courses and programs for need based development of Ayurved in interdisciplinary areas to generate employment potential and to meet the need of appropriate man-power development in tune with the present day requirements and expectations from Ayurved and other Alternative systems of Medicine, including the requirement of the emerging global scenario internationally.

Prof. R. H. Singh is enlisted for Padmashri award (one of the highest civilian Awards of the country) 2016, in the Field of medicine-Ayurveda; as per Press Information Bureau Government of India Ministry of Home Affairs dated 25th January, 2016, which will be very soon conferred by President of India at ceremonial functions, which will held at Rashtrapati Bhawan, New Delhi, in the month of March/April. This achievement makes him unique and incomparable. This is possible due to his dedication, hard work, conceptual & revolutionary thinking in the field of Ayurveda and created new path not only for his own self but for many others to follow. He has bestowed his blessings and graced many events and activities of Vishwa Ayurved Parishad. For this prestigious achievement, Vishwa Ayurved Parishad heartily congratulate and wish him all success in his life.



अमृतसर में धन्वतरि अध्ययन मण्डल का गठन

आज 8/02/2016 को आयुर्वेद परिषद् पंजाब की ओर से श्री लक्ष्मी नारायण आयुर्वेदिक कालेज, अमृतसर में धन्वतरि अध्ययन मण्डल का गठन किया गया। जिसमें डॉ० अशोक नंदवाणी और डॉ० जसकीरत चावला को शिक्षक संयोजक तथा कुंजेश सचदेवा, शिवम् और प्रतिभा को विद्यार्थी संयोजक बनाया गया। प्रान्त उपाध्यक्ष डॉ० मधुरिमा ने जालंधर में 27-28 फरवरी 2016 में होने वाले विश्व आयुर्वेद परिषद् के राष्ट्रीय अधिवेशन की जानकारी देते हुए बताया कि 27 फरवरी को Recent Advances and Skill Development in Ayurveda विषय पर राष्ट्रीय संगोष्ठी की जायेगी और उसके आधार पर सभी आयुर्वेदिक कालेजों में विश्व आयुर्वेद परिषद् की तरफ से धन्वतरि अध्ययन मण्डल शुरू करने का आग्रह किया। जो कि आयुर्वेद में कौशल विकास का आधार बनेंगे। कार्यक्रम में पंजाब उपाध्यक्ष डॉ० रिचा, डॉ० आशीष सचदेव तथा डॉ० अश्विनी भार्गव विशेष रूप से उपस्थित रहें। प्राचार्य डॉ० नीरजा शर्मा जी ने हर सम्भव सहयोग देने का आश्वासन दिया।

वाराणसी में कौशल वर्धन एवं व्यक्तित्व विकास के प्रशिक्षण कार्यक्रम का समापन

विश्व आयुर्वेद परिषद् एवं केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ वाराणसी के संयुक्त तत्वावधान में सोवारिग्पा औषधि निर्माण शाला के तकनीशियनों एवं कर्मचारियों के लिये एक माह का प्रशिक्षण कार्यक्रम दिनांक 2 जनवरी 2016 से 31 जनवरी 2016 तक आयोजित किया गया। प्रशिक्षण सोवारिग्पा विभाग, केन्द्रीय तिब्बती अध्ययन, विश्वविद्यालय, सारनाथ, वाराणसी में सम्पन्न हुआ। प्रशिक्षण कार्यक्रम का विषय था "कौशल वर्धन एवं व्यक्तित्व विकास"।

इस कार्यक्रम के समापन समारोह के मुख्य अतिथि प्रो० सत्येन्द्र प्रसाद मिश्र, राष्ट्रीय संरक्षक तथा कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून थे। कार्यक्रम की अध्यक्षता प्रो० गेशे नवांग सामतेन, कुलपति केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ, वाराणसी थे। कार्यक्रम का प्रारम्भ धन्वतरि बन्दना तथा चिकित्सकीय बुद्ध के खतक अर्पण तथा दीप प्रज्वलन से प्रारम्भ हुआ। मुख्य अतिथि प्रो० मिश्र ने इस कार्यक्रम की महत्ता पर प्रकाश डालते हुए कहा कि सोवारिग्पा तथा आयुर्वेद मिलकर मानव जीवन के स्वास्थ्य की चिन्ता करें। इस तरह के आयोजन से दोनों पक्ष लाभान्वित होंगे। आज विश्व पारम्परिक चिकित्सा पद्धति पर आशा लगाये हुए है। यदि हम इस दिशा में सार्थक प्रयास करें तभी विश्व गुरु बनने का मौका मिल सकता है। प्रो० सामतेन ने आन्तरिक व्यक्तित्व की चर्चा करते हुए उसके विकास की आवश्यकता स्पष्ट की। उन्होंने भविष्य में भी इस तरह के कार्यशालाओं पर बल दिया। सोवारिग्पा चिकित्सा के आध्यात्मिक पक्ष पर ज्यादा प्रभाव डालता है।

डॉ० अजंजा द्विवेदी कार्यक्रम संयोजक तथा विभागाध्यक्ष, रस शास्त्र एवं भैषज्य कल्पना विभाग, राजकीय आयुर्वेद महाविद्यालय, वाराणसी ने एक माह के प्रशिक्षण, उसके विषय वस्तु आधार तथा सफलता की रिपोर्ट प्रस्तुत की। कार्यक्रम अध्यक्ष डॉ० के० के० द्विवेदी, विभागाध्यक्ष, काय चिकित्सा एवं पंचकर्म विभाग, राजकीय आयुर्वेद महाविद्यालय, वाराणसी ने अतिथियों का स्वागत किया तथा पूर्व में किये गये कार्यक्रमों की उपादेयता पर प्रकाश डाला। प्रो० लोबसांग तेनजिन, संकायाध्यक्ष, केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ ने अपने उद्देश्य, अनुभव तथा नवीन तकनीकों की आवश्यकता को स्पष्ट किया। अतिथियों का स्वागत प्रो० डूमडूल डोरजी, विभागाध्यक्ष, सोवारिग्पा ने तथा धन्ववाद ज्ञापन डॉ० मनीष मिश्र, आयोजन सह सचिव ने किया। कार्यक्रम में मुख्य रूप से डॉ० अरुण कुमार राय, संयोजक, डॉ० श्रुतिकृति मिश्रा, डॉ० एस० एस० पाण्डेय का सहयोग रहा। डॉ० ऊषा द्विवेदी ने कार्यक्रम का संचालन किया।