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# विश्व आयुर्वेद परिषद पत्रिका

वर्ष-17

अंक-3-4, सम्वत् 2077

वैशाख-ज्येष्ठ

मार्च-अप्रैल 2020

संयुक्तंक

कोरोना के खिलाफ छिड़ी है जंग  
आओ मिलाये आयुर्वेद के संग...!

ग्रीष्म ऋतु

*A Reviewed*

**Journal of Vishwa Ayurved Parishad**

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# लक्ष्य-2020

(All India Pre-P.G. Mock Online Test-2020)

10 मई 2020 प्रातः 11:00 बजे  
आयोजक— विश्व आयुर्वेद परिषद

1. पंजीयन हेतु [vaplakshya.in](http://vaplakshya.in) पर विज़िट करें।
2. पंजीयन शुल्क 200/- रूपये है।
3. अंतिम तिथि 05 मई 2020 रात्री 12:00 बजे तक है।
4. परीक्षा मोबाईल पर आनलाईन ली आयेगी।
5. परीक्षा दिनांक को परीक्षा के 5 मिनट पूर्व एक लिंक प्राप्त होगी उस लिंक पर क्लिक से परीक्षा प्रारम्भ होगी।
6. परीक्षा के पश्चात आपके पास मैरिट लिस्ट तथा प्राप्तांक आएंगे।
7. यदि मुख्य परीक्षा नीट जुलाई 2020 में होगी तो इसी पंजीयन राशि से पुनः एक परीक्षा जून-2020 में आयोजित की जाएगी, जो निःशुल्क होगी।

—सम्पर्क—

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**VISHWA AYURVED PARISHAD**



# विश्व आयुर्वेद परिषद् पत्रिका

## Journal of Vishwa Ayurved Parishad

वर्ष - 17, अंक - 3-4

वैशाख-ज्येष्ठ

मार्च-अप्रैल 2020

संरक्षक :

- ♦ डॉ० रमन सिंह  
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- ♦ प्रो० योगेश चन्द्र मिश्र  
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सम्पादक :

- ♦ डॉ० अजय कुमार पाण्डेय

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- ♦ डॉ० ब्रजेश गुप्ता
- ♦ डॉ० मनीष मिश्र
- ♦ डॉ० आशुतोष कुमार पाठक

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- ♦ बृजेश पटेल

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

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## अतिथि संपादकीय

जिस प्रकार से जीवन अनादि काल से चला आ रहा है, उसी प्रकार मनुष्य के द्वारा ज्ञान की उपलब्धि का प्रयास भी से चला आ रहा है। मानव शरीर, उसके स्वास्थ्य एवं दीर्घ जीवन के रहस्यों को जानने की कोशिश सदैव से ही मनुष्य की प्राथमिकता रही है। स्वस्थ जीवन पर ही सब कुछ आश्रित है। जीवन के चार प्रमुख उद्देश्यों धर्म, अर्थ, काम एवं मोक्ष का आधार भी स्वास्थ्य ही है। किसी भी विज्ञान की उन्नति एवं विकास का मूल आधार निरन्तर किये जाने वाले विभिन्न प्रयोग ही हैं। कार्य से विचार, विचार से अनुभव, अनुभव से सिद्धान्त बनते हैं। किसी विचारक का कथन है— "Experience is the child of thought and thought is the child of action." अतः प्रयोगधर्मी हुए बिना किसी भी क्षेत्र में आगे बढ़ना संभव नहीं है। आयुर्वेद जैसे वैदिक एवं पारम्परिक प्राचीन भारतीय चिकित्सा विज्ञान के प्रति अन्य क्षेत्रों के विद्वानों एवं जनसामान्य की यह धारणा है कि आयुर्वेद में बहुत कुछ है परन्तु अनुसंधान की कमी के कारण वर्तमान परिस्थितियों में अधिक उपयोगी सिद्ध नहीं हो पा रहा है और शीघ्रता से आधुनिक चिकित्सा जगत के बीच स्वीकार्य नहीं है। वर्तमान में आयुर्वेद के क्षेत्र में निरन्तर अनुसंधान किये जा रहे हैं। सरकार के द्वारा इस हेतु अलग से अनुसंधान संस्थान बनाये गये हैं, जो निरन्तर कार्य में लगे हुए हैं। विचारणीय यह है कि इन अनुसंधानों का आयुर्वेद के विकास में कितना योगदान है एवं समाज में उपयोगिता कितनी है? क्या हमारा अनुसंधान दिशाहीन है? क्या यह एक खानापूर्ति मात्र है? क्या अनुसंधान बिना उचित योजना के एवं अव्यवस्थित तरीके से किया जा रहा है? क्या संसाधनों की कमी हमारे कार्य में बाधक है? इसी प्रकार अन्य बहुत से कारण हो सकते हैं। आयुर्वेद में आधुनिक विज्ञान की तुलना में कुछ भिन्न प्रकार के अनुसंधान की आवश्यकता है। प्राचीन काल से ही आयुर्वेद के ऋषियों और आचार्यों के द्वारा किये गये प्रयोगों एवं अनुसंधानों के आधार पर आयुर्वेद में औषधियों एवं प्रयोगों का तथ्यात्मक एवं विश्लेषणात्मक विवरण उपलब्ध है। इन सिद्धान्तों, औषधियों एवं प्रयोगों को आधुनिक विज्ञान के आधार पर समझना और परीक्षणों द्वारा प्रमाणित करना आज के परिपेक्ष्य में आवश्यक है। ऐसा करने से आयुर्वेद समुन्नत होगा और सार्वभौमिक बनेगा। आयुर्वेद को किसी सीमा में नहीं बांधा जा सकता— न चैव हि अस्ति सुतरमायुर्वेदस्य पारं, तस्मादप्रमत्तः शाश्वदाभियोगमस्मिन् गच्छेत। (च वि 8/14) आयुर्वेद के चिकित्सा एवं स्वास्थ्य के सिद्धान्तों का विस्तार बहुत है इन्हें वर्तमान में उपलब्ध विविध ज्ञान विज्ञान के आलोक में प्रासंगिक एवं और अधिक विस्तार करने की आवश्यकता है। वर्तमान में आयुर्वेद जगत अनुसंधान की अनेक कठिनाइयों एवं चुनौतियों से जूझ रहा है। सबसे बड़ी चुनौती आयुर्वेदज्ञों के स्वयं के स्तर पर है और वह है ठोस इच्छाशक्ति, आत्मविश्वास, उत्साह और सकारात्मक सोच की कमी। हम सदैव ही संसाधनों की कमी, विभागीय अव्यवस्था, सरकार द्वारा असहयोग आदि कठिनाइयों की दुहाई देकर स्वयं को तसल्ली देते रहते हैं। यद्यपि इन समस्याओं को नकारा नहीं जा सकता, परन्तु इनका समाधान भी हमें ही निकालना होगा। बहुत से नियम एवं एथिकल समस्याएं भी बाधक हैं, इनकी भी समीक्षा एवं निराकरण आवश्यक है। अनुसंधान के लिए आधुनिक विज्ञान के साथ ही आयुर्वेद के स्वयं के मानक भी तैयार करने की आवश्यकता है।

डेंगू, स्वाइन फ्लू और कोरोना जैसी महामारियों के समय आयुर्वेद की प्रामाणिक औषधियों के प्रभाव के सत्यापन हेतु परीक्षात्मक अध्ययन की आवश्यकता है। इसके लिए हमें आधुनिक चिकित्सकों के साथ मिलकर योजना बनाकर काम करने की आवश्यकता है, जिससे कि हमारी औषधियों की कार्यक्षमता सिद्ध हो सके। आयुर्वेद चिकित्सकों के द्वारा कई दुःसाध्य व्याधियों जैसे कैंसर, रीनल फैल्योर, सोरायसिस, माइग्रेन आदि के उपचार का दावा किया जाता है। किन्तु ठोस प्रमाण एवं स्पष्टीकरण के अभाव में ऐसे प्रयोगों को मान्यता नहीं मिल पाती है। अतः सटीक डाटा संग्रहण एवं उनका विश्लेषण ही प्रामाणिकता को सिद्ध करने में मददगार साबित हो सकता है।

— डॉ. उत्तम कुमार शर्मा

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## VATAJA YONIVYAPADA – A REVIEW

- Monisha. V M<sup>1</sup>, Anuradha Roy<sup>2</sup>  
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### ABSTRACT

Women are the only source of human progeny. The disorders occurring in their genital organs cause impediment or injury to progeny. Therefore early diagnosis and treatment of the gynecological disorders are very important. Ayurvedic classics have described most of the gynecological problems under the heading of Yoni Vyapada. Some of the menstrual abnormalities such as Asrigdara, Artavadushti, Raktagulma etc have been described individually, although to get thorough knowledge regarding menstrual disorders, understanding of Yoni Vyapada is essential. All classics have given the number of Yoni Vyapada as twenty. Among these twenty Yonivyapadas, Brihatrayees have given primary importance to Vataja Yonivyapada and mentioned it as the first one in all the classics. Looking to the pathogenesis of Vataja Yonivyapada it is a cluster of symptomatology in which vitiated Vatadosha get greatly aggravated by vata inducing diet and other activities and this vata reaches the reproductive system of the woman of vataprakriti and process troublesome symptoms and Vataja Yonivyapada. In Ayurveda the

treatment modalities like Snehana, Swedana, Basti etc and certain medicinal formulations have a loud effects on such conditions in every reproductive age group without any further side effects. On the other hand modern medicine uses hormones, analgesics, antispasmodics and surgery for its treatment which has it's own limitations. The significance of a healthy yoni has been asserted in various phases of woman's life from puberty to marriage to child birth and thereafter. So here Yonivyapada is discussed with special focus on the Vataja Yonivyapada with its various management protocols from Ayurveda Classics.

**Key Words :** VatajaYonivyapada, Ayurveda, Yoni, Artava, Cikitsa, Gynecological disorders

### INTRODUCTION:

Ayurveda, the oldest medical science of the Indian subcontinent, been practiced since 1000 B.C. with objectives to accomplish physical, mental, social and spiritual wellbeing by adopting health promoting holistic approach towards life. Ayurveda is categorized into 8 different branches collectively known as Ashtangas of Ayurveda. Ashtang means 8 parts or limbs. They are Kaya, Bala, Graha,

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Urdhwanga, Shalya, Damshttra, Jara, Vrisha.<sup>2</sup> Among these the second branch Bala deals with the prenatal and postnatal baby care as well as the care of woman before, during and after pregnancy.

Most of the gynecological disorders besides Asrigdara, Artavadushti, Rakta Gulma, Yoni Arsa, Yoni Kanda are described under the heading of Yonivyapadas in Ayurvedic classics.<sup>3</sup> The word Yoni in Ayurvedic classics refers to entire reproductive system and also to individual organs. The main functions of yoni are menstruation and conception. In general etiology it has been mentioned that vayu is predominant dosha responsible for yonirogas. This aggravated vayu especially apanavayu may produce certain other

diseases related to pelvic organs.<sup>4</sup> All the classics have given twenty number of Yoni vyapadas.<sup>5</sup>

Among the twenty Yonivyapadas, the Brihatrayees have given primary importance to Vataja Yonivyapada and all the Acharyas mentioned it as the first one in all the classics. It is also mentioned that a woman never suffer from diseases of Yoni and related structures except as a result of affliction by the aggravated vata.<sup>6</sup> Vata alone is the most predominant dosha in most of the YoniVyapada (table2). Signs and symptoms mentioned in these Yoni Vyapada matches with most of the common gynecological issues in women of reproductive age group.

**Table 1:**  
**Classification and names of Yonivyapada (gynaecological disorders)**

Causative Dosh	Classics		
	Charaka Samhita	Sushruta Samhita	Ashtanga Samgraha
Vata	Vatiki, Acharana, Aticharana, Prakcharana, Udavartini, Putraghni, Antarmukhi, Suchimukhi, Sukshma, Shandi, Mahayoni = 11	Udavarata, Vandhya, Vipluta, Paripluta, Vatala = 5	Vatiki, Aticharana, Prakcharana, Udavarta, Jataghni, Antarmukhi, Suchimukhi, Sukshma, Vamini, Shandha, Maha = 11
Pitta	Paittiki, Raktayoni, Arajaska = 3	Rudhir akshara, Vamini, Sransini, Putraghni, Pittala = 5	Paittiki, Raktayoni = 2
Kapha	Shlaimiki = 1	Atyananda, Karnini, Acharana, Aticharana, Shlaimika = 5	Shlaimiki = 1
Tridosha	Sannipatiki = 1	Shanda, Phalini, Mahati, Suchivaktra, Sarvaja = 5	Sannipatiki = 1
Vata-Pitta	Paripluta, Vamini = 2		Lohit akshaya, Paripluta = 2
Vata-Kapha	Upapluta, Karnini = 2		Upapluta, Karnini = 2
Krimi (Parasites)			Vipluta = 1



**Table 2:**  
**Classification and names of Vatajyonivyapada(gynaecological disorders)**

Classic name	Number	<i>Yonivyapada</i>
Charaka Samhita <sup>7</sup>	11	<i>Vatiki, Acharana, Aticharana, Prakcharana, Shushka, Udavartini, Putraghni, Antarmukhi, Suchimukhi, Shandhayoni, Mahayoni</i>
Sushruta Samhita <sup>8</sup>	5	<i>Udavarta, Vandhya, Vipluta, Paripluta, Vatala</i>
Ashtanga Hridaya <sup>9</sup>	11	<i>Vatiki, Aticharana, Prakcharana, Udavartini, Jataghni, Sushka, Antarmukhi, Suchimukhi, Vamini, Shandayoni, Mahayoni</i>

#### **ETIOLOGY :**

Ayurvedic classics have given the detailed description of Yoni Vyapatda in general but Acharya Charaka has described its specific etiology according to the predominance of dosha.

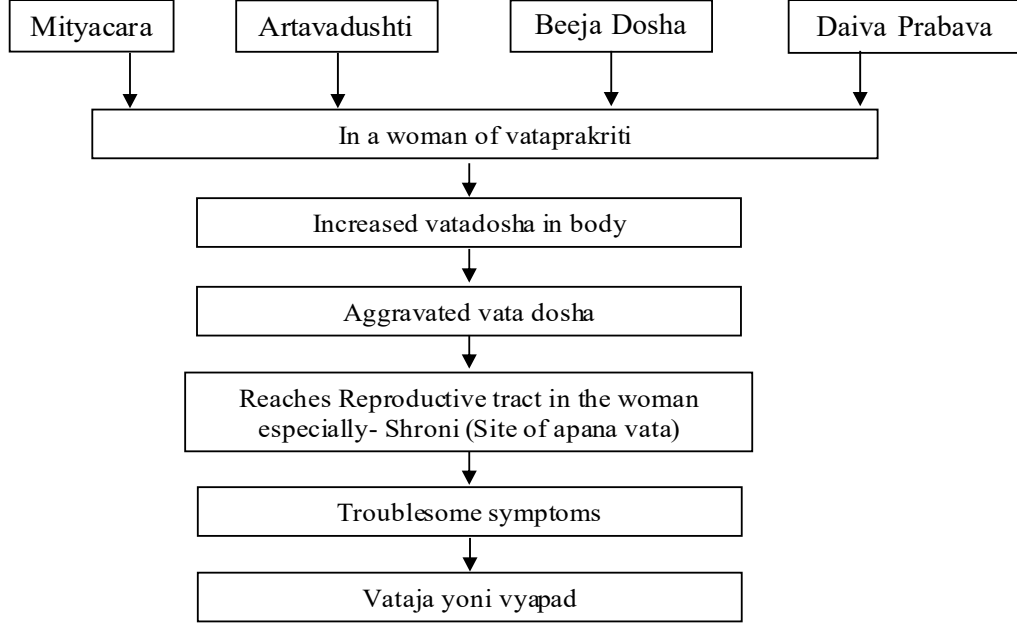
1. **Mithyacara:** Abnormal dietetics and modes of life
2. **Artava dushti:** Abnormalities of Artava
3. **Beeja dosha:** Abnormalities of Beeja (either ovum or sperm or both)
4. **Daiva prabhava:** Curses or anger of God (in absence of apparent cause, the diseases are said to develop due to curses of God)<sup>10</sup>

#### **Specific causes of Vataja Yonivyapada**

Consumptions and regular indulgences of vata aggravating foods and daily activities by a woman having vata type body constitution causes aggravation of vata.<sup>11</sup>

#### **PATHOGENESIS:**

In woman of vataprakriti, the vata get greatly aggravated by vata inducing diet and other activities and this vata reaches the reproductive system of the woman and process troublesome symptoms and Vataja Yonivyapada.<sup>12</sup>



#### SYMPTOMS:

वातलाहारचेष्टाया वातलायाः समीरणः ।  
विवृद्धो योनिमाश्रित्य योनेस्तोदंसवेदनम् ॥  
स्तम्भंपिप्पीलिकासृष्टिमिवकर्कशतांस्तथा ।  
करोतिसुप्तिमायासंवातजांश्चपरांगदान् ॥  
सास्यात् सशब्दरुक्फेनतनुरुक्षार्तवानिलात् ।  
(Ca.Ci. 30 / 10.11)

#### General and local symptoms

- Toda and vedana of yoni (Pricking and other pain of vagina)
- Stambha (Stiffness)
- Pipeelikasruptim (Sensation as if creeping of ants)
- Karkasata (Roughness)
- Supti (Numbness)
- Ayasa (Fatigue or lethargy)
- Vamkshana and parsva vyadha (Pain in groins and flanks)

#### Related to Menstruation

- Phenila artava (Frothy menstrual blood)
- Aruna krishna artava (Reddish black menstrual blood)
- Alpa artava (Oligomenorrhea)
- Tanu artava (Thin menstrual blood)
- Ruksha artavasruti (Menstruation appears dry without mucus content)<sup>13</sup>

#### MANAGEMENT:

##### Treatment Principle

As per Acharya Charaka, for the treatment of gynecological disorders caused by the aggravated vata, the patient should be given Snehana (Oleation), Swedana (Fomentation), Basti (Enema) and such other therapies which alleviates vata with recipes containing vata alleviating drugs.<sup>14</sup>

स्नेहनस्वेदवस्त्यादिवातजास्वनिलापहम् ॥

(Ca. Ci. 30 / 41)





वातव्याधिहरं कर्म वातार्तानां सदाहितम् ।।

(Ca. Ci. 30 / 47)

वातार्तानां च योनीनां सेकाभ्यङ्गपिचुक्रियाः ।।

(Ca. Ci. 30 / 61)

Main principles of treatment in vatajyonivyapada include snehana, swedana, basti, parishecana, abhyanga, Pichu. Also the use of ushna and snigdha dravyas helps in alleviating vata.<sup>15</sup>

As per Acharya Charaka a woman never suffer from Gynecological disorders ex-

cept as a result of affliction by the aggravated vata. Therefore, first of all, the aggravated vata should be alleviated.<sup>16</sup> For the woman suffering from gynecological disorders caused by aggravated vata, therapeutic measures which are curative of vata diseases are always useful. Oil mixed with rock-salt is smeared all over the body and thereafter different Swedakarmas such as Nadi, Kumbi, Ashma, Prasthara and Sankara are administered.<sup>17</sup>

### Treatment of Vataja Yonivyapada according to different Acharyas Charaka Samhita<sup>18</sup>

#### Abhyantara Chikitsa

<i>Churna</i>	<i>Pippalyadi Yoga</i>
<i>Ghrita and Taila</i>	<i>Kashmaryadi Ghritha</i> <i>Bala Taila</i> <i>Dasamoola Ghritha</i>
<i>Ksheera Paka</i> (Medicated Milk)	<i>Rasna, Gokshura and Vrshaka Ksheera Paka</i> <i>Anupa and Jaliya Mamsa Rasa Siddha Ksheera</i> <i>Dasamoola siddha Ksheera</i>

#### Sthanika Chikitsa

<i>Kalka</i>	<i>Hamsapadi mula Kalka</i> <i>Veshavara Pinda</i> <i>Hot Krishara</i>
<i>Parishechana</i>	<i>Guduchyadi Kwatha</i>
<i>Pichu</i>	<i>Saindhavadi Taila</i> <i>Guduchyadi Taila</i> <i>Dhatakyadi Taila</i>
<i>Varti</i>	<i>Goghritha</i>
<i>Taila &amp; Ghrita</i>	<i>Guduchyadi Taila</i> <i>Gambharyadi Taila</i> <i>Trivrta Taila</i>



## Sushruta Samhita<sup>19</sup>

### *Abhyantara Chikitsa*

<i>Sandhanakalpana</i>	<i>Dosha nsura asava arishta surapana</i>
<b>Others</b>	<i>Ksheera</i> <i>Mamsa Rasa</i>

### *Sthanika Chikitsa*

<i>Kalka</i>	<i>Madhur oushadha samyukta veshavaram</i>
<i>Pichu</i>	<i>Taila</i>
<i>Dhavana</i>	<i>Vatagna Aushadha siddham</i>

## Ashtanga Sangraha<sup>20</sup>

### *Abhyantara Chikitsa*

<i>Ghrita &amp; Taila</i>	<i>Baladisneha</i> <i>Satavaryadi Ghrita</i>
<i>Churna</i>	<i>Saindhavadi churna with Ghirta</i>
<i>Ksheerapaka</i>	<i>Vrshaka, Rasna, Gokshura</i>
<i>Kalka</i>	<i>Vrshaka matulungadi kalka with madya</i> <i>Anjaka mula and bilva with madya</i> <i>Suvarchala with madya (Avantisoma)</i> <i>Upakunjika with madya (Avantisoma)</i> <i>Pippali with madya (Avantisoma)</i>

### *Sthanika Chikitsa*

<i>Kalka</i>	<i>Himsra Kalka</i> <i>Yavagodhumadi Kalka</i>
<i>Parishechana</i>	<i>Dantyadi Kwatha</i> <i>Nishotha Kwatha</i>
<i>Pichu</i>	<i>Rasnadi Taila</i> <i>Kushtadi Taila</i> <i>Dhatakyadi Taila</i>
<i>UttaraBasti</i>	<i>Shirisha Taila</i> <i>Bala Taila</i> <i>Sukumara Taila</i>



## DISCUSSION:

Vataja Yonivyapada is of prime importance among all the twenty Yonivyapadas because of its signs and symptoms especially toda and vedana along with abnormalities in menstrual bleeding matches with most of the gynecological issues in women of reproductive age group.

Vataja Yonivyapada is a disease having its impact on body as well as on mind. It hampers their day to day chores and most importantly makes them go through the mental trauma of fear, guilt and depression disturbing their interpersonal relationship, most importantly marital life. An instant relief of symptoms is required for such women along with an overall improvement in the general condition of the Yoni.

Ayurvedic line of management aims to give a blissful life by improving the vitiated dosha through various shodhana and shamana procedures. Vagina is a potential space that connects the lower portion of the uterus to the outside environment.<sup>21</sup> It has been explained under Bahirkarmendriya and is one of the Bahyashrotas in women. As with other mucosal drug delivery routes, drug transport across the vaginal membrane may occur by a number of different mechanisms. The significance of a healthy yoni has been asserted in various phases of woman's life from puberty to marriage to child birth and thereafter.<sup>22</sup>

## CONCLUSION:

Vataja Yonivyapada was found more commonly in active reproductive life of women. Though it constitute common gynecological symptoms like pain, numbness and roughness of vagina and other menstrual abnormalities, its clinical manifestations are not sufficiently recognized. This lack of appreciation of the symptoms leads to the failure to look for, find and treat the cause of many gynecological complaints, thus in many instances condemning the patient to chronic ill health as a result of such symptom as pain, numbness, stiffness and roughness in vagina, fatigue or lethargy etc. Hence proper counselling to the woman should be done about the disease and its consequences. In this perspective, Ayurveda offers excellent remedies which are safe, naturally available rejuvenating and finally improves the whole health. Hence Ayurvedic management should be encouraged so that it can serve the grieving womanhood and finally the humanity. Hence in this paper an attempt is made to summarise Vataja Yonivyapada in detail with their management as mentioned in Brihatrayees of Ayurveda.

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## A CRITICAL REVIEW OF PHYSIOLOGICAL CONCEPT OF KLEDA

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### ABSTRACT :

*KLEDA is a Ayurvedic term which represent moisture or water content of body. Similar terms like Udaka, Ambha, and Aap are also used in same scenario. Kleda has its important role in various physiological process of body as well as in various diseases as Dushya. Modern science also describes body water content and its various compartments like ECF and ICF. Water is main constitute of our body and prime factor for biochemical reaction. kleda, When in excess it may be associated with some pathological conditions like Prameha, oedema, delayed wound healing and putrefaction etc. Excessive Kleda is excreted out through urine (without Sneha )and Sweda (with Sneha).*

**Keywords:-** Kleda, Uadaka, Aap, TBW

### INTRODUCTION:

Liquid water is indispensable for life.No life can be possible in absence of water.It forms approx 60% of our body weight.An average human being weighing about 70kg contains approx. 40 L total body water (TBW) thus forms a important part of the human body by volume as well

as by weight and is distributed as two major physiological fluid compartments : ECF and ICF, separated apart by membranes freely permeable to water. Body fluids contains water and solids( organic as well as inorganic ) .These fluids may vary in their composition eg. ECF comparatively contains more  $\text{Na}^+$ ,  $\text{Ca}^{2+}$ ,  $\text{Cl}^-$ ,  $\text{HCO}_3^-$ , glucose, fatty acid etc., while ICF has more of  $\text{K}^+$ ,  $\text{Mg}^{++}$ ,  $\text{PO}_4^{3-}$ ,  $\text{So}_4$  and proteins in comparison to ECF. Water moves in between these two compartments .Their normal distribution is maintained by osmotic and hydrostatic pressures.<sup>1</sup>

ECF forms the actual immediate environment that bathes all the body cells and its constancy is essential for normal functioning of body cells that's why it is named internal environment (milieu interieur) by Claude Bernarde the eminent physiologist of his time .The body mechanism works to maintain the constancy of this internal environment is termed as homeostasis.<sup>2</sup>

Aacharya Ranjeet Rai Desai correlates ECF as sea water due to presence of  $\text{Na}^+$  &  $\text{Cl}^-$  salts.<sup>3</sup>

In Ayurveda classics apdhatu or udaka represents body water. Vrildha vagbhatta

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included almost all liquid components of the body under the term 'Udaka' or 'Apdhatu' specially drava dhatu eg rasa, sweda, kleda, vasa, rakta, shukra, mutra etc. Performing important physiological processes like transportation, nourishment, strength/ immunity, temperature regulation and also providing unctuousness and softness to bodily elements etc.,so are very significant for normal functioning of the body.<sup>4</sup>

There are two main sources of body fluids: external (through diet)and internal (metabolic water) which may be termed as kleda, formed inside the body during the process of digestion and metabolism at different tissue levels.

Following are several related terms which clearly indicates the formation of the 'kleda'at different levels of tissue transformation such as rasa kleda, shonita kleda, mamsa kleda,<sup>5</sup> dhatu kleda,<sup>6</sup> sroto kleda<sup>7</sup> etc. So kleda forms a fraction / Dravamsha of udaka.

The term 'kleda' is derived from 'klid' Dhatu which means moisture, putrefying factor, dampness, rotting, discharge, running, wetness etc.<sup>8</sup>

In our compendia the term 'kleda'is used in different contexts ,and following are the references regarding the kleda in classics -

- ♦ It is included in apya dravyas of the body.<sup>9</sup>

- ♦ One of the factor involved in the pathogenesis of 'Prameha' Prameha Pidika,<sup>10</sup> 'Kustha' <sup>11</sup> 'Krimija Hrudaya Roga' <sup>12</sup>
- ♦ One of the six Aaharparinamkar Bhavas,<sup>13</sup>
- ♦ A function of Lavana Rasa,Amla rasa, Madhur rasa ,<sup>14</sup>
- ♦ Discharge from wound and cyst,<sup>15</sup>
- ♦ Present in Abadha (mobile/loose/ melted) Mamsa and Meda etc,<sup>16</sup>

The common factor among all of them is that it is Jaleeya (watery) in nature.

Acharya Sushruta mentioned function of moon is Kledana while that of Sun and wind is Kleda shosana.<sup>17</sup> He also mentions Kleda Malapaham function of Poogafal,<sup>18</sup> Tambula. <sup>19</sup> Drava guna also has its Karma as Prakledana.<sup>20</sup> In Kalpa section Visha also has reference of kleda<sup>21</sup>and Madya is Amla Rasa Pradhan hence create kleda.<sup>22</sup>

In some references the term kleda is used to represent excess moisture of the body as 'Vranasya Aadratvam' (Kledayati aardrekaroti –Prakledana aardrabhavakara) or as Aahar kleda. To maintain fluid balance this excess kleda is excreted out through Mutra & Sweda(KledaVivekajam). The function of Mutra are Basti poorana and Kledavahana (Vikledana).<sup>23</sup> Kledavahanam refers to kleda nirvahana . Hemadri also describes Kledavahan as function of Mutra (Kledasya Bhinirgamanam) and kleda Vidrati as the



function of Sweda. Here the word Vidrati means keeping away, separation, barrier, arrangement, boundary line etc. Acharya Sushruta also mentioned Twakkleda and Twaksukumarata as the function of Sweda.<sup>24</sup>

Acharya Gangadhar specified that Drava part of Kitta (with Sneha) is excreted out as sweda, drava fraction of Kitta (devoid of Sneha) is excreted out as Mutra while rest part of Kitta without Drava and Sneha is excreted out as Purisha. In fact Purisha also have small fraction of drava also.<sup>25</sup>

Kleda having the predominance of “Ap” mahabhuta exhibits attributes like drava, sara, mrudu, picchila, snigdha and guru. In physiology kleda term may represent moisture giving klinnata (hydration) to dhatus.

Body kleda is nourished by Apya Dravyas take in diet. It is being digested by Apyagni.

The aim of this review is to make a clear view about kleda, which would encourages more discussion on this important topic of ayurveda.

## DISCUSSION

In nutshell, kleda is considered as the internal moisture required for smooth functioning of the body & cells also helps in subtle digestion & metabolism at tissue level. It is derived from the sarabhaga of

the ahara and is present all over the body, mainly in the fluidy dhatus like the rasa, rakta, mamsa, meda etc., and maintains the klinnata (hydration) of the body tissues. In optimum quantity kleda is essential for bodily components to survive. Its quantity are maintained by kledaka kapha during the process of Aaharapaka. Kledaka kapha is a subtype of kapha located in Amashaya (in upper part), being watery in nature it moistens the hard masses of food termed as Kledana Karma.<sup>26</sup>

It may be compared with mucus, the complex aqueous viscoelastic secretion from mucous secreting cells of epithelial surfaces of body organs having around 95% of water and mucin a complex glycoprotein as its chief structural and functional component serves as lubricating and hydrating purpose in the body.<sup>27</sup>

In excess kleda may considered as Mala and serves as dushya, the cause of discharge from wound, formation of pus in abscess, causes putrefication destroying bodily components, can cause oedema so is eliminated out through Mutra and Sweda

Acharya Hirlekar Shastri in his book ‘Vatadi Tatva Chinatanam’ discussed this fact that the Jaleeyadhātu (kleda) that is required for physiological activities is retained in the body while excess amount is eliminated out of the body through





Mutra, which serves two main functions, Bastipoorana and Kledavahanam. Bastipoorana means the formed Mutra is collected in the Basti and Kledavahanam means this stored mutra is excreted out of the body. Some equivalent terms are also used like Kledasya bahir nirgamanam, Vikledana and Kleda vivekajam to describe elimination of mutra.<sup>28</sup>

Sweda is another jaleeyaroppi mala which is excreted from twacha. The main function of sweda is kledavidhruti. The term Vidhruti is derived from the root word Vidru which means clean or devoid of impurity and Vidruti means to organised or to arranged. So kleda vidruti is the process to organise kleda in the body for this excess kleda is removed and the required amount is always maintained in the body. Arunadatta opines that kleda abhava (devoid of moisture) causes sweda shoshana in the body.

In the light of modern concept of physiology it may be compared with the following small fractions of ECF termed as transcellular fluid compartment. It is very small, accounts 2.5% of TBW but is very useful fraction of ECF, formed by epithelial lining of body cavities eg. CSF, pleural and peritoneal fluid etc. and mesenchymal tissue fluid represents fluid compartment of mesenchymal tissues like dense connective tissue, skeletal tissue etc., performing the main function of lubrication. It is relatively small in quantity and forms approx. 15% of TBW.<sup>29</sup>

## CONCLUSION

Kleda is the internal moisture of the body which maintains hydration for proper functioning of the body tissues and is an essential factor for transformation of food. When in excess it may be associated with some pathological conditions like prameha, oedema, delayed wound healing and putrefaction etc. Excessive Kleda is excreted out through urine (without sneha) and Sweda (with sneha).

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## CLINICAL STUDY OF BALA BILVA GHRITA NASYA AND MADHUYASHTI CHURNA IN MANAGEMENT OF DEMENTIA

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### ABSTRACT:

*The present study includes clinical evaluation of Nasya karma with Bala Bilva Ghrita and Madhuyashti as oral drug in form of powder on 40 patients of dementia. The diagnosis was made purely on the basis of symptoms. The diagnosed patients were randomly divided in to two groups A and B. Group A was administered with Nasya Karma and orally Madhuyashti Churna and Group B was administered with only Madhuyashti Churna orally. The assessment of the effect was made on the basis of subjective criteria i.e., symptoms, Mini mental scale, Hamilton anxiety scale, Hamilton depression scale and Immediate memory test. The results were encouraging and maximum relief was observed in anxiety, depression and sleeplessness in group A. The better effect of combined treatment in comparison of single oral drug elicit the role of Nasya Karma in efficacy of combined treatment in management of dementia.*

### INTRODUCTION

Dementia is a general term for a decline in mental ability, severe enough to interfere with daily life. Dementia is not a specific disease. It is an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform every day activities. The most common type of dementia is Alzheimer's disease which makes up 50 to 70% of cases. Other common types include vascular dementia 25%, Lewy body Dementia 15%, and fronto-temporal dementia. Efforts to prevent dementia include trying to decrease risk factors such as high blood pressure, smoking, diabetes and obesity.

The world health Organization (WHO) predicts that by 2025, about 75% of the estimated 1.2 billion people aged 60 years and older will reside in developing countries. It is estimated that the number of people living with dementia will almost double every 20 years to 42.3 million in 2040. The rate of growth will be highest

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(around 336%) in India, China, South Asia, and western pacific regions, 235 - 393% in Latin America and Africa and the lowest (100%) in developed regions.

According to *Ayurveda* dementia is a degenerative disorder of *shirah Pradesh affecting Dhee, Dhriti, Smriti* i.e. *Smriti daurbalya, Smriti nash, Smriti bhransha* etc. *Vata Dosa* is responsible for degeneration of *Dhatu*. The condition *Shirogata Vata* refers to degenerative disease of brain. Keeping this view dementia can be taken under *Shirogata Vata*. *Nasya* is indicated in the treatment of different diseases of *Shirah* (Brain). *Ghrita* processed with *Bala* and *Bilva siddha ksheer*, is recommended for *Nasya* in management of *Shirogata Vata* in *Charak Samhita*. *Madhuyasti* is one of the four *Medhya Rasayana* drug indicated by *Charaka*.

#### AIM AND OBJECTIVE

Evaluation of clinical efficacy of *Bala Bilva Ghrit Nasya* and *Madhuyasti churna* in the management of *Shirogata Vata* w.s.r. to dementia

#### PLAN OF STUDY

For the clinical study total 40 patients from OPD and IPD of the Panchkarma department of Rishikul Campus Uttarakhand, Ayurved Universtiy Haridwar were selected. Patients were randomly

divided in to two groups A and B with 20 patients in each group.

**Group (A)** - Patients were administered with *Nasya Karma* and *Madhuyashti Churna* orally. The *Nasya* with *Bala Bilva Ghrita* was given for 7 days in a dose of 16 drops in each nostril after local *abhyanga* and *swedana* in morning between 8 to 9 AM. Total three sittings of seven days course of *Nasya karma* were given with interval of 7 days. During this interval patients were advised to take *Nasya* as *Pratimarsha* by theirselves. Along with *Nasya karma* the patients were also given *Madhuyashti Churna* in dose of 3 gm. twice a day with milk for 2 months.

**Group (B)** - In this group only oral administration of *Madhuyashti churna* was done in dose of 3 gm twice a day with milk for two months.

**Type of study-** Open study

**Period of study-** 60 days

**Follow up-** The follow up was done for two months after completion of treatment to observe the effect of treatment in respect of improvement or any adverse effects.

#### Method of Administration in Group A

*Nasya* was given to the patients after the evacuation of bowel and bladder



between 8 to 9 am. As a preparatory procedure locally *Mridu Abhyanga* and *Swedan* was done. Then patient was asked to lie down in the supine position with head position little downwards. Then lukewarm *Bala Bilva ghrita* was poured in nostrils in the dose of 16 drops in each with the help of dropper. Then after some time patient was advised to do gargles with lukewarm water.

#### **Method of Administration for Group B**

*Madhuyasthi churna* in the dose of 3 gm twice a day with anupana of milk was given for two months.

#### **INCLUSION CRITERIA**

- Age - 40 years onward
- Patients having signs and symptoms of dementia.
- Patients with courses characterized by gradual onset and continuing decline.
- Patients with deficits represent a decline from a previous higher level of functioning.

#### **EXCLUSION CRITERIA**

Any neurological disease that accounts for disease i.e., organic brain disease, epilepsy, psychosis

#### **PREPARATION OF DRUG**

The *Kwath* of *Yavkut* of *Bala and Bilva* mool was prepared and *Ksheer paak* with this *kwath* was done. *Kwath*, milk and water were taken in the ratio of 2 : 16 : 64 respectively and *Paka* done till remaining 16 liters of siddha ksheer. Then *kalk* of *Bala and Bilva Mool, Ghrita Manda* and *Siddha Ksheer* in the ratio of 1 : 4 : 16 was taken in a vessel and *Mridu paka* of the *Ghrita Manda* was done till the *lakshan* of *Samyak Snehsidhi* was obtained.

#### **CRITERIA OF ASSESSMENT**

Following examinations and clinical tests were performed to assess the effect of treatment -

1. Sign & Symptoms
2. Mini mental status examination
3. Hamilton anxiety rating scale
4. Hamilton depression rating scale
5. Immediate memory test



## OBSERVATION AND RESULT

**Table 1**  
**The effect on sign and symptoms**

S.N.	Sign and Symptoms	Group A		Group B	
		No. of patients	% of imp.	No. of patient	% of imp.
1	Forgetfulness	15	33.86	12	18.05
2	Impaired attention	12	32.63	12	22.22
3	Objects mislaid	15	36.10	12	18.05
4	Names forgotten	15	28.33	12	08.33
5	Numbers Forgotten	14	5.95	11	3.03
6	Decreased efficiency in house hold tasks	12	20.83	11	38.63
7	Familiar faces and surroundings no longer recognized	12	19.44	10	14.99
8	Making mistake in accounts	14	4.16	11	3.03
9	Irritability	13	4.76	10	35.832
10	Disturbed sleep	10	54.16	8	47.91
11	Suicidal thoughts	4	0	3	0
12	Social misconducts	8	51.03	7	53.56
13	Intentional tremors	6	0	4	0
14	Visual hallucination	9	62.0	7	57.13
15	Losing of valuables such as wallets ,keys etc.	13	30.76	11	20.0
16	Forget food cooking on stove	14	27.37	6	14.39
17	Gait difficulty	8	10.41	4	15.27
18	Slurred speech	6	5.55	9	6.25
19	Difficulty in preparation food meals	12	20.8	7	12.96
20	Assistance in personal care	9	6.48	11	8.33
21	Anxiety	13	64.74	11	55.3
22	Depression	13	60.25		45.45



**Table 2**  
**Hamilton depression rating scale**

S.N.	Sign and Symptoms	Group A		Group B	
		No. of patients	% of imp.	No. Of patient	% of imp.
1	Depressed mood	14	61.85	10	43.30
2	Perceived	7	30.90	5	29.20
3	Suicidal attitude	3	55.50	2	33.33
4	Insomnia early	14	80.90	11	65.80
5	Insomnia middle	12	72.16	10	64.80
6	Insomnia late	11	71.20	9	63.88
7	Work and activates	9	37.03	7	46.42
8	Retardation	10	35.81	8	45.83
9	Agitation	10	43.33	8	21.87
10	Anxiety psychic	10	67.49	8	41.66
11	Anxiety somatic	7	52.36	6	36.11
12	Somatic GIT	14	50.58	11	69.90
13	Somatic general	9	46.29	7	69.04
14	Genital symptoms	8	49.99	6	55.55
15	Hypochondriasis	13	41.02	10	20.83
16	Loss of weight	4	24.99	3	49.99
17	Insight	12	22.22	9	12.96
18	Diurnal variation	3	36.11	2	16.66
19	Depolarisation and derealisation	9	44.44	7	90.47
20	Paranoid symptoms	7	40.47	6	38.88
21	OCD symptoms	4	37.49	3	8.33
22	Hopelessness	10	47.49	8	38.54
23	Helplessness	10	54.99	8	34.37
24	Worthlessness	11	51.55	9	48.14





**Table 3**  
**Hamilton Anxiety Rating Scale**

S.N.	Sign and Symptoms	Group A		Group B	
		No. of patients	%	No. Of patient	%
1	Anxious mood	13	61.55	10	34.16
2	Tension	14	75.73	11	35.60
3	Fear	10	56.66	8	34.37
4	Insomnia	10	88.33	8	76.03
5	Difficulty in concentration and memory	15	57.21	12	37.49
6	Depressed mood	13	57.68	10	47.49
7	G.S.S symptoms	15	55.55	12	65.27
8	G.S.S sensory	13	56.40	10	52.49
9	C.V.S. symptoms	2	16.66	1	0
10	R.S. symptoms	3	16.66	2	12.25
11	G.I. symptoms	8	14.62	6	74.99
12	Genitourinary symptoms	9	57.40	7	36.90
13	Other autonomic symptoms	4	35.41	3	38.88
14	Behaviour during interview	8	56.24	6	41.66

**Table 4**  
**Mini Mental Status Examination.**

MMSE Score	Group A			Group B		
	BT	AT	%	BT	AT	%
Normal	0	0		0	0	
Borderline (Cognitive Dysfunction)	3	5		2	2	
Marked (Cognitive Dysfunction)	12	10		8	8	
Severe (Cognitive Dysfunction)	0	0		2	2	



**Table 5**

**Effect of intervention on Immediate memory test**

There was no statistically significant result seen in both groups separately and also in inter group comparison. There is 12.08% improvement in group A observed.

Score Obtained	Group A		Group B	
	Direct	Indirect	Direct	Indirect
0	0	0	0	0
1	0	0	0	0
2	4	12	8	10
3	11	3	4	2
4	0	0	0	0

**Table 6**

**Direct Immediate memory test**

Group	No of patient	Paired t-test								Chi Square	
		Mean value	Mean difference	% Change	SD	SE	P		X <sup>2</sup>	P	
		BT	AT								
Group A	15	2.73	2.4	0.33	12.08	0.165	0.165	0.234		0.1369	0.7118
Group B	12	2.33	2.33	0	0	0	0	0	0		



**Table 7 - Indirect Immediate memory test**

Group	No of patient	Paired t-test								Chi Square	
		Mean value	Mean difference	% Change	SD	SE	P		X <sup>2</sup>	P	
		BT	AT								
Group A	15	2.2	2.2	0	0	0	0	0	0	0	
Group B	12	2.16	2.16	0	0	0	0	0	0	0	

**Table 8 - Effect of intervention on Symptoms**

Sr. No.	Category	Group A		Group B	
		No of patient	%	No of Patient	%
1	Unchanged	08	53.33	07	58.33
2	Mild improvement	04	26.66	03	25
3	Moderate improvement	03	20	02	16.66
4	Marked improvement	00	00	00	00
5	Cure	00	00	00	00

**Table 9 - Effect of intervention on Hamilton depression rating scale**

Sr. No.	Category	Group A		Group B	
		No of patient	%	No of Patient	%
1	Unchanged	06	40.0	05	41.66
2	Mild improvement	04	26.66	03	25.0
3	Moderate improvement	04	26.66	04	33.33
4	Marked improvement	01	6.66	00	00
5	Cure	00	00	00	0



**Table 10 - Effect of intervention on Hamilton anxiety rating scale**

Sr. No.	Category	Group A		Group B	
		No of patient	%	No of Patient	%
1	Unchanged	01	6.66	01	8.33
2	Mild improvement	04	26.66	04	33.33
3	Moderate improvement	05	33.33	04	33.33
4	Marked improvement	04	26.66	02	16.66
5	Cure	01	6.66	01	8.33

The overall result revealed that maximum number of patients remain unchanged in group A and group B. Only 26.6% patients had mild improvement and 20% had moderate improvement noticed in group A and 24% patients had mild improvement and 16% patients showed moderate improvement in group B.

#### **DISCUSSION**

Management of Alzheimer's disease is difficult and frustrating because there is no specific treatment. In modern medicine Tacrine (Tetrahydroaminoacridine) and Donepezil (Aricept) are the only drugs presently approved by the FDA for the treatment of AD.

The pharmacological actions is presumed to be inhibition of cholinesterase, with a resulting increase in cerebral level of acetylcholine and also unwanted effects as dose related nausea vomiting, diarrhoea, bradycardia and dizziness.

The interesting part of this study is that the medication *Atibala* used for *Nasya*

*Karma* also having acetylcholine esterase inhibitor activities. Methenalic extract of *Atibala* (*Abutilon indicum* inhibits the activity of acetylcholine esterase by 30.66±1.06% in dose of 0.1 mg/ml). In vitro acetylcholine esterase inhibitory activity and the antioxidant properties of *Aegle marmelos* leaf extract implication for the treatment of Alzheimer's disease (Mentioned in seventy six plants extracts including methenalic and successive water extracts from)

#### **Effect in Group A**

The significant improvement was seen in various sign and symptoms i.e., anxiety, depression and disturbed sleep 64%, 60.25%, 54.16% improvement respectively.

The effect of intervention on HAM-A was observed i.e., moderate improvement in 33.3% of patients, mild improvement in 26.66% patients and marked improvement in 26.6% patients. Significant improvement was seen on the basis of HAM- D in all the symptoms



except diurnal variations. Maximum improvement was seen in insomnia, depressive mood and anxiety i.e. 80.90%, 61.85%, 67.49% respectively. The overall marked improvement was seen in 6.66% patients where as mild and moderate improvement was seen in 26.6% patients. In context of MMSE, statistically insignificant result was seen but means value show 7.77% difference between BT and AT with S.D 0.98 and P value 0.8475. The immediate memory test (direct/indirect) show statistically insignificant result, while difference between BT and AT is 0.33 and percent improvement is 12.08% with P - value 0.7118.

#### Effect in Group B

In this group in anxiety, depression, disturbed sleep showed 64.74%, 60.25%, 54.16% relief respectively. It was also found statistically significant improvement in most of the symptoms. The statistically significant result was seen in all the symptoms except CVS and RS symptoms. Maximum improvement was seen in the insomnia, depressed mood and GI symptoms. Overall effect of therapy obtained as 33.3% patients had mild and moderate improvement and 16.6 patients were noticed with marked improvement.

In respect of HAM-D all the symptoms showed significant improvement except insight and diurnal variations with OCD symptoms. Maximum improvement was seen in insomnia, somatic GIT and somatic general i.e., 65.8%, 69.9%, 69.0%

respectively. There was no marked improvement seen in any patient but mild and moderate improvement was observed in 25% and 33.5% respectively. There is no improvement is seen in this group in respect of MMSE. Immediate memory test both direct and indirect showed no significant result in this group.

#### Inter group comparison

By applying 'chi square' test most of the symptoms have statistically insignificant result except depression and anxiety (P-value = 0.0147). HAM-A most of the symptoms have statistically insignificant result except two symptoms of insomnia and tension. The MMSE have shown statistically insignificant result but in group A. There was change of 7.77% seen in the efficacy of *Nasya* with *Balabilva Ghrita*.

There was also statistically insignificant result obtained on both direct and indirect Immediate Memory test, whereas in group A, 12.08% improvement was seen. This shows the efficacy of *Nasya* better than oral medicine *Madhuyashti*.

#### CONCLUSION

*Nasya Karma* with *Balabilva Ghrita* (*Ghrita* processed in *Sida Cordifolia* and *Aegle marmelos*) is a very effective measure for dementia as it improves the memory with other associated symptoms like insomnia, depression, lack of concentration. *Madhuyashti* (*Glycerrhiza glabra*) is also a good medicine for



memory disorders. The combination of *Nasya Karma* with *Balabilva Ghrita* and *Madhuyashti* proves as an effective measure in management of dementia.

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## KATISHOOLA : A LITERARY REVIEW

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Katishoola is a clinical condition develops when vitiated Vata becomes localized in Kati Pradesha. When Vata combines with Kapha and other Dhatus it obstructs the circulation of Dhatus and gradually structural changes seen in Kati Pradesha. The symptoms like Shoola, Shopha, Stambha and Toda are developed later on. In modern medicine Low back pain is a commonest clinical presentation in musculoskeletal disorders. Change of life style in developing countries has created several dis-harmonies in biological system and factors like improper sitting postures, jerky movements in travel, sports activities and bad sleeping posture are the important factors to produce spinal disorders. The most vulnerable musculoskeletal structure is spine, especially the lumbar spine which bears the whole body weight of an individual and that's why this disorder is commonly seen in lumbar vertebrae region.

### **HISTORICAL REVIEW:**

The word 'Katishoola' originated from the union of two words 'Kati' and 'Shoola'."Kati" is derived from the root "Kat + in" meaning sareera avayava

vishesham. In "Amara Kosha" the word meaning of "Kati" is "Katau Vastra Varanau" (the part of the body which is covered with clothes). According to Monier Williams – Kati is the hollow space above the hip or the loins. According to Acharya Sushruta Shoola is a severe pain similar to driving a nail into the body. Shoola is paryaya (Synonym) of Ruja.

So The pain produced in the joints of Kati pradesha i.e. Sphik asthi and Prista vamshasthi by vitiated vayu either in the form of Shuddha vayu or Sama vayu is called Katishoola.

Ancient Acharyas have not described any specific disease as Katishoola but the description of symptoms of the disease can be found in some other conditions like KatiShoola, Kativata, Trika Shoola, Prishta Shoola, and Vatika Shoola. The disease invariably comes under the heading of Vata Vyadhi. Here an attempt has been made to trace the disease discription from Vedic Period till date.

### **Vedic period:**

In the Rigveda and Atharvaveda, Anuka and Anukyat words has been used for the

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back or spine. The other words mentioned are Kikas, Prishta, Prishthat, Prishtani and Prishte. Here the word Kikas is used for the spine but some scholars are of the opinion that Kikas means cervical spine and Anukya means thoraco-lumbar spine. The disease Balas is referred many times in Atharvaveda where it is described as a painful disease of spine and dislocation of the bone has been mentioned as a symptom. The commentators Keshva and Mahidhara are of the opinion that it is a degenerative condition.

#### **Charaka Samhita:**

Charaka acharya has given detailed description of different types of Vata Vyadhis and their management. Prishta Graha has been mentioned as a Nanatmaja Vyadhi of Vata along with its associated symptoms like Pada Shoola, Pada Suptata, Prishta Shoola, Trika Shoola etc. Katishoola has not been directly mentioned as a disease but in the following contexts it has been mentioned at different places in Charaka samhita:

- Kati Samgraha in Svedana Yogya
- Jangha-Urusadana in Virechana Atiyoga
- Prishta Shoola
- Katishoola as a symptom of Vrikka Vidradhi
- Trika-Uru-Jangha Shoola due to Apatarpana

- Vata Vikara of Prishta due to excess of Katu Rasa
- Different types of pain in Kati and Prishtha in Vatika Jwara
- Prishta Katishoola and Shoola due to excessive eating and Varchasavrita Vata?
- Prishtaroga and Trikaroga due to Gudasthitavata
- Trikavedana due to Pakvashayagata vata
- Sphik Kati Prishta shoola in Gridhrasi

#### **Sushruta Samhita:**

Being an expert of anatomy Sushruta Acharya has described 30 bones and 24 Pratara type of joints in the spine. Similarly in Nidanasthana 15th Chapter a detailed description of various fractures and dislocations are given. In the management of dislocation of lumbar spine Apakarshana (traction) followed by Basti has been mentioned. Kati shoola has been mentioned as a symptom of Vatika Arsha, Vankshanottha Vidradhi, Bhagna, 7th stage of Sarpa Visha Akshepaka. Indirect reference can be drawn from Dalhana commentary about Pakvashaya Gata Vata in which along with Trika Vedana there will be Jangha, Trika and Prishta Vedana.

#### **Astanga Samgraha and Hridaya:**

Both the ancient texts have mentioned Kati Toda, Kati Bheda as Purvarupa of Vata Rakta, Prishta Ruka and Shroni Ruka in Sarvadhatvavrita Vata and KatiShoola as a





disease caused by provoked Vata seated in Pakvashaya . An interesting point to note is that what is practiced as the SLR test (straight leg raising test) as diagnostic test of Sciatica has been mentioned as Sakthi Utkshapa Nigraha which is a sign of Gridhrasi.

#### **Madhava Nidanam:**

Trika Graha has been mentioned as a symptom of AmaVata and Kati Stambha as a symptom of Anaha. Though the direct references are rare, sufficient references can be found on the cardinal symptom of Katishoola. Vata is said to be responsible for all types of pain. Shoola has been classified under Eka Dosha, Samsargaja, Sannipatika and Aamaja varieties. Prishtashoola and Trikashoola have been mentioned under Vatika Shoola. Acharya Madhava has given a detailed description of Katishoola in 26th chapter. Further Shoola has been described as a symptom of Purisha Stambha, Vata Stambha, Samgraha Grahani, Vataja Arsha, Vatanubandhi Raktarsha, Kshatakshina, Vata Rakta Purva Rupa, Gridhrasi, Vatodara , Vankshanottha Vidradhi, Pandu Purva Rupa, Vataja Pradara, Moodha Garbha, Kati Bhinna and Kati Sandhi Mukta.

#### **Sharangdhara Samhita:**

Kati Graha has been stated under Vataja Nanatmaja Vyadhi. Adhamalla while commenting on the disease in Dipika

Commentary has said that it is a specific type of a pain which occurs due to stiffness. No commentary has been given for the symptoms of Anga Peeda and Anga Shoola.

#### **COCLUSION:**

By the above review we can state that the Katishool is an important condition, though it is not mentioned directly as a disease in our Ayurveda classics but it must be treated according to principles of Ayurveda as acharya Charaka says: naming of disease is not as important as it serves only the purpose of communication (ch.su.18/44) and According to Chakrapani Commentary on Charak nidana (8/40) any disease can become a symptom and any symptom may manifest as a disease.

Patients of Katishoola are bound to opt for analgesics, anti-inflammatory drugs, steroid injections and physiotherapy as conservative treatment to improve the quality of life. In advanced stage of lumbar spondylosis, the surgical therapies like spinal fusion, spinal decompression etc are the only options. But these procedures are not fulfilling the goal of patients because of high cost and its therapeutic limitation. Even after surgery patients have to take analgesics for longer duration in many cases. These drugs also cause adverse effects like gastritis, hyperacidity, nephrotoxicity etc. So there is a need of the hour to establish a comprehensive



protocol for the treatment of Katishoola which contains harmless yet effective procedures and medicines. This can be achieved only through Ayurveda so here is an effort made to gather information about Katishoola in Ayurvedic texts so that it can be useful in creating a safe and effective protocol for Katishoola which is a very common condition now a days.

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## LIFE STYLE MODIFICATION IN OBESITY : AN AYURVEDA VIEW

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### INTRODUCTION:

In this modern era, man has become more and more physically inactive along with unhealthy dietary habit and haphazard life style. By exposing one self to all these factor human being unknowingly invited number of diseases, obesity is one of them. In this era obesity mainly caused by excessive junk food intake and living sedentary life style. Sometimes obesity may be genetic.

### Definition-According to WHO:

Obesity is defined as abnormal or excessive fat accumulation that present a risk to health. A person with a BMI of 30 Kg/m<sup>2</sup> or more is generally considered obese. A person with a BMI equal or more than 25 Kg/m<sup>2</sup> is considered overweight<sup>1</sup>.

Category <sup>2</sup>	BMI Range
Acceptable range	20-25 Kg/m <sup>2</sup>
Mildly Overweight	25-27 Kg/m <sup>2</sup>
Marked obese	30-40 Kg/m <sup>2</sup>
Morbidly obese	>40 Kg/m <sup>2</sup>

### Cause of Obesity :

When the amount of calories consumed exceeds the amount of calories burnt, the excess calories get accumulated in the body in the form of fat causing

obesity. The prime causes of obesity include:

- ♦ Overeating
- ♦ Lack of physical activity
- ♦ Eating junk, packed food and fried food
- ♦ Consuming high calories diet
- ♦ Sitting occupation
- ♦ Smoking and alcohol Intake
- ♦ Certain drugs like corticosteroid, contraceptive pills can promote weight gain
- ♦ Over stress

### Early Symptom:

The symptom that appears before manifestation of disease is known as early symptom.

### Obesity Shows<sup>3</sup> :

- Large body size
- Big belly
- Excessive Sleep
- Snoring
- Drowsiness
- Laziness/ Sluggishness
- Excessive Hunger
- Difficult breathing after walking
- Excessive thrust

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Foul smell from body

Weakness

Inability to work

Excessive sweating

Loss of libido

### **Prevalence and incidence:**

Obesity is not a cosmetic concern, it also increase risk of diseases like DM, HTN, Heart disease, Gout and Osteoarthritis etc. Recent studies have reported that globally, more than 1.9 billion adults are overweight and 650 million are obese. Approximately 2.8 million deaths are reported as a result of being overweight or obese. The prevalence of obesity in India varies due to age, gender, geographical environment, socio-economic status, etc. According to ICMR-INDIA, A study in 2015, prevalence rate of obesity and central obesity are varies from 11.8% to 31.3% and 16.9% to 36.3% respectively. In India, abdominal obesity is one of the major risk factors for cardiovascular disease (CVDs)<sup>4</sup>.

### **Life Style Modification :**

Non-Communicable Diseases like Obesity, Diabetes, High B.P. can be prevented by changes in life style and food habit. A good medical quote says-“Obesity is not because it runs in the family. It is because, no one runs in the family.” So people reduce weight gain only by changing their lifestyle and food habit.

### **Food Habit Modification<sup>5</sup>:**

#### **Don't**

Avoid excessive eating

Avoid junk and packed Food

Avoid soft drinks

Avoid taking excessive meat

Avoid eating excessive sweets

Avoid taking food in between 2 hour

Avoid usage of processed oil and fat

Avoid spicy and heavy food

Don't drink alcohol, bidi and cigrette

Avoid dairy product

#### **Do's**

Take light breakfast like-fruits, juice and salads, fried sprouts

Use honey in diet regularly

Use amla and Barley flour

Use whole grain flour

### **Modification<sup>6</sup>:**

- ♦ Wake-up early morning before sunrise: In early morning nascent oxygen liberated in air (dawn phenomena), by using this oxygen body release serotonin hormone which keeps body healthy and active. By the activity of body human can prevent obesity.
- ♦ Drink lukewarm water before sunrise
- ♦ Do physical exercise like yoga, running, cycling etc. for atleast 1 hour: Physical inactivity is main cause of obesity so by doing exercise obesity can be avoided.



- ♦ Don't sleep in day time  
Doing physical activity in day time makes a person active and healthy and prevents from obesity
- ♦ Live stress free life : During stress time man sit at one place for long time and eat more food so without stress man live healthy life.
- ♦ Avoid sitting at one place for long time
- ♦ Avoid lazy behavior
- ♦ Go to sleep early in the night

Lack of sleep can impact appetite regulation, impair glucose metabolism so it cause obesity. Benjamin Franklin says: 'Early to bed early to rise, makes a men healthy and wise'

#### **Complication associated with obesity:**

High B.P.  
Fistula in Ano  
Fever  
Loose Motion  
High Blood Sugar  
Heart Disease  
Piles  
Jaundice

Shastri,Chaukhamba bharti academy, Varanasi

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## PSYCHOLOGICAL ORIGIN OF PAIN - AN AYURVEDIC PERSPECTIVE

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### INTRODUCTION:

Pain is the most common reason to consult a doctor. A number of research studies have shown that patients who are visiting doctors for complaint of pain among them 70% are due to undetectable physical reason after all sophisticated latest investigations.

The majority of doctors pay attention only to perception which is said by patient concerned to pain. General physician try to evaluate physical causes for pain and neglect mental aspects. A patient with a complaint of pain may more often be advised, there is nothing wrong with you and many a times managed with just symptomatic treatment.

As per modern psychiatry the causes of irrelevant pains may be due to psychiatric disorder. The various psychiatric disorders may be associated with irrelevant pains like depression, anxiety neurosis, hypochondriasis etc. Various authors have reported pain as a symptom in 56-70% of patients with depressive disorder. If association of two types of pain simultaneously (headache, chest pain, pain abdomen, backache etc.)

then probability of depressive disorder is about 50%.

Various synonymous are there in Ayurveda for pain i.e. Ruk, Ruja, Vedana, Pida & Shula. However Shoola is the most appropriate term amongst all. It is a symptom complex in which there is pain as if some sharp object (shanku) has been penetrated. Out of tridoshas, vitiated Vata dosha is the main causative factor which is responsible for the painful conditions. 'Vedanas' are perceived through 'Sparshanendriya' & felt only in Mana स्पर्शनेन्द्रिय संस्पर्शो स्पर्शो मानसो उच्यते (Ch.Sha. 1/33). In Madhava Nidana 8 types of pain (shoola) are described . Among all Ayurvedic text pain due to psychological origin are not mentioned but relationship between psyche and body is clearly mentioned by Acharya Charaka in Sutra sthana.

शरीरं अपि सत्त्वं अनुविधीयते सत्त्वं च शरीरं ।

Body follow psyche and vice versa.

ते च विकाराः परस्परमनुवर्त्तमानाः कदाचिद-  
नुबध्नन्ति कामादयः ज्वरादयः च ।

– च.वि. 6–8 चक्रपाणि

काम शोकभयात् वायुः क्रोधात् पित्तं ।

च.चि. 3 / 115.

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Types of mental pain according to function

There are three types of pain perceived by living individual

**1. Nociceptive pain-**

- a. somatic &
- b. visceral

**2. Neuropathic pain-**

- a. Due to degeneration &
- b. Due to inflammation

**3. Psychological pain-**

- a. Manifestation on physical &
- b. emotional pain

Mana (Mind) is the agency through which we acquire knowledge, investigate, discuss, contemplate, understand and incline to experience the agony. Thus Mana is a collective effort of following functions -

1. Cognitive processes  
(Gyana-pradhana vyapara)
2. Conative processes  
(Chesta- pradhana vyapara)
3. Affective processes  
(Bhava- pradhana vyapara)

It is the means for acquiring all types of knowledge; all types of sensory perception are possible only in presence of Mana.

Cognition is derived from the word 'Cognito' which means to find out or to acquire knowledge. It includes such processes as perceiving, concentrating,

learning, memorizing, recognizing etc. 'Higher mental functions' i.e. receiving information through various sensory channels, and transferring or manipulating the present information as required. Ayurveda conceives life as a combination of Sharira (physical body), Indriya (senses), Satva (Mana) and the Atma (Soul). Well and adequate integration of object senses, mana, and soul are cause of perceiving all types of knowledge. Mana is mediator in between senses and soul to acquire knowledge. Impaired mana cannot be able to receive true knowledge which is given by senses.

**Process of perception-**

इन्द्रियेणोन्द्रियार्थो हि समनस्केन गृह्यते कल्पते मनसातुर्ध्वं गुणतो दोषोतोऽथवा ।

जयाते विषये तत्र या बुद्धिः निश्चयात्मिका व्यवस्यति तथा वक्तुं कर्तुं वा बुद्धि पूर्वकम् ॥

—च.शा. 1 / 22—23

Objects are perceived with the help of sense organs together with Mana. This perception conveys to soul by Manas after evaluating and thinking about objects merits and demerits, and forwards it to Buddhi (intellect) which produces decisive knowledge by which one proceeds to speak or to do something with full knowledge. The role of Vata to be impaired function of cognition.

इन्द्रियाणां मनो नाथो मनोनाथोस्तु मारुतः ।

**Hathayoga Pradipika**

As per the above quotation all the eleven Indriyas are governed by Manas and Manas is controlled by Vayu. So it should



be necessary to explore the role of Vata in pain of all type. It is mentioned earlier that Sparshanendriya perceived all types of pain and this Indriya is having predominance of having Vata also. As per Acharya Charaka-Vayu is 'Sarvendriyanam udyojaka', 'Sarvendriyarthanam abhibodha'. 'Niyantapraneta cha Manasha'. Vata integrates all those eleven Indriyas and derives specific works by co-ordination. Vata can be compared to the function of nervous system. It consists to receive knowledge through various receptors which are located on the surface of the body. Sense organs generate the sensory potentials in response to stimulus. These potentials are conducted to the CNS along the specific neural path. Spinal cord, hypothalamus and cerebrum are also part of CNS and play greater role to determine and obtain knowledge. Any impairment of CNS may affects above mentioned structures and their functions too.

In mental disorders Vata is closely associated to Mana, so works of Mana may be hampered due to vitiated Vata dosha. Vata also provoked by Raja which is also Manas dosha and also creates mental disorder if it is left normal state.

Prana vayu, Udana Vayu, Shadhaka Pitta which governs the cognitive functions as well as affective mental functions. The etiological factors which are responsible for provocation of vata dosha and their sub types, Prana vayu, & Udana Vayu also specially. In mental disorders these above two Vayu may be vitiated in two different ways-

a- Dhatukshaya janya

b- Margavarodha janya

The heart is seat of Buddhi and Rasa as per Ayurvedic text. When vata dosha is vitiated by their etiological factors depletion of Rasa Dhatu may occur. Depleted Rasa Dhatu may further leads to Vata prakopa again and specific Kha vaigunya hetu which is also vitiate Raja and Tama guna also leads to Hridaya. Specific kha vaigunya as hetu may be excessive use of sense organs, wrongly use of sense organs & inadequate/less use of sense organs and causes which are mentioned in Unmada and Apasmara roga. Deviation of Mano, Buddhi, Sangya, Gyana, Smriti Bhakti, Shila, Chesta, Achara specially buddhi may be reflected to cognitive impairments. Cognitive dysfunction is found in condition of mental disorders like depression, anxiety, and hypochondriasis. So impairment of Buddhi could be taken false perception of pain in psychological disorder, therefore Medhya drugs may be advised to the patients specially after evaluating cognitive impairments.

### **CONCEPT OF AVARAN IN PSYCHOLOGICAL PAIN**

Vayu gets enveloped by other Dosha, dhatu or by other divisions of Vayu itself, hinders its movement or functions. In case of psychological pain if Dhatu Kshaya is not present physician try to evaluate Avaran of Vata also. Symptoms of pain are mentioned under Pittavruta vata, Kaphavruta vata, Ashthyavrita vata and in anyonyavarana. In condition of Pittavrita





Pranavayu, Pittavrita vyana vayu, Kaphavrita vyana vayu & Pittavrita Apna vayu pans are found in different Marma sthana.

In condition of Sarva dhatwavrita vata Hridaya peeda (pain in heart) also mentioned Pranavrita vyana specially refers to impairment of memory and intellect. So regarding psychological pain Avaran concepts also important and physician try to explore type of Avaran if Dhatu Kshaya is not found significantly. Sub types of Vata is vitiated Vata pacifying regimen should be given as per Dosha kala like Apana vata medicine before meal, Samana vata medicine during mid meal etc. Avarana should be treated as per the mentioned treatment principles in Ayurvedic texts.

### **PSYCHOLOGICAL PAIN DUE TO AFFECTIVE MENTAL DISORDERS**

As per Ayurveda the components which are vitiated in affective disorders are Mana, Buddhi, memory, desire, good, conducts are primarily affected. In modern psychiatry this groups belongs to emotions specially they stated 'Any of several psychological disorders characterized by abnormalities of emotional states'.

#### **Types of affective disorders**

1. Unipolar depression
2. Seasonal affective disorders-

Bipolar disorder, Panic disorder, phobia & obsessive compulsive disorder (OCD), post traumatic stress disorders (PTSD).

In this type of mental disorder physician should done examination of Manobala (strength of mind) as per Guru & Laghu vyadhita and try to categorize the state of mental stamina Pravar, Madhya & Avara types.

As per modern psychiatry another types of psychological pain also exist, in this condition patient doesn't feel physical pain but he/she feels emotional pain due to impairment of Mana, Buddhi, Gyana etc. Mental pain or emotional pain is an unpleasant feeling of psychological, non physical origin.

When patient feel emotional pain the same areas of brain get activated as when patient feel physical pain.

#### **EMOTIONAL PAIN**

- A. Guilt- Guilt can affect us all in different ways and that is because it comes from within us, affected person feel he/she have done something wrong to someone else.
- B. Rejection- There is many kind of rejection it may be in a personal relationship or in a professional context.
- C. Grief- Great sadness belongs to especially any loss and death of beloved one also.
- D. Loneliness- Feeling of loneliness can causes a great amount of emotional pain.
- E. Brooding- We can also spend lot of time thinking about and mulling over past events that have made us feel sad.



Those kinds of regularity get us spending too long thinking about mistakes or failures and going over in mind, which is not positive.

F. Failures- Life cannot always be a series of successes and everyone is found to fail at something now and then however when we don't reach a goal our self esteem will often suffer and hurt.

In the condition of emotional pain Satvajaya chikitsa is very important along with medicines.

### CONCEPT OF DHEE DHRITI SMRITI

Dhee- Provide discriminative power of intellect.

To assess the role of Buddhi in Gyanotpatti - organ

Dhriti- Controlling function of Buddhi (Niyamatmika- decision making factor, Vyavasayatmika- Final outcome regarding knowledge obtaining.

Smriti- Memory component of Buddhi.

Thus an impairment at the level of Buddhi means-

1. Defective knowledge genesis (Gyanotpatti)
2. Defective mind
3. Defective behavior or action (Vyavasaya)

Determination of Triguna- The symptoms of predominance of Satvaguna person.

Satvam laghu Prakasakam dristam (Sankhyakarika)

1. Anrusamsa (Mercy)
2. Samvibhagaruchita (Vigilant in proper distribution)
3. Titiksha (Endurance)
4. Satyam (truth)
5. Bhutitam (indulgence in welfare of all)
6. Dharmam (Proper behavior inaction words and thought)
7. Astikyam (faith in God)
8. Gyanam (knowledge)
9. Buddhi (intellect)
10. Medha (retentive power)
11. Smriti (memory)
12. Dhreeti (controlling power of mind) Su.Sha. 1/18

Raja- The Rajas it has two basic characteristics

A- Chalatra (activity)

B- Upastambhakam- inducing or stimulating activity (Pravartak/

Tama- Symptoms of person of Rajo guna predominance

Dukha- Unhappiness

Mana- Egoistic

Mada- Elated mood

Matsarya- Intolerance to fame, of other people

Shoka- Due to excessive desires he/she always feels sadness.

The Tamas- 'Guru avarantmakam eva Tamah' (S.K.- 13)

The two basic characteristics of Tamas are Gurutva or heaviness and Avaranatmaka



i.e. the capacity of covering. Due to its heaviness, it suppresses and controls the Rajas and Satva gunas.

The symptoms of Tamo guna predominance persons-

- a. Buddhirvirodh- loss of discriminative power merits and demerits.
- b. Agyanam- Ignorance of self entity and worldly knowledge also
- c. Nidralutvam- Drowsiness
- d. Durmedhastvam- Impaired functioning of Dhee, Dhriti, Smriti and low mental stamina.
- e. Akarmasilata- Not indulge in work

#### **Pain receptors-**

The receptors which mediate pain are called nociceptors. They located at the end of small unmyelinated 'C' fibers or myelinated as afferent neurons. A noxious stimulus is actually or potentially damaging to tissue and liable to cause pain.

#### **Examination of diseases-**

1. Hyperalgesia- This is a condition in which pain threshold is decreased therefore, even non noxious stimulus produces pain and a noxious stimulus causes more pain than any normally do.
2. Thalamic syndrome- In this condition even the minor stimulus leads to prolonged sever and very unpleasant pain.

Mental status examination to evaluate psychological pain according to this sequence.

#### **1. Manovaha srotas**

- a. Indriyabhigraha (perception)-
  - i. Sensorial perception,
  - ii. Altered perception
- b. Swasya nigraha (self controlling power)-
  - i. Dhriti (Dhritimaloulyatva),
  - ii. Avasthanam (Mental stability)
- c. Compulsion
- d. Chintya- Pattern of thinking, logical thinking, flight of ideas, thought retardation, thought blocking.
- e. Vicaharam- Advanced thinking, contemplation, intact/mild/moderate/severe impairment.
- f. Uham- Hypothetical thinking, intact/mild/moderate/severe impairment.  
Guessing regarding probabilities and consequences

#### **2. Manovikara(Affect/mood)**

- a. Shokam- Present/absent  
- Depressed (Shokam Dainyam)
- b. Harsham- Present/absent-  
- Elated/Euphoric (Harsham amodena)
- c. Preeti- Present/absent  
- Happy (Preeti toshena)
- d. Bhayam-Present/absent  
- Terrified (Bhayam vishadana)
- e. Dhairyam- Present/absent  
- Courageous (Dhairyam avishadana)
- f. Veeryam- Present/absent  
Energetic (Veeryam utthanena)



### 3. Bhakti (Desire)

- a. Change in inclinations- Present/absent
  - Perverted preferences (Bhaktriniccha yatreccha poorvamaset tatra anicchabhavati)
  - Ahara (food) (Ghriti avyavahareshu)
  - Vicharya (activities)

### 4. Sheela (Temperament) (Akrodhanah krodhan bhakti)

- a. Irritability- present/absent (Alparoshana)
- b. Emotionally labile- Present/absent
- c. Excitability- Present/absent
5. Achara (Conduct and Hygiene) Achara shastrashiksha- akrita vyavaharah tat vibhramat asoudhanch
  - a. Code of conduct as per custom and teaching
  - b. Hygiene- note clothes, grooming & general cleanliness
6. Swapnadarshanam (morbid dreams)- Present/absent. Also note the content of dream.

Examination of buddhivaha srotas can be done in following criteria.

- a. Vigyanam (general information) good/moderate/severe
  - Assess general knowledge with relevance to patient's educational and cultural backgrounds
- b. Medha (Power of registration and retention)

Registration- immediate recall digit span examination.

Intact /mild/moderate/severe impairment.

Retention- Recall and recognition word list memory test.

Intact /mild/moderate/severe impairment.

c. Dhyanam (Attention & concentration)

Attention- Ability to focus on the matter.

Concentration- Ability to sustain the focus. Serial subtractions test or months of the year in reverse order. Intact/mild/moderate/severe impairment.

d. Sankalpan (Determination)-

- Decision making ability (good/average/poor)

- Abstract thinking (good/average/poor)

- Delusions present/ absent

e. Abhinivesh (absessions)- Present/Absent

f. Insight- Lost /partially or fully presented

g. Judgement- Absent/gross disturbance/normal

h. Upasthita Shreyatwam (Kalyabhinivesha)

**Hope-** Optimistic/pessimistic/neutral

i. Vasyata Obedience (Vasytam vidheyataya)

♦ Co-operative/non Co-operative

♦ Attentive/interested/frank/evsive/defensive

♦ Playful/Over familiar/seductive

Examination of Sangyavaha srotas can be in following



1. Sangya- Arousal & Orientation (Sangyan nama grahanena)

a. Quality at arousal- Drowsiness/ Altered state of consciousness (Mada), Stuporous(Moorchha), Comatoseness (Sanyasa), Hypervigilant

**b. Orientation:-**

Time- intact/impaired

Place- intact/impaired

Person- intact/impaired

Indriya( Sensorium)

a. Reception of stimuli - visual/auditory/ gustatory/tactile.

b. Altered perception- Visual- Present / absent (pasyanasti roopani) Auditory hallucinations (Ashabdashravanam) Others-Tamodarshana (Blackouts)- Present /absent

c. Smriti- Power of recollection

Remote memory- intact/mild/moderate/ severe

Recent memory- intact/mild/moderate/ severe

**Immediate memory-** intact/mild/moderate/severe

**Chestavaha srotas**

Examination of chestavaha srotas can be done.

1. Chesta (Psychomotor behaviour) Anuchita chesta

a. Gait- Avasthita gati/druta gati/Chapala gati

b. Level of acitivity- Hyper active/ combative/Akinesia/Fidgity/Retarded

c. Movement- Clumsy/Agile/rigid

d. Others- Gestures, tics mannerism etc

**Bhashana (speech)**

a. Speed- Fast/normal/ slow (Saktanal padrutabhasam)

b. Reaction time- Slow/Quick (alpa vakyata)

c. Spontaneity- Spontaneous/non spontaneous/hesitant

d. Pitch- Monotonous/whispered/loud

e. Productivity- Monosyllabic/ Elaborate replies (Bahubhashita)

f. Articulation- Slurring/stammering etc (Skhalavaakyam)

g. Others - Vocabulary, Choice of words etc. (sanskritavadinam)

**Chetanavaha Srotas**

Chetanavaha srotas can be examined by assessing vital functions

Signs of life- Atmalakshana (Pranopana nimeshadya... Na mritasyaatmalingan)

Different rating scales can be developed to assess the level of involvement of manodasha i.e. Rajas, Tamas, and in these pathologies.

**CONCLUSION**

1. Manovaha srotas is concerned with channels of all mental activities. The term is both general and scientific.

2. Manovaha srotas can be further sub divided in to Manovaha, Buddhui bvaha,



Sangya vaha, Chesta vaha, and Chetana vaha srotas according to different functional level at organization.

3. Manovaha srotas (in specific) can be examined by assessing indriyabhigraha (perception) swasya nigraha (Mental control) Chinta (Thinking), Vicharam (Contemplation) Ooham (hypothetical) Manovikara (affect) Bhakti (desire), sheela (temperament), Aachara (Conduct and hygiene), Swapnadarshanam (morbid dreams).
4. Buddhivaha srotas can be examined by assessing Vigyanam (general information), Medha (Power of registration and retention), Dhyanam (attention & concentration), Samkalpam (determination), Abhoivivesha (obsessions), Vasyata-Obedience, Upasthita shreyatvam (hope), Insight and Judgment.
5. Sangyavaha srotas can be examined by assessing Sangya (Arousal and orientation), Indriya(sensorium), and Smriti (power of recollection).
6. Cheshtavaha srotas can be examined by assessing Chesta (Psychomotor behaviour) and Bhadshana (speech)
7. Chetanavaha srotas can be examined by assessing Atamlakshana

भय शोक क्रोध लोभ मोह मान इष्या मिथ्या दर्शनादिर्मानसो मिथ्यायोग ।

Charak Sutra .11/39

Fear, grief, anger, greed, confusion, conceit, envy, wrong knowledge is the perverted use of mind. Here मिथ्या दर्शन is

so we can say condition of psychological origin of pain is result of above mentioned मिथ्या दर्शन (wrong knowledge) is due to perverted use of mind.

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## MALA PARIKSHA

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### ABSTRACT :

*Stool is considered as a piece of waste that is to be flushed quickly. But a keen observation of stool by certain examinations may provide relevant information regarding bowel movements, organ functioning and overall physiology and pathology of the body. The importance of this examination can be understood by the fact that it was considered one of the major factors among eightfold examinations mentioned in classical Ayurveda texts. Yogaratnakara explains the physical properties of stool based on doshas. Acharya Charak and Sushruta even described a detailed explanation of Purishaj Krimi. Differential diagnosis of Sama-Nirama avastha was well elaborated by Acharya Charak. Scientists are looking forward to develop more advanced tests and diagnostic techniques and some advances made by them in this field include tests like Fecal Occult Blood Test, and charts like Bristol Stool Chart. The examination of stool can broadly be divided in three types namely 1. Physical examination,*

*2. Chemical Examination, 3. Microscopic Examination. Present article will be a sincere effort to congregate the mala pariksha techniques and their importance mentioned in Ayurveda and modern science.*

**Key Words:** Mala Pariksha, Purishaj Krimi, Sama-Nirama, Fecal Occult Blood Test, Bristol Stool Chart

### INTRODUCTION:

Stool examination has been given a lot of significance in Yogaratnakara and its features can be found scattered in various samhitas in context of various diseases. Though there are uncountable numbers of diagnostic tests available in today's era but there is no conflict of view when it comes to the importance of stool examination in some peculiar diseases, particularly of children, because this pediatric group of patient cannot speak out their problems and diagnostic techniques like stool examination plays a crucial role here. Stool may be analysed for any hidden (occult) blood, to find the cause of any infections related to bacteria, virus or fungi, to assist in finding the reason of any

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abnormal movement of food through the digestive tract, to help in finding the causes that are preventing the nutrients from getting absorbed through the digestive tract and many more. The food administered through mouth undergoes three types of paaka while passing through the gastro-intestinal tract. These three paaka are madhura avastha paaka, amla avastha paaka and katu avastha paaka. During the passage of food the saara part of the food gets absorbed by gastro-intestinal tract whereas saara-heena part is excreted through the anus. This saara-heena portion of food is known as stool or mala. The prasaada portion of the food is distributed throughout the body through various strotasas. The final digestion of the ingested food occurs in small intestine. The food that enters the large intestine is usually the insignificant portion of the diet and is known as kittaansha. The sneha and kleda properties of kittaansha are converted into pakwa and ruksha by the agni

residing in intestine. The kittaansh that enters the unduka is divided into purisha, mutra and vayu by purishadhara kalaa. The bulky portion is named stool or purisha.

The purisha pariksha can be divided in following four parts-

1. Physical examination
2. Chemical examination
3. Microscopic examination

### 1. PHYSICAL EXAMINATION:

#### A. Color of stool:

Stool color mainly varies according to what a person eats, nature of bile and presence of any infection in gut. The normal color of stool is greenish to yellowish brown. This color is due to mala-ranjak pitta (in modern science, bilirubin is considered the cause for this color). The normal color of stool changes depending on the consumption of various kinds of diet administered or in different pathological conditions which are described below:

#### Color of stool in different pathological conditions

Color of stool	Pathological conditions
Yellow	Jaundice, <i>Pitta-vikara</i> , Anemia, Giardiasis, Gastro Esophageal Reflux Disease, Bile duct obstruction.  Excess consumption of milk, turmeric, sweet potatoes, carrots or yellow food coloring agents.





Green	<p><i>Balatisara, Pittaja vikara, Halimaka</i> , Lactose intolerance. Green color stool may also be found when stool moves very quickly through the large intestine so that bile do not gets sufficient time to breakdown completely, as occurs in diarrhea.</p> <p>Excess consumption of green leafy vegetables, green food coloring ingredients and iron supplements , green jelly -O, grape flavored Pedialyte (turns bright green) .</p>
Black	<p><i>Vaatika udara vikara , Parinaama shoola,</i> Duodenal or Gastric tear, Esophageal varices, Mallory -Weiss tear, Bleeding ulcer .</p> <p>Excess consumption of iron rich supplements, medications such as bismuth subsalicylate charcoal supplements, oreo cookies, black licorice, blueberries , grape juice.</p> <p>Bleeding through upper gastrointestinal tract .</p>
Blue	<p><i>Vata-Paitika Grahani .</i> Consumption of excess of blue foods (blueberries), or beverages of blue coloring.</p>
Red	<p><i>Raktaarsha, Adhoga Raktapitta, Bhagandar</i> , Noncancerous tumors, Cancer, Colitis, Diverticulitis, Polyps in colon, Diverticular disease.</p> <p>Bleeding through lower intestinal tract. Excess consumption of red food coloring agents, beets, cranberries, tomato juice, medicines such as Amoxicillin etc.</p>
White or Clay colored or Light colored	<p><i>Kaphaja vikara</i> , Liver diseases such as Alcoholic Hepatitis, Biliary Cirrhosis, Gall Stone, Hepatitis A, B or C.</p> <p>Lack of bile in stool which may be due to bile destruction. Consumption of milk only diet, medications such as aluminium hydroxide, barium sulfate from barium enema .</p>
<i>Mrittikaavarna</i> or <i>Tilapishtavatt</i>	<i>Koshthashakhashrita Kamla</i>
<i>Tandul dhowanvatt</i>	<i>Visuchika</i>
Yellow, greasy, foul	Due to excess fat in stool due its improper absorption through gastrointestinal tract.



- *Yogaratanakara* specifically mentions that the color of stool changes in following way according to exaggeration of *doshas*-

**Color of stool due to exaggeration of *doshas* according to *Yogaratanakara***

Dusky	<i>Vata</i>
Yellow	<i>Pitta</i>
White	<i>Kapha</i>
All above colors	<i>Sannipata</i>
Brown	<i>Vata with Kapha</i>
Yellowish Black	<i>Vata with Pitta</i>
Yellowish White	<i>Kapha with Pitta</i>

- *Yogaratanakara* also mentions the various colors of stool in different pathological conditions as-

***Color of stool in pathological conditions according to Yogaratanakara***

<b>Color of stool</b>	<b>Pathological conditions</b>
White	Ascitis
Black	Phthisis
Yellow	When <i>aama</i> is associated

- If the feces is too black, too white, very yellow or red, it is indicative of patient's death but if it is too hot then his death is certain.

**A. Consistency of stool:**

Normally the stool has soft or firm consistency. Its swaying in either of the direction may indicate following various pathological conditions.



### Consistency of stool in various pathological conditions

Consistency of stool	Pathological conditions
Dry, Round	Chronic Constipation, <i>Kroora Kostha, Vaataja Vikara</i>
Dry, Flat	Obstruction in anal canal
Dry, Spreaded	<i>Vatika Atisara, Arsha, Aadhmana, Aatopa, Vid vighaata, Teekshnaagni, Vaataja Vikara</i>
Liquid	<i>Atisara, Grahani, Prawaahika, Mandagni, Kamla.</i>
<i>Atidrawa, Tanduladhowanavatt</i>	<i>Visuchika</i>
<i>Bhinnavarchasa</i>	<i>Rajyakshma, Pandu, Excess milk consumption</i>
<i>Pichila, Liquid</i>	<i>Amatisara, Prawahika</i>
Hard (like pebble)	When stool spend extended period of time in large intestine and colon.
Firm (Lumpy, Sausage shape)	Stool spent too much time drying in the intestines, but not dried enough to break in pieces
Cracked stool	In constipation due to poor diet and sedentary lifestyle.
Mushy stool	Early stage of diarrhea.
Pencil thin stool	Any condition that barricades the bowels like prostate enlargement, hemorrhoids, colon rectal or prostate cancer, etc.

- To understand the consistency in an ordered way, Ken Heaton, MD, from the University of Bristol, developed “Bristol Stool Chart” in 1997 with the help of 66 volunteers. For a certain period of time during an experiment on them, their meals were changed and records of weight, shape, frequency of passing stool were maintained.



### Bristol Stool Chart

Type	Consistency of stool
Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped, but lumpy
Type 3	Sausage-shaped, but with cracks on surface
Type 4	Sausage- or snake-like, smooth and soft
Type 5	Soft blobs with clear-cut edges (easy to pass)
Type 6	Fluffy pieces with ragged edges, mushy
Type 7	Watery, no solid Pieces (entirely liquid)

The above mentioned types signify the following:-

- Type 1 or 2: Constipated
- Type 3 or 4: Ideal stool
- Type 5, 6 or 7: Tend towards diarrhea.<sup>1</sup>

➤ According to *Yogaratanakara*, the consistency of stool varies to due exaggeration of *doshas* as follows-

### Consistency of stool due to exaggeration of *doshas* according to *Yogaratanakara*

Consistency of stool	Exaggeration of <i>dosha</i>
Hard, Dry (absence of fat), Broken (loose), Frothy	<i>Vata</i>
Disordered	<i>Pitta</i>
Semisolid and Slimy	<i>Kapha</i> with <i>Pitta</i>
Yawny and small ball like (hard)	Subdued <i>doshas</i>

➤ *Yogaratanakara* also mentions the various consistency of stool in different pathological conditions as-



**Consistency of stool in various pathological conditions as indicated by  
*Yogaratanara***

<b>Consistency of stool</b>	<b>Pathological condition</b>
Undigested stool	Indigestion
Lumpish dry	Over excited digestive fire
Shining like moon-beam	Incurable disease

**B. Frequency:**

Though the normal frequency of bowel movement is not constant but varies from person to person but there are certain factors that affect the frequency which are as follows-

- 1. Diet:** The meal that is composed of fibers, vegetables, fruits and liquid make stool easier to pass and their absence may lead to constipation. Fibers help to increase the size of stool and soften it. High water intake causes more of the water to be absorbed by fibers that is helpful in flushing out the wastes from the body.
- 2. Age:** Older persons are more likely to suffer from constipation.
- 3. Activity level:** Exercise improves digestive processes and increase muscle activity of intestine, hence prevent the chances of constipation.
- 4. Coffee intake:** Caffeine present in coffee has a laxative effect and it stimulates the activity of large intestine.
- 5. Stress and Anxiety:** Stress and anxiety unbalances the digestive processes and may lead to constipation or diarrhea.
- 6. Menstruation:** The bowel movements tend to increase during the uterine cramps during menstruation.
- 7. Medications:** Certain medications like antibiotics alter bowel movements.
- 8. Chronic or Acute illness:** Frequency of passing stool changes in different pathological conditions as discussed below-



### Frequency of passing stool in different pathological situations

Pathological condition	Variation in frequency of passing stool
<i>Kamala, Kshaya</i>	Frequency of defecation increases.
<i>Grahani</i>	Person defecates many times before noon.
<i>Prawahika, Visuchika, Atisara</i>	Frequency of defecation may rise to more than 15 times a day.
<i>Bhayatisara</i>	Frequency of defecation increases in this situation but person may become normal after dislodgement of the fear exaggerating factors.
<i>Kroora Kostha</i>	Person defecates once in 2-3 days.
<i>Samgrah Grahani</i>	Both, the quantity of stool and frequency of defecation increases.
Celiac disease	Frequency of defecation increases.
Crohn's disease	Increased frequency of defecation or severe diarrhea
Irritable Bowel Syndrome	Altered frequency of bowel movements.
Bacterial infections such as Salmonella and <i>E. coli</i> . Rotavirus, Norovirus and other kinds of viral Gastroenteritis and Stomach Flu. Parasites like <i>Giardia lamblia</i> and Cryptosporidium. Allergies, like from lactose. Hemolytic Uremic Syndrome.	Severe diarrhea.



### C. Quantity:

The quantity of stool depends on the quality and quantity of diet, exercise, body weight and sex of the individual. Men are believed to ingest more food; hence the quantity of stool in them is believed to be more than women. The amount of stool is more when the diet contains more of fiber than fat. According to Kim Barrett, a professor of medicine at the University of California, San Diego, the stool of a healthy person is composed of 70-percent solids and 30-percent fluids and men and women who move their bowels once per day produces daily average of 400 to 500 grams of stool.<sup>1</sup> The quantity may decrease in pathological conditions like *Kosthabaddhata*, *Gudarsh*, etc and may increase in conditions like *Atisara*, *Prawahika* and *Samgrah Grahani*.

### D. Smell:

Stool normally have an unpleasant smell and foul smelling stools may indicate pathology in gut. The normal specific smell of stool is due to constituents like indole, skatol, butyric acid, etc. The stool of children has sour smell. The smell of stool in patients of *Prawahika*, *Aamdosha* and *Karkatarbud* and that of non-vegetarian persons have foul smell. Some disease in which specific smell of stool is found as mentioned in *Ayurveda* texts are as follows-

#### Smell of stool in various pathological conditions

Smell of stool	Pathological condition
<i>Murge ke samaan</i>	<i>Asaadhya Atisara</i>
Without smell	<i>Visuchika</i>
<i>Kacchaa mamsavatt</i>	<i>Vaatika Atisara</i>
<i>Pooti Gandhi</i>	<i>Asaadhya Atisara, Jalodara</i>
<i>Kacchi machali ke samaan</i>	<i>Asaadhya Atisara</i>

In general, stool have unpleasant odour which is mainly due to type of food a person eats and the bacteria present in the colon. Some causes of foul smelling stool are as follows-

1. Malabsorption, which may be due to Celiac Disease, Inflammatory Bowel Disease, Carbohydrate Intolerance, Daily Protein Intolerance, food allergies, etc.



2. Infection affecting intestines such as Gastroenteritis.
  3. Medications such as some antibiotics and multivitamins.
  4. Conditions such as chronic pancreatitis, cystic fibrosis, short bowel Syndrome, crohn's disease, ulcerative colitis and bowel cancer.
- e. Food allergies from nuts, lactose, gluten, etc., and food poisoning.
  - f. Dehydration and constipation.
  - g. Parasitic infections like in malaria and trichomoniasis.
  - h. Malabsorption syndrome including Lactose Intolerance and Celiac Disease
  - i. Colon or rectal cancer.
  - j. Anal abscess and Fistula.

#### **E. Presence of unwanted substances in stool:**

##### **1. Mucus-**

The mucus membrane of large intestine produces mucus that assists in bowel movement. In healthy person the amount of mucus is less and cannot be noticed by naked eyes. Situations in which significant mucus may appear in stool are *Kaphaj Atisaar, Kaphaj Grahani, Kaphaj Udar rog, Karkatarbud, Prawahika* (mucus with blood comes in stool), etc. Other conditions in which mucus is present in stool are-

- a. Bacterial infections like that from *C. difficile, Campylobacter, Salmonella, Shigella* and *Yersinia*.
- b. Anal fissures and Ulcers, particularly during its treatment by chemotherapy and radiotherapy due to which the body may suffer from gastrointestinal mucositis.
- c. Bowel obstruction.
- d. Irritable Bowel Syndrome, Ulcerative Colitis, Proctitis and Crohn's Disease, Cystic Fibrosis.

##### **2. Blood-**

Blood may appear in stool in *Raktatisara, Adhog Raktapitta, Karkatarbud, Raktarsh, Prawahika*, Hemorrhoids (uncomfortable and itchy; bleeding may be painless and stool may be coated with bright red blood; drips of blood in toilet or that stains the toilet paper may be found), Anal Fissure (common cause of bloody stool in infants, bleeding with a pain like tearing, burning or ripping), Colon Cancer, Colon Polyps, Colitis, Diverticulitis, Stomach Ulcer, Angiodysplasia, Inflammatory Bowel Disease, etc. Black tarry bowel movements may be present when bleeding occurs from upper part of digestive tract such as stomach because the acid of stomach turns the blood black. Blood coming from the upper gastrointestinal tract and which is being digested can take on a black tar-like appearance called melena. Copious bleeding from an anatomical structure proximal to the





ligament of Treitz, a ligament that suspends the distal duodenum, appears undigested in stool.

### 3. Concretion-

Gall stones may sometimes appear in stool.

### 4. Undigested food-

Consumption of high fiber vegetable diet that becomes incompletely digested may sometimes appear as undigested and unchanged food in stool. Some examples of high fiber food particles are beans, corn, grains, peas, etc. Corn, its outer covering been made of cellulose mostly remains undigested since our body lacks cellulose digesting enzymes. This isn't a much complication until associated with diarrhea, weight loss or change in bowel habits. Pathological conditions in which undigested food appears in stool include-

- a. Celiac Disease- body cannot breakdown protein gluten.
- b. Crohn's Disease.
- c. Pancreatic insufficiency- insufficient digestive enzymes secreted from pancreas.
- d. Irritable Bowel Syndrome.
- e. Lactose Intolerance- insufficient lactase enzyme to break down lactose.
- f. Acute Gastroenteritis.

### 5. Pus-

Pus in stool may be found in Typhoid, *Prawahika* and Ulcerative Colitis.

### F. Investigation of Sama-Nirama-

*Acharya Charak* quotes that the stool associated with *aama* sinks in water due to its heaviness. If the stool is voided after proper digestion, then it floats over the water. This rule does not hold good or apply in cases where the consistency of stool is thin or exceedingly compact, and if the stool is affiliated with excessive cold *kapha*. Therefore the *sama* and *nirama* nature of stool of the patient should be examined first, and then should be treated according to the prescribed procedure with *pachana* (which causes metabolic transformation of *aama*) and such other suitable therapies. *Acharya Sushrut* has similar views according to whom feces vitiated (or mixed with) by the *doshas*, sinks when put on water, emits very foul smell, is slimy and broken; such a feces is *aama* (unripe/improperly cooked). Feces having features opposite of these and the patient feels lightness in his body then that feces is to be understood as *pakva* (ripe/well formed).

### G. Sound-

In *Ghatyantra Grahani*, the sound produced during defecation is like a pot sinking in water. Sounds are also produced during Lactose Intolerance, sudden switching to a high fibrous diet, Irritable Bowel Syndrome, *Vaatika atisaar*, *Vaatika Grahani* and other *Vatika udara rogas*.



## 1. CHEMICAL EXAMINATION-

### A. Reaction-

Human stool is normally acidic with average pH of 6.6. To measure pH of stool, a paper of nitrazine is dipped in half milliliter of sample of stool and compared against a color scale. Acidity increases in situations like excess consumption or incomplete digestion of carbohydrates, Lactose Intolerance, Amoebic Dysentery, etc. High alkaline pH is found to be associated with inability of body to produce excess acid. Stool is mild alkaline during excess consumption or incomplete digestion of proteins, Bacillary Dysentery, etc.

### B. Occult Blood-

Fecal occult blood refers to blood in the feces that is not visibly apparent (unlike other types of blood in stool such as melena or hematochezia). A fecal occult blood test (FOBT) checks for hidden (occult) blood in the feces. In this test, some feces is smeared on an adsorbent paper that has been treated with a chemical. Then some drops of hydrogen peroxide is poured on the paper. If blood is present in stool, then the color of the paper changes. Occult blood may be found in stool in situations like Cancer Stomach, Colon Cancer, Polyps in Colon or Rectum, Peptic Ulcer, Worms Infestation, etc.

### C. Urobilin-

The putrefying bacteria decompose bile pigments to convert them into bile.

The amount of urobilin may not directly indicate the amount of bile secreted because some bilirubin is reabsorbed to form urobilinogen, yet there is a relation between the two. In *Kosthashakhashrit Kamla*, urobilin is found in stool. 0.5 grams of feces is taken in a test tube and 3 milliliter of mercuric chloride is added to it. If the solution turns red after 24 hours, then the feces contains bilirubin, but if the solution turns green, then it has unchanged bilirubin.

### D. Fat-

The presence of excess fat in feces is Steatorrhoea. The feces in this case is bulky, oily, pale, foul smelling and difficult to flush. Cause may be abnormal fat absorption which may be due to pancreatic insufficiency, poor digestion of lipases, loss of bile salts, reduced micelle formation and small intestinal disease leading to malabsorption. To detect the presence of stool in fat, 0.5 grams of feces is mixed with 3 milliliter of water. If fat is observed floating on that mixture and the fat dissolves on adding ether to the solution, then the test for presence of fat in feces is positive.

## 2. MICROSCOPIC EXAMINATION-

The organisms or particles that may be found during the microscopic examination of stool are worms, their ova and larva, pus cells, epithelial cells, etc.

*Acharya Charak* defined specific characteristics of feces-born parasites as following-



**Causes:** Intake of milk, sugar-candy, *tila* (*Sesamum indicum* Linn.), fish, meat of animals inhabiting marshy land, pastries, milk preparations and oil of *kusumbha* (*Carthamus tinctorius* Linn.), uncooked, putrified and softened food, food mixed with despicable articles like feces, food having mutually contradictory properties and unwholesome food.

**Habitat:** *Pakvashaya* or colon; when exceedingly grown they move downwards; when they move towards *Amashaya* or stomach, then the eructation and breath of the patient produce fecal odour.

**Form and color:** Some of them are minute, cylindrical and long, they appear like the fibers of wool and they are white in color; some others are thick, cylindrical and their colors are grey, blue, green or yellow.

**Names:** *Kakeruka*, *Makeruka*, *Leliha*, *Sasulaka* and *Sausarad*.

**Effects:** Diarrhea, emaciation, dryness and horripilation; they inhabit the oral region and cause irritation and itching there; when excited they frequently come out of the anus.

*Acharya Sushruta* too defined *purishaj krimi* and quotes that *Ajava*, *Vijava*, *Kipya*, *Chipya*, *Gandupada Churava* and *Dvimukha* are seven *purishaj krimis* that are born from feces. They are white in color, small, prick (irritate) the anus. Among these some are

big in their tail portion; these give rise to pain in abdomen, dyspepsia, anemia, constipation, loss of strength, nausea, loss of taste, heart disease and diarrhea. *Gandupada krimi* are red in color and long, cause itching of the anus, abdominal pain, gurgling in the abdomen, diarrhea and loss of digestive power.

Other than the parasites, various cells can also be found such as pus cells and macrophages in case of bacillary dysentery or ulcerative colitis; epithelial cells in inflammation of bowels and erythrocytes in lesions of lower gastrointestinal tract and amoebiasis. Certain crystals may be present such as triple phosphate or calcium oxalate during indigestion of spinach, berries, etc; Charcot Leyden crystals in ulcers and amoebiasis and Hematoidin crystals in intestinal hemorrhage. Presence of high percentage of gram positive bacteria may indicate intestinal ulceration. The presence of cysts of *Entamoeba coli*, *Iodamoeba butschili*, *Endolimax nana*, *Entamoeba hystolytica*, *Giardia lamblia* and *Balantidium coli* may also be noticed. Nematohelminthes like *Enterobius vermicularis*, *Trichuris trichuria*, *Ascaris lumbricoides*, *Ankylostoma duodenale*, *Nectar americanus* and *Strongyloides stercoralis*; Platyhelminthes like *Taenia saginata*, *Taenia solium*, Beef tapeworm, Pork tape worm, Dwarf tapeworm and Dog



tapeworm; Trematodes like *Schistosoma hematobium*, *Schistosoma mansoni* and *Schistosoma japonicum* may also be visible on microscopic examination of stool in different pathological conditions.

### DISCUSSION

Healthy stool is the mirror of a healthy gut. Normal stool is brown in color and has a soft consistency, the shape being like that of long sausage. Any variation in any of the normal characteristics must be taken into consideration. Some variations may be observed by the naked eyes that are included among the physical examinations, while some require laboratory investigations. A mere observation of pH, mucus, sound may indicate the stability of the gut. Blood and the way it is coming out with stool give indication of various diseases. Appearances of starch and fats may disclose any form of malabsorption. Presence of cysts of pathogens on microscopic examination may reveal possession of the gut by parasites. Majority of stool examination techniques are not complex and can be done either by observing the changes in physical characteristics or simple tests like FOBT or by microscopic examinations. The examination of stool is as important as the collection and storage of sample of stool. A differential diagnosis should be made by other investigations since few diseases show same results on examination of stool.

### CONCLUSION

Stool is one of the important part of digestive system and is a sum of the substances that are no more needed by the body or are harmful to the body. A stool test involves the collection and analysis of fecal matter to diagnose the presence or absence of a medical condition<sup>5</sup>. From ancient decades, stool has served as one of the principle keys for investigation and ancient *Ayurvedic* scholars have included them as one of the crucial points while performing the patient investigation. Proper examination of stool may gives indication of the digestive processes occurring inside the body, appropriate digestive secretions and organ functions. It may alarm the person in case one observes any protozoans, blood or any other abnormal appearances in stool. Regular stool examination will help stabilizing the microbiome of belly and hence in balancing of *Agni* that will eventually assist in providing a sound health to the individual.

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## परिषद् समाचार

### विश्व आयुर्वेद परिषद की केंद्रीय कार्यसमिति की बैठक नई दिल्ली संपन्न

विश्व आयुर्वेद परिषद की केंद्रीय कार्यसमिति की अति आवश्यक बैठक नई दिल्ली में संपन्न हुई। विश्व आयुर्वेद परिषद की स्थापना के 25 वर्ष 2022 में पूर्ण होंगे। अगले वर्ष को रजत जयंती वर्ष के रूप में मनाने का निर्णय लिया गया। इसमें नई दिल्ली में नवम्बर 2021, में एक विशाल राष्ट्रीय अधिवेशन आयोजित किया जाएगा। उसी तत्वावधान में कई सारे कार्यक्रमों को आयोजित करने का निर्णय लिया गया। इस वर्ष बेंगलुरु में राष्ट्रीय अधिवेशन में उसकी घोषणा होगी। जून में पटना में चिकित्सकों का राष्ट्रीय कौशलम् कार्यक्रम आयोजित होगा। शीघ्र ही विद्यार्थियों का आवासीय 6 दिन का व्यक्तित्व विकास शिविर का आयोजन होगा। ऑल इंडिया प्री पीजी नीट एग्जाम जो कि जून में प्रस्तावित है, 10 मई 2020 लक्ष्य का आयोजन किया जाएगा। पूरे देश भर में 100 स्थानों पर लक्ष्य के केंद्र विकसित किए जाएंगे। लगभग ढाई सौ महाविद्यालयों में संपर्क करके चरक जयंती का आयोजन किया जाएगा और अन्य कार्यक्रम संपन्न होंगे। साथ ही आयुर्वेद के शैक्षणिक उन्नयन हेतु बीएमएस के पाठ्यक्रम में बदलाव और तीनों सत्रों 18 महीने का पुनः प्रारंभ करने का निर्णय लिया गया। साथ ही महाविद्यालयों के न्यूनतम मापदंडों को पुनः व्यवस्थित करने हेतु निर्णय लिया गया।

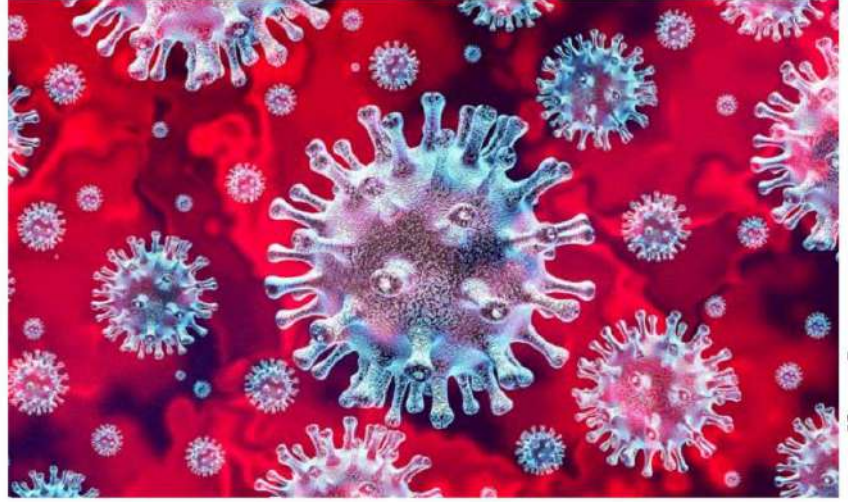
बैठक में केंद्रीय अध्यक्ष प्रोफेसर बीएम गुप्ता, केंद्रीय उपाध्यक्ष प्रोफेसर बलदेव कुमार, कुलपति कुरुक्षेत्र विश्वविद्यालय; प्रोफेसर महेश व्यास विभागाध्यक्ष एवं डीन ऑल इंडिया इंस्टीट्यूट ऑफ आयुर्वेद, नई दिल्ली भारत सरकार; केंद्रीय महामंत्री प्रोफेसर अश्विनी भार्गव, पूर्व कुलसचिव, होशियारपुर संत रविदास आयुर्वेद विश्वविद्यालय; केंद्रीय सचिव प्रोफेसर प्रेम चंद्र शास्त्री, राज्य मंत्री, उत्तराखंड राज्य सरकार; डॉ शिवादित्य ठाकुर, केंद्रीय सचिव एवं निजी चिकित्सक राज्यपाल बिहार शासन; डॉ नितिन अग्रवाल, डायरेक्टर आयुर्वेद, ग्रेटर नोएडा; प्रो० के. के. द्विवेदी, सदस्य CCIM भारत सरकार; संगठन सचिव प्रो. योगेश चन्द्र मिश्र, बरेली, पूर्व प्राचार्य उत्तर प्रदेश शासन आयुष विभाग; डॉ योगेश पांडे, डिप्टी डायरेक्टर चौधरी ब्रह्म प्रकाश आयुर्वेद संस्थान, नई दिल्ली शासन तथा डॉ सुरेंद्र चौधरी केंद्रीय कार्यालय मंत्री, ग्रेटर नोएडा सम्मिलित हुए।

विश्व आयुर्वेद परिषद् पत्रिका का आगामी अंक कोरोना विषय पर आधारित है। कृपया अपने शोध पत्र, लेख को यथाशीघ्र सम्पादक के नाम भेजने का कष्ट करें।



## कोरोना वायरस क्या है?

यह वायरस की एक प्रकार है जो मानव व पशुओं में व्याधि उत्पन्न करने के लिए ज़िम्मेदार हैं. यह सामान्य प्रतिशाय से लेकर श्वसन संस्थान के गम्भीर रोग उत्पन्न करने की क्षमता रखता है. यह MERS (Middle East Respiratory Syndrome) और SERS (Severe Acute Respiratory Syndrome) जैसी गम्भीर परिस्थितियों को पैदा कर सकता है. वर्तमान में इसका स्वरूप **COVID-19** के रूप में सामने आया है. इसके द्वारा दिसम्बर 2019 में चीन के वूहान शहर में एक महामारी के रूप में बहुत तेज़ी से फैलने का समाचार आया.



आज की तिथि में विश्व के लगभग **202** देशों में यह महामारी फैल चुकी है जिस से **697,244** व्यक्ति संक्रमित हो चुके हैं, **3,3357** लोगों की मृत्यु हो चुकी है.\*

भारतवर्ष के **27** राज्यों में इस महामारी ने **1117** लोगों को अपना शिकार बना लिया है जिसमें **32** लोगों की मृत्यु हो चुकी है.#

\*<https://www.who.int/emergencies/diseases/novel-coronavirus-2019> as on 31st March 2020

#<https://www.mohfw.gov.in> as on 31st March 2020

विश्व आयुर्वेद परिषद द्वारा जनहित में प्रसारित

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## आयुर्वेद जीवन शैली अपनाइए- स्वस्थ रहिए, इन घरेलू औषधियों का करें प्रयोग



अदरक



हल्दी



तुलसी



आँवला, अश्वगंधा, गिलोय

# घर में रहिए, सुरक्षित रहिए

# स्वच्छता रखिए, सुरक्षित रहिए

# अफ़वाहों से बचिए, सुरक्षित रहिए

विश्व आयुर्वेद परिषद द्वारा जनहित में प्रसारित

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## उष्ण जल सेवन

आप सभी लोग घर में हैं तो कुछ सामान्य सावधानियाँ अवश्य रखनी चाहिए-

इस समय गर्म जल का सेवन अवश्य करना चाहिए इसमें निम्न औषधीय पौधों को मिला सकते है।

**मुस्ता ,पर्पट,उशीर, चंदन, सुगंधबाला और शुंठी या अदरक**

**विधि-** उक्त द्रव्यों का 10 ग्राम पाउडर लेकर 1 लीटर पानी में मिला कर उबालें। आधा लीटर शेष रहने पर उतार रख लें और प्यास लगने पर इसका सेवन करें,



इसके अतिरिक्त **शुंठी, त्रिकटु- सौंठ, काली मिर्च और पिप्पली- तुलसी और हल्दी** युक्त उष्ण जल के सेवन से भी लाभ होता है।

<https://pib.gov.in/PressReleaseDetail.aspx?PRID=1609523>

विश्व आयुर्वेद परिषद द्वारा जनहित में प्रसारित

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## आयुर्वेद जीवन शैली अपनाइए- स्वस्थ रहिए



### Steam inhalation

पुदीना अथवा अजवायन के साथ एक बार भाप लेने से लाभ मिलता है।

### नस्य

तिल तेल, घृत अथवा नारियल तेल का प्रतिमर्श नस्य दिन में दो बार ले सकते हैं

### गंडूश / कवल

एक चम्मच एरंड तेल या नारियल तेल 2 से तीन मिनट मुँह में रख कर घुमाना है और उसके बाद थूक देना है। उसके बाद मुँह को गर्म पानी से कुल्ला करना है।



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# घर में रहिए, सुरक्षित रहिए

# स्वच्छता रखिए, सुरक्षित रहिए

# अफ़वाहों से बचिए, सुरक्षित रहिए

Be **SAFE** from #coronavirus

if you are 60+ or if you have an underlying condition like:

-  **Cardiovascular disease**
-  **Respiratory condition**
-  **Diabetes**

by avoiding crowded areas or places where you might interact with people who are sick.

Learn more to Be **READY** for #COVID19:  
[www.who.int/COVID-19](http://www.who.int/COVID-19)



UNITED NATIONS



World Health Organization

<https://www.mohfw.gov.in>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

**क्या आप**

- A. 60 वर्ष से अधिक आयु के हैं
- B. आपको हृदय सम्बंधित व्याधि है
- C. आप मधुमेह से ग्रसित हैं.

**सतर्क रहिए**

विश्व आयुर्वेद परिषद द्वारा जनहित में प्रसारित

**कोरोना संक्रमण**

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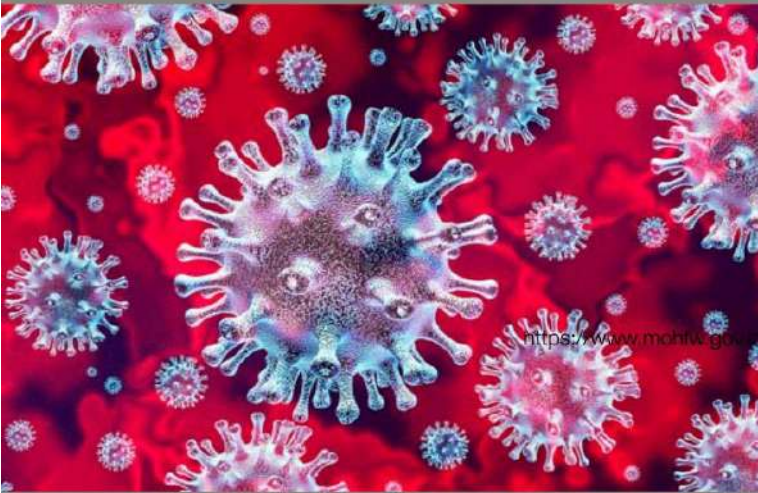
केवल अधिकृत सूचना माध्यम से ही जानकारी प्राप्त करें.

# घर में रहिए, सुरक्षित रहिए

# स्वच्छता रखिए, सुरक्षित रहिए

# अफ़वाहों से बचिए, सुरक्षित रहिए

यह पत्रक सम्मान्य जानकारी के लिए आयुर्वेद सिद्धांतों पर आधारित सूचना के लिए है. इसमें उल्लेखित औषधीय पौधों के द्वारा COVID-19 के उपचार का हम दावा नहीं करते.



विश्व आयुर्वेद परिषद द्वारा जनहित में प्रसारित

**कोरोना संक्रमण**

जन सामान्य के लिए जानकारी

[info@vishwaayurveda.org](mailto:info@vishwaayurveda.org)

केवल अधिकृत सूचना माध्यम से ही जानकारी प्राप्त करें.

<https://www.mohfw.gov.in>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>



## Immunity

किसी भी व्याधि से लड़ने के लिए व्यक्ति की रोग प्रतिरोधक क्षमता का विशेष स्थान है. स्वस्थ व्यक्ति निम्न प्रकार अपनी इम्यूनिटी को बढ़ा सकते हैं.

**च्यवनप्राश**

10 ग्राम च्यवनप्राश का सुबह सेवन

**हर्बल चाय-**

तुलसी, दालचीनी, कालीमिर्च, शुंठी और मुनक्का का क्वाथ बना चाय की तरह सेवन करें. मीठे के लिए गुड़ का प्रयोग कर सकते हैं.

**गोल्डन मिल्क-**

गरम दूध में आधा चम्मच हल्दी पाउडर मिला कर पिएँ.



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विश्व आयुर्वेद परिषद द्वारा जनहित में प्रसारित



## धूपन

सुगंधित द्रव्यों के साथ औषधीय गुणों से युक्त पौधों की लकड़ी, सूखे पत्र व पुष्पों के द्वारा धूपन प्रयोग करने से वातावरण शुद्ध होता है और पर्यावरण में सकारात्मक प्रभाव देखा गया है. धूपन के प्रयोग से घर के वातावरण में उपस्थित अदृश्य कीटाणुओं का नाश होता है और उनसे उत्पन्न व्याधियों से काफ़ी हद तक बचा जा सकता है.

धूपन में प्रयुक्त होने वाले कुछ द्रव्य निम्न हो सकते हैं-

**निम्ब पत्र, तुलसी पत्र, वच, कूठ, हरीतकी, गिलोय, अमर, देवदारु, यव, गंध तृण आदि औषधीय पौधों के साथ गुग्गुल, लोबान, अजवायन, कपूर, राल, सरसों और गौ घृत.**



**विधि-** धूपन के लिए मिट्टी अथवा अन्य किसी धातु का बना एक पत्र लेकर उसमें उपरोक्त द्रव्यों में जितने उपलब्ध हो सकें, लेकर पहले सूखे द्रव्यों को व्यवस्थित कर उसमें कपूर डाल कर अग्नि प्रज्वलित करें. फिर उसमें गुग्गुल, लोबान आदि पदार्थों को डालें. घी के द्वारा अग्नि को नियंत्रित

करते हुए घर के सभी कमरों में घुमा कर खुले स्थान पर रखें.

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विश्व आयुर्वेद परिषद द्वारा जनहित में प्रसारित

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# घर में रहिए, सुरक्षित रहिए

# स्वच्छता रखिए, सुरक्षित रहिए

# अफ़वाहों से बचिए, सुरक्षित रहिए



स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
भारत सरकार



Help us to  
help you



## नोवल कोरोनावायरस (COVID-19)

मास्क पहनें या न पहनें ?

**हर किसी को मास्क पहनने की आवश्यकता नहीं है**

मास्क केवल तभी पहनें जब

- आपमें COVID-19 के लक्षण (खांसी, बुखार या सांस लेने में कठिनाई) हों
- आप COVID-19 से प्रभावित व्यक्ति/मरीज की देखभाल कर रहे हों
- आप एक स्वास्थ्य कार्यकर्ता हैं और आप इन लक्षणों से प्रभावित मरीज की देखभाल कर रहे हों

**मास्क पहनते समय यह अवश्य ध्यान रखें**



मास्क के फ़ीट को खोलें;  
ध्यान दें कि खोलते समय  
वह नीचे की तरफ़ खुले



अपनी नाक, मुँह और ठोड़ी के ऊपर  
मास्क लगाएँ और सुनिश्चित करें कि  
मास्क के दोनों ओर कोई गैप न हो,  
ठीक से फिट करें



मास्क का उपयोग करते  
समय मास्क को छूने से  
बचें



मास्क को गर्दन पर लटकता  
हुआ न छोड़ें



मास्क के गीला होने पर या  
हर 6 घंटों में मास्क को  
बदलते रहें



डिस्पोजेबल मास्क का पुनः प्रयोग न  
करें और प्रयोग किए गए मास्क को  
कीटाणुरहित कर बंद कूड़ेदान में डाल दें



मास्क को उतारते समय  
मास्क की गंदी बाहरी  
सतह को न छुएं



मास्क को हटाने के बाद  
अपने हाथों को साबुन और  
पानी या अल्कोहल आधारित  
हैंड रब से धोएं

**हम सब मिलकर कोरोनावायरस से लड़ सकते हैं**

अधिक जानकारी के लिए  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय,  
भारत सरकार के 24X7 हेल्पलाइन नं.  
पर कॉल करें

**1075 (टोल फ्री) | 011-23978046**

ई-मेल करें [ncov2019@gmail.com](mailto:ncov2019@gmail.com)



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आप इसे काटकर अपने कार्यालय/सार्वजनिक स्थान/घर में विपका सकते हैं

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

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र