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

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

Editorial

Ayurveda though regarded as an age old traditional medicine, its applicability and adaptability holds equally good in the modern era. Its astonishing to see the fundamental core concepts of Ayurveda making a significant contribution and impact in the preventive aspect of the covid pandemic especially in the wake of its first wave in 2020. Many of mild to moderately ill covid patients at home isolation have followed the general advisories delivered by Ministry of AYUSH and successfully regained their state of health without the need of hospitalization.



Bio medicine has been trying its best in the form of clinical research to find out effective antibiotics, antivirals and antifungal medications for bacterial, viral and fungal ailments. However we have been witnessing an emergence of a countless number of new strains of viruses apart from drug resistant bacterial infections in the past two decades. The much debated drugs in the recent past such as remdesivir for covid and Amphotercin B for Mucor mycosis haven't delivered as per the expectations of both doctors and scientific community. With out any trace of doubt we can say that its almost impossible to find an appropriate and most suitable Anti viral medicines for all new strains of viruses. Nor it is possible to find an effective vaccine for all viral ailments. In this context Ayurveda has a big role to play in the coming decade, not just in the management of chronic degenerative ailments, but also in the prevention of both viral and bacterial infections. Emphasis, approach and priority of Ayurveda has been right from the beginning is on improving and strengthening host immune mechanisms to combat such deadly ailments rather than to just focus on the management of individual pathogens. The preventive measures listed out in the context of Dinacharya have a great role to paly in improving host immune responses. It has been very clear stated by Acharya Charaka "Ajatanam Anutpattaov", which means those who follow the principles of daily healthy regime or Dinacharya will eventually develop immunity to prevent the onset and emergence of new ailments due to variety of pathogens. In this context, the better approach is to combine the strategies of both Ayurveda and Modern medicine, especially in infectious diseases to yield better results.

It is safe to say that Ayurveda and allopathy are complementary and not contradictory in the context of management both infectious diseases and chronic degenerative ailments. World health organization having realized the huge potential of traditional medicine in general and Ayurveda in particular has been working on bringing up standardized and uniform practices of Ayurveda. The new Health policy released by Government of India has been very encouraging, considering the integrative approaches to medical education. It very appropriate to say that Ayurveda has a big role to play in the next decade in providing an practical and effective measures to improve host immunity in combating viral diseases.

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RAJASSWALA PARICHARYA : A CONCEPT OF AYURVEDA REGARDING WOMEN HEALTH.

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ABSTRACT-

Women is the creative force of the universe in almost all its expressions. Life begins in her womb and it is in her guiding hands. Women are the epitome of wealth and power. Currently, women in India have to face numerous health issues, which ultimately affect the aggregate economy's output. Now a days the main health issues are related with menstruation which may cause infertility approx 10 to 15% of couples are impacted, one in 5 Indian women suffers from PCOS, 80% patients are obese, meterorrhagia, menorrhagia, oligomenorrhea etc. These all are happen due to peak in hormonal issues draws attention to poor lifestyle habits i.e., *Aahar* and *Vihar*. For this *Acharya* mention *Rajaswala Paricharya* in Ayurvedic classics. The menstruating female is termed as '*Rajasswala*' and certain measures to be followed according to food habits and lifestyle is termed as '*Paricharya*'. These are here about to discussed according to lifestyle and resources available in present era.

Keywords- *Rajaswala Paricharya*, *Artav*, Menstruation, , Infertility, PCOS,

Meterorrhagia, Menorrhagia, Oligomenorrhea, *Aahar*, *Vihar*.

INTRODUCTION-

As we know women's make a world. She makes the world a better place with their infinite strength, determination and belief. Now a day's women are also so busy in their day to day life to chase the goal of priorities, money, job, survival values etc. A part of this especially women have to take care of their health that makes the world healthy. They are not aware of their menstruation what to do or not to do during these days. In whole life every month a woman suffer with her menstrual cycle. Though menstruation is considered to be the mirror of her health and also her reproductive health. Reproduction is the main characteristics that God gifted to women.

In womanhood important physiological changes is *Rituchakra* i.e., menstrual cycle. Menstruation is a cyclic process which repeats every month. Any etiological factors that affects menstruation of a woman causes many diseases now a day's which may results like PCOD, infertility, irregular menses etc. For PCOD, there are

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few studies conducted in India. Studies done in South India and Maharashtra, prevalence of PCOS (by Rotterdam's criteria) were reported as 9.13% and 22.5% (10.7% by androgen excess society criteria) respectively (updated on 26 Feb. 2016)^[1]. PCOS is most common hormonal disorder among women of reproductive age group. PCOS is common diagnosis in women presenting with infertility. According to AIIMS, about 10-15% of couples in India are said to have fertility issues (updated on 24 Feb 2021)^[2].

For this in Ayurveda classics, the menstruating female is pronounced as *Rajaswala*. Ayurveda classics properly define the *Charya* applied during *Rajah Srav* which is unknown for the society. *Rajaswala Paricharya* helps women to cope up with their physiological changes in the body during the *Artav Srav* or menstruating period. This *Paricharya* describes the *Ahara* and *Vihar* indicated and contraindicated in that time. Through these *Niyama* (rules) one can maintain their health for today and for future to their upcoming generations.

Menstrual cycle- The reproductive system of women unlike that of men, shows regular cyclic changes that teleologically may be regarded as periodic preparations for fertilization and pregnancy. In humans and other primates, the period extending from the beginning of a period to the beginning of the next

one is called menstrual cycle and its most conspicuous feature is the periodic vaginal bleeding that occurs with the shedding of the uterine mucosa^{[3][4]}.

Age- The first Menstruation (menarche) occurs between 11-15 years with a mean of 13 years. As in Ayurveda classics *Acharya Susruta* (Su.su.14/ 6,11) describes the age of menarche is 12 years & menopause in 50 years. This age is also stated in A.S.Sh. 1/21 and Ast.hri.sha.1/7. *Acharya Kasyapa* mentioned the age as sixteen years which is probably the description of appropriate age for conception. Acharya further says that this age can be influenced by Specific *Ahara* (dietetics), and *arogya* (health). *Anundatta* opines that these are probable ages. There may be slight variation in individual cases as menarche may come at 11 years similarly age of menopause may also be delayed^[5].

Duration – Entire one month (chandramas=28days) is divided in three i.e.,

- i. *Rajahsrava* (menstruation)- 3 to 5 days
- ii. *Ritukala* (proliferative phase including ovulation) - 12 or 16 days
- iii. *Ritu vyatit kal* (post ovulatory phase or secretory phase)- 9 or 13 days

In Ayurveda the duration of menstruation may vary as according to Acharya's-

1. *Vaghata* and *Bhawmisra* - 3 days



2. *Charak*– 5 days

3. *Harit* and *Bhela*- 7days

Bhawamisra has further said that if flow is excessive it lasts for 3 days; if average then for 5 days; however, if slight flow without any other symptom of abnormality persists for 16 days, it may be considered as normal. On an average we said that the *Rajahsrava* (menstruation) is about 3 to 5 days. This duration is also accepted by the Modern Science.

Acharya Bhavpraskah defines the duration of Menstrual flow according to *Dosh Prakriti* i.e.,

Kapha prakriti stri- 5 days

Pitta prakriti stri- 7 days

Vaat prakriti stri- 3days.

Menstruation flows as short as 1 day and as long as 8 days can occur in normal women. Obviously, the amount of flow can be affected by various factors, including the thickness of the endometrium, medication and diseases that affect the clotting mechanism.

Amount- The amount of blood loss is estimated to be 20 to 80 ml with an average of 35 ml. Loss of more than 80 ml is abnormal^[6].

Physiology of *Rajahsrav* (Menstruation):

Ayurveda- As according to *Acharya Susruta, Vagbhatt* the blood collected for whole month by both the *Dhamanis* (uterine vessels and their endometrial

capillaries) assuming slight black color and specific odour is brought downwards to vaginal orifice by *Vayu* for excretion. [Su.sa.3/10, A.H.S.1/43, A.H.S. 1/23,24, Ka.khil.9/17, Bha.pra.poorva.3/205]

Viswamitra has clarified that hair thin vessels fill the uterus for whole month to receive *bija* (both *stri* and *pumbija* or zygote)(Su.Su.14/14)

In modern science-

Ovary: In the course of a normal menstrual cycle, the ovary will go through three phases: follicular, ovulatory and luteal.

1. Follicular phase: The initial stages of follicular development are independent of hormone stimulation. FSH levels rise in the first days of the menstrual cycle, when oestrogen, progesterone and inhibin levels are low. This stimulates a cohort of small antral follicles on the ovaries to grow. As the follicles grow and oestrogen secretion increases, there is negative feedback on the pituitary to decrease FSH secretion. This assists in the selection of one follicle to continue in its development towards ovulation – the dominant follicle.

2. Ovulation: By the end of the follicular phase, which lasts an average of 14 days, the dominant follicle has grown to approximately 20 mm in diameter. As the follicle matures, FSH induces LH receptors on the granulosa cells to compensate for lower FSH levels and



prepare for the signal for ovulation. Production of oestrogen increases until it reaches the necessary threshold to exert a positive feedback effort on the hypothalamus and pituitary to cause the LH surge.

3. Luteal phase: After the release of the oocyte, the remaining granulosa and theca cells on the ovary form the corpus luteum (CL). Ongoing pituitary LH secretion and granulosa cell activity ensure a supply of progesterone, which stabilizes the endometrium in preparation for pregnancy. Progesterone levels are at their highest in the cycle during the luteal phase. This also has the effect of suppressing FSH and LH secretion to a level that will not produce further follicular growth in the ovary during that cycle.. The withdrawal of progesterone has the effect on the uterus of causing shedding of the endometrium and thus menstruation.

The endometrium: The specific secondary changes in the uterine endometrium give the most obvious external sign of regular cycles-

1. The proliferative phase-The endometrium enters the proliferative phase after menstruation, when glandular and stromal growth begin. Endometrial thickness increases rapidly, from 0.5 mm at menstruation to 3.5–5 mm at the end of the proliferative phase.

2. The secretory phase-After ovulation (generally around day 14)

there is a period of endometrial glandular secretory activity. Following the LH surge, the oestrogeninduced cellular proliferation is inhibited and the endometrial thickness does not increase any further. However, the endometrial glands will become more tortuous, spiral arteries will grow and fluid is secreted into glandular cells and into the uterine lumen.

3. Menstruation- Menstruation (day 1) is the shedding of the 'dead' endometrium and ceases as the endometrium regenerates (which normally happens by day 5–6 of the cycle). A fall in circulating levels of oestrogen and progesterone approximately 14 days after ovulation leads to loss of tissue fluid, vasoconstriction of spiral arterioles and distal ischaemia. This results in tissue breakdown and loss of the upper layers, along with bleeding from fragments of the remaining arterioles, seen as menstrual bleeding. Enhanced fibrinolysis reduces clotting. Vaginal bleeding will cease after 5–10 days as arterioles vasoconstrict and the endometrium begins to regenerate. Haemostasis in the uterine endometrium is different from haemostasis elsewhere in the body as it does not involve the processes of clot formation and fibrosis. The endocrine influences in menstruation are clear [7].

Regime to follow during menstruation-

ततः पुष्पात् प्रभृति त्रिरात्रमासीत ब्रह्मचारिण्यधः शायिनी, पाणिभ्यामन्नमजर्जरपात्राद्भुञ्जाना, न च काञ्चिन्मृजामापद्येत। (च.शा.८/५)



Thereafter for three nights, commencing with the onset of menstruation, the woman should abstain from sexual congress, should sleep on the floor and eat her meals with her hands from unbroken platter and avoid toilet [8].

ऋतौ प्रथमदिवसात् प्रभृति ब्रह्मचारिणी दिवास्वप्नाञ्जनाश्रुपातस्नानानुलेपनाभ्यग्ग नखच्छेदनप्रधावनहसनकथनातिशब्द श्रवणावलेखना निलायासान् परिहरेत् ।। दर्भसंस्तरशायिनीं करतलशरावपर्णान्यतमभोजिनीं हविष्यं, ष्यहं च भर्तुः संरक्षेत् ।। (सु०शा० 2/27)

Avoid sleeping at day time, application of collyrium, shedding of tears, bathing, anointing (smearing of creams and powders), oil bath (massaging), paring of nails, too much running, laughing and talking loudly, hearing loud noises, combing the hairs roughly, exposure to heavy breeze and exertion [9][10].

ततः पुष्पदर्शने प्रथमदिवसात्प्रभृति ब्रह्मचारिणी स्त्रानालंकारहिता दर्भसंस्तरशायिनी विराजमासीत् । पर्णशरावकरतलान्यतमने च यावकं पयसा सिद्धमल्पं कर्शनार्थमश्रीयात् । तीक्ष्णोष्णाम्ललवणानि वर्जयेत् ।। (अ० सं० शा० 1/23)

In order to slim herself, she should eat little quantity of mess prepared from small barley and milk, taking it either in a leaf, a saucer, or palms of her hands; she should also avoid foods which are pungent, hot, sour and salty [11].

ततः पुष्पेक्षणादेव कल्याणध्यायिनी त्र्यहम् मृजालांकाररहिता दर्भसंस्तरशायिनी । क्षैरेयं यावकं स्तोत्रं कोष्ठशोधनकर्षणम् ।। पर्ण शरावे हस्ते वा भुञ्जीत ब्रह्मचारिणी ।। (अ.ह.शा. 1/23 से 24)

She should harbour only good thoughts [12].

अथ शुद्ध स्त्रातां (ता) स्त्रियं (स्त्री) चतुर्थेऽहनि स्नानगृहे श्वेतेन एवाऽन्येन वाससाऽवगुण्ड्या- नवलोकयन्ती शुचिर्देवगृहं प्रविश्योद्धटाग्निं प्रज्वलन्तं घृताक्षतेनाभ्यर्च्य ब्राह्मणमीश्वरं विष्णुं स्कन्दं च संप्रेक्ष्याभिवाद्य, निष्क्रम्य सूर्याचन्द्रमसाविति, न तु प्रेतपिशाचरक्षांसि । (का० सं० शा० ५/७) ।

Kasyapa advises that the lady should cover herself inside the bathroom itself and without looking all around enter the place of god with pious feelings; should worship the oblation fire with rice and ghee and after looking at Brahmans, god, Vishnu and *Skanda* etc. should perform obeisance to them, should not salute *Preta*, *Pisaca* or *Raksasas*.

Although all the Acharyas have described regime in respect to healthy conception. But we can accept the same Niyama for all reproductive age female.

DISCUSSION-

In present era, to maintain menstrual hygiene is very essential. A large scale of women population not knows the side effects occur by their routine during *Rajahsrav* (menses).

रसादेव स्त्रीया रक्तं रजः संज्ञं प्रवर्तते ।

(सु.सू. 14/6)

'*Rajah*' cognitive blood in women originates from *rasa*. *Artav* is the form of *updhatu*. For proper formation of this *updhatu*, *agnisamyā* is important.



As per the results of a large scale survey conducted across India in 2020, a majority of women respondents reported that they had menstrual problems. Menstrual problems such as pain, irregularities & heavy flow reduced with progressing age among the respondents^[13].

From the time of *Samhita Kala*, the *Rajaswalacharya* briefly described by *Acharyas* seems to be true even according to today's lifestyle and resources. Studying all these points including in *Rajaswalacharya* we conclude it according to the present conditions-

Aahar:

तीक्ष्णोष्णाम्ललवणानि वर्जयेत् ।

(अ.सं.शा.1 / 23)

She should avoid foods which are pungent, hot, sour and salty.

आर्तव शोणितं त्वाग्नेयम् ।।

(सु.सू. १४ / ६)

As *Acharya* says *Artav* is made up of *Agneya gun pradhan*. Through this *Agneya gun Artav* removes from the body easily. So, women should not take *Agni Pradoshak (Usna, Tikshna) Aahar-Vihar*. If we don't follow the dietary regimen, *Pitta Dosh* aggravated.

पित्तवृद्धौ तस्य अतिप्रवृत्तिः उक्तत्वात् ।

(सू.शा.1 / 23)

Thus may cause heavy menses called *Asrigdar* (metrorrhagia, menorrhagia)

which further forms in *Dhatukshaya* which is harmful for health. Due to excess of flow there is weakness, dizziness, unconsciousness, blurring of vision, thirst, burning sensation, delirium, anemia, drowsiness and diseases of *Vata* origin(su.sa.2/19). Some examples are-

1. Caffeine- Caffeine has become an integral part of society. Caffeine has been reported to have negative effects on female fertility causes Miscarriage, spontaneous abortion, fetal death and still birth ^[14].

Another study including over 88,000 women demonstrated that if over 8 cups of coffee were consumed, the risk of fetal death increased. High caffeine content can exacerbate your pain & also contribute to breast tenderness^[15].

2. Alcohol- Women who drink large amounts of alcohol have a higher chance of experiencing infertility caused by hormonal imbalance^[16].

3. Spicy foods - Spicy foods disturbs the metabolism of stomach & cause diarrhea, stomach pain, and even nausea. It might be best to avoid them during your period ^[17].

4. Salts - Consuming lots of salt tends to water retention, which can result in bloating. Foods with a high salt content are not good in menstruating days because they can worsen your cramps & make discomfort ^[18]. Example - Junk foods like pizza, chowmene, Maggie, pasta etc. It contains high amount of Salt & sugar.



Vihar-

1. Astain sexual congress- *Acharya's* describes for women not to do make up or dress up well and should avoid copulation. If women beautify her it makes effort and one of the reason for attraction. So the *Acharyas* prescribe for simple life regimen on these days.

2. Sleeping on the floor - This describes the hygienic conditions maintain during menses on that time. Now, a day's sanitary pads are available. It maintains the hygiene and should remove after 6 hours of its use. If we further use can cause several health issues.

3. Divaswapna – Sleeping in daytime leads to the production of *Kapha Dosha* which further produces *Ama*. This *Ama* leads to *Dhatawagni Mandya* which is further correlated with hormonal disbalance.

4. Exertion- According to *Acharyas* sexual contact, too much running, laughing and talking loudly may cause exertion.

Excessive exercise can negatively alter energy balance in the body and affect the reproductive system^[19]. When energy demand dietary energy intake, a negative energy balance may occur and may result in hypothalamic dysfunction and alterations in GnRH pulsality, leading to menstrual abnormalities, particularly among female athletes^[20].

Increased frequency, intensity and duration of exercise were found to be significantly correlated with decreased fertility in women^[21].

As in ayurveda *Acharya Susruta* describes the root cause of all this is because of *Vata Prokop*. Due to excessive exertion vata vitiated in *Sharira*. This *Prakupita Vata* increases the *Pitta & Kapha* which cause *Stambhankarya* of *Artav*. *Susruta* describes the exertion caused by *Vyayam, Ati Maithuna* etc. are the pathological factors results in *Rajah Kshaya* i.e., *Alpa Artav Pravritti* (oligomenorrhea) with the symptoms of scanty menses or PCOD fibroids etc. (su.su.15/93).

Studied says that women who had a job and worked more than 32 hours a week experienced a longer time to conception compared to women who worked 16-32 hours a week^[22].

5. Stress- Psychological stress such an anxiety disorder or depression, affects 30% of women who attend infertility clinics, possibly due in part to infertility diagnosis & treatments^{[23][24]}.

Due to stress-

- Increased chances of stillbirth
- Oocytes fertilization decreased

A possible explanation for these associations may lie in stress hormone levels. Due to stress woman can suffer from insomnia, acne and even irregularities



in periods ^[25]. Women who receive support & counseling may reduce their anxiety & depression levels, & increase their chances of becoming pregnant ^[26].

Stress causes *Vata Dosh Prokop* results in *Agnidusti*. For this *Acharya Vagbhatt* mention *Rajaswala Stri* should harbour only **good thoughts** which are necessary for healthy menses and health. **Shedding of tears** is a form of stress causes infertility.

6. Snan- Acharya mentioned that “*Jal stambhaniyanam*” and “*Snanam Dukhasahatvena*”. If she does it, then the *Stambhana* occurs, the body temperature required for menstrual bleeding decreases. So, here we understand the concept of *Snana* is to avoid cold water bath and washing hairs also. But at the same time hygiene should be maintained by proper cleaning. Basically to avoid *Sanan* is to maintain the same body temperature throughout the days.

7. Smoking - Among women who are of reproductive age, 30% are smokers ^[27]. Thus cause reductions in fertility due to decreases in ovarian function & a reduced ovarian reserve.

CONCLUSION-

The greatest wealth is health (*Arogya*). Women's have unique biological, social and behavioral conditions. Women health issues are

maximum in her reproductive age. This age is very crucial. Myths about menstruation days are blindly followed by the society even knowingly or without knowing. Ayurveda gives prime importance to preventive aspects. This *Rajaswala Paricharya* gives the perfect example of it. The *Rajaswala Paricharya* which was told by *Acharyas* many year ago are helpful in present day to day life. As we conclude it to add light and digestible food in diet, take rest in happy mood on those days. Some changes in lifestyle during days of menstruation as like *Aahar* and *Vihar* can lead to drastic change in women's health not only physically but psychologically also. Somewhere it will prove to be very helpful for you and your future generation. This *Paricharya* is also beneficial to decrease the data percentage of PCOS, infertility, irregular menses etc. Thus, there is the need to follow a strategic approach in combating these issues.

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APPLIED ASPECT OF RELEVANCE OF MIND, BODY AND SOUL

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ABSTRACT-

Sharir is the term given to a live human appearance formed by Shukra, Shonita & Aatma. In another aspect it is explained that Sharir is formed from Panchamahabhutas and Aatma. Further it is said that Sharir is more specifically formed by Chaturvimshati Dhatus comprising of Ashta Prakritis and Shodash Vikaras. These are Avyakta, Mahan, Ahankara, Ekadash Indriyas, Panch Tanmatras and Panch Mahabhutas. In the study of all these we find three basic things which are the basic or preliminary assets of Sharira. These are Avyakta (Aatma), Mahan (Buddhi), Ahankara. Here we can identify Avyakta or Aatma as Soul, Mahan and Ahankara as Mind and Panch Tanmatra as Body (Sharir). The relationship between Mind, Body and Soul is a very complex issue to understand. Various features are there which differentiate a human from other living creatures. These are thinking power, intellectuality and consciousness. These are the supernatural features in a human body which are responsible for the interaction between Mind, Body and

Soul. The body is an outstanding source of strength, the mind is an incredible source of intelligence and the soul is a remarkable source of power.

Keywords : Sharir, Purusha, Shukra, Shonita, Aatma, Mana, Ashta Prakritis, Shodash Vikaras. Avyakta, Mahan, Ahankara, Satvika (Vaikarika), Rajasa (Tajasa) & Tamasa (Bhutadi), Panch Tanmatras, Panch Mahabhutas, Shad Dhātuja Purusha, Daiva, Manusha, Psycho-somatic, Dash Vidha Rogi Pariksha, Satva Pariksha, Pravara Satva, Madhyama Satva and Avara Satva, Chikitsa Chatushpada, Rogi, Abhiru, Shravanendriya, Daivmanush Sampda, Triad, Mental Strength.

Sharir is the term given to a live human appearance formed by Shukra (Sperm), Shonita (Ovum) & Aatma (Soul) i.e.

शुक्रशोणितं गर्भाशयस्थमात्मप्रकृतिविकार
सम्मूर्च्छितं गर्भ इत्युच्यते ।

— (आचार्य सुश्रुत)

In another aspect it is explained that Sharir is formed from Panchamahabhutas (The basic Five Elements) and Aatma (Soul) i.e.

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खादयश्चेतना षष्ठा धातवः स्मृतः पुरुषसंज्ञकः।
–(आचार्य चरक)

It means that conception is the conjugation of live Shukra & Shonita which are the representatives of Panchmahabhutas and Aatma.

Further we can see the vast knowledge of Acharyas as they have further elaborated this theory of Sharir formation as follows:

पुनश्चधातुभेदेन चतुर्विंशतिकः स्मृतः।
मनोदशेन्द्रियाण्यर्थो प्रकृतिश्चाष्टधातुकी।।
– (आचार्य चरक)
अष्टौ प्रकृतयः प्रोक्ता विकाराः षोडशैव तु।
क्षेत्रज्ञश्च समासेन स्वतन्त्रपरतन्त्रयोः।।
–(आचार्य सुश्रुत)

These excerpts explain that Sharir is more specifically formed by Chaturvinshati (twenty four) Dhatus (factors) comprising of Ashta (eight) Prakritis and Shodash (sixteen) Vikaras.

Here Prakritis which are eight in number, are supposed to be the origin supplements. These are the elements which are present in the nature in the supernatural form. Though these are not accessible but these have their existence. These elements are the Avyakta, Mahan (Buddhi), Ahankara and Panchtanmatras. Ahankara is further classified into three types i.e. Satvika (Vaikarika), Rajasa (Tajasa) & Tamasa (Bhutadi). This triplicate Ahankara is responsible for the further development of Ekadasha (eleven)

Indriyas and Panch Tanmatras. Rajasa and Satvika Ahankara develop Ekadasha Indriyas whereas Satvika and Tamasa Ahankaras for Panch Tanmatras. These Panch Tanmatras (the ultimate or minutest or subtle factor of the each of the five elements) further generate Panch (five) Mahabhutas (Aakasha Mahabhuta, Vayu Mahabhuta, Agni Mahabhuta, Jala Mahabhuta and Prithvi Mahabhuta).

Vikaras means the elements from the origin elements. These are Shodash (sixteen) in number. These are: Ekadash Indriyas, Panch Tanmatras (both derived from Ahankara) and Panch Mahabhutas (derived from Panch Tanmatras).

All these twenty four Prakritis and Vikaras together move forward for the ultimate formation of the new generation i.e. Purusha or Sharir. This process is addressed as Srishti Utpatti Krama also as per the Acharyas.

Now after going through the observation of above process of Sharir formation, we find three basic things which are the basic or preliminary assets of Sharira. These are Avyakta (Aatma), Mahan (Buddhi), Ahankara. Here we can identify Avyakta or Aatma as Soul, Mahan and Ahankara as Mind and Panch Tanmatra as Body (Sharir).

ससत्त्वात्माशरीरं च त्रयमेतत् त्रिदण्डवत्।
लोकस्तिष्ठति संयोगात्तत्र सर्वं प्रतिष्ठितम्।
(आचार्य चरक)



Sharir can be classified into two supplements in all. One is the supernatural existence i.e. soul & mind and the physical existence i.e. body or macro Panchabhautika Sharir. This way, Sharir is named as Shad Dhatuja Purusha i.e. one Aatma (soul with mind) as supernatural factor and Panch Mahabhutas as physical appearance. It has been mentioned earlier also as:

खादयश्चेतना षष्ठा धातवः स्मृतः पुरुष-
संज्ञकः ।

(आचार्य चरक)

Aatma (soul) is the supernatural thing which has the upper hand and controls whole the Panchbhautika Sharira by the help of Mana (mind). The bonding of these three is called life. The detachment of soul from this bonding causes the Moksha or death of Shad Dhatuja Sharir (human being). If a person dies his soul gets detached with body i.e. Pancha Mahabhuta. The mind also gets detached at the same time. This means that supernatural elements soul and mind are detached from body. This death is named as Panchatva Prapti. Which literally means that from Shad Dhatuja Purusha after detachment of soul (Aatma) with mind (Mana) keeps the Pancha Mahabhutas remains in the body. This is called as Panchatva Prapti. This is the remainder of inactive Pancha Mahabhutas. It named as 'Mortal Remains' in the English. When the final rituals (Antyeshti Sanskar) of this deceased body is performed by the relatives, these 'Mortal Remains' of the

body merge into the subtle form of Panch Tanmatras of these respective Pancha Mahabhutas.

Therefore the soul or Aatma or Avyakta is the inevitable important part in the survival of human being. This Avyakta or soul is named as the Shariri and Kshetragya also. Mind or Mana is also a supernatural factor. It plays the role of performing all the deeds only in the existence of Aatma. It is a separate thing from Aatma but it is the inevitable supernatural partner of Aatma for the live or functional existence of a human being. A person can perform any activity by the firm engagement of Mana only. For example if a person has to listen somebody, it is necessary that his Mana must be engaged with the auditory system or Shravanendriya. If the person is viewing something else very consciously or engaged in other activity with utmost alertness then his mind will be engaged to that respective deed. In such condition if somebody calls him then he may not be able to listen as his mind has no attention to that call. In another instance, it is possible for a person that he may not be able to see an elephant standing just in front of him, if he is lost in his thoughts. It happens so because the Mana of this fellow was not engaged with the Netrendriya (eyes). Therefore he is not able to see the elephant just in front of eyes. Therefore Mana is something different from Aatma but it is active just because of Aatma.



The relationship of mind with the body in reference to how the mind controls the body and how various changes in the body affect the mind; has always been a core issue of discussion. It is clear that Mana has its own existence along with Aatma and it is the only agent of Aatma which works as his administrative colleague. In other words we can say that mind can perform in a Sharir only in the presence of Aatma.

The relationship between Mind, Body and Soul is a very complex issue to understand. Various features are there which differentiate a human from other living creatures. These are thinking power, intellectuality and consciousness. All these make a human being or Sharir/Purusha, an incredible creation of God. These features are the charismatic characteristics of a human mind i.e. Mana. These are the supernatural features in a human body which are responsible for the interaction between mind, body and soul. If we think how mind interacts with the body or what may be the mode of transaction between a physical and supernatural substance then the convincing reply may be that God is the only authority which does this all. The Aatma or soul in a human being is the representative of God who is responsible for such charismatic interactions between mind and body. Hence Sharir is the combination of Mind, Body and Soul.

Acharyas have mentioned Daiva Manusha Sampda in Ayurveda as follows:

शरीरं चिन्त्यते सर्वं दैवमानुषसम्पदा।
सर्वे भावैर्यतस्तस्माच्छारीरं स्थानमुच्यते।
(आचार्य सुश्रुत)

Here Daiva refers to the supernatural existence i.e. soul & mind and Manusha refers to the physical appearance i.e. Panch Mahabhutas in the Sharir. Modern medicine also considers the human body as a psycho-somatic substance. If we see in this aspect, the term psycho is related to Mana (mind) which is a supernatural element and Mana can perform only in the presence of Aatma. Therefore Aatma and Mana are the Daiva properties. On the other hand the whole physical anatomical structure can be named as Manusha Sampda. Hence this way the bonding of Daiva and Manusha is the only factor and out of that Daiva is the main factor which is responsible for the functioning of a Sharir or human being. This way the supremacy of Daiva is proven.

Here one thing is to emphasize that modern medicine also considers the supremacy of psycho i.e. Mana attached with Aatma. This is why modern medicine also keeps term psycho first before the somatic viz. psycho-somatic disorders.

In Ayurved, for the implication of Chikitsa i.e. treatment, Dash Vidha Rogi Pariksha (ten modes of patient examination) has been explained. Satva Pariksha is one of the modes of Dash Vidha Pariksha. It is the one of the important supplements for a successful treatment.



Here Satva is referred as Mana which has earlier been explained that it is the administrator of human body. In Satva Pariksha, Purusha has been classified into three types: Pravara Satva (supreme mental strength), Madhyama Satva (medium mental strength) and Avara Satva (minimum mental strength). As mentioned:

सत्त्वतश्चेति सत्त्वमुच्यते मनः। तच्छरीरस्य तन्त्रकमात्मसंयोगात्। तत् त्रिविधं बलभेदेन— प्रवरं, मध्यमम्, अवरं चेति य अतश्च प्रवरमध्यावरसत्त्वाः पुरुषा भवन्ति।

If a person is of Pravara Satva, he is generally named as dare devil. He can dare to undergo severest of the surgical operations easily. It makes too easy for a doctor to treat him. If a person is of Madhyama Satva, he does not dare for the same but inspiration and motivation or fear of further health complications may prepare him mentally to undergo for the same. Therefore it becomes tedious for a doctor to treat him. But, as far as Avara Satva Purusha is concerned, he does not dare in any condition. He can even not be able to listen such type of deeds and may get fainted just seeing the blood. These Avara Satva patients are very tough to deal with for treatment. Therefore this way we can identify Satva as an inevitable supplement for treatment as well as in the commitment of all the challenges of life. That is why it is told generally that one should be mentally strong enough for the proper execution of any commitment.

In Chikitsa Chatushpada (four pillars of a medical science), Rogi (patient) is also mentioned as a Pada or pillar. While describing the characteristics of a Rogi, it is said that he should be Abhiru (not coward) i.e. brave or dare devil. As said:

स्मृतिनिर्देशकारित्वमभीरुत्वमथापि च।

ज्ञापकत्वं च रोगाणामातुरस्य गुणाः स्मृताः।
(आचार्य चरक)

Here Abhiru means that the patient should be mentally strong and brave enough to undergo the toughest procedures of treatment like surgeries without any hesitation.

Mental strength is necessary in the proceedings of life as well. Every person has to be mentally strong enough in his decisions regarding the commitments of his studies, behavior, lifestyle, profession etc.

This way we can identify the clinical significance of Mind, Body and Soul. The conjugation of all these three assets is the survival of a human being. This triad is the core of human well being on earth.

The following few quotes explain the excellence of the conjugation Mind, Body and Soul.

1. The body is an outstanding source of strength, the mind an incredible source of intelligence and the soul a remarkable source of power.

2. You may have a small body, but great strength. You may have an ordinary



mind, but great wisdom. You may have a weary soul, but great love.

3. Your mind is a weapon. Your soul is a treasure. Your life is a jewel.

4. The world rewards you for what is in your mind and the Heavens reward you for what is in your soul. Utilizing all of your mind is a step towards brilliance.

5. Utilizing all of your body is a step towards excellence. Utilizing all of your soul is a step towards nobleness. Utilizing all of your mind, heart, and soul is a step towards greatness.

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CONCEPT OF HEART DISEASE AND ITS MANAGEMENT: AN AYURVEDIC PERSPECTIVE

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ABSTRACT :

Cardiovascular diseases have a large share amongst non-communicable diseases. India is currently heading towards becoming a heart disease capital of world. This puts a tremendous pressure on available resources of medical and surgical management. Thus, it would be a great asset if these diseases could be managed through traditional system of medicine like Ayurveda. According to latest data of American heart association, cardiovascular disease including heart attack & stroke remain the No. 1 killer of men & women causing 36 percent of all the deaths per year. Changes in diet pattern, dietary habits and life style, certain social and environmental changes have led to us in the era of Hypertension, Hyperlipidemia, obesity, cardiac diseases and many more diseases. There are a number of drugs and medicinal preparations described in the texts of Ayurveda like Arjuna, Tagara, Haritaki, Tambula, Brahmi etc, having wonderful effects in CVD. Various techniques of Yoga, Pranayama (Breathing practices), Spiritual

upliftment are having excellent preventive and therapeutic effects on Anxiety, Hypertension etc. which are main risk factors of heart disorders.

Key Words: Hypertension, IHD, Atherosclerosis, Hrid roga, Rasayana.

INTRODUCTION

Hridaya- The Marma located in the thorax (Uras) in Stanyormadhye and near to Amashaya-dwar, where resides the Tamas, Rajas and Satva guna, is known as Hridaya. The Hridaya in Samhitas was considered to be hollow organ (Koshtha), made up of two Peshi, three Mandala sandhi and in shape of lotus and connected with ten Mahadhamnies i.e. pulsating vessels and supply blood, oxygen, nutrition and thus immunity to entire body therefore anatomically, physiologically and functionally Urustha Hridaya is similar to heart. The diseases or conditions that affect the working of any of these structure in circulatory system refers to as cardiovascular disease. Cardiovascular disease is now epidemic. WHO estimates

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that by 2020 close to 60% of cardiac patients worldwide would be Indians. The Cardiovascular diseases has largest share in non-communicable diseases (31%).¹ It is due to exposure to chemicals and other environmental substances that also have a profound impact on cardiac health.

Heart diseases are referred to as Hridroga in Ayurveda. As per Ayurveda treatise Hridroga are of five types. First four are based on the predominance of specific Dosha in its genesis as well as signs and symptoms hence named Vataja, Pittaja, Kaphaja and Tridoshaja, while fifth type is referred to as Krimija,² which is attributed to infestation by worms in an individual.

MATERIALS AND METHODS:

Nidana for Swatantra Hridroga are Vyayama, excessive Tikshna Ahara, Virechana, Basti, Vamana.³ Hridroga can occur as Partantra Vyadhi to certain disease leading to emaciation, excessive worry, stress or fear. Direct Abhighata to Hridaya may also leads to Hridroga. By analysing the Nidanas, it can be inferred that the precipitating factor of Hridroga are concerned with an excessive fluid loss i.e. due to Vaman, Virechan, Basti, exercise, trauma or reduced intake of water and nutrition as in emaciation, stress, fear, worry. All these leads to Kapha kshaya along with Rasa kshaya leading to compromised functioning of heart.

Risk factors for Cardio-vascular diseases includes **modifiable risk factors**- Hypertension, Obesity, Smoking, Diabetes, High cholesterol and Psychosocial factors and **non-modifiable risk factors**- ethnicity, age, gender, family history. **Symptoms of CVD**⁴ are dyspnoea – systemic hypertension, valvular heart disease, cardiomyopathies, myocardial disease, arrhythmia, orthopnoea – advanced heart disease, paroxysmal nocturnal dyspnoea, peripheral oedema: common in congestive heart failure, Palpitation: It is the awareness of heart beats in the chest, tachycardia, bradycardia, chest pain: angina pectoris, myocardial infarction, pericarditis, aortic dissection, infective endocarditis.

MANAGEMENT OF HEART DISEASE:

❖ **Prevention of Hridroga (Cardiac disorders):** Ayurveda mainly relay upon the principle of ‘Prevention is better than cure’. So, the preventive aspect of the diseases has given first स्वस्थस्य स्वास्थ्य रक्षणम्। & prime importance in the management of all the diseases including Hridroga as well. Recognizing its importance as a vital organ governing the systemic circulation, Ayurveda pays special attention to save heart from any direct or indirect trauma and also from various



factors which may in turn precipitate a heart disease.⁵ Certain stress factors are consistently told to be avoided and cardio-promotive activities told to be observed. The deep vision of Acharya Charaka has laid the prime importance on avoidance of the factors that cause Emotional and mental upsets⁶ i.e Supression of Dharniya mansika vega like anger, fear, worry etc, Swasthyavritt Palana, Ahara (Diet) & Vihara (Life style) modifications. Specific Rasayana drugs for heart (Naimittika Rasayana) like Arjuna, Pushkarmula, Tambula have cardioprotective and cardiogenic properties thus their daily use decreases the tendency to develop cardiac diseases. Drugs like Amalaki, Haritaki have Antihyperlipidemic & Antihypertensive property which are important risk factors for Coronary artery disease, ischemic heart disease and heart attack. Beneficial Rasayana preparation for prevention of cardiac diseases are Amalaki Rasayana, Brahma Rasayana, Agastaya Haritaki Rasayana, Chayavanprasha Rasayana & Shilajeet Rasayana

Aushadha varga:

➤ **Single drugs:** Arjuna (*Terminalia arjuna*), Hritpatri (*Digitalis purpurea*), Vana palandu (*Urgenia indica*), Tambula (Betel leaf), Putikaraveer (*Theveshia nurifolia*), Taruni (*Rosa centifolia*), Rudraksha, Patala (*Stereospermum suaveolence*), Vasa

(*Adhathoda vasica*), Twaka (*Cinnamomum zeylanicum*), Brihati (*Solanum indicum*), Karchura (*Curcuma zedoria*), Pushkara mula (*Inula racemosa*), Soma, Malaya vacha, Kustumbaru (green coriander leaves), Rasona (garlic), Ardraka (ginger) etc.

➤ **Compound drugs:** Pippalyadi churna, Haritakyadi churna, Arjuna twaka churna, Sukshma eladi churna, Trivritadi churna, Hingvadi churna, Prabhakara vati, Shunti kwatha, Pushkaradi kwatha, Pushkaramuladi kalka, Dasamula kwatha, Vallabhaka ghrita, Arjuna siddha ksheera, Nagarjunabhra rasa, Hridayarnava rasa, Panchanana rasa, Visweswara rasa, Trinetra rasa, etc.

AYURVEDIC PRINCIPLE OF MANAGEMENT OF CARDIAC DISEASE⁷

1. Nidana parivarjana- Avoiding the aetiological & risk factors (Diet and life style modification), Reduction of weight in obese patients is important.

2. Samshodhana (Purification) therapy- Vamana Karma – Though it is contraindicated in heart diseases but can be induced in Kaphaja Hridroga and strong patients. **Virechana Karma** – Beneficial in hyperlipidemia, hypertension and Krimija Hridroga. **Basti therapy – Lekhana Basti** - hyperlipidemia, obesity,



Tikta Basti – hypertension, ischaemic heart diseases, CHF, **Brinhana & Ksheera basti** – Cardiac arrhythmias.

3. Shamana (Pacifying) Therapy

a) **Vataja Hridroga** - Tailapana – Oil cooked with drugs like Sauviraka, Takra, Gomutra, Lavana, Bijaura nimbuka rasa is beneficial.

b) **Pittaja Hridroga** – Ghritapana – Ghee cooked with Draksha, Madhuka, Sugar, Honey etc, Use of Pittahara drugs, Sheeta Parisheka- With Ghrita, Decoction of Pittashamaka drugs has been indicated.

c) **Kaphaja Hridroga** – Langhana, Ama- Pachana, Use of Katu Drugs, Vamana Karma

d) **Krimija Hridroga** – Virechana, followed by use of Krimihara drugs like Vidanga is indicated.

Group of Drugs useful in the treatment of cardiac diseases –⁸

Hridya Mahakashaya – Amra, Amrataka, Lakucha, Karmarda, Vrikshamala, Amlavetas, Badara, Dadima & Matulunga. These drugs are rich source of Vitamin C and have antioxidant and cardiogenic properties.

Agnideepana and Vatanulomana drugs – Ajmoda (carum roxburghii), Hingu (Frula northax), Pippal (Piper longum), Shunthi (Zinziber officinalis), Chitraka (Plumbago zeylinica). Improves

digestion and pacifies Vata, effective in Hridgulma & CAD.

Lekhaneeya Dravya - Like Vacha (Acorus calamus), Haridra (Curcuma longa), Daruharidra (Barberis aristata), Mustaka (Cyprus rotundus), Cow's urine & Guggulu (Commiphora wightii). Useful in Hyperlipidemia, Obesity and Atherosclerosis.

Some important formulations (Yoga)⁹ - Haritakyadi churna, Amalaki Rasayana, Pathyadi Kwatha, Dashmula Kwatha, Arjunatwaka Kwatha, Pippalyadi Ghrita, Arjuna Ghrita, Trayamana Ghrita, Shunthi Ghrita, Chandraprabha vati, Prabhakara Vati, Shilajitwadi vati, Hinguwadi vati, Arjunarishta, Mrigshringa Bhasma, Akika Pishti, Hridyarnawa Rasa, Nagarjunabhra Rasa & Krishna Chaturmukha Rasa.

DISCUSSION

Lifestyle modifications have been shown to have a significantly beneficial impact on reducing the incidence and severity of cardiovascular events. Studies have shown a consistent inverse association between physical activity/fitness, and the incidence of heart disease and general risk factors. It has also been determined that regular, moderately intense activity, such as brisk walking for 30-60 minutes daily, is sufficient to reduce cardiovascular risk factors. However, Ayurveda offers many different herbal medicines which can play a role in treating



and preventing different aspects of cardiovascular disease. A summary of these is given in the table below.¹⁰

- **Sarpagandha** is *Kaphavatashamaka*, Cardiodepressant, Hypnotic and Sedative. Acts as Vasodilator, thus reduces the tone of the blood vessels. Reserpine, an alkaloid present is responsible for inhibiting brain centres which are responsible for controlling blood pressure. This results in decreased heart rate, strength of heart muscle contraction & tone of the blood vessels.¹¹
- **Parpata** in *Samhitas*, recommended for treatment of fever and blood disorders. An extract of the plant was found to have a relaxant effect and produce a moderate fall in blood pressure.
- **Vacha** reduces the systolic blood pressure and heart rate significantly.
- **Carrot seeds** possess antihypertensive effect of two coumarin glycosides from carrot.
- **Chaksu** has ability to lower blood pressure, also a strong anti-bacterial agent and works as an astringent.
- **Gokshura** is *Hridya, Shothahara, Vrisya, Mutral, Kaphanisaraka*, Hypotensive, cardio tonic, hepatoprotective and muscle relaxant, has diuretic property and increases release of nitric oxide from endothelium and nerve endings so that it relaxes smooth muscles and increases angiotensin converting enzyme (ACE) inhibition. Hence it is used in hypertension.
- **Punarnava** studies have revealed that *Punarnava* is an excellent diuretic, anti-inflammatory, mild laxative and is a heart tonic.
- **Guggulu** act as antioxidant, guggulsterones keep LDL cholesterol from oxidizing, an action which protects against atherosclerosis. It has also been shown to reduce the stickiness of platelets – another effect that lowers the risk of coronary heart disease.
- **Arjuna** is *Raktastambhana, Hridyauttejaka, Raktaprasadan, Hridaya, Shothahara, Medohara*. Cardio protective, spasmogenic, hepatoprotective and anti-angina.
- **Kushtha** has been claimed to be antiallergic, antibacterial, antihistaminic and hypolipidaemic agent.
- **Bala** is *Balya, Hridya, Raktapitta shamak, Mutral* and can be used as CNS depressant, analgesic, anti-inflammatory, Hypotensive and hepatoprotective.



- **Hritapatri** being *Hridya*, *Mutrala*, *Shothhara*, decreases the heart rate, strengthen the heart muscle.
- **Rasona** is *Raktutkleshaka*, *Shothahara*, *Vedanasthapana*, *Hridyauttejaka*, *Kaphanissaraka* and *Rasayana*. It also decreases the blood cholesterol level.
- **Ashwagandha** is *Rasayana*, it has analgesic, mildly sedative, anti-inflammatory and anabolic activities and it is useful in stress, strain, fatigue, pain.
- **Brahmi** is *Medhya*, anti-oxidant, anti-inflammatory, reduces stress and anxiety. Animal studies suggests that, it reduces both systolic and diastolic blood pressure levels by releasing nitric oxide which helps dilate blood vessels.
- **Jatamansi** has Hypolipidemic, Cardioprotective activity, Hepatoprotective and Diuretic.
- **Pushkaramula** is *Mutrala*, used in *Hrid roga*, *Parshar shool*, *kasa*, *shwasa*.

CONCLUSION

With the emergence of increasing number of heart disease in all age groups, it is the time to explore different herbs and its preparations so that it can be incorporated in our *Dinacharya* (daily

life) to reduce the morbidity and mortality due to heart diseases. Here single herb medicines are grouped based on their properties with special emphasis on *Rasona*, *Arjuna* and *Gokshura* which are used commonly. *Rasona* has Anti hyperlipidemic property, it inhibits platelet aggregation, lowers blood pressure and has significant Antiarrhythmic effect. *Gokshura* has diuretic property and increases release of nitric oxide from endothelium and nerve endings so that it relaxes smooth muscles and increases angiotensin converting enzyme (ACE) inhibition. Hence it is used in hypertension. *Arjuna* has antiischemic, antioxidant, lipid lowering, and antiatherogenic properties. There are many other herbs with has diuretic, lipid lowering, anti-platelet aggregation and blood pressure lowering properties. Some of them may be used as cardio tonics which has got a great scope of research.

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PATHYA AND APATHYA: SPECIALITY OF AYURVEDA

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ABSTRACT :

The aims & objectives of Ayurveda are to maintain the health of a healthy person & to cure the diseases of the patients. To maintain the health, Ayurveda laid many basic principles like Dincharya (diurnal regime), Ritucharya (seasonal regime) etc. The word Pathya, derives its origin from root word 'Patha' which literally means a way or Pathya is defined as that factor which is conducive to body and mind. Pathya aahara is such diet which has beneficial effect over the body and mind of an individual without causing any untoward effect. Apathya are defined as substances which adversely affect the body and mind. This indicates the importance of Pathya and Apathya in Ayurveda. The concept of Pathya and Apathya is the peculiarity of Ayurveda.

Keyword: Ayurveda, Dincharya, Ritucharya, Pathya, Apathya.

INTRODUCTION

Ayurveda is a science which has given importance to diet and regimen as a part of Chikitsa. Pathya - Apathya has a major

supportive role in the management of diseases. In some stages of Vyadhi, following Pathya and avoiding Apathya is enough to cure the disease. In Swasthavritta, description of Dincharya & Ritucharya has been labeled in which Ahara is an important part. Maintenance of good health and to overcome the diseases are the two main objectives of Ayurveda.¹

Definition

Aahar and Vihara which is beneficial and nutritional to the body and also give the happiness to the mind is known as Pathya and opposite to that is known as Apathya.² Pathya is that which is right path, which does not create any trouble, and which is pleasant to the mind, that which is unpleasant to the mind is Apathya. This should not be neglected. The root term of Pathya is "patha" means various channels in body "Anepetam" means not causing any harmful and untoward effect to the body channels and on the contrary which is wholesome-soothing for body can be labeled as Pathya. Pathya means belonging to the way. Ahara & Vihara which is not harmful to the body & body channels is called as Pathya.

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SYNONYMS-

For Pathya *Satmya*, *Swasthhitakara*, *Upshaya*, *Swavastha paripaalaka*, *Hitahara*, *Swasthaaurjaskara*, *Sharmakara*, *Sukha parinaamkara* and *Dhatu Saamyakara* words have been used in different context in Ayurveda. Kashyapa used term *Mahabheshaja* for Pathya.

For *Apathya Asatmya*, *Swastha Ahitkara*, *Anupashaya*, *Ahitkara*, *Asukha Parinaamakara*, *Ashrmakara*, *Dhatua virodhi* and *Dhatu asamyakara* words have been used.³

Ahara and Vihara are part and parcel of human life. In Ayurveda specially Ahara has a significant role as Pathya-Apathya in pathogenesis of disease and their treatment. Person should always consume food in proper quantity, which depends upon the strength of Agni or digestive fire. Quantity of food consumed which gets digested without creating disturbance in normalcy of body and within the stipulated time that should be considered as the proper quantity. Here the quantity is that which does not create any harm. Acharya Charaka has mentioned Aahar among the major sub pillars i.e., Ahar, Swapna and Brahmacharya.

Laghu - Guru Ahara

Food prepared from Sali, Sastik, Mudaga, meat of Lava, Kapinjala, Sasa, Sarabha, Sambhara etc through by nature are Laghu still require proper quantity of digestion. Similarly foods prepared from

flour of corns, products of sugarcane juice, products of milk, Tila, Masa, meat of animals of marshy regions and animals living in water etc. through Guru by nature also acquire proper quantity.

Pathya Vihara

According to Acharya Charaka Brahmacharya, Nivatasayana, Vyayam, Usnodakasana, Nishaswapana, Vega-vidharana, are mentioned as pathya Vihara.

GENERAL PATHYA AND APATHYA

Acharya Charak had elaborately described the concept of *Pathya* (wholesome) and *Apathya* (unwholesome). He had given a general list of *Pathya* (wholesome) and *Apathya Dravya* (unwholesome) along with specific *Pathya* (wholesome) and *Apathya Dravya* (unwholesome) for patients and *Sansarjana Karma* (specific food regime) for patients who have undergone *Panchkarma Therapy*. Charaka indicated some food articles which should always be consumed by healthy persons. These food articles include *Shashtika* (variety of rice), *Shali* (variety of rice), *Mudga* (*Phaseolus radiatus* Linn.), *Saindhav*, *Amalaka* (*Emblica officinalis* Gaertn.), rain water, *Ghee* (butter), meat of animals dwelling in arid climate and honey.⁴ Similarly, *Acharya Charak* had also indicated some food articles which should be avoided by healthy persons. Such food articles are *Vallura* (dried meat), dried vegetables, lotus rhizome and stalk and one should never consume meat of diseased animals.⁵



Varga	Pathya	Apathya
<i>Shuka Dhanya</i>	<i>Rakta shali, Shastika and types of Shastika, Godhuma, Yava</i>	<i>Yavaka</i>
<i>Shami Dhanya</i>	<i>Mudga, Masura, Mangalya, Chanaka, Aadhaki,</i>	<i>Masha</i>
<i>Mansa Varga</i>	<i>Ajameda, Ena (antelope), Godha (inguana), Rohit Matshya, Chuluki (Gangetic dolphin), Vasa Jangala Mansa etc.</i>	<i>Go mansa, Kankapota mansa (young dove), frog, Chilchim fish, Kumbhir (crocodile) fat, Kakamudga (water fowl) fat, Chataka (sparrow) fat Shaka Varga Vastuka, Patha,</i>
<i>Shaka Varga</i>	<i>Vastuka, Patha, Sunishnaka, Jeevanti, Tanduliyaka, Mandukaparni, Kushmanda, Patola Kakmachi Rajakshawaka, Nadi</i>	<i>Sarshapa Shaka, Kusumbha Shaaka etc. Phala Varga Dadima,</i>
<i>Shaka Varga</i>	<i>Dadima, Aamlaka, Haritaki, Vibhitaki, Mridvika,</i>	<i>Nikucha (Atrocarpus lakoocha)</i>
<i>Harita Varga</i>	<i>Sringawera, Baal moolak, Sursa, Haridra, Dhanyaka, Yavani, Methika</i>	
<i>Madya Varga</i>	<i>Purana Madya, Madhwika, Matravata Pana</i>	
<i>Jala</i>	<i>Eindra Jala, Shrita Sheeta jala</i>	<i>Kalushita (unclean) Jala</i>
<i>Gorasa varga</i>	<i>Go dugdha, Aja dugha, Mahisha Dugdha, Go-Ghee, Takra, Navneeta.</i>	<i>Avi (sheep) Dugdha, Aavika (Sheep) Ghrita</i>
<i>Ikshu Varga</i>	<i>Guda, Sharkara, Madhu</i>	<i>Phanita (treacle)</i>
<i>Kritanna Varga</i>	<i>Manda, Peya, krishara, Audana, Yusha, Saktu</i>	
<i>Aharayogina Varga</i>	<i>Tail, Vasa, Hingu, Pippali, Saindhava, Lavana</i>	
<i>Vihara</i>	<i>Brahmcharya, Nivatashyana, Ushnodaka Snana, Nisha Swapana, Vyaayaama, Vega vidhaarna, Maatraavata, Asana, Kaala bhojana, Avhyana, Bhojanamjeerne.</i>	



IMPORTANCE OF PATHYA & APATHYA

The importance of *Pathya* (wholesome) and *Apathya* (unwholesome) in Ayurveda can be deduced from the fact that *Charak* had stated *Pathya* (wholesome) as a synonym for treatment.⁶ *Charak* stated that when channels of circulation become hard by aggravated and vitiated *Dosha*, *Pathya* (wholesome) helps to soften the *Srotasa* (channels of circulation) and *Dosha* alleviation.⁷ Further, *Sushrut* had specifically written a chapter named *Hita-Ahitiya Aadhyay* in *Sutra Sthana*. *Kashyap* explored the medicinal potential of *Aahar* (food) along with its prophylactic value of maintaining health. *Kashyap* stated that food is the best medicine. No drug can match the benefits of food in diseased state. Only wholesome food can keep a person healthy.⁸

Harita stated the importance of *Pathya* (wholesome) and *Apathya* (unwholesome) by stating that if a person ignores the concept of *Pathya-Apathya* and devour *Apathya* (unwholesome), illness will never leave the body. Hence one should use *Pathya* (wholesome) according to his/her physical and pathological condition regularly. Even in the absence of medicine, if patient takes only *Pathya* (whole some) according to disease he will become healthy, but even if patient takes more and regular medicine

and avoid *Pathya Ahara* prescribed by physician, he will never become healthy.⁹

In *Yogaratanakara*, it is said that for the treatment of diseases etiology, drug treatment and *Pathya* (wholesome) are three important factors which should be studied thoroughly before starting the treatment. Judicious planning of treatment by proper understanding of these three factors always yields a successful eradication of disease. *Yogaratanakara* uses the metaphor of *Ankura* (seedling) for progressive form of disease. This *Ankura* (seedling) will dry and be destroyed if it is not nourished by water; similarly disease will be destroyed if a patient does not consume *Apathya Ahara* (unwholesome food).¹⁰

Vaidya Lolimbakra indicated the importance of *Pathya Aahar* (wholesome food) by stating that if a patient intakes wholesome food then there is no need of medicine and if a patient continuously consumes unwholesome food then also there is no need of medicine. In the latter case, medicine will not be effective.¹¹

Charak had also given equal importance to *Pathya Vihar* (wholesome routine) along with *Pathya Aahar* (wholesome food) for maintenance of health. As *Charak* has stated that in conditions of *Chinta* (anxiety), *Shoka* (sorrow), *Krodha* (anger), *Dukha Shaiya* (uncomfortable bed) and *Ratri jagarana* (insomnia), even the small amount of



Pathya Ahara (wholesome food) is not digested, thus have given equal importance to both *Pathya Ahara* and *Vihara*.¹²

Bhela Samhita also explains about merits of *Pathya* and demerits of *Apathya* in the *Sutrasthana*. *Pathya Ahara* nourishes all *Dhatus* (body elements) and *Srotasa* (channels of circulation) leading to complete nutrition of body. *Pathya Ahara* also helps to detoxify the body by getting rid of vitiated *Dosha*. Contrary to this, *Apathya Ahara* helps in vitiation of *Vata* etc. *Doshas*. Hence for maintenance of health and treating diseases *Pathya Ahara* should be consumed.¹³

Wholesome food in disease condition¹⁴

Ayurveda considers following appropriate diet in particular disease is as powerful as medicine. Here are few diets which are beneficial in particular disease if taken in appropriate quantity either alone or in combination with other depending on doshas, stage of disease etc

Anorexia – wheat, snake gourd, grapes, pomegranate, rice (shali), green gram soup, tender radish, carrot, milk, buttermilk, ghee etc

Vomiting – lemon, grapes, gooseberry, laaja manda, old wheat, green gram, chick pea, radish, tender coconut water, dates, cumin seeds, cardamom, honey, coriander etc

Diarrhoea – Old rice, barley, buttermilk, soup of green gram and lentils,

roasted cumin seeds, pomegranate goat's milk, carrot etc.

Pain abdomen – Old rice, milk, ghee, pomegranate, wheat, green gram soup, horse gram soup, cumin seeds etc

Burning sensation – Ash guard, snake guard, old rice, sandalwood, milk, green gram, banana, raisins etc

Gulma (abdominal tumor) – Old rice, gooseberry, garlic, asafoetida, ghee, grapes, cumin seeds, pomegranate, ginger, castor oil etc.

Rheumatic arthritis – Old rice, horse gram, red rice (raktha shali), greengram, snake guard, ginger, warm water, drumstick, castor oil, meat of animals living in forest (jaangala mamsa), garlic etc.

Respiratory disorders– cow's ghee, pomegranate, old rice, wheat, horse gram, radish, goat's milk, honey, Roasted food, ice cream, curd, black gram, cold water, buffalo's milk etc

Cardiac disorders – Old rice, wheat, pomegranate, red rice, mango, grapes, goat's milk, old jaggery, ginger, fresh buttermilk, asafoetida, bitter guard, snake guard etc.

Renal disorders– Horsegram, green gram, wheat, ash guard, tender coconut water, old jaggery, sugarcane juice, barley, ginger, old rice etc

Tuberculosis – Food and drinks which are good to heart mitigate vata, easily



digestible, shali, shastika, wheat, barley, ghee, honey, dates, raisins, gooseberry, jaggery, meat of partridge, cock, camel, bull, buffalaw, milk, green gram soup etc

Diabetes – Barley, wheat, horsegram, bitter guard, pepper, garlic, jamun, turmeric, Triphala, amrutha (*Tinospora cordifolia*), Lodhra (*Symplocos Racemosa*), Hareethaki (*Terminalia chebula*), sandalwood, snake guard, green gram etc

Skin disease– Snakeguard, turmeric, bitter guard, neem, sandalwood, green gram, sareeva (*Hemidesmus indicus*), vaca etc.

Heamorrhoids – Buttermilk, ghee, pomegranate, shali rice, green gram, onion, banana, butter, goat meat, asafoetida, triphala, green leafy vegetables, carrot etc

Fever – Raktha shali (Red rice), shastika shali, snake guard, green gram, warm water etc.

DISCUSSION

Ayurveda has a holistic approach in health management. It gives due importance to food in the management of disease both as a causative factor (*Apathya*) and as a part of therapy (*Pathya*). As per Ayurveda, most of the ailments develop due to faulty eating habits so Ayurveda deals with the *Pathya Vyavastha* (planning of diet and dietetics) in a very scientific way. Day to day activities, seasonal regimes etc. also plays

an important role in the maintenance of health and thus, had also been included in the concept of *Pathya- Apathya* by the *Acharyas*. The above described facts are about the general concept of *Pathya- Apathya* in Ayurveda. The specific *Pathya-Apathya* for a particular person may differ as Ayurveda believes in the concept of uniqueness of each and every individual¹⁵. The exact *Pathya-Apathya* for a particular person should be decided after analysing *Prakriti* (body nature), *Kalpna* (preparation to be given), *Kaal* (time of intake of food), *Matra* (quantity) etc.

CONCLUSION

Pathya is the one which keeps the person healthy, maintains normal body functions leads to proper functioning of the organs, nourishes the mind and intellect, prevents diseases and at the same time corrects the irregularities that may occur in the body. Thus, everyone should refrain from *Apathya* (unwholesome to body) and follow *Pathya* (wholesome to body) as prevention is better than cure. That means if a patient intake wholesome food then there is no need of medicine and if a patient continuously consumes unwholesome food then also there is no need of medicine. In the latter case, medicine will not be effective.

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AN OBSERVATIONAL STUDY ON DIFFERENT SROTAS INVOLVED IN TAMAKA SHWASA W.S.R TO BRONCHIAL ASTHMA

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ABSTRACT:

Ayurveda being a traditional system of medicine is kept alive by eminent practitioners and researchers working in this field. The advancement in any field of science happens by attaining the peak of knowledge from experts. Day by day new observations are added and the old ones are getting outdated. *Tamaka Shwasa* is one among the five types of *Shwasa roga* which is predominantly *Vata Kaphaja* in nature. *Prana, Udaka* and *Annavaha Srotases* are involved in the pathogenesis of *Tamaka Shwasa*. *Tamaka Shwasa* of recent origin and if the *rogi* is *balavana* is curable. Bronchial Asthma in modern medicine has close resemblance with *Tamaka Shwasa*. Asthma is a major non communicable disease (NCD), affecting both children and adults. Asthma affected an estimated 262 million people in 2019 and caused 461000 deaths. The knowledge of pathogenesis of Asthma is important in decreasing the morbidity and mortality rates. 27 patients were included in this observational study to assess the role of *Srotas* in the pathogenesis of *Tamaka Shwasa*. The study illustrated that *Tamaka Shwasa* is caused predominantly by the

involvement of *Prana, Udaka* and *Annavaha Srotas* in its *Samprapi*.

Keywords : *Tamaka Shwasa*, Bronchial Asthma, *Srotas*.

INTRODUCTION

Tamaka Shwasa consist of two words i.e., *Tamaka* and *Shwasa*. The word “*Tamaka*” is derived from the root “*Tam*” means coppression of chest.¹ As per *Shabdakalpadruma*, the word *Shwasa* is derived from the root word ‘*Shwas*’ *dhatu* by applying *ghany pratyaya*.² Here word *Shwasa* means respiration. The disease is called *Tamaka Shwasa* as attack of the disease precipitate during night and during the state of attack, dyspnoea becomes so severe that patient feels entering into the darkness.

The symptoms of *Tamaka Shwasa* has close resemblance with the modern disease entity called Bronchial Asthma. ‘*Asthma*’ is a Greek word, meaning “to breathe with open mouth” or difficult breathing.³ It is derived from the verb *aazein*, meaning to exhale with open mouth.⁴ Asthma is defined as a chronic inflammatory disease of airways this is characterized by hyper responsiveness of

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the tracheobronchial tree to multiple stimuli. It is manifested physiologically by wide spread narrowing of the air passages, which can be eased spontaneously or as a result of therapy, and clinically by paroxysms of dyspnea, wheezing and cough.⁵

Asthma is more prevalent in urban areas than rural ones. In India prevalence of Asthma, has been found to be around 7 % in the majority of surveys. However, it has been reported to vary from 2 to 17 % in different study populations.⁶ In developing countries where the prevalence of bronchial asthma had been much lower there is a rising prevalence which is related with increased urbanization.⁷ The current estimates suggest that 300 million people worldwide suffer from asthma and an additional 100 million may be diagnosed with asthma by 2025.⁸

Charaka has stated common *Nidanas* for all the five types of *Shwasa*. *Tamaka Shwasa* arises predominantly due to *Vata* and *Kapha Prakopa Nidanas*. *Aharaja nidanas* are *Rukshana*, *Vishamashana*, *Nishpava*, *Masha*, *Pinyaka*, *Tila Taila*, *Pishta*, *Shaluka*, *Vishtambhi- Vidahi-Guru bhojana*, *Jalaja- Anupa mamsa*, *Dadhi*, *Amakshira* and *Shleshmala ahara*. *Viharaja nidanas* are *Rajas*, *Dhuma*, *Vata*, *Sheeta sthana ambu sevan*, *Vyayama*, *Gramyadharm*, *Adhwa*, *AtiApatarpana*, *Marmaghata*, *Suddhyatiyoga*, *Abhishyandi upachara* and *Kanta-Ura Pratighata*. *Vyanjaka*

hetus are *Megha*, *Ambu*, *Sheeta Pragvata*, *Sleshmala* foods and regimens.⁹

The process of the production of disease by the spreading of vitiated *doshas*, is called *samprapti* (pathogenesis).¹⁰ *Samprapti* is the inevitable component of the disease. *Doshas*, *dooshyas* and *srotasas* play a vital role in *roga samprapti*. When the *snareera Shareeta bala* or *vyadhikshmathwa* is lowered, the *nidanas* easily afflict the body and causes *dosha dushti* which then further leads to *dhathu dushti* and eventually *srotovaigunya*. Thus the disease is manifested with its specific symptoms. *Tamaka Shwasa* is caused by *Vata* moving in reverse order pervades the channels of vital breath, afflicts the neck and head, and stimulates *Kapha* to cause *Pinasa*. This *Vata*, thus obstructed, produces *Tamaka Shwasa*.¹¹ The *srotasas* which undergo vitiation in *Tamaka Shwasa* are *Prana*, *udaka* and *annavaha srotas*.

Samprapti ghatakas involved in the whole process of pathogenesis are as follows:

Dosha : *Vata*, *Kapha*

Dushya : *Rasaadi dhatu*

Srotas : *Prana*, *Anna*, *Udakavaha Srotas*

Srotodusti : *Sanga*, *Vimargagamana* and *Atipravriti*

Udbhavasthana : *Pittasthana* (*Charaka*), *Aamashaya* (*Vagbhata*)



Vyaktisthana : Ura, Phupphusa

Rogamarga : Abhyanthara

The knowledge about *srotas* is very important in treatment in order to pacify vitiated *srotases* thereby hindering the *samprapti* of disease. In *Tamaka Shwasa*, the involved *srotasas* are *Prana, udaka* and *annavaha srotas*.

Site and function of *Prana, udaka* and *annavaha srotas*:-

<i>Srotas</i>	Site (Mulasthanas)	Function
<i>Pranavaha</i>	<i>Hridaya, Mahasrotas</i>	Proper circulation of oxygen to the tissues
<i>Udakavaha</i>	<i>Talu, Kloma</i>	Regulation of the body fluid
<i>Annavaha</i>	<i>Amashaya, Vama parsva</i>	Transportation of food nutrients in digestive tract

Involved *Srotodushti Lakshana*:

1. *Pranavaha Srotas*: *Atisrushta (prolonged)/Atibaddha (obstructed)/Kupita alpapa (agitated and shallow)/Sashabda/Sashulam-Shwasa*.

2. *Udakavaha Srotas*: *Jihva talu oshta sosha/Ati pravridha pipasa*.

3. *Annavaha Srotas*: *Annan abhilasha/ Arochaka/Avipaka/Chardi*.¹²

Here an observational study was conducted in 27 patients of *Tamaka Shwasa* to analyse different *Srotases* which take part in the manifestation of this

disease. The assessment of the obtained data shown that *Prana, udaka* and *annavaha srotasas* have role in the occurrence of *Tamaka Shwasa*.

MATERIALS AND METHODS

Study design: observational study

Selection of Patients:

27 Patients with classical features of *Tamaka Shwasa* attending the OPD and IPD of *Kaya Chikitsa* of Rishikul Campus Hospital, UAU Haridwar were selected randomly for this clinical study, irrespective of sex, religion, occupation, etc. A detailed Proforma was prepared on the basis of the *Ayurvedic* texts and allied sciences. The patients fulfilling the inclusion and exclusion criteria were registered on this Proforma and scoring of the different clinical features were done on the assessment criteria.

Inclusion Criteria:

- Patients presenting with signs and symptoms of *Tamaka Shwasa* for equal to and more than one year as described in *Ayurvedic* texts.

- Patients presenting with 3 or more of the following associated symptoms-

1. *Pinasa*
2. *Ghurghurak*
3. *Asya Udhvansa*



4. *Kantodhvansa*
5. *Vak kricchrata*
6. *Lalata Sweda*
7. *Parshvagraha*
8. *Ushnabhiprayata*
9. *Aasya Shushkata*
10. *Vepathu*
11. *Aruchi*
12. *Annadvesh*

- Mild intermittent, mild persistent, moderate persistent Asthma according to Global Initiative for Asthma (GINA)¹³ guidelines.
- Blood Oxygen saturation (spO₂)>90%.
- PEFr >100 litre/min.
- Age 20-60 years.

Exclusion criteria:

- Severe persistent Asthma according to Global Initiative for Asthma (GINA) guidelines
- H/O Tuberculosis, COPD, Emphysema, Other complicated respiratory diseases.
- Known case of Hypertension and Cardiac involvement.
- PEFr < 100 litre/min.
- Blood Oxygen saturation (spO₂< 90%)
- H/O Endocrine disorders like Diabetes Mellitus.

- Patients with frequent H/O hospitalization due to Status Asthmaticus.

OBSERVATIONS

- In this observational study, 27 patients of *Tamaka Shwasa* were included, in which maximum number of patients i.e., 44.44% belonged to the age group of 50-60 years. Most of the patients i.e., 51.85% were males followed by 48.15% of females. In religion wise distribution, maximum number of patients i.e., 92.59% were from Hindu community. Most of the patients i.e., 81.48% were married.
- In *Pranavaha Srotodushti lakshanas*, maximum number of patients i.e., 81.48% were having *Sashabda shwasa* followed by *Atibaddha shwasa* (66.66%), *Atirushta shwasa* (59.25%), *Kupita alpala* (37.03%), and *Sashula shwasa* (25.92%).
- In *Udakavaha srotodushti lakshanas*, maximum number of patients i.e., 62.96% were having *Oshta sosha* followed by *Ati pravridha pipasa* (55.55%), *Talu sosha* (51.85%) and *Jihva sosha* (40.74%).
- In *Annavaha srotodushti lakshanas*, maximum number of patients i.e., 62.96% were having *Avipaka* followed by *Arochaka* (55.55%), *Annanabhilasha* (40.74%) and *Chardi* (14.81%).



Fig. 1 : *Pranavaha sroto dushti lakshana* observed in 27 patients of *Tamaka Shwasa*

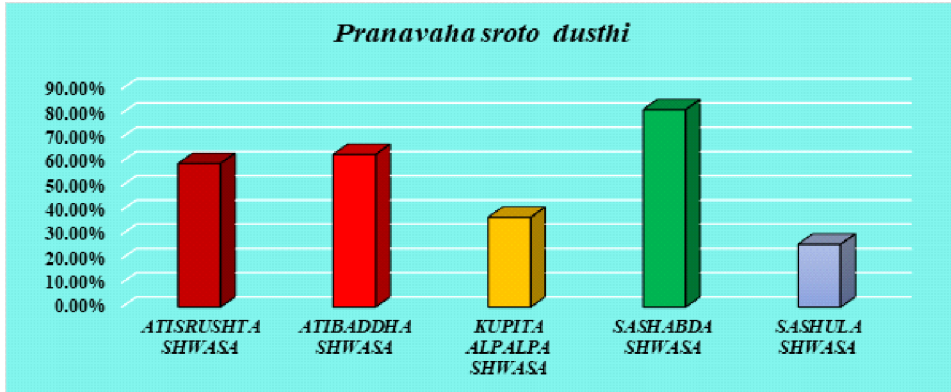


Fig. 2 : *Udakavaha sroto dushti lakshana* observed in 27 patients of *Tamaka Shwasa*

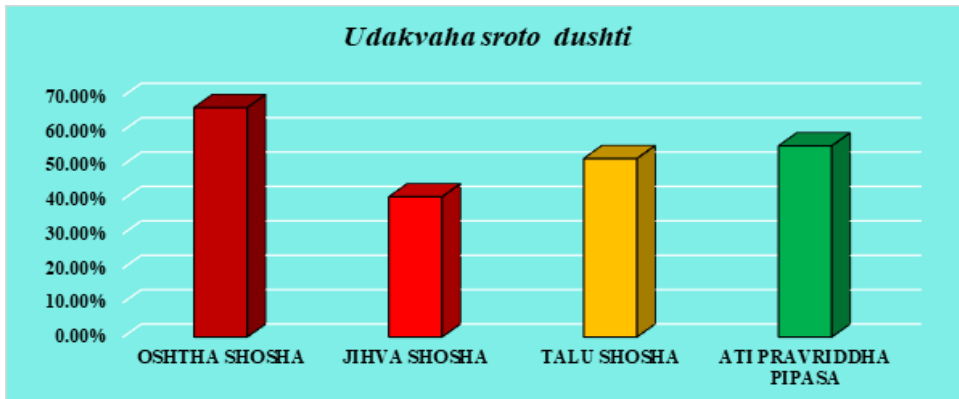


Fig. 3 : *Annavaha sroto dushti lakshana* observed in 27 patients of *Tamaka Shwasa*





DISCUSSION

As per observed data, in *Pranavaha Srotodushti lakshanas*, majority of patients i.e., 81.48% were having *Sashabda Shwasa*. It is followed by *Atibaddha shwasa* (66.66%), *Atisrushta shwasa* (59.25%), *Kupita alpalpa* (37.03%), and *Sashula shwasa* (25.92%).

Pranavaha Srotodushti nidhanas are *Kshaya*, *Vega vidharana*, *Roukshya*, *Ativyayama* etc.

Most of the patients indulges in *vataprakopa ahara* and *viharas* there by leading to *kshaya* (depletion of tissues). *Vega vidharana* was also seen in patients which causes *Pratiloma gati* of *Vata*.

Bread, instant noodles, pasta, oatmeal were consumed by patients which comes under *Rukshanna*. *Vata dosha* is aggravated by *Ruksha guna*. Consumption of food items having excessive dryness causes *dushti* of *Pranavaha* and *Udakavaha srotases*. Patients were doing *Ativyayama* which aggravated *Tamaka Shwasa*. *Asthma* is triggered by physical agents such as exercise. This shows that the patients of *Tamaka shwasa* indulged in *nidanas* which led to vitiation of *Pranavaha srotas*. Thus, the symptoms associated with *pranavaha srotas* are relevant in *Tamaka shwasa*. In *asthma*, shortness of breath is usually caused by the narrowing of the airways. The airways become narrow for one or both reasons:

1) The muscles that surround the airways tighten up (“bronchospasm”).

2) Inflammation makes the airways swell and fill with mucus.¹⁴

Wheezing results from air being forced through narrow, constricted air passages in *asthma*. This correlates with the *sashabdha shwasa* in *asthma*.¹⁵ These symptoms of *asthma* related to airways also shows the importance of *pranavaha srotas*

In *Udakavaha srotodushti lakshanas*, most of patients i.e., 62.96% were having *Oshta sosha*. It is followed by *Ati pravridha pipasa* (55.55%), *Talu shosha* (51.85%) and *Jihva shosha* (40.74%).

Ama, excess intake of drinks, intake of dry fruits etc. are *Udakavaha srotodushti nidanas*. Here patients were consuming *Vishmashana* and *Vistambhi-Vidahi bhojana* which are having similar properties of fast foods. This leads to *Agni dhusti* resulting in formation of *ama*. The main factor in the pathogenesis of *Tamaka shwasa* is *ama formation*. Patients were consuming excess *Sheetambu* like cold water and cold drinks. *Sheeta guna* increases both *Vata* and *Kapha* which are the involved *doshas* in *Tamaka Shwasa*.

The air ventilation is naturally through nasal cavity but when it is not possible gives rise to oral breathing, which causes the *Jihva shosha*, which is an *Udakavaha*



Srotas symptom. Moola (root) of *Udakavaha Srotas* is *Talu* and *Kloma*. *Talu* is palate and *Kloma* is tracheal tree and attached lungs, which are important parts of respiratory system. These facts show the importance of *Udakavaha srotos* in *Tamaka shwasa*.

In *Annavaha srotodushti lakshanas*, most of patients i.e., 62.96% were having *Avipaka*. It is followed by *Arochaka* (55.55%), *Annanabhilasha* (40.74%) and *Chardi* (14.81%).

The following etiologies bring vitiation in *annavaha srotas*.

- Excess intake of food
- Eating during improper time
- Consumption of unwholesome food
- Due to impairment in *agni*

These *nidanas* lead to *agni dushti* thereby causing *ama* formation and thus manifestation of the disease. This shows the relevance of *annavaha srotos* in *Tamaka Shwasa* which is again having *amashaya* as its origin. Asthma and acid reflux often occur together. It is known that acid reflux can worsen asthma and asthma can worsen acid reflux.¹⁶

CONCLUSION

Tamaka Shwasa is caused by aggravated *Kapha dosha* which causes *Srotorodha* and thereby *Pratiloma gati* of *Vata* resulting in breathlessness in the patient. This observational study gives a clear idea about the involvement of various

srotases like *Prana*, *Udaka* and *Annavaha srotas* which take part in the pathogenesis of *Tamaka Shwasa*. Here, the results drawn from the observations substantiate the role of *srotases* in the manifestation of *Tamaka Shwasa*. This highlights the importance of *Sampraptivighatana* aiming at correction of *Srotovaigunya* in the treatment of *Tamaka Shwasa*. *Sevana* of *PathyaApathya* for correcting the *srotodushti* must be opted as a treatment protocol in *Tamaka Shwasa* patients.

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MANAGEMENT OF VATARAKTA (GOUT) THROUGH TRIVRITADI KWATHA : A CASE STUDY

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ABSTRACT :

Gout (Vatarakta) is a persistent and complicated metabolic disease of musculo skeletal system. It is a disease which purpose inflammatory situation with pain and impairment with inside the locomotor feature. The etiology and symptomatology of Gout is incredibly much just like that of Vatarakta. Vatarakta is one of the major articular diseases, that is characterized through extreme pain, stiffness, inflammation and pain with movement, burning sensation with inside the affected joints. It is a Tridoshaja Vyadhi, with Vata Pradhanyata and Rakta as major Dushya. Sedentary life-style is one of the etiological elements of Vatarakta. In present case report, a patient with complain of pain, swelling, stiffness, burning and redness around joints was treated with Trivritadi Kwatha and significant result was obtained.

Keywords: Vatarakta, Gout, life style, Trivritadi kwath.

INTRODUCTION

Vatarakta is a Tridoshaja Vyadhi, with Vata Pradhanyata and Rakta as a major

Dushya. Fast life-style disturbs Vata and rapid meals Dushit Rakta on the identical time, which gives birth to Vatarakta disease. Vatarakta is one of the types of Vataroga which is the result of Avarana of morbid Vata Dosha through vitiated Rakta Dhatu. Vatarakta is a disorder associated with Khavaigunya determined in Raktavaha Srotas which incorporates vitiated Vata and Rakta¹. These both vitiated Doshas get localized in the big toe of the foot or in the thumb of the hand. The disorder in addition spreads everywhere in the frame like a virulent rat poison. The prevalence of gout is <1% to 6.8% and an incidence of 0.58-2.89 per 1000 person- years. Gout is more prevalent in men than in women, with increasing age. Gout is rare in children and pre-menopausal females in India as in premenopausal women, estrogen hormone helps in urate clearance². The essential biochemical hallmark of gout is hyperuricemia which ends from elevated production or reduced excretion of uric acid. According to modern treatment, anti-inflammatory drugs, NSAID's, glucocorticoids are used to deal with Gouty Arthritis symptomatically that have many negative results specially in presence

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of renal insufficiency and gastrointestinal issues making the disorder persistent after lengthen utilization. So, in this study Ayurvedic Management (*Trivritadi Kwath*) is given to the patient to treat *Vatarakta*.

Case Report

The present case study is a successful *Ayurvedic* management of *Vatarakta*. A 47-year-old female patient came to OPD of Kaya Chikitsa Rishikul Campus Haridwar UAU Dehradun on 17-07-2020 with chief complaint of pain and swelling in metaphalanges joints of both hand and ankle joint, stiffness, tenderness and burning in all metaphalanges of both hands and redness around joints since 3 years.

History of present illness

According to patient, she was asymptomatic before 3 years. Then she gradually developed pain, tenderness, swelling, stiffness and skin discoloration in the metaphalangeal joints of both hands. Also before 10 days she feels burning sensation in all metaphalangeal joints of both hands. she took allopathic treatment for 3 years but didn't get satisfactory relief. So she came to PG dept. of Kaya Chikitsa rishikul campus haridwar for treatment and further management.

Personal History

General condition: Average

Nadi (Pulse): 70bpm

Mala (stool): Regular

Mutra (Urine): Normal

Taap-man(Temperature): 98.6°F

Agni : Mandagni

Shabda (speech): Samanya

Drika (eyes): Normal

Akriti: Madhyam

Bala: Madhyama

Raktadaaba(B.P): 130/80mmHg

Jihva (Tongue): Samanya

Addiction: Tea

Nidra (sleep): Sound

Past History: No history of HTN, DM and any other severe illnesses

Treatment History: Patient took allopathic medication for present complaint but could not get satisfactory relief.

Surgical History: Hysterectomy of patient was done.

Family History: Family history was negative for similar condition or skin disorder and no history of severe illnesses.

Obstetric History/ Gynecological History

Patient attained menopause 3 years back. There is no history of white discharge P/V.

On Examination

CVS: S1, S2 heard normal

CNS: conscious, well oriented to place, person and time.



RS: Chest is b/l clear, no added sound.
P/A: soft, non-tender, liver, kidney, spleen-not palpable

LS: Swelling and tenderness in metacarpophalangeal joints of both hands and ankle joints of both legs. Redness is present around metacarpophalangeal joints of both hands.

Investigations:

All routine investigations i.e., Hb%, TLC, DLC, ESR, BS (fasting and PP), S. uric acid, B. urea, S. creatinine, LFT (SGOT, SGPT) and urine analysis (routine and microscopic) done and all were within normal range except ESR and S. Uric acid.

S. uric acid level and ESR found elevated i.e., 7.6 mg/dl and 30mm/hr respectively.

Material and Methods

Type of study: Single case study

Duration of treatment: 45 days

Method of treatment: *Trivritadi kwatha* was orally administered in a dose of 40 ml BD after meals for 45 days.

Composition of medicine: The constituents of *Trivritadi Kwatha* are *Trivrita*, *Vidarikanda*, and *Gokshura*

Table 1: Showing composition of *Trivritadi kwath*³

Name of drug	Botanical Name	Family	Part	Part used
<i>Trivrit</i>	<i>Operculina terpehum</i>	Convolvulaceae	1	<i>Mool</i>
<i>Vidarikand</i>	<i>Pueraria tuberosa</i>	Leguminosae	1	<i>Kand</i>
<i>Gokshura</i>	<i>Tribulus terristis</i>	Zygophyllaceae	1	<i>Mool</i>

Table 2: Showing pharmacological properties of *Trivritadi kwath*⁴

S.No.	Name of drug	Rasa	Guna	Virya	Vipak	Dosha karma
1.	<i>Trivrit</i>	<i>Tikta, Katu</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapitta sansodhak</i>
2.	<i>Vidarikand</i>	<i>Madhur</i>	<i>Guru, Snigdha</i>	<i>Shita</i>	<i>Madhur</i>	<i>Vatapitta shamak</i>
3.	<i>Gokshur</i>	<i>Madhur</i>	<i>Guru, Snigdha</i>	<i>Shita</i>	<i>Madhur</i>	<i>Vatapitta shamak</i>



Pathya-Apathya⁵:

Pathya

- ♦ Cereals & Pulses like whole grain-rice, wheat, bajra, red gram, green gram, black gram
- ♦ Vegetables like bitter gourd, ladies finger, tinda.
- ♦ Leafy vegetables i.e., *Kakamachi*, *Upodika*, *Souvarchala* sizzled with ghee & meat soup
- ♦ Soups of various pulses like *Adhaki*, *Masura* and *Makushtha* with ghee in rich quantity
- ♦ Fruits like banana, citrus fruits (oranges, grape, lemon), papaya, pineapple.
- ♦ Milk of cow, goat etc. & beverages like coffee, green tea
- ♦ Exercise between 30 min to 1 hour each day with moderate exercise and meditation

Apathya

- ♦ Avoid black gram (*Urad daal*), *Kulattha*, alcohol, sugarcane
- ♦ Do not eat red meat and organ meats like liver, tongue, and sweetbreads
- ♦ Avoid refined carbohydrates like *maida*, white bread, white rice, pasta, sugar etc.
- ♦ Do not eat Curd and sugary beverages and sleep during day time
- ♦ Avoid eating of pungent, hot, heavy, salty and sour food
- ♦ Avoid exposure to direct sunlight and excess physical exertion

Result

The patient had started improving after 15 days and at the end of the treatment there was overall recovery. Serum uric acid and ESR also reduced after treatment. So we can have started that with *Ayurvedic* treatment its get dynamic result and get relief of all subjective and objective parameter.

Table 3: Showing prognosis of treatment

Sr. No.	Clinical features	Before Treatment	After 15 days	After 30 days	After 45 days	
→	<i>Daah</i> (burning)	+++	-	-	-	
→	<i>Ruja</i> (pain)	Intensity of pain	+++	+	-	-
→		Frequency of pain	+++	+	-	-
→		Duration of pain	+++	+	-	-
→	<i>Toda</i> (tenderness)	+++	-	-	-	
→	<i>Shotha</i> (swelling)	+++	-	-	-	
→	<i>Stabdhta</i> (Stiffness)	+	+	-	-	
→	<i>Twakvaivarnaya</i> (skin discolouration)	+	-	-	-	



Table 4: Showing changes in serum uric acid and ESR

Symptoms	Before Treatment	After Treatment
→ Serum uric acid	7.6 mg/dl	3.79 mg/dl
→ ESR	30 mm/hr	15 mm/hr

Discussion

Aharaja Hetu of *Vatarakta* includes *Lavana-Amla-Katu Bhojana*, *Dadhi*, non-veg, *Viruddha Bhojan* and irregular diet causes *Vata* and *Rakta* vitiation. *Viharaja Hetu* includes *Ratrijagarana*, *Krodha*, *Veganigraha* and travelling.

Probable mode of action of *Trivritadi kwath*

Trivritadi kwath is a classical *Yoga* which is described in *Bhavprakash* in *Vatarakta Chikitsa*.

S.No.	Drug name	Action
→	<i>Trivrit</i>	<i>Anulomak, Virechak, Shothahar, Shoolahara</i> and anti-arthritis
→	<i>Vidarikand</i>	<i>Vatapitta shamak, Shonitasthapan, Mutral, Dahaprashamak, Shothaghna</i> anti-oxidant, immunomodulatory
→	<i>Gokshura</i>	<i>Vata-pitta Shamak, Shothahar, Vedanasthapak, Mutral, Anulomak</i> Immunomodulatory

Conclusion

Joint disorders are the prevailing problem and *Vatarakta* is one of them which is caused due to improper diet and erratic lifestyle. People are so busy with lacking patience and expect quick relief, not bothering about the side effects and after effect in the long term. So there is a need to manage the condition through a natural way. This case study shown that in *Vatarakta*, Ayurvedic management (*Trivritadi kwath*) was very effective. No adverse effect of the drug was noted during the treatment.

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आयुर्वेदीय वांग्मय में स्त्री व कन्या का महत्व : विश्लेषण एवं विमर्श

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सारांश :

कन्या के जन्म में जहां पहले लोग लक्ष्मी, दुर्गा, शक्ति, सरस्वती जैसी उपमा से उत्साह से आयोजन करते थे वहीं आज उसे बोझ समझने वाली मानसिकता ने कन्याभ्रूण हत्या को बढ़ावा दिया है। भारत के कई राज्यों में असमान लैंगिक अनुपात चौंकाने वाला है तथा संभ्रांत समाज को लज्जित करने वाला है। कभी-कभी आयुर्वेद विषय पर वाद-विवाद या संभाषाओं में आयुर्वेद शास्त्र पुरुष स्त्री में भेद करते हैं, ऐसी भ्रांतियां सामने आती हैं। अतः इस शोध पत्र का उद्देश्य आयुर्वेदीय संहिताओं व ग्रंथों में उपलब्ध नारी के समस्त विषयों के महत्वपूर्ण बिन्दुओं का वैज्ञानिक विवेचन करना है तथा उसमें वर्णित, स्त्री के महत्व तथा कन्या संतति के विषय पर किए समान विचार पर विवेचन करना है। अध्ययन करने पर ज्ञात होता है कि आचार्य चरक, सुश्रुत, वाग्भट, काश्यप, शारंगधर, आदि सभी ने स्त्री व कन्या के सभी रचना, क्रिया, निदान, स्वास्थ्य, चिकित्सा और सामाजिक दृष्टिकोण आदि आयामों का वर्णन किया है। प्रस्तुत विवेचन से स्पष्ट है कि आयुर्वेद वांग्मय में स्त्री का पुरुषों के समान विशेष वर्णन किया गया है जो आयुर्वेदीय वाङ्मयों की स्त्री-पुरुष के प्रति समदृष्टि का परिचायक है।

संकेतशब्द – आयुर्वेद, कन्या, भ्रूणहत्या, स्त्री प्रशंसा।

परिचय –

सृष्टि की उत्पत्ति एवं प्रवाह में नारी बराबर की सहभागी है। नारी शक्ति स्वरूपिणी है, ये मूल प्रकृति व जीवों की जननी है। "यत्र नार्यस्तु पूज्यन्ते रमन्ते तत्र देवता" जहां नारी की पूजा होती है वहां देवताओं का निवास होता है। उपरोक्त वेदवाक्य से स्पष्ट होता है कि वैदिक काल में नारी की समाज में क्या स्थिति थी। वैदिक काल में कोई भी धार्मिक आयोजन नारी की उपस्थिति के बगैर शुरु नहीं होता था। उक्त काल में धार्मिक प्रार्थना में यज्ञकर्ता या प्रार्थना कर्ता की पत्नी का होना आवश्यक माना जाता था। सभी प्रकार के अधिकारों से सम्पन्न नारी जाति उस काल के समृद्ध समाज व देश के सांस्कृतिक परिदृश्य का द्योतक थी। ऋग्वेद की ऋचाओं में ४१४ ऋषियों के नाम मिलते हैं जिनमें से ३० नाम महिला ऋषियों के हैं। नारियां युद्धकला में भी पारंगत होकर राजपाट भी संभालती थी। प्रागैतिहासिक काल में सुकुमारता, लावण्यता, सौंदर्य, अलंकारिक जैसे शब्दों से नारी के महात्म्य का वर्णन उसके विशिष्ट स्थान को दर्शाता है। कालक्रम से पतित होते हुए समाज में

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कुप्रथाओं का अविर्भाव हुआ। पर्दाप्रथा, बालविवाह, नारियों को शिक्षा से दूर रखना, उन्हें सिर्फ उपभोग की वस्तु समझना, दहेज प्रथा जैसी मनोव्यवस्था ने आज समाज में सकंठ उत्पन्न कर दिया है। इन्हीं वजहों से कन्या के जन्म में जहां पहले लोग लक्ष्मी, दुर्गा, शक्ति, सरस्वती जैसी उपमा से उत्साह से आयोजन करते थे वहीं आज उसे बोझ समझने वाली मानसिकता ने कन्याभ्रूण हत्या को बढ़ावा दिया है। भारत के कई राज्यों में असमान लैंगिक अनुपात चौकाने वाला है तथा संभ्रांत समाज को लज्जित करने वाला है।

उद्देश्य—

1. कभी कभी आयुर्वेद पर विषय वाद—विवाद या संभाषाओं में आयुर्वेद शास्त्र पुरुष स्त्री में भेद करते हैं, ऐसी भ्रातियां सामने आती हैं। अतः इस शोध पत्र का उद्देश्य आयुर्वेदीय संहिताओं व ग्रंथों में उपलब्ध नारी के समस्त विषयों के महत्वपूर्ण बिन्दुओं का वैज्ञानिक विवेचन करना है।
2. आयुर्वेद जो चिकित्सा शास्त्र के साथ साथ दर्शन ग्रन्थ भी है, उसमें वर्णित, स्त्री के महत्व तथा कन्या संतति के विषय पर किए समान विचार पर विवेचन करना है।

सामाजिक महत्व—

- ♦ जीवनसंगिनी के रूप में समान हृदया तथा वश्या होने से सामाजिक संतुलन में नारी की बराबर भूमिका है।
- ♦ स्त्री श्रेष्ठ वाजीकारक कही गयी है अतः स्त्री वंश परंपरा का संरक्षण सामाजिक आवश्यकता को प्रदर्शित करता है।

- ♦ वैद्य को पति या सहजन के साथ आई हुई या उपस्थिति में स्त्री की चिकित्सा का प्रावधान किया है, स्त्री द्वारा चिकित्सा हेतु किसी भी प्रकार की वस्तु ग्रहण करना वैद्य के लिए वर्ज्य है।
- ♦ रजस्वला, गर्भिणी, दूसरे की पत्नी, ब्रह्मचारिणी व अन्य जातीया के साथ सहवास वर्जित है। अगम्यागमन एवं अन्यथाकाम पाप कर्मों की श्रेणी में रखा गया है।
- ♦ वैद्य के लिए अन्य स्त्रियों का संग कठोरता से वर्ज्य है। विशिखानुप्रवेश में स्त्री संसर्ग वर्ज्य है।
- ♦ विषदात्री के रूपों में स्त्रियों का उपयोग राज्य व राष्ट्र की रक्षा में किया जाना उनके समर्पण का अनुपम उदाहरण है।

आयुर्वेद में पुत्र व पुत्री समान एवं भ्रूण हत्या जघन्य सामाजिक अपराध—

- ♦ आयुर्वेद वाङ्मयों में गर्भ शारीर व गर्भिणी परिचर्या में "गर्भ" व "जात" शब्द कई स्थानों पर आया है, जिससे पुत्र व पुत्री दोनों का बोध होता है और गर्भ की हर संभव प्रयत्नपूर्वक रक्षा का निर्देश है।
- ♦ आयुर्वेद सद्दत्त के वर्णन में आचार्य चरक ने कहा "भ्रूणहन्तृभिर्नक्षुद्रैर्नदुष्टैः" भ्रूण हत्या करने वाले का तिरस्कार कर त्याग कर देना चाहिए। इसी कथन की टीका करते हुए आचार्य चक्रपाणि कहते हैं "भ्रूणहा गर्भघातकः" ऐसे पागल पतित, भ्रूण हत्या करने वाले दुष्ट व्यक्तियों के साथ न बैठें। उपरोक्त उद्धरण आचार्यों द्वारा कन्या संतति के संरक्षण हेतु सामाजिक सद्दत्त का अनुपम उदाहरण है।



आयुर्वेद वाङ्मय में स्त्री की प्रशंसा—

आचार्य चरक व वाग्भट दोनों ने कन्या को शुभ शकुन सूचक माना है। "कन्या—-----
बडवायाः स्त्रियास्तथा।पथि वेश्मप्रवेशे तु
विधादारोग्य लक्षणम्।

कन्या, बछड़े के साथ गौ, बच्चे के साथ मां को मार्ग में देखना, ग्रह प्रवेश करते समय देखना आरोग्य सूचक/शुभ माना है। आचार्य वाग्भट्ट ने भी स्वप्नों के भेद बताए हैं, जिनमें शुभस्वप्नों में कन्या तथा बालकों दोनों को ही देखना शुभ परिणामकारी कहा गया है।

अष्टाङ्ग हृदय में स्त्री की प्रशंसा में कहा गया है—

"इष्टाङ्गैकैकशोऽप्यर्था हर्षीतिकराः परम् । किं पुनः स्त्रीशरीरे ये सङ्घातेन प्रतिष्ठिताः। अर्थात् मानव को अत्यंत आनंदित करने वाले तथा अत्यंत स्नेह को उत्पन्न करने वाले जो-जो विषय अन्यत्र छिटपुट रूप से प्राप्त होते हैं, वे सभी युवती (स्त्री) के शरीर में सामूहिक रूप से विद्यमान या व्याप्त होते हैं। "प्रियंवदा कुल्यमनःशया या सा स्त्री वृषत्वाय परं नरस्य" मधुर भाषण करने वाली तथा पति के मन के अनुरूप व्यवहार करने में निपुण होती है, ऐसी स्त्री पुरुष के लिए वृष्यतमा कही गई है।

श्रृष्टि उत्पत्ति में समान भूमिका —

- ♦ पुरुषार्थ चतुष्टय, धर्म, अर्थ, काम, मोक्ष में से काम द्वारा गृहस्थ जीवन की कल्पना का आधार स्त्री ही है, जिसके साथ संयोग कर पुरुष संतति उत्पन्न करता है। आचार्यों ने सृष्टि उत्पत्ति के क्रम में प्रकृति, पुरुष के संयोग से ही सृष्टि उत्पत्ति में सहायक है।

प्रकृति (स्त्री) का द्योतक है जो एक है, बीजधर्मिणी, अमध्यस्थधर्मिणी है। शुक्र व शोणित दोनों संतान उत्पन्न करने में बराबर के सहभागी है।

- ♦ वात्स्यायन कामसूत्र में — पुरुष दृ कर्ता, स्त्री दृ अधिकरण अर्थात् बीज बोने वाले पुरुष का आधार स्त्री है।

स्त्री इच्छा का सम्मान —

जिस प्रकार पुरुष को यह अधिकार है कि वह किस स्त्री को स्वीकार करें या त्याग करें ठीक उसी प्रकार स्त्री को भी स्वतंत्रता व अधिकार दिए गए हैं। "अप्रियाम अन्योषितम्" अर्थात् अप्रिय का त्याग करें। विभिन्न आचार्यों ने प्रत्येक स्थान में स्त्रियों के सम्मान करने का निर्देश दिया है। वहीं शारीर स्थान में "मिथुनः मिथः" से वाग्भट्ट का अर्थ है कि इच्छानुसार ही स्त्री सहवास में प्रवृत्त हो अर्थात् उसकी इच्छा का पूर्ण सम्मान किया गया है। इसके अतिरिक्त स्त्री के सम्मान, महत्व, की प्रशंसा स्थान स्थान पर करते हुए उसके सभी पहलुओं पर दृष्टि रखते हुए व्याख्या की गई है।

स्त्री शारीर, व्याधि चिकित्सा, गर्भ विज्ञान, परिचर्या आदि आयामों पर विवेचन नारी के शास्त्रीय महात्म्य को प्रदर्शित करता है।

आयुर्वेदानुसार स्त्री वय विभाजन में भी स्त्रियों की आयु अनुसार विभाजन इस बात का चिकित्सा शास्त्र में उनके महत्व को बताता है—

आचार्य हारीत— ने स्त्री वय विभाजन इस प्रकार किया है —बाला—५ वर्ष, मुग्धा—६ वर्ष, पुनः बाला—१२ वर्ष, मुग्धा—१३-१६ वर्ष, प्रौढा—२०- २८ वर्ष, प्रगल्भा—२६-४१ वर्ष। भावप्रकाश के अनुसार



बाला—१६ वर्ष, तरुणी—१६—३२ वर्ष, प्रौढा—३२—५० वर्ष, वृद्धावस्था—५० वर्ष के पश्चात माना है। पराशर स्मृति के अनुसार “अष्टवर्ष भवेत गौरी, नववर्षे तु रोहिणी। दशवर्षे भवेत कन्या, अथ उत् रजस्वला।” गौरी—८ वर्ष, रोहिणी—९ वर्ष, कन्या—१० वर्ष, रजस्वला—११ वर्ष के पश्चात, इस प्रकार का वर्णन मिलता है।

आयु के अनुसार ही उनकी शरीर क्रिया और रचना का विस्तृत वर्णन आयुर्वेद वाङ्मय में मिलता है। स्त्री शरीर का सुव्यवस्थित और समुचित वर्णन है, इसके अतिरिक्त २० पेशियाँ, अतिरिक्त स्रोतस, कोष्ठांग, क्रियाएं आदि का वर्णन आचार्यों के स्त्री शरीर के प्रति समदृष्टि व निष्पक्ष दृष्टिकोण को दर्शाता है।

श्रेष्ठ संतान उत्पत्ति हेतु कर्म: —

यथेष्ट संतति उत्पन्न करने के लिए आयुर्वेद में गर्भाधान व पुंसवन संस्कार का वर्णन मिलता है— “युग्मासु स्यात्पुत्रोऽन्यासु कन्यका” अर्थात् युग्म रात्रि में सहवास से पुत्र तथा अन्य अयुग्म रात्रि संयोग से कन्या संतान उत्पन्न होती है। “अतः परं पञ्चम्यां सप्तम्यां नवम्यामेकादश्यां च स्त्रीकामः”। पुत्री की इच्छा रखने वालों को अयुग्म (५,७,९,११) रात्रि सहवास निर्देश है। ऋतुकाल में मैथुन से आयु का ह्रास होती है। उपरोक्त संदर्भ आयुर्वेद में पुत्र—पुत्री में निष्पक्षता को दर्शाता है। लक्षणों के आधार पर कन्या जन्म के लक्षण कहे हैं। “कन्या गर्भवती गर्भे पेशी मासे द्वितीयके”

पुसंवन विधिदृ आचार्य सुश्रुत के अनुसार पुत्र प्राप्ति के लिए द्रव्य (लक्ष्मणा, वट पत्र अंकुर, सहदेवा) आदि दूध के साथ ३-४ बूंद दक्षिण नासापुट में तथा कन्या की इच्छा वाली स्त्री के

वाम नासापुट (“वामे दुहितृकामयै”) में देना चाहिए। वहीं आचार्य वाग्भट का मत है—“क्षीरेण श्वेत वृहतीमूलं नासापुटे स्वयम्। पुत्रार्थं दक्षिणे सिञ्चेद्दामे दुहितृवाञ्छया”। इसका अर्थ यह है कि आयुर्वेद में कन्या संतति की उत्पत्ति पर भी विचार हुआ है।

गर्भवती स्त्री के प्रति समाज का कर्तव्य—

- ♦ “न स्त्रियमवजानीत” स्त्रियों का अपमान न करें।
- ♦ “सौमनस्य गर्भकराणां” अर्थात् गर्भवती को प्रसन्न रखना।
- ♦ “उपचारः प्रियहितैर्भर्त्रा भ्रूत्यैश्च गर्भधृव”। गर्भवती से प्रिय / हितकर व्यवहार करना चाहिए।
- ♦ जगह—जगह पर गर्भ ही कहा गया है, जिससे पुरुष व स्त्री दोनों का बोध होता है।
- ♦ आचार्य सुश्रुत कहते हैं कि माता के व्यवहार से ही गर्भ का व्यवहार होता है। माता का श्वासोच्छ्वास का परिणाम गर्भ को प्राप्त होता है, वैसे माता के आराम और परिश्रम का भी फल गर्भ को माता के द्वारा प्राप्त होता है।
- ♦ गर्भ की सुरक्षा (कन्या या पुत्र संतति जो भी हो) करना, गर्भणी का परम कर्तव्य है, अतः गर्भणी को क्या आहार— विहार (पथ्य का) सेवन करना चाहिए, विस्तृत वर्णन मिलता है।
- ♦ गर्भवती स्त्री की मनोदशा व स्वास्थ्य का प्रभाव संतान पर भी पड़ता है, अतः मनोनुकूल व्यवस्था, प्रबंधन आयुर्वेद वाङ्मय में मिलता है।

गर्भवती स्त्री की इच्छा का तिरस्कार नहीं करना चाहिए।



“मातृजं ह्यस्य हृदयं मातुश्च हृदयेन तत् ।
संबद्धं तेन गर्भिण्या नेष्टं श्रद्धाविमाननम्” ।

अर्थात् गर्भिणी स्त्री की इच्छा पूरी करना, अवहेलना नहीं करना चाहिए अन्यथा गर्भ में विकृति उत्पन्न होने की संभावना रहती है। “देयमप्यहितं तस्यै हितौहितमल्पकम्” अर्थात् गर्भिणी यदि अहितकर (अपथ्य) पदार्थ को सेवन करने की इच्छा प्रकट करती है, तो उसे पथ्य (हितकर) पदार्थ के साथ मिलाकर अपथ्य वस्तु भी थोड़ी मात्रा में देनी चाहिए। “श्रद्धाविघातादगर्भस्य विक्रितिश्च्युति रेव वा” दौहद का अपमान करने से गर्भपात हो जाता है।

“गर्भोवात प्रकोपेण दौहदे वाङ्वनानिते । भवेत् कुब्जः कुणिः पङ्गुर्मुकोमिन्मिन एव वा ।”

दौहद की पूर्ति न होने से उत्पन्न होने वाली संतति में निम्न विकृतियां उत्पन्न हो सकती हैं— कुबडा, लूला, लंगडा, गूंगा या मिन्मिन (अव्यक्त शब्द का उच्चारण करने वाला होता है।) इसलिए गर्भ (पुत्र व पुत्री दोनों) की रक्षा सावधानीपूर्वक करने से गर्भ की रक्षा हो सकती है, अन्यथा नहीं। सुरक्षित शिशु व मातृत्व के लिए सर्वव्यवस्था सम्पन्न, सूतिकागार का विचार वर्णित है।

आचार्य सुश्रुत ने माता के दुग्ध को अमृत की उपमा दी है। “दीर्घमायुस्वाप्नोतु देवाः प्राश्यामृतं यथा” जिस प्रकार देवता अमृत सेवन करने से दीर्घायु हुए, ठीक वैसे ही अमृत युक्त माता के दुग्धपान करने से बालक दीर्घायु होता है। अध्ययन करने पर ज्ञात होता है कि आचार्य काश्यप, शारंगधर, माधव, योगरत्नाकर तथा रसग्रंथो आदि में भी स्त्री व कन्या के सभी रचना, क्रिया, निदान, स्वास्थ्य, चिकित्सा, सामाजिक दृष्टिकोण आदि आयामों का वर्णन किया है।

उपसंहार—

नारी शक्ति रुपिणी है, ये मूल प्रकृति व जीवों की जननी है। मां, बहन या पत्नी के रूपों में हमारी शक्ति का पुंज है। आयुर्वेद वाङ्गमयों में स्थान स्थान पर स्त्री जाति (नारी) सम्मान पर बल दिया है। बालक व बालिका संतति में भेद के कारण आज विश्व के कई देशों में लैंगिक असमानता देखने को मिलती है। भारत के कई राज्यों में भी ये देखने को मिलती है। आयुर्वेद जो चिकित्सा शास्त्र के साथ दर्शन व जीवन विज्ञान है उसके अनुसरण से उक्त समस्या का निराकरण हो सकता है। कहा गया है— “पक्वान्मिव राजेन्द्र सर्वसाधारणाः स्त्रियः । प्रत्यक्षे च परोक्षे च रक्षितव्याः प्रयत्नतः” । पकाये हुए अन्न के समान सामने तथा पीछे बहुत प्रयत्न करके सर्वसामान्य स्त्रियों की रक्षा करनी चाहिए। आयुर्वेद में संतति की उत्पत्ति पर भी विचार हुआ है। यथेष्ट संतति उत्पन्न करने के मुख्य आधार माता के स्वास्थ्य, सुरक्षित मातृत्व, प्रसव व गर्भिणी परिचर्या, सूतिका परिचर्या आदि का व्यापक वैज्ञानिक विवेचन मिलता है।

उपर्युक्त विवेचन से स्पष्ट है कि आयुर्वेद वाङ्गमय में स्त्री का पुरुषों के समान विशेष वर्णन किया गया है। यह स्पष्ट है की सांसारिक यात्रा के समुचित संचालन में दोनों का स्वस्थ होना अति आवश्यक है, अतः आचार्यों ने दोनों की प्रकृति का अलग विवेचन करते हुए, रोगों का नैदानिक विश्लेषण, औषधों का चयन मात्रा का निर्धारण करने पर बल दिया है, जो आयुर्वेदीय वाङ्गमयों की स्त्री-पुरुष के प्रति समदृष्टि का परिचायक है।



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परिषद् समाचार

अखिल भारतीय स्तर पर लक्ष्य का आयोजन

दिनांक 8 अगस्त 2021 को विश्व आयुर्वेद परिषद के विद्यार्थी प्रकोष्ठ के द्वारा अखिल भारतीय स्तर पर एक Pre PG Entrance Test का आयोजन हुआ अस्तु परिषद की इकाई के द्वारा समस्त भारत में 909 महाविद्यालयों में केंद्र सुनियोजित कर दिनांक 8 अगस्त को टेस्ट का आयोजन ऑनलाइन मोड से प्रातः 99 से 92.30 तक किया गया जिसमें 2350 विद्यार्थियों ने भाग लिया। परीक्षा में 900 वस्तुनिष्ठ प्रश्न पूछे गये जिनको 60 मिनट में हल करना था। इसके उपरांत चरक जयंती का आयोजन विद्यालय इकाई के अध्यक्ष एवं सचिव के निर्देशन में सम्पन्न हुई, जिसमें कोरोना महामारी के दौरान अपनी सेवाएँ देने के लिए चिकित्सक एवम् रेजिडेंट्स को स्थानीय कार्यकारिणी द्वारा सम्मानित किया गया। उक्त कार्यक्रम डॉ. रामतीर्थ शर्मा मुख्य सयोजक लक्ष्य 2021 एवं अखिल भारतीय विद्यार्थी प्रकोष्ठ प्रमुख, केंद्रीय सचिव, विश्व आयुर्वेद परिषद, केंद्र उज्जैन, के सफल निर्देशन में सम्पन्न हुआ। जिसमें डॉ. कीर्ति कुमार अखंड लक्ष्य के संयोजक थे। परिषद् की अखिल भारतीय इकाई के द्वितीय संयोजन के फलस्वरूप यह कार्य सम्पन्न हुआ। 24 घंटे के अंदर लक्ष्य का परिणाम घोषित हुआ। जिसमें उज्जैन महाविद्यालय की छात्रा डॉक्टर जूली कोट वाने ने 400 में से 385 अंक प्राप्त करके प्रथम स्थान प्राप्त किया। क्षेत्रीय सयोजक में डॉ. मंदीप जयसवाल डॉ. कमलेश शर्मा डॉ. पंकज मिश्र डॉ. शिरोमणि मिश्र डॉ. रेनु दीक्षित डॉ. हरीश गोपाल डॉ. विजय कुमार डॉ. नितिन बर्मन डॉ. अनिल शुक्ला, डॉ. जय किनी डॉ. सीमा ने क्षेत्रीय एवं राज्य समन्वयक की भूमिका में कार्य किया।

विश्व आयुर्वेद परिषद् द्वारा देश के विभिन्न स्थानों पर महर्षि चरक जयंती समारोह का आयोजन

विश्व आयुर्वेद परिषद केंद्रीय इकाई द्वारा महर्षि चरक जयंती के अवसर पर दिनांक 13/08/2021 को अपराह्न 3 बजे से 4:30 बजे तक राष्ट्रीय संगोष्ठी का आयोजन आभासी जूम माध्यम से किया गया। कार्यक्रम में मुख्य अतिथि के रूप में केंद्रीय आयुष राज्यमंत्री डॉक्टर मुंजापारा महेंद्र भाई ने शोभा बढ़ाई एवं देश भर से लगभग 650 की संख्या में जुड़े चिकित्सकों, छात्र-छात्राओं एवं परिषद के कार्यकर्ताओं को सम्बोधित किया। वेबिनार में मुख्य वक्ता के रूप में श्री हितेश शंकर, सम्पादक, पाञ्चजन्य पत्रिका थे, अध्यक्षता आर्यवैद्य शाला के मुख्य ट्रस्टी डॉक्टर पी. एम. वारियर ने की। आयोजक मण्डल में डा. नितिन अग्रवाल (दिल्ली एवं एन.सी.आर.), डा. शिवादित्य ठाकुर (बिहार), डा. प्रेमानंद राव (हैदराबाद, तेलंगाना), डा. रामतीर्थ शर्मा (उज्जैन, मध्य प्रदेश) रहें। धन्यवाद ज्ञापन वैद्य अश्विनी भार्गव, केंद्रीय महासचिव विश्व आयुर्वेद परिषद ने किया।

विश्व आयुर्वेद परिषद्, छत्तीसगढ़ एवं छत्तीसगढ़ आयुर्वेदिक मेडिकल कालेज, मनकी रानांद गांव, छत्तीसगढ़ के संयुक्त तत्वावधान में महर्षि चरक जयन्ती समारोह का आयोजन दिनांक 09/08/2021 से 13/08/2021 तक सम्पन्न हुआ। जिसमें वृक्षारोपण, औषधिय पौधों का रोपण, निबन्ध प्रतियोगिता, पोस्टर प्रतियोगिता, आयुष काढ़ा वितरण, चरक संहिता पारायण, सम्भाषण प्रतियोगिता तथा साथ ही सभी उपस्थित चिकित्सकों एवं छात्र-छात्राओं को चरक शपथ भी दिलाई गई। कार्यक्रम के सफल आयोजन एवं संचालन में डॉ. जी एस. बघेल, प्राचार्य, शासकीय आयुर्वेद महाविद्यालय, रायपुर; डॉ. 0 रक्षपाल गुप्ता, प्राचार्य शास्त्रीय आयुर्वेद महाविद्यालय, बिलासपुर; डॉ. 0 वंदना फटिंग, प्राचार्य राजीव लोचन आयुर्वेद महाविद्यालय, मनकी, राजनंद गाँव; डॉ. 0 मानस रंजन, प्राचार्य भारतीय आयुर्वेद महाविद्यालय; डॉ. 0 एस. के. नन्दा, प्राचार्य, महावीर आयुर्वेद महाविद्यालय, राजनंद गांव तथा डॉ. 0 प्रमोद बघेल, डॉ. 0 के. 0 एस. 0 करमाल, डॉ. 0 प्रवीण मिश्र, डॉ. 0 विद्याभूषण पाण्डेय, डॉ. 0 अखिलेश शुक्ला, डॉ. 0 नरेन्द्र कुजाम, डॉ. 0 शिवशंकर पाठक, डॉ. 0 शुशील द्विवेदी सहित परिषद् के सभी कार्यकर्ता उपस्थित रहें।

विश्व आयुर्वेद परिषद् इस वर्ष 2021-22 में अपनी स्थापना की रजत जयन्ती मना रहा है। वर्ष पर्यन्त आयोजित होने वाले कार्यक्रमों की श्रंखला में आज दिनांक 11.08.2021 को राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालय एवं



विश्व आयुर्वेद परिषद, काशी प्रान्त के संयुक्त तत्वावधान मे महर्षि चरक जयन्ती समारोह का हर्षोल्लास के साथ आयोजन हुआ। कार्यक्रम का प्रारम्भ दीप प्रज्वलन एवं महर्षि चरक स्तुति के साथ हुआ। अध्यक्षता संस्था की प्राचार्या प्रो. नीलम गुप्ता ने की तथा डा. राम निहोर तपसी जी ने "चरकस्तु चिकित्सते" विषय पर व्याख्यान दिया। उक्त अवसर पर संस्था मे शिक्षको का स्वागत एवं सम्मान समारोह भी आयोजित हुआ। कार्यक्रम मे मुख्य रूप से डा. कमलेश कुमार द्विवेदी, प्रो. संजय पांडेय, डा. अंजना सक्सेना, डा. विजय राय (महासचिव उत्तर प्रदेश), डा. डी. एन. सिंह, डा. अश्विनी गुप्ता एवं संस्था के सभी शिक्षक, चिकित्सक एवं स्नातकोत्तर छात्र- छात्राओं की उपस्थिति रही। कार्यक्रम संचालन डा. रमेश कान्त दूबे तथा धन्यवाद ज्ञापन डा. अवधेश कुमार जी ने दिया।

दिनांक 8/8/2021 को रोग एवं विकृति विज्ञान विभाग, आयुर्वेद संकाय, बी.एच.यू. में विश्व आयुर्वेद परिषद् की काशी हिन्दू विश्वविद्यालय एवं छात्र इकाई ने महर्षि चरक जयन्ती एवं कोरोना योद्धा सम्मान समारोह आयोजित हुआ। कार्यक्रम के विशिष्ट उपस्थिति माननीय रमेश जी, अतिथि रमेश जी, प्रान्त प्रचारक, काशी प्रान्त एवं विभाग कार्यवाहक, कृष्णचन्द्र जी रहे। माननीय रमेश जी के द्वारा कोरोना काल में आयुष चिकित्सकों की सेवा कार्य की सराहना करते हुए महर्षि चरक के आदर्शों के अनुरूप चिकित्सा कार्य करने हेतु सभी को पंथ धर्म एवं सम्प्रदाय के हित से उपर उठकर कार्य करने हेतु आह्वाहन किया गया। इस अवसर पर कोरोना महामारी में काशी हिन्दू विश्वविद्यालय के सर सुन्दर लाल चिकित्सालय एवं राजकीय आयुर्वेद महाविद्यालय, वाराणसी से सम्बद्ध चिकित्सालय में कोविड वार्ड में कार्य करने वाले चिकित्सकों एवं आवासीय चिकित्सक छात्र/छात्राओं को कोरोना योद्धा के रूप में सम्मानित किया गया। सम्मानित होने वाले चिकित्सकों में डॉ० रुचि तिवारी, डॉ० विजय श्रीवास्तव, डॉ० मनीष मिश्र, डॉ० के. एन. सिंह, डॉ० पी. एस. उपाध्याय, डॉ० दिलीप, डॉ० जया, डॉ० सुशील, डॉ० अभिनव, डॉ० शुभम, डॉ० ज्योति चाहर रहें। कार्यक्रम में परिषद् के राष्ट्रीय सम्पर्क प्रमुख डॉ० कमलेश कुमार द्विवेदी छात्र प्रभारी अनुराग पाण्डेय, प्रदेश महासचिव डॉ० विजय राय एवं कार्यकर्ता उपस्थित रहें।

विश्व आयुर्वेद परिषद काशी प्रांत, उप्र० व प्रांतीय आयु०/यूनानी चिकित्सा सेवा संघ उप्र० शाखा जनपद, चंदौली के तत्वावधान में आज दिनांक 13 अगस्त 2021 को दिन 2,30 बजे राजकीय आयु० चिकित्सालय, सिकंदरपुर, चकिया, चंदौली में महर्षि चरक जयन्ती समारोह मनाया गया। कार्यक्रम में विश्व आयुर्वेद परिषद काशी प्रांत के संपर्क प्रमुख व प्रांतीय महासचिव-चिकित्साधिकारी संवर्ग उ.प्र० (आयु०), डॉ० बालमुकुंद प्रसाद ने महर्षि चरक पर प्रकाश डालते हुए कहा कि महर्षि चरक जी ही Father of Indian Medicine कहे जाते हैं। चरक जयन्ती पूजा कार्यक्रम के बाद निःशुल्क दवा वितरण व औषधि पौधों का रोपण चिकित्सालय के प्रभारी चिकित्साधिकारी डॉ० बालमुकुंद प्रसाद द्वारा उपस्थित फार्मसिस्ट, वार्ड ब्याय व जनप्रतिनिधि के सहयोग से किया गया।

चरक जयन्ती समारोह एवं डा. के. पी. शुक्ला स्मृति व्याख्यान कार्यक्रम का आयोजन दिनांक 14/08/2021, दिन-शनिवार, को दोपहर 03.00 बजे से माधव सेवा प्रकल्प, चंदापुर में हर्षोल्लास से सम्पन्न हुआ। इस समारोह का आरम्भ दीप प्रज्वलन, महर्षि चरक की प्रतिमा माल्यार्पण एवं राजकीय आयुर्वेद स्नातकोत्तर महाविद्यालय, वाराणसी की संहिता एवं सिद्धांत विभाग की शोध छात्राओं द्वारा चरकस्तुति से हुआ। प्रो. राजेंद्र प्रसाद, कायचिकित्सा विभाग, आयुर्वेद संकाय, बी.एच.यू. ने मुख्य वक्ता के रूप में "चरक संहिता के नैदानिक और चिकित्सकीय वैशिष्ट्य" विषय पर प्रो. के.पी. शुक्ल स्मृति व्याख्यान दिया। कार्यक्रमकी अध्यक्षता उत्तराखंड आयुर्वेद विश्वविद्यालय के पूर्व कुलपति प्रो. सत्येंद्र प्रसाद मिश्र ने की। प्रो. राजीव शुक्ल, अध्यक्ष, काशी महानगर विश्व आयुर्वेद परिषद ने अतिथियों का स्वागत किया। कार्यक्रम की विषय स्थापना डा. विजय राय, महासचिव, उ.प्र. ईकाई, परिषद परिचय डा. कमलेश कुमार द्विवेदी ने दिया। इस अवसर पर प्रकल्प पर चिकित्सा सेवा देने वाले चिकित्सकों को आदर्श चिकित्सक सम्मान से सम्मानित कर उनका अभिनन्दन किया गया। आदर्श चिकित्सक सम्मान से सम्मानित कर उनका अभिनन्दन किया गया। सम्मानित होने वाले चिकित्सकों में प्रो. शान्तनु मिश्र, वैद्य हर्ष लाल जी, वैद्य हरि प्रसाद मिश्र, वैद्य सुभाष श्रीवास्तव, वैद्य पी. एस. मिश्र, वैद्य ओंकार दत्त त्रिपाठी और वैद्य रामदुलार जी रहे। इसके साथ ही परिषद परिवार की तरफ से नगर के प्रतिष्ठित चिकित्सक एवं अस्थि रोग विशेषज्ञ डा. एस. के सिंह का एपेक्स हॉस्पिटल के द्वारा कोविड सेन्टर के रूप में कोविड महामारी में समाज की सेवा के लिए सम्मान किया गया। कार्यक्रम का संचालन डा. ज्योति चाहर एवं धन्यवाद ज्ञापन डा. दिलीप ने किया।



दिनांक १५ अगस्त २०२१ को विश्व आयुर्वेद परिषद प्रयागराज (काशी प्रान्त) के तत्वावधान में होटल मिलन पैलेस (सिवल लाइन) के सभागार में महर्षि चरक जयंती का कार्यक्रम धूम धाम से मनाया गया। इसमें चरक संहिता के "श्लोक – वाचन प्रतियोगिता " का भी आयोजन किया गया। कार्यक्रम का संचालन वि०आयु०परिषद, प्रयागराज के सचिव वैद्य नरेन्द्र कुमार पाण्डेय ने किया। कार्यक्रम के मुख्य अतिथि तथा श्लोक वाचन प्रतियोगिता के मुख्य संयोजक, प्रयागराज के वरिष्ठ आयुर्वेद चिकित्सक एवं परिषद के प्रदेश मर्गदर्शक मंडल के सदस्य डॉक्टर प्रेम शंकर पाण्डेय जी थे। विशिष्ट अतिथि प्रोफेसर जी ० एस० तोमर जी (पूर्व डीन, आयुर्वेद संकाय, कानपुर वि०विद्यालय), श्री चंद्रशेखर सिंह आयुर्वेद संस्थान के प्राचार्य प्रोफेसर विनोद कुमार जी, शिवालिक आयुर्वेदिक मेडिकल कॉलेज के प्राचार्य प्रोफेसर वी० एन ० त्रिपाठी जी, काशी प्रांत सचिव डॉक्टर सुधांशु शेखर उपाध्याय जी, रा०स्व०से०संघ, काशी प्रांत सेवा प्रमुख श्री नागेन्द्र जी , रा०आयु०कॉलेज, हंडिया से डॉक्टर उषा द्विवेदी रहीं। प्रयागराज इकाई अध्यक्ष डॉक्टर जे०नाथ जी ने सभा की अध्यक्षता की। कार्यक्रम का संयोजन डॉ. अजय यादव, डॉ. निहारिका मिश्रा एवं डॉ. सुधीर सिंह ने किया। श्लोक प्रतियोगिता में प्रथम स्थान— सुश्री ज्योति सिंह (श्री चंद्रशेखर सिंह आयुर्वेद संस्थान), द्वितीय स्थान— सुश्री पूजा मिश्रा (रा०आयु०कॉलेज, हंडिया), तृतीय स्थान—सुश्री मीनाक्षी बरनवाल (रा०आयु०कॉलेज, हंडिया) तथा वि०आयु०परिषद, प्रयागराज की ओर से विशेष पुरस्कार मोहित कुमार राय (श्री चंद्रशेखर सिंह आयुर्वेद संस्थान) को दिया गया। कार्यक्रम में प्रयागराज इकाई के पदाधिकारी एवं शहर के अनेक गणमान्य चिकित्सक उपस्थित रहे। डॉक्टर बी०एस०रघुवंशी ने सभी आगंतुकों को धन्यवाद ज्ञापित किया।

एस. के. एस. आयुर्वेदिक मेडिकल कॉलेज एवं चिकित्सालय, मथुरा में महर्षि चरक जयंती समारोह विश्व आयुर्वेद परिषद के द्वारा आयोजित किया गया, जिसमें प्राचार्य प्रो० बी० के० पाराशर ने दीप प्रज्वलित कर कार्यक्रम का शुभारम्भ कर महर्षि पूजन, माल्यार्पण, हवन एवम् वृक्षारोपण कार्यक्रम सम्पन्न कराया जिसमें मुख्य रूप से डा० बी० बी० मिश्रा, डा० आर० के० बाजपेई, डा० विकाश, डा० अतुल, डा० अमित, डा० प्राची, डा० नेहा, डा० पवन, डा० पी० वी० मिश्रा, अभिषेक प्रधान, संतोष गौतम, गौरव गौतम एवं अन्य बहुत से निष्ठावान सदस्य उपस्थित रहे।

दिनांक 13 अगस्त 2021 चरक जयंती के उपलक्ष्य में विश्व आयुर्वेद परिषद, पीलीभीत (ब्रज प्रांत) द्वारा ग्राम पिपरिया (पीलीभीत) में स्वास्थ्य शिविर का आयोजन किया गया, शिविर में 200 से अधिक लोगों का स्वास्थ्य परीक्षण किया गया। शिविर में डॉ रमेश कुमार गुप्ता, डॉ विजय लक्ष्मी, तथा बीएएमएस के छात्र रोहन बरनवाल, शशांक गुप्ता, अनन्त सिंह नन्दा, प्रतीक पटेल, सुनील मौर्य आदि उपस्थित रहे।

दिनांक 13/08/2021 को चरक जयंती के उपलक्ष्य में विश्व आयुर्वेद परिषद् बस्ती द्वारा 15 शय्या चिकित्सालय, कोर्ट एरिया में चिकित्सालय स्टाफ के द्वारा संयुक्त रूप से चरक जयंती मनाई गई। जिसमें डॉक्टर नरसिंग वर्मा एवम् डॉक्टर श्रृंखला श्रीवास्तव संयुक्त रूप से वर्षा ऋतु में होने वाले बीमारियों से बचाव एवम् आयुर्वेद चिकित्सा के बारे में चर्चा की, जिसमें जय नाथ सिंह, बाबू लाल, प्रशांत, रामावतार, सोनू, सुमन श्रीवास्तव, दुर्गेश, सुनील पांडेय, ज्योति, ध्रुव कुमार, इत्यादि उपस्थित थे।

दिनांक 12/ 8/ 2021, दिन गुरुवार को महर्षि चरक जयंती की पूर्व संध्या पर विश्व आयुर्वेद परिषद शाखा मुरादाबाद द्वारा चरक जयंती का आयोजन किया गया। कार्यक्रम की अध्यक्षता विश्व आयुर्वेद परिषद के प्रांतीय अध्यक्ष डॉक्टर सुभाष गुप्ता एवं संचालन डॉक्टर संजीव सक्सेना एवं डॉक्टर राघव शर्मा ने किया। विश्व आयुर्वेद परिषद, मुरादाबाद द्वारा "चरक चिकित्सा अलंकरण" पुरस्कार डॉ एस पी गुप्ता जी को प्रदान किया गया। डॉ मयंक शर्मा ने आयुर्वेद के मूल सिद्धांतों पर अपने विचार व्यक्त किए और बताया कि आज आयुर्वेद के मूल सिद्धांतों पर वात, पित्त, कफ की प्रकृति अनुसार ही चिकित्सकों को रोगियों की परीक्षा और चिकित्सा करनी चाहिए। डॉक्टर हरिदत्त शर्मा ने महर्षि चरक के इतिहास पर और आयुर्वेद के योगदान में चरक जी के महत्व का वर्णन किया। कार्यक्रम का संयोजन अलनावैदिक ने किया। इस अवसर पर डॉक्टर मयंक शर्मा, डॉक्टर सुभाष गुप्ता, डॉक्टर संजीव सक्सेना, डॉ एस पी गुप्ता, डॉ राघव शर्मा, डॉ विकास गुप्ता, डॉक्टर संजय अग्रवाल, डॉक्टर हरिदत्त शर्मा, डॉ एसके सक्सेना, डॉक्टर भास्कर अग्रवाल, डॉ एस बी सक्सेना, डॉक्टर कमला प्रसाद, डॉ विजय, डॉ दिवाकर,



डॉक्टर किशोर विश्वास, डॉक्टर यू एस चौधरी, डॉ शशि चौहान, डॉ मधु, राकेश वर्मा, अलना वेदिक के मैनेजिंग डायरेक्टर जगजीत जी, मनोज मिश्रा, डॉ एस राजपूत, डॉ बलराज, डॉ राहुल यादव आदि उपस्थित हुए।

विश्व आयुर्वेद परिषद, झांसी, शाखा द्वारा दिनांक 12/08/2021 को महर्षि चरक जयंती समारोह की श्रृंखला में एक वेबीनार जिसका विषय "Post covid illness and it's management through Ayurveda" का आयोजन किया गया, जिसमें राष्ट्रीय संपर्क प्रमुख डॉ के के द्विवेदी मुख्य अतिथि के रूप में उपस्थित थे और डॉ के एन मिश्रा ने कार्यक्रम की अध्यक्षता की। प्रो० के एन यादव, प्राचार्य, बुंदेलखंड राजकीय आयुर्वेद महाविद्यालय झांसी ने दीप प्रज्वलन कर कार्यक्रम का उद्घाटन किया। कार्यक्रम में वक्ता के रूप में डॉ के एन उपाध्याय, डॉ दुर्गा प्रसाद दाश, डॉ अरविंद उपाध्याय तथा डॉ पवन विश्वकर्मा ने अपना अमूल्य सहयोग दिया। कार्यक्रम का आयोजन डॉ एस डी पाठक एवं संचालन डॉ राजीव कुशवाहा द्वारा सकुशल संपन्न किया गया।

दिनांक 13/08/2021 को शिवालिक आयुर्वेदिक मेडिकल कॉलेज आजमगढ़ में चरक जयन्ती का आयोजन किया गया जिसमें ऋतुचर्या दिनचर्या पर पोस्टर प्रजेन्टेशन एवं अस्टांग हृदय एवं चरक संहिता पर क्विज कम्पटीशन का आयोजन किया गया और छात्रों को पुरस्कृत भी किया गया।

उज्जैन में, महर्षि चरक जयन्ती का आयोजन हुआ जिसमें मुख्य अतिथि श्री सोनू गहलोत नगर निगम सभापति का सम्मान डॉक्टर रौनक एलची कार्यक्रम की अध्यक्षता डॉक्टर प्रदीप कटियार, कार्यक्रम की विशिष्ट अतिथि जिला आयुष अधिकारी श्रीमती डॉ मनीषा पाठक मुख्य वक्ता डॉ राम तीर्थ शर्मा केंद्रीय सचिव विश्व आयुर्वेद परिषद, कार्यक्रम का संचालन विशाल सोलंकी चिकित्सा अधिकारी एवं जिला उपाध्यक्ष विश्व आयुर्वेद परिषद, उज्जैन नगर निगम सभापति और मुख्य अतिथि श्री सोनू गहलोत जी ने आयुर्वेद के महत्व पर प्रकाश डाला और घोषणा की कि अगले वर्ष नगर निगम के द्वारा चरक भवन जो कि 500 बेड का महिला एवं बाल चिकित्सालय है और प्रदेश में सबसे बड़ा चिकित्सालय है, शासन द्वारा उसमें महर्षि चरक की मूर्ति और महर्षि सुश्रुत की मूर्ति की स्थापना की जाएगी। मुख्य वक्ता डॉ रामकृष्ण शर्मा ने महर्षि चरक के जीवन पर प्रकाश डाला और बताया कि आज से 3000 वर्ष पूर्व जब पूरे देश और विश्व के अंदर चिकित्सा नहीं होते थे तब महर्षि चरक ने चिकित्सा के द्वारा मानवता का कल्याण किया और उनको फादर ऑफ मेडिसिन के नाम से जाना जाता है।

विश्व आयुर्वेद परिषद शाखा बरेली द्वारा चरक जयंती के उपलक्ष में एक संगोष्ठी का आयोजन रोटरी क्लब बरेली के सभागार में किया गया। कार्यक्रम का शुभारंभ महर्षि चरक के चित्र पर पुष्प अर्पण व उनके सम्मुख दीप प्रज्वलन कर किया गया। कार्यक्रम के प्रारंभ में विश्व आयुर्वेद परिषद के महासचिव डॉ राजीव सक्सेना द्वारा विश्व आयुर्वेद परिषद का परिचय, उसके उद्देश्य एवं समाज में क्रियाकलाप पर विस्तृत प्रकाश डाला गया। इस अवसर पर मुख्य अतिथि क्षेत्रीय आयुर्वेदिक एवं यूनानी अधिकारी डॉ डी. के. द्विवेदी, डॉ सुशांत साहू, प्राचार्य गंगाशील आयुर्वेदिक कॉलेज, डॉक्टर किशोर चंद्र प्रधान, प्राचार्य धनवंतरी आयुर्वेदिक कॉलेज, डॉ डीके मौर्य प्राचार्य राजकीय आयुर्वेदिक कॉलेज एवं डॉ सुजीत, प्राचार्य सिद्धिविनायक आयुर्वेदिक कॉलेज को संस्था द्वारा प्रशस्त पत्र, नारियल और माल्यार्पण कर अभिनंदन किया गया। कार्यक्रम में डॉ शांतुल गुप्ता, डॉ नितिन शर्मा, डॉक्टर दिनेश विश्वास, डॉ अनिवेश मोहन, डॉ एच एस राय, डॉ उमेश कुमार, डॉ संजय मिश्र, डॉ योगेंद्र गंगवार डॉक्टर डीएन शर्मा, संजीव शर्मा, डॉक्टर राजीव सक्सेना, डॉ मनोज मिश्रा, डॉ अरविंद वर्मा आदि सहित आयुर्वेदिक प्राइवेट लिमिटेड के विमल जी उपस्थित रहे। कार्यक्रम का कुशल संचालन डॉ रंजन विशद ने किया।

विश्व आयुर्वेद परिषद प्रतापगढ़ (काशी) चरक जयन्ती 13अगस्त सायंकाल 4:00 बजे स्थानीय स्तर पर धूम धाम से मनाई गई। कार्यक्रम का संयोजन डा भरत नायक व डा सुधांशु उपाध्याय ने किया। कार्यक्रम में जिले के गणमान्य चिकित्सक एवं सभी कार्यकर्ता उपस्थित रहे।

चरक जयंती समारोह का आयोजन लक्ष्मी आयुर्वेद अस्पताल, वनस्थलीपुरम, हैदराबाद में डॉ. वाई. श्रीनिवासुलु ईसी सदस्य विश्व आयुर्वेद परिषद, तेलंगाना राज्य, डॉ. वी. पदमंजन बाबू महासचिव, रंगा रेड्डी जिले के कोषाध्यक्ष डॉ. एस. प्रभाकर रेड्डी सहित चिकित्सालय के सभी कर्मचारियों एवं कार्यकर्ताओं की उपस्थिति में हर्षोल्लास के साथ सम्पन्न हुआ।



बिहार में सीतामढ़ी, मुजफ्फरपुर, मोतिहारी, सिवान, गया, जहानाबाद एवं पटना में चरक जयंती कार्यक्रम संपन्न हुआ। मोतिहारी एवं पटना में गुरुजन सम्मान भी प्रदान किया गया। मोतिहारी में वैद्य कृष्ण मोहन झा पूर्व प्राचार्य, आयुर्वेद कालेज मोतिहारी तथा पटना में वैद्य विजय प्रकाश पाठक, पूर्व आचार्य संहिता, पटना आयुर्वेद महाविद्यालय को गुरुजन सम्मान प्रदान किया गया। पटना के कार्यक्रम की विशेषता रही कि मुख्य वक्ता स्नातकोत्तर संहिता की द्वितीय वर्ष की छात्रा डा० सुश्री किरण चौधरी रहीं। डॉ० किरण ने आचार्य चरक एवं चरक संहिता गवेषणात्मक तथ्य पर अपना उद्बोधन प्रस्तुत किया।

विश्व आयुर्वेद परिषद ओडिशा ईकाई द्वारा महर्षि चरक के पवित्र प्रकटन दिवस के अवसर पर समाज के अच्छे स्वास्थ्य और सद्भाव के लिए कामना और प्रार्थना सभा का आयोजन किया। परिषद की ओडिशा ईकाई द्वारा आनंद आश्रम पुरी में एक स्वास्थ्य शिविर का आयोजन 16/8/2021 की सुबह पोस्ट कोविड मरीजों की सेवा के लिए और मधुमेह निदान शिविर का भी आयोजन किया गया।

विश्व आयुर्वेद परिषद, देहरादून, उत्तराखंड द्वारा चरक जयंती का आयोजन दिनांक 13 अगस्त 2021 को महर्षि चरक जयंती का आयोजन विशेष यज्ञ हवन के साथ वैद्य विनिश गुप्ता एवं वैद्य अनुमेहा जोशी के सौजन्य एवं निर्देशन में परिषद के अनेक सदस्यों द्वारा संपन्न किया गया। तत्पश्चात नगर के प्रसिद्ध गांधी पार्क में गिलोय पौधों के रोपण एवं सुबह पार्क में आने वाले जन समुदाय को निशुल्क एक गिलोय पौधा एवं आयुष काढे के लगभग 200 पैकेट वितरित किए गए। परिषद के प्रांतीय अध्यक्ष वैद्य यतेंद्र मलिक, वैद्य विजय नय्यर, कई युवा वैद्य पुष्पा चमोली, पवन सिंह, अंकित थपलियाल, आराधना, गरिमा, गुरप्रीत आदि सहित अनेक आयुर्वेद छात्रों ने कार्यक्रम में भाग लिया।

14/08/2021 को चरक जयंती के उपलक्ष्य में विश्व आयुर्वेद परिषद नोएडा द्वारा सेक्टर 121 धन्वंतरि क्लीनिक में मुफ्त स्वास्थ्य जाँच शिविर का आयोजन किया गया। कैंप का उद्घाटन राष्ट्रीय स्वयं सेवक संघ के प्रचारक माननीय अजय शर्मा के द्वारा महर्षि चरक को माल्यार्पण व पूजन के द्वारा किया गया। सम्मानस्वरूप उन्हें तुलसी पौधा भेंट किया गया। कैंप में मुफ्त शुगर व रक्तचाप आकलन मौसम से होने वाली बीमारियों का भी मुफ्त इलाज किया गया। कैंप में डॉक्टर अंकुर मिश्रा, डॉ वसुधा जोशी, डॉ अक्षय चौहान, के अतिरिक्त नीमा नोएडा के अध्यक्ष डॉ मुकेश शर्मा जी, डॉ प्रीति सारस्वत व डॉ स्नेहलता जी ने अपना कीमती समय व सहयोग शिविर को सफल बनाने में दिया।

चरक जयंती का आयोजन आयुष अस्पताल पोर्ट ब्लेयर, अण्डमान और निकोबार द्वीप धूमधाम से सम्पन्न हुआ। इस अवसर पर महर्षि चरक के चित्र पर माल्यार्पण एवं दीप प्रज्ज्वलन के साथ चरक स्तुति की गई।

विश्व आयुर्वेद परिषद अवध प्रांत द्वारा लखनऊ, कानपुर, अयोध्या तथा बलरामपुर में चरक जयंती धूमधाम से मनाया गया। इस अवसर पर अवध प्रांत चिकित्सक प्रकोष्ठ प्रभारी डा. प्रांजल त्रिपाठी के नेतृत्व में परिषद का गठन किया गया। जिसमें वरिष्ठ चिकित्सक डा. के. के. राणा, डा. कौशल्या गुप्ता, डा. राकेश चंद्र श्रीवास्तव, डा. देवेश चंद्र श्रीवास्तव, डा. प्रदीप कुमार, डा. सीमा पांडेय ने सदस्यता ग्रहण की। मुख्य अतिथि क्षेत्रीय आयुर्वेद यूनानी अधिकारी डा. दिग्विजय नाथ सिंह ने विश्व आयुर्वेद परिषद की आजीवन सदस्यता ग्रहण कर चुके डा. प्रदीप दुबे, डा. श्वेता चंदेल, डा. ईश देव आर्य, डा. अभिषेक सिन्हा, डा. संतोष कुमार को सम्मानित किया। डा. प्रांजल त्रिपाठी ने विश्व आयुर्वेद परिषद के बारे में विस्तृत जानकारी दी। डा. देवेश चंद्र श्रीवास्तव ने महर्षि चरक के बारे में विस्तार से बताया। डा. सीमा पांडेय द्वारा चरक वंदना गाकर कार्यक्रम का शुभारम्भ किया गया। इस अवसर पर महिला चिकित्सक डा. निधि त्रिपाठी उपस्थित रहीं। मंच का सफल संचालन डा. शहंशाह आलम ने किया। डा. प्रांजल त्रिपाठी ने आए हुए सभी अतिथियों का आभार व्यक्त किया। इस अवसर पर चरक फार्मा के राकेश पांडेय, शहजाद, अतुल, सुधांशु आदि लोग उपस्थित रहे।