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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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सितम्बर-अक्टूबर 2023

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

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Guest Editorial

Indians are multicultural and assorted in the way of their living, especially with regards to food, medicine and health traditions. Among all the traditional knowledge systems that India pertains, the science of Ayurveda provides insights for longevity and a healthy life. The term “Ayurveda” is not just limited to medicine, cure or therapy, rather it implies an approach to life and living. Guided by the principles of praneshana (desire of living beings to live a long healthy life), dhaneshana (desire to enjoy monetary and material security), and paralokeshana (desire to secure happiness in the life hereafter), it emphasizes not just on the treatment of the diseased (Aaturasya vikaara prashamana) but mainly focuses on the maintenance of the health in a healthy person, (Swasthasya Swaasthya rakshana). In the recent times, this system of medicine has gained huge popularity and acceptance not only in the country, but worldwide. Predicting the future status of Ayurveda in the coming years is challenging and speculative. Ayurveda has been gaining increased global interest as people look for holistic and natural approaches to healthcare. Means to integrate Ayurveda with conventional western medicine has been explored widely these days. This trend could continue and lead to a more harmonious relationship between the two systems of medicine providing a complete health care for the needy. There is a growing emphasis on scientific research and standardization in Ayurveda. In the next decade, we can expect to see more rigorous scientific studies to validate the effectiveness of Ayurvedic treatments. With more stringent policies coming up, standardization of Ayurvedic practices and remedies may also become more common. As this ancient system of medicine gains prominence worldwide, regulatory bodies in various countries may establish guidelines and certification requirements for practitioners and products which could enhance the credibility and safety of Ayurvedic treatments which has been questioned for a long time now. Apart from this, Ayurveda is expected to envision an upsurge in the availability of Ayurvedic education and training. More institutions and online platforms might offer courses and programs in Ayurveda, making it more accessible to those interested in learning about this traditional system worldwide. Technological advancements have already been playing a role in the modernization of Ayurveda. Development of Ayurvedafocused health apps, telemedicine services, and diagnostic tools have made this system of medicine under finger tips of several users which is expected to gain radical expansion. Crosscultural collaborations between Ayurveda and other traditional systems of medicine worldwide may also become more common, allowing for the exchange of knowledge and practices and emergence of newer methodologies in this traditional system of medicine.



It's essential to recognize that Ayurveda's future status will depend on various factors, including government policies, public perception, research outcomes, and ongoing efforts to modernize and standardize this traditional system of medicine. Our sector needs to settle down on the triple burden of conflicting challenges between the increased national and global expectations; severe deficiency in capacity building, human resource development and education and the severe stagnancy in practice and research. We are hopeful to bridge this gap through imaginative and dynamic efforts with futuristic vision. Experts in Ayurveda will not merely hold this science of life as a piece of heritage pride. The right direction towards the future has already begun through multifaceted activities taken up under Ayurveda@2047 and can significantly impact Ayurveda's trajectory in the coming decades.

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REDISCOVERING DHOOMAPANA: A COMPREHENSIVE APPROACH TO WELL-BEING

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ABSTRACT-

Dhoomapana, an ancient Ayurvedic practice, has been recognized for its remarkable effectiveness in treating upper clavicular diseases (Urdhvajatrugata Roga), managing cough (Kasa Roga), and inducing emesis. Despite its proven efficacy, Dhoomapana remains underutilized and not widely practiced. While clinicians are somewhat familiar with its curative properties, its preventive and promotive aspects are not well-known or implemented. This study aims to shed light on the preventive, promotive, and curative potential of Dhoomapana, revealing its comprehensive benefits in managing a range of ailments and optimizing overall well-being.

Key word- Dhoomapana & Wellbeing.

INTRODUCTION-

Quest for healthy and long life are perhaps as old as human existence and efforts are unremitting (continue) to address the challenges and triumph (great success) the bottle neck across this journey.

The importance of Ayurveda in global scenario is because of its holistic approach towards positive life style.

Dhoomapana, an age-old Ayurvedic practice, has often been overlooked in contemporary healthcare, despite its extensive therapeutic applications. Rooted in the ancient wisdom of Ayurveda, Dhoomapana involves inhaling or ingesting smoke to achieve various therapeutic goals. This article explores the diverse types of Dhoomapana and their potential applications in promoting health and well-being.

In classical text human body is compared with tree which stand with root above. Dhoompana is one of the important procedures enumerated while describing Chikitsa of Uttamanga specially in disease of nose and Respiratory pathway¹.

Dhoompana is a procedure which can be used as not only prevent disease but also to cure different type of Urdhvajatrugata vikar.

In classics Dhoomapana is primarily mentioned as part of Dincharya daily regimen for healthy form for the maintenance of health and prevent the

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disease. It is elaborated in Dincharya Adhyaya².

A healthy individual is advised Prayogika Dhoomapana following Nasya and Kawal grah. It is describe the use of Dhoompana.

Disease of organ located above the shoulder due to vata and cough will not develop.

Dhoompana or inhalation of medicated smokes is mentioned in the context of treatment of certain disease.of Kapha and Vata pertaining to head and neck.

Even if Dhooma is derived from Sheeta Veerya drugs, with contact of fire, it become hot in potency and it is antagonistic to Vata³.

Ayurvedic Dhoompana is focused to detoxify rejuvenate and empower foundational element, mind, physique, and vital part.

Types of Dhoomapana:

Ayurvedic classics have categorized Dhoomapana into several distinct types, each tailored to achieve specific therapeutic actions. These classifications include:

Prayogika Dhoomapana: Prayogika Dhoomapana involves the daily practice of inhaling or ingesting smoke without complications. It can be incorporated into one's daily routine, offering preventive and promotive benefits for overall health⁴.

Snaihika Dhoomapana: This type of Dhoomapana includes the administration of smoke infused with medicated oil or ghee

(Sneha). It serves a dual purpose by providing both smoke therapy and oleation therapy⁵.

Vairechanika Dhoomapana: Vairechanika Dhoomapana targets the elimination of specific Dosha imbalances, particularly Kapha, from the nasal passages. It helps manage imbalances related to KaphaDosha and promotes nasal health⁶.

Kasaghna Dhoomapana: Kasaghna Dhoomapana is employed to treat cough (Kasa) and throat-related ailments. It is most effective when taken during meal times and can provide relief from coughing⁷.

Vamaniya Dhoomapana: Vamaniya Dhoomapana is a therapeutic smoke inhalation that induces vomiting. It is recommended after performing Aakanthapana of Yavagu and helps in cleansing the body⁸.

Indications for Dhoomapana⁹:

Dhoomapana is indicated for a wide range of disorders, particularly those affecting the head and respiratory system. Some common conditions where Dhoomapana can be beneficial include:

Heaviness of the head (Shiro-gaurava)

Headache (Shirahshula)

Chronic rhinitis (Pinasa)

Earache (Karnashula)

Cough (Kasa)

Breathlessness (Shvasa)

Irritation and stiffness of the throat (Galagraha)

Toothache (Dantashula)



Pruritus (Kandu)

Worm infestation (Krimi)

Premature graying of hair (Pinjaratva)

Hair fall (Keshapata)

Confusional state (Buddhimoha)

Excessive drowsiness (Atitandra)

Excessive sleep (Atinidra)

Contraindications for Dhoomapana¹⁰:

While Dhoomapana offers numerous benefits, it is not suitable for everyone. There are specific contraindications where Dhoomapana should be avoided. These include:

Individuals undergoing virechana karma (purging therapy).

Those receiving basti treatment (medicated enemas).

Clients with bleeding disorders (Raktapinta).

Individuals who have consumed poison (Visharta).

Those experiencing intense grief (Shokagrasta).

People exhausted from physical work (Shramaklanta).

Persons intoxicated (Madamatta).

Presence of amadosha (toxic doshas).

Excessive vitiation of Kapha dosha (Kpahdikya).

Insomnia (Jagarita).

Transient loss of consciousness (Murchhita).

Excessive thirst (Trishita).

Prescription of Dhoomapana:

The choice of Dhoomapana type and formulation depends on the specific health condition. For example:

Shvasaroga (Bronchial Asthma) can benefit from Manahshiladi dhooma (Kasaghna Dhooma Varti by A.H.).

Chronic obstructive pulmonary disease (Kasa-Shvasa) may be managed with Manahshiladi Dhooma by Charak.

Allergic rhinitis (Pinasa) can find relief with Haridradi Dhooma by Charak.

DISCUSSION-

“Dhoomapana, has been known to effectively treat a wide range of UrdhvajatrugatVikar, particularly those affecting the supraclavicular region. These conditions include disorders like NetraVikar, MukhRoga, ShiraRog, Kasa, Shwas, and more. Recognizing this, extensive references to Dhoomapana can be found in both the Laghutrayi and Brihatrayi texts. Notably, these texts provide rich insights into the preparation of Dhoomavarti, its various types, application methods, eligibility criteria, indications, and contraindications. A comprehensive understanding of the pharmaceuticals and therapeutics of Dhoomapana dates back to the Samhita period, underscoring its enduring significance.

The concept of Dhoomapana has deep roots in ancient Ayurvedic traditions and aligns with the fundamental processes of Ayurvedic pharmaceuticals, such as the



Panchavidha Kashaya Kalpana, elaborated in CharakaSamhita. Among these processes, VartiKalpana, a subset of Kalka Kalpana, holds a distinct place. CharakaSamhita, being a cornerstone in Ayurvedic treatments and the eradication of diseases, emphasizes the pivotal role of VartiKalpana. Numerous references to Varti Kalpana can be found in ChikitsaSthana, and special mentions of Vartican be found in Siddhi Sthana. Sushruta also discusses VartiKalpana while explaining the sixty Upkramas (methods of medication) for Vrana (wound care) and its application in treating various diseases

CONCLUSION:

Dhoomapana, a time-honored Ayurvedic practice, offers a holistic approach to health and well-being. By incorporating the various types of Dhoomapana into one's daily routine, individuals can experience preventive, promotive, and curative benefits. However, it is crucial to consult with a qualified Ayurvedic practitioner to determine the most appropriate Dhoomapana type for specific health concerns. As we rediscover the potential of Dhoomapana, we open doors to comprehensive well-being and a deeper connection with the ancient wisdom of Ayurveda.

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AYURVEDIC MANAGEMENT OF PCOS W.S.R. TO ARTAVKSHAYA : A CASE REPORT

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Abstract :

Background : A unmarried Hindu female patient of 22 years of age visited OPD of State Government P.G. Ayurvedic College and hospital , Lucknow on 21 February 2022. She was having chief complaint of Delayed and Scanty menses during her menstrual cycle.

Methodology : On reviewing her laboratory investigation (USG) she was diagnosed with PCOD. On detailed history , Dosha assesment was done base on the clinical features and mainly Vata Dosha associated with Kapha dosha was found to be vitiated in the present time . Considering this, she was diagnosed with PCOD and treatment was given to her based on the line of treatment of Deepan-pachana, Vatakaphanashaka , Pitta prakopaka evam Srotoshodhan medicines.

Result : Patient showed good prognosis in Delayed and Scanty menses during her menstrual cycle in the following treatment and she is having

complete relief in Delayed and Scanty menses.

Keywords- PCOD , PCOS, Scanty, Menses, Artavakshaya.

INTRODUCTION-

A women undergoes various physical and physiological changes during her reproductive period that is from menarche to menopause . Now a days due to changing of lifestyle and dietary habits (use of junk food, intake of cold drink, & modern food habit) ,She is suffering with various health issues, like menstrual irregularities, Early or Delayed mense, Scanty menses, Dysmenorrhoea, Obesity, Indigestion, Incomplete evacuation of bowel, Hairfall, Hormonal embalance which may leads to may Gynecological disorder. One of them PCOS/ PCOD (polycystic ovarian syndrome). PCOS is a very common Gynecological problem found in day to day OPD's in reproductive age group. It is the most common cause of Oligomenorrhea and anovulation in young girls which leads to anovulatory infertility

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in later stage. Polycystic ovary syndrome is a common endocrine-metabolic disorder in reproductive aged women. It is characterized by menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology in the ultrasound diagnosis . It represents a condition in which an estimate of 10 small cysts of a diameter ranging between 2 to 9 mm , develop on one or both ovaries and / or the ovarian volume in at least one ovary exceeds 10 ml. Insulin resistance is thought to be responsible for the hormonal and metabolic derangements observed.

On considering in medical science present case be considered of PCOS as the patient had her USG and Hormonal investigation done that was suggestive of PCOD . Globally the prevalence of PCOD is estimated to be between 4% and 20% in women in the age group of 17-45 years. WHO suggests that approximately 116 million women are affected by PCOS globally.If we focus on the clinical features of PCOS explained by modern science then menstrual cycle irregularities (Delayed and Scanty menses) is found to contribute for the majority of case , followed by weight gain, Hirsutism, neck pigmentation (Acanthosis nigricans), Achne, hairfall and infertility.

In Ayurvedic classics there is no direct explanation of this disease rather, symptoms are found under various

diseased condition like Ashta Artava Dushti/ Granthibhuta Artava Dushti, Artavakshaya, Nastartava and Pushpaghni jataharini.In the case report PCOS/ PCOD can be co-relate with Artavakshaya . This Artavakshaya has been described by Susruta that is in the event of deficiency or loss of Artava, menstruation does not appear in its appropriate time or is delayed, is scanty and pain in vagina. It is revealed that most of patient of scanty menses with delayed duration are presented in Prasuti tantra evam Stri Roga department of Rajkiya Ayurvedic College and hospital, Lucknow (U.P.) , whoes suffering from PCOS. There for the present study was carried out for the clinical evaluation of the efficacy of Ayurveda treatment regimen which synergistically and individually work on the different symptoms of PCOS , like menstrual cycle disturbance, hirsutism, weight gain , subinfertility and other systemic disorder.

Considering the complaint of the subject of the present case study. She was have Delayed and Scanty menses. So based on the different clinical features explained in the Ayurveda text this case can be co-related with Artavakshaya. So in this article, an attempt has been made to analyse the effect of Ayurvedic treatment in the case of PCOS.

**Table no.1 Menstrual history**

Age of menarche - 13 year of age

L.M.P. - 29. 01. 2022

Pattern - Irregular (Delayed)

Duration - 2 days

Interval - 40-60 days

Clots - absent

Colour - Dark Reddish

Flow - Scanty

Pain - Mild

Pad history - 1 pad / day**Marital status** - Unmarried

Past medical history - History of taking Allopathic medicine for several years for the same issue. Presently she was taking hormonal pills for regular menstruation. Which was also not effective at all.

Past Surgical history - Nil**Family history** - Not significant**Personal history** -

Diet : Vegetarian

Appetite : Normal

Sleep : Sound sleep

Bowel habits : Regular

Micturition : Normal

Allergic history : Not any

PHYSIOLOGICAL EXAMINATION -

Body Built : Moderate

Height : 5' 1"

Weight : 54 kg

BMI : 22.5

Pulse : 80/ min.

B.P. : 120/70 mmhg

RR : 16/ mint

SYSTEMIC EXAMINATION

Respiratory :

Inspection : B/L Chest symmetrical

Auscultation : Air entry equal both side

CARDIOVASCULAR SYSTEM :

Auscultation : Normal Heart sound

CENTRAL NERVOUS SYSTEM - The patient was well oriented.**Table no. 2 : Dashavidha Priksha**

Prakrati	Vata - kafaja
Vikrati	Vataja
Sara	Asthisara
Sahnana	Madhyama
Pramana	Madhyama
Satmaya	Sarva Ras Satmaya
Satava	Madhyama
Ahar Shakti	Madhyama
Vyayama Shakti	Madhyama
Aayu	Vaya



INVESTIGATION (USG) :

Before treatment The patient was having her USG done on 27 December 2021 which was suggestive of PCOS.

DIAGNOSIS (According to Ayurvedic Science) : Artavakshaya

LINE OF TREATMENT:

Line of treatment is very important before laying the actual treatment of disease. In PCOS treatment is based on Agnivardhak, Deepan-panchan, Vatakaphanashaka evam Srotoshodhan medicines.

1. Advise some yoga -

Anulom- Vilom

Pranayama

Titili asana

2. For Deepan-pachana given

Panchkula churna - 3 gm BD

Kale Tila + Guda - 1 Tsf BD

TREATMENT GIVEN :

The patient was treated with the following medication:

Dose Form	Frequency	Time of administration
Rajapravartni vati	2 BD	After meal
Aarogyavardhani vati	2 BD	After meal
Kanchnara gugglu	2 BD	After meal
Chitrakadi Vati	2 BD	Before meal
Dashmool kawatha	20 ml BD	Before meal

OBSERVATION & RESULT:

The patient was followed up following the first menstrual cycle, after initiation of medications following observations were laid down on the chief complaint of the patient :

DURATION OF TREATMENT :

Three Consecutive Cycles, patient was kept on followup for one cycle after cessation of medicine.

	Before treatment	After treatment
Menstrual cycle	Delayed	Regular
Menstrual blood amount	Scanty	Improve



Based on the above observations, the result was drawn that the patient got complete relief from delayed and Scanty menses following the very first menstrual cycle which was continued to date.

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AYURVEDIC APPROCH TO TREAT A SINGLE CASE OF LIVER DISEASE (HEPATOMEGALY)

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Abstract :

Liver disorders are one of the major problems and it is among top ten causes of death in the western world .Yakrit vikara is one of the most common disorder, which occurs spontaneously, Diet and lifestyle are major factors to influence susceptibility to many diseases including liver disorders. In ayurvedic texts, Liver has given more importance in connection with metabolic functions. In Ayurveda, Yakrit is the mula of Raktavaha srotas and the main sites of Ranjaka pitta. The term Non-Alcoholic Fatty Liver Disease (NAFLD) refers to a broad spectrum of liver disorder characterized by fatty infiltration of the liver i.e., steatosis, steatohepatitis and cirrhosis. No established pharmacological treatment is available for NAFLD. In this case report, we want to established a evidence based Ayurvedic treatment, in a NAFLD under the heading of Yakrit vikara, by considering the

Nidana ,Dosha ,Dushya as per Ayurvedic text and considered to be the hepatic manifestation of the “metabolic syndrome.” Here a patient presenting with Grade-I Fatty liver diseases and showing his report USG of whole abdomen, was treated with katuki churna, Mahasankha vati and trivrit avaleha for consecutive 30 days. After 30 days of medical treatment, the blood reports and USG report of the patient is showing satisfactory result for this particular case of disease.

Key words: *Hepatomegaly, steatosis, steatohepatitis, metabolic syndrome, yakrit vikara, katuki, maha sankha vati.*

INTRODUCTION-

According to ayurveda, the yakrit roga for the first time was introduced by bhavamishra in the text Bhavaprakash. Acharya has mentioned yakrit as the sthana of ranjak pitta and main function is rasa ranjana. Bhavamishra mentioned that all the hetu, samprapti and lakshana of pleeha roga

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are also same for yakrit roga. The only difference is that pleeha lies in vama parshwa while yakrit occupies the dakshina parshwa and dosha involved kapha, pitta and rakta dhatu. The main symptoms are vataja and pittaja like **Agnimandya, Aruchi, Amla udgara, bibandha, kukshi gaurava, Avipaka etc.**¹ Sushrutacharya has mentioned the liver disorder in the context of plihodara, he has described this disorder same as plihodara.² The term Non Alcoholic Fatty Liver Disease (NAFLD) refers to a broad spectrum of liver disorder characterized by fatty infiltration of the liver i.e. steatosis, steatohepatitis and cirrhosis.³ Diffuse accumulation of natural fat (triglycerides) in hepatocytes may give rise to mild to moderate enlargement of liver, and is known as non-alcoholic steatohepatitis (NASH) it can be classified into 1. Macrovesicular and Microvesicular. Most patients are asymptomatic and may complain of mild right hypochondriac discomfort⁴.

Materials and Methods:

Case report:- A 28 years old male patient named Vijoy kumar, of Tollygunge, Kolkata came to Kayachikitsa OPD at IPGAE&R at SVSP with complaining of pain abdomen, loss of appetite, indigestion, irregular bowel movement, heaviness of abdomen since 1 year. Clinically, the patient was conscious and cooperative, there was no sign of icterus,

cyanosis and pallor, BP 120/80 mm/hg, Pulse-80 beats/min, Respiration 20/minutes. On examination, the abdomen was soft and non-tender, Liver and spleen was not palpable.

According to trividha pariksha, Patient was examined thoroughly by Darshana, Sparshana and Prashna pariksha.

Darshana Pariksha- the patient was anxious look.

Sparshana Pariksha- No such tenderness is present in abdomen, patient does not feel any pain on abdominal palpation.

Prashna Pariksha- On questioning the Patient, he told that pain abdomen since 1 year, pain increasing after food intake with Indigestion, Irregular Bowel Movement.

On the basis of this trividha pariksha, three main symptoms are observed i.e. Udara shula, Aruchi, Heaviness of abdomen which can be diagnosed as according to bhavaprakash.

On the basis of doshika lakshana, Mandabyatha, Gaurava, Aruchi are the lakshana of kapha dosha pradhana and Nitya udavarta pidita, vedana are the lakshana of vata dosha according to Bhavaprakash. As per the dhatu involvement of dosha in yakrit roga samprapti alpa or teevra vedana, aruchi, sarira gauravata are the lakshana of doshika involvement in Rasa, and Rakta



dhatu and this involvement is of sadhya type .The causative factors of “ Yakrit Roga” are vitiated kapha dosha, vata dosha. So, treatment was started on the basis of doshika involvement and clinical presentation of the patient, in the kayachikitsa department of IPGAE&R AT SVSP KOLKATA .Before starting the treatment patient was properly examined under the heading of Dasavidha Pariksha to assess the Roga and Rogi bala.

Dasavidha pariksha :⁵

- o Prakriti-Kapha-pitta
- o Vikriti- kapha vata dushti
- o Satva-Madhyam
- o Sara-Mamsa sara
- o Samhanana-Madhyam
- o Satmya-Madhyam
- o Pramana-Madhyam

Height-5’6"

Weight-56kg

- o Aaharsakti-Alpa
- o Vyamasakti-Alpa
- o Vaya-28years

As per his Dashavidha pariksha, patient was of madhyam Bala and Roga was of Madhyam Bala. as the symptoms vyadhi was nava also, and without complications [upadrava rahita]. As per the assessment the state of agni is mandagni, and the symptoms of ama was present.

Diagnosis:-As per the general and specific examination and the pathological reports carried by the patient ,we can easily diagnose this case as a case of yakrit vikara [GRADE -I FATTY LIVER DISEASE].

Treatment plan: -After the whole assessment considering the body parameter samana chikitsa are agni deepana and ama pachana was planned for a time period.The following medications from the OPD was provided to the patient, with modification in diet and life style.

(1)Chitrakadi vati	2 tablet two times after food for 7 days
(2)Phalatrikadi Pachana	15 ml+15 ml of luke warm water in empty stomach days.
(3)Arogyavardhini vati	2 tablet two times after lunch or dinner for 7 days.
(4)Trivrit avaleha	1 tsf or 5 gm with luke warm water at night for 7 days



After 7 days of treatment patient was given the following medicines including diet & lifestyle-

1. Chitrakadi vati	2 tablet two times after food for 15 days
2. Phalatrikadi kwath	20ml kwath +20 ml luke warm water in empty stomach for 23 days
3. Katuki churna	5gm two times before food with normal water
4. Trivrit avaleha	5 gm two times after food with luke warm water for 23 days

Observation: -

After completing the treatment, results were assessed on the basis of symptoms and the pathological test reports were taken before and after the treatment.

The subjective parameter and symptoms told by the patient. Objective parameter and pathological report were noted by our team, were compared before and after treatment.

Results: -

Symptoms	Before treatment	After 7 days of treatment	After 15 days of treatment	After 30 days of treatment
Pain abdomen	+++	++	-	-
Heaviness of abdomen after taking food	+++	++	-	-
Indigestion	+++	++	+	-
Loss of appetite	+++	++	+	-
Irregular bowel movement	++++	++	+	-



Liver function test:

BT (1/08/2022)		AT(3/09/2022)	
Bilirubin (Total)	0.6	Bilirubin (Total)	0.5
Bilirubin (Indirect)	0.3	Bilirubin (Indirect)	0.2
AST/SGOT	53	AST/SGOT	34
ALT/SGPT	129	ALT/SGPT	85
Alkaline phosphatase	104	Alkaline phosphatase	82
Albumin	5.8	Albumin	4.6
Globulin	3.3	Globulin	2.3

Ultrasound report :(Impression)

Before treatment(date-1/08/2022):
Grade -1 fatty liver.

After treatment(date-3/09/2022):
Normal impression.

DISSCUSSION: -

In this case study,management was given on the basis of ayurvedic principle. The samprapti of yakrit vikara forms when sthanasamsray of dosha and dushya occurs in yakrit.In this particular case, according to the pathogenesis we used Arogyavardhini vati , Chitrakadi vati ,Phalatrikadi kasayam, Trivrit avaleha, katuki churna.All the medicines break down the samprapti of yakrit vikara.We used chitrakadi vati as a deepaniya pachaniya dravya,it also act as a anulomaka dravya because it contains five lavana. The main ingredients of arogyavardhini vati is

katuki, According to sarangadhar ,it is a bhedana dravya⁶, having tikta rasa, laghu and ruksha guna, seeta virya and katu vipaka.It pacifies pitta and kapha dosha.Phalatrikadi kashayam contains triphala ,amrita, tikta, nimba, kiratatikta, vasaka. All the medicine mainly having tikta rasa, pacified pitta dosha and rakta dhatu . Trivrit avaleha here used for mala sodhan.Thus, the therapeutic module used to mitigate the vata pitta doshas and enhance the agni. The patient improved through medications symptomatically. The samprapti ghatak i.e. components of samprapti chakra were dissolved through this therapeutic procedure. It is resulted in complete remission of the disease.

CONCLUSION:

From the present study, it can be concluded that yakrit vikar WSR to fatty



liver can be managed by ayurvedic medicines effectively with in a time period. The symptoms due to fat deposition resulting from deranged fat metabolism could correct by dipana ,panchan and bhedan drugs. As per western system of medicine, there was no effective treatment of this condition, only lifestyle correction does not satisfy the patient. Hence we could overcome the condition by this particular scheduled treatment. The current findings are not generalized ,and more long term follow up studies with a big sample size are needed to get a better outcome.

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SADVRITTA AND YOGA; A PREVENTIVE ASPECT FOR THE MANAGEMENT OF INSOMNIA

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Abstract :

Sleep is a natural occurrence that gives sufficient rest to the body and mind. Insomnia or sleeplessness is a disorder characterized by the inability to fall asleep or to stay asleep for a desired duration, is also known as Anidra or Nidranash in ayurveda. There are numerous explanations for this, including job, age, sick states, constitution, and Doshas like Vata and Pitta. A thorough explanation of its management strategies, both with and without medical intervention, is also provided. A general understanding of the principles surrounding the causes and prevention of insomnia from an Ayurvedic perspective has been attempted in this article.

Keywords: Ayurveda, Sadvritta, Insomnia, Yoga

INTRODUCTION-

Sleep: One of the biological rhythms, or natural cycles of activity, that the body must go through, is sleep, which Webb

(1920) referred to as “the gentle tyrant.” Many biological rhythms occur daily, such as the rise and fall of blood pressure, body temperature, or the creation of certain bodily chemicals, Some biological rhythms are monthly, such as the cycle of women’s menstruation, while others are much shorter (Moore et al.,1982). The sleep-wake cycle is the most prominent of these (Baehr et al.,2000)¹ several problems occur during sleep like insomnia, sleep apnea, narcolepsy, nightmare, sleepwalking, and REM behavior disorder.

Insomnia: Insomnia comes from the Latin words ‘in,’ meaning ‘not,’ and ‘Somnus,’ which means ‘sleep.’ Simply put, this disorder makes it difficult to get a good night’s rest continually. However, there are three main types of insomnia: an inability to fall asleep, an inability to stay asleep, or a combination of both.² There are numerous psychological (worrying, trying too hard to go to sleep, or anxiousness) and physiological reasons for insomnia (too much caffeine, indigestion, or aches and pain).³

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Sadvritta : Sadvritta originates from two words “sad” which means good and “vritta” which means conduct or behavior or habits included in our daily regimen. Sadvritta means physical and mental decorum which should be followed by everyone on daily basis. Good personal conduct provides good health and control over individual senses and desires. According to Ayurveda to maintain a healthy and disease-free life everyone should follow these rules.

In Charaka Samhita, Acharya has prescribed a list of good conduct which is very essential to follow if we want to control the senses and obtain perfect health. Sadvritta gives detailed knowledge about “what to do, what should not do and also how to live. “Sadvritta not only includes mental perceptions but also includes rules related to general hygiene, sexual intercourse, food consumption, etc.

Yoga : Yoga is an ancient wealth of wisdom, which is a gift passed down to us from our ancestors over five centuries ago. The word yoga is derived from the Sanskrit root word ‘yuj’, which means to unite. It symbolizes the union of the individual soul (jivatma) with the universal soul (paramatma).

In other words, it enables a state of consciousness where the practitioner is in harmony with his or her surroundings, the

Patanjali Yoga Sutras is the authoritative text that defines the principles of yoga in its entirety.

Objective:

The objective of this paper is to analyze the role of Sadvritta and Yoga as a preventive measure for insomnia.

Material and Method:

This collection, exploration, and interrelation of subject matter from various sources like the text of Ayurveda, psychology, sociology, and interrelated books, etc.

- ♦ Charaka Samhita has been taken as source material to review Sadvritta.
- ♦ Relevant modern literature has been consulted for comparative study and drawing inferences and justification
- ♦ Other internet media has been also searched for a similar matter and incorporated according to the need of the topic

Literature review :

Survey conducted in 2003 by WHO in India reveals that about 35 percent of respondents have reported mild to the extreme difficulty associated with sleep⁴

According to a newly released study, India is the 2nd most sleep-deprived country on the planet, closely ranking behind Japan.⁵



So a significant number of people struggle with insomnia, a common sleep disorder that can have severely deleterious effects on sufferers' mental and physical well-being. Individuals with insomnia regularly struggle to fall asleep, stay asleep, or return to sleep upon waking prematurely. This can, in turn, trigger irritability, reduced cognitive abilities, anxiety, depression, and numerous physical health. There are several major causes of insomnia:

Affective causes: Affective is a term used by psychologists to refer to "emotional." You can have trouble falling asleep if you're under the influence of powerful emotions like stress, anxiety, or depression.

Cognitive causes Similar to affective factors, cognition (your way of thinking) can interfere with sleep. People frequently go through both affective and cognitive symptoms simultaneously. Consider the night before a significant job interview. You were likely anxious (affective) and had racing thoughts about what would transpire the next day (cognitive).

Medical Reasons Insomnia can be brought on by certain medical problems, such as persistent pain. In some cases, drugs like Ritalin might make it hard to fall asleep.

Aging: As people age, they frequently have less peaceful sleep, and older people are more likely to have insomnia. This may be attributed to a decline in physical activity, an increase in pharmaceutical use, and a rise in health problems, all of which are typical among the elderly.

Sleep patterns: Sleep hygiene is the term for all of our pre-and post-sleep routines. It may have insomnia if you consume coffee or use the computer late at night. Poor sleep hygiene also includes sleeping at odd hours, utilizing your bed for purposes other than sleeping, and consuming too much food just before bed.⁶

Insomnia: Ayurvedic perspective

The term Ayurveda means "science of life" it is not only a healing science but a guide to living on healthy lifestyle for every human being. The main aim of Ayurveda is to maintain health rather than treat the disease. In Ayurveda, Aahar (diet), Nidra (sleep), and Brahmacharya (celibacy) are mentioned as three Upastambha (sub-supporting pillars) executing an important role in maintaining health.⁷ In Ayurveda, the term Nidranash is used for loss of sleep (insomnia). An aggravated state conditions of the bodily Vata and Pitta, an aggravated state of mind, loss of vital fluid, and hurt or an injury may bring on insomnia.⁸



Some Sadvritta practices following sleep

A person should eat light (easily digestive and wholesome food, should go to bed, with an absorbed mind, being clean and after praying to God; should lie down on his bed which is in a clean place without many persons and with only two or three trustworthy servants; bed should be with appropriate broad pillows comfortable and not uneven; bed and seat (chair, etc.) should be of the height of one's knee, soft and auspicious; one should sleep with head towards east or south, and without directing the legs towards teachers elders; one should always be engaged in (thought of) dharma(virtuous and good actions) during the first and last parts of the night. (As. S.3/120, 3/121, 3/122)⁹

One should not sleep in a prone position (Ch. Su. 8/21)¹⁰

One should not sleep during dusk and dawn (Ch. S. 8/25)¹¹

- One should not overburden his/her intellect or senses.
- One should avoid procrastinating.
- One should not do things in a fit of anger or rejoicing.
- One should not be under continuous grief.
- One should not be conceited over achievements or desperate for loss.

- One should always remember his constitution of mind (nature).
- One should have faith in the correlation of the cause and effect that is good and bad deeds and their corresponding results and should always act on it.
- One should not be despondent and assume that now nothing can be done.
- One should not lose spirit (give up the courage) nor should one remember his insults. (Ch. Su. 8/27)¹²

Should discontinue exercise before feeling of fatigue(Ch. Su 8/18)¹³

Yoga: prevention from Insomnia

Over 55% of yoga practitioners **Centers for Disease Control and Prevention (CDC)** report improved sleep and over 85% report reduced stress. Many studies demonstrate that yoga can improve sleep for a variety of different populations. These studies typically focus on one's quality of sleep rather than the quantity, as increased amounts of sleep do not necessarily correlate with quality sleep and overall well-being. While the definition of quality sleep varies among sleepers, it usually includes feeling energized for the day and a lack of disturbances.¹⁴

There are numerous ways that yoga might enhance the quality of sleep, including:



- Mindfulness. This is a technique for present-moment awareness without bias. Many different styles of yoga often include mindfulness exercises. Adults who practice mindfulness had higher melatonin levels¹⁵ and fewer sleep disruptions at night¹⁶.
- Control and awareness of breathing. All of these are components of yoga. A sleep-inducing relaxing technique is deep breathing.
- Consistent workout. An essential component of good sleep hygiene is regular movement. A few times a week of light exercise can enhance overall sleep quality.
- Loss of weight. Although for some yoga practitioners, it may not be their main objective, decreasing weight might improve sleep. Many sleep issues can be lessened or eliminated with weight loss,

DISCUSSION:

In the modern era, sleeplessness is becoming more prevalent as a major lifestyle issue because of our hectic, stressful, and busy lives. In the world's population as a whole, sleep problems affect about 45% of people.¹⁷

Sadvritta is a very safe and effective, preventive measure for sleeplessness because Sadvritta can prevent most of the

causative factors of insomnia. Ch. Su. 3/27 which is discussed above is related to the affective and cognitive cause of insomnia, this good conduct improves the mental health of the person (R H Singh) and good mental is very necessary for good physical health as well as balanced sleep. (Singh, 1981)¹⁸

The sleep pattern problem of insomnia is very easily preventable by the above-said As. Su. 3/120, 3/121, and 3/121 because these conducts suggest all essentials for good sleep, they answer what we should eat before sleep, what should mental condition be before sleep, and what should be the infrastructure for good sleep.

In Sadvritta it is also said that exercising it is helpful in sleep problems. A substantial amount of research has shown that getting regular exercise can improve sleep [19] and it is also said that it should be stopped before the feeling of fatigue because over-exercising can cause muscular pain etc, that can be harmful to sleep.

Sadvritta helps in the development of confidence and alertness that promote an organized lifestyle. In a study on critical evaluation of the role of Shirodhara and Sadvritta in the management of insomnia, it was found that group A is treated with Shirodhara and Sadvritta is better than group B is treated with only Shirodhara. And group B reported much better mental



and physical fitness. So the research finding also supports that Sadvritta can be a divine boon for anidra.[20]

In addition to Sadvritta yoga helps to regulate our nervous system. Many insomniacs experience hyperarousal, which is characterized by a heightened fight-or-flight reaction. This can involve worrying over a work deadline or repeatedly going over a disagreement with a loved one in our brain. Although we may feel sleepy, our nervous systems may nevertheless be fully awake. People who practice yoga can regain homeostasis more quickly than those who do not. A person can fall asleep and stay asleep by activating their parasympathetic nervous system. By stimulating the sympathetic nervous system and calming the parasympathetic nervous system, yoga helps to redress balance. Yoga enables you to create a routine and learn effective sleep practices. That's because yoga encourages us to listen to our body, thereby helping a person land on something that works for it.

CONCLUSION

sound sleep is very important for our physical as well as mental health. It restores our ability to perform daily tasks. Insomnia is gradually threatening the health of an individual, personal and social behavior including occupational life. Sadvritta and yoga practice can prevent

sleeplessness. But the initial level of insomnia can be reduced by the practice of Sadvritta but if it is chronic then along with Sadvritta and yoga practice, drug therapy is required for the treatment of insomnia.

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BASIC PRINCIPLES OF SAMANYA-VISHESHA WITH REFERENCE TO KRIYA SHARIR

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Abstract :

Ayurveda is the ancient life science of india, which is being practiced for attaining the complete health to achieve the four human pursuits like Dharma, artha, kaam and moksha. The science of ayurveda is divine gift to mankind. Ayurveda describes many principles for maintaining and promoting general health. These principles are panchmahabhuta siddhant, triguna siddhant, samanya-vishesha siddhant etc. Being the treatment science, in ayurveda the samanya –vishesha are given priority. In shat padarthas samanya is placed fourth as per philosophy and first as per ayurveda and vishesha is fifth as per philosophy and second as per ayurveda. From samanya-vishesha siddhanta it is clear that similarity and dis-similarity of substances or activities increases and decreases the property of bhav pathartha respectively.

Key Words : *Samanya, Vishesha, Dhātu, Bhava, Hrasayurveda, Sadvritta, Insomnia, Yoga*

INTRODUCTION-

Elementary knowledge and clear understanding of the fundamental principle in ayurveda is very necessary for practical implementation. After considering many philosophical text and *samhita* references, there analysis revealed that the symptoms, positive factors and treatment –all are dependent on *samanya-vishesha* principle.

Ayurveda is not only science of therapeutics but it advocates more of promotion of health and prevention from diseases than cure. Life is composed of three factors such as *sharira*, *mana* and *atma*. *Atma* is non pathogenic in nature while other two are the substract of disease as well as positive health. The living body is composed of *dosha*, *dhatu*, *mala* and equilibrium of these three basic components is health.

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समदोषः समाग्निश्च समधातुमलः क्रियाः ।
प्रसन्नात्मेन्द्रियमनः स्वस्थइतिअभिधीयते ॥
Su. Su. 15/41

This equilibrium is totally dependent
on *samanya-vishesha siddhanta*.

Samanya- similarity

Vishesha- Dissimilarity

Dravya which does the *vardhan* of a *dhatu*, the same *dravya* does the *hrasa* of *vipareeta guna dhatu*. The *vridhhi* and *hrasa* of *paraspara viruddha guna dhatus* occur simultaneously.

Types of *samanya*

Acc. to Tarka	Acc to Chakarpani	Acc to some scholar	Acc to Bhattara Harishchandra
<i>Para samanya</i>	<i>Dravya samanya</i>	<i>Ekavritti samanya</i>	<i>Atyanta samanya</i>
<i>Apara samanya</i>	<i>Guna samanya</i>	<i>Ubhayvritti samanya</i>	<i>Madhyama samanya</i>
	<i>Karma samanya</i>		<i>Ekadesh samanya</i>

Para samanya- it is found in majority of population or place. Ex- *Dravyatva*

Apara samanya- it is found in less number of people or fewer regions. Ex- *Ghatatva*

Dravya samanya – consuming the same *dravya* increase the same.

Ex –in anaemia blood transfusion—
increase *Rakta dhatu*, Flesh eating /

यौगपद्येन तु विरोधिनां धातूनां वृद्धिद्वासौ भवतः ।
यद्धि यस्य धातोर्वृद्धिकरं तत्ततो विपरीतगुणस्य
धातोः प्रत्यवायकरं सम्पद्यते ॥

Ch sharir 6/5

Samanya-vishesha do their action by increase or decrease in quality and quantity of *bhav padartha* (*dravya, guna, karma*). Growth in *bhav padartha* is *samanya* and Depletion in *bhav padartha* is *vishesha*.

eating substances having *mamstva*—
increase *mamsa dhatu*

Guna samanya- consumption of *dravyas* possessing same qualities

Ex – milk + ghee—increase
shukra dhatu

Krama samanya- increase of a
substance by action



Ex- sleeping increases *Kapha*

Atyanta samanya- when *samanya* is found in all three *bhava* (*dravya, guna, karma*)

Madhya samanya- *samanya* found in any two *bhava*

Ekdesh samanya- *samanya* found in one *bhava*

*Dhatu*s with mutually opposing properties simultaneously undergo increase and decrease. A factor which increases a particular *dhatu* can prove antagonistic for the other *dhatu* of opposite properties. The similar factors to the body components will get augmented and the dissimilar will diminish.

सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम् ।

Cha.Su. 1/44

Samanya can be related to community or genera to which the substance is associated with. It denotes similarities as oneness between concepts of substances. Ex – humanity in human population, *govatva, ajatva*.

सामान्यमेकत्वकरं ।

तुल्यार्थता हि सामान्यं । Cha.Su. 1/45

Ex –*Madhura skandh, amla skandh, dugdha varga, mamsa varga*

To express similarity in *loka* and *sharira* comparison is done.

Ex – as in *loka hawa, agni* and *jala*, the same in the *sharira* are *vata, pitta* and *kapha*.

Samanya leads to increase only in the absence of an opponent

Ex – *katu* (pungent), *tikta* (bitter), *kashaya* (astringent) *rasa* increases *vata*.

VISHESHA

विशेषस्तु पृथक्त्वकृत् ।

विशेषस्तु विपर्ययः ॥

द्वासहेतुर्विशेषश्च ॥

Cha.Su.1/44

Classification of Vishesha——It is also of 3 types

Dravya vishesha

Guna vishesha

Karma vishesha

Vishesha is the cause of decrease and it differentiates. It causes decrease or lowering only in absence of an opponent.

Dravya Vishesha means use of opposite *dravya* to treat causes of disease.

Eg- *Kulath+Baajra*—helps in obesity

Guna vishesha means uses of substances possessing opposite quality

Ex – *Medo dhatu* is *vishesha* for *vata dosha*.

Medo dhatu increase- *vata* decrease



Oil used to treat *Vata* vitiation since oil possesses *snigdha guna* which is opposite to *ruksha guna* of *vata*.

Karma Vishesha means involvement in activity that possesses opposite nature.

Eg—exercise decreases *kapha* since exercise being a motile action is opposite to stable nature of *kapha*.

Samanya and vishesha — physiological aspect

Samanya for doshas

Katu (pungent), *tikta* (bitter), *ruksha*, *laghu*, *sheet dravya* —increases *vata dosha*

Amla (sour), *lavana* (salt), *katu* (pungent), *ushna*, *tikshna dravya*—increases *pitta dosha*

Snigdha, *guru*, *madhura* (sweet) and *pichchila dravya* —increases *kapha dosha*

Madhur (sweet), *amla* (sour), *lavana* (salt), *guru*, *snigdha* decreases *vata vriddhi* so these substances are *vishesha* for *vata vriddhi*.

In this the opposite *karma* takes place simultaneously that is when *vata* decreases some *guna* of *kapha* increases.

प्रवृत्तिरुभयस्य तु। Cha.Su.1/44

Ex—*kheer* increases *kapha* due to *snigdhadhi guna*.

Running and floating increases *vata* due to their *chalatva guna*.

Relaxing body or sleeping increases *kapha* due to their *sthirtva guna*.

Vishesha for dosha

Opposite *dravya*, *guna*, *karma* pacify *dosha vriddhi*.

रूक्षः शीतो लघुः सूक्ष्मश्चलोऽथ विशदः खरः ।
विपरीतगुणैर्द्रव्यैर्मारुतः सम्प्रशाम्यति ॥59॥
सस्नेहमुष्णं तीक्ष्णं च द्रवमम्लं सरं कटु ।
विपरीतगुणैः पित्तं द्रव्यैराशु प्रशाम्यति ॥60॥
गुरुशीतमृदुस्निग्धमधुरस्थिरपिच्छिलाः ।
श्लेष्मणः प्रशमं यान्ति विपरीतगुणैर्गुणाः ॥61॥

Cha. Su. 1/59-61

So here *vipareeta guna* is *vishesha* for that particular *vriddha dosha*.

SAMANYA FOR DHATUS

All the seven *dhatu*s are increased by the substances which have the same *tatva* of that *dhatu* in that particular food /drug/ substance/ *karma*.

Ex -1. *mamsa dhatu* increases by consuming meat of animals or food that has similar attributes as *mamsa* like *shatvari* increases *mamsa dhatu*. So increase in *mamsa dhatu* will only be achieved if *mamsa* (meat/flesh) or things similar to *mamsa* in qualities or action that enhance *mamsa* are used the right way. Plastering or covering a body with *mamsa* will not suffice the purpose. It is because



any substance that has the attribute of *mamsatwa* is considered to be *samanya* and will increase the *mamsa dhatu*.

2. *Sukra dhatu* increases by *ghee* + milk because both have same *guna madhurata* and *sheetata* as that of *sukra dhatu*.

VISHESHA FOR DHATU

1. *mamsa dhatu* is decreased by *ruksha, laghu, katu* (pungent), *tikta* (bitter) *dravyas* which increases *vata* so *vata dosha* is *vishesha* for *mamsa dhatu*.

2. *sukra dhatu* is decreased by *ushna, katu* (pungent), *tikta* (bitter) *dravyas* that is spicy eatables.

3. *vyayam* decreases *medo dhatu* .

Samanya and vishesha for MALAS

Malas are increased by *parthiv rasas* that is *madhur* (sweet), *amla* (sour), *lavana* (salt) because these are laxatives, diuretic and carminative in nature which is *samanya*.

Katu (pungent), *tikta* (bitter), *kashaya* (astringent) *rasa* are constipative anti-diuretic and cause obstruction in flatus—*vishesha* in *mala-parvarti*.

In diarrhea, *ati-mutrata*— *kashaya* (astringent) *rasa* as *stambhak* is *vishesha*.

Therapeutic importance:

Because *bahya dravya* and *sharira* both are *panchbautika* so the depleted

factors of the body can be compensated by taking the same factor from the out world and reducing the aggravated principles of the body giving *dravya vishesha, guna vishesha* and *karma vishesha* either in form of *ahara-vihar* or *aushadha* to keep the equilibrium or health of the body.

Contemporary approach:

Samanya and *vishesha siddhanta* is the principle of homologous and atonologous substances, how they will react with each other where two similar types of things mix together and what will happen if opposite substances or things or food stuffs are mixed together.

E.g. fire+fuel –flairing of fire (*samanya*)

पित्तमूजमतकृचंबपलि जीम पित्तम। (*Vishesha*)

The meaning of “*pravrittirubhayatu*” is the efficacy and utility of *samanya* and *vishesha* present in the body all the time. Every time the tissue of body get destructed and new tissue are being replaced. Anabolic and catabolic activities always run in a living body and their equilibrium is maintained by a healthy body itself.

e.g. after heavy diet , for giving rest to digestive system , *upvasa* is needed and after a long ride or walk body need rest.



CONCLUSION

The principle of similarity and dissimilarity is described as *Samanya-vishesha siddhanta* in ayurveda. This principle has the universal significance beyond ayurveda. Due to *samanya* property, medications that can raise the decreased *dosha* and *dhatu*, can be used. Whereas due to *vishesha*, medications that can lower the increased *dosha* and *dhatu*, can be used. Daily routine (*Dincharya*) if applied in context of *samanya-vishesha*, maintains the healthy lifestyle and equilibrium of *dosha*, *dhatu* and *mala* of body. This principle helps in making choice of appropriate activities, diet and medicine.

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आयुर्वेद वृहद्त्रयी ग्रन्थ एवं वैश्विक स्तर पर उसकी प्रामाणिकता

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सारांश

आयुर्वेद का मुख्य उद्देश्य स्वस्थ व्यक्ति के सम्पूर्ण स्वास्थ्य की रक्षा करना तथा रोगी व्यक्ति के रोग को ठीक करना है। इस उद्देश्य को पूरा करने के लिए आयुर्वेदाचार्यों ने दिनचर्या, ऋतुचर्या, आहार, विहार आदि का विधान बताया है। ऋतु का अर्थ होता है— मौसम तथा चर्या का अर्थ होता है आचरण अर्थात् अलग अलग मौसम के अनुसार हमें हमारा आचरण कैसा रखना—चाहिए, जिससे हम स्वस्थ बने रहे, यह ऋतुचर्या है। डब्ल्यू.एच.ओ. के अनुसार भारत की पारंपरिक चिकित्सा (टीआरएम), चिकित्सा का समग्र विज्ञान, जिसका सदियों से बड़े पैमाने पर भारतीयों द्वारा अभ्यास और उपयोग किया जाता है, वर्तमान में अपनी गुणात्मक ताकत, स्वास्थ्य के आवश्यक तत्वों और महत्वपूर्ण सुरागों के कारण वैश्विक हो रहा है। जीवन के सतत संचालन के लिए आयुर्वेद मूल रूप से जीवनशैली संबंधी विकारों के प्रबंधन की ओर अधिक उन्मुख है, जो समाज में कुछ आयु समूहों के बीच तनाव से संबंधित घटनाओं और कुछ अन्य कारणों से प्रमुखता से हैं। आयुर्वेद में अकादमिक पाठ्यक्रमों की विश्वव्यापी मान्यता सामान्य रूप से कल्याण केंद्रों की स्थापना और विशेष रूप से चिकित्सा प्रणाली के रूप में इसके

चिकित्सीय मूल्य की एक अतिरिक्त मान्यता है। इन सबका मूल चिकित्सीय प्रमाण हमें वृहद्त्रयी ग्रंथों (चरकसंहिता, सुश्रुतसंहिता, अष्टांगहृदय) में प्रामाणिकरूप से प्राप्त होता है।

प्रमुख शब्द :

आयुर्वेद, चरक संहिता, सुश्रुत संहिता, वृहद्त्रयी।

प्रस्तावना:

आयुर्वेद भारत की अपनी प्राचीनतम मौलिक चिकित्सा पद्धति है। आयुर्वेद अपने आप में हमेशा परिपूर्ण जीवन पद्धति रहा है जिसके नियमों को प्रामाणिक रूप में पालन करने से सर्वदा रोगों से मुक्ति, उत्तम स्वास्थ्य की प्राप्ति, एवं दीर्घ आयु प्राप्त की जा सकती है। आयुर्वेद को परिभाषित करते हुए कहा गया है कि जिस ग्रन्थ में हितायु, अहितायु, सुखायु और दुःखायु, इन चार प्रकार की आयु के लिए हित (पथ्य) अहित (अपथ्य), इस आयु का मान (प्रमाण और अप्रमाण) और आयु का स्वरूप बताया गया हो, उसे आयुर्वेद शास्त्र कहा जाता है।

रोगों की चिकित्सा तो महत्वपूर्ण होती ही है, किन्तु मनुष्य का जीवन दुःखपूर्ण कर देने वाले ये रोग ही न होने पायें—इस पर आयुर्वेद द्वारा

¹आयुर्वेद शोध विद्यार्थी, ²आयुर्वेद शोध विद्यार्थी, ³व्याख्याता, विकृति विज्ञान विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, काशी हिंदू विश्वविद्यालय, वाराणसी



विशेषरूपेण जोर दिया जाता है। इन सब बातों की सिद्धि के लिखे दिनचर्चा, रात्रिचर्चा, ऋतुचर्चा, ऋतुमतीचर्चा, प्रसूताचर्चा, ऋतुसंधिकालीनचर्चा, सद्धत्त – संयम इन बातों का प्रामाणिकरूपेण पालन करने का आदेश आयुर्वेद देता है।

मानव जाति की उत्पत्ति के पूर्व ही आयुर्वेद की निर्मिती हो जाने की बात का उल्लेख संहिताओं में प्राप्त होता है। यह विश्व की प्रथम चिकित्सा पद्धति है। इसमें अष्ट अंगों का वर्णन किया गया है।

महत्त्व—

आयुर्वेद के समस्त इतिहास का परिशीलन सचमुच मन को मुग्ध कर देने वाला ही साबित होता। जब सारे संसार को सामान्य चिकित्सा की बातें भी ज्ञात नहीं थीं, उस समय कृत्रिम लौहपाद लगाना (टूटे हुए पैर की जगह—रानी विटपला को), गर्दन से टूटा हुआ सिर पुनः जोड़ देना, अश्विनी कुमारों के द्वारा नेत्रशस्त्र क्रिया के द्वारा अंधे को नेत्र ज्योति का प्रदान किया जाना, जराजर्जर को रसायन चिकित्सा द्वारा पुनः तारुण्य प्रदान किया जाना— अनेकानेक ऐसे ऐतिहासिक सत्य हैं जो आज की विज्ञान की चकाचौंध रौशनी में भी आश्चर्यचकित कर देते हैं। तथा — कथित प्लास्टिक सर्जरी के उस प्राचीन काल में आयुर्वेद के किये हुये चमत्कार, प्रत्यक्ष ग्रीक सम्राट सिकंदर द्वारा आयुर्वेद की अतिप्रगति एवं परिणामकारी चिकित्सा की मुक्त कंठ से की हुई प्रशंसा, समय—समय पर भारतवर्ष में आये हुये यात्रियों द्वारा देखी—सुनी अनुभूत की हुई चमत्कारिक आयुर्वेद चिकित्सा के अपने यात्रा वर्णनों में किये हुये उल्लेख — ऐसी

अनेकानेक बातें आयुर्वेद की महत्ता को प्रदर्शित करती हैं।

स्वस्थ व्यक्ति के स्वास्थ्य की रक्षा करना आयुर्वेद का प्रथम उद्देश्य है। इस हेतु को शास्त्रों में आयुर्वेद के प्रयोजन स्वरूप कहा गया है। स्वस्थ पुरुष के स्वास्थ्य की रक्षा करना और रोगी व्यक्ति के रोग को दूर करना है

आयुर्वेद का इतिहास—

जीवनरक्षक अन्न—जल—अग्नि—वायु इन तत्वों को सृष्टि के आरंभ से ही अतिमहत्वपूर्ण माना गया है। इनके योग्य उपयोजन की मानव को अनादि काल से जरूरत महसूस होने लगी तथा उस जरूरत के अनुसार विवेचना—अन्वेषणादि कार्य संपादन होने लगा। द्रव्य—गुण—प्राणिस्वभाव—देश—ऋतुपरिणाम इत्यादि के विषय में मानव अन्वेषणात्मक अवलोकन करने लगा। इसके पीछे मनुष्य का उद्देश्य था, अपने जीवन को सुखकर—हितकर बनाने का। इस प्रकार आयु के विषय में मनुष्य के ज्ञान की कक्षायें विस्तारित होने लगीं। इस प्रकार आयुर्वेद साकार होने लगा — पनपने लगा एवं विस्तारित होने लगा। इस तरह आयुर्वेद अनादि है।

सृष्टि उत्पन्न होने के उपरान्त — प्राणियों के उत्पन्न होने के पूर्व ही आयुर्वेद निर्मित होकर तैयार था— इस तरह का वर्णन आयुर्वेद के प्राचीनता के विषय में संहिताओं एवं इतिहास में उपलब्ध है। आयुर्वेदोक्त त्रिदोष सिद्धान्त, स्वस्थातुर परायण सिद्धान्त इत्यादि सभी हजारों वर्षों से उसी तरह की ताजगी लिये हुए आज भी अपना अस्तित्व अक्षुण्ण बनाये हैं।



आयुर्वेद के ऐतिहासिक ज्ञान के संदर्भ में सर्वप्रथम ज्ञान का उल्लेख, चरक मत के अनुसार मृत्युलोक में आयुर्वेद के अवतरण के साथ अग्निवेश का नामोल्लेख है। सर्वप्रथम ब्रह्मा से प्रजापति ने, प्रजापति से अश्विनी कुमारों ने, उनसे इन्द्र ने और इन्द्र से भारद्वाज ने आयुर्वेद का अध्ययन किया।

‘ब्रह्म स्मृत्वाङ्ग्युषोवेदं प्रजापतिमजिघ्रहत् तौ अश्विनौ तौ सहस्राक्षो ते अत्रिपुत्रादिकान् मुनीन्।’ (अ० अ० सू०१)

तत्पश्चात् भारद्वाज ने आयुर्वेद के प्रभाव से दीर्घ सुखी और आरोग्य जीवन प्राप्त कर अन्य ऋषियों में उसका प्रचार किया। तदनंतर पुनर्वसु आत्रेय ने अग्निवेश, भेल, जतु पराशर, हारीत और क्षारपाणि नामक छः शिष्यों को आयुर्वेद का उपदेश दिया।

चरकसंहिता का महत्त्व एवं विशेषताएँ—

चरकसंहिता आत्रेय सम्प्रदाय का प्रमुख ग्रन्थ माना जाता है। इसमें कायचिकित्सा का मुख्य रूप से उल्लेख किया गया है। आधुनिक चिकित्साविज्ञान जिस समय शैशवावस्था में था। उस समय चरकसंहिता में प्रतिपादित आयुर्वेदीय विषयों से सम्पूर्ण संसार प्रभावित एवं आश्चर्यचकित था। आयुर्वेद की बृहत्तरयी में चरकसंहिता का प्रथम स्थान है। वाग्भट ने भी चरकसंहिता को प्रथम स्थान दिया है। इसकी प्रमुख विशेषताओं पर हम इस प्रकार दृष्टिपात कर सकते हैं—

1. चरकसंहिता में संभाषा का विचार विस्तार से तथा मौलिक रूप में प्राप्त होता है। ज्ञानार्जन के तीन उपायों में संभाषा भी एक है। आयोजित

परिषदों द्वारा अनुमोदित होने पर ही कोई सिद्धान्त या ग्रन्थ प्रचलित किया जाता था। चिकित्सा कर्म के लिए कहा है— वैद्यसमूहो निःसंशयकराणाम् अर्थात् चिकित्सक भी गंभीर रोगों में परस्पर विचार विमर्श कर निर्णय लेते थे।

2. आयुर्वेद का मूलभूत सिद्धान्त त्रिदोष के अतिरिक्त पञ्चमहाभूत, रसगुणवीर्यविपाक आदि मौलिक सिद्धान्तों का निरूपण वैज्ञानिक रीति से किया गया है। इन सिद्धान्तों को विकसित करने के लिए वस्तुओं के स्वभाव की तह तक पहुँचे। इस महान् कार्य में उन्होंने प्रकृति का पूरा उपयोग किया था। इन सिद्धान्तों का क्षेत्र केवल भारत ही नहीं रहा, अपितु सारे विश्व में मूलतः चिकित्सा पद्धतियों को इन्होंने प्रभावित किया।

3. परम्परागत चिकित्साकर्म के स्थान पर ज्ञानपूर्वक कर्म का उपदेश किया गया है। चिकित्सक अपने उद्देश्य में ज्ञान और कर्म के समुचित सामञ्जस्य से ही सफलता पा सकता है। प्रमाणों में युक्ति को स्थान देना चरक की मौलिकता है। युक्ति ही अपने कार्य में सफल हो सकता है।

4. शरीर और मन के पारस्परिक सम्बन्ध को बड़ी सूक्ष्मता से देखा गया है और चिकित्सा और निदान में देहमानस की संश्लिष्ट धारणा को स्वीकार किया गया है। प्रत्येक पुरुष की प्रकृति की विशेषता को ध्यान में रखकर ही चिकित्सा करने की बात कही है। इस प्रकार चिकित्सा एक अत्यन्त वैयक्तिक प्रक्रिया हो जाती है जो किसी दूसरे पर उसी प्रकार लागू नहीं हो सकती। सामान्य और विशेष का समन्वय चरक की विशेषता है।



5. आयुर्वेद का प्रारम्भ में संक्षिप्त रूप त्रिस्कन्ध था। आयुर्वेद के तीन स्कन्ध थे हेतु, लिंग और औषध। इन्हीं का ज्ञान करना होता था। द्रव्यों का साम्य-वैषम्य ही स्वास्थ्य एवं रोग का कारण है।

6. चरकसंहिता में निदान की वैज्ञानिक पद्धति का विधान है। रोग की परीक्षा-प्रत्यक्ष, अनुमान आदि प्रमाणों को जानकर करने की बात कही है। इसके अतिरिक्त दोष, दूष्य, अग्नि, सत्त्व, प्रकृति आदि पर विचार किया जाता है।

सुश्रुत संहिता-

सुश्रुत संहिता भी चरकसंहिता के समान ही आयुर्वेद के विषयों से सम्बन्धित आकरग्रन्थ है। प्राचीन संहिताओं में चरकसंहिता और सुश्रुतसंहिता ये दो संहिताएँ ही प्राप्त होती हैं। सुश्रुतसंहिता शल्यप्रधान ग्रन्थ है। यह शल्यसम्प्रदाय का प्राप्त प्रतिनिधि ग्रन्थ है। इसका चिकित्सा विज्ञान चरक की अपेक्षा अधिक व्यावहारिक और प्रायोगिक ग्रन्थ है। इससे उस समय के शल्यतन्त्र की उन्नत स्थिति ज्ञात होती है।

इसकी प्रमुख विशेषताएँ निम्नवत् है-

1. सुश्रुत ने स्वयं ही विषय के शिक्षण में अध्यायन, अनुवर्णन, अनुश्रवण तथा कर्म इन सबका महत्त्व प्रतिपादित किया है। अध्ययन तभी पूर्ण होता है, जब अध्येता को शास्त्र के अर्थ का ज्ञान, व्यावहारिक क्रियाओं में दक्षता, कर्माभ्यास और चिकित्साकर्म की सफलता में पूर्ण विश्वास हो जाता है-

2. सुश्रुत संहिता में यन्त्रशस्त्रों का विस्तृत वर्णन किया गया है। मूढगर्भ, अश्मरी, अर्श आदि में शस्त्रकर्म को बताया है। व्रण के साथ उपक्रम बताया गए है। व्रणबन्ध की विस्तृत विवेचना प्राप्त होती है।

3. सुश्रुत में सर्वप्रथम शवच्छेद का वर्णन प्राप्त होता है। हृदय को काटकर उसके चार प्रकोष्ठों का वर्णन प्राप्त होता है। इस प्रकार सुश्रुत शल्यतन्त्र के साथ-साथ शरीरशास्त्र के भी जनक माने जाते हैं।

4. सन्धान शल्य (Plastic Surgery) का सुश्रुतसंहिता में वर्णन है।

5. आतुरालय का वर्णन भी इसमें प्राप्त होता है। चिकित्सा के सभी अंगों के वर्णन के साथ, कुमारगार और सूतिकागार भी वर्णित है।

6. आत्ययिक (Emergency) की अनेक अवस्थाओं उष्णवातातपदग्ध, शीतवर्षनिलहत धूमोपहत आदि का वर्णन है।

7. सुश्रुत का मौलिक सिद्धान्त महत्त्वपूर्ण है। दोषविवेचन के क्रम में पित्त और अग्नि का विचार तथा पाचक, रञ्जक आदि भेद मौलिक कल्पना है।

8. सुश्रुत के अनुसार समदोष, समाग्नि, समधातुकर्म, आत्मा, मन तथा इन्द्रियों की प्रसन्नता जिसमें पायी जाय, वही स्वस्थ व्यक्ति है।

अष्टाङ्ग संग्रह-

अष्टाङ्ग संग्रह में 6 स्थान है और उन स्थानों का 150 अध्यायों में विभाजन है जो इस प्रकार है-



1. सूत्रस्थान
2. शारीरस्थान
3. निदानस्थान
4. चिकित्सास्थान
5. कल्पस्थान
6. उत्तरस्थान

वाग्भट ने इन अध्यायों में विषयों को वैज्ञानिक रूप से व्यवस्थित करने का पूरा प्रयास किया है। इस विषय विभाजन से स्पष्ट होता है कि संग्रह की अपेक्षा सूत्रस्थान का संक्षिप्तीकरण किया गया है। शारीरस्थान आधा रह गया है। निदानस्थान तो समान है। चिकित्सास्थान को विस्तृत किया गया है। उत्तरस्थान भी कम है। इस प्रकार अष्टाङ्गसंग्रह का संक्षिप्तरूप ही अष्टाङ्गहृदय है यह वैद्यसमाज में अल्पकाल में ही अत्यधिक लोकप्रिय हो गया।

अष्टाङ्गसंग्रह की विशेषतायें—

प्राचीन संहिताओं का अनुसरण करने पर भी इसमें अनेक मौलिक तथ्य हैं। उन्हीं में से कुछ प्रमुख तथ्यों को यहाँ उल्लिखित किया जा रहा है।

1. धातुओं की वृद्धि के लक्षणों का सामञ्जस्य दोषलक्षणों के साथ किया गया है, जैसे रसवृद्धि में श्लेष्मविकार और पित्तविकार

2. द्रव्यविज्ञान में औषधियों का विस्तारपूर्वक वर्णन किया गया है। रसायन होने पर भी गुग्गुलु के अत्यधिक सेवन से क्लैव्य आदि दोष हो जाते हैं।

3. ऋतुसन्धि का कालविभाग में वर्णन किया गया है, उसी समय प्रायः रोग उत्पन्न होते हैं। ऋतु के लक्षण को काल, मास और राशि के आधार पर किया है।

4. अष्टाङ्गसंग्रह में अर्ध्वगुद रोग का वर्णन प्राप्त होता है। इससे मुख से दुर्गन्ध आती है। दन्तोपाटन का वर्णन भी है।

5 चौदह प्रकार के नेत्ररोग बताए गये हैं। कर्णस्त्राव की लसीका के लगने से पाक हो जाता है।

वैश्विकस्तर पर आयुर्वेद और उसकी प्रमाणिकता

संयुक्त राष्ट्र के अधिदेशों में, विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के माध्यम से मानव जाति का स्वास्थ्य संयुक्त राष्ट्र का प्रमुख क्षेत्र है। चिकित्सा की पारंपरिक प्रणाली (एलोपैथी) के साथ-साथ संबंधित देशों की पारंपरिक दवाओं (टीआरएम) को मुख्यधारा में लाने के लिए नीतियों की योजना और कार्यान्वयन, पहले मूल देश में और उसके बाद अंतरराष्ट्रीय क्षेत्र में, डब्ल्यूएचओ के संचालन का प्राथमिकता एजेंडा है। भारतीय संदर्भ में, डब्ल्यूएचओ ने टीआरएम से संबंधित अपनी गतिविधियों में आयुर्वेद पर मुख्य ध्यान दिया है। आयुर्वेद की हर्बल दवाओं के मानकीकरण, सुरक्षा और प्रभावकारिता के मानकों को प्रमाणित करने वाले अध्ययनों का प्रायोजन और प्रोत्साहन डब्ल्यूएचओ के मुख्य विचाराधीन बिन्दु है। इस समीक्षा में के कई दिशानिर्देशों का सारांश दिया गया है। आयुर्वेद, योग और प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी (आयुष) विभाग, केंद्रीय आयुर्वेद और



सिद्ध अनुसंधान परिषद और भारत में डब्ल्यूएचओ के कई अन्य सहयोगी केंद्रों को कई मूल्यांकन परियोजना कार्य (एपीडब्ल्यू) और प्रत्यक्ष वित्तीय सहयोग (डीएफसी) परियोजनाएं सौंपी गई हैं, जो आयुर्वेद को वैश्विक स्वीकृति के लिए साक्ष्य-आधारित चिकित्सा के रूप में मजबूत करेंगी। आयुर्वेद में फार्माकोविजिलेंस कार्यक्रम का कार्यान्वयन, तर्कसंगत उपयोग के लिए दस्तावेजों का प्रकाशन और आयुर्वेदिक दवाओं के उचित उपयोग के लिए उपभोक्ता दिशानिर्देश तैयार करने की पहल राष्ट्रीय और वैश्विक स्तर पर आयुर्वेद की उन्नति के लिए डब्ल्यूएचओ के कुछ अन्य योगदान हैं। यहां, हम समकालीन मूल विज्ञान और जैव चिकित्सा विज्ञान के प्रकाश में पारंपरिक ज्ञान की और अधिक खोज, बातचीत और व्याख्या का सुझाव देते हैं, जो चिकित्सा की एक स्थापित प्रणाली के रूप में दुनिया भर में आयुर्वेद की मान्यता का मार्ग प्रशस्त कर सकता है।

निष्कर्ष -

आखिरकार आयुर्वेद में कौन-सी विशेषता है कि विश्व के अन्य समुन्नत चिकित्सा-विज्ञान, यथा ग्रीक, रोमन तथा मिस्र देशीय प्रणालियाँ इतिहास की कुक्षि में समा गयीं, वहीं यह आज भी अत्यन्त प्राचीन काल से हीं दुरतिक्रम काल के विकराल आधातों को सहता हुआ विश्व क्षितिज में अपने जाज्वल्यमान प्रकाश को बिखेर रहा है। अनवरत अभिनव अनुसन्धान का दम्भ करने वाला पाश्चात्य चिकित्सा-विज्ञान भी प्रकृति के महान् रहस्य की गुत्थियों को सुलझाने में प्रकारान्तर से आयुर्वेद का

ही अनुसरण कर रहा है। यथा- कुछ दशाब्दि पूर्व पाश्चात्य चिकित्सा-विज्ञान स्वास्थ्यरक्षा तथा रोगोपचार के क्रम में मन तथा शरीर के अविच्छिन्न सम्बन्ध की महत्ता को नहीं स्वीकार करता था, किन्तु सम्प्रति इसमें मनोदैहिक चिकित्सा (Psychosomatic therapy) नामक स्वतंत्र शाखा का समावेश हो चुका है। आयुर्वेद के प्राचीन ऋषियों ने इस तथ्य को हजारों वर्ष पहले ही जान लिया था और- सत्वमात्माशरीरं च त्रयमेतत् त्रिदण्डवत् लोकस्तिष्ठति संयोगात्तत्र सर्वं प्रतिष्ठितम् ।

इस आप्त वाक्य से प्रतिपादित किया था, जिसका तात्पर्य है कि-मन, आत्मा और शरीर ये ही जीवन के तीन स्तम्भ हैं और इन्हीं के संयोग पर समग्र प्राणी-जगत् आश्रित है तथा इन्हीं में सभी कुछ विद्यमान है !

इसी प्रकार पाश्चात्य चिकित्सा-विज्ञान आयुर्वेदाभिमत आमदोष-जनित रोगों को नहीं जानता था किन्तु अब प्रकारान्तर से इस तथ्य को भी "Autogenous Diseases" के रूप में स्वीकार करने लगा तथा इसका एक स्वतंत्र शाखा के रूप में विकास कर रहा है ।

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AN OBSERVATIONAL STUDY ON NIDANATMAKA ASPECT OF HYPOTHYROIDISM (DHATUWAGNI VIKRITI)

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Abstract :

Aim: To study the causative factors involved in the development of disease hypothyroidism (Dhatuwagni Vikriti). Methods: In today's era, due to increasing human needs, the level of competition is also increasing leading to the life full of stress. Also due to sedentary life style of the people and people are more indulging into false dietary habits like consumption of fast and junk food. To fulfil daily needs, man is working hard without thinking about their health. In present observational study, 40 patients has been observed for Aharaja, Viharaja and Mansika Bhavas and the disease is mainly seen in middle aged individual (30-55 years), due to sedentary life style, stress, faulty dietary habits. It is mostly seen in Females, Married, Housewife and Educated Persons. Result and discussion: Due to sedentary habits, lack of physical exercise, stress, false dietary habits etc all this leads to life style disorders and Hypothyroidism is one of such disorder. So one needs to avoid

these Nidana's to prevent and control the disease. Conclusion: so, in this present study, importance has been given to Aharaja and Viharaja Nidana in the development of Hypothyroidism. So, it becomes very important to understand the role of Nidana in the development of disease.

Key words: *Dhatuwagni Vikriti, Hypothyroidism, Sedentary life style, Aharaja, Viharaja, Stress*

INTRODUCTION

Hypothyroidism is a condition characterized by an underactive thyroid gland, which results in decreased production of thyroid hormones. Ayurveda, an ancient indian system of medicine, offers a holistic approach to understanding and treating hypothyroidism. Due to modernization, the dietary habits and the life style of individuals have absolutely changed at present times. Majority of people are having irregular food habits with sedentary and strenuous life style this has resulted in various metabolic disorders, Hypothyroidism is one of such disorder.

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If we try to correlate the pathogenesis of Hypothyroidism according to principles of *Ayurveda* we found that it is basically caused due to dysfunction of *Agni*. Hypofunctioning of *Jatharagni* which in turn effect *Dhatwagni* eventually brings out pathological sequence and ultimately the disease condition develop.¹

It is a common disorder and prevalence of overt Hypothyroidism has been reported as 3.5% to 4.2%. In women, the prevalence was higher, at 11.4% when compared with men, in whom prevalence was 6.2%. The prevalence increases with age and is higher in females than in males (6:1).² In Hypothyroidism etiological factors mainly vitiate Tridosha (*Kapha* predominance associated with *Pitta* vitiation and *Margavaranjanya* leading to provoking of *Vata*). So any etiological factors responsible for *Kapha Vardhana* along with *Agnimandya* is responsible for development of disease.

Etiological factors

1. The main cause for the manifestation of *Dhatuwagni Mandaya* i.e Hypothyroidism is:

- *Kapha Dosha Vriddhi*
- *Margavaranjanya Vata Vridhi*
- *Agnimandya*

Causes of *Mandagni* – it is influenced by *Kapha Dosha* therefore factors

causing aggravations of *Kapha Dosha* can be considered under the *Nidan* of disease.³

- a. *Aharaja Hetu- Madhura, Amla, Lavan Rasa*
- b. *Sheeta, Snigdha, Guru, Masha, Tila, Curd etc Sevan* in excessive amount.
- c. *Viharaja Hetu- Day Sleep, Sedentary Life Style*
2. Under *Adhyatamika hetus, Adibala pravritta, Janmabala pravritta* and *Dosha Bala Pravritta Hetus* help in causing diseased condition.⁴
3. Psychological factors e.g. Anxiety, fear, greed, Anger, Jealousy.
4. Non-gratification and dishonour of the desires of *Dauhridya* can lead to the occurrence of *Vyadhi*

Objective of study

To figure out the role of *Aharaja, Viharaja* and *Mansika Nidana* in manifestation of

Hypothyroidism on the basis of questionnaire in research Proforma.

Material and Methods

Study design- Observational Study

Source of data

Patients attending the O.P.D of Kaya Chikitsa, UAU, Rishikul campus, Haridwar.

Sample size

About 40 patients having Hypothyroidism and willing to provide



written consent were selected from OPD 1 of institutional hospital and were subjected to *Nidanatmaka* study on the basis of Specially Prepared Proforma including parameters as Weight Gain, Cold Intolerance, Dry Skin, Constipation, Menstrual disturbances, Edema, Puffiness under the eye, Muscle ache, Agni Bala and Viharaja Factors.

Sampling Technique

Simple Random sampling

The 40 patients were selected of any sex between the age group of 30-60 years by Simple Random

Sampling Method.

1. Diagnosed cases of Hypothyroidism on the basis of serum TSH, T₃ and T₄ levels.
 - Patient's serum TSH level > 4.5 mIU/L upto 15 mIU/L.
 - Total serum T₄ level normal or less than normal value (Total serum T₄=4.5 – 12.5mg/dl).
 - Total serum T₃ level normal or less than normal value (Total serum T₃=80-220ng/dl).
2. Under the age of 20 – 60 yrs.
3. Patient who are freshly diagnosed as Hypothyroidism
4. Patient who are ready to switch over the Ayurvedic medicine and sign the informed Consent form.

5. Patients who are already diagnosed as Hypothyroidism and under Thyronorm (Levothyroxine) medication 50µgm but presenting with diagnostic criteria are included.
6. Chronicity less than five years are included.

Exclusion Criteria:

1. Patient who have undergone any type of Thyroid surgery.
2. Patient suffering from systemic diseases like Cardiac problem, Diabetes, Carcinomas.
3. Patient suffering from congenital Hypothyroidism and Secondary Hypothyroidism.
4. Pregnant women, Hyperthyroidism, Neoplasia, Toxic Goiter are excluded.
5. Chronicity above 5 years.
6. TSH value above 15 mIU/L

Design of study:

This was a retrospective observational study where the study was done by questionnaire method; the data was collected via questionnaire mentioned on specially designed Proforma, a comprehensive questionnaire was prepared with all possible association relating to *Aharaja Viharaja*, *Mansika Nidana* and *Upashaya* related to Hypothyroidism. Data was collected by



personal interview method with questionnaire in single sitting.

Observation and result

40 patients of hypothyroidism were selected, out of which maximum number of patients

Belonged to the age group of 31-40 years (32.5%), Female (90%), Hindu (87.5%), Married (87.5%), Middle class (70%), Educated upto Graduate (42.5%), addicted to tea/coffee (50%).

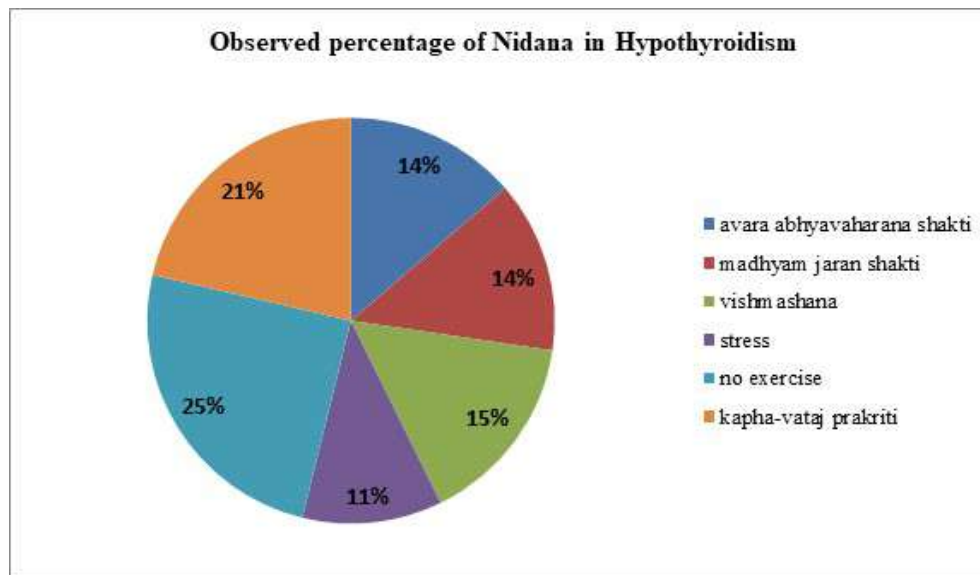
Ahara Pariksha showed that 70% were vegetarians, 40% patients had *Avara Abhyavaharana Shakti*, 40 % *Madhyama*

Jarana Shakti, 55% had *Mandagni*, 52.5% had *madhyama kosta*, 45% had *vishmashana*.

Majority 62.5% Patients were *kapha-vataja prakriti*, 45% were of *tamsika mansika prakriti*.

Maximum patients 72.5% had no history of exercise. Maximum patients 32.5% were stressed.

This study shows that, there is a role of *aharaja factors*, *viharaja factors* and *manas factors* responsible for development and progression of disease hypothyroidism.





DISCUSSION

A healthy functioning *Annavaha Srotas* shall perform a digestion (*Aahar Paka*) and absorption *Anna Rasa Shoshan*. This is absolutely essential for sustenance of health in every living creature including human beings. The selection of type of foods i.e. *Kadhya*, *Paya*, *Leeda* or *Choshya* food as well as observance of *Ashtavidha Visheshha Ayatana* or *Dwadasha Asana* etc are within the capacity of individuals for observance but the actual process of *Agni* for *Aahar paka* is beyond the control of individual. This is the important reason that Ayurveda believes that every individual has a specific *Agni Kriya* and he needs to plan and regulate his dietary activities as per his *Agni*. This is absolutely essential for sustenance of health in every living creature including human beings.

Hypothyroidism is *Tri-Doshaja Vyadhi* with the predominance of *Kapha Dosh*.

Agnimandya is a crucial step in the formation of the disease. *Agnimandya* takes place in *Jataragni* and *Dhatwagni* level. Any *Nidana* which diminishes *Agni* can be considered here. They can be further divided into *Aharaja*, *Viharaja* and *Manasika Nidanas*. *Aharaja Nidanas* includes *Nidanas* causing *Dushti* of

Kapha and *Vata*. Increase in *Guru, Snigdha Guna of Ahara* causes vitiation of *Agni*. Intake of *Dadhi, Dugdha, Snigdha Ahara, Guru Ahara, Abhishyandi Ahara, Godhuma, Madhura rasa* etc. causes *Kapha Dushti*. *Vishamashana, Alpahara* causes *vata dushti*. *Viharas* predominantly includes *divaswapna, alasya, avyayama* and sedentary lifestyle, which causes *Dushti of Kapha And Meda*. *Vata Prakopa* occurs due to *Vegadharana of Pureesha, Ucchabhashana* etc.

The *Manasika Bhavas* represent the current stressful life. These have a direct effect on the *Rasavaha Srotas* and does its *Dushti* at the *Dhatu* level, resulting in *Ama*.

The role of certain drugs in the manifestation of Hypothyroidism is proved. Administration of drugs like Lithium, Antithyroid drugs, p-aminosalicylic acid are found to be causing Hypothyroidism. These drugs act as a *Dooshi Visha* which in turn alters the normal physiology of the Thyroid gland.

CONCLUSION

In this study, an attempt was made to explore the *Nidan* involved in development of Hypothyroidism. After the completion of this study, following



conclusions were drawn. *Aharaja Nidanas* includes the *Nidanas* causing *Dushti of Kapha* and *Vata*. Increase in the *Guru, Snigdha, Abhishyandi Guna* of *Ahara* causes vitiation of Agni. Intake of excessive amount of *Madhura Rasa, Mamsa* etc causes *Kapha Dushti. Vishamashana* etc causes *Vata Dushti. Viharaja Nidan* predominantly includes *Avyayama, Sedentary Lifestyle, Alasya* causes *Dushti* of *Kapha* and *Meda*. *Vata Prakopa* occurs due to *Vegadharana*.

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A CONCEPTUAL STUDY OF DADRU KUSHTA

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Abstract :

Skin disease are being considered as a major health problem in children, as it leads to discomfort and significant morbidity among them. Skin diseases have been comprehended under the heading of Kushtha in Ayurveda. and We find a vivid Description of Dadru. Dadrukustha is common skin infestation. Dadru Kushtha is being a Kshudra Kushtha has Kapha Pitta dominance., characterized by Sakandu (Itching), Raga (Reddish discoloration of skin), Pidaka (Papule over lesion), Mandalamudgata (Circular patches with elevated edge on skin) etc. On the Basis of presenting Symptomatology Dadru with Dermatophytosis through Modern perspective it comes under superficial fungal Infection of the skin the most common dermatological manifestation affecting up to 15% of world's population in all group. Excessive severe itching and round red patches are the common clinical manifestation. 10-20% KOH and fungal culture are the specific tools for diagnosis of fungal infection.

In Ayurvedic classics Virechana (Purgation) Raktamokshna (Bloodletting) and Shamana chikitsa (Pacification therapy) will be help to cure Dadru (Fungal infection).

Keywords: *Dadru kushtha, Dermatophytosis, Kshudra kushtha, kapha pitta dominance.*

INTRODUCTION

The skin is body's largest organ made of water, protein, fats and minerals. Skin works as a mirror who reflects internal and external pathology and thus helps in diagnosis of disease. In *Ayurveda*. According to acharya *Sushruta* there are seven layers of skin in which fourth and fifth layer of skin is responsible for *Kushtha*. Where Acharya *Charaka* describe only about six layers of skin in which forth layer is responsible for *Dadru*. All skin disease in *Ayurveda* classified under *Kushtha* and further *Kushtha* has been divided into two categories-*Mahakushtha* and *Kshudra Kushtha*. There are about 2000 skin disorders. Depending upon a etiology, they

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can be classified into various groups such as, genetic, infectious, allergic, autoimmune, traumatic, developmental, occupational, climatic etc.

ABOUT DISEASE:

In Ayurvedic science, skin diseases are classified under broad heading of *Kushtha*, which is further classified into *Mahakushtha* and *Kshudrakushtha*. *Kushtha* is considered as Mahagada by acharyas. *Dadru Kushtha* is one among the 18 types of *Kushtas*. *Acharya Charaka* included *Dadru Kushtha* in *Kshudrakushtha* whereas *Acharya Sushruta* and *Vagbhata* have explained under *Mahakushtha*. According to *Acharya Dalhana* *Dadru Kushtha* is classified into two types: *Sitha* and *Asitha*. He interpreted that *Dadru kushtha* mentioned by *Acharya Sushruta* under *Mahakushtha*, is *Asitha* type of *Dadru Kushtha* and *Dadru Kushtha* which is enumerated by *Acharya Charaka* under *Kshudra Kushtha* is a *Sitha* type. In modern medicine also explained superficial and deep mycoses which make us think for similarity in both. *Dadru Kushtha* is predominantly *Pitta-Kaphaja* as per *Acharya Charaka* and *Acharya Vagbhata*. On the other hand, *Kaphaja* as per *Acharya Sushruta*. In contemporary medicine, *Dadrukushtha* is correlated to fungal infection that is *Tinea*. *Acharya*

Sushruta has mentioned unhygienic lifestyle as one of the causative factors for *Kushtha* and has mentioned it as a variety which is mainly by the *Upsarga of Krimis*. The symptom of '*Dadru*' and *Dermatophytosis* (Ringworm) shows tremendous similarities with each other. The co-relation of '*Dadru*' and *Dermatophytosis* is done on the basis of similarities of the symptoms as explained in literary of both *Ayurveda* and Modern medicine. Clinical features of *Dermatophytosis* are intense itching, annular erythematous scaly lesions, the active border consist of papulovesicular lesions, and in advancing stage the lesions spread peripherally with central clearing and pigmentation. Similarly, *Mudhukoshkara*, a commentator of *Madhavanidana*' stated *AsitetarDadru*' which occurs superficially having *Lakshana-Kandu* (itching), *Raga* (redness), *Pidaka* (pimples) and *Udagata Mandala* (raised patch).

ETYMOLOGY:

According to *Shabda Kalpa Druma*, the word *Dadru* is *pullinga shabdha*, which means "Tortoise", because *Dadru* comes under "*Anadaya Shabda Roopa*" i.e. without any "*dhatu*" or "*Pratyaya*"

As per Sir Monier William's Sanskrit English Dictionary, *Dadru* is a type of Leprosy (*Kushtha* i.e. skin disease)



characterized by skin lesions, which resembles tortoise.

DEFINITION

Dadru is a type of *Kushtha roga*, which is characterized by the cardinal symptoms like *Kandu*, *Utsanna Mandala*, *Raaga* and *Pidaka* and the lesions resembling the skin of a tortoise.

According to *Acharya Sushruta*, the skin disease which is having spreading nature, papules with bluish tint or copper colour is known as *Dadru Kushtha*.

Acharya Kashyapa has clearly defined *Dadru* as a skin disease having “*Vridhimant Mandals*” i.e. disseminating discoid lesions with intense itching, burning and secretions from it. The lesions are sometimes dry in nature which is a very important point through practical aspect.

PREVALENCE RATE:

The prevalence of this infection is ~2% among young adults and increases to 20% among individuals 40-60 years of age. 39% of world population is suffering from fungal. In India also, 5 out of 1000 people are suffering from fungal infections.

Etiology (*Nidana*)

The constant use of mutually incompatible eats and drinks. Unctuous and heavy articles of diet. Excessive use of salt or acid article or of black gram,

raddish pasted particles, *Til*, *dugdha* and *guda*. The suppression of generated urge of defecation, urine etc. indulgence in exercise or exposure to heat after a surfeit meal, irregular indulgence in cold or hot food or fasting or over – eating. using of cold water suddenly after being afflicted with heat, fatigue or fear. Indulgence in pre-digestion meals, wrongful administration of five purificatory procedures (panchakarma), habitual use of grains, curd or fish. Sexual intercourse after intake of *Sneha* or emesis; or frequently eating meats of domestic, marshy and aquatic animals with milk; or taking dip in water after having been heated by fire (or sun) or suppressing vomiting.

Clinical Symptoms (*Rupa*)-

According to *Acharya Charaka*

सकंडूरागपिडकं दद्रुमण्डलमुदगतम् ॥

(च.चि. 7/23)

Dadru is characterized by itching sensation, redness, pimples and circular patches with elevated edges. It is the glabrous skin present as circumscribed lesions with a wide variety of appearances including scales, vesicles, pustules. Inflammation may be minimal or intense central healing of less inflamed lesions may take place. The serpiginous border of inflammation is the source of the name ringworm.



SAMPRAPTI



SAMPRAPTI GHATAKA

- **Doshas-** *Tridosha (kapha pitta pradhana)*
- **Dushya-** *Twak, Rakta, Lasika, Sweda*
- **Srotas-** *Rasa, Rakta*
- **Adhishthana-** *Twacha*
- **Rogmarga-** *Bahya*
- **Srotodusthti** – *Sanga*
- **Savbhav** - *Chirkari*



VYAVACHEDAKA NIDANA (DIFFERENTIAL DIAGNOSIS):

Differential Diagnosis of Dadru Kushta

Disease	Symptoms
<i>Paama (Scabies)</i>	In <i>Paama</i> symptoms like Scattered <i>Pidika</i> with different <i>Varna</i> (White, Red & Black)
<i>Vicharchika (Eczema)</i>	In <i>Vicharchika</i> Symptoms like <i>Pidika</i> with <i>Bahusraava</i>
<i>Dadru (fungal)</i>	In <i>Dadru</i> symptoms like <i>Pidika</i> , <i>Kandu</i> , <i>Varna (Atasipushpa)</i> with <i>Mandala</i> (Round patch)

Management (Chikitsa)

Ayurveda has described 'Samshodhana' (Bio-purification), 'Samshamana' (Pacification) and 'NidanParivarjana' (Avoiding causative factors) as main therapy for many diseases including skin disorders.

SAMSHODHANA:

Acharya Shuruta and *Yogratnakar* has explained *Vamana* (Emesis) to be done every 15 days, *Virechana* (Purgation) once (1) in a month, *Nasya* every 3 days and *Raktamokshana* (Bloodletting) once in six months to be done. *Acharya Charaka* described *Samshodhana* to be done repeatedly in regular intervals in every skin disorder, so that toxins are removed from body without vitiation of *Vata* and *Dosha-Dhatu Samya* can be formed for proper nourishment.

SHAMSHAMANA:

The palliative therapy is in form of drugs and diets may not be effective unless

the body channels are properly cleansed and toxic materials are eliminated. *Samshodhana* is believed to purify or cleanse all the body tissues and bring about the harmony of bio- humors to obtain long lasting beneficial effects. Drugs used for palliative therapy for *Kushtha* should be *Tikta* and *Kashaya Rasa* predominant.

NIDANA PARIVARJANA:

(To avoid the triggering factors i.e. food habit, lifestyle, poor hygiene etc.) that can lead to this infection) so that the manifestation of disease can be controlled. Before administration of any disease should follow *Koshtha Shudhi & Agni deepana* so that assimilation of the drugs properly take place and for efficacy of treatment protocol.

PATHYA-APATHYA:

Pathya

Ahara:

Laghu, *Ruksha*, *Tikta Rasa*
Pradhana, *Moong Masoor Dal*,



Wheat and Yava , Purana Ghritha ,Gomutra, Dadima , Nimba, Patola, Lashun, Karela Shak etc.

Vihara:

· *Laghu Vyayam, Snana (Sidharthaka Snana) etc.*

Apathya

Ahara:

· *Virudhahara (Milk and Matsaya), Navanna, Pishtanna, Vidahi, Abhishyandi, Tila, Madya, Urada, Gudda, Mulanki, Dadhi etc.*

Vihara:

· *Divaswapna, Vega Dharna, Ati yvayam, Ati Sweda, Sankramit Purusha Samyoga etc.*

DISCUSSION

The basic principles of *Hetu* of *Dadru* have been mentioned in *Brihatrayi* and *Laghutrayi* in the *Kushtha Nidana*. Most of the *Apathya Ahara Vihara* mentioned in *Ayurveda* for causes of *Kushtha*. All we know that **Prevention Is Better Than Cure**. So some preventive methods should also be known to patients to avoid contamination. So, to prevent the resistance rate have to take step ahead so that these types of disease could be cured without any side effects. Patient should follow proper precautions so that rate of occurrence can be reduced. There is

difference of opinion amongst various *Acharyas* regarding *Dadru* in the terms of *Doshik* involvement.

CONCLUSION

Skin is the outermost covering of the body serves as an important component in terms of protective as well as cosmetic purpose. Therefore, it is essential to treat the skin disease in time for better prognosis. As per the need of today's lifestyle and also due to the increase in the resistance of the human body *Ayurveda* has to be taken in the limelight for such types of resistance behavior which is going to harm the humans in future. Thus, the ayurvedic formulations of *Bahiparimarjana* in the form of *lepas* and *shaman Aushadhis* should be taken to improve *Rakta Dushti*. These ayurvedic formulations having the property of completely curing this *Dadru Kushtha* with no or less chances of recurrence due to the properties of the various drugs. *Ayurveda* can definitely prove to be a boon in the proper and effective management of this kind of skin condition in today's time.

PREVENTION & CONTROL

- ♦ Keep their skin clean and dry, by washing daily and drying completely particularly after showering, swimming, and sweaty activities.
- ♦ Use clean towels and avoid sharing clothing towels, combs, brushes, and hats.



- ♦ Avoid tight fitting clothing.
- ♦ Change clothing every day.
- ♦ Avoidance of synthetic and wet nappies keeping the area dry.
- ♦ Wash hands well with soap and water after playing with pets.

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श्रद्धांजलि



विश्व आयुर्वेद परिषद् द्वारा आयुर्वेद के दो विद्वानों प्रो० रामहर्ष सिंह एवं प्रो० गोविन्द प्रसाद दुबे के आकस्मिक निधन पर दिनांक 6 सितम्बर 2023 को श्रद्धांजलि सभा आयोजित की गई। जिसमें देश-विदेश से लोग Zoom के माध्यम से जुड़े और श्रद्धांजलि अर्पित की। इसके अलावा विश्व आयुर्वेद परिषद् के राष्ट्रीय सह संगठन सचिव प्रो० के० के० द्विवेदी के साथ प्रो० ए०एन. सिंह, प्रो० लाल बहादुर सिंह, वैद्य मनीष मिश्र, प्रो० जे० एस० त्रिपाठी, डॉ० अजय पाण्डेय, प्रो० नरसिम्हा मूर्ति, प्रो० पी० के० गोस्वामी, प्रो० रानी सिंह, प्रो० बी.एम. सिंह, प्रो० एन.एस. तिवारी, आदि अनेक विद्वानों ने उनके घर जाकर श्रद्धांजलि अर्पित की।



परिषद् समाचार

विश्व आयुर्वेद परिषद्-महाराष्ट्र प्रांत द्वारा महर्षि चरक जयंती का आयोजन

विश्व आयुर्वेद परिषद्-महाराष्ट्र प्रांत द्वारा आयोजित चरक महर्षि जयंती अवसर पर आयुर्वेद विद्यार्थी एवं वैद्यगण समूह के साथ चरकाचार्य प्रतिमा एवं चरक संहिता का पूजन किया गया। इस अवसर पर वैद्य प्रयाग सेठिया जी का सुंदर व्याख्यान संपन्न हुआ। इस कार्यक्रम में 6 आयुर्वेद महाविद्यालय के कुल 105 छात्र-छात्रा और 9 वैद्यगण उपस्थित थे। प्रमुख अतिथि स्वरूप में वैद्य संतोष जी गटणे एवं आर. ए. पोद्दार आयुर्वेद महाविद्यालय, मुंबई के वैद्य सुमंत जी खर्डेनविस उपस्थित रहे। प्रस्तावना वैद्य मनोज चौधरी जी (राष्ट्रीय समन्वयक, विश्व आयुर्वेद परिषद् की राष्ट्रीय संहिता सिद्धांत संभाषा) ने किया। आभार प्रदर्शन विश्व आयुर्वेद परिषद् महाराष्ट्र प्रांत के सेक्रेटरी वैद्य संतोष जी चव्हाण ने किया। इस कार्यक्रम में विश्व आयुर्वेद परिषद् की राष्ट्रीय शल्यतंत्र संभाषा के सह संयोजक, वैद्य अमित पालीवाल जी का सहयोग प्राप्त हुआ। इस चरक जयंती समारोह के आयोजन में महाराष्ट्र प्रांत के अध्यक्ष आदरणीय वैद्य गोविंद जी खट्टी, वैद्य रामतीर्थ जी शर्मा, वैद्य अनिल शुक्ला एवं राष्ट्रीय और महाराष्ट्र प्रांत के कार्यकारिणी के सभी पदाधिकारियों का मार्गदर्शन एवं सहयोग प्राप्त हुआ।

विश्व आयुर्वेद परिषद्-बिहार प्रांत में महर्षि चरक जयंती का आयोजन

विश्व आयुर्वेद परिषद् के तत्वावधान में श्री वैद्यनाथ आयुर्वेद प्राइवेट लिमिटेड के सौजन्य से महर्षि चरक जयंती/गुरुजन सम्मान एवं आयुर्वेद स्नातक स्तर के छात्र छात्राओं का श्री वैद्यनाथ औषधि निर्माणशाला का परिभ्रमण कार्यक्रम आयोजित किया गया। कार्यक्रम का प्रारम्भ महर्षि चरक के तैल चित्र पर माल्यार्पण एवं दीप प्रज्ज्वलन कर किया गया। गुरुजन सम्मान में काशी हिंदू विश्वविद्यालय से पधारे सेवा निवृत्त आचार्य वैद्य बी० के० द्विवेदी को सम्मानित किया गया। मुख्य वक्ता के रूप में आचार्य वैद्य वी० के० द्विवेदी ने त्रिसूत्र आयुर्वेद पर विस्तृत व्याख्यान दिया गया। कार्यक्रम में विश्व आयुर्वेद परिषद् के राष्ट्रीय सचिव वैद्य शिवादित्य ठाकुर जी, प्रान्त संरक्षक वैद्य शिवमंगल मिश्र जी, प्रान्त महासचिव वैद्य सुधांशु त्रिपाठी, प्रान्त सम्पर्क प्रमुख वैद्य अंकेश मिश्रा, प्रकाशन प्रमुख वैद्य सुनील एवं प्रांतकार्यकरिणी अन्य सहित राजकीय महाविद्यालय के वैद्य प्रभात द्विवेदी सहित पटना, मुजफ्फरपुर, सिवान के छात्र एवं छात्राएं उपस्थित रहे।

विश्व आयुर्वेद परिषद्-मध्यप्रदेश प्रांत में महर्षि चरक जयंती का आयोजन

दिनांक 20/8/23 दिन रविवार को विश्व आयुर्वेद परिषद् जबलपुर महाकौशल प्रांत के तत्वावधान में संसार के सर्वश्रेष्ठ चिकित्सा शास्त्र के जनक एवं भगवान शेषनाग के अवतार माने जाने वाले महर्षि चरक का जन्मोत्सव मनाया गया, जिसमें आयुर्वेद विधा के चिकित्सक एवं छात्रों ने चरक संहिता के सिद्धांतों की चरक शपथ ग्रहण की। कार्यक्रम में महर्षि चरक द्वारा बताए गए चिकित्सा एवं जीवन सिद्धांत पर वक्ताओं द्वारा संक्षिप्त विचार प्रस्तुत किये गये। कार्यक्रम विश्व आयुर्वेद परिषद् के डॉ मुकेश पाण्डेय, डॉ कमलेश गुप्ता एवं डॉ शैलेश सिंह चौहान की अध्यक्षता में संपन्न हुआ, जिसमें आयुर्वेद कालेज के प्राचार्य डॉ एल



एल अहिरवाल, डॉ पंकज मिश्रा, डॉ आर के गुप्ता, डॉ आर के तिवारी जी एवं डॉ विवेक ठाकुर, डॉ कल्याण सिंह जी, डॉ सुशील तिवारी, डॉ धीरज सोनी, डॉ सरिता साहू, डॉ रीतेश सिंह ठाकुर, डॉ राकेश कुमार, मनीष मेहरा एवं आयुर्वेद कॉलेज के इंटरन छात्र छात्राओं एवं विश्व आयुर्वेद परिषद के सभी चिकित्सक एवं जनतायु फार्मा के सहयोग एवं सभी की गरिमामयी उपस्थिती से यह कार्यक्रम सफलता पूर्वक संपन्न हुआ।

विश्व आयुर्वेद परिषद एवं मानसरोवर आयुर्वेद मेडिकल कॉलेज भोपाल के संयुक्त तत्वावधान में महर्षि चरक जयंती के अवसर पर निःशुल्क आयुर्वेद चिकित्सा एवं परामर्श शिविर का आयोजन किया गया। इसमें 450 मरीजों का निःशुल्क स्वास्थ्य परीक्षण एवं चिकित्सा औषधि प्रदान की गई। कार्यक्रम का संचालन वैद्य अनुराग सिंह राजपूत एवं वैद्य सौरभ मेहता की टीम ने किया।

विश्व आयुर्वेद परिषद्—उत्तर प्रदेश में महर्षि चरक जयंती का आयोजन

महर्षि चरक की जयंती के अवसर पर आयुर्वेद चिकित्सा पर एक विचार गोष्ठी तथा निःशुल्क चिकित्सा परीक्षण शिविर का आयोजन आज इंडियन रेडक्रॉस सोसायटी के तत्वावधान में वरिष्ठ नागरिक समिति और विश्व आयुर्वेद परिषद ने संयुक्त रूप से किया। परीक्षण उपरांत दवाओं का निःशुल्क वितरण भी किया गया। शिविर का शुभारंभ मुख्य अतिथि डॉ० ब्रम्ह स्वरूप पांडे ने महर्षि चरक के चित्र पर माल्यार्पण एवं दीप प्रज्वलित कर किया। आयुर्वेद ही प्रत्येक रोगों की जननी पित्त कफ और वायु को मानता है तथा बिना किसी अतिरिक्त प्रभाव के उपचार करने में सक्षम है, आने वाला समय आयुर्वेद का ही है। यही मानव को रोगों से मुक्ति दिलाएगा उक्त उद्गार उ०प्र० वरिष्ठ नागरिक समिति के महामंत्री डॉ० ईश्वर चंद्र वर्मा ने व्यक्त किए। रेडक्रॉस सोसायटी के कोषाध्यक्ष अनिल श्रीवास्तव ने कहा आयुर्वेद विश्व की प्राचीनतम चिकित्सा पद्धति है और महर्षि चरक द्वारा रचित चरक संहिता में विस्तार से वर्णन किया गया है। विश्व के समस्त चिकित्सा संबंधी शोध के आधार में यही सारे ग्रंथ हैं। इस अवसर पर वरिष्ठ आयुर्वेद चिकित्सक वैद्य वंश गोपाल मिश्र को शाल ओढ़ाकर कर सम्मानित किया गया। विश्व आयुर्वेद परिषद उ०प्र० के संरक्षक डॉ० सुरेश अग्निहोत्री व अध्यक्ष डॉ० आर के त्रिवेदी ने भी अपने विचार व्यक्त किए। स्वास्थ्य परामर्श डॉ० साधना वर्मा, डॉ० आशीष वर्मा, डॉ० अरुण मिश्रा, डॉ० आलोक सिंह डॉ० संजीव द्विवेदी, डॉ० सी पी अवस्थी, डॉ० विद्या प्रकाश अवस्थी, डॉ० कमल कांत बाजपेई तथा डॉ० इंदु रमन बाजपेई ने किया। चिकित्सा शिविर में एक सौ अड़तालिस मरीजों को परामर्श तथा दवाएं प्रदान की गई। इस अवसर पर रेडक्रॉस सोसायटी के सभापति डॉ० रमेश अग्रवाल, उप सभापति अखिलेश सिंह, रवि शंकर शुक्ल, सुधीर अवस्थी, भानु प्रताप सिंह, श्रीमती माधवी श्रीवास्तव, वरिष्ठ नागरिक समिति के पदाधिकारी शीला पांडेय, सावित्री शुक्ला, नरेश चंद्र शुक्ल, सुशील चंद्र वर्मा, वेद प्रकाश अवस्थी, गिरीश चंद्र बाजपेई तथा एस के सिंह सहित भारी संख्या में चिकित्सा परामर्श हेतु लोग उपस्थित रहे।

विश्व आयुर्वेद परिषद्—वाराणसी में महर्षि चरक जयंती का आयोजन

राजकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, वाराणसी के धन्वंतरि सभागार में महर्षि चरक जयंती समारोह का आयोजन आयुर्वेद महाविद्यालय एवं विश्व आयुर्वेद परिषद वाराणसी महानगर इकाई के संयुक्त तत्वावधान में मनाया गया। कार्यक्रम का शुभारंभ मुख्य अतिथि क्षेत्रीय आयुर्वेद एवं यूनानी अधिकारी डा०



सरोज शंकर राम, मुख्य वक्ता प्रो. अनुग्रह नारायण सिंह, विशिष्ट अतिथि केंद्रीय सह संगठन सचिव प्रो. कमलेश कुमार द्विवेदी एवं प्रो. राकेश मोहन, एस.ए.एस. कालेज के प्रधानाचार्य प्रोफेसर यशवंत चौहान तथा महाविद्यालय की प्राचार्या प्रोफेसर शशि सिंह द्वारा भगवान धन्वंतरि एवं आचार्य चरक के समक्ष दीप प्रज्वलन के पश्चात किया गया। इसके उपलक्ष्य में स्नातक एवं परास्नातक छात्रों के बीच में श्लोक वाचन एवं भाषण प्रतियोगिता कराया गया जिसमें निर्णायक (जज) के रूप में भूपू. क्षे. आ. एवं यूनानी अधिकारी डा. भावना द्विवेदी तथा डा. हरिओम प्रकाश पाण्डेय, प्रो. संजय कुमार पाण्डेय एवं डॉ० राम निहोर तपसी ने विजेता छात्रों का नाम घोषित किया। मुख्य वक्ता प्रोफेसर ए. एन. सिंह ने सभी आयुर्वेद चिकित्सकों और छात्रों को चरक संहिता की विशिष्टता के बारे में बताया और इसके गहन अध्ययन की सलाह दी। चरक संहिता के विभिन्न टीकाओं का उल्लेख करते हुए उनका सम-सामयिक महत्व बताया। प्रो. यशवंत चौहान ने चरक संहिता में वर्णित चिकित्सा के सिद्धांतों पर चर्चा की। प्रोफेसर राकेश मोहन में चरकोक्त ऋतुचर्या दिनचर्या आदि के महत्व पर प्रकाश डाला। कार्यक्रम का संचालन डॉ० उमाकांत श्रीवास्तव और धन्यवाद ज्ञापन डॉ० देवानंद पांडेय द्वारा किया गया। कार्यक्रम में डॉ० पद्मलोचन शंखुआ, डॉ० विजय राय, डॉ० अंजना सक्सेना, डॉ० सविता चौधरी, डॉ० मनीष मिश्र, डॉ० अश्विनी गुप्ता, डॉ० टीना सिंघल, डॉ० रुचि तिवारी, डॉ० जयशंकर एवं सभी शिक्षक, चिकित्सक एवं छात्रों का सहयोग रहा।

Charak Jayanti in Assam

On 21 August 2023 CHARAK JAYANTI is being celebrated in Govt Ayurvedic College premises under the aegis of Viswa Ayurveda Parishad, Assam unit, GAC, Guwahati by organising different events like Sloka Paatham of Charak Samhita, Shloka recitation competition, Extempore speech on the topics of Charak. The event started with inaugural meeting and in the meeting Prof. Khagen Basumatary, the Secy General VAP (Assam) delivered the welcome speech followed by Principal Govt- Ayurvedic college. After the inaugural meeting the events are conducted which is followed by prize distribution events for the winners and prizes are given away by various faculties present there and at the end vote of thanks is delivered by Dr Niten Barman, Treasurer of VAP, ASSAM- Around hundreds of students participated in the program.

विश्व आयुर्वेद परिषद, उत्तर प्रदेश के द्वारा दो दिवसीय कार्यकर्ता अभ्यास वर्ग अयोध्या में सम्पन्न

विश्व आयुर्वेद परिषद, उत्तर प्रदेश के द्वारा दो दिवसीय कार्यकर्ता अभ्यास वर्ग एवं चिकित्सक संगोष्ठी का आयोजन दिनांक 23/9/2023 से 24/9/2023 तक साकेत निलयम, अयोध्या में किया गया। कार्यक्रम में उत्तर प्रदेश के कुल 125 कार्यकर्ताओं का प्रतिभाग रहा। इसमें उत्तर प्रदेश की सम्पूर्ण कार्यकारिणी एवं विभिन्न जनपदों की कार्यकारिणी के साथ परिषद से अद्यतन जुड़े कार्यकर्ताओं को सूची निर्मित कर आमन्त्रित किया गया था। कार्यक्रम में प्रतिभागियों का पंजीकरण किया गया। राष्ट्रीय कार्यकारिणी के निम्न सदस्यों का मार्गदर्शन अभ्यास वर्ग में प्राप्त हुआ। जिसमें डा० दिनेश जी –राष्ट्रीय पालक अधिकारी, विश्व आयुर्वेद परिषद, राष्ट्रीय, प्रभारी ग्राम विकास, राष्ट्रीय कार्यकारिणी सदस्य, राष्ट्रीय स्वयंसेवक संघ; प्रो० योगेश चंद्र



मिश्र जी (राष्ट्रीय संगठन सचिव) डा० शिवादित्य ठाकुर जी (राष्ट्रीय सचिव); डा० प्रेम शंकर पांडेय जी (राष्ट्रीय कार्यकारिणी सदस्य); डा० कमलेश कुमार द्विवेदी जी (राष्ट्रीय सह संगठन सचिव); डा० सुरेंद्र चौधरी जी (राष्ट्रीय सचिव, प्रभारी उत्तर प्रदेश एवं उत्तराखंड); डा० नितिन अग्रवाल जी (राष्ट्रीय उपाध्यक्ष) वर्ग में विभिन्न सत्रों में निम्न वक्ताओं का पाथेय प्रतिभागियों को प्राप्त हुआ। श्रीमान चम्पत राय जी, महामंत्री, श्री राम जन्मभूमि तीर्थक्षेत्र न्यास, अयोध्या; डा० दिनेश जी –राष्ट्रीय पालक अधिकारी, विश्व आयुर्वेद परिषद, श्रीमान मनोज जी, क्षेत्र सह सम्पर्क प्रमुख, अवध; प्रो० योगेश चंद्र मिश्र जी (राष्ट्रीय संगठन सचिव); डा०शिवादित्य ठाकुर जी (राष्ट्रीय सचिव); डा० कमलेश कुमार द्विवेदी जी (राष्ट्रीय सह संगठन सचिव); डा० सुरेंद्र चौधरी जी (राष्ट्रीय सचिव, प्रभारी उत्तर प्रदेश एवं उत्तराखंड)। वर्ग में प्रो० रामबाबू द्विवेदी जी को उत्तर प्रदेश कार्यकारिणी के मार्गदर्शक मंडल का सदस्य नामित किया गया। वर्ग के योजना सत्र में आगामी कार्यक्रमों के संदर्भ में कुछ महत्वपूर्ण योजनाएँ निम्नवत रही जिनमें मुख्य रूप से 1- विद्यार्थियों हेतु मेरठ और मऊ में कौशल विकास शिविर। 2- जनपद स्तर तक कार्यविस्तार। 3- प्रो० प्रेमवती तिवारी, प्रो० के० सी० चुनेकर एवं आचार्य प्रियव्रत शर्मा की स्मृति में क्रमशः स्त्री रोग एवं द्रव्यगुण विषय के कार्यक्रम संचालन। 4- प्रदेश के समस्त सदस्यों के सम्पर्क अद्यतन करना। 5- लखनऊ में एक राष्ट्रीय स्तर की संगोष्ठी का आयोजन।

National Workshop on Suputriyam (Garbhasanskara) and Prof. PBA Venkatcharya Memorial All India PG Thesis Award 2023

National Workshop on Suputriyam (Garbhasanskara) and Award function for Prof. PBA Venkatcharya Memorial All India PG Thesis award 2023 was held on 8th October 2023 at Bhaskriyam auditorium Kochi Kerala. Minister of State for External Affairs Shree V. Muraleedharan, Dr. Mohanan Kunnummal-VC Kerala University of Health Sciences and Swami Sankaramritananda Puri-Dean Amrita School of Ayurveda, Dr. P.M. Varrier Ji Chief Physician & Managing Trustee, Arya Vaidya, Sala Kottakal grace, the occasion. Dr. Surendra Chaudhary- National Secretary, Dr. Shridhar Anisetty- National Sah Sampark Prabhari and Vd. Suresh Jakotia- Chikitsak Prakosht Prabhari represent the central team. Dr. Vinod TG National Secretary and Kerala Prabhari guided the very successful event effectively. Kerala VAP team work hard to make this event a grand success. Prof. PBA Venkatacharya Memorial All India P.G. Thesis Awards-23 were given to the winners. First Prize Gold Medal and Rs. 21000 Cash was given Dr. Karthik K.P., All India Institute of Ayurveda, Delhi, Second Prize was received by Dr. Renu Yadav, Rajiv Gandhi P.G. College, Himanchal with Rs. 15,000 cash and medal, Third prize went to Dr. Monisha V M, BHU, Varanasi with 11,000 cash and medal.



विश्व आयुर्वेद परिषद्

VISHWA AYURVED PARISHAD

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



Dr. GANGA SAHAY PANDEY MEMORIAL All India Essay Competition-2023 (For U.G. Ayurveda students)

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Akshaya Pandey
Convener

Dr. Ganga Sahai Pandey was one of the renowned personalities of Ayurveda. After completing his A.M.S. Degree from Banaras Hindu University in 1945, he served in the Department of Kayachikitsa in the same University. His prestige and glory as a renowned physician spread beyond the domains of Purvanchal at National and International levels. He was the member of Academic council of B.H.U and also served the humanity and Ayurveda as a president of Akhil Bhartiya Vaidya Parishad. He was honoured by "Sahitya Academy Award" and "Mangala Prasad Paritoshik Award" for his incredible contribution in the field of Ayurvedic Literature. His immense depth of knowledge about the subject can be visualized in his important scriptures on Kayachikitsa. He also edited fundamental treatises of Ayurveda like Charaka Samhita, Gadanigraha, Bhavaprakasha Nighantu and Ayurveda Pradeep. In the auspicious memory of such a laureate personality, Vishwa Ayurved Parishad organizes an essay competition every year among undergraduate students of Ayurvedic colleges of India continuously for last 14 years.

Dear Students,

As we all know, the fast-paced, digital world in which we live has sped up our daily routine and caused a lot of heart-pounding activity. Mobiles and automation are two modern additions to sedentary existence that have reduced metabolism. Everyone now lives a life of convenience, but only someone who knows the true art of living may lead to a happy, healthy existence. A lifestyle is the pattern of living that we adopt, and diseases associated with a particular way of living are referred to as lifestyle diseases. Diseases that are classified as lifestyle diseases are those whose occurrence is mostly based on people's everyday routines and is the outcome of an unsuitable relationship that develops between people and their environment. The first of Ayurveda's two goals is "Swasthasyasthaya Rakshnam," or maintaining health. Ayurveda uses a personalized, comprehensive approach to the prevention of lifestyle disorders. In order to keep the balance of the biological energies, Vata, Pitta, and Kapha, one's "Prakruti" or biotype (constitution) is examined. This analysis forms the basis for lifestyle recommendations. The daily routine (Dincharya), which teaches people how to live morally from morning to night, is dictated by their biological clock. It has been suggested to Ritucharya that it take corrective action to avoid an imbalance in these biological humors. It is advised to follow an ethical regimen to keep a social and psychological balance. Yoga is a centuries-old Indian discipline that unites the body, mind, and spirit via meditation, controlled breathing, and physical postures. Its use offers numerous health advantages. Regular yoga practice will help you tone your muscles. Asthma, arthritis, diabetes, hypertension, depression, polycystic ovaries, liver issues, and lower back discomfort can all be cured via the practice of yoga. There are very few diseases that yoga cannot aid in the treatment of. The following topic is open for rationale and essential ideas in the form of an essay in Hindi or English, keeping in mind the positive acceptability of Ayurveda and Yoga.

"ROLE OF YOGA AND AYURVED IN PREVENTING LIFESTYLE DISORDERS"

(जीवनशैली जन्य विकारों को रोकने में योग और आयुर्वेद की भूमिका)

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