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पाटलीपुत्र राष्ट्रीय संभाषा एवं पं० गंगाधर शर्मा त्रिपाठी स्मृति अखिल भारतीय आयुर्वेद स्नातक निबन्धा प्रतियोगिता पुरस्कार वितरण समारोह



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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

India's time tested revered Ayurveda system of natural medicine, which dates back to the Vedic era, is currently experiencing a global renaissance due to its enormous potential in combating many health challenges. To compete globally and to get accepted in the contemporary world amalgamating the wisdom of this wonderful science of life with the advancing technology is the need of the time. In the realm of global healthcare, a revolutionary development is unfolding, blending the ancient wisdom of Ayurveda with the cutting-edge capabilities of artificial intelligence (AI). Unfortunately, despite its widespread appeal, Ayurveda's larger applicability has been limited due to lack of scientific validity. This is where AI can definitely come into play, offering a substantial solution to bridge this gap. The intersection of AI and Ayurveda presents both significant scope and unique challenges which need to be addressed vigilantly.



There is a wide scope in various domains where AI can render remarkable results. As in case of personalized medicine AI has the potential to analyze vast amounts of patient data, including genetic information, to create personalized treatment plans in line with Ayurveda principles. This can lead to more effective and targeted healthcare interventions. AI can also provide diagnostic support by assisting in the diagnosis of diseases based on Ayurveda principles, helping practitioners identify imbalances and recommend appropriate treatments. Similarly in the field of research and development AI can accelerate the process systematically by analyzing scientific literature, clinical trials, and historical texts to identify potential formulations and their effects. In drug discovery as well AI algorithms can accelerate the discovery of new Ayurveda formulations or validate the efficacy of traditional remedies through data analysis and modeling. Similarly in herb identification AI can aid in the identification and quality control of medicinal herbs used in Ayurveda, ensuring the authenticity and efficacy of herbal formulations.

These are the thirist areas where AI can render significant contribution but there are certain area where application of AI can be a bit challenging to implement such as integration of traditional knowledge with AI as integrating the vast and nuanced knowledge of Ayurveda into AI algorithms poses a significant challenge. There is a need for collaboration between Ayurveda practitioners and AI experts to ensure accurate representation of Ayurveda principles. Another challenge is data quality and privacy. The success of AI in healthcare relies on large and high-quality datasets. Ensuring the privacy of patient data and maintaining the quality of Ayurveda data can be challenging. Then in case of regulatory framework as the integration of AI into traditional medicine brings regulatory challenges. Establishing guidelines and regulations for AI-assisted Ayurveda treatments is essential to ensure patient safety and ethical use of technology.

By fusing tradition and technology, the synergy between Ayurveda and AI represents turning point in health innovation. This meeting point of antiquated customs and cutting edge technology marks the beginning of new chapter in healthcare history one in which age old techniques are revitalized to meet the demands of today's health issues. To summarize, while there is considerable potential for AI to improve Ayurveda, addressing the problems will require a joint effort to achieve a balanced and effective integration where

"The glorious past and bright future amalgamates to give a happy and healthy life"

- Prof. (Dr.) Mahesh Vyas

Dean(PhD) , HOD Samhita and Siddhanta
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A REVIEW ON PARIJATAKA (NYCTANTHUS ARBORTRISTIS L.)

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Abstract :

Parijataka is a well known medicinal plant in Ayurved, also known as night jasmine. It is famous remedy for Vatavyadhi, specially sciatica. It is a medium sized tree found all over India. The leaves and flowers of the plant have expectorant properties. The flowers and leaves of the plant are used to make a herbal tea that aids in digestion, relieves constipation, and reduces bloating and excess gas. Parijataka is believed to have anti-aging properties and is often used in Ayurvedic skincare formulations. It is also considered a sacred plant in Hinduism and is used in various religious rituals and ceremonies. Modern research studies proved it's Anti-inflammatory and analgesic activity, Antimicrobial, Hepatoprotective, Anti-diabetic, Wound healing activity. Phytochemicals like Flavonoids, Alkaloids, Terpenoids, Tannins, Saponins are found in this drug. Its traditional uses have been validated by

modern research studies which are due to various phytochemicals present in it.

Keywords- *Parijataka, Nyctanthus arbortristis L., Sciatica, Anti-inflammatory, Anti-microbial*

INTRODUCTION-

Parijataka (Nyctanthus arbortristis) is a well-known medicinal plant in Ayurveda, the traditional system of medicine in India. Also known as the night-flowering jasmine or *Harshringar*, it is a tree that is widely distributed in tropical and subtropical regions of Asia, Africa, and Australia. In *Ayurveda*, *Parijataka* is considered to have various therapeutic properties and has been used for centuries to treat a wide range of ailments. Its popularity and effectiveness have also been recognized by modern research studies, which have further validated its traditional uses¹. In this paper, we will explore the Ayurvedic uses, modern research studies, clinical uses along with its morphological features, distribution, and potential side effects of *Parijataka*.

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MATERIAL AND METHOD-

In the present study, relevant references of various information on *Parijataka* including Ayurvedic uses, modern research studies, clinical uses along with its morphological features, distribution, and potential side effects were reviewed through Ayurveda treatise, lexicons and modern books. Various references were also searched through search engines to know the various research works conducted on *N.arbortristis*.

OBSERVATION AND RESULTS-

Taxonomical Classification

Kingdom: Plantae

Subkingdom: Viridiplantae

Infrakingdom: Streptophyta

Superdivision: Embryophyta

Division: Tracheophyta

Subdivision: Spermatophytina

Order: Lamiales

Family: Oleaceae

Genus: Nyctanthes

Species: Nyctanthes arbor-tristis

Morphology-

Parijataka is a small to medium-sized tree that can grow up to 10 meters in height. The bark is greyish-brown in color and is covered with shallow ridges. The

leaves are opposite, simple, and elliptical in shape with a shiny, dark green surface. The flowers are white or pale yellow in color with a tubular shape and a pleasant fragrance. They have five petals and a prominent orange-colored tubular corolla. The fruits are small, rounded capsules that contain several seeds².

Distribution-

Parijataka is native to the Indian subcontinent and can be found in various parts of the country, including Assam, West Bengal, Bihar, and Odisha. It is also commonly found in the Western Ghats and the eastern Himalayas. It is also cultivated in other parts of South Asia, including Sri Lanka, Bangladesh, and southern China³.

Uses mentioned in Ayurved literature -

1. Respiratory Health-

In *Ayurveda*, *Parijataka* is considered a potent herb for treating respiratory disorders such as asthma, bronchitis, and cough. The leaves and flowers of the plant have expectorant properties, which help to loosen and expel mucus from the respiratory tract, providing relief from congestion and cough. *Parijataka* also has anti-inflammatory properties that help soothe inflamed airways, making it an effective remedy for asthma. For respiratory issues, *Parijataka* is often consumed in the form of a decoction or tea, or its leaves can be chewed directly.



2. Digestive Health-

Parijataka is known to have carminative and digestive properties, which is why it is commonly used to treat various gastrointestinal ailments. The flowers and leaves of the plant are used to make a herbal tea that aids in digestion, relieves constipation, and reduces bloating and excess gas. *Parijataka* is also believed to have hepatoprotective properties, making it beneficial for maintaining liver health. It is traditionally used to treat conditions such as jaundice and liver enlargement.

3. Skin Disorders-

The anti-inflammatory and antibacterial properties of *Parijataka* make it a useful herb in treating skin disorders such as eczema, psoriasis, and acne. A paste made from the leaves of the plant can be applied topically to affected areas to soothe inflammation and reduce redness. The paste can also help in healing wounds and preventing infections. Additionally, *Parijataka* is believed to have anti-aging properties and is often used in *Ayurvedic* skincare formulations to promote a healthy and youthful complexion.

4. Antimicrobial and Anti-fungal Properties-

Parijataka has been used traditionally as a remedy for various microbial and fungal infections. Studies have shown that

the plant possesses strong antimicrobial and antifungal properties, making it an effective natural treatment for skin and respiratory infections. Its use has also been suggested to boost the immune system, aiding the body in fighting off infections and illnesses.

5. Other Uses-

Besides its medicinal uses, *Parijataka* is also considered a sacred plant in Hinduism and is used in various religious rituals and ceremonies. The plant is believed to have a calming effect on the mind and is often used to prepare herbal teas for relaxation and stress relief⁴.

Modern Research Studies-

In recent years, modern research studies have been conducted on this plant to validate its traditional uses and to explore its potential for new medical treatments.

1. Anti-inflammatory and analgesic properties-

One of the primary traditional uses of *Parijataka* is as an anti-inflammatory and analgesic agent. Modern research studies have confirmed these properties and have shown that the plant extract has significant anti-inflammatory and analgesic effects. In a study conducted on Wistar rats, researchers found that the ethanolic extract of *Parijataka* leaves had a dose-



dependent anti-inflammatory effect, reducing the inflammation caused by carrageenan in the rats' paws. The study also demonstrated significant analgesic activity, reducing the pain response in rats^{5,6,7,8}.

2. Antimicrobial activity-

In traditional medicine, *Parijataka* is used to treat various infections, including respiratory, urinary, and skin infections. Modern research studies have confirmed the plant's antimicrobial properties, showing that it can inhibit the growth of various pathogenic bacteria and fungi. In a study conducted on four bacterial strains, *Parijataka* leaf extract showed significant inhibitory activity against all the bacteria, with the highest activity observed against *Bacillus subtilis* and *Staphylococcus aureus*. Another study demonstrated the plant's antifungal activity against *Candida albicans*, a fungus that causes various diseases, including thrush and yeast infections^{9,10,11}.

3. Hepatoprotective activity-

The liver is an essential organ responsible for detoxification, metabolism, and many other functions. *Parijataka* has been used traditionally to treat liver diseases, and modern research studies have investigated this claim. In a study conducted on rats with drug-induced liver damage, the administration of

Parijataka leaf extract showed a significant decrease in liver injury markers, suggesting its hepatoprotective activity. The study also demonstrated the plant's antioxidant properties, which may contribute to its ability to protect the liver from damage¹².

4. Anti-diabetic activity-

Diabetes is a prevalent chronic disease that affects millions of people worldwide. Traditional medicine practitioners have used *Parijataka* to treat diabetes, and modern research studies have provided insight into its anti-diabetic properties. In a study conducted on diabetic rats, *Parijataka* leaf extract showed a significant reduction in blood glucose levels, comparable to the effect of standard anti-diabetic medication. The plant extract also showed anti-hyperlipidemic activity, reducing the levels of lipids in the blood, which are often elevated in diabetes^{13,14,15}.

5. Wound healing activity¹⁶⁻

Parijataka has been traditionally used for wound healing, and modern research studies have evaluated its potential in this area. In a study conducted on rats, the administration of *Parijataka* leaf extract demonstrated improved wound healing and closure rates. The plant extract also showed antimicrobial and anti-inflammatory activity, contributing to its wound healing properties^{17,18,19}.



Use in Sciatica:

Sciatica is a condition characterized by pain, numbness, and tingling in the lower back, buttocks, and legs, caused by compression or irritation of the sciatic nerve. In *Ayurveda*, *Parijataka* is considered to be an effective remedy for sciatica. The leaves of *Parijataka* are heated and applied to the affected area to alleviate pain and inflammation. The analgesic and anti-inflammatory properties of *Parijataka* help in reducing the nerve compression and provide relief from pain and discomfort²⁰.

Phytochemicals -

Phytochemicals are naturally occurring compounds found in plants that have been studied for their potential health benefits. They are known for their antioxidant, anti-inflammatory, and therapeutic properties. Let us delve deeper into the specific phytochemicals present in *Parijataka*.

Flavonoids

Flavonoids are a class of polyphenolic compounds known for their antioxidant and anti-inflammatory properties. They are abundantly found in *Parijataka* leaves and flowers. Some of the major flavonoids present in *Parijataka* are kaempferol, quercetin, and rutin.

Kaempferol has been shown to have anti-cancer, anti-inflammatory, and neuroprotective effects. Quercetin has

been found to have antiviral, anti-cancer, and anti-allergic properties. Rutin has been studied for its potential benefits in treating diabetes, cardiovascular diseases, and neurodegenerative disorders.

Alkaloids

Parijataka contains several alkaloids such as nyctanthin, arborinine, and norplumidine. These compounds are known for their antibacterial, antifungal, and antiviral activities. They have also been found to have anti-inflammatory and analgesic effects.

Nyctanthin, in particular, has been studied for its potential in inhibiting the growth of cancer cells. Arborinine has been found to have antioxidant and antihypertensive properties. Norplumidine has been shown to have anti-diabetic effects.

Terpenoids

Terpenoids are a diverse class of compounds found in many plants, including *Parijataka*. They are known for their anti-inflammatory, antimicrobial, and antioxidant effects. Some of the terpenoids present in *Parijataka* are beta-sitosterol and lupeol.

Beta-sitosterol has been shown to have cholesterol-lowering effects and has been used to treat conditions like benign prostatic hyperplasia (BPH). Lupeol has been studied for its anti-cancer, anti-



inflammatory, and neuroprotective properties.

Tannins

Parijataka leaves are a rich source of tannins, which are known for their astringent and antioxidant properties. They have been used in traditional medicine to treat conditions like diarrhea, dysentery, and skin diseases.

Tannins have also been found to have potential benefits in preventing and treating various types of cancer. They have been shown to inhibit the growth of cancer cells and induce their death, making them promising candidates for cancer treatment.

Saponins

Saponins are compounds with soap-like properties found in many plants, including *Parijataka*. They have been shown to have anti-inflammatory, anti-cancer, and immune-stimulating effects. They are also known for their ability to lower cholesterol levels and improve heart health^{21,22,23}.

Phytochemicals are just one aspect of *Parijataka's* medicinal properties. The plant also contains essential oils and vitamins that contribute to its overall health benefits. Traditional uses of *Parijataka* include treating fever, skin diseases, respiratory problems, and infections. It has also been used in *Ayurvedic* medicine to treat conditions like diabetes, arthritis, and neurological disorders.

Useful Parts with Indications and Contraindications-

The leaves, flowers, bark, and roots of *Parijataka* are commonly used in *Ayurvedic* preparations. The leaves are used in the treatment of fever, cough, and urinary disorders. The flowers are used to treat skin diseases and as a general tonic. The bark is used to treat respiratory disorders, while the roots are used for liver and kidney disorders. *Parijataka* should be avoided in conditions like pregnancy, breastfeeding, and hypersensitivity²⁴.

CONCLUSION-

Parijataka (*Nyctanthus arbortristis*) is a highly valued medicinal plant in *Ayurveda*, with a wide range of therapeutic properties. Its traditional uses have been validated by modern research studies, making it a popular choice in both *Ayurvedic* and modern clinical settings. Its use in the treatment of sciatica is particularly noteworthy. However, caution should be exercised while using *Parijataka*, and it is always advisable to consult a qualified *Ayurvedic* practitioner before using it for any health condition.

REFERENCES-

1. Hiremath et al., Literary review of Parijata (*Nyctanthus arbor-tristis* Linn.) An Herbal Medicament with Special Reference to Ayurveda and Botanical Literatures , Biomed. &



- Pharmacol. J., Vol. 9(3), 1019-1025 (2016)
2. Himanshi Rawat , Yashika Verma , Ayesha , Neha Saini , Neha Negi , Hem Chandra Pant et.al. *Nyctanthes arbor-tristis*: A traditional herbal plant with miraculous potential in medicine. *International Journal of Botany Studies*, Volume 6, Issue 3, 2021, Page No. 427-440
 3. Hetal Bhalakiya, Nainesh R. Modi. Traditional medicinal uses, phytochemical profile and pharmacological activities of *Nyctanthes arbor-tristis*. *RJLBPCS* 2019; 5(2):1003-1023
 4. Jyoti Agrawal, Anirban Pal, *Nyctanthes arbor-tristis* Linn-A critical ethnopharmacological review, *Journal of Ethnopharmacology*, Volume 146, Issue 3, 2013, Pages 645-658
 5. Sharma VK, Prateeksha P, Singh SP, Rao CV, Singh BN. *Nyctanthes arbor-tristis* bioactive extract ameliorates LPS-induced inflammation through the inhibition of NF- κ B signalling pathway. *J Ethnopharmacol.* 2024 Feb 10;320:117382. Doi: 10.1016/j.jep.2023.117382. Epub 2023 Nov 2. PMID: 37925001.
 6. Uroos M, Abbas Z, Sattar S, Umer N, Shabbir A, Shafiq-Ur-Rehman, Sharif A. *Nyctanthes arbor-tristis* Ameliorated FCA-Induced Experimental Arthritis: A Comparative Study among Different Extracts. *Evid Based Complement Alternat Med.* 2017;2017:4634853. Doi: 10.1155/2017/4634853. Epub 2017 Jun 6. PMID: 28676830; PMCID: PMC5476964.
 7. Saxena RS, Gupta B, Saxena KK, Singh RC, Prasad DN. Study of anti-inflammatory activity in the leaves of *Nyctanthes arbor tristis* Linn.--an Indian medicinal plant. *J Ethnopharmacol.* 1984 Aug;11(3):319-30. Doi: 10.1016/0378-8741(84)90077-1. PMID: 6482481.
 8. Kakoti BB, Pradhan P, Borah S, Mahato K, Kumar M. Analgesic and anti-inflammatory activities of the methanolic stem bark extract of *Nyctanthes arbor-tristis* linn. *Biomed Res Int.* 2013;2013:826295. Doi: 10.1155/2013/826295. Epub 2013 Jul 29. PMID: 23984409; PMCID: PMC3745914.
 9. Khatune NA, Mosaddik MA, Haque ME. Antibacterial activity and cytotoxicity of *Nyctanthes arbor-tristis* flowers. *Fitoterapia.* 2001 May;72(4):412-4. Doi: 10.1016/s0367-326x(00)00318-x. PMID: 11395266.



10. Puri A, Saxena R, Saxena RP, Saxena KC, Srivastava V, Tandon JS. Immunostimulant activity of *Nyctanthes arbor-tristis* L. *J Ethnopharmacol.* 1994 Mar;42(1):31-7. Doi: 10.1016/0378-8741(94)90020-5. PMID: 8046941.
11. Hazarika A, Debnath S, Sarma J, Deka D. Evaluation of in vivo anthelmintic efficacy of certain indigenous plants against experimentally- induced *Ascaridia galli* infection in local birds (*Gallus domesticus*). *Exp Parasitol.* 2023 Apr;247:108476. Doi: 10.1016/j.exppara.2023.108476. Epub 2023 Feb 3. PMID: 36739959.
12. Puri A, Saxena R, Saxena RP, Saxena KC, Srivastava V, Tandon JS. Immunostimulant activity of *Nyctanthes arbor-tristis* L. *J Ethnopharmacol.* 1994 Mar;42(1):31-7. Doi: 10.1016/0378-8741(94)90020-5. PMID: 8046941.
13. Mousum SA, Ahmed S, Gawali B, Kwatra M, Ahmed A, Lahkar M. *Nyctanthes arbor-tristis* leaf extract ameliorates hyperlipidemia- and hyperglycemia-associated nephrotoxicity by improving antioxidant and anti-inflammatory status in high-fat diet-streptozotocin-induced diabetic rats. *Inflammopharmacology.* 2018 Dec;26(6):1415-1428. Doi: 10.1007/s10787-018-0497-6. Epub 2018 Jun 1. PMID: 29858739.
14. Vajravijayan S, Nandhagopal N, Anantha Krishnan D, Gunasekaran K. Isolation and characterization of an iridoid, *Arbortristoside-C* from *Nyctanthes arbor-tristis* Linn., a potential drug candidate for diabetes targeting β -glucosidase. *J Biomol Struct Dyn.* 2022 Jan;40(1):337-347. Doi: 10.1080/07391102.2020.1813201. Epub 2020 Sep 1. PMID: 32870131.
15. Rangika BS, Dayananda PD, Peiris DC. Hypoglycemic and hypolipidemic activities of aqueous extract of flowers from *Nyctanthes arbor-tristis* L. In male mice. *BMC Complement Altern Med.* 2015 Aug 19;15:289. Doi: 10.1186/s12906-015-0807-0. PMID: 26285827; PMCID: PMC4544794.
16. Varadkar M, Gadgoli C. Preparation and evaluation of wound healing activity of phytosomes of crocetin from *Nyctanthes arbor-tristis* in rats. *J Tradit Complement Med.* 2021 Oct 11;12(4):354-360. Doi: 10.1016/j.jtcme.2021.10.002. PMID: 35747356; PMCID: PMC9209858.
17. Albert Alex, Kirti Rai, Harshita Mishra, Deepak Kajla, Seema, Satyender Kumar et.al. Ethnobotanical, phytochemical, medicinal and clinical



- properties of *Nyctanthes Arbor-tristis* (nat) linn: A promising medicinal plant for drug discovery, *International Journal of Pharmaceutical Research and Applications*, Volume 7, Issue 1 Jan-Feb 2022, pp: 1280-1293
18. Suresh Khanna, Arjun Soni. Pharmacological and Phytochemical properties of *Nyctanthes arbor tristis*: A review .*PEXACY International Journal of Pharmaceutical Science*, Volume-2, Issue-1;2023:15-25
19. Preeti Mishra, Deeksha Tiwari, Aman Tomar, Anoop Verma, Sagar Singhal, Jagrati Mittal. Harsingar plant and its species: Review on medicinal uses, therapeutics effects and its importance. *Advance Pharmaceutical Journal* 2022; 7(3):67-72
20. Verrma, Rajesh Kumar. Evaluation of Efficacy of Parijata (*Nyctenthes Arbor-Tristis* Linn.)Patra in the Management of Gridhrasi W.S.R.T Sciatica -A Clinical Study. ?Rajiv Gandhi University of Health Sciences (India)?proquest Dissertations Publishing, ?2012.?30577321.
21. Ankit Shukla, Dr. M.K Gupta, Ms. Sadaf Arfi, Vipin Kumar Singh, Shubhyanka Singh. Exploring anti-inflammatory properties and phytochemical composition of *Nyctanthes arbor-tristis*: a comprehensive review. SEYBOLD REPORT, Vol. 18 Issue-3, 2023:154-170
22. Champa Rani, Sunaina Chawla, Manisha Mangal, AK Mangal, Subhash Kajla, AK Dhawan. *Nyctanthes arbor-tristis* Linn. (Night Jasmine): A sacred ornamental plant with immense medicinal potentials. *Indian Journal of Traditional Knowledge*, Vol. 11 (3), July 2012, pp. 427-435
23. Gahtori R, Tripathi AH, Chand G, Pande A, Joshi P, Rai RC, Upadhyay SK. Phytochemical Screening of *Nyctanthes arbor-tristis* Plant Extracts and Their Antioxidant and Antibacterial Activity Analysis. *Appl Biochem Biotechnol*. 2023 May 4. Doi: 10.1007/s12010-023-04552-4. Epub ahead of print. PMID: 37140779.
24. K. Sucharitha, CHV. Sai Manisha, N. Nandini, I. Deepika Reddy, D. Eswar Tony and Rama Rao Nadendla. *Nyctanthus arbortristis* - Parijata a natural repository. *IJPCBS* 2019, 9(3), 102-105



EFFECT OF SHIRODHARA IN ANIDRA (INSOMNIA)

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Abstract :

Faster and more technologically advanced lifestyles in the current period result in less time for relaxation, which leads to stress and related ailments such as insomnia, anxiety and depression. Due to diverse occupational, environmental, and societal contexts, humans face a variety of obstacles on a daily basis which challenged our ability to live healthier and fully in the present moment. These life events are closely associated with the onset of insomnia. Nidra is considered one of the components among the primary tripod of life. According to ayurveda sleep is one of the most crucial aspects of health deal with the happiness and good health. In the context of Vata nanatmaja vyadhi, anidra is regarded as a single disease as well as a symptom of several other physical and mental conditions. Shirodhara in itself has a vata pacifying effect. Shirodhara, a dripping process, is used as an initial treatment for anxiety, insomnia and depression in Ayurveda. It

improves the blood circulation to the brain and relieve the tension by calming the nerve and thereby combat insomnia and promote physical and mental calmness. Shirodhara is noninvasive technique has good effect on stress, anxiety, insomnia, hypertension, depression. It is a significant Ayurvedic treatment technique with neuro-immuno-physio-psychological impacts on the human body.

Keywords- Anindra, Insomnia, Shirodhara.

INTRODUCTION-

Unnatural food habit with pressures from the outside world, such as financial strain, job demands, and busy schedules, can all raise our stress levels. All kind of worries can trigger body flight and fight mood. Prolonged or inadequate response to stressors can impair the of the human body's resulting in endocrine, metabolic, autoimmune, and psychological disorders. Nidra (sleep) is one of the components of Trayopastambha (sub-pillars of life)¹. Nidra is an outcome of relaxed mental

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state, so whenever the functions of *mana* (psyche) are disturbed, the sleep also becomes disturbed. *Acharya Kashya* said good sleep is a sign of good health². Since the primary complaint of *Anidra* is trouble falling or staying asleep, the condition has been compared to insomnia. *Acharya Charaka* defined *Chinta* (stress)-*Atichintan* (overthinking) are the causative factors of the vitiation of *Rasavaha Srotas*- a body channel that may cause many diseases in the human body³. *Vata* gets aggravated by *Chinta*⁴ and vitiated *Vata* has a negative impact on the heart and upsets the *Smriti* and *Buddhi*⁵. During the description of *Nidra*, *Acharyas* have mentioned that *Sharirika Dosha Kapha*, *Manasika Dosha Tama*, *Chetana Sthana Hridaya* (heart), *Mana* and *Sanjnavaha Srotasa* are responsible for its production. Hence it is evident that the *Vata Dosha*, *Pitta Dosha*, *Rajo guna*, *Hridaya Mana* and *Sanjnavaha Srotas* play an important role in the formation of *Samprapti* or pathogenesis of *Anidra*. Thus, vitiation of these factors leads to the disease of *Anidra*. It also includes “*Asvapan*” under *Vatananatmaj vikara*⁶. According to *acharya Sushrut Vata*, *pitta*, *mana santap*, *kshaya*, and *abhighataj* are the aetiologies of *Anidra*⁷ (insomnia).

Shirodhara

The word *shirodhara* is derived from Sanskrit language *shiro* (head) + *dhara* (to

flow). It is a form of *snehana* procedure, which involves gently pouring liquids over the forehead. *Shirodhara* is in fact a variety of *Moordhani Taila* (application of oil on the head)⁸. The number of neurotransmitters is disrupted in insomnia, *shirodhara* mechanism create change in balance of these neurotransmitter causing insomnia. The choice of medication and how long it is taken for depends on a number of variables, such as the disease’s characteristics, chronicity, *Dosha*, the patient’s *prakriti*, and the surroundings environment. *Shirodhara* comes in a variety of specialized forms, including *Takradhara*, *Kwathadhara*, *Jaladhara*, *Tailadhara*, and *Ksheeradhara*. Since the *Vyapaka* (widespread) *vata* is seated in the *Sparshendriya* (skin), which is the *Chetsamvahi* (innate association with mind), *Shirodhara* acts as a gentle massage on the head, reestablishing the functions of *Vata* and *Mana*⁹. The heated oil or other medium is collected, maintained at a constant warm temperature, and then reused. The procedure lasts 50–55 minutes in *Vataja Vikara*, 40–45 minutes in *Pittaja Vikara*, and 30–35 minutes in *Kaphaja Vikara*¹⁰. Through its mechanical effect, *Shirodhara* reestablishes the functional integrity between the doshas located in *Shira* or *Hridaya* i.e. *Prana*.



DISSCUSSION

Constant flow of *Shirodhara* on *Shira* enhances *Dhi* (intellect), *Dhiriti* (restraint), and *Dhyana* (concentration), resulting in an improvement in *Satva guna* and a balance between *Raja* and *Tama dosha*. According to *Ayurveda*, the head—also referred to as *Uttamanga*—is the basis of all of the sense faculties in a living being. As a result, *Shirodhara* strengthens the *Prana* and *Indriyas*, which are frequently vitiated in cases of psychological disorders¹¹. Constant pressure and vibration produced in the *Shirodhara* procedure, amplified by the hollow sinus present in the frontal bone, which transmitted inward through cerebrospinal fluid and interrupt the nerve impulse conduction and relaxes the mind and reduce stress. *Sthapni*, *Utshepa*, *Avarta*, *Shankha* and *Apanga Marma* are situated in head and forehead region¹² and dominant in *Agni* and *Vayu Mahabhoota*¹³. The pituitary and pineal gland sites coexist with the *Sthapni Marma* site. *Shirodhara* stimulates these glands by its penetrating effect, which lower cortisol and adrenaline levels in the brain, synchronize alpha waves in the brain, fortify the mind and spirit, and have an ongoing effect even after relaxation. A steady stream of warm water can dilate blood vessels, increasing blood flow to the brain. After then, it circulates and warms the entire body. It has been demonstrated that longer sleep durations

are correlated with higher body temperatures. According to Yogic science, it stimulates supreme *Chakras* i.e. *Aagya Chakra* and *Sahasrara Chakra* situated in the head region, which regulate the vital energies of body. When these *Chakras* are stimulated, the person's mental state improves. Hence, the *Shirodhara* truly helps conditions like *Anidra*.

CONCLUSION

Since *anindra* comes under 80 *Nanatmaja vikaras* and *vata* vitiation occurs in nearly all *anidra* cases. *Shirodhara*, a Panchakarma-based treatment, is a more effective and secure way to treat *anindra* (insomnia). Regardless of the liquid used, *Shirodhara* offers a number of additional therapeutic benefits, including meditation effect the ability to improve *Satva guna*, balance *Tama* and *Raja doshas*. aid in the release of enough melatonin and the normalization of Serotonin. It functions by balancing the disrupted *Manasika Bhavas*, or stressors, which ultimately results in mental calmness and sleep induction.

REFERENCES

- 1.Pt. Kasinatha Sastri and Dr. Gorakhanantha Chaturvedi Charaka Samhita, Sutrasthana; Triaisaindiya adhyaya: Chapter11, Verse 35; Varanasi: Chaukhambha Bharati Academy (2016).



2. Sharma H, Vriddha Jivak, Kashyap samhita., khila sthana Bhojyopakramniya adhayaya, 5/6-8. Varanasi, chaukhambha sanskrit samsthan, 2016.
3. Pt. Kasinatha Sastri and Dr. Gorakha nantha Chaturvedi, Charak samhita. Vimanasthana; Srotovimanadhyaya: chapter 05, verse 13, Chaukhambha Surbharati Prakashan, Varanasi (2016).
4. Pt. Kasinatha Sastri and Dr. Gorakha nantha Chaturvedi, Charak Samhita, Chikitsasthana: Vatavyadhiadhyaya: chapter 28, verse 26, Chaukhambha Surbharati Prakashan, Varanasi (2018).
5. Pt. Kasinatha Sastri and Dr. Gorakha nantha Chaturvedi, Charak Samhita Chikitsasthana; Unmada chikisaa-dhyaya: chapter 09, verse 09, Chaukhambha Surbharati Prakashan, Varanasi (2018).
6. Pt. Kasinatha Sastri and Dr. Gorakha nantha Chaturvedi Charaka Samhita, Sutrasthana; Maharogaadhyaya: Chapter20, Verse 11; Varanasi: Chaukhambha Bharati Academy (2016).
7. Kaviraja Ambikadutta Shastri, Susrutasamhita shareersthana; Garbhavyakarana Sharira, 4/41 Varanasi, chaukhambha sanskrit samsthan,(2018).
8. Kaviraja Atrideva Gupta, Ashtanga Hridaya of Vagbhatt, Sutrasthana; Gandushadividhim: Chapter 22, Verse 23. Varanasi: Chaukhambha Sanskrit Sansthana 20019.
9. Pt. Kasinatha Sastri and Dr. Gorakha nantha Chaturvedi, Charaka Samhita, Sutrasthana; Triaisaindiyadhyaya: Chapter11, Verse 38. Varanasi: Chaukhambha Bharati Academy (2016).
10. Sharma M, Recent Advances in panchakarma Therapy, Nagpur, Shree Biadyanath Ayurved Bhavan (2012)
11. Pt. Kasinatha Sastri and Dr. Gorakha nantha Chaturvedi Charaka Samhita, Sutrasthana; Chapter17, Verse 3; Varanasi: Chaukhambha Bharati Academy (2016).
12. Kaviraja Ambikadutta Shastri, Susrutasamhita shareersthana 5/ 28. Varanasi, chaukhambha sanskrit samsthan. 2014.
13. Kaviraja Ambikadutta Shastri, Shushrut samhita, Sharira sthana 6/17, Varanasi, chaukhambha sanskrit samsthan. 2014.



A COMPREHENSIVE AYURVEDIC APPROACH TO CEREBRAL PALSY MANAGEMENT

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ABSTRACT-

Cerebral palsy is a non-progressive perinatal encephalopathy characterised by poor movement and postural control, as well as cognitive, communicative, and behavioural abnormalities. It is a leading cause of childhood impairment, impairing function and development and resulting in physical, mental, and social handicaps. Numerous elements impacting the growing brain are detailed in Ayurvedic writings, as well as numerous preventative measures and advice that should be followed. Cerebral palsy and its related signs and symptoms are mostly addressed in Ayurvedic writings as Vatavyadhi. The major causes include Dauhrud Avamanana (the pregnant woman's unfulfilled longings), Vata Prakopa during pregnancy, using Garbhopaghatakara bhava, using Dusta stanya, and so on. There is currently no effective therapy for the underlying brain damage that causes cerebral palsy. At this point, no effective therapy for the underlying brain damage in cerebral palsy has been identified. Ayurveda is a time-tested living science that uses a

comprehensive approach to handle all aspects and illnesses in life. In the case of cerebral palsy, numerous therapeutic techniques are available, including drugs such as Medhya Rasayana to enhance brain stamina and Panchakarma therapy such as Snehana, Swedana, Nasya, and Basti to relieve spasticity and strengthen the muscles. As a result, it is vital to study and promote the Ayurvedic medical system for the better management of cerebral palsy in children.

Keywords: Cerebral Palsy, Ayurveda, Medhya, Panchakarma, Nasya etc.

INTRODUCTION-

Cerebral palsy is a collection of mobility and postural abnormalities caused by non-progressive, irreversible damage to the developing brain.¹ Children with cerebral palsy have poor muscular coordination, difficulty organizing sensory information, and functional limitations. Upper and lower neuronal dysfunction is common in children with cerebral palsy, and symptoms include weakness, related mirror motions, reduced velocity,

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overactive reflexes, muscular contractures, changed biomechanics, disuse, sensory impairment, and hypertonia.²

Cerebral palsy movement impairments are frequently accompanied with sensory, cognitive, communication, perception, and/or behaviour difficulties, as well as a seizure condition. Impairments in the upper limbs make reaching, holding, and manipulating items difficult. Despite the establishment of a highly specialised contemporary medical system, the prevalence of cerebral palsy cases continues to rise.

TYPES OF CEREBRAL PALSY-

Cerebral palsy is classified based on the afflicted area of the brain that controls movement. The degree of the brain lesion and its influence on muscle tone determine the kind of movement in Cerebral Palsy patients. Cerebral palsy is assessed into 4 types

1. Spastic cerebral palsy- It is caused by injury to the brain's motor cortex and pyramidal tract. Simple actions like walking or holding up little items become more difficult in this sort of CP. There are also some comorbid conditions such as ADHD and epilepsy. Spastic CP is classified as spastic diplegia, spastic hemiplegia, or spastic quadriplegia based on the region of muscular rigidity affected.

2. Athetoid cerebral palsy- It is sometimes referred to as dyskinetic cerebral palsy and is caused by injury to the basal ganglia, cerebellum, or both. The basal ganglia coordinate voluntary movement and aid in the regulation of thinking and learning, whereas the cerebellum is important for balance and fine motor function.

3. Ataxic cerebral palsy -There is inadequate movement as a result of a lack of motor coordination. It has characteristics of all forms of C.P. Cerebral palsy throughout childhood or preschool. Impaired movement associated with abnormal reflexes, floatiness or rigidity of the limbs and trunk, abnormal posture, involuntary movements, unknowingly bending arms or clenching fists, unsteady walking, toe walking, Teddy bear pose (keeping arms raised or suspended in air) Cerebral Palsy's early symptoms include a baby's failure to elevate his or her head by the right developmental age, poor muscle tone, stiffness in joints or muscles, or uncontrolled movement in a baby's arms or legs.

4. Mixed type -It contains features of all types of C.P .

These youngsters may have extra cognitive, communicative, and behavioural issues. Some children with cerebral palsy have aberrant brain imaging, such as focal



infarction, brain malformations, and periventricular leukomalacia; however, not all children with cerebral palsy have abnormal brain imaging, and pinpointing the aetiology in such circumstances is very difficult.

CAUSES OF CEREBRAL PALSY-

This is an episodic, nonprogressive, noncontagious condition with a variety of aetiologies, while insult-producing harm to the developing brain specifically, birth asphyxia is usually considered the cause.

Ayurvedic scriptures describe the following disorders that might cause cerebral palsy or diseases that are comparable to it as causative causes:

Dauhrud Avamanana (without taking into account the pregnant woman's wishes coming true) Vata Prakopa, or vata aggravated during pregnancy, can happen. Applying Garbhopaghatakara bhava (dietary and lifestyle modifications that cause birth defects or loss)^{3,4}

Among these are the following: The ingestion of Atiguru (very poorly digested food items), Atiushna (excessive Ushna/hot food items), and Atiteekshna food items.

Daruna Chesta (overly diligent effort) Rakta Vastra Dharana, which involves wearing red or blood-stained garments Use of Madya (alcohol) or consumption of Madakarak (food item that causes

drunkenness or intoxication) Yanamadhirohana, which is traveling over particularly strong shaking Meat consumption Use of Sarvendriya Pratikula Ahara Vihara (diet or conduct detrimental to sensory organs), not adhering to the recommended Garbhini Paricharya (the best practices during pregnancy as advised by Ayurvedic literature or others)

Atmaja, Satmaja, Satvaja, Rasaja, Matrāja, and Pitraja are the incompatible Garbha Vriddhikara Bhava (foetal growth factors).⁵

When mothers who are Vatapitta Prakriti consume vitiated mother milk, called Dusta Stanya, it is mostly due to Tridosha or Vata Pitta⁶.

It's possible that one or more of the following happened:

- Ulbaka roga (aspiration of amniotic fluid);
- Shiromarmabhighata (damage to the skull);
- Poorly performed Prana Pratyagamana (resuscitation of the newborn). inappropriate Graha Roga (infectious problems), inappropriate Shishu Paricharya (not giving babies or infants the attention they need), and inappropriate Nabhi Nadi Vikara (diseases of the umbilical cord).



Graha Roga (infectious diseases), Improper Shishu Paricharya (not using proper neonatal/infant care).

ACCORDING TO AYURVEDA-

There is no association with any particular disease or condition in Ayurveda. Cerebral palsy may referred to as Janma Bala Pravritta Vyadhi (Congenital disorder) or Shiro Marmabhighata (illness caused by head or vital organ harm) Vata Vyadhi (Neurological disease). Beside these some symptoms of Vata vyadhi like pangulya (Locomotor disorder), muka, minmin & gadgad (Dumbness), Phakka (A kind of nutritional disorder), badhirya (Deafness), ekanga roga (Monoplegia), sarvanga roga (Quadriplegia, pakshaghata (Hemiparesis), pakshavadha (Hemiplegia), choreoathetoid (Vepathu) and some symptoms of graha e.g skanda and skandaapasmaar graha etc, overlap with the symptoms of Cerebral palsy. VATA's major Guna is 'CHAL,' and Cerebral Palsy is mostly associated with Vata Vyadhi. Which mostly demonstrate locomotory dysfunction as well as other motor impairments. numerous elements impacting the growing brain are detailed in Ayurvedic writings, as well as numerous preventative and therapeutic methods and advice that should be followed.

All of the disorders stated above are categorized as Vatavydhi, and therapy should be organized using Ayurvedic diagnostic methods (Rogi- Roga Pareeksha)

such as Dosha, Dushya, Srotos, Adhithana, Vyaktasthana, Prakriti, Asthavidha Pareeksha, and so on. According to Vagbhatta, it is classified as a Sahaja, Garbhaja, or Jataja sickness.⁷

There is currently no effective therapy for the underlying brain damage in cerebral palsy. The management of cerebral palsy includes therapies that relieve muscle stiffness, such as physiotherapy, speech therapy, occupational therapy, and some stiffness-removing drugs, so that the affected child can perform their daily routine work. However, it has been observed that these therapies are insufficient for the management of cerebral palsy, and there is a significant need to search for better options for the management of such abnormalities. The management should also concentrate on improving the function of brain injury. Ayurveda is a time-tested living science with a comprehensive approach to managing all elements and illnesses of life. In the case of cerebral palsy, Ayurvedic treatments include drugs like Medhya Rasayana, which enhances brain stamina, and Panchakarma therapy, which relieves stiffness and strengthens the muscles. As a result, it is vital to study and promote the Ayurvedic medical system in the treatment of cerebral palsy.

Cerebral palsy has no cure, although several therapies can help a child with the



disorder function and live more efficiently. Management should aim to avoid subsequent deficits and improve the child's developing capacities. A thorough description of the management of Vata Vyadhi has been published in Ayurvedic literature, which might be useful for the treatment of Cerebral Palsy. It is regarded as one of the most significant procedures for Vata shamans. Basti possesses multidimensional activity and is the best method for Vata-Vyadhi. Shirodhara and Nasya are methods for calming the nervous system. The overall purpose of treatment is to assist the child in reaching his or her full physical, mental, and social potential. Udwartana, Sarvaanga Abhayanga, Shahstishali Pinda Swedana, Naadi Swedana, Baasp Swedana, Parisheka Swedana, Nasya, and Basti are panchakarma techniques that have been reported to be useful in the treatment of cerebral palsy⁸.

APPLICABLE PANCHAKARMA PROCEDURE IN THE MANAGEMENT OF CEREBAL PALSY-

Cerebral palsy is to enable the afflicted child to do everyday tasks by reducing muscular stiffness through physiotherapy, speech therapy, occupational therapy, and some stiffness-removing medications. Nonetheless, it has been noted that these treatments are inadequate for the care of patients with cerebral palsy, and a major

search for more effective solutions for the treatment of such anomalies is necessary. Ayurveda is a very old and tried-and-true living science that may be used to treat any facet or difficulty in life. In the case of cerebral palsy, panchakarma treatment and medicine are two of the potential options for treatment. The following Panchakarma technique, as described in Ayurvedic scriptures, performs effectively for cerebral palsy.

SNEHANA-

Snehana is the process by which the body receives Sneha, Vishyanda (solubility/liquidity), Mardava, and Kleda.⁹ Sneha eliminates vitiated Dosha and lengthens the life of the body as well as its complexion, vigour, energy, and so on.¹⁰ 1. The Snehana Karma process results in the internal and external use of Sneha. The brain benefits from Sneha's treatment with Medhya medications since they nourish the body and work to break the sickness. External application of Sneha, such as Abhyanga, nourishes and reduces stiffness in people with cerebral palsy. Snehana soothes Vata Vikara¹¹ and can thus be used to persons suffering from cerebral palsy. Specific oil must be decided on in step with the sort of the disease 1. Vataj temperament medicated oil -Ksheerabala taila, Balaguduchyadi taila, Mahamashyadi taila etc. 2. Pittaj temperament - Bhringamalakadi, Manjisthadi taila etc



3. Kaphaj temperament - Eladi, Asanavilwadi, Marichyadi taila Abhyanga (Snehana) provide nourishment due to its snigdha, guru, shita, mridu, picchila, sara, manda, sukshma guna.

MODE OF ACTION-

Abhyanga includes cutaneous massage and is regarded as one of the most important methods for Vata reduction. It primarily operates through two mechanisms: local and central. Local processes include cutaneous stimulation, which causes arterioles to widen and so increases circulation. It also helps with venous and lymphatic drainage. This hypercirculatory condition also improves transdermal medication absorption and assimilation. Abhyanga increases blood circulation to muscles, relieves stiffness, activates sensory nerve endings in the skin, and provides a plethora of sensory inputs to the cortex and other centres in the central nervous system. Abhyanga includes cutaneous massage and is regarded as one of the most important methods for Vata reduction. It primarily operates through two mechanisms: local and central. Local processes include cutaneous stimulation, which causes arterioles to widen and so increases circulation. It also helps with venous and lymphatic drainage. This hypercirculatory condition also improves transdermal medication absorption and assimilation. Abhyanga increases blood

circulation to muscles, relieves stiffness, activates sensory nerve endings in the skin, and provides a plethora of sensory inputs to the cortex and other centres in the central nervous system. Abhyanga normalises both superficial and deep muscles, making them strong and joint stable. It has a soothing and pleasant impact. Abhyanga strokes such as kneading, friction, and so on promote local circulation. Abhyanga is composed of kaphavatahara, pustivardhak, and ayurvedhak. Snehana and Swedana both have qualities that reduce spasticity, stiffness, discomfort, and enhance joint range of motion in Cerebral Palsy patients.

SWEDANA -

Swedana in Ayurveda is the introduction of sweating for therapeutic purposes. It should be done after a proper Snehana and removes stiffness, heaviness, and coldness in the body.¹² Correct Snehana - Swedana reduces muscle stiffness in people with C.P. Acharya Kashyap mentioned eight type of swedana Hasta sweda, Pradeha sweda, Nadi sweda, Prastarsweda, Sankarsweda, Upnahasweda, Avagahaswda, Parisheksweda Acharya Kashyap recommended avasthika sweda in children, which means that sweda in children should be done according to roga and rogi's bala, with particular focus placed on sheeta, vyadhi, and sharirk bala. Person with different doshas temperament of



sweda are used Vataj vyadhi - Snigdha sweda Kaphaj vyadhi – Ruksh sweda Vataj and Kaphaj vyadhi-both should be employed. Pinda sweda It is the type of fomentation by means of pinda, containing drugs with or without being wrapped with a cloth. It is the kind of Sankara sweda. Sweda pinda It is a kind of fomentation done using a pinda that contains medications wrapped in cloth or not. It is the Sankara sweda form.

SHASHTIKASHALI PINDA SWEDA-

Shashtikashali pinda sweda is a typical swedana method used in children in which a specific portion or the whole body is caused to sweat by the application of shashtika shali in the shape of pottali (boluses knotted in cotton fabric). Shashtika Shali is made with milk and herb decoction, and cooked rice is wrapped in fabric to produce pottalis. To dip the pottalis of boluses, combine the remaining Kwatha and milk and cook over low heat. Following the creation of pottalis, the patient is gently massaged with sufficient warm pottalis. The remedy takes among half-hour to an hour.

MODE OF ACTION¹³

Shashtikashali is composed of the elements snigdha, sthira, balavardhaka, and dehadardhyakrita. Snigdha, rasayana, balya, and Vatahara are used to cook the grains and heat the bolus. Heat from a bolus of

shashtikshali dipped in balamula kwath with godugdh stimulates blood flow locally, and bala absorbed locally provides sustenance to muscle tissue and prevents emaciation. As a result, applying therapeutic heat produces vasodilation, which enhances blood circulation and waste disposal. Anabolism rises when blood circulation improves and tissue obtains optimum oxygen and nourishment. Heating can also increase joint mobility and range of motion by reducing stiffness and enhancing tissue flexibility. Furthermore, the shrotas cleanse and open the channel, allowing for increased sustenance and free circulation of Vata Dosha. This results in spasticity reduction, increased nutrition and free mobility of joints, and the prevention of deformities and contractures. As a result, the Shashtikashali pinda sweda is one of the swedana that can help children with cerebral palsy.

1. NASYA

Nasya is a medicinal method used to treat urdhvajatrugat roga and other systemic disorders. Nasya is the process of administering medications through the nostrils.

Panchendriyavardham, anu tail, shadbindu tail, and other drugs are commonly used to treat nasya.

Nasya's age range is 7 to 80 years.



In Ayurveda, nasa is regarded as the path of shira, which is uttamanga and the seat of prana. During nasya, the patient should sit or lie down in a comfortable position, then a light massage over the head, forehead, and face is administered, followed by mild swedana. Warm oil should be used.

In each nostril, the specified amount should be administered. Following the procedure, a light massage is administered to palmer and planter, shoulder and back region, face oil should be cleaned away, and suggestions for Use lukewarm water to gargle.

MODE OF ACTION-

Nasya karma is mostly used to cleanse the channels in the head and neck area. The nasal instillation of herbal medications helps to remove the exacerbated kapha dosha, which commonly inhibits the upper respiratory system. The sense channels in the human body are intimately related to shira (head), much as sun rays are to the sun. The medication that is injected into the nostrils travels up to the sringataka marma and spreads to the inside of the head and the junctions where all the channels associated to the eye, ear, and nose meet. The olfactory nerves of the nose are linked to the limbic system, which includes the amygdaloidal complex, hypothalamus, and basal ganglia, among other things. As a result, Thus, medications taken through the

nose immediately reach higher brain centres and impact the neurological and endocrine systems by modulating doshas.

2. BASTI-

Basti is the most ideal procedure for Vata vitiation since the drugs are in suspension form. In children, drugs are administered through the rectum.¹⁴

Among all treatment techniques, basti is regarded as preferable since it is similar to amrita for paediatric patients. It is critical to understand how to provide basti to youngsters.¹⁵

Basti is a challenging concept to grasp and use in paediatrics. Basti provides comprehensive nutrition to the body. It begins by detoxifying the shrotus, which is then followed by anabolic function. Basti is made using several medical oils, such as kwatha and kalka, madhu and saindhav. The patient should lie down in the left lateral posture. Before administering basti, a tiny amount of oil is given to the patient's anus as well as the basti netra, and the basti netra is delicately inserted into the rectum. After carefully inserting the basti Netra up to a specific point into the anal canal, a uniformly applied pressure is applied to the mixture containing the basti putak. To prevent air introduction, pressure is maintained until very little fluid is left in the bag. After that, the nasal is carefully removed, and the patient is free to lie down in a supine position until the need to expel



comes on. The patient may have a gentle hot water bath following the evacuation of their colon. Matra basti is a kind of Sneha basti in which a tiny amount of therapeutic oil is administered; there is no danger involved in administering it regularly.

No matter one's age, Matra basti can be utilized with a little caution.¹⁶

It is stated that Matra Bastii has a bringhana effect. It is capable of eliminating all diseases that young children may have. According to Vatasaman's research, basti increases joint flexibility in those with cerebral palsy.¹⁷

Basti is a crucial Panchakarma technique for cerebral palsy and is part of the therapy for Vataj Vyadhi. There are several varieties of basti, including Uttara, Anuvasana, and Niruha. There is no other therapy that can calm and balance the Vata.

MODE OF ACTION-

During the Basti operation, medication is injected into the anal canal to the umbilicus, hips, waist, loins, and small intestine. This allows excretory and poisonous materials that have dispersed throughout the body to be readily expelled. Instantaneously, basti karma helps the body's bala, varna, harshness, mridutwa, and snehana. The most popular and successful therapy option for neurological problems is basticism. It is believed that

matra basti is vata roghara, balya, and bringhana. The mool sthan of Vata-dosha is called Pakwashya. Basti controls Vata throughout the body by acting on the moolsthan. The presence of short-chain fatty acids in medicinal oil allows direct drug diffusion from epithelial cells into capillary blood villi, demonstrating the medicine's universal impact when the oil reaches the colon and rectum.

Since the rectal mucosa is a lipid membrane and the medication may pass through it to reach the general circulation, basti affects the entire body. The rectal mucosa has a high blood and lymph supply. By attaching to a receptor site on a motor or sympathetic nerve terminal, basti may impede neuromuscular transmission by preventing the release of acetylcholine from the nerve terminal. Deeper dhatus receive greater nutrients from matra basti.¹⁸

Basti help people with cerebral palsy with their general and fine motor skills. Basti has helped people with cerebral palsy with their fine and gross motor skills. Basti has been shown to be helpful for spastic diplegia. Matra basti enhances overall dietary quality. Expelling the dosha and providing nourishment to the body, as suggested in chronic neurological disorders, are the two functions of basti.

Action of Basti is associated with the facilitation of excretion of morbid



substances, responsible for disease process in to the colon, from where they are evacuated. Basti dravya when injected into rectum may activate the sensory system as a result of its chemical makeup and effects on intestinal pressure. As the sum of nervous system is inter-related, the regular stimulation on enteric nervous system has favourable

impact also on the central nervous system. When basti dravyas are pass through gastrointestinal tract, it presumably activate the cells (Enterochromaffin cells or enteroendocrine cells) that aid in improving brain function and compensating for deficits.

The mechanism of action of Basti is associated with the stimulation of the excretion of morbid chemicals into the colon, where they are eliminated and accountable for the illness process. Because of its chemicals, basti dravya may excite the sensory system when injected into the rectum. Niruha and Asthapana basti are the principal performers of Shodhana karma. The regimen is chosen based on the patient's state and the illness. As per Kashyap, Basti is administered beyond the crawling age. However, Anuvashana basti is encouraged from a young age. Children should either not receive shodhana treatment at all or only receive minimal forms of it. When treating different

neurological diseases in youngsters, Anuvasana and Matra basti should be used more frequently than Niruha basti. Taking into account all of these facts, basti has a positive impact on children with cerebral palsy.

DISCUSSION-

The discussion revolves around the challenges posed by cerebral palsy, an ailment marked by non-progressive brain damage, despite advancements in modern medical care. Despite the prevalence of cerebral palsy cases, there is currently no cure for the underlying brain injury. The conventional management includes physiotherapy, speech therapy, and medications to alleviate symptoms, but there's a growing recognition that these approaches are often insufficient for effective care.

The integration of Ayurveda, an ancient holistic system of medicine, is suggested as a complementary avenue for managing cerebral palsy. Ayurveda identifies Vata imbalance as a key factor in such conditions, and its treatments like Snehana, Swedana, Nasya, and Basti are explored for their potential benefits. These therapies aim not only to alleviate symptoms but also to address the root cause and improve overall well-being.

The text emphasizes the need for a collaborative approach, combining modern medical interventions with Ayurvedic



practices for a more comprehensive and effective management strategy. By highlighting the potential benefits of Ayurveda, the discussion encourages further exploration and research to integrate these traditional practices into the mainstream care of cerebral palsy. It underlines the importance of a personalized, multidimensional approach to better address the diverse challenges faced by individuals with cerebral palsy.

CONCLUSION-

In conclusion, cerebral palsy, characterized by non-progressive brain damage, presents ongoing challenges despite modern medical advancements. Ayurveda, focusing on Vata imbalance, offers potential solutions through personalized treatments like Snehana, Swedana, Nasya, and Basti. These therapies aim to alleviate symptoms, reduce spasticity, and enhance overall well-being. Ayurveda, when applied cautiously and age-appropriately, complements modern approaches, providing a holistic strategy for managing cerebral palsy and improving the quality of life for affected individuals. Collaborative efforts between modern medicine and Ayurveda can offer an integrative and effective approach to address the complexities of cerebral palsy.

REFERENCES

1. Shumway-cook A, Hutchison, kartin D, et al; Effect of balance training on recovery of stability in children with cerebral palsy. *Dev Med Child Neurol*, 2003; 45: 591-602.
2. Brown Jk, walsh eg; Neurology of the upper limb. In nevite B, Goodman R (eds), *Congenital Hemiplegia*, London; Mackeith, 2000; 113- 149.
3. Sushruta Samhita, Sharira Sthana, Shukrashonita Shuddhi Sharira. 2/59. Yadavji Trikamji Acharya., editor. Varanasi: Chaukhamba Sanskrit Sansthana, 2009.
4. Charaka Samhita, Sharira Sthana, Mahatigarbhavkranti . 4/17. reprint ed. Yadavji Trikamji Acharya., editor. Varanasi: Chaukhamba Prakashana, 2009
5. Charaka Samhita, Sharira Sthana, 4/27 by Vaidya Samrata Sri Satya Narayana Sastri Padmabhusana with pt. Kasinath Shastri, Dr. Gorakhnath Chaturvedi Chaukhambha, Bharti Academy, Varanasi, 2001.
6. Kashyapa Samhita Phakka Chikitsa Addyaya
7. Gupta KA, Vrudha Vagbhata, Ashtanga Samgraha. Varanasi: Chaukambha Krishnadas Academy; 2005. Sutra Sthana 22/3.
8. Mamidi P, Gupta K (2015) Ayurvedic management of cerebral palsy: Report



- of two cases with review of literature.
Int Res J Pharm 6(1): 73- 76
9. Charaka Samhita Sutrasthana, 22/11, by Vaidya Samrata Sri Satya Narayana Sastri Padmabhusana with pt. Kasinath Shastri, Dr. Gorakhnath Chaturvedi Part-2, Chaukhamba, Bharti Academy, Varanasi, 2001
10. Charaka Samhita Sutrasthana, 1/88, by Vaidya Samrata Sri Satya Narayana Sastri Padmabhusana with pt. Kasinath Shastri, Dr. Gorakhnath Chaturvedi Part-2, Chaukhamba, Bharti Academy, Varanasi, 2001.
11. Charaka Samhita Sutrasthana, 13/52 by Vaidya Samrata Sri Satya Narayana Sastri Padmabhusana with pt. Kasinath Shastri, Dr. Gorakhnath Chaturvedi Part-2, Chaukhamba, Bharti Academy, Varanasi, 2001.
12. Charaka Samhita Sutrasthana 22/4, 11, 25/40 by Vaidya Samrata Sri Satya Narayana Sastri Padmabhusana with pt. Kasinath Shastri, Dr. Gorakhnath Chaturvedi Part 2, Chaukhamba, Bharti Academy, Varanasi, 2001.
13. Varier PS. Chikitsa Samgranam, Swedana chapter Kottakkal. Kottakkal Ayurveda serie, 2002; 2: 188-194.
14. Kashyapa, Sidhistan chapter Ayurvedaalankara Shreesatyapal bhishagacharya Chaukhamba Sanskrita Samsthan, Varanasi, 1 – 8.
15. Kashyapa, Sidhistan chapter Ayurvedaalankara Shreesatyapal bhishagacharya Chaukhamba Sanskrita Samsthan, Varanasi, 1 – 9.
16. Kashyapa, Sidhistan chapter Ayurvedaalankara Shreesatyapal bhishagacharya Chaukhamba Sanskrita Samsthan, varanas, 9.
17. Kashyapa, Khilasthan chapter Ayurvedaalankara Shreesatyapal bhishagacharya Chaukhamba Sanskrita Samsthan, Varanasi, 8 – 3.
18. Deepti Ka, Munnoli BT, Vijaykumar D, etal. Role Of Matra Basti (enema) over Abhyanga (Massage) and Sweda (Sudation) in Reducing Spasticity in Cerebral Palsy with Suddha Bala Taila – A Randomized Comparative Clinical Study. Int J Ayur Pharma Research, 2014; 2(2): 47-52



MANAGING ATTENTION DEFICIT HYPERACTIVITY DISORDER : A OVERVIEW

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Abstract :

Attention Deficit Hyperactivity Disorder (ADHD) is a neuro-developmental disorder affecting individuals across various age groups. Conventional treatments often involve medications with potential side effects. This review explores the efficacy of Ayurveda, an ancient science healing system, in the management of ADHD. The study critically examines the available literature, highlighting key Ayurvedic principles, herbal formulations, lifestyle modifications, and therapies associated with ADHD management.

Keywords: ADHD, Ayurveda, Yoga, Panchakarma.

INTRODUCTION-

ADHD poses a significant challenge in the modern healthcare landscape, necessitating alternative treatment approaches. Ayurveda, with its personalized and holistic approach, offers a unique perspective on addressing the root causes of ADHD.^[1] This section provides an

overview of ADHD, its conventional treatments, and introduces Ayurvedic principles that form the basis of its management strategies. Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that affects both children and adults. It is characterized by persistent patterns of inattention, hyperactivity, and impulsivity that can impact daily functioning and development.

Etiology:

The exact cause of ADHD is not fully known, but a combination of genetic, environmental, and neurological factors is believed to contribute in the genesis of ADHD. Factors such as low birth weight, exposure to tobacco smoke during pregnancy, and premature birth may be associated with an increased risk.

Types of ADHD:^[2]

Predominantly Inattentive Presentation: Individuals with this type may have difficulty sustaining attention, are easily distracted, and often make careless mistakes in their work.

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Predominantly Hyperactive-Impulsive Presentation: Individuals with this type may fidget, talk excessively, have difficulty waiting their turn, and act impulsively without considering the consequences.

Combined Presentation: This type involves a combination of both inattentive and hyperactive-impulsive symptoms.

Symptoms:

Inattention: Difficulty in sustaining attention, frequent careless mistakes, and forgetfulness in daily activities.

Hyper activity: Excessive fidgeting, restlessness, difficulty staying seated.

Impulsivity: Acting without thinking, difficulty in waiting or interrupting others.

Onset and Diagnosis:

ADHD symptoms often appear in childhood and can persist into adolescence and adulthood.

Diagnosis involves a comprehensive assessment, considering symptoms, developmental history, and impairment in social, academic, or occupational functioning.^[3]

Ayurvedic Principles in ADHD Management

Ayurveda emphasizes the balance of three fundamental energies or Doshas -

Vata, Pitta, and Kapha - within the body. ADHD is believed to result from imbalances in these Doshas, leading to disturbances in mental functions.

Dosha Imbalance:

Vata Imbalance: ADHD is often associated with an aggravated Vata dosha, which is responsible for movement, communication, and mental functions. An excess of Vata can lead to restlessness, impulsivity, and difficulty in focusing.^[4]

Diet and Nutrition:

Ayurveda emphasizes a diet that helps balance Vata. This includes warm, nourishing foods such as cooked grains, root vegetables, and soups. Avoiding excessive intake of cold, raw, or processed foods is recommended.

Herbs and Ayurvedic Formulations:^[5]

Brahmi (Bacopa monnieri):

Properties: Known as a brain tonic, Brahmi is believed to enhance cognitive function, memory, and concentration.

Usage: It is commonly used in Ayurvedic formulations to support mental clarity and reduce stress.

Ashwagandha (Withania somnifera):

Properties: An adaptogenic herb with anti-stress and anti-anxiety properties.

Usage: Ashwagandha is believed to help reduce stress and promote overall mental well-being.



Shankhpushpi (Convolvulus pluricaulis):

Properties: Traditionally used for its calming effects on the mind.

Usage: Shankhpushpi is believed to support cognitive function and improve memory.

Vacha (Acorus calamus):

Properties: Known for its neuroprotective and memory-enhancing properties.

Usage: Vacha is used in Ayurvedic formulations to support mental clarity and cognitive function.

Jatamansi (Nardostachys jatamansi):

Properties: Traditionally used for its calming and relaxing effects.

Usage: Jatamansi is believed to promote emotional balance and reduce restlessness.

Guduchi (Tinospora cordifolia):

Properties: Known for its immunomodulating and antioxidant properties.

Usage: Guduchi is used in Ayurveda to support overall well-being, and its adaptogenic effects may contribute to stress reduction.

Mandukaparni (Centella asiatica):

Properties: Traditionally used for cognitive support and improving mental clarity.

Usage: Mandukaparni is believed to enhance memory and concentration.

Bhringaraja (Eclipta alba):

Properties: Known for its rejuvenating properties.

Usage: Bhringaraj is used in Ayurvedic formulations to support overall mental health and well-being.^[6]

Lifestyle Modifications:

Dinacharya (Daily Routine): Establishing a consistent daily routine is crucial in Ayurveda. This includes regular sleep patterns, meal times, and designated periods for mental activities and relaxation.

Yoga and Pranayama

Specific yoga postures and controlled breathing exercises (pranayama) are recommended to balance Vata and calm the mind. Yoga involves mindful awareness of the breath and body. Practicing yoga postures (asanas) and mindful breathing techniques (pranayama) may help improve focus and attention, addressing core symptoms of ADHD.

Stress Reduction:

Chronic stress can exacerbate ADHD symptoms. Yoga has been associated with reduced levels of cortisol, a stress hormone. Regular practice may contribute



to a more relaxed state, potentially benefiting individuals with ADHD.

Self-Regulation and Emotional Well-Being:

Yoga emphasizes self-regulation and emotional balance. The practice of yoga may help individuals with ADHD manage impulsive reactions and emotional fluctuations.

Physical Activity:

The physical aspect of yoga provides a structured outlet for excess energy, potentially helping individuals with hyperactivity symptoms.

Improved Sleep:

ADHD is often linked to sleep difficulties. Yoga practices that promote relaxation, such as gentle postures and meditation, may contribute to improved sleep quality.

Executive Function and Cognitive Skills:

Some studies suggest that yoga interventions may positively impact cognitive functions, including working memory and executive function, which are areas commonly affected in ADHD.

Sensory Integration:

Proprioceptive and Vestibular Input: Certain yoga poses involve proprioceptive and vestibular input, which can be

beneficial for individuals with sensory processing challenges often present in ADHD.

Ayurvedic Therapies:

Shirodhara: This therapy involves pouring a continuous stream of warm oil onto the forehead, promoting relaxation and soothing the nervous system. Practices that promote mindfulness and meditation can be beneficial in managing ADHD symptoms by fostering a sense of calm and focus.

DISCUSSION

ADHD is a complex, chronic, and heterogeneous condition that affects 2% to 16% children. In Ayurveda it may be correlated to Unmad (insanity) disease which is Vatika Vikara. So line of treatment according to Vatika disorders such as neuro-protective medications along with Pancha karma therapies have shown outcome on the disease and thus pave way to further research in employing Ayurvedic methods towards the management of ADHD. This field of study remains a obscurity and needs lot to be done.

CONCLUSION

In conclusion, Ayurveda presents a promising avenue for the management of ADHD, offering a holistic and individualized approach. While more



rigorous research is needed to establish the efficacy and safety of Ayurvedic interventions, the existing evidence suggests that integrating Ayurvedic principles into ADHD management may provide a valuable complement to conventional treatments.

REFERENCES

- 1) American Academy of Pediatrics (AAP). ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention deficit hyperactivity disorder in children and adolescents. *Pediatrics*, 2011; 128: 1007-1022.
- 2) Rader R, McCauley L, Callen EC. Current strategies in the diagnosis and treatment of childhood attention-deficit/hyperactivity disorder. *Am Fam Physician*, 2009; 79: 657-665.
- 3) Conceptual Study of Ayurvedic Management of A.D.H.D. (Attention Deficit Hyperactivity Disorder) in Children: A Review; Mushraf Rashid Sayyad, *International Journal of Health Sciences & Research* (www.ijhsr.org), November 2016; 6(11): 254.
- 4) CharakaSamhita edited by Tripathi BN Hindi commentary Vidyotini; Nidanasthana Chaukhamba Surabharati Prakashan, Varanasi, India; Verse, 1999; 1: 7/5.
- 5) Agnivesh, "Charak Samhita" revised by Charaka & Dridhbala with "Ayurved Deepika commentary", by Chkarapanidatta, edited by Vd. Jadavaji Trikamji Acharya, published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint-Sharir sthana, 2008; 1/102: 297.
- 6) Recent researches on ayurvedic herbs in the management of attention deficit hyperactivity disorders (adhd) in children; Meenakshi Gupta1 Madhu Singh 2, *Jour. of Ayurveda & Holistic Medicine*, II(IX).



THE EFFECT OF FOOT MASSAGE ON INSOMNIA IN GERIATRIC POPULATION- A NARRATIVE REVIEW

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Abstract :

Background Insomnia is a common problem in the elderly population. Sleep disturbances and insomnia are prevalent problems for geriatrics people and subjective experience of difficulty getting to sleep or staying asleep. Insomnia can have negative psychological and physical health repercussions for older persons. Late-life insomnia can be caused by a variety of demographic, psychological, biological, and behavioral factors. Changing sleep pattern in elderly may be more susceptible to comorbidities. Foot massage or padabhyanga is more than just a massage; it is an integral component of Ayurvedic traditional therapy.

Objective The aim of this narrative review is to evaluate the current evidence about the effectiveness of foot massage as therapy for insomnia and explore its potential mechanisms of action. The current literature suggests foot massage is effective and safe and may target multiple mechanisms involved in the

treatment of insomnia. Evidence from randomized controlled trials identified foot massage as more effective compared to pharmacological treatment.

Methodology In this study online electronic search in databases (Google scholar and PubMed) was performed using keywords from 2010 to 2020. Documents including randomized control trials, clinical trials, individual studies and systematic reviews were examined and analyzed.

Conclusion Foot reflexology can effectively improve insomnia symptoms; however, clinical trials with better designs are recommended.

Keywords: Foot massage, Padabhyanga, Foot reflexology, Insomnia, Geriatric population.

INTRODUCTION-

Insomnia is a sleep-related disorder and its prevalence may increase with increasing age. It is common for older people to have a deficiency in either quality or quantity of sleep. Sleep disturbances may be in the form of difficulty in falling asleep, sleep

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maintenance, sleep latency, a short sleep duration, early morning awakening, and daytime impairment all are the subjective perception of older people having insomnia.¹ The International classification of sleep disorders third edition (ICSD-3) defines insomnia as “a repeated difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity and circumstances for sleep, and results in some form of daytime impairment”.² Lack of active lifestyles, including monotony in daily life, insufficient physical activity, and low sleep hygiene are all associated with the loss of sleep in elderly people.³ Since the world’s population is aging rapidly, it is predicted that 34 countries will have over 20% of its citizens over the age of 65 by 2030 and By 2050, the number of individuals in the world who are 60 or older is projected to reach 2 billion.⁴ The elderly population in India is expected to grow to 158.7 million by 2025, which would be 11.1% of the total population.⁵ So, it is necessary to address this public health problem. People having insomnia have a risk for comorbid medical disorders.⁶ Long-term consequences of insomnia in the elderly include, heart disease, hypertension, weight-related issues, metabolic syndrome, type 2 diabetes mellitus, colorectal cancer, and emotion dysregulation.⁷ Insomnia has been associated with negative perception of

self-satisfaction with health, occupational and social functioning. So, the consequences of insomnia are commonly linked to a diminished QOL status and potential cognitive impairment of the elderly.^{9,10} Insomnia is associated with significantly higher medical costs. It has been estimated that the US\$3265.58 per patient per year in Canada and US\$5790 for specific age group in USA respectively.^{11,12}

Currently, there are two effective treatments for insomnia i.e pharmacological and non-pharmacological treatment. Pharmacological treatment options have emerged as an effective approach to manage insomnia symptoms and improve sleep quality. The use of medications for insomnia primarily involves two main categories: hypnotics, which induce sleep, and sedatives, which side by side promote relaxation and drowsiness.^{13,14} However, like any medication, these pharmacological treatments come with potential side effects that need to be carefully considered and monitored. Use of Benzodiazepines can cause a range of adverse effects, including drowsiness, increased fall risk, cognitive impairment, dependency, and tolerance.¹⁵ To avoid future detrimental consequences of pharmacological treatments like Body massage, Head massage, Shirodhara, Spinal bath, Foot bath, Deep relaxation technique,



etc. can be advocated. As these procedures are devoid of any side effects, there is a trend of shifting toward non-pharmacological treatment of elderly individuals with insomnia. Among these measures foot massage is one of the simplest and most effective nonpharmacological procedures beneficial in the management of insomnia. Hence, a review study on the effect of foot massage on insomnia is done.

Methodology

Google Scholar and Pubmed databases were searched from 2010 to 2020, using the following keywords or exact phrases “effect of foot massage on insomnia in geriatrics”, “foot massage”, “insomnia”, “sleep quality”, and “geriatric population”. Due to the large number of studies, individual studies and systematic reviews were considered for this article.

Foot massage

Foot massage is popularly well-known as Padabhyanga in Ayurveda. The Sanskrit term Padabhyanga consists of two terms, Pada meaning foot and Abhyanga referring to the application of specific and unique massage with soothing oil. The traditional practice of foot massage is also widespread in indigenous systems of medicine such as Traditional Chinese Medicine, Acupressure Therapy, Aromatherapy, and more. Reflexology, a scientific discipline, establishes

connections between the organs of the body and the soles of the feet. Consequently, administering a thorough foot massage with specific oils, irrespective of the setting, serves as a preventive and therapeutic measure for a multitude of ailments.¹⁶ Acharya Sushruta recommends performing Abhyanga for approximately 5 minutes, known as 900 matrakala, to achieve the desired effect. Therefore, each maneuver of Abhyanga should be carried out for 5 minutes.¹⁷ Padabhyanga, as stated by Acharya Charaka, aids in achieving a restful sleep, provides a delightful sensation to the body, and possesses Chakshushya properties. It is recommended to apply the Sneha in the Anuloma direction.¹⁸ In the modern perspective foot reflexology is effective in reducing pain including back pain, joint pain¹⁹, and pain from surgical medical examinations.²⁰ In addition, foot reflexology is also an effective treatment for insomnia, stroke, asthma, diabetes, dementia, cancer, and multiple sclerosis, and premenstrual syndrome.²¹

Impact of Insomnia on elderly individuals

The sleep patterns change with increasing age. Many older people experience dissatisfaction with the quantity and quality of sleep as compared to younger adults and experience the symptoms of insomnia.²² several factors



make elderly persons more susceptible to insomnia. Older persons are more likely to use multiple medications and have more comorbid conditions, which increases their experiences of sleep disruptions.²³

The long term effect of coping with insomnia also develops the risk of concomitant comorbidities. Sleep insufficiency causes age-related cognitive decline like dementia and reduces the ability to perform tasks.^{24,25} Insomnia and mental health issues often go hand in hand. Older adults with insomnia may be at a higher risk of developing or exacerbating symptoms of depression and anxiety. Conversely, these mental health conditions can also contribute to sleep disturbances. Various studies have shown that older people with persistent insomnia experience an increased risk of depression or anxiety disorders.²⁶ Sleep-related breathing disorders are indeed common among seniors often caused by snoring heavily which can cause nighttime arousals and feelings of excessive daytime sleepiness. Although a growing body of evidence has linked with insomnia are more likely to develop cardiovascular disease and hypertension.²⁷ Insomnia in older patients is also a risk factor for the development of metabolic syndrome and also predicted specific metabolic abnormalities.²⁸ Sleep apnea, which is characterized by breathing pauses during sleep, is more common in older persons.

Sleep apnea symptoms may aggravate or coexist with insomnia, which further disrupts sleep.²⁹ Studies find that inadequate sleep duration and disruption of sleep architecture result in hyperglycemia and insulin resistance. Some epidemiologic studies found that people with regular sleep disorders or sleep difficulties are significant predictors of the risk of developing type 2 diabetes mellitus.^{30,31} Restless Legs Syndrome (RLS) and insomnia can often be interconnected, as the symptoms of RLS may interfere with the ability to fall asleep and stay asleep. People with RLS experience uncomfortable sensations in their legs, such as tingling, itching, or aching at night, which can make it difficult for individuals to relax and fall asleep and report symptoms of insomnia.³² Sleep disturbances, in particular, are associated with higher risks of falls and physical illness outbreaks, worse cognitive performance, higher rates of hospital admissions, and higher rates of emergency room visits among the aged.³³

Observations

There is limited scientific evidence supporting the effectiveness of foot reflexology as a standalone treatment for insomnia. The number of well-designed, large-scale clinical trials on foot reflexology and its specific effects on insomnia is limited. Many studies in this



area have small sample sizes, making it challenging to draw definitive conclusions.

A systematic review on the effectiveness of foot Reflexology Intervention on depression, Anxiety, and Sleep Quality 26 randomized controlled trials involving 2,366 participants showed that foot reflexology intervention significantly improved depression (Hedges' $g = -0.921$; 95% CI: -1.246 to -0.595 ; $P < 0.001$), anxiety (Hedges' $g = -1.237$; 95% CI -1.682 to -0.791 ; $P < 0.001$), and sleep quality (Hedges' $g = 1.665$; 95% CI 2.361 to 0.970 ; $P < 0.001$). This meta-analysis and metaregression analyses suggested that foot reflexology practices were associated with greater benefits and foot reflexology intervention has benefits in terms of ameliorating the burden of depression, anxiety, and sleep disturbance. The results of this meta analysis provide preliminary support for foot reflexology for anxiety reduction.³⁴ Cai fen et al., conducted a study of "Therapeutic efficacy observation on combining foot bath and massage with auricular point sticking for community senile insomnia" including 210 cases. The observation group was given a foot bath and massage plus auricular point sticking and the control group was treated only with auricular point sticking. The sleep quality was evaluated by using Pittsburgh sleep quality index (PSQI). Post-treatment results in PSQI score ($P > 0.05$) in the

observational group were significantly lower than that in the control group. The beneficial effects might be proven that combining foot baths and massage could improve the patient's sleep quality.³⁵ A quasi-experimental study was conducted including 80 Cardiac patients with acute myocardial infarction who have anxiety and poor sleep quality. The results showed that following therapeutic foot reflexology massage has been applied as an intervention. There was a substantial statistically significant difference in the mean anxiety and sleep quality scores between the intervention and control groups.³⁶ Therapeutic massage helps reduce anxiety and depressive symptoms, as well as enhance the quality of sleep of postmenopausal women. This pilot study showed the effect of massage on postmenopausal women having insomnia. These subjects received sixteen one-hour massage interventions twice a week in addition to evaluating psychological and physiological parameters. The sixteen one-hour sessions of massage twice weekly reported that subjective and objective measurements have shown a significant difference in REM latency; sleep stage 1; sleep stage 3 and 4. The absence of a control group as well as the limited number of patients these study findings suggest that massage can be a different approach for treating insomnia in postmenopausal women. Therapeutic



massage sessions also showed a significant improvement ($p < 0.05$) in the symptoms of anxiety and depression.³⁷ In a study conducted by Jung-In Kang et al. in 2022 “the effects of aroma foot massage on sleep quality and constipation relief among older adult residents in nursing facilities”. The sleep quality score was improved significantly from the post-test ($M = 38.44$) compared to the pre-test ($M = 34.72$) after applying aroma foot massage. It is expected that aroma foot massage may be used as a complementary and alternative therapy for improving sleep quality and alleviating constipation in older adults.³⁸ A quasi-experimental clinical trial where

the study population included elderly women with RLS to investigate the effect of foot reflexology on the sleep quality. Every older woman received a massage on the sole of the foot and on the outside of the big toe for 5 minutes with a neutral lotion (Vaseline). The post-test result was considered in the fifth week after the end of the intervention. The mean difference between the groups of sleep scores was significantly different. The decreased mean score of sleep quality indicates improvement in the sleep quality of the elderly ($P < 0.001$) in the intervention group. The study concluded that foot reflexology has a significant effect on the nervous system and sensory stimuli to the brain to increase the secretion of

dopamine. Results of this study revealed that reducing the symptoms of RLS has improved the sleep quality of the elderly women.³⁹ Another quasi-experimental study using Mindfulness Therapy and Aromatherapy Massage on Pain Perception of all older women with chronic pain. The intervention group received both the mindfulness and aromatherapy massage while the control group received no intervention. In the end, results demonstrated that older women in the intervention group experienced significantly better quality of life and sleep compared to the control group, as well as a significant improvement in the perception of pain and its components when mindfulness therapy and aromatherapy massage were combined. Therefore, it is advised to employ massage techniques as a non-pharmacological strategy for providing medical care to the elderly in care centers because they are simple, safe, and affordable.⁴⁰ Kheyri, A et al., 2016 conducted a research using sleep quality questionnaire (PSQI) to measure quality of sleep scores of elderly Women undergoing abdominal surgery before and after the intervention of foot reflexology in the experimental group. A total of 80 elderly women undergoing abdominal surgery were selected and assigned into two groups of control and experimental. The experimental group received the reflexology intervention two times in a day



whereas the control group did not receive any intervention. 20-minute sessions two times in the morning and night showed a significant increase in the mean sleep quality score of the intervention group than the control group. So an easy and safe non-pharmacological intervention can be recommended in geriatric health programs to manage the sleeping problems in the elderly.⁴¹

DISCUSSION

The prevalence of sleep disturbances and the adoption of foot reflexology have both risen, suggesting that a change in the risk-benefit ratio of pharmaceutical treatments has sparked a growing fascination with foot reflexology as a remedy for sleep disturbances. Several studies have shown that short-term interventions utilizing foot massage can effectively decrease both the clinical symptoms of insomnia and the accompanying comorbidities of anxiety, depression, and stress. It is suggested that foot reflexology massage could be one of the main nursing interventions for insomnia patients and can be incorporated into daily patient care in geriatric departments. Some studies have indicated that reflexology may contribute to better sleep quality and reduced insomnia symptoms. Reflexology is considered a complementary therapy based on applying pressure to specific areas of the feet called

reflex areas. Reflexology massage is a type of massage that uses the thumb and the forefinger to apply deep pressure on the foot which is incredibly rich in nerve endings, and it is estimated to have over 7,000 nerve endings.^{42,43} Foot reflexology suggests that specific areas on the feet correspond to different organs and systems in the body, and feet represent each part of the body, such as the liver, heart, lungs, spleen, kidneys, and other internal organs, through energy channels or meridians. However, the scientific evidence supporting these claims is limited, and the mechanisms behind reflexology's purported effects are not well understood.⁴⁴ Reflexology stimulating the lymphatic system, circulatory system, nervous system to release bodily toxins commonly known as detoxification and enhance the blood circulation.⁴⁵ When different parts of the foot are massaged, it can stimulate energy, blood, nourishment, or nerves, having therapeutic effects such as reducing mental tension, cleansing the body, stimulating blood circulation, delaying aging, and enhancing internal health.⁴⁶ Reflexology does indeed suggest that energy flow can be restored by applying pressure to specific points on the feet which can be opened a blocked pathway.⁴⁷ However, it's important to note that the concept of energy flow in reflexology is based on traditional Chinese medicine's notion of Qi (or Chi), and it is



not a scientifically validated concept. Traditional Chinese medicine proposes that Qi is a vital energy that flows through the body along meridians or pathways, and disruptions in this flow can lead to imbalances and health issues.¹⁹ So such non-invasive and inexpensive pressure point-based relaxing massage is safe and used widely.^[48]Foot reflexology has been effective in the nervous system stimulation which helps to release serotonin and melatonin are both essential chemical messengers in the brain that play significant roles in mood regulation and sleep-wake cycles. However, the evidence is not yet conclusive, and more rigorous research is needed to establish the effectiveness of reflexology for sleep disturbances. Additional research is needed to develop intervention guidelines, researchers would need to standardize reflexology protocols, including the specific techniques, duration, and frequency of sessions. Conducting well-designed clinical trials is essential to gather robust evidence on the efficacy of foot reflexology for sleep disturbances. These trials should involve a diverse group of participants, including those with different sleep disorders, to determine the potential benefits and limitations of reflexology.

CONCLUSION

Foot reflexology has emerged as a potential complementary approach in

addressing insomnia among elderly individuals. The existing body of evidence, while suggestive of benefits, is limited, and more high-quality, randomized controlled trials are required to draw definitive conclusions. Collaboration between reflexologists and healthcare professionals is vital for the integration of foot reflexology into comprehensive care plans for elderly individuals experiencing insomnia. This collaboration ensures that interventions align with established healthcare standards and prioritize patient safety.

REFERENCE

- [1] Sleep Disorders—ICD-10 Codes and Names. American Sleep Association. Available at www.sleepassociation.org/sleep-disorders-icd-10-codes-names/ (accessed 11 Jan 2016).
- [2] Sateia MJ. International classification of sleep disorders-third edition: highlights and modifications. *Chest*. 2014 Nov;146(5):1387-1394. doi: 10.1378/chest.14-0970. PMID: 25367475.
- [3]. Foley, D., Ancoli-Israel, S., Britz, P., & Walsh, J. (2004). Sleep disturbances and chronic disease in older adults: Results of the 2003 National Sleep Foundation sleep in America survey. *Journal of Psychosomatic Research*, 56, 497Y502.
- [4] World Health Organization. Ageing and Health. Geneva, Switzerland: World Health Organization. 2021. [Google Scholar]
- [5] World Population Prospects—Population Division—United Nations. [cited 28 Nov 2021]. Available: <https://population.un.org/wpp/>.



- [6]Katz DA, McHorney CA. Clinical correlates of insomnia in patients with chronic illness. *Arch Intern Med.* 1998;158:1099–107. [PubMed] [Google Scholar]
- [7]. Medic, G., Wille, M., & Hemels, M. E. (2017). Short- and long-term health consequences of sleep disruption. *Nature and science of sleep*, 9, 151–161. <https://doi.org/10.2147/NSS.S134864>
- [8]Nicholson LR, Lewis R, Thomas KG, Lipinska G. Influence of poor emotion regulation on disrupted sleep and subsequent psychiatric symptoms in university students. *South African Journal of Psychology.* 2021;51(1):6-20. doi:10.1177/0081246320978527.
- [9]Ishak, W. W., Bagot, K., Thomas, S., Magakian, N., Bedwani, D., Larson, D., Brownstein, A., & Zaky, C. (2012). Quality of life in patients suffering from insomnia. *Innovations in clinical neuroscience*, 9(10), 13–26.
- [10]Atalay H. Comorbidity of insomnia detected by the Pittsburgh sleep quality index with anxiety, depression and personality disorders. *Isr J Psychiatry Related Sci.* 2011;48(1):54–59. [PubMed] [Google Scholar]
- [11]Daley M, Morin CM, LeBlanc M, et al. The economic burden of insomnia: direct and indirect costs for individuals with insomnia syndrome, insomnia symptoms, and good sleepers. *Sleep.* 2009;32(1):55–64. [PMC free article] [PubMed] [Google Scholar].
- [12]Ozminkowski RJ, Wang S, Walsh JK. The direct and indirect costs of untreated insomnia in adults in the United States. *Sleep.* 2007;30(3):263–273. doi: 10.1093/sleep/30.3.263. [PubMed] [CrossRef] [Google Scholar]
- [13]Cohrs S, Rodenbeck A, Guan Z, Pohlmann K, Jordan W, Meier A, R  ther E. Sleep-promoting properties of quetiapine in healthy subjects. *Psychopharmacology (Berl)* 2004 Jul;174(3):421–9. [PubMed] [Google Scholar]
- [14]Sneyd, J. R., Gambus, P. L., & Rigby-Jones, A. E. (2021). Current status of perioperative hypnotics, role of benzodiazepines, and the case for remimazolam: a narrative review. *British journal of anaesthesia*, 127(1), 41–55. <https://doi.org/10.1016/j.bja.2021.03.028>
- [15] Barker MJ, Greenwood KM, Jackson M, et al. Persistence of cognitive effects after withdrawal from long-term benzodiazepine use: a meta-analysis. *Arch Clin Neuropsychol* 2004;19(3):437–54.
- [16] Yadavji Trikamaji. *Sushruta Samhita with Nibandha sangraha commentary of Dalhana*. reprint edition, Chaukhamba Orientalia, Varanasi, 2009: p 228.
- [17] Sushruta, *Sushruta samhita, Chikitsasthana, Anagata abhada pratisheda adhyaya 24/30, Nibandha sangraha commentary by Dalhanacharya and Nyayachandrika panjika by Gayadasacharya on Nidana sthana*, edited by Vaidya jadavji Trikamji Acharya and Narayanarama Acharya, Kavyatirtha, Varanasi : Chaukhamba Sura Bharati; reprint 2003, pp 824, pg-396
- [18] Susruta Samhita, *Nibandha Samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa*, Chaukhamba Surbharati Prakashan Varanasi, edition – 2010 Chikitsasthana 24 Chapter, Verse 34, pp - 824, pg – 488
- [19] Juberg M., Jerger K.K., Allen K.D., Dmitrieva N.O., Keever T., Perlman A.I. Pilot Study of Massage in Veterans with Knee Osteoarthritis. *J. Altern. Complement. Med.* 2015;21:333–338. doi: 10.1089/acm.2014.0254. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- [20] Shahsavari H., Abad M.E.E., Yekaninejad M.S. The effects of foot reflexology on anxiety and physiological parameters among candidates for bronchoscopy: A randomized controlled trial. *Eur. J. Integr. Med.* 2017;12:177–181. doi: 10.1016/j.eujim.2017.05.008. [CrossRef] [Google Scholar] [Ref list]



- [21] Cai, D. C., Chen, C. Y., & Lo, T. Y. (2022). Foot Reflexology: Recent Research Trends and Prospects. *Healthcare (Basel, Switzerland)*, 11(1), 9. <https://doi.org/10.3390/healthcare11010009>
- [22] Brewster GS, Riegel B, Gehrman PR. Insomnia in the Older Adult. *Sleep Med Clin*. 2018 Mar;13(1):13-19. doi: 10.1016/j.jsmc.2017.09.002. Epub 2017 Nov 22. PMID: 29412980; PMCID: PMC5847293.
- [23] Leblanc MF, Desjardins S, Desgagné A. Sleep problems in anxious and depressive older adults. *Psychol Res Behav Manag*. 2015 Jun 11;8:161-9. doi: 10.2147/PRBM.S80642. PMID: 26089709; PMCID: PMC4467743.
- [24] Yu X, Mu A, Wu X, Zhou L. Impact of Internet Use on Cognitive Decline in Middle-Aged and Older Adults in China: Longitudinal Observational Study. *J Med Internet Res*. 2022;24(1):e25760. doi: 10.2196/25760
- [25] Alhola P, Polo-Kantola P. Sleep deprivation: Impact on cognitive performance. *Neuropsychiatr Dis Treat*. 2007;3(5):553-67. PMID: 19300585; PMCID: PMC2656292
- [26] Patel D, Steinberg J, Patel P. Insomnia in the Elderly: A Review. *J Clin Sleep Med*. 2018 Jun 15;14(6):1017-1024. doi: 10.5664/jcsm.7172. PMID: 29852897; PMCID: PMC5991956.
- [27] Laaboub N, Dubath C, Ranjbar S, Sibailly G, Grosu C, Piras M, Délessert D, Richard-Lepouriel H, Ansermot N, Crettol S, Vandenberghe F, Grandjean C, Delacretaz A, Gamma F, Plessen KJ, von Gunten A, Conus P, Eap CB. Insomnia disorders are associated with increased cardiometabolic disturbances and death risks from cardiovascular diseases in psychiatric patients treated with weight-gain-inducing psychotropic drugs: results from a Swiss cohort. *BMC Psychiatry*. 2022 May 17;22(1):342. doi: 10.1186/s12888-022-03983-3. Erratum in: *BMC Psychiatry*. 2022 Jul 8;22(1):457. PMID: 35581641; PMCID: PMC9116036
- [28] Troxel WM, Buysse DJ, Matthews KA, Kip KE, Strollo PJ, Hall M, Drumheller O, Reis SE. Sleep symptoms predict the development of the metabolic syndrome. *Sleep*. 2010 Dec;33(12):1633-40. doi: 10.1093/sleep/33.12.1633. PMID: 21120125; PMCID: PMC2982733.
- [29] Browne HA, Adams L, Simonds AK, Morrell MJ. Impact of age on breathing and resistive pressure in people with and without sleep apnea. *J Appl Physiol (1985)*. 2001 Mar;90(3):1074-82. doi: 10.1152/jappl.2001.90.3.1074. PMID: 11181622.
- [30] Rao MN, Neylan TC, Grunfeld C, Mulligan K, Schambelan M, Schwarz JM. Subchronic sleep restriction causes tissue-specific insulin resistance. *J Clin Endocrinol Metab*. 2015 Apr;100(4):1664-71. doi: 10.1210/jc.2014-3911. Epub 2015 Feb 6. PMID: 25658017; PMCID: PMC4399283.
- [31] Kowall, B., Lehnich, A. T., Strucksberg, K. H., Führer, D., Erbel, R., Jankovic, N., ... & Stang, A. (2016). Associations among sleep disturbances, nocturnal sleep duration, daytime napping, and incident prediabetes and type 2 diabetes: the Heinz Nixdorf Recall Study. *Sleep medicine*, 21, 35-41.
- [32] Wolkove N, Elkholy O, Baltzan M, Palayew M. Sleep and aging: 1. Sleep disorders commonly found in older people. *CMAJ*. 2007 Apr 24;176(9):1299-304. doi: 10.1503/cmaj.060792. PMID: 17452665; PMCID: PMC1852874..
- [33] Rodriguez, J. C., Dzierzewski, J. M. and Alessi, C. A., 2015. Sleep problems in the elderly. *Medical Clinics of North America*, 99(2), pp. 431-439. DOI:10.1016/j.mcna.2014.11.013
- [34] Wang, W. L., Hung, H. Y., Chen, Y. R., Chen, K. H., Yang, S. N., Chu, C. M., & Chan, Y. Y. (2020). Effect of foot reflexology intervention on depression, anxiety, and sleep quality in adults: a meta-analysis and metaregression of



- randomized controlled trials. Evidence-Based Complementary and Alternative Medicine, 2020.
- [35]Lai, C. F., & Zhu, C. X. (2014). Therapeutic efficacy observation on combining foot bath and massage with auricular point sticking for community senile insomnia. *Journal of Acupuncture and Tuina Science*, 12, 17-20
- [36]Shehata, O. S. M., Eita, L. H., Mansour, A., Alhalawany, R. M., Abou-Shehata, O. E. K., & Atia, M. M. (2021). Effect of Therapeutic Foot Reflexology Massage on Anxiety and Sleep quality among Hospitalized Cardiac Patients. *SYLWAN*, 165(9), 23-47.
- [37]Oliveira D, Hachul H, Tufik S, Bittencourt L. Effect of massage in postmenopausal women with insomnia: a pilot study. *Clinics (Sao Paulo)*. 2011;66(2):343-6. doi: 10.1590/s1807-59322011000200026. Erratum in: *Clinics (Sao Paulo)*. 2011;66(6):1123. PMID: 21484056; PMCID: PMC3059875.
- [38]Kang JI, Lee EH, Kim HY. Effects of Aroma Foot Massage on Sleep Quality and Constipation Relief among the Older Adults Living in Residential Nursing Facilities. *Int J Environ Res Public Health*. 2022 May 4;19(9):5567. doi: 10.3390/ijerph19095567. PMID: 35564962; PMCID: PMC9105728.
- [39]Abbasi Fakhravari, A., Bastani, F., & Haghani, H. (2018). The effect of foot reflexology massage on the sleep quality of elderly women with restless leg syndrome. *Journal of Client-Centered Nursing Care*, 4(2), 96-103.
- [40]Alemi, S., Abolmaali Alhosseini, K., Malihialzackerini, S., & Khabiri, M. (2021). Effect of mindfulness therapy and aromatherapy massage on pain perception, quality of life and sleep quality in older women with chronic pain. *Iranian Journal of Ageing*, 16(2), 218-233.
- [41]Kheyri, A., Bastani, F., & Haghani, H. (2016). Effects of reflexology on sleep quality of elderly women undergoing abdominal surgery.
- [42] Botting, D. (1997). Review of literature on the effectiveness of reflexology. *Complementary Therapies in Nursing and Midwifery*, 3(5), 123–130. [https://doi.org/10.1016/S1353-6117\(97\)80012-1](https://doi.org/10.1016/S1353-6117(97)80012-1)
- [43] Mohan, M., & Varghese, L. (2021). Effect of Foot Reflexology on Reduction of Labour Pain Among Primigravida Mothers. *International journal of therapeutic massage & bodywork*, 14(1), 21–29.
- [44] Embong, N. H., Soh, Y. C., Ming, L. C., & Wong, T. W. (2015). Revisiting reflexology: Concept, evidence, current practice, and practitioner training. *Journal of traditional and complementary medicine*, 5(4), 197–206. <https://doi.org/10.1016/j.jtcme.2015.08.008>
- [45]Blunt E. (2006). Foot reflexology. *Holistic nursing practice*, 20(5), 257–259. <https://doi.org/10.1097/00004650-200609000-00009>.
- [46]Cai, D. C., Chen, C. Y., & Lo, T. Y. (2022). Foot Reflexology: Recent Research Trends and Prospects. *Healthcare (Basel, Switzerland)*, 11(1), 9. <https://doi.org/10.3390/healthcare11010009>
- [47]Stephenson, N. L., Weinrich, S. P., & Tavakoli, A. S. (2000). The effects of foot reflexology on anxiety and pain in patients with breast and lung cancer. *Oncology nursing forum*, 27(1), 67–72.
- [48]Babae, S., Shafiei, Z., Sadeghi, M. M., Nik, A. Y., & Valiani, M. (2012). Effectiveness of massage therapy on the mood of patients after open-heart surgery. *Iranian journal of nursing and midwifery research*, 17(2 Suppl 1), S120–S124.



लंघन का चिकित्सा में प्रयोग एवं महत्व

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सारांश

आयुर्वेद चिकित्सा सिद्धान्त दोष तथा धातुओं को साम्य अवस्था में लाना है, इसी सिद्धान्त को ध्यान में रखते हुए आचार्य वाग्भट्ट ने चिकित्सा दो प्रकार की बतायी है। सन्तर्पण एवं अपतर्पण जिनका प्रयोग क्रमशः क्षीण हुए दोषों की वृद्धि तथा वृद्ध दोषों का हास करके साम्य अवस्था में लाया जाता है। इन्हीं दो उपक्रमों में आचार्य वाग्भट्ट ने आचार्य चरक द्वारा वर्णित षडोपक्रम – चिकित्सा को भी समाहित कर लिया है। सन्तर्पण तथा अपतर्पण को ही क्रमशः बृंहण तथा लंघन भी कहा जाता है। आचार्य चरक ने च. सू. 22 लंघन बृहणीय अध्याय के अन्तर्गत षडोपक्रम सिद्धान्त का वर्णन किया है एवं इसी के अन्तर्गत आचार्य ने लंघन का भी अत्यन्त विशद रूप से वर्णन किया है। लंघन वह उपक्रम है जो स्रोतों का अवरोध दूर करके शरीर में लघुता उत्पन्न करता है, अनेक व्याधियों में आचार्यों ने लंघन का निर्देश किया है, जैसे— ज्वर, आमवात आदि। सभी आमज विकारों में लंघन चिकित्सा को अत्यन्त महत्व दिया गया है।

परिचय—

लंघन की परिभाषा देते हुए आचार्य चरक ने कहा है— “यतकिञ्चित् लाघवकर देहे तल्लंघन स्मृतम्” अर्थात् किसी भी प्रकार का उपक्रम शोधन,

शमन, व्यायाम आदि जो शरीर में लघुता उत्पन्न करे वह लंघन कहलाता है। लंघन का चिकित्सा में व्यापक महत्व बताया गया है लगभग सभी रोगों में लंघन का निर्देश किया गया है, विशेष रूप से सभी प्रकार के कफज विकारों में लंघन को प्रशस्त कहा गया है। रोग विशेष रूप से दो प्रकार से होते हैं संतर्पण जन्य एवं अपतर्पण जन्य सभी प्रकार के संतर्पण जन्य रोगों में लंघन हितकर कहा गया है। लंघन वह उपक्रम है जिसके द्वारा रोगों को उनकी प्रारंभिक अवस्था में ही रोक दिया जाता है। जिस प्रकार जब कही पर अल्प मात्रा में जल होता है तो वह सूर्य की ऊष्मा से ही सूख जाता है ठीक उसी प्रकार अल्प मात्रा में दूषित हुए दोष लंघन द्वारा सामान्य अवस्था को प्राप्त करते हैं तथा रोग नष्ट हो जाते हैं। लंघन शरीर में मौजूद अग्नि को पर्याप्त समय देता है ताकि आम या भोजन की जो भी अवशिष्ट मात्रा बची हो, उसके पाचन की पूरी प्रक्रिया को पर्याप्त रूप से पूरा किया जा सके। जिसके फलस्वरूप कायाग्नि की वृद्धि होकर वह शरीर में उपस्थित आम आदि दोषों का पाचन कर शारीरिक दोषों को सामान्य अवस्था में बनाये रखता है।

लंघन के प्रकार

चरक संहिता में लंघन के दस प्रकार बताए गये हैं। इनमें चार प्रकार के शोधन उपक्रम

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1) वमन 2) विरेचन 3) नस्य 4) निरुह बस्ति एवं 5) पिपासा 6) मारुत सेवन 7) आतप सेवन 8) पाचन औषधियों का प्रयोग 9) उपवास 10) व्यायाम सम्मिलित हैं। इनका प्रयोग रोग एवं रोगी के बल एवं दोषों का विचार कर भिन्न-भिन्न व्याधियों के निवारण हेतु किया जाता है। वमन, विरेचन, नस्य, निरुह बस्ति, पाचन ये द्रव्य स्वरूप लघन है। अर्थात् इसमें द्रव्यों का प्रयोग किया जाता और मारुत सेवन, आतप सेवन, उपवास, व्यायाम एवं पिपासा ये पाँच अद्रव्य स्वरूप लघन है।

वमन

तत्र दोषहरणमूर्ध्वभागं वमनसञ्ज्ञकम् (च.क. अध्याय 1 श्लोक 14)

शरीर के ऊर्ध्व भाग (मुख) से दोष हरण करने की क्रिया को वमन संज्ञा दी जाती है। वमन के द्वारा कफ दोष का निर्हरण किया जाता है। इसके द्वारा शरीर में जलीयांश की कमी आती है इस प्रकार यह कर्म शरीर में लघुता उत्पन्न करता है। जैसा की वमन के सम्यक योग के लक्षणों में स्पष्ट रूप से कहा गया है "लघुत्वेपि च लक्ष्यमाणे" शरीर में वृद्ध कफ का निर्हरण होने के पश्चात शरीर लघुता को प्राप्त करता है।

विरेचन

तत्र दोषहरणम् अधोभागं विरेचनसञ्ज्ञकम् ।

उभयं वा शरीरमलविरेचनाद्विरेचनसञ्ज्ञां लभते ॥

(च.क. अध्याय 1 श्लोक 14)

शरीर के अधोभाग (गुदा) से दोष-हरण की क्रिया को विरेचन संज्ञा दी जाती है। अथवा शरीर

का मल बाहर निकालने के कारण उभय प्रक्रियाओं को विरेचन संज्ञा दी जाती है।

विरेचन कर्म के द्वारा शरीर से अत्यधिक मात्रा में जलीयांश भाग नष्ट होता है। विरेचन कर्म के फलस्वरूप क्रम से वृद्ध हुए मल पित्त कफ आदि दोषों का निर्हरण होता है तथा शरीर में लघुता की प्राप्ति होती है।

नस्य

औषधम् वा औषधसिद्धो स्नेहो वा नासिकाभ्याम् दीयते इति नस्यम् ॥

(सु. चि. अध्याय 40 श्लोक 21)

नासा छिद्र में औषध तथा औषध सिद्ध स्नेह का प्रयोग करना नस्य कहलाता है। नस्य कर्म के द्वारा सिर में संचित दोषों का निर्हरण किया जाता है वृद्ध श्लेष्मा का नासा तथा मुख मार्ग से निर्हरण हो जाता है जिसके कारण शिर प्रदेश में लघुता उत्पन्न होती है एवं इन्द्रियों में प्रसन्नता की उत्पत्ति होती है।

निरुह बस्ति

नाभि प्रदेशं कटिपार्श्व कुक्षिं गत्वा श.दोषचयं विलोड्य ।

संस्नेह्यकायं सपुरीष दोषः सम्यग् सुखेनैतिच यः स बस्तिः ॥

(च. सि. अध्याय 1 श्लोक 40)

जो बस्ति नाभि प्रदेश-कटि-पार्श्व-कुक्षि तक जाकर सम्पूर्ण मलसंघात को आलोडित कर तथा शरीर को स्निग्ध कर मल तथा दोषों के साथ आसानी से निकल आती है उसे बस्ति जानना



चाहिए। निरुह बस्ति में दिया गया बस्ति द्रव्य कुछ समय पक्वाशय में रहने के पश्चात अपने साथ मल तथा संचित दोषों का विलोडन करके वापस आ जाता है। बस्ति के निरंतर प्रयोग से संचित मल दोषों आदि के निकलने से शरीर में लघुता उत्पन्न होती है।

पिपासा

पिपासा निग्रहण का अर्थ है पानी का सेवन न करना या पानी का सेवन कम करना। पिपासा तब उत्पन्न होती है जब शरीर को अपनी नियमित गतिविधियों के लिए पानी की आवश्यकता होती है। यदि पानी की इच्छा को दबा दिया जाए तो शरीर धातुओं या अन्य पदार्थों से पानी लेकर इसकी पूर्ति करता है। इस प्रकार शरीर का जलीय भाग कम हो जाता है। कम जल महाभूत लघुता उत्पन्न करता है क्योंकि जल अपनी प्रा.तिक संपत्ति से गुरु है।

मारुत सेवन

वायु में रूक्ष, शीत, लघु, सूक्ष्म, चल, विशद और खर गुण हैं। जिससे यह आम और कफ के सिन्धु I, गुरु, स्थूल, स्थिर और मृदु गुणों को कम करता है। अतरु इससे शरीर में हल्कापन आता है। वायु के प्रवाह में रहने से यह शरीर के जलीयांश को अवशोषित करती है।

आतप सेवन

विवस्वान शोषयत्यापि

(सु.सू. अध्याय 6 श्लोक 8)

यहां विवस्वान का अर्थ सूर्य है जो पृथ्वी के क्लेद या द्रवत्व को चूसता है, इसलिए आतप सेवन

आम, मेद और कफ का शोषण करता है, ऋग्वेद में स्पष्ट रूप से कहा गया है कि सूर्य हृदय और त्वचा के सभी रोगों को दूर करता है। सूर्य की रोशनी से पसीना निकलता है और रोग नष्ट हो जाते हैं। यह मेद को कम करता है और ताकत और स्थिरता को बढ़ाता है। यह पित्त को बढ़ाकर जठराग्नि को भी उत्तेजित करता है।

पाचन औषध का प्रयोग

पाचन द्रव्य प्रायः उष्ण तीक्ष्ण गुण एवं अग्नि तथा वायु महाभूत प्रधान होने से शरीर में उपस्थित अपचित अन्न व आम दोषों का पाचन करते हैं एवं शरीर में लघुता लाने का कार्य करते हैं। दोष बल एवं रोगी बल मध्यम होने पर लंघन के साथ पाचन औषधियों का प्रयोग करना बताया गया है। कुछ पाचन द्रव्यों के उदाहरण निम्न इस प्रकार हैं – चित्रक, नागकेशर, शूठी, पिप्पली, मरीच आदि।

उपवास

उपवास को भोजन सेवन के पूर्ण या आंशिक प्रतिबंध के रूप में लिया जा सकता है। पूर्ण या आंशिक भोजन प्रतिबंध से, अग्नि जो पहले पाचन में व्यस्त थी, मुक्त हो जाती है इसलिए यह पहले से मौजूद अपाच्य भोजन को पचाती है। मनुष्य में सभी रोगों का मूल कारण गलत खान-पान है, जिससे जठराग्नि दूषित हो जाती है। जिससे आम का निर्माण होता है। जठराग्नि के कार्य का वर्णन करते समय आचार्य वाग्भट ने अप्रत्यक्ष रूप से उपवास की क्रिया की विधि का संकेत दिया क्योंकि अग्नि हमेशा भोजन के पाचन में व्यस्त रहती है और यदि इसे उपवास के रूप में विश्राम



दिया जाता है तो यह शरीर के दोषों एवं मलों को पचाती है। बाद में जब दोष पच जाता है तो जटराग्नि धातुओं को और अंततः जीवन को ही भस्म कर देती है।

आहारन पचति शिखी दोषान आहार वर्जित ।
दोषक्षये पचेत धातून प्राणन धातुक्षये तथा ॥
(आचार्य परंपरा)

व्यायाम

शरीरचेष्टा या चेष्टा स्थैर्यार्था बलवर्धनी देहव्यायाम संख्याता मात्रयातां समाचरेत् ॥

(च.सू. अध्याय 7 श्लोक 31)

शरीर की जो चेष्टा मन के अनुकूल, शरीर में स्थिरता लाने वाली और बल बढ़ाने वाली हो उसे शारीरिक व्यायाम कहा जाता है। इसे उचित मात्रा में सेवन करना चाहिये। व्यायाम करने से देह में हलकापन, कार्य करने की शक्ति, शरीर में स्थिरता, दुःख सहने की क्षमता, वृद्ध दोषों की क्षीणता और अग्नि की वृद्धि होती है।

लंघन के गुण एवं कार्मुकता

लघूष्णतीक्ष्णविशदं रूक्षं सूक्ष्मं खरं सरम् ।

कठिनं चैव यद्व्यं प्रायस्तल्लङ्घनं स्मृतम्

(च.सू. अध्याय 22 श्लोक 12)

जो द्रव्य लघु, उष्ण, तीक्ष्ण, विशद, रूक्ष, सूक्ष्म, खर, सर और कठिन गुणयुक्त होते हैं वे प्रायः लंघन करने वाले होते हैं। लंघन द्रव्य अपने गुणों से ही हास हेतु विशेषश्च सिद्धान्त के अनुसार शरीर

में बढ़े हुए कफ आदि दोषों का शमन करते हैं, तथा अग्नि, वायु, एवं आकाश महाभूत प्रधान होने के कारण शरीर में बढ़े हुए विपरीत गुण युक्त दोषों का शमन करके शरीर में लघुता उत्पन्न करता है। जिस रोगी के शरीर में प्रभूत मात्रा में श्लेष्मा, पित्त, रक्त, मल दूषित हो जाते हैं, वात का अवरोध हो गया हो एवं रोगी एवं रोग का बल अधिक हो, ऐसे रोगियों में शोधन द्वारा लंघन का प्रयोग किया जाता है। शोधन द्वारा लंघन की प्रक्रिया शीघ्रता से की जाती है। यदि कफ एवं, पित्त से उत्पन्न रोग मध्यम बल वाले हों जैसे— वमन, अतिसार, हृदरोग, विसूचिका, अलसक, ज्वर, विबन्ध, गौरव, उद्गार, हल्लास, अरुचि तब उस अवस्था में पाचन औषधि यों द्वारा लंघन किया जाता है। उपरोक्त सभी व्याधियाँ यदि अल्प बल वाली होती हैं तब पिपासानिग्रह एवं उपवास द्वारा लंघन कराया जाता है। रोगी बलवान हो तथा रोग का बल मध्यम होने पर व्यायाम, मारुत एवं आतप सेवन द्वारा लंघन निर्देश किया गया है।

लंघन द्रव्य अपने गुणों के कारण स्रोतोशोधन व आम का पाचन कर शरीर में उपस्थित, अग्नि, दोष तथा धातुओं को साम्यवस्था में लाने का कार्य करता है। लघु गुण के कारण वह शरीर में लघुता उत्पन्न करता है तथा शरीर में उपस्थित गुरुता का नाश करता है। उष्ण गुण शरीर में उष्णता उत्पन्न कर शरीर में उपस्थित शीतलता का नाश कर स्वेद उत्पन्न कराता है। तीक्ष्ण गुण के कारण लंघन द्रव्य शरीर का शोधन कराने में समर्थ होते हैं, ये द्रव्य शरीर में उपस्थित वृद्ध दोषों को शरीर से बाहर निकालकर शरीर में लघुता उत्पन्न करता



है। विशद गुण का कर्म क्षालन करना बताया गया है, तथा वात एवं आकाश महाभूत प्रधान है, शरीर में लिप्त आमदोष को नष्ट करता है। रूक्ष गुण से यह स्रोतसों में वृद्ध हुए दोषों का शोषण कराएगा। सूक्ष्म होने से ये द्रव्य सूक्ष्म-अतिसूक्ष्म स्रोतों में भी पहुंचने में समर्थ होते हैं तथा सूक्ष्म अतिसूक्ष्म स्रोतसों का भी शोधन कराते है। खर गुण के कारण लघन द्रव्य लेखन कर्म कराने में समर्थ होते हैं। सर गुण का कर्म प्रेरण होने के कारण यह स्रोतों का अवरोध दूर कर धातुओं की गति को सम्यक रूप से कराता है। कठिन गुण के कारण स्रोतसों में अवरुद्ध मल को निकालकर स्रोतोशोधन कर शरीर में लघुता लाने का कार्य करता है।

अपतर्पण द्रव्यं नाम लघन द्रव्यं तच्चअग्निवाय्वा-
काशात्मकम् ।

यथा कुलत्थादीनि ।।

(अ. हं. अध्याय 14 श्लोक 3)

लघन द्रव्यों के सभी गुण एवं महाभूत कफआदि दोषों के विपरीत है, इन्हीं दोषों के कारण ही शरीर में गुरुता उत्पन्न होती है, अतरु लघन द्रव्य ह्रास हेतु विशेषश्च सिद्धांत के अनुसार शरीर में बढ़े हुए दोषों का शमन करते हैं।

लघन के चिकित्सा में विविध प्रयोग

सम्यक रूप से किया गया लघन शरीर में लघुता उत्पन्न करता है, क्षुधा एवं तृष्णा की वृद्धि करता है, वात मूत्र पुरीष का सम्यक प्रकार से निर्हरण कराता है। हृदय, उद्गार कण्ठ तथा मुख शुद्धि तन्द्रा एवं क्लम का नाश, स्वेद प्रवृत्ति, भोजन

में रुचि आदि लक्षणों की प्राप्ति होती है। लघन की महत्ता को बताते हुए आचार्य चरक ने सूत्र स्थान अध्याय 23 में कहा है रसजानां विकाराणाम् सर्वं लङ्घनमौषधम्। अर्थात् सभी प्रकार के रसज विकारों में लघन को सर्वश्रेष्ठ औषध माना गया है।

अक्षि कुक्षी भवा रोगा प्रतिश्याय व्रण ज्वरा ।

पञ्जैते पंच रात्रेण रोगा नश्यन्ति लङ्घनात् ।।

(यो.र. नेत्र रोग चिकित्सा अध्याय श्लोक 3)

नेत्र रोग, उदर रोग, प्रतिश्याय, व्रण और ज्वर रोग प्रारम्भ में पांच रात के लङ्घन से नष्ट हो जाते हैं ६

ज्वर – ज्वर की प्रारम्भ अवस्था (नवज्वर) में लघन करने का निर्देश दिया गया है। उपवास करने से आम का पाचन हो जाने पर तथा जाठराग्नि के दीप्त हो जाने पर ज्वर का नाश हो जाता है, शरीर हल्का हो जाता है, भूख लग जाती है और भोजन में रुचि उत्पन्न होती है।

“ज्वरे लङ्घनमेवादावुपदिष्टमृते ज्वरात्”

(च. चि. अध्याय 3 श्लोक 139)

रक्तपित्त – प्रायः मनुष्यों के शरीर में आमदोष के बढ़ जाने के कारण उभड़ा हुआ पित्त और रक्त वृद्धि को प्राप्त होता है अतः आमदोष को पकाने के लिए प्रारम्भ में लघन कराने का निर्देश दिया गया है।

गुल्म – गुल्म का जठराग्नि से विपरीत सम्बन्ध होता है। अग्नि के मंद होने पर गुल्म की वृद्धि होती है एवं अग्नि के दीप्त होने पर गुल्म शांत हो जाता है। लघन के द्वारा जठराग्नि की



वृद्धि होती है, इस प्रकार गुल्म में लंघन करना चाहिए परन्तु अल्प मात्रा में । आचार्य चरक ने शीतल गुरु एवं स्निग्ध आहार विहार के सेवन करने से उत्पन्न कफज गुल्म में विशेष रूप से लंघन का निर्देश किया है ।

“मन्देऽग्नौ वर्धते गुल्मो दीप्ते चाग्नौ प्रशाम्यति”
(च. चि. अध्याय 5 श्लोक 112)

प्रमेह – प्रमेह एक संतर्पण जन्य विकार है अतः इसमें अपतर्पण (लंघन) अत्यंत फलदायी सिद्ध होता है । प्रमेह के चिकित्सा सूत्र में भी स्पष्ट रूप से कहा गया है की स्थूल प्रमेही में शोधन द्वारा अपतर्पण कराना चाहिए । इसके अतिरिक्त आचार्य सुश्रुत ने प्रमेह में व्यायाम एवं अल्प आहार सेवन करने का निर्देश दिया है । आचार्य ने प्रमेही व्यक्ति को भिक्षा वृत्ति पर निर्भर रह कर जीवन निर्वाह करने के लिए कहा है, तथा एक सौ योजन या इस से भी अधिक चलने का निर्देश किया है आचार्य चरक ने भी प्रमेह में व्यायाम का वर्णन किया है । आचार्य चरक ने कफज प्रमेह में विशेष रूप से लंघन का निर्देश किया है ।

“पादत्राणात्पत्रविरहितो भैक्ष्याशी ग्रामैकरात्रवासी
मुनिरिव संयतात्मा योजन— शतमधिकं वा गच्छेत”

(सु. चि. अध्याय 11 श्लोक 12)

आमवात – आचार्य चक्रदत्त ने आमवात में सर्वप्रथम लंघन का निर्देश किया है । आमवात में आम दोष अधिक मात्रा में वृद्ध होकर वात दोष के मार्ग को अवरुद्ध कर संधि प्रदेश में स्थानसंश्रय कर लेता है जिसके कारण संधि प्रदेश में शूल स्तंभ आदि उत्पन्न होते हैं लंघन करने से इस

संचित आम दोष का पाचन होकर वात दोष सम्यक गति को प्राप्त होकर शूल की शांति होती है ।

अतिसार – अतिसार विशेष रूप से जठराग्नि के मंद होने से उत्पन्न होता है अतः अतिसार में इस मंद हुई अग्नि की वृद्धि हेतु लंघन कराया जाता है । आचार्य चरक ने अतिसार में अल्प दोष अवस्था में लंघन कराना प्रशस्त कहा है ।

“लङ्घनं च अल्पदोषाणां प्रशस्तम् अतिसारिणाम्”

(च. चि. अध्याय 19 श्लोक 19)

उरुस्तम्भ – उरुस्तम्भ में सभी प्रकार के पंचकर्म वमन, विरेचन आदि को निषिद्ध किया गया है परन्तु सदा स्वेदकर्म, लंघन, रुक्ष क्रिया आदि करने को कहा गया है ।

तस्मादन्नसदा कार्यं स्वेदलङ्घनरुक्षणम् ।

आममेव कफाधिक्यान्मारुतं परिरक्षता ।।

(यो.र.उरुस्तम्भ चिकित्सा अध्याय श्लोक 2)

लंघन के योग्य मनुष्य

मेहामदोषातिस्निग्धज्वरोरुस्तम्भकुष्ठितः ।।90।।

विसर्पविद्रधिप्लीहशिरः कण्ठाक्षिरोगिणः ।

स्थूलाश्च लघयेन्नित्यं शिशिरे त्वपरानपि ।।99।।

(अ.ह.सू. अध्याय 14)

लङ्घन के योग्य पुरुष प्रमेह रोगी, आम दोष रोगी, अतिस्निग्ध, ज्वर, उरुस्तम्भ, कुष्ठ, विसर्प, विद्रधि, प्लीहारोगीय शिर, कण्ठ और आँख के रोगी तथा स्थूल पुरुष इनको सब समय में लंघन कराये । शिशिर काल में दूसरे पुरुषों को भी लंघन कराये ।



मन्दवह्निमसंशुद्धमक्षामं दोषदुर्बलम् अष्टजीर्णलिंगं
च लङ्घयेत्प्रीतभेषजम् ।।

(अ.ह.सू.अध्याय14 श्लोक 44)

औषध पीने से अग्निमांद्य हो, जिसका भली प्रकार शोधन न हुआ होय औषध सेवन से जितनी शता होनी चाहिए। वह न हुई हो एवं दोष वृद्धि से निर्बल हो, तथा जिसमें औषध के जीर्ण होने के लक्षण न दिखते हो—इन पांच अवस्थाओं में लंघन कराया जाता है ।

लंघन का आधुनिक पक्ष

शब्द ऑटोफैगी ग्रीक से लिया गया है जिसका अर्थ है खुद को खाना, पहली बार क्रिश्चियन डी डुवे द्वारा गढ़ा गया था । ऑटोफैगी शरीर के पुराने कोशिका भागों को तोड़ने और पुनरुपयोग करने की अनुमति देता है ताकि कोशिकाएं अधिक कुशलता से काम कर सकें। यह एक प्रा.तिक सफाई प्रक्रिया है जो तब शुरू होती है जब कोशिकाएं तनावग्रस्त होती हैं या पोषक तत्वों से वंचित होती हैं ।

ऑटोफैगी एक स्व-अपघटनकारी प्रक्रिया है जो विकास के कठिन समय में और पोषक तत्वों के तनाव की प्रतिक्रिया में ऊर्जा के स्रोतों को संतुलित करने के लिए महत्वपूर्ण है। ऑटोफैगी गलत तरीके से मुड़े हुए या एकत्रित प्रोटीन को हटाने, माइटोकॉन्ड्र एंडोप्लाज्मिक रेटिकुलम और पेरोक्सीसोम जैसे क्षतिग्रस्त ऑर्गेनेल को साफ करने के साथ-साथ इंट्रासेल्युलर रोगजनकों को खत्म करने में भी हाउसकीपिंग की भूमिका निभाता है। इंट्रासेल्यूल एग्रीगेट्स और क्षतिग्रस्त ऑर्गेनेल

को खत्म करने के अलावा, ऑटोफैगी सेलुलर सेनेसेंस और सेल सतह एंटीजन प्रस्तुति को बढ़ावा देता है, जीनोम अस्थिरता से बचाता है और नेक्रोसिस को रोकता है, जिससे यह कैंसर, न्यूरोडीजेनेरेशन, कार्डियोमायोपैथी, मधुमेह, य.त रोग जैसी बीमारियों को रोकने में महत्वपूर्ण भूमिका निभाता है।

व्यक्ति के चयापचय के आधार पर, मनुष्यों में महत्वपूर्ण ऑटोफैगी में दो से चार दिन का उपवास लग सकता है। माना जाता है कि ऑटोफैगी तब शुरू होती है जब ग्लूकोज और इंसुलिन का स्तर काफी कम हो जाता है। पशु अध्ययनों से पता चला है कि 24 घंटे के उपवास के बाद ऑटोफैगी का प्रमाण मिलता है, जो लगभग 48 घंटे के उपवास पर चरम पर पहुंचने लगता है।

उपसंहार

लंघन आयुर्वेद में वर्णित एक अत्यन्त महत्वपूर्ण उपक्रम है, क्योंकि आयुर्वेद में बताया गया है कि “रोगा सर्वेपि मन्दाग्नौ” अर्थात् सभी रोगों की उत्पत्ति का कारण अग्निमांद्य है, अग्निमांद्य ही आम की उत्पत्ति में सहायक है। यह उत्पन्न आम शरीर में उपस्थित सभी दोषों को दूषित कर, स्रोतरोध उत्पन्न करता है एवं शरीर में गुरुता उत्पन्न करता है। इस अवस्था में लंघन सर्वोत्तम चिकित्सा है जो आम के विपरीत गुण वाला होने के कारण अवरुद्ध हुए स्रोतसों का शोधन करता है एवं कायाग्नि का वर्धन कर, दोष धातुओं को साम्यवस्था में लाकर शरीर में लघुता उत्पन्न करता है एवं हृदय तथा मन में प्रसन्नता उत्पन्न करता है। अतः इस प्रकार लंघन का चिकित्सा में एक महत्वपूर्ण योगदान है।



संदर्भ

- 1) Charak Samhita Kashinath pandeya, Gorakhnath Chaturvedi, Vidyotini hindi vyakhya, sutra sthana chapter 22.
- 2) Charak Samhita Kashinath pandeya, Gorakhnath Chaturvedi, Vidyotini hindi vyakhya, kalpa sthana chapter 1.
- 3) Charak Samhita Kashinath pandeya, Gorakhnath Chaturvedi, Vidyotini hindi vyakhya, siddhi sthana chapter 1.
- 4) Charak Samhita Kashinath pandeya, Gorakhnath Chaturvedi, Vidyotini hindi vyakhya, sutra sthana chapter 7.
- 5) Charak Samhita Kashinath pandeya, Gorakhnath Chaturvedi, Vidyotini hindi vyakhya, sutra sthana chapter 23.
- 6) Charak Samhita Kashinath pandeya, Gorakhnath Chaturvedi, Vidyotini hindi vyakhya, chikitsa sthana chapter 15.
- 7) Sushruta Samhita, Ayurveda tatva sandeepika hindivyakhya, Kaviraj Dr. Ambikadatta shastri, sutra sthana chapter 6.
- 8) Sushruta Samhita, Ayurveda tatva sandeepika hindivyakhya, Kaviraj Dr. Ambikadatta shastri, chikitsa sthana chapter 40.
- 9) Astanga hridaya sutrasthana chapter 14.
- 10) Charak Samhita Kashinath pandeya, Gorakhnath Chaturvedi, Vidyotini hindi vyakhya, chikitsa sthana chapter 19/19.
- 11) ALITERARY REVIEW OF LANGHANA THERAPY, Dr. Suman Meena , PG scholar , Roga Nidana Evum Vikriti Vigyan) from Ch. Brahm Prakash Ayurved Charak Sansthan, khera dabar ,Najafgarh, New Delhi-73. sumanmina90@gmail.com
- 12) Autophagy: cellular and molecular mechanisms , Danielle Glick Ben May Department for Cancer Research, Gordon Center for Integrative Sciences, University of Chicago, IL, USA doi: 10.1002/path.2697
- 13) <https://my.clevelandclinic.org/health/articles/24058-autophagy>
- 14) Yogratnakar vidyotani hindi teeka Chaukhambha Sanskrit sansthan, Netrarog chikitsa adhyay, Shloka 3.
- 15) Yogratnakar vidyotani hindi teeka Chaukhambha Sanskrit sansthan, Urustambh chikitsa adhyay, Shloka 2.



परिषद् समाचार

विश्व मंगल दिवस (मकर संक्रान्ति) के अवसर पर विविध आयोजन

दिनांक 14/01/2024 को विश्व आयुर्वेद परिषद के चिकित्सक प्रकोष्ठ के सौजन्य से गोरखपुर में "विश्व मंगल दिवस" मकर संक्रान्ति के अवसर पर खिचड़ी का सहभोज आयोजित किया गया। इसमें महानगर के लगभग 30 चिकित्सकों ने भाग लिया। मुख्य अतिथि के रूप में पूर्व वरिष्ठ चिकित्साधिकारी डॉ. अशोक कुमार वर्मा ने भगवान धन्वंतरि के चित्र पर माल्यार्पण कर सभी उपस्थित सदस्यों के साथ पूजन किया। इस अवसर पर "तिल, गुड़ और खिचड़ी की उपयोगिता— मकर संक्रान्ति पर" विषय पर एक संगोष्ठी का भी आयोजन हुआ। सभी वरिष्ठ वक्ताओं ने ऋतु परिवर्तन और सूर्य के उत्तरायण होने पर विशेष विचार प्रस्तुत किया। अंत में इस सहभोज के आयोजक श्री दीपेन्द्र शुक्ला जी ने सभी का आभार व्यक्त किया। इस कार्यक्रम में मुख्य रूप से डॉ. जे पी मिश्रा, डॉ. डी पी सिंह, डॉ. सृजन राय, डॉ. अंजनी सिंह, डॉ. एस एन सिंह, डॉ. प्रतिमा श्रीवास्तव आदि उपस्थित रहे। संचालन डॉ. प्रकाश चन्द्र त्रिपाठी, प्रदेश प्रभारी चिकित्सक प्रकोष्ठ उत्तर प्रदेश ने किया। सभी को विश्व मंगल दिवस की शुभकामना के बाद कार्यक्रम समाप्त हुआ।

विश्व आयुर्वेद परिषद के गोरक्ष प्रांत में महाराजगंज, कुशीनगर समेत कई अन्य जनपदों में मकर संक्रान्ति का त्यौहार विश्व मंगल दिवस के रूप में मनाया गया। इस ठंड में भी आयुर्वेद के चिकित्सक बन्धुओं ने सहभोज कर गुड़ तिल के साथ खिचड़ी के त्यौहार का आनंद लिया।

दिनांक 15/01/2024 को विश्व आयुर्वेद परिषद, बस्ती द्वारा राजकीय आयुर्वेदिक चिकित्सालय महाराजगंज, बस्ती में विश्व मंगल दिवस के तहत संगोष्ठी का आयोजन किया गया। संगोष्ठी का शुभारंभ भगवान धन्वंतरि के चित्र पर माल्यार्पण कर किया गया। डॉ. वीके श्रीवास्तव ने कहा कि आयुर्वेद चिकित्सा की मूल विधा है। कार्यक्रम में मुख्य रूप से डॉ. वीरेंद्र बहादुर चौधरी, डॉ. रमाकांत द्विवेदी, डॉ. प्रदीप पाल, डॉ. सौरभ, मीडिया प्रभारी डॉ. लक्ष्मी सिंह, डॉ. कल्पना, डॉ. नीरा सैनी तथा चिकित्सालय के स्टाफ उपस्थित रहे।

दिनांक 16 जनवरी 2024, मंगलवार को विश्व आयुर्वेद परिषद, प्रयागराज (उ०प्र०) द्वारा विश्व मंगल दिवस का कार्यक्रम प्रभा क्लिनिक, जॉर्ज टाउन में अपराह्न 1 से 2 बजे तक आयोजित किया गया। कार्यक्रम का प्रारंभ हवन पूजन द्वारा हुआ। उसके पश्चात धनवंतरि पूजन एवं बैठक का आयोजन हुआ। राष्ट्रीय चिकित्सक प्रकोष्ठ सह प्रभारी, वैद्य प्रेमशंकर पाण्डेय जी ने मकर संक्रान्ति के समय विश्व मंगल दिवस मनाने की उपयोगिता के विषय में बताया। कार्यक्रम में उत्तर प्रदेश सचिव डॉ० सुधांशु शंकर उपाध



याय, प्रदेश चिकित्सक प्रकोष्ठ सह प्रभारी डॉ० एम० डी० दुबे, प्रयाग, अध्यक्ष डॉ० जे० नाथ, डॉ० एस०सी० दुबे, डॉ० बी० डी० तिवारी, डॉ० अतुल पाण्डेय, श्री दीनानाथ जयसवाल, श्री ब्रह्माशंकर द्विवेदी एवं अन्य गणमान्य वैद्य तथा नागरिक उपस्थित रहे। धन्यवाद वैद्य नरेन्द्र कुमार पाण्डेय सचिव, विश्व आयुर्वेद परिषद, प्रयागराज ने किया।

26 जनवरी 2024 को विश्व आयुर्वेद परिषद, प्रयागराज (उ०प्र०) द्वारा प्रांतीय सचिव डॉ०एस० एस० उपाध्याय जी के प्रतिष्ठान प्रभा नर्सिंग होम प्रभा आयुर्वेद पर 75वें गणतंत्र दिवस के उपलक्ष्य में ध्वजारोहण का कार्यक्रम किया गया। कार्यक्रम में राष्ट्रीय चिकित्सक प्रकोष्ठ सह प्रभारी डॉ० प्रेमशंकर पाण्डेय, प्रदेश चिकित्सक प्रकोष्ठ सह प्रभारी डॉ० एम० डी० दुबे, प्रयागराज अध्यक्ष डॉ० जे०नाथ, वरिष्ठ उपाध्यक्ष डॉ० एस० सी० दुबे, वरिष्ठ सदस्य डॉ० बी०एस० रघुवंशी, डॉ० शिशिर उपाध्याय, श्री दीनानाथ जायसवाल, श्री ब्रह्मशंकर द्विवेदी एवं अनेक गणमान्य नागरिक उपस्थित रहे।

दिनांक 19/01/2024 के दिन विश्व आयुर्वेद परिषद, महाराष्ट्र (पश्चिम महाराष्ट्र प्रान्त) कि तरफ से विश्व मंगल दिवस एरंडवने, पुणे में मनाया गया। भारती विद्यापीठ, अभिमत विश्व विद्यालय कॉलेज ऑफ आयुर्वेद, धनकवडी के स्नातकोत्तर अध्येता एवं अष्टांग आयुर्वेद महाविद्यालय के स्नातक छात्र मौजूद थे। वैद्य मनोज चौधरी, असोसिएट प्रोफेसर, विभागाध्यक्ष संस्कृत संहिता विभाग, अष्टांग आयुर्वेद महाविद्यालय, सदाशिव सेठ, पुणे (नैशनल कन्वेनर संहिता परिभाषा) ने शिशिर ऋतु के बारे में जानकारी दी तथा विश्व आयुर्वेद परिषद संघटन के बारे में बताया। प्रो. संतोष चव्हाण प्रोफेसर एवं विभागाध्यक्ष पंचकर्म विभाग, भारती विद्यापीठ अभिमत विश्वविद्यालय कॉलेज ऑफ आयुर्वेद, धनकवडी पुणे (सचिव, विश्व आयुर्वेद परिषद) ने भविष्य में आयुर्वेद चिकित्सा करने की प्रेरणा छात्रों को दी।

दिनांक 20/01/2024 को विश्व आयुर्वेद परिषद, मध्य प्रदेश द्वारा विश्व मंगल दिवस एवं अयोध्या में भव्य श्रीराम मन्दिर प्राण प्रतिष्ठा के उपलक्ष्य में मानसरोवर ग्लोबल विश्वविद्यालय के प्रांगण में एक भव्य कार्यक्रम का आयोजन हुआ। मुख्य वक्ता राम प्रताप सिंह राजपूत, सदस्य, राष्ट्रीय आयोग भारतीय चिकित्सा पद्यति, नई दिल्ली रहें। समारोह की अध्यक्षता डॉ० ए० एस० यादव, उपकुलपति मानसरोवर ग्लोबल विश्वविद्यालय ने की। कार्यक्रम का संचालन डॉ० अनुराग सिंह, प्राचार्य मानसरोवर आयुर्वेद महाविद्यालय, ने किया। कार्यक्रम में सैकड़ों की संख्या में चिकित्सक, शिक्षक एवं छात्र/छात्रायें सम्मिलित हुए।

माननीय प्रधानमंत्री जी की प्रेरणा से काशी में तमिल संगमम्-2023 में विश्व आयुर्वेद परिषद एवं तमिल भाषा संस्थान, तमिलनाडु के संयुक्त तत्वावधान में महर्षि अगस्त्य जन्म जयंती समारोह आयोजित



किया गया। मुख्य अतिथि के रूप में प्रो रघुराम भट्ट, विशिष्ट वक्ता प्रो कमलेश कुमार द्विवेदी, श्री श्याम भट्ट, डॉ चंद्रशेखर, श्री राजेश जी थे। कॉलेजों के प्रबंधक, प्राचार्य, शिक्षक, विद्यार्थियों की गरिमामय उपस्थिति रही, जो लगभग 210 थे। डॉ विजय राय, डा मनीष मिश्र, डॉ अंजना, डॉ भावना द्विवेदी, डॉ राम निहोर तपसी, प्रो यशवन्त चौहान, प्रो सुनील गौतम, प्रो सुनील मिस्त्री आदि कतिपय विद्वानों ने इस कार्यक्रम की गरिमा बढ़ाई।

डॉ. के पी शुक्ल स्मृति व्याख्यान एवं विश्व मंगल दिवस

विश्व मंगल दिवस एवं डॉ. के पी शुक्ल स्मृति व्याख्यान बी एच यू के काय चिकित्सा विभाग के सभागार में दिनांक 03/02/24 को बड़े ही हर्षोल्लास के साथ मनाया गया। मुख्य अतिथि पूर्व संकाय प्रमुख प्रो के एन द्विवेदी रहे। अध्यक्षता काय चिकित्सा विभागाध्यक्ष प्रो के एन मूर्ति ने किया। विश्व आयुर्वेद परिषद् वाराणसी महानगर इकाई के अध्यक्ष प्रो राकेश मोहन ने स्वागत भाषण दिया। प्रदेश अध्यक्ष डॉ. विजय राय जी ने परिषद् का परिचय दिया। प्रो. राजीव शुक्ला ने सबको धन्यवाद ज्ञापित किया। सभा का संचालन महानगर इकाई के सचिव डॉ. उमाकांत श्रीवास्तव ने किया। प्रो एस के तिवारी, प्रो चंद्र शेखर पांडे, प्रो जी एस त्रिपाठी, प्रो सुनंदा पेडेकर, डॉ. सुभाष श्रीवास्तव, डॉ. आर पी सिंह, डा भावना द्विवेदी, प्रो नम्रता जोशी, प्रो. पी. एस. व्याडगी, डॉ. विजय श्रीवास्तव, डॉ. वीरेंद्र कुमार वर्मा, डॉ. विजय सिंह राना, डॉ. देवानंद पांडेय तथा शिक्षकों एवं चालीस विद्यार्थियों की गरिमामयी उपस्थिति रही।

विश्व आयुर्वेद परिषद, प्रयागराज द्वारा माघ मेले में विशेष चिकित्सा शिविर का आयोजन

दिनांक 27/01/2024, शनिवार को विश्व आयुर्वेद परिषद, प्रयागराज (उ०प्र०) द्वारा दोपहर 1 बजे माघ मेले में माघ पर्यंत चलने वाले विशेष चिकित्सा शिविर का उद्घाटन, पूजन एवं हवन के साथ किया गया। यह शिविर प्रांतीय सचिव डॉ० एस० एस० उपाध्याय जी की संस्था "ध्यान योग एवं स्वास्थ्य शोध एवं प्रशिक्षण संस्थान" (13, अपर संगम मार्ग) के संयुक्त तत्वावधान में आयोजित किया जाता है। राष्ट्रीय चिकित्सक प्रकोष्ठ सह प्रभारी डॉ० प्रेमशंकर पाण्डेय जी ने फीता काटकर शिविर का शुभारंभ किया। इस अवसर पर प्रदेश चिकित्सक प्रकोष्ठ सह प्रभारी डॉ० एम० डी० दुबे, प्रयागराज अध्यक्ष डॉ० जे०नाथ, वरिष्ठ सदस्य डॉ० बी०एस० रघुवंशी, डॉ० भावेश दत्त तिवारी, डॉ० शिशिर उपाध्याय, श्री दीनानाथ जायसवाल एवं अनेक गणमान्य नागरिक उपस्थित रहे। वैद्य नरेन्द्र कुमार पाण्डेय सचिव, विश्व आयुर्वेद परिषद, प्रयागराज ने कार्यक्रम का संचालन किया।

श्री राम जन्मभूमि अयोध्या में चिकित्सा शिविर का आयोजन

अयोध्या में प्रभु श्री राम की जन्मभूमि में भव्य श्री राम मंदिर के निर्माण तथा रामलला की मूर्ति के प्राण प्रतिष्ठा के अवसर पर श्री राम जन्मभूमि तीर्थ क्षेत्र के आह्वान पर विश्व आयुर्वेद परिषद द्वारा 45



दिवसीय दो चिकित्सा शिविरों की व्यवस्था गुरुद्वारा ब्रह्म कुंड, पंचकोसी परिक्रमा मार्ग, निकट राजघाट, अयोध्या एवं नगर क्रमांक 5 मोरोपन्त जी पिंगले नगर, तीर्थ क्षेत्र पुरम, निकट मणि पर्वत, अयोध्या में की जा रही है। 15 जनवरी 2024 को दोनो शिविरों का शुभारंभ एनसीआईएसएम के सदस्य डॉक्टर के के द्विवेदी, विश्व आयुर्वेद परिषद के चिकित्सा प्रकोष्ठ सह प्रभारी, शिविर हेतु केंद्रीय प्रतिनिधि व श्री राम जन्मभूमि तीर्थक्षेत्र चिकित्सा सेवा समन्वयक डॉ. पंकज श्रीवास्तव, अध्यक्ष एवं डॉ. आनन्द, उपाध्यक्ष द्वारा भगवान धन्वंतरि के चित्र पर माल्यार्पण एवं दीप प्रज्वलन कर किया गया। विश्व आयुर्वेद परिषद् द्वारा चिकित्सा शिविर के माध्यम से रामजन्म भूमि क्षेत्र में आ रहे सभी तीर्थ यात्रियों की स्वास्थ्य समस्याओं हेतु निःशुल्क स्वास्थ्य परीक्षण एवं औषधि वितरित की जा रही है। केन्द्रीय प्रतिनिधि डॉ. पंकज श्रीवास्तव ने बताया कि श्री राम जन्मभूमि में अनुष्ठान कर रहे संतो की चिकित्सा हेतु गुरुद्वारा ब्रह्म कुंड पर चल रहे चिकित्सा शिविर में अब तक 3287 मरीजों का एवं संपूर्ण विश्व से आ रहे श्रद्धालुओं के लिए तीर्थ क्षेत्र पुरम के 6 नगरों के लिए आयुर्वेदिक चिकित्सा शिविर में अब तक 12848 मरीज का सफलतापूर्वक इलाज किया जा चुका है और यह प्रक्रिया आगामी 29 फरवरी तक सतत् चलते रहने की तैयारी विश्व आयुर्वेद परिषद के प्रांतीय एवं राष्ट्रीय पदाधिकारी के सहयोग से हो रही है। शिविर में लखनऊ से विश्व आयुर्वेद परिषद के प्रदेश उपाध्यक्ष डॉ बी पी सिंह, अयोध्या से डॉ आनंद उपाध्याय व डॉ गरिमा सिंह, डॉ सौरभ चौरसिया, आजमगढ़ से डा वी पी सिंह, वाराणसी से डॉ उमाकांत श्रीवास्तव, मऊ से डॉ प्रभात गुप्ता, लखनऊ से डॉक्टर असित गुप्ता, डॉ पद्माकर लाल श्रीवास्तव, डॉ संजय कुमार श्रीवास्तव सुल्तानपुर से डॉ लवकुश निगम एवं डॉ कविता निगम, उज्जैन से डॉक्टर रामतीर्थ शर्मा सहित अनेक गणमान्य चिकित्सकों ने अपनी सेवायें दी हैं।

विश्व आयुर्वेद परिषद् द्वारा महाबोधी सांस्कृतिक केंद्र, बोधगया (बिहार) में पाटलीपुत्र राष्ट्रीय संभाषा सह नेत्र रोग कार्यशाला का आयोजन

10 फरवरी 2024, महाबोधी सांस्कृतिक केंद्र, बोधगया (बिहार) में पाटलीपुत्र राष्ट्रीय संभाषा सह नेत्र रोग कार्यशाला का आयोजन दिनांक 10-11 फरवरी 2024 को विश्व आयुर्वेद परिषद ने किया। कार्यक्रम का उद्घाटन मुख्यातिथि आदरणीय राज्यपाल महामहिम श्री राजेन्द्र विश्वनाथ अर्लेकर महोदय, श्री वेंकटेश प्रपन्नाचार्य जी महाराज (संरक्षक), वैद्य गोविन्द सहाय शुक्ल (राष्ट्रीय अध्यक्ष), वैद्य प्रजापति त्रिपाठी (कार्यक्रम अध्यक्ष), वैद्य राहुल साह (प्रांतीय अध्यक्ष), वैद्य शिवादित्य ठाकुर (राष्ट्रीय सचिव), वैद्य सुशील झा (प्रांतीय मीडिया प्रमुख) ने दीपप्रज्वलन कर कार्यक्रम का उद्घाटन किया। विशिष्ट अतिथि के रूप में प्रो. रघुराम भट्ट, अध्यक्ष, एन.सी.आई.एस.एम. डॉ. रजनी नायर, सदस्य, एन.सी.आई.एस.एम., प्रो. के. एस. धीमान, कुलपति, श्रीकृष्ण आयुष विश्वविद्यालय, कुरुक्षेत्र थे। महामहिम ने अपने उद्बोधन में कहा कि आप अनेक विविध विषयों पर विमर्श करेंगे। चर्चा करेंगे। समस्यायें कुछ समकालीन हैं और इन्हीं समस्याओं को लेकर समाधान तक जाने का प्रयास करेंगे। हमेशा ही समाधान मिलता है। आयुर्वेद एक पूर्ण विकसित परंपरा है, मुझे लगता है मैं और आप सभी बहुत ही भाग्यशाली हैं, जो आयुर्वेद से सेवा करने का अवसर हमें मिला। आज की तारीख में दुनिया भर में आयुर्वेद के लिए मान्यता बढ़ रही है।



अगर हम हल्दी का ही उपयोग देखते हैं, तो विदेशों में भी आज वहां गोल्डन ड्रिंक के तौर पर मार्केटिंग करके उसका पेटेन्ट लेने का प्रयास होता है जबकि यह सब हमारी संस्कृति की देन है। जानकारी प्रदेश मीडिया प्रभारी डॉ बिपिन बिहारी ने दी। डॉ बिहारी ने कहा कि राष्ट्रीय संभाषा के प्रतिभागियों को प्रशस्ति पत्र, सम्मान पत्र व पुरुस्कार राशि प्रदान कर सम्मानित किया गया। सम्मानित प्रतिभागियों में प्रथम पुरस्कार स्वरूप किशन कुमार को 10000 द्वितीय पुरस्कार इंद्रसेन कुमार को 7500 रुपया, तृतीय पुरस्कार हिसार हरियाणा की ऋचा कुमारी को 5000 रुपये नगद व स्वामी राघवेंद्र त्रिचण्डी आयुर्वेद कॉलेज की तनु प्रिया, श्री मोती सिंह योगेश्वरी महाविद्यालय छपरा की छात्रा दीपू कुमारी एवं दयानंद आयुर्वेद मेडिकल कॉलेज सिवान के छात्र अभिषेक कुमार मिश्रा एवं नितेश्वर आयुर्वेद मेडिकल कॉलेज की छात्रा को पुरस्कृत किया गया। मैं सम्पूर्ण विश्व आयुर्वेद परिषद का हृदय से धन्यवाद देता हूँ कि इस तरह के कार्यक्रम के माध्यम से आयुर्वेद के विद्यार्थियों व चिकित्सकों का मनोबल बढ़ाने का कार्य कर रहा है। आज आयुर्वेद को पूर्ण जागरूकता के साथ जन जन तक पहुंचाने का संकल्प अत्यंत आवश्यक है। कार्यक्रम में प्रांतीय उपाध्यक्ष आलोकनाथ त्रिपाठी, महासचिव डॉ सुधांशु शेखर त्रिपाठी, कार्यक्रम सचिव वैद्य विनोद कुमार शर्मा, डॉ अध्यक्ष डॉ रमेश कुमार सिंह, डॉ विनोद कुमार, सचिव डॉ रितेश कुमार वर्मा, डॉ उषा कुमारी (महिला प्रकोष्ठ प्रमुख), डॉ बलराम, डॉ प्रभात द्विवेदी शिक्षक प्रकोष्ठ प्रमुख कुमार शर्मा, डॉ अरविन्द कुमार, डॉ वी के राय, डॉ मुरारी मिश्रा, डॉ अरुण पाण्डेय, डॉ पप्पू सिंह, डॉ अजय कृष्ण, डॉ प्रमिला, डॉ सुधा कुमारी, डॉ दीपक कुमार, डॉ मनोरमा भारती, डॉ कादम्बनी, डॉ पंकज, डॉ रीता वर्मा, डॉ देवेंद्र पाण्डे, डॉ विकास कुमार, डॉ दिवाकर पाण्डेय, डॉ शिमान्त सौरभ, डॉ शशिरंजन, डॉ विकेश, डॉ अनिल, डॉ नरेंद्र कुमार, डॉ भास्कर, डॉ अंकेश मिश्र, डॉ उदय मिश्र, डॉ राहुल कुमार साह, वैद्य सन्तोष कुमार सिंह, वैद्य मंजू कुमारी आदि उपस्थित रहे।

विश्व आयुर्वेद परिषद्, राजस्थान द्वारा पंचकर्म कार्यशाला का भव्य आयोजन

विश्व आयुर्वेद परिषद्, राजस्थान द्वारा 7 फरवरी 2024 को पंचकर्म कार्यशाला का भव्य एवं दिव्य आयोजन होटल लेक विनोरा, अजमेर में किया गया। कार्यक्रम के मुख्य अतिथि विधानसभा अध्यक्ष माननीय वासुदेव देवनानी जी, विशिष्ट अतिथि निदेशक आयुर्वेद विभाग डॉ आनंद शर्मा जी, डॉ यू एस निगम जी राष्ट्रीय ख्याति प्राप्त पंचकर्म विशेषज्ञ, विश्व आयुर्वेद परिषद के अध्यक्ष डॉ किशोरी लाल शर्मा जी एवं कार्यक्रम की अध्यक्षता प्रोफेसर कमलेश विधार्थी, संरक्षक विश्व आयुर्वेद परिषद द्वारा की गई। कार्यशाला में मुख्य वक्ता के रूप में प्रो. यू एस निगम जी, मुंबई, प्रोफेसर गोपेश मंगल जी एन आई ए जयपुर, असिस्टेंट प्रोफेसर डॉ विपिन तंवर जी, नेत्र रोग विशेषज्ञ डॉ दिनेश शर्मा जी प्रकाश नेत्रालय जयपुर रहे। कार्यशाला में अंतर्राष्ट्रीय ख्याति प्राप्त भूपेंद्र राठौड़ मोटिवेशनल स्पीकर, डॉ सतीश अरोड़ा सीईओ हेरिटेज होटल मरवाड़ा ने भी अपना व्याख्यान देकर प्रतिभागियों को लाभान्वित किया।