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विश्व आयुर्वेद परिषद् द्वारा देश के विभिन्न प्रान्तों में आयोजित कार्यक्रम की झलकियां

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

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संरक्षक :
- डॉ० रमन सिंह (पूर्व मुख्यमंत्री, छत्तीसगढ़)
- प्रो० योगेश चन्द्र मिश्र (राष्ट्रीय संगठन सचिव)

प्रधान सम्पादक :
- प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक :
- डॉ० अजय कुमार पाण्डेय

सम्पादक मण्डल :
- डॉ० मनीष मिश्र
- डॉ० आशुतोष कुमार पाठक

अक्षर संयोजन :
- बृजेश पटेल

प्रबन्ध सम्पादक :
- डॉ० कमलेश कुमार द्विवेदी

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सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक है। 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।

Contents

1- EDITORIAL **2**

2- A STUDY ON CUMULATIVE EFFECT OF ASANA AND PATHYA VYAVASTHA FOR STHAULYA APKARSHANA
- Chandra Chud Mishra, Nidhi Sharma **3**

3- EFFECT OF YOGA ON CONSTIPATION IN CHILDREN
- Komal Dhiman, Keerti Verma, Reena Dixit, Chhavi Dhiman **6**

4- ROLE OF AYURVEDA (PREVENTIVE ASPECT) IN PRAMEHA (SAHAJ) W.S.R TO JUVENILE DIABETES
- Poonia Jaipal, Budhlakoti Kanika, Garg G P **10**

5- A CRITICAL REVIEW ON FUNDAMENTALS OF PANCHAKARMA (BIO-PURIFICATION) IN THE BACKDROP OF ASHTANGA HRIDAYA SOOTRASTHANA
- Vidyanand Mohan, Aparna Nandakumar, Ritesh Gujarathi **16**

6- BASIC CONCEPT OF COMPOUND DRUG FORMULATION IN AYURVEDA
- Shweta Singh, Sanjay Kumar Pandey, Ankit Kumar Gupta, Anjana Saxena **29**

7- KEY ROLE OF 'MOTHER'S AFFECTION TOWARDS BABY' IN LACTATION AS PER AYURVEDIC TEXTS
- Jasvinder Kaur **43**

8- ***Dr. Ganga Sahai Pandey Memorial All India Essay Competition-2023 First Prize Gold Medel***
ROLE OF YOGA AND AYURVED IN PREVENTING LIFESTYLE DISORDERS
- Divya Dhakad **47**

9- समाचार **54**

Guest Editorial

NCISM (National Commission for Indian System of Medicine) is the regulatory authority for medical education in Indian System of Medicine (Ayurveda, Unani, Siddha & Sowa-Rigpa medical systems). Quality of education depends on standards of infrastructure and human resource. Further quality is a dynamic process with ever changes/modifications/developments etc. Hence, there is a need for constant up-dation of standards in the institutions to pace the advances in the respective fields. Capacity building of human resources of ISM institutions is one such initiative initiated by NCISM in mission mode. As part of functional reforms NCISM introduced 'Academic Calendar' for under-graduate programmes and post-graduate programmes; 'Transitional Curriculum' for under-graduate programme, 'Orientation Programme' for post-graduates; 'Competency Based Medical Education' curriculum and syllabus for first and second professional subjects; online elective courses in diversified subjects to sensitise ISM graduate students in multidisciplinary approach; to provide overall development of ISM graduate students, NCISM introduced exclusive period of physical education as well as recreation period to provide opportunity to exhibit talents and to relieve the stress.

All such initiatives will provide desired results only when they are implemented effectively. For their effective implementation, the human resource that are responsible need to be oriented or trained. NCISM identified the need of capacity building of human resources of ISM and implemented various capacity building activities. Head of the institutes play important role in implementation of any initiatives through their administration. 'Educational Administration' is a typical skill that required for head of educational institutions. NCISM identified 'National Institute for Educational Planning and Administration (NIEPA)' a deemed to be university which has been established by UNESCO and entered into a MOU for training of head of all ISM educational institutions across the country. NIEPA undertook need survey in selected institutes. On the basis of survey inputs training module was developed. The same after approval by NCISM implemented in training of head of ISM institutions on 'Educational Planning and Administration'. For smooth conduction of the training programme NCISM developed online portal. Entrepreneurship is another major potential area which has been neglected. NCISM identified the need of entrepreneurship development in ISM sector and introduced establishment of 'Research Innovation and Entrepreneurship Development Cell' in every ISM college and accordingly the same has been included in the draft MES (Minimum Essential Standards). Further, NCISM entered into MOU with NI-MSME (National Institute of Micro Small Medium Enterprise) for training of co-ordinators of the above mentioned 'Research Innovation and Entrepreneurship Development Cell'. Sanskrit is the main source for Ayurveda literature and at the same time AI (Artificial Intelligence) tools are fastly emerging for effective teaching and learning languages including Sanskrit. NCISM learnt that, Department of Sanskrit, University of Hyderabad developed 'Computational tools for teaching and learning Sanskrit' on the name of 'Samsaadhanii'. NCISM initiated training of Sanskrit teachers of all Ayurveda colleges on these computational tools after having MOU. In this way NCISM identified the important areas and started conducting capacity building through the designated agencies that are he authority for the chosen area. NCISM identified the competencies that are required for ISM graduates in 2030 and started working towards achievement of the objective. Capacity building programmes as specified above will definitely help in achieving the NCISM objective and in uplifting the ISM sector to the global standards.

- Prof. (Dr.) B. S. Prasad

President, Board of Ayurveda, NCISM, New Delhi

A STUDY ON CUMULATIVE EFFECT OF ASANA AND PATHYA VYAVASTHA FOR STHAULYA APKARSHANA

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Abstract :

Prevalence of overweight and obesity is increasing worldwide at an alarming rate. It is affecting children and adults alike in both the developed and developing countries. It is more among urban population. The increasing prevalence of obesity is due to changes in the lifestyle.In India, about 8% of population is estimated to have a BMI of more than 25. Ayurved refers obesity as sthaulya. A sthool purush is considered as "Nindit" according to Acharya Charak. According to Acharya Charak Sthaulya brings Darun Vikaras (Vikaran Darunana Kritva, Ch. Su. 21/9). It results in conditions like Medo Mans ativriddhi, Utsaah Haani, Javoparodh etc. A guru shareer is not considered good for yogabhyas according to Hath Yog Pradeepika. A proper use of Pathya Ahaar and Asan is useful to maintain an ideal weight and shape of body and prevent diseases occurring as side effect of overweight.

Keywords: *Sthaulya, Obesity, Pathya, Asan*

INTRODUCTION-

Increasing Prevalence of obesity is considered as a major threat for human civilisation. It is a disease with several causes that lead to excessive body fat and poor health. Although Body fat itself is not a disease but when your body has too much extra fat, it can disturb normal physiological functions. In ayurved obesity is termed as sthaulya. According to *Acharya Charak atisthool* is among the eight types of *nindit purush*.For management of *sthaulya* different types of protocols are used in ayurved . According to *Acharya Charak* basic treatment protocol for *sthaulya* includes *anna paan*, *shleshma medohar anna paan*, *teekshna and ruksha ushna basti, yavna and aamalak choorn* etc. According to hathyog pradeepika *atyahaar* and *laulya* are considered as *yog vinaashak behavas* while *ang laaghav* is considered as the benefit of *Asan*.

This study is conducted to evaluate the cumulative effect of *Pathya vyavastha* and *Asan* in treatment of *Sthaulya*.

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Assessment:-

Corpulence Index

This index is based on only weight of the individual. It is the ratio of actual body weight to expected body weight

Corpulence index =

Actual body weight (ABW) of

the individual/Expected body weight (EBW)

Corpulence index of 1.2 or more is considered as obesity.

(EBW = Height in cm - 100

Example: A person who is 165 cm tall, his ideal weight is

165 - 100 = 65 kg.

Body Mass Index

It is the ratio of weight (in kg) for height (in m^2)

BMI = Weight in kg /(Height in m^2)

This is also called "Quetelet's index" named after Lambert Adolphe Jacques Quetelet, a Belgium Scientist.

Body mass index values are age independent and it is same for both the genders. Higher the BMI above 25, greater is the risk of morbidity according to grades.

Investigations:-

Routine haematological investigations.

Lipid profile

Pathya Vyavastha:

The patient is advised to exclude the wheat, sugar, jaggery, refined oil, fried and junk food, starchy vegetables like potatoes, yam etc. fruits having high fructose content are also excluded from diet. Meal skipping is not allowed during the complete treatment.

Amalki and *nimbu swaras* is used to fortify the drinking water which is always *Koshn* and *Supakva*.

A mixture of *Yav, Jwar* and *Bajra* is used as flour instead of *godhum*.

Shyamak and *kodrav* are used to replace the rice and pulses of *Adhaki*, *Mudg* and *Masoor* are used.

***Asan* protocol:**

A gradually increasing protocol of *yogasan* and *pranayam* is advised after assessment of *bal* and *prakriti* of patient. The *asan* protocol is divided in two parts one is regular protocol and the other is specific weight reduction protocol. *Asana* like *Surya namaskar*, *Trikonasan*, *Parshv kon asan*, *Paschimottanasna* are part of routine protocol while *Bakasan*, Ardh *matsyendrasan*, *Halasan* are part of specific protocol.

Result:-

Assessment of obesity parameters were done after one month and a significant change of about 3.5 K.G. has been observed.

DISCUSSION :-

According to *Acharya Charak Vataghna, Shleshm medohar anna*

sholud be used for management of *sthaulya* . In this protocol *Ruksh anna* like *Yav*, *Shyamak*, *Kodrav* has been *used.Ghrit* and *Sarsap tail* are used as cooking medium. *Ghrit* has *Agnivardhak* properties so it helped to increase the metabolic activities.

According to *Gherand samhita Asan* brings *laghuta* in body. Hence a regular practice of *asan* was advised to burn the excessive body fat and to increase the metabolic activity.

CONCLUSION:

Sthaulya is explained as a *nindit* body type in ayurved. According to *gherand samhita* for attainment of *moksh shareer shuddhi* is mandatory. *Asana* and *prananyama* helps for purification of body and mind respectively. Hence this protocol used the combined effect of *Asana*, *pranayama* and *pathya vyavastha* for management of *sthaulya*. It creates a new hope for treatment of *sthaulya* and related diseases like diabetes and cardiac ailments.

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EFFECT OF YOGA ON CONSTIPATION IN CHILDREN

- Komal Dhiman[1], Keerti Verma[2], Reena Dixit[3], Chhavi Dhiman[4]
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Abstract :

Lifestyle diseases are defined as diseases linked with the way people live their life. They are not transmitted by any vector, environment and also from person to person and it had been a common finding among adults for a long time now. However, we must now wake up to the sad reality that children are suffering from lifestyle diseases as well. The most common lifestyle disorder among children is constipation which can be defined as a disease condition resembling to Vibandha described in Ayurveda. Vibandha or Badhapurisha means obstruction i.e. sanga and which indicates one of the state of srotodushti especially in purishavaha srotas. It refers to bowel movements that are infrequent or hard to pass and is a general term used to indicate fewer bowel movements, solidified hard stools, painful defecation and feeling of bloating, abdominal discomfort or incomplete elimination. In Ayurveda, lifestyle advises like Dincharya. Ritucharya, Acharara-sayana. The holistic approach of Ayurveda and yoga, treating the patient as a whole, meaning intervention targeted toward complete physical, psychological, and spiritual well-being makes both of these science a wonderful option in children suffering with constipation.

Objective- *To aware the community about the yoga practices suitable for children to cure the disease or symptom; constipation/ vibandha.*

Material and methods- *The references were gathered from the textbooks, published research papers from online sources and earlier studies and compilation.*

Conclusion *–Awareness or effective use of yoga Aasanas and Pranayama in pediatrics requires a thorough understanding of the subject. A new hope for the treatment of constipation will arise by merging the Ayurvedic and Yogic concepts together as an Ayurvedic pediatrician.*

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Keywords: *Vibandha, Badhapurisha, Purishavaha Srotas, Sanga, Srotodushti, Dincharya, Ritucharya, Acharara-sayana, Yoga, Aasanas, Pranayama.*

INTRODUCTION-

According to ancient *Ayurvedic* classics, *Dosha*, *Dhatu* and *Mala* are the main active constituents of body.

The food we consumed is converted into *Sara Bhaga and Kitta Bhaga.* The *Kitta Bhag*a includes *Mutra, Mala, and Sweda*. The proper absorption and excretion of food indicates good health. The constipation is an acute or a chronic characterized by dry and hard infrequent stools that are painful or difficulty to pass. It is due to multifactorial cause such as in sufficient dietary roughage, lack of exercise, suppression of defecatory urges, drug use etc.

Yoga, in fact, gives due importance to different layers of existence functions for maintaining positive health example physical layer (*Annamaya Kosha*), pranic layer (*Pranamaya Kosha*), mental layer (*Manomaya Kosha*), scientific layer (*Vigyanmaya Kosha)* and blissful layer (*Anandamaya Kosha).* Yoga is a science of integration of human consciousness with nature. The objective experimentation is the most important aspect of searching the truth employed by modern science that searches into many practices of *yoga* demanding both subjective as well as objective tools for understanding the effects for further application and wider acceptance. Children are constantly being exposed to state-of-the-art technology, which has mushroomed over the past decade. Even though media technologies such as computers and cell phones are knowledge resources for all, their intense use has become disquieting; there appears to be a decline in physical activity among these user and this lack of mobility has been linked to various kinds of health issues such as obesity and physical and mental health issue.[1] *Yoga* is a unique way of lifestyle management of many common health misalignments for the prevention of diseases, preservation and promotion of health.

Constipation is one of the commonest prevalent diseases in pediatric age group affecting 0.7% to 29.6% children worldwide. It is more common in individuals who resist the urge to move their bowels at their body's signal.

Functional constipation is defined by the presence of at least two or more of the following criteria-

1- Two or fewer defecations per week.

2- At least 1 episode of fecal incontinence per week.

3- History of retentive posturing or excessive volitional stool retention.

4- History of painful or hard bowel movements.

5- Presence of large fecal mass in rectum.

6- History of passage of large diameter stools that may obstruct the toilet.

Children with functional constipation passes large or hard stools and display stool withholding behavior characterized by stiffening of whole body and screaming in infants, to walking in tip toes or tightening of buttocks in older children.

Symptoms of constipation –

Signs and symptoms of chronic constipation include:

- Passing fewer than three stools a week
- Having lumpy or hard stools
- Straining to have bowel movements
- Feeling as though there's a blockage in your rectum that prevents bowel movements

Constipation may be considered chronic if you've experienced two or more of these symptoms for the last three months.

The symptoms and ailments from constipation are almost endless. Tension, fatigue, irritability, short temper, allergies, indigestion, headaches, nervousness, nausea, depression[2], obesity, food craving, anxiety, insomnia, bad breath, menstrual problems, poor appetite, piles, skin problems, abdominal discomfort, and many other problems occur due to constipation.

Yogic Classification of Diseases

Yoga can bring about changes in modern-day mind-body diseases. The vital life-force in the body is affected by imbalances in the breath and causes dysfunction in the five channels of life-force.[3] The five channels of prana are:[1] *Prana*, which controls the functioning of the heart and lungs and all the activities in the chest region like breathing, swallowing, and circulation of blood; *Apana*, which controls the function of the excretory and reproductive organs and hence is responsible for all downward activities like urination, defecation and menstruation; *Samana*, which activates and controls proper digestion and is responsible for balancing *Prana and Apana*; *Udana*, which is responsible for all upward activities such as belching and vomiting and *Vyana*, which is responsible for all activities on the periphery like nerve impulses and cellular activity in all cells and gives an extra boost to other four channels when required.[4] Due to the imbalance in the vital lifeforce caused by mental conflicts, the autonomic nervous system is disturbed and it might result in heightened bowel contractility.[5] Of the five lifeforces, the most important for healthy functioning of the body is "*Samana*," a lifeforce that is responsible for digestion and for balancing two other major life-forces, "*Apana*" and "*Prana*." When "*Samana*" is disturbed, the food ingested cannot be digested properly. This leads to overdigestion, non-digestion, wrong digestion and thus improperly digested food when settles in the body leads to diseases.

DISCUSSION –

Yogic practice is holistic living, it means conscious correct living in every

moment. Each moment requires peculiar, conscious control and transformation of what is not desired or is harmful such as negative attitudes, habits detrimental to health, unconscious drives and movements. *Yoga* regulates physical, emotional and mental activity while constantly evolving the mind to higher states of consciousness. A lifestyle and living if regulated by a higher state of consciousness which itself is full of love, delight, peace, harmony, wisdom and truth will bring about a transformation in individual, health, prevention and management of disease, will come as by-products. Regular practice of yoga for an hour daily is proven very beneficial. It should include *sukshamavyayam* or *suryanamaskara* and *asana* practices along with breathing that should include bending, twisting postures like *pawanamuktasan, halasana, dhanurasana, ardhamatsyendrasana, baddhakonasana, bhujangasan*, *vajrasana, paschimottanasana, padahastasana* and *shalabhasan* etc. Minimum five *asanas* may be selected and practised depending upon the flexibility and constitution of the body.

CONCLUSION -

Yoga is a way of life and living which demands conscious effort on the part of the practitioner. This conscious effort brings changes in the whole personality, attitude and lifestyle. It is in fact a way of transformation of life, mind, and body and works wonders in this chronic problem of constipation. Many studies have proved that *yoga* is an excellent and natural remedy for gastrointestinal problems including chronic constipation. Therefore, as an *Ayurvedacharya,* we should aware the community, the guardians and of course the children to add *yoga* practices in their daily life to cure the problems like constipation and many others without undergoing any medication.

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ROLE OF AYURVEDA (PREVENTIVE ASPECT) IN PRAMEHA (SAHAJ) W.S.R TO JUVENILE DIABETES

- Poonia Jaipal[1], Budhlakoti Kanika[2], Garg G P[3]
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Abstract :

A wide spectrum of disorders collectively known as diabetes mellitus is typified by increased plasma glucose levels. The cause of the condition is unknown in the vast majority of diabetic people. Two sets of criteria have been suggested by expert panels: one for diagnosis and another for categorization. There are two uses for the criterion. One is to ensure the patient receives the best care possible. The other is to provide funding for investigations into the pathophysiology and etiology of diabetic disorders. It is estimated that India is housing about 97,700 children with type 1 diabetes mellitus (T1DM). Prevalance rate of 0.26/1000 children is approximately noted, peak age of which are diagnosed around 12years.Type-1 DM has a huge impact on growth and development of a child. Juvenile DM is primarily caused due to destruction of insulin producing islets of pancreas.[1] According to view of Ayurveda, Prameha is mentioned as one of the ashtaumaha gada by various Acharya's in Ayurvedic literature. According to acharya Charaka, Beej dushti, Matru ahar-vihar, Kaal, and various other Apathyas play a key role in formation of prameha.[2] One of the most basic principles of Ayurveda i.e. "SwasthasyaSwasthyarakshanam" forms a guideline or a vision in prevention of prameha.[3] Pre-conceptual pancha karma shuddhi, role of proper diet, yoga etc. are all are important ways to avoid any sahajvyadhis like sahaj Prameha. As Nidan/hetu has a basic role in Samprapti of any vyadhi, its prevention forms the basis of treatment. So, Nidan parivarjanam in case of Type-1 DM would be of definite: help in decreasing its incidences.

Keywords: *Juvenile Diabetes Type-1 DM (Sahaj Prameha), Beej Dushti, Nidan Parivarjanam.*

INTRODUCTION-

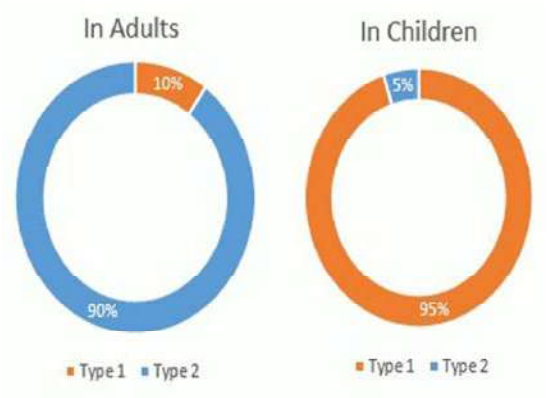
Ayurveda a branch of Atharva Veda is the eternal science of life, confering to all spects of life from confinement to fatality.

[1,2]MD Scholar, [3]Professor & Head, Dept Of Kaumarbhritya, UAU Gurukul Campus, Haridwar. (U.K.)

Kaumarbhritya is among the eight branches of Ayurveda. As specialists in the field of kaumarbhritya, it is our prime duty to provide children with the best care possible as they are the future of family and our nation. Prameha(Sahaj or Madhumeha) is a maharoga[4] (major disease), formed by the union of 13 dosha-dushya sangraha and mainly ‘’bahu drava shelshma”, ‘’bahu abadh meda”. There are 20 types of prameha due to interaction of 3 doshas and 10 dushayas.

According to sushrutacharya, Vyadhis are classified as adhyatmik, adhibhautik and adhidevik. Adhyatmik according to prepondrance of prameha can be simplified as below.

- (Genetic factor) T1-DM
- (Congenital factor) Congenital DM
- (Dietetic & Environmental factor) T1-DM, T2-DM
- Juvenile Onset Diabetes Mellitus



Prevalence & Incidence

4.5% of all diabetics worldwide have Type-1 diabetes.

India is ranked 59th out of all nations in terms of Type-1 Diabetes (DM) incidence (Age 0–14 years)

Type 1 diabetes affects 25% of diabetics in the UAE.

By 16 years, 1/300 of Americans acquire DM Type-1.

Diabetes mellitus (DM) is a group of associated illnesses in which the body is unable to control blood sugar levels. It is a metabolic illness characterised by either insufficient insulin production by the body or cell resistance to it.

REVIEW OF LITERATURE

Occurrence of DM is increasing day by day, due to changing lifestyles, genetic and environmental factors. In Ayurveda T1DM is mostly co-related to Sahaj/Jataj prameha & it is mostly seen in children. T2DM is mostly apathyanimmitaj and so proper basis of prevention must be thought off.

Three main types[5] of DM associated with children-

- Type-1 DM/IDD/Juvenile DM
- Type-2 DM
- Gestational DM

Here as discussed the focus is mainly on type 1 diabetes and its preventive aspect, so beginning with the etiology and onset as follows

- Results from the body's failure to produce insulin due to destruction of beta-cells.
- Genetic, Environmental and Auto-immune factors are believed to result in the development of Type 1 DM.
- According to 6th edition of International Diabetes Federation diabetes atlas, India has 3 new cases of T1DM/100000 children of 0-14 years.
- Although the prevalence is less, it is increasing by 3% /year particularly amongst reported cases.
- Median age is 7-15 years, but may present at any age.

Definition of Type 1-DM

- Absolute low or absent levels of insulin.
- Requires insulin therapy to prevent life threatening complication as Diabetic Ketoacidosis

प्रमेह व्याख्या

प्रकर्षेन प्रभूतं प्रचुरं वारंवारं वा मेहति मुत्रत्यागं करोति यस्मिन रोगे स प्रमेह।।[6]

—मा.नि. 1/1

गौरवं बध्दतां जाड्यमकस्मान्मूत्रनिर्गमः।

प्रमेहे माक्षिकाक्रान्तं मूत्रं श्वेतं घनं तथा च।[7]

—का.सू. 25/22

तयोः पुर्वेणोपदृतं कृषो रुक्षो अल्पाषी ।

पिपासुभष्षं..... ।।8 सु.चि.11/1

प्रमेह प्रकार

बीज दोष (Genetic Predisposition)

- यस्य अंगावयवस्य बीजे बीजांशो वा उपतप्त भवति तस्य तस्यांगावयस्य विकृतिरुपजायते दोष जायते।[9]

—अं.स.शा.२/४७

- सहजो अपथ्यनिमित्तश्च तत्र सहजो मातृपितृ बीज दोष कृतं।[9]

TYPE-1

तत्र सहजाः शुकार्तवदोषान्वयाः ।

कुष्ठार्शमेहादयः।[10]

—अं.स.शा. 2/2

स्थूल प्रमेही बलवानिहैकः एकः कृशस्तथैकः परिदुर्बलश्च।[11]

—च.चि.6/15

बीजात्मकर्माआशयकालदोषैः।

मातुस्तथाऽऽहारविहारदोषैः।

कुर्वन्ति दोशा विविधानि दुष्टाः।

संस्थानवर्णेन्द्रियवैकृतानि।[12]

—च.शा. 2/29

Beeja dosha (Artava / Shukra)
Aatma karmaj
Ashaya dosha
Kaala dosha
Matu: aharam
Matu: viharam

As mentioned by Ayurveda, beej bhag dushti or beejdushti of parents play an important role in the defect in the respective organ, a part of the whole body of their children's. Hence proper shuddhi kriyas can be benificial for health progeny upto some extent.

Symptoms (Type-1DM)

1 diabetes signs and symptoms can appear relatively suddenly

- Increased thirst
- Frequent urination
- Bed-wetting in children specially during the night
- Extreme hunger
- Unintended weight loss
- Irritability and other mood changes
- Fatigue and weakness
- Blurred vision

Causes

The specific cause of type 1 diabetes is unknown. Generally, the body's individual immune system — which normally combats destructive bacteria and viruses — mistakenly destroys the insulin-producing (islet, or islets of Langerhans) cells in the pancreas. Other possible causes include:

1. Genetics

2. Exposure to viruses and other environmental factors.

TREATMENT

All children with type 1 diabetes must use insulin injections to control their blood sugar. There is no any treatment for total cure of type 1 diabetes.

Role of Ayurveda- with the help of strength of Ayurvedic principles, type 1 diabetes can be prevented. By delaying onset, lowering insulin requirements, decreasing severity of symptoms & complications Ayurvedic principles may play major role.

Prevention: There is no known way to prevent type 1 diabetes. But scholars are working on preventing the disease or to prevent further destruction of the islet cells in people who are newly diagnosed. As childhood is the most important and delicate phase of life, to maintain its quality is also an important part. To maintain the health, is the main aim of Ayurveda.As nidan / hetu has basic role in causing of any disease, So, nidan parivarjanm in case of DM Type-1 would be of help in decreasing its prevalence. Type-1 DM is generally caused due to genetic/congenital factors; therefore, parents play a root cause in passing it on to the progeny.

प्रयोजनं चास्य स्वस्थस्य स्वास्थ्यरक्षणं आतुरस्य विकार प्रशनमं च।[13]

संक्षेपतः क्रियायोगो निदानं परिवर्जनं ।।[14]

Following measures can be thought in case of prameha.

Sharir shudhi in reproductive period- (shodhan, rasayan)

As mentioned in Ayurveda, beejdosha (stree & purushbeej-ovum & sperm respectively) is the primary cause of sahaj prameha, for formation & mentainance of healthy beej, sharir shodhan would be effective. There may be chances of late onset of disease, less severity of symptomps or complications due to sharirshudhi.

Pre conception Sharir Shuddhi- (Shodhan, Rasayana, Vajikaran, Garbha Sanskara)

Acharya Kashyap; father of kaumarbhritya said that life begins at conception & has 2 parts Intrauterine (from conception to birth) & Extra uterine (after birth). So for the vigorous progeny we have to think before and during conception period. For the formation of healthy Garbha 4 factors are mentioned in Ayurveda i.e. Rutu (proper period), Kshetra (healthy uterus), Ambu (hormonal balance), Beej (normal gamets). For formation of all these factors property,sharir shodhan would be helpful. Panchakarma plays an important role to balance the vitiated doshas in body. Prameha being Kapha pradhan vyadhi role of Vaman is absolutely important. Also, as Apan-vayu controls the region of reproductive system and that role of uttarbasti is mentioned in the classics, it can also be very effective in beej shudhi in parents.

Role of matu ahar-vihar during pregnancy: During pregnancy matru-ahar & vihar play a key role in the sequel of prameha vyadhi. As during intrauterine life fetus is totally depend on mother for his development, nutrition; whatever she eats, think, do that all affect the fetus. Hence if hetusevan is done by mother fetus would being affect with respective disease like prameha. So matu ahar vihar is very important during pregnancy.

स्तन्यपान

मातुरेव पिबेत्स्तन्यं ।

(दूषयन्ति पयस्तेन शारीरा व्याधयः शिशोः।)

(Many researchers have shown that short breast feeding duration and early administration of cow's milk results in type 1 DM)

DISCUSSION

Prameha being a major metabolic disorder has an impact on the nation's health. Growth and development of children, who are going to be the future of our country primarily rests on shoulder of clinician. Due to the lack of curative treatment for type 1 DM, thought of

preventive aspects will focus the disease. Proper preventive aspect can help to reduce the prevalence of T1DM.As explained above, by adapting principles of Ayurveda, view about preventive aspects of sahaj prameha wold be beneficial.

CONCLUSION

Maintaining sharir dosh-dhatu-mala samyata is the main theme of nidan parivarjan in any disease, so does it in prameha. By adapting above mentioned-sharirshodhan during reproductive period preconception, rasayan-vajikaran prayog, matu ahar-vihar palam (garbhini & sutika paricharya palan), sahaj vyadhi would be prevented including prameha. As beejdosha is the main cause for sahaj prameha, above mentioned preventive aspects would be beneficial for sahaj prameha and formation of healthy progeny.

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शेष पेज नं0 – 5 पर

"A CRITICAL REVIEW ON FUNDAMENTALS OF PANCHAKARMA (BIO-PURIFICATION) IN THE BACKDROP OF ASHTANGA HRIDAYA SOOTRASTHANA"

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Abstract :

Ashtanga Hridaya is one among the Bruhatrayee (great triad of compositions) in Ayurveda which is well known for its brevity. Without losing the gist of pragmatic principles, Ashtanga Hridaya serves as an easy handbook equally for both beginners and experts in the field of Ayurveda Medicine. In Ashtanga Hridaya, fundamentals of Panchakarma which can also be named as Panchashodhana, find space in Sootrasthana itself. The inclusiveness of extensive topics including the basics of therapeutic aspects in Sootrasthana by Acharya Vagbhata is a commendable task. This meticulous positioning of therapeutics paves an unequivocal path for physicians and also inspires the beginners to learn Ayurveda in more pragmatic point of view. The sequential elaboration of Shodhana Chikitsa (elimination therapy) as Paramoushadha (therapy par excellence), its periodic administration (based on Seasonal changes), superiority, utilization in Visha (poison), Viruddhahara (incompatible food), major accumulation of Dosha, careful attempt in Ama Chikitsa, enumeration and gross indications, Shodhana Dravya, etc. can be understood as Acharya Vagbhata's deliberate attempt to give better insight for learners. Further elaboration from Sneha Adhyaya till Bastividhi Adhyaya addresses all prerequisites or pre-treatment modalities and standard operative procedures of Shodhana Chikitsa (elimination therapy). This essential knowledge from Sootrasthana forms the base for a learner which enables to explore more about Shodhana Chikitsa (elimination therapy) with the help of Kalpa-Siddhi Sthana of Ashtanga Hridaya.

Keywords: *Panchakarma, Bio-purification, Ashtanga Hridaya, Vagbhata, Shodhana Chikitsa*

INTRODUCTION:

Sootrasthana of *Ashtanga Hridaya* is more popular in accordance with easy understanding of fundamentals for a learner. *Acharya Vagbhata* is a pioneer in briefing the extensive topics without

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losing its integrity. He tried to address *Trisootra* (the three major components) comprises of *Hetu* (etiological factors), *Linga* (signs and symptoms of diseases) and *Oushadha* (therapeutic aspects) even in its fundamental section i.e *Sootrasthana*. For a beginner such descriptions are essential to build a base of above three components. *Panchakarma* (elimination therapies) are the hallmark of *Ayurveda* and it should be learned from the basic level for a beginner to become a successful physician.

Literally *Panchakarma* means 'five procedures' and in *Ayurveda* it can be reread as 'five major therapeutic procedures'. *Acharya Vagbhata* broadly divided treatment into *Shodhana* (elimination therapy) and *Shamana* (pacification measures)[1]. *Acharya Arunadatta* clarifies expulsion *Shodhana* as (elimination therapy) *Dosha* out from the body which facilitates cure of disease. On contrary *Shamana* (pacification measures) aims to subside vitiated *Dosha* in their respective seats and thereby bring about cure of disease[2].

MATERIALS AND METHODS:

Systematic review of fundamentals of *Panchakarma* (*Panchashodhana*) in *Sootrasthana* of *Ashtanga Hridaya*. Popular commentaries such as *Sarvangasundara* of *Acharya Arunadatta* and *Ayurveda Rasayana* of *Acharya Hemadri* will be utilized for better understanding of the subject matter.

Basic Understanding of *Panchakarma*:

Amongst the general public all sorts of therapeutic procedures in *Ayurveda* is believed as '*Panchakarma*'. In order to outstand this generalized notion, the description of '*Panchashodhana*' in Dwividhopakr*ama*neeya *Adhyaya* of *Ashtanga Hridaya Sootrasthana* needs to be addressed.[3] *Acharya Vagbhata* fixes the means of *Shodhana* (elimination therapy) into five which include *Kashaya Basti* (decoction enema), *Vamana* (emesis therapy), *Virechana* (purgation therapy), Shiro*virechana* (*Nasya*-instillation of medicated oils/powders through nostrils) and *Asravisruti* (*Raktamokshana*-bloodletting therapy).

Perhaps *Acharya Arunadatta*'s view of *Shodhana Chikitsa* (elimination therapy) as *Paramoushadha* (therapy par excellence) in Ayushkameeya *Adhyaya* is farsighted as he interprets administration of *Kashaya* (decoction) and *Sneha* (oil) through anal route as *Basti* (medicated enema)[4]. This supports *Acharya* Charaka's enumeration of *Panchakarma* i.e *Vamana* (emesis therapy), *Virechana* (purgation therapy), *Kashaya Basti* (Decoction enema), Anuvasana *Basti* (oil enema) and *Nasya* (instillation of medicated oils/ powders through nostrils). Practically it can be understood as inevitability of these two types of *Basti* (medicated enema) and their single administration can lead to aggravation of either *Vata* or *Kapha Dosha*. [5]

Essentials of *Panchakarma*:

Acharya Vagbhata describes a *Rogi* (patient) to be *Aaddhya* (wealthy) while enlisting *Chikitsa Chatushpada* (four major limbs of treatment). [6] In order to determine the eligibility of the patient for treatment intervention he scrupulously enlisted a group of individuals who are unfit for the same in *Ayushkameeya Adhyaya* itself. [7]

*Sneha*na (oleation therapy) and *Sweda*na (fomentation therapy) are the two major *Poorvakarma* (Pre-therapeutic procedures) for *Panchakarma* (elimination therapy). *Acharya Vagbhata* have sequentially kept the chapters *Snehavidhi* and *Swedavidhi*, immediately before the description of chapters of *Panchakarma* (elimination therapy). He describes the sources of *Sneha* (fat substances), indications and contraindications, their administration, probable complications, etc.

The description of certain regulations during the administration of *Sneha* (fat substances) needs special attention. Practice of warm water (externally and internally), maintenance of celibacy and proper night sleep, refraining from suppression of natural urges, physical strain, anger, grief, exposure to mist and excess sun light and wind, travelling, long walks, excess speech, prolonged sitting, unfit pillow, day sleep, exposure to smoke and dust, etc. are advised to be followed strictly during the entire course of *Sneha Karma* (oleation therapy).[8] Afterwards *Acharya Vagbhata* highlights the utility of these regulations for all therapeutic procedures. *Acharya Arunadatta* clarifies these therapeutic procedures as *Vamana* (emesis therapy), etc. *Panchakarma* (elimination therapy) procedures.[9] Similarly incorporation of both *Sneha*na (oleation therapy) and *Sweda*na (fomentation therapy) and differences in their duration with respect to both *Vamana* (emesis therapy) and *Virechana* (purgation therapy) have made available in '*Snehavidhi Adhyaya*' itself.[10]

Description of four types of *Sweda* (fomentation techniques) is available in detail in *Swedavidhi Adhyaya*. Concluding verse of *Swedavidhi Adhyaya* serves as an encouragement of practice of *Sneha*na (Oleation) and *Sweda*na (Fomentation) prior to *Shodhana Karma* (elimination therapy) and also emphasizes its need. Morbid *Dosha* which remains either in *Koshtha* (abdomen), *Dhatu* (tissues), *Srotas* (channels), *Shakha* (upper and lower limbs), *Asthi* (Bone, joints, etc. vital parts) gets soaked following *Sneha*na *Karma* (oleation therapy) and will be liquefied and brought to *Koshtha* (abdomen) with aid of *Sweda Karma* (fomentation therapy). This helps in the initiation of suitable *Shodhana Karma* (elimination therapy).[11]

In *Vamanavirechana*vidhi *Adhyaya*, *Acharya* highlights the need of *Sneha*na (oleation) and *Sweda*na (fomentation) in

between *Vamana* (emesis therapy), and different *Shodhana Karma* (elimination therapies) and mandates the use of *Sneha* (oleation) after completion of these procedures to ensure and enhance the strength of the individual.[12] He addresses the special diet- '*Peyaadi Krama*' which is to be followed after all sorts of *Shodhana Karma* (elimination therapies) to enhance *Jathargni* (digestive power).[13] Giving core importance to the strength of *Jathargni* (digestive power) and anticipating its diminution during *Rakta*mokshana (bloodletting therapy), *Snehana* (oleation) and *Langhana* (fasting), *Acharya* advises the extended application of '*Peyadi Krama*' (special diet to enhance digestive power) in these conditions.[14] '*Tarpanadi Krama'* is advised instead of '*Peyadi Krama'* in the event of diminished expulsion of *Pitta* and *Kapha Dosha*, for alcoholic and *Vata Prakriti* and *Pitta Prakriti* individuals[15]. *Acharya Hemadri* clarifies it as administration of *Laja Sakthu* (powder of popped rice) as 1st meal and *Mamsa Rasoudana* (rice added with meat soup) as 2nd meal[16]. *Dravya* (drugs) essential for *Panchakarma* are available amply in '*Shodhanadiganasangruhaneeya Adhyaya*'.

Evaluation of *Panchakarma* procedures in *Vagbhata*'s perspective:

Acharya Vagbhata describes the fundamentals of *Vamana* (emesis therapy) and *Virechana* (purgative therapy) in 18th Chapter of *Ashtanga Hridaya Sootrasthana* whereas *Basti* (medicated enema) and *Nasya* (instillation of medicated oil or powders through nostrils) were described respectively in 19th and 20th chapters. Among the contraindications of *Vamana* (emesis therapy) enlisted by *Acharya Vagbhata*, *Garbhini* (pregnant woman), *Rooksha* (person who lacks unctuousness in body), *Kshudhita* (hunger panged), *Nityadukhi* (one who suffers from prolonged grief), *Bala* (child), *Vruddha* (old aged), *Krusha* (lean), *Sthoola* (Obese), one who suffers from *Hridroga* (cardiac ailment) and *Urakshata* (chest injury) and *Durbala* (weak person) are forbidden from other *Panchakarma* procedures and *Dhoomapana* (inhalation of medicated smoke).[17] *Acharya Vagbhata* emphasizes the probable conditions which may lead to failure of *Virechana* (purgative therapy) and he clearly addresses the remedial measures for the same.

In *Bastividhi Adhyaya, Acharya Vagbhata* includes *Uttarabasti* (*Basti* administered through urethral opening in both sexes and vaginal opening in females) along with *Kashaya Basti* (decoction enema) and *Anuvasana Basti* (oil enema). There is no separate chapter for *Uttarabasti* even in *Kalpa-Sidhi Sthana* of *Ashtanga Hridaya*. Similar to *Vamanavirechana*vidhi *Adhyaya*, no justifications were given for contraindications of both *Kashaya Basti* (decoction enema) and Anuvasana *Basti*

(oil enema). While describing *Anuvasana Basti* (oil enema) he considers the indications as same as that of *Kashaya Basti* (decoction enema) and adds only three cardinal clinical conditions such as *Ativahni* (excess hunger), *Rooksha* (individuals who lack unctuousness in body) and *Kevala Vata* (involvement of exclusive Vata *Dosha*) as other indications for the former.[18]

Brief description of method to prepare *Basti Netra* (metallic portion of instrument used for administration of medicated enema) and their dimensions according to the age have been described concisely. *Acharya* fixes the dosage of *Kashaya Basti* (decoction enema) according to age.[19] He fixes the dosage of *Anuvasana Basti* (oil enema) as one-fourth of that of *Kashaya Basti* (decoction enema).[20] Administration methods and probable basic complications related with both type of *Basti* (medicated enema) have been addressed. The basic methodology to prepare *Kashaya Basti* (decoction enema) has been explained in *Bastividhi Adhyaya* itself. [21]

There is description of three short formulations of *Kashaya Basti* (decoction enema) meant for Vata, Pitta and Kapha in *Bastividhi Adhyaya*.[22] After description of *Karma* (30 days schedule), Kala (15 days schedule) and Yoga (8 days schedule) of *Basti* (medicated enema) *Acharya* prefers to explain Matra *Basti* (a sub type of Anuvasana *Basti*) and utility of Uttarab*asti* (*Basti* administered through urethral opening in both sexes and vaginal opening in females). *Acharya* also highlights the interval to be maintained among *Shodhana Karma* (except *Nasya*) in the concluding part of *Bastividhi Adhyaya*.[23]

Nasyavidhi Adhyaya describes types of *Nasya* based on their action and later it divides *Nasya* according to the dosage and also based on *Dravya* (subtances) used. In order to fix the dosage of *Nasya*, *Acharya* gives the method to determine the dosage in the form of *Bindu* (bit larger than a drop of liquid).[24] The indications and contraindications, method of administration, brief management of complications, features of fulfilment, etc. have been described in the chapter.

The age related restrictions (upper and lower limits) of different therapeutic procedures such as *Nasya* (instillation of medicated oil or liquids or powders through nostrils), *Dhoomapana* (inhalation of medicated smoke), *Kavala* (oil pulling) and *Shodhana* (elimination therapy) are mentioned clearly by *Acharya Vagbhata* in concluding portion of *Nasyavidhi Adhyaya*.[25] The chapter ends with description of formulation of *Anutaila* [26].

Descriptions of measures for *Rakta*mokshana (bloodletting therapy) were described in later part of the *Ashtanga Hridaya Sootrasthana*. In *Shastravidhi Adhyaya* of *Ashtanga*

Hridaya Sootrasthana, *Acharya* in detail explains about *Jalookavacharana* (leech therapy) and other methods for *Rakta*mokshana (bloodletting) with aid of *Ghatika* (similar to cupping instrument used in Unani Medicine), *Alabu* (bottle gourd), *Shrunga* (horn), *Prachanna* (pricking), etc. In *Siravyadhavidhi Adhyaya* he describes the methods of *Siravyadha* (venesection) in different parts of the body which are meant for curing various diseases born out of vitiated blood.

Significance and applied perspectives of *Panchakarma*:

Shodhana (elimination therapy) is advised for natural aggravation of *Dosha* in accordance with seasonal changes in *Roganutpadaneeya Adhyaya*.[27] *Vamana* (emesis therapy) and *Virechana Nasya* (instillation of medicated oils/liquids/ powders through nostrils) are advised to expel vitiated *Kapha* during *Vasanta* Ritu (spring season)[28] . In this context *Acharya Hemadri* clarifies that *of Shodhana* (elimination therapy) itself should be performed in case of aggravation of *Dosha* occurred from gradual accumulation of *Dosha*.[29] In order to expel vitiated *Vata Dosha*, *Kashaya Basti* (decoction enema) is advised during *Varsha Ritu* (monsoon season) for the individual who attained *Shareera Shuddhi* (cleansing of body).[30] It can be attained by *Virechana* (purgative therapy) which is evident from the statement of *Acharya Hemadri* in this context.[31] Mild purgation is already advised as a basic line of treatment for *Vata Dosha* in *Doshopakrama*neeya *Adhyaya*.[32] Considering *Shodhana* (elimination therapy) w.r.t seasonal changes, the ideal months for these procedures as mentioned in *Doshopakramaneeya* is to be addressed. *Shravana, Kartika and Chaitra* are the months which are moderate in nature and they can respectively be utilized for the elimination of aggravated *Vata Dosha*, *Pitta Dosha* and *Kapha Dosha* from the body.[33]

Shodhana (elimination therapy) in the form of both *Virechana* (purgative therapy) and *Raktamokshana* (bloodletting therapy) is advised in *Sharad Ritu* (autumn season) in order to expel aggravated *Pitta Dosha* from body. *Acharya Arunadatta* considers that *Virechana* (purgative therapy) and *Rakta*mokshana (bloodletting therapy) can be performed according to the demand of situation.[34]

In *Roganutpadaneeya Adhyaya, Acharya Vagbhata* describes the importance and superiority of *Shodhana* (elimination therapy).[35] According to him *Shodhana* (elimination therapy) thwarts the recurrence of diseases. He also highlights the administration of formulations of *Rasayana* (anti-ageing) and *Vrishya Dravya* (aphrodisiacs) following *Shodhana* (elimination therapy).[36] In *Annaraksha Adhyaya*,

Vamana (emesis therapy) and *Virechana* (purgative therapy) are advised respectively in *Visha* (poison) pertaining to *Amashaya* (stomach) and *Pakwashaya* (large intestine)[37]. Same therapeutic measures are advised prior to *Hridvishodhana* (elimination of *Visha* from Heart by means of ashes of copper)[38] and in the treatment of ill effects due to *Viruddha Ahara* (antagonistic food stuffs)[39]. Administration of Gold for further protection of heart from poison is possible only after *Shodhana Karma* (elimination therapy).[40]

Acharya Vagbhata advises *Shodhana* (elimination therapy) in *Matrashiteeya Adhyaya* for *Amadosha* (morbid *Dosha* mixed with undigested food part) in larger quantity.[41] At the same time he warns about irrational administration *Shodhana* (elimination therapy) in case of *Amadosha* spread throughout body.[42] This particular remark is made in *Doshopakramaneeya Adhyaya* where he advises to administer *Pachana* (digestive) and *Deepana* (carminative) drugs first and then to perform *Sneha*na (oleation) and *Sweda*na (fomentation). It helps in modification of *Dosha* into expellable form and shift them into *Koshtha* (abdomen) which enables a physician for planning suitable *Shodhana Karma* (elimination therapy).[43]

DISCUSSION:

The description of '*Panchashodhana*' found to be more inclusive as it accommodates *Rakta*mokshana (bloodletting therapy) which is more emphasized by *Dhanvantari Sampradaya* (Surgery school of thought in *Ayurveda*). As *Rakta Dhatu* is extensive and remain more or equal to *Tridosha* its quick remedial measure in the form of *Raktamokshana* (bloodletting therapy) needs special attention. While elaborating these therapeutic procedures *Acharya Vagbhata* has displaced *Raktamokshana* (bloodletting therapy) related topics quite far away from the chapters kept for other four major therapeutic procedures (Chapters 18-20).

Consideration of a resourceful patient is pertinent because he should be capable of meeting the basic expenses and needs of treatment. It is much significant in *Panchakarma* (elimination therapy) because the therapy demands intense care and availability of different resources for its successful execution. The description of *Tyajya Atura* (patients to be discarded) finds an extended application in all therapeutic procedures with a special emphasis on *Panchakarma* (elimination therapy) as the procedures are tedious and tend to bring untoward effects by their irrational practice and administration in wrong individuals.

The extended application of *Pathya* (regulations or norms) advised during *Sneha*na (oleation therapy) for the entire therapeutic procedures help learners to understand the concept clearly during the

learning phase and eases the load of remembering the regulations in each therapeutic procedure. The clarity in the duration of *Sneha*na (oleation) and *Sweda*na (fomentation) w.r.t *Vamana* (emesis therapy) and *Virechana* (purgative therapy) which is mentioned in *Snehavidhi Adhyaya* itself helps in proper planning of treatment. *Acharya Vagbhata*'s division of *Sweda Karma* (fomentation therapy) into four types seems to be more practical and easily understandable. This description avoids the need of separate building plans according to the specifications of different types of *Sweda Karma* (fomentation therapy) as described in *Charaka Samhita*.

Thrust for intermittent administration of *Sneha*na (oleation) and *Sweda*na (fomentation) enables the physician to avoid probable complications due to their insufficiency during *Shodhana Karma* (elimination therapy). *Acharya Vagbhata* foresees the depletion of strength as a result of *Shodhana Karma* (elimination therapy). Thus the introduction of *Sneha* (oleation) after successful completion of *Panchakarma* can be justified. It can also be understood as a rehabilitative measure done after attaining proper digestive strength by the patient. Suggestion of '*Tarpanadi Krama*' instead of '*Peyadi Krama*' can be understood based on the physiological and pathological conditions. *Laja Sakthu* (powdered popped rice) and *Mamsarasaudana* (rice mixed with meat soup) advised as a diet after *Shodhana* (elimination therapy) ensures instant relief from the weakness. Tolerance capacity of individuals with *Vata* and *Pitta Prakriti* and an alcoholic individual will be less. Thus they require a diet which helps in quick replenishment of their strength. Thus '*Tarpanadi Krama'* would be more beneficial for them instead of '*Peyadi Krama.*'

The orderly distribution of chapters which deal with *Vamana* (emesis therapy), *Virechana* (purgative therapy), *Basti* (medicated enema) and *Nasya* (instillation of medicated oil or liquids or powders through nostrils) shows light to understand the fundamentals of these therapeutic procedures for a beginner in a very systematic manner. Despite inclusion of indications and contraindications of these procedures, the major complications and formulations related with these procedures were deliberately shifted to *Kalpa-Siddhi Sthana* of *Ashtanga Hridaya* by *Acharya Vagbhata*. This helps the smooth learning of the fundamentals and curbs the contents of the chapters within the limits.

While describing the contraindications of both *Vamana* and *Virechana*, *Acharya Vagbhata* tries to avoid justification for such contraindications. Such justifications can be seen in Charaka Samhita and even Ashtanga Samgraha. This method of writing might be intended to avoid over elaboration of the topic. *Acharya Vagbhata* has made a laudable attempt to concise huge contents

of *Basti* (medicated enema) in a single chapter. Essential knowledge related with *Basti* Netra (instrument used for medicated enema) is made available instead of over elaboration. Similarly fixation of dosage of both type of *Basti* (medicated enema) looks sensible and easily comprehensible. Even the formulations of choice meant for *Basti* (medicated enema) have elaborately been described in *Kalpa-Siddhi Sthana* of *Ashtanga Hridaya*; *Acharya* mentions the basic method of preparation of *Kashaya Basti* (decoction enema) in *Bastividhi Adhyaya*. This remains as a frame work for better understanding of the procedure. Even though *Basti* (medicated enema) is considered as best for vitiated Vata *Dosha*, it can be utilized in other *Dosha*. This is evident from the description of *Kashaya Basti* (decoction enema) to be utilized in the vitiation of Pitta and Kapha *Dosha* as well.

The omission of *Nasya* while fixing intervals between elimination therapies might be due to difference in its area of administration and extend of its action. *Vamana* (emesis therapy), *Virechana* (purgative therapy) and *Basti* (medicated enema) acts in relation with G.I. Tract where *Nasya Karma* is meant for *Dosha* residing above the neck. The description of formulation of *Anutaila* in the end of chapter reminds about utility of the same as part of *Dinacharya* (daily regimen). Instead of enlisting direct indications *Acharya* describes *Anutaila* as a formulation which is highly effective. Thus the therapeutic utility of *Anutaila Nasya* (instillation through nostrils) can be inferred in major ailments. *Acharya Vagbhata* never failed to address *Raktamokshana* (bloodletting therapy) in *Sootrasthana* of *Ashtanga Hridaya*. Thus he fulfils and justifies the inclusion of *Raktamokshana* (bloodletting therapy) among *Panchashodhana* (five elimination therapies) as mentioned in *Dvividhopakramaneeya Adhyaya*. Understanding the fundamentals of *Panchakarma* from *Ashtanga Hridaya* will definitely creates a strong knowledge base for beginners. Further exploration of *Kalpa-Siddhi Sthana* would be appreciable to understand more about *Panchakarma* in *Vagbhata*'s point of view. From the description and enumeration of chapters from 18th to 20th of *Ashtanga Hridaya Sootrasthana*, *Acharya Vagbhata* gives priority for *Panchakarma* in the form of *Vamana* (emesis therapy), *Virechana* (purgative therapy), *Kashaya Basti* (decoction enema), *Sneha Basti* (oil enema) and *Nasya* (instillation of medicated oil/ liquids/powders through nostrils).

While addressing periodic elimination of *Dosha* (according to seasons) *Virechana* (purgative therapy) indicated in *Sharad* Ritu (autumn season) will be helpful to expel aggravated *Pitta Dosha* in a controlled manner. *Rakta*mokshana (bloodletting) will be essential in case of more aggravation of Pitta *Dosha* along

with extensive skin manifestations. Administration of *Shodhana Karma* (elimination therapy) prior to introduction of *Rasayana* (anti-ageing drugs) or *Hridvishodhana* (cleansing and protection of heart from poison) prove the inevitability of *Shodhana Karma* (elimination therapy) for better results of therapies meant for deeper tissues. From the description of *Shodhana* (elimination therapy) in *Amadosha* (morbid *Dosha* mixed with undigested food part), it can be inferred that *Shodhana* (elimination therapy) is the best treatment to expel the morbid *Dosha* and to enhance digestive strength. Here chances of aggravation of digestive issues may arise if the elimination therapies are performed injudiciously. So proper care should be taken while administering elimination therapies during the presence of *Amadosha* (morbid *Dosha* mixed with undigested food part).

CONCLUSION:

Panchakarma signifies *Shodhana Chikitsa* (elimination therapy) besides its conventional usage which conveys all therapeutic procedures in *Ayurveda*.

Acharya Vagbhata's usage of '*Panchashodhana*' is more or less equivalent to term '*Panchakarma*'.

Consolidating *Kalpa-Siddhi Sthana* and *Sootrasthana* of *Ashtanga Hridaya* helps to generate a very sound knowledge about *Panchakarma*.

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40. *Vagbhata*, '*Ashtanga Hridaya*' with the commentaries: 'Sarvangasundara' of *Arunadatta* & '*AyurvedaRasayana*' of *Hemadri*; annotated by Dr. Anna Moreswar Kunte & Krishna Ramchandra Sastri Navre; edited by Pt. Hari Sadasiva Paraadakara Bhishag*Acharya*; Chaukhamba Surbharati Prakashan, Varanasi; Reprint, Year:2016, Pp-956, P-133
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BASIC CONCEPT OF COMPOUND DRUG FORMULATION IN AYURVEDA

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Abstract :

Ayurveda is one of the great gift of the sages of ancient india to mankind. It is the most ancient medical discipline, one to which western medicine owes much in its earlier stages of development.

According to an estimate of WHO, approximately 80% of the people in developing countries rely chiefly on traditional medicine for primary health care need and major portion of these involves the use of medicinal plants.

Natural products, including plants, animals and minerals have been the basis of treatment of human diseases. Indigenous people derived therapeutic material from thousand of plants, however, discovering medicines on poisons remain a vital question. Ayurveda is a traditional indian medicinal system being practised for thousand of years. Considerale research on pharmognosy, chemistry, pharmacology and clinical therapeutics has been carried out on ayurvedic medicinal plants.

Numerous drugs have entered the international pharmacoepias through the study of ethanopharmacology and traditional medicine. Traditional knowledge will serve as a powerful search engine and most importantly will greatly fecilitate intentional, focused and safe natural product research to discover the drug discovery process.

Key words : *Bheshaja, Ekal dravyas, Samskara, Kalpana, yogas, Compound formulation, Pharmacodynamics, Pharmacokinetics.*

INTRODUCTION:

The classical description of drug formulation from plant sources was first scientifically described in classical Ayurvedic texts such as Charaka Samhita and Sushruta Samhita (c. 1500–1000 BC). There are detailed descriptions of over 700 herbs and their specific therapeutic uses in these two texts[4].

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Diseases and their pathogenesis are described in *Ayurveda* in a systematic manner on the basis of individual variations, which is now explained under the parlance of personalized and predictive medicines. The core concept of drug formulationsw in Ayurveda is the concept of personalized medicine.

Different therapeutics and procedures are designed from natural resources on the basis of this fundamental principle of individual medicine of Ayurveda, which is unique among all other traditional and complementary systems of medicine in the world.

The development of ideal drug(s) for a specific disease from *Ayurveda* depends upon the approach of its pharmacodynamics, as explained in Ayurvedic theories and review of therapeutic application, quality control of the drug cane be achieved through modern technologies of screening.

Drugs of Ayurvedic origin for the treatment of diseases under lifestyle disorders such as joint pathology, metabolic syndrome, chronic respiratory problems, gastrointestinal upset, geriatric problems, gynecological abnormalities, wound management, psychobehavioral upset, or nutritional deficiencies are the best instances to explore the basic theories of its application.

The avenue of drug formulation involves a literature survey from *Ayurveda*, chemical screening of natural resources, pharmacological evaluation, genetic stratification, and clinical application in certain areas of biomedical science,

The "dravyabhutanam" Bhaisajya are those substances that are used alleviation of doshas. These substances are examined on the following basis:

(1) Prakriti

(2) Qualities ("Guna")

(3) Prabhav

(4) "Dosha" in Which it is cultivated.

(5) Ritu in which it is cultivated & "Ritu" in which it is collected

The new drug formulation research focuses on "*Samskara"* involved in preparation the amount & dosage form in which it is given in any diseases. Apart from this, prakriti of the targeted plant or animal parts is also taken into consideration.

The prepared drug will either expel the doshas out of the body or pacifies the doshas inside the body.

And all the drugs that work in this process are all included in "Dravyabhuta Anusandhana".

The most common traditional & complementary system of medicine in india in ayurveda. Philosophy of ayurveda involves the complete elimination of the root cause of the vitiation of doshas & blessing with healthy life & no reoccurrence of the disease.

According to an estimation by WHO, 80% of the total world's population depends on traditional and complementary medicine for their health care.

In India, about 15000 medicinal plants have been recorded, in which the communities used 7000–7500 plants for treating different diseases.

In Ayurveda Pharmaceutics, either single herbs or multiple herbs (Poly Herbs) are used for the preparation of medicine. The ayurvedic literature, Sarangdhar Samhita highlighted the concept of polyherbalism to achieve greater therapeutic efficacy. This information is useful in drug preparation when the active Phytochemical constituent of individual plants are insufficient to achieve the desirable therapeutic effect.

When considering multiple herb in a particular ratio, it will give a better therapeutic effect & reduce the toxicity. The review mainly focuses on the importance of polyherbalism & its chemical significance.

New Drug Formulation or development of new chemical entity (NCE) drug development in ayurveda mainly focuses on two principles:

- Use of single drug
- Use of more than 2 drugs

When more than two herbs are used in formulation or in combination with the mineral preparation ,then these are known as poly herbo-mineral formulation.

The concept of polyherbalism is peculiarity in ayurveda although it is difficult to explain.

DEFINITION OF BHESHAJA

भेषं रोगभयं जयति इति भेषजम् ।

The substance through which we can over come the fear of the disease is called as Bhe'aja.

The substance (medicine) is called bhecaja, because it will over come the fear of disease and also it can be called as aucadha.

In general the term Bhecaja meant the conquest of disease infact, it comprehends two important and vital aspects of medicine and therapeutics viz,

1. Preventive- The Promotion and preservation of health, strength and longevity in the swastha or the healthy person.

2. Curative- The cure of the disease in the ailing and the afflicted.

ध्योगादपि विषं तीक्ष्णं उत्तमं भेषजं भवेत् भेषजं चापि दुर्युक्तं तीक्ष्णं संपद्यते विषम् । (च. सू. १२६)

With proper (right method of) preparation a poison can become (is converted into) an excellent medicine. Medicine if improperly used becomes a severe poison.

अनेनोपदेशेन नानौषधिभूतं जगति किंचिद् द्रव्यमुपलभ्यते तांतां युक्तिमर्थंच तं तमभिप्रेत्य।

As per this advice, in this world, there are many objects with medicinal

properties, whichever substances (drugs) are available, use them judiciously, for serving the purpose in hand.

A substance which is the constituent cause of its action and properties residing in it is (known as) a dravya (drug).

शमनं कोपनं स्वस्थहितं द्रव्यमिति त्रिधा ।

(अ. हृ.सू.१.१६)

Drugs are of three types : samana (producing subsidence), kopana (producing aggrevation) and swasthahitam (maintaining health). (annual shrubs and herbs) while virudhas are indentified by their tendrils,

संस्कारः गुणांतराधानमुच्यते । (च. वि. १.२१)

Lending other properties to the substance is known as samskära

पञ्चभूतात्मके देहे ह्याहारः पाञ्चभौतिकः।

(सु. सू. ४६.५२४)

सर्व द्रव्यं पाञ्चभौतिकमस्मिन्नर्थे तच्चेतनावदचेतनं च।

(च. सू. २६.१०)

जगत्येवमनौषधम्। म किञ्चिद्विद्यते द्रव्यं वशान्नानार्थयोगयोः।

(अ. ह. सू. ६.१०)

द्रव्याणि हि द्रव्यप्रभावाद् गुणप्रभावाद् द्रव्यगुणप्रभावाच्च यत् कुर्वन्ति, तत् कर्म येन कुर्वन्ति, तद्वीर्यम् यत्र कुर्वन्ति तदधिकरणम् यदा कुर्वन्ति स कालः यथा कुर्वन्ति स उपायः यतू साधयन्ति तत् फलम् ।

(च. सू. २६.१३)

द्रव्यमेव रसादीनां श्रेष्ठं ते हि तदाश्रयाः । तस्मान्नैकरसं द्रव्यं भूतसङ्घातसम्भवात् ।।

(अ.हृ.सू. ६.१,३)

The body is composed of five elements so is the diet. For the purpose of this science all substances are Pañcamahābhoutic (products of 5 basic elements). Further, substances are of two kinds, animate and inanimate.

Whatever therefore substances (drugs or diet) do by their nature or qualities or both is their action. Whereby they act is the potency. Wherein they act is place. When they act is time. How they act is the mode. What they achieve is the result.

All substances are composed of 5 basic elements. Therefore, there is no substance in this world which cannot act as medicine. Dravya (drug) is superior to rasa etc. because dravya is substratum of those properties. Dravya can effect many rasas as it is multifaceted. Universal therapeutic utility of matter

As explained in the preceding paragraph there is nothing in the word which does not have therapeutic utility in appropriate conditions and situations.

Drugs or diet abounding in the properties of a given mahābhūta are useful in making good the deficiency of mahabhuta in the body. There is nothing in the world which does not have therapeutic values and at the same time everything cannot be used for treatment of every disease. A drug is useful in specific conditions and situations; so the selection of drugs is to be made in accordance with the property of its administration and therapeutic needs.

एवमेषां षट्त्वमुपपन्नं रसानां न्यूनातिरेकविशेषान्महाभूतानां भूतानामिव स्थावर–जङ्गमानां नानावर्णाकृति विशेषाः, षड्ऋतुकत्वांच्च कालस्योपपन्नो महाभूतानां न्यूनातिरेकविशेषः ।

(च. सू. २६.४०)

In this manner by virtue of the preponderance or paucity of the one or the other of five basic elements, the six categories of rasa emerge with varying gradation of preponderance or paucity of proto elements in rasa.

विज्ञानं औषधीनां शास्त्रसहितस्तर्कः साधनानाम्....। (च. सू. २५.४०)

Specific knowledge about Auṣadhis (drugs) is obtained through scientifically based descutions.

All the objects in the world are of two types, real and unreal. Therefore it should be examined in four ways: information given by elders (trustworthy), direct perception, inference and application of logic (reasoning).

द्विविधमेव खलु सर्व सच्चासच्च तस्य चतुर्विधा परीक्षा आप्तोपदेशः प्रत्यक्षं अनुमानं युक्तिश्वेति ।

(च. सू. ११.१७)

A drug acts partly through rasa, partly through pāka, partly through virya and partly through prabhava. In a broad sense, therefore any substance or mixture of substances intended to be used internally or externally for the preservation and strengthening of health and for the prevention, cure of disease of either man or animal is call Bhecaja or Aucadhi. Obviously, both the dietetic and medicinal substances are Au'adhas in this context.

Acarya Caraka has observed, in the light of this knowledge there is in the world no substance that may not be used as medicine for this or that purpose. Purposiveness and rationality or the two parameters to judge and use any substance as medicine.

QUALITATIVE ASPECTS OF AUSADHA-KALPANAS (AYURVEDIC FORMULATIONS)

A great amount of stress has been given on the qualitative aspects of drugs, to be selected for preparation of formula. The collection of raw drugs should be based on the specific guidelines mentioned. A herb should be collected from a particular place, direction and time etc. specified for that herb. Though all these preconditions were looked as irrational, but they have scientific basis, because on account of various ecological factors. This is strongly suggestive by Research in Botany as well as Ethno- pharmacology shows that herbs when collected according to the specifications mentioned in the Ayurvedic books shows that the active principles of the herbs are present in abundant quantities during a specific time in a day and in the herbs from a particular region. As the different parts contain different properties, only those parts which contain the medicinal properties are said to be used in the mentioned formulas. Pancanga or the whole plant is indicated for medicinal

use. Eg. Bhumyamlaki (phyllanthus niruri). This may be because, herbs which are very small and which posses uniform active principles in all their parts are prescribed.

Hence whole drugs were used by the Ayurvedic physicians because of pharmacological and economical reasons. Hence it may be aid that Pañcabhautika character of dravyas prominently occupied the minds of the Ayurvedic physicians and not the analytic and synthetic methods.

Functional Categorization of drugs by charak & sushruta (A Comparative Analysis)

Ayurveda is the science of lie and it is considered as it is one of the oldest system of medicine having approach. Protection of health and cure of disease are the 2 main objectives of Ayurveda. Dosha, Dhatu, Mala are the root system of our body. Thus, Dravya have been described in classical Ayurveda text according to Guna - Karma Siddhanta.

The basic difference between the functional categorization of drugs of drugs by the 2 acharyas is (Inductive Method) more generalized, in case of charak & deductive method (More specified) in case of sushruta. The method of scientific study is also the same as at first, the general principle are studied on the basis of a specific drug and then these concept are applied the study the specific substances. Acharya Charak studied the functioning of various substances by "Inductive Method" & gave a group of drug based on their common marking principle & Therapeutic effect they produced, I.e. Jeevanjana, etc.These groups of drugs developed by inductive method have become popular by the time of shushruta, hence acharyasushruta laid more emphasis on the specific drugs with most efficient Therapeutic role in the group. Also, he named the collection on the name of that single substance, inspite of that thereupTherapeutic principle they have.

The next main difference is on the type of action the group is meant to perform.

For Example,

- In charaksamhita, more emphasis on the dravyas with shanshodahn and its effect is given. And on those that help in the same. Charak has very well explained the " AsthakanVarga" as per difference rasas in 6 skandha in "Varnan – 8".

- As charaksamhita is "kaya – chikitsa" pradhan textbook &shushrut is "shalyachikitsa" pradhantextbook , so the collection of drug are accordingly.

In the context of collection of drug, Acharya charak has taken few of the parthisdravyas in various "mahakashayas". Whereas, Acharya Sushrutas, have said a separategana for "Parthiv Dravyas" on "dhatuvarga".

Sr. No.	चरकोक्तवर्ग	सुश्रुतोक्तगण
1.	जीवनीय	काकोल्यादि
2.	बड़हरिया	विदारीकंद
3.	लेखनीय	मुस्तादि
4.	भेदनीय	श्यामआदि
5.	संधानीय	मारवाड़ी प्रयोगवादी
6.	दीपनीय	पिप्पल्यादि
7.	बल्या	लघुपंचमूल
8.	वर्ण्य	इलादी
10.	हृद्या	पारुषकादि
11.	त्रिपिट्घ्न्या	पटोलादि
12.	अर्शोघ्न	मुष्ककादी

The concept of compounding in ayurveda

According to P.V Sharma, compounding in ayurveda is termed by the word "Mishrak". When one look at the principles of categorization of the drug, the word "Mishrak" form compounds finds a suitable meaning,

This can be explained as, the herbal drug are mainly categorized on the basis of structural Properties & functional properties.

And the drugs of "Ekal Dravyas" that find similarity in both structure and function are taken together in a group & are known by the name of "MishrakGana".

So structurally similar drug of one family taken together.

Functionally similar drug are taken together & known as "Varga" and at least the "mishrak" or compound with similar structure & function are taken together & are called as "Ganas". This tradition of compounding mainly started from "Shushrut". Where the name various functionally similar categories as "gana". Example such as "dushmool", "triphala" etc.

DOSAGE FORM (KALPANA)

Kalpa śabda is originated from "

कल्पः विधि विधाने संस्कारे।

कल्पे विधि क्रमौ। (अमरकोश)

Different kosa granthas describes about kalpa (Kalpana) as mentioned below

क्रमं कल्प प्रयोगाणां कल्पं तत्र प्रचक्षते।

It can be concluded that, kalpa (Kalpana) means fafa, fauna,

संस्कार, प्रयोगविधि.

कल्पनं योजनमित्यर्थः । (अरुणदत्त)

कल्पनं उपयोगार्थप्रकल्पनं संस्करणमिति । (चक्रपाणि)

According to Acarya Arunadatta and Acārya Cakrapani, Kalpana means Yojana (planning) or usage of Samskarita Bhecaja.

Hence Kalpana is the process through which, a substance is prepared into

medicine form by using some raw materials according to the physician's requirement.

Different Acaryas of Ayurveda mentioned about Kalpana (of Bheşaja-Auşadhi) are described below :

संस्कारो हि गुणान्तराधस्नमुच्यते ।

ते गुणासतोयाग्निसन्निकर्षशौचमन्थदेश– कालवासनभावनादिन्निः कालप्रकर्षभावना– दिन्नि अधिवन्ते।। (च. वि. १.२१–२२)

The Aucadha kalpana is prepared by different processing techniques applied to the crude drugs. This processing results in to transformation of good pharmacological actions to that of substance. (Lending other properties to the substance is known as Samskara). Usually performing processing techniques are by dilution, application of heat, cleansing, churning, storing. maturing, flavouring, preservation in container etc.

तथायुक्ते हि समुदये समुदायप्रभावतत्वमेव– मेवोपलभ्य ततो रसद्रव्य विकारप्रभावतत्वं व्यवस्येत् तस्माद्रसप्रभावतश्च द्रव्यप्रभावतश्च दोषप्रभावतश्च विकारप्रभावतश्च तत्वमुपदेक्ष्यामः ।

(च. वि. १.११, १२)

When formulation is employed, one should ascertain the one collective prabhava of the formulation, on particular combination of dosas. Hence we shall expound the rasa-dravya-vikāra-prabhava-tatvam that is the principles of actions with respect to rasa, do'a and disease.

समानानां द्रव्यगुणकर्मणां वृद्धौ प्रयोजकं सामान्यम् ।

(From Gangadhar commentary)

That is why we shall advise (instruct) that the principle with due considerations to increase properties of drugs, a drug with similar properties should be employed.

तन्नखल्वनेकरसेषु द्रव्येष्यनेकदोषात्मकेषु च विकारेषु रसदोष प्रभावमेकैकश्येनाभिसमीक्ष्य ततोद्रव्यविकारप्रभावतत्वं व्यवस्येत् ।

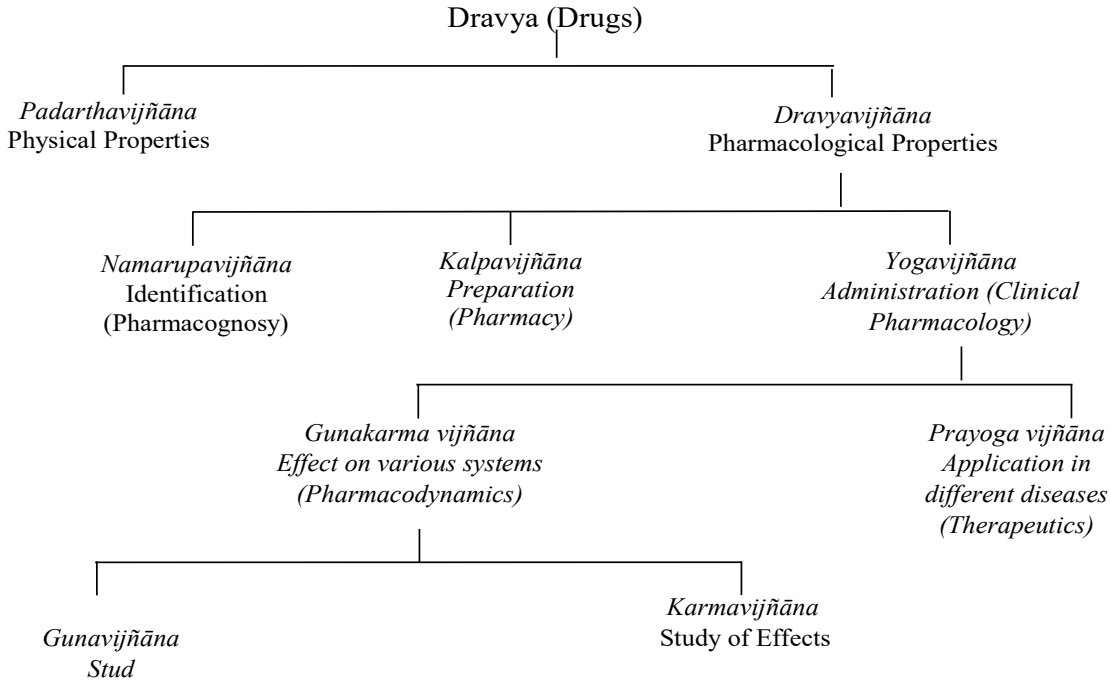
(च. वि. १.६)

In case of a disease involving multiple do'a, using drugs with multiple rasa, one should separately examine rasa do'a and prabhava of individual drugs and determine application of dravya-vikara- prabhāva.

औषधं चापि दुर्यक्तं तीक्ष्णं सम्पद्येते विषम् । विषं च विधिना युक्तं भैषज्यायोपकल्पते ।।

(काश्यप संहिता)

Acarya Kasyapas concept regarding importance of samskära(pharmaceutical Process) of bhesaja, even medicine that is not prepared properly terns to visa in Ayurvedic pharmacology developed into several branches, comparing to those on modern pharmacology as shown below:



QUANTITATIVE ASPECTS OF AUŞADHA-KALPANAS (AYURVEDIC FORMULATIONS)

The relevant portions in the treatises and texts on Ayurvedic pharmaceutics apart from the qualitative aspects also specify the ratio and amount of drugs to be taken for different formulations. A sceptic look, into these shows that if the quantitative fundamentals specifically mentioned for the respective preparations should not be changed, if changed, then the quality of the medicine suffers or the preparation may totally go wrong. E.g., in the preparation of any medicated oil (taila), the Kalka, taila and dravadravya are taken in the ratio of 1:4:16 in general. Instead of taking one part of the Kalka, if three or four parts are taken, the moisture content of the formula in the preparation of drugs.

Besides helping isolation of the therapeutically active part of the drugs, these processes help make medicines.

- Easily administrable,
- Tasteful,
- Digestible and assimilable,
- Therapeutically more tolerable and

5. more preservable.

With a view to obtaining maximum therapeutic benefit and making recipe palatable, different pharmaceutical processes are prescribed in Ayurveda

thouse are called Aucadha Kalpanas (medicinal formulations). Which are prepared for the convenience of administration through different routes in different forms for the treatment of different disease conditions.

Ayurvedic dosage forms (formulations) can also grossly grouped into four types depending upon their physical forms i.e.

a) Solid dosage forms: Guikā, Vaikā etc.

b) Semi solid dosage forms: Avleha, Paka, Lepa, Gh[ta etc.

c) Liquid dosage forms: Arista, Asava, Arka, Taila, Dravaka, Panaka etc.

d) Powder dosage forms: Bhasma, Sattva, Mandura, Piṣti, Parpai, Lavana, Kcāra, Curna etc.

Drugs or medicinal subsances from plant, animal and mineral sources are used as raw materials (ingredients) for the formulations.

To extract the above mentioned natural products of various origin, various solvents (menstrum) are used in Ayurveda, such as water, oils, milk, ghee, cows urine etc. To convert them into suitable form and also to stabilize them various adjuvants are used. The use of sweetening agents, binding agents, colourants, flavouring agents is also mentioned in Ayurvedic Pharmaceutics.

Following are the some of the important dosage forms of Ayurvedic Pharmaceutics mentioned in brief and in later chapters they will be dealt in detail.

These are basis of such large number of formulations existing in Ayurvedic Science.

BASIC FUNDAMENTALS OF PROCESSING TECHNIQUES

To make a substance eligible for preparation of formula or to get the desired effect or to suit the purpose, it should undergo different processes. These processes are called Samskaras. Samskaras effect the changes in the properties of drugs. These are brought about by various units of operations, like trituration, treatment with heat, treatment with liquids, washing, stirring, preserving in various places for prescribed period, using particular type of containers, treating with various other medicaments, E.g. trituration with some dravadravya effects the atomisation of substance. This phenomena will facilitates by raising the potency and effectiveness of the drug, while nullifying the toxicity. Smaller (microfined) doses are effective and economic, and devoid of adverse reaction, rapid response too is noticed.

A drug become Ausadha or Medicine only when it is subjected to Kalpana. Kalpana means presentation. The nature of the drug governs the type of Kalpana to be prepared from it. Hence, the drugs were prepared in different forms due to various reasons.

There are different Aucadha Kalpanas or processing techniques of different dosage forms prescribed in Ayurvedic literature. Depending upon the drug and its effect on the body. So many forms have been described. Some of their scientific aspects have been discussed below.

PHARMACEUTICAL PROCESSES OF AYURVEDA

Even medicine that is not prepared property turns to visha (poison) in contrast if visha is prepared according to rules and regulation it can be used as in the form of medicine3. Another example is that, wherever vatsanabh formulas are mentioned, there tankana (Borax) also mentioned because of its definite antidote action against vatsanabh. This facilitates that Vatsanabh toxic effects are nullified by Tankana and same time its therapeutic values will be achieved. The basic fundamental principles of drug manufacturing mentioned in Ayurveda, which are definitely having scientific basis, are seems to be better to fallow as it is by all Ayurvedic Physicians and as well as Ayurvedic drug manufacturing professions present in national and international grounds. According to Acharya Charak, to treat any disease successfully, a physician should have genuine quality of drug in hand, not only this but also a physician becomes competent to cure all diseases only when he possesses the complete knowledge of all drugs including the principles of its manufacturing.

YOGAS OR COMPOUND FORMULATIONS.

The formulas which were formulated by ancient scholars, seems to be have strong scientific basis and giving surprising results in clinical grounds. Because the fundamentals are used for preparation are correct. Yogas are mainly formulated by mixing the drugs which have equal characters are agonising characters too and also based on by different other principles, E.g. in trikatu, pippali, marica-suni are said to be mixed together in equal ratio.

BENEFIT OF DRUG COMBINATION

It is observed that the "Activity" of certain drugs are activated or catalyzed or accelerated by means of combination. This is explained in ancient texts as Yogaprabhava (yoga = compound, prabhava = visista kārya) means formulation is getting a higher potency when proper drugs are combined. This principle is important in therapy as the number of drugs commonly given during one episode of illness, tends to increase with ready provision of an excess for all purpose and also effect of one drug can also be modified by the presence of another. With drug combination bellow mentioned objects can be achieved.

1. To potentiated drug action.
2. To avoid severe drug reaction
3. To save time and money

4. When single drug fails to meet therapeutic need.
5. For double beneficial effects
6. When physician confused in differential diagnosis or in assessment of proportionate preponderance of Do'a.
7. In dwandwaja or trido'aja disease.
8. In a drug which is having characteristic feature to provoke a dosa, with or without its main action, that can be counteracted by the addition of another drug to get its main action in the disease of that do'a which was supposed to be provoked.

May be increased and its shelf life will decrease, or the final product may have a different medicinal value. Alterations in any of the above three Kalka-taila-dravadravya would either increase or decrease the period of processing, due to which the preparation will not be upto the required standards, and cannot be preserved for long.

DISCUSSION

In Ayurvedic pharmacology, pharmacy (kalpavijñāna) is a well advanced branch. Crude drugs are rarely administered. Various formulations ranging from simple distillates (arka), decoctions (kwatha), linctus (leha, avaleha) and powders (curna) to elaborate pharmaceutical preparations like pills of different sizes (vai, gui, modaka) and medicated oils (taila and gh[ta) are available.

In liquid formulations too, a wide range exists. These are swarasa (fresh juice), kwatha (decoction), phana (infusion in hot water), kcirapaka (decoction in milk), tandulajala (decoction in rice washings) and alcoholic extracts. The potency is highest in fresh juice and lowest in cold water infusion.

Plants are to be used, whether it should be fresh or dry and what should be the time of collection. It is stressed that the pharmacognostic knowledge (namarupavijñāna) is essential, along with knowledge of physicochemical properties and effects of drugs. The observations and the inferences drawn by ancient scientists, regarding the plant material, appear very rational on the background of recently accumulated knowledge about the variation in phytochemical content of plants, which is known to occur depending on place and time of collection.

The same plant at the same place may yield different amounts of alkaloids in different years or at different times in the same year. A point to note is that Ayurvedic physicians have mainly relied on a combination of drugs rather than a single drug.

Administration of drugs in combination (samyoga) may either enhance or antagonize the response of the individual component. The mutually supporting or enhancing aspect of combinations is known as *sarvakarmaja. (synergy) and the antagonizing effect in*

known as dwandakarmaja effect. In compounding a formulation, incompatibilities between constituents are also considered. They are classified as manaviruddha (quantitative antagonism), gunaviruddha (physico-chemical antagonism) and karmaviruddha (physiological antagonism). A good deal of discretion is thus essential in formulating drug combinations. This fact is applied to a great extent in Ayurvedic practice.

An ideal drug according to Caraka is effective, easily available and can be compounded in different formulations to suit the requirement of the patient. Ayurveda prescribes drug combinations of facilitate delivery of a drug to its site of action (Piper longum has affinity for liver, while Catechu has affinity for skin and these plants are incorporated in formulations intended for activity on that particular organ. Thus the concept of 'gamitva' and 'vahatva' - affinity and carrying capacity respectively - are important in Ayurveda.

Methods are described to be used to modify an otherwise toxic medication into one suitable for human use. One of these techniques is ***Samskāra***. The translation of samskāra as 'refinement' fails to convey the meaning. Samskāra aims at alteration of properties. It includes processing before administration with specific objectives: the aim could be to reduce the toxicity or undesirable effects of a drug or to increase its efficacy. One of the techniques of samskāra is known as 'sodhana': process of purification.

Sodhana is the process by which all the three types of impurities, viz. physical, chemical and natural are removed. Depending upon this basic fundamental concept, approach of the Ayurvedic pharmaceutics differs from western pharmaceutics in which now a days isolating the alkaloids or other principles from the main drug and using them therapeutically is practised.

One such example is Reserpine, an alkaloid isolated from Rauolfia Serpentine - Sarpagandha an anti-hypertensive drug. Hence all the Ayurvedic medicines were formulated to achieve preventive, protective, curative and nutritive qualities from administered drug.

CONCLUSION

The potential of ayurvedic medicine needs to be explored further with modern scientific validation approaches for better therapeutic leads.

Scientific validation and documentation of ayurvedic drugs are very essential for its quality evaluation and global acceptance. Therapeutic efficacy of ayurvedic herbs may be enhanced with high quality, which can be achieved by identity, purity, safety drug content, physical and biological properties. Ayurvedic medicine needs to be explored with the modern scientific approaches for its validation.

The traditional system of medicine deals with several classical formulation including Arkas, aasav, arishta, churna, tail, vati, gutika, bhasma, etc, There are several lead molecules that have been developed from the ayurvedic herbs, which have various significant therapeutic activities.

Various modern and innovative techniques should be used to assess the quality of product, bioactive compound quantification, spurious and allied drug determination, chromatographic fingerprinting, standardization, stability and quality consistency of ayurvedic products.

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KEY ROLE OF 'MOTHER'S AFFECTION TOWARDS BABY' IN LACTATION AS PER AYURVEDIC TEXTS

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Abstract :

About 5000 yrs back, Ayurvedic text Sushruta Samhita explored the importance of mother's affection towards ejection of milk through mammary glands. This article correlates the ayurvedic verse of Sushruta Samhita,[1] with the scientific and physiological concept behind it.

Mother's affection towards baby is responsible for ejection of milk through mammary glands. The breast feeding let-down reflex, which is also called the milk-ejection reflex, is an automatic natural reaction that happens in the body of lactating mother as soon as baby starts sucking the breast. This results in activation of nerves that send a message to the brain to release the hormones prolactin and oxytocin. This causes milk to be made and released, triggering the let-down reflex.[2]

Keywords: *Let-down-reflex, Prolactin, Oxytocin, Sushruta Samhita*

INTRODUCTION:

Acharya Sushruta in Nidan Sthan gave the following verse to specify the key role of mother's affection towards ejection of milk through mammary glands.

"Aahar-rasa-yonitvadev Stanyamapi Striya Tadevapatyasansparshad darshanat smaranadapi Grahanatcha sharirasya shukravat sampravartate Sneho-nirantar tatra Prasrave heturuchyate" (Su.Ni: 10/20,21)[3] i.e-the stanya (mother's milk) derived from ahara-rasa flows in the whole body as shukra (can be correlated with prolactin in circulation). Milk is ejected out of the mammary glands due to mother's affection toward Baby. Baby's sparsha (Touch), darshan (sight), smaran (memory), grahana (taking in her lap), nirantar sneha (affection) are the most important causes of ejection of milk from the mammary glands.

The let-down reflex is one of the keys to successful breastfeeding. It's what allows the breast milk to flow out of the breasts to the baby.When it's working well, the baby can get enough breast milk to feel satisfied, gain weight, and grow at a healthy pace. The hormone oxytocin is associated with love and bonding. Body releases it during childbirth, when mother starts

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breastfeed her baby. This hormone can bring about feelings of peace, calmness, and relaxation.[4]

Objectives of the Study:

To correlate the Sushruta Samhita verse explaining key role of mother's affection in milk ejection, with the Scientific and Physiological concept behind ejection of milk through mammary glands.

Literary Review:

Aahar-rasa-yonitvadev Stanyamapi Striya Tadevapatyasansparshad darshanat smaranadapi Grahanatcha sharirasya shukravat sampravartate Sneho-nirantar tatra Prasrave heturuchyate" (Su.Ni: 10/ 20,21)

The verse given by Acharya Susruta has a great scientific validation. Fondling of the baby by the mother or hearing the baby's cry gives enough of an emotional stimulus to her hypothalamus to cause ejection of milk (nirantara-sneha). Each time the mother nurse her baby, nervous signals from the nipples to the hypothalamus cause a 10-20 fold surge in prolactin secretion that lasts for about one hr. (sparsha, grahana). If nursing doesn't continue, the breasts lose their ability to produce milk within one week or so. However, milk production can continue for several years if the child continues to suckle, although the rate of milk formation normally decreases considerably after 7-9 months.

Nervous signals from the nipples to the hypothalamus also help to secrete oxytocin and its release from posterior pituitary. Oxytocin causes contraction of alveoli, so that milk is ejected from alveoli of mammary glands to ducts. Thus for first half to one minute of suckling, the baby receives no milk. After that milk gains to flow.

Suckling on one breast causes milk flow not only in that breast but also in the opposite breast. It is especially interesting that fondling of the baby by the mother or the sight or hearing the baby crying (nirantara-sneha, darshan) also often gives enough of an emotional signal to her hypothalamus to cause milk ejection.

Therefore, Suckling is required for the maintenance of lactation. Because by this process, Prolactin and Oxyocin, both are secreted. Suckling produces nerve impulses that are carried by way of the lateral Funiculus of the spinal cord to the hypothalamus.

Memorizing (smarana) the baby also helps in ejection of milk. It is seen that when a mother thinks her baby's activities or whenever, she is at a distance or far away from her baby then after a short interval, milk is ejected from her breasts even without suckling. This is not just because of remembrance of the baby by the mother which passes emotional signals to the hypothalamus of the mother. So, not only

the suckling (sparsha,grahana) but also the fondling of the baby by the mother (Matri-sneha) are the important causes of ejection of milk from the breasts.

The milk that collects in the Subareolar milk sinuses can be ejected from the mammary acini into the duct system- a process commonly known as the "letting down" in which the mother's subjective response play a significant role.

All this shows that the relationship between the mother and her baby, her affection towards the baby, thinking or remembering the baby's activities, hearing his cry, looking at his playing activities, taking her baby in her loving, caring adoring lap are very important for the nursing of a child.

Without all these emotions, a mother can't nurse her child because after birth of the baby, the basal level of prolactin returns during next few weeks to the non pregnant level. This is only because of the emotions that a mother has, towards her baby which helps in the process of Lactogenesis and Galactopoiesis (maintenance of lactation).

Because, as discussed earlier each time the mother nurses her baby, nervous signals cause a 10-20 fold surge in prolactin secretion.

On the contrary, causes of Stanyabhava or Stanya-nasha i.e. loss of milk secretion are said -

"Shokakrodhalanghanayaasa stanyana-ashasya hetavah."[5] i.e. any type of worry, anger like emotions; langhana (taking less amount of food in meals or taking light food and aayaasa (extra work or work load) are the causes of less or absent Lactogenesis.

Here again, the emotional status of the mother plays a key role. Emotional excitement like worry, fear, sadness etc. during lactation may inhibit milk flow. Emotional stress might inhibit the release of oxytocin acting through neuro-Hypophysis.

It is seen that any tragic situation around the lactating mother causes decreased secretion of milk in her mammary glands and also milk flow is reduced to a considerable level or may be it becomes reduced to even absent level as well. e.g. Death of a person, very near or dear to the lactating mother evolves very sorrowful emotions of the mother. This emotional stress inhibits the release of hormones essential for lactation and ejection of milk from mammary Glands.

One physiological mechanism proposed to explain these relationships is that psychological distress may impair the release of oxytocin, a hormone that plays a critical role in milk ejection during lactation. Continued impairment of milk ejection may lead to decreased milk production because of incomplete

emptying of the breast during each feed. Maternal distress may also yield elevated levels of serum cortisol and decreased insulin sensitivity, which are associated with decreased milk production.

DISCUSSION:

Successful lactation begins long before the infant is born. The first stage is controlled primarily via increases in estrogen and progesterone secreted from the placenta.[6]

High progesterone concentrations during pregnancy inhibit milk secretion, leading to accumulation of small amounts of colostrum and no milk production.[7] Within 48 to 72 hours after parturition, maternal progesterone levels decrease 10-fold, initiating secretory activation in the mammary gland, with copious production of milk.[8,9]

Prolactin facilitates sustained lactation as progesterone levels decrease. Sustained adequate milk production depends first on efficient nutrient partitioning and uptake by the mammary gland and second on frequent and complete emptying of milk from the breast and thus rests on the biobehavioral interaction within the mother-infant dyad.[10]

Infant suckling stimulates neurons in the areola to trigger the release of oxytocin from maternal hypothalamic neurons in the pleasure or reward pathway, leading to calming effects for the nursing mother.32

CONCLUSION:

In Ayurvedic classics, mother's affection towards baby plays a significant role in the ejection of milk through mammary glands. On the contrary stress of mother causes decreased ejection of milk through her mammary glands. This all is scientifically proven by modern science endocrinologically as many hormones play an important key role during emotional behavioral changes of mother resulting in release or stoppage of milk through mammary glands.

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ROLE OF YOGA AND AYURVED IN PREVENTING LIFESTYLE DISORDERS

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INTRODUCTION:

In our modern era of sedentary lifestyles and unhealthy diets, lifestyle-related health problems like obesity, diabetes, and stress-related illnesses are common. Ancient Indian practices, such as Yoga and Ayurveda, have gained renewed recognition for their effectiveness in addressing these issues. Yoga offers holistic well-being by aligning body, mind, and spirit, while Ayurveda provides individualized wellness through natural remedies and dietary guidance. Together, they form a powerful solution for preventing and managing lifestyle disorders, promoting balance, stress management, mindful eating, and physical health. Yoga and Ayurveda are essential tools for enhancing overall health and longevity in our fast-paced world. In this essay, we will explore the roles of Yoga and Ayurveda in preventing lifestyle disorders and promoting overall health.

NEED OF THE TOPIC

Noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for 74% of all deaths worldwide. More than three-quarters of all NCD deaths, and 86% of the 17 million people who died prematurely or before reaching 70 years of age, occur in low- and middle-income countries.[1] According to the study report "India: Health of the Nation's States"- The India State-Level Disease Burden Initiative in 2017 by the Indian Council of Medical Research (ICMR), it is estimated that the proportion of deaths due to Noncommunicable Diseases (NCDs) in India has increased from 37.9% in 1990 to 61.8% in 2016.[2] Yoga and Ayurveda play a crucial role in curbing the increasing rates of noncommunicable diseases (NCDs), making this approach a distinctive way to address this issue.

LIFE STYLE DISORDERS

Lifestyle is the most prevailing factor that affects one's fitness level; it is a pattern of individual practices and personal behavioural choices that are related to elevating or reducing health risks. Lifestyle disorders are primarily based on the daily habits of people and result from an inappropriate relationship with the environment. The biggest example of lifestyle disorders is "Noncommunicable

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Disease". NCDs are also called ' Chronic Diseases' such as stroke, hypertension, obesity, different types of cancer, diabetes mellitus, etc.

STATISTICAL DATA RELATED TO LIFESTYLE DISORDERS[3]

According to the World Health Organization (WHO) - NCDs are responsible for 41 million deaths each year, which is equivalent to 74% of all deaths globally; almost 80% of total premature deaths occur due to NCDs. In all NCDs, there are four major diseases which are responsible for most deaths:

1) CVD (cardiovascular disease) are responsible for 17.5 million deaths each year.
2) 9.3 million people lose their lives due to cancer each year.
3) Chronic Respiratory diseases are responsible for 4.1 million deaths each year.
4) 2 million deaths occur due to kidney disease and diabetes mellitus.

Thus, every year, more than half of the population loses its life due to lifestyle disorders alone; NCDs are becoming a huge threat to the whole world, which needs to be stopped as soon as possible.

The development of noncommunicable diseases (NCDs) in the context of disrupted daily routines and a sedentary lifestyle

Modern lifestyle is a major cause of many NCDs, especially lifestyle disorders, and also a triggering factor for diseases like cancer, IBS, appendicitis, renal stones, etc. In the morning, late awakening, and at night, late sleeping has become common. Both of these habits have many adverse consequences on health. These faulty habits cause loss of concentration, mood disturbance, headache and stress. Staying up late triggers cortisol release, harming blood pressure and cell regeneration. This habit leads to oversleeping, skipped breakfasts, and fast food reliance, elevating health risks (obesity, diabetes, hypertension, and heart disease). Neglecting physical activity and water intake can cause NCDs, while desk jobs lead to neck/back issues, and excessive computer use results in dry eyes (computer vision syndrome).

Prevention of Lifestyle Disorders by using Ayurveda

Ayurveda is also the 'science of life'. This is the only science in the world that talks about the prevention of diseases before treating them. It is the science which teaches us to maintain our individual and public health by providing us with various regimes like Dincharya (~daily regimen), Ritucharya (~seasonal regimen) along with Rasayan therapy (~rejuvenation) and Sadvritta(~good personal and social behaviour) etc. All of these regimes provide many ways to prevent life disorders.

Dincharya[4] -

All Acharyas tell the concept of Dincharya, like Charaka, Sushrut, Vaghbhat, Bhavprakash etc.

- Brahma Muhurta (~Rising Early) - Dinacharya recommends waking up early, preferably during the Brahma Muhurta (the auspicious time before sunrise). This helps align your body's natural rhythms with the daily cycle, allowing for better energy levels and mental clarity throughout the day.
- Oral Hygiene- Cleaning the mouth and teeth upon waking, using techniques such as oil pulling or brushing with herbal toothpaste, helps maintain oral hygiene and prevent dental problems.
- Tongue Scraping- Scraping tongue regularly to remove toxins that accumulate overnight. This practice can improve digestion and prevent bad breath.
- Abhyanga (~oil Massage)- Regular oil massage with appropriate oils, such as sesame or coconut oil, can improve circulation, nourish the skin, and promote relaxation. Abhyanga should be specially done on Ears, Heads and Legs. It should be avoided when there is an increase of Kapha in the body, soon after Shodhana (Panchakarma procedure) and during indigestion.
- Snana (~bathing)- A regular bath or shower helps cleanse the skin and refresh the body. Bathing improves digestion, acts as an aphrodisiac, prolongs life, and increases enthusiasm and strength. It helps to get rid of dirt, waste products, sweat, tiredness, excessive thirst, burning sensation and microbes.
- Vyayama (~exercise)- Engaging in physical activity, such as Yoga, stretching, or brisk walking, helps maintain flexibility, muscle strength, and overall fitness.
- Ahara- Consuming a balanced and Pathya(~wholesome) diet that is tailored to individuals' Prakriti (~constitution) can prevent lifestyle disorders like obesity, diabetes, and heart disease. Habitual intake of a balanced diet with all Rasa in proportionate quantity is recommended for the equilibrium state of Dosha.
- Nidra - Getting enough sleep at night is crucial for physical and mental rejuvenation. Lack of sleep can lead to various lifestyle disorders.

Ritucharya[5]-

- Seasonal Diet- Ayurveda recommends adjusting diet based on the season. For example, during the hot summer months, focus on cooling and hydrating foods like fresh fruits, vegetables, and dairy products. In contrast, during colder seasons, consume warming and nourishing foods like soups, stews, and grains.
- Seasonal Activities- Engage in physical activities that are appropriate for the season. For instance, in the winter, it is beneficial to do more indoor exercises and Yoga to keep the body warm, while in the summer, outdoor activities like swimming and hiking can be more suitable.

- Sleep Patterns- Adjust sleep patterns to match the changing daylight hours. In the summer, may need less sleep due to longer days, while in the winter, getting enough rest is essential for maintaining energy and immunity.

By following Ritucharya guidelines, individuals can promote optimal health and well-being while reducing the risk of lifestyle disorders. Ayurveda emphasizes the importance of living in harmony with nature, and Ritucharya is one of the ways to achieve that balance.

Sadvritta

By following sadvritta, one can attain Arogya and Indriyavijaya.[6] In our contemporary era, we are witnessing a prevalence of lifestyle-related ailments. These health issues are primarily attributed to our behaviours, actions, and the way we lead our lives. Factors such as alcohol consumption, smoking, a sedentary lifestyle, poor dietary choices, and more contribute to these problems. Ayurveda offers valuable guidance on how to prevent lifestyle-related disorders, with one key concept being "Sadvritta." Adhering to the principles and guidelines outlined in Sadvritta is crucial for maintaining overall well-being, encompassing physical, mental, social, ethical, and spiritual aspects of life. Sadvritta can be classified into the following Types –

1. Vyavaharika sadvritta
2. Samajika Sadvritta
3. Mansik Sadvritta
4. Dharmika Sadvritta
5. Sharirika Sadvritta

Words of Wisdom: Path of righteousness-

All the creatures are behind happiness. There is no happiness without righteousness. Hence, all should follow the path of righteousness.[7]

सुखार्थाः सर्वभूतानां मताः सर्वाः प्रवृत्तयः।
सुखं च न विना धर्मात्तस्माद्धर्मपयो भवेत्।।

– अ.ह.सु. 2/20

Achara Rasayan (Rasayana effects of good conduct)- Good conduct, like speaking truth, non-violence, compassion, etc., is considered very important to obtain the benefits of any Rasayana.[8]

Brahmacharya

From birth to death, people must practice Samyak Yoga to promote good health and achieve the primary aim of life. This Yoga involves regulating and gaining control over the sensory and mental faculties (known as Indriyas), which encompass knowledge (Jnanendriya), action (Karmendriya), and the mind (Manas). It emphasizes achieving this control through the right balance of time (Kala), purpose (Artha), and action (Karma), avoiding excessive (Ati), insufficient (Hina), or incorrect (Mithya) practices.

Prevention From Diseases[9] –

Acharya Charak says that a person will not get any disease if he/she follows three rules –

1. One who eliminates the accumulation of Doshas of early winter in spring, that of summer in early rains and that rainy season in autumn never suffers from seasonal disorders.

हैमन्तिकं दोषचयं वसन्ते प्रवाहयन्
ग्रैष्मिकमभ्रकाले।
घनात्यये वार्षिकमाशु सम्यक् प्राप्नोति
रोगानृतुजान्न जातु जातु ।।

(च.शा. 2/45)

2. The man who uses a wholesome diet and behaviour, who moves cautiously, who is unattached to sensual pleasures, who donates, observes equality, who is truthful, who is forbearing and who is devoted to venerable people becomes free from diseases.

नरो हिताहारविहारसेवी समीक्ष्यकारी
विषयेष्वसक्तः।
दाता समः सत्यपरः क्षमावानाप्तोपसेवी च
भवत्यरोगः।।

(च.शा. 2/46)

3. One who is endowed with such an intellect, speech and (positive) actions which yield good results, who has a submissive mind and clear understanding, and who does penance and continued effort in Yoga, does not fall victim to diseases.

मतिर्वचः कर्म सुखानुबन्धं सुखानुबन्धं सत्त्वं विधेयं
विशदा च बुद्धिः।
ज्ञानं तपस्तत्परता च योगे यस्यास्ति तं
नानुपतन्ति रोगाः।।

(च.शा. 2/47)

Prevention of Lifestyle disorder by using Yoga

The practice of Yoga, which has its origins in India thousands of years ago and was initially developed by great saints and sages, has evolved. These wise individuals provided logical explanations for their experiences with Yoga and created a systematic and accessible approach to it. Nowadays, Yoga is not limited to spiritual figures; it has become a part of everyday life and has gained global recognition and acceptance in the past decade. Numerous clinical studies have convincingly demonstrated the therapeutic benefits of Yoga in treating chronic obstructive pulmonary diseases such as asthma and bronchitis. Similar positive outcomes have been observed in conditions like lower back pain, diabetes, migraines, and stress-related psychosomatic disorders. Yoga can prevent lifestyle disorders in the following ways-

Stress Reduction

One of the leading contributors to lifestyle disorders is chronic stress. High-stress levels can lead to unhealthy behaviours such as overeating, lack of exercise, and poor sleep. Yoga offers various techniques to manage and reduce stress, including meditation, deep breathing exercises, and relaxation poses. These practices help individuals achieve a sense of calm and improve their mental resilience, which is crucial in preventing stress-related disorders.

Weight Management

Obesity is a major lifestyle disorder that is often a result of poor dietary habits and lack of physical activity. Yoga, through

its physical postures and regular practice, can help individuals maintain a healthy weight. Many Yoga Asanas focus on strengthening and toning muscles, improving metabolism, and increasing flexibility, all of which contribute to weight management.

Improved Cardiovascular Health

Yoga also plays a significant role in improving cardiovascular health. Asanas like Surya Namaskar (~Sun Salutation) and Pranayama help regulate blood pressure, reduce cholesterol levels, and enhance blood circulation. By incorporating these practices into their routine, individuals can reduce the risk of heart disease and hypertension.

Enhanced Flexibility and Strength

Lack of physical activity can lead to muscle stiffness and weakness. Yoga's emphasis on flexibility and strength through various postures helps maintain physical fitness. Regular practice of Yoga enhances joint mobility, which is crucial in preventing musculoskeletal disorders that often result from a sedentary lifestyle.

INTEGRATION OF YOGA AND AYURVEDA FOR PREVENTING LIFESTYLE DISORDERS

While Yoga and Ayurveda offer unique approaches to health and wellness, their integration can provide a comprehensive strategy for preventing lifestyle disorders. The two systems share common principles and objectives, making them highly complementary.

Personalized Wellness

Both Yoga and Ayurveda emphasize the individual's unique constitution and needs. By understanding their body type, i.e. Prakriti and any imbalances, i.e. Vikriti, individuals can tailor their Yoga practice, dietary choices, and daily routines to suit their specific requirements.

Stress Management

Yoga's stress reduction techniques, such as meditation and deep breathing, can be further enhanced by Ayurvedic practices like herbal remedies and dietary choices. Combining the two systems helps individuals manage stress more effectively, reducing the risk of stress-related disorders.

Holistic Well-Being

The combination of Yoga's physical postures, meditation, and ethical principles with Ayurveda's dietary guidelines and herbal remedies creates a comprehensive approach to holistic well-being. This synergy can prevent lifestyle disorders by addressing physical, mental, and emotional aspects of health.

Preventative Healthcare

Both systems focus on maintaining health and preventing imbalances before they lead to disorders. By integrating Yoga and Ayurveda into daily life, individuals can. Take a proactive approach to their health, reducing the need for reactive medical intervention.

CONCLUSION

The role of Yoga and Ayurveda in preventing lifestyle disorders is

undeniably significant and holistic. Yoga, through its practice of physical postures, breathing exercises, and meditation, promotes overall well-being by reducing stress, improving flexibility, and enhancing mental clarity.

These benefits can help prevent a wide range of lifestyle disorders, including obesity, hypertension, and mental health issues. Moreover, Yoga encourages mindful living, fostering healthier lifestyle choices such as balanced nutrition and regular physical activity. Ayurveda, on the other hand, provides a comprehensive approach to healthcare by emphasizing the balance of mind, body, and spirit. It offers personalized dietary recommendations, herbal remedies, and lifestyle adjustments based on an individual's unique Prakriti (~constitution). By addressing the root causes of imbalances, Ayurveda can prevent lifestyle disorders and promote long-term health.

Together, Yoga and Ayurveda offer a harmonious combination of physical and mental well-being, making them powerful tools in the prevention of lifestyle disorders and the promotion of a healthier and more fulfilling life. Integrating these ancient practices into one's daily routine can be a proactive and effective approach to achieving and maintaining a state of optimal health.

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परिषद् समाचार

चैत्र शुक्ल प्रतिपदा, नव वर्ष के विविध आयोजन

विश्व आयुर्वेद परिषद के राष्ट्रीय ईकाई द्वारा परिषद के 28 वें स्थापना दिवस पर चैत्र शुक्ल प्रतिपदा के पूर्व सन्ध्या में 8 अप्रैल 2024, सोमवार को भव्य समारोह मनाया गया। यह समारोह आभासी माध्यम के द्वारा किया गया, जिसमें कार्यक्रम के मुख्य अतिथि महामहिम श्री राजेंद्र विश्वनाथ अर्लेकर, मा. राज्यपाल, बिहार सरकार थे। कार्यक्रम की विषय स्थापना वैद्य शिवादित्य ठाकुर जी, राष्ट्रीय सचिव ने की तथा वैद्य तन्मय गोस्वामी जी ने काल गणना एवं उसके महत्व पर प्रकाश डाला। वैद्य सुरेंद्र चौधरी, राष्ट्रीय सचिव ने अतिथियों का स्वागत किया तथा राष्ट्रीय संगठन सचिव प्रो योगेश मिश्रा जी ने परिषद के 27 वर्ष के यात्रा पर विस्तृत प्रकाश डाला। प्रो. गोविंद सहाय शुक्ल, राष्ट्रीय अध्यक्ष ने परिषद की गतिविधियों पर प्रकाश डालते हुए कार्यक्रम की अध्यक्षता की एवं प्रो महेश व्यास, राष्ट्रीय महासचिव ने धन्यवाद ज्ञापन किया। इस कार्यक्रम में पूरे भारतवर्ष से लगभग 900 लोग जुड़े। माननीय महामहिम ने अपने पाथेय में आयुर्वेद की गुणवत्ता उसकी उपादेयता एवं आने वाले समय में चुनौतियां की चर्चा की एवं वैद्य समुदाय से आग्रह किया कि बदलते परिवेश के आधुनिक काल में आयुर्वेद को जन–जन तक कैसे पहुंचाया जाए, इस विषय पर चिंतन करने की आवश्यकता है। साथ ही उन्होंने विश्व आयुर्वेद परिषद की गतिविधियों की भूरि–भूरि प्रशंसा की एवं अपेक्षा की, कि भारत वर्ष के स्वास्थ्य चिंतन में परिषद अग्रणी भूमिका निभाता रहेगा। उन्होंने परिषद के कार्यकर्ताओं को चैत्र शुक्ल प्रतिपदा, नवरात्रि, बिहू, गुडीपडवा, बंगाली नव वर्ष, उगादि एवं अन्य प्रान्तों में विभिन्न नामों से मनाये जाने वाले नव वर्ष उत्सव के लिए सबको शुभकामनाएं दीं।

विश्व आयुर्वेद परिषद् मध्यप्रदेश द्वारा नव संवत्सर एवं परिषद् का 28वां स्थापना दिवस दिनांक 08/04/2024 को मनाया गया। कार्यक्रम का आयोजन समाज सेवा संस्थान, भोपाल में हुआ। इस अवसर पर ''आयुर्विज्ञान व्याख्यान माला'' नये आयामों का प्रारम्भ हुआ, जिसमें मुख्य वक्ता सुप्रसिद्ध वैद्य बालेन्दु प्रकाश जी रहें। कार्यक्रम में कुल प्रतिभागी 108 की सहभागिता रही।

बिहार ईकाई द्वारा विश्व आयुर्वेद परिषद के 28वें स्थापना दिवस एवं चैत्र शुक्ल प्रतिपदा (भारतीय नव वर्ष) को धूमधाम से मनाया गया। चिकित्सा महाविद्यालय के छात्रों के द्वारा सामूहिक श्लोक पाठ किया गया एवं परिषद् के वार्षिक क्रिया कलापों की विस्तृत चर्चा की गई।

विश्व आयुर्वेद परिषद, बरेली शाखा के द्वारा दिनाँक 14 अप्रैल 2024 को ''परिषद् स्थापना दिवस'' कार्यक्रम एवं ''वर्ष प्रतिपदा उत्सव'' के उपलक्ष्य में एक चिकित्सा शिविर का आयोजन श्री राम नगर की बिचपुरी सेवा बस्ती के पंचायत भवन में किया गया। शिविर का शुभारंभ डॉ. योगेश चंद्र मिश्र, अखिल भारतीय संगठन सचिव, विश्व आयुर्वेद परिषद; डॉ. शांतुल गुप्ता, महानगर सेवा प्रमुख; हेमंत जी, माननीय नगर संघ चालक, श्री राम नागर; डॉ. राजीव सक्सेना, अध्यक्ष बरेली शाखा द्वारा भगवान धन्वन्तरि के सम्मुख दीप प्रज्ज्वलित कर किया गया। डॉ नितिन शर्मा, डॉ. पारुल वार्ष्णेय, डॉ. राम बाबू प्रजापति, श्री सुनील जी नगर कार्यवाह व श्री उमाकांत जी बस्ती प्रमुख भी उपस्थित रहे। शिविर में 110 रोगियों का निःशुल्क उपचार किया गया। इस अवसर पर राजकीय आयुर्वेदिक कॉलेज बरेली के अंतिम वर्ष के छात्रों पुनीत उपाध्याय, गौरव गुप्ता, विकास सिंह तंवर, शैलेन्द्र सिंह भारतीय तथा वीरेंद्र कुमार द्वारा औषधि वितरण में विशेष सहयोग किया गया। आर्य वैद्यशाला कोट्टकल, श्री धन्वंतरि हर्बल, अक्षय फार्मा व एस के एम सिद्धा के प्रतिनिधियों ने भी निःशुल्क औषधियों का वितरण किया।

वर्ष प्रतिपदा विक्रम संवत 2081 का आयोजन दिनांक 09/04/2024 को चरक आयुर्वेद पंचकर्म चिकित्सा केन्द्र, जबलपुर हुआ, जिसमें डॉ. कमलेश गुप्ता जी के सहयोग से विश्व आयुर्वेद परिषद् महाकोशल प्रांत जबलपुर पदाधिकारियों द्वारा भगवान धनवंतरि की पूजन आरती कर मनाया गया। साथ ही ''कौशलम्–30'' कार्यक्रम का शुभारंभ डॉ. आर. के. गुप्ता जी (शिक्षक प्रकोष्ठ) एवं डॉ. पंकज मिश्रा जी (विद्यार्थी प्रकोष्ठ) के मार्गदर्शन डॉ. मुकेश पाण्डेय जी (प्रांत सचिव), डॉ. शैलेश चौहान जी (जिलाध्यक्ष) द्वारा हुआ। डॉ. सुशील तिवारी, सचिव, विश्व आयुर्वेद परिषद महाकौशल प्रांत जबलपुर इकाई की उपस्थिती रही।

दिनांक 9/4/24 दिन मंगलवार, प्रातः 05:15 से राजेंद्र प्रसाद घाट पर विश्व आयुर्वेद परिषद वाराणसी महानगर इकाई की तरफ से चौत्र शुक्ल प्रतिपदा, चैत्र नवरात्रि, हिंदू नव वर्ष एवं परिषद स्थापना दिवस के रूप में मनाया गया। जिसमें मुख्य अतिथि के रूप में प्रो. कमलेश कुमार द्विवेदी जी राष्ट्रीय भारतीय चिकित्सा पद्धति आयोग नई दिल्ली भारत सरकार ने विश्व आयुर्वेद परिषद की स्थापना दिवस पर प्रकाश डाला व परिषद के उद्देश्य के बारे में सभी को बताया व सबको बधाई दिया। महानगर इकाई के अध्यक्ष प्रो. राकेश मोहन जी ने सबको नए वर्ष की शुभकामनाओं के साथ बधाई दी। डॉ. हरिओम प्रकाश पांडे, डॉ. ओमकार दत्त त्रिपाठी, डॉ. शैलेंद्र कुमार श्रीवास्तव, डॉ. मनीष मिश्रा, प्रभारी शिक्षक प्रकोष्ठ, उत्तर प्रदेश ने सबको हिंदू नव वर्ष की बधाई दी। मुख्य रूप से डॉ. भावना द्विवेदी (पूर्व क्षेत्रीय आयुर्वेदिक एवं यूनानी अधिकारी) डॉ. डाली श्रीवास्तव, डॉ. यू पी सिंह, डॉ. वीरेंद्र कुमार वर्मा, डॉ. रामानंद तिवारी, डॉ. देवानंद पांडे, डॉ. सतीश जायसवाल, डॉ. आरके जायसवाल, डॉ. दिलीप उपाध्याय एवं अन्य गणमान्य डॉ. तथा राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालय, वाराणसी के स्नातक/स्नातकोत्तर छात्रों की भी उपस्थिति रही। कार्यक्रम संचालन डॉक्टर उमाकांत श्रीवास्तव, सचिव, वाराणसी महानगर इकाई ने किया।

दिनांक 15/4/24 को सायं 5 बजे विश्व आयुर्वेद परिषद बस्ती द्वारा मंगलम आयुर्वेद मालवीय रोड बस्ती पर परिषद के स्थापना दिवस कार्यक्रम के उपलक्ष्य में स्वास्थ्य परिचर्चा विषयक संगोष्ठी का आयोजन हुआ, जिसमें कार्यक्रम का शुभारंभ डा राम शंकर गुप्ता क्षेत्रीय आयुर्वेदिक एवम यूनानी अधिकारी बस्ती एवं डॉ. वी के श्रीवास्तव अध्यक्ष ने संयुक्त रूप से भगवान धन्वंतरि के चित्र पर माल्यार्पण एवं दीप प्रज्वलित कर किया, कार्यक्रम में डॉ. अरविंद कुमार, डॉ. वीरेंद बहादुर, डॉ. कल्पना, डॉ. शबनम जहां ने अपने विचार व्यक्त किया, डॉ. के शास्त्री, आदित्य नारायण, दया शंकर मिश्र रोहित कुमार श्रीवास्तव, नरपत शुक्ला, दुर्गा प्रसाद एवं अन्य लोग उपस्थित रहे। डॉ. वी के श्रीवास्तव अध्यक्ष विश्व आयुर्वेद परिषद बस्ती की विषेश सहभागिता रही।

विश्व आयुर्वेद परिषद् मेरठ द्वारा विद्यार्थियों हेतु वर्ष भर चलने वाली सतत कौशल विकास कार्यशाला का शुभारम्भ राष्ट्रीय सचिव एवं उत्तर प्रदेश के प्रभारी डॉ. सुरेन्द्र चौधरी द्वारा किया गया। मेरठ के चार महाविद्यालयों के 60 विद्यार्थियों को अग्निकर्म के प्रयोगिक पक्ष से परिचित कराया गया। व्यावहारिक ज्ञान के अभ्यास का संचालन डॉ0 चन्द्रचूड़ मिश्र एवं डॉ. चित्रांशु सक्सेना द्वारा किया गया।

विश्व आयुर्वेद परिषद् उत्तर प्रदेश ईकाई द्वारा द्वारा सत्र 2021–22 के उत्तर प्रदेश के प्रत्येक आयुर्वेद महाविद्यालयों के जिन विद्यार्थियों ने कक्षा में प्रथम तीन स्थान प्राप्त किया है, उन्हें प्रमाण पत्र प्रदान कर प्रोत्साहित करने का कार्यक्रम चलाया जा रहा है। इस क्रम में मेरठ, गाजियाबाद, प्रयागराज, हापुड़, अलीगढ़ जनपदों के विद्यार्थियों को प्रमाण पत्र पितरित किया गया। इस कार्यक्रम में विश्व आयुर्वेद परिषद् के प्रतिनिधि के रूप में डॉ. सुरेन्द्र चौधरी, राष्ट्रीय सचिव, विश्व आयुर्वेद परिषद् एवं डॉ. चन्द्रचूड मिश्र, उत्तर प्रदेश महासचिव उपस्थित रहें।

Telangana vibhag – Karyakarta Abyasa varga 2024

For the first time in southern states of Bharat, Karyakarta (volunteers) abhyasa varga (training program) was organized by Vishwa Ayurveda Parishad Telangana vibhag in Hyderabad for Telangana karyakartas with an objective to empower Ayurvedic doctors and VAP volunteers with the essential knowledge about the organization, values, essential skills and leadership roles within our organization and in society. The program was tailored to address some specific issues and challenges faced by our Ayurvedic doctors, aiming to cultivate a dynamic and capable leadership in near future.

A total of 85 karyakartas attended this one day program, wherein all the participants were acquainted with the Strategic thinking, social responsibility, leadership competencies, decision-making, problem-solving, emotional intelligence, team work skills, ethical values, anticipating future trends and to formulate effective long-term plans in the benefit of the Ayurveda system and general needy public.

Entire day long program was scheduled in 4 major sessions - 1. Karyakarta nirman 2. Organization background - aims and objectives 3. Different prakoshta activites and planning 4. Skill Development and other opportunities. Respected Dr.Ganjam Krishna Prasad ji, renowned Ayurvedic Physician and Sanghachalak, Hyderabad city sambhag, RSS was chief guest on the occasion. He shared his wisdom by quoting several examples and need in the society of an effective Ayurvedic physician. He also emphasized on the importance of Ayurvedic doctor in rural and tribal. Dr. Nitin Agarwal ji, National Vice-President, VAP presented a detail power point presentation on the legal status of Ayurveda abroad and opportunities for Ayurvedic doctors outside Bharat and how to establish a world class facility of Ayurveda. Dr. T. Premananda Rao ji, National Vice-President, VAP expressed his perspective on key roles of individual karyakartas and brought a unique perspective to the event by encouraging all the participants to work for the organization and society. Dr. Vijay Ganeshwar Reddy ji gave a presentation on organization vision on Ayurveda@2047. Dr. B. Vijaya Laxmi ji took a session on women's role in organization development. Dr Suresh Jakhotia ji and Dr.Surendra Sharma ji delivered a speech on chikatsak prakoshta activites and future plans. Dr.Anishetty Sridhar ji discussed points on vidyarthi prakoshta and sikshak prakoshta activities. Dr.M. Praveen Kumar ji delivered a lecture on importance of a vaidya in day to day practice of Ayurveda along with importance of Panchakarma techniques and latest trends in Panchakarma. The program was well coordinated by Dr. S. Sarangapani ji, President, and Dr.B.Kishan ji, General secretary, VAP, Telangana state.