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



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## संयोजनम् २०२५ ने आयुर्वेदिक विकिसा के समग्र दृष्टिकोण को किया रेखांकित



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

### Contents

1- EDITORIAL	2
2- A COMPREHENSIVE THERAPEUTIC APPROACH FOR AMAVATA (RHEUMATOID ARTHRITIS) INCLUDES PANCHAKARMA - Tripathy Bikash Kumar, Barman Jaykrishan, Pain Rajdeep	3
3- IMPORTANCE OF SWASTHVIRTA IN SHALAKYA TANTRA - Abhishek Pathak	9
4- A REVIEW OF LASUNA KSHIRPAK; NUTRACEUTICAL IN AYURVEDA - Priyanka Bohra	12
5- DECODING SADVIDHA KRIYAKALA: THE SIX WINDOWS OF THERAPEUTIC OPPORTUNITY IN AYURVEDA - Rohit, Vivek Shrivastava, Shweta Agarwal	18
6- AN APPRAISAL OF SHIRODHARA AND NASYA IN THE MANAGEMENT OF MANOAVASAD (DEPRESSION)- A CASE REPORT - Jaya Singh, Manish Mishra	25
7- AYURVEDIC MANAGEMENT OF ENDOMETRIOSIS- ASSOCIATED INFERTILITY WITH UTTAR VASTI: RADIOLOGY-SUPPORTED NATURAL CONCEPTION IN A 28-YEAR-OLD WOMAN - A CASE REPORT - Rani Gupta	32
8- कॉलेज छात्रों में चिंता एवं आक्रामकता पर योग का प्रभाव—समायोजन क्षमता के विशेष संदर्भ में - अम्बरीश राय, प्रियंका कुमारी	39
9- <i>Bhai Uddhavas Mehta Memorial All India PG Essay Competition-2025 First Prize (Gold Medal)</i> AYURGENOMICS- THE SCIENTIFIC ELABORATION OF AYURVEDA CONCEPTS AND WESTERN GENETICS - Arya Devaki V N	44
10- समाचार	51



## Editorial

Current research in Ayurveda is increasingly oriented toward generating empirical evidence for classical principles using contemporary scientific methodologies. Significant progress has been made in the areas of pharmacognosy, phytochemistry, standardization of herbal formulations, and experimental validation of Ayurvedic drugs. Clinical and translational research has expanded into domains such as gut microbiome modulation, immunomodulatory and adaptogenic effects of Rasayana therapy, anti-inflammatory and antioxidant mechanisms of medicinal plants, and the role of Ayurvedic dietary and lifestyle interventions in the management of non-communicable diseases including hypertension, diabetes mellitus, obesity, and dyslipidemia. Emerging studies exploring correlations between Agni, Ama, metabolic dysregulation, and chronic inflammation provide a promising bridge between Ayurvedic. The future prospects of Ayurveda are intrinsically linked to the global transition toward preventive, predictive, personalized, and participatory (P4) medicine. Advances in systems biology, omics technologies, artificial intelligence, and digital health platforms offer unprecedented opportunities to decode the complex, systems-based logic of Ayurveda. Integrative healthcare models that judiciously combine Ayurvedic and modern medical practices hold immense potential, particularly in the prevention and long-term management of chronic, metabolic, and psychosomatic disorders where holistic interventions are essential.

From a policy and academic standpoint, strengthening research infrastructure, promoting multicentric and collaborative clinical trials, and fostering national and international academic partnerships are imperative for the global mainstreaming of Ayurveda. In this context, the newly framed competency-based undergraduate and postgraduate syllabi introduced by the National Commission for Indian System of Medicine (NCISM) assume critical significance. The revised curriculum emphasizes integration of classical Ayurvedic fundamentals with contemporary scientific knowledge, research methodology, evidence-based practice, medical ethics, and public health perspectives. By reinforcing core concepts such as Agni, Prakriti, Roga–Rogi Pariksha, and lifestyle-based preventive strategies alongside modern diagnostic and research tools, the new syllabus is poised to produce academically competent, clinically skilled, and research-oriented graduates capable of addressing present-day healthcare challenges. Equally critical are the issues of quality assurance in education and clinical practice, ethical research conduct, conservation and sustainable utilization of medicinal plant resources, and capacity building among young researchers and clinician-scientists. Academic forums, international conferences, and scholarly souvenirs such as the present compilation play a pivotal role in disseminating credible research, encouraging intellectual dialogue, and shaping future research directions. Aligned with the National Education Policy (NEP)–2020, the revised UG and PG curricula incorporate Competency-Based Medical Education (CBME), emphasizing multidisciplinary learning, clinical competence, research orientation, ethics, and lifelong learning. The UG Transitional Curriculum plays a crucial role in early sensitization to Ayurvedic philosophy, clinical reasoning, research aptitude, and professional values, facilitating a smooth transition into formal academic and clinical training. Supported by the Ministry of AYUSH, these reforms aim to develop Ayurvedic professionals proficient in classical knowledge and contemporary scientific engagement. At this critical juncture, the integration of traditional Ayurvedic wisdom with modern research methodologies positions Ayurveda as a credible, ethical, and globally relevant system of integrative healthcare, capable of addressing health promotion, disease prevention, and sustainable well-being.



**- Dr. Ashutosh Pathak**

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## A COMPREHENSIVE THERAPEUTIC APPROACH FOR AMAVATA (RHEUMATOID ARTHRITIS) INCLUDES PANCHAKARMA

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### ABSTRACT

*Amavata is recognized as the most debilitating joint condition. It is prevalent across the globe among all ethnicities. In the realm of modern medicine, Amavata is likened to Rheumatoid Arthritis, an autoimmune condition. Current medical practice recommends the use of anti-inflammatories, analgesics, and steroids for the treatment of rheumatoid arthritis, each of which carries potential side effects. Amavata presents significant challenges due to its chronic nature, lack of a cure, associated complications, and morbidity. Therefore, there is an urgent need to explore Ayurvedic treatments, particularly Panchakarma therapies, to alleviate pain, decelerate disease progression, and enhance the quality of life for patients.*

**Keywords-** *Amavata, Ayurveda, Panchakarma, Rheumatoid Arthritis*

### INTRODUCTION

*Acharya Madhavakara was the pioneer author to delineate as a distinct*

*Vyadhi* entity in his work *Roga Vinishchaya*, which is subsequently referred to as *Madhava Nidana*.<sup>1</sup>This text includes an entire chapter that provides a comprehensive account of *Amavata*, encompassing its definition, etiopathogenesis, clinical manifestations, complications, and prognosis. The description of *Amavata* in *Ayurvedic* literature bears resemblance to Rheumatoid Arthritis in various aspects. In 1591, Guillaume Baillou, a French physician and Dean of the medical faculty at the University of Paris, published one of the earliest texts on Arthritis. In this publication, he introduced the term ‘Rheumatism’ to characterise a condition marked by inflammation, tenderness, stiffness in the muscles, and pain in and around the joints. Subsequently, in 1859, Sir Alfred Garrod, a physician in London, introduced the clinical term “rheumatoid arthritis,” marking its first mention in medical literature. Approximately 1% of the global population suffers from RA, with its onset being more prevalent during the fourth and fifth decades of life, as 80% of

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patients develop the *Vyadhi* between the ages of 30 and 40 years. Women are approximately three times more likely to be affected than men. This disease predominantly occurs in temperate climates, with a lower incidence in tropical regions.<sup>2</sup> *Amavata* is regarded as one of the most feared *Vyadhis* confronting humanity today. Although *Amavata* is not conclusively fatal, it severely incapacitates those affected. This distressing *Vyadhi* begins with joint stiffness, ultimately leading to a cascade of other complications. It can impact numerous aspects of a patient's life, including familial, occupational, and community relationships. The repercussions extend beyond the individual, affecting the social and economic standing of both the individual and their family, while also draining national resources due to lost work hours, resulting in decreased productivity. The prevalence of *Amavata* (Rheumatoid Arthritis) is reported to be between 1% and 2% of the general population, with a female-to-male ratio of 3:1.<sup>3</sup>

#### **AMAVATA CHIKITSA SHUTRA:**

In the field of *Ayurveda*, there is a significant emphasis on a therapeutic regimen tailored for the management of *Amavata* patients, as opposed to a singular drug-based approach. This regimen is predominantly etiologically focused and

seeks to achieve *Samprapti Vighatana*. The application of this treatment is largely contingent upon the specific stage of the *Vyadhi* process. *Chakradatta* is credited as the pioneer in delineating the treatment principles for the *Vyadhi*, which include *Langhana*, *Swedana*, the administration of drugs characterised by *Tikta* and *Katu Rasa*, *Deepana* action, *Virechana*, *Snehapana*, and *Basti*. A similar treatment framework is adopted in *Yogaratanakara* and *Gadanigraha*, while *Yogaratanakara* and *Bhavaprakasha* have further included *Ruksha Upanaha* among these therapeutic interventions.<sup>4</sup>

#### **Langhana:**

*Langhana* is first implemented in the treatment of *Amavata*. The following principles validate the role of *Langhana* in *Amavata*. Every type of *Langhana* proves beneficial in *Rasaja Vikaras*.<sup>5</sup> The involvement of *Rasadhatu* is crucial in *Amavata*. It is suggested that *Langhana* therapy be employed in cases of *Amashayottha Vyadhi*.<sup>6</sup> The *Ama* associated with *Amavata* originates from the *Amashaya*. Furthermore, *Langhana* serves to pacify the *Amajavikaras*.<sup>7,8</sup> It is also indicated in conditions such as *ama* with *Vata*, *Pitta*, and *Kapha*. Following an evaluation of *Desha*, *Kala*, *Dosha*, and other parameters, it can be applied in *Amaja Vikaras*. In the context of *Alpa Dosha*, *Langhana* is recommended; for



*Madhya Dosh*, both *Langhana* and *Pachana* are advised; and in the case of *Prabhuta Dosh*, *Shodhana* is suggested. In *Amavata*, ama is linked to *Prabhuta Matra* and presents a *Samavata* condition, for which *Langhana* should be prioritised. It has been established that *Samadosha* cannot be eradicated until ama achieves the *Pakva* form, which is facilitated by *Langhana*. In cases of *Amajanya Vikaras*, *Langhana* in the form of *Upavasa* is advised.<sup>9</sup>

### **Swedana:**

*Swedana* is the method that incorporates *Nigraha*, *Gaurava Nigraha*, and *Sheeta Nigraha*, along with the creation of *Sweda*. In the case of *Amavata*, *Ruksha Sweda* is advised in the form of *Valuka Pottali Sweda*, *Istika Pinda Sweda*, *Churna Pinda Sweda*, *Tusha Pinda Sweda*, etc.<sup>10</sup> This is validated by *Charaka's* insight that if vitiated *Vatadosha* is situated in *Kapha Sthana* initially, *Ruksha Sweda* should be executed. *Swedana* is effective in purifying the *Doshas*, thereby assisting in their movement from *Sakha* to *Koshta*. It is indicated for conditions marked by *Stamba*, *Gourava*, *Sheeta*, and *Shoola*, which are the defining features of *Amavata*. Moreover, *Swedana* is recommended in the treatment of *Sama Dosh*, which has spread throughout the body, to reach *Niramavastha* and to enable

*Shodhana*.<sup>11</sup> In *Amavata*, as *Doshas* undergo *Sthanasamshraya*, particularly in the joints where the *Vyadhi* process is confined, *Stanika Sweda* may be applied, and if the entire body is involved, *Sarvanga Sweda* can be performed.

### **Tikta, Katu & Deepana drugs:**

The selection of *Tikta*, *Katu*, and *Deepana* drugs is as follows: *Tikta Rasa* contains *Ruksha* and *Laghu Gunas*. It serves both *Lekhana* and performs *Deepana* and *Pachana* functions. This is beneficial for conditions like *Aruchi*, *Trishna*, *Murcha*, and *Jwara*. It effectively absorbs *Kleda* and *Shlesnhma*.<sup>12</sup> *Katu Rasa* is defined by *Laghu*, *Ushna*, and *Ruksha Gunas*. It also has characteristics such as *Deepana*, *Pachana*, and *Rochana*, which help in dilating the *Srotases*. It eliminates *Sneha*, *Kleda*, and *Mala* and is beneficial in *Shotha*.<sup>13</sup> Since *Agni Vikriti* is a key factor in *Amavata*, administering *Deepana* drugs aids in boosting appetite. These drugs have *Tikshna*, *Ushna*, *Langhana*, and *Agneya* properties. The *Tikta*, *Katu*, and *Deepana* drugs are established as effective in treating *Amavata*, attributed to their *Ama Pachana* property.

### **Virechana:**

Following the administration of *Langhana*, *Swedana*, and *Tikta*, *Katu*, and



*Deepana* medications, the patient needs to undergo *Virechana* therapy. This is necessary because the *Doshas*, which have been rendered *Nirama* through these therapeutic interventions, must be eliminated from the body via *Shodhana*.<sup>14</sup> *Shodhana* is particularly indicated in cases of *Prabhuthama*.<sup>15</sup> The *Virechana* Drugs facilitate the expulsion of the *Sanghata Doshas* by liquefying them as they traverse through *Dhamanis*, owing to their properties such as *Ushna*, *Tikshna*, *Sukshma*, *Vyavayee*, *Vikasi*, and *Adhobagahara Prabhava*.<sup>16</sup> The mechanism of action of the *Virechana* drug is as follows: the *sara guna* promotes *Anulomana*, while the *Sukshma* *guna* enables access to minute channels. The *Tikshna Guna* accelerates *Dosha Sravana*, and the *Ushna Guna* aids in the elimination of *Soumya*.<sup>17</sup> *Virechana* facilitates *Adhomarga Anulomana* and *Vimarga Nirharana* of *Vata*. Additionally, it enhances *Agni Deepti*, stabilizes *Dhatus*, and increases both *Bala* and *Sroto Shudhi*.<sup>18</sup> Therefore, *Virechana* presents significant benefits in addressing *Ama*, *Vata*, and *Agni*.<sup>19</sup> In both *Yogaratanakara* and *Bhaishajya Ratnavali*, it is noted that the application of *Eranda Taila* in *Amavata* is optimal, as it performs both *Ama Pachana* and *Virechana*. This indicates that a single remedy can effectively accomplish two critical functions simultaneously.

### ***Snehapana:***

After *Virechana* therapies, patients ought to be administered *Snehapana* to alleviate the *Vata*, but this should be done only after achieving the *Nirama Avastha*.<sup>20</sup> It has been observed that *Sneha* improves the *Agni*, as it plays a role in digestion by softening food and activating the *Agni*, which is a fundamental necessity in *Amavata*.<sup>21</sup> According to *Classics*, *Sneha* is considered to be of utmost importance in the management of *Vata*-dominant conditions.<sup>22</sup>

### ***Basti:***

In the context of *Amavata*, both *Anuvasana* and *Niruha Basti* are recommended. *Chakradatta* suggested *Anuvasana Basti* with *Saindhavadhi Taila* and *Niruha Basti* with *Kshara*. The administration of *Anuvasana Basti*, followed by *Niruha Basti* with various *Snehas*, effectively manages *Amavata*. *Shodhana Bastis* are deemed advantageous in conditions characterized by *Ama*.<sup>23</sup> The *Basti Dravyas* administered reach the *Nabhi*, *Kati*, *Parshva*, and *Kukshi* regions. By residing in these areas, they exert their effects through their *Virya*, disseminating quickly throughout the body via the *Srotasas*, thereby eliminating or alleviating the *Doshas*.<sup>24</sup> Given that *Vata* is implicated in the manifestation of *Vyadhis* in *Shaka*, *Koshta*, *Marma*, and various *Avayavas*, *Basti* is regarded as the



most effective method for regulating *Vata*. *Basti* is applicable in conditions such as *Stabdhatata*, *Sankocha*, *Sandhi Mukтата*, *Vigrahita Purisha*, *Shoola*, *Aruchi*, and in instances where *Vata* is present in *Shakas*. In cases of *Kevala Vata*, *Anuvasana Basti* is recommended. Furthermore, *Niruha Basti* promotes *Sroto Shuddhi* and is beneficial at all stages of the *Vyadhi*.<sup>25</sup> It aids in *Lekhana* alongside *Shodhana* and helps expel the *Dravibhuta Doshas*.

## CONCLUSION

In the classics, every disease has both *Shodhana* and *Shamana* treatments, but in this particular disease, *Shodhana* and *Shamana* treatments taken together give the right results. Various *Panchakarma* therapies—*Veerechan*, *Snehpana*, *Anuvasana Basti*, *Niruha Basti*, *Bhaluksveda*, *Upanaha Sweda*, etc. have been described along with *Shamana* treatments to overcome *Amavata* diseases.

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## IMPORTANCE OF SWASTHAVRITTA IN SHALAKYA TANTRA

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### INTRODUCTION

Every swasthyavritta aacharan is directly proportional to the Shalakyia Tantra. The Ancients classics explain Swasthavritta. It is nothing but all activities of persons that are beneficial for human beings. The main aim of Swasthavritta is to maintain the health and prevention of diseases. Health is followed in two ways, first is to follow a diet and ethics that maintain health due to unhealthy reasons.

### Aims and Objectives:

Swasthya is one of the most important concepts of Ayurveda and the science of Shalakyia Tanta explains the maintainance of health of the Indriyas.

Maintenance of indriyan's health with Dincharyas all the Acharya have mention the mandatory practice of Dincharya for health maintenance. Among these, Special mention of certain daily regimen is important. There are practices which can be done easily on a daily basis.

### Material and Methods :

#### Swasthavritta is a two type

**1. Individual activities** – followed by self to prevent the disorders.

**2. Social activities** – followed by community for maintaining the health of whole society.

Ancient Acharyas mentioned Dincharya, Ratricharya, Rutucharya, and sadavritta are the part of Swasthavritta.

### Dincharya–Daily routine (wake to sleep)

**A. Brahmamuhuruta** - for the sake of his health a healthy person should wake up a Brahma muhurta considering whether the foods taken in the previous night has been digested the more the time is between 4 to 6 a.m.

**Benefits-** all the sense organ work properly and the person does not feel lazy.

**B. Dantadhavana** –One should brush in morning and night after food intake or twing of Arka, Khadira, Karanja, Arjuna. It is contraindicated in netra-karna-jivha-kantha-oshta-shiroroga-ardita.

**Benefits** - Mouth smells goes away , the Desire of food, Indriya Prasanna , secretion of cough and kleda .

**C. Jivhanirlekhana** - Tongue cleaner should be used after toothbrushing.

**Benefits** - it makes easy respiration without obstruction, mouth smell go away ,test buds work properly or stimulates test perception and increase salivation.

**D. Anjana** - For maintenance of positive health of Eyes the most important

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measure like collyrium application should be done daily.

**Benefits** – Improve vision ,

**E. Dhoomapana** – Dhoomapana is very effective and quick treatment for kapharoga. In daily regimen always Prayogika Dhoompana is advised.

**Benefits** – Kapha disorder Shiro-Nasa- Karna , indriyas become activated and keen in their function with clarity , voice clear, ocal cavity become clean.

**F. Nasya** – An important therapy for the management of shalakya tantra disorders.

**Benefits** – Clarity of sence organ , daily practice prevent diseases eyes nose and ear [pratimarsha nasya],

**G. Kavala-Gandosha** -An important therapy for the management of mukharoga.

**Benefits**- oral hyginue maintainance , pH saliva maintain , increase taste buds sensation.

**H. Karnapoorana** - An important kriyakalpa for the management of karnaroga.

**Benefits** – prevent ear disease ,

**I. Vyayayam** – An important part of our dinacharya to give strength to our bodyand mind .

**Benefits**- Indriyas become activated, freshness of mind.

**J. Abhayanga** – A person should practice daily oil massage .

**Benefits** -destroys jara, tiredness and vataja disorders, cleanness of eyes, body strengthens.

**K. Shiroabhayanga** – Preventive as well as curative therapy.

**L. Snana** – Snana makes the body pure and clean.

**M. Aahara** – Ahara gives physical as well as mental strength of the body.

**N. Chatreadharana** – Protects upper body parts also from sun, dust , rain ,.

**O. Padatradharana** – Good for eyes and skin.

**Ratricharya** – Proper bed and proper period of sleep – no indriya vikaras.

Souviranjana – daily use before sleep good for eyes.

After dinner – triphala churna + ghee + madhu = good for vision.

**Ritucharya**–Rutushodhana depending on the Prakruti. Varsha-Sharad-Vasant rutus are considered as suitable seasons for administrating elimination therapies of Vatta-Pitta-Kapha Dosha respectively. Under Samyak Shodhana Lakshananas ,it has been mentioned that it strengthen the Indriyas.

**Sadvrutta** – The health maintaining of gyananendriya and mana,one has followed the rules like proper interaction of sence organs performing different actions after proper thoughtful analysis by his intelligence.It is possible for intellectual development.

## **RESULTS :**

Swasthavritta is playing an important role in maintaing the wellbeing and over all health of Eyes, Ears, Nose and Head.



## DISCUSSION -

In the present scenario , the universe is become advanced with the advantage of the time the people phases lot of changes in his own lifestyle in the social , religious , behaviour ,etc. that changes are causes a different type of diseases which occur in the body as well as the Eyes , Nose , Ear , Head, etc. When the peoples follow rules of Swasthavritta properly i.e. Dincharya, Ratricharya, Ritucharya, and Sadvriita by Acharyas those people away from many diseases. “ Prevention is better than cure”. Ayurveda believes the theory of Trisatambha i.e. Mana, Atma, and Sharira. The combination of These Trisatmbha is responsible for the creation of the world and even for the disease to occur. The role of Swasthavritta is playing an important role in human beings for his maintain health, social development, spiritual development, and intellectual development.

## CONCLUSION -

In the present scenario, the universe is become advanced with the knowledge of the time the people phases lot of changes in his own lifestyle in a social, religious, behaviour etc. that changes are causes a different type of diseases which occur in the body as well as the eyes, nose, ear head etc .When the people follow rules of Swasthavrutta properly from many diseases “Prevention is better than cure” Ayurveda believes theory of Tristambha the combination [mana ,atma, and sharira ]of these Tristambha is responsible for the creation of the world and even for the

disease to occur. The role of Swasthavritta is to maintain the physical, mental, and spiritual well being of an individual Finally, it may be concluded that the Swasthavritta playing an important role in human beings for his maintain health ,social development ,and intellectual development.

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## A REVIEW OF LASUNA KSHIRPAK; NUTRACEUTICAL IN AYURVEDA

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### ABSTRACT:

*In Ayurveda, Ahara (Diet) is considered as Mahabhaishajya to prevent and manage disease conditions. Ayurvedic pharmaceuticals encompasses a variety of methods for preparing medicines. There are five basic preparations i.e., Swarasa, Kalka, Kwath, Hima, and Phanta. The concept of kshirpak kalpna is one of the best concepts in Ayurveda. It is part of the treatment of disease. It can be considered under the category of nutrients. Nutraceuticals are the preparations, which are the foods having medicinal values. Ksheerpaka Kalpna is derived from Kwatha Kalpana (Decoction). Medicinal values are extracted in water with the help of Agni. Ksherpaka kalpana is a decoction prepared using milk. In lasuna Ksheerpaka, lasuna is boiled with milk and water, and medicinal values are extracted from milk. These preparations are used as Rasayana because milk is Rasayan and Balya. Lasuna is also Vāta-Kapha hara, Balya, Brmhana, Rasayana, Vrsya, and Netrya properties. So it is easily assimilated in the body.*

**Keywords:** *Ksheerpaka, Lasuna, Milk Decoction, Rasayana, Nutraceuticals*

### INTRODUCTION:

The word Nutraceutical is derived by the words nutrition & pharmaceutical. A food stuff or a dietary supplement that provides adjuvant benefits to health apart from its original nutritional function can be called as Nutraceutical that provides medical or health benefits, including the prevention or treatment of diseases<sup>1</sup>. The Nutraceuticals normally contain the required amount of vitamins, lipids, proteins, carbohydrates, minerals or other necessary nutrients. For promotion of good health, Nutraceuticals are food product that provides health as well as medical benefits including the prevention and treatment of disease. Nutraceuticals may be used to improve health, prevent chronic diseases, post pone the aging process. They are considered to be healthy sources for prevention of life threatening diseases such as Diabetes, cancer, Alzheimer disease or allergic conditions. Nutraceuticals are dietary supplement, medicinal food, functional food or

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pharmaceutics. According to *Ayurveda Rasayana kalpa*, *Avaleha*, *khanda*, *prasha*, *panaka*, *ksheerpaka* and *pathya kalpana* etc preparations can be used as Nutraceuticals. In Ayurveda concept of *Agnideepana* is important. Ayurvedic Nutraceuticals increase *agni* i.e. digestive power and ultimately forms good *quality of Rasadi dhatu* or increase *dhatu poshan*. Commonly used Nutraceuticals of Ayurveda include *Chyavanprash*<sup>2</sup> for general health and prevention of respiratory disorders. *Brahma rasayana*<sup>3</sup> for protection from mental stress. *Phala ghruta*<sup>4</sup> for reproductive health. *Arjuna ksheerpaka*<sup>5</sup> for cardio protection. *Shatavari ghruta*<sup>6</sup> for general health of women. *Rasona kshirpaka*<sup>7</sup> for cardio protection and many more.

Properties of the lasuna (garlic) like; snigdha, usna, katu, guru, tikshna, picchila, sara, svadurasa respectively, it has virshya effect with the result of that enhances body immunity to fight against disorders. Those properties are enhanced, if it is consumed with milk. Kshirpak (Milk decoction with garlic) has many potential health benefits, including Digestion, Immunity it contains antioxidants that can help protect the body from bacterial and viral attacks. Garlic can help manage cholesterol levels and improve blood circulation. Bone health Garlic can help improve bone health due to its high calcium content. It can help improve lactation in lactating

mother. Garlic can help manage skin disorders like infection and acne. Hair pack made from garlic paste and honey can promote hair growth and remove dryness. It can help improve athletic performance by increasing oxygen flow to tissues and muscles. Garlic is also a good source of vitamins C and B6, and the minerals selenium and manganese.

Current research shows that garlic may have some real health benefits, such as protection against the common cold and the ability to help lower blood pressure and cholesterol levels.

Various dravyas are used to prepare *Ksheerpaka kalpana*. Commonly used are *Pippali* (*Piper longum*), *Shunthi* (*Zingiber Officinalis*), *Arjun* (*Terminalia Arjuna*), *Rason* (*Alium Sativum*), *Haridra* (*Curcuma longa*), *Shatavari* (*Asparagus Resemosus*), *Ashwagandha* (*Withania Somnifera*) etc.

In Ayurvedic texts various preparations are found. Some of these preparations are described in the following table.



**Table No.1:**

**Medicinal properties of some of the *Ksheerpaka* is described in table**

Sr. No.	Name of the Dravya	Properties	Therapeutic uses
1	Arjun <sup>8</sup> ( <i>Terminalia Arjuna</i> )	Astringent, cold, heal wounds	Obesity, Heart diseases, Urinary tract problem. ulcers, Cardio protective
2	Rason <sup>9</sup> ( <i>Alium Sativum</i> )	Tissue vitalizer, aphrodisiac, digestive, laxative, heals fractures, good for voice, promotes complexion, acts asa brain tonic, good for eyes	Chronic fever, heart disease, abdominal pain, constipation, intestinal growth, oedema, haemorrhoids, skin disease, worms, cough, dyspnoea, indigestion
3.	Shunthi <sup>10</sup> ( <i>Zin giber Officinalis</i> )	Pungent, digestive, <i>snigdha</i> , improves voice	Vomiting, dyspnoea, spasmodic-pain, cough, gastric and heart disease, oedema, haemorrhoids

### AIMS AND OBJECTIVES

1. To study Kshira pak kalpana
2. To study the concept of Neutraceuticals.
3. To study Lasuna kshirpak kalpna as Neutraceuticals.

The word Kshirapak means processed milk. Many references of siddha kshira or kshirpak are mentioned in various diseases. *Kshira* is an essential component of human diet. Ayurveda has considered milk as an important component of diet and explained it in Dugdha varga and Dugdha vikruti (Milk and Milk Products) in the classification of Diet. Milk is considered as Purnanna (complete food).

“*Pathye sati gadaartasya kim aushadh nishevane.*”

*Pathye asati gadaartasya kim aushadh nishevane.”*

If pathya diet is taken then there is no need of medicine and if pathya is not observed then medicine is of no use.

*Ksheer paka kalpana* is a unique preparation. It is derived from *Kwath Kalpana* there are three references found of *Ksheer paka kalpana*,

**Table No.2**

### References of *Ksheerpaka Kalpana*

Name of Text	Quantity Aushadhi Dravya: Milk:Water
Sharangdhar Samhita	1:8:32
Dravyaguna Vidnyan	1:15:15
Bhaishajya Ratnavali (Lasun kshirpak)	1:4:4



In Sharangdhar Samhita, it is mentioned that Aushadhi dravya 1 part, Milk 8 part and water 32 part is to be taken and boiled till milk only remains<sup>11</sup>. In Dravyaguna Vidnyan a Acharya says that Aushadhi dravya 1 part, Milk 15 part and Water is also 15 part is to be taken and boiled till milk only remains<sup>12</sup>. In bhaishajya Ratnavali, Acharya says that lashun 1part, milk 4 part and water 4 part is to be taken and boiled till milk only remain<sup>13</sup>. In these references quantity of milk and water is different. Another reference is found in Ashtanga sangraha, here kwath is prepared and it is boiled with equal quantity of milk<sup>14</sup>. This procedure is found to be more effective, because here concentration of dravyas is more then when is heated with milk. So Ksheer paka prepared in kwath is more concentrated as per text. Amla (sour) and lavan (salty) rasa dravyas are not used to prepare ksheerpaka kalpana because these can spoil the milk. *Ksheer paka kalpana* is used in *Shoola* and *Amajanit Vyadhi*. It removes *Ama*. The properties of *Ksheer* (milk) are *Rasayana*, *Balya*, *Madhur* in *Rasa* and *Ajanma Satmya*. It is easily assimilated in the body. Milk is *Guru* means heavy to digest but when it is mixed with water and heated it becomes *laghu* means easy to digest. Milk when boiled with ½ quantity of water it is *dosha nashak*, *laghu* and it is *balapushtikar*, *veeryavardhaka*. It can be given in all age groups especially children

and old age people. General dose of *Ksheerpaka* is 2 *Palas*. Aushadhi dravyas which are *Ushna*, *Tikshna*, *Katu Rasatmaka*, their *Ksheer paka kalpana* is useful as properties of milk are counteract these *doshas* of dravyas *Rasayana* property of milk is another advantage. So *Ksheerpaka kalpana* is very useful preparation. It works as a nutraceutical.

Ksheerpak dravyas which are commonly used either individual or in combinations are: Arjun, Rason, Shunthi, Pippali, Chandan, Shatavari, Ashwagandha, Vidareekanda, Bala, Chitrak, Kantakaree, Haridra, Mustak, Gokshur, Musali etc. Preparation of kshirpak is cost effective and can be consumed for long time. It is consumed as regular diet component, because of addition of complementary ingredient, it can regulate biological process either to prevent or to control the disease. Commonly following substances can be included as Nutraceuticals, Minerals, Vitamins and other dietary supplements. Herbal products: Garlic (Lesuna), Ginger (Shunthi), Pippli (Pipeer), Turmeric (Haridra), Guduchi, Ashwagandha, Bala, Gokshur etc. Nutraceuticals are regular substances and not drugs which are synthetically prepared for a specific action. The method of kshirapak kalpana is very simple and it



gives maximum benefits of drug to the person who is consuming it. Kshirapak prepared with various drugs as per the specific need of an individual acts as Balya, Rasayana, Shothahara (anti-inflammatory), Vatahara, Pittashamaka, metabolic stimulant).

## DISCUSSION

Ksheerpaka Kalpana is used in chronic diseases like Fever, Cough, Pleurisy, Heart diseases, Dyspnoea, Dysentery, Obesity, Skin diseases, Worms, wounds, ulcers, oedema, haemorrhoids, intestinal growth etc. and to improve immune system. In *ksheerpaka* preparation medicinal herbs are boiled with milk and water. Medicinal plant extracts are dissolved in milk. Properties of milk and medicinal plant come together and work to treat the disease. Generally *Godugdha* is used for the preparation of *ksheerpaka*. Some preparation are found in which *Aja dugdha* is used. To prepare *Ksheerpaka* 1 part *Aushadhi dravya* is taken, 8 parts Milk is used and 32 parts water is used. The mixture is boiled till the milk part remains only. Antioxidant potential of some *ksheerpakas* reported higher antioxidant activity and phenolic content in milk decoction protection from diseases. Antioxidants also helpful in avoiding chronic diseases. *Ksheerpaka* may be prescribed as a medicament. It has

nourishing property and thus is expected to show immunomodulation. These benefits of *Ksheerpaka* makes it the preferred choice of drug delivery system in aged people and children who have low tolerance to various dosage forms and need added nourishment.

## CONCLUSION

Properties of ksheerapak matches with the basic properties of functional Nutraceutical. Ksheerapak preparations were used since thousands of years to improve the health of diseased persons as well as to maintain the healthy. Ksheerapak is processed milk, it can be consumed in daily diet. It is a unique preparation of ayurvedic pharmaceuticals. With the help of milk it is useful to promote the health as well as to treat the disease. Milk is a rich source of vitamins and minerals. It is *Ajanmasatmya*, easily taken by the children and old age group. In ayurveda, concept of *Agnideepan* is important. Ayurvedic Nutraceuticals increase *agni* i.e. digestive power and ultimately gives good *Rasadi dhatu* or increase *dhatu poshan*. Due to processing of medicinal herbs with milk, *ksheerpaka kalpana* is useful Nutraceuticals of Ayurveda. It is a cost effective medication that fulfills all the criteria of a functional Nutraceutical.

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## DECODING SADVIDHA KRIYAKALA: THE SIX WINDOWS OF THERAPEUTIC OPPORTUNITY IN AYURVEDA

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### ABSTRACT:

*According to Ayurveda, disease is a dynamic, progressive phenomenon resulting from disturbance in the Doshas equilibrium. In view of the emerging lifestyle disorders due to sedentary habits, pollution, and imbalanced diet, understanding the pathological sequence of development of diseases becomes essential. Acharya Susruta explained Sadvidha Kriyakala, elaborating six successive stages of disease development starting from Sanchaya to Bheda, representing different levels of Dosh imbalance and the scope for therapeutic intervention at every stage. For effective prevention, promotion, and curative intervention, it is essential to identify these stages before the development of fully manifested disease. This conceptual framework also supports modern preventive medicine, early diagnosis, personalized health, and public health strategies. The paper elaborates on the classical descriptions of Kriyakala, its clinical significance, and therapeutic*

*implications relevant in contemporary epidemiology and personalized medicine.*

**Keyword :** *Sadvidha Kriyakala Disease Progression; Doshadushti , Lifestyle Disorders; Personalized Medicine*

### INTRODUCTION:

A number of new diseases have been found all around the world as a result of today's sedentary lifestyle, pollution, eating habits, and other things. Man's incapacity to achieve and maintain his internal steady-state equilibrium results in the onset of disease. Given the scenario, it is now essential to focus on social sickness prevention through the use of tried-and-true *Ayurvedic* knowledge. Once an illness has begun, it advances via the *Sadvidha Kriyakala*, whose identification is essential for the preventive and curative elements of *Ayurveda*. The six stages of the *Sadvidha Kriyakala*, as described by *Acharya Sushruta*, provide insight into the *Doshadushti's* present condition as well as the course of any bodily illness

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from its beginning. The treatment plan as well as the stages of sickness presentation are both fully explained by one of the most important *Ayurvedic* concepts.<sup>[1]</sup>

The treatment for a sickness should start at the appropriate time, says *Sushruta*. It must never be overlooked under any circumstances. As already established, *Acharya Sushruta's Sadvidha Kriyakala* approach not only makes it possible to track the development of any given illness over time, but it also provides guidance on how to prevent it before it manifests as a clearly identifiable illness. After weighing its importance, this unique idea research which had a conceptual bent was selected. This study made a feeble effort to emphasize and elucidate the importance of *Sadvidha Kriyakala* literature.<sup>[2]</sup>

### **SADVIDHA KRIYAKALA**

- *Kriya* is an opportunity for action and *Kala* denotes a period of time. *Kriya kala*, then, refers to a particular opportunity or moment for therapy within the course of a disease's presentation.
- In the *Sushruta Samhita*, the word "*Kriyakala*" appears twice. For instance, in *Sushruta Sutrasthana Adhyaya* When referring to *Chikitsa Chatushtaya*, the term "*Kriyakala*" designates a certain time frame for carrying out *Snehadi* and *Chhedyadi*

*Karma*. The precise moment at which various therapeutic techniques, including *Shamanachikitsa*, *Shodhanakarma*, and *Shastrakarma*, are provided is the main emphasis of this context.

*Sushruta Sutrasthana Adhyaya* 21: Here, the term "*Kriyakala*" is employed to indicate the six stages of the progression of illness. *Sanchaya*, *Prakopa*, *Prasara*, *Sthanasamshraya*, *Vyakti*, and *Bheda* are their names.

According to *Acharya Sushruta*, there are six phases of dosha in the development of diseases

- 1) *Sanchaya*
- 2) *Prakopa*
- 3) *Prasara*
- 4) *Sthanasanshraya*
- 5) *Vyakti*
- 6) *Bheda*

#### **1. Sanchaya**

First stage of *Kriyakala*, known as *Sanchaya*, depicts the gathering or accumulation of *Doshas* as a result of numerous causal circumstances. According to *Sadvidha Kriyakala Sanchaya* refers to the buildup of *Doshas* in each seat. The affected person's *dosha* level increases as they begin to despise things. It is vitally essential to treat the patient at this time in order to stop the



condition from getting worse.<sup>[3]</sup>

The following symptoms of the accumulating Doshas are seen

- *Vata Sanchaya Lakshana- Stabdha-poorna-koshtata* (abdominal stiffness and fullness).
- *Pitta Sanchaya Lakshana- Pitta-vabhasata, Mando ushamta* (Yellowing of bodily parts and a little increase in body temperature).
- *Kapha Sanchaya Lakshana-Anganam Gauravta, Alasyam.*

## 2. *Prakopa*

In this second stage of the *Sadvidha Kriyakala* the accumulation stage has continued for a considerable amount of time during the *Prakopa* (vitiating) stage, and the causative variables have been continually present. When the *Dosha* are prepared to leave their current location and go to another, this stage takes place.<sup>[4]</sup>

The following symptoms manifest in this avastha:

- *Vata Prakopa Lakshanas- Koshta toda sancharana* (abdominal pain and *vata* movement in the *Mahasrotasa*).
- *Pitta Prakopa Lakshanas- Amlika* (sour eructations), *Pipasa* (excessive thirst), and *Paridaha* (burning throughout the body).
- *Kapha Prakopa Lakshanas-*

*Hridyotkledascha, Annadweshha* (Hate of Food) (Excessive Mouth Slobber).

## 3. *Prasara*

The term “*prasara*” denotes “spreading to larger region” or “an active movement, diffusion, or extension from their customary seats into new areas”. At this time, the body’s already loose, bloated, and aroused *Dosha* spills over and disperses. Aggravated *Doshas* leave their original spot and go to other areas of the body through various *srotas*.<sup>[5]</sup>

The following signs and symptoms manifest in this avastha

- *Vata Prasara Lakshana- Atopa, regurgitation (Vimarga-Gamana), and flatulence.*
- *Pitta Prasara Lakshana- Dhoomayanani, Osha* (the sensation of boiling), *Chosha* (the sensation of pressing), and *Paridaha* (the sensation of burning) (emitting smoke from mouth).
- *Kapha Prasara Lakshana- Chardi, Arochaka* (anorexia), *Avipaka* (dyspepsia), *Angasada* (lassitude), and *Avipaka* (dyspepsia).

The *Prasara* of dosha may occur in the following way which is of 15 types <sup>[6]</sup>

1. *Vata Prasara*
2. *Pitta Prasara*



3. *Kapha Prasara*
4. *Rakta Prasara*
5. *Vata Pitta Prasara*
6. *Vata kapha Prasara*
7. *Kapha-Pitta Prasara*
8. *Vata Rakta Prasara*
9. *Pitta Rakta Prasara*
10. *Kapha Rakta Prasara*
11. *Vata Pitta Kapha Prasara*
12. *Kapha Pitta Rakta Prasara*
13. *Vata Pitta Rakta Prasara*
14. *Vata Kapha Rakta Prasara.*
15. *Vata Pitta Kapha Rakta Prasara.*

#### 4. *Sthansanshraya*

At this time, the agitated *Dosha* starts to concentrate on certain bodily parts and manifest the ailments that are specific to that region. The *Dosha* multiplies and unites with the *Dushya* in locations where *Srotodushti* has already happened, preventing it from passing through the minuscule *Srotas* (cell pores) as it moves along its pathways. The *Dosha* is included in the *Rasadhatu*, which is why it also settles in particular places. The action (localization) is known as the *Sthanasanshraya* of the *Dosha*. The *Dushya*, which has also suffered *Vaishamya* (abnormality), comes into direct contact with the *Dosha* as a result of it localizing or settling in certain areas *Doshadushya*. This *Samyoga* of abnormal *Dushya* and aberrant *Dosha* is known as *Sammurchhana*. At this point,

certain structural lesions begin to form. The body exhibits signals of pain as a result of these two abnormal (*Vikrita*) *Doshas* and *Dushyas*. In essence, these symptoms represent the *Purvarupa* of the condition in issue.<sup>[7]</sup>

#### 5. *Vyakti*

If proper treatment is not taken during 4th stage of *kriyakala*, the abnormalities get aggravated further and convert it as severe from known as *roga*, manifesting clearly with all its characteristic features, hence this stage is called as *Vyaktavastha*. These signs and symptoms are well marked, clearly recognizable and powerful enough to produce distress to the body. Examples are *Shopha*, *Arbuda*, *Granthi*, *Vidradhi*, *Visarpa*, *Jwara*, and *Atisaradi Vyadhi*.<sup>[8]</sup>

The symptoms that manifest at this *Vyakti* stage can be roughly divided into two categories

- *Samanya Lakshanas* are the universal signs and symptoms that are commonly present in all illnesses and are brought on by an increased *Dosha*.
- *Pratyatma Lakshanas* are unique or peculiar indications and symptoms that are exclusive to a certain ailment.

#### 6. *Bheda*

When an illness reaches its terminal stage, called *bedha*, it may either be treated or proceed to become chronic, giving rise



to various ailments and, ultimately, death. It is a warning sign of a poor prognosis. In this period, a subsequent illness or complication may appear, thus more caution should be exercised. Taking the lengthy path to *Atisara* as an example.<sup>[9]</sup>

Significance of *sadvidha Kriyakala* [10]

- Understand the stages in a definite sequence before the disease is

diagnosed.

- We can prevent the formation of disease if the initial stages are diagnosed correctly.
- Different types of treatment can be given for different stages.
- The physician can successfully cure the patient and prevent the recurrence of the disease.

### Treatment in accordance with *Sadvidha Kriyakala*.

S.No.	Stage	Therapeutic Measures
1	<b>Sanchaya</b>	<i>Nidan Parivarjana, Suitable Shamana</i>
2	<b>Prakopa</b>	<i>Vata-Vatanulomana Pitta-Pittashamana/ Sukhvirechan Kapha- Agnideepan, Pachana, Kaphahara</i>
3	<b>Prasara</b>	<i>Vata- Basti Pitta-Virechana. Kapha- Vamana.</i>
4	<b>Sthanasanshraya</b>	<i>Samprapti vighatana</i>
5	<b>Vyakti</b>	<i>Lakshanik and as per chikitsa siddhantas.</i>
6	<b>Bheda</b>	<i>Doshpratyanik and Vyadhipratyanik chikitsa</i>

### Role in Public Health & Epidemiology

During epidemics and pandemics, understanding *Kriyakala* helps:

- Predict vulnerability
- Identify prodromal symptoms
- Plan preventive measures
- Implement community health strategies

### Personalized Medicine (Prakritibased)

*Kriyakala* integrates with modern concepts like:

- Epigenetics
- Genomic medicine
- Metabolic profiling
- Predictive diagnostics



## Discussion

*Sadvidha Kriyakala* represents one of the most foundational concepts in *Ayurvedic* pathology, offering a structured understanding of the transformation of *Dosha* imbalance into clinically recognizable disease. When examined with a modern lens, these six stages closely resemble contemporary models of pathogenesis, including prodromal stages, early biochemical alteration, tissue-level pathology, and fully manifested disease.

In the *Sanchaya* and *Prakopa* stages, *Dosha* accumulation and initial aggravation correspond to early physiological disturbances such as metabolic changes, reduced digestive power, and subtle inflammatory responses—often undetectable in modern diagnostics but clinically perceivable through *Ayurvedic* examination. The *Prasara* stage reflects the systemic spread of pathological factors, correlating with microcirculatory imbalance, biochemical spillover, and early systemic symptoms.

*Sthanasamsraya* is the most crucial stage, representing the interaction of vitiated *Doshas* with susceptible tissues (*Dushyas*), leading to the formation of *Purvarupa* (premonitory signs). Modern parallels include early tissue inflammation, organ-specific susceptibility, and pre-disease markers such as insulin resistance or fatty liver changes.

*Vyakti*, the stage of full-blown manifestation, aligns with clinical

diagnosis in the biomedical system. Signs and symptoms at this stage are disease-specific, allowing clear categorization of disorders such as *Jwara*, *Atisara*, and other systemic conditions.

Finally, *Bheda* represents complications and chronicity. In modern medicine, this corresponds to secondary complications, organ failure, chronic degenerative changes, and systemic deterioration.

The applicability of *Kriyakala* extends beyond classical pathology into modern public health. During epidemics, prodromal symptoms and stage identification help predict susceptibility and formulate preventive strategies. The model aligns well with predictive, preventive, personalized, and participatory (P4) medicine, offering a holistic framework for early intervention.

Furthermore, *Kriyakala* integrates seamlessly with *Prakriti*-based personalized healthcare, where individual constitution and predisposition determine the progression and severity of disease. Contemporary fields like epigenetics, genomics, and metabolic profiling offer scientific support to these classical concepts by showing that early-stage biochemical and genetic markers determine disease trajectory.

Thus, *Sadvidha Kriyakala* bridges traditional *Ayurvedic* diagnostics with modern biomedical understanding, making it a timeless and clinically relevant tool for disease prevention and management.



## CONCLUSION

The concept of *sadvidha Kriyakala*, as propounded by *Acharya Susruta*, is an exceptional contribution to medical science, offering a systematic understanding of disease evolution from initial *Dosha* imbalance to full-blown pathology and complications. Its emphasis on early identification and timely intervention highlights *Ayurveda's* preventive and predictive approach. In the context of increasing lifestyle disorders and global health challenges, this principle becomes even more significant.

By identifying the disease at the *Sanchaya*, *Prakopa*, or *Prasara* stages, irreversible pathology can be prevented and health restored through simple measures such as *Nidan Parivarjana*, *Shamana* therapy, and *Shodhana* procedures. The framework also provides insights into personalized medicine, epidemiological predictions, and public health planning.

In conclusion, *sadvidha Kriyakala* is not only a classical theoretical concept but a practical, evidence-aligned methodology for ensuring comprehensive health care, emphasizing early diagnosis, individualized treatment, and long-term disease prevention.

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## AN APPRAISAL OF SHIRODHARA AND NASYA IN THE MANAGEMENT OF MANOAVASAD (DEPRESSION)- A CASE REPORT

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### ABSTRACT:

*Depression is one of the most common and serious mental disorder. It is characterised by Sadness, loss of interest and pleasure, feeling of guilt or low self worth. In this present era of intensely competitive culture unrealistic academic, social and family expectation and loss of loved one can create a strong sense of rejection and strain on emotional and psychological balance. In Ayurveda depression is correlated with Manoavasad. According to Ayurveda when vitiation of Tama guna, Kapha dosha and alleviation of Vata occurs in alpa Satva persons then they will be affected by mental disorders like depression. Nidana parivarjana is first and foremost step in the management of depression. However along with Nidan pariverjana, both Shodhana and Shamana chikitsa is performed to attain the stage of Indriya prasadana (clarity of mind and all senses). Cumulative effect of all above procedures along with meditation helps in treating Depression. In this article we have discussed about a*

*case report of Depression and role of Shirodhara and Nasya in it with scientific approach.*

**Key words-** Depression, Manoa-vasada, Nidana parivarjana, Sodhana, Indriya prasadan.

### INTRODUCTION:

**Depression definition by WHO -** Common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self worth, disturbed sleep or appetite, low energy and poor concentration.

Globally more than 264 million people of all ages suffer from depression. It is leading cause of disability worldwide and is a major contributor to the overall global burden of disease. More women are affected by depression than men. Depression can lead to suicide.(WHO)<sup>1</sup>

### Causes of depression<sup>2</sup>

1. Physical, social or emotional abuse
2. Age- elderly people are at higher risk
3. Death or loss

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4. Gender- women are about twice as likely as men to become depressed
5. Genetics

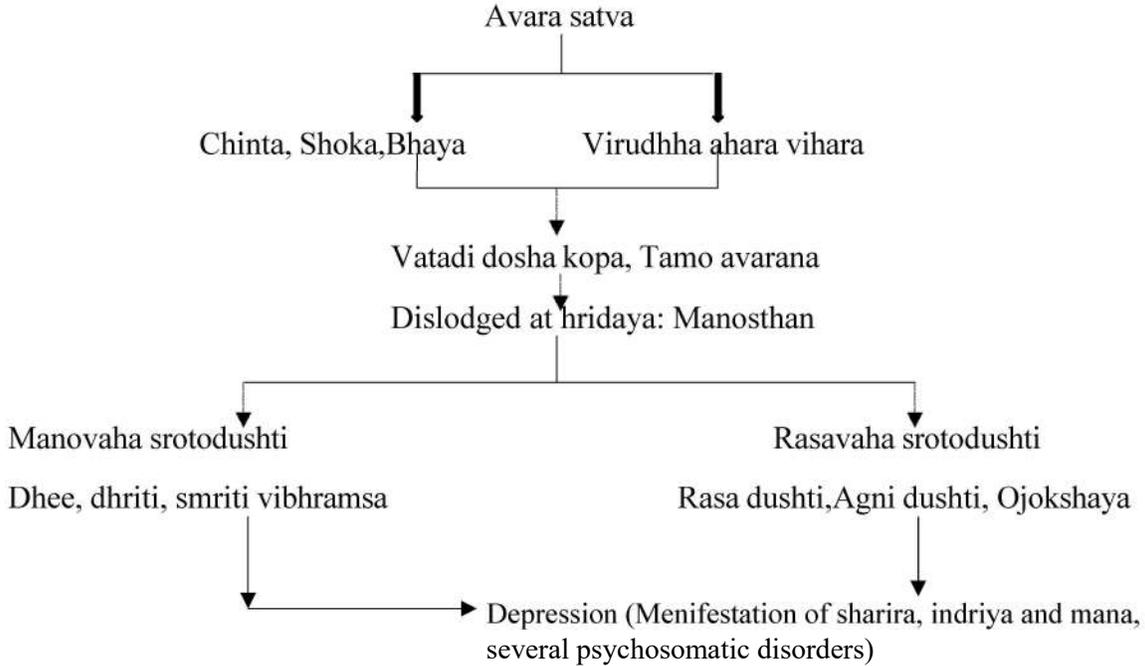
**Treatment** includes Antidepressant, Psychotherapy and Electro-convulsive therapy.

However there are lots of side effects of anti depressant like nausea, vomiting, weight gain, metabolic disorders, sexual problem and increased risk of suicidal tendency.<sup>3</sup>

**There is difference between sadness and depression-** Sadness is a human emotion that all people feel at certain times during their lives. Feeling sad is natural reaction to situations that cause emotional upset or pain. There are varying degrees of sadness and like other emotions it fades away with time. Whereas Depression is long term mental illness that may last for long time and impairs social, occupational and behavioural area of functioning.

#### Depression in Ayurveda and its pathophysiology<sup>4</sup>

Pathophysiology of depression in Ayurveda can be understood by following flow chart-



- {Dhee (power of reasoning), Dhriti (power of firmness, consistency), Smriti (power of recollection,/reremembering)}



In Ayurveda Depression can be correlated with Vishada, Manoavasada, Kaphaj unmad.

### Case report

A 33 years old female came to our hospital in Kaya chikitsa OPD of Government P.G. Ayurveda College and hospital Varanasi in March 2021. She had complaints of disturbance in sleep, loss of concentration, worthlessness, sadness, low self esteem, loss of interest in the surrounding and suicidal thought since past 5- 6 years. She was under antipsychotic medication for past 6 years. However she had discontinued medicine for past 1 year because she was not getting much relief with treatment. She approached us to explore the possible role of Ayurvedic treatment. So admitted in Kaya chikitsa and Panchakarma IPD for further intervention. On scrupulous counselling it revealed that she had attempted to commit suicide twice in the past. She was under depression since past 6 years after demise of her brother. He was also on antipsychotic medicine for depression. However her parents were very co-operative and supportive.

The personal history of patient was as follows-

General condition- Dull, confused look with poor eye contact  
Appetite- Decreased

Urine- Normal frequency and amount  
Bowel- Irregular

Thirst - Normal

Sleep- disturbed

Systemic examination - Pulse rate - 78/min

BP - 124/80 mm of Hg

CVS - S1, S2 normal, cyanosis, oedema not present, JVP not raised RS-B/L air entry normal, no wheezing or crepitation

### Diagnostic Assessment

Clinical evaluation of patient was done during her first visit to confirm diagnosis and severity of depression by using following diagnostic tool -

1. Beck depression inventory (BDI) is a 21 item, self report rating inventory that measures characteristic attitude and symptoms of depression.<sup>5</sup> (Beck, et al.1961).
2. Hamilton depression rating scale (HDRS), abbreviated as HAM-D, is a multiple item questionnaire used to provide an indication of depression, and as a guide to evaluate recovery.<sup>6</sup>
3. The DSM 5 (Diagnostic and Statistical manual of mental disorder- fifth edition) is the taxonomic and diagnostic tool published by American Psychiatric Association. DSM serves as the authoritative guide to the diagnosis of mental disorders.<sup>7</sup>



In our patient we had confirmed the diagnosis of depressive disorder by using DSM 5 criteria.

Her BDI score was - 23 HAM-D score was - 20

Above Score is indicative of moderate type of depression.

### Treatment

For Procedural intervention written informed consent was taken from patient. We had advised following Panchakarma procedure and Ayurvedic regimen which are as follows -

1. Brahmi vati  
1 bd with water after meal
2. Saraswatarist  
20ml bd with equal quantity of water after meal
3. Shirodhara with  
Jatamansi kwath ( Shiroabhyanga with Jyotismati tail)
4. Nasya  
Jyotismati tail 4 drops in each nostril (Prior to Nasya local abhyanga and mridu

swedan was performed and Nasya dhumpana was given with dhumpana varti.

However along with above treatment protocol we had advised daily practice of meditation and pranayam to patient. Also we did vigorous counselling with patient as well as with her family and advised them not to let her live alone, avoidance of driving lonely, spent time with loved ones, take diet rich in vitamins and antioxidants, to take low fat diet, visit of religious places, participation in satsanga and lastly to be active and happy always.

### Result

These treatment were given for duration of 1 month. There was satisfactory relief in the condition of patient after 15 days of treatment and marked improvement in symptoms were observed after 1 month of complete treatment. No any adverse effect of therapeutic intervention was observed during and after treatment. However she still comes to visit us. During this follow up period we have advised only Brahmi vati along with meditation and life style modification.

### Clinical assessment scale before and after treatment

Name of assessment scale	Before treatment	After 15 days of treatment	After 1 month of treatment
Bucks depression inventory scale (BDIS)	23	12	5
Hamilton depression rating scale (HDRS)	20	10	4



## DISCUSSION

The reason behind excellent and fast improvement in this case may be use of Panchakama along with Shamana chikitsa. We will discuss about Pharmacodynamics of Shirodhara and Nasya so that its efficacy can be understood in case of Depression.

**Shirodhara** is the process of dripping some medium on the forehead for 45 min to 1 hour. There are several kinds of dhara techniques, depending on the medium for dripping. for example - Takra dhara Kshira dhara, Taila dhara, Kashaya dhara etc.

Shirodhara model can be compared with hydropower project for electricity production. Any substances situated at certain height possesses potential energy. This energy is converted into kinetic energy after falling from that particular height.

i.e.  $mgh = 1/2mv^2$  (law of conservation of energy)

Now potential energy of the substance depends upon 2 things

1. Mass of substance 2. height of the substance

If height remain constant potential energy of substance depends upon mass of substance. P.E.=  $mgh$  (energy is directly proportional to mass) more the mass more will be the energy possessed by the

substance. when moving object collides with stationary object it generates acceleration i.e. momentum.  $P = MV$

So more will be the mass, more will be the energy and more will be the momentum generated.<sup>8</sup>

Shirodhara is given for 45 min. to 1 hour from definite height at particular point. Here the momentum produced by continuous dripping of Jatamansi kwath on fore head is sub threshold for the nerve fibre. But repeated generation of sub threshold stimuli helps in stimulating nerve fibre. Also nerve ending of ANS is stimulated. Acetylcholine present in the tissue in an inactive form become activated and released. Small dose of Ach causes fall in blood pressure, decreased activity of CNS resulting in tranquility of mind.

In Shirodhara there is transcutaneous penetration of Jatamansi kwath occurs through the skin and absorption by capillary infiltration. After shiro abhyang, dhara is performed so that better absorption of medicine occurs. Here Jatamansi is used which has antidepressant effect<sup>9,10</sup>

Shirodhara produces constant pressure and vibration which is amplified by hollow sinus present in frontal bone. This vibration is then transported through fluid medium of CSF. This vibration along with little temperature may activate



thalamus and basal fore brain. which bring the amount of Serotonin, Catecholamine to normal level. (Low level of these harmones are responsible for anxiety and depression).

Pressure also has effect on nerve conduction. If prolonged pressure is applied to a nerve, impulse conduction is interrupted and part of body relaxes. During procedure patient concentrates on dhara dravya wich results in increase in activity of alpha brain wave. So level of Cortisol and Adrenaline decreases. This factor is also contributory to anti stress effect of Shirodhara and helps in treating Depression.

**Nasya** with Jyotishmati taila was given. It has anti depressant effect<sup>11</sup>. Cilia of olfactory cells and the portion of the body the olfactory cells relatively contains large quantity of lipid materials. Since nasya in the form of oil is lipid soluble so have greater affinity for passive absorption through the cell wall of nasal mucosa.

Receptor cells of nasal mucosa are stimulated by Nasya. Olfactory nerves are chemoreceptor in nature and are connected with higher centres of brain i.e. limbic system. So the drug administered here stimulate the higher centers of brain and stimulation in cells of hypothalamus regulates the control of autonomic nervous system, hormone synthesis, emotional and

behavioral patterns, body temperature and circadian rhythm.

Nasal tissue is highly vascularised making it an attractive site for rapid and efficient systemic absorption. Rich vascular plexus permits topically administered drugs to rapidly achieve effective blood levels. Facial vein has no valves. It communicates freely with intracranial circulation and the supra orbital veins, which communicates through pterygoid plexus with the cavernous venous sinus.<sup>12</sup>

Such a pooling of blood from nasal veins to venous sinuses of brain is more likely to occur in head lowering position due to gravity. Further the action of drugs can be enhanced by local massage and fomentation.

Thus stimulation of Nasya dravya can influence the mood, sexual behaviour, memory and endocrinal function. Since Depression is a mood disorder so Nasya has influence on Depression leading to betterment of condition.

On the other hand along with Panchkarma, effect of Shamana therapy showed remarkable result. Saraswatarista which is a herbo-mineral formulation and consists of 18 plants most of which are medhya rasayan. It has been claimed to be useful in treating Depression and other Central nervous system disorder.<sup>13</sup>



Other medicine used was Brahmi vati in which Brahmi (*Bacopa monniera*) is present as an active ingredient. Brahmi extract contain 25 % of Bacosides which shows good anti depressant property.<sup>14</sup> Hence used in this case to cure depression.

## CONCLUSION

Ayurveda has permanent and effective solution for managing Depression unlike other system of medicine. Integrated approach i.e. Panchakarma procedure along with Shaman chikitsa is beneficial in treating Depression. It provides safe, cost effective treatment without any side effect.

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## AYURVEDIC MANAGEMENT OF ENDOMETRIOSIS-ASSOCIATED INFERTILITY WITH UTTAR VASTI: RADIOLOGY-SUPPORTED NATURAL CONCEPTION IN A 28-YEAR-OLD WOMAN - A CASE REPORT

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### ABSTRACT:

*Background: Endometriosis is a chronic inflammatory disease commonly associated with pelvic pain, dysmenorrhea, and infertility<sup>1</sup>. It is a disease in which tissue similar to the lining of the uterus implants and grows in other parts of the body such as the ovary, fallopian tubes, bladder, and bowel<sup>1</sup>.*

*Approximately 7-10 years is the average diagnostic delay and nearly 1 in 10 women suffer from endometriosis<sup>2</sup>. Current/modern treatments include hormonal therapy and surgery, which have limitations and high recurrence rates<sup>3</sup>.*

*Ayurveda describes such pathology under Vata-Kapha dushti leading to Artava-vaha srotodushti<sup>?,?</sup>. This case highlights the outcome of Uttar Vasti, Yog Vasti therapy, and internal Ayurvedic medication in endometriosis-associated infertility.*

*Case Presentation: A 28-year-old female was diagnosed with*

*endometriosis in 2021. She had been married for 3 years and was trying to conceive. She visited SKK Ayurveda OPD in March 2025 with chronic pelvic pain and intermittent spotting per vaginum. She had been advised laparoscopic cystectomy followed by IVF. Ayurvedic assessment revealed Vata-Kapha predominance with srotodushti affecting Artava-vaha srotas.*

*Intervention: Treatment was initiated in March 2025. One cycle of Yog Vasti followed by two cycles of Uttar Vasti was administered during the appropriate phases of the menstrual cycle. Oral Ayurvedic medicines included Hinguvachadi Gulika, Sukumara Kashaya, Endokalp, Endoheal, Shankha Vati, Shulvajrini Vati, and Anulomana Churna.*

*Outcome: Post-therapy, the patient reported marked reduction in pelvic pain and complete resolution of spotting. Radiological findings showed improvement in endometriotic lesions. She conceived naturally in September 2025 within six months of beginning treatment.*

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*Conclusion: This case demonstrates that a structured Ayurvedic treatment protocol combining Vasti, Uttar Vasti and targeted internal medicines may improve endometriosis and restore natural fertility. Larger controlled studies are needed<sup>11</sup>.*

## INTRODUCTION

Endometriosis is a chronic gynecological disorder characterized by ectopic endometrium-like tissue and associated inflammation<sup>1,2</sup>. It contributes significantly to infertility, pelvic pain, and poor quality of life<sup>1–t</sup>. Conventional medical treatments often provide symptomatic relief but fail to prevent recurrence<sup>3</sup>.

In Ayurveda, endometriosis-like symptoms resemble *Vata-Kaphaja Yonivyapad*, *Artava-vaha srotodushti*, and chronic pelvic pathology triggered by *Vata prakopau* –w. Therapies such as *Yog Vasti* and *Uttar Vasti* are described as key interventions for pelvic disorders, subfertility, and vitiated Vata<sup>4</sup>. This case report presents a radiology-supported successful natural conception following Ayurvedic management.

## CASE PRESENTATION

A 28-year-old female, married for three years, presented with endometriotic cyst and infertility. She had been advised laparoscopic cystectomy followed by IVF<sup>3</sup>.

## Symptoms:

- Chronic pelvic pain
- Pain during defecation during menstruation
- Burps and heaviness in abdomen
- Intermittent spotting per vaginum
- Inability to conceive

## Ayurvedic Assessment:

- *Dosha*: Vata-Kapha predominant
- *Dushya*: Rasa, Rakta, Artava
- *Srotas*: Artava-vaha, Rasavaha
- *Nidan*: Artava-vaha srotodushti leading to Vata-Kaphaja Yonivyapadu –

## INTERVENTION

### A. Vasti Therapy – Yog Vasti (1 cycle)

**Rationale:** Vata shamana, Srotoshodhana and Shul-prashamanu .

### B. Uttar Vasti (2 cycles)

Administered in the post-menstrual phase under aseptic precautions.

**Rationale:** *Artava-vaha srotoshodhana*, *Garbhashaya shodhana*, anti-inflammatory action, and improvement of uterine receptivity.

### C. Internal Medicines (March–September 2025)

Medicines were selected for *Vata-Kapha hara*, *Shothahara*, *Agni deepana*, and *Apana Vata regulation*.



## Therapeutic Intervention

**TABLE 1: (Oral Medications + *Panchakarma*)**

Intervention Type	Procedure / Medication	Duration / Frequency	Ingredients	Purpose / Expected Outcome
Oral Medications	CAP SUKUMAR KS	1 capsule twice daily before meals for 6 months	<i>Sukumara Kashaya</i> powder potentiated 7 times with <i>Sukumara Kashaya</i>	Regulates <i>Vata</i> , help clear <i>Sroto-avrodh</i> , helps in <i>Kashtartava</i>
	CAP ENDOKALP	1 capsule (500 mg) twice daily after meals for 6 months	<i>Nirgundi panchang</i> , <i>Shunthi</i> , <i>Kumari</i> , <i>Ras sindoor</i> processed in decoction of <i>Nirgundi</i> , <i>Dashmool</i> and <i>Punarnava</i>	Shrinks abnormal tissue growth and reduces inflammation
	CAP ENDOHEAL	1 capsule twice daily after meals for 6 months	<i>Shigru</i> , <i>Nirgundi seeds</i> , <i>Punnarnava</i> , <i>Trikatu</i> , <i>Cinnamon</i> , <i>Tamra Bhasma</i> processed in	Nourishes reproductive tissues, reduces cyst size



Intervention Type	Procedure / Medication	Duration / Frequency	Ingredients	Purpose / Expected Outcome
			<i>Dashmool, Mulethi, Musta and Gokshur</i>	
	<i>Tab Shankh vati</i>	1 tablet twice daily for 3 months	<i>Shankha Bhasma, hingu, saindhava, trikatu, chitraka, lemon juice</i>	<i>Aam pachan, Reduces inflammation, aids gut health</i>
	<i>Tab Shulvajrini vati</i>	1 tablet twice daily for 3 months	<i>Hingu, saindhav, ajwain, haritaki, shunthi, pippali, maricha, erand taila</i>	Used in <i>Udavarta</i> , abdominal cramps, constipation
<i>Panchakarma (Yog Vasti) (10-7-2024 to 17-7-2024)</i>	<i>Cap Hinguvachadi Gulika<sup>1</sup></i>	1 capsule in morning with warm water	Hingu, Vacha, Haritaki, Trikatu, Saindhav etc	<i>Vata-kapha anuloman, shul prashmana</i>
	<i>Anuloman churna</i>	1 teaspoon with warm water for 6 months	Sunthi, mishreya, Haritaki	<i>Balances Apana vata</i>
	<i>Abhyanga (Purva karma)</i>	Daily for 8 days	<i>Dashmoola Taila</i>	Improves circulation, relieves pelvic stiffness
	<i>Swedana (Purva karma)</i>	Daily, After- <i>Abhyanga</i>	<i>Dashmoola Kwath</i> steam for 10 min.	Facilitates <b>opening of the Srotas (body channels)</b> , reduces pain, removes <i>Ama</i>



Intervention Type	Procedure / Medication	Duration / Frequency	Ingredients	Purpose / Expected Outcome
	<i>Vasti – Niruha Vasti</i>	Alternate days for 4 Days	<i>Vat shamak Kwath, Punarnava, Eranda Moola</i>	Balances Vata, relieves pelvic congestion, reduces dysmenorrhea
	<i>Vasti – Anuvasana Vasti</i>	Alternate days (alternating with <i>Niruha</i> )	<i>Udavarta Taila</i>	Nourishes tissues, lubricates channels, alleviates pelvic pain
<i>Uttar vasti</i>	5 sessions per cycle for two cycles	Continuous 5 days in post menstrual phase	Sukumara Ghritam	Improves inflammation, blood flow and healing

### Pathya-Apathya:

Advised light, easily digestible food, avoidance of curd, paneer, milk shakes, condensed milk, bakery items, excess spicy food, Refined flour, Processed food, Frozen and reheated food Daily yoga and pranayama were also advise

### OUTCOMES

Pelvic pain significantly reduced, spotting resolved completely, menstrual regularity improved, and dysmenorrhea reduced.

#### Radiological improvement:

- USG (22-02-2025): Right ovarian cyst with internal echoes (3.2 × 2 cm)
- USG (11-09-2025): Bilateral adnexa clear with single live intrauterine gestation



**sarvodaya HEALTHCARE** SARVODAYA HOSPITAL  
SECTOR 6, FARIDABAD, HARYANA, INDIA. TEL: 0129-2731414

Patient Name: MRS. POOJA MANGLA / SA292126  
Age / Gender: 28 Y / F  
Address: H No: 713/4, Palwal, Palwal, Haryana, India.  
Ref. Doctor: Dr. MADHURIMA GUPTA  
Regn. Number: OP24-25-29886

Request Date: 22/02/2025 11:14 AM Scanning Date: 22/02/2025 02:16 PM  
Report Status: Finalized

**ULTRASOUND PELVIS**

**OBSERVATION:**  
Technique: Longitudinal and transverse images through the lower abdomen were performed utilizing trans-abdominal approach as ordered. (Model no. 2796485J7)

**Clinical profile:** FUC of right ovarian endometriotic cyst.

**Findings:**  
Urinary bladder is normally distended. No eye calculus seen. Wall thickness is normal.  
Uterus is anteverted.  
Myometrium is of homogeneous echotexture.  
Normal midline echo seen. Endometrial thickness measures ~ 4.0 mm.  
Right ovarian cyst of size ~ 3.2 x 2.0 cms is seen with few internal echoes within it.  
Left ovary is normal in size (1.8 x 1.3 x 2.5 cm) and echotexture.  
No fluid seen in pouch of Douglas.

**IMPRESSION:**  
Right ovarian cyst with internal echoes.

**Adv:** Clinical correlation.

END OF REPORT

Dr. Madhuri Kaur Saini  
Associate Director & HD Radiology

Dr. Viret M. GABARUNAR  
Attending Consultant  
MBBS, MD (Radiology)  
MCh (FRCR)

**1/2 HOD**  
HOD OF DIAGNOSTICS

Patient Name: Pooja Mangla Lab No.: FBC0502986  
Age / Sex: 28 Y / F Registration No.: 11 Sep 25 12:27  
Referred By: Dr. SHABLI SHARMA Patient ID: UFD05000006345  
Centre: FARIDABAD

**Microbial Early Onset (Marxanal)** Reported On: 23 Sep 25 12:45  
**USG EARLY PREGNANT (TRANSVAGINAL SCAN)**

**LMP: 30.07.2024**  
GA by LMP: 06 weeks 1 day GA by USG: 0 Weeks 2 days  
EOD by LMP: 04.05.2026 EOD by USG: 05.05.2026

Uterus is gravid and shows a single live intrauterine gestational sac with adequate internal reaction. No perineal collection.  
Sfs sac appears normal and measures ~ 3.5 cm.  
Sfs measures 5.1 mm corresponding to 6 weeks 4 days.  
Cardiac activity is present at the time of scan (FHR: 118 bpm).  
Cervix length measures 3.9 cm. Internal OS is closed.  
Gestational cyst is seen in left ovary. Left ovary is located in pouch of Douglas.  
Distal uterine region are clear.  
Maximal to mild free fluid is seen in pouch of Douglas.

**OPINION: SINGLE LIVE INTRAUTERINE GESTATIONAL SAC OF APPROX. 6 WEEKS 2 DAYS AT THE TIME OF SCAN.**  
Please correlate clinically.  
The ultrasonography has not been performed or tested to be conducted any prenatal diagnosis technique (sonography) for the purpose of determining the sex of the fetus. No person including the person conducting the diagnostic procedure has communicated to the pregnant woman concerned or her relatives in any other person the sex of the fetus by words, signs, or in any other manner.

Dr. Shabli Mittal  
Consultant Radiologist  
MBBS, DNB (Radiology)  
MCh Reg. No.: 19524128

## DISCUSSION

This case suggests that combined *Yog Vasti* and *Uttar Vasti* play a central role in correcting *Vata-Kapha dushti* involved in endometriosis. Classical Ayurvedic texts describe *Uttar Vasti* as beneficial in disorders of the uterus and fallopian tubes.

From a modern perspective, these therapies may improve pelvic circulation, reduce inflammation, enhance endometrial receptivity, and reduce adhesion-related

pathology. Internal medicines supported systemic correction of inflammation and menstrual physiology.

## CONCLUSION

Ayurvedic intervention involving *Yog Vasti*, *Uttar Vasti*, and internal medicines may offer significant benefit in endometriosis-associated infertility. This radiology-supported case demonstrates successful natural conception following Ayurvedic management. Further controlled clinical studies are recommended<sup>11</sup>.



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## कॉलेज छात्रों में चिंता एवं आक्रामकता पर योग का प्रभाव— समायोजन क्षमता के विशेष संदर्भ में

- अम्बरीश राय<sup>1</sup>, प्रियंका कुमारी<sup>2</sup>

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### सारांश

आज के तेज-रफ्तार एवं प्रतिस्पर्धात्मक शैक्षणिक वातावरण में कॉलेज छात्रों को उच्च स्तर के मानसिक तनाव, चिंता, व्यवहारिक असंतुलन एवं सामाजिक समायोजन की समस्याओं का सामना करना पड़ता है। योगिक अभ्यास जैसे आसन, प्राणायाम तथा ध्यान मन एवं शरीर पर संतुलित प्रभाव डालते हुए चिंता एवं आक्रामकता में कमी लाते हैं तथा भावनात्मक व सामाजिक समायोजन को बेहतर बनाते हैं। उपलब्ध साहित्य, शोध अध्येयनों एवं प्रायोगिक निष्कर्षों के आधार पर यह लेख स्पष्ट करता है कि नियमित योगाभ्यास कॉलेज छात्रों के मानसिक स्वास्थ्य में महत्वपूर्ण सुधार ला सकता है।

विशेष शब्द : चिंता, मानसिक तनाव, योग, समायोजन क्षमता।

### प्रस्तावना

ये चुनौतियाँ छात्रों की अकादमिक उपलब्धियों, सामाजिक संबंधों और समग्र मानसिक स्वास्थ्य को प्रभावित कर सकती हैं।<sup>1</sup>

हाल के शोध यह संकेत देते हैं कि योगिक अभ्यास मानसिक स्वास्थ्य समस्याओं के समग्र

प्रबंधन में प्रभावी भूमिका निभा सकते हैं। योग, जो शारीरिक, मानसिक एवं आध्यात्मिक अभ्यासों का एक एकीकृत अनुशासन है, तनाव कम करने, मनोभावों में सुधार लाने और भावनात्मक नियंत्रण को बढ़ाने में सहायक पाया गया है।

यह लेख कॉलेज छात्रों में चिंता, आक्रामकता एवं समायोजन पर योगिक अभ्यासों के प्रभावों का विश्लेषण प्रस्तुत करता है तथा उनके लाभों के समर्थन में उपलब्ध वैज्ञानिक प्रमाणों की समीक्षा करता है।

### विधि

इस समीक्षा में उन अध्ययनों को सम्मिलित किया गया जो छात्र आबादी में योग के प्रभावों विशेषकर चिंता, आक्रामकता तथा समायोजन के संदर्भ में मूल्यांकन करते हैं। उन अध्ययनों को शामिल किया गया जिनमें हस्तक्षेप के रूप में आसन, प्राणायाम एवं ध्यान का प्रयोग किया गया था।

### चिंता पर योगिक अभ्यासों का प्रभाव

शोधों से यह सिद्ध हुआ है कि योगिक अभ्यास जिनमें शारीरिक मुद्राएँ, नियंत्रित श्वसन और ध्यान शामिल हैं, चिंता के लक्षणों को महत्वपूर्ण रूप से कम करते हैं।

<sup>1</sup>एसोसिएट प्रोफेसर, दर्शनशास्त्र विभाग, महात्मा गांधी काशी विद्यापीठ, वाराणसी, <sup>2</sup>पीएच. डी., कायचिकित्सा विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, बनारस हिंदू विश्वविद्यालय, वाराणसी, भारत



योग स्वायत्त तंत्रिका तंत्र में पैरासिम्पैथेटिक सक्रियता बढ़ाता है, जिससे कॉर्टिसॉल जैसे तनाव-हार्मोन का स्तर कम होता है और तनाव प्रतिक्रिया का संतुलन स्थापित होता है।<sup>4,5</sup>

खालसा एवं सहकर्मी (2016) द्वारा किए गए एक शोध में पाया गया कि 12 सप्ताह तक योगाभ्यास करने वाले छात्रों में चिंता स्तर में नियंत्रण समूह की तुलना में महत्वपूर्ण कमी दर्ज की गई।

इसी प्रकार शर्मा और हैदर (2013)<sup>6</sup> के अध्ययन में यह पाया गया कि छात्रों की दैनिक दिनचर्या में योग को शामिल करने से परीक्षा-सम्बंधी तनाव व चिंता में कमी आई और उनकी शैक्षणिक उपलब्धि में सुधार देखा गया।

### आक्रामकता पर योग का प्रभाव

कॉलेज छात्रों में आक्रामकता का कारण शैक्षणिक दबाव, पारस्परिक मतभेद तथा भावनात्मक अस्थिरता हो सकते हैं।<sup>7</sup>

वर्मा एवं सहकर्मी (2019) ने पाया कि नियमित योगाभ्यास करने वाले छात्रों में आक्रामकता के स्तर में उल्लेखनीय कमी आई, जिसका श्रेय प्राणायाम और ध्यान द्वारा उत्पन्न मानसिक शांति को दिया गया। अध्ययन में यह भी देखा गया कि योगाभ्यास करने वाले छात्र तनावपूर्ण परिस्थितियों में क्रोध को बेहतर ढंग से नियंत्रित कर सकें और शांत प्रतिक्रिया दे पाएं।

इसी प्रकार शापिरो आदि (2007)<sup>8</sup> के अध्ययन में ध्यान आधारित योग कार्यक्रमों ने छात्रों में आत्म-जागरूकता और भावनात्मक नियंत्रण बढ़ाकर आक्रामक प्रवृत्तियों को कम किया।

हाल के वर्षों में योगिक अभ्यासों को ऐसे प्रभावी उपकरण के रूप में स्वीकार किया जा रहा है जो शारीरिक एवं मानसिक स्वास्थ्य को बढ़ावा देकर छात्रों की समायोजन क्षमता को सुधारते हैं।<sup>9</sup>

मनोचा आदि (2011) के अध्ययन में यह पाया गया कि नियमित योगाभ्यास करने वाले छात्रों ने शैक्षणिक वातावरण के प्रति बेहतर समायोजन, पारस्परिक संबंधों में सुधार एवं समस्या-समाधान क्षमता में वृद्धि की रिपोर्ट की। योग एवं आत्म सतर्कता आधारित पद्धतियाँ छात्रों में धैर्य, स्थिरता और लचीलापन विकसित करने में मदद करती हैं, जिससे वे बदलती परिस्थितियों में अधिक प्रभावी ढंग से अनुकूलन कर पाते हैं।

### योग चिंता को कैसे कम करता है?

सिम्पैथेटिक नर्वस सिस्टम, "लड़ो या भागो"

"रेस्ट एंड डाइजेस्ट" वाक्यांश का इस्तेमाल यह बताने के लिए किया जाता है।

आसन और प्राणायाम हृदयगति का नियंत्रण करते हैं, कॉर्टिसॉल स्तर को कम करते हैं और गहन विश्राम की अनुभूति देते हैं।

### ध्यान के माध्यम से भावनात्मक नियंत्रण में सुधार

यह अभ्यास भावनात्मक विनियमन को सशक्त करता है, जिससे छात्र अपनी चिंताजनक भावनाओं को पहचानकर शांतिपूर्ण प्रतिक्रिया दे पाते हैं।<sup>7</sup> मीडफूलनेस आधारित योग हस्तक्षेपों ने चिंता के संकेत में उल्लेखनीय कमी दर्शाई है।<sup>10</sup>

### योग आक्रामकता को कैसे कम करता है?



प्राणायाम के माध्यम से भावनात्मक संतुलन आक्रामकता प्रायः भावनात्मक असंतुलन का परिणाम होती है, विशेषकर तनावपूर्ण परिस्थितियों में।

प्राणायाम विशेषकर नाड़ी शोधन और भ्रामरी मन को शांत करने और भावनाओं को नियंत्रित करने में अत्यंत प्रभावी हैं।

ये तकनीकें पैरासिम्पैथेटिक नर्वस सिस्टम को सक्रिय करती हैं, जिससे शारीरिक उत्तेजना कम होती है, जो प्रायः आक्रामक व्यवहार का मुख्य कारण बनती है।

श्वास पर ध्यान केंद्रित करने से व्यक्ति भावनात्मक उत्तेजकों से मानसिक दूरी बना पाता है, जिससे अचानक प्रतिक्रिया की बजाय शांत, विवेकपूर्ण प्रतिक्रिया संभव होती है।

### ध्यान एवं सचेतन

ध्यान आक्रामकता को कम करने का एक महत्वपूर्ण साधन है। व्यक्ति को अपने विचारों और भावनाओं को देखने और समझने का अभ्यास कराती है, बिना उन पर तत्काल प्रतिक्रिया दिए।<sup>8</sup>

नियमित ध्यान अभ्यास से, नकारात्मक भावनाओं की तीव्रता कम होती है। आत्म-जागरूकता और भावनात्मक नियंत्रण बढ़ता है। गुस्सा और चिड़चिड़ापन स्वाभाविक रूप से कम होता है।

इस प्रकार, आक्रामक प्रवृत्तियों पर स्वनियंत्रण की क्षमता को बढ़ाती है।

### आसनों के माध्यम से तनाव में कमी

तनाव और निराशा अक्सर आक्रामक व्यवहार का आधार बनते हैं।

योगासन शरीर में संचित शारीरिक तनाव को कम करते हैं, जिससे तनाव-उत्प्रेरित भावनाएँ संतुलित होती हैं।

आसन अभ्यास से मांसपेशियों की जकड़न दूर होती है। एंडॉर्फिन का स्राव बढ़ता है। संपूर्ण स्वास्थ्य एवं सुखद अनुभूति में सुधार होता है।

जब तनाव कम होता है, तो आक्रामक प्रतिक्रिया की संभावना भी स्वतः कम हो जाती है।

### योग समायोजन क्षमता को कैसे बढ़ाता है?

सजगता और आत्म-जागरूकता में वृद्धि योग अभ्यास सजगता और आत्म-जागरूकता को बढ़ावा देता है, जो सफल समायोजन के लिए अत्यंत आवश्यक तत्व हैं।

अपने विचारों, भावनाओं और व्यवहारों को समझने की क्षमता विकसित होने से छात्र बदलते परिवेश के साथ बेहतर तालमेल बना पाते हैं तथा विभिन्न मांगों का संतुलित रूप से सामना कर पाते हैं।

### सामाजिक एवं भावनात्मक कौशलों में सुधार

योग न केवल आत्म-जागरूकता बढ़ाता है, बल्कि सहानुभूति और भावनात्मक बुद्धिमत्ता को भी प्रोत्साहित करता है, जो सामाजिक समायोजन के लिए महत्वपूर्ण हैं।

नियमित योगाभ्यास करने वाले छात्र: बेहतर अंतरव्यक्तिगत संबंध स्थापित करते हैं।

अधिक धैर्यवान, संवेदनशील और भावनात्मक रूप से सक्षम बनते हैं।<sup>12-14</sup>

अध्ययनों में पाया गया है कि योगाभ्यास करने वाले छात्रों में सामाजिक जुड़ाव उच्च स्तर



पर होती है तथा समस्या-समाधान क्षमता भी बेहतर होती है, जो कॉलेज वातावरण में समायोजन को सुगम बनाती है। 7

### संज्ञानात्मक एवं शैक्षणिक लाभ

भावनात्मक नियंत्रण और सामाजिक समायोजन को बेहतर बनाने के अतिरिक्त, योग संज्ञानात्मक क्षमताओं और शैक्षणिक प्रदर्शन में भी सुधार लाता है।

योग से चिंता एवं तनाव में कमी आती है। ध्यान एवं एकाग्रता में वृद्धि होती है। स्मरण शक्ति व विश्लेषणात्मक सोच बेहतर होती है।

इस प्रकार, छात्र शैक्षणिक मांगों के अनुरूप स्वयं को आसानी से ढाल पाते हैं, जिससे समग्र समायोजन क्षमता में वृद्धि होती है।

### चर्चा

समीक्षित अध्ययनों से यह स्पष्ट होता है कि योग का कॉलेज छात्रों की चिंता, आक्रामकता और समायोजन पर अत्यंत सकारात्मक प्रभाव पड़ता है।

योग केवल शारीरिक स्वास्थ्य को ही नहीं बल्कि भावनात्मक संतुलन, मानसिक स्थिरता, तनाव प्रबंधन, सजगता, को भी बढ़ावा देता है।

नियमित योग अभ्यास छात्रों में शांति, आत्म-जागरूकता और तनावपूर्ण परिस्थितियों से निपटने की क्षमता विकसित करता है।

कॉलेज परिसर में योग को पाठ्यक्रम, कल्याण कार्यक्रम या पाठ्येत्तर गतिविधियों के रूप में शामिल करना छात्रों के समग्र स्वास्थ्य संवर्धन का प्रभावी तरीका हो सकता है।

### निष्कर्ष

उपलब्ध प्रमाण दर्शाते हैं कि योगिक अभ्यास कॉलेज छात्रों में चिंता कम करने, आक्रामकता घटाने, समायोजन क्षमता बढ़ाने, में महत्वपूर्ण योगदान देता है।

तेजी से बढ़ते तनावपूर्ण शैक्षणिक वातावरण के बीच, योग एक सरल, सुरक्षित, किफायती एवं समग्र समाधान प्रदान करता है।

आने वाले शोधों को बड़े नमूने व दीर्घकालिक अनुवर्ती सहित किया जाना चाहिए, जिससे युवाओं में योग के दीर्घकालिक प्रभावों की वैज्ञानिक पुष्टि और अधिक मजबूत हो सके।

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***Bhai Uddhavdas Mehta Memorial All India PG Essay  
Competition-2025 First Prize (Gold Medal)***

**AYURGENOMICS - THE SCIENTIFIC ELABORATION OF AYURVEDA-  
CONCEPTS AND WESTERN GENETICS**

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**INTRODUCTION:**

Ayurgenomics literally means the genomics in Ayurveda. But when we consider the reason why Ayurgenomics has taken its form, the term is more elaborate comprising the concepts of Genetics and Epigenetics in modern science and concepts of Beeja, Beejabhaga, Beejabhaga-avayava, Prakriti and other factors in Dashavidha Parikshya Bhava in Ayurveda. Ayurgenomics has taken its origin following a finding that even the monogenic diseases like haemophilia are showing variation in disease manifestation in different individuals in spite of having the same mutations. Genetics is the scientific study of genes-how they are structured, how they function, and how they are transmitted from one generation to the next.<sup>[1]</sup> The study of heritable changes in gene expression that occur without alterations in the DNA sequence is called Epigenetics.<sup>[2]</sup> Prakriti is the inherent characteristic of an individual that is formed at the time of Shukra-shonita

Samyoga. Dashavidha Bhava are the ten factors which are to be examined before Chikitsa. Beeja-Beejabhaga and Beejabhaga avayava explains the cause of chromosomal abnormalities. There are certain factors that can link Ayurveda and Genomics- one such factor is 'Dermatoglyphics'. Dermatoglyphics and Prakriti- can be co-related. It can be a connecting link between Ayurveda and Modern science.

The concept of Ayurgenomics, its need, scope, and applications are being discussed in the present write up.

**Why Ayurgenomics?**

Ayurveda and Modern medicine are having two different point of view; but the aim of both sciences is to 'Cure' living beings. Ayurveda is the ancient Indian system of medicine where a personalized treatment is highlighted. Every treatment is prescribed only after considering the Dushya Deshaadi- Dashavidha Parikshya Bhava.<sup>[3]</sup>

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Modern medicine considers parameters like age of the patient and stage of progression of disease but no other factors like climate, geographical location, digestive capacity etc. hence not focusing on a personalized approach.

It has been increasingly observed that even monogenic diseases are exhibiting difference in manifestation in different individuals- their response to treatment also vary. Studies lead to the finding that a gene expression is influenced by the entire genome sequence and the manifestation of a disease or treatment response is not a result of a single gene expression. Thus the studies on coding the entire genetic map- genomes- has started.

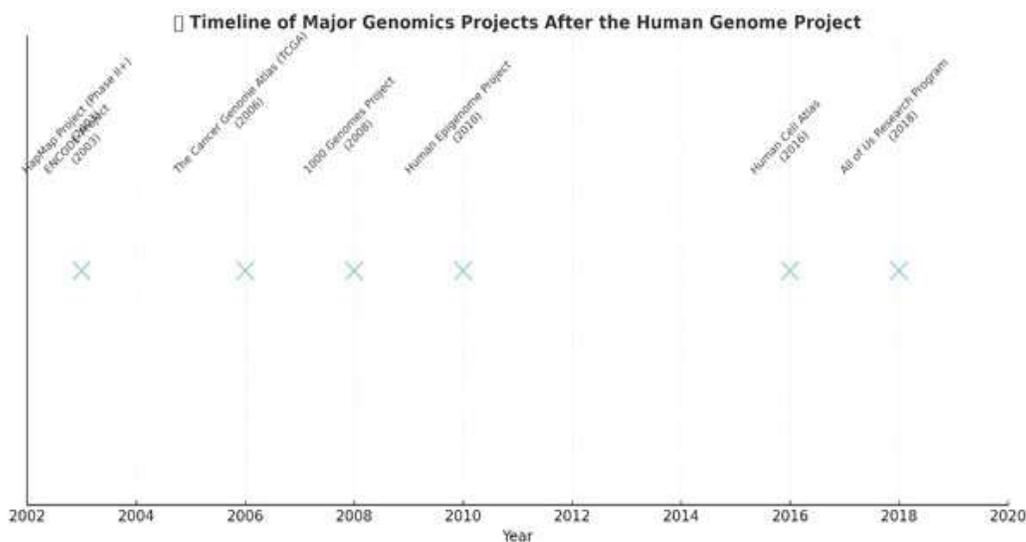
### Pioneer research works

The Human Genome Project (HGP) was the first international scientific

research effort aimed at mapping and understanding all the genes of the human species. It successfully identified and mapped all the 50,000- 100,000 human genes and determined the complete sequence of 3.2 billion DNA base pairs in the human genome.

Identification of genes responsible for hereditary disease, advanced personalized medicine etc. were the main aims of HGP.<sup>[4]</sup>

Following HGP, other studies on Human genome- ENCODE project, 1000 Genomes project, Cancer Genome Atlas, Human Epigenome Project, HapMap Project etc. paved the further way to current advances in Genetics.[5] A brief timeline of Genomic projects is given below;





## Ayurgenomics taking a shape and form

Two unrelated humans differ over 6 million differences between nucleotide, making it impossible to construct a unique prototype sequence for population groups. There are no modern parameters available to look at the inter-individual differences in population.

Researches on *Prakriti* of *Ayurveda* has begun to fill up this gap. *Prakriti* is a consequence of relative proportion of *Tridoshas* which are not only influenced by *Shukra-shonita* but also influenced by *Mahabhuta-vikara*, *Maturahara-vihara*, *Kala* and *Garbhashaya*.

*Ayurvedic* and Modern concepts can be linked as follows;

**Beeja, Beejabhaga, Beejabhaga-avayava:** Can be correlated to gametes, chromosomes and locus in DNA. Take an example of Diabetes Mellitus; DM2 is linked to the incidence of TCF7L2, KCNQ1, KCNJ11 genes. If one parent has DM, risk of offspring being DM is 40%. If both parents have it, risk rises to 70-80%.<sup>[6]</sup> *Acharya Sushruta* has described this inheritance in *Beeja-Beejabhaga-Beejabhaga avayava* concept.

**Prakriti:** It's the grouping of a population based on a set of phenotypes produced by similar genetic constitutions. So, *Prakriti* is the reflection of gene expression. *Prameha* in *Ayurveda* is

equated to DM. *Kapha Prakriti* individuals are more prone to DM.

**Dashavidha Bhava:** These are the factors which can influence in gene expression. *Desha, Bala, Kala, Agni* etc. are also playing vital roles in *Samprapti* it points the importance of triggering a gene in an environment; that is, *Dashavidha Bhava* points into Epigenetics.

दृश्यं देशं बलं कालमनलं प्रकृतिं वयः।  
सत्त्वं सात्म्यं तथाऽऽहारमवस्थाश्च  
पृथग्विधाः ॥६७॥  
सूक्ष्मसूक्ष्माः समीक्ष्यैषां दोषौषधनिरूपणे।  
यो वर्तते चिकित्सायां न स स्वलति  
जातुचित् ॥ 68 ॥

(AH.Su.12/67-68)

## Studies showing relationship of *Prakriti* and Genetics:

*Prakriti* is an inherited blue print of phenotypes of a particular set of genes and can predict the disease risk and is the basic Principle for P4 medicine that is; Predictive, Preventive, Personalized and Participatory medicine. Studies have been found that there are striking differences at the biochemical and genome-wide gene expression level in *Vata, Pitta* and *Kapha Prakritis*. An observational study on *Prakriti* and EGLN1 gene (key Oxygen sensor gene) and adaptability to higher altitudes in manifestation of HAPE (High Altitude Pulmonary Edema) demonstrate that the differences at genetic level are meaningful



and they could follow one of the cues from gene expression differences and identify a genetic marker that is associated with high altitude adaptation and a high-altitude illness.<sup>[7]</sup> Some other striking studies are as follows;

	Study	Institution and Year	Findings
1.	CYP2C19 Polymorphism C Prakriti:	Interdisciplinary School of Health Sciences, University of Pune, India (2011)	Pitta types showed predominantly extensive metabolizer genotypes while Kapha types had a higher frequency of poor metabolizer genotypes.
2.	HLA DRB1 C Prakriti Association	Initial study (2005), expanded by DST-ASIIA; follow-up summarized in Dey C Pahwa (2014)	Significant associations between HLA alleles and Prakriti type
3.	Indian Genome Variation C Extreme Prakriti Sequencing	CSIR-Institute of Genomics and Integrative Biology (IGIB), Delhi; exome sequencing cohorts from North C West India ( 2015-2017)	Replicated 115 Prakriti-specific SNPs across cohorts, including in PGM1 (associated with Pitta).
4.	Ayurgenomics Literature C Trends	Bibliometric review (2023), with Mukerji C Prasher leading impactful research since 2008	Identified core genetic correlations such as EGLN1, VWF and gut microbiome differences across Prakriti types.



## Scope of Ayurgenomics

v **In diagnosis:** *Rogi Pariksha* is done by *Darshana, Sparshana* and *Preshna*.<sup>[8]</sup> By *Darshana* and *Prashna- Dusha, Desha, Prakriti* etc. are identified and manifestation of disease is analysed on the light of gene expressions. Only by considering such epigenic factors, we can get the proper diagnosis.

- ♦ **In prognosis:** If the *Dushya, Desha, Rtu* and *Prakriti* is not-similar; the *Roga* is *Sukhasadhya*.<sup>[9]</sup>
- ♦ **In treatment:** There is a high variability in individual response to drug dosage and adverse effects due to variation in genes responsible for drug transport and drug metabolism within the individual system. Doctor should prescribe the treatment only after analysing the *Prakriti* and other factors like *Agni*.
- ♦ **In prevention:** *Vata Prakriti* persons should follow *Vatahara Ahara-vihara* to avoid early development and progression of degenerative diseases like OA.

## Ayurgenomics for P4 Medicine:

Predictive, Preventive, Personalized and Participatory medicine (P4 medicine) is the modern personalized healthcare model. This literally stands with the *Ayurvedic* concepts of cure. Ayurgenomics is the best tool that can be used for implementing P4 medicine

and that can bring a major difference in both prevention and cure.

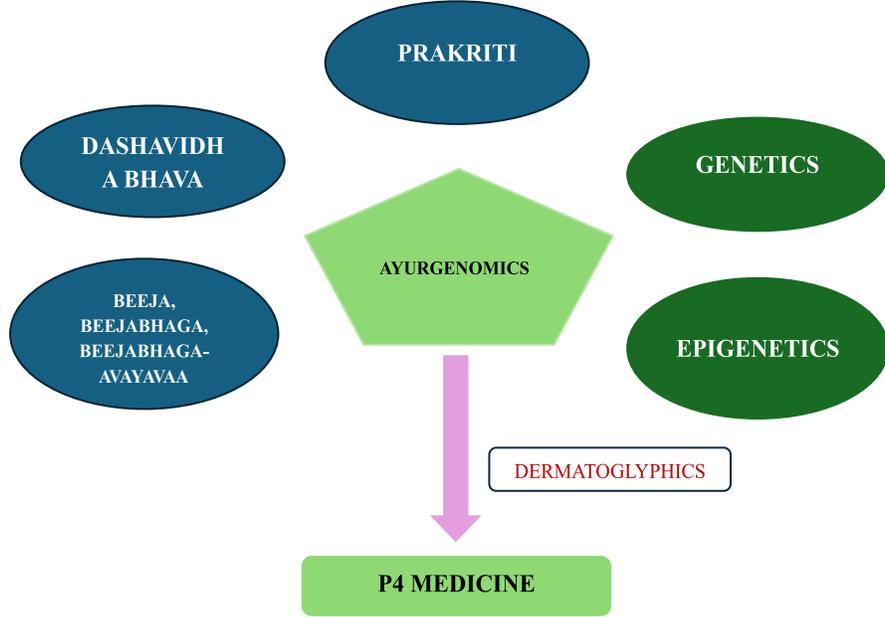
## Current scenario

Ayurgenomics is widely discussed now-a-days. Need of the hour is to put this in the track of medical practice via practical implications. A major challenge facing today is, the rush in OPDs- shortens time to analyse the things like *Prakriti* there.

## Scope in future

Studies are going on over the application of Ayurgenomics on the next level- 'biometrics'. Relationship of fingerprint patterns and genetic disorders and even behavioural characters have been proved to an extent.<sup>[10]</sup> So, there is the wide scope for analysing the relationship of *Prakriti* and finger prints and developing biometrics for *Prakriti* analysis.

Possibility of *Prakriti* analysis in short-time will enhance the quality of P4 medicine through effortless medical practice. Thus, the studies have to focus in that direction also.



## CONCLUSION

*Ayurveda* is blessed with the *Mantras* of health, cure and prevention of diseases. The concepts of *Beeja*, *Beejabhaga*, *Beejabhaga-avayava* describes the cause of genetic disorders. *Dashavidha parikshya bhava* helps in identifying the one's health status to find the cause. *Prakriti* makes one unique in himself and give directives about our susceptibility means what to do and what not to do. And thus, these incorporate the concept of personalized medicine in *Ayurveda*. It contributes the implementation of P4 medicine in medical practice. The integrated concepts of *Ayurveda* and Genetics will pave the way for a top-tier health-care system in India.

## Take away message:

All the lights of curability and ways to live a healthy life is already written in *Ayurveda*.

यदाहास्ति तदान्यत्र यन्नेहास्ति न तत्त्वचित् ।

(Ch.Si.12/56)

Every single patient is a new chapter to study. The whole concept of personalised medicine has been explained in a single line;

पुरुषं पुरुषं वीक्ष्य स ज्ञेयो भिषगुत्तमः ।

(Ch.Su.1/123)

**Key words:** *Ayurgenomics*, *Epigenetics*, *Genetics*, *Personalised medicine*, *Prakriti*.



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## परिषद् समाचार

### *Samyojanam 2025 Highlights Holistic Ayurvedic Approach to Metabolic Disorders*

**Mysuru** | Nov. 7–8, 2025: Samyojanam 2025, a National Conference on Metabolic Disorders, was successfully organized by Vishwa Ayurveda Parishad, Karnataka, in collaboration with Karnataka State Open University (KSOU), Mysuru, and Sushruta Ayurvedic Medical College and Hospital, Bengaluru, at the KSOU Convention Hall, Mysuru, on November 2025. The two-day national-level conference witnessed enthusiastic participation from across the country, with 1,405 registered delegates, including Ayurvedic academicians, clinicians, researchers, and postgraduate scholars. The scientific programme featured 187 oral paper presentations and 27 poster presentations, conducted across 10 main scientific sessions and 3 micro-talk sessions, focusing on Ayurvedic perspectives in the prevention and management of metabolic and lifestyle disorders such as obesity and diabetes. “Addressing the valedictory programme, the Hon’ble Governor of Karnataka, Shri Thawer Chand Gehlot, emphasized that Ayurveda offers a holistic and scientifically sound framework for addressing modern metabolic challenges. He highlighted the importance of classical Ayurvedic principles, Panchakarma therapies, and lifestyle modification, and appreciated Vishwa Ayurveda Parishad for organizing a meaningful academic initiative that bridges traditional wisdom with contemporary healthcare needs. “The conference was inaugurated by MP and renowned cardiologist Dr. C. N. Manjunath, who released the conference handbook. In his inaugural address, Dr. Manjunath drew attention to the growing burden of metabolic and lifestyle disorders in India. He stated that air pollution is more dangerous than smoking, attributing nearly 22 lakh deaths annually to air pollution, compared to about 14 lakh due to smoking. He also expressed concern over the rising incidence of heart attacks and strokes, which account for nearly 30% of mortality, including a worrying increase among individuals below 40 years of age. He stressed the need for integrative healthcare, where different medical systems complement each other scientifically, and underscored India’s growing leadership in health tourism and AYUSH systems. “Referring to the alarming rise in diabetes, Dr. Mnjunath expressed that 12% of children and youth show early signs of diabetes, and nearly 15 crore people in India are currently affected. He also cautioned against excessive screen time and social media use among youth, calling for greater parental guidance towards healthy diet and active lifestyles. “In addition to academic deliberations, the conference hosted four online academic and creative competitions- Ayur Quiz, Reel Making, Sanskrit elocution, and Shloka Recitation- with participation from over 50 contestants, along with a Logo Design Competition for Samyojanam 2025. The event was further enriched by eight cultural programmes showcasing India’s traditional art and heritage. Several eminent Ayurvedic clinicians were felicitated for their outstanding contributions to the field. “Prominent dignitaries present included Sri Shivaratri Deshikendra Swamiji of Suttur Math, former High Court Justice B. A. Patil, Dr. H. R. Nagendra, President, SVYASA, Dr. N. K. Manjunath Sharma, Vice Chancellor, SVYASA, Dr. B. R. Ramakrishna, President, Vishwa Ayurveda Parishad, Dr. Yogesh Chandra Mishra, National Secretary, VAP, Dr. Gajanan Hegde, Managing Secretary, Samyojanam, and Prof. Sharanappa V. Halase, Chancellor, along with several academicians and healthcare



leaders. “Samyojanam 2025 concluded with the felicitation of dignitaries and a vote of thanks, successfully achieving its objective of promoting academic integration, scientific dialogue, and public health awareness through Ayurveda, and marking a significant milestone in national-level Ayurvedic academic collaboration.

### ***VAP Andhra Pradesh Organises Four-Day Health and Nutrition Training Programme***

**Andhra Pradesh** | Nov 22, VAP Andhra Pradesh organised a four-day Health and Nutrition Training Programme for Adivasi adolescent girls at Addateegala Mandal of Andhra Pradesh from 21st to 24th November. The programme was conducted with the participation of Dr. Padmaja Dasi, Mahila Prakoshtha Sah-Prabhari, VAP Andhra Pradesh; Dr. Ch. V. S. Koteswara Rao, Executive Member, VAP Andhra Pradesh; Dr. Venkata Krishna, Retired RDD; Dr. Raja Rajeswari, Retired Superintendent, Dr. A. L. Government Ayurvedic Hospital; and Dr. Jainab Jaha Garu, who served as resource persons. The experts educated the participants on personal hygiene, the menstrual cycle, and common menstrual problems including overbleeding (menorrhagia), menstrual pain, and white discharge, along with related diseases and necessary precautions. On 23rd November, medical camps were conducted during both day and night in the deep interior areas of the Addateegala Agency region, providing essential healthcare services to the tribal population.

### ***One Month Happy Morning Series 2025 organized in Kerala***

**Kerala** | 2 Dec, The Happy Morning Series 2025 was a public mental wellness initiative organised by Viswa Ayurveda Parishad (VAP), Kerala, in association with Aryatara Ayurniketan. The programme commenced on 2nd November 2025 by the introductory address of Dr. T. T. Krishna Kumar, State President VAP KERALA and was conducted over a period of one month, comprising a total of 30 early morning sessions. The sessions were held daily at 5.30 AM, with the specific intention of cultivating healthy lifestyle habits such as early morning awakening, regular meditation, and positive thinking. The programme was designed as a free meditation and self-care initiative for the common public, rooted in principles of Ayurveda and mental health awareness. The programme was conducted through an online platform (Google Meet), which enabled wide participation from Malayalam-speaking individuals across different parts of the country. This ensured accessibility and continuity, allowing participants to attend consistently irrespective of geographical location. The sessions were led by Dr. Arjun Chand CP, Ayurveda Psychiatrist and State Vice President, VAP Kerala, along with Dr. Arya Krishnan, Member, VAP Kerala. Their guidance and structured approach contributed significantly to the effectiveness and smooth conduct of the programme. The Happy Morning Series 2025 received positive feedback from participants, many of whom reported improvements in mental calmness, discipline in daily routine, motivation for continued meditation practice, and a more positive outlook towards life. The programme successfully demonstrated the impact of simple, consistent morning practices on mental well-being and lifestyle transformation.



## ***National Seminar and Felicitation Programme Held by Vishwa Ayurveda Parishad, Maharashtra***

**Mumbai** | Nov 24, The Vishwa Ayurveda Parishad, Maharashtra, organized a National Seminar and Felicitation Programme on November 24, 2025, in Mumbai, bringing together leading Ayurvedic experts to discuss advancements in the management of diabetes and its complications. Hosted by Dr. Kalpana Chaudhari and Dr. Shivangi Mishra, the programme began with a traditional Dhanwantari Poojan at 11:00 am. The seminar featured several insightful sessions, including Dr. Sanjay Tamboli's presentation on Diabetic Retinopathy with emphasis on clinical and research-based use of Vasant Kusumakar Rasa, followed by a discussion with Dr. Hemant Thakur. Dr. Prasad Vaidya elaborated on Ayurvedic approaches to Diabetic Nephropathy, addressing a query by Dr. Shivangi Mishra. In an interactive lecture, Dr. U.S. Nigam explained Panchakarma protocols for diabetes management, with questions from Dr. Virendra Tiwari. Dr. Swapnil Padte discussed Ayurvedic management of Fibrocalculus Pancreatic desiasis (FCPD) and pancreatitis, responding to Dr. Akshaya Patil's question. Dr. Vinayak Tayade addressed Diabetic Neuropathy, describing the concepts of Prameha, its Upadravas, and the significance of Naadi Pariksha while outlining Shamana and Shodhana treatment strategies, with a query from Dr. Bhavana. A special felicitation ceremony, conducted under the guidance of Dr. H.B. Singh, honored several dignitaries including Former High Court Judge Mr. A.H. Joshi, Vice Chancellor Dr. Govind Sahay Shukla, Principal Dr. Mukesh Shukla, and Cardiologist Dr. Sandeep Amberkar. The event concluded with the formal release of a Souvenir by all esteemed guests. The programme highlighted the growing relevance of Ayurveda in managing lifestyle disorders like diabetes and celebrated the contributions of eminent personalities in the field.

### **एक दिवसीय "फैकल्टी डेवलपमेंट कार्यशाला" का आयोजन**

**मध्य प्रदेश** | दिनांक 22 नवम्बर 2025, को एक दिवसीय "फैकल्टी डेवलपमेंट कार्यशाला" का भोपाल में आयोजन किया गया। कार्यशाला में आयुष मंत्री श्री इन्दर सिंह परमार ने कहा है कि स्वतंत्रता के शताब्दी वर्ष-2047 तक भारत को पुनः विश्वगुरु बनाने में आयुर्वेद की भूमिका अत्यंत महत्वपूर्ण रहेगी। आने वाले समय में प्रदेश में आयुर्वेद चिकित्सा अग्रणी स्थान पर होगी और इसमें प्राध्यापकों एवं चिकित्सकों का समर्पण निर्णायक भूमिका निभाएगा। मंत्री श्री परमार भोपाल स्थित मानसरोवर आयुर्वेदिक मेडिकल कॉलेज में आयोजित एकदिवसीय "फैकल्टी डेवलपमेंट कार्यशाला" का शुभारम्भ करने के बाद सभा को संबोधित कर रहे थे। आयुष मंत्री ने कहा कि राज्य सरकार प्रदेश में विश्वस्तरीय आयुर्वेद महाविद्यालय स्थापित करने जा रही है, जिसके लिए चिकित्सकों एवं प्राध्यापकों के नए पद भी सृजित किए जाएंगे। उन्होंने सभी आयुर्वेद प्राध्यापकों से आह्वान किया कि वे भारतीय दर्शन "वसुधैव कुटुंबकम्" के मंत्र को आयुर्वेद की पैथी के माध्यम से विश्व मंच तक पहुंचाने में योगदान दें। उन्होंने यह भी कहा कि भावी आयुर्वेद चिकित्सकों एवं वैद्यों में मानवीय दृष्टिकोण विकसित करना समय की आवश्यकता है। कार्यक्रम में विश्व आयुर्वेद परिषद के कार्यकारी अध्यक्ष डॉ. महेश कुमार व्यास ने कार्यशाला की रूपरेखा प्रस्तुत करते हुए कहा कि सही चिकित्सा तभी संभव है, जब चिकित्सकों और शिक्षकों को सही मार्गदर्शन



मिले। प्रमुख वक्ता डॉ. किरण टवलारे (बोर्ड ऑफ रिसर्च, MUHS) ने योग्यता एवं उत्कृष्टता के संदर्भ में मुख्य मानचित्रण प्रस्तुत किया। वहीं आईजीपी आयुर्वेद कॉलेज, नागपुर की प्राध्यापक डॉ. कल्पना टवलारे ने शिक्षण-कौशल और उद्देश्यों की दक्षता पर विस्तृत प्रकाश डाला। मानसरोवर आयुर्वेदिक मेडिकल कॉलेज के प्राचार्य डॉ. अनुराग सिंह राजपूत ने स्वागत भाषण दिया, जबकि मानसरोवर समूह के आयुर्वेद संचालक डॉ. बाबुल ताम्रकार ने सभी अतिथियों का आभार व्यक्त किया। यह कार्यशाला श्री साई ग्रामोत्थान समिति, मानसरोवर आयुर्वेदिक मेडिकल कॉलेज, हॉस्पिटल एवं रिसर्च सेंटर, श्री साई इंस्टीट्यूट ऑफ आयुर्वेदिक रिसर्च एंड मेडिसिन, तथा विश्व आयुर्वेद परिषद के संयुक्त तत्वावधान में आयोजित की गई। कार्यक्रम में विश्व आयुर्वेद परिषद के संरक्षक वैद्य गोपाल दास मेहता, मानसरोवर ग्लोबल यूनिवर्सिटी के कुलगुरु डॉ. ए. एस. यादव, श्री साई इंस्टीट्यूट की प्राचार्य डॉ. मनीषा राठी, फौकल्टी ऑफ आयुर्वेद के प्राचार्य डॉ. श्रीकांत पटेल, तथा मानसरोवर समूह के ब्म सचिन जैन सहित देशभर से आए 300 से अधिक प्राध्यापक उपस्थित रहे।

## दो दिवसीय मर्म चिकित्सा कार्यशाला सम्पन्न

वाराणसी। दिनांक 9 नवम्बर, विश्व आयुर्वेद परिषद काशी महानगर इकाई द्वारा ईण्टर यूनिवर्सिटी सेंटर फार टीचर एजुकेशन बी एच यू वाराणसी के ऑडिटोरियम में आयोजित दो दिवसीय आयुर्वेद कौशलम् सतत कार्यशाला एवं प्रत्यक्ष कर्माभ्यास-मर्म चिकित्सा का भव्य आयोजन किया गया। उद्घाटन समारोह में मुख्य अतिथि संपूर्णानंद संस्कृत विश्वविद्यालय के कुलपति प्रो० बिहारी लाल मिश्र, पद्मश्री प्रो० मनोरंजन साहू, इंटर यूनिवर्सिटी सेंटर के निदेशक प्रो० पी० एन० सिंह, उत्तर प्रदेश के विश्व आयुर्वेद परिषद के अध्यक्ष डा० विजय कुमार राय जी एवं विषय विशेषज्ञ उत्तराखंड विश्व विद्यालय के पूर्व कुलपति प्रो० सुनील कुमार जोशी, कार्यशाला के अध्यक्ष प्रो० शान्तनु मिश्रा, सचिव प्रो० राकेश मोहन, संयोजक डा० उमाकांत श्रीवास्तव ने दीप प्रज्वलित कर के कार्यशाला का उद्घाटन किया। उद्घाटन सत्र में डा० उमाकांत श्रीवास्तव ने अतिथियों का स्वागत किया। डा० राकेश मोहन ने कार्यशाला के उद्देश्य और रूपरेखा पर प्रकाश डाला। मुख्य अतिथि प्रो० बिहारी लाल मिश्र ने आयुर्वेद में उपस्थित विभिन्न विधाओं पर प्रकाश डालते हुए कार्यशाला की सफलता के लिए आशीर्वाद दिया। पद्मश्री प्रो० मनोरंजन साहू ने विश्व आयुर्वेद के काशी इकाई को बधाई दिया और उक्त कार्यशाला के महत्व को बताया। मर्म चिकित्सक प्रो० सुनील कुमार जोशी जी ने मर्म चिकित्सा के महत्व और उपयोगिता के बारे में बताया। उद्घाटन सत्र के अध्यक्षीय उद्बोधन में उन्होंने प्रतिभागियों का स्वागत करते हुए कार्यशाला की सफलता की कामना की। उद्घाटन सत्र का संचालन डा० अनुभा श्रीवास्तव एवं डा० रचना निकम ने किया। कार्यशाला के वैज्ञानिक सत्र में डा० आशुतोष पाठक और डॉ० राकेश कुमार जायसवाल ने मर्म के विभिन्न आयामों पर अपने विचार प्रस्तुत किए। प्रातः कालीन सत्र में NCISM के प्रतिनिधि प्रयागराज यूनानी कालेज के प्राचार्य ने Ethics for Ayush Practitioner पर अपने विचार प्रस्तुत किये। द्वितीय सत्र में चिकित्सक प्रो० सुनील कुमार जोशी ने विभिन्न रोगियों पर प्रत्यक्ष मर्म चिकित्सा का प्रदर्शन किया तथा मर्म चिकित्सा के विभिन्न बिन्दुओं पर चर्चा की। कार्यशाला को राष्ट्रीय चिकित्सा पद्धति आयोग, नई दिल्ली भारत सरकार द्वारा अनुमोदन भी प्राप्त था जिसमें लगभग 300 पंजीकृत प्रतिभागी उपस्थित थे।



कार्यशाला की समाप्ति पर सभी प्रतिभागियों को प्रमाण पत्र प्रदान किये गये। धन्यवाद ज्ञापन प्रो० यशवंत चौहान द्वारा दिया गया।

## विश्व आयुर्वेद परिषद, दिल्ली प्रांत की मासिक बैठक संपन्न

**नई दिल्ली** । दिनांक 9 नवंबर 2025, विश्व आयुर्वेद परिषद, दिल्ली प्रांत की मासिक बैठक 59, वसुधा एन्क्लेव, पीतमपुरा, उत्तरी दिल्ली में शाम 3 बजे से 5 बजे तक सफलतापूर्वक आयोजित की गई। यह बैठक डॉ. विजय कौशिक के निवास स्थान पर वैद्य स्वामीनाथ मिश्र के मार्गदर्शन में सम्पन्न हुई। बैठक में कुल 10 सदस्य उपस्थित थे, जिनमें आयुर्वेद चिकित्सक, एलोपैथी-प्रशिक्षित किन्तु आयुर्वेद औषधि निर्माता, योग विशेषज्ञ, फिजियोथेरेपी विशेषज्ञ, छबैड में कार्यरत वैद्य तथा आयुर्वेद औषधियों के मैनुफैक्चरिंग एवं मार्केटिंग विशेषज्ञ सम्मिलित थे। उपस्थित सदस्यों में वैद्य स्वामीनाथ मिश्र, डॉ. संघमित्रा दास, डॉ. हिमांशु शेखर तिवारी, डॉ. अवधेश पाण्डेय, डॉ. सुनील चौबे, दीपक सहगल, डॉ. एन. के. गोयल, डॉ. शुभम रोहिल्ला, डॉ. शिवानी मिश्रा पाण्डेय तथा अन्य सदस्य शामिल थे। बैठक का प्रारंभ एवं समापन वैदिक मंत्रोच्चार के साथ हुआ, और इसका संचालन डॉ. विजय कौशिक ने किया। वैद्य स्वामीनाथ मिश्र ने आगामी कार्ययोजना, कार्यकर्ता निर्माण तथा दायित्व वितरण के विषय में महत्वपूर्ण मार्गदर्शन प्रदान किया। सभी उपस्थित कार्यकर्ताओं ने अपने-अपने सुझाव रखे। बैठक में लिए गए प्रमुख निर्णय- प्रांतीय बैठक प्रति माह नियमित रूप से आयोजित की जाएगी, जिसमें सभी क्षेत्रीय संयोजकों की उपस्थिति अनिवार्य होगी। दिल्ली को पाँच जोनक उत्तरी, दक्षिण, पूर्व, पश्चिम एवं मध्य में विभाजित किया जाएगा। प्रत्येक जोन की मासिक बैठक आयोजित होगी तथा संयोजक एवं सह-संयोजक की नियुक्ति की जाएगी। डॉ. विजय कौशिक ने अपनी सेवाएँ देने की स्वीकृति प्रदान की। डॉ. हिमांशु शेखर तिवारी एवं डॉ. शुभम रोहिल्ला ने जोन संयोजक के रूप में कार्य करने हेतु सहमति व्यक्त की। परिषद की महासचिव डॉ. संघमित्रा दास ने आयुर्वेद छात्रों के लिए गहन अध्ययन कार्यक्रम, चिकित्सकों के लिए दक्षता विकास कार्यक्रम, तथा औषधियों की गुणवत्ता पर आधारित विशेष अभियानों की जानकारी दी और प्रकोष्ठों को और अधिक सशक्त करने का आह्वान किया। इस अवसर पर डॉ. विजय कौशिक और उनके परिवार द्वारा दिए गए सम्मान, सहयोग एवं आतिथ्य के लिए सभी सदस्यों ने हृदय से आभार व्यक्त किया।

## राष्ट्रीय कार्यकारिणी बैठक मैसूर में सम्पन्न

**मैसूर** । दिनांक 08 नवम्बर 2025, को राष्ट्रीय कार्यकारिणी बैठक में सर्वसम्मति से महत्वपूर्ण निर्णय लेते हुए नई राष्ट्रीय कार्यकारिणी की घोषणा की गई। संगठन के अनुसार प्रो. महेश व्यास को राष्ट्रीय कार्यकारी अध्यक्ष नियुक्त किया गया है। वहीं राष्ट्रीय उपाध्यक्ष के रूप में डॉ. प्रमानंद राव और डॉ. शिवादित्य ठाकुर का चयन किया गया। राष्ट्रीय संगठन मंत्री का दायित्व प्रो. योगेश चंद्र मिश्रा को सौंपा गया है, जबकि डॉ. सुरेन्द्र चौधरी को राष्ट्रीय महासचिव बनाया गया है। राष्ट्रीय सचिव पदों पर डॉ. विनोद टी. जी., डॉ. किशोरी लाल और डॉ. श्रीधर अन्निशेट्टी की नियुक्ति की गई है। कोषाध्यक्ष के रूप में श्री जितेन्द्र अग्रवाल जिम्मेदारी निभाएंगे। इस अवसर पर विभिन्न प्रकोष्ठों के प्रमुखों की भी घोषणा की गई। राष्ट्रीय संपर्क एवं प्रचार प्रकोष्ठ का दायित्व डॉ. रामतीर्थ शर्मा को दिया गया है, जबकि औषधि निर्माता प्रकोष्ठ का नेतृत्व डॉ. नितिन अग्रवाल करेंगे। प्राचार्य एवं कॉलेज प्रबंधन प्रकोष्ठ के प्रमुख प्रो.



अश्वनी भार्गव होंगे। प्रकाशन प्रकोष्ठ की जिम्मेदारी डॉ. नितिन शर्मा को सौंपी गई है। विद्यार्थी प्रकोष्ठ का अतिरिक्त प्रभार डॉ. किशोरी लाल शर्मा को दिया गया है, जबकि शिक्षक प्रकोष्ठ का नेतृत्व प्रो. अनिल शुक्ला करेंगे। अनुसंधान प्रकोष्ठ के प्रमुख प्रो. रवि राव होंगे और चिकित्सक प्रकोष्ठ का नेतृत्व डॉ. सुरेश जखोटिया करेंगे, जिनके सह प्रभारी के रूप में डॉ. बाबूलाल बराला को नियुक्त किया गया है।

## कुटुंब प्रबोधन, प्राणायाम एवं ध्यान पर विशेष कार्यक्रम सम्पन्न

**नई दिल्ली**। रविवार, 16 नवंबर 2025 को सायं 4 बजे से 7 बजे तक स्वामी वैद्यशाला, सेक्टर 7 द्वारका, नई दिल्ली में विश्व आयुर्वेद परिषद, दक्षिणी-पश्चिमी दिल्ली विभाग, द्वारा आयोजित एक विशेष परिचर्या आयोजित की गई। इस परिचर्या का विषय "कुटुंब प्रबोधन, प्राणायाम एवं ध्यान" पर विचार-विमर्श था। कार्यक्रम के दौरान योगाचार्य श्री राज कुमार शर्मा जी ने प्राणायाम व ध्यान पर विशेष उद्बोधन दिया, जिसमें उन्होंने कुटुंब के स्वास्थ्य और मानव शरीर पर प्राणायाम व ध्यान के महत्व को बहुत ही सहज भाषा में समझाया तथा प्राणायाम का अभ्यास कराया। कार्यक्रम की अध्यक्षता विश्व आयुर्वेद परिषद दिल्ली प्रांत की महासचिव डॉ. संघमित्रा दास जी ने की। उन्होंने अपने वक्तव्य में नींद, आहार और व्यायाम और कुटुंब के सदस्यों के स्वास्थ्य के संबंध पर विशेष प्रकाश डाला, विश्व गीता संस्थान के संस्थापक आचार्य राधा कृष्ण मनोड़ी जी ने कुटुंब संस्कार और संयुक्त परिवार के महत्व को बताया। कार्यक्रम में अंतर्राष्ट्रीय कवियित्री श्रीमती तुषा शर्मा जी ने अपनी कविताओं से सभी का मन मोह लिया। दिल्ली प्रांत में परिवार प्रबोधन के लिए समर्पित श्री विनय कुमार जी ने टेक्नोलॉजी के उपयोग से संयुक्त परिवार के घटते मूल्यों पर प्रकाश डाला। कार्यक्रम के अंत में स्वामी वैद्यशाला के संस्थापक डॉ. स्वामी नाथ मिश्रा जी ने सभी आगंतुक महानुभावों का धन्यवाद किया। कार्यक्रम की संयोजिका डॉ. शिवानी मिश्रा पांडेय ने कुमारी कोमल एवं कुमारी दीपिका के सहयोग से सभी मान्य अतिथियों का अंगवस्त्रादि भेट कर सम्मान किया। इस अवसर पर डॉ. महेश कुमार, डॉ. हरकिशन पवार, डॉ. कमलेश, डॉ. राकेश शर्मा, डॉ. विजय कौशिक, डॉ. महेश कुमार, डॉ. योगेश कुमार पांडेय, डॉ. सुनैना शर्मा, डॉ. हिमांशु शेखर तिवारी, योगाचार्य दीपक सहगल, श्री वी. एन. गाबा, श्री राजनाथ पांडेय, श्री राजेश वत्स, श्री रणजीत सिंह, श्री ज्ञानेश्वर जी, श्री दिलीप मिश्रा, योगाचार्य अभिषेक मिश्रा, श्रीमती स्वाति मिश्रा कालाचार्य, पंडित अजय शास्त्री, श्री शाश्वत सिंह, श्री महेंद्र चौहान, श्री प्रखर अग्रवाल सहित 50 लोगों ने सपरिवार भाग लिया। कार्यक्रम का प्रारंभ एवं समापन मंत्र के साथ हुआ। स्वामी वैद्यशाला के निदेशक डॉ. अवधेश पांडेय की ओर से जलपान की व्यवस्था की गई।