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मार्च-अप्रैल 2025



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



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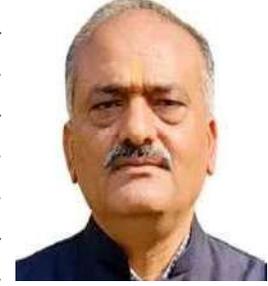
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सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक हैं। पत्रिका के लेखों में व्यक्त विचार लेखकों के हैं। सम्पादक एवं प्रकाशक का उससे सहमत होना आवश्यक नहीं है। आपके सुझावों का सदैव स्वागत है।



Guest Editorial

वर्तमान परिदृश्य में आयुर्वेद एवं आयुष विधा की जन-स्वीकार्यता निरंतर बढ़ रही है। लोग अब अपने स्वास्थ्य के चिंतन हेतु आयुर्वेद को प्रथम वरीयता के रूप में देख रहे हैं। केन्द्र सरकार द्वारा 2014 में आयुष मंत्रालय की स्थापना एवं भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग के गठन के बाद से भारतीय चिकित्सा पद्धतियों के उन्नयन हेतु चहुमुखी प्रयास हो रहे हैं। इसके अतिरिक्त कई अन्य सरकारी एवं गैर सरकारी संगठन तथा स्वयं सेवी संगठन भी इसी दिशा में अपने स्तर से प्रयत्नशील हैं। विश्व आयुर्वेद परिषद् की स्थापना 1997 में चैत्र प्रतिपदा नव संवत्सर के दिन हुई थी। अपने स्थापना काल से ही आयुर्वेद विधा के स्वर्णिम



वैभव की पुनर्स्थापना हेतु यह संगठन निरंतर कार्य कर रहा है। विश्व आयुर्वेद परिषद् की स्थापना दिवस के अवसर पर एक बैठक, जामनगर में आयोजित थी, जिसमें राष्ट्रीय स्वयं सेवक संघ के वरिष्ठ पदाधिकारी आदरणीय भईया जी जोशी उपस्थित रहें। इस बैठक में मुझे भी उपस्थित रहने का सौभाग्य प्राप्त हुआ। भईया जी ने अपने उद्बोधन में बताया कि विश्व आयुर्वेद परिषद् पिछले कई वर्षों से आयुर्वेद के क्षेत्र में विद्यार्थियों, अध्यापकों, चिकित्सकों, अनुसंधानकर्ताओं, औषधि निर्माताओं के साथ समन्वय स्थापित कर भारतीय चिकित्सा पद्धति के प्रचार-प्रसार एवं विस्तार का कार्य कर रही है। आयुर्वेद का जन-जन तक प्रचार प्रसार करने के लिए जागरूकता अभियान चलाना, कैंप लगाना, सम्पूर्ण भारत में आरोग्य का स्तर बना रहे इस हेतु गाँव-गाँव तथा जहाँ चिकित्सा सुविधाएं पूर्णरूपेण उपलब्ध नहीं हैं, उस अंतिम छोर तक जाकर भी वहाँ स्वास्थ्य सुविधाएं प्रदान करना जैसे कार्य करते हैं। राष्ट्रीय आयुर्वेद मेलों का आयोजन, आयुर्वेद महाविद्यालयों के विद्यार्थी भविष्य में क्या-क्या कर सकते हैं, इससे संबंधित प्रशिक्षण देना। आयुर्वेदीय शिक्षा को कैसे पढ़ें, छात्रों को उसके प्रायोगिक एवं व्यवहारिक पक्ष को सिखाकर निपुण और बहु आयामी बनाकर उन्हें आयुर्वेद द्वारा चिकित्सा करने के लिए प्रेरित करना। केन्द्र एवं राज्यों में आयुर्वेद से संबंधित मंत्रालय, आयोगों, अनुसंधान परिषदों में जाकर आयुर्वेदज्ञों के हित में नीति निर्धारण में सुझाव देना। विभिन्न राज्यों में आयुर्वेद के छात्रों, शिक्षकों, चिकित्सकों को समय-समय पर उनके उत्कृष्ट कार्यों के लिए पुरस्कृत करना आदि कार्य नियमित रूप से करना।

भारत में विभिन्न सार्वजनिक आयोजनों जैसे भगवान श्री राम मंदिर के प्राण प्रतिष्ठा, प्रयागराज महाकुंभ के आयोजन में लाखों श्रद्धालुओं को शिविर लगाकर निःशुल्क चिकित्सा सुविधाएं मुहैया कराना जैसे उत्कृष्ट कार्य भी परिषद् द्वारा किये गये हैं। विश्व स्तर पर आयुर्वेद को मान्यता दिलाने एवं प्रचार प्रसार के लिए यह संगठन निरंतर कार्य कर रहा है। निःस्वार्थ भाव से आयुर्वेदोन्नयन में जुटे आयुर्वेदानुरागियों के ऐसे संगठन को मैं हृदय पूर्वक शुभकामनाएँ देता हूँ और भारत की प्राचीनतम चिकित्सा पद्धति से विश्व सदा आरोग्य लेता रहे ऐसी कामना करता हूँ।

— वैद्य राकेश शर्मा

अध्यक्ष, आचार एवं पंजीयन बोर्ड,
नेशनल कमीशन भारतीय चिकित्सा पद्धति, नई दिल्ली



A LITERARY REVIEW ON THE MUTRAASHMARI

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ABSTRACT :

Ashmari is mentioned in Ayurvedic texts widely. As per classics, ashmari is considered under ashtamahagada due to its fatal nature. Mutrashmari is a disorder of mutravahasrotas. Description of ashmari is found in almost all Samhita of Ayurveda as etiopathogenesis, classification, symptomatology, complications and management in a most scientific manner. In modern view Mutrashmari is urolithiasis and science also emphasizes on involvement of various factors like heredity, age. Mutrashmari–urolithiasis is a consequence of complex physico-chemical processes which involves sequence of events in the formation of any urinary stone i.e magnitude of imbalance between stone promoters and inhibitors in the kidney .Urolithiasis is the third most common disease of the urinary tract, after urinary tract infection and benign prostatic hypertrophy. Management of urolithiasis in modern science is mainly surgery and almost none oral medicine available for this purpose and other available

management like cystolithotomy, lithotripsy, extracorporeal shock wave etc. In Ayurvedic classics have mentioned Mutravirechaniya (diuretic) and Ashmarighnadravya (lithotriptic) which are beneficial for ashmaribhedan. Various formulations are mentioned in various Ayurvedic texts according to predominance of Doshas Chikitsa is also mentioned.

Keywords : *Mutrashmari, Mutra, Urolithiasis, Mutravahasrotasa*

INTRODUCTION

Mutrashmari has been described by Acharyas in all the Ayurvedic literatures. Ashmari is considered as Mahagada, Marmashrayee, and involvement of bahudosh (tridoshajavyadhi). Basti is vyakthasthana of Ashmari and Basti is considered one of pranayathana . It is one of the common diseases due to the present lifestyle and food habits, which occurs commonly in various socio-economic classes of people. The lifetime prevalence of symptomatic urolithiasis is 10% in men and 5% in women and the chance of a second stone formation within 5-7 years

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is approximately 50% of the population due to the daily lifestyle and dietary pattern of the peoples. In Charak Samhita, Shushruta Samhita, Astanghridaya, Yogaratnakara different type yogas for the management of Mutrashmari is explained. Explanation of Ashmari chikitsa is available in 29th chapter of Chikitsa Sthana of Gadanigraha and 34th chapter of Chakradatta. Shodhana, shaman and Shastra karma is advised for Chikitsa of Mutraashmari by Acharyas. In Ayurveda many yoga's are mentioned in the management of mutrashmari. The important factor i.e., the diagnostic part in case of a stone, the advice given by ancient Acharyas seems to be true even at present who were of the idea that before going for the treatment sure shot diagnosis is important both for the physician and the patient.

MATERIALS AND METHODS –

Charak Samhita, Sushruta Samhita, Chakrapani, other Ayurvedic texts, modern textbooks, journals and online databases were reviewed thoroughly for the study material.

Concept of Mutrashmari- In Ayurveda, many diagnoses ways present, but the Nidanapanchak is the most important method to diagnose any disease. Nidanapanchak is the five Parikshas (5 types of examination) of Roga (disease).

The Nidanapanchak of Mutrashmari as follows-

Nirukti:

Ashmanam Rati Dadati Iti Ashmari' The one which is converted into a hard mass resembling a stone (Ashma) is called Ashmari.

Nidana:

The knowledge of nidana plays an important role because the first principle of Ayurvedic treatment Nidana Parivarjana and Shaman and Shodhana Chikitsa is advised.

Acharya Charaka has not given separate chapter for the disease but explained it under the "Mutrakricchra". Hence the nidanas of both Mutrakricchra & Ashmari can be taken as same.

According to Acharya Sushrutani dansare Asanshodhana Sheela, Apathya-karina.

Kashyapa has considered Matru and Pitru Bijadosha as one of the cause for the Ashmari. Children are more susceptible from ashmari because in Balyavastha both body and prakriti are similar, and also, they are in the habits of Divaswapna, Mithyaahara, Adhyashana, Abhishyandihara, Madhuraahara, Guru ahara in excess quantity

Acharya Charaka has not given separate chapter for the disease but explained it under the "Mutrakricchra".



Hence the nidanas of both Mutrakrichhra & Ashmari can be taken as same.

Samprapti

Samprapti can be defined as, it is the process which starts from 'Sanchayavastha' of Doshas to the 'Vyadhi Vayktavastha'. It is possible through Samprapti to assess the Doshas, Dushyas, Srotodusti or Khavaigunya, Agni etc.

Acharya Charaka view due to Nidana sevan Vata aggravated Dries-up the mutra which then associated with Shukra, Pitta, Kapha and Gradually form calculi i.e. Ashmari. Charaka explained the process of formation of Ashmari as similar to that of Gorochna (Gall stone) in the Pittashaya of cows. Both Kashyapa and Vagbhata accept the views of Charaka and further state that the increase or decrease in the Medodhatu is directly related to the size of Ashmari.

Samanyasamprapti: According to Sushruta, tridosha or kapha gets aggravated in persons who do not undergo sodhana procedures and uses asatymaharaahara, Shleshma then mixes with mootra, enters into basti Pradesh, and takes the shape of an Ashmari. Sushruta states examples of the mechanism of stone formation. A new pitcher filled with clear water can show the settling down of sediments in due course of time. In the same way, calculi are formed in Basti.

Vishistasamprapti:

Vataja Ashmari: The prakupita Kapha with vatadosha acquires sanghata and parivridhi and these lie at Bastishira and obstructs the Mutramarga.

Pittaja Ashmari: The prakupita Kapha with pitta dosha acquires sanghata and parivridhi and these lie at Bastishira and obstructs the Mutravaha srotas.

Kaphaja Ashmari: aggravation of Kapha due to the regular intake of Kaphakara ahara causes saturation of kapha along with Mutra these lie at basti Shira and obstruct Mutramarga.

Shukraja Ashmari: Shukrashmari is usually formed in adults. Due to the not displacing of Shukra from its place the vayu collects the Shukra, deposits it at a place between the medra and vrishana and dries up with pitta dosha, and obstructs Mutravaha srotas

Purva-rupa

BastiPida, Aruchi, Mutrakricchra, Bastisirovedana, MushkaVedana, ShephaVedana, Jwara, Avasada, Bastigandhatwa, Sandra Mutra, Avila Mutra, Bastiadhmana

Lakshana

Rupas

NabhiVedana, BastiVedana, Sevani Vedana, Mehana Vedana, Mutra Dhara Sanga, Mutra Vikirana, Gomeda Prakasha,



Atyavilam, Sasiktam, Dhavan, Plavan etc., Vishirna Dhara, Sarudhira Mutra, Mrudanti Medhra, Makusakaran Munchati Mehana, Mutrarodha, Atimutratram, Pratatamroditi, Kasamana

SAMPRAPTI GHATAKA:

- **Dosha:** Tridosha (Kapaha Pradhan)
- **Dushya:** Mutra
- **Agni:** Jataragnimandya
- **Srotas:** Mutravaha srotas
- **Udbhavasthana:** Amashaya and Pakvashaya
- **Adhistana:** Mutravahasrotas and Basti
- **Vyakthasthana:** Mutravahasrotas and Basti
- **Dustiprakara:** Sanga
- **Rogamarga:** MadhyamaVyadhi
- **Swabhava:** Chirakari
- **Sadhyasadhyata:** kruichrasadhya, shastrasadhya.

UPADRAVA:

- Sharkara
- Bhasmakya
- Sikatameha
- Mutraghata and Bhadda Mutrata
- Prashoonatha of Nabhi and Vrishana
- Dourbalya, Angasada, Aruchi and Trishna
- Karshya,

SADHYA-ASADHYATA:

- **Sadhya** - Daruna and tarunamutra-shmari.
- **Shastra sadhya**-Pravruddhamutra-shmari.
- **Asadhya**- Ashmari associated with upadravas like Nabishohta, vrishanashohta, baddhaMutra, presence of sikata and sharkara in Mutra.

CHIKITSA:

Ashmari considered as mahagada. So, it is necessary to diagnose and treat the disease as the earliest. Srothosodhana, vatanulomana (giving importance to apanavayu), proper maintenance of agni, removal of excess waste materials, and salyanirharana are the important aims of Ashmarichikitsa.

The line of treatment is as follows:

1. Nidanaparivarjana
2. Sodhanachikitsa
3. Shamanachikitsa
4. Shastra karma

Nidana parivarjana

In the management of any disease, aharavihar responsible for the aetiopathogenesis are to be strictly avoided to get better results from the treatment and to prevent the recurrence. As Asmari is a kaphapradhanavyadhi, hence the measures aggravating kapha are to be



avoided and the treatment to control kapha is to be followed. Also, vishtambhi, rooksha, guru, and viruddhaahara should be avoided whereas the intake of kulatha, mudga, godhuma, etc are considered to be good.

Shamana Chikitsa

In Ashmari, vata-pitta-kaphahara and mutrakrichrahara drugs are advised. Different ghrita, yavagu, yusha, kashaya, ksheeraprayoga, and ksharas are mentioned.

- ♦ **Rasa/Pishti-** Trivikram Rasa, Trivangabhasma, Jawaharmohrapishti
- ♦ **Churna-**Pashanbhed Churna, Gokshur Churna
- ♦ **Kashaya-** Pashanabhedi, Punarna vastaka, Varanadi, Veerataradi, Punarnavadi.
- ♦ **Guggulu-**Gokshuradi, Punarnavadi, Trikantakadi
- ♦ **Vati** – Chandraprabha, Shilajatu,
- ♦ **Grita-** Trikantaka, Vyastyamayantaka, Maha kushmanda
- ♦ **Yoga** - Karpasumuladi, Shatavaryadi, Shrungeradi, Haridraguda, Yavaksharadi.
- ♦ **Kshara-**Apamargkshara, Palasakshara, yavakshara and mulakshara

Sodhana Chikitsa

Snehana, swedana, virechana, vasthi, uttaravasti, etc can be advocated for treatment. Avapeedakasnehapana indicated in mootravegadharanarogas and avagahasweda will be effective in the management of Asmari. Saindhavadi-tailaniruhavasti and vrushadiasthanavasti are recommended in ashmari.

Sastrakarma

Acharyas mentioned that surgery has to be the ultimate treatment because even with an expert surgeon, success is uncertain. In these cases, the operation should be considered last, when death is inevitable with non-operative treatment. It should be carried out by well-renowned persons after taking the consent of authorities (king).

Pathya-Apathya Ahara Vihara-

Pathya- Yava Jalasevana Kulattha Godhuma Mudga Jeernashali Yavakshara Jeernakushmadaphala

Apathya- Shuskaahara-rukshaahara Pishtanna Arkatapa Athivyayama Jambu Kapittha Kharjura Vegadharana

CONCLUSION

Ayurvedic review deals with disease Mutrashmari, description deals with Nidana, Samprapti, Purvarupa, Rupa, Classification, Lakshanas, Upadrava of Mutrashmari etc. and the different aspects of Ashmari Chikitsa and pathyaapthya are



also explained. The study concludes that we can reduce and manage this rising problem of Mutrashmari through modifying lifestyle, purification therapy and medication.

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GARBHA- GARBHINI PARICHARYA- AYUSH BASED HOLISTIC CARE MODEL FOR POSITIVE PREGNANCY EXPERIENCE

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Ayurveda entails the time tested wisdom, principles and practices of maintaining a healthy and happy life which begins right from the mother's womb. Ayurveda, translated as art and science of healthy living advocates that lifelong health depends on the health and wellbeing of mother fetal unit during the beginning of journey of life i.e. Pregnancy. These 280 days of gestation represents the most rapid transition of mass of life from a single cell to a neonate. Pregnancy embarks upon the physiological, psychological, social and spiritual interactions between the mother and the fetus developing inside uterus of a woman. Ayurveda advocates a specialized life style interventions for maintaining an optimal state of health of Mother and fetus described as Garbha-Garbhini Paricharya i.e. Life style during pregnancy, which is popularly known as Garbha Sanskara so that a healthy mothers can produce healthy progeny. This approach of Promotive Reproductive and child health has become a unique selling proposition of Ayurveda and is gaining wider acceptance across the globe. Garbhini Paricharya is a bouquet of

multidisciplinary and integrative health practices based on principles of Ayurveda and Yoga for pre-conceptual, ante natal care, intra-natal care and post-natal care. These practices based on principles of Ayurvedic midwifery and obstetrical science and Yoga are customized as per the personalized requirements which are culturally and socially acceptable including dietary practices, lifestyle, yoga, meditation, guided imagery, emotional, spiritual, cultural and cognitive practices. These health promoting practices are usually prescribed for the expecting couple for optimizing the maternal health and providing a healthy environment and exposures for the developing fetus inside the womb so that a woman can have healthy and safe pregnancy, optimizing reproductive outcome i.e. Positive Pregnancy Experience.

World Health Organization defines 'positive pregnancy experience' as maintenance of physical, socio-cultural normality, healthy pregnancy for mother and baby which includes prevention and management of risks and illnesses in

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mother and baby. The other element of positive pregnancy experience is an effective transition of pregnancy to positive labor outcomes with birth and achievement of positive motherhood including maternal self-esteem, competence and autonomy.

Ayurvedic Garbha Garbhini Paricharya or Garbha Sanskar practices can be well integrated in this model of mother and child health care model put forward by World Health Organization.

Why Garbhini Paricharya?

Pregnancy is accompanied with changes in maternal body and mind. Pregnancy is a state of stress due to increase in physiological and psychological demands of maternal body and mind which arise due to growing fetus, dynamic hormonal milieu, change in lifestyle, emotional lability, anxiety, worry, excitement, etc. This state of stress takes a great toll on physical and psychological health of the mother and growing fetus making them vulnerable to a lot of distress, disorders and diseases leading to increasing maternal and fetal morbidity. Garbha Garbhini Paricharya or Garbha Sanskar practices entails health promoting changes in diet, lifestyle, emotional states, mental states etc. so that many pregnancy induced disorders can be prevented in the mother and optimal growth and development of fetus can occur in a healthy intra-uterine environment.

Healthy intrauterine environment not only affects shaping of physio-psychological temperament (Prakruti) but also expression of genes i.e. epigenetics and life long health.

What are the Interventions in Garbhini Paricharya ?

Pre-Conceptional Care- Garbhadhana Vidhi: Ayurveda advocates that before conceiving a progeny, one must ensure the right environment in which pregnancy occurs, thrives and survives. This process begins with the Prakriti determination of the couple and prescription of life style modifications as per the temperament of the couple and physico-mental qualities they look forward in their progeny. In order to ensure the appropriate environment, Ayurveda prescribes a tripartite detoxification process

a. Aahar Shuddhi-

Dietary Detoxification by elimination of toxic food elements from the diet and inclusion of foods which are healthy and wholesome for the body and promotes genital health, produces good quality gametes i.e. egg and sperm and ensures optimal secretions of reproductive hormones.

b. Deha Shuddhi-

Body Detoxification through a series of detoxification procedures Panchkarma for the couple contemplating a pregnancy. It includes the Pre-detox regimen of



Snehana(~ Internal as well as External oleation by consuming medicated oil or Ghee, Application of medicated Oil and Ghee on body) Swedana(~ Hot fomentation by using medicated steams and series of massages).This is followed by Vamana (Therapeutic Emesis induced by herbal preparations), Virechana (Therapeutic Purgation induced by herbal preparations), Basti (Therapeutic enemas i.e. personalized and disorder specific oil based and decoction based enemas) for purification of gut, pelvis and activation of Gut-Brain Axis for better reproductive outcomes, Nasya (Therapeutic Errhines and nasal instillation of medicated oils, ghees or decoctions) for activation of Hypothalamus-Pituitary- Gonal Axis. This elaborate detoxification is followed by use of regenerating and rejuvenative herbs and compounds for good reproductive performance, genesis of healthy gametes and reproductive tissues which also eliminates chances of abnormal genetic mutations ensures a healthy progeny and prepares maternal tissues for retaining pregnancy.

c. Satva Shuddhi-

This element represent the Psycho-spiritual aspect of detoxification which includes maintain healthy and positive perceptions and thoughts about the pregnancy and abstinence from toxic & negative emotional and mental states. Ayurveda detailed about many positive

mental states which a couple in general and woman in particular must follow and practice before conception which includes love, empathy, compassion, austerity, contentment etc. This also include visual imagery of qualities to be inculcated in the progeny. In digital era, one must also consider digital detoxification by abstaining from watching negative digital content. It also includes invocation of a righteous soul in the conceptus procreated by the couple.

This detoxification process is followed by the righteous act of copulation and cohabiting which includes sexual act and insemination and invocation of a pious cosmic form with the desired qualities to activate the biological communion of ovum and sperm so that it develops into a high quality progeny.

II Pre- Natal Care-Garbhini Paricharya:

After the confirmation of pregnancy, a woman must follow the detailed life style approaches and modifications prescribed in Ayurveda classical texts. These are flexible approaches and can be modulated as per the needs and demands of a pregnant woman. Ayurveda prescribes a menstrual i.e. monthly antenatal care plan for the pregnant woman referred to as MaasanumasikGarbhiniParicharyainstead of trimester based ante natal care planning followed in conventional system of Medicine. Ayurveda elucidates that



menstrual cycle is of 28 days and every 28 days in a pregnant woman some physiological changes occur which lead to : 1. Fetal development 2. Maternal reproductive tissue development. 3 Mother resource pooling for utilization during and after parturition i.e. delivery. This GarbhiniParicharya includes a detailed list of diet, herbs, medicines, mind-body practices, socio-cultural behavioral codes which a pregnant woman must follow to prevent fetal demise, abortion and pre-term birth. Purpose of GarbhiniParicharya is to create a safe, nourishing and positive intra-uterine environment for the fetus where he/she can develop into a distress free and healthy human being with epigenetic programming which ensures a lifelong health and wellbeing for the progeny. Life begins in womb so womb environment and exposures program the life of the progeny. Ayurveda consider Garbhini Paricharya an important tool in pro-creating healthy, positive and more contributing human beings referred to as Shreyasi Praja and Praja Sampad in classical texts of Ayurveda. Following Ayurvedic Pre- Natal Care program during pregnancy also strengthens maternal tissues and prepares her to withstand the physiological and psychological challenges of pregnancy and parturition i.e. Child Birth. This Paricharya entails a flexible approach of lifestyle modifications as per the physiological,

physiological and socio-cultural milieu of the pregnant woman. GarbhiniParicharya is a sequential nine month program of antenatal care of the mother and fetus which includes elements of healthy diet, exercise, yoga, dietary and nutritional supplements, rejuvenating herbs, socio-cultural practices and mental health for total development of mother and child.

III. Intra-Natal Care- Prasava Paricharya:

After the completion of gestational period of 280 days and with onset of signs of Parturition like lightening etc. a woman is referred to as Prajaayani.e. She is to be relieved from her daily duties and required to be confined a specialized clinical area for preparation and observation of labor and delivery termed as Sutikagaar which is well equipped with instrument, equipments and human resources like masseuse and doulas for conducting the child birth. With the onset of labor and visible signs of labor in a parturient, she is referred to as AsannaPrasava. There is a prescribed clinical protocol for the care of the parturient so that distress free and comfortable delivery can be conducted without any discomfort to the mother and child. This PrasavaParicharya includes watchful waiting, mindful observation of changes in the body and mind of parturient, dietary and nutritional support while a woman is laboring, massaging and



maneuvering the female pelvic area for comfortable delivery, psychological and emotional support by trained midwives and doulas for conducting the delivery smoothly. It also includes use of herbs, herbal decoctions, enema, fumigations like Yoni Dhupan as a part of infection control and management of birth canal injuries and retained placenta etc. PrasavaParicharyais a total program of labor and delivery management of conducting vaginal birth and new born resuscitation & care. These Ayush interventions if coupled meticulously can help a woman to deliver baby vaginally with minimum discomfort and support and enhance the positive pregnancy experience

IV Post-

Natal Care- SutikaParicharya: After Parturition i.e. labor and birth, body and mind of woman becomes fatigued and she becomes more susceptible to puerperal disorders and many other disorders. Body and Mind of women gets weakened by the physiological and psychological stress of pregnancy and childbirth. In order to rejuvenate the body-mind complex of the woman during puerperium and prevent her from various to puerperal disorders, Ayurveda propagates clinical and health promotion interventions referred to as SutikaParicharya. SutikaParicharyain general a 6 weeks or 45 days or 1 and half month care program conceived in Ayurveda

for holistic wellbeing of woman during their post partum phase of life so that her body and mind can get rejuvenated. This care program include various administration of herbal decoctions, Compound Ayush preparations, Internal oleations, Massages, Manual Therapies, Diet Therapy, functional foods including traditional puerperal recipes, Wound Care, Fumigation (Yoni Dhupan) and other supportive care measures. This care program is a flexible approach which can be modulated as per the physiological, psychological and sociocultural needs. Surprisingly, this elaborate personalized care program conceived thousands of years ago when conventional midwifery was non-existent. One of the objective of SutikaParicharyais also to ensure new born care which includes breast feeding, swarnaprasahana, shiropichu, cord-care and balaabhyanga. In order to ensure, good quality and quantity of breast milk to the newborn and to prevent lactational disorders and breast suppuration clinical protocols have been detailed in classical treatises.

How and Where to Implement these Interventions ?

Role of Ayush Health Interventions has been well recognized in twelve service delivery framework of Comprehensive Primary Health Care which has been recently launched in 2022. These



Interventions must be implemented at Health and Wellness Centers to optimize reproductive outcomes and to reduce the incidence of cesarean delivery. Many of these interventions are culturally accepted practices and can be easily integrated with the conventional obstetric and midwifery protocols. Under National Ayush Mission, an Ayush Public Health Program 'SUPRAJA' is dedicated to implement Ayush based Mother and Child Health Practices and revive the traditional art and science of Indian midwifery practices.

CONCLUSION:

To sum-up, Ayurveda surprisingly thousands of years back has promulgated clinical protocols and interventions on the continuum of care right before the conception to the puerperium. This life cycle approach of women care during the reproductive cycle ensures healthy reproductive outcomes and can be utilized in delivering better mother and child health care services through 12 service delivery framework under Comprehensive Primary Health Care. These practices and interventions has a great potential in enhancing quality of life during the reproductive years of women and ensure positive pregnancy experience by reducing the distress during and after pregnancy and is also vital for inter-pregnancy care. In these recent years, Ayurveda based Interventions are gaining worldwide

publicity as Garbha Sanskar, this ancient wisdom must be made more evidence based through exhaustive research and development efforts.

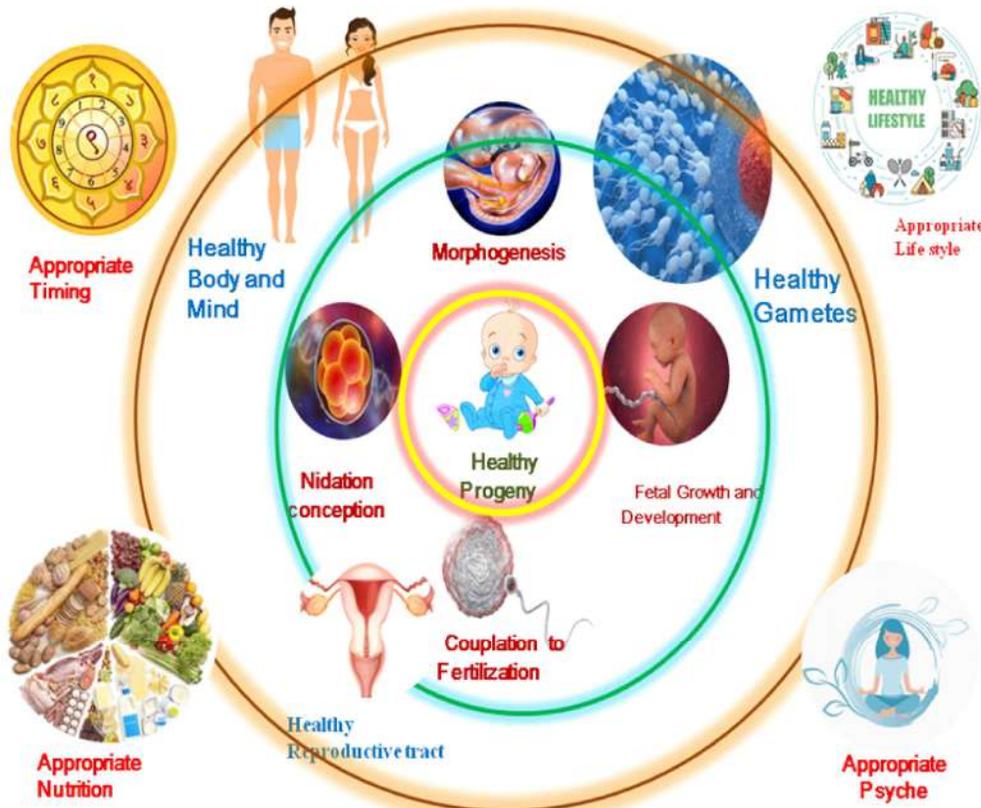
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Garbhini Abhyanga-Massage for pregnancy Garbhini Shirodhara-

Yoni Dhupana fumigation therapy for prevention of puerperal



Garbha Sanskara Scheme as per Ayurveda



EVALUATING THE HEALTH EFFECTS OF VIRUDHAKA (SPROUTS) THROUGH AN AYURVEDIC PERSPECTIVE

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ABSTRACT :

Ayurveda mentioned TrayaUpastambha in which Ahara is one of the most important Upastambha. As we know due to health consciousness everyone eating sprouts without knowing proper method of preparation, what kind of sprout intake, when and in how much quantity you will take sprout. That's why everyone should know which kind of sprout intake according to season and one's individual Prakriti for gaining maximum benefits of sprouts without any potential risks.

Purpose

Ayurveda mentioned about Traya Upastambha of Ayurveda- Ahara, Nidra, Brahmacharya. Ayurveda mentioned that "Praninam Punarmulamaharo Balavarnojasa cha". Among concept on healthy diet, eating Virudhaka (Sprouts) is becoming more popular as a nutrient-dense, enzyme-rich diet that helps improve digestion and assist gain a variety of minerals and vitamins. To evaluate health effects of sprouts from an

Ayurvedic perspective, focusing on how they interact with the body's Doshas and their potential impact on overall health and wellness.

Method

A comprehensive review was conducted of Ayurvedic texts and contemporary scientific literature to evaluate the health benefits and risks associated with sprouts.

- 1. Nutritional and Dosha Analysis: Review of nutritional content of sprouts and their health implications. Understanding how sprouts influence Tridosha and affect health.*
- 2. Prakriti-Based Recommendations: Using of various spices with sprouts according to the Tridosha to create balanced and health-promoting meals.*
- 3. Seasonal Sprout Preparation: Various ways to prepare and consume sprouts in each season.*

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Result

1. *Dosha Interaction: Sprouts generally balance Pitta and KaphaDoshas while potentially aggravating VataDosha if consumed excessively or without proper preparation.*
2. *Nutritional Benefits: Sprouts are rich in essential nutrients such as vitamins, minerals, and antioxidants which promoting overall health and vitality.*
3. *Potential Risks: Excessive consumption of sprouts can aggravate VataDosha, leading to issues such as dryness or digestive disturbances such as bloating, gas, acidity, potential nutrient imbalances due to compounds like phytic acid.*

Conclusion

Sprouts offer considerable health benefits through their rich nutritional profile and alignment with Ayurvedic principles, particularly in balancing Pitta and KaphaDoshas. However, they may pose risks if consumed excessively or without proper consideration of individual Dosha imbalances. Integrating sprouts into the diet should be done with attention to individual Prakriti and dietary needs to maximize benefits and mitigate potential risks.

Keywords: *Virudhaka (Sprouts), Health, Risks, Doshas, Digestion, Nutrient balance.*

INTRODUCTION

Ayurveda, one of the oldest systems of medicine, provides a holistic approach to health that encompasses diet, lifestyle, and mindfulness. The concept of Trayaupastambha underscores the foundational pillars of health: Ahara (diet), Nidra (sleep), and Brahmacharya (celibacy or self-restraint). In contemporary wellness discussions, sprouts have emerged as a popular health food, often marketed for their nutrient density and health benefits.

This paper aims to explore the integration of sprouts within Ayurvedic dietary guidelines, examining their nutritional content, effects on the Doshas, and potential health benefits and risks.

Aim

To evaluate the health effects of sprouts (Virudhaka) from an Ayurvedic perspective, focusing on their nutritional benefits and interactions with the body's Doshas. This study aims to provide a holistic understanding of their role in promoting overall health and well-being.

Objectives

To analyze the nutritional profile, influence on Tridosha, based on Prakriti,



appropriate method in alignment with seasonal changes and potential health risks of various sprouts (Virudhaka).

Need of study

Ahara is one of the most significant Upastambha in the Trayaupastambha mentioned in Ayurveda. Due to health concerns, people are eating sprouts without knowing how to properly prepare them, which ones to eat, when to consume them, or how much to eat. For this reason, everyone should be aware of the type of sprouts they should consume based on the season and their own Prakriti in order to maximize their health advantages and minimize any hazards.

Material and methods

Ayurveda classical texts, Samhitas, online data, journals and supportive text of contemporary science will be referred.

Literary review

1) Nutritional Analysis

a) Nutritional Content of Sprouts - Sprouts are germinated seeds that offer an array of nutrients, including:

- Vitamins: A, B, C, and K
- Minerals: Calcium, magnesium, iron, and potassium
- Antioxidants: Flavonoids and carotenoids
- Protein: Enhanced digestibility compared to whole seeds

2) Dosha Analysis and Interaction

According to Ayurvedic principles, food influences the body's Doshas: Vata, Pitta, and Kapha.

- Vata Dosha: Excessive consumption of raw sprouts can aggravate Vata, leading to symptoms such as dryness and digestive discomfort. Therefore, moderation and proper preparation are crucial.
- Pitta Dosha: Sprouts tend to have a cooling effect, beneficial for individuals with a predominance of Pitta.
- Kapha Dosha: The light and dry qualities of sprouts help in balancing Kapha, which is associated with heaviness and stability.

3) Prakriti-Based Recommendations

According to individual's Prakriti one should use the spices to balance Doshas. The use of spices in consumption with sprouts can enhance their health benefits and mitigate potential risks:

- Vata Balancing: Moistening spices like cumin and cardamom can help counteract Vata aggravation when consuming sprouts.
- Pitta Balancing: Cooling spices like coriander and fennel.



- Kapha Balancing: Warming spices such as ginger and black pepper. including the consumption of sprouts. The preparation and consumption of sprouts can vary with the seasons to align with Ayurvedic dietary practices:

4) Seasonal Considerations :

Each season influences the body's doshas and requires dietary adjustments,

S. N.	Season (Ritu)	Recommended Sprouts	Preparation	Benefits
1.	<i>Vasanta</i> (Spring)	Mung beans, fenugreek sprouts	Lightly steamed or raw in salads	Energizing and detoxifying, helping to balance <i>Kapha</i> , which tends to increase during this season.
2.	<i>Grishma</i> (Summer)	Moong, sunflower sprouts	Fresh salads or chilled sprout dishes	Cooling and hydrating, beneficial for balancing <i>Pitta</i> and maintaining hydration in the heat.
3.	<i>Varsha</i> (Monsoon)	Chickpea, alfalfa sprouts	Cooked in warm dishes to enhance digestibility	Helps stabilize <i>Vata</i> and <i>Kapha</i> imbalances caused by humidity, supporting the immune system.
4.	<i>Sharad</i> (Autumn)	Lentil, black gram sprouts	Lightly cooked with warming spices	Balances <i>Vata</i> and provides nourishment as the body prepares for cooler temperatures.
5.	<i>Hemanta</i> (Pre-Winter)	Pea, horse gram sprouts.	In hearty soups or stews to enhance warmth.	Nourishing and grounding, helpful for balancing <i>Vata</i> and preparing the body for winter.
6.	<i>Shishira</i> (Winter)	Mustard, fenugreek sprouts	Cooked in warming dishes or mixed with spices	Helps counteract cold and dryness, providing warmth and nourishment to the body.

5) Potential Health Risks

While sprouts are generally beneficial, there are certain risks associated with their consumption:

- Digestive Issues: Overconsumption can lead to bloating, gas, and acidity,

particularly in individuals with *Vata* imbalances.

- Nutrient Absorption: Compounds like phytic acid can inhibit the absorption of certain minerals if consumed in large amounts.



- Food Safety: Sprouts can harbor bacteria if not properly washed or cooked, leading to foodborne illnesses.

DISCUSSION

We discussed different types of sprouts, its antioxidant properties, extraction techniques, functional food application and health benefits. Sprouts are regarded as “functional foods.” It has additional health-regulating or disease prevention qualities in addition to their basic nutritional contents. There are different sources of sprouts including fruits (apricots and almonds), vegetables (broccoli, radish, and others), cereals (buckwheat, soyabean, and barley), spices (fenugreek, ginger, turmeric and garlic). Sprouts are beneficial for health because it is rich source of phytochemicals, vitamins, minerals, and amino acids. Excessive consumption of sprouts also leads to health-related potential risk even if it is nutrient rich food.

CONCLUSION

Sprouts serve as a nutrient-dense food option that offer substantial health benefits when integrated thoughtfully into the diet, particularly within the framework of Ayurvedic principles. Their nutrient density aligns well with the goals of achieving balance among the Doshas, particularly Pitta and Kapha. However,

individual dietary needs and Dosha imbalances must be carefully considered to avoid potential health risks associated with excessive consumption.

Incorporating sprouts into the diet should be a personalized endeavor, taking into account individual Prakriti, seasonal changes, and proper preparation techniques. By doing so, individuals can fully harness the nutritional advantages of sprouts while adhering to the holistic tenets of Ayurveda, ultimately enhancing their overall health and well-being.

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CONCEPT OF SROTOMULA IN AYURVEDA

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ABSTRACT :

Srotasa are the channels or inner transport system of the body which is the site for the activities of other bodily elements like Dosha, Dhatu, Mala, Agni, etc. Srotasa are the channel or structure through which Sravanam Karma i.e. flowing, moving, oozing and permeation of different constituents and nutrients of body takes place. There are a many numbers and types of Srotasa mention by different Acharya. Acharya Charaka had explained Srotasa as medicinal view while Acharya Sushruta had explained Srotasa according to surgical aspect. Among these some Srotasa are micro and some are macro in structure and they adopt the same colour of particular Dhatu of the body to which they belong. In Ayurvedic classics, it has been described that the entire range of life process in health and disease depends on the integrity of Srotasa. Therefore, the present article is an attempt to study the fundamental facts of Srotasa.

Keywords: *Srotasa, channels, Ayurveda, Mula etc.*

INTRODUCTION

Those from which Sravana or flow of body substances take place or those through which the materials flow in the body are called Srotasa. Thus, Srotasa are the channels of the body through which the materials needed for tissue building, nutrition and other nutrients flow from one corner of the body to the other. Gangadhara, the commentator of Charaka explains that the pathways through which Rasa, Rakta etc; tissues are transported or the pathways through which the tissues flow are called Srotasa. According to Chakrapani, the commentator of Charaka Samhita, the channels which transport the Poshaka Dhatu (the part of the rasa etc tissues which flow to provide nutrition to the successive tissues) are called Srotasa.¹ The pathways within the human body which communicates and links the different corners. The pathways which help in manufacture and transportation of essential ingredients which support the life entity, the basic amenities needed to manufacture and create the tissues of the body and to flush out the unnecessary things which contaminate the inner sanctum.

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PoshakaDhatu

Dhatu or tissues are of 7 types according to Ayurveda. They are: Rasa (Lymph, plasma or serum), Rakta (Blood cells), Mamsa (Muscles or flesh), Meda (Fat), Asthi (Bone), Majja (Bone marrow), Shukra (Semen). All these tissues are a product of Ahara Rasa or nutrient essence of food. The food is properly digested in the stomach and intestines. The essence of the food is called Ahara Rasa or Poshaka Rasa Dhatu. This is the first tissue. This comes to the heart and is circulated all over the body to provide nutrition to all the Dhatu or tissues. Each Dhatu has a Dhatvagni or tissue fire. When the nutrient juices or essence of food in circulation comes to them, they take the materials or portions needed by them according to law of selective absorption. Tissue fire of Rasa Dhatu, Rasa Dhatwagni acts on the nutritive Rasa and breaks it into Poshya or Sthayi Rasa Dhatu (the Rasa Dhatu proper). Thus, the Poshaka (that which provides nutrition) Rasa gets converted into Poshya or SthayiRasa (that which is nourished). The Sthayi Rasa Dhatu nourishes the Rasa Dhatu components all over the body. The other part of the nutritive essence gets converted into Poshya Rakta Dhatu which moves ahead to nourish RaktaDhatu (blood tissue). In Rakta Dhatu, the tissue fire of blood tissue,

Rakta Dhatwagni acts on the Poshya Rakta Dhatu and converts it into Sthayi Rakta Dhatu (local blood tissue) and another part becomes Poshaka Mamsa Dhatu, the portion which nourishes the next tissue i.e. Mamsa Dhatu or muscle tissue. This procedure continues until the final tissue Shukra Dhatu or semen is formed. Finally, after Shukra Dhatu, Ojasa (essence of all the tissues) is formed, which determines the immunity and healthy life span of an individual (in a condition wherein its quality and quantity is balanced). Thus, the flow of Poshaka Dhatu (the part of tissue which nourishes the successive tissue) flows in the channels called Srotasa.

Importance of Moolasthan of Srotasa

Moolasthan is the place from where it is being distributed and regulated. Moolasthan of Srotasa is important area for proper functioning of Srotasa. Hence the treatment of any disease should also include intervention for the betterment of Srotasa. It implies the necessity of a thorough knowledge of Srotasa, its Moolasthan, its normal functioning etc.

Moolsthana of any Srotasa can be determined by some logical points and been categorised, i.e.,

1. Utpattisthana- seat for origin of that element (Dhatu/Mala etc.)
2. SangrahaSthana- for storage.



3. Vahanasthana- seat of carriage or flow of bodily elements.

4. NaidanikaSthana - Moolasthana having diagnostic importance.

Sushruta has not mentioned Asthivaha, Majjavaha and Swedavaha Srotamsi, while these have been enumerated by Charaka. Dalhana has further elaborated this. All these Srotamsi do exist, but are spread throughout the body and piercing injury to entire body is not possible so they are not mentioned in the context of Vedhana features.

In such scenario the anatomical consideration in relation to Srotamsi also

differs, though the meaning of Srotasa does not differ. For internal medicine vitiation can be at microscopic and/or macroscopic level while for the field of surgery piercing injury to Mula of Srotasa matters and so consideration of Srotomula is at macroscopic level. Though Asthivaha, Majjavaha and SvedavahaSrotamsi are spread across the entire body their vitiation is possible. So, clinical features of their vitiation have been described by Charaka. For example, vitiation of AsthivahaSrotasa can affect entire body as is found in osteogenesis imperfecta.

Name of <i>Srotasa</i>	View of HariPrapannaji	View of Bhasker Govinda Ghanekar	View of Acharya R.R. Pathak
<i>PranavahaSrotasa</i>	Pulmonary Veins&Two Bronchi	Lungs of both sides&Pulmonary Capillaries	Respiratory tract &Arteries & Pulmonary veins
<i>UdakavahaSrotasa</i>	Alimentary tract & lymphatic system	Lymphatics especially thoracic duct & right lymphatic duct	Palate, Pancreas, Lymphatics, Water depots of tissue, Mesenteric & lymphatic vessels
<i>AnnavahaSrotasa</i>	Oesophagus & Duodenum	Elementary canal & small intestine	Alimentary canal, Gullet oesophagus
<i>RasavahaSrotasa</i>	Vascular & Lymphatic system	Systemic capillary of body	Circulatory tract, veins, arteries, nutrient vessels, Lymphatics



<i>RaktavahaSrotasa</i>	Veins & arteries of the Liver and Spleen, Portal system of Veins	Portal capillaries	Splenic, Portal portion of the circulatory tract, hepatic veins, Blood vessels of the genital organs and Vaginal orifice, Pulmonary arteries & vein, coronary arteries & veins
<i>MamsavahaSrotasa</i>	Blood vessels & Lymphatics of surrounding cells of the body	Muscular Capillaries	Capillary & nerve ending of the muscular fibres & tissues, Muscles, Ligaments & Tendon
<i>MedavahaSrotasa</i>	-	Capillaries of the perinephric tissues&Omentum	Fat, Depot, supra renal gland
<i>AsthivahaSrotasa</i>	-	-	-
<i>MajjavahaSrotasa</i>	-	-	Medullary canal and Marrow space
<i>ShukravahaSrotasa</i>	Seminiferous tubules	Ductus deferens and rete testis	Efferent ducts, Epididymis, Vas Deferens, Ejaculatory duct
<i>MutravahaSrotasa</i>	Tubuli uriniferous	Renel Tubules, Kidney with ureter	Kidney, Bladder, Ureter, all tubules of



Srotasa	Mula acc. to Caraka²	Mula acc. to Sushruta³	Features of vitiations	Features of piercing injury
Pranavaha Srotasa	<i>Hridaya & Maha Srotasa</i>	<i>Hridaya & Rasavahini Dhamani</i>	<i>AtiShrshthaShvasa</i> (too long breathing), <i>AtiBaddhaShvasa</i> (too short breathing), <i>KupitaShvasa</i> (difficult breathing), <i>AlpaAlpaShvasa</i> (frequent & interrupted/intermittent breathing), <i>AbhikshnamaShvasa</i> (highly disturbed breathing patterns looking scary), <i>ShasabdaShvasa</i> (abnormal sound during breathing), <i>ShashulaShvasa</i> (painful breathing)	<i>Akrosha</i> (Screaming), <i>Vinamana</i> (Bending of body), <i>Mohana</i> (Perplexing), <i>Bhramana</i> (Giddiness), <i>Vepana</i> (Tremors), <i>Marana</i> (death)
Udakavaha Srotasa	<i>Talu&Kloma (Right Lung &Hridaya)</i>	<i>Talu&Kloma (Right Lung &Hridaya)</i>	<i>Jihva, Talu, Oshtha, Kantha, KlomaShosha</i> (Dryness in tongue, palate, lips, throat and <i>Kloma</i>), <i>AtiPravridhdamaPipasa</i> (severe thirst)	<i>Pipasa</i> (severe thirst), <i>Marana</i> (death)
Annavaha Srotasa	<i>Amashaya& Vamaparshva (Stomach & Jejunum)</i>	<i>Amashaya&Annavahini Dhamani</i>	<i>Anna Abhilasha</i> (aversion towards food), <i>Arochaka</i> (tastelessness), <i>Avipaka</i> (indigestion), <i>Chhardi</i> (Vomiting)	<i>Adhmana</i> (flatulence), <i>Shula</i> (colic or abdominal pain), <i>AnnaVidweshha</i> (aversion to food or anorexia), <i>Chhardi</i> (Vomiting), <i>Pipasa</i> (Thirst), <i>Andhya</i> (Blindness), <i>Marana</i> (death)



Rasavaha Srotasa	<i>Hridaya & Ten Dhamani</i>	<i>Hridaya & Rasavahini Dhamani</i>	<i>Ashraddha</i> (lack of interest in food), <i>Aruchi</i> (tastelessness), <i>AsyaVairasya</i> (feeling of weird tastes in the mouth), <i>Arasagnata</i> (failure to identify any taste), <i>Hrillasa</i> (watering of mouth, excessive salivation, nausea), <i>Gaurava</i> (heaviness), <i>Tandra</i> (drowsiness), <i>Angamarda</i> (pain in body parts), <i>Jwara</i> (fever), <i>Tama</i> (feeling of darkness before the eyes), <i>Srotorodha</i> (block in multiple channels of body), <i>Klaibya</i> (impotence), <i>Sada</i> (fatigue), <i>Krushangata</i> (emaciation), <i>Agninasha</i> (destruction of <i>Agni</i>), <i>vali</i> (premature wrinkling of skin), <i>Palita</i> (premature greying of hairs)	<i>Shosha</i> (emaciation), clinical features of <i>PranavahaDushtiLakshana</i> , <i>Marana</i> (death)
Raktavha Srotasa	<i>Yakrit & Pliha</i> (Liver & Spleen)	<i>Yakrit, Pliha Raktavahini Dhamani</i>	<i>ShyavaAngata</i> (blackish discoloration of body parts), <i>Jwara</i> (fever), <i>Daha</i> (burning sensation), <i>Panduta</i> (Anaemia), <i>ShonitaAgamana</i> (bleeding from different orifices of body), <i>RaktaNetrata</i> (reddish discoloration of eyes)	<i>Guda Paka</i> (inflammation & suppuration of anal canal & anal orifice), <i>MedhraPaka</i> (inflammation & suppuration of penis), <i>AsyaPaka</i> (ulceration of mouth & tongue, stomatitis), <i>Pleeha</i> (enlargement of spleen), <i>Gulma</i> (abdominal tumors), <i>Vidradhi</i> (Abscess), <i>Neelika</i> (bluish discoloration), <i>Kamala</i> (jaundice), <i>Vyanga-Pippalava-Tilakalaka</i> (problem like freckles, mole, melano-derma, chloasma etc), <i>Dadru</i> (ringworm), <i>Charmadana</i> (excoriation), <i>Shvitram</i> (leukoderma), <i>Pama</i> (scabies), <i>Kotha</i> (skin eruptions), <i>AsraMandakam</i> (reddish circular on skin)



Mamsavaha Srotasa	<i>Snayu & Tvak</i>	<i>Snayu, Tvak&Rakt avahini Dhamani</i>	<i>Adhimamsa</i> (excessive growth of muscle tissue), <i>Arbuda</i> (tumor), <i>Keela</i> (Tonsillitis), <i>GalaShalooka</i> (adenoids), <i>GalaShanduka</i> (elongated uvula), <i>PootiMamsa</i> (muscle necrosis), <i>Galaganda</i> (goitre), <i>Galaganda</i> (cervical lymphadenitis), <i>Upajihwika</i> (epiglossitis)	<i>Shvayathu</i> (swelling), <i>MamsaShosha</i> (wasting of muscles), <i>SiraGranthi</i> (tumors in the blood veins)
Medavaha Srotasa	<i>Vrikka & Vapavahana</i> (Lienorenal ligament, reservoir for <i>Meda</i> , brown fat in neonates)	<i>Kati&Vrikka</i>	<i>Asta Nindita Purusha</i> (vitiation of <i>MedovahaSrotasa</i> lead to the manifestation of 8 type of socially body frames) ex; <i>AtiSthula</i> (obese), <i>Ati Krishna</i> (thin & emaciated), <i>AtiLoma</i> (lot of body hairs), <i>Aloma</i> (lack of body hairs), <i>AtiGaura</i> (excessive white complexion), <i>AtiKrushna</i> (excessive black complexion), <i>AtiDeergha</i> (gigantism), <i>AtiHrishva</i> (dwarfism) & <i>PramehaPurvarupa</i> (premonitory symptoms of DM)	<i>SwedaAagamana</i> (excessive sweating), <i>Talu Shosha</i> (dryness of the palate), <i>SnigdhaAngata</i> (oily appearance of the body), <i>Sthula</i> (obesity), <i>Shophata</i> (oedema), <i>Pipasa</i> (thirst)
Asthivaha Srotasa	<i>Meda & Jaghana</i> (the hind part, buttock, hips, loins and pudendal moisteners)	-	<i>Adhyasthi</i> (extra growth of bone tissue), <i>AdhiDanta</i> (extra growth of teeth), <i>DantaBheda&Shoola</i> (toothache, splitting or splitting pain in tooth), <i>Vivarnata</i> (discolouration in body), <i>KeshaDosha</i> (deformities & disease of hairs), <i>LomaDosha</i> (deformities and disease of body hairs), <i>NakhaDosha</i> (deformities and disorders pertaining to nails and nail bed), <i>ShmashruDosha</i> (deformities and disorders of Mustache)	
Majjavaha Srotasa	<i>Asthi & Sandhi</i>	-	<i>ParvaRuk</i> (pain in the interphalangeal joints), <i>Bhrama</i> (giddiness), <i>Murchha</i> (fainting), <i>TamoDarshana</i> (feeling of darkness in front of the eyes), <i>Aroomshi</i> (seborrhoea), <i>SthoolaMula</i> of <i>Parva</i> (interphalangeal joints look big and large)	



Shukravaha Srotasa	<i>Vrishana & Shepha</i> (Scrotum & Penis)	<i>Stana & Vrishana</i>	<i>Klaibyam</i> (impotence), <i>Aharshana</i> (lack of erection or dis-interest in sex), <i>Na Cha Jayate Garbha</i> (no progeny), <i>Rogi Va Kleebam</i> (the child born to the person having <i>ShukravahaSrotasa</i> vitiation will have a less lifespan), <i>Garbha Patati&Sravati</i> (Abortion)	<i>Kleebata</i> (impotence), <i>ChiratPraseka</i> (delayed ejaculation), <i>RaktaShukrata</i> (blood mixed semen)
Mutravaha Srotasa	<i>Basti & Vankshana</i> (groin, pubic and iliac region, thigh joint, urogenital sinus, kidney start development in pelvic region)	<i>Basti & Medhra</i>	<i>AtiShrasta</i> (excessive urination), <i>AtiBaddha</i> (scanty urination), <i>Prakupita</i> (obstructed urination), <i>Alpa Alpa</i> (frequent urination), <i>Bahala</i> (thick or excess in quantity), <i>Sashula</i> (painful urination)	<i>Anaddha Basti</i> (expansion or dilatation of urinary bladder), <i>Mutra Nirodha</i> (obstruction to urination), <i>StabdhaMedhrata</i> (erection of penis)
Purishvaha Srotasa	<i>Pakvashaya & Sthulaguda</i>	<i>Pakvashaya & Guda</i>	<i>Krichrata</i> (difficulty in excreting stools), <i>AlpamAlpam</i> (faeces getting expelled in small quantity), <i>Sa Shabda</i> (lot of sounds during defecation), <i>Sa Shula</i> (painful excretion of faeces), <i>AtiDravata</i> (liquid or loos stools), <i>AtiGrathita</i> (solid, hard stools in the form of pellets), <i>Ati Bahu</i> (excess formation of faeces or frequent excretion)	<i>Anaha</i> (flatulent disorder), <i>Durgandha</i> (foul smelling faeces), <i>GrathitaPurisha</i> (hard faeces in the intestine)
Swedavaha Srotasa	<i>Meda & Lomakupa</i>	-	<i>Asweda</i> (lack of sweating), <i>AtiSwedana</i> (excessive sweating), <i>Parushya</i> (Roughness of skin), <i>AtiShlakshna</i> (Excessive smoothness of skin), <i>Paridaha</i> (burning sensation), <i>Lomaharsha</i> (horripilation)	-
Artavavaha Srotasa	-	<i>Garbhasya & Artavavahi Dhama ni</i>	-	<i>Vandhyatva</i> (infertility), <i>MaithunaAshishnutva</i> (excessive pain during sex), <i>Artavnasha</i> (absence of menstrual blood)



DISCUSSION

Origin of *Srotasa* take place in intra uterine life. *Vayu* associated with *Agni* responsible for differentiation and generation of *Srotasa*.³ "*Yawantah Purushe Mutimanto Bhavavisheshah Tavantevasmin Srotasam Prakara Visheshahl*"- it indicates that the *Srotasa* has been used for broad term indicating all macro and micro channels and pathways. *Srotasa* is the space which originates in a hollow organ, or porous cell or tissue and extends throughout the body or to any individual part of the body and through which any substance of the body flows or moves to other place (it could be adjacent or distant) where it ends. According to symptoms of disease, we can get the idea about the site of disease; by treating the vitiated *Dosha* present in the *Mulasthanas*, we can do complete management of a disease from its root. Keeping the above facts in view, we can conclude that *Acharya* have mentioned the *Mula* of *Srotasa*, so that while treating the disease we can pay attention to the treatment of *Mula* also. So, in this paper tried to elaborate functional utility of *Srotasa* and its *Mula* in the treatment of diseases.

CONCLUSION

The channels or Pathway which transport the *PoshakaDhatu* (the part of the *Rasa* etc tissues which flow to provide nutrition to the successive tissues) are called *Srotasa*. It is said that no physical entities come into being or pass away without *Srotasa*. Analysing the definitions given by *Acharya Sushruta* and *Acharya Charaka* no anatomical or

functional difference is found. On gross review the *Srotomula* can be understood on the following functional aspects:

1. Regulating Centre
2. Site of Origin/ Nutrition
3. Conduction path
4. Storage Centre
5. Site of Symptom manifestation

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AYURVEDIC INSIGHTS INTO ALCOHOL DE-ADDICTION: TREATMENT MODALITIES AND PREVENTIVE STRATEGIES - A REVIEW

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ABSTRACT :

Alcohol is one of the most widely consumed psychotropic substances, significantly increasing the risk of non communicable diseases. Ayurveda offers a holistic approach to addiction prevention and management through principles such as Sadvritta (ethical conduct), Satvavajaya Chikitsa (Ayurvedic psychotherapy), Achara Rasayana (code of healthy living), and Sodhana (purification therapies). This study aims to highlight Ayurvedic strategies for preventing and managing alcohol addiction, integrating classical principles with modern perspectives.

The major causes of addiction, particularly in younger individuals, include genetic predisposition, environmental influences, parental negligence, Pragyaparadh (intellectual errors), Dushita and Viruddha Ahara (unhealthy dietary habits), and the pursuit of pleasure or stress relief. If left unaddressed, these factors contribute to chronic dependency and long-term

health consequences. Ayurveda emphasizes a multi-dimensional approach, including lifestyle modifications, psychological interventions, and replacement therapies. Medicated alcoholic preparations serve as controlled substitutes, facilitating gradual de-addiction. Panchakarma therapies, seasonal regimens, and personalized treatments further aid in detoxification and rehabilitation.

Early intervention through Achar Rasayana and Satvavajaya Chikitsa can help individuals overcome addiction before it escalates into a severe disorder. This study underscores the relevance of Ayurveda in addiction management and highlights the need for further clinical research to integrate Ayurvedic principles with contemporary de-addiction strategies.

Keywords: *Ayurveda, Alcohol Addiction, Madatyaya, Satvavajaya Chikitsa, Panchakarma, De-addiction, Sadvritta, Achar Rasayana.*

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INTRODUCTION

Alcohol is one of the major contributing factors for the global burden of diseases and a leading cause of death. The prevalence of consumption in India is 13%, and alcohol use disorder (AUD) is 12.5%. Numerous illnesses and health problems are caused by the inappropriate use of alcohol. Alcohol abuse causes 3 million deaths annually worldwide, or 5.3% of all fatalities. The commonly found disorders caused by alcohol consumption are cancer, diabetes, cardiovascular diseases, liver and pancreas diseases, neuropsychiatric diseases along with unintentional and intentional injuries.

Madya is considered as the "Amritam" (~elixir); when consumed properly, improper consumption causes various disorders. Madya (~alcohol and other intoxicating substances) are similar to the Visha (~poison), and their sensible use can be life-saving. The properties of the Madya and Visha are similar, which are opposite to the Ojas. The properties of the Madya are Ushna (hot), Tikshna (penetrating), Sukshma (diffusing), Amla (sour), Vyavaya (absorbs without undergone to digestion), Vishada, Vikasi, Laghu, Ruksha, and Ashukari. The excess consumption of the alcohol will result in the impairment of Ojas and Hridaya and Hridayasthita Dhatu, i.e., Rasa. The Rasa is the foremost Dhatu,

which is formed from Aahara Rasa, and impaired Aahara Rasa transport to the body and causes Uttarotara Dhatu Shaithilya and Oja Vikruti.

Materials and Methods: A review of the words Mada and Madatyaya is done through classical Ayurveda literature, viz. Charaka Samhita, Sushruta Samhita, Ashtanga Samgraha, and Ashtanga Hridaya. The keywords pathophysiology, alcohol use disorders (AUD), and alcohol withdrawal syndromes were searched in databases like PubMed, Scopus, and Google Scholar. The total 157 papers are screened, and a 68 were omitted from this review. Important insights obtained from text and published papers in this review.

OBSERVATION AND RESULT:

Pathophysiology of alcoholic intoxication (chronic alcohol use) and alcohol use disorders (AUD)

The alcohol absorbed by the GIT gets metabolized by the liver through alcohol dehydrogenase to acetaldehyde. The nervous system is the primary site, and it increases CNS inhibition and decreases excitation. Gamma-aminobutyric acid is the primary CNS inhibitory neurotransmitter. Alcohol binds with GABA receptors and shows inhibitory action, which results in sedation, cognitive dysfunction, and decreased coordination.



By chronic alcohol use (alcoholic intoxication/Madatyaya), the number of GABA receptors increases, which results in the requirement of more alcohol to create the same level of inhibition, and it results in the high tolerance. The imbalance between glutamate and GABA results in the hyper excitability, which manifests upon the cessation and presents

the negative symptoms of alcohol withdrawal.

According to Ayurveda

The Madavastha explained in Ayurveda classics is the pathophysiology of alcoholism. The systemic symptoms can be correlated with various stages of the Mada.

Table 1: Stages of Mada(the substances that induces intoxication), with Lakshana (clinical features) according to Ayurveda and modern science.

Stages of Mada(alcoholism)	Blood Alcohol Concentration (BAC) (g/100 ml blood) ¹	Lakshana (Clinical features)		Srotas / systems involved	
		According to Ayurveda	According to modern science		
First stage (stage of excitement)	0-150	Exhilaration, delighting, manifestation of the attributes of food and drink, unimpaired wisdom and memory, sound sleep and conductive happiness	Subclinical	Normal behaviour	Rasavaha Srotas, Manovaha Srotas
			Euphoria	Mild euphoria, talkativeness, increases self confidence; diminution of attention, judgement and control; beginning of sensory-motor impairment	



			Excitement	Emotional instability; loss of critical judgement, of perception, memory, and comprehension: decreased sensory response, increased reaction time and reduced visual acuity and peripheral vision	
Second stage (stage of incoordination)	150-200	Inarticulate and confused voice, relevant and irrelevant talk, irrelevant movements, rumbling postures, food, and drink	Stage of confusion- Disorientation, mental confusion, dizziness, exaggerated emotional status, disturbances of vision and perception of colour, form, motion, and dimensions, increased pain threshold, staggering gait, and slurred speech		<i>Prana vaha Srotas, Mano vaha Srotas</i>
Third stage (stage of narcosis / coma)	>200	Complete loss of consciousness, stupor, coma	Stupor	General inertia, loss of motor function, vomiting, incontinence, impaired consciousness, sleep or stupor	<i>Prana vaha Srotas, Udak avaha Srotas</i>
			Coma	Unconsciousness, decreased/abolished reflexes, incontinence, cardiovascular and respiratory failure	<i>Mano vaha Srotas</i>



Pathophysiology of alcohol withdrawal syndrome

Alcohol is a CNS depressant and stimulates the GABAergic system. The acute intoxication results in the various clinical conditions like sedation, euphoria, and disinhibition. The effect varies on the basis of dose; stimulating and sedating effects result from the lower and higher doses. The resultant neuro-adaptive changes for the balance of GABA-glutamate are an upregulation of glutamate to compensate for alcohol-induced GABA increase, and endogenous GABA is downregulated.¹ In the case of alcohol withdrawal, GABA deficiency occurs, and it stimulates excess in the glutamate, and at last, excitatory symptoms manifest. The kindling or sensitization by withdrawal episodes increases severity, and subsequent episodes tend to worsen.

Correlation between Madatyaya and Unmada

The term “Mada” in the word “Madatyaya” means “Harsha” (i.e., euphoric state). The stages are described based on the intensity. Acharya Charaka and Sushruta have mentioned three stages; Acharya Madhav has mentioned four. Madya (drugs or substances) are defined as the substances causing “Mada,” producing disturbances of intellect by predominant “Tamoguna” (inhibitory,

inactivity, and lethargy). The Bhelasamhita mentioned Mada/Madonmada as a psychiatric condition. Mada is the stage of semi-consciousness, whereas Murcha and Sanyas are the stages of unconsciousness. Mada can be an individual psychiatric disorder or a stage of psychosis.

The central dopaminergic activity and dopamine alteration are reported in those patients who are suffering from the alcohol use disorders (AUD). Decreased serotonin levels, increased dopamine, and elevated levels of beta-carbolines lead to hallucinations. This alcohol-related psychosis, also known as alcohol hallucinations, is characterized by hallucinations, paranoia, and fear.² It can occur with alcoholic intoxication (Madatyaya), chronic alcohol use disorder (AUD), and alcohol withdrawal (Panapkrām). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the significant presence of hallucinations or delusions can be diagnosed as substance abuse psychotic disorder.³ The detailed history, along with the physical examination (assessment of stability, including airway, breathing, and vital signs) of the patient, is the most reliable way to diagnose the psychosis associated with alcohol abuse or alcohol withdrawal. The term “Mada”



and “Madonmada” are considered as synonyms, Mada is the prodromal stage of the psychosis, further untreated or chronic condition can causes “Unmada”.

Table 2: Correlation between features of Unamada and Madatyaya/Panapkrām

Sr. No.	Cardinal features (<i>Lakshana</i>) of <i>Unmada</i> (psychotic disorders) ⁱ	<i>Lakshana</i> of <i>Madatyaya</i> / <i>Panapkrām</i> (alcoholic intoxication / alcohol withdrawal syndrome)
1.	<i>Mana Vibhrama</i> (dysfunction of the mind, unnecessary / unfruitful thinking, disruption in thoughts or abnormal thought process)	Relevant and irrelevant talkativeness (<i>Dvitiya Mada</i>)
2.	<i>Buddhi Vibhrama</i> (impaired wisdom)	Inappropriate behaviour, Individual with the predominance of <i>Rajas</i> and <i>Tamas</i> (intoxicated to cross second stage but not achieved last stage)
3.	<i>Sangna-Gyana Vibhrama</i> (loss of consciousness and orientation)	Coma and Stupor (<i>Tritiya Mada</i>)
4.	<i>Smruti Vibhrama</i> (impairment of memory function)	Memory gets affected transiently, confusion (<i>Dvitiya Mada</i>)
5.	<i>Chesta Vibhrama</i> (incoordination of <i>Mana</i> and <i>Indriya</i>)	Irrelevant movements, rumbling postures (<i>Dvitiya Mada</i>); Loss of sensory and motor function (<i>Tritiya Mada</i>)

Management of Alcohol Use Disorders (AUD) and Alcohol Withdrawal Syndrome

The management of alcohol use disorders (AUD) and alcohol withdrawal syndrome follows the principles of Unmada Chikitsa. Various psychiatric conditions like ASD (acute stress disorders), PTSD (post-traumatic stress disorders), BPD (brief psychotic disorders), and AdjD (adjustment disorders) are resembling the Mada/Madonmada.¹The line of treatment of

Unmada includes Manas Chikitsa, which is to be done according to the properties of Mana (~mind), i.e., Gyana, Vijnana (spiritual and scriptural knowledge), Dhairya (patience), Smriti (memory), and Samadhi (meditation). Also, Sattvaavajaya, Daiva Vyapashraya Chikitsa, and Achara Rasayana help to reverse psychopathology. As discussed above, a prolonged or chronic state of Mada or Madonmada results in the Unmada (~psychotic disorders), as treatment protocol can be implemented. The cardinal features of Unmada includes the impairment of Mana



(~mind), Buddhi (~intellect), Gyana (~knowledge), Sangna-Gyana (consciousness and orientation), Smruti (memory), Chesta (suspicious/doubtful activities), which may present in the state of Madatyaya (alcoholic intoxication) and Panavibhrama (alcohol withdrawal syndrome).

Preventive approach

The preventive perspective of Madatyaya (alcoholic intoxication) includes certain guidelines regarding the Purvakarma (pre-procedure), Dravya (ingredients) used to prepare Madya, along with Matra (quantity). As a preventive step for Madatyaya (alcohol intoxication), Acharya Charaka has mentioned Prakritiwise pre-procedure. It includes dietary and behavioural protocols. Every individual having different body constituents, here the protocol according to Prakriti is mentioned.

Table 3: Prakriti wise pre-procedure for alcohol consumption

Prakriti	Dietary and behavioural protocol (pre-procedures)
Vata	<i>Abhyanga</i> (massage), <i>Utsadana</i> (rubbing with herbs), <i>Snana</i> (bathing), <i>Dhupa</i> (fumes), <i>Anulepana</i> (unguent), <i>Snigdha-Ushna Aahara</i> (sweet and hot food)
Pitta	<i>Sitopachara</i> (cooling regimens), <i>Madhura, Snigdha,</i> and <i>Sheetala Aahara</i> (sweet, unctuous, and cooling food)
Kapha	<i>Ushnopachara</i> (warm regimens), <i>Yava</i> (barley), <i>Java</i> (wheat), <i>Mamsa</i> (meat), and <i>Maricha</i> (black peeper)

Table 4: Prakriti wise Dravya (ingredients) prescribed for the preparation of Madya

Prakriti	Dravya (ingredients)
Vata	<i>Guda</i> (Jaggery), <i>Paishtika</i> (flour)
Pitta	<i>Draksha</i> (grapes)
Kapha	<i>Madhu</i> (honey)

The Aasava and Arishta (classical Ayurveda formulation) have an alcohol content of approx. 8%, which varies from 3% to 12%.¹ The prescribed dose of the Aasava or Arishta is 1 to 2 Pala (48 to 96 ml; BID). The consumption beyond this limits may fall in ill effects or stages of Madatyaya. That indicates the prescribed quantity of the Mada (alcohol) is 96 to 192 ml, according to the Ayurveda.



Mada is the state where function of the mind gets impaired. For the restoration, the treatment line of the Manasa Vikaras should be followed. Which includes Sattvavajaya Chikitsa, Sadvritta, and Aachara Rasayana, and Yuktivyapashraya Chikitsa.

Sattvavajaya Chikitsa

Sattvavajaya Chikitsa is the non-pharmacological intervention of mental disorders, which is done by the Dharma, Artha, and Kama. The types of Sattvavajaya

Chikitsa protocol, which can be implemented for the management of alcohol intoxication and AUD, are Aswasana (counselling, reassurance, and explanation), Dharmartha Vakya (education of an individual), Santwana (rehabilitation or consolation or reassurance), Trasana (mental shock), and Pratyatma Chikitsa (individual psychotherapy).² Here, types of Sattvavajaya Chikitsa and their role in the management of Madatyaya and Panapkrām (alcohol intoxication, alcohol withdrawal syndrome) are mentioned.

Table 5: Types of Sattvavajaya Chikitsa and their role in Madatyaya Chikitsa

Types of Sattvavajaya Chikitsa	Role in Panapkrām Chikitsa
Aswasana / Santwana	To enhance Sattva and to overcome the negative factors manifested from AUD and alcohol withdrawal syndrome, restoration of self esteem,
Dharmartha Vakya	By educating a person regarding religious practices, encouraging abstinence or reduction of alcohol use
Trasana	By showing fear regarding consequences of alcohol consumption
Pratyatma Chikitsa	A personalized approach according to the <i>Prakriti</i> and <i>Sattva</i> of an individual, perform pleasant activities along with improvement in physical health.

The Raja and Tama are the Manasika Dosha, while Sattva is the quality of the mind. In the dominance of the Sattva, it controls the Raja and Tama. Panapkrām is the result of impairment of Dhi, Dhruti, and Smruti (Buddhi).

Saddvritta and Aachara Rasayana: These specific protocols provide guidelines regarding the code of conduct, righteous act, and behavioural regimen.

They help by maintaining the equilibrium of the Manas Dosha by increasing the Sattva.¹ The quality of Madya is similar to the Visha (~poison) and opposite to the Oja (~immunity), and in the case of the dominance of Raja and Tamas, Oja may get diminished. That indicates the significance of Manas Chikitsa in the management of alcohol withdrawal syndrome and for de-addiction.



Yuktivyapashraya Chikitsa

As per the predominance of Dosha, Madatyaya and Panapkrama require Shamana (pacification) or Shodhana (purification) lines of treatment, as these are Tri-DoshajaVyadhis. Mainly involved Dosha are Vata and Pitta; hence it requires drugs or formulations that pacify Vata-Pitta Dosha, having Sheeta (cold) potency and Tikta-Kashaya Rasa. In addition, Sheetala Upachara (cooling behavioral regimen) is beneficial. The drugs having Medhya, Balya, Vatahara, and Brumhana action are useful to treat ill effects of alcohol addiction.²The drugs that are suitable for that are enlisted here with their pharmacological actions.

Table 6: Drugs useful for the management of Madatyaya and Panapkrama along with their Rasa, Virya and pharmacological actions.

Sr. no.	Dravya (Drug)	Rasa (taste)	Karma (actions)	Pharmacological actions
1.	<i>Draksha</i>	<i>Madhura</i> (sweet)	<i>Vata-Pitta Shamaka</i>	Anti-oxidant, antihypertensive, cardio protective ¹
2.	<i>Kharjura</i>	<i>Madhura</i> (sweet)	<i>Vatashamaka, Balya</i>	Cardio tonic, nerve tonic, diuretic, anti-oxidant ²
3.	<i>Tintidika</i>	<i>Amla</i> (sour), <i>Madhura</i> (sweet)	<i>Vata Shamaka,</i> <i>Kapha-Pitta</i> <i>Vardhaka,</i> <i>Dahashamaka,</i>	Neuroprotective, diuretic, anti-poisonous ³
4.	<i>Guduchi</i>	<i>Tikta</i> (bitter), <i>Kashaya</i> (astringent)	<i>Rasayani,</i> <i>Trit-</i> <i>Dahahara,</i>	Anti-oxidant, neuroprotective ⁴
5.	<i>Mandukaparni</i>	<i>Tikta</i> (bitter)	<i>Kapha-Pittahara,</i> <i>Rasayana, Medhya</i>	Neuroprotective, neuro stimulant ⁵
6.	<i>Jatamansi</i>	<i>Tikta</i> (bitter), <i>Kashaya</i> (astringent)	<i>Medhya,</i> <i>Tridoshanut,</i> <i>Nidrajanana</i>	Anti-oxidant, neuroprotective, stress relieving activity, antiparkinsonian, anticonvulsant ^{6,7,8}
7.	<i>Shankhapushpi</i>	<i>Tikta</i> (bitter), <i>Kashaya</i> (astringent)	<i>Medhakrtia,</i> <i>Svarakara,</i> <i>Rasayani, Vrushya</i>	Nootropic, neuroprotective, Anxiolytic, anti-depressant, anti-oxidant ⁹



8.	<i>Brahmi</i>	<i>Tikta</i> (bitter), <i>Kashaya</i> (astringent)	<i>Vatahara, Balya</i>	Neuroprotective, anti-oxidant, anticonvulsant, cardio tonic, bronchodilator ^{1,2,3}
9.	<i>Yashtimadhu</i>	<i>Madhura</i> (sweet)	<i>Vata-Pitta Shamaka,</i> <i>Rasayani, Balya,</i> <i>Ojovardhaka</i>	Anti-oxidant, tranquilizer, immunomodulatory, anti-depressant ⁴
10.	<i>Ashwagandha</i>	<i>Tikta</i> (bitter), <i>Kashaya</i> (astringent)	<i>Balya, Vrushya,</i> <i>Brimhaniya</i>	anti-stress, neuro- protective, cardio- protective, hepato- protective, immunomodulatory properties ⁵
11.	<i>Vacha</i>	<i>Katu</i> (pungent), <i>Tikta</i> (bitter)	<i>Vata-Kapha</i> <i>Shamaka, Medhya</i>	Anti-hypertensive, anti-inflammatory, anti-oxidant, anticonvulsant, anti- depressant, neuroprotective, cardio protective ⁶
12.	<i>Punarnava</i>	<i>Madhura</i> (sweet), <i>Tikta</i> (bitter), <i>Kashya</i> (astringent)	<i>Vatakapha</i> <i>Shamana, Rakta</i> <i>Prasadaka,</i> <i>Sothahara</i>	Anti-diabetic, anti- cancer, ant fibrinolytic, anti- inflammatory, diuretic ⁷
13.	<i>Sarpagandha</i>	<i>Tikta</i> (bitter)	<i>Vatakaphashamana</i>	Anti-hypertensive, neuro stimulant ⁸

The classical formulations, which are useful for management of *Panapkrama* (alcohol withdrawal syndrome) are mentioned here. These enlisted formulations are works on the *Manovaha, Pranavaha, Rasavaha, and Udakavaha Srotas*.



Table 7: Classical *Ayurveda* formulations and their pharmacological action

Sr. No.	Classical formulation	Pharmacological actions
1	<i>Purana Ghrita, Kalyanaka Ghrita, Panchagavya Ghrita, and Mahapanchagavya Ghrita</i>	Lipid soluble molecules of <i>Ghrita</i> cross blood brain barrier (BBB), easy drug penetration, accessibility, and availability, pacifies <i>Vata-Pitta</i> without provoking the <i>Kapha</i> , enhance cognition ⁱ
2	<i>Shreekhandasava</i>	<i>Vata-Pitta Shamaka</i> , maintain equilibrium of <i>Raja</i> and <i>Tama</i> , it restores the quality of <i>Oja</i> ⁱⁱ
3	<i>Saraswatarishta</i>	Anti-depressant, anti-anxiety, anticholinergic, antihistaminic ⁱⁱⁱ , protective action against neuro-inflammation ^{iv}
4	<i>Ashwagandharishta</i>	<i>Vata Shamana, Balya, Rasayana</i> , Anti-stress, anti-epileptic, anti-inflammatory, improves digestive system ^{v,vi}
5	<i>Puanarnavasava</i>	Immunomodulatory, anti-inflammatory, rejuvenating ^{vii}
6	<i>Eladimodaka, Agnitundirasa</i>	Anti-poisonous, restore gastrointestinal tract disturbance, and hepatic function ^{viii}
7	<i>Rasayana Churna/Rasayana Vati</i>	Improves the quality of <i>Rasa Dhatu</i> , anti-depressant, anti-hypertensive, anti-inflammatory, anti-toxic ^{ix}

DISCUSSION

In Ayurveda, three distinct forms of alcoholism are identified. The first type, Panatyaya, occurs when alcohol is consumed excessively on an empty stomach or before the previous intake of alcohol has been digested. The second form, Vibhram or Panapkram, is triggered by the consumption of intoxicating or agitating alcoholic beverages. The third type arises when there is an abrupt cessation of alcohol consumption.

Sushruta categorizes alcoholism into three types based on Dosha imbalances: Paramada (due to Kapha), Panajirna (due to Pitta), and Panavibhram (due to Vata). Treatment for alcoholism in Ayurveda involves the use of Amla Rasa (sour substances like lemon, dry grapes, and pomegranate seeds), Chaturjata (from Eladigana), Saindhava (rock salt), Trikatu (a combination of three pungent herbs), and cooling astringent herbs, which can be consumed individually or mixed with



alcohol. Sour and salty substances help mitigate the damaging effects on the digestive tract and promote the faster digestion of alcohol. According to Ayurveda, the medicinal properties of any Dravya (substances) are reliant on the correct dosage; excessive intake may be harmful, but appropriate quantities yield therapeutic benefits.

Acharya Charaka outlines various principles for alcohol consumption, emphasizing the need for internal and external purification, Ahahra (diet), and ethical conduct (Sadvritta) to counterbalance the disturbances caused by alcohol on both the Sharira (body) and Manas (mind). Alcohol is considered contrary to the properties of Oja (vital essence), and it has a detrimental effect on Satva (mental clarity). Ideally, medicated alcohol should be consumed in a gradually decreasing manner, with the addition of milk to reduce its impact during the tapering phase. From a neurochemical perspective, alcohol stimulates the dopaminergic pathways in the brain, enhancing dopamine production, a neurotransmitter linked to pleasure and reward. With increased alcohol consumption, the brain develops receptor cells that form memories of these substances. As alcohol intake rises, the number of these receptor cells increases.

Sudden withdrawal from alcohol leads to agitation in these cells, triggering withdrawal symptoms and potentially severe complications, often described as Dhwansak-like conditions. In low doses, alcohol also activates the GABAergic system, providing a calming effect.

Excessive alcohol use is closely associated with the emergence of lifestyle diseases. Alcoholism is marked by the dominance of Ama (unmetabolized substances), making fasting (Upavasa) a beneficial practice for detoxification. Psychological support plays a key role in managing alcoholism, with Ayurvedic approaches utilizing medicated alcohol in a controlled tapering regimen (Padanshika Krama) helping to relax the brain and release positive hormones. This process assists in alleviating symptoms of anxiety, agitation, irritability, and anger, leading to improved behaviour and a balanced lifestyle. Counselling, entertainment, and music further aid in the recovery process. Acharya Charaka highlights the benefits of an addiction-free lifestyle, emphasizing that addiction leads to Ojonasha (deterioration of the body's vital essence). Family support is crucial in preventing relapse, as maintaining a strong will is essential for overcoming addiction. Support from friends and loved ones is vital in helping an individual avoid the



temptation of alcohol, providing the foundation for a successful recovery.

CONCLUSION

Ayurveda practices such as Dinacharya (daily regimen), Aharavidhi (dietary guidelines), Yoga, Panchakarma (detoxification therapies), and Satvavajaya Chikitsa (psychological treatment) play a crucial role in the de-addiction process for substance use disorders. The pharmacological therapies recommended for Madatyaya Chikitsa (treatment of alcoholism) have demonstrated efficacy based on empirical evidence, particularly replacement therapy using medicated substances in progressively reduced quantities, which aids in managing withdrawal symptoms and cravings. These therapies focus on restoring Tridosha balance and Ojas (vital energy), while addressing Raja-Tama Prakopa (mental agitation and inertia). To expand the scope and effectiveness of Ayurveda in the treatment of substance abuse, further scientific research and clinical studies are essential. This research should focus on evaluating the pharmacodynamics of Ayurvedic formulations, their impact on neurochemical pathways, and their potential to integrate with modern de-addiction strategies, thus paving the way for a comprehensive, holistic approach to managing addiction. The exploration of

Ayurveda's potential in addiction treatment also requires greater collaboration between traditional Ayurvedic practitioners and modern healthcare professionals to ensure evidence-based practices.

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आयुर्वेदिक दृष्टिकोण से मानसिक भाव परीक्षा

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एक ऐसी स्थिति जो व्यक्ति की महसूस करने की और सोचने की क्षमता को प्रभावित करती है वो मानसिक रोग कहलाती है। मानसिक बीमारी, मानसिक स्वास्थ्य की अनेक स्थितियों को प्रभावित करती है। इसके अंतर्गत वो विकार आते हैं जो व्यक्ति की मनोदशा, सोच और व्यवहार को प्रभावित करते हैं।

रजस्तमश्च् मानसौ दोषौदृ तयोर्विकारा
कामक्रोधलोभमोहेष्यार्मा—
नमदशोकचित्तोस्तोद्वेगभयहर्षादयः ।।

रज और तम ये दो मानस रोग हैं । इनकी विकृति से होने वाले विकास मानसरोग कहलाते हैं।

काम, क्रोध, लोभ, मोह, ईर्ष्या, मान, मद, शोक, चिन्ता, उद्वेग, भय, हर्ष, विषाद, अभ्यसूया, दैन्य, मात्सर्य और दम्भ आदि मानस रोग हैं।¹

1) मोह –

मिथ्याज्ञानं, अज्ञानं वा ।

मिथ्याज्ञान और अज्ञान को मोह कहते हैं, जिसमें सत्य को समझने की शक्ति नहीं होती है । जिसकी वजह से कोई चीज जैसी होती है एसी नहीं लगती है और इसी कारण से वह चीज का अज्ञान होता है जिसे मोह कहते हैं।

परीक्षा – मोहं अविज्ञानेन।²

मिथ्याज्ञान और अज्ञान से मोह की परीक्षा होती है। तमो मोहेन मोह से तमोगुण को जानना चाहिए। आचार्य गंगाधर ने भी अविज्ञान से मोह की परीक्षा करने के लिए बताया है।

2) क्रोध –

पराभिद्रोहेण ।

परपीडन वृत्ति को क्रोध कहते हैं। मनुष्य आवेश में आकार मन का काबू खो देता है और अच्छे बुरे का विवेक भूल जाता है। जिससे मन व शरीर दृ दोनों पीड़ित होते हैं।

परीक्षा – क्रोधमभिद्रोहेण।²

क्रोध की परीक्षा अभिद्रोह यानी दूसरों को पीड़ा या हिंसा पहुँचाने की प्रवृत्ति से की जाती है।

3) हर्ष –

निर्निमित्तमन्यस्य दोषोत्पादनेनात्मनः
प्रीतिजननं वा हर्षः । (डल्हण)

हर्षस्तु प्रीतिविशेषो । (चक्र.)

प्रसन्नता और दूसरों को बिना कारण दोष देकर एवं विपत्ति में रखकर मन में ही प्रसन्नता का अनुभव होना हर्ष कहलाता है। हर्ष एक

¹शोध छात्र, ²शोध छात्र, ³शोध छात्र, ⁴असिस्टेंट प्रोफेसर, क्रिया शारीर विभाग, मदन मोहन मालवीय गवर्नमेंट आयुर्वेदिक कॉलेज एंड हॉस्पिटल, उदयपुर, राजस्थान



प्रकार की प्रीति ही हैं और हर्ष मन को बहुत आनंदमय स्थिति कराता हैं ।

परीक्षा— हर्ष आमोदेन ।²

आमोदन यानि मनुष्य को नृत्य, गीत और हार्मोनियम जेसी प्रवृत्ति द्वारा आनंद प्राप्त होता हैं । जिससे हर्ष की परीक्षा होती हैं ।

4) विषाद—

असिद्धिभयाद्विविधेषुयोऽप्रवृत्तिः सः विषादः ।

कोई काम में सफलता नहीं मिलने की वजह से, अन्य कार्यों में भी सफलता नहीं मिलेगी ऐसे भय से अन्य कोई कार्य में प्रवृत्त नहीं होना, इसे विषाद और खेद कहते हैं । जिसमें उत्साहभंग, मनोभंग व निराशा प्राप्त होती हैं ।

परीक्षा— भयभीतता एवं कोई कार्य में अप्रवृत्त रहकर विषाद की परीक्षा की जाती हैं ।

5) लोभ —

परस्वग्रहणीभिलाषः ।

दूसरो का धन, स्त्री आदि को ले लेने की इच्छा को लोभ कहते हैं । कोई भी वस्तु की ले लेने की इच्छा होती हैं, इसी से छीन लेने की वृत्ति को लोभ मानसविकार कहते हैं ।

परीक्षा — दूसरों की चीझ को ले लेना और असंतोष से लोभ की परीक्षा होती हैं ।

6) प्रीति —

प्रीति तोषमात्रम् ।

प्रीति का अर्थ संतोष हैं । (चक्र.)

तोषमुखनयनप्रसाद । मुख, नेत्र आदि की प्रसन्नता को संतोष कहते हैं ।

परीक्षा — प्रीति तोषेण ।²

संतोष द्वारा प्रीति की परीक्षा होती हैं ।

7) भय —

भय परस्मात्त्रासः । दूसरों से त्रास का अनुभव होने को भय, डर कहते हैं ।

परीक्षा — भयं विषादेन ।²

विषाद या खेद से भय की परीक्षा होती हैं ।

8) धैर्य —

धैर्यः विपद्यपि मनसोऽदेन्यम् । विपत्ति काल में भी मन में दीनता उत्पन्न न होना । इसे धैर्य और धीरज कहते हैं ।

परीक्षा— धृतिमलौल्येन ।²

लालच न करने से धैर्य की परीक्षा होती हैं ।

9) धृति —

धृतिर्हि नियमात्मात्मिका अहितेभ्यो मनोनिय-
मनमिति यावत् । मन का नियमन करना और मन को अहित विषयों से रोकना, इसे धृति कहते हैं । नियमनरूप बुद्धि को धृति कहते हैं ।

परीक्षा— धृति अलौल्येन ।

मन का विषयों से लौल्यरहित रहना और चंचलता रहित रहना, इससे धृति की परीक्षा होती हैं ।



10) श्रद्धा—

श्रद्धाम् इच्छाम्। (चक्र.) श्रद्धा का अर्थ इच्छा के रुचि होता है।

परीक्षा — श्रद्धाभिप्रायेण।

अभिप्राय से इच्छा की परीक्षा होती है। रोगी को जो पदार्थ की इच्छा होती है वो अभिप्राय से व्यक्त करता है।

11) द्वेष —

द्वेषरू अप्रीति। प्रीतिरहित और अप्रियता को द्वेष कहते हैं।

परीक्षा— द्वेषः प्रतिषेधेन।

प्रतिषेध पद का अर्थ 'व्यावृत्त्या' यानि की मना करना होता है। अर्थात कोई वस्तु का प्रतिषेध करने से द्वेष की परीक्षा होती है।

12) स्मृति —

स्मृतिजनकं संस्कारम्। स्मरण और यादशक्ति उत्पन्न करने वाले संस्कार को स्मृति कहते हैं।

परीक्षा— स्मृति स्मरणेन।

स्मरण से स्मृतिकी परीक्षा होती है।

13) द्वी —

द्वियमिति लज्जाम्। लज्जा और शर्म को द्वी कहते हैं।

परीक्षा— द्वियम् अपत्रपणेन।

त्रपा अर्थात लज्जासूचक आकृति या शर्म, जिससे द्वी की परीक्षा होती है। बुरा या निंदित काम करने से उसकी मन पर असर होती है जिससे शर्म उत्पन्न होती है यानी की उसकी असर मुखाकृति से पहचान सकते हैं।

14) भ्रांति —

विभ्रम और मनकी अस्थिरता को भ्रांति कहते हैं। मन की अतिचंचलता के कारण स्थिरता का न होना और कोई निर्णय नहि कर पाना अर्थात पुनः पुनः निर्णय को बदल देनाय इस मन की अस्थिरता को भ्रांति कहते हैं। आचार्य चरकने अभ्रांति और अवस्थान से भ्रांति का वर्णन किया है।

15) अवस्थान—

अवस्थानं स्थिरमतित्वम्। बुद्धि और मन की स्थिरता अर भ्रांति रहित स्थिति को अवस्थान कहते हैं।

परीक्षा— अवस्थानं अविभ्रमेण—अविभ्रमेणेति अभ्रान्त्या। अविभ्रम यानि भ्रांति रहित स्थिति से मन की परीक्षा होती है। संहिता मे 'अविभ्रमेणे' के स्थान पर उत्थानेन पाठ भी मिलता है। जिसका अर्थ क्रिया के आरंभ से अवस्थान, स्थिर बुद्धि को पहचान सकते हैं।

16) शील —

शिलमिति सहजं वस्तुषुरागः।

वस्तुओ का स्वाभाविक और साहजिक राग (आसक्ति, प्रेम) को शील कहते हैं।

परीक्षा— शीलं अनुशीलनेन य अनुशीलनेति अनुशीलनं सततशीलन तेन सतत यमर्थ सेवते यच्छलोड्यमित्यनुमीयते। अनुशीलन का अर्थ सतत शीलन द्वारा ऐसा होता है। अर्थात मनुष्य जिस पदार्थ का निरंतर सेवन करता है, उस पदार्थ से उसको पड़ जाती है। कार्य के अभ्यास से, शील से अनुसरण करना एसा अनुमान



होता है। सतत पदार्थ का सेवन और अभ्यास से शील, सहज राग की परीक्षा होती है।

17) शोच—

पवित्रता को शोच कहते हैं। मन के विकाररहितपणा से शोचता का पता चलता है। आचार्य चरक ने 'अम्लसत्त्व', निर्मल/पवित्र मन को अमल सत्त्व कहा है।

परीक्षा— अम्ल सत्त्वं अविकारेण। अविकारेणेति गद्वेषिकराभावेन। रागद्वेषादि, विकार से रहित एसा अविकारीता से अमल सत्त्व मन की निर्मलता और पवित्रता को पहचान सकते हैं। मन में अविकारीता सत्त्व गुण की अधिकता से ही प्राप्त हो सकती है। जिससे सत्त्वगुण उद्रेक से अम्ल सत्त्व को पहचान सकते हैं।

18) आचारहानि—

वर्तन को आचार कहते हैं। अयोग्य वर्तन को आचार हानि कहते हैं। सदवृत्त का पालन न करना। यह आचारहानि ही है।

परीक्षा— दोषप्रमाणविशेषमाचारविशेषेण। अलग अलग अपचारों और अयोग्य वर्तन के द्वारा दोषों का प्रमाण अल्प या अधिक होता है। इसी लिए दोष विशेष द्वारा अपचार और आचारहानि की परीक्षा हो सकती है।

19) काम —

इन्द्रियार्थेषु अभिकांक्षा। इन्द्रियों के विषयों में अधिक आकांक्षा, आसक्ति और इच्छा को रखना वृ जिसे इन्द्रियसुख, विषयसुख या काम कहते हैं। स्त्रीगमन और परस्त्रीगमन की इच्छा

को भी काम कहते हैं। मानसदोष रज की अधिकता से काम की उत्पत्ति होती है।

परीक्षा — रजः संगेन, नार्य्यादि संगेन तत्कारण रजोऽनुमियते। स्त्री का संग मनुष्य करता है उसका कारण राज दोष है। इसीलिए काम की परीक्षा रज से होती है।

20) ईर्ष्या—

परसंपतावसहिष्णुता। दूसरों की संपत्ति, समृद्धि और अच्छी स्थिति सहन न हो पाना, इस अदेखाई को ईर्ष्या कहते हैं।

परीक्षा— ईर्ष्या की परीक्षा द्वेष या बुद्धि से करनी चाहिए अर्थात् दूसरों का द्वेष करने से ईर्ष्या का पता चलता है।

21) मान —

अपने गुणों को अधिक मानना और दूसरों से अपने आप उच्च कोटी का मानना, ऐसे अभिमान को मान कहते हैं।

परीक्षा— आत्मगुणप्रशंसा से मान की परीक्षा होती है।

22) मद—

अपने गुण को दूसरों के मन के साथ देखना, दूसरे मनुष्यों में गुणों का अभाव होना या अल्प होना, दूसरों के प्रति तिरस्कार की भावना से देखनाय विद्या, पद, धन, बल और कुल आदि का घमंड करने को मद कहते हैं। मद अभिमान की प्रवृद्ध अवस्था है।

परीक्षा— मद की परीक्षामान समान होती है।



23) शोक—

पुत्रवियोगे चित्तोद्वेग। पुत्रादि या इष्ट वस्तुओ के वियोग से मन मे जो उद्वेग या व्याकुलता उत्पन्न होती है उसे शोक कहते हैं।

परीक्षा— शोकं देन्येन, देन्यं रोदनादि। रोना, विलाप आदि को शोक से जानना चाहिए।

24) चिन्ता—

कोई एक ही चीज का अत्यधिक चिंतन और ध्यान करना, जिससे खराब परिणाम की शंका होती है इसे चिन्ता कहते हैं।

परीक्षादृचिंतन और विचारों करना, इससे चिन्ता की परीक्षा होती है।

25) उद्वेग—

समय पर सही उपाय न समझ पाना अर्थात् घबराहट होना, अप्रिय बात से या स्मरण से दुख, व्याकुलता, बेचेनी का वेग आना, जिसे उद्वेग कहते हैं।

परीक्षा— बेचेनी और घबराहट द्वारा उद्वेग की परीक्षा होती है।

26) अभ्यसुया—

असूया— छिद्रान्वेषिता परगुनेषु दोषा— रोपणामसुया। छिद्रान्वेषिता स्वभाव के कारण दूसरों के गुणों में भी दोष को देखना, ऐसी अदेखाई को अभ्यसुया, असूया कहते हैं।

27) दैन्य—

स्लिष्टचित्तता। (डल्हण), देन्यं रोदनादि। (चक्र.) मन में क्लेश होना, रोना, दुख या ग्लानी

होना, हिम्मत खो देना, इस अवस्था को दैन्य और दीनता कहते हैं।

परीक्षा — मन के क्लेश या रोदनादि से दीनता की परीक्षा होती है।

28) मात्सर्य —

परगुणेष्वमाध्यस्थं कौर्यं वा। दूसरों के गुणों को प्रगट नहीं करना, उसका मूल्य नहीं करना और क्रूरता आचरना, इसे मात्सर्य व मात्सर्य कहते हैं। दूसरों का सुख देख के जलने को भी मात्सर्य कहते हैं।

परीक्षा — दूसरों के गुण को प्रगट नहीं करने की वृत्ति से मात्सर्य की परीक्षा होती है।

29) दंभ—

विद्या, धन, अधिकार आदि गुण, कर्म व स्वभाव मनुष्य मे न होने के बावजूद दिखाए का प्रयत्न करना, इसे दंभ कहते हैं।

परीक्षा— मिथ्या प्रयत्न से दंभ की परीक्षा होती है।

30) मन—

मनोऽर्थाव्यभिचारेण। मन की परीक्षा विषयों को ग्रहण करने मे व्यभिचार ना हो एसे करनी चाहिए।

31) विज्ञान—

व्यवसायेन। विज्ञान और ज्ञान की परीक्षा व्यवसाय और प्रवृत्ति से होती है। उदा.— जैसे की जब तृषा लगती है तब पानी पीने की प्रवृत्ति करने से जल पदार्थ का ज्ञान होता है। उन्मादादि मनोविकार मे रोगी को पदार्थ का



ज्ञान नहीं होता है, जिससे तृषा लगने के बावजूद जल पास में ही होते हुए भी पीने की प्रवृत्ति नहीं करता किन्तु कोई पानी देता है तो पी लेता है।

32) श्रद्धा –

अभिप्रायेण। द्रव्य विशेष के अभिप्राय और अभिलाषा से श्रद्धा यानी की इच्छा का अनुमान होता है।

33) मेधा–

मेधा को बुद्धि का भेद बोलते हैं। तत्काल कोई चीज को याद रखने को बुद्धि बोलते हैं।

परीक्षा – मेधाग्रहणेन। कोई ग्रंथ, भाषण आदि को जितने प्रमाण में ग्रहण कर सकते हैं, उसे अनुमान द्वारा मेधा की परीक्षा होती है।

34) संज्ञा –

नामग्रहणेन। संज्ञा, वस्तु और व्यक्ति के नाम को याद रखना ये एक बुद्धि का ही गुण है। मनोविकार में रोगी को अपना और पदार्थ का नाम याद नहीं रहता है। ऐसे नामग्रहण से संज्ञा की परीक्षा होती है।

35) उपाधि–

उपधिम अनुबंधेन, उत्तरकालीन फलेन्। अनुबंध, उत्तरकालीन फल से उपाधि का अनुमान करना चाहिए।

36) वश्यता–

विधेयत्या। चिकित्सक जो कर्तव्य और अकर्तव्य का विधान करता है उस आज्ञा का रोगी कितना पालन करता है वो परीक्षा अनुमान

से करनी चाहिए। चतुष्पाद में वश्यता रोगी का एक गुण है।

सामान्य चिकित्सा

- 1) नैष्ठिकी चिकित्सा – चिकित्सा सा, नैष्ठिकी विनोपधां³ उपधारहित जो चिकित्सा होती है उसे नैष्ठिकी चिकित्सा कहते हैं।
- 2) मानसरोगों में प्रज्ञापराध परिवर्जन, स्मृति, इन्द्रियोपशम, देशज्ञान, आत्मज्ञान, कालज्ञान, सदवृत्त पालन, आदि उपायों को प्रतिबंधन के रूप में उपयोग करते हैं।⁴
- 3) आप्तोपदेशज्ञानं प्रतिपत्तिश्च कारणम्। आप्तोपदेश एवं प्रतिपत्ति का उपयोग आगत और अनागत रोग में चिकित्सा के रूप में होता है।⁵
- 4) आचार्य चरक – आचार रसायन का पालन।⁶
- 5) कायिक, वाचिक और मानसिक वेग का धारण।⁷

कायिक– परस्त्री संभोग, स्तेय, हिंसा, परपीडन

वाचिक – कर्कश, अनृत शब्द।

मानसिक – लोभ, शोक, भय, क्रोध, मान, चिन्ता, ईर्ष्या

कायिक, वाचिक और मानसिक वेग का धारण करने से मन के सत्व गुण का प्रकाशन होता है। जिससे मनोविकार की उत्पत्ति नहीं होती है और जो विकार हुआ होता है उसका नाश हो जाता है।

- 6) सत्वावजय– मानसोज्ञानविज्ञानधैर्यस्मृति–समाधीभिः।⁸



सत्व- मन, अवजय- विजय । अहितकारी विषयो और अहितकारी आहार विहार से मन का निग्रह करने को सत्वावजय कहते हैं ।

संदर्भ-

- 1) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, विमान स्थान 6/5
- 2) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, विमान स्थान 4/8
- 3) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, शारीर स्थान 1/94
- 4) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, सूत्र स्थान 11/46
- 5) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, सूत्र स्थान 7/55
- 6) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, चिकित्सा स्थान 1/4 30-34
- 7) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, सूत्र स्थान 7/27-29
- 8) चरक संहिता (चरक चंद्रिका हिन्दी टीका), ब्रह्मानन्द त्रिपाठी, गंगा सहाय पांडे, प्रथम प्रतिसंस्करण, वाराणसी-चौखम्भा सूरभारती प्रकाशनय 2007, सूत्र स्थान 1/58



परिषद् समाचार

विश्व आयुर्वेद परिषद् राष्ट्रीय कार्यकारिणी की दो दिवसीय बैठक का आयोजन

मथुरा | विश्व आयुर्वेद परिषद् की राष्ट्रीय कार्यकारिणी की दो दिवसीय बैठक का आयोजन दिनांक 22 एवं 23 फरवरी 2025 को करुणामयी किरण आरोग्य आश्रम नवकानन गोवर्धन में हुआ। बैठक में देश भर से पधारे 100 से अधिक कार्यकर्ताओं एवं दायित्वधारियों ने प्रतिभाग किया। इस दो दिवसीय बैठक में परिषद् के द्वारा किए गए कार्यों की समीक्षा की गयी तथा भविष्य की कार्य योजना की रूपरेखा भी तय की गयी। बैठक का उद्घाटन भगवान धनवंतरि के चित्र के सम्मुख दीप प्रज्वलन से किया गया। इस अवसर पर परिषद् के पालक अधिकारी एवं राष्ट्रीय स्वयंसेवक संघ के वरिष्ठ प्रचारक डा० दिनेश जी का पाथेय प्राप्त हुआ। कार्यकर्ता के निर्माण एवं व्यक्तित्व का स्वरूप कैसा होना चाहिए इस विषय में डा० शिवादित्य ठाकुर जी द्वारा विस्तार से चर्चा की गयी। दैनिक कार्यों में वित्तीय प्रबन्धन एवं तकनीकी के उपयोग हेतु महत्वपूर्ण बिंदुओं पर डा० सुरेंद्र चौधरी जी द्वारा प्रकाश डाला गया। परिषद् ने अपने आरम्भ काल से अद्यतन की यात्रा किस प्रकार तय की है इस संदर्भ में डा० कमलेश कुमार द्विवेदी जी ने अपने अनुभवों उपस्थित कार्यकर्ताओं से साझा करते हुए उन्हें भविष्य के कार्यों हेतु निरंतर सजगता से लगे रहने की प्रेरणा प्रदान की गयी। वर्तमान समय में आयुर्वेद के उत्थान हेतु परिषद् से क्या अपेक्षाएँ हैं और इस हेतु कैसे समेकित प्रयास किए जा सकते हैं इस संदर्भ में प्रो योगेश चंद्र मिश्र जी ने कार्यकर्ताओं को मार्गदर्शन प्रदान किया। राष्ट्रीय अध्यक्ष प्रो गोविंद सहाय शुक्ल जी द्वारा परिषद् द्वारा किए जा रहे कार्यों एवं भविष्य की योजनाओं पर विस्तार से चर्चा की गयी। राष्ट्रीय महासचिव प्रो महेश व्यास जी ने विद्यार्थियों एवं अनुसंधान के क्षेत्र में हो रहे कार्यों पर प्रकाश डालते हुए भविष्य हेतु और अधिक प्रयासों पर बल दिया। कार्यकारिणी बैठक में डा० शिवादित्य ठाकुर जी को राष्ट्रीय उपाध्यक्ष एवं वैद्य तन्मय गोस्वामी जी को विदेश विभाग के दायित्वों की घोषणा के साथ महाराष्ट्र एवं छत्तीस गढ़ राज्य की कार्यकारिणी गठन की भी घोषणा की गयी।

विश्व आयुर्वेद परिषद् स्थापना दिवस एवं नव संवत्सर उत्सव कार्यक्रम सम्पन्न

हरियाणा | दिनांक 28 मार्च 2025 को भगत फूल सिंह महिला विश्वविद्यालय के आयुर्वेद संस्थान में परिषद् स्थापना दिवस एवं नववर्ष उत्सव मनाया गया। कार्यक्रम की अध्यक्षता विश्वविद्यालय के कुलपति प्रोफेसर सुदेश जी ने की तथा विश्वविद्यालय के कुलसचिव डॉक्टर शिवालिक यादव जी विशिष्ट अतिथि के रूप में उपस्थित श्रीमान् ऋषि गोयल जी (निदेशक, B-Ed- & Integrated Courses, Haryana) इस कार्यक्रम में मुख्य वक्ता एवं मुख्य अतिथि के रूप में पधारे। विख्यात उद्योगपति एवं समाजसेवी श्रीमान संजीव गुप्ता जी (निदेशक, लाज एसोसिएट्स) का भी इस कार्यक्रम में सानिध्य मिला। इस अवसर पर मुख्य वक्ता ने अपने बौद्धिक में भारतीय काल गणना और भारतीय नव वर्ष का वैज्ञानिक, व्यवहारिक, आध्यात्मिक दृष्टि से महत्व पर जानकारी प्रदान की। इस अवसर पर छात्राओं के बीच क्विज प्रतियोगिता, रंगोली प्रतियोगिता, पोस्टर प्रतियोगिता और भारतीय परिधान प्रतियोगिता का भी आयोजन करवाया गया। अपने अध्यक्षीय उद्बोधन में कुलपति प्रोफेसर सुदेश जी ने विश्वविद्यालय के सभी शिक्षकों कर्मचारियों और छात्राओं को भारतीय नववर्ष की बधाई देते हुए कहा कि विश्वविद्यालय में आयुर्वेद संस्थान का विशिष्ट स्थान है, क्योंकि यहां पर भारतीय संस्कृति और संस्कार में पारंगत कार्यक्रम, जीवन-शैली और



अध्ययन-अध्यापन देखने को मिलता है। यह कार्यक्रम विश्व आयुर्वेद परिषद, आरोग्य भारती और माडू सिंह मेमोरियल आयुर्वेद संस्थान के संयुक्त तत्वावधान में आयोजित किया गया।

वाराणसी | दिनांक 30 मार्च 2025, चैत्र शुक्ल प्रतिपदा, चैत्र नवरात्रि, हिंदू नव संवत्सर 2082 के सुभागमन, राष्ट्रीय स्वयं सेवक संघ एवं विश्व आयुर्वेद परिषद् स्थापना दिवस के अवसर पर राजेंद्र प्रसाद घाट पर विश्व आयुर्वेद परिषद वाराणसी महानगर इकाई की तरफ से कार्यक्रम का आयोजन हुआ। जिसमें मुख्य अतिथि के रूप में प्रो. कमलेश कुमार द्विवेदी जी राष्ट्रीय भारतीय चिकित्सा पद्धति आयोग नई दिल्ली भारत सरकार ने विश्व आयुर्वेद परिषद की स्थापना दिवस पर प्रकाश डाला व परिषद के उद्देश्य के बारे में सभी को बताया व सबको बंधाई दिया। प्रांतीय अध्यक्ष डॉ. विजय कुमार राय ने सबको नए वर्ष की शुभकामनाओं के साथ बधाई दी। अन्य सम्मानित सदस्यों में वैद्य सुभाष श्रीवास्तव सर (संरक्षक), वैद्य ओंकार दत्त त्रिपाठी जी, वैद्य युगल किशोर पांडे, डॉक्टर हरिओम प्रकाश पांडे, वैद्य ध्रुव अग्रहरि जी, वैद्य वीरेंद्र कुमार वर्मा जी (उपसचिव) वैद्य देवानंद जी (संपर्क प्रमुख), वैद्य रामानंद जी (सचिव बी एच यू इकाई), डॉ. बालमुकुंद प्रसाद जी (संरक्षक व पूर्व प्रदेश महासचिव चिकित्सा अधिकारी संवर्ग उत्तर प्रदेश) डॉ. बुद्धि सागर शुक्ला (पूर्व डी ओ मिर्जापुर) प्रोफेसर भावना द्विवेदी (पूर्व डी ओ वाराणसी) डॉ. डाली श्रीवास्तव, योगा प्रशिक्षिका मधु चौरसिया, वैद्य आर एन पाठक जी, डॉ. पवन गुप्ता जी, डॉ. साकेत सनातन व डॉ. अभिषेक शुक्ला उपस्थित थे। सभा का संचालन डॉक्टर उमाकांत श्रीवास्तव (महासचिव) ने किया। धन्यवाद महानगर अध्यक्ष प्रोफेसर राकेश मोहन सर ने किया।

प्रयागराज | दिनांक 28 मार्च 2025 को विश्व आयुर्वेद परिषद स्थापना दिवस व प्रतिपदा उत्सव हर्षोल्लास पूर्वक मनाया गया, जिसमें शहर के तमाम गणमान्य नागरिक तथा स्थानीय कार्यकारिणी के पदाधिकारी उपस्थित रहे। इस अवसर पर राष्ट्रीय पदाधिकारी डा प्रेम शंकर पाण्डेय जी व प्रदेश सचिव डा सुधांशु शंकर उपाध्याय का विशेष पाथेय प्राप्त हुआ। डॉ. एम. डी. दूबे चिकित्सक प्रकोष्ठ प्रभारी उ.प्र. के सहयोग से कार्यक्रम सम्पन्न हुआ।

मुंबई | विश्व आयुर्वेद परिषद स्थापना दिवस के अवसर पर म आ पोदार रुग्णालय व रा आ पोदार महाविद्यालय वर्ली मुंबई के प्रसूति तंत्र स्त्री रोग बाह्य रुग्ण विभाग में विभाग व विश्व आयुर्वेद परिषद महाराष्ट्र शाखा द्वारा संयुक्त रूप से महिलाओं हेतु रक्ताल्पता शिविर का आयोजन किया गया। अनेक महिलाओं ने रक्ताल्पता संबंधित जांच व मुफ्त औषधि वितरण भी किया गया। इस अवसर पर विश्व आयुर्वेद परिषद महाराष्ट्र के अध्यक्ष वैद्य विनायक तावडे, उपाध्यक्ष वैद्य अमृता मिश्रा, पोदार महाविद्यालय के (कार्यकारी) अधिष्ठाता सुभाषिणी लहानकर, निवासी वैद्यकीय अधिकारी वैद्य निकेतन जी, डॉक्टर मनोज गायकवाड़ विभाग प्रमुख प्रसूति स्त्री रोग विभाग तथा अन्य अध्यापक वर्ग विद्यार्थी तथा अन्य मान्यवर उपस्थित थे। डॉ विनायक तावडे अध्यक्ष महाराष्ट्र प्रदेश विश्व आयुर्वेद परिषद विश्व आयुर्वेद परिषद के स्थापना दिवस के उपलक्ष में विश्व स्वास्थ्य दिवस एवं रामनवमी के अवसर पर 7 अप्रैल 2025 को निःशुल्क आयुर्वेद चिकित्सा शिविर त्रिलोकी माँ कालीबाड़ी मन्दिर, पुराना राजेन्द्र नगर में प्रातः 9:30 से 1 बजे तक आप सभी के सहयोग से अच्छी तरह सम्पन्न हुआ।

पंजाब | दिनांक 7 अप्रैल 2025 को विश्व आयुर्वेद परिषद तलवाड़ा जिला होशियारपुर, पंजाब में परिषद् के स्थापना दिवस व रामनोमी के अवसर पर एक भव्य शोभा यात्रा का आयोजन किया गया। इस आयोजन में पंजाब प्रान्त शिक्षक, कार्यकर्ता एवं छात्र-छात्राओं ने हिस्सा लिया। इस शोभा यात्रा में छात्रों द्वारा समाज में जन-जागरूकता हेतु पत्रक का वितरण किया गया।



रायपुर | दिनांक 7 अप्रैल 2025 को विश्व आयुर्वेद परिषद के स्थापना दिवस के उपलक्ष में विश्व स्वास्थ्य दिवस एवं रामनवमी के अवसर पर निःशुल्क आयुर्वेद चिकित्सा शिविर त्रिलोकी माँ कालीबाड़ी मन्दिर, पुराना राजेन्द्र नगर में प्रातः 9:30 से 1 बजे तक आयोजित किया गया।

मध्य प्रदेश | दिनांक 02.04.2025 (चैत्र प्रतिपदा) को सैम कॉलेज ऑफ आयुर्वेदिक साइंसेस एंड हॉस्पिटल रायसेन मध्य प्रदेश में विश्व आयुर्वेद परिषद का स्थापना दिवस मनाया गया। मुख्य वक्ता के तौर पर संस्था के प्राचार्य डॉ अखिलेश कुमार सिंह एवं सरदार अजित सिंह स्मृति आयुर्वेद महाविद्यालय के शरीर रचना विभाग की वरिष्ठ प्राध्यापक डॉ प्रीती चोपडा ने छात्र-छात्राओं को परिषद का उद्देश्य, गतिविधि के बारे में विस्तार से बताया एवं छात्रों को परिषद से जुड़ने और आयुर्वेद के विकास में उनकी सहभागिता हेतु प्रोत्साहित किया।

राजस्थान | दिनांक 28-29 मार्च 2025 के दौरान भारतीय नव संवत्सर वर्ष प्रतिपदा के अवसर पर अग्निकर्म विद्वकर्म राष्ट्रीय कार्यशाला बीकानेर में आयोजित किया गया। इस कार्यशाला में छात्रा-छात्राओं ने बद्धककर हिस्सा लिया तथा सभी प्रतिभागियों द्वारा पूरे जोरशोर से भारतमाता की आराधना करते हुए दीपदान कार्यक्रम का आयोजन किया गया।

विश्व स्वास्थ्य दिवस पर स्वास्थ्य के महत्व पर व्याख्यान का आयोजन

जोधपुर | दिनांक 2 अप्रैल 2025 को डॉ. सर्वपल्ली राधाकृष्णन राजस्थान आयुर्वेद विश्वविद्यालय जोधपुर में स्नातकोत्तर स्वस्थवृत्त एवं योग विभाग तथा विश्व आयुर्वेद परिषद के संयुक्त तत्वाधान में विश्व स्वास्थ्य दिवस के अवसर पर सम्पूर्ण स्वास्थ्य के महत्व पर व्याख्यान का आयोजन किया गया। इस अवसर पर विभागाध्यक्ष तथा चिकित्सालय उपाधीक्षक डॉ. ब्रह्मानंद शर्मा ने बताया कि विश्व भर में 7 अप्रैल को स्वास्थ्य दिवस मनाया जाता है और स्वास्थ्य की महत्ता को समझने के लिए इस विशेष व्याख्यान का आयोजन किया गया। स्नातकोत्तर अध्यापिका डॉ. पवित्रा त्रिवेदी ने स्वास्थ्य से संबंधित महत्वपूर्ण बिंदुओं पर सारगर्भित व्याख्यान दिया। इस अवसर पर विश्व आयुर्वेद परिषद के राष्ट्रीय अध्यक्ष प्रो. गोविंद सहाय शुक्ला ने परिषद् गीत गायन के साथ सत्र की शुरुआत की। उन्होंने बताया कि आयुर्वेद शास्त्र में यह क्षमता है कि वैश्विक स्वास्थ्य को स्थापित करने में यह मील का पत्थर साबित हो सकता है। इस अवसर पर चिकित्सालय अधीक्षक प्रो. गोविंद प्रसाद गुप्ता ने अपने उद्बोधन में कहा कि शारीरिक स्वास्थ्य के साथ ही मानसिक स्वास्थ्य का भी ध्यान रखना आज के युग की विशेष आवश्यकता है। विश्व आयुर्वेद परिषद के प्रदेशाध्यक्ष डॉ. राकेश शर्मा ने कार्यक्रम के आयोजन हेतु स्वस्थवृत्त विभाग का धन्यवाद ज्ञापित किया तथा कहा कि ऐसे कार्यक्रम समय समय पर होते रहने चाहिए जिससे स्वास्थ्य के प्रति व्यापक जागरूकता बनाई जा सके। इस अवसर पर स्वस्थवृत्त विभाग के शैक्षणिक अधिकारी डॉ. गजेंद्र कुमार दुबे, डॉ. सौरभ अग्रवाल, डॉ. पूजा शर्मा, डॉ. अवधेश शांडिल्य डॉ मनीषा गोयल, डॉ रविप्रताप सिंह आदि सहित अनेक संकाय सदस्य और स्नातकोत्तर अध्यापिका उपस्थित थे।

विद्यार्थी प्रकोष्ठ एवं शिक्षक प्रकोष्ठ बैठक

दिनांक 11 अप्रैल को विद्यार्थी प्रकोष्ठ एवं शिक्षक प्रकोष्ठ की आभासीय बैठक आयोजित हुई जिसमें निम्न बिंदुओं पर चर्चा हुई। (1) सभी प्रांतों में व्यक्तित्व विकास शिविर PDC ग्रीष्मकालीन अवकाश में आयोजित किए जाएं, कार्यक्रम की रूप रेखा, स्थान, ब्रोशर यथा शीघ्र तय करके केन्द्रीय नेतृत्व को सूचित करें। (2) केन्द्रीय योजना से व्यक्तित्व विकास शिविर प्रांतों में अनिवार्य कार्यक्रम के रूप में आयोजित करने है। (3) जिन प्रांतों में सात दिवसीय आवासीय कार्यक्रम तय नहीं हो पा रहे हैं वहां तीन या चार दिवसीय आवासीय कार्यक्रम कौशल अनिवार्य रूप



से करने है। (4) बैठक में लक्ष्य एवं सभी प्रांतों में एक दिवसीय शिक्षकों का कार्यक्रम आयोजित करने पर केन्द्रीय मार्गदर्शन प्राप्त हुआ। बैठक में प्रोफेसर योगेश चन्द्र जी मिश्र, राष्ट्रीय अध्यक्ष प्रोफेसर गोविंद सहाय जी शुक्ल, राष्ट्रीय सचिव डॉ सुरेन्द्र चौधरी जी, डॉ योगेश पांडे जी, डॉ राम तीर्थ जी ने उपरोक्त विषयों पर कार्यकर्ताओं का मार्गदर्शन किया। बैठक में निम्न प्रांतों के कार्यकर्ताओं की सहभागिता रही। उत्तराखंड, राजस्थान, उत्तरप्रदेश, दिल्ली, मध्यप्रदेश, हरियाणा, पंजाब, गुजरात, महाराष्ट्र, बिहार, आंध्रप्रदेश, कर्नाटक सभी प्रांतों के अध्यक्ष/महासचिव/सचिव एवं प्रकोष्ठ प्रभारी शिक्षक प्रकोष्ठ के राष्ट्रीय प्रभारी वैद्य किशोरी लाल शर्मा ने सभी उपस्थित पदाधिकारियों एवं कार्यकर्ताओं से आग्रह किया कि कार्यकर्ता निर्माण एवं संगठन कार्य विस्तार दृष्टिकोण से व्यक्तित्व विकास शिविर अत्यंत महत्वपूर्ण है, इसे अपने प्रांत में प्राथमिकता से अनिवार्य कार्यक्रम के रूप में इस वर्ष से शामिल करके उसकी योजना क्रियान्वयन करना संगठन की अपेक्षा है।

विश्व आयुर्वेद परिषद महानगर इकाई के तत्वावधान में एक पारिवारिक होली मिलन समारोह का आयोजन

वाराणसी | दिनांक 23 मार्च 2025 को विश्व आयुर्वेद परिषद वाराणसी महानगर इकाई के तत्वावधान में एक पारिवारिक होली मिलन समारोह पहड़िया अकथा चौराहे के अभिषेक वाटिका में संपन्न हुआ, जिसमें विभिन्न प्रकार के गीत गायन, कविता गायन, नृत्य प्रस्तुति, म्यूजिकल चेर इत्यादि सुंदर कार्यक्रम प्रस्तुत हुआ। इस सुंदर होली मिलन पर परिवार सहित मातृशक्ति के साथ सभी उपस्थित हुए। विशेष रूप से परिषद के प्रदेश अध्यक्ष डॉ विजय राय जी उपस्थित रहे, प्रोफेसर डॉ शांतनु मिश्रा, डॉक्टर सुभाष श्रीवास्तव, प्रो राजेश शुक्ला, प्रोफेसर राजीव शुक्ला, प्रो. यशवंत चौहान, डॉक्टर आरपी सिंह, डॉ हरि ओम प्रकाश पांडे जिनका कार्यक्रम में विशेष सहयोग रहा। डॉ भोलानाथ मोर्या, डॉक्टर विजय श्रीवास्तव, डॉ. अनुभा श्रीवास्तव, डॉ. संतोष, डॉ रचना निगम, डॉ रामानंद तिवारी डा राम निहोर तापसी जी, वैद्य वीरेंद्र कुमार वर्मा सह सचिव, डा देवानंद पांडे संपर्क प्रमुख, डा निलेश दूबे, डॉक्टर ज्योति उपाध्याय, डॉक्टर अशोक, डा प्रियंका जायसवाल, डॉ राजीव जायसवाल, डा प्रवीण वर्मा व डा अजीत कुमार सिंह, डॉक्टर आर एन पाठक, वैद्य उमेश दत्त पाठक (कोषाध्यक्ष) सपत्नी की गरिमामय उपस्थिति रही। कार्यक्रम का संचालन डॉक्टर डाली श्रीवास्तवजी किया। स्वागत भाषण डा उमाकांत श्रीवास्तव महासचिव ने व धन्यवाद ज्ञापन प्रोफेसर राकेश मोहन सर अध्यक्ष वाराणसी महानगर इकाई ने किया।

विश्व आयुर्वेद परिषद रायपुर इकाई द्वारा निःशुल्क 'आयुर्वेद चिकित्सा शिविर' का आयोजन

छत्तीसगढ़ | दिनांक 6 अप्रैल 2025 को विश्व आयुर्वेद परिषद छत्तीसगढ़ इकाई ने विश्व स्वास्थ्य दिवस के अवसर पर राज्य की राजधानी रायपुर के कालीबाड़ी त्रिलोकी मां मंदिर, पुराने राजेंद्र नगर में एक निःशुल्क "आयुर्वेद शिविर" का आयोजन किया गया। शिविर के उद्घाटन कार्यक्रम में महापौर परिषद सदस्य अमर गिदवानी, जोन-10 के अध्यक्ष सचिन मेघानी और पंकज विक्रम, वार्ड पार्षद स्वप्निल मिश्रा मुख्य अतिथि थे। परिषद के प्रदेश अध्यक्ष डॉ. मनोहर लहेजा ने बताया कि आयुर्वेद में कैंसर, किडनी, पित्त की थैली की पथरी, मधुमेह, हृदय रोग, गठिया, घुटनों के दर्द, तंत्रिका तंत्र की समस्या, गाउट आदि सभी आधुनिक और असाध्य रोगों पर नए शोध आ चुके हैं। शिविर में 538 मरीजों को स्वास्थ्य परीक्षण कर लाभान्वित किया गया। शासकीय आयुर्वेद कॉलेज एवं



चिकित्सालय के डॉक्टरों ने शिविर में 166 मरीजों की ब्लड शुगर टेस्ट किया तथा उन्हें दवाइयां प्रदान की। शिविर में डॉ. अजय कुलश्रेष्ठ, डॉ. आराधना कांडे, डॉ. पतंजलि दीवान, डॉ. नरेन्द्र मिश्र, डॉ. लवकेश चन्द्रवंशी, डॉ. अखिलेश, डॉ. मनोहर लहेजा ने सहयोग किया। इसके अतिरिक्त गिरधारीलाल सागर, तेज राम साहू और विवेक वर्धन भी शिविर के आयोजन में सक्रिय भागीदारी रही।

विश्व आयुर्वेद परिषद स्थापना दिवस एवं भारतीय नववर्ष उत्सव के उपलक्ष्य में बीकानेर में अग्नि कर्म विद्ध कर्म कार्यशाला का आयोजन

अलवर, राजस्थान | विश्व आयुर्वेद परिषद स्थापना दिवस एवं भारतीय नववर्ष उत्सव के उपलक्ष्य में बीकानेर राजस्थान में हुआ अग्नि कर्म विद्ध कर्म कार्यशाला का आयोजन 300 आयुर्वेद चिकित्सकों एवं विद्यार्थियों ने अग्नि कर्म विद्ध कर्म का लिया प्रशिक्षण। विशेषज्ञ डॉ. अमोल उत्तम बानसोडे ने विद्धकर्म की सैद्धांतिक एवं प्रायोगिक प्रशिक्षण प्रतिभागियों को दिए। कार्यक्रम के मुख्य अतिथि राष्ट्रीय स्वयंसेवक संघ राजस्थान के क्षेत्रीय सह संपर्क प्रमुख योगेन्द्र, ओम प्रकाश पुलिस महानिरीक्षक पुलिस रेंज, प्राचार्य मदन मोहन मालवीय आयुर्वेद महाविद्यालय उदयपुर प्रोफेसर महेश दीक्षित, विश्व आयुर्वेद परिषद शिक्षक प्रकोष्ठ के राष्ट्रीय प्रभारी डॉ. किशोरी लाल शर्मा, प्रदेश अध्यक्ष डॉ. राकेश शर्मा, प्रदेश महासचिव डॉ. विनोद गौतम, प्रदेश प्रभारी चिकित्सक प्रकोष्ठ डॉ. पवन सिंह शेखावत, आयोजन सचिव डॉ. रिडमल सिंह राठौड़ ने भगवान धनवंतरी प्रतिमा समक्ष दीप प्रज्वलन कर समापन समारोह की शुरुआत की। कार्यक्रम का संचालन परिषद संपर्क प्रमुख डॉ. महेश इंद्रा ने किया। संगठन महासचिव डॉ. विनोद गौतम ने कार्यक्रम वृत्त प्रस्तुत किया, डॉ. किशोरी लाल शर्मा ने संगठन की आगामी कार्ययोजनाओं की विस्तार से जानकारी दी। प्रोफेसर महेश दीक्षित ने आयुर्वेद के क्षेत्र में चुनौती एवं अवसर विषय पर अपना व्याख्यान दिया। राजस्थान के क्षेत्रीय सह संपर्क प्रमुख योगेन्द्र नवसंवत्सर का आयुर्वेद एवं स्वास्थ्य के दृष्टिकोण से महत्व की जानकारी दी। प्रदेश अध्यक्ष डॉ. राकेश शर्मा ने चिकित्सक प्रकोष्ठ के विभिन्न जिलों की विभिन्न दायित्व की घोषणा की। कार्यक्रम के अंत में आयोजन सचिव डॉ. रिडमल सिंह राठौड़ ने कार्यक्रम आयोजन में सहभागी प्रदेश कार्यकारणी, चिकित्सक प्रकोष्ठ के सभी सदस्यों, जिला कार्यकारणी बीकानेर के सभी सदस्यों, प्रत्यक्ष, अप्रत्यक्ष सहयोगियों, मीडिया सहयोगियों का हार्दिक आभार प्रकट किया। कार्यक्रम में विभिन्न जटिल बीमारियों माइग्रेन, साइटिका, सर्वाइकल, स्लिप डिस्क, आर्थराइटिस, फ्रोजन शॉल्डर, रिट्रो केलकेनियल बर्साइटिस, कॉर्न, वार्ट्स, साइनुसाइटिस, अस्थमा इनफर्टिलिटी, पीसीओडी, एलोपेसिया, सेरिब्रल पाल्सी, आइबीएस, अल्सर, रीनल केलकुलस से पीड़ित रोगियों का लाइव विद्धकर्म चिकित्सा से उपचार किया एवं रोगियों को तुरंत लाभ प्रदान किया। कार्यक्रम के सफल आयोजन हेतु राष्ट्रीय अध्यक्ष डॉ. गोविंद सहाय शुक्ला, विद्यार्थी प्रकोष्ठ के राष्ट्रीय प्रभारी डॉ. किशोरी लाल शर्मा, विश्व आयुर्वेद परिषद के प्रदेश अध्यक्ष डॉ. राकेश कुमार शर्मा, प्रदेश महासचिव डॉ. विनोद कुमार गौतम, चिकित्सक प्रकोष्ठ प्रदेश प्रभारी डॉ. पवन सिंह शेखावत, जयपुर प्रांत संयोजक डॉ. जगदीश राजावत, चित्तौड़ प्रांत संयोजक डॉ. संजय नागर, प्रदेश संपर्क प्रमुख डॉ. महेश इंद्रा, प्रदेश सचिव डॉ. ऋषि तिवारी सहित कार्यक्रम के सफल आयोजन हेतु आयोजन समिति बीकानेर के डॉ. गोविंद ओझा, डॉ. किशन गोपाल चौधरी, डॉ. विनीत बागड़ी, डॉ. जितेंद्र भाटी, डॉ. ईश्वरदत्त शर्मा, डॉ. लक्ष्य बख्शी, डॉ. जगदीश प्रसाद चौधरी, डॉ. हरनीत सिंह सिद्धू, डॉ. संदीप नाई, डॉ. बादरराम प्रजापत सहित अनेक संगठन कार्यकर्ताओं का महत्वपूर्ण योगदान रहा।