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# विश्व आयुर्वेद परिषद् पत्रिका

वर्ष-9, अंक-5-6

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ज्येष्ठ-आषाढ

मई-जून 2012



करंज

**Journal of Vishwa Ayurved Parishad**

ग्रीष्म ऋतु



# अर्बन कोआपरेटिव बैंक लि० बरेली

मुख्यालय : ब्लॉक 'ए' दीनदयालपुरम, पीलीभीत मार्ग, बरेली-243122

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## -:: हमारी विशेषताएं ::-

1. 365 दिन ग्राहक सेवा में समर्पित बरेली का प्रथम बैंक।
2. जमा राशि पर अन्य बैंकों से अधिक ब्याज दर।
3. वरिष्ठ नागरिकों, विधवाओं तथा विकालांगों को 0.5 प्रतिशत अधिक ब्याज सुविधा।
4. सभी शाखाओं पर लाकर्स की सुविधा अन्य बैंकों से सस्ती एवं सुलभ है।
5. सभी प्रकार के ऋण व अग्रिमों की सुविधा उपलब्ध है।
6. आयकर अधिनियम की धारा 194 "ए" (V) के अन्तर्गत बैंक सदस्यों से सावधि जमा पर प्राप्त ब्याज के स्रोत पर आयकर की कटौती नहीं।

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422.21	1260.53	417.12	23908.63	7930.91	17881.42

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सिविल लाइन्स

98978 66229

श्यामगंज

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98978 66449

सुभाषनगर

98978 16566

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श्रीपाल कश्यप  
सचिव / महाप्रबन्धक

संतोष कुमार गंगवार  
अध्यक्ष



# विश्व आयुर्वेद परिषद् पत्रिका

## Journal of Vishwa Ayurved Parishad

वर्ष- 9, अंक- 5-6

ज्येष्ठ-आषाढ़

मई-जून 2012

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



## Guest Editorial



Ayurveda, the health science has a great role in the modern & computerized era for keeping the health of an individual and also for the sick. Ayurvedic Physicians have to change themselves in attending the patients, looking to the present needs of the society. Importance should be given to patients examination, i.e. individual prakriti (constitution), Doshha (body humors), Deha (body) Desha (place of



living) vaya (age), bala (strength), kala (time/season) etc. are to be given priority in attending the persons health i.e. (Personal Health) rather than treating symptomatically. Ayurvedic Physicians have a great role in preseving their health by educating the common people by arranging lectures, posters presentations through NGO's, newspapers, religious organizations, societies, Rotary clubs, Lions clubs etc. Ayurvedic Education also needs some modernization looking to the persent students advancements in computer literacy. Ayurvedic Colleges in the country needs to start teachings to students through powerpoint presentations, sending lectures through E-mails, interacting through Ayurvedic groups, by video presentations, clinical case presentation etc. The Hospitals also need to start patient video presentations, clinical case presentation etc. and follow-ups. Ayurvedic research is really confusing in different spheres. Acturally the research means re-search, re-thinking, re-analysing and re-consideration of the Ayurvedic subjects as such who ever is working in any Ayurvedic discipline, whatever he is doing in the development or thinking in a way or interacting with each other in the improvement of Ayurveda is research also. Even though the CCRAS is authorized to conduct research at National level on certain issues and diseases is also known as research. But any person who is involved in patients treatment, certainly considering himself as a researcher. Ayurveda is already generated and given us a research science which needs revalidation from present modern scientific parameters as the present day society wishes and validates it. So a multi-sectorial, multi-disciplinary different scientific bodies at different levels has to be co-ordinated to present the Ayurvedic system of medicine, so that the modernized scientific Ayurveda can be brought to the intellectual and scientific community and would benefit the suffering mankind.

**Prof. Dr. Radhey Shyam Sharma**

Vice Chancellor

Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University,  
Jodhpur (Rajasthan)





## करंज

• डॉ० अनुग्रह नारायण सिंह

चरक संहिता में ग्रहणी दोष चिकित्सा (च.चि. 15/179) अन्तर्गत 'करंजौ द्वौ' का स्पष्ट रूप से उल्लेख प्राप्त होता है। यह करंजद्वय क्या है यहाँ पर चक्रपाणिदत्त द्वारा कोई व्याख्या नहीं की गई है। अन्यत्र च.सू. 1/82 में फलिनीगण में पठित वनस्पतियों में 'प्रकीर्या' तथा 'उदकीर्या' से करंजद्वय का ग्रहण किया गया है। इनके फल उपयोगी हैं जो विरेचन हैं। साथ ही चिरबिल्व लेखनीय एवं भेदनीयगणों में एवं नक्तमाल कण्डूधनगण में पठित है। चरकसंहिता के विमानस्थान 8 में वर्णित विरेचन द्रव्यों में प्रकीर्या का उल्लेख करने के बाद करंज को कटुकस्कन्ध तथा नक्तमाल को तिक्तस्कन्ध में रखा गया है जहाँ करंज से पूतीक का ग्रहण कर करंज को नक्तमाल से पृथक् माना गया है। यदि इन दोनों को प्रकीर्या और उदकीर्या पर्याय माना जाय तो प्रकीर्या को पूतीकरंज तथा उदकीर्या को नक्तमाल माना जा सकता है। चरक संहिता चिकित्सा 3/267 में करंज से नक्तमाल का बोध किया गया है जो चिरबिल्व से पृथक् पठित हैं। वस्तुतः करंज दोनों का बोधक है अतएव चरक ने च०चि० 26/23 में पूतीक का बोध कराने के लिए पूतीक विशेषण लगा दिया है।

सुश्रुतसंहिता के आरग्वधादि, श्यामादि तथा अर्कादिगणों में 'करंज द्वय' का पाठ है। साथ ही सालसारादि एवं वरुणादि गणों में पूतीक और नक्तमाल का एकत्र उल्लेख है एवं श्लेष्म संशमन वर्ग में प्रकीर्या तथा उदकीर्या हैं।

इस प्रकार पूतीक और नक्तमाल ही सुश्रुतोक्त करंजद्वय है तथा यही प्रकीर्या, उदकीर्या है एवं वाग्भट्ट ने भी इन्हीं को करंज द्वय कहा है (अ.ह.सू. 15/21,28)।

सुश्रुतसंहिता के व्याख्याकार डल्हण ने 'निबन्धसंग्रह' टीका में पूतीक को चिरबिल्व तथा नक्तमाल को बृहत् करंज लिखा है। इससे प्राचीनकाल में करंजद्वय से निम्न दो वनस्पतियों का बोध हो जाता है—

अ) पूतीक— चिरबिल्व, प्रकीर्या करंज (Holoptelia integrifolia Planch)

ब) नक्तमाल— उदकीर्या (Pongamia pinnata Lierra)

यद्यपि डल्हण ने दोनों वनस्पतियों का स्पष्ट परिचय दिया परन्तु 'करंजद्वय' की व्याख्या में प्राचीन अवधारणा का उल्लेख न कर समसामायिक मान्यता का उल्लेख किया क्योंकि कण्टकीकरंज का स्पष्ट उल्लेख चरक एवं सुश्रुत दोनों में नहीं मिलता। यह इंगित करता है कि कण्टकीकरंज का विशेष प्रयोग मध्यकाल में प्रारम्भ हुआ जो चिरबिल्व को हटाकर करंजद्वय में नक्तमाल के साथ स्थान प्राप्त कर लिया। इसी स्थिति का डल्हण ने उल्लेख किया है। नक्तमाल को बृहत् करंज या वृक्षकरंज तथा लताकरंज को कण्टकी या विटप करंज कहते हैं। भ्रमवश डल्हण ने नक्तमाल के स्थान पर करंज द्वय में चिरबिल्व का ग्रहण कर लिया है (सु.सं.सू. 38/6) क्योंकि जब पूती चिरबिल्व है और वह नक्तमाल से पृथक् पठित है तब नक्तमाल और चिरबिल्व एक कैसे हो सकते हैं। सुश्रुत ने पूतीक का अद्योभागहरगण में पाठ किया है जबकि चिरबिल्व चरक के भेदनीय एवं लेखनीय गणों में निर्दिष्ट है।

चरक ने गुल्मचिकित्सा में चिरबिल्व के अंकुरो का प्रयोग किया है (च.चि. 5/165) जिसे सुश्रुत ने पूतीक नाम दिया है (सु.उ. 42/61) ये सन्दर्भ पूतीक एवं चिरबिल्व की एकता के

■ रीडर, विभागाध्यक्ष, द्रव्यगुण विभाग, श्री लाल बहादुर शास्त्री राज० आयु० महाविद्यालय, हण्डिया, इलाहाबाद (उ०प्र०)



परिचायक हैं। साथ ही पूतीक और नक्तमाल पृथक् पठित है अतः चिरबिल्व नक्तमाल नहीं हो सकता।

मध्यकाल में कण्टकीकरंज के समावेश के बाद करंजद्वय में नक्तमाल तथा कण्टकीकरंज को लिया जाने लगा एवं नक्तमाल के पर्यायों में उदकीर्य और चिरबिल्व दोनों समाहित हो गये तथा कण्टकीकरंज के पर्याय पूतीक, पूतिकरंज तथा प्रकीर्य हो गये। यह स्थिति निघण्टुओ में दृष्टिगोचर होती है (प.र.मा.)

चिरबिल्वश्चोदकीर्यो नक्तमालः करंजकः।

पूतिकः पूतिकरंजः प्रकीर्यश्च सकण्टकः ॥ प.र.मा. धन्वन्तरि निघण्टु में पूतीक, नक्तमाल, चिरबिल्व सभी पर्यायरूप में वर्णित है यह स्थिति अत्यन्त भ्रामक है— 'करंजो नक्तमालश्च पूतिकश्चिरबिल्वकः ॥ ध.नि. 5/107 यहीं पर करंज के अनेक भेदों का अस्पष्ट उल्लेख है। कैयदेव निघण्टु में नक्तमाल को प्रकीर्या तथा पूतीक (चिरबिल्व) को उदकीर्या कहा गया है इनसे पृथक् कण्टकरंज का वर्णन है। संभवतः कण्टकरंज का सर्वप्रथम वर्णन कैयदेव निघण्टु में ही मिलता है। "भावप्रकाश निघण्टु में नक्तमाल का पर्याय चिरबिल्व दिया गया है के अतिरिक्त प्रकीर्य (पूतीक) और उदकीर्य (करंजी) का पाठ किया है परिणामस्वरूप यहां करंजत्रय का संकेत मिलता है तथापि कण्टकी करंज (*Caesalpinia Crista Linn*) की स्पष्ट उल्लेख नहीं किया गया है। साढल निघण्टु में करंज और पूतिकरंज को उल्लिखित किया गया है जो क्रमशः नक्तमाल और पूतीक है।

इस प्रकार पूतीक और नक्तमाल ही करंजद्वय है जहाँ पूतीक के पर्याय प्रकीर्या, चिरबिल्व है तथा नक्तमाल उदकीर्या है।

सामान्यभाषा में करंज (डिठोरी) लताकरंज (कण्टकीकरंज) एवं चिरबिल्व (चिलबिल) का ग्रहण किया जाता है जिनके गुण—धर्म निम्नवत

हैं—

अ) करंज (*Pongamia Pinnata Pierre*)  
नक्तं सुनीलैमृदुपुष्पभारैः  
संशोभते प्राक्पतितैः प्रभाते।  
नीलत्विषा रंजयति प्रवाहं  
त्वपां नदीनां विकचः करंजः ॥

— प्रि.नि. 1/206

करंज में रात में नील वर्ण के पुष्प निकलते हैं जो प्रातःकाल के पूर्व ही गिरकर भूमि को आच्छादित कर देते हैं। प्रायः नदी के तट पर वृक्ष होने से ये फूल जल में गिरकर उसे नीलाभ बना देते हैं। क (जल) को रजित करने के कारण इसका नाम करंज है।

करंजो नक्तमालः स्यात्तिक्तः कटुक एव च।

उष्णवीर्यो हरेत् कुण्ठव्रणक्रिमिकफामयान् ॥

प्रि.नि. 1/207

करंजविटपानां तु दन्तधावनमिष्यक्ते।

करंजबीजतैलं स्यात् त्वग्दाहलनं परम् ॥

प्रि.नि. 1/208

करंज या नक्तमाल तिक्त कटु, उष्णवीर्य है तथा कुण्ठ, क्रिमि, व्रण का नाशक है। करंज की कोमल टहनियों का दातून करते हैं एवं करंज के बीजों का तैल चर्मरोगों में लाभकर है।

ब) कण्टकिकरंजः— *Caesalpinia Crista Linn*

करंजः कण्टकी बल्लीकरंज इति कथ्यते।

लतारूपेण वृक्षं हि कश्चिदाश्रित्य वर्धते ॥

आलिङ्ग रसमुदिता तरुवरपरिरम्भणालसासक्तता।

ननुबल्ली कण्टकिता वषुषि व्याजेन हर्षस्य ॥

प्रि.नि. 1/209, 10

कण्टकिकरंज को बल्लीकरंज या लताकरंज भी कहा जाता है क्योंकि यह लतारूप में किसी वृक्ष का आश्रय लेकर फैलती है।

तरुवर के आलिङ्गन में बद्ध होने से हर्षवश उसका शरीर कण्टकित (रोमांचित) हो रहा है।

तद्बीजं तु कुबेराक्षं तिक्तमुष्णं प्रभावतः।

विषमज्वरहन्तु स्याद् यकृच्छूलनिवारणम् ॥

(शेष पृष्ठ 28 पर)



## VARIOUS VADA WITH THEIR PHILOSOPHICAL AND AYURVEDIC ASPECTS

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### INTRODUCTION

*Ayurveda* is known as science of life. It ensures both healthy mind and body. *Ayurveda* aims at ensuring healthy mind and body with curing of disease<sup>(C.S. Su. 30/26)</sup>. Between these two aims, *Ayurveda* give prior importance to maintain a healthy life span without need of cure of disease<sup>(C.S. Su.1/53)</sup>.

It does not aim at creating only the health of individual but simultaneously provides prescriptions and prohibitions for maintenance of healthy life span<sup>(C.S. Su. 5/13)</sup>. *Ayurveda* contains the essence of these prescriptions and prohibitions<sup>(C.S. Su.1/42)</sup>.

*Ayurveda* is as much as a philosophy as a science. It is the applied aspect of philosophical concepts. The structural, functional, pharmacological, psychic and physiological principles of *Ayurveda* are based on fundamentals of Indian philosophy like *Panchbhautika* Theory, *Tt triguna* concept and various *Vadas*.

*Vadas* are important in *Ayurveda* to formulate the laws. To understand the importance of *Vadas*, short description of

various *Vadas* in *Ayurveda* is as follows -

- i. *Karya Karna Vada*
- ii. *Arambha Vada*
- iii. *Parinama Vada*
- iv. *Kshanbhanga Vada*
- v. *Vivarta Vada*
- vi. *Sat Asat Vada*
- vii. *Ydryecha Vada*
- viii. *Niyati Vada*
- ix. *Kala Karanta Vada*
- x. *Ishwara Vada*
- xi. *Parmanu Vada*
- xii. *Uttarottaranupravesha and Anyonanyonupravesha Vada*
- xiii. *Swabhava Vada*
- xiv. *Swabhavoparam Vada evum Hetum-hetorvartanam*

### 1. KARYA KARNA VADA :-

The central theme of *Karya Karna Vada* is that *Karna* should be present prior to *Karya*. The roots of *Karya Karna Vada* are present in ancient texts. *Asat Karya* cannot be produced<sup>1</sup>. The *Karna* is necessary for *Karya*<sup>2</sup>. *Karya Karna Vada* is emphasized in different *Darshanas* as the schools of *Vedanta*, *Buddha*, *Nyaya*-

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Vaisheshika and Sankhya described *Karya Karna Vada* as *Vivarta Vada*, *Kshanbhangura Vada*, *Arambha Vada* and *parinama Vada* respectively.

**Three types of Karnas are explained in Darshanas -**

**1. Samvayi (upadan) Karna -**

It is the main cause out of which *Karya* is produced and which is also present even after the exposition of the *Karya*<sup>3</sup>.

**2. Asamvayi Karna -**

It works in conjugation with *Samvayi Karna* to produce *Karya* but different from the *Samvayi Karna*<sup>4</sup>.

**3. Nimitta Karna -**

It is distinct from previous two and is the motive power by which *Karya* is produced. This is the only *Karna* which remains detached after the *Karya* comes into form.<sup>5</sup>

Two different views about how *Karya* is produced from *Karna* are as follows :-

**A. Sat Karya Vada -**

It states that the *Karya* already exists in *Karna* in latent form<sup>6</sup>. The *Sankhya* doctrine and *Ayurveda* both follows *Sat Karya Vada*. It is supported by following points :

- i) *Asatkaranat* There cannot be production of anything which does not exist<sup>7</sup>.
- ii) *Upadanagrahanad* This means the main required cause can only produce the desired *Karya*<sup>8</sup>.
- iii) *Sarvasambhavabhavat* ~ All *Karya* can not be produced by any kind of thing or everywhere<sup>9</sup>.
- iv) *Shaktasya shakyakaranad* Only potent cause generate the desired effect which is potentially contained in it<sup>10</sup>.

v) *Karana bhavad Karna* and *Karya* are just the stages of one same thing. So the *Karya* bears the nature of it's *Karna*<sup>11</sup>.

**B. Asat Karya Vada**

It states that *Karya* does not exists before its production. A new thing (*Karya*) originates from the previous one (*Karna*) after its destruction<sup>12</sup>.

**Sat Karya Vada is divided in two types :-**

- a. *Parinama Vada*
- b. *Vivarta Vada*

**Asat Karya Vada is divided into two types**

- a. *Arambha Vada*
- b. *Kshanbhangura Vada*

The detailed discussion about these divisions will be done at other place in this study.

*Karya Karna Vada* has paramount importance in *Ayurveda*.

**Applied aspects of Karya Karna Vada in Ayurveda :-**

- i. *Karna* is also known as *sambhava* and it gives rise to *Karya*<sup>13</sup>.
- ii. All *bhava padartha* arises from a *Karna*<sup>14</sup>.
- iii. *Karta*, *karna* and *sanyoga* produce the *Karya*<sup>15</sup>.
- iv. *Karya* is according to *Karna*<sup>16</sup>.

**2. ARAMBHAVADA**

It is the view of *Nyaya-Vaisheshika* schools of philosophies. *Arambha* is '*Pratham kriti*'<sup>17,18</sup> or beginning of a new thing. The *Karya* has no existence before it is caused<sup>19</sup>. To form a new thing the old one is destructed. It breaks into small basic components upto level of *parmanus*. These *parmanus* rejoin again but with a different arrangement. This gives rise to a new thing.<sup>20,21</sup> This process of *samyoga* and *vibhaga* of *parmanus* destroys old things and





give rise to new thing. This is known as *Arambha Vada*.

#### **Applied aspect of *Arambha Vada* in *Ayurveda***

i. Five *bhutas* and *atma* form the individual<sup>22</sup>.

ii. *Sharira, satva* and *atma* form the *ayu*.<sup>23</sup>

iii. The *shristi* begins from *avyakta prakriti*.<sup>24</sup>

#### **3. PARINAMA VADA**

*Parinama* is *vikara, bhava* other than *prakriti, prakriti dhvansa janya vikara*.<sup>25,26</sup> This *Vada* is considered under *Sat Karya Vada*. This is view of *Sankhya Darshana*. *Parinama* word indicates the change in constitution of a particular object. But *Asat* cannot be produce from a cause.<sup>27</sup> The difference between *Parinama* and *Vivarta* is that in *Parinama* the change in form of object is original while in *Vivarta* this change is apparent. *Parinama Vada* considers that the *Karya* or effect is present in *Karna* or cause in latent form.<sup>28</sup> This cause manifest to effect under influence of external causes<sup>29</sup>. Result may be different according to specific *Guna*<sup>30</sup> e.g. rain water become of different *rasa* according to different fruits.<sup>31</sup> This thinking is main difference from *Arambha Vada* which believes in the new creation of object.

#### **Applied aspect of *Parinama Vada* in *Ayurveda*:-**

i. *Vipaka* is *parinama* of *Rasa*.<sup>32</sup>

ii. *Parinama* of *Ahara* is *Rasa*.<sup>33</sup>

iii. *Srotasa* transport the *Parinama* of *anna*.<sup>34</sup>

#### **4. KSHANBHANGURA VADA :-**

*Kshana* is one forth of time needed to *nimesha kriya*.<sup>35</sup> *Kshanbhangura* means the objects which will destroy in one *kshana*.<sup>36</sup> It is

considered under *Asat Karya Vada*. This is the contribution of *Buddhist* doctrine. This *Vada* insists that every object of this universe is destroyed with each and every fraction of time. But still the object appears same to the observer because the destroyed object gives rise to same type of object after destruction. Object is a sequence of being created from previous object, persisting for a fraction of time and getting destroyed by producing same type of object.

#### **Applied aspects of *Kshanbhangura Vada* in *Ayurveda* :**

i. The concept of *Swabhavoparam Vada*<sup>37</sup> resembles with *Kshanbhangura Vada* to some extent because the concept of *Swabhavoparam Vada* suggests that the objects are destroyed naturally. It also explains that after destruction the object gives rise to other object which has same characters of the destroyed object.<sup>38</sup>

ii. Synonym of *ayu* is *nityaga*.<sup>39</sup> It means which is *kshyashila* every moment. So this view resembles with *Kshanbhangura Vada*.

#### **5. VIVARTA VADA :-**

This is main contribution of *Adwyaita Vadi's Vedanta Darshana*. The synonyms of *Vivarta* are *maya, avidya, agyana, tama, bhrama, moha, aropa, adhyasa*. The meaning of *Vivarta* is apparent. When the mind does not perceive the real knowledge of any object due to influence of *raga, dwesha, raja and tama* then it is known as *Vivarta*. The *Vedanta* doctrine believes that only *Bramha* is real and the world is false perception of it.<sup>40</sup> Some other scholars believe that this world is *Vivarta* of *shabdha*<sup>41</sup>, or *maya* of God.<sup>42</sup> *Vedanta* supports their view by an example that the same water



appear different colors in different colored pots. In the same way single *Bramha* manifests as many forms in the visible world. *Vedanta* believes that "Adhyasa"<sup>43</sup> is the condition in which mind is disturbed and it cannot distinguish between true or false. This condition gives rise to *Vivarta*. When mind comes out of this *Vivarta*, *moksha* is achieved.

#### **Applied aspects of *Vivarta Vada* in *Ayurveda* :**

i. *Pragyaparadha* is root cause of vitiation of *Raja, Tama Doshas* which ultimately disturb the mind of individual leading to *Vivarta*.<sup>44</sup>

ii. Other causes of *Vivarta*, in which mind does not perceive real knowledge

a. *Manasa vikara*-e.g. *Attatvabhinivesha*<sup>45</sup>. It resembles with *Adhyasa* of *Vedanta*.

b. *Indriya vikara*-e.g. *Twakya indriya* loss of heat, cold, sensation due to *Kushtha*.<sup>46</sup>

c. *Awarnas of vishyas*<sup>47</sup>.

d. *Arishta* -e.g. in *asann marna Kala*<sup>48</sup>.

e. *Swapana* perception of objects during *swapana* is not real.<sup>49</sup>

#### **6. SATASAT VADA :-**

The word *Sat* means existence. While *Asat* means absence. *Sat* is *Bramha*, while *Asat* denotes *pranis*.<sup>50</sup> Only *Sat padartha* exists<sup>51</sup> which are six in number.<sup>52</sup> In *Nayaya Darshana*, *abhava* is also included in seven *padartha*.<sup>53</sup> The object which can be known by *pramana* is known as *Sat* while opposite to it is *Asat*.<sup>54</sup> *Yogindera Natha* called *Sat* as *bhava rupa* and *Asat* as *abhava rupa*.<sup>55</sup> Whole of *Ayurvedic* literature has included *Sat padartha Vada*. *Asat Vada* is also accepted in *Ayurveda* at certain places.

#### **The applied aspect of *Sat* and *Asat Vada* in *Ayurveda* :-**

##### **a. *Sat Vada* -**

i. Only six *bhava* or *Sat padarthas* are described.<sup>56</sup>

ii. The object which has existence but had no cause of its production, it than it is known as *Nitya*.<sup>57</sup>

##### **b. *Asat Vada* -**

i. There are two types of things *Sat* and *Asat*, which can be analyzed by four tests.<sup>58</sup>

ii. *Apratighata* of *akasha* is known by *abhava of sparsha*.<sup>59</sup>

iii. *Abhava* is *shigragami* and has no cause.<sup>60</sup>

#### **7. YDRYECHA VADA :-**

*Ydryecha* is independent.<sup>61,62,63</sup> This is a *Nastika* view.<sup>64</sup> *Ydryecha* is explained as sudden, lawless, logic less formation of an object from an uncertain cause. *Acharya Dalhana* has described it as "*Akasmika padartha abhirbhava*"<sup>65</sup> This view resembles with *Anekant Vada* of *Jaina* philosophy. *Anekant Vada* means that there is no certain result of any particular law. The same cause may produce different effects.

*Acharya Charaka* contradicted this view<sup>66</sup>, insisting that this is a *Nastika* view and there are no logic, no experiment, no cause or effect in it.

#### **Applied aspect of *Ydrecha Vada* in *Ayurveda* :-**

i. If the physician treats a person without examination and the patient is cured than it is *Ydrecha*.<sup>67</sup>

ii. *Ydrecha* is a cause of *shristi utpatti*.<sup>68</sup>

iii. According to *Nastikas*, *Ydrecha* is a cause of birth.<sup>69</sup>

#### **8. NIYATI VADA :-**

*Niyati* is *Bhagya, Daiva*<sup>70,71,72</sup>. Synonyms of *Niyati* are *Adresta, Daiva*. *Daiva* is *karma* of *purvadeha*.<sup>73</sup> It is previous birth works which



cannot be destroyed.<sup>74</sup> Therefore *Karmaja Roga* will subside only after the *kshaya* of *Karmaphala*.

#### **Applied aspect of Niyati Vada in Ayurveda :-**

- i. *Karma* is the reason for birth and diseases of person according to *Acharya Bhadrakapya*.<sup>75</sup>
- ii. The *atma* will get its new body according to previous *Karmas*.<sup>76</sup>
- iii. *Garba vikriti* is dependent on *Karma*.<sup>77</sup>

#### **9. KALA KARNATA VADA :-**

*Kala* is considered as a *dravya* in *Ayurvedic*<sup>78</sup> and philosophical literature.<sup>79,80,81</sup> The *Nyaya* considers *Kala* as one, without any division and omnipresent. The divisions of *Kala* can be made only relatively e.g. the past, present or future time division is only with reference to the present time. In *Ayurveda* divisions of *Kala* is relative like *Darshanas* e.g.

- i. *Nityaga Kala* is divided in relation to sun<sup>82</sup>
- ii. *Awasthika Kala* is divided in relation to states of body, medicine etc<sup>83</sup>.

In *Sankhya Darshana* reference of *Kala* is there but no description is given. In *Jaina* philosophy *Kala* is having "*Vartna Hetutva guna*"<sup>84</sup>. Which means to remain in a particular state. This indicates that the different states of *dravyas* is dependent on *Kala*. It has no beginning or end. It kills all the creatures so it is called as *Kala*. It does not stop even for a small fraction.<sup>85</sup>

#### **Applied aspects of Kala karnata Vada in Ayurveda :-**

- i. *Kala* is one of causes of *shristiutpatti*.<sup>86</sup>
- ii. According to *Bhiksu Attreya* *Kala* is the cause of *purushutpatti*.<sup>87</sup>
- iii. *Kala* is cause of disease.<sup>88</sup>

iv. *Kala* will destroy the person even if he follows the rules of *swasthvritta*.<sup>89</sup>

#### **10. ISHWARA VADA :-**

*Ishwara* is cause of creation and provides the result according to *karma* of person.<sup>90</sup> Human is created by God, this view is *Ishwara Vada*.<sup>91</sup> The *Nyaya* doctrine follows this view. There are two types of *Atma Paramatma* who is omnipresent, omnipotent and other is *Jivatma* or the creatures. In the beginning of *shristiutpatti* the *parmanus* combine with each other by the will of *Paramatma* giving rise to the whole world. The *shristi* will end up in *pralaya* by dissociation of *parmanus* by the will of *Paramatma*. The *Yoga darshana* believes in existence of two types of *Bhavya- Ishwara* and *Tatva samuha*. Further *Tatva samuha* is divided in two types-*Jada* and *Ajada*. *Jada* is *mahana* etc. 24 *Tatvas* while *Ajada* is *Jivatma* which on conjugation with *Ajada* gives rise to *shristi*.<sup>92</sup> The *Sankhya* also believes that *Purusha* when combines with *Prakriti* gives rise to *shristi*.<sup>93</sup> The *Jaina* contradicts this view.<sup>94</sup>

#### **Applied aspect of Ishwara Vada in Ayurveda :-**

- i. *Ishwara* is one of cause of *shristi utpatti*.<sup>95</sup>
- ii. *Acharya Kankayan* believes *Ishwara* is creator of *shristi*.<sup>96</sup>

#### **11. PARMANU VADA :-**

*Parmanu* has *sukshma parimana*.<sup>97</sup> The thing which cannot be divided further is *Parmanu*.<sup>98,99</sup> *Parmanu* is *Sat pradartha* which is not destroyed even in *pralaya*.<sup>100</sup> *Parmanu* is explained as one sixth part of the *raja kana* which is visible in sunlight entering in a dark room through a hole.<sup>101</sup> While *Acharya Sharangdhara* believes that 1/30<sup>th</sup> of the *raja kana* is *Parmanu*.<sup>102</sup> *Nyaya Darshana* considers



that *akasha* is *Vibhu* while other four *bhutas* has *Parmanu parimana*. *Vibhu* means that anything larger to it cannot exist while *Parmanu* means that anything smaller to it cannot exist. Both of them, are not destroyed in *pralaya*. The *Parmanus* combine and dissociate in *shristiutpatti* and *pralaya* respectively by the will of God. The *Sankhya Darshana* believes that *tanmatras* are *anu* in *parimana* which give rise to *mahabhutas*.<sup>103</sup> But the difference from *Nyaya* and *Vaishesika* is that these are also dissolved in *Mula Prakriti* during *pralaya*.

**Applied aspects of Parmanu Vada in Ayurveda**

- i. All the objects are *panchbhautika* in constitution.<sup>104</sup>
- ii. All the *sharira avayavas* are made from *Parmanus* which are countless, because they are *atibahu, atisukhma, atiyendriya*.<sup>105</sup>

## 12. UTTAROTTARANUPRAVESHAN ANYONANYONUPRAVESHAN VADA

Uttarottaranupravesha means presence of former *bhuta* in later. The *Nyaya-Vaisheshika* believes the *akasha bhuta* is *vibhu* and *nitya* while the other four *bhutas* have two states-*Karna* (*nitya* or *parmanu*) or *Karya* (*antiya*) arise from *Karna bhuta*. These *Karya bhuta* form the *panchbhautika* creation. *Acharya Gautam* explains that the later *bhuta* is incorporated by previous *bhuta*.<sup>106</sup> Therefore each *bhuta* has its special *guna* and it also bears the *guna* of previous *bhuta*. These *bhutas* form *shristi* but the objects are known by the *bhuta* which has more proportion of it in them.<sup>107</sup> The *Sankhya Darshana* believes that all the *bhutas* arise from *tanmatra* which itself arise from *rajas*

and *tamas ahankara*.<sup>108</sup> At first *shabda tanmatra* gives rise to *akasha bhuta*. Then *sparsha tanmatra* gives rise to *vayu bhuta* which contains *sparsha guna* of its own and *shabda guna* of *akasha* because of conjugation of *akasha* in *vayu bhuta* production. Finally *prithvi* has all the five *gunas* in it.

The concept of *Anyonanyonupravesha* is also known as *Panchikarana siddhant*.<sup>109</sup> *Vedanta* considers that body is formed by *panchikrita mahabhutas*. Which means that each *mahabhuta* contains in itself half of its own *bhuta* and the other half is formed by other four *bhutas* in equal proportion i.e. one eighth part of each four *bhutas*.

**Applied aspects of Uttarottaranupravesha Vada in Ayurveda :-**

- i. *Akasha adi* are *mahabhutas* and *shabda adi* are their *gunas*. One *guna* is increased in the later *bhuta*, than the former.<sup>110</sup>
- ii. *Akasha, vayu* etc has *ekottar guna vriddhi* so *prithvi* has all five *gunas*.<sup>111</sup>

**Applied aspects of Anyonanyonupravesha Vada in Ayurveda**

- i. *Panchbhutas* remain *anyonanupravistha* and all the *gunas* of one *bhuta* is found in all other *mahabhutas* also.<sup>112</sup>
- ii. The *mahabhutas* help each other by *paraspar sansarga, paraspar anupravesha* and the *dravya* is known according to the dominancy of *mahabhuta* present.<sup>113</sup>

## 13. SWABHAVA VADA :-

*Swabhava* is *akritirm, karna nirapeksha prakriti* or *swayam siddha dharma* of a thing.<sup>114,115</sup> It means that *Shwabhava* is natural, self existing property of a substance which cannot be changed by any process. The





*Swabhava Vada* explains *Swabhava* as cause of generation or destruction of an object while *Swabhavoparam Vada* suggests that there is cause in generation of an object while its destruction is natural. This is main difference between *Swabhava Vada* and *Swabhavoparam Vada*. *Swabhava Vada* is a *Nastika* view.<sup>116</sup> *Acharaya Bharadwaja* was the follower of this view.<sup>117</sup> He considered *Swabhava* as the cause of diseases. This *Vada* is applied in *Ayurveda* on some processes which are considered beyond explanation.

#### **Applied aspect of *Swabhava Vada* in *Ayurveda*:**

- Substances have their properties according to *Swabhava*.<sup>118</sup>
- Effect of *drava* as *hitakara ahitkara* is due to *Swabhava*.<sup>119</sup>
- Properties of *mahabhutas* is due to *Swabhava*.<sup>120</sup>

#### **CONCLUSION**

*Ayurveda* is as much as a philosophy as a science. It is the applied aspect of philosophical concepts. The structural, functional, pharmacological, psychic and physiological principles of *Ayurveda* are based on fundamentals of Indian philosophy like *Panchbhautika* Theory, *Tttriguna* concept and various *Vadas*.

*Vadas* are important in *Ayurveda* to formulate the laws.

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79. *Tatva Mukta Kalpa* 1/6
80. *Tatva Sutra* 5/38



81. *Vaishesika Sutra* 1/1/15  
82-83. C. S. Vi. 8/125 84. *Tatva Sutra* 5/38-39  
85. S. S. Su. 6/3 86. S. S. Sh. 1/11  
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# PANDU ROGA (ANEMIA) w.s.r. to IRON DEFICIENCY ANEMIA IN PEDIATRIC AGE AND ROLE OF AYURVEDA IN ITS MANAGEMENT: A REVIEW

• Karam Singh\*, Bhavna Verma\*\*

**Abstract:** Iron deficiency affects a significant part of the population in nearly every country in the world. Nutritional status is a major determinant of the health and well-being of children. Inadequate or unbalanced diets and chronic illness are associated with poor nutrition among children. Pandu roga (anemia) is global problem of immense public health significance. It is a very common disease occurring in all ages without sex discrimination and all season. It may develop as a separate disease or, as a consequence of much life threatening disease. Pandu is such a disease in which vaivarna or change of normal colour of the body occurs. In Ayurvedic texts, almost all acharyas describes this disease in detail. According to the Ayurvedic classics, there are various factors mentioned for the occurrence of Pandu roga. Therefore, researchers are looking forward to find its answer from medicinal plants which are described in Ayurvedic texts. Research studies now show that commonly available herbs like Punarnavasav and Navayas Louh, Tectona grandis, Lauha bhasma, Mandura bhasma, Panduhara Yoga (which consists of Mandura Bhasma one part and amalaki churna ten parts), Navayasa Churna, Punarnavadi Mandura, Dhatri Lauha, Pradarantaka Lauha, Sarvajvarahara Lauha and Vrihatyakrdari Lauha, Hansa Mandura & Phalatrikadi

Kwatha etc. possess significant antianemic activity in experimental and clinical trials. Thus, these herbs can be used in anemia as a substitute with more significant result at a lower cost to the patients.

**Keywords:** Pandu roga, anemia, Punarnavasav, Navayas Louh, Tectona grandis, Lauha bhasma, Mandura bhasma.

## INTRODUCTION

Iron deficiency affects a significant part of the population in nearly every country in the world. Nutritional status is a major determinant of the health and well-being of children. Inadequate or unbalanced diets and chronic illness are associated with poor nutrition among children. Pandu roga (anemia) is global problem of immense public health significance. It is a very common disease occurring in all ages without sex discrimination and in all seasons. It may develop as a separate disease or, as a consequence of much life threatening disease. Pandu is such a disease in which vaivarnya or change of normal colour of the body occurs.

The word Pandu is derived from the root 'PADI-NASANE' with suffix 'KU' in the sense of nashan. In Pandu change is in the colour of body so nashana here signifies varna nashan. Vachaspatyam refers Pandu as mixture of white and yellow colour which resembles with

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the pollen grains of *ketaki* flower. So, various meaning of *Pandu Varna* found as *Peeta Bhagardha*, *Samvalitha Shukla*, *Peeta*, and *Pallor*. In Ayurvedic texts, almost all acharyas describe this disease in detail. According to the Ayurvedic classics, there are various factors mentioned for the occurrence of *Pandu roga*.

**Anemia** word is derived from Greek which means *lack of blood*. Anemia is defined as a haemoglobin concentration in blood below the lower limit of the normal range for the age and sex of the individual (Harsh Mohan, 2000) [1] or Anemia means deficiency of haemoglobin in the blood, which can be caused by either too few red blood cells or too little haemoglobin in the cells. Anemia is the result of a wide variety of causes that can be isolated, but more often coexist. So, a variety of aetiologies exist for anemia, including: anemia due to blood loss, anemia due to impaired red cell formation which may occur as a result of various factors as cytoplasmic maturation defects, nuclear maturation defects, haemopoetic stem cell proliferation abnormalities, bone marrow failure and infiltration, and anemia due to increased red cell destruction.

In the United States, about 9% of 1 to 2 year old children are iron deficient; 3% have anemia. Of adolescent girls, 9% are iron deficient and 2% have anemia [2]. The World Health Organization (WHO) has estimated that, globally, 1.62 billion people are anaemic, with the highest prevalence of anemia (47.4%) among preschool-aged children; of these 293 million children, 89 million live in India [3]. More than 75% of Indian toddlers are anemic [4].

Iron deficiency is the most frequent and widespread nutritional deficiency in the world. Iron plays a important role in the formation of haemoglobin (which is important for oxygen carriage) as well as for other essential elements in the body (e.g. *myoglobin*, *cytochromes*, *cytochrome oxidase*, *peroxidase*, *catalase*). So, Iron deficiency anemia is characterized by a defect in haemoglobin synthesis, resulting in red blood cells that are abnormally small (microcytic) and contain a decreased amount of haemoglobin (hypochromic). As a result, the capacity of the blood to deliver oxygen to body cells and tissues is thus reduced. Anemia goes undetermined in many people, and symptoms can be minor or vague. The signs and symptoms can be related to the anemia itself, or the underlying cause.

Iron is absorbed primarily in the duodenum and proximal jejunum. Iron from diet containing haem is better absorbed than non-haem iron. Many factors such as Vitamin C (ascorbic acid), citric acid, sugars, gastric secretions and hydrochloric acid help in absorption of non-haem iron. There are numbers of factors which impaired iron absorption as milk, pancreatic secretions, phytates, phosphates, medicinal antacids etc.

#### **CAUSES OF IRON DEFICIENCY ANEMIA (IDA)**

In Ayurvedic texts, various causes of *Pandu roga* given as acharya Charaka (Charaka Samhita Chikitishasthana 16/7-8) that mentioned excessive uses of some particular food like salty (*Lavana*), sour (*Amla*), alkaline (*Kshara*), and bitter (*Tikta*) substances, *Teja* (*Theekshna*), hot (*Ushna*), astringent (*Ruksha*) diets, wine, fishes, meat and habit of eating





clay (*mridabhakshan*) etc. can be produced *Pandu Roga*. Similarly acharya Sushruta (Sushruta Samhita Uttartantra 44/3) described similar *nidana* (causes). Likewise following are the causes of iron deficiency as decreased iron stores (e.g. preterm-birth, twins, small for date infants), decreased intake in children (delayed weaning, malnutrition, chronic infection, chronic diarrhea, malabsorption syndrome etc.), increased losses (GI bleeding, hookworm infestation, repeated venous sampling etc.), increased demands (prematurity, low birth weight baby, adolescence etc.) [5].

#### CLINICAL FEATURES OF IDA

In Ayurvedic texts, acharya Charaka (Charaka Samhita Chikitsasthana 16/12) describes following prodromal (**premonitory**) features in anemic person as *hridayaspandanum* (palpitation), *rauکشya* (dryness of skin), *sweda-abhava* (not sweating), and *shrama* (weakness, and exertion). Similarly acharya Sushruta (Sushruta Samhita Uttartantra 44/5) described dry skin, weakness, periorbital oedema, yellowish urine and faeces, poor digestion, and exertion as prodromal features. Clinical features of Pandu by Acharya Charaka (Charaka Samhita Chikitsasthana 16/13-16) are as weakness, general debility, easily fatigability, tinnitus (*karna-kshveda*), dizziness (*bhrama*), dyspnoea (*Shwasa*), anorexia, periorbital swelling, fever, dislike of food and cold things, hair loss etc. Similar clinical features described in modern medicine as well as pallor, failure to grow, decreased exercise tolerance, mild degree of hepatomegaly and splenomegaly. During acute anemia symptoms are - tachycardia, dyspnoea, palpitation, shortness of breath, and symptoms of

congestive cardiac failure.

#### DIAGNOSIS OF IDA

Commonly used tests for diagnosing IDA are based on: (1) evaluation of red cell indices and peripheral smear examination (e.g. haemoglobin, red cells, reticulocyte count, absolute values of MCV, MCHC, MCH, leucocytes, platelet count) and Biochemical findings (e.g. serum iron level, TIBC (total iron binding capacity), serum ferritin, red cell protoporphyrin), and Bone marrow findings (e.g. marrow cellularity, erythropoiesis other cells etc.). Remaining investigations are as per specific causes.

#### TREATMENT

Basic principle of IDA management includes correction of anemia and treatment of underlying cause. Treatment of IDA depends upon the severity and associated complications. A person with severe anemia and/or congestive heart failure, with haemoglobin less than 5gm/dl requires hospitalization. Blood transfusion is required only in most severe cases with haemoglobin concentration less than 5gm/dl.

Oral administration of iron (e.g. ferrous salts as sulfate, gluconate, and fumarate) is the ideal treatment which is safe, economical and satisfactory therapy. For infants and children, the recommended dose is 3 to 5 mg of elemental iron per kg body weight per day in divided doses. After correction of anemia, oral iron should be continued for 4-6 months to replenish iron stores. Close follow-up is required to assess for adequate response and correction of anemia, this will help to identify iron therapy failure. Hookworm infestation is the most common cause of gastrointestinal



blood loss in the rural population of India at all ages. Dietary counseling should be done and enhanced dietary iron sources which include vegetables, dried beans, grain products, dried fruit, lentils, meat, fish and poultry, and molasses. The long term treatment with iron salts is associated with several adverse effects, like epigastric pain, heartburn, nausea, vomiting, staining of teeth, metallic taste, constipation and diarrhea [6].

Ayurvedic preparations are also effective in curing the above disease with better palatability, as well as cost effectiveness.

There is no specific treatment of *Pandu roga* mentioned for children in ayurvedic texts. Thus drugs prescribed for children first planned in respective of *matra* (quantity), type of formulation (e.g. *churna* (powder), *vati* (or tablet form) and type of *anupana* (means vehicle to administer the drug with substances like honey, clarified butter, buttermilk, ginger extract etc.). In general, treatment of *Pandu roga* includes *Snehpana* (internal oleation by medicated *ghee* i.e. *Panchgavya ghritam*, *draksha ghritam*, *dadimadya ghritam*, *pathya ghritam* etc. All *ghritams* result in *Pitta shamanam*, *Vamana* (induced emesis), *Virechana* (induced purgation), *Shamana Aushadhi* (medicines which normalize the *vitiated doshas* or symptom relieving drugs), and *Pathya-Apathya* (dietetic protocol) (Charaka Samhita Chikitsasthana 16/39-41). In children *Shamana* therapy is used in respective of *Shodana* therapy (includes *Vaman*, *Virechana* etc.) mention first.

Ayurveda also offers a large number of iron preparations which have been used for centuries. For example in *Bhaishjyarnavali*,

*Panduroga chikitsa: Dhatri Lauha, Navayasa Loham, Punarnavadi Mandura, Trayashunadi mandura, Panchamamritaloha mandura, Nishaloham, Darvyadiloham, Vajravatakamanduram, Lohaasva* etc., *Sarvajvarahara Lauha (Bhaishjyarnavali, Javrachikitsa), Yakritaplihari Lauha (Bhaishjyarnavali, Palihayakritroga chikitsa), Pradarantaka Lauha (Rasasarasangreha)* etc. However, the scientific study of their clinical efficiency as haematinics has not been documented yet.

The present review paper is an attempt in this direction, which includes, screening of classical Ayurvedic texts, texts of contemporary Science, journals and internet sources to collect sufficient data for the study where experimental trials as well as clinical studies were included in the review to search out for medicinal plants with significant anti-anemic activity. Only research articles which are in English language were considered. These studies are summarized as follows:-

1. In Patil S *et al.*, 2000 [7] study showed that use of Ayurvedic drugs raktavardhak, *Punarnavasav* and *Navayas Louh* **in albino rats during phenylhydrazine induced haemolytic anemia result in** recovering the number of RBC and haemoglobin content and also raising the myeloid: erythroid cell ratio and normalised cathepsin D activities by counteracting the action phenyl hydrazine. These results show that ayurveda drugs also possess the potency to cure anemia by protection of RBCs from haemolysis and simultaneously lowering cathepsin D activities from the spleen.

2. Diallo A *et al.*, 2008 [8] conduct study on



the extract of *Tectona grandis* leaves on anemia model of rat which was induced by intraperitoneal injection of phenylhydrazine at 40 mg/kg for 2 days. The results were evaluated in terms of the concentration of haemoglobin, red blood cells number, haematocrit and reticulocytes rate. *T. grandis* extract given orally in the dose of 1g/kg/day and 2g/kg/day, to the rats previously treated with phenylhydrazine, which results in the increased the concentration of haemoglobin, red blood cells number, haematocrit and reticulocytes rate as well as enhanced the osmotic resistance of the red blood cells. So these results support partially the traditional use of *T. grandis* in the treatment of anemia.

3. In P K Sarkar *et al.*, 2007 [9] study, anemia was induced by administering mercuric chloride (9 mg/kg) in rats and then *Lauha bhasma* and *Mandura bhasma* (11 mg/kg) were evaluated for their haematinic activity. During these drugs trail, they observed that these drugs (*Lauha bhasma* and *Mandura bhasma*) possess significant ( $P < 0.05$ ) haematinic and cytoprotective activity.

4. Asish Kumar Garai *et al.*, 2009 [10] done a single blind clinical study with an **Ayurvedic compound Panduhara Yoga (which consists of Mandura Bhasma one part and amalaki churna ten parts) in the management of iron deficiency anemia in children.** Panduhara Yoga has been administered in the dose of 110mg/kg body weight in two divided doses with honey after food for a period of 6 weeks. After 6 weeks treatment with *Panduhara Yoga* overall 93.33% children showed very good improvement on clinical features, whereas 50% children showed very good improvement

on blood haemoglobin level. No adverse effect has been noticed during the therapy.

5. Dinesh C. Sharma *et al.*, 2007 [11] studies was done with taking six Ayurvedic iron containing preparations (*Navayasa Churna*, *Punarnavadi Mandura*, *Dhatri Lauha*, *Pradarantaka Lauha*, *Sarva-Jvara-Hara Lauha* and *Vrihat Yakrdari Lauha*) to six groups of iron deficient anemic patients; each group consisting of 20 patients. A control group was also involved taking the allopathic preparation-Irex-12 (which contains ferrous fumarate, vitamin C, folic acid and vitamin B<sub>12</sub>). There was statistically significant rise ( $p < 0.001$ ) in all of them-Hb, PCV, TDBC, MCV, MCH, MCHC and plasma iron, percent saturation and plasma ferritin at end of study. The response of Ayurvedic preparations was noticed better than Allopathic preparation and there was no side effect as observed with iron salts. So, this study also concluded use of ayurvedic drugs in anemia.

6. Madhuri G Vyas *et al.*, 2008 [12] done a **comparative study of Hansa Mandura & Phalatrikadi Kwatha in the management of patients of Pandu.** Study divided into two groups as in Group A, *Hansa Mandura* was given BD with Anupana of *Takra* and in Group B, 40 ml of *Phalatrikadi Kwatha* with *Madhu* was given twice a day on empty Stomach. The result obtained as Group A showed better results than Group B. In Group A, percentage of completely cure was 40%, patients were completely cured and 60% were found with Marked Improvement, while in Group B only 7.14% patients got Complete Remission and Marked Improvement was observed in 35.71% patients.



7. Pawar RS *et al.*, 2010 [13] study done to use of ethanolic extract of *Asteracantha longifolia* Nees. (Leaf part) on haloperidol induced iron deficiency anemia in rats for the assessment of erythropoietic activity. Spectrophotometric method was used to determination of iron in plant extracts. An administration of ethanolic extract it was noticed that there was a significant ( $P < 0.05$ ) increase in erythrocyte count, haemoglobin count, serum iron and serum protein etc. So, this study also shows use of this extract in treatment of anemia. Trivets A, Mishra SH, 2009 [14] done a study to **evaluate the haematinic potential of a herbomineral formulation** (containing *Shuddha kasis*, *Tamra Bhasma*, powdered herbs of *Cyprus rotundus*, *Piper longum*, *Zingiber officinale* and aqueous extract of *Glycyrrhiza glabra*) **in Haloperidol induced anaemic rats**. The formulation exhibited significant haematinic potential by increasing parameters like haematocrit value, haemoglobin concentration, RBC count, MCV, MCH and MCHC.

8. Oral administration of aqueous extract of *Sorghum bicolor* (L.) Moench stem bark at the doses of 200, 400 and 800 mg/kg body weight on iron sufficient and iron deficient weaning rats was evaluated by Oladiji AT *et al.*, 2007 [15]. The extract administration produced significant increase in the red cell indices (e.g. haemoglobin, packed cell volume etc.). This study demonstrate use of this plant in treating anemia.

9. Ragamala KC *et al.*, 2010 [16] done a trail in children by using *Dhatri loha* (administered in a dose of 250mg twice daily for a period of 60 days ) which showed significant response in

haemoglobin concentration in the study group.

10. Prakash VB *et al.*, 2010 [17] studied that *Sootshekhar Rasa* (250 mg) plus *Sitopaladi Churna* (400 mg) can produce sustainable improvement of nutritional anemia in adolescent students.

11. Panda S *et al.*, 1999 [18] study demonstrate that use of *Louha Bhasma* (50 *puta*) found to be statistically significant in the management of agar gel diet and phlebotomy induced iron deficiency anemia in animal model in comparison to the control and standard drug Fefol treated groups.

12. Mohapatra S, CB Jha, 2011 [19] study evaluate the effect of conventionally prepared *Swarna makshika (chalcopryite) bhasma* on different bio-chemical parameters in experimental animals and was observed that Hb% was found significantly increased and LDL and VLDL were found significantly decreased in Group *Swarna makshika (chalcopryite) bhasma* when compared with vehicle control group.

13. K.P. Singh *et al.*, 2008 [20] study **demonstrated antioxidative effect of ethanolic extract of *Emblica officinalis* fruit which was used in mercury induced oxidative stress in rat erythrocytes. *Emblica officinalis* fruits have significant antioxidant effect as well** (Juree Charoenteeraboon *et al.*, 2010) [21]. Vitamin C in *Emblica officinalis* fruits accounts for approximately 45-70% of the antioxidant activity [22]. Rajak S *et al.*, 2004 study results demonstrates that chronic *Emblica officinalis* administration produces myocardial adaptation by augmenting endogenous antioxidants and protects rat





hearts from oxidative stress associated with ischemic-reperfusion injury [23].

14. V. Sharma, D. Pandey, 2010 [24] noted protective role of aqueous extract of stem and leaves of *Tinospora cordifolia* (TC) on the toxic effects of lead on the hematological values in male albino mice. On lead exposure, significant decrease in RBC and Hb level, WBC, DLC, and PCV in mice. But on administration of *T. cordifolia* stem and leaves extract, these influences of lead were prevented by concurrent daily. So, *T. cordifolia* has role in anti-anemia.

15. P. S. Lohar *et al.*, 2009 [25] study erythropoietic effects of some medicinal plants (*Aegle marmelos*, *Asparagus recemosus*, *Boerhavia diffusa*, *Carissa congesta*, *Eugenia jambolana*, *Ficus carica*, *Phoenix sylvestris*, *Phyllanthus emblica*, *Spinaca oleracean*, and *Vitis vinifera*) on experimental rat model. The study results indicate that most of the plant extracts increase synthesis of haemoglobin and formation of RBCs.

16. Megha Doshi *et al.*, 2012 [26] during trial evaluated the effect of *Trigonella foenum-graecum* (Fenugreek/ *Methi*) on haemoglobin levels (in clinical study for three consecutive months) on females of child bearing age and found beneficial effects to raise blood haemoglobin which might further help to prevent and cure anemia. This clinical trial proved that, the fenugreek seeds rich in proteins with essential amino acids, Iron, Ascorbate and Folate content, which are essential constituents of haemoglobin, these may be an important factor to increase the biosynthesis of haemoglobin and raise their

blood levels in the study subjects supplemented with it.

17. Pradhan V.G., Bhat J.V. 1960 [27] study demonstrate effect of *Lohaasva* in rats which were made anaemic with phenylhydrazine. Likewise Vijay Gupta, K.R.C.Reddy 2007 [28] study *lohasava* clinical trial on anemic patients and observed significant improvement in anemia in respect of symptomatic and haematological parameters.

**18. Mykola H.Haydak *et al.*, 1942 [29] study shows that** honey use also result in the prevention and cure of nutritional anemia in rats. Vikas Nanda *et al.*, 2003 [30] study the physico-chemical properties of honey produced from different plants with estimation of mineral content in honey and found that honey also have iron content as about 8.8613.25 mg/kg. So, honey also has good iron content as well.

19. Rokeya Sultana *et al.*, 2011 study the immunomodulatory effect of methanol extract of *Solanum xanthocarpum* fruits and noticed administration of cyclophosphamide (30 mg/kg, i.p) produced a significant decrease in the total leukocyte count, RBC count, and haemoglobin % and then methanol extract of fruits of *Solanum xanthocarpum* was administer and found increasing all the haematological parameters (e.g. WBC count, RBC count, and % haemoglobin values) which were better than untreated control groups [31].

20. R.Caroline Jeba *et al.*, 2011 study showed that aqueous extract of the *Ocimum sanctum* showed increasing antibody production in dose dependent manner as well as enhance the production of RBC, WBC and haemoglobin



during use in experiment on rats [32].

## DISCUSSION

Anemia is major nutritional global health problem affecting persons of all ages' groups and sex but anemia prevalence in children is high, especially in developing countries. Anemia is often associated with childhood malnutrition, producing interlinked factors, many of which could be related to the morbidity and mortality risk. Iron deficiency adversely affects the cognitive performance, behaviour, and physical growth of infants, preschool and school-aged children. The ideal antianemic regimen should be safe, cheap, well tolerated by children and able to achieve a high cure rate. Iron preparations available used in treatment of iron deficiency anemia has much adverse effect. Therefore, researchers are looking forward to find its answer from medicinal plants which are described in *Ayurvedic* texts, the Indian system of medicine. Research studies now show that commonly available herbs like Punarnavasav and Navayas Louh, *Tectona grandis*, *Lauha bhasma*, *Mandura bhasma*, *Navayasa Churna*, *Punarnavadi Mandura*, *Dhatri Lauha*, *Pradarantaka Lauha*, *Sarvajvarahara Lauha* and *Vrihatyakrdari Lauha*, *Hansa Mandura* & *Phalatrikadi Kwatha*, *Asteracantha longifolia*, *Sorghum bicolor(L)*, *Dhatri loha*, *Swarna makshika (chalcopryrite) bhasma*, *Emblica officinalis*, *Tinospora cordifolia*, *Aegel marmelos*, *Asparagus recemosus*, *Boerhavia diffusa*, *Carissa congesta*, *Eugenia jambolana*, *Ficus carica*, *Phoenix sylvestris*, *Phyllanthus emblica*, *Spinaca oleracean*, and *Vitis vinifera* etc. have significant antianemic activity in experimental and clinical trials. Thus, these

herbs can be used in anemia as a substitute to convention medications with more significant result at a lower cost to the patients. However, more research work has to be carried out to replicate these results in more clinical trials.

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## शोक समाचार

वैद्य पारस नाथ चतुर्वेदी का जन्म 1924 में सुरहा, गाजीपुर में हुआ था। उन्होंने पटना से आयुर्वेदाचार्य की डिग्री लेने के पश्चात, भारत के सबसे



बड़े गाँव गहमर, गाजीपुर में प्रैक्टिस शुरू की। वैद्य चतुर्वेदी जी राम रहीम डिग्री कालेज के संस्थापक एवं आजीवन अध्यक्ष रहे। 11 मई 2012 को उनका देहावसान दिल्ली में हो गया। उनके बड़े पुत्र डॉ० उमाशंकर चतुर्वेदी, सदस्य, राष्ट्रीय कार्यकारिणी, विश्व आयुर्वेद परिषद है। वैद्य चतुर्वेदी मिलनसार, मृदुभाषी, समाजसेवी एवं विश्व आयुर्वेद परिषद के सक्रिय कार्यकर्ता रहे हैं। उनके एक पुत्र डॉ० शशिकान्त चतुर्वेदी आयुर्वेद महाविद्यालय, बेगुसराय में कार्यरत हैं जबकि दो अन्य उच्च पदों पर कार्यरत हैं। विश्व आयुर्वेद परिषद परिवार उनके आत्मा की शान्ति के लिए भगवान विश्वनाथ से प्रार्थना करता है।





## PLANT-LORES USED IN AYURVEDIC MEDICINE

• R K Tiwari\*, K.K.Pandey\*\*, Manajit Bora\*\*\*, Ramji Singh\*\*

### ABSTRACT

Ayurveda is the science of life dealing with health and infirmities of human being. Ayurveda not only cures the ailments but also gives views regarding prevention of diseases, promotion, prolongation and maintenance of happy and healthy life. Medicinal plants are the key source of medicine in Ayurvedic Medical sciences. Plants and plants based medicaments have been employed since the dawn of civilization for prolonging life of man by combating various ailments. The most common Ayurvedic plant drugs seen with them are the tuberous roots of *Dactylorhiza hatageria* (Salam panja), the roots of *Asparagus racemosus* (Shatavari), *Withania somnifera* (Ashwagandha), the fruits of *Tribulus terrestris* (Gokshura), and *Pedaliium murex* (Gokshura), seeds of *Mucuna pruriens* (Kauncha), stems of *Tinospora cordifolia* (Guduchi), the tubers of *Pueraria tuberosa* (Vidari kanda), roots of *Aconitum heterophyllum* (Ativisha) etc. Therapy with medicinal plants and its preparations have no side effects, that's why phototherapy gaining more importance for treating variety o ailments.

**Key words:** *Ayurveda, Medicinal plants, Phytotherapy.*

### INTRODUCTION

Ayurveda is the science of life dealing with health and infirmities of human being. Ayurveda not only cures the ailments but also gives views regarding prevention of diseases, promotion, prolongation and maintenance of

happy and healthy life. Due to change in life style, food habits and environmental pollution some diseases like obesity, diabetes, hypertension, cardiac problems, rheumatoid arthritis etc. have become more common. The three bodily humours viz. Vata, Pitta and Kapha are also deranged by irregular habits of human being which results in to different types of diseases.

Plants and plants based medicaments have been employed since the dawn of civilization for prolonging life of man by combating various ailments. Ancient ethnic communities around the world have learnt to utilize their neighborhood herbal wealth for curative purpose. Indian subcontinent is being inhabited by over 54 million tribal people dwelling in about 5000 forest dominated villages spreading across the country comprising 15% of the total geographical area, their knowledge of plants developed often at the cost of their life in their natural dwellings through centuries old experience could not be perfectly documented due to the lack of literacy and it had rather descended from one generation to another as a domestic practice. They comprises of one of the unique treasure and rich source of diversified ethno-botanical wealth.

### DESCRIPTIONS

The use of rhizome of *Curcuma domestica* (Haridra) for cuts, burns and scalds; the fruits of *Piper nigrum* (Maricha) for coughs and colds; the fruits of *Trachyspermum ammi* (Yavani); and resin of *Ferula* spp. (heeng) for

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stomach troubles and whooping cough; the seeds of *Sesamum indicum* (Tila) for ulcers and boils, etc., all are well known to Indian elderly housewives. The use of infusions of the leaves of *Ocimum sanctum* (Surasa) for coughs and colds and mild fever, fomentation with the hot leaves of *Ricinus communis* (Erand) and *Aloe barbadensis* (Kumari) for relieving inflammations, swellings of joints and sprains, and many other home remedies are learnt traditionally in the home.

The most common Ayurvedic plant drugs seen with them are the tuberous roots of *Dactylorhiza hatageria* (Salam panja), the roots of *Asparagus racemosus* (Shatavari), *Withania somnifera* (Ashwagandha), the fruits of *Tribulus terrestris* (Gokshura), and *Pedaliium murex* (Gokshura), seeds of *Mucuna pruriens* (Kauncha), stems of *Tinospora cordifolia* (Guduchi), the tubers of *Pueraria tuberosa* (Vidari kanda), roots of *Aconitum heterophyllum* (Ativisha), *Berberis aristata* (Daru-haridra), *Cinnamomum tamala* (Tejpatra), *Ephedra gerardiana* (Somlata), *Picrorhiza kurroa* (Kutki), *Nardostachys grandiflora* (Jatamansi), *Rauwolfia serpentina* (Sarpagandha), *Rheum australe* (Revandchini), *Swertia chirata* (Chirayita), *Taxus wallichiana* Talispatra() and others.

Plants and plants based medicaments have been employed since the dawn of civilization for prolonging life of man by combating various ailments. Ancient ethnic communities around the world have learnt to utilize their neighborhood herbal wealth for curative purpose. Indian subcontinent is being inhabited by over 54 million tribal people dwelling in about 5000 forest dominated

villages spreading across the country comprising 15% of the total geographical area, their knowledge of plants developed often at the cost of their life in their natural dwellings through centuries old experience could not be perfectly documented due to the lack of literacy and it had rather descended from one generation to another as a domestic practice. They comprises of one of the unique treasure and rich source of diversified ethno-botanical wealth.

Home Remedies are the best remedies to cure natural causes without any side effects. Common man and woman thought me these home remedies are best to cure the natural causes in our regular life. Even today also, I used to cure the following causes: Acidity, Acne, Body Pains, Back Pain, Cold, Ears hearing, Eyes vision, Hair Loss, Headache, Toothache, Weight loss, Wounds etc.

#### **MEDICINAL PLANTS AND THEIR USES**

*Achyranthes aspera* Linn. (Amaranthaceae)

The ash of seeds along with honey thrice a day for 3-4 days is given for the treatment of whooping cough and cold.

*Acorus calamus* Linn. (Araceae)

About 1 cm rhizome is chewed 3 times a day for cough and cold.

The paste of the rhizome is also given orally with milk 3 times a day for 3-4 days for treatment of cough, cold and chest pain.

*Adhatoda vasica* Nees.

Syn. *Adhatoda zeylanica* Medic. (Acanthaceae)

Tender leaves along with cardamomum is roasted and made powder and given for the treatment of cough and cold.

*Aerva lanata* (Linn.) Juss. (Amaranthaceae)



Plant extract is used as anthelmintic and diuretic.

*Ageratum conyzoides* L. (Asteraceae)

Powdered leaf along with black pepper is snuffed to cure headache.

Dried flowers mixed with oil is used for killing lice.

Leaf juice is applied on cuts and wounds.

*Albizzia lebbek* Benth. (Mimosaceae)

Paste of bark is applied externally on boils, blisters and swellings.

*Alhagi pseodalhagi* (Bieb.) Desv. (Fabaceae)

Oil from leaf is used for curing rheumatism.

*Alstonia scholaris* (Linn.) R.Br. (Apocynaceae)

Bark decoction is used in treatment of malarial fever, chronic dysentery and diarrhoea.

*Anagallis arvensis* (Primulaceae)

Paste of root along with clove (Lavanga) is applied externally on wound for healing.

*Barleria cristata* Linn. (Acanthaceae)

Decoction of whole plant along with black pepper is given 5-10 ml twice a day for a week for treatment of cough and body swelling.

*Bergenia ciliata* (Haw.) Stern. forma *ligulata* Yeo (Saxifragaceae)

Syn. *Bergenia ligulata* Engl.

5-10 ml decoction of root is given twice a day for a week in cases of cold and cough.

Herbal tea prepared from the root of the plant is also useful in cough and cold.

*Cannabis sativa* Linn. (Cannabinaceae)

Warm leaf juice is applied for headache.

Leaf juice is also applied for healing

wounds and cuts.

*Cassia fistula* Linn. (Caesalpinaceae)

Paste of seeds is applied externally twice a day on skin diseases for a long time.

*Centella asiatica* (Linn.) Urban

Aqueous extract of the leaf is used thrice a day in case of headache in dose of 5-10 ml.

Leaf paste is applied for suppuration and healing of boils.

*Chenopodium album* Linn. (Chenopodiaceae)

Plant extract is powerful anthelmintic used for expelling intestinal parasites.

*Cissampelos pareira* Linn. (Menispermaceae)

Aqueous extract of root is given as an antidote to dog bite.

5-10 ml Of leaf juice thrice a day for 3 days is given in case of diarrhoea and dysentery in empty stomach.

Decoction of leaf along with lemon, garlic and salt is given for severe stomachache.

*Cryptolepis buchanani* Roem. & Schult. (Asclepiadaceae)

Root extract 5-10 ml is given for the treatment of abdominal pain.

*Cucumis sativus* Linn. (Cucurbitaceae)

About 100 ml fruit juice is given twice daily for kidney stone.

*Cuscuta reflexa* Roxb. (Cuscutaceae)

Warm paste of plant is used in the treatment of swellings of the testicle and in headache.

*Datura innoxia* Mill. (Solanaceae)

Seeds paste mixed with mustard oil warmed and applied in rheumatism and gout for a long time.

*Desmodium gangeticum* DC. (Fabaceae)

Decoction of root is used for cough.



*Dioscorea bulbifera* Linn.

The paste of tubers is given orally 10 ml twice daily for 15 days for treating bleeding piles.

*Ficus hispida* Linn. (Moraceae)

Latex is applied on boils.

Latex along with mother's milk is given to infants for sound sleep.

*Flacourtia indica* Merr. (Flacourtiaceae)

Paste of stem bark is given internally only once for treating mad dog bite.

*Hemidesmus indicus* Linn. Family - Apocyanaceae Vern. & H. : Anantamool

- Blood purifier
- Nutritional disorders
- Syphilis
- Chronic rheumatism
- Gravel and other urinary diseases

*Juglans regia* Linn. (Juglandaceae)

Twig and stem bark is used for cleaning teeth.

*Lannea grandis* Engl. (Anacardiaceae)

Bark powder is used for cuts and wounds as antiseptic.

*Launaea nudicaulis* Hook.f.

Syn. *Launaea procumbens* (Roxb.) Ramayya & Rajgopal (Asteraceae)

Latex is applied on ring worm.

Plant is also used as haemostatic.

*Leucas cephalotes* Spreng. (Lamiaceae)

Decoction of whole plant is given for the treatment of cough, cold, fever and gastric disorders.

*Mentha longifolia* Huds. (Lamiaceae)

Decoction of plant is curing vomiting and diarrhoea.

Paste of plant is applied externally in headache and rheumatism.

*Moringa pterygosperma* Gaertn. (Moringaceae)

Root powder is applied as poultice on boils for suppuration and healing.

Decoction of bark is given in case of urinary disorders.

Seeds is given in gout and acute rheumatism.

*Murraya koenigii* (Linn.) Spreng. (Rutaceae)

Paste of leaf is applied on sprain externally.

Decoction of leaf is applied on joints to removing pain.

*Nicotiana tabacum* Linn. (Solanaceae)

Decoction of leaf is given as an antidote to mad dog bite.

*Oxalis corniculata* Linn. (Oxalidaceae)

Juice or paste of plant 10 ml twice daily for 3 days is given for the treatment of dysentery.

Leaves chewed in case of toothache.

*Peristrophe bicalyculata* Nees. (Acanthaceae)

Leaf paste in cow's urine is applied for 5 - 7 days on wounds.

*Picrorhiza kurrooa* Royle ex Benth.

Rhizome decoction is used for fever and in gastric disorders.

*Pinus roxburghii* Sargent (Pinaceae)

Seeds from unripe female cones is boiled in milk to making 'KHIR' which is taken for insomnia and provides sound sleep.

*Plantago major* Linn. (Plantaginaceae)

Leaf juice is applied on boils and blisters.

*Plumbago zeylanica* Linn. (Plumbaginaceae)



Decoction of root along with black pepper, ginger and salt is given 5-10 ml twice daily for 4 days in case of fever.

*Prunus cerasoides* D. Don (Rosaceae)

Decoction of leaves is applied externally for sprain, internal injury and rheumatic pain.

*Rauwolfia serpentina* (L.) Benth. ex Kurz Vern. & H. : Sarpagandha

- Hypertension
- Fever
- Epilepsy
- Intestinal and nervous disorders

*Ricinus communis* Linn. (Euphorbiaceae)

Ghee coated warm leaf is applied on sprain.

*Rosa centifolia* Linn. (Rosaceae)

Paste of flowers is applied on headache.

*Rumex vesicarius* Linn. (Polygonaceae)

Root paste is applied on boils, pimples and ring worm.

*Saussurea costus* (Falc.) Lipsch. (Asteraceae)

Syn. *Saussurea lappa* C.B. Clarke

Powder of root (half teaspoon) is given in case of arthritis for 7 to 15 days twice daily.

*Selaginella sp.* (Selaginellaceae)

Plant extract is given for gastric disorders.

*Sida cordata* Borss. (Malvaceae)

Syn. *S. veronicaefolia* Lamk.

Decoction of whole plant is used as a tonic in heart diseases and for treating asthma.

*Shorea rostrata* Gaertn.f. (Dipterocarpaceae)

Gum mixed with curd is given in dysentery.

*Solanum nigrum* Linn. (Solanaceae)

Paste of leaf is applied on burns and headache.

*Tagetes minuta* Linn. (Asteraceae)

Paste of leaves is applied on burns.

*Thymus serpyllum* Linn. (Lamiaceae)

Decoction of the whole plant is given for the treatment of dysentery and stomachache.

*Tinospora cordifolia* (Willd.) Miers. (Menispermaceae)

Decoction of plant is used for lactation.

*Vanda roxburghii* R. Br. (Orchidaceae)

Syn. *Vanda tessellata* (L.) Spreng.

Aqueous extract of the leaf is dropped in the ear for earache.

*Viola odorata* Linn. (Violaceae)

Decoction of the plant along with black pepper, 5-10 ml twice daily for 3 days is given for the treatment of cough, cold and fever.

*Vitex negundo* Linn. (Verbenaceae)

Paste of the leaves is applied externally twice a day in arthritis and rheumatism after washing the affected portion with warm water.

Aqueous extract of the leaves, 5-10 ml twice daily for a week is given orally for treatment of cough and cold.

*Withania somnifera* Dunal

The root of the winter cherry is used for treating digestive disorders like dyspepsia and loss of appetite. It corrects the disordered processes of nutrition and restores the normalcy in the system.

The root finds its efficacy in treatment of tuberculosis. A decoction of the root is used with long pepper and honey. This decoction is also beneficial in the treatment of scrofula, that is, tuberculosis of lymph glands, especially in the neck.

Its root finds its use in treating general debility. It is taken in 2 gram doses for this





purpose.

*Xanthium strumarium* Linn. (Asteraceae)

Plant is used against chronic malaria and urinary troubles.

*Zanthoxylum alatum* Roxb. (Rutaceae)

Aqueous extract of tender leaves and seeds is used for treating toothache and as mouthwash in oral hygiene.

Decoction of seeds is used as blood purifier.

Stem is used as tooth brush.

### CONCLUSION

Plants can be effectively used as parts of comprehensive treatment program for a variety of diseases. Use of Ayurvedic and ethnic practices for common health ailments of human being provides safer home environment, free from hazards and lesser chance of emerging resistant pathogens. Both approaches are less expensive than either allopathic or Homoeopathic systems. Therefore, it is necessary to preserve the medicinal flora by educating the people and the unidentified ethno-medicinal plants can be identified and scientifically validated.

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(पृष्ठ 4 का शेष)

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कण्टकिकरंजका बीज कुबेराक्ष कहलाता है, यह तिक्त, उष्णवीर्य तथा प्रभाव से विषमज्वर का नाशक है। यह यकृत रोग तथा शूल में भी लाभप्रद है।

स) चिरबिल्वः— *Holoptelia integrifolia* Planch

चिरबिल्वस्तु पूतीको भेदकीयगगे स्मृतः।

नवं तत्पत्रशुंगश्च भेषजेषु प्रयुज्यते।।

चिरबिल्वः सरास्तिक्तो वीर्योष्णो गुल्मभेदनः।

आनाहे जठराध्माने शूले गुल्मे प्रशस्यते।।

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चिरबिल्व और पूतीक पर्याय है जो चरक के भेदनीय गण में पठित है। इसका नया पत्रांकुर औषध में प्रयुक्त होता है। यह तिक्त, सारक, उष्णवीर्य एवं गुल्मभेदन है, आनाह, आध्मान, शूल और गुल्म में विशेष लाभकारी है।

नक्तमालश्च पूतीकः करंजद्वयमुच्यते।

बल्लीकरंजसहितं तत् करंजत्रयं भवेत्।।

प्रि.नि. 1/214

नक्तमाल पूतीक ये करंजद्वय है। इनमें लताकरंज का संयोग होकर करंजत्रय कहा जाता है।

### शोक समाचार

पूर्वांचल के प्रख्यात उद्यमी एवं आयुर्वेद प्रेमी श्री सूर्य कान्त जालान के पिता श्री दीनदयाल जालान का गोलोकवास दिनांक 19 मई को ऋषिकेश में हो गया। श्री जालान अपने मृदु स्वभाव,



दूरदर्शिता, अनुशासन, गोसेवा, मानव

सेवा के लिए प्रख्यात थे। सत्संग प्रेमी, कर्तव्यनिष्ठ श्री दीनदयाल जालान के निधन से सनातन जगत को अपूरणीय क्षति हुई है। विश्व आयुर्वेद परिषद परिवार की शत्-शत् श्रद्धांजलि।



## "EFFICACY OF LEECH THERAPY AND KUTAJA-KARANJA OIL IN THE MANAGEMENT OF PSORIASIS - A CLINICAL STUDY."

• Siddaram S.A. \*\*Chandrakant P. \*\*\*Seema Murthy \*\*\*\*Basalingappa \*\*\*\*\*M. K. Shringi

### Abstract

**Psoriasis** is one of the most common dermatologic diseases, affecting up to 2.5% of the world's population. In India an estimated 0.8% population is suffering from Psoriasis. It is a papulo-squamous disorder of the skin. It is a chronic inflammatory skin disorder clinically characterized by erythematous squamous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale. The exact etiology is still unknown.

All type of the skin diseases in ancient Indian classics have been described under the broad heading of '**Kushtha**' (Skin Diseases). In Ayurvedic classics, all types of **Kushtha** (Skin Diseases) have been described as '**Rakta Pradoshaja Vikara** (diseases due to vitiation of blood). According to Acharya Sushruta Leech Therapy is a type of **Rakta mokshana** (Blood letting) for **Pitta** and **Rakta Doshas** (Body humours). **Raktamokshana** is treatment of choice in the **Rakta** (blood) vitiation as **Shodhana** (Purificatory) process. Again for proving the Ayurveda's great attitude, a clinical study was carried out with Leech therapy and an external application of **Kutaja-Karanja** oil conducted at P.G. Dept. of Shalya Tantra, NIA Jaipur.

In this clinical trial 10 patients of group-A (Leech Therapy) has got 62.4% relief, 10 patients of group-B (**Kutaja-Karanja** oil) has got 63.1% relief and 10 patients of group-C (Leech Therapy + **Kutaja-Karanja** oil) has got 72.7% relief, showing the importance of combined therapy i.e. Leech Therapy + external application of **Kutaja-Karanja** oil, on Psoriasis.

**Key words-** Psoriasis, Leech Therapy, **Kutaja-Karanja** oil.

**Introduction-** **Ayurveda** has its own systemic approach plan towards diagnosis and management of diseases. All type of the skin diseases in ancient Indian classics have been described under the broad heading of '**Kushtha**' (Skin Diseases), which are further divided into Maha Kushtha & Kshudra Kushtha<sup>1</sup>. **Kushtha** runs as a chronic disease which is generally considered as difficult to cure & even if it is cured relapses is common. In Ayurvedic classics, all types of **Kushtha** have been described as '**Rakta Pradoshaja Vikara** (diseases due to vitiation of blood)<sup>2</sup>. It is difficult to say what psoriasis is in terms of Ayurveda. There is no disease in Ayurveda, which can exactly be correlated with Psoriasis. Acharyas mentioned the raktamokshana as a treatment by Leech in alpa doshayukta

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Kushtha<sup>3</sup>. (Ch.Chi. 7/52).

The exact etiology of the disease is still unknown. Many believe in its autoimmune nature. Psoriasis is one the most dreadful dermatological condition affecting up to 2.5% of the world's & approximately 0.8% Indian population<sup>4</sup>. It is a papulo-squamous disorder of the skin. It is a chronic inflammatory skin disorder clinically characterized by erythematous, sharply demarcated papules and rounded plaques, covered by silvery micaceous scale<sup>5</sup>. It tends to run in families and is precipitated by climate, Streptococcal infections, etc. Psychological stress is emphasized as one of the major triggering factor in the exacerbation of the disease<sup>6</sup>. Modern medical science treats psoriasis with PUVA, corticosteroids and Anti mitotic drugs. But the therapy gives serious side effects like liver & kidney failure, bone marrow depletion etc<sup>7</sup>.

A lot of research work has been done on treatment of Psoriasis in both modern & *Ayurveda* Sciences & lot of is still going on. Each science has its own claims over the management & success rate, but still a promising cure for Psoriasis is not found. So it is need of an hour to find out a safe, economic, effective treatment for psoriasis. *Ayurveda* has its own systemic approach plan to treat diseases. In the case of treating *Kushtha*, *Acharyas* has specifically emphasized on *Shodhan Chikitsa* (bio-purification) because of its repeated relapse. The principle treatment methodology for *Kushtha* as explained by acharyas is *Raktamokshana*, a

safe and sterile bloodletting procedure<sup>8</sup>. Acharya Sushruta stated *Raktamokshna* as *chikitsaardha*<sup>9</sup>. *Raktamokshana* is one of the biopurification i.e *Shodhana* procedures. *Acharyas* had specially mentioned that for overcome the relapse *Shodhana* Therapy has a distinct advantage over *shaman* (pacification) therapy. Hence in the present study, *Jalaukavacharana* (Leech Therapy) has been selected as *Shodhana*, *Kutaja-Karanja* oil has been selected as *Shamana* (pacification), *Nidana Parivarjanam* and *Pathya-Apathya* (diet) has been advised to the patients.

**Aims and objectives:** The present study is conducted with following aims and objectives.

- 1) To study Leech Therapy.
- 2) To assess the efficacy of Leech Therapy in the management of Psoriasis.
- 3) To assess the efficacy of *Kutaja-Karanja* oil in the management of Psoriasis.
- 4) To compare the effect of Leech application and *Kutaja-Karanja* oil in the patients of Psoriasis.

**Materials and Methods:**

**a. Subjects:** 30 patients were selected by keeping the signs and symptoms of *Mandal Kushtha* (A type of Skin Disease) w.s.r to Psoriasis, irrespective of religion, occupation and socio-economic status for present study.

**b. Source of Subjects:** The patients suffering from Psoriasis attending the O.P.D/I.P.D. section of N.I.A., Jaipur (Raj.), were randomly selected who fulfilling the inclusion and diagnostic criteria of study.

**c. Sample size and Grouping:** For clinical



trial, A sample of 30 patients with Psoriasis have equally distributed in three groups,

**Group A** - Only *Leech Therapy* in 10 patients.

**Group B** - Only *Kutaja-Karanja Oil* in 10 patients.

**Group C** - Both *Leech Therapy* and *Kutaja-Karanja Oil* in 10 patients.

**Doses & Duration:**

- Duration of treatment was three months.
- Local application of *Kutaja-Karanja Oil* for three months.
- Leech application is once in a week for three months.
- Four or six Leeches are applicable in the one setting of the patients.

**d. Inclusion Criteria:**

- 1) Patient aged between 16 to 60 years.
- 2) Patient willing to sign the consent form
- 3) Patient not taking any other medicine for Psoriasis.
- 4) Patient with classical symptoms *Mandal Kushtha w.s.r* to Psoriasis.
- 5) Patient is not suffering with any systemic disorders.

**Exclusion Criteria:**

- 1) Patient below the age 16 years and above 60 years.
- 2) Patient with leprosy, Tuberculosis, and Paralysis.
- 3) Pregnant women and lactating mother.
- 4) Patient with uncontrolled Hypertension/ Cardiac problem/Diabetes mellitus/any systemic disorders.

**F. Investigations:**

- 1) Routine blood examination as CBC, HIV, HBSAg.

2) Urine Examination Routine and Microscopic

3) Other examination like B.P., Pulse, Weight. etc.

*Criteria for assessment :*

**1. Subjective criteria.**

It will be assessed mainly on the basis of improvement in sign and symptoms of Psoriasis like -

- Itching,

**2. Objective Criteria -**

- Scaling,
- Erythema (Redness)
- Number of patches
- Induration

**Psoriasis Area Severity Index (PASI)<sup>10</sup>** is the most widely used tool for the measurement of severity of psoriasis. PASI Score was considered as both subjective and objective parameters because it covers both subjective as Thickness (Induration) and objective parameters as Erythema (Redness), Scaling (Desquamation), and area of Skin.

**Skin Sections:**

For the PASI, the body is divided into four sections. Head (H) (10% of a person's skin); arms (A) (20%); trunk (T) (30%); legs (L) (40%). Each of these areas is scored by itself, and then the four scores are combined into the final PASI.

**Area of skin involved:**

TABLE 1: For each section, the percent of area of skin involved, is estimated and then transformed into a grade from 0 to 6:



Area involved	Grade
0%	0
< 10%	1
10-29%	2
30-49%	3
50-69%	4
70-89%	5
90-100%	6

#### Severity:

Within each area, the severity is estimated by three clinical signs: **erythema** (redness), **induration** (thickness) and **desquamation** (scaling). Severity parameters are measured on a scale of 0 to 4, from none to maximum.

The sum of all three severity parameters is then calculated for each section of skin, multiplied by the area score for that area and multiplied by weight of respective section (0.1 for head, 0.2 for arms, 0.3 for body and 0.4 for legs).

**TABLE 2 - Showing the Skin section & severity score**

Skin sections	Severity Score*	Area Score	% of Skin Section	Total
Head	(E-Head+T-Head+S-Head)	x A-head	x 0.1	= Total head
Upper extremities	(E-U.E+T U.E +S- U.E)	x A-Upperextremities	x 0.2	= Total Upper extremities
Trunk	(E-Trunk+T-Trunk+S-trunk)	x A- trunk	x 0.3	= Total Trunk
Lower extremities	(E-L.E+T- L.E +S-L.E)	x A-Lower extremities	x 0.4	=Total Lower extremities

**PASI SCORE = Total-head +Total- Upper extremities +Total-Trunk+ Lower extremities.**

The severity of PASI Parameters (Scaling, Erythema and Induration) and other parameters was assessed in the following manner.

Finally, the PASI is Total-head+Total-arms+Total-Trunk+Total-legs. {\*E-Erythema,

(Redness), **I-induration** (thickness), **D-desquamation** (scaling)}.

The Severity of itching was assessed in the following manner:

#### 1. Itching: TABLE 3 - Showing the grading of itching

Score	Severity	Features
0	None	No itching
1	Mild	Itching comes occasionally, Dose not disturb the mind duration 2-3min, Usually scratching is not required.
2	Moderate	Itching occurs frequently, Disturb mind last longer time, usually Scratching is required, recurs 3-4 times in 24 hrs
3	Severe	Itching occurs frequently, Disturb mind last longer time, Bleeding on scratching, recurs 3-4 times in 24 hrs.
4	Very severe	Itching occurs frequently, disturb Mind, last for 20-30 mins, scratching very essential, Bleeding on scratching, Recures 8-10 times in 24 hrs.

#### TABLE 4 - Showing the grading of Erythema (Redness):

Score	Severity	Features
0	None	No Erythema
1	Mild	Patch with Reddish -white tinge
2	Moderate	Patch with Reddish tinge
3	Severe	Patch with dull red colour
4	Very severe	Patch with Bright Red in colour

#### TABLE 5 Showing the grading of Induration-

Severity	Score
None	0
Mild	1
Moderate	2
Severe	3
Very severe	4

#### TABLE 6 Showing the grading of Desquamation (scaling):

Score	Severity	Features
0	None	No Scaling
1	Mild	On scratching, scales settle in pits on nails
2	Moderate	If the scales falls on scratching
3	Severe	Scales founds on cloths without scratching
4	Very severe	Scaling found on bed without scratching

**Drug Review :** *Kutaja-Karanja* oil has been selected for *Shamana* therapy in present study, because in *Mandal kushtha* there is





mainly dominance of *kapha dosha* and both the drugs have *kaphashamak*. Itching or *kandu* is the main symptom in psoriasis and both the drugs have *kandughna* and *Kushthaghna* property mentioned in classics. *Rukshata* or dryness also main symptom of psoriasis *Teel tail* plays important role to give *Snigdghata* and also by *Vatashamak* property prevents this symptom. Considering all these points *Kutaja-Karanja* Oil has been selected for present study.

**Table 7- Ingredients of Kutaja-Karanja oil are**

S.No.	Drug Name	Latin Name	Used Part
1	Kutaja (Shtri)	<i>Wrightia tinctoria</i>	Leaves
2	Karanja	<i>Pongamia pinnata</i>	Seeds
3.	Teel taila	-	-

**Over-all effect of therapies:** Each group was assessed on the basis of objective and subjective parameters of the disease. On the basis of grading pattern as well as percentage relief, patients were classified as follows **Table 8**

Complete Improvement	100% relief
Marked Improvement	More than 75% relief
Moderate Improvement	51 - 75% relief
Mild Improvement	25 - 50% relief
No Improvement	No relief or below 25% relief

#### OBSERVATIONS AND RESULTS:

✍ In this series 30 patients of Psoriasis were studied. Majority of these patients were belonging to the **age** group of 16-30 years(40%), **Male** (70%), **Hindu** (96.67%), **Service Occupation** (36.67%), **Sedentary occupational nature** (66.67%), **Urban**

**habitate** (66.67%), **middle class** (33.33%), **Graduate** (33.33%), **Married** (75.33%), **Chronicity more than 5 years** (33%), **Negative family history** (86.67%), **Allopathy treatment history** (36.67%), **Vegeterian diet** (56.67%), **Mandagni(Low digestive capacity)**(43.33%), **Madhyama Kostha** (63.33%), **Samyaka Nidra(Normal Sleep)** (56.67%), **Madhyama Sharira(Moderate built)**(63.33%), **Vata-Kapha Prakriti(Body nature)** (43.33%), **Tamasika Prakriti** (53.33%), **Madhyam samhanana** (50%), **Mansa sara** (43.33%), **Madhyama Satmya** (80%), **Madhyama Satva** (56.67%), **Madhya Ahara shakti** (53.33%), **Madhya Vyayama shakti** (43.33%), **Gradually onset of disease** (90%), **Winter aggravating season** (60%), **Emotional stress as triggering factor** (40%) and **Plaque psoriasis** (76.67%).

The clinical improvement was assessed on the basis of scoring pattern in the patients of Psoriasis in all three groups. Results of therapy in all the three groups were given below-

**TABLE 9- Showing clinical improvement in Total PASI (H+U.E+T+L.E):**

Groups	BT	AT	MEAN D.	% age change	S.D. (±)	S.E. (±)	t Value	P Value	Result
A	12.93	5.19	7.74	60.03	2.99	0.94	8.18	<0.001	H.S.
B	14.97	5.51	9.46	63.20	3.25	1.029	9.18	<0.001	H.S.
C	14.99	4.54	10.45	69.71	3.48	1.10	9.44	<0.001	H.S.

The above table clearly illustrates that Moderate improvement in *Total PASI* was observed in the patients of group A (62.6%) & group B (63.2%) and in group C (69.71%). The results were statistically highly significant (P<0.001) in all groups.



**TABLE 10 -86 Showing the clinical improvement on Itching:**

Groups	BT	AT	MEAN D.	% age change	S.D. (±)	S.E. (±)	t Value	P Value	Result
A	2.1	1.0	1.1	52.38	0.73	0.23	4.71	<0.001	S.
B	2	0.6	1.4	70.00	0.51	0.16	8.57	<0.001	H.S.
C	2.5	0.7	1.8	72.00	0.632	0.221	9.00	<0.001	H.S.

The above table clearly illustrates that moderate improvement in itching was observed in the patients all of groups A (52.38%) and group B (70.00%) & Group C (72.00%). The results were statistically highly significant ( $P < 0.001$ ) in group B and C and significant ( $P < 0.01$ ) in group A.

**OVERALL EFFECT OF THERAPY:**

Group A: In group A, mean percentage improvement of therapy on subjective and objective parameter was 62.4%. i.e. a moderate improvement.

Group B: In group B, mean percentage improvement of therapy on subjective and objective parameter was 63.1%. i.e. a moderate improvement.

Group C: In group C, mean percentage improvement of therapy on subjective and objective parameter was 72.7%. i.e. a also improvement.

Group C i.e. combined group is better than individual groups i.e. Group A and Group B on both subjective and objective parameters. While *Kutaja-Karanja* oil has given good results in comparison to Leech application group on both subjective and objective parameters.

**DISCUSSION:**

The word *Kushtha* is widely used for all types of

skin diseases. It is a broad term, which covers almost all skin diseases. *Kushtha* is produced invariably by the vitiation of seven factors i.e. Doshas and Dushyas (Body tissues). *Kushtha* is always Tridoshaja in origin<sup>11</sup>. Considering the impact of psoriasis in society, it is necessary to find out effective, safe and cheap medication in Ayurveda.

There is no disease in Ayurveda, which can exactly be correlated with Psoriasis. There is no disease in *Ayurveda*, which can exactly be correlated with Psoriasis. Many research workers have tried to attribute psoriasis with one or other type of *Kushtha*.

- Here are some points which should be kept in mind while making Ayurvedic diagnosis the patients suffering from psoriasis.
- There is always a major debate over to diagnosis of psoriasis. Commonly three diseases are supposed to be Psoriasis by *Ayurvedic* physicians which are *Mandal Kushtha, Ekakushtha & kitibh*.
- In *Ayurveda* diagnosis is ultimately finalized after thorough consideration of *Doshas*, involvement of *Dhatus* & symptoms observed in patients. According to clinical presentations of symptoms several Ayurvedic diagnosis can co-exist for single disease in Modern science<sup>12</sup>. (Ch.Ch.7/31,)
- *Acharya Charak & Sushruta* had made two divisions of *Kushtha*; *Mahakushtha & Kshudrakushtha* according to Severity of symptoms, Dominance of *Doshas*, Involvement of deeper *Dathus*, Treatment required & *Sadhaysadyata*<sup>13</sup> (*Prognosis*). (Su.Ni.5/7)



- According to **Chakrapani**, in *Kshudra Kushtha*, the symptoms are manifested in milder form as compare to *Maha-Kushtha*. **Dalhana** explained about the word 'Mahata' that it has the ability to penetrate to deeper *Dhatus*, while the *Kshudra Kushtha* do not have ability to penetrate the deeper *Dhatus*. Due to this reason *MahaKushtha* requires intensive treatment in comparison to *Kshudra Kushtha* (Su. Ni. 5/5 Dalhana).
- As the *Ekakushtha* & *Kitibh* both are types of *Kshudrakushtha* they cannot be consider as Psoriasis as it requires extensive *Shamana* treatment along with proper *Sanshodhana*. Some Symptoms may show resemblance with psoriasis but out of these two single entity can't be consider as psoriasis.
- In *Ekakushtha Aswedanam* is Characteristic features but it is not always in Psoriasis. *Mahavastum* & *Matsyashakalopam* are matched with Psoriasis. In *Kitibh Krishna Shyva Varna* (Crimson color) is Characteristic features but *Krishna* (Black)/*Shyav Varna* is rarely found in active Psoriatic patch but common in post medication patches of psoriasis.
- In the case of *Mandal Kustha Sweta, Rakta, Sthir, Utsanna, mandals* are found & they are mixed which each other (*Anonyasakta mandal*). All the description of patches matches with that of Psoriasis. *Snigdghata* (Onctousness) of *Mandal* is not match with psoriatic patches but in early stage the patches of psoriasis are not totally dry they are moist velvety after that as scaling increases it gradually become dry.

- Psoriasis patients complain about extensive itching which is characteristic feature of *Kapha* predominance & of *Mandal Kustha*. (A.H.Ni.14/17)
- Acharya Charak has already mentioned that it is impossible to name each & every disease but treatment should be done on the basis of predominance of *Doshas*. (Ch.Su.18/45)
- Some symptoms which have shown resemblance of psoriasis with *Mandal Kustha* are as follows. **Table 11:**

Psoriasis	Mandal Kustha
Erythamatus plaques	<i>Sukla Rakta Abhivasani</i>
Silvery scales	<i>Sukla rom raji santanini</i>
Induration, Imflammation	<i>Styana</i> (thick) & <i>Utsanna</i> (elevated) <i>Mandal</i>
Circular patches	<i>Mandal, parimandals</i>
Patches joined with each other	<i>Anonya sansakta Mandal</i>
Attended with itching	<i>Kandu</i> (Itching)
Chronic & recurrent	<i>Krichhasadhya</i> (Difficultly cured)

- All treatment models described in Management of *Kustha* by *Acharya charak, Susruta, Vagbhata* are ultimately based on predominance of *Dhoshas* & Involvement of *Dhatus*. Treatment according to specific types is not mentioned at all.
- Finally we can say that there is no disease in *Ayurveda* which can be exact correlation of Psoriasis. Symptoms of disease & Concepts of *Ayurveda* indicate that to some extend we can consider *Mandal Kustha* as Psoriasis. Rather than making a single diagnosis, according to stage of disease the diagnosis should be changed. So in the present study *Mandal Kustha* considered as Psoriasis.
- Nevertheless, Acharyas already said that it is impossible to name each & every disease



but treatment should be based on Doshas. On the basis of *Doshas*, the symptoms of psoriasis are due to aggravation of *Vata, Pitta and Kapha* are as follow:-

**Drug discussion:**

Acharya Sushruta narrated varieties of diseases. He mentioned many surgical and para-surgical procedures. Among the Para-surgical procedures *Jalaukavacharana* is also one method. It is a type of bloodletting (*Shodhana therapy*) which is done by leeches. Application of leeches is the most delicate method of bloodletting prescribed particularly for the benefit of kings, wealthy persons, children, old, timid, debilitated woman and delicate persons (Su.Su.13/3)<sup>14</sup>.

*Acharya Charaka* mentioned *Raktamokshana* by leech application in *Kushtha* (Ch.Chi.7/52). Acharya Sushruta also narrated *Raktamokshana* in *twak and mamsa ashrita Kushtha* (Su.Chi.9/6). On considering the above references of *Raktamokshana in kushtha*, study has taken the leech application for the present study. So the present attempt has been made to assess the role of *Jalauka Avacharana* as *Shodhana* in psoriasis.

*Kutaja-Karanja* Oil has been selected for *Shamana therapy* in present study. The trial drug selected for this study has key role in treating *Kapha* dominance & as *Mandal Kustha* is *Kapha* predominant type of *Kustha*. All the ingredients of it have *Kushthaghna* property. Considering all these points, it has been selected for present study.

**Discussion on Total PASI (H+U.E+T+L.E) of Psoriasis:**

**Effect of therapy in Total PASI:** Total PASI was reduced by 60.03%, 63.20% and 69.71% respectively in Group A, B and C which was statistically highly significant in group A, B & C. Maximum reduction was found in Group C. Thus, Leech application along with *Kutaja-Karanja* oil proved more effective to reduce total PASI of Psoriasis {Table No.-85}.

**Effect of therapy in Itching:** Itching was reduced by 52.38%, 70.00% and 72.00% respectively in Group A, B and C which was statistically significant (P<0.01) in group A and while highly significant (P<0.001) in group B & group C. Maximum percentage relief was noted in the patients of Group C. Thus, Leech application along with *Kutaja-Karanja* oil proved more effective to control the itching {Table No.-86}. Itching is the self properties of *kapha dosha*.(Ch. Su.20/15 & 20/18) and contents of *Kutaja-Karanja* oil mainly *Kapha shamaka*. Therefore due to these properties, *Kutaja-Karanja* oil and *Jalaukavacharana* are effective in reducing the itching symptom.

**Comparison of the effects of therapy:**

- The overall effect of therapy in group A was **62.4%**, in group B was **63.1%** and **72.7%** in group C.
- On comparing the effect of therapies, Leech application along with *Kutaja-Karanja* oil proved more effective to reduce the PASI scoring (Erythema, thickness, scaling and area of involved skin) and itching of Psoriatic patients in comparison to Group A and Group B.
- While Group B (**63.1%**) i.e. *Kutaja-Karanja oil* is more effective than group A (**62.4%**) i.e. Leech application.



#### **4. Discussion on probable mode of action of the therapy:**

*Mode of action of the Kutaja-Karanja-oil:* Kutaja-Karanja oil contains Kutaja(*Wrightia tinctoria*) with Tikta(*bitter*), Kashaya(*astringent*) rasa(*taste*) and Ruksha(*dry*) Laghu(*lightness*) guna(*property*) and Katu(*pungent*) vipak Kaphashamaka and with its Sheeta Veerya(*potency*) Pittashamaka so it reduces the Symptoms like Kandu (Itching) and Raktavarnata (Redness or Erythema) and Daha( Burning ). Karanja(*Pongamia pinnata*) with its Tikta, Katu, Kashya- rasa and Laghu guna, Ushna- veerya Katu- vipaka is Kapha vatashamaka it also plays important role to reduce Kandu and Rukshata in Psoriasis which are the main symptoms of the Psoriasis..Both the drugs are mainly Kapha ,Vata and then Pittashamaka. So kutaja karanja oil reduces all symptoms due to vata pitta and kapha. All the ingredients of it have Kushthaghna property. Teela taila(*Sesumum oil*) is mentioned as Vatakaphahamaka, twakdoshar, Tvachya(*Skin tonic*) etc. and has a remarkable property of Snehana(*Oliation*) without vitiating or agravating Kapha it plays important role to minimize Rukshata or dryness in psoriasis. So, teela taila becomes more effective when treated with Kutaja and Karanja. Considering all these points, it has been selected for present study.

Vitiated Kapha and Vata may be the main cause of Psoriasis and contents of Kutaja-Karanja oil having Kaphavatashamaka properties, therefore these drugs help in samprapti vighatana(*subsiding pathology*) of

Psoriasis.

*Mode of action of the leech application:* Psoriasis is a skin disorder and all skin disorder are come under broad term Kushtha in our classics. Kushtha has been considered as Raktapradoshaja vyadhi (Blood born disease), Tridosha Prakopaka (vitiated body humour) and chirakari (chronic) diseases.

For excess quantity of dosha, Shodhana may be required (Ch.Vi. 3/44) so, Raktamokshana among the shodhana may provide better relief than other Shodhana particularly when Rakta is vitiated (A.H.Su.14/5). Sushruta stated that Raktamokshana is not only purifies the channels, but also let the other parts becomes free from diseases and action is so fast than other remedies (Su.Chi.1/44). Vitiated Rakta may be depleted by application of Leeches after slight scraping on the lesion of Kushtha (Ch.Chi.7/52). Thus, it is well proved that Jalauka gives better effect in Raktaja Roga or Kushtha on the basis of classical references.

According to Acharya Sushruta(Su.Su 13/6), leech has been used for shodhana of Pitta dushita rakta .Erythema or redness seen as one of the symptoms of psoriasis which is due to vitiated pitta dosh so jalaukavacharana helps in this condition. So Leech application has been used for the present study.

#### **CONCLUSION:**

After completion of whole research work, the present study had been taken up to establish the benefits of Leech application as Shodhana Chikitsa and Kutaja-Karanja Oil as Shamana Chikitsa in the management of Psoriasis. From the observations made and thorough





discussion, following conclusion can be drawn:-

✍ In Ayurveda almost all skin diseases are considered under Kushtha. Psoriasis is correlated with Mandala Kushtha, Kitibha, Sidhma, Ekakushtha etc. by different researchers. In present study Mandal Kushtha has been correlated with Psoriasis because of their similar clinical manifestation.

✍ Psoriasis is one of the most common dermatologic diseases, affecting upto 1-2 % of the world's population. It occurs in all age groups and about equally in men and women.

✍ The etiology of psoriasis is still poorly understood, but many precipitating factors like genetic, environmental, immunological and psychological have been found to be influential in the expression of the disease.

✍ The Psoriasis Area Severity Index (PASI) is the most widely used measurement tool for psoriasis. PASI combines the assessment of the severity of lesions and the area affected into a single score in the range 0 (no disease) to 72 (maximal disease).

✍ On the basis of above results it can be concluded that all group of treatment provided significant improvement in the sign and symptom of the patient of Psoriasis and significant improvement on the PASI SCORE.

✍ Patients of Psoriasis when treated with combined therapy i.e. *Kutaja-Karanja* Oil and Leech application have shown best results than the patients treated with individual groups i.e. Group A and Group B on both subjective and objective parameters.

✍ Patients of Psoriasis when treated with

*Kutaja-Karanja* Oil independently have shown better results than the patients treated with Leech Application.

✍ Drugs used in Shamana & Shodhana posses Keratolytic, Anti-proliferative, Anti-inflammatory, anti-pruritic, emollient and Immunomodulatory effects.

✍ No side effects have been reported by the patients during the course of treatment.

✍ The sample size was very small to generalize the result.

✍ The study was conducted for a shorter duration i.e. for three months, which is not sufficient to assess the long term efficacy of the therapy, as Psoriasis has been described as chronic disease.

*Therefore, it can be concluded that Shodhana (Leech application) along with Shamana therapy (Kutaja-Karanja oil) is effective in the management of Psoriasis as it is safe, cost effective and free from any side effects.*

#### **RECOMMENDATIONS**

✍ Study should be carried out in large groups.

✍ As Psoriasis is a long term disease, thus the study should be conducted for a longer duration so as to know the lasting of the clinical effects.

✍ Any standard modern medicine should be taken as control group for the comparison of the two system of medicine.

✍ Recurrence in signs and symptoms was seen in 70% of patients in follow up after 2 months therefore study should be conducted along with the *Abhyantar shodhana* to avoid or delay the recurrence.



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## THE NEED OF YOGA IN THE ERA OF AIDS

### Abstract

Yoga is practiced in prevention and management of disease and also providing total health to the humanity. AIDS is emerging as most dangerous disease that cannot be completely cured & continuous increase in the incidence of HIV cases suggesting that role of governing body for its prevention is not sufficient.

Modern medicine has widened its wing by its sophisticated techniques and advancement, but despite of its scientific advancement, it fails to cure many chronic conditions and here role of complementary system of medicine (Ayurveda and Yoga) cannot be over looked. Simple use of Complementary and Alternative medicine gives us a great success as we are seeing today, that many psychological diseases, hypertension,, diabetes mellitus, gastro-intestinal, respiratory and sexual abnormalities can be successfully controlled by practicing some yogic practices. The guidelines mentioned to cure a disease are used to treat both body and mind simultaneously. But new researches to explore the disease thoroughly is lacking in Ayurveda and yoga.

Similarly, here we are trying to draw the attention of public towards the need of yogic practices in case of AIDS, for both prevention

• \*Gupta Gopal Das ,\*\*Gautam Sunil Kumar and treatment. Some steps of *Ashtanga* yoga such as *Yama*, *Niyama*, *Asana* and *Pranayama* mainly plays a very significant role in prevention and cure of AIDS.

**Key word-** AIDS, YOGA, Complementary and Alternative medicine

### Introduction- Basic Facts about HIV/AIDS

#### What is HIV?

HIV stands for human immunodeficiency virus. It is the virus that causes AIDS. It is a member of a group of viruses called retroviruses.

#### What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. It is a disease in which the body's immune system breaks down and is unable to fight off infections, known as "opportunistic infections," and other illnesses that take advantage of a weakened immune system.

A person can receive a clinical diagnosis of AIDS, as defined by the U.S. Centers for Disease Control and Prevention (CDC), if he or she has tested positive for HIV and meets one or both of these conditions:

The presence of one or more AIDS-related infections or illnesses;

A CD4 count that has reached or fallen below 200 cells per cubic millimeter of blood.

#### How many people are affected by HIV/AIDS?

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The Joint United Nations Programme, on HIV/AIDS (UNAIDS) estimates that, there are now 40 million people living with HIV or AIDS worldwide. Most of them do not know that they carry HIV and may be spreading the virus to others.

Since the beginning of the epidemic, AIDS has killed more than 25 million people worldwide. AIDS has replaced malaria and tuberculosis as the world's deadliest infectious disease among adults and is the fourth leading cause of death worldwide.

#### **How is HIV transmitted?**

A person who has HIV carries the virus in certain body fluids, including blood, semen, vaginal secretions, and breast milk. The virus can be transmitted only if such HIV-infected fluids enter the bloodstream of another person. This kind of direct entry can occur

- (1) Through the linings of the vagina, rectum, mouth, and the opening at the tip of the penis;
- (2) Through intravenous injection with a syringe;
- (3) Through a break in the skin, such as a cut or sore. Usually, HIV is transmitted through:

Unprotected sexual intercourse (either vaginal or anal) with someone who has HIV infection.

Unprotected oral sex with someone who has HIV.

Sharing needles or syringes with someone who is HIV infected.

Infection during pregnancy, childbirth, or

breast-feeding (mother-to-infant transmission)

#### **How is HIV *not* transmitted?**

HIV is not an easy virus to pass from one person to another. It is not transmitted through food or air (for instance, by coughing or sneezing). There has never been a case where a person was infected by a household member, relative, co-worker, or friend through casual or everyday contact such as sharing eating utensils or bathroom facilities, or through hugging or kissing. (Most scientists agree that while HIV transmission through deep or prolonged "French" kissing may be possible, it would be extremely unlikely.) Sweat, tears, vomit, feces, and urine do contain HIV, but have not been reported to transmit the disease (apart from two cases involving transmission from fecal matter via cut skin). Mosquitoes, fleas, and other insects do not transmit HIV.

#### **Is there a cure for AIDS?**

There is still no cure for AIDS. New drugs are helping some people who have HIV, live longer, healthier lives. There are many problems associated with them:

Anti-HIV drugs are highly toxic and can cause serious side effects, including heart damage, kidney failure, and osteoporosis. Many (perhaps even most) patients cannot tolerate long-term treatment with HAART.

HIV mutates quickly. Even among those who do well on HAART, roughly half of patients



experience treatment failure within a year or two, often because the virus develops resistance to existing drugs.

Because treatment regimens are unpleasant and complex, many patients miss doses of their medication. Failure to take anti-HIV drugs on schedule and in the prescribed dosage encourages the development of new drug-resistant viral strains.

Even when patients respond well to treatment, HAART does not eradicate HIV. The virus continues to replicate at low levels and often remains hidden in "reservoirs" in the body, such as in the lymph nodes and brain.

In the U.S., the number of AIDS-related deaths has decreased dramatically because of widely available, potent treatments. But more than 95 percent of all people with HIV/AIDS live in the developing world, and many have little or no access to treatment.

### **Global AIDS Program**

The publication of AIDSLink, a bimonthly newsletter reporting on global AIDS activities and issues related to the work of NGOs

information collection and exchange

educational advocacy and networking mechanisms

In addition, the program co-sponsors World AIDS Day activities in Washington, D.C., is a key participant in the International Conference on HIV/AIDS, holds Congressional briefings, carries out an AIDS advocacy program and publishes the Global AIDS

Directory 2000-2003.

### **Top 10 Symptoms of HIV & AIDS**

- 1) Depression
- 2) Diarrhea
- 3) Thrush
- 4) Weight Loss
- 5) Lipodystrophy
- 6) Lactic Acidosis
- 7) Sinus Infections
- 8) Fatigue
- 9) Nausea / Vomiting
- 10) Burning and Tingling of the Feet and Hands

### **Different stages of HIV**

#### **Clinical Stage I:**

Asymptomatic

Persistent generalized lymphadenopathy

#### **Clinical Stage II:**

Moderate unexplained weight loss (under 10% of presumed or measured body weight)

Recurrent respiratory tract infections (sinusitis, tonsillitis, otitis media, pharyngitis)

Herpes zoster

Angular cheilitis

Recurrent oral ulceration

Papular pruritic eruptions

Seborrhoeic dermatitis

Fungal nail infections

#### **Clinical Stage III:**

Unexplained severe weight loss (over 10% of presumed or measured body weight)

Unexplained chronic diarrhoea for longer than one month

Unexplained persistent fever (intermittent or constant for longer than one month)





Persistent oral candidiasis  
Oral hairy leukoplakia  
Pulmonary tuberculosis  
Severe bacterial infections (e.g. pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia)  
Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis  
Unexplained anaemia (below 8 g/dl), neutropenia (below 0.5 billion/l) and/or chronic thrombocytopenia (below 50 billion/l)

#### **Clinical Stage IV:**

HIV wasting syndrome  
Pneumocystis pneumonia  
Recurrent severe bacterial pneumonia  
Chronic herpes simplex infection (orolabial, genital or anorectal of more than one month's duration or visceral at any site)  
Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs)  
Extrapulmonary tuberculosis  
Kaposi sarcoma  
Cytomegalovirus infection (retinitis or infection of other organs)  
Central nervous system toxoplasmosis  
HIV encephalopathy  
Extrapulmonary cryptococcosis including meningitis  
Disseminated non-tuberculous mycobacteria infection  
Progressive multifocal leukoencephalopathy

Chronic cryptosporidiosis  
Chronic isosporiasis  
Disseminated mycosis (extrapulmonary histoplasmosis, coccidiomycosis)  
Recurrent septicaemia (including non-typhoidal Salmonella)  
Lymphoma (cerebral or B cell non-Hodgkin)  
Invasive cervical carcinoma  
Atypical disseminated leishmaniasis  
Symptomatic HIV-associated nephropathy or HIV-associated cardiomyopathy

#### **HIV Prevention**

Combination prevention refers to strategies to prevent sexual transmission of HIV. The "A,B,Cs" of combination prevention are Abstinence, being safer (by being faithful or reducing the number of partners), and correct and consistent condom use. A, B, and C interventions can be adapted and combined in a balanced approach that will vary depending on cultural context, the population targeted and the stage of the epidemic.

For many women and girls in developing countries, the ABC approach is of limited value due to their lack of social and economic power. They cannot negotiate abstinence from sex, nor can they insist their partners remain faithful or use condoms.

Here, we can correct the problem by practicing Ashanga Yoga to improve social culture and mental power.



## Astanga Yoga

1. Yama
2. Niyama
3. Asana
4. Pranayama
5. Pratyahara
6. Dharna
7. Dhyana
8. Samadhi

### Yama

1. Ahimsa
2. Satya
3. Asteya
4. Bramhacharya
5. Aparigraha

### Niyama

1. Shaucha
2. Santosha
3. Tapa
4. Swadhyaya
5. Eshwarpranidhana

### ASANA

#### 1. Supta Pavanamuktasana:

Technique:

- Lie on the back, palms facing upwards.
- Raise the right leg and fold at the knee. With the help of the hands catch hold of the folded leg at foreleg.
- The other leg is slightly elevated from the ground to maintain the final posture with normal breathing.
- After maintaining the final posture for a considerable period of time, release the posture and repeat from the other side.
- Now, fold both the legs and encircle the arms around the knees.
- Raise slowly the head and neck (shoulder) and try to touch folded knees with chin.
- Maintain the posture for few seconds initially with normal breathing.
- Return back to the starting posture by

bringing down the head and neck back to its original position.

- Release the hands from the knees.
- Straighten the legs and return back to starting posture.

#### 2. Vajrasana:

Technique:

- Sit with legs extended together, hands by the side of the body, palm resting on the ground.
- Fold the right leg at the knee and place the foot under the right buttock.
- Similarly by folding the left foot, place it under the left buttock. Hands resting on the respective thighs.
- Sit with spine erect. Gaze in front or close the eyes. While returning to the original position bend a little towards right side, take out the left leg and extend it. Similarly do it from the other side and come to the original position.

#### 3. Ushtrasana:

Technique:

- Kneel down on the floor, Toes pointing back and resting on the floor.
- Place the legs about one foot distance; while exhaling bend backward and place the palms on the heels or support the back with palms.
- Push the lower back portion in front direction and leave head and neck in relaxed position.
- Maintain the final position with normal



breathing for same time.

- Inhale and come up gradually and then release the posture and relax.

#### 4. **Vakrasana:**

Technique:

- Sit in legs extended position.
- Bend the left leg at the knee and place its heel near the thigh.
- Keep the sole of the left foot flat on the floor and the thigh touching the chest.
- Place the left hand in the back supporting the spine.
- Take the right hand and place it near the left foot.
- Now, turn the neck and the trunk from the left side, twisting the spine and look back above the shoulder.
- Continue normal breathing.
- Release and repeat the posture from the other side.

#### 5. **Shavasana:**

Technique:

- Lie on the back with the hands and legs comfortably away from body.
- Toes pointing outside, fingers in a semi-flexed position.
- Keep the head in a most convenient position. Close the eyes gently.
- Start with a moderately deep abdominal breathing.
- Attend to the flow of the breath without moving the body.
- Try to relax each and every part of the

body consciously and try to diffuse all the tensions in the body.

#### 6. **Ardhahalasana:**

Technique:

- Adopt supine lying position with legs together, hands by the side of the body.
- Palms resting on the ground.
- While inhaling raise the legs without bending at the knee to 30 degree, 45 degree 60-degree and up to 90 degree angle.
- Maintain the position with normal breathing. Exhale and bring down the legs slowly and gently.
- While returning follow the same sequence and finally place both the legs on the ground.

#### 7. **Sarvangasana:**

Technique:

- Take supine position, hands straight by the side of the thighs, palm resting on the ground
- Slowly, raise the legs together without bending at the knees by pressing your hands and stop at 30 degree angle.
- After sometime raise the legs little more and stop at 60 degree angle.
- Now, slowly bring it at 90 degree angle.
- Press the hands and bring the legs little towards head so that the buttocks raised up.
- After that, support it from the palms of both the hands, place the elbows on the ground making broad base.
- Raise the legs towards sky, raise the



buttocks also, continue with the support of hands.

- Raise the legs, abdomen and chest to form a straight line.
- Chin should be placed against the chest. Maintain the position for sometime.
- Slowly return to the original position in reverse order.

### **PRANAYAMA**

#### **Nadishodhana Pranayama:**

Technique:

- Sit comfortably in any meditative posture with closed eyes.
- Keep the spine erect.
- Close the right nostril with the right thumb and inhale slowly through the left nostril.
- After complete inhalation, close the left nostril with, the ring finger of the right hand.
- Open the right nostril and exhale slowly.
- After complete exhalation, again inhale through the right nostril.
- Close the right nostril by pressing it with the right thumb.
- After opening the left nostril, breathe out slowly and completely.
- This constitutes one round of Nadishodhana pranayama.
- Repeat the same for a desired no. of rounds.

#### **Bhramari:**

Technique:

- Sit in a comfortable meditative posture

and close the eyes.

- Close the ears with index fingers and then inhale slowly through both nostrils and hold the breath to some seconds or as per capacity.
- Now exhale with both the nostrils with producing the humming sound like a bee.,
- Feel the vibration/resonance of the Humming sound especially in the head region.
- Repeat the practice for a desired number of rounds.

#### **Conclusion**

Till now only prevention is effective for the HIV. In the developed society we have to recall our culture, which have been scientifically explained in the context of Yama and Niyama. By practicing them, we can control our desire and improve our mental power. It has been scientifically proved that mental condition is highly influencing the physical condition (Body immunity)

“Gaining the upper hand against the AIDS epidemic around the world will require rapid and sustained prevention of HIV infection.”

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## परिषद् समाचार

### प्रथम वैद्य प्यारे लाल शर्मा एवं वैद्य रमादत्त शर्मा स्मृति अखिल भारतीय आयुर्वेद स्नातकोत्तर निबन्ध प्रतियोगिता पुरस्कार वितरण समारोह

वैद्य प्यारे लाल शर्मा एवं वैद्य रमादत्त शर्मा की स्मृति में अखिल भारतीय स्तर पर आयुर्वेद स्नातकोत्तर छात्रों की निबन्ध प्रतियोगिता 2011 में आयोजित की गयी। इसका पुरस्कार वितरण समारोह 22 जुलाई 2012 को मध्याह्न 12 बजे से 2 बजे के मध्य वैद्य यज्ञ दत्त शर्मा स्नातकोत्तर महाविद्यालय, खुर्जा, बुलन्दशहर में आयोजित किया गया है।

इस कार्यक्रम में स्मृति व्याख्यान एवं विजेता छात्रों को मेडल, प्रशस्ति पत्र से सम्मानित किया जायेगा। इसमें आयुर्वेद जगत के मूर्धन्य विद्वानों ने अपने आने की सहमति प्रदान की है। आप सबकी उपस्थिति सादर प्रार्थित है।

डॉ० ए०के० पाण्डेय  
संयोजक

डॉ० के०के० द्विवेदी  
समन्वयक

वैद्य गोपाल दत्त शर्मा  
संरक्षक

### प्रयाग में वर्ष प्रतिपदा का आयोजन

विश्व आयुर्वेद परिषद् प्रयाग एवं काशी प्रान्त ने संयुक्त रूप से वर्ष प्रतिपदा हर्ष एवं उल्लास पूर्वक इलाहाबाद में मनाया। जिसकी अध्यक्षता काशी प्रान्त के अध्यक्ष डा० पी०एस० पाण्डेय जी ने एवं संचालन प्रयाग इकाई के सचिव डा० एम०डी० दुबे ने किया। समारोह में उपस्थित डा० सतीश आत्रेय ने प्रयाग में शक्ति पूजा के महत्व पर प्रकाश डाला। डा० पी०एस० पाण्डेय ने काल गणना का विषय विवेचना किया। इस अवसर पर भारतीय चिकित्सा परिषद् का नाम परिवर्तित होने पर सभी पदाधिकारियों ने अपना विरोध प्रकट किया। डा० एस०एस० उपाध्याय जी ने दूरभाष पर रजिस्ट्रार डा० संतोष गुप्ता जी से सम्पर्क कर अपना मत प्रस्तुत करके अविलम्ब कार्यवाही के लिए कहा। डा० बी०एस० रघुवंशी एवं वैद्य आशुतोष मालवीय जी ने भी अपने विचार प्रस्तुत किये। अध्यक्ष डा० संजय बरनवाल ने धन्यवाद ज्ञापन किया। अन्त में परिषद् मंत्र के साथ समारोह का समापन किया गया।

### हरियाणा में विद्यार्थी व्यक्तित्व विकास शिविर

विश्व आयुर्वेद परिषद् के तत्वावधान में दिनांक 7 मई 2012 से 12 मई 2012 तक चौधरी देवी लाल कालेज ऑफ आयुर्वेद, बूड़िया रोड, जगाधरी, यमुनानगर, हरियाणा में सम्पन्न हुआ।

उद्घाटन समारोह के मुख्य अतिथि प्रो० सत्येन्द्र प्रसाद मिश्र, कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून एवं अध्यक्ष प्रो० योगेश चन्द्र मिश्र, राष्ट्रीय अध्यक्ष, विश्व आयुर्वेद परिषद् थे। विशिष्ट अतिथि डॉ० अश्विनी भार्गव, वैद्य नन्दलाल जी, डॉ० दिनेश भारद्वाज उपस्थित थे। श्री राजेन्द्र शर्मा, महासचिव, श्री रामजन कल्याण समिति, जगाधरी शिविर के प्रायोजक के रूप में उपस्थित थे। वक्ताओं ने विद्यार्थियों के लिए इस शिविर की महत्ता पर प्रकाश डालते हुए बताया कि आयुर्वेद चिकित्सा शास्त्र ही आने वाले दिनों में विश्व पटल पर स्थापित होगा। इसके लिए हमें प्राचीनतम जानकारी के साथ-साथ नवीन शोधों पर भी ध्यान देना होगा। आयुर्वेद केवल चिकित्सा पद्धति ही नहीं, अपितु जन्म से मृत्यु पर्यन्त स्वस्थ रहते हुए अनुशासित एवं संस्कारित जीवन जीने की शैली है। कार्यक्रम के संयोजक प्रो० हेमन्त कुमार राय एवं प्रो० आर०आर० वशिष्ठ के कुशल निर्देशन में पंजाब, हरियाणा एवं उत्तराखण्ड के 8 विद्यालयों के 72 छात्रों ने भाग लिया। प्रातः जागरण से रात्रि शयन तक विभिन्न मौखिक, प्रायोगिक कक्षाओं तथा अन्य कार्यक्रम के माध्यम से शिविर के उद्देश्यों की पूर्ति की गयी। आशुभाषण, योग एवं प्राणायाम की प्रायोगिक प्रस्तुति, नाड़ी परीक्षण, औषध पहचान, उद्यान अवलोकन, श्लोक उच्चारण, सन्दर्भोल्लेख प्रतियोगिता, खेलकूद, मनोरंजन के अलावा समसामयिक विषयों पर लगभग दो दर्जन विद्वानों के द्वारा व्याख्यान दिये गये।



डॉ० भगवान दास यादव, श्री जयकुमार, हरियाणा, वैद्य नन्द लाल शर्मा, गोरखपुर, डॉ० रामतीर्थ शर्मा, उज्जैन, डॉ० मनोज कुमार, करनाल, डॉ० अर्जुन शर्मा, डॉ० मनदीप मिश्र, डॉ० विनीता नेगी, डॉ० लोकेश गुप्ता, डॉ० ओ० पी० शर्मा, डॉ० अखिल जैन, डॉ० वसन्त कुमार, डॉ० सुषमा शर्मा, डॉ० सुनीति तंवर, डॉ० जसकीरत कौर, प्रो० जी०के० शर्मा, जगाधरी, डॉ० आशु कटारिया, कुरुक्षेत्र, डॉ० दिनेश शर्मा, जयपुर, डॉ० संजय त्रिपाठी, डॉ० प्रेमचन्द्र शास्त्री, डॉ० पुनीत गर्ग, प्रो० उत्तम कुमार, हरिद्वार, डॉ० कुलदीप सिंह, डॉ० सुमन पवार, जालन्धर आदि ने विभिन्न विषयों पर विशिष्ट व्याख्यान दिया।

समापन सत्र में मुख्य अतिथि डॉ० वेद प्रकाश त्यागी, विशिष्ट अतिथि डॉ० आर०के० मलिक, निदेशक, आयुष हरियाणा, डॉ० सुरेन्द्र सिंह, रजिस्ट्रार कोआर्डिनेटर, होम्योपैथिक कौंसिल, हरियाणा, अध्यक्ष डॉ० प्रेम चन्द्र शास्त्री थे। प्रो० रविन्द्र गुप्ता, प्राचार्य डॉ० बलदेव कुमार जगाधरी तथा अन्य विद्वानो ने अपने विचार व्यक्त किये।

## मध्य प्रदेश में आयुर्वेद विद्यार्थी व्यक्तित्व विकास एवं भविष्य निर्माण शिविर

मध्य प्रदेश के उज्जैन शहर में विश्व आयुर्वेद परिषद के तत्वावधान में इस शिविर का आयोजन 18 मई से 23 मई 2012 में किया गया, जिसमें मध्य प्रदेश, राजस्थान, छत्तीसगढ़ एवं गुजरात प्रान्त के 53 विद्यार्थियों ने भाग लिया।

प्रो० ओ०पी० उपाध्याय, कुलपति, संत रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर, पंजाब, मुख्य वक्ता, श्री पारस जी जैन, खाद्य एवं नागरिक आपूर्ति मंत्री, मध्य प्रदेश शासन, मुख्य अतिथि, प्रो० बी०एम० गुप्ता, राष्ट्रीय उपाध्यक्ष, विश्व आयुर्वेद परिषद ने कार्यक्रम की अध्यक्षता की। महामण्डलेश्वर श्री श्री स्वामी शांतिस्वरूपानन्द जी गिरि पीठाधीश्वर चारधाम मन्दिर ने आशीर्वाचन दिया। आभार प्रदर्शन डॉ० एस०एन० पाण्डेय, प्रान्तीय उपाध्यक्ष, स्वागत डॉ० गोपाल दास मेहता ने किया।

शिविर में श्री अरूण ऋषि, उज्जैन, डॉ० हितेश भाई जानी, जामनगर, श्री केशव प्रसाद, उज्जैन, श्री रजनीश शर्मा, नई दिल्ली, डॉ० दीपक शर्मा, दिल्ली, प्रो० यू०एस० निगम, मुम्बई, श्री अनिल जी सरौदे, ग्वालियर, डॉ० विनोद बैरागी, उज्जैन, डॉ० गोविन्द पारीक, जयपुर, डॉ० महेश व्यास, जामनगर, श्री संदीप जी कुलश्रेष्ठ, डॉ० आशुतोष द्विवेदी, डॉ० शिरोमणि मिश्र, डॉ० योगेश वाणे, उज्जैन, डॉ० महेश संघवी, मुम्बई, श्री आनन्दी लाल जोशी, उज्जैन, डॉ० एस०एन० पाण्डेय, उज्जैन, श्री जे०पी० चतुर्वेदी, उज्जैन, प्रभुपाद शिष्य चतुश्चं, श्री प्रमोद पण्डित, इन्दौर, डॉ० मुकेश गुप्ता, श्री अशोक जी सोहनी, उज्जैन, वैद्य गोपाल दास मेहता, प्रो०बी०एम० गुप्ता, भोपाल, डॉ० दिनेश जी, मेरठ, डॉ० जितेन्द्र भटनागर, डॉ० सलिल जैन, उज्जैन, स्वामी शान्ति स्वरूपानन्द जी, चारधाम मन्दिर ने विभिन्न विषयों पर व्याख्यान दिये। इसके अलावा डॉ० प्रग्यान त्रिपाठी, डॉ० मधुसूदन देशपाण्डेय, डॉ० रामानन्द साहू, वैद्य पुष्पा श्रीवास्तव, आदि ने भी अपने ज्ञान से विद्यार्थियों को लाभान्वित किया।

समापन सत्र की अध्यक्षता श्री महेन्द्र हार्डिया, मंत्री स्वास्थ्य एवं आयुष राज्य मंत्री, म०प्र० शासन, मुख्य अतिथि श्री वेद प्रकाश त्यागी, उपाध्यक्ष, सी०सी०आई०एम० थे। शिविराधिकारी डॉ० हरिशंकर शर्मा का सारस्वत सम्मान इस अवसर पर किया गया। आभार प्रदर्शन डॉ० आई०एस० सिसौदिया ने किया।

शिविर संयोजक डॉ० रामतीर्थ शर्मा के नेतृत्व में डॉ० पुनीत गर्ग, डॉ० संकेत मिश्र, श्रीमती गरिमा शर्मा, डॉ० बी०एल० बटाला, डॉ० सौरभ मेहता, डॉ० शान्तनु पौराणिक, डॉ० हेमन्त रावल, डॉ० नृपेन्द्र मिश्र, डॉ० ओ०पी० पालीवाल, डॉ० उमेश शुक्ल, श्री राकेश शर्मा, डॉ० अनिल सर्राफ आदि तथा विद्यार्थियों के प्रयास से कार्यक्रम सफल हुआ।



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वि व आयुर्वेद परिषद् के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, महासचिव द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखन से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखन -226010 से प्रकाशित प्रधान सम्पादक- प्रोफेसर सत्येन्द्र प्रसाद मिश्र