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पत्र व्यवहार एवं सम्पादकीय कार्यालय
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Guest Editorial

People from all over the world are looking today for safer and effective alternatives for diseased condition with minimum negative offshoots. People are turning to Ayurvedic medicines with much hope and expectations as an alternative to modern medicine. The demand of plant based therapeutics is increasing in both developing and developed countries due to growing recognition that they are natural products, are non or least toxic, have no or least side effects, are easily available at affordable prices, and sometimes the only source of health care available to the poor. Medicinal plants in India have traditionally occupied an important position in the sociocultural, spiritual and medicinal fields. Plant based drug research now has become one of the important global thrust areas especially in the field where modern drugs are either unavailable or unsatisfactory or beyond the reach of majority of the people of the society. In a survey it has been surprisingly reported that in developing nations as a whole over one-third of the population lack access to modern medicines. In China, traditional medicine accounts for around 40% of all health care delivered. In India, 65% of the population in rural areas use Ayurveda and medicinal plants to help and meet their primary health care needs. In developed countries, traditional, complementary and alternative medicines are becoming more popular. For example, the percentage of the population that has used such medicines at least once is 48% in Australia, 31% in Belgium, 70% in Canada, 49%in France and 42% in the United States of America.

In this global scenario and particularly in our country the role and responsibility of Ayurvedic physicians becomes crucial. It is the high time when Ayurvedic physicians and surgeons have to prove their utility and importance by their honest performance. There is nothing to say about the contribution of Govt. / private Ayurvedic dispensaries/hospitals towards public health care but except few, why they don't have good recognition, good reputation or an unavoidable image in society? Apart from administrative matters, is it not true that we are not ideal /appropriate in our performance, we don't have strong confidence due to lack of knowledge and faith in our own system of medicine? Why our physicians strongly protest for prescribing modern medicines? Is it not ridiculous? I think the main reason behind it is lack of quality education to the undergraduate students of Ayurveda leading to lack of confidence and faith in their own system of medicine resulting in poor quality produce of Ayurvedic professionals. There may be many reasons which may account for low quality education in majority of Ayurvedic colleges of the country. There may be student factor who has taken admission in an Ayurvedic college as the only available choice to become a doctor creating a disinterest or deficient concentration/ devotion /faith in Ayurveda. There may be Teacher factor who themselves have not profound knowledge/ faith in Ayurveda and are related with it only to earn bread and butter. There may be other administrative/ management factors responsible for lack of quality education in majority of Ayurvedic colleges/ institutions/universities of our country.

A teacher not only teaches, he inspires and gives a shape to the career and personality of his students. In spite of deficient infrastructure, he can build a strong and confident personality of his students. I am of opinion that if teachers of Ayurveda firmly determine to produce students having strong confidence and faith in Ayurveda, the scenario will change surprisingly.

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DHANWANTARI: THE MYSTIQUE & THE REAL

• *Dr. A. R. V. Murthy, **Dr. K. Pallavi

ABSTRACT: - "Ayurveda" the primordial Indian life-science, is well-known for its elite concepts on sense and essence of life. The science of Ayurveda was evolved by the great Indian seers who conceived, perceived and promulgated it purely for the benefit of the mankind. Ayurveda is believed to have dawned before the age of 2500 B.C. The original conception of Ayurveda is essentially linked to Dhanwantari who is deemed as God of Hindu Medicine. He is believed to have emerged during the great churning of the cosmic ocean of milk (*Samudra manthana*) to acquire *Amrita* (ambrosia, or Divine nectar) by the Gods and Demons. There are many mythological references about his incarnation, existence & role in propagation of Ayurveda. His personality and identity are shrouded in the mist of antiquity. Various legends are quoted in the ancient Indian texts about the origin & life of Dhanwantari. Here is an album to go in the course.

Key words:-Samudra manthana, Amrita, Kashiraja Divodasa, Dirghatapas, Yakushi Buddha.

INTRODUCTION: - Amongst all the holy men Dhanwantari is meant to be the divine soul to establish the tradition of Ayurveda in the universe. He is believed to have divided Ayurveda into eight branches and also taught it to many learned ancient scholars who propagated the science for the benefit of the mankind. He was named Dhanwantari after his father "Dhanwa" a king in the Chandra Dynasty. *"Dhanuhu Shalyam Shaastram, tasya antam paaram iyarti gachchati iti Dhanwantarihi||"* (*Dalhana on Sushruta Sutrasthana Chapter 1 verse no.3*.) Thus Dhanwantari by implication is a surgeon with extraordinary skills. Dhanu root is also derived to mean a foreign body. The term *Shalya* refers to anything which disturbs mind & body *"Tatra manaha shareera baadha karaanishalyaani" (Sushruta Sutrasthana Chapter 7 verse no.4).* Thus Dhanwantari also refers to an efficient & successful physician who relieves suffering of both the body & the mind.

SYNONYMS OF DHANWANTARI:

1. *Adideva*- Propounder God[1]
2. *Amaravara* -Best among Gods[2]
3. *Amritayoni*-Source of ambrosia[3]
4. *Abja*-Born out of water[4]

More names have been quoted in praise of Dhanwantari by a range of primeval texts - *Vaidyarat* & *Dharmatma* (Ramayana), *Dhanwantari Deva* (Mahabharata), *Dhanwantari Vishnu* (Agnipurana), *Adideva* (Vishnu Purana) and *Ayurveda Drugijyabhak* (Bhagavata).

CONTEXT 1:- Indra, the chief of Gods, was riding on his elephant, came across sage Durvasa who was known for his ill temper. In view of the great God, the sage offered him a special garland. Lord Indra accepted this garland and put it on the trunk of the elephant.

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The elephant threw the garland onto the floor, thus enraging the sage. In a fit of anger, the sage avowed that the garland was the dwelling of *Shri* (fortune) & cursed Indra and all the Gods to be in wane of all strength, energy, and fortune (*Shri*). In the ensuing battles, the Gods were defeated and the Demons headed by King Bali gained control of the universe. The Gods sought out the help of Lord Vishnu, who instructed them in the art of diplomacy. They then entered into a coalition with the demons to jointly churn the ocean for the nectar of immortality and to share it among them.

All kinds of herbs were cast into the Milk Ocean and using *Mandara* Mountain as the Central pole and *Vasuki* as the churning cord, they proceeded to churn the ocean. This churning was so arduous that Lord Vishnu Himself interceded in so many ways to aid the Gods. He was present as Lord *Ajita* pulling on the side of the Gods, as Lord *Kurma* who supported the great *Mandara* Mountain which was in danger of sinking. Lord Vishnu Himself sat atop the Mountain infusing the Gods and the serpent *Vasuki* with energy. Many great beings and objects were produced from the ocean which evolved one after another and were accepted by various Gods as offerings[5].

As they continued churning for thousands of years, a very wonderful male person appeared. This was LORD DHANWANTARI who in himself was a petite fraction (*Amsa*) of Lord Vishnu's 12th incarnation with the much sought after ambrosia on one hand & Ayurveda on the other[6].

The above description of *Samudra Manthana* (Churning of Milk Ocean) with minor modifications is described in *Valmiki Ramayana Bala kanda*[7,8], *Mahabharata*[9], *Vayupurana*[10], *Harivamsa Purana*[11], *Vishnu Purana*[12], *Padma Purana*[13], *Matsya Purana* [14] and *Agni Purana.*[15]

Agni Purana[16] describes that out of the fourteen celestial jewels which came out of *Manthana* (churning) - *Lakshmi* - (God of wealth), *Koustubha* (a precious stone) , *Panchajanya* (a divine conch) and *Saranga* (a divine bow) were taken by Vishnu Celestial elephant *Airavata* was received by Indra *Uchhaishravas* (the divine horse) as white as moon was received by the Sun (Lord *Surya*) , the terrible poison *Halahala* and *Chandra* (Moon) were taken by Lord *Shiva* Celestial *Parijataka* (*Nyctanthes arbor-tristis*) tree, Dhanwantari, the divine cow *Surabhi*, the beautiful woman *Apsara* named Rambha were taken by Indra after offering prayers to Vishnu.

CONTEXT 2:- When Lord Vishnu takes away the ambrosia Dhanwantari pleads for according divine status on him. Lord Vishnu expresses his inability to do so as the sharing of the nectar among the Gods has already been decided and that he could be given the divine status only on his incarnation in a king's family. This incarnation is said to have been taken place in the dynasty of King Suhotra whose grandson Dirghatapa/Dhanwa was blessed with a son who later became popular as Dhanwantari, the lord of Ayurveda. Dhanwantari's birth in the Chandra dynasty is

well documented. He was named Dhanwantari after Lord Dhanwantari and also because he was born to Dhanwa. He was also called *Kashipati*, because he was king of Kashi. This Dhanwantari was specialized in all the eight branches of Ayurveda as quoted by Sushruta[17]. He is said to have conceived the knowledge from Bhaskara[18], Indra, the Lord of immortals[19, 20, 21], Garuda[22] and even from Bharadwaja [23].

CONTEXT 3:- King Dirghatamas of Kashi (Banaras) was performing *yagas* (oblations and offerings) relentlessly to Lord Dhanwantari in the hope that he would be pleased and grant him a son. The Lord appeared and offered a boon to the king. Dirghatapas implored Lord Dhanwantari to be born as his own son. The Lord replied that he would. Lord Dhanwantari was then born in the royal household of Kashi[24]. Lord Brahma (the creator God) with great difficulty persuaded him to accept lordship over the city of Kashi and since then he became known as Kashi-raja. As a king he prepared the *Samhitas* on Ayurveda in eight divisions for the benefit of humanity[25].

CONTEXT 4:- Lord Dhanwantari's teachings are recorded in *Agni Purana*[26]. Here He has been eulogized as the God of life and not limited only to surgery. *Ashwaayurveda* & *Gajaayurveda*, the scientific disciplines related to Horses & Elephants are also been linked to Dhanwantari.

CONTEXT 5:- A story in connection with Lord Dhanwantari as available in Devi Bhagawata[27] includes the names of King Parikshita, Sage Shringi, Takshaka, the king of snakes and Kashyapa Brahmana. It is said that here Dhanwantari was in the form of Kashyapa.

CONTEXT 6: - In *Brahma Vaivarta Purana*[28] there is a discussion on toxicology in the form of conversation between Nagadevi Manasa and Dhanwantari (the description is analogous to the one found between Kashyapa and Takshaka quoted in Mahabharata). It is said here that Dhanwantari with his mesmerizing skills could hypnotize the serpents and revive the lives of his disciples who were bitten to death by these serpents.

CONTEXT 7:- A Pali text namely "*Milindapahno*"[29] written by Bhadanta Nagasena mentions Dhanwantari as one among the *Acharyas* (scholars) like Kapila, Kanada, Angirasa, Agnisama etc.

CONTEXT 8:- *Athodhara (Griha) Jataka*[30] and *Aryasutriya Jataka*[31] also refer to Dhanwantari. Manu too has mentioned Dhanwanatri[32]. *Narayana Kavacha* also has quoted Dhanwantari in relation to food.[33]

CONTEXT 9:- Dhanwantari is also referred to among the nine scholars (*Navaratnas*)[34] who were present in the courtship of king Vikramaditya.

CONTEXT 10:- One of the stories in *Ambashtachara chandrika* says that when sage Galava was on a pilgrimage and dying of thirst, he accepted water from a *Vaishya* girl named Virabhadra. The sage was pleased and placed a male idol of grass in her lap. Then with a shower of hymns, he gave life to the idol and named it Dhanwantari who later became popular as *Amritacharya* or *Ambastha*. He was a *Vaidya* because he owed his birth to a Vedic hymn and he was an *Ambastha*- progenitor of *vaidya* family. So *Vaidyas* are also called

Ambastha's. But Ambastha is the name of a place on the banks of the river Indus from where one branch of Vaidyas went to South India and another to Bengal (Goud). *(Encyclopedia of Indian Medicine: Historical perspective Vol I)*

CONTEXT 11:- According to Mahabharata[35] Divodasa cited, had already established the dynasty in Varanasi. After having been defeated by *Haihaya*s he went to seek help from sagacious Bharadwaja who in turn performed *Putreshth yajna* (ritual sacrifice for begetting a son) and blessed Divodasa with a son called Pratardana, whose grandson Alarka recaptured Varanasi.Some opine that this Divodasa was a descendant of Dhanwantari & so had surname as Dhanwantari.

CONTEXT 12:- A small aphorism "*Divodasaya Gayate"* is also referred to in *Mahabhashya*. *Katyayana* has derived Divodasa from "*Divasca Dasaha"*. In association with his son Pratardana his name is mentioned in *Ruksarvanukramani* (*Sutra-56*), *Kaushitaki Brahmana* [36] and *Kaushitaki Upanishad*.[37]

CONTEXT 13:- *Kaataka Samhita*[38] also refers Divodasa as the son of Bhimasena (Bhimaratha) & Madhavi (Yayati's daughter). He was called *Kashipati* in view of his allegiance to the dynasty. He is frequently referred to as Dhanwantari, which has caused enough confusion and has raised an inexplicable debate.

The Lord who initially emerged during the great churning of the cosmic ocean of milk (*Samudra Manthana*) to acquire *Amrita* is frequently referred to as Dhanwantari-I. Curtains are drawn on him as soon as Lord Vishnu assures him of the divine status sought by him, in his next incarnation. The stage is thus set for Dhanwantari II. Lord Vishnu or Dhanwantari gets reincarnated in the form of Dhanwantari II as the son of Dhanwa who belonged to Chandra Dynasty (*Chandra Vamsa*) as per various references run like this:- {Table 1}:

BRAHMA AND DHANWANTARI [43, 44]: Though all Ayurveda texts state that Lord Brahma originally conceived Ayurveda and passed it on to Indra through Daksha Prajapati and Ashwins, it is Dhanwantari who is adored by Ayurvedists as God of Hindu Medicine. It is well known that Brahma had only conceived Ayurveda and passed it on to Daksha. Dhanwantari applied this knowledge for the benefit of the suffering and used it to prevent death, decay and diseases. Brahma composed Ayurveda in one hundred thousand slokas and a thousand chapters. But after considering the short span of life and the limited intelligent quotient of normal human beings, Lord Dhanwantari divided Ayurveda into eight volumes, e.g. *Kayachikista* (Medicine); *Kaumarabhritya* (Pediatrics); *Shalya* (Surgery); *Shalakya* (Dentistry, Ophthalmology & ENT); *Bhutavidya* (Psychiatry & Bacteriology); *Agada Tantra* (Toxicology & Forensic Medicine); *Rasayana tantra* (Geriatrics) *& Vajikarana tantra* (Science related to virility & fertility). It is also a fact that there is no practice of worship to Lord Brahma on this earth. Brahma

belonged to Vedic age and idol worship was not the order of the day. Dhanwantari on the other hand belonged to the *Pauranic* age (3-5 B.C) and it was very common during that period to worship the idols of the deities.

ASHWINS AND DHANWANTARI[45]:- Dhanwantari is held in the same esteemed position in the *Pauranic* age, which was held by Ashwins in the Vedic age. The pot of ambrosia in the hands of Dhanwantari symbolizes the life in the same way as honey pot in the hands of Ashwins. Vishnu is the God of preservation and as such Dhanwantari, a deity of health and happiness, is considered incarnation of Lord Vishnu.

SUSHRUTA AND DHANWANTARI [46]: - Sushruta, approached Dhanwantari to accept him as his disciple. Under him, Sushruta learnt the basis of Ayurveda with special emphasis on *Shalya* (surgery) and this is supposed to have happened in the *Upanishadic* age.

DHANWANTARI & BUDDHA[47]: - A study compared status and figures of Buddha of Healing *(Yakushi Buddha)* with those of Dhanwantari God and Varuna God in India. Statues and figures of Ayurvedic God, Dhanwantari, are respected by Indian medical doctors, pharmacists and patients. Dhanwantari has the medicinal pot containing the rejuvenating nectar (Amrita). Therefore, it is possible that the *Yakushi Buddha* in Japan has originated from the Dhanwantari God in Ayurveda.

DHANWANTARI TRADITION: Ayurveda archetypal has frequently quoted Dhanwantari tradition in *Charaka Samhita, Kashyapa Samhita, Ashtanga Sangraha and Ashtanga Hridaya*. The usages *Shalya* or Dhanwantari have been frequently employed either to quote the opinion of Dhanwantari or to emphasize the authority of Dhanwantari in relation to a particular disease condition. These texts thus have limited themselves to medicine, clearly stating at times that it is not wise or appropriate on their part to encroach the areas of other specialties. Thus it is seen that the concept of referring a case to a specialist in the field is not new and was practiced with utmost modesty and honesty by the ancient Indian Doctors emphasizing the role of highest moral values in medical practice.

DHANWANTARI IN CLASSICAL TEXTS:-

CHARAKA SAMHITA: -

1. Dhanwantari's name is ranked first among the Gods who should be offered HAVIs[48].
2. The development of foetal organs in uterus is said to be simultaneous as per Dhanwantari's opinion[49]. *"Tatra Dhanwanthariyanaam adhikaraha"* is the statement used by Charaka to suggest that the cases be referred to Surgical specialists in the following contexts:-
3. Charaka opines that Rakta Gulma should be treated by surgeons who are well versed in the art of Surgery[50].
4. Vaidyas belonging to Dhanwantari tradition are said to be experts in the art of *Dahana karma* (Cautery).[51]
5. It is said *Prameha-pidakas* (diabetic wounds) are supposed to be tackled by

surgeons[52].

6. The diseases pertaining to *Shalakya* (ENT & Eye) are to be dealt in detail by Surgeons. Charaka instructs that one should not interfere in others area of specializaton[53].

SUSHRUTA SAMHITA:-

1. There are about 196[54] references citing Dhanwantari in the Samhita text and about 21[55] references in Dalhana's commentary.

2. Divodasa came to be known as Dhanwantari because of his extraordinary skills in surgery (*Dhanu* refers to surgery). He established a school of surgery which attracted disciples from all over the globe. It is here that Sushruta along with Aupadhenava, Vaitarana, Aurabhra, Poushkalavata, Karavirya and Gopurakshita, learnt the science and art of surgery[56] (Bhoja, Nimi,Kankayana, Gargya and Galava are also included as per the usage *Prabhritayah*).

KASHYAPA SAMHITA

1. One is not supposed to deal other specialties in detail.[57]

2. Dhanwantari should be offered *HAVIs*.[58]

ASHTANGA SANGRAHA

1. Vision of Dhanwantari Tradition is being enunciated.[59]

2. Treatment of *Dhumadarshi* (refractive error) according to Dhanwantari is internal administration of *Ghee* and *Anti-Pitta* measures.[60]

3. According to Dhanwantari *Siraja Granthi* (Vascular Tumour) is difficult to cure[61].

4. School of Dhanwantari says Vidarika as a type of swelling seen in axilla and groins.[62]

ASHTANGA HRIDAYA

1. According to Dhanwantari school of thought food prepared out of *Sali* and *Pishta* is heavy in nature.[63]

2. Dhanwantari School opines that Vibhitaka is a synonym for *Karshaphala*.[64]

3. According to Dhanwantari joints are 113 in number.[65]

4. As per Dhanwantari's opinion *Grahani* is also called *Pittadharakala*.[66]

DHANWANTARI: CONTROVERSY & CONFUSION

There is no controversy about the origin and existence of Dhanwantari-I. There is also no difference of opinion about the separate existence of Dhanwantari-II and Divodasa Dhanwantari. The only million dollar question one seeks to clarify is the identity of Dhanwantari who taught Sushruta. While a few contend that Sushruta was taught by Dhanwantari II, others argue that Sushruta was actually taught by Divodasa who was also called Dhanwantari. The fact that there is some substance in both the arguments causes much difficulty in diffusing the controversy.

Factors in favour of Divodasa as the tutor of Sushruta:

1. Several references exist which quote Divodasa also as Dhanwantari[67]. On the contrary not a single direct reference exists for Dhanwantari being called Divodasa.

2. Divodasa or Kashiraja Divodasa was called Dhanwantari because (i) he was born in the family of Dhanwantari. *Guhya Sutra* authorizes great grandson (*Prapautra*) to name himself

after great grandfather (*Prapitamaha*). (ii). He was extra ordinarily skilled in surgical procedures[68]. On the other hand Dhanwantari had no reasons for himself to be called Divodasa.

3. Divodasa is counted among 16[69] destroyers of diseases (*Vyadhighatakas*), along with Dhanwantari and Kashipati. Divodasa's attachment with medicine is thus confirmed.

4. Divodasa Dhanwantari is repeatedly quoted to have taught Sushruta and others.

Factors in favor of Dhanwantari-II as the Tutor of Sushruta:

1. Sushruta's teacher Dhanwantari refers himself as *Adideva* and destroyer of death, decay and diseases of Gods[70].

2. Dhanwantari, Sushruta's teacher is quoted to have brought out Ambrosia from the water[71]. He is also called *Amritodbhava*[72].

3. Puranas have considered Dhanwantari alone as propounder of Ayurveda. Divodasa is stated to be great grandson of Dhanwantari.

4. Sushruta's commentator HaranaChandra considers Divodasa as the teacher of Sushruta. Dalhana, however states that only Dhanwantari-II, who is the re-incarnation of Lord Vishnu to be considered Sushruta's preceptor. Sushruta's own quotation has added to the confusion. Usage like *Kashirajam, Divodasam, Dhanwantarim* in *Sutra Sthana* do not go well with the usages like *Ashtanga Veda Vidwamsam* made in Uttara Tantra[73]. While he uses Dhanwantari *Kashipati in Kalpa Sthana*[74], he talks about only Dhanwantari in *Nidana*.

It is difficult to deduce anything from conflicting events, confusing statements, vague descriptions and thus the controversy remains unresolved.

TIME:- Both Kashyapa and Charaka have quoted Dhanwantari constantly in relation to surgical tradition. Sushruta has not referred Atreya. It shows that Dhanwantari tradition was already well established by the time Atreya tradition came into existence. Sushruta's not quoting Atreya ascertains his antiquity to Atreya and hence to Agnivesa, etc. *Mahabhashya* (2BC) and *Vartika* (4BC) have mentioned Divodasa's name. Panini (7BC) has used the words Kashi {*Janapada Vacaka* (4/2/116)}and Varanasi {*Nagara Vacaka* (4/2/97)}. There is no reference of Takshasila (8BC) in Sushruta Samhita which puts him anterior to 8 BC.

1. Bebar has considered Dhanwantari to be anterior to 2500 B.C.

2. Sankara Balakrishna Dikshit puts him somewhere between 2900-1850 B.C.

3. Akshaya Kumar Mujamdar considers Dhanwantari to have lived around 1600B.C.

4. Divodasa on the other hand is said to have lived around 1500 B.C. probably a few centuries before Agnivesa (1000 B.C.)

The great medical seers Bharadwaja, Punarvasu Atreya, Dhanwantari and Sushruta are much anterior to Buddha and even the time of *Mahabharata*. On the basis of various comprehensive research studies, the time of Dhanwantari is estimated to be about 1500 years before Christ.

"DHANWANTARI" REVEALATION: - {an

iconography} Lord Dhanwantari appeared young and strongly built, with a broad chest and in bluish black complexion. He had strong arms, reddish eyes, and moved like a lion. He was clad in bright yellow, his curly hair was anointed with oil and he wore shining earrings made of pearl. As he emerged, he was holding a conch, leeches, healing herbs, a *chakra* (one of the divine weapons of Lord Vishnu), and the long sought after pot of ambrosia, for which he is also called *Sudha-Pani* (carrying nectar)[75].

According to the *Vishnu-dharmottara-purana* (1.73.41) which is a major text on iconography, Dhanwantari is presented as *suroopa* (handsome), and *priyadarshana* (pleasant-looking) with the hands, holding *Amrita-kalasham* (pots of nectar). (*Based on S.K.R. Rao's Pratima kosha (1990*)

According to Ramayana, Dhanwantari held a water-pot (*Kamandulu*) and a mendicant's staff (*Danda*) when emerged from the ocean.

The *Prapancha-sara-sangraha* mentions several *dhyana-shlokas* (verse, phrase, proverb or hymn of praise dedicated to the God) describing various forms for contemplation. He is dark-complexioned (*Kalambhodojvalaa-ngam*) in yellow silken garments (*Kati-Tata-Vilasaccharu-Pitambaradhyam*) and four-armed (holding conch, discus, leech, and nectar pot). Another phrase describes him as bathing himself in with nectar flowing from two pots he holds over his head. This form is to be visualized as seated on the devotee's own head or upon the lunar orb on a full-moon night. Yet another hymn describes him as handsome (*Manoharaanga*), with a tranquil face (*Prasanna-Mukha-Kamala*), residing in the solar orb (*Ravi-Bimbastha*).

An ancient statue (*Arca-Vigraha*) of Lord Krishna is currently located in Udupi, South India worshipped for over 750 years. Here he appears to have dressed as Lord Dhanwantari and one can see the nectar pot (*Amrita-Kalasha*) in His hand & a moon in the background. The ancient text *Prapancha-sara-sangraha*[75] describes that one may meditate on Lord Dhanwantari situated on the lunar orb.

Some of illustrations show Lord Dhanwantari in his four-armed form holding the wheel (*Sudarshana Chakra*) and Conch (*Shankha)* in the upper right and left hands as do most Vishnu's incarnations. In the other two hands, there is a nectar pot (*Amrita-Kalasha*) and a herb. As Dhanwantari was meant to be a tiny fragment of Lord Vishnu, he was imagined to be *Chaturbhuja*.

CONTRIBUTIONS OF DHANWANTARI:- Some of the references quoted in Classical Ayurveda texts on Surgical Tradition are not available in the extant Sushruta Samhita which is the lone available authentic text on Ancient Surgery. It gives an indication that Dhanwantari had his own works on Surgery. The following books are said to have been written by Dhanwantari/ Kashiraja/ Divodasa which are not available at present or if available the authenticity is doubtful.

DHANWANTARI:- *Yoga Chintamani, Sannipataka, Gutikadhikara, Dhatukalpa, Roganidan, Vaidya Chintamani, Vaidya Prakasha Chikitsa, Dhanwantari Nighantu, Vaidyaka Bhaskarodaya, Chikitsasara*

Samgraha

Kashiraja:- *Chikitsa Kaumudi , Ajirna Manjari*

Divodasa :- *Chikitsa Darpana*

DHANWANTARI JAYANTI (A tribute to the Lord) - Landmark dates

The Pujas and prayers are offered to him on *Ashwayuja Bahula Trayodashi* or on *Dhanateras* because it is believed that the divine physician appeared from the churning of the ocean by holding the vessel of celestial nectar in his hand on this day. Even today, in India, Diwali Festival inaugurates with commemoration of Lord Dhanwantari. Dhanwantari's appearance is celebrated each year on the 13th day (*Trayodasi*) of the waxing moon a few days before the Diwali.

Down south*, Kartika Bahula Trayodashi* is considered birthday of Lord Dhanwantari.

The most auspicious day to have the Darshan (to behold the image of the divine) of Lord Dhanwantari is on *Shukla Ekadasi* (*Vaikuntha Ekadasi*) day in the month of *Dhanu /Margashirsha*. This day is celebrated as *Nelluvaya Ekadasi* in KERALA.

ANCIENT TEMPLES OF LORD DHANWANTARI IN INDIA

1. Sree Dhanwantari Temple- Nelluvaya, Kunnamkulam, Thrissur, Kerala, India.

The Presiding deity in Nelluvaya temple Dhanwantari is an incarnation of MahaVishnu. It is significant that this *Avatar* of *Bhagavan* is for the specific purpose of giving health and happiness to living beings which is represented celestial figure with the pot of Eternal Nectar in his hand.

2. Shri Rudra Dhanwantari Temple (3500 years) - Pulamanthole, Malappuram, Kerala, India.

3. Shri Korai Dhanwantari Temple (1300 years) Chelannur, Calicut, Kerala, India.

4. In the courtyard of *Shri Ranga Swami* Temple (Tamilnadu), there is one old (12th Century) miniature Dhanwantari Temple. Famous Ayurvedic physician, Garuda Vahan Bhattar established this statue. As *Theerth* (divine water), a decoction of herbs is given to the disciples.

5. Dhanwantari temple situated at Kharava down ghats of Honnavar and Gerusoppa in North Canara district of Karnataka.

LORD DHANWANTARI STATUES:-

1. Some old status of Lord Dhanwantari are in the collection of archaeological survey of India museum.

2. A statue of Lord Dhanwantari is present in the Museum of the University in Sampoornananda Sanskrit Vishva Vidyalaya, Varanasi,UP,India.

3. A Dhanwantari statue is located inside the Kanchipuram's Varadaraja Swami temple.

CONCLUSION: - With the intention of *"Atha Bhoothadayaam prati"* Lord Dhanwantari who had emerged with a pot of Ambrosia at the end of churning of cosmic ocean to make the Gods immortal, re-incarnated himself in the Chandra dynasty to save the human kind from advent of the diseases which were impediments healthful longevity. He was born to King Dhanwa, acquired the knowledge of Ayurveda from Sage Bharadwaja, was

dexterous with all eight branches of Ayurveda and so was ordained as God of Hindu medicine. As a part of disseminating & promoting the knowledge of Ayurveda, his great grandson Divodasa who was specialized in surgical branch of Ayurveda and who was also identified as Dhanwantari, launched a School of Surgery which enthralled disciples from all over the globe. Sushruta, the author of Sushruta Samhita and son of Vishwamitra is said to have learnt the art and science of surgery from Divodasa Dhanwantari. The confusion as to from whom Sushruta learnt Ayurveda - Dhanwantari who was specialized in all the eight branches of Ayurveda or Dhanwantari Divodasa who was specialized in Surgery is a million dollar question unlikely to be resolved in view of contradictory proceedings, confusing statements and vague descriptions. The debate not enduring Dhanwantari tradition in its custom refers to surgical branch of Ayurveda and Ayurvedic Surgeons are often referred to as DHANWANTARIS. Dhanwantari, the re-incarnation of Lord Vishnu, who is known as God of Hindu medicine, conversely, was not limited only to Surgery but was acquainted with Ayurveda in its entirety.

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2. अथ खलु भगवन्तममरवरमृषिगणपरिवृत....।
   सु.सू. 1/3
3. अमृतदानेन सर्वदेवा अमराः कृताः।
   तेनासौ धन्वन्तरिः सर्वेषांदेवानांगुरुरित्पर्थः।।
   सु.नि. 9/3 (डल्हण)
4. उत्पान्नः कलशात्पूर्व सर्वतः च श्रियः वृतः।
   अभ्यासान् सिद्धि कार्ये हि विष्णुं दृष्ट्वा तु तसतिवान्।
   अब्जः त्वं इति होवाच तस्मात् अब्जः तु स स्मृत।। हरि वंश पुराण
5. अथो दधेर्मथ्यमानात् काश्यपैरमृतर्थिभिः।
   उदतिष्टन्महाराज पुरुषः परममभ्दुतः।।
   दीर्घपीवरदोर्दण्डः कम्बुग्रीवोरुणेक्षणः।
   श्यामलस्तरुणः स्रावी सर्वाभरणाभूषितः।।
   पीतवासा महोरस्कः सुमृष्टमणिकुण्डलः।
   स्निग्ध कुचिंत केशाग्रः सुभगः सिंहविक्रमः।।
   अमृतपूर्णकलशं बिभ्रदूलयभूषितः।
   स वै भगवतः साक्षाद्विष्णोरंशांश संभवः।।
   धन्वन्तरिः इति ख्याता आयुर्वेददृगिज्यभाक्।
   भागवत 7/7
6. धान्वन्तरं द्वादशमं त्रयोदशममे च।
   भागवत 1.3.16
7. क्षीरोदसागरं सर्वे मथ्नीमः सहिता वयम्।
   नानौषधोःसहाहृत्य प्रक्षिप्य च ततस्ततः।।
   यत्तत्रोत्पस्यते सारं तत् पास्यांमस्ततो वयम्
   तस्मादेतत् समुदभूतममृतं चाप्यनन्तरम्।
   अमृतानन्तरं चापि धन्वन्तरिरजायत।।
   वैद्यराऽट्मृतस्यैव बिभ्रव पूर्णा कमण्डलुम।
   वाल्मीकि रामायण बाल काण्ड 41
8. ततो निश्चित्य मथनं योक्त्रं कृत्वा च वासुकिम्।
   मन्थानं मन्दरं कृत्वा ममन्थुरमितौजसः।।
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   उदतिष्ट सुधर्मात्मा सदण्डः सकमण्डलु।।
   वाल्मीकि रामायण बाल काण्ड 5/17–20
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तेषाममृतवीर्याणां रसानांपयसैव च।
अमरत्वं सुरा जग्मुः कांचनस्य च निःस्रवात्।।
अथ तस्य समुद्रस्य तज्जातमुदकं पयः।
रसोत्तमैविमिश्रं च ततः क्षीरादभूद्घृतम्।।
धन्वन्तरिस्ततो देवो वपुष्मानुदेतिष्ठत।
श्वेतं कमण्डलुं बिभ्रदमृतं चत्र तिष्ठति।।
महा भारत–आदिपर्व 17

10. धन्वन्तरेः संभवोऽयं श्रूयतामिह वै द्विजाः
स संभूतं समुद्रान्ते मथ्यमानेऽमृते पुरा।
वायु पुराण

11. जातःस हि समुद्रात्तु मथ्यमाने पुरामृते।
उत्पन्नः कलशात्पूर्वं सर्वतश्च श्रियावृतः।।
हरि वंश पुराण

12. ततो धन्वन्तरिदैवः श्वेताभ्यरधरः स्वयम्।
विभ्रत्कमण्डुलुं पूर्णममृतस्य समुत्थितः।।
विष्णुपुराण

13. मन्थानं मन्दरंकृत्वा.....देवदानवैः।
पद्मपुराण सृष्टिकण्ड 4/31–44

14. तृतीयस्तु वराहश्च चतुर्थोऽमृतमन्थनः।
मत्स्य पुराण 42/47

15. ततो धन्वतरिर्विष्णुरायुर्वेद प्रवर्तकः।
श्वेतं कमण्डलुं पूर्णमम्तेन समुत्थितः।।
अग्निपुराण

16. क्षीराब्धेर्मथ्यमानच्च विषं हालाहलं हयभूत।
हरेण धारितं कण्ठे नीलकण्ठस्ततोऽभवत्।।
ततोऽभूद्वारुणी देवी पारिजातस्तु कौस्तुभः।
गावश्चाप्सरसो दिव्या लक्ष्मीर्देवी हारिं गता।
पश्यन्तः सर्वदेवास्तां स्तुवन्तः सश्रियोऽभवन्।।
अग्निपुराण 3/8–10

17. अष्टांगवेद विद्वांसं दिवोदासं महौजसम्।
छिन्नशास्त्रार्थ सन्देहं सूक्ष्मागाधागमोदधिम्।।
विश्वामित्रसुतः श्रीमान् सुश्रुतः परिपृच्छति।
सु.उ. 66/3

18. गजेन्द्रं च सहस्राक्षे हयरत्नं च भास्करः।
धन्वन्तरिं च जग्राह लोकारोग्य प्रवर्तक्।।
मत्स्य पुराण 251/4

19. आयुर्वेदामृतं सर्वं ब्रह्मा बुद्वा सनातनम्।
दधौ दक्षाय सोऽश्विभ्यां तौ शतक्रतवे ततः।।
धन्वन्तरिभरद्वाजनिमिकाश्यपकश्यपाः।
अ.स.सू. 1–3/4

20. ब्रह्मा प्रोवाच ततः प्रजापतिरधिजगे,
तस्मादश्विनौ अश्विभ्यामिन्द्रः इन्द्रादहं,
मयात्विह प्रदेयमर्थिभ्यः प्रजाहित हेतोः।।
सु.सू. 1/20

21. अधीत्य चायुषो वेदमिन्द्राद्धन्वन्तरिः पुरा।
आगत्य पृथिवीं काश्यां जातो बाहुजवेमनि।।

22. सर्व वेदेषु निष्णातो मन्त्रतन्त्रविशारदः।
शिष्योहि वैनतेयस्य शंकरस्योपऽशिष्यकः।।
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23. द्वितीये द्वापरे प्राप्ते सौनहोत्रः प्रकाशिराट्
पुत्रकामस्तपस्तेते नृपोऽदीर्घतपास्तथा।।
तस्य गेहे समुत्पन्नो देवो धन्वन्तरिस्तदा।
काशीराजो महाराजःसर्वरोग प्रणाशनः।
आयुर्वेदं भरद्वाजच्चकार सभिषक् क्रियम्।
तमष्टधा पुनर्व्यस्य शिष्यभ्यः प्रत्यपादयत्।।
वायु पुराण 92/17–21

24. काशस्य काशिपो राजा पुत्रो दीर्घतपस्तथा।
धनुस्तु दीर्घतपसो विद्वान्धन्वन्तरिस्ततः।।
तपसोऽन्ते सुमहतो जातो वृद्धस्याधीमतः।
पुनर्धन्वन्तरिर्देवो मानुषेष्विह जन्मनि।।
तस्य गेहे समुत्पन्नो देवो धन्वन्तरिस्तदा।
काशिराजो महाराज सर्वरोगप्रणाशनः।।
आयुर्वेदं भरद्वाजात्प्राप्येह भिषक्क्रियः।
तमष्टधा पुनर्व्यस्य शिष्येभ्यः प्रत्यपादयत्।।
ब्रह्मपुराण 3/67

25. अष्टधा त्वम् पुनः च एवं आयुर्वेदं विधास्यसि।
इमाम् तस्मि वरं दत्वा विष्णु अन्तर्ददे पुनः।।
हरि वंश पुराण

26. आयुर्वेदं प्रवक्ष्यामि सुश्रुताय यमब्रवीत्।
देवो धन्वन्तरिः सारं मृतसंजीवनीकरम्।।
अग्निपुराण 287/1

27. मन्त्रसिद्धिर्भवेद्यस्य स सिद्धो जगतीतले।
सुधासमं तस्य धन्वन्तरिसमो भवेत्।
.....
..... कश्यपं मुनिपुंगवम्।।
देवी भागवतः

28. तेषां नामानि विदुषां तत्कृतानि च।
धन्वन्तरिः दिवोदासः काशीराजोऽश्विनिसुतौ।।
चिकित्सातत्वविज्ञानं नामतन्त्रं मनोहारं।
धन्वन्तरिश्च भगवांश्चकार प्रथमे सति।।
ब्रह्म वैवर्त पुराण

29. भन्ते नागसेन! येते अहेर्सुटिकिच्छकानां पुव्वका।
आचारिया नारदो, धन्वन्तरि, अंगिरसो, कपिलो, कण्डरग्गिसामो, अतुलो, प्रव्वकच्चयनो, सव्वे येते आचारिया स किं येव रोगुत्पत्ति च निदानं च संभावं च।
समुत्थानं च चिकित्छां च किरियां च सिद्धासिद्धां च।।
सव्वान् तं निखसेसं जानयित्वा इमस्मिन् काये एतका।
रोगा उपज्जिसन्तीति षकापहरेन कलांप्पगाहं कारयित्वा।।
सुत्तंबन्धिसु असव्वनो एते सळे।।
मिलिन्दपहन

30. आसीविसा कुपितां यं दसन्ती टिकिच्छका रीसंविसं दसन्ति नमुंचानो दहविसं हनन्ति तं मं मतिं होतिचरामि धम्मम् धन्वन्तरिं वैतरणि च भोजो विसनि हत्वा च भुजंगमानम्।।
अथोधर जातक

31. हत्वा विषाणि च तपोबलसिद्धमन्त्रा व्याधितृणामुपशम्य च वेद्यवर्णः
धन्वन्तरि प्रभृतयोऽपि गता विनाशं धर्माय मे नमसि भवति आर्य सूत्रीय जातक

32. अग्नै सोमस्य चैवादौ तयौश्चैव समस्तयोः
विश्वेभयश्चैव दैवेभ्यो धन्वन्तरस्य एव च।
मनुस्मृति

33. धन्वन्तरिर्भगवान् पातु अपथ्यात्।
नारायण कवच 6/7

34. धन्वन्तरिक्षपणकामरसिंहशंकुबेतालभट्टघटकर्पकालिदासाः
ख्यातो वराहमिहिरो नृपतेस्सभायां रत्नानि वै वररुचिर्नव विक्रमस्य।। भोजप्रबन्धः

35. दिवोदासस्तु विज्ञाय वीर्यं तेषां महात्मनाम्।
वारणासीं महातेजा निर्ममे शक्रशासनात्।।
महाभारत– अनु प्र

36. अयह स्माह दैवोदासिः प्रतर्दनो नैमिषीयाणां सत्रमुपगम्योपास्य विचिकित्सां पप्रच्छ।
कौषातिकि ब्रहमण 26–5

37. प्रतर्दनी हवै देवोदासिरिन्द्रस्य प्रियं धामोपजगाम। कौषातिकि उपनिषद् 3/1

38. दिवोदासो भौमसेनिरारुणिमुवाच
काठकसंहित 4/2/7

39. काश्यपकाशगृत्समदास्तस्य पुत्रा बभूवुः।
गृत्समदस्य शौनकश्चातुर्वर्ण्यप्रवर्त्तयिऽभूत्।।
काश्यस्य काशेयः काशीराजः तस्माद्राष्ट्रः राष्ट्रस्य।
दीर्घतपाःपुत्रोऽभवत् धन्वन्तरिस्तु दीर्घतपसः पुत्रोऽभवप्त।।
स हि संसिद्धकार्यकरणस्सकलसंभूतिष्वशेषज्ञानविदा।
भगवतानारायणेन चातीत संभूतौ तस्मै वरो दत्तः।।
काशीराजगोत्रेऽवतीर्य त्वमष्टधा सम्यगायुर्वेदं किरिष्यसि।
यज्ञभागभुग्भविष्यसीति तस्य च धन्वन्तरेः पुत्रः केतुमतो।।

भीमरथः तस्यापि दिवोदासः तस्यापि प्रतर्दनः।
विष्णुपुराण 4/8

40. द्वितीये द्वापरे प्राप्ते सौनहोत्रः प्रकाटशिराट्
पुत्रकामस्तपस्तेते नृपोऽदीर्घतपास्तथा।।
तस्य गेहे समुत्पन्नो देवो धन्वन्तरिस्तदा।
काशस्य काशिपो राजा पुत्रो दीर्घतपस्तथा।
धनुस्तु दीर्घतपसो विद्वान्धन्वन्तरिस्ततः।।
तपसोऽन्ते सुमहतो जातो वृद्धस्याधीमतः।
पुनर्धन्वन्तरिर्देवो मानुषेष्विह जन्मनि।।
तस्य गेहे समुत्पन्नो देवो धन्वन्तरिस्तदा।
काशिराजो महाराज सर्वरोगप्रणाशनः।।
आयुर्वेदं भरद्वाजात्प्राप्येह भिषक्क्रियः।
तमष्टधा पुनर्व्यस्य शिष्येभ्यः प्रत्यपादयत्।।
हरि वंश पुराण

41. सुहोत्रं च सुहोत्रां गयं गर्गं तथैव च।
कपिलं च महात्मानाम् सुहोत्रस्य सुता द्वयम्।।
काशिकः च महा सत्वाः तथा गृत्समतिः नृपतिः।
तथा गृत्समतेः पुत्रा ब्राह्मणः क्षत्रियः विषः।।
काशिकस्य तु काशेयः पुत्रो दीर्घतपः तथा।
बभूवा दीर्घतपसो विद्वान् धन्वन्तरिः सुतः।।
धन्वन्तरेः तु तनयः केतुमान इति विश्रुत।
हरि वंश पुराण

42. Refer 24

43. ब्रह्मणा हि यथाऽप्रोक्तमायुर्वेदं प्रजापतिः।
जग्राह निखिलेनादावश्विनौ तु पुनस्ततः।।
अश्विभ्यां भगवांछक्रः प्रतिपेदेऽह केवलम्।
चं.सू.अ. 1/4

44. ब्रह्मा स्मृत्वाऽऽयुषो वेदं प्रजापतिमजिग्रहत्।
सोऽश्विनौ तौ सहस्त्राक्षं सोऽत्रिपुत्रादि
कान्मुनीन्।। अ.हृ.सू. 1/3

45. ततो धन्वन्तरिर्विष्णुरायुर्वेद प्रवर्तकः।
श्वेतं कमण्डलुं पूर्णमम्तेन समुत्थितः।।
अग्निपुराण

46. अथ खलु भगवन्तूममरवरमृषिणपरिवृतमाश्र–
मस्थं काशिराजं दिवोदासं धन्वन्तरिमौपधेन–
ववैततरणौरभ्रपौष्कलावत करवीर्य (र)
गोपुररक्षितसुश्रुतप्रभृतय ऊचुः।। सु.सू. 1/3

47. Pub Med - indexed for MEDLINE PMID: 19579830

48. तमुपस्थितमाज्ञाय————————धन्वन्तरिं
प्रजापतिऽश्विनाविन्द्रमृषींश्च सूत्रकारानभिम–
न्त्रयमाणः पूर्वं स्वाहेति।। च.वि. 8/11

49. सर्वांगाभिनिर्वृत्तिर्युगपदिति धन्वन्तरिः।
च.शा.6/21

50. तत्र धान्वन्तरीयाणामधिकारः क्रियाविधौ।
वैद्याानां कृतयोगयानां व्यधशोधनरोपणे।।
च.चि. 5/44

51. दाहे धान्वन्तरीयाणामत्रापि भिषजां बलम्
च.चि. 5/63

52. ताः शल्यविभ्दः कुशलैश्चिकित्स्याः शस्त्रेण
संशोधनरोपणैश्च। च.चि. 6/58

53. तेषामभिव्यक्तिरभिप्रदिष्टा शालाक्यतन्त्रेषु
चिकित्सितं च।
पराधिकारेतु न विस्तरोक्ति शस्तेति तेनात्र न
नः प्रयासः।। च.चि. 26/131

54. सु.सू. (1/2, 3, 21) (2–46/2) (46/3), सु.
नि. (1–16/2) (1/3) (7/3),
सु.शा. (1–10/2) (3/32), सु.चि.
(1–40/2) सु.क. (1–8/2) (1/3) (4/3),
सु.उ. (1–66/2)

55. डल्हण व्याख्या – सु.सू. (1/1–2) (1/3)
(1/10–11) (1/16) (1/20) (1/41)
(2/1–2) (3/15–17) (3/44–46)
(46/3), सु.नि. (1/3–4) (1/5–8) (7/3)
(9/3–6), सु.चि. (2/3), (1/3), सु.उ.
(37/5) (39/3–5) (39/5–7) (39/8–9)

56. त्ममित 46,

57. परतन्त्रस्य समयं प्रभृवन्नविस्तरं

न शोभने सतां मध्ये लुब्धः इवार्चित।
का द्विव्रणीय–5

58. धन्वन्तरये स्वाहा। का.वि. 1/3
59. धनवन्तरीयाः पुनराहुः। अ.संसूअ. 1/17, पृष्ट126
60. धन्वन्तरिणातु धूमरचिकित्सायामुक्तम्–
घृतं पिबेद् धूमदर्शी नरस्तु कुर्याद्विधिं पित्तहरं च सर्वम्।। इति।। अ.सं.उ.अ. 16
61. धन्वन्तरिणाप्युक्तम्–
ग्रन्थिः सिराजः स तु कृच्छ्रसाध्यो भवेद्यदि स्यात् सरुजश्चलश्रच।
तत्रारुजश्चाप्यश्चलो महांश्च मर्मोत्थितश्चापि विवर्जनीय।। इति।। अ.सं.उ.अ. 34 (Indu)
62. उक्तं च धन्वन्तरिणा–
विदारीकन्दवद्धृता कक्षवंक्षणसन्धिषु।
विदारिका सा विज्ञेया सरूजा सर्वलक्षणा।।
इति।। अ.सं.उ.अ. 36 (Indu)
63. तथा चोक्तं धान्वन्तरे–
शालिपिष्टमयं सर्वं गुरुभावाद्विदह्यते।। इति।।
अ.ह्र. 5/44 (Arunadatta)
64. तथा च धन्वन्तरिराख्यत्
(ध निघण्टौ व 1/212)
''बिभीतकः कर्षपलो'' इत्यादि।
अ.ह्र, सू. टीका 6/158
65. धन्वन्तरिस्तु त्रीण्याह, सन्धीनां च शतद्वयम्।
दशोत्तरं। अ.ह्र.शा. 3/16
66. तदधिष्ठानमन्नस्य ग्रहणात् ग्रहणी मता।
सैव धन्वन्तरिमते कला पित्तधराह्वया।।
अ.ह्र.शा. 3/50
67. तत्र नाम्ना दिवोदासः काशिराजोऽस्ति बाहुज।
स हि धन्वन्तरिः साक्षादायुर्वेदविदां वरः।
सु.सू.अ. 1
68. धन्वन्तरेः सन्निकृष्टसन्ततित्वेन,
तदीयसम्प्रदायप्रकाशकत्वेन
धन्वन्तरिस्थापन्नतया धन्वन्तरेरवताररुपेन
सम्मान्य सुश्रुत संहितायां धन्वन्तरिं दिवोदासं सुश्रुत प्रभृतयः ऊचुः।
का.सं.उपोद्घात
69. धन्वन्तरिर्दिवोदासः काशिराजोऽश्विनीसुतौ।
नकुलः महदेवार्किर्च्यवनो जातको बुधः।।
जाबालो जाजलिः पेलः कश्यपोऽगस्त्य एव च।
एते वेदांगवेदगाः षोडश व्याधिघातकाः।।
ब्रह्म वैवर्त पुराण ब्रह्म काण्ड–16
70. त्ममित 1
71. येनामृतमपां मध्यादुद्धृतं पूर्वजन्मनि।
सु.उ. 39/3
72. धन्वन्तरिं धर्मभृतां वरिष्ठममृतोद्भवम्
चरणावुपसंगृह्य सुश्रुतः परिपृच्छति।।
सु.नि. 1/3
73. अष्टांगवेदविद्वांसं दिवोदासमहौजसम्।
सु.उ. 66/3
74. धन्वन्तरिः काशिपतिस्तपोधर्मःभृतांवरः।
सु.क. 1/3
75. उदतिष्टन्महाराज पुरुषः परममद्भुतः।।
दीर्घपीवरदोर्दण्डः कम्बुग्रीवोरुणेक्षणः।
श्यामलस्तरुणः स्रावी सर्वाभरणाभूषितः।।
पीतवासा महोरस्कः सुमृष्टमणिकुण्डलः।
स्निग्ध कुचिंत केशाग्रः सुभगः सिंह विक्रमः।।
अमृतपूर्णकलशं बिभ्रद्वलयभूषितः।
भागवत 7/7

सु– सुश्रुत संहिता, च– चरक संहिता, का– काश्यप संहिता, अ ह्र– अष्टांग हृदय, अ सं– अष्टांग संग्रह

सू– सूत्रस्थान, नि– निदानस्थान, श– शारीरस्थान, वि– विमानस्थान, क– कल्पस्थान, चि– चिकित्सास्थान, उ– उत्तरस्थान

कामला रोग में फलत्रिकादि घनवटी का चिकित्सकीय एवं शोध परकीय अध्ययन

• *डा0 अवधेश कुमार

प्रस्तावनाः

आयुर्वेद एक विज्ञान है तथा इसका उद्देश्य भी व्यापक है क्योंकि रोगी के साथ–साथ स्वस्थ पुरुष भी इसका अधिकरण है।

स्वस्थस्य स्वास्थ्यरक्षणं आतुरस्य विकारप्रशमनं च। (च.सू. 30/26)

आचार्य चरक ने आयुर्वेद के व्यापक उद्देश्य को बताते हुए ग्राम्याहार को ही समस्त रोगों का मूल कहा है–

सर्व शरीर दोषाः भवन्ति ग्राम्याहारादम्ल।

(च.चि. 1/3 रसाययनाध्याय तृतीय पाद) तथा वर्तमान में अत्यधिक प्रदूषित जल तथा अधिक मसालेदार भोजन, तले भुने खाद्य पदार्थ, अम्ल, लवण, कटु, सुरादि पदार्थों के प्रचलन के कारण रक्त वह स्त्रोतस की व्याधियां उत्पन्न हो रही हैं एवं इन व्याधियों में कामला एक प्रमुख व्याधि है।

उपरोक्त विभिन्न हेतुओं से प्रकुपित हुए दोष दूष्यों से संदुष्ट होकर चयापचय में विकृति उत्पन्न करते हैं जिसके फलस्वरूप यकृतीय कोशिकाओं के रूग्ण होने से कामला रोग की उत्पत्ति होती है। रक्तवह स्त्रोतस की विकृति से शरीर की सूक्ष्म कोशिकाओं की चयापचय क्रिया द्वारा अवशोषण नहीं हो पाता और मल मूत्र अंशों का शरीर के विभिन्न स्त्रोतसों द्वारा विमुंचन होता है।

कामला रोग में काम शब्द विशेष अर्थ में भोजनादि की अल्प अभिलाषा के लिए प्रयुक्त है अर्थात् जो भोजनादि की इच्छा को कम करता है वह कामला है।

कामला रोग पित्तप्रधान सामान्यज व्याधि है जिससे नेत्र मुखमण्डल, त्वचा, नख और मलमूत्रादि का वर्ण पीतिमा Yellowish लिए होता है साथ ही साथ शरीर में शिथिलता, अन्नद्वेष, उदरशूल, आलस्य तथा मन्द–मन्द ज्वरादि लक्षण मिलते हैं।

कामला रोग का सूत्र रूप में परन्तु वैज्ञानिक वर्णन सभी आयुर्वेदीय ग्रन्थों में मिलता है जो कि आधुनिक चिकित्सा विज्ञान के Jaundice के सदृश है। चूँकि पाण्डु तथा कामला दोनों में ही रक्तदुष्टि होती है इस आधारभूत समानता के कारण आचार्य चरक ने पाण्डु व कामला को एक ही अध्याय में वर्णित करते हुए पाण्डुरोग की प्रवर्धनमानावस्था को कामला कहा है जिसमें पाण्डुरोगी यदि अत्यन्त पित्तवर्धक पदार्थों का सेवन करता है तो वह कालान्तर में कामला से ग्रसित हो जाता है अर्थात् यह परतन्त्र रूप से होता है।

पाण्डुरोगी यु योऽत्यर्थ पित्तलानि निषेवते.....।

परन्तु आचार्य सुश्रुत तथा वाग्भट्ट ने इसे स्वतन्त्र भी माना है जो कि मद्यपान, अष्टविध आहारविधि विशेषायतन के व्यतिक्रम से एवं अपथ्य सेवनादि से स्वतन्त्र रूप से भी उत्पन्न होता है।

लगभग सभी आयुर्वेदीय ग्रन्थों में प्रमुखता से कामला के दो ही प्रकार मिलते हैं।

1. शाखाश्रित कामला या रूद्धपथ कामला : इस कामला में कफ द्वारा पित्त के स्त्रोतस के अवरूद्ध होने से पित्त के आंतों में न पहुँचने से पित्तविहीन

■ प्रवक्ता एवं प्रभारी, रोग निदान विभाग, राजकीय आयुर्वेद महाविद्यालय, स0स0वि0वि0, वाराणसी

मल (Defincient From Stercobilinogen) तिलपिष्टि सदृश्य (Clay Colour) उत्पन्न होता है।
तिलपिटनिभं यस्तु वर्चः सृजति कामली।
श्लेष्मणा क्रुद्धमार्ग तत् कफपित्ताहरैर्जयेत्।।
(च.चि. 16/124)

अर्थात् यहाँ पित्तवृद्धि पित्तप्रकोपक निदान से नहीं होती इसका मुख्य कारण पित्त वह स्त्रोतस में अवरूद्ध पित्त होता है। अतः चक्रपाणि ने इसे अल्प पित्तात्मक कामला कहा है।

2. कोष्ठाश्रित कामला : वस्तुतः यही पाण्डु की प्रवर्धमानानवस्था है जिसमें पित्त प्रकोपक निदानों के सेवन से सीधे कोष्ठ में पित्त की वृद्धि होती है अर्थात् यह बहुपित्तात्मक कामला है?

कोष्ठाशाखाश्रित कामला : इसमें उपरोक्त दोनों कामला के सम्मिलित लक्षण मिलते हैं कामला का यह प्रकार प्रायः रोगियों में देखने को मिलता है जिसका आश्रय कोष्ठ व शाखा दोनों होते हैं।

हारिद्रनेत्रः स भृषं हारिद्रत्वङनखाननः।
रक्तपीतशकृन्मूत्रों भेकवर्णो हतेन्द्रियः।।
दाहाविपाक दौर्बल्य सदनारूचिकर्षिताः।
कामला बहुपित्तैषा कोष्ठशाखाश्रया मता।।
(च.चि. 16/35–36)

चिकित्सकीय अध्ययनों के बाद एक बात विशेष रूप से सामने आती है कि केवल कोष्ठाश्रित कामला के रोगी बहुत ही कम मिलते हैं मुख्यतः शाखाश्रित तथा कोष्ठाश्रित कामला के ही रोगी देखने में आते हैं क्योंकि जिस कामला रोगी के मूत्र पुरीष पीत्तवर्ण के हो प्रायः उनके नेत्र मुखादि भी पीतवर्ण के मिलते हैं।

कामला के ही अवस्थान्तर रूप में या जब उसकी समुचित चिकित्सा न की जाये तो कुम्भकामला, हलीमक, पानकी आदि का भी वर्णन मिलता है।

आधुनिक विज्ञान में यह व्याधि Jaundice नाम से वर्णित है। जिसकी व्युत्पत्ति Jaundisse शब्द से हुई है जिसका अर्थ Yellow या Yellowish है। इसका दूसरा नाम Icterus जो कि एक American पक्षी, जिसके पंख पीले रंग के होते हैं से लिया गया है अतः Jaundice or Icterus is condition of pigmentation of plasma mostly in sclera of eye, skin, mucous memb due to elevation of bilirubin in blood stream leading to discoloration of heavily perfuses tissue.

Jaundice become evident, when the S. Bilirubin level rises. 2.0 to 2.5 mg/dl. Elevated level of blirubin in blood is called Hyperbilirubinemia. Normal serum bilirubin range from 0.2 to 0.8 mg/dl.

TYPE OF JAUNDICE:

1. Prehepatic or Haemolytic Jaundice (कोष्ठशाखाश्रित कामला) इसमें यकृत से पित्त के आन्त्र प्रवाह में किसी प्रकार का अवरोध नहीं होता इसलिए रोगी के मल का वर्ण पीत होने से इसे कोष्ठशाखाश्रित कामला कह सकते हैं।

2. Hepatic or Hepatocellular Jaundice (अवस्थानुसार कोष्ठाश्रित या शाखाश्रित कामला) हिपेटोसाइट्स के मध्य स्थित बाईलकेनालिकुली जब पूर्णतया अवरूद्ध हो जाती है तब रोगी श्वेत वर्ण का मल त्याग करता है इस समय इसे शाखाश्रित कामला कहते है परन्तु जब अवरोध अपूर्ण होता है या कुछ बाईल केनालिकुली में ही अवरोध होता है तब रोगी पीतवर्ण का मलत्याग करने के कारण इसे कोष्ठाश्रित कामला रोग कहते है अर्थात् अवस्था अनुसार यह कोष्ठाश्रित तथा शाखाश्रित कामला है।

3. Post Heptatic Jaundice or Obstructive Jauntice (रूद्धपथ कामला) इसमें यकृत या पित्तवाहिनी में अवरोधजन्य विकृति होने से पित्त का प्रवाह अवरूद्ध होता है पित्त के आन्त्र में नहीं

पहुँचने से रोगी श्वेतवर्ण का मलत्याग करता है। यह प्राचीनों के शाखाश्रित कामला से समानता रखता है। आयुर्वेद विज्ञान की तरह आधुनिक विज्ञान में भी कामला को स्वतन्त्र रोग न मानकर इसे विभिन्न रोगों में होने वाला यह एक लक्षण माना है अर्थात् परतन्त्र माना है।

विषय चयन का उद्देश्य : AIMS & OBJECTS निम्न उद्देश्यों के साथ इस शोधकार्य का चयन किया गया है:–

1. कामला रोग के आयुर्वेद एवं आधुनिक चिकित्सा विज्ञान में वर्णित निदानों का समन्वयात्मक अध्ययन तथा पुरातनकाल में वर्णित निदानों का वर्तमान समय के परिप्रेक्ष्य में विवेचन जिससे कि निदानपरिवर्जनात्मक चिकित्सा में सहायता मिल सके।
2. कामला सम्प्राप्ति की विभिन्न अवस्थाओं का विवेचन करना।
3. कामला रोग की विभिन्न अवस्थाओं में फलत्रिकादि घनवटी का उपशयात्मक अध्ययन करना।

सामग्री एवं कार्यपद्धति :

MATERIAL AND METHODS

(अ) रोगी चयन (Selection of the patient) इस कार्य हेतु रा.आ.सं. स्थित आरोग्यशाला के बहिरंग एवं अन्तरंग विभाग से कुल 30 आतुरों का चयन किया गया इस कार्य हेतु आयुर्वेद तथा आधुनिक चिकित्सा विज्ञान में वर्णित लक्षणों के आधार पर आतुर वृत्त पत्रक (Case History Sheet) बनाया गया। कोष्ठशाखाश्रित एवं शाखाश्रित कामला से पीड़ित आतुरों का चयन एवं आधुनिक प्रयोगशालीय परीक्षण कर विषाणु यकृतशोथ (Hepatitis B) यकृत एवं प्लीहा विकार के रोगियों को भी शामिल किया गया।

(ब) उपशयात्मक अध्ययन : चक्रदत्त में वर्णित पलत्रिकादि क्वाथ को घनवटी के रूप में बनाकर कामला के रोगियों में उपशयात्मक अध्ययन किया गया। प्रत्येक घनवटी की मात्रा 500 मिलीग्राम है।

(स) औषध, औषध मात्रा एवं अवधि – फलत्रिकादि घनवटी की 2–2 वटी रोगी की प्रकृति एवं बलानुसार दिन में 2 या 3 बार जल से दी गयी। औषध सेवन काल की अवधि 30 दिन (1 माह) रखी गयी। प्रयुक्त औषध के घटक द्रव्य निम्न है:–

1.	हरीतकी	5.	वासा (अडूसा)
2.	विभीतकी	6.	कुटकी
3.	आमलकी	7.	चिरायता
4.	गुडूची	8.	निम्ब

(द) लाभालाभ मूल्यांकन : (CRITARIA OF ASSESSMENT) रोगियों को चिकित्सा पूर्व एवं चिकित्सा पश्चात उपशयात्मक अध्ययन का निम्न मापदण्डों के आधार पर लाभालाभ मूल्यांकन किया गया है।

1. चिकित्सकीय मूल्यांकन (Clinical Assessment) : इसके लिए कोष्ठशाखाश्रित एवं शाखाश्रित कामला के लक्षणों को आधार माना गया–

1.	हारिद्र नेत्र	1.	तिलपिष्ट निभ वर्च
2.	हारिद्र त्वक	2.	हारिद्र त्वक
3.	हारिद्र आनन	3.	हारिद्र नेत्र
4.	हारिद्र नख	4.	हारिद्र मूत्र
5.	रक्तपीत पुरीष	5.	श्वेत पुरीष
6.	रक्तपीत मूत्र	6.	आटोप
7.	भेकवर्ण	7.	विष्टम्भ (विबन्ध)
8.	हतेन्द्रिय	8.	हद्गौरव
9.	अविपाक	9.	दौर्बल्य
10.	दाह	10.	अल्पाग्नि
11.	दौर्बल्य	11.	पार्श्वार्ति
12.	सदन	12.	हिक्का

13. बलक्षय
14. तन्द्रा
15. क्लम
16. भ्रम
17. अरूचि
18. गौरव
19. रूधिर स्पृहा
20. तृष्णा
21. शोफ
22. पर्वभेद

13. श्वास
14. कास
15. ज्वर
16. अरूचि

उपरोक्त लक्षण रोगी चयन का आधार माने गये।

लाक्षणिक मूल्यांकन दर निम्न प्रकार प्रदर्शित किया गया–

अ– अनुपस्थित (Nil) – 0% -
आ– मृदु (Mild) – 25% +
इ– मध्यम (Moderate)– 50% ++
ई– तीव्र (Severe) – 75% +++
उ– तीव्रतम (Agonizing)– 100% ++++

2. प्रयोगशाला मूल्यांकन (Laboratory Assessment): इस हेतु प्रत्येक आतुर का उपशयपूर्व एवं उपशय पश्चात (1 माह बाद) रक्त, मूत्र एवं सीरम बायोकेमिकल का सामान्य परीक्षण किया गया।

1. रक्त परीक्षण Hb%, TLC, DLC

2. मूत्र परीक्षण इसके अन्तर्गत मूत्र का भौतिक रासायनिक एवं अणुवीक्षण परीक्षण किया गया जिसमें मुख्य रूप Bile Salt, Bile Pigment को देखा गया।

3. सीरम बायोकेमिकल परीक्षण– इसके अन्तर्गत–

- Total Bilirulin
- Direct bilirulin
- Indirect bilirulin
- SGOT, SGPT
- HBsAg

4. लिपिड प्रोफाइल Serum Cholesterol, S. Triglycerides, LDL, HDL, VLDL

5. सीरम प्रोटीन– Albumin, Globulin, A/G ratio

चयनित रोगियों का प्रत्येक सप्ताह पुनर्निरीक्षण कर लाक्षणिक एवं अन्त में एक माह बाद प्रयोगशालीय परीक्षणों (उपशयपूर्व एवं उपशय पश्चात) के आधार पर लाभालाभ का मूल्यांकन सरल सांख्यिकीय मापदण्ड के आधार पर किया गया।

पर्यवेक्षण तथा विमर्श (OBSERVATION AND DISCUSSION) : उपरोक्त शोध प्रबन्ध में चयनित आतुरों पर किये गये सैद्धान्तिक विश्लेषण से निम्न पर्यवेक्षण प्राप्त हुए।

- आयुवर्गानुसार सर्वाधिक रोगी 21–30 वर्ष और 31–40 वर्ष के रोगी मिले, जो शास्त्रोक्त पित्तप्रधान्य आयु वर्ग माना गया है और कामला भी पित्तजन्य व्याधि के रूप में वर्णित है। अतएव युवा और प्रौढ़ा वर्ग के रोगी सर्वाधिक कामला रोग से ग्रसित पाये गये है जो निर्दुष्ट प्रमाणित होते है।
- क्षुतअभिलाषा के अनुसार सर्वाधिक रोगी निम्नक्षुत (अरूचि) वाले 66.6% मिले और शेष मध्यम एवं उत्तम के क्रमशः 30% एवं 3.3% मिले जो शास्त्रोक्त वर्णित मन्दाग्नि के कारण होता है।
- नाड़ी अनुसार सर्वाधिक 66.3% पित्तवात नाड़ी के रोगी मिले जबकि पित्तकफ के 33.3% और वातकफ के 3.3% रोगी मिले। देह प्रकृति के अनुसार भी इसी प्रकार रोगी मिले इससे यह तथ्य परिलक्षित होता है कि कामला पैत्तिक व्याधि होने से कामला रोगी की नाड़ी एवं देह प्रकृति भी पित्त प्रधान हो जाती है।
- कामला भेदानुसार सर्वाधिक कोष्ठाशाखाश्रित कामला के 76.6% रोगी मिले।

शेष शाखाश्रित कामला के रोगी मिले जो शास्त्रोक्त भी सिद्ध है कि कोष्ठाशाखाश्रित कामला बहुतः देखने में मिलता है।

- मानसिक प्रकृति अनुसार सर्वाधिक रोगी 66.6% राजसिक एवं शेष तामसिक प्रकृति के 33.3% रोगी मिले जो कि शास्त्रोक्त निर्दुष्ट प्रमाणित एवं सिद्ध है।
- पूर्व रोगानुसार सर्वाधिक पाण्डु, ज्वर एवं यकृत वृद्धि एवं शोथ के क्रमशः 40%, 30%, 13.3% रोगी मिले। औषध जन्य 6.6% पित्ताशयाश्मरी जन्य 3.3% और स्वतन्त्र रूप से 6.6% कामला के रोगी अध्ययन से प्राप्त हुए। उपरोक्त तथ्य से यह स्पष्ट होता है कि परतन्त्र रूप से पाण्डु के बाद प्रायः ज्वर सहित कामला रोग उत्पन्न होता है जो आधुनिक में रक्तक्षयजन्य (हीमोलिटिक जॉण्डिस) कामला कहलाता है।

हेतु विषयक विमर्श :

- चयनित 30 आतुरों में पित्तवात प्रकृति के 19 रोगी एवं पित्तकफप्रधान प्रकृति के 10 रोगी मिले, जिनका क्रमशः प्रतिशत 63.6% और 33.3% और शेष अन्य प्रकृति के मिले। इस तथ्य से यह सिद्ध होता है कि पित्त प्रधान व्यक्तियों में कामला रोग होने की सम्भावना अधिक रहती है।
- रोग के विभिन्न निदानों के अन्तर्गत सर्वाधिक रोगी अतितीक्ष्ण, लवणातिसेवन, गुर्वातिसेवन, अम्लातिसेवन, अत्युष्ण सेवन, विदाही अन्नपान सेवन एवं मद्यादि के सेवन द्वारा मिले। जिनके क्रमशः प्रतिशत 86.6%, 76.6%, 63.3%, 50%, 46.6%, 86.6%, 30%, 23.3% मिले। इससे सिद्ध होता है कि पित्तवर्धक आहार युक्त भोजन से यकृत विकास उत्पन्न होकर कामला रोग की उत्पत्ति होती है। मानसिक निदानों के अन्तर्गत क्रोध, चिन्ता एवं शोक क्रमशः 80%, 53.3%, 26.6% रोगी मिले, जो अत्यधिक क्रोध से पित्तदोष की वृद्धि करने का संकेत देता है।

लक्षणों पर आधारित सांख्यकीय विमर्श :

चयनित आतुरों का औषध सेवन पूर्व एवं औषध सेवन पश्चात् निम्नलिखित लक्षणों पर औषध का प्रभावात्मक अध्ययन दर्शाया गया है

अध्ययनोपरान्त सभी लक्षणों पर औषध का प्रभाव अतिसार्थक [P<0.001] रहा। आतुरों में प्राप्त लक्षण हारिद्रपीतता एवं मल श्वेत वर्चता का ह्रास रहा जो पित्त दोष के शमन एवं निर्हरण के कारण हुआ।

अरूचि, मन्दाग्नि, ज्वर, यकृतवृद्धि, प्लीहावृद्धि आदि लक्षणों में उपशय औषध के यकृत उत्तेजक, पित्तशामक, पित्तनिःसारक, विषघ्न, ज्वरघ्न, पाचन, दीपन आदि कर्म से लक्षणों का ह्रास हुआ। उपरोक्त तथ्य शास्त्रोक्त निर्दुष्ट प्रमाणित है।

कुल लाभालाभ परिणाम : (लक्षण समुच्चय) : चयनित 30 आतुरों के 22 रक्त परीक्षणों में मोनोसाइट, इओसिनोफिल, एल्ब्युमिन, ए/जी अनुपात, एल.डी.एल. एवं एच.डी.एल. को छोड़कर शेष 16 प्रयोगशीय परीक्षणों में औसत माध्य उपशमन 407.97 रहा अर्थात् 28.13 प्रतिशत लाभ हुआ। जिसका (t=1.75. P<0.050) परिणाम सार्थक (Significant) प्राप्त हुआ।

लक्षणों के परिणामों का सांख्यिकीय विश्लेषणः

लक्षण	चिपू माध्य	चिपू माध्य	उपशमन माध्य	माध्य प्रतिशत	रोगी संख्या	S.D.	S.E.	*t*	*p*
हारिद्रत्वक्नखानम	2.86	0.83	2.03	70.93%	30	0.49	0.08	22.72	<0.001
रक्तपीतशकृन्मूत्र	2.30	0.70	1.60	69.57%	30	0.56	0.10	15.55	<0.001

अविपाक	2.56	0.80	1.76	68.83%	30	0.50	0.09	19.19	<0.001
अरूचि	3.23	0.73	2.50	77.32%	30	0.50	0.09	26.92	<0.001
दाह	1.71	0.57	1.14	66.67%	14	0.36	0.09	11.77	<0.001
ज्वर	1.83	0.25	1.58	86.36%	12	0.51	0.14	10.65	<0.001
दौर्बल्य	2.62	0.69	1.93	73.68%	29	0.53	0.09	19.62	<0.001
छर्दि	1.28	0.14	1.14	88.89%	7	0.37	0.14	8.00	<0.001
तृष्णा	1.80	0.60	1.20	66.67%	10	0.42	0.13	9.00	<0.001
विबन्ध	2.00	0.86	1.13	56.82%	22	0.35	0.07	15.17	<0.001
आटोप	1.78	0.63	1.15	64.71%	19	0.60	0.13	8.38	<0.001
दक्षिणापार्श्वर्ति	1.65	0.60	1.05	63.64%	20	0.22	0.05	21.00	<0.001
शोथ	1.42	0.28	1.14	80.00%	7	0.69	0.26	4.38	<0.001
श्वेतवर्च	2.14	0.71	1.42	66.67%	7	0.53	0.20	7.07	<0.001
कण्डू	2.25	0.37	1.87	83.33%	8	0.35	0.12	15.00	<0.001
श्वाँस	1.27	0.50	0.77	60.87%	18	0.42	0.10	7.71	<0.001
भ्रम	1.46	0.40	1.06	72.73%	15	0.25	0.06	16.00	<0.001
हृद्गौरव	1.25	0.40	0.85	68.00%	20	0.48	0.10	7.77	<0.001
अंगमर्द	1.69	0.48	1.20	71.43%	29	0.55	0.10	11.62	<0.001
यकृतवृद्धि	2.20	0.70	1.50	68.18%	20	0.51	0.11	13.07	<0.001
प्लीहावृद्धि	1.94	0.58	1.35	69.70%	17	0.60	0.14	9.20	<0.001
पाण्डू	2.07	0.50	1.57	75.86%	14	0.51	0.13	11.44	<0.001

प्रयोगशालीय परीक्षणों का सांख्यिकीय विश्लेषण :

परीक्षण	चिपू माध्य	चिप माध्य	उपशमन माध्य	माध्य प्रतिशत	रोगी संख्या	S.D.	S.E.	*t*	*p*
Poly	62.20	58.86	3.33	5.36%	30	6.56	1.19	2.78	<0.001
Lympho	34.46	37.70	3.23	9.38%	30	6.16	1.12	2.87	<0.001
Mono	1.53	1.66	0.13	8.70%	30	1.50	0.27	0.48	< 0.5
Eosino	1.86	1.83	0.03	1.79%	30	1.21	0.22	0.15	< 0.5
Hb%	11.91	12.71	0.80	6.75%	30	1.06	0.19	4.11	<0.001
TLC	75.20	6901.00	618.60	8.23%	30	1594	291.20	2.12	< 0.050
ESR	18.90	15.30	3.60	19.05%	30	6.29	1.14	3.13	<0.001
Bile Salt	1.00	0.25	0.75	75.00%	12	0.45	0.13	5.74	<0.001
Bile Pigment	1.00	0.08	0.91	91.67%	12	0.28	0.08	11.00	<0.001
Total Bilirubin	5.98	1.89	4.09	68.43%	30	4.43	0.81	56.05	<0.001
Direct Bilirubin	4.06	1.19	2.87	70.66%	30	3.92	0.71	4.01	<0.001
Indirect Bilirubin	1.92	0.69	1.22	63.72%	30	1.27	0.23	5.25	<0.001
SGPT	148.06	45.80	102.20	69.07%	30	123.40	22.53	4.53	<0.001
SGOT	124.50	43.16	81.33	65.33%	30	95.78	17.48	4.65	<0.001
Albumin	3.95	3.92	0.03	0.84%	30	0.54	0.10	0.33	< 0.5
Globulin	2.02	2.19	0.16	8.06%	30	4.48	0.08	1.86	< 0.050
A.G. Ratio	1.93	1.73	0.19	10.19%	30	0.71	0.13	1.50	< 0.1

Cholesterol	170.70	161.10	9.56	5.60%	30	20.11	3.67	2.60	< 0.010
Triglyceride	126.80	120.10	6.72	5.30%	30	11.30	2.06	3.25	<0.001
VLDL	25.37	24.02	1.34	5.30%	30	2.26	0.41	3.25	<0.001
LDL	92.99	85.17	7.81	8.41%	30	21.66	3.95	1.97	< 0.1
HDL	52.39	51.98	0.40	0.80%	30	9.86	1.80	0.22	< 0.5

लक्षण समुच्चय **(Over all symptomatic & Laboratory Assessment)**

परीक्षण	चिपू माध्य	चिप माध्य	उपशमन माध्य	माध्य प्रतिशत	रोगी संख्या	S.D.	S.E.	*t*	*p*
चिकित्सकीय	38.90	11.40	27.50	70.71%	22	18.90	4.04	6.81	<0.001
प्रयोगशालीय	1450.00	1042.00	407.00	28.13%	16	927.6	231.90	1.75	<0.050

निष्कर्षः (Conclusion) :

- प्रस्तुत शोध के अध्ययन से निम्नलिखित तथ्य संज्ञान में आये हैं। सैद्धान्तिक विवेचन से यह निष्कर्ष निकलता है कि कामला रोग उत्पन्न होने में धातु निर्माण प्रक्रिया के प्रारम्भ में उतना ही आवश्यक है, जितना की दोषदूश्य सम्मूर्च्छना। धातवो हि धात्वाहाराः प्रकृतिमनुर्वन्ते तथा परिवृतस्तु धातुनाम चक्रवात् आदि सिद्धान्तों से आचार्य चरक विविध अशितपीत अध्याय में धातुओं के निर्माण के लिए आहार पाक एवं परिणाम परम्परा का स्पष्ट निर्देश किया है। तदन्तरगत आद्य आहार परिणाम धातुरस तथा उसके परिणाम से होने वाले अग्रिम धातु स्वेन और तेन उष्मेण अर्थात् दोषों की उष्मा (दोषांशो में स्थित आहरन्शों की उष्मा) तथा तेनोष्मणा से अभिप्रायः जाठराग्नि से है। इसी को हम क्रमशः धात्वाग्नि एवं जाठराग्नि के फलस्वरूप शेष धातुओं की असम्यक् परिणित के कारण भी सर्वप्रथम रसधातु ही दुष्ट होता है।
- रस धातु में रक्त निर्मापक क्षमता है अपितु रसरक्त ही रक्त धातु का अधिकाशं भाग है। एतावता रक्त प्रसाद भावों की असम्यक् पुष्टि से ही रक्त के निर्माण में अल्पता उत्पन्न होती है। ऐसा पाण्डुरोगाध्याय में आचार्य चरक की मूल व्याख्या के सन्दर्भ में चक्रपाणिदत्त का निर्वचन है।
- रक्तप्रसादज भाग से जहाँ अभिप्राय आधुनिक शरीर क्रिया एवं रूधिर विज्ञान में वर्णित रक्त के जैव रासायनिक घटकों से है। रक्त के जीव घटकों में अनुत्पत्ति पूर्वक कामला को हीमोलिटिक जॉन्डिस कहा है, और रक्त के रासायनिक घटकों का असम्यक् परिणामपूर्वक कामला को हिपैटो सेल्युलर जॉन्डिस कहा जा सकता है। कोलिर्स्टेटिक (आब्स्ट्रक्टिव जॉन्डिस) उस स्थिति को कह सकते है जब अधरामहासिरा मे अवरोध के कारण वात के विक्षेपण कर्म की हानि से रक्त का असम्यक संवहन होता और एक देशीय संचित रक्त घटकों का स्पन्दन अथवा च्यवन समीपस्थ ऊतकों में होता है और शाखाश्रित कामला में एक देशीय पित्त रक्तक्षय तथा अन्यदेशीय वृद्धि उत्पन्न होता है।
- रक्त के रासायनिक संघटकों में मुख्यतः यकृत् से उद्भूत कतिपय रासायनिक तत्व यथा– SGOT, SGPT सीरम बिलिरूबिन एवं एल्केलाइन फास्फेटज आदि घटक वस्तुतः रक्त के घटक न होकर रसरक्त के घटक और इनका असम्यक् मात्रा में शरीर संचय एवं वृद्धि रस धातु के असम्यक् परिपाक के कारण होता है, जिसके लिए रसाग्नि उत्तरदायी है। जाठराग्नि इन सभी धात्वग्नियों का मूल होने के कारण उत्तरदायी है।
- हारिद्र नेत्र हारिद्रत्वक्नखानन, रक्तपीतशकृन्मूत्र अग्निमांद्य एवं अरूचि आदि

लक्षणों से युक्त होने वाली व्याधि कामला रोग कहलाता है, जो आधुनिक में जॉन्डिस एवं वाइरल हिपेटाइटिस के सदृश है।

- असंयुक्त (Unconjugated) एवं संयुक्त (Conjugated) अति बिलिरूबिन रक्तता (hyperbilirubinaemia) की तुलना क्रमशः कोष्ठाश्रित एवं शाखाश्रित कामला से कर सकते है।
- पित्तप्रधान वाले व्यक्ति इस रोग से ज्यादा प्रभावित होते हैं।
- फलत्रिकादि घनवटी एक पित्तविरेचक होने के कारण पाचक रसों का स्राव करके कामला के हारिद्रनेत्रादि लक्षणों का शमन करता है।
- यह औषधि एक यकृतदुतेजक, यकृत की चयापचय क्रियाओं को सम्यक् करने पित्तनिः सारक, रसाग्निवर्धक, रक्तशोधक एवं विषध्न होने से यकृत को विषाणुओं, विषों, रसायनो एवं औषधियों आदि से सुरक्षा प्रदान करती है।
- पर्यवेक्षणों से निष्कर्ष निकलता है कि यह हीमोग्लोबिन वर्धक के साथ–साथ सीरम बिलिरूबिन, SGOT, SGPT Chelesterol आदि में बढ़े हुए स्तर को कम करती है।

प्रस्तुत शोध कार्य हेतु चयनित 30 आतुरों में औषध उपशय पश्चात् लक्षणों में उपद्रव रहित अतिसार्थक एवं प्रयोगशालीय परीक्षणों में सार्थक परिणाम मिले हैं।

इस प्रकार यह निष्कर्ष निकलता है कि यह औषधि यकृत् विकारों, पैत्तिक विकारों एवं रक्तप्रदोष विकारों जैसे कामला (Jaundice) एवं वाइरस हिपेटाइटिस आदि रोगों में चिकित्सा के रूप में सिद्ध एवं सफल औषधि है।

सन्दर्भ–

- चरक संहिता
- सुश्रुत संहित
- अष्टांग हृदय
- माधव निदान

(पृष्ठ 39 का शेष)

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ROLE OF AVAGAHA SWEDA & JALAUKAVACHARANA ON SECONDARY COMPLICATIONS OF HAEMORRHOIDS (THROMBOSED HAEMORRHOIDS)

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INTRODUCTION

Haemorrhoids or piles are one of mankind's most common disorders. By themselves haemorrhoids are rarely serious but they can be extremely troublesome. If one couldn't move around enough that blood get stagnant & clotted. If it sits for too long it will start to clot. Haemorrhoids are especially prone to this because they're sort of a "backwater" in the circulatory system. Even if venous blood is flowing well in the main part of the vein, the haemorrhoid can catch and retain blood just off the main canal. That's why thrombosis of a haemorrhoid frequently occurs following a long bicycle, car or plane ride.

The opposite also seems to be true, thrombosed external haemorrhoids are also frequently caused by period of excess activity such as straining, weight lifting or heavy exercise. Although the blood is moving more with such activities, there is inadverantly push up the blood pressure, putting the external hemorrhoids at more risk of physical trauma and damage.Pregnant women and young adults are statistically the most likely to suffer from thrombosed external haemorrhoids. However, any haemorrhoid can develop a blood clot at any point in life. The biggest causative factors in thrombosed external haemorrhoids at this point seem to be lots of straining and poor circulation.

Irrespective of the type of surgeries performed the over all outcome is largely assessed by patients recovery and recurrence rate. Among these complicated conditions thrombosis need due cognizance as patient has to suffer inspite of instituting the best known treatment either surgical or palliative.

Thrombosed haemorrhoids make life miserable in a very short period of time. They interfere with work, social life, activities and ability to concentrate. They're also embarrassing and can fill patient with anxiety. If someone prone to hemorrhoids, he'll probably suffer through at least one in his lifetime.

If the patient didn't treated then blood flow is completely or substantially blocked then necrosis (death) of the part of internal hemorrhoid occure and gangrene may result.

Avagah Sveda(sitz bath) is often reducing inflammation and itchiness.

Overlooked way to treat external

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hemorrhoids. It is ideal when used as a part of treatment. It can give some immediate relief on pain and soreness and assist in reducing bleeding. It stimulates the flow of blood to the anus which helps the body's natural healing process as well as reducing inflammation and itchiness. It may have an immediate effect on the discomfort caused by haemorrhoids . Bathing can also help to ensure the area is clean which also has a highly beneficial effect. Sitz baths are also portable and may be practical for work and other situations when patients are away from home.

According to Ayurvedic text Jalaukavacharana seems to be helpful as local therapeutic measure as well as can be applied even at vital parts irrespective of age, sex & quite effective in the management of Raktadooshtijanya vyadhi. Description of thrombosed pile is not available in Ayurvedic text. These could be considered on the basis of various symptom complex either as that of dwandwaj variety or sannipaataj where the sign & symptom are more in favour of those similar to raktadushti . Hence on the basis of it jalaukavacharan considered to tackle the problem.

AIMS AND OBJECTIVES

(1) To evaluate the efficacy of Avagaha Sweda and Jalaukavacharana in thrombosed piles & for prevention of further secondary complication of thrombosis like strangulation.

(2) To observe time required for decreasing symptoms in secondary complication like inflammation & thrombosis of primary haemorrhoid (thrombosed pile) by Jalukavacharana and Avagaha Sweda.

MATERIAL AND METHODS

Patients were randomly selected from OPD & IPD of Shalyatantra Department, Government Ayurved College & Hospital Nagpur.

Koshna Jala was used for "Avagaha Sweda. Avagaha Sweda and Jalaukavacharana' was done with standard method described in Samhitas

CRITERIA OF SELECTION

1. The patient with complaints of thrombosed pile were selected for this clinical study.
2. Patient were selected irrespective of age & sex.
3. Patient were selected irrespective of caste religion and region.

PLAN OF WORK

There were 20 Patients taken for clinical study. The clinical study involve Jalaukavacharana and Avagaha Sweda.7 settings of Jalaukavacharana were carried out on alternate days and Avagaha Sweda twice a day,15 mins for 14 days.

CRITERIA OF ASSESSMENT

The observations and result were assessed on following criteria.

1] Tenderness

Grade 0 tolerance to pressure

Grade 1 little response on sudden pressure.

Grade 2 wincing of face on superficial touch.

Grade 3 resists to touch and rigidity

2] Swelling of pile mass

Grade 0 no Swelling

Grade 1 confined to pile mass.

Grade 2 advance to perianal tissue.

Grade 3 advance to perianal tissue with sacral and Gluteal region.

3] Pain

Grade 0 no pain

Grade 1 pain with discomfort

Grade 2 pain with discomfort needs treatment

Grade 3 pain requires hospitalization.

4] Discolouration

Grade 0 no discolouration

Grade 1 red

Grade 2 Red-blue

Grade 3 bluish purple

EFFECT OF THERAPIES [BY ONE WAY ANOVA TEST]

From above table it is clear that

	(Tenderness)	(Pain)	(Swelling)	(Discolouration)
BT(Mean±SD)	2.55 ± 0.51	1.95 ± 0.60	1.95 ± 0.68	2.25 ± 0.63
1st(Mean±SD)	2.1 ± 0.55	1.7 ± 0.47	1.75 ± 0.85	1.6 ± 0.68
3rd(Mean±SD)	1.4 ± 0.59	0.9 ± 0.64	1 ± 0.85	1 ± 0.45
7th(Mean±SD)	0.55 ± 0.68	0.25 ± 0.55	0.35 ± 0.58	0.3 ± 0.57
14th(Mean±SD)	0.00 ± 0.00	0 ± 0	0.1 ± 0.30	0.05 ± 0.22
F-statistic	4.591	3.683	8.744	4.752
p-value	0.0000	0.001	0.0000	0.0000

Jalaukavacharana with Avagah sweda, provide relief in tenderness, pain, swelling & discolouration and it was statistically highly significant at the level of p =0.000

Comparison of mean changes at 1,3,7,14th day from baseline.

(MEAN±SD)	*Tenderness*	p-value	*Pain*	p-value
1st(Mean±SD)	0.45 ± 0.51	0.0028	0.65 ± 0.48	0.0018
3rd(Mean±SD)	1.15 ± 0.36	0.0001	1.25 ± 0.64	0.0001
7th(Mean±SD)	2 ± 0.65	0.0001	1.95 ± 0.76	0.0001
14th(Mean±SD)	2.55 ± 0.51	0.0001	2.2 ± 0.61	0.0001

Swelling	p-value	*Discolouration*	p-value
0.25 ± 0.44	0.0336	0.2 ± 0.41	0.0672
1.05 ± 0.68	0.0001	0.95 ± 0.60	0.0001
1.7 ± 0.73	0.0001	1.6 ± 0.59	0.0001
1.95 ± 0.60	0.0005	1.85 ± 0.67	0.0001

As table shows all criterias were improved from 1st setting; & difference increased from baseline to the complet of trial period . Avagaha sweda with Jalaukavacharana were highly significant at $p < 0.001$ for all criterias.

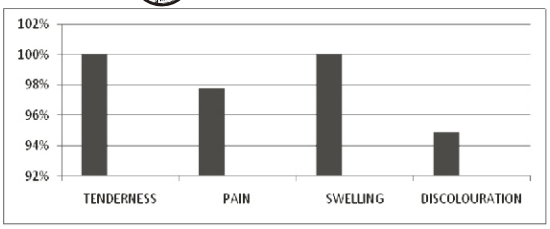
% RELIF IN DIFFERENT CRITERIAS

SYMPTOMS	% releif
TENDERNESS	100%
PAIN	97.8%
SWELLING	100%
DISCOLOURATION	94.9%

By using sitz bath & jalaukavacharana there was 100% relief in tenderness & swelling while 97.8% & 94.9% relief obtained in pain & discolouration respectively.There was overall 98.2% relief in clinical symptoms which was statistically highly significant at p = 0.0047.

CONCLUSION

Considering the troublesome nature of thrombosed pile, it is necessary to find out



effective remedy for its treatment. The uses of jalauka & Avagah sweda are so mentioned by our ancestors that these therapies decreases the inflammation, tenderness & swelling .

From overall study and statistical analysis, it is obvious that treatment with Avagah sweda & jalaukavacharana provides better results.

Avagah sweda & jalaukavacharana both have good Anti-Inflammatory property.

Avagaha sweda & jalaukavacharana is effective in reducing the pain, this support analgesic action of combine therapy.

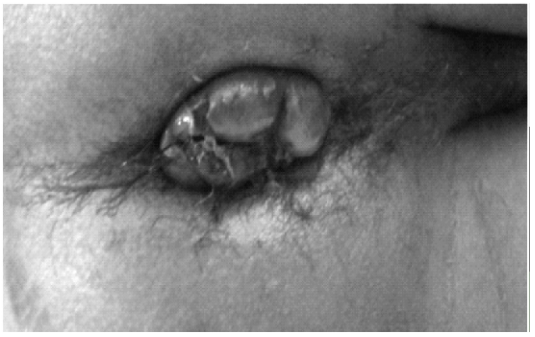
In thrombosed pile leech applications has shown thrombolytic action.

The thrombosed accumulated blood responsible for bluish, blackish discolouration has subside due to avagaha sweda & leech application, this effect contributes to re-estblishment of circulation,this conclude that both are effective in maintaining positive circulation. Avagah sweda act synergistically to jalaukavacharana.

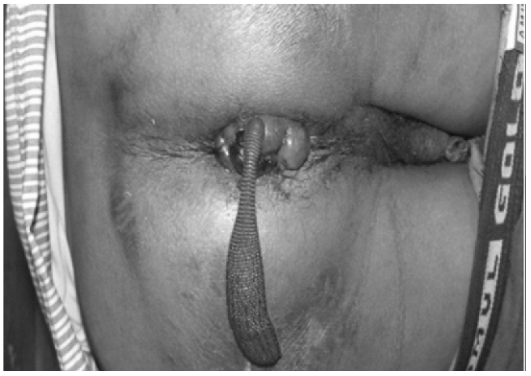
The mucous discharge has subsided due to leech application , this effect is due to anti-microbial & mucolytic properties of leeches.

In nutshell, we can say that Avagah sweda & jalaukavacharana combine group have

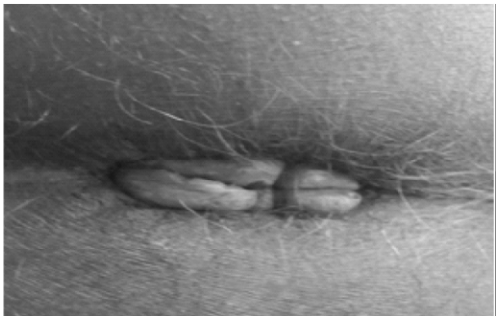
- Better results
- Faster action
- Analgesic property
- Synergistic action of each other..



(THROMBOSED HAEMORRHOID)



(JALAUKAVACHARANA)



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निवेदन

विश्व आयुर्वेद परिषद के समस्त के समस्त इकाईयों से आग्रह है कि वे आगामी धन्वन्तरी जयन्ती को अत्यन्त धूमधाम से कार्तिक कृष्ण त्रयोदशी को विश्व स्वास्थ्य दिवस के रूप में मनावें। रोगी परीक्षण शिविर, संगोष्ठी आदि का कार्यक्रम आयोजित कर उसका समाचार, फोटो स्थानीय अखबार, मीडिया में दें तथा सम्पादक को तुरन्त भेजें।

A CLINICAL STUDY TO EVALUATION OF AGNIKARMA EFFECT ON LUMBAR SPONDYLOSIS

• ***Dr Amit Kumar Singh ** Dr Pragya Mishra**

ABSTRACT :- Ayurveda, the science of life is a part of the ageless vedic heritage of India. Sandhigata vata is one of the commonest joint disorder broadly coming under vata vyadhi and affect to the skeletal system in the geriatrics, because more vulnerability to dhatu kshaya at that span of life. Dhatu kshaya lead to aggravation of vata dosha and produces various type of vatic vyadhies. Now a days joint disorder are one of the main cause of physical problem after the age of 40. In modern medical science lots of surgical and medical procedures available but due to their side effect and complication the disease is as such remain challenge to medical practioner.

Agnikarma is a para-surgical procedure told by acharya sushruta for asthi, sira, sandhi and snayugata vata vikaras and it is highly effective without producing any complication in compare to modern surgical procedure.

The drug nirgundi and shigru trayodasang guggulu consisting balya, vatsamaka, amapachana drug are the best way to treat and control degenerative process in sandhigata vata. Comparative study was done for treatment of sandhigata vata to equalize the efficacy of agnikarma and shigru trayodasang guguulu.

KEY WORD- Sandhigata vata, agnikarma, dhatu kshaya.

INTRODUCTION- Agnikarma is a para surgical procedure told by acharya sushruta for vikara of sandhi, sira, asthi, snayugata vatavikaras. It is highly effective without producing any further complication.

Though agnikarma is one of the most important para surgical procedure but not in wide practice. Amapachana, vatasamaka, balya drugs are the best way to treat as well as control degenerative process (dhatu kshaya). Sandhigata vata is one of the commonest joint disorder broadly come under vata vyadhi and affects the skeletal in the geriatric. After 40 body is more vulnerable to dhatu kshya. Vata dosa become provocated due to kshya or avarna prakriya and produce various type of vatic vyadhies to over come such type of degenerative process. So many research work are going to find new remedy in surgical as well as medical system. Keeping all these facts in mind treatment modality of sandhigata vata has been designed to equalize the efficacy by agnikarma and nirgundi, shigru trayodasang guggulu with the following aim and object.

AIM AND OBJECTS

1. To assess the efficacy of agnikarma in sandhigata vata. 2. Assess the efficacy of nirgundi and shigru trayodasang guggulu in

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sandhigata vata.

MATERIAL AND METHODS

Patient attending the O.P.D and I.P.D of shalya department of V.Y.D.S. Ayurveda mahavidyalaya were randomly selected based on clinical feature. Proforma was prepared to observe the clinical feature and disease pathology. The study was exclusively based on clinical trials .

SELECTION OF PATIENT

*stambhan (stiffness) in lumbar region, *sula (pain) in lumbar region.

*graha (restricted movement) of hip joint.

ASSOCIATED SYMPTOMS

*cimicimayana (tingling sensation) in leg., *suptata (loss of sensation).

EXCLUSION CRITERIA

*diabetes mellitus, *carcinoma, *heart disease, *tuberculosis

INVESTIGATION

Routine-Hb, TLC, DLC, ESR, Blood urea, uric acid, urine (r, m).

X-ray of lumbar region-A.P/Lateral view. If needed M.R.I

GROUPING OF MANAGEMENT

Patient were randomly divided into two group

Group A- Agnikarma group in this group bindu type dahana was made at the most painful area of lumbar region and at other area also each patient was giving six sitting of agnikarma at the interval of five days. Duration of schedule was one month.

Group B- Nirgundi, shigru trayodasang guggulu in this group trial drug was given 1gm BD in divided doses with luke warm water for one month.

AGNIKARMA VIDHI

Agnikarma chikitsa divided in three part according to trividha upakarma .

PURVAKARMA

*preparation of triphala kwath, yastimadhu churna, and kumari swarasa, *patient take snigdha, pichila aahara prior to this procedure, *salaka of pancha dhatu was heated up to red hot, *preparation and drapping of local part lumbar region was washed with triphala kasaya and wiped with dry sterilized gauze piece and covered this area with a cut sheet.

PRADHANA KARMA

Samayaka dagdha vrana was made in vilekha dahana vishesa by red hot pancha dhatu shalaka. Simultaneously kumari swarasa was applied to reliive burning sensation minimum space was given between two point and care was taken that samayak dagdha vrana was produced.

PASCHAT KARMA

Kumari swarasa application immediately after doing agnikarma kumari swarasa applied to relieve burning sensation. Then kumari swarasa was completely wiped out by sterilized gauze piece.

DUSTIGN OF YASTIMADHU CHURNA

Yastimadhu churna was applied over the samayak dagdha vrana and vrana was completely filled to prevent contamination.

*advised to apply paste of haridra powder and coconut oil at night period .*restricted to touch

water for 24 hr, *advised to avoid dietic regimen like rice, sigru, brinjle, ground nut, potato, beans etc. *5 days gap was kept between two sitting.

CRITERIA FOR ASSESSMENT

The improvement in the patient was assessed mainly on the basis of relief in the cardinal signs and symptoms of the disease to assess the effect of therapy objectively all the signs and symptoms were given scoring depending upon their severity as below.

PAIN

*no pain -(0)

*pain in lumbar region, mild aggravation -(1)
With movement without radiation

*pain in lumbar region, severe aggravation with movement without Radiation to leg. -(2)

*pain mild to severe with radiation to leg. -(3)

*pain in lumbar region, radiation and disturbed sleep -(4)

RESTRICTED MOVEMENT

FLEXION

No restriction-able to touch knee joint with forehead -(0)

Upto 2cm difference between forehead and knee joint -(1)

2-4cm difference between forehead and knee joint -(2)

More than 4 cm difference -(3)

LATERIL ROTATION

Normal i.e able to complete roration of hip joint -(0)

Rotation with little difficulty -(1)

Rotation side to side only -(2)

Rotation one side only -(3)

STIFFNESS

No stiffness -(0)

Mild stiffness -(1)

Stiffness, reliived by external application -(2)

Stiffness, reliived by medication -(3)

Stiffness, is not responded by medicine -(4)

BHRAMA

No bhrama -(0)

Upto 1hr -(1)

Upto 2 hr -(2)

Upto 3 hr -(3)

More than 3 hr -(4)

CHIMCHIMAYANA

absent -(0)

occasionally -(1)

upto 1 hr -(2)

upto 2 hr -(3)

more than 3 hr -(4)

OBSERVATION

Demographics and patient characteristic

Group	no of patient registered		
	Total registration	completed	lama
A	20	18	2
B	20	17	3

RESULT- effect of agnikarma was more

Group A

Effect of agnikarma chikitsa

Cardinal symptom	n	mean score		SD ±	SE ±	"t"	p	%
		B.T	A.T					
Sula	11	3	0.72	0.46	0.46	16.25	<0.001	76

Stambha	10	1.9	0.7	0.42	0.42	9.23	<0.001	63
Graha	4	2	0.75	0.5	0.5	5	<0.02	62.5
Chichimayana	3	1.33	0.66	0.57	0.57	2	>0.10	50
Suptatas	2	1.5	1	0.71	0.71	1	>0.10	33

GROUP B

Effect of nirgundi and shigru trayodasang guggulu

Cardinal symptom	n	mean score		SD	SE	"t"	p	%
		B.T	A.T	±	±			
Sula	10	1.1	1.1	0.56	0.18	10.55	<0.001	63
Stambha	5	1.8	0.8	0.71	0.31	3.22	<0.05	55
Graha	9	1.9	0.77	0.33	0.11	10	<0.001	59
Cinmcimayana	7	1.28	0.42	0.37	0.14	6.07	<0.001	67
Suptata	3	1.33	0.66	0.57	0.33	2	>0.10	50

Comparative study of results of both group

Cardinal symptoms	Group A	Group B
Sula	76 %	63%
Stambha	63 %	55%
Graha	62.5%	59%
Associated symptom	Group A	Group B
Cinmcimayana	50 %	67%
Suptata	33 %	50%

observed on cardinal symptoms and effect of nirgundi, shigru trayodasang guggulu was significant on associated symptoms.

DISCUSSION

Mode of action of agnikarma

According to ayurveda:- Aggravation vata dosha caused for sandhigata vata with anubandha of kapha, agnikarma is considered as best therapy for vata and kapha dosha because agni possesses usna, sukshma, tikshna and asukarni guna which are opposite to vata and kapha it remove srotovarodha and increase the rasa rakta samvahana to the affected site therapeutic heat transferred by agnikarma increase the dhatwagni, so metabolism at dhatu level increases which helps to digest the ama dosha of metabolism.

PANCHDATU SHALAKA

Panchadhatu shalaka got red hot at a temperature of ~82^{o}C it is measured by putting the shalaka in the electic furnance that means once it got red hot it takes a lot of time in cooling which provides sufficient time for making samayak dagdha vrana more (20-25) in number at a time.

ACCORDING TO MODERN SCIENCE

*action on pain receptors pain receptor are located in skin the pathway for transmission of thermal and pain signals of these two sensation the strong one is felt i.e. thermal/heat sensation.

*Gate control theory- pain sensations are transferred by two type of fibers. A fibers (stimulated by heat, cold and touch) C fiber (stimulated by pain) here the gate mechanism

is blocked by stimuli from a fiber so the pain will not be felt.

*counter irritation theory- counter irritants stimulates sensory nerve ending and relieves pain.

*Blocking mechanism- agnikarma probably blocks the pathway of pain which makes the person to not feel the pain.

*Increased metabolic activity- consequent heating increases cell metabolism and due to increased supply of oxygen and nutrient process of cell repair increases.

*Increase blood supply- heat causes vasodilatation so, the increased blood flow to the superficial tissue prompts oxygen and nutrient supply and removal of waste products.

*Effect on muscle tissue Heat induces muscle relaxation.

Probable mode of action of trial drug-nirgundi and shigru trayodasang gugglu is having contents which can be divided in to four categories according to their action.

*sula prashaman, sothahara, vedanasthapana, vatashamaka-guggulu, nirgundi, shigru, sunthi, yavani, gokshru having these properties. *amapachana, rechana, deepan, vatanulomana-sunthi, rasana, satpushpa, yavani. *rasayan, balya, vayasthapan, vrihana-aswagandha, guduchi, satavari, rasna, having these properties. *vishaghna-shigru is having this property it helps to detoxity the body by assimilating the toxic metabolites deposited in the body which are considered as a precursor for disease.

CONCLUSION

*majority of drugs in the trial drug having vatashamaka, rasayan, balya, amapachan properties so it is a drug of choice for geriatrics. *significant relief in katisula (76%), katisthambha (63%), katigraha(62.5%), were found in agnikarma group result in cimcimayan and suptata was satistically insignificant. *nirgundi and shigru trayodashang guggulu provided good results in katisula (63%), katigraha(59%), katisthambha(55%), cimcimayan(67%), result in suptata and bhrama was statistically insignificant.

NEED FOR FURTEHR RESEARCH

*well designed experimental studies are needed to evaluate the effect of agnikarma on pain. *further research studies are needed to focus on the exact mechanism of action of heat/agni on pathophysiology of pain. *futher research studies are needed to design different types of shalakes along with temperature recording, temperature maintaining and temperature modulation facility.

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CLINICAL STUDY OF VASAKADI KWATH ON DIABETIC RETINOPATHY

• *Dr. Pramod Kumar Singh, **Dr. B. Mukhopadhyay

ABSTRACT :

Today's sedentary lifestyle with full of strers, improper nutritional diet, low protein, poor fiber intake, and high intake of refined products are expected reasons for developing lifestyle related disorders including diabetes mellitus.

Diabetes mellitus is a complex syndrome characterized by particular complets lack of insulin secretion or increased cellular resistance to insulin resulting into persistent hyperglycemia with or without glycosuria which results from derangement in the mechanism of blood sugar homeostasis.

Uncontrolled diabetes mellitus leads to variety of complications including retinopathy which is one of the major causes of blindness.

The study was conducted for clinical evaluation of "effect of vasakadi kwath on diabetic retinopathy".

Present study of 4 months comprises of 12 patients i.e. 24 ocular fundii with clinical features c/o of diabetic retinopathy and divided into two groups i. e.I- drug treated group and II- control group.

The results were found encouraging on each components of diabetic retinopathy in patients of type II diabetes mellitus and effect was stable even after withdrawal of drug.

Key Words: Vasakadi kwath ,Diabetes, Retinopathy ,Timir.

INTRODUCTION

The prevalence of diabetic retinopathy (DR) is strongly related to the duration of diabetes. Nearly all the patients with type I (IDDM) and more than 60% of the patients with type II (NIDDM) diabetes have some degree of retinopathy.

Apart from retinopathy, diabetes mellitus is accompanied by other ocular complications namely diabetic cataract, changes in refraction, ophthalmoplegia, optic neuritis and raised intraocular tension. Diabetic retinopathy is one of the most dreaded complications of diabetes mellitus and is still a challenge to ophthalmologists all over the world.

The medical management of diabetic retinopathy includes the control of diabetes by oral hypoglycemic drugs and insulin. Aldose reductase inhibitors, antiplatelet agents like ticlopidine, ACE inhibitors like captopril, Interferon, G. H. inhibitors ,Vasodilators like Ibudilast, Isoxsuprine and aspirin have also been tried in various stages of diabetic retinopathy. Surgical treatment advocated in

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particular stage of disease includes panretinal (scattered) photocoagulation, focal photocoagulation and vitrectomy.

Vasak*adi Kwath* has been described for the management of *Prameha roga* as well as some eye ailments. Bhavprakash has mentioned its use only in the management of *netra roga* in madhyama khand (chapter 63/247). Keeping these points in view the present study "*Effect of Vasakadi Kwath on diabetic retinopathy*" was planned.

Material and method: Twelve cases i.e. 24 ocular fundii were randomly selected from the outdoor patients of Department of Shalakya Tantra and Upgraded department of Ophthalmology, Sir Sunderlal Hospital, I.M.S., B.H.U. and distributed equally into two groups viz.. Group-I i.e. Ayurvedic Drug treated group and Group II i.e. Anti diabetics drug Treated group. *Vasakadi Kwath is* given to the patients of group I in a dose of 40 ml three times per day for three months along with antidiabetic drug. Group II patients received only antidiabetic drug for three months.

All the cases were examined initially in outdoor patient department and were selected for study on the basis of clinical presentation and diagnostic criteria by using Performa described by Lee P et al Am.j. ophthalmology (1966).

OCULAR EXAMINATION: Visual acuity was tested by snellen's test type and fundus examined for microaneurisms, soft exudates, hard exudates, cotton wool spots, hemorrhages and arterio-venous changes under full mydriasis achieved by Phenylepherine 1.0% or cyclopentolate 1% eye drops.

Each components ware graded in degrees of severity from zero to five, according to the extent of retinal area involved with the exception of venous dilation, which was graded according to changes in the arterio-venous ratio.

Specific Procedure: Fundus photography for the assessment of progression or retardation of retinopathy was also done by using fundus camera initially pretreatment photographs and at third and final visit after 90 days post treatment photographs after full mydriasis.

Relevant pathological investigations like Hb%, TLC, DLC, ESR (Westergen method), glycosylated hemoblogbin (HbA1C) fasting and post-prandial sugar, blood urea and serum creatinine and lipid profiles were carried out during the time of registration and at the final visit

Patients were examined at 30 days interval for 3 subsequent follow ups. The Ayurvedic drug treated group patients were asked to review after one more month. This was done in order to see the effect of drug withdrawal on various components of diabetic retinopathy.

Final assessment of efficacy was made on the basis of :

1. Improvement of visual acuity at Snellen's test type (improvement at least by one line).

2. The retardation or progression of graded retinopathy components like-venous dilation. Microaneurysms, hemorrhages, exudates.

All the pretreatment (graded & non graded retinopathy components) and subsequent follow up of graded & non graded components were analyzed statistically by using paired 't' test within the group and unpaired 't' test between the groups.

OBSERVATION AND RESULTS:

Table : Showing difference of visual acuity before and after treatment

Visual activity	No. of patients		Percentage	
	BT	AT	BT	AT
6/6 to 6/9	15	16	62.5	66.67
6/12 to 6/18	5	4	20.83	16.67
6/24 to 6/36	4	4	16.6	16.67
6/60 and below 6/60	0	0	00	00
Total	**24**	**24**	**100**	**100**

Table : Showing the difference in Microaneurism value between Group-I and Group II.

Groups	Microaneurisms Score Mean ± SD		Within the group comparison BT-F3 (paired t test)	Between group comparison on difference of BT and F3 unpaired t test
	BT	F3		
Group I	2.58 ± 1.08	2.00 ± 0.74	0.580.51 t = 3.92 p < 0.01 HS	t = 1.69 p > 0.05 NS
Group II	2.17 ± 0.39	1.92 ± 0.29	0.250.45 t = 1.92 p > 0.05 NS	

Table: Showing the difference in Hemorrhages value between Group-I and Group II.

Groups	Hemorrhages Score Mean ± SD		Within the group comparison BT-F3 (paired t test)	Between group comparison on difference of BT and F3 unpaired t test
	BT	F3		
Group I	2.83 ± 0.83	1.92 ± 0.79	0.92 ± 0.51 t = 6.17 p < 0.01 HS	t = 4.01 p < 0.01 NS
Group II	0.75 ± 0.62	0.75 ± 0.45	0.00 ± 0.60 t = 0.00 p > 0.05 NS	

Table : Showing the difference in Hard Exudates value between Group-I and Group II.

Groups	Hard Exudates Score Mean ± SD		Within the group comparison BT-F3 (paired t test)	Between group comparison on difference of BT and F3 unpaired t test
	BT	F3		
Group I	2.00 ± 1.35	1.42 ± 0.99	0.58 ± 0.51 t = 3.91 p < 0.01 HS	t = 3.58 p < 0.01 HS
Group II	0.50 ± 0.08	0.75 ± 0.62	-0.25 ± 0.62 t = 1.39 p > 0.05 NS	

Table: Showing the difference in Soft Exudates Score value between Group-I and Group II.

Groups	Soft Exudates Score Mean ± SD		Within the group comparison BT-F3 (paired t test)	Between group comparison on difference of BT and F3 unpaired t test
	BT	F3		
Group I	1.83 ± 1.53	1.08 ± 0.99	0.75 ± 0.62 t = 4.18 p < 0.01 HS	t = 2.87 p < 0.01 HS
Group II	0.42 ± 0.79	0.50 ± 0.52	-0.08 ± 0.79 t = 0.36 p > 0.05 NS	

DISCUSSION : The compound which can decrease VEGF formation, advanced glycocylated end products (AGEs) or work on protein Kinase C (PKC) can check the progress of course of diabetic retinopathy directly or indirectly.

In present study Octacosonal present in *T. cardifolia* inhibit endothelial cell proliferation by down regulation of VEGF gene expression. Hypoglycemic activity by -glucosidase inhibitor activity is present in *Terminalia chebula* and *Adhatoda Vasika.* Ascorbic Acid found in *Emblica officinalis* and Xanthone in swertia *Swrertia chiraita* has potent antioxidant property. Vasicine (Preganine) found in *Adatoda vasika* has potent haemostatic property, gallic and chebulic acid inT. chebula has anti-inflammatory activity (COX and LOX inhibitor, Eiocosonoids Inhibitor), and that why it helpful in preventing changes of diabetic retinopathy like hemorrhages.

It was observed that out of 24 eyes 15 patients (62.5%) Class 6/6-6/9, 20.83% eyes in class 6/12-6/18 and 4/16.67% having visual acuity ranging between 6/24-6/36 and after

treatment it becomes 62.5%, 11.67%, 20.80% and 16.67% in visual acuity ranging between 6/6-6/9, 6/12-6/18 and 6/24-6/36 respectively.

Diabetic retinopathy seems to be a disease due to the vitiation of 'Alochak Pitt' which exists is the eyes and is responsible for normal and clear vision. The drug *'Vasakadi Kwath'* has many components of 'Sheet Virya' and 'Madhur Vipaka' drugs. Due to these properties the drug pacifies the Pitta, especially the 'Alochak Pitta' and helps in the retardation of the process of diabetic retinopathy.

CONCLUSION

The incidence of diabetic retinopathy after 10 years is 50% and after 30 years is 90% and it is extremely rare to develop within 5 years. Diabetic retinopathy can be correlated with Timira which slowly progress into lingnas. Sometime loss of vision can be sudden due to hemorrhage and retinal detachment.

Clinical study highlights the value of *Vasakadi Kwath* on the course of diabetic retinopathy.

It was found that the drug -

1. Increases the process of absorption of retinal hemorrhages, hard and soft exudates and also prevented their recurrence.
2. Showed a trend of retardation of components like microaneurisms and pre proliferative changes and prevented venous dilatation.
3. aused improvement in visual activity of the eyes which were showing progressive loss of vision.
4. The drug has some role in reduction of serum triglyceride level but the same time HDL level is also found to be reduced.
5. Has no significant effect on blood sugar level .It may be due to study had been done on patients those who were already on controlled blood sugar level.
6. has no adverse effects during the course of therapy and after withdrawal of drug.

Although, effects of the drug were found positive, this drug may be taken for further long term studies on larger sample size to reach any definite conclusion.

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(शेष पृष्ठ 24 पर)

''स्वस्थस्य स्वास्थ्यरक्षणम्'' - आयुर्वेद एवं योग

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जो आयु का ज्ञान कराता है उसे आयुर्वेद कहते है। यह आयुर्वेद आयु का ज्ञान किस प्रकार कराता है?उत्तर यह है कि अपने लक्षणों द्वारा सुख–असुख, हित–अहित, प्रमाण–अप्रमाण द्वारा आयु का उपदेश करता है वह आयुर्वेद है। आयुर्वेद का प्रयोजन है "प्रयोजनं चास्य स्वस्थस्य स्वास्थ्य रक्षणं आतुरस्य विकारप्रशमनं च"। च.सू. 30/26. स्वस्थ पुरुष के स्वास्थ्य की रक्षा करना और रोगी व्यक्ति के रोग को दूर करना ही आयुर्वेद का प्रयोजन है। इस प्रयोजन में स्वस्थवृत एवं स्वस्थवृत के साथ–साथ योगासन करना अति आवश्यक है।

योगस्थः कुरु कर्माणिसंगं त्यक्तवा धनंजयः
सिद्धयसिद्धयोः समो भूत्वा समत्वं योग उच्चते।। गीता II 48

योग का अर्थ ही समत्व है।

बुद्धिर्युक्तोजहातीह उभे सुकृत दुश्कृते।
तस्याद्योगाय युज्यस्व योगः कर्मशुकौशलं।। गीता II 50

अर्थात बुद्धि योग पाप और पुण्य दोनो को लोक में त्याग देता है।

युक्ताहार विहारस्य युक्तच्चेश्ठस्य कर्मासु।
युक्त स्वप्नावबोधस्य योगो भवति दुःखता।। गीता II 6.17

पातंजलि सूत्र का अष्टांग योग है– 1.यम 2. नियम 3. आसन 4. प्राणायाम 5. प्रत्याहार 6. धारणा 7. ध्यान 8. समाधि।

यम– नियम नीतिशास्त्र संबंधी (एथिकल प्रैक्टिसेज) है। यह अधिकार योग है आसन प्राणायाम प्रत्याहार शारीरिक एवं सेन्सोरियल प्रैक्टिसेज है यह बहिरंग योग है। धारणा ध्यान समाधि ये मेडिटेटिव प्रैक्टिसेज है यह अंतरंग योग है।

इस लेख में योग जो कि बहिरंग योग है का संक्षित विवरण दिया गया है। इन आसनों को करने से शरीर के समस्त अंगों को आयाम मिलता है उनकी कियाशीलता बढ जाती है जिससे आयुर्वेद का प्रयोजन "स्वस्थस्य स्वास्थ्य रक्षणम्" की पूर्ति होती है। आप कह सकते है कि योग शरीर में रोग को न उत्पन्न होने देने के रोगनिवारक तरीके हैं–

आसन सुखासन है– मंडल ब्राह्म – 1:1:5

स्थिरासुखम् आसनम् – योगसूत्र 2:46

प्रयत्नशैथिल्य नान्ता सम्पपतिहम् – योगसूत्र 2:47

ततो द्वन्दवनभिधाताः – योगसूत्र 2:48

योग मनो दैहिक चिकित्सा (साइकोसोमैटिक ट्रीटमेंट) है जो शारिरिक और मानसिक स्वास्थ्य के प्रति निरन्तरता को बनाये रखता है।

योग – शरीर के क्रियायों में अनियमितता रोकने का साधन है तथा शरीर के स्रोतस का अनियमितता, अव्यवस्था, विकार तथा शारीरिक एवं मानसिक रोगों को रोकने का साधन है।

स्वामी विवेकानन्द का कथन है कि योग एक विज्ञान है–

"Yoga is really one of the greatest Science.....

Take up Study of this Science as you would any other Science of material nature and remember there is no mystry and no danger in it.

योग का वर्णन उपनिषदों, जैन शास्त्रो बुद्ध दर्शन व वेदान्तों में है। योग स्वयं ही उपनिषद् है :

पातंजली योगसूत्रः 15वीं से 5वीं ईसापूर्व का है।

योगसूत्र भाश्यः 350 से 850 ई0 तक है।

योगासन क्या है ?

1. योगासन योग नहीं है यह तो मात्र योग का अंग हैं।

■ रा.प. आयु.अनु. संस्थान एवं अस्पताल, लखनऊ

2. परमात्मा और जीवात्मा में सामन्जस्य बनाये रखने की किया को योग कहते है। आसन इस योग की पहली सीढी है।

3. योगासन शारीर को परम स्वास्थ्य प्रदान करते है और स्वस्थ शरीर एवं मन ही जीवन की समस्त सुविधाओं का उपभोग करने में समर्थ होता है।

4. योगासन सीखने एवं अभ्यास करने का अर्थ सर्कस का कलाकार बनना नहीं है।

अपितु योग की अन्य क्रियाओं हेतु शरीर को स्थिर करना है अर्थात तैयार करना हैं।

योगासन हेतु निर्देश

1. आसनों के पूर्व पेट व आंतों का खाली होना आवश्यक है।

2. आसनों से पूर्व यदि स्नान करें तो शरीर को भली भांति पोंछ कर सुखा लें तथा बाल गीलें न रहें।

3. भोजन के छः घंटे बाद, पेय पदार्थो के दो घंटे बाद या बिल्कुल खाली पेट ही आसन करें।

4. आसनों के पूर्व शीतल एवं ताजा जल अवश्य पी लें रोगी गर्म जल का प्रयोग करें।

5. आसनों का अभ्यास करते समय शरीर के साथ जबरदस्ती न करें/प्रतिस्पर्धा न करें।

6. आसन सदैव तख्त या कठिन भूमि पर दरी या कम्बल आदि डाल कर करें।

7. आसन करते समय श्वास सदैव नाक से ले व निर्देशित श्वांस प्रश्वास का ध्यान रखे।

8. योगासन करते समय आवश्यक वस्त्र अवश्य धारण करें किन्तु वस्त्रों से आसन में कोई रुकावट नहीं होनी चाहिए। वक्षस्थल खुला रखें या हल्के वस्त्र से ढके रहे।

9. स्थान स्वच्छ प्रकाश पूर्ण व हवा दार होना चाहिए किन्तु सीधे हवा का प्रवेश न हों।

10. आसनों के तुरन्त बाद तेज हवा में नहीं निकलना चाहिए।

11. यदि आसनों के बाद स्नान करना चाहे तो कम से कम एक घंटे बाद करें।

12. आसनों के अभ्यास करते समय श्रम पडते ही शवासन अवश्य करें।

13. आसन करते समय कोई दुर्विचार या मानसिक तनाव नहीं होना चाहिए।

14. शरीर में विषाक्त तत्वों के होने पर शीर्षासन व सर्वागांसन न करें।

15. अधिक ठंड के दिनों में गुनगुने जल से स्नान करें परन्तु शिर सदैव ठंडे जल से धोयें।

16. आसनों के बाद मूत्र त्याग अवश्य करें।

17. शारीरिक रुप से किसी अंग से पीडित एवं नवीन आसन अभ्यासी को सदैव प्रशिक्षक की देख रेख में उसके निर्देशानुसार ही आसन करनी चाहिए।

18. आसन सदैव शांत वातावरण में करना चाहिए।

योग अभ्यास हेतु प्रवृत्ति क्यों ?

1. शरीर एवं मन का सन्तुलन ही शान्ति सुख आरोग्य और सम्पन्नता का एक मात्र उपाय है।

2. ईश्वर की प्राप्ति का साधन भी स्वस्थ तन और मन है।

3. अंग्रेजी कहावत– खाओ पीओ और मौज करो के लिए भी स्वस्थ शरीर की ही आवश्यकता है। रुग्ण अथवा निर्बल व्यक्ति जीवन के सुखों को उपभोग नहीं कर सकता।

4. पंजाबी कहावत "दुनिया मंदी है जोरा नूँ लख लानत है कमजोरा नूँ" के अनुसार संसार ताकत को ही मानता है इसलिए जो लोग ताकत और शक्ति से हीन है उन्हें धिक्कार है।

महर्षि चरक के अनुसार

सर्वमन्यत् परितज्येत् शरीरमऽनुपालयेत्।
तद्भावे हि भावानाम् सर्वाभावःशरीरिणाम्।।

6. शरीर के शास्त्र के आचार्यों के अनुसार 'धर्मार्थ काम मोक्षाणामारोग्यं मूलमुतमम्' अर्थात् धर्म अर्थ काम और

मोक्ष जो कि मानव जीवन रुपी कल्पवृक्ष के चार मधुर फल है। उनका यदि कोई श्रेष्ठ तथा मुख्य साधन है तो वह शारीरिक आरोग्यता ही है जो कि योगाभ्यास द्वारा ही संभव है इस अभ्यास के लिए परिवार को त्यागना आवश्यक नहीं है।

7. नियमित अनुशासित और नियंत्रित योगासन अभ्यास, सावधानी, सजगता और उचित योगक्रम के द्वारा ही ईश्वर संयोग हेतु शरीर एवं मनको स्वस्थ रखा जा सकता है।

योगाभ्यासी की दिनचर्या

प्रातः 4 से 5 बजे ब्रम्हमूहूर्त में उठकर इष्ट स्मरण
प्रातः 5 से 6 बजे शौच दन्त धावन स्नान
प्रातः 6 से 7 बजे आसन प्राणायामं संध्या
प्रातः 7 से 8 बजे यज्ञ स्वाध्यायं प्राणायाम
प्रातः 8 से 9 बजे पारिवारिक कार्य
प्रातः 9से 10 बजे भोजन आदि
प्रातः10 से 5 बजे अपना व्यावसायिक कार्य
सायंकाल 5 बजे से 6 बजे पारिवारिक कार्य
सायंकाल 6 से 7 बजे शौच आसन संध्या हवन
सायंकाल 7 से 8 बजे भ्रमण स्वाध्याय आदि
सायंकाल 8 बजे से 9 बजे भोजन
सायंकाल 9 बजे से 10 बजे संगीत व्याख्यान सत्संग स्वाध्याय अच्छे बुरे कार्यों (दैनिक) का चिन्तन
सायंकाल 10 बजे से 4 तक निद्रा (निश्चिंत होकर)

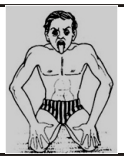
जीवन का रहस्य क्या है।

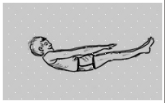
जीवन एक शक्ति है इसी शक्ति के रक्षण हेतु प्रकृति ने रक्षण पोषण एवं सम्वर्धन वृत्ति प्रदान की है। यह जीवन जीवनीय शक्ति ही गति का उत्पादप संचार और दिग्दर्शन करती है। इन्ही तीन प्राकृतिक जन शक्तियों को भारतीय आध्यात्म ब्रम्हा विष्णु और महेश मानता है। इसे आयुर्वेद शास्त्र में धातुओ को साम्य करना कार्य है। इस शास्त्र का प्रयोजन भी धातु को साम्य करना ही है। धातु साम्य किया चोक्ता तंत्रस्यास्य प्रयोजनम्। च.सू. 1/53।। योग इस किया में सहायक है। जीवन का रहस्य भी इसी में छिपा है। निर्विकारः परस्त्वात्मा सत्वभूत गुणैन्द्रियैः। चैतन्ये कारणं नित्यो द्रश्टा पश्यति हि किया।। च.सू. 1/56. ।। शरीर आत्मा, सत्व यही त्रिदण्ड, जीवातू अर्थात जीवन का आधार है। इसके संयोग से यह लोक अर्थात् जीवात्मा युक्त शरीर रहता है और इसी शरीर में सब कुछ प्रतिश्ठित है।

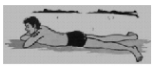
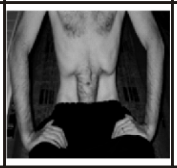
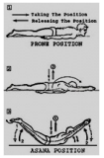
"सत्वमात्मा शरीरं च त्रयमेतन्त्रिदण्डवत्। लोक स्तिशित संयोगान्तत्र सर्व प्रतिश्ठितम्"।। च.सू.1.46 इस संयोग को बनाये रखनें में योग एक महत्वपूर्ण साधन है।

शरीर एवं मन को स्वस्थ्य रखने के लिए कतिपय – योगासन कुछ व्याधियों के साथ एक तालिका के रुप में प्रस्तुत हैः–

क्रम सं0	नाम	स्वरुप	प्राणस्थिति	समय/बार	उपयुक्त प्रकृति	प्रभावित संस्थान	प्रभावित अवयव	प्रभावित व्याधि
1	पद्मासन		सामान्य	1 मिनट से शक्ति अनुसार	कफ	श्वसन तंत्र स्नायु तंत्र	मस्तिष्क फुफ्फुस अंडकोष	समस्त रोगों से सामान्य आमवात

क्रम सं0	नाम	स्वरुप	प्राणस्थिति	समय/बार	उपयुक्त प्रकृति	प्रभावित संस्थान	प्रभावित अवयव	प्रभावित व्याधि
2	वज्रासन		सामान्य	1 मिनट से शक्ति अनुसार	वात	स्नायु तंत्र प्रजनन अंग पाचन तंत्र श्वसन तंत्र	मस्तिष्क उदर यकृत आमाशय फुफ्फुस क्लोम	उदर रोगों गैस स्वप्नदोष फुफ्फुस विकृति आमवात
3	अर्धमत्स्येन्द्रासन		सामान्य	1 से 3 मिनट	वात	पाचन तंत्र मांस पेशियां	यकृत प्लीहा आंत्र उदर व क्लोम	मंदाग्नि मेदोवृद्धि मधुमेह यकृत–रोग
4	आकर्ण–धनुरासन		पूरक–1 कुम्भक–4 रेचक–2	1 से 3 मिनट शक्ति अनुसार	वात	मांस पेशियां स्नायु तंत्र	बाहु जंधा मस्तिक	अर्धांघात आमवात एवं संधिशूल
5	गोरक्षा आसन		सामान्य	शक्ति के अनुसार	वात	प्रजनन अंग	अण्डकोष स्त्रियों में गर्भाशय अंडाशय	स्वप्नदोष
6	पश्चिमोत्तानासन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 1 से 5 बार	कफ	पाचन तंत्र मांस पेशियां स्नायु तंत्र	उदर यकृत प्लीहा आंत्र क्लोम मस्तिष्क	मन्दाग्नि विबंध अजीर्ण
7	सिंहासन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 1 बार	कफ	श्वसन तंत्र मांस पेशियां	नासिकादंत कर्ण कंठ नेत्र	आमवात अनिद्रा मधुमेह नासिका दन्त मसूढों कंठ एवं नेत्र रोग
8	गोमुखासन		रेचक–2 कुम्भक–4 पूरक–1	शक्ति के अनुसार 3 से 5 बार	वात	श्वसन तंत्र स्नायु तंत्र मांस पेशियां	मस्तिष्क फुफ्फुस बाहु जंधा	अनिद्रा फुफ्फुस विकृति हार्निया एवं बाहु व जंधा पीडा
9	शशांक आसन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 3 से 5 बार	कफ	श्वसन तंत्र स्नायु तंत्र मांस पेशियां	उदर आंत्र आमाशय यकृत मस्तिष्क अंडकोष	उदर रोग गैस व अनिद्रा यकृत रोग वीर्यदोष मेदो वृद्धि
10	उग्रासन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 3 से 5 बार	कफ	श्वसन तंत्र स्नायु तंत्र मांस पेशियां	उदर आंत्र आमाशय क्लोम	मंदाग्नि विबंध अजीर्ण आमवात अनिद्रा

क्रम सं0	नाम	स्वरुप	प्राणस्थिति	समय / बार	उपयुक्त प्रकृति	प्रभावित संस्थान	प्रभावित अवयव	प्रभावित व्याधि
11	उत्तान पादासन		रेचक–2 कुम्भक–4 पूरक–1	शक्ति के अनुसार 3 से 5 बार	कफ	रुधिराभिशरण पाचन तंत्र स्नायु तंत्र प्रजनन अंग	रक्त नलिकायें हृदय उदर यकृति प्लीहा आमाशय आंत्र मस्तिष्क	मंदाग्नि विवंध अजीर्ण अर्श मेदोवृद्धि आत्रपुच्छशोथ अनिद्रा भगन्दर गर्भाशय रोग
12	सर्वांगासन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 1 से 3 बार	कफ	रुधिराभिशरण पाचन तंत्र स्नायु तंत्र प्रजनन अंग मांस	थायराइड़ ग्रन्थि हृदय यकृत प्लाहा आन्त्र क्लोम मस्तिष्क फुफ्फुस गर्भासय	प्रतिश्याय श्वास फुफ्फुस रोगत्वक रोग आमवात मधुमेह रज वीर्यदोष सिरोरोग नेत्ररोग
13	हलासन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 1 से 3 बार	कफ	पेशियां एवं स्वसन तंत्र	यकृत आमासय प्लीहा क्लोम आन्त्र मस्तिष्क व शुक्राशय गर्भाशय	मंदाग्नि विवंध अजीर्ण प्रतिश्याय योषपस्मार अनिद्रा व कंठ रोग
14	स्वप्न पवन–मुक्तासन		रेचक–2 कुम्भक–4 पूरक–1	शक्ति के अनुसार 3 से 5 बार	वात	पाचन तंत्र स्नायु तंत्र मांस पेशियां	उदर यकृत क्लोम आमासय आत्रग्रन्थि मस्तिष्क	मेदोवृद्धि उदावर्त अजीर्ण आमवात उदरशूल अनिद्रा योषपस्मार मधुमेह
15	मत्स्यासन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 1 बार	कफ	रुधिराभिसरण पाचन तंत्र स्नायु तंत्र स्वसन तंत्र	फुफ्फुस नेत्र नासिका दन्त कर्ण मस्तिष्क संधिगर्भासय उदर रोग	श्वास प्रतिश्याय फुफ्फुस रोग आमवात रजोविकृति अनिद्रा मेधाशक्तिहास व उदर शूल
16	भुजंगासन (सर्पासन)		रेचक–2 कुम्भक–4 पूरक–1	शक्ति के अनुसार 3 से 5 बार	पित्त	पाचन तंत्र प्रजनन अंग मांस व स्वसन तंत्र	वृक्क फुफ्फुस यकृत क्लोम प्लीहा आंत्र मेरुदण्ड गर्भाशय	श्वसन नेत्रवकंठ रोग विवन्ध मंदाग्नि मधुमेह गर्भाशय रोग कटिशूल
17	मयूरासन		रेचक–2 कुम्भक–4 पूरक–1	शक्ति के अनुसार 1 बार	पित्त	पाचन तंत्र स्नायु तंत्र मांस पेशियां	यकृत प्लीहा आत्र आमाशय क्लोम मस्तिष्क एडनल	मंदाग्नि विवन्ध अर्श मधुमेह योषपस्मार व निद्रा
18	शलभासन		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 3 से 5 बार	पित्त	पाचन तंत्र स्नायु तंत्र प्रजनन अंग मांस पेशियां	यकृत प्लीहा आत्र गर्भाशय मस्तिष्क मेरुदण्ड	उदावर्त अनाह रजोविकृति योषपस्मार अनिद्रा एवं कटिशूल
19	धनुरासन		रेचक–2 कुम्भक–4 पूरक–1	शक्ति के अनुसार 1 से 3 बार	पित्त	पाचन तंत्र स्नायु तंत्र मांस पेशियां	उदर यकृत प्लीहा आत्र आमाशय व मेरुदण्ड	नाभि विकृति मंदाग्नि निबन्ध अजीर्ण कटिशूल

क्रम सं0	नाम	स्वरुप	प्राणस्थिति	समय/बार	उपयुक्त प्रकृति	प्रभावित संस्थान	प्रभावित अवयव	प्रभावित व्याधि
20	मकरासन		सामान्य	शक्ति के अनुसार 1बार	वात	स्नायु तंत्र श्वास तंत्र रुधिराभिशरण	समस्त अंगो का सिथिली करण	शारीरिक तनाव व मानसिक तनाव
21	शीर्षासन (चिकित्सक के देखरेख में ताडासन व शवासन के साथ करना चाहिए)		रेचक–2 कुम्भक–4 पूरक–1	शक्ति के अनुसार 1 बार	कफ	पाचन तंत्र श्वसन तंत्र प्रजनन अंग मांस पेशियां	पीनियल पिचुत्री अंडकोश फुफ्फुस आत्र मस्तिष्क उदर	शरोरोग नेत्ररोग अर्श मंदाग्नि आंत्रपुच्छ शोथ अनिद्रा मधुमेह श्वास आत्रच्युति स्वप्नदोष कुष्ठ
22	गरुणासन		सामान्य	शक्ति के अनुसार 3 से 5 बार	कफ	स्नायु तंत्र मांस पेशियां	हस्त पाद अंडकोश उदर व मेरुदंड	हार्निया आमवात कटिशूल हाइड्रोसील चित्त चंपलता
23	नौलि क्रिया		रेचक– कुम्भक– पूरक–	शक्ति के अनुसार 1 बार	वात	पाचन तंत्र	क्लोम उदर आमाशय यकृत आंत्र	विबन्ध उदावर्त अनाह मेदोवृद्धि
24	उडियान बन्ध		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 1 बार	वात पित्त कफ	पाचन तंत्र श्वसन तंत्र	फुफ्फुस व क्लोम आंत्र	प्रतिश्याय श्वास आंत्रच्युति मधुमेह मेदोवृद्धि
25	हृदय स्तम्भन (नौकासन)		रेचक–1 कुम्भक–4 पूरक–2	शक्ति के अनुसार 3 से 5 बार	पित्त	रुधिराभिशरण पाचन तंत्र स्नायु तंत्र	हृदय क्लोम उदर यकृत आमाशय मेरुदंड विकृति	हृदयरोग मधुमेह मेदोवृद्धि उदरशूल उदावर्त कटिशूल

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MANAGEMENT OF VICHARCHIKA (ECZEMA) BY DARBYADI KWATH & KARANJADI TAILA

• *Dr. Julie Mandal

ABSTRACT

Vicharchika is a type of kshudrakustha, has the tendency of recurrences which causes a big problem to the physician as well as to the society. In modern medical sciences, the disease vicharchika may be co-related with eczema, a specific type of allergic cutaneous manifestation of antigen antibody reaction & characterized by superficial inflammatory oedema of epidermis associated with erythma, scaling, vesiculation, and sometimes oozing. In this study 36 patients registered; 30 completed the treatment. Acute (wet and edematous), chronic (dry, thick and scaly) and sub acute (the stage between acute and chronic) stage of eczema are taken for the studies. The patients are treated with karanjadi taila for local application and Darbyadi kwath (30ml) for internal use twice daily for the duration of 60 days. Result of the study revealed that the above mentioned medicine provides significant relief in the signs and symptoms.

Key words:- Vicharchika, kshudrakustha, darbyadi kwath, karanjadi taila, eczema.

INTRODUCTION

In Ayurveda, vicharchika is described in the ancient Ayurvedic texts under the context of KUSTHA ROGA, which is dominated by Tridosha along with psycho stress factor (Manas vikar) resulting in deterioration of rasa, rakta, twak and lasika dhatus and manifested in the clinical symptoms of vicharchika like

- Atikandu : Excessive itching
- Pidaka : Appearance of multiple rashes
- Bahusraba : Eczema with profuse discharging, mainly seen in acute cases
- Raji : Appearance of lichenification, mainly seen in chronic cases
- Ruja : Painful condition
- Gatrarukshata : Excessive dryness of the skin

Dermatology is an essential part of general medicine since the skin is not only protect the body from foreign particles as well as it covers the whole body. Diseases of the skin are common occurrences but the person becomes handicapped to the society as the lesions are seen from outside. Now a days, eczema is very common problem all over the world. The incidence of eczema is (2-3)% of all the medical problems seen in practice & about 30% of all the dermatological problems.

In Modern medicine, eczema is a disease which is resultant of delayed type of hypersensitivity mediated by T-lymphocytes in the skin & clinical manifestation may be of three kinds- 1. Acute stage (characterized by itchy erythematous lesion followed by edema, papules, vesicles, oozing, crusting etc.) 2.

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Chronic stage (When eczema persists for months or years and characterized by lichenification, hypo or hyper pigmentation) 3. Sub acute stage (It lies between acute and chronic stage and characterized by papules and scaling associated with moderate degree of edema and erythema).

Eczema is a recurrent skin disease with relapsing and remitting course. Its treatment is still a challenge to Dermatologists. The known remedies are not satisfactory and ideal for the management of the disease. So the dermatological potentialities of Ayurveda can indicate some herbal formulations which are of special interest for the research purpose. Keeping this idea in mind "*Darbyadi Kwath"* and *"Karanjadi Taila"*, the components of which are selected from Kandughna mahakashaya, Charaka Samhita Sutrasthan 4; has been chosen for the clinical trial.

MATERIAL AND METHODS :

1. CASES : 30 Patients of vicharchika(eczema) were taken for the study purpose.
2. SELECTION OF THE PATIENT

· Inclusive criteria : Patients show signs and symptoms of vicharchika between the age group of10 to 70 yrs. Were selected for the study.

· Exclusive criteria : Vicharchika with Diabetes mellitus, secondary infection, pregnancy, STD, malignancy. Apart from above criteria the patients under 10 yrs and above 70 yrs. were not selected for this study.

INVESTIGATION

1. Routine examination of blood
2. R.E. and M.E. of urine
3. Photography of the infected area before and after the treatment.

DRUG, DOSE AND DURATION

· Darbyadi kwath was administered orally in the dose of 30 ml twice in a day for 2 months.

· Karanjadi taila was applied locally twice daily for the same duration.

FOLLOW UP :

All the patients were called for a follow up to 15 days interval and the final assessment was done after completion of the treatment.

PREPARATION OF THE DRUG

DARBYADI KWATH : The ingredients of the Darbyadi kwath are the stem bark of Daruharidra (*Berberis aristata Dc.);* Raktachandan *(Pterocarpus santalinus Linn.)* and Karanja *(Pongamia pinnata Pierre).* All the drugs were taken in eqal amount and kwath was prepared in the method as described in our ancient texts.

KARANJADI TAILA : The main ingredients of karanjadi taila are karanja *(Pongamia pinnata Pierre);* Daruharidra (*Berberis aristata Dc.);* Raktachandan *(Pterocarpus santalinus Linn.)* . Take the components in equal amout and prepared oil in the tailapak vidhi as per classical method.

CRITERIA FOR ASSESSMENT :

The main aims and objective of the therapeutic trial was the complete regression of the lesion with normalization of hematological values and complete absence of sign and symptoms. So the criteria for

assessment was based on the results reported by the patients after completion of the treatment. The over all treatment was assessed as follows :

1. EXCELLENT RESPONSE : Patient with 100% regression in the lesion; complete absence of signs and symptoms; normalization of laboratory values.
2. MODERATE RESPONSE : Patients with less than 100% regression in the lesion along with appreciable relief of signs and symptoms and improvement of laboratory investigations were placed under moderate response.
3. POOR RESPONSE : Patients with very little relief of signs and symptoms along with minimal changes in laboratory investigation were placed under poor response.
4. NO RESPONSE : Patients with no improvement either from signs and symptoms or laboratory findings were placed under this category.
5. DETORIORATED : Patients with increase in the number of lessions along with severity and abnormal laboratory reports were placed under this category.

RESULTS & DISCUSSION :

After 1 week of using the trial drugs, the itching sensation and its frequency is reduced while burning sensation persisted in some cases. The size and number of the lesions reduced.

After 2 weeks of treatment, there was reduction in itching sensation skin lesions also reduced. Hyper pigmented area also reduced in their pigmentation. The cases with lichenification and fissuring showed reduction.

During 6th week of treatment, itching more or less absent but in some cases rarely tendency of itching persisted. The vesicles and papules subsided, lichenification reduced, fissuring was absent and the colour of skin improved markedly.

By 8 weeks of treatment maximum cases are totally free from the signs and symptoms but to prevent the recurrences the treatment was continued for extra 2 weeks.

After 10 weeks of treatment with the trial drug, it was noted that 62% of the patients were completely cured; while 27%of cases moderate response and 11% of cases reported reduction of signs and symptoms. There was no such complaints of any deterioration.

CONCLUSIONS :

Vicharchika is a recurrent skin disease and its relapse is very common even after treatment. Oral administration of Darbyadi kwath and local application of Karanjadi taila showed an effective result in the management of vicharchika. But due to the short sample size the further study is necessary in more cases to ascertain the efficacy of "*DARBYADI KWATH & KARANJADI TAILA".*

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MEDICINAL USE OF AZADIRACHTA INDICA IN CHILDREN

• Dr. P. S. Upadhyay

Azadirachta indica, hindi name *Neem* is a tree of family Meliaceae. It is native to India and Pakistan growing in tropical and sub-tropical regions. Neem is a fast -growing tree that can reach a height of 1520 metres rarely up to 3540 metres. It is evergreen, but in severe drought it may shed most of its leaves.

CHEMICAL COMPOUNDS: Indian scientists were the first to bring the plant to the attention of phytopharmacologists. In 1942, the Scientific and Industrial Research Laboratory at Delhi Universty, three bitter compounds were extracted from neem oil, which were named nimbin, nimbinin, and nimbidin. The seeds contain a complex secondary metabolite azadirachtin.

MEDICINAL USE: Neem believed to be anthelmintic, antifungal, antidiabetic, antibacterial, antiseptic and antiviral. All parts(seeds, leaves, flowers and bark) of the tree are said to have medicinal properties and are used for preparing many medical preparations.

ANTIFUNGAL: Ringworm and Candida, which causes vaginal yeast infections and oral thrush, are some of the more common fungi that attack on children. There are two medicinal compounds in the Neem leaf, gedunin and nimbidol, which have been clinically proven to control these fungi. Compounds found in neem leaf called quercetins (flavanoids) are effective antimycotics. Neem leaves smoke exhibited extreme suppression of fungal growth and germination in atmosphere.

ANTIBACTERIALS : It was found that neem oil has suppressed the growth of several species of pathogenic bacteria including Staphylococcus & Salmonella spp. *Azadirachta indica* extract had significant antibacterial activity against the multi-drug-resistant *Vibrio cholerae*.

ANTI-VIRAL : Neem inhibits viral multiplication by interacting with the surface of the cells to prevent the cell from becoming infected by the virus. Chickenpox, shingles, herpes, and hepatitis virus would be treated, by active compounds of Neem.

DENTAL TREATMENTS : In our country, millions of people use twigs as "tooth brushes" every day.This ancient practice is effective in preventing periodontal disease. Neem bark extracts can reduces the ability of some streptococci to colonize on tooth surfaces and reduces incidence of gingivitis.

PAIN RELIEF & FEVER REDUCTION : Neem is also a ready source of mild analgesic, antipyretic and anti inflammatory compounds. A compound known as sodium nimbinate found in neem leaves has been shown to provide significant relief in pain and inflammation.

HEAD LICE AND NEEM : Villagers of our country apply neem oil on hair to kill head lice. Neem extracts have been shown to relive from head lice in three important ways. Firstly Neem contains hormone mimics that interfere with the life cycle of parasites. Secondly Neem inhibits the feeding ability of parasites, giving

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rise to the term anti-feedant. Finally very important Neem prevents louse eggs from hatching.

DERMATOLOGICAL PROBLEM : Neem seed oil and leaf extracts is useful to cure for erythema toxicum, psoriasis and atopic dermatitis. It relieves the itching and pain by reducing the scale and redness of the patchy lesions. Azadirachta indica ('Neem') and Curcuma longa ('Turmeric') has been used for healing chronic ulcers and scabies.

INFANTILE SEBORRHOEIC ECZEMA: A common condition affecting babies under one year old. It usually starts on the scalp or the nappy area and quickly spreads. Although this type of eczema looks unpleasant and normally this type of eczema will relief in a few months, though the use of moisturizing neem leave paste and oil on local application provide fast relief.

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ROLE OF DIET IN AYURVEDA

• Dr. Alok Kumar Asthana

ABSTRACT

According to ayurveda aahar i.e. diet is the best preventive medicine and is solely responsible for health, illness, sorrow and happiness. Although, specific drugs are required for management of specific disease, Aahara is best of all the medicines. Eight Important rules are involved in the intake of a proper diet these are called Ashta ahara vidhi vishesaayatana. (Eight factors of diet & Dietetics).

KEY WORDS

Ayurveda, Aahara, Agni, Tridosh.

INTRODUCTION

Ayurveda is the world's most comprehensive, personalized, holistic & sustainable health system based on sound philosophical and scienctific principal. The word Ayurveda consists of the words ayu meaning "life" and veda, meaning "knowledge"or science.

Ayurveda defines health as balance of three doshas, the agni, the dhatus and the malas as well as the sensorial, metal, emotional and spiritual well being. There are the two main objectives of Ayurveda i.e. maintance of the health of healthy person and restoration of health in healthy person.

The treatment in ayurveda system is holistic and individualized having two components

- Preventive
- Curative

The preventive aspect of Ayurveda is called 'swasthavritta'and includes personal hygiene, regular daily & seasonal regime and appropriate social behavior.

The curative treatment consists of there major constituents, Ahara (diet) Vihar (life style) and Oushadha (medication)

CONCEPT OF AHARA

According to Ayurveda, Ahara i.e. diet is the best preventive medicine and is solely responsible for health and illness, sorrow & happiness. Although, specific drugs are required for management of specific disease, Ahara is best of all the medicines. No medicine can perform well unless it is accompanied by proper food.

The Food habit that promotes health is called Pathya (wholesome diet) where as the one which is not congenial to the body is called as Apathya (unwholesome diet). The concept of shadrasa (six tastes) is a central point in Ayurvedic cuisine. These six tastes- madhura (sweat), Amla(sour), Lavan (salty), Tikta (pungent), Katu (bitter) and Kashaya (astringent) should be present in balanced proportions.

AHARA VIDHI VISHESAAYATANA

Eight Important rules are involved for the intake of proper diet. These are called Ashta Ahara Vidhi Visheshaayatana (Eight Factorcorxcled of diet and Dietetics) All these eight factors are complementary to each other and denote wholesomeness of diet. Their consideration is essential.

1. PRAKRITI (Nature of food articles)

Food should be taken keeping in view the characteristics of the food stuff like guru (heavy)-laghu(light)/sheeta (cold potency) ushna (hot potency)/(singdha unctuous) ruksha (dry) etc. Rice, moong are laghu by nature whereas milk, black gramdal (Urad) are guru by nature.

2. KARANA (method of processing)

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Preparation is the process performed to modify the natural properties of substances.

It refers to alteration/ modification in the qualities of the food stuff by the effect of cooking, storing, preservation, flavoring, and specific utensil, condiments, spices etc e.g. adding black pepper to curd makes it less abhishyandi.

3. SAMYOGA (combination)

Sometimes the action of combination of diets is different from the action/effect of the individual components e.g. the combination of honey and ghee, fish and milk taken alone is very good for our system but if they are combined together, they become toxic.

4. RASHI (quantum)

It refers to the quantity of food to be taken. It is usually advised to eat up to ¾ the of the need.

5. DESHA (habitat/climate) The effect of food on the body depends upon the area/location from which the food has been collected and the geographical origin of consumer.

6. KALA (time) It refers to time of the years, time of the day, stage of the disease, age of the consumer and the stage of digestion/ Indigestion of the previously consumed food Right time to have food is when there is no bloating of the abdomen, urine & stool are passing normally, there is no sour eructation, there is feeling of lightness in the body specially in the region of chest and abdomen, there is no feeling of stiffness and there is feeling hunger.

7. UPAYOGA SANSTHA (Rules governing the intake of food)

- ✓ Always wash hands before taking food.
- ✓ Always eat only hygienic food.
- ✓ Always pray before taking food.
- ✓ Never eat the reheated food.
- ✓ Never consume very hot food.
- ✓ Never consume food that has been kept uncovered.
- ✓ Neither eats too slowly nor to fast.
- ✓ Always avoid talking while having food.

8. UPAYOKTA (whole someness of individual who takes it)

The user is the one who makes use of food and habituation depends upon him.

CONCLUSION

Thus it is concluded that ahara i.e. diet should be taken keeping in view the fundamentals of Ashta aahara vidhi viseshaayatana to reduce the morbidity due to life style disorders and achieving the noble goal of maintaining the health of the healthy.

In this way ahara i.e, diet plays an important role in maintaining the health of an individual.

Thus the need of the hour is to explore the potential of the science of dietetics in Ayurveda and find ways and means to adopt the recommendations of our ancient sages to achieve the ever cherished target of 'Health For All'.

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RASA SHALA

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ABSTRACT

In Ayurveda the process of drug manufacturing is dealt under Rasashastra various texts of RasaShastra describe Rasashala as the site for manufacturing of Medicines. The most important characteristics of an ideal Rasashala are the place or site should be appropriate with boundary of everything required for e.g.-space, raw materials, water etc. The building of the Rasashala should also be in accordance to the requirement i.e. High boundary, Proper ventilation. Inside the building the rooms or compartments should be divided as described in the texts and should have all the instruments required for drug manufacturing. The supervisor and staff members of the RasaShala should be knowledgeable, honest and hard working individuals.

In Rasashastra Rasashala or site for manufacturing medicines is of utmost importance and in various texts we find description regarding the setup of an ideal Rasashala ranging from selection of right place, raw materials etc. Although the description is from the ancient times but the basic principles used for the setup holds for the modern period also.

A complete Rasashala or a site for setting up a pharmacy in chosen where the process of medicines manufacturing, its use can be done in an organized manner and the medicinal herbs required are present in abundance.

The most important characteristics which are to be considered for an ideal Rasashala are following-

1) Place or Site
2) Building or infrastructure
3) Internal arrangements/Division of Labour
4) Staff members

1) Place or Site

The characteristics to be considered for an appropriate site are-

a) The place should be pleasant that is without any kind of obstacles and violence.
b) Abundancy of medicinal raw materials.
c) Adequate space.
d) Availability of water etc.

रसशालां प्रकुर्वीत सर्वबाधाविवर्जिते।
सर्वौशधिमये देशे रम्ये कूपसमन्विते।।
यक्षत्र्यक्षसहस्त्राक्षदिग्विभागे सुशोभने।
नानोपरकणोपेतां प्राकारेण सुशोभिताम।।

2) Building or Infrastructure

The building should have

a) High boundary
b) Four big doors with many windows
c) Proper Ventilation.
) Proper lighting that is natural light.

3) Internal Arrangement upmost/ Division of Labour

The internal arrangement should be such that separate place has been divided for separate processes and keeping instruments, raw materials etc. The division should be done as-

शालायाः पूर्वदिग्भागे स्थापयेद्रसभैरवम् ।
वह्निकर्माणि चाग्नेये याम्ये पाशाणकर्म च।।
नैऋत्ये शस्त्रकर्माणि वारूणे क्षालनादिकम्।

*Assistant professor RasaShastra,R.G.S,C, B.H.U., Barkacha, Mirjapur (U.P.)

शोशणं वायुकोणे च वेधकर्मोत्तरे तथा।।
स्थापनं सिघ्दवस्तूना प्रकुर्यादीशकोणके।
पदार्थसंग्रहः कार्यो रससाधनहेतुकः'

a) Rasabhairav should be an East side

b) The processes involving fire should be performed at agneya kona that is South-East direction.

c) The processes of grinding, breaking, powdering etc should be performed at the place in South direction.

d) The processes involving metals should be done at the place situated in South West direction.

e) The washing processes are to be done in the West direction.

f) The drying processes are to be done in North-West direction.

g) 'Vedhan' processes are to be done in a place situated in North direction.

h) The processed materials should be stored in North-east direction.

5) Staff members- It consists of supervising members and workers.

a) Supervising Staff

1) Pharmacist

2) Pharmecognosist and pharmacologist

3) Chemist

4) Menerologist

5) Linguist

6) Accountant/store keeper.

b) Workers

1) Drug collector

2) Pharmacy assistants

3) Securitys guard

4) Attendants

Instruments & Machines to be stored in a Rasashala

Various instruments & Machines have been described in the ancient texts of Rasashastra. And with the development of civilization these equipments also changed ie use of electrical instruments. Therefore the list of various instruments are-

a) Furnace- Furnace for satvapatan, Furnace for the kwath preparation of Aasavrishtha.

b) Mortars and pestles- Metal as well as stone

c) Vessels of glass, wood and mud, of different sizes.

d) Other instruments such as knife, tong. spatula, ladle, sieve, meshes of different sizes

e) Dola yantra and other yantra used on daily basis.

f) Various containers of different sizes

g) Scales of different type.

h) Cow dung cake, wood, coal etc.

There are several other instruments which are to be stored in RasaShala depending on there need in various preparation the above mentioned instruments have been modernized as in place of mortar and peastals electronic grinders and mixers are used likewise centrifuge, separators, Dryers, tablet making and coating machines etc.

Rasa vaidya

In Rasashala an ideal Rasa vaidya should have thorough knowledge of Rasashastra. He should be able to identify the herbs name, feature, type, quality and use, he should be able to identify minerals, metals and gems and he should also have knowledge of various languages

Workers

In Rasashala the qualities of an ideal workers or helpers are honest, hard working, brave and with good characters.

परिषद् समाचार

वैज्ञानिक संगोष्ठी के साथ सम्पन्न हुआ चरक जयन्ती समारोह

बरेली। भारतीय चिकित्सा पद्धति आयुर्वेद के लिए समर्मित अखिल भारतीय संस्था विश्व आयुर्वेद परिषद की बरेली शाखा ने चरक जयन्ती के उपलक्ष्य में एक भव्य समारोह एवं वैज्ञानिक संगोष्ठी का आयोजन स्थानीय प्रेमनगर राजकीय चिकित्सालय (आयुर्वेद) में सम्पन्न हुआ। जिसमें मुख्य वक्ता के रूप में एस.आर.एम.एस. आयुर्वेद कॉलेज के डॉ. डी.के. द्विवेदी ने वर्तमान परिप्रेक्ष्य में आयुर्वेद की प्रासंगिकता पर एक वैज्ञानिक उद्‌बोधन दिया। कार्यक्रम की अध्यक्षता प्राचार्य डॉ. बी.डी. अग्रवाल तथा मुख्य अतिथि के रूप में सेवानिवृत्त डॉ. आर.के. मिश्र ने अपने विचार प्रस्तुत किए।

कार्यक्रम का शुभारम्भ भगवान धन्वन्तरि के चित्र पर माल्यार्पण से हुआ। मुख्य उद्‌बोधन में डॉ. द्विवेदी ने कहा कि वर्तमान परिप्रेक्ष्य में आयुर्वेद की प्रासंगिकता बहुत ज्यादा बढ़ गयी है हम आयुर्वेद पद्धति से तमाम उन नये व पुराने रोगो को ठीक कर सकते हैं जिनसे ज्यादातर लोग ग्रसित रहते हैं। प्रतिश्याय, कास, श्वास, उदर विकार, मलेरिया, बिबन्ध आदि में आयुर्वेदिक दवाएँ सस्ती व गुणवान है। उन्होनें कहा कि कोई भी पैथी अकेले देश की स्वास्थ्य समस्याओं का समाधान नहीं कर सकती इसके लिए देश में जनसामान्य के स्वास्थ्य से सम्बन्धित एक राष्ट्रीय योजना तैयार करनी चाहिए जिसमें सभी चिकित्सा पद्धतियों का मिश्रण हो। मुख्य अभ्यागत डॉ. आर.के. मिश्रा ने विभिन्न बीमारियों की चिकित्सा के लिए अपने अनुभूत अनुभव बाँटे। प्राचार्य प्रो. बी.डी. अग्रवाल ने अपने अध्यक्षीय उद्‌बोधन में कहा कि 600 ई. के आस पास इस्लाम जब चरम पर था तब वहाँ के विद्वानों ने भारत से आयुर्वेद विद्वानों को आमंत्रित किया यहाँ से सुश्रुत संहिता का अपनी भाषा में अनुवाद कर एवं उसमें कुछ परिवर्तन कर यूनानी चिकित्सा पद्धति का विकास किया। उन्होंने आगे कहा कि देश जब आजाद हुआ था तब नेहरू जी ने स्वयं कहा था कि आयुर्वेद को राष्ट्रीय चिकित्सा पद्धति घोषित किया जाएगा परन्तु दुर्भाग्यवश विदेशी व अंग्रेजी दबाव के कारण आयुर्वेद का अवमूल्यन जो उस समय शुरू हुआ वह आज तक जारी है, हम सबको इसे एक चुनौती के रूप स्वीकार करना चाहिए और प्राणपण से इसको पुनःस्थापित करना चाहिए। कार्यक्रम का संचालन डॉ. राजीव सक्सेना ने तथा आभार ज्ञापन अध्यक्ष डॉ. वी.के. जैसवार ने किया। इस अवसर पर डॉ. जे.पी. पाण्डे, डॉ. अरूणेश अग्रवाल, डॉ. आनन्द गुप्ता, डॉ. अशोक सक्सेना, डॉ. रंजन विशद, डॉ. अतुल बाबू वार्ष्णेय, डॉ. प्रदीप सक्सेना, डॉ. अजय पाल, डॉ. यू.एस. अग्रवाल, डॉ. श्रीकान्त अग्रवाल, डॉ. एस.एस. चावला, डॉ. आर.के. यादव, डॉ. राम किशोर आदि उपस्थित रहे। कार्यक्रम मे विशेष सहयोग संजीव शर्मा मुम्बई का रहा।

भोपाल में परिषद की बैठक सम्पन्न

दिनांक 16.09.2012 को मध्य प्रदेश के प्रमुख कार्यकर्ताओं की बैठक भोपाल में सम्पन्न हुई। बैठक में राष्ट्रीय अध्यक्ष डॉ. योगेश मिश्र, राष्ट्रीय उपाध्यक्ष डॉ. बी.एम. गुप्ता, प्रदेश अध्यक्ष डॉ. गोपाल दास मेहता, विद्यार्थी प्रकोष्ठ के संयोजक डॉ. रामतीर्थ शर्मा (उज्जैन) विदेश प्रभारी डॉ. हितेश भाई जानी (जामनगर) डॉ. राजतायल (उत्तर प्रदेश) डॉ. बाबुल ताम्रकर आदि विशेष रूप से उपस्थित रहे। प्रदेश में कार्य की वर्तमान स्थिति की समीक्षा की गई तथा 100 आजीवन सदस्य, 10 संरक्षक सदस्य एवं 100 विद्यार्थी सदस्य बनाने का लक्ष्य घोषित किया गया। गत वर्ष उज्जैन में विद्यार्थी व्यक्तित्व विकास शिविर की समीक्षा की गई तथा मई 13 में भोपाल में प्रदेश का विद्यार्थी व्यक्तित्व विकास शिविर आयोजित करने का निश्चय किया गया। इस शिविर का संयोजक डॉ. बाबुल ताम्रकर को तथा सह संयोजक डॉ. शिवेन्द्र द्विवेदी को घोषित किया गया। राजस्थान प्रान्त में व्यक्तित्व विकास शिविर के आयोजन का दायित्व डॉ. रामतीर्थ शर्मा तथा गुजरात प्रान्त के शिविर का दायित्व डॉ. हितेश जानी को दिया गया।

जम्मू में राष्ट्रीय सचिव ने बैठक की

विश्व आयुर्वेद परिषद के सचिव एवं सी.सी.आई.एम. के सदस्य डॉ. हरिराम भदौरिया ने 25.09.2012 को कार्यकर्त्ताओं तथा पत्रकार वार्ता को सम्बोधित कर परिषद की कार्य योजना तथा नीतियों पर प्रकाश डाला। इस अवसर पर जम्मू के प्रसिद्ध डॉ. रूप लाल शर्मा को परिषद की जम्मू प्रदेश इकाई का संरक्षक घोषित किया गया। इस अवसर पर डॉ. जितेन्द्र गुप्ता, डॉ. सुदेश गुप्ता, डॉ. सुजाता सत्थू, डॉ. कृष्ण देव तथा डॉ. अरूण जडियाल आदि उपस्थित रहे।

दिल्ली परिक्षेत्र में परिषद की बैठक सम्पन्न

विश्व आयुर्वेद परिषद की एक बैठक दिनांक 02.09.2012 को राष्ट्रीय राजधानी क्षेत्र कौशाम्बी में सम्पन्न हुई। बैठक में परिषद के राष्ट्रीय अध्यक्ष वैद्य प्रो. योगेश चन्द्र मिश्र, राष्ट्रीय महासचिव प्रो. के.एस.पी. मिश्र, राष्ट्रीय सचिव डॉ. हरि भदौरिया, मूल चन्द अस्पताल दिल्ली के आयुर्वेद विभाग के निदेशक डॉ. श्री विशाल त्रिपाठी, तिब्बिया कालेज के पूर्व प्राचार्य डॉ. बी. एन. सिन्हा, डाबर संस्थान के शोध प्रभारी डॉ. चन्द्रकान्त कटियार, डॉ. मनोज विरमानी (करनाल), विदेश विभाग के संयोजक डॉ. स्वामी नाथ मिश्र (इटली), उत्तरांचल के कार्याध्यक्ष डॉ. मलिक (देहरादून), तिब्बिया कालेज दिल्ली से डॉ. वी. एस. शर्मा तथा डॉ. कौशिक महापात्र, चौधरी ब्रह्मप्रकाश चरक संस्थान के डॉ. त्रिपाठी, के अतिरिक्त, डॉ. सन्दीप गोयल (साल्वियो), डॉ. महेश अग्रवाल, नोयडा से डॉ. कृपाशंकर, दिल्ली से डॉ. कुलदीप सिंह सोहल, डॉ. नवदीप जोशी, डॉ. नितिन अग्रवाल (ब्लिस फार्मा) डॉ. रवि रघुवंशी, असम के सुप्रसिद्ध चिकित्सक वैद्य गिरिधारी लाल मिश्र, डॉ. ज्वाला किशोर मिश्र आदि विशेष रूप से उपस्थित रहें। बैठक में दिल्ली तथा उसके निकट के स्थानों पर संगठन को सुदृढ़ बनाने का आग्रह किया गया। डॉ. रघुवंशी ने परिषद की बेवसाइट को व्यवस्थित करने पर जोर दिया। डॉ. सिन्हा ने कहा कि अनेक जान्तव औषधियों जैसे कस्तूरी, मयूर पिच्छ, मृगश्रृंग आदि तथा वानस्पतिक द्रव्य जैसे अहिफेन आदि के प्रतिबन्धित होने के कारण आयुर्वेद की आशुकारी औषधियों का निर्माण प्रभावित हो रहा है। डॉ. कटियार का आग्रह था कि सरकार द्वारा बनाये जाने वाले आयुर्वेद विरोधी तथा बेढंगे कानूनो का संगठन स्तर पर तत्काल विरोध के लिये नीति बनाई जाए। डॉ. वाचस्पति दुबे ने संगठन को मजबूत बनाने का आग्रह किया। डॉ. भदौरिया ने सी.सी.आई.एम. द्वारा किये गये कार्यो का उल्लेख किया। इस अवसर पर परिषद के मर्णदर्शक डॉ. दिनेश भारद्वाज विशेष रूप से उपस्थित रहे। डॉ. भारद्वाज ने परिषद द्वारा संचालित विशेष कार्यक्रमों जैसे आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर की चर्चा विशेष रूप से करते हुए कहा कि आयुर्वेदज्ञों को अपना अहं छोड़ कर खुले दिल से ज्ञान को नई पीढ़ी को सौपना चाहिये। इस अवसर पर राष्ट्रीय राजधानी क्षेत्र के लिये समिति की घोषणा की गई तथा डॉ. नितिन अग्रवाल, डॉ. महेश अग्रवाल (संयोजक), डॉ. ज्वाला किशोर मिश्र (सहसंयोजक), डॉ. कटियार, डॉ. वी.एस. शर्मा, डॉ. त्रिपाठी तथा डॉ. सन्दीप गोयल को नामित किया गया।

आयुर्वेद विद्यार्थी व्यक्तित्व शिविर - करनाल में सम्पन्न

आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविरों की श्रृंखला में इस वर्ष मई में जगाधरी शिविर में निश्चय किया गया कि विद्यार्थियों को पंचकर्म का व्यवहारिक प्रशिक्षण प्रदान करने हेतु पृथक शिविर लगाया जाय। इसी क्रम में दिनांक 23 सितम्बर से 30 सिम्बर तक व्यक्तित्व विकास शिविर का आयोजन किया गया। उद्घाटन कार्यक्रम में करनाल के जिला आयुष अधिकारी डॉ. गुरमेल सिंह, संघ के विभाग संघ चालक प्रो. गोपाल कृष्ण जी, हरियाणा विश्व आयुर्वेद परिषद के अध्यक्ष डॉ. ऋषिराज वशिष्ठ, आरोग्य भारती के उत्तर क्षेत्र तथा राजस्थान के संयोजक डॉ. अमर बहादुर ठाकोर तथा परिषद के राष्ट्रीय अध्यक्ष वैद्य प्रो. योगेश चन्द्र मिश्र उपस्थित रहें। राष्ट्रीय आयुर्वेद संस्थान के एसोशियेट प्रोफेसर डॉ. बलदेव धीमान ने शिविराधिकारी के रूप में पूरे समय उपस्थित रहकर अनेक विषयों पर विद्यार्थियों का मार्ग दर्शन किया।

शिविर का आयोजन कृष्ण आयुर्वेद धाम, करनाल पर किया गया। संयोजक डॉ. मनोज विरमानी थे। इस अवसर पर विद्यार्थियों के लिये नाड़ी ज्ञान का प्रत्यक्ष ज्ञान कराने के लिये प्रख्यात नाड़ी वैद्य नन्दलाल शर्मा शिविर में उपस्थित रहे। इस अवसर पर डॉ. रामतीर्थ शर्मा (उज्जैन), डॉ. सुधीर कुमार (दिल्ली) मानस रोग विशेषज्ञ डॉ. कौशिक महापात्रा (दिल्ली), नेत्र रोग विशेषज्ञ डॉ. दिनेश कुमार शर्मा, प्रकाश नेत्रालय– जयपुर, प्रसूति एवं स्त्री रोग विशेषज्ञ डॉ. पूनम विरमानी, डॉ. सुधीर तूरी, डॉ. कुलदीप पवार (जालन्धर), डॉ. पुष्पेन्द्र शर्मा, (खानपुर कलाँ) आदि ने भी विभिन्न विषयों का प्रशिक्षण प्रदान किया। विरेचन कर्म का विशेष प्रशिक्षण देखकर विद्यार्थियों ने वमन कर्म के लिये भी प्रशिक्षण का आग्रह किया। इस हेतु फरवरी–मार्च में पुनः इसी केन्द्र पर शिविर आयोजन की योजना है।

समापन कार्यक्रम 30.09.2012 को आयोजित किया गया। इस कार्यक्रम में प्रतिभागियों ने अपने अनुभवों को रखा। समारोह कार्यक्रम में परिषद के राष्ट्रीय सचिव डॉ. प्रेमचन्द्र शास्त्री (हरिद्वार) तथा राष्ट्रीय उपाध्यक्ष एवं आयुर्वेद विश्वविद्यालय के कुल सचिव डॉ. अश्विनी भार्गव ने प्रतिभागियों का उत्साह वर्धन किया।

Instruction for Authors

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The paper should be sent to the editor by speed post on the following address in hard and soft copy both.

Author can send one copy of paper by e-mail.

Each article should preferably be divided into following broad sections (i) Abstract, (ii) Key words, (iii) Introduction, (iv) Methods and Materials, (v) Result, (vi) Discussion, (vii) Conclusion, (viii) Acknowledgement and References/bibliography.

The article should be of minimum 800 words and maximum 2000 words (for article) and 3000 words (for literary research).

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The name of the authors mentioned in references or bibliography are to be put in following way surname then first and second name. It should be in an alphabetical order.

Illustrations, photographs, tables, maps, graphs, should be given only when they are necessary. They should be numbered in Arabic numerals.

The contributors are requested to make use of Diacritical marks while preparing the manuscript of their research articles particularly in transliterating Sanskrit/Hindi words in English language.

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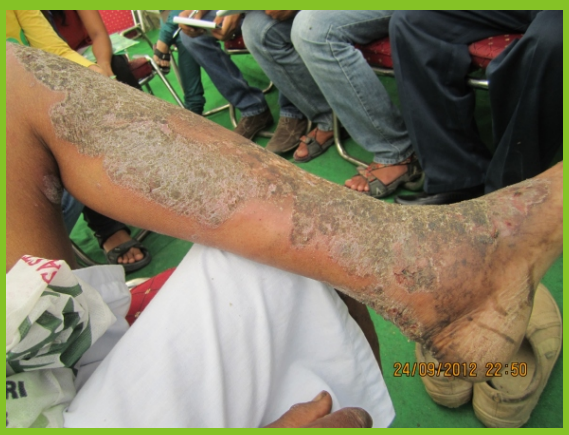
आयुर्वेद विद्यार्थी व्यक्तित्व शिविर, करनाल के संस्मरण



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