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# विश्व आयुर्वेद परिषद्

## पत्रिका

वर्ष-10, अंक-5-6 विक्रम संवत् 2070 ज्येष्ठ-आषाढ जून 2013



पिप्पली

# Journal of Vishwa Ayurved Parishad

## ग्रीष्म ऋतु

# विश्व आयुर्वेद परिषद

# Vishwa Ayurveda Parishad

Registered Under Society's Registration Act 21 of 1860 No. 420/97-98
Website : www.vishwaayurveda.org

A Non-Government Voluntary Organisation Dedicated for Re-establishmet of Ayurveda to it's Past Glory




## VAIDYA UDDHAVDAS MEHTA MEMORIAL
## All India Ayurveda P.G. Students Essay Competition-2013

Dear Students,

Vaidya Uddhavdas Mehta was born on 10th August 1911 in Bhopal in reputed family. After completing the Degree in Sanskrit and Ayurveda from Kashi, he started his practice. Pandit Madan Mohan Malviya was his idol. He devoted his life for Hindi, Hindu and Hindustan. Although he was engaged as an Ayurvedic practitioner but priority was on social service. His struggle against the terror and exploitation against the Nawabi regime of Bhopal State gave consolation to Hindu population. As a mark of respect he became popular by the name of Bhaiji.

He started his public life in 1926. He gave memorandum to Nawab of Bhopal in 1930 on behalf of Hindu conference. In 1934 he started one weekly Hindi magazine Praja Pukar. In 1937 Bhaiji was arrested for leading first freedom movement and imprisoned for 6 months. After release he started helping for Hyderabad Satyagraha. He became Sangh Chalak in Bhopal in 1940. Again he was arrested in 1944 for addressing a rally. People became violent when he was arrested in 1949 while leading Vileenikaran movement.

Basically he was a physician and a social worker but due to existing situation of Bhopal state he was compelled to lead the work of Hindu Mahasabha. Later he joined Jansangh by the request of Late. Kusabhau Thakre & Late Pt. Deendayal Upadhayay. Although he joined politics but he could not leave active social service. He established Vishramghat trust, Balniketana anathalaya, Mandir Kamaali trust, Durga mandir of Peergate and others. Bhaiji attempted to unite Hindu society which was divided in several parts. He was popular physician and treating the poor community free of cost. Vaidyaji had established an excellent coordination between profession, social service and politics. He lead different issues such as drought in Bengal, China war in 1962, price hike in 1973, emergency in 1975 and other social issues. These were the qualities and reason that Bhaiji ruled over the heart of people. Even today he is remembered with full respect and devotion for his excellent personality and contribution.

In auspicious memory of such an idol person VISHWA AYURVED PARISHAD & BHAI UDDHAVDAS MEHTA SMRITI NYAS jointly organizing an essay competition among Postgraduate students of Ayurvedic colleges of India.

Educational reform is the name given to a political process with the goal of improving public education. Small improvements in education theoretically have large social returns, in health, wealth and well-being.Modern education stands on a tripod of (1) Institutional material infrastructure, (2) Proactive students and (3) capable teachers. This tripod plays the same role in effective education, which in the words of Charak is played by the *Tridanda* of life: *Sattva-Atma-Sharira* i.e. mind-soul-body respectively. The material infrastructure of an institution is its *Sthula Sharira*, the student community is the *Sattva* i.e. dynamic proactive mind of the education system and the teachers are the *Atman* or Soul of the education system. An effective fruitful education will prevail only if this *Tridanda* is in place and is in dynamic continuum. In ancient times, the above said tripod of knowledge flourished through *Guru-Shishya* tradition in *Gurukula* system of education and it based on self-study (*Adhyayana*), teaching (*Adhyapana*) and discussion (*Tadvidyasambhasa*). With the dawn of modern age, the *Gurukulas* shrank and gave way to a rapid trend of institutionalization, which seems to be the need of the time. The institutions were thought to be superior to the traditional *Gurukula* system because the institutions provide to the learner the learning opportunity from more than one Guru, besides additional tools and facilities of learning such as libraries, laboratories, hospitals etc. One can consider it a good transition but the institutions today lack the eternal strength of the Guru factor. If the Guru factor in universities and colleges is restored and strengthened then our universities could become real modern *Gurukulas*.

Unfortunately, in today's educational system the *Tridanda* of education is not in proper balance, specially the *Atman* i.e. teacher component of education has become the leanest and weakest. However, it was strongest in *Gurukula* system of ancient times. Teacher is most important, because in education, teachers are the custodians of tradition and knowledge. The traditional belief that Ayurveda is eternally perfect science beyond time & space and it does not need any research and development has done big harm to this great science. Present status of Ayurveda teaching cannot be said satisfactory. There is a need of more and more dynamism and activism in this field to update Ayurveda and to develop it further in tune with the changing needs of the society today. Hence, education should always visualize & reflect its desired goal and outcome.

This essay competition invites the young Ayurvedic PG Scholars to come out with their views about the right kind of Ayurvedic Education based on principles and philosophy of Ayurveda making judicious use of biomedical sciences. Entries are invited to submit an essay on topic **"Issues of Educational Reforms in Ayurveda".** Vishwa Ayurveda Parishad is firmly determined to welcome and appreciate the views in form of essay in **"VAIDYA UDDHAVDAS MEHTA MEMORIAL ALL INDIA AYURVEDA P.G. STUDENTS ESSAY COMPETITION -2013".**

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## Guest Editorial

### Evidence Based Ayurveda : Pre-Requisite For Globalization & Resurgence

In the beginning of 20th century Ayurveda was "Primary System of Health Care" in India. Most of the people followed their life styles according to various principles & concepts of Health as described in Ayurvedic treatise. That was the golden era of Ayurveda. Unfortunately due to invasion of Britishers and Mughals over India and largely because of their rule and control over our country, there was gradual decline in the status of Ayurveda on National map. Presently Ayurveda is considered to be "Alternative System of Medicines" and is included by WHO under the list of "Traditional Systems of Medicines".

Certain fundamental concepts / principles of Ayurveda, namely "ANUMANA" and "APTOPADESH" etc. are not acceptable to the people of Scientific temperament. Scientific explanations are needed for various activities to prove their authenticity. Lack of data / evidence based studies in respective fields of Ayurveda has lead to its further deterioration at international scenario.

Luckily recently there is strong emergence of concept of holistic medicine all along the globe. Drug toxicity, side effects of most of the Allopathic Drugs and unsatisfactory treatment of certain chronic disorders (like Arthritis, Liver Disorders, Life Style disorders etc.) by Allopathic medicines has resulted in commendable increase in the demand of Aurveda globally. Most of the people all over the world have started appreciating and accepting the importance and potential of Ayurveda in prevention and promotion of positive health of the masses along with its capacity to cure many dreadful diseases, the only hicth being lack of Scientific / data based / evidence based studies in the field of Ayurevda.

Therefore there is a strong need to revive / revalidate Ayurvedic concepts /principles on scientific parameters through "RESEARCH" so that the Ayurvedic system of Medicine may be propagated and accepted widely in the International market today.

**PROF. AJAY KUMAR SHARMA**
DIRECTOR
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JAIPUR.

# CLINICAL EVALUATION OF VYAGHRI HARITAKI IN THE MANAGEMENT OF BRONCHIAL ASTHMA (TAMAKA SWASA)

• **Neha Mishra*, B.L. Mehra****

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**AIMS:**

To study the efficacy and safety of Vyaghri Haritaki in management of Bronchial asthma(Tamaka swasa)

**OBJECTIVES:**

Primary Objective is to assess the clinical efficacy of Vyaghri Haritaki in the management of Bronchial Asthma (Tamaka swasa) and Secondary Objective is to assess the clinical safety of Vyaghri Haritaki in the patients of Bronchial Asthma (Tamaka swasa).

**STUDY DESIGN:**

The study design set for the present study is open clinical trial. The study was done in single group during and after intervention of the drug Vyaghri Haritaki. Study was conducted on 50 diagnosed patients of Bronchial asthma (Tamaka swasa) using chief complaints & other symptomatology. Baseline assessment was done after selection of patient as per inclusion & exclusion criteria. Primary assessment for the effect of drug was carried out on 14th day and then follow up was taken every 14th day for the assessment of drug compliance, assessment of ADRs & issue of trial drug. Final assessment was carried out at the end of 16th week. Observations were analyzed with the help of Paired t Test & also RM ANOVA by SPSS16.0.

**KEY WORDS:-** Vyaghri Haritaki, Bronchial Asthma (Tamaka swasa).

**INTRODUCTION:**

Ayurveda, the science of life is the supreme theory with unerring factors based on tridosha and Panchabhautic principles. Over the centuries, the etiology of a particular disease has been enrolling wide number of factors rendering incurable status to that disease. Tamaka swasa is the disease of such status which is though manageable at the early onset, still not curable at the chronic stage (after 1 year duration), as the term 'Yapya' suggests to its prognosis. Swasa goes with the swasa (prana) is the oldest misbelief for the disease from centuries ago. In this condition the predominant dosha kapha causes obstruction in the pranavaha srotas, thereby disturbing the movement of vata. Consequently vata is vitiated & its pratilomgati takes place, which results in Swasakashtata. Pranavaha strotas, annavaha strotas & udakavaha srotas are also involved in Tamaka swasa, a condition, which in modern parlance is known as Bronchial asthma. Swasa, a disease of antiquity, was considered for treatment ever since it originated. In Vedic period

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the efforts started to keep the respiration unimpaired through Prayers and Mantras. Later, in Samhitas the treatment methods were elucidated.

In an attempt to combat disease & to ascertain the therapeutic and Rasayana effects in the asthmatic attacks a safe and scientifically approved drug "Vyaghri Haritaki" is considered for research.

**Inclusion Criteria:**

1. Patients of either sex with age between 18 to 60 years.
2. Patient with stable Bronchial Asthma (Tamaka Swasa) (as per WHO GINA Guideline) for at least 6 weeks prior to study entry.
3. Positive test of reversibility: Symptomatic patients - an improvement of 60 L/min or =20% in PEFR, 10 minutes after the inhalation of 200 mcg of Salbutamol.

Asymptomatic patients - 60 L/min or =20% fall in PEFR by provocation with 5-10 minutes of physical exercise, followed by reversal upon inhalation of 200 mcg of Salbutamol, when assessed after 10 minutes.

4. Patient willing and able to participate for 16 weeks.

**Exclusion Criteria**

1. Patients with PEFR <50% and or FEV1 < 50% of predicted value.
2. Patients with evidence of malignancy.
3. Patients with poorly controlled diabetes mellitus BSF >120 mg/dl.
4. Patients with poorly controlled hypertension, i.e. systolic =160 mm to Hg and diastolic =100 mg Hg
5. Patients on prolonged =6 weeks medications with corticosteroids, bronchodilators, mast cells stabilizers, antidepressant or any other drug that may have influence on the outcome of the study.
6. Patients suffering from, major systemic illness, necessitating long term drug treatment such as Rheumatoid Arthritis, arthritis, tuberculosis, psychoneuro endocrinal disorders.
7. Patients who, have a past history of atrial fibrillation, acute coronary syndrome, myocardial infarction, stroke or severe arrhythmia, in last 6 months.
8. Symptomatic patients with clinical evidence of heart failure.
9. Smoker/ alcoholics / drug abusers
10. H/o hyper sensitivity to trial drugs.
11. Patients with concurrent, serious, hepatic disorder, severe pulmonary dysfunction or any other condition that may jeopardize the study.

**Investigation**

Blood - Hb, TLC, DLC, ESR, AEC, FBS

**Biochemistry**

| | |
|---|---|
| Serum IgE | Serum bilirubin |
| Sputum AFB | Blood urea |
| SGOT | SGPT |
| S. Albumin | X ray chest PA view |
| S. globulin | ECG |
| Total protein | Spirometery |
| S. Uric acid | S. creatinine |

**MATERIALS AND METHODS:**

VYAGHRI HARITAKI - was prepared according to the

method mentioned in AFI, Part-II, 3:6. By Arya Vaidya Sala, Kohjikode, Kerala.

It is a semisolid preparation made with the ingredients in the Formulation composition given below.

| S.No. | Ingredients | Botanical names | Part used | Quantity |
|---|---|---|---|---|
| 1 | *Kantakari* | *Solanum surattense* | Plant | 100 part |
| 2 | Water for decoction reduced to | Water | | 256 part 1/4th |
| 3 | Haritaki | *Terminalia chebula* | Fruit rind | 25 part |
| 4 | *Guda* | *Jaggery* | | 100 part |
| 5 | *Sunthi* | *Zinziber officinales* | Rhizomes | 2 part |
| 6 | *Maricha* | *Piper nigrum* | Fruit | 2 part |
| 7 | *Pippali* | *Piper longum* | Fruit | 2 part |
| 8 | *Tvak* | *Cinnamomum zeylanicum* | Stem bark | 1 parts |
| 9 | *Patra* | *Cinnamomum tamala* | Leaf | 1 parts |
| 10 | *Ela* | *Elettaria cardamomum* | Seed | 1 part |
| 11 | *Nagakeshar* | *Mesua ferra* | Androecia | 1 part |
| 12 | *Puspa rasa* | *Honey* | | 6 part |

Dose: 5-15 gram

Anupana (Vehicle) - Luke Warm water.

Treatment Schedule:-

VYAGHRI HARITAKI (API-Part-II-Vol.-I:Pg.35-37/)

Dose: 10gm twice daily

Dosage form: Avaleha

Route of Administration: Oral

Time of Administration: (Kala) Twice a day after food

Anupana (vehicle): Lukewarm Water

Packing form: 330gm pet jar

Duration of therapy: 12weeks

Duration of Study: 16 weeks

Follow-up with drug administration: 14th day, 28th, 42nd, 56th, 70th & 84th days.

Without drug administration: 112th day (16th week).

**Methods of assessment**

**Prior to selection (Screening)**

1. Informed consent
2. Eligibility evaluation
3. Physical examination
4. Laboratory examination
5. Measurement of PEFR

**During selection (baseline)**

1. General information (personal identification and demographic profile)
2. Medical history, general physical and systemic examination.
3. Assessment of *ayurvedic* parameters
4. Asthma control questionnaire score
5. Measurement of PEFR

**During treatment i.e. on 14th, 28th, 42th, 56th, 70th day**

1. Measurement of PEFR
2. Asthma control questionnaire score
3. Physical examination and clinical assessment
4. Issue of drug
5. Instruction to come after 2 weeks (14 days)

**At the end of 12 weeks**

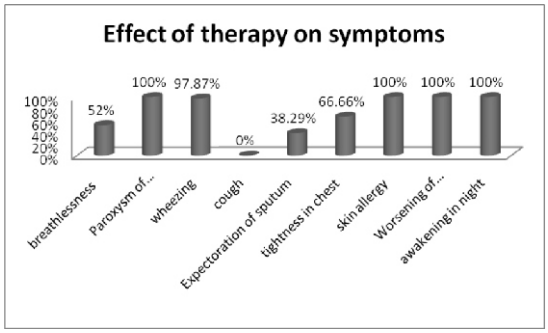
1. Assessing drug compliance
2. Assessment of *ayurvedic* parameters
3. Physical examination and clinical assessment
4. Measurement of PEFR
5. Asthma control questionnaire score
6. Laboratory investigation
7. Instruction to come after 4 weeks

**Assessment at the end of 16 weeks**

1. Clinical assessment
2. Measurement of PEFR and
3. Asthma control questionnaire score

| **Clinical assessment** | **Yes** | **No** |
|---|---|---|
| a. Breathlessness | 1 | 0 |
| b. Paroxysm of breathlessness | 1 | 0 |
| c. Wheezing | 1 | 0 |
| d. Cough | 1 | 0 |
| e. Expectoration of sputum | 1 | 0 |
| f. Tightness in the chest | 1 | 0 |
| g. Skin allergy | 1 | 0 |
| h. Night symptoms | 1 | 0 |
| i. Awakening in the night | 1 | 0 |

| **Symptoms** | **N** | **Mean** | | **M.D** | **% of relief** | **S.D** | **S.E±** | **'t'** | **p** |
|---|---|---|---|---|---|---|---|---|---|
| | | **B.T** | **A.T** | | | | | | |
| Breathlessness | 50 | 1.000 | 0.480 | **0.520** | 52 | 0.504 | 0.071 | 7.286 | <0.001 |
| Paroxysm of breathlessness | 50 | 0.840 | 0.00 | 0.840 | 100 | 0.370 | 0.052 | 16.039 | <0.001 |
| Wheezing | 50 | 0.940 | 0.020 | 0.920 | 97.87 | 0.274 | 0.038 | 23.738 | <0.001 |
| Cough | 50 | 0.960 | 0.960 | 0.00 | 0 | 0.285 | 0.040 | - | - |
| Expectoration of sputum | 50 | 0.940 | 0.580 | 0.360 | 38.29 | 0.562 | 0.079 | 4.523 | <0.001 |
| Tightness in chest | 50 | 0.960 | 0.320 | 0.640 | 66.66 | 0.525 | 0.074 | 8.615 | <0.001 |
| Skin allergy | 50 | 0.160 | 0 | 0.160 | 100 | 0.370 | 0.052 | 3.055 | <0.01 |
| Worsening of breathlessness in night | 50 | 0.220 | 0 | 0.220 | 100 | 0.418 | 0.059 | 3.718 | <0.001 |
| Awakening in night | 50 | 0.180 | 0 | 0.180 | 100 | 0.388 | 0.054 | 3.280 | <0.01 |



**Significant**

Asthma Control Questionnaire score by paired 't' test

| Score | N | Mean | | M.D | % of relief | S.D | S.E± | 't' | p |
|---|---|---|---|---|---|---|---|---|---|
| | | B.T | A.T | | | | | | |
| Trial group | 50 | 2.234 | 0.946 | 1.288 | 57.65 | 0.732 | 0.103 | 12.453 | <0.001 |

**Pair Wise Comparison of effect of therapy on scores of asthma control questionnaire Post Hoc Test**

| DAYS | | Mean | | Mean difference (A-B) | S.E± | P value | Remarks |
|---|---|---|---|---|---|---|---|
| Day0( A) | (B) Day14 | 2.234 | 1.873 | .362 | .081 | <0.01 | Significant |
| | Day28 | | 1.484 | .751 | .087 | <0.001 | Significant |
| | Day42 | | 1.247 | .988 | .085 | <0.001 | Significant |
| | Day56 | | 1.058 | 1.176 | .087 | <0.001 | Significant |
| | Day70 | | .906 | 1.328 | .101 | <0.001 | Significant |
| | Day84 | | .946 | 1.288 | .110 | <0.001 | Significant |
| | Week16 | | .922 | 1.312 | .104 | <0.001 | Significant |

**Effect of therapy on St.George's Respiratory Questionnaire (SGRQ-C) Scores-**

| Score | N | Mean | | M.D | % of relief | S.D | S.E± | 't' | p |
|---|---|---|---|---|---|---|---|---|---|
| | | B.T | A.T | | | | | | |
| Trial group | 50 | 26.765 | 22.822 | 3.943 | 14.73 | 3.920 | 0.554 | 7.113 | <0.001 |

| Score | N | Mean | | M.D | % of relief | S.D | S.E± | 't' | p |
|---|---|---|---|---|---|---|---|---|---|
| | | B.T | AFU | | | | | | |
| Trial group | 50 | 26.765 | 23.028 | 3.737 | 13.96 | 3.556 | 0.5503 | 7.431 | <0.001 |

| Score | N | Mean | | M.D | % of relief | S.D | S.E± | 't' | p |
|---|---|---|---|---|---|---|---|---|---|
| | | B.T | AFU | | | | | | |
| Trial group | 50 | 22.822 | 23.028 | 0.205 | - | 2.054 | 0.290 | 0.707 | >0.05 |

**Effect of therapy on PEFR**

| PEFR | N | Mean | | M.D | % of relief | S.D | S.E± | 't' | p |
|---|---|---|---|---|---|---|---|---|---|
| | | B.T | A.T | | | | | | |
| Trial group | 50 | 210.38 | 277.04 | -66.66 | 31.68 | 63.154 | 9.022 | 7.388 | <0.001 |

**Effect of therapy on Pathological and biochemical Investigations**

| Investigation | Mean score | | % Inc/dec | t-value | Sig. (2tailed) |
|---|---|---|---|---|---|
| | BT | AT | | | |
| Hb | 10.89 | 11.03 | 1.24 | 1.204 | P>0.05 |
| TLC Count | 8082 | 7530 | 6.83 | 3.505 | P<0.001 |
| DLC- Neutrophils | 63.32 | 59.52 | 6 | 2.687 | P<0.01 |
| Eosionophils | 4.52 | 3.18 | 29.64 | 2.343 | P<0.05 |
| Basophils | 0 | 2.95 | - | 8.936 | P<0.001 |
| Lymphocyte | 30.94 | 30.14 | 2.58 | 1.548 | P>0.05 |
| Monocytes | 1.08 | 1.06 | 1.85 | 0.573 | P>0.05 |
| ESR | 20.86 | 14.34 | 31.25 | 3.017 | P<0.01 |
| Absolute eosinophil count | 416 | 316 | 24.16 | 3.282 | P<0.01 |
| FBS | 95.76 | 94.42 | 1.39 | 1.123 | P>0.05 |
| Blood Urea | 34.64 | 32.86 | 5.13 | 4.027 | P<0.001 |
| S. Uric Acid | 5.11 | 5.59 | 9.30 | 0.662 | P>0.05 |
| S.Creatinine | 0.90 | 0.88 | 3.01 | 0.690 | p>0.05 |
| SGOT | 35.03 | 31.00 | 11.51 | 1.437 | P>0.05 |
| SGPT | 38.50 | 32.46 | 15.68 | 1.936 | P>0.05 |
| Total Protein | 6.54 | 6.41 | 1.90 | 2.611 | P<0.05 |
| S. Albumin | 3.53 | 3.44 | 2.54 | 1.188 | P>0.05 |
| S.Globulin | 2.74 | 2.55 | 6.78 | 3.651 | P<0.001 |
| A/G Ratio | 1.10 | 1.01 | 8.08 | 3.567 | P<0.001 |
| Conjugated Bilirubin | 0.61 | 0.59 | 4.07 | 0.767 | P>0.05 |
| Unconjugated Bilirubin | 0.42 | 0.44 | 5.05 | 0.677 | P>0.05 |
| Serum Alkaline Phosphate | 61.63 | 62.71 | 1.75 | 2.225 | P<0.05 |

**Effect of therapy on *Ayurvedic* Parameters**

| Investigation | N | Mean score | | MD | % of relief | S.D | S.E± | t | P |
|---|---|---|---|---|---|---|---|---|---|
| | | BT | AT | | | | | | |
| *Asino Labhate Saukhyam* | 50 | 0.980 | 0.429 | 0.551 | 56.22 | 0.502 | 0.071 | 7.675 | <0.001 |
| *Aruci* | 50 | 0.204 | 0.041 | 0.163 | 79.90 | 0.373 | 0.053 | 3.060 | <0.01 |
| *Bhròsìma Artimana* | 50 | 0.367 | 0 | 0.367 | 100 | 0.487 | 0.069 | 5.279 | <0.001 |
| *Jwara* | 50 | 0.306 | 0.020 | 0.286 | 93.46 | 0.456 | 0.065 | 4.382 | <0.001 |
| *Kanthe Ghur Ghur Sábda* | 50 | 0.979 | 0.204 | 0.775 | 79.16 | 0.421 | 0.060 | 12.877 | <0.001 |
| *Kasa* | 50 | 0.979 | 0.979 | 0 | 0 | 0.204 | 0.029 | - | - |
| *Kanthodhwamòsa* | 50 | 0.939 | 0.837 | 0.102 | 10.86 | 0.421 | 0.060 | 1.698 | >0.05 |
| *Kricchacchknoti Bhasòitum* | 50 | 0.878 | 0.347 | 0.531 | 60.47 | 0.544 | 0.078 | 6.828 | <0.001 |
| *Lalata Sweda* | 50 | 0.265 | 0.082 | 0.183 | 69.05 | 0.527 | 0.075 | 2.438 | <0.05 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *Muhusìwaso Muhuschaivavdhamyate* | 50 | 0.592 | 0.122 | 0.470 | 79.39 | 0.581 | 0.083 | 5.655 | <0.001 |
| *Meghat Vardhate* | 50 | 0.918 | 0.775 | 0.143 | 15.57 | 0.456 | 0.065 | 2.191 | <0.05 |
| *Na chapi Labhate Nidra* | 50 | 0.633 | 0.429 | 0.204 | 32.22 | 0.676 | 0.097 | 2.112 | <0.05 |
| *Pinasa* | 50 | 0.531 | 0.184 | 0.347 | 65.34 | 0.481 | 0.069 | 5.050 | <0.001 |
| *Pranòaprapidòakam Tivra sìwasa* | 50 | 0.755 | 0.347 | 0.408 | 54.03 | 0.574 | 0.082 | 4.974 | <0.001 |
| *Pramoha* | 50 | 0.043 | 0.298 | -0.25 | - | 0.487 | 0.071 | -3.590 | <0.001 |
| *Parsìva sìula* | 50 | 0.530 | 0.469 | 0.061 | 11.50 | 0.689 | 0.098 | 0.622 | >0.05 |
| *Pragvatam Vardhate* | 50 | 0.937 | 0.812 | 0.125 | 13.34 | 0.489 | 0.071 | 1.770 | >0.05 |
| *Sìlesòmanòyam Unmuchyamane Tu Bhrisòam Bhavati Dukhitah* | 50 | 0.918 | 0.591 | 0.327 | 35.62 | 0.554 | 0.079 | 4.120 | <0.001 |
| *Sìitodaka vardhate* | 50 | 0.979 | 0.734 | 0.245 | 25.02 | 0.480 | 0.068 | 3.571 | <0.001 |
| *Sìitaròitu vardhate* | 50 | 0.979 | 0.750 | 0.229 | 23.39 | 0.472 | 0.068 | 3.362 | <0.01 |
| *Sìlesòmala Ahara vardhate* | 50 | 0.959 | 0.674 | 0.285 | 29.71 | 0.500 | 0.071 | 4.000 | <0.001 |
| *Sìitopcarenòa prasìamana (Santamaka Sìwasa)* | 50 | 0.898 | 0.408 | 0.490 | 54.56 | 0.505 | 0.072 | 6.788 | <0.001 |
| *Tamah Pravesìa* | 50 | 0.775 | 0.163 | 0.612 | 78.96 | 0.492 | 0.070 | 8.706 | <0.001 |
| *Tròsònòa* | 50 | 0.347 | 0.102 | 0.245 | 70.60 | 0.560 | 0.080 | 3.060 | <0.01 |
| *Tamasa Vardhate (Pratamaka Sìwasa)* | 50 | 0.694 | 0.102 | 0.592 | 85.30 | 0.574 | 0.082 | 7.213 | <0.001 |
| *Saukhyam Usònòam* | 50 | 0.592 | 0.041 | 0.551 | 93.07 | 0.503 | 0.072 | 7.675 | <0.001 |
| *Ucchròta-Netra* | 50 | 0.122 | 0 | 0.122 | 100 | 0.331 | 0.047 | 2.588 | <0.05 |
| *Visusòkasyata* | 50 | 0.184 | 0 | 0.184 | 100 | 0.391 | 0.056 | 3.286 | <0.01 |
| *Vamathu* | 50 | 0.204 | 0 | 0.204 | 100 | 0.407 | 0.058 | 3.508 | <0.001 |

**DISCUSSION:**

It is seen from present study that vyaghri hareetaki shows highly significant results in clinical Parameter as well as Objective Parameters when analyzed with the help of paired 't' test and repeated measure ANOVA.

**CONCLUSION:**

1. Oral administration of vyaghri hareeetaki is found to be statistically significant in relieving chief complaints of Bronchial asthma (Tamaka shwasa) in patients.
2. No adverse effect is seen during or after the treatment. So vyaghri hareetaki is safe in the patients of Bronchial asthma.
3. The treatment is extremely significant as it improves PEFR value.
4. It shows extremely significant results in parameters like Asthma control questionnaire, St. George Respiratory Questionnaire.
5. The treatmentis effective because it acts as *kaphavata shamaka,Pachan*, *Vatanulomak* & *Rechan*

Therefore we can conclude that vyaghri hareetaki is safe and effective in the management of bronchial asthma.

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# A TOXICOLOGICAL STUDY OF ASHODHITA & SHODHITA GUNJA (ABRUSPRECATORIUS LINN) AN EXPERIMENTAL STUDY

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**ABSTRACT**

Ayurveda or any other science is to find out the validity of the claim or concepts prevalent or, to throw new insight into old facts, concepts and practices. Things established as truths traditionally are first challenged and doubted as regards their validity, they are then critically reexamined in modern light and accepted or rejected only after convincing evidence is found. One way to verify such concepts is to examine them experimentally with the help of animals, as conducting experiments on human beings is not ethical and legal in today's world. Various references are available which show that even in the ancient times, mankind had learnt the use of various drugs after observing them being used by animals. The Ayurvedic classics also throw light on the experimental studies by describing various *visha vegas*in animals and several sign and symptoms produced on animals when fed contaminated food (Ca.Chi.23 and A.S.Su.8).

Some of the drug used in *Ayurveda* is found to contain certain toxic principles. In *Ayurvedic text* and *Rasashastra*, it is strictly stated that poison can be the best medicine depending on the purification procedures, formulations and doses of the medicine.

**KEY WORDS:** Ayurveda, Experimental study, Toxic, Shodhan

**INTRODUCTION**

Every living body of knowledge needs constant support of research for its growth. *Ayurveda*, the traditional health care science of India, is indeed a living organized body of knowledge which has stood the test of time and continues to provide primary health care support to a considerable segment of the Indian society.

Among the many traditional health care streams of the world, *Ayurveda* is unique in its sound foundation of documented theories and operational guides. However, the present global aspirations and challenges that this tradition needs to encounter make it imperative that the complex layers of its principles and applications are validated in a manner that is understood by the global man. Moreover, there is also a need for upgrading that knowledge base in order to enhance its rationality. This, obviously, has to be achieved with the able support and benign aid of modern science.

In fact various factors play a very important role in deciding the safety and efficacy of the drug. Every drug inherently carries some adverse effects. It is always the expertise of a physician which converts a highly poisonous substance into an effective medicine. Such drugs which are described in *Ayurveda* Gunja (*Abrusprecatorius*), Bhallatak ( *Semicarpusanacardium*), Dhatura (*Datura metal*), Vatsnabh (*Aconitum ferox*) etc.

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Today people are shifting from the modern medicines to the ancient systems of medicines like *Ayurveda* which is a very comprehensive medical system and has been practiced for generations in India. It is time tested system of medicine but, one must be able to explain the various processes used by our ancient system in terms of modern language and methodology to be made more acceptable.

**NEED OF THIS STUDY:**

- *Ayurveda* is a time tested system of medicine but, one must be able to explain the various processes used by our ancient system in terms of modern language and methodology acceptable to the modern world.
- *Gunja* is a very popular herbal drug, many research works have been done on its therapeutic property but it is highly toxic when used in natural form.
- The study depends on safety evaluation study (animal toxicity) showed that process of detoxification is effective or not.

**Aims and Objectives of the study:**

- To compare toxic study of *Gunja* seed before and after *Shodhana* (detoxification) on cellular level and histopathological changes in Albino Rats.
- To study the therapeutic efficacy of *Gunja* seeds after *Shodhana* process.

**MATERIALS AND METHODS:**

***A) Animals:***

In all total 30 albino rats of either sex were taken for the present study. The animals were divided into 5 groups of 6 animals in each group.

***B) Weight of Animals***

The rats weighed between 102-250 gm were kept in group-I (Control);

*106-150gm in group-II (Ashodhita Gunja Therapeutic);*

*101-200 gm in group-III (Ashodhita Gunja Therapeutic 5X);*

*101-178 gm in group-IV (Shodhita Gunja Therapeutic); and*

*102- 176gm in group-V (Shodhita Gunja Therapeutic 5X).*

***C) Housing***

They were kept in the Animal House of the 'Apollo College of Veterinary Medicine, Kanota, Jaipur.

This work has been approved by ethical committee Ref. No. 886/ac/05/CPCSEA on Date 6 September 2012 Letter No. ACVM/2012/208 in the Apollo College of Veterinary Medicine, Kanota, Jaipur.

***D) Feeding***

They were fed with Pellets, vegetables and tap water. Both the food and water were available and libitum.

***E) Climate***

They were reared under prevailing ambient temperature humidity and exposed to natural day and night cycle.

**Drugs & Chemicals:**

i. Fine powder (200 mesh) of *Ashodhita Gunja* seeds in Therapeutic Dose

ii. Fine powder (200 mesh) of *Ashodhita Gunja* seeds in 5 times Therapeutic Dose

iii. Fine powder (200 mesh) of *ShodhitaGunja* seeds in Therapeutic Dose

iv. Fine powder (200 mesh) of *ShodhitaGunja* seeds in 5 times Therapeutic Dose

v. 5% gum acacia.

vi. Distilled water.

***SHORT TERM TOXICITY TEST:***

This test involves the repeated administration of drug over short period(28 days) in doses which are therapeutic and 5 times more than the therapeutic dose.

**Route of Administration**

The test drugs were administered in suitable doses by oral route with the help of an oral catheter daily for twenty eight consecutive days.

**Dose selection:**

The normal human adult dose of Powder of *Gunja* seeds is 80-100 mg/day. Hence the suitable dose for rats calculated by referring the table of Paget and Barnes i.e.

**Human dose x Body surface area ratio convertibility factor**

100 mg x 0.018

1.8 mg/rat (200 gm B.W.)

By converting to mg/kg, the dose multiplied with suitable factor i.e. 5.

1.8 mg x 5

9 mg/kg.

**Group wise Dose Calculation:-**

**Group-I** Dose for Control Group- 9mg/kg

**Group-II** Dose for *Ashodhita Gunja* Therapeutic (**AGT)**- 9 mg/kg

**Group-III** Dose for *Ashodhita Gunja* Therapeutic 5X (**AG5X**)- 45 mg/kg

**Group-IV** Dose for *ShodhitaGunja* Therapeutic (**SGT**)- 9 mg/kg

**Group V** Dose for *ShodhitaGunja*Therapeutic 5X (**SG5X**)- 45 mg/kg

**Experimental Protocol-**

- One group was kept as control and the other four groups were kept as treated groups.
- In each group 6 rats (3 males and 3 females) were taken and weighed (B.T.) and numbering was done.
- Drug dose for human was fixed and the dose was converted from human dose to animal dose.
- Drug suspension was prepared by adding 5% gum acacia (95ml water & 5gm Gum acacia) solution to it.
- For control group only distilled water with 5% gum acacia was administered.
- Drug suspension was given for 28 days.
- The animals were carefully observed daily for any overt and apparent toxicity.
- On 28th day the body weight of each rat was noted (A.T.) and the rats were sacrificed by over dose of anesthesia (Chloroform).

**Dissection of organs-**

The organ like Liver, Heart, Kidneys, Brain etc. were dissected out, cleaned of extraneous tissues and were placed in 10% formalin after noting their weight, for fixation to carry out histopathological studies.

***Statistical Analysis:***

The data obtained through the careful observations were analyzed with the help of unpaired 't' test. Significance was noted and interpreted accordingly.

**RESULT & OBSERVATION**

**Table 1 A Effect of *Ashodhita* & *ShodhitaGunja* seed Powder on Body Weight Initial in Albino Rats**

| Group ( n=6) | B.W. Initial (gm) Mean ±SEM | % of Change | F Value |
|---|---|---|---|
| Control | 162.5±16.1 | - | 0.964 |
| A.G.T. | 113.16±16.9 | 30.36↓ | |
| A.G.5x | 126.5±17.4 | 22.15↓ | (P=0.444) |
| S.G.T. | 133.66±18.9 | 17.80↓ | |
| S.G.5X | 132.83±17.9 | 18.25↓ | |

The data pertaining to the effect of test drug on Body Weight Initial can be found in Table 1. A apparent decrease was observed in all test drug treated group.A Non-Significant change in the percentage of Body Weight Initial was observed in all test drug treated group.

**Table- 1 B Effect of *Ashodhita* and *Shodhita Gunja* seed powder on Body Weight Initial in Albino rats Comparison b/w Two Groups followed by "Unpaired t Test"**

| Group Comparison (n=6) | Mean Difference | 't' Value | 'P' Value | |
|---|---|---|---|---|
| Control Vs AGT | 49.3400 | 2.1082 | ns | P>0.05 |
| Control Vs AG5X | 36.0000 | 1.5137 | ns | P>0.05 |
| Control Vs SGT | 28.8400 | 1.0341 | ns | P>0.05 |
| Control Vs SG5X | 29.6700 | 1.2304 | ns | P>0.05 |
| AGT Vs AG5X | -13.3400 | 0.5484 | ns | P>0.05 |
| SGT Vs SG5X | 0.8300 | 0.0287 | ns | P>0.05 |
| AGT Vs SGT | -20.5000 | 0.7231 | ns | P>0.05 |
| AG5X Vs SG5X | -6.3300 | 0.2531 | ns | P>0.05 |

**Table -2 A Effect of *Ashodhita* and*ShodhitaGunja seed* Powder on B.W. Final in Albino Rats**

| Group ( n=6) | B.W. Final (gm) Mean ±SEM | % of Change | F Value |
|---|---|---|---|
| Control | 175.83±17.90 | - | 1.166 |
| A.G.T. | 137.5±12.49 | 21.79↓ | |
| A.G.5x | 137.5±12.49 | 21.79↓ | (P=0.350) |
| S.G.T. | 158.33±18.99 | 9.95 ↓ | |
| S.G.5X | 162.5±14.06 | 7.58 ↓ | |

**Table-2 B Effect of *Ashodhita* and *ShodhitaGunja seed* powder on Body Weight Final in Albino rats Comparison b/w Two Groups followed by "Unpaired t Test"**

| Group Comparison (n=6) | Mean Difference | 't' Value | 'P' Value | |
|---|---|---|---|---|
| Control Vs AGT | 38.33000 | 1.7551 | ns | P>0.05 |
| Control Vs AG5X | 38.33000 | 1.7551 | ns | P>0.05 |
| Control Vs SGT | 17.5000 | 0.6703 | ns | P>0.05 |
| Control Vs SG5X | 13.33000 | 0.5853 | ns | P>0.05 |
| AGT Vs AG5X | 0.00000 | 0.00000 | ns | P>0.05 |
| SGT Vs SG5X | -4.1700 | 0.1764 | ns | P>0.05 |
| AGT Vs SGT | -20.8300 | 0.9160 | ns | P>0.05 |
| AG5X Vs SG5X | -25.0000 | 1.3286 | ns | P>0.05 |

The data pertaining to the effect of test drug on Body Weight Final can be found in Table 2. A apparent decrease was observed in all test drug treated group.A non-significant change in the percentage of Body Weight Final was observed in all test drug treated group.

**Table-3A Effect of Ashodhita & ShodhitaGunja seed Powder on absolute Weight of Liver in Albino Rats**

| Group ( n=6) | Weight of Liver (gm) Mean ±SEM | % of Change | F Value |
|---|---|---|---|
| Control | 9.78±0.27 | - | 75.387 |
| A.G.T. | 7.76±0.04 | 20.65↓ | |
| A.G.5x | 8.016±0.06 | 18.03↓ | (P=0.000) |
| S.G.T. | 8.116±0.12 | 17.014↓ | |
| S.G.5X | 6.233±0.08 | 36.26↓ | |

**Table- 3 B Effect of *Ashodhita* and *Shodhita Gunja* seed powder on Weight of Liver in Albino rats Comparison b/w Two Groups followed by "Unpaired t Test"**

| Group Comparison (n=6) | Mean Difference | 't' Value | 'P' Value | |
|---|---|---|---|---|
| Control Vs AGT | 2.02000 | 7.2360 | *** | P<0.0001 |
| Control Vs AG5X | 1.76400 | 6.2459 | *** | P<0.0001 |
| Control Vs SGT | 1.66400 | 5.4560 | *** | P<0.0001 |
| Control Vs SG5X | 3.54700 | 12.2944 | *** | P<0.0001 |
| AGT Vs AG5X | -0.25600 | 3.4935 | ** | P<0.01 |
| SGT Vs SG5X | 1.88300 | 12.1733 | *** | P<0.0001 |
| AGT Vs SGT | -0.35600 | 2.6088 | * | P<0.01 |
| AG5X Vs SG5X | 1.78300 | 17.2578 | *** | P<0.0001 |

The data pertaining to the effect of test drug on Weight of Liver can be found in Table 3. A apparent decrease was observed in all test drug treated group. A Highly Significant change in the percentage of Weight of Liver was observed in all test drug treated group.

**Table-4 A Effect of Ashodhita andShodhitaGunja seed Powder on Absolute Weight of Kidney in Albino Rats**

| Group ( n=6) | Weight of Kidney (gm) Mean ±SEM | % of Change | F Value |
|---|---|---|---|
| Control | 2.38±0.04 | - | 36.111 |
| A.G.T. | 1.66±0.03 | 30.25 ↓ | |
| A.G.5x | 1.683±0.06 | 29.28 ↓ | (P=0.000) |
| S.G.T. | 1.483±0.09 | 37.68 ↓ | |
| S.G.5X | 1.533±0.04 | 35.58 ↓ | |

**Table- 4 B Effect of *Ashodhita* and *Shodhita Gunja* seed powder on Weight of Kidney in Albino rats Comparison b/w Two Groups followed by "Unpaired t Test"**

| Group Comparison (n=6) | Mean Difference | 't' Value | 'P' Value | |
|---|---|---|---|---|
| Control Vs AGT | 0.72000 | 12.4655 | *** | P<0.0001 |
| Control Vs AG5X | 0.69700 | 9.1174 | *** | P<0.0001 |
| Control Vs SGT | 0.89700 | 8.5001 | *** | P<0.0001 |
| Control Vs SG5X | 0.84700 | 12.3774 | *** | P<0.0001 |
| AGT Vs AG5X | -0.02300 | 0.3357 | ns | P>0.05 |
| SGT Vs SG5X | -0.05000 | 0.4697 | ns | P>0.05 |
| AGT Vs SGT | 0.17700 | 1.7712 | ns | P>0.05 |
| AG5X Vs SG5X | 0.15000 | 1.9298 | ns | P>0.05 |

The data pertaining to the effect of test drug on Weight of Kidney can be found in Table 4. A apparent decrease was observed in all test drug treated group.A Highly Significant change in the percentage of Weight of Kidney was observed in all test drug treated group.

**Table-5 A Effect of Ashodhita and ShodhitaGunja seed Powder on Absolute Weight of Heart in Albino Rats**

| Group ( n=6) | Weight of Heart (gm) Mean ±SEM | % of Change | F Value |
|---|---|---|---|
| Control | 1.35±0.04 | - | 14.591 |
| A.G.T. | 0.88±0.03 | 34.81 ↓ | |
| A.G.5x | 1.23±0.04 | 11.11 ↓ | |
| S.G.T. | 1.33±0.08 | 1.48 ↓ | (P=0.000) |
| S.G.5X | 1±0.05 | 1.48 ↓ | |

**Table- 5 B Effect of *Ashodhita* and *Shodhita Gunja*seed powder on Weight of Heart in Albino rats Comparison b/w Two Groups followed by "Unpaired t Test"**

| Group Comparison (n=6) | Mean Difference | 't' Value | 'P' Value | |
|---|---|---|---|---|
| Control Vs AGT | 0.47000 | 8.9786 | *** | P<0.0001 |
| Control Vs AG5X | 0.15000 | 2.3028 | * | P<0.05 |
| Control Vs SGT | 0.02000 | 0.2208 | ns | P>0.05 |
| Control Vs SG5X | 0.02000 | 0.2208 | ns | P>0.05 |
| AGT Vs AG5X | -0.35000 | 6.0223 | *** | P<0.0001 |
| SGT Vs SG5X | 0.33000 | 3.3479 | ** | P<0.01 |
| AGT Vs SGT | -0.45000 | 5.2524 | *** | P<0.0001 |
| AG5X Vs SG5X | 0.23000 | 3.0322 | * | P<0.05 |

The data pertaining to the effect of test drug on Weight of Heart can be found in Table 5. A apparent decrease was observed in all test drug treated group.A Highly Significant change in the percentage of Weight of Heart was observed in AGT Group.A Significant change in the percentage of Weight of Heart was observed in AG5X Group.

**Table- 6 A Effect of *Ashodhita* and*ShodhitaGunja* seed Powder on Absolute Weight of Brain in Albino Rats**

| Group ( n=6) | Weight of Brain (gm) Mean ±SEM | % of Change | F Value |
|---|---|---|---|
| Control | 1.7±0.03 | - | 21.669 |
| A.G.T. | 2.28±0.04 | 25.43 ↓ | |
| A.G.5x | 2.11±0.04 | 19.43 ↓ | (P=0.000) |
| S.G.T. | 2.21±0.04 | 23.07 ↓ | |
| S.G.5X | 2.13±0.06 | 20.18 ↓ | |

**Table- 6B Effect of *Ashodhita* and *Shodhita Gunja* seed powder on Weight of Brain in Albino rats Comparison b/w Two Groups followed by "Unpaired t Test"**

| Group Comparison (n=6) | Mean Difference | 't' Value | 'P' Value | |
|---|---|---|---|---|
| Control Vs AGT | -0.58000 | 9.7170 | *** | P<0.0001 |
| Control Vs AG5X | -0.41000 | 6.8689 | *** | P<0.0001 |
| Control Vs SGT | -0.51000 | 1.3919 | ns | P>0.05 |
| Control Vs SG5X | -0.43000 | 6.0389 | ns | P>0.05 |
| AGT Vs AG5X | 0.17000 | 2.5384 | * | P<0.05 |
| SGT Vs SG5X | 0.08000 | 1.0334 | ns | P>0.05 |
| AGT Vs SGT | 0.07000 | 1.452 | ns | P>0.05 |
| AG5X Vs SG5X | -0.02000 | 0.2584 | ns | P>0.05 |

The data pertaining to the effect of test drug on Weight of Brain can be found in Table 6. A apparent increase was observed in all test drug treated group.A Highly Significant change in the percentage of Weight of Heart was observed in AGT and AG5X Group.

**Table:-Histopathological Findings of organs of AGT, AG5X, SGT, SG5X Group**

| Group | Organ | Histopathological findings |
|---|---|---|
| AGT (Ashodhita Gunja Therapeutic) | Liver | No specific pathology identified |
| AG5X (Ashodhita Gunja 5 times Therapeutic) | Liver | Mild sinusoidal and central venous congestion seen |
| SGT (Shodhita Gunja Therapeutic) | Liver | No specific pathology identified |
| SG5X (Shodhita Gunja 5 times Therapeutic) | Liver | Mild Steatosis |

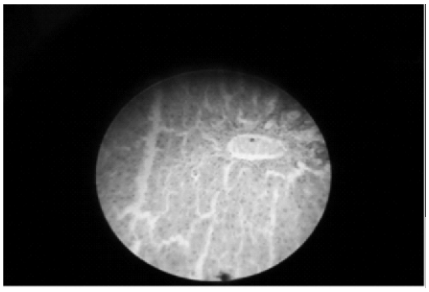

Fig:- 1 Control Liver
(No Specific Pathology identified)

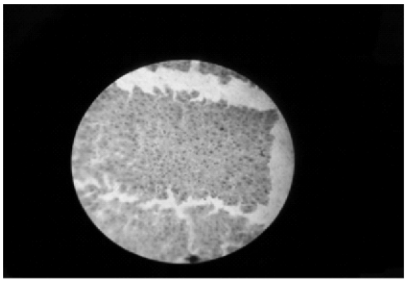

Fig:- 2 Liver of *Ashodhita Gunja* 5X (AG5X)
In this Figure mild sinusoidal and central venous congestion are seen.

**DISCUSSION**

*AcharyaCharaka* stated that, the truth should be accepted with the logical interpretation only, therefore discussion plays very much crucial role of any research.

Research would be unscientific and deterrent to the advancement of science if it is concluded without any discussion. Also it will be useless to the research scholars working on the same project thereafter. Any theory must be discussed by all aspects and angles before it is put in front of scientific community.

They are acquainted with the practical problem faced during the project which may be entirely different from theoretical point of view. Such healthy discussion promotes critical and lateral thinking. Hence the present research work has been discussed here thoroughly with all the

possible ways and manners. A complete recapitulation of Ayurvedic Classics revealed that the third one is more important to treat the patients. (Ch. Su. 1/24)

**Table- Consolidated report-1 on the toxicity profile of (Body Weight & Organ Weight)**

| Treated Group | Body Weight Initial | Body Weight Final | Liver Weight | Kidney Weight | Heart Weight | Brain Weight |
|---|---|---|---|---|---|---|
| AGT | ns↓ | ns↓ | $s^{+++}$↓ | $s^{+++}$↓ | $s^{+++}$↓ | $S^{+++}$↑ |
| AG5X | ns↓ | ns↓ | $s^{+++}$↓ | $s^{+++}$↓ | $s^{+}$↓ | $S^{+++}$↑ |
| SGT | ns↓ | ns↓ | $s^{+++}$↓ | $s^{+++}$↓ | ns↓ | ns↑ |
| SG5X | ns↓ | ns↓ | $s^{+++}$↓ | $s^{+++}$↓ | ns↓ | ns↑ |

Key:

- ns↑ : Statistically not significant increase
- ns↓ : Statistically not significant decrease
- $s^{+}$↓ : Statistically significant decrease
- $S^{+++}$↓: Statistically Highly significant decrease
- $S^{+++}$↑: Statistically Highly significant increase

**Table- Consolidated report on the toxicity profile of (Histopathological Studies of various organs)**

| Treated Group | Liver |
|---|---|
| AGT | NT |
| AG5X | MT |
| SGT | NT |
| SG5X | MT |

**Key:**

- NT - No toxicity
- MT - Mild toxocity
- Mo.T. - Moderate toxicity

A careful analysis of the data on haematological, biochemical, ponderal and histopathological changes observed after administration of test drugs i.e.

AGT, AG5X, SGT, and SG5X show that in the therapeutic & 5 times therapeutic dose none of the sample seems to be highly toxic. If they were highly toxic then there would have been instances of mortality during the study. However there were many perceptible qualitative and quantitative differences between the groups with respect to their toxicity profile.

- When the changes in body weight Initial & Final were taken into consideration, it was observed that there was no decrease on body weight in all test drug treated Group and the decrease was apparent not statistically significant. The decrease in body weight may be suggestive of tissue degeneration or destruction but the decrease was statistically not-significant. This suggests that drugs of these groups produce neither tissue destruction nor tissue degeneration.
- When the changes in Liver Weight were taken into consideration, it was observed that there was decrease on body weight in all test drugs treated Group and the decrease was apparent statistically highly significant. In histopathological investigation AG5X and SG5X produced mild toxicity in the liver. The observed changes were mild sinusoidal and central venous congestion in AG5X and mild steatosis in SG5X.
- When the changes in Kidney Weight were taken into consideration, it was observed that there was decrease on Kidney weight in all test drugs treated Group and the decrease was apparent statistically highly significant.
- When the changes in Heart Weight were taken into consideration, it was observed that there was decrease on Heart weight in all test drugs treated Group and the decrease was apparent statistically highly significant in AGT Group and the decrease was apparent statistically significant in AG5X Group and the decrease was apparent not statistically significant in SGT and SG5X Group.
- When the changes in Brain Weight were taken

into consideration, it was observed that there was increase on Brain weight in all test drugs treated Group and the increase was apparent statistically highly significant in AGT and AG5X Group and the increase was apparent not statistically significant in SGT and SG5X Group.

**CONCLUSIONS**

- Based on the discussion and results obtained from present study the following conclusions can be drawn:
- In Liver weight & Kidney weight a highly significant decrease was observed in All Group AGT, AG5X, SGT, and SG5X in comparison to control Group.
- In Heart weight a highly significant decrease was observed in AGT and AG5X Groups in comparison to control Group.
- In Brain weight a highly significant increase was observed in AGT and AG5X Groups in comparison to control Group.
- In histopathological investigation AG5X and SG5X produced mild toxicity in the liver. The observed changes were mild sinusoidal and central venous congestion in AG5X and mild steatosis in SG5X.

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# DIABETES MELLITUS/MADHUMEHA: A NEW DIMENSION ON ITS MANAGEMENT

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**ABSTRACT:**

Diabetes mellitus is certain to be one of the most challenging health problems in the 21st century. It is one of the important multifactoral, commonest metabolic disorder in men and women, all over the world. Recent epidemiological studies reveals that approximately 246 million of people suffer from diabetes mellitus. By 2025 this figures could be expected to be 380 millions. Its incidence has been estimated to be around 15% of Indian population. WHO has projected India as the leading country in the world, as per diabetic concerned. In the year 2025 the diabetic population in India will reach up to 70 million. It is epidemic in many developing and newly industrialized nations. It is a major global health problem with diverse causative factors often associated with multiple devastating innervating complications, increasing disability and reduced life expectancy. The information available in the classics of Ayurveda, shows that diabetes mellitus as a disease was very well known to the propounders of Ayurveda. It is amazing to note that the entire knowledge of disease diathesis, prognosis and treatment of diabetes mellitus vis a vis *Prameha/Madhumeha* was equally advanced since antiquity in the classics of Ayurveda. Hence the scientific community of all over the world including practitioners and researchers are now inclined to the other system of medicine including Ayurveda in the search of new treatment modalities for better management of diabetes mellitus and its complications.

***KEY WORDS:*** *Ayurveda, Diabetes, Prameha/ Madhumeha, Ojas, Agni.*

**INTROCUTION:**

Diabetes mellitus is described as Prameha/Madhumeha in ancient Indian Sanskrit literature including Ayurveda which is duly acknowledged in the modern medical texts. But it should be made clear that the term Diabetes mellitus is not clearly mentioned in the classical texts of Ayurveda. Rigveda (1500BC) contains hymns which include description of various medical conditions including Prameha/diabetes. It is one of the oldest diseases recognized since antiquity. Pointed out by medical historians that diabetes mellitus was first known to Indians since pre-historic periods. But its actual cause is still unknown. The characteristic features of Madhumeha are very similar to those of Diabetes mellitus which is described in Ayurvedic lexicons. Therefore, Madhumeha is being considered here as Diabetes mellitus. It is mentioned under Vatika Prameha in Charaka Samhita, while Sushruta has contributed separate chapter to this chronic health hazard. However, detailed descriptins of the disease process and therapeutics prescribed in these classics could not get proper recognition, because

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of the fact that conventional medical science in the understanding of patho-physiology, complications and therapeutic interventions, it provides a better platform to interpret and understand the centuries old knowledge of health care systems, Furthermore, scientific analysis of Ayurvedic drugs, reveal that Ayurvedic durgs have enormous therapeutic capabilities for the management of Diabetes mellitus and its associated complications, which modern medicine is searching for the same.

In classical texts of Ayurveda diabetes mellitus is mentioned as sub types of Prameha, Mootratipravrittaja Vikara and as a complication of Prameha. Charaka has described disease which is very difficult to cure. Now it is possible to classify the diabetics inot primary and secondary types as well as Insulin dependent and Non Insulin dependent types. It is amazing that 7 century B.C. Ayurvedic texts like Charaka and Susruta Samhita have been described high caloric diet and sedentary habit as an important causative factors of Apathyanittaja Prameha and genetic/hereditary factors described as Sahaja Prameha. Beside these causative factors, diabetics are again divided in two groups in terms of the constitution and body weight viz- 1. Krisha Pramehi- thin diabetics and 2. Sthula Pramehi- obese diabetics. These two types of diabetics have been described to be treated on two different lines of management.

**Important facts of Diabetes mellitus**

- Worldwide more than 246 million of people suffer from diabetes mellitus. By 2025 this figures could be expected to be 380 millions. Although the prevalence of both type 1 and type 2 DM is increasing worldwide, but the prevalence of type 2 DM is raising with alarming rate.
- In 2007, the five countries with the largest numbers of people with diabetes are India (40-9 million), China (39.8 million), the United States (19.2 million), Russia (9.6 ,illion) & Germany (7.4 million).
- By 2025, the largest increases in diabetes prevalence will take place in developing countries.
- Each year a further 7 million people develop diabetes.
- Each year 3.8 million deaths are attributable to diabetes.
- Every 10 seconds one person dies from diabetic complications.
- Every 10 seconds two people develop Type II diabetes.
- Diabetes is the further leading cause of global death.
- At least 50 to 80% of diabetics are unaware of their condition.
- Type II DM is most frequent cause of kidney failure in Western world.
- 10% to 20% of people with diabetes die of renal failure.
- 2.5 million People worldwide are affected with diabetic retinopathy.
- Chance of heart attack or stroke are twice in Type-II diabetics.

(Diabetes Care. 2004; 27(5): 1047-1053, Indian J Med Res 125, March 2007, pp 217-230).

**NINDANA-ETIOLOGY:**

The exact cause of such a fast increase in incidence of diabetes is exactly not known in conventional system of medicine. But it is largely belived that the role of genetic factors,

environmental factors and altered stressful life style play major role in the genesis of this chronic health hazard. Similar opinion is given by ancient scholars of Ayurveda.

Asyasukham svapnasukham dadhini gramyaodakanooparasah pay ansi I.

Navannapanam gudavaikritam ca prameh hetuh kaphakechcha sarvam II. (C.S.Ci-6/4)

Daopramehobhavatah Sahajaoapathyanimitt-ashcha I. (S.S.Ci.-11/3)

**Aharaja Karana**

1. Excess and frequent use of new grains.
2. Excessive use of curd, sugar cane juice, milk and its products.
3. Meat soup of animal residing in water or near water.
4. All Kapha vitiating diets and deeds.
5. 18 types of Viruddha Ahara - Incompatible foods.

The incompatible food when ingested produces toxic metabolites (Gara-visha and Ama) and gradually hampers the process of metabolism of sugar, protein and fat that may lead to variety of metabolic disorders including diabetes mellitus.

**Viharaja Karana**

1. Stress producing factors like - over anxiety, anger, worry, grief and work.
2. Baktasya adou jalam peetam - sthulatvam, kaphakaram.
3. Ingestion of food with inadequate intervals.
4. Faulty dietary habbits.
5. Indulging sex / sleep with full belly etc.
6. Excessive consumption of alcoholic beverages. (Basavaraja - 14th century A.D.).

All these factors, also directly disturb metabolism of ingested food and thereby in due course, it produces Madhumeha.

**Sahaja Karana**

Charaka, Sushruta and Bhela have mentioned about the hereditary cause of Madhumeha in terms of Beeja, Beejabhaga and Beejabhagavayava. Again Charaka proclaimed that excessive indulgence in Madhura Rasa, dietetics/lifestyle and abnormal psychological status by their parents are responsible for genetic abnormality that may lead to Jataprameha/Madhumeha.

All the Pramehas when not treated or improerly treated may lead to Madhumeha.

**PRODROMAL FEATURE**

Ayurveda once again exhibits here its observational supremacy by furnishing prodromal features of Madhumeha, which covers the pre-diabetic stage or diabetes mellitus. Some of the important features are:-

- Excessive accumulation of waste product in external body part.
- Feeling a sort of heaviness in the body
- Inclination towards conforts and cold things.
- Excessive thirst.
- Dryness of the mouth.
- Sweet taste in mouth.
- Burning sensation of hands and feet.
- Conspicuous change in the bodily odor - pleasant odor
- Matting of hair

**CLINICAL FEATURE**

Ayurveda has described 20 subtypes of Prameha as different clinic-pathological conditions, which is outcome of interaction of specific Doshas

and Dushyas at different level that may lead to gross urinary characteristic and clinical manifestations. Vagbhata seems to have paid much attention in diagnosing the disease in its early stage explaining the following in his treatise Rasaratna samucchaya.

1) Asvasthyam sarva gatreshu - persisting & vague uneasiness in the body.

2) Shoshah - Asyasosha - feeling of dryness in the body and dryness in the mouth.

3) Taapo angah- burning sensation in the body.

4) Bahumootrata- increased frequency of micturition.

5) Karshyam- emaciation.

The above conditions alarm us to understand their observational supremacy.

In advanced stage urinary changes become more prominent such as-

a) Prabhootamutrata- excessive urination.

b) Avilamootrata - turbidity in urine.

c) Madhviva mehati - passes urine similar to Madhu.

d) Madhuryacha tanoratah - patient's body starts yielding sweet smell and taste.

e) Mootreabhidhavanti Pipeelikashcha - ants, flys etc. are attracted towards urine & body parts.

**CLASSIFICATION OF DIABTES MELLITUS IN AYURVEDA:**

**1. Etiological - 2**

("Dao pramehau bhavatai - Sahajoapathyani-mittashcha" Su. Ci. 11/3)

a) Sahaja prameha : (patients of Type I)

Matripitribeejadoshakrita, i.e. defects in-

1. BIja-sperm/ovum
2. BIjabhaga-Chromosome
3. BIjabhagavayava- genes

b) Apathyanimittaja prameha: (patients of Type II)

It is caused by-

- faulty dietary habit
- sedentary life style
- lack of physical exercise
- psychological factors: worry, grief, anger, anxiety etc.

2. Constitutional-2

- Sthula pramehi: patients of NIDDM with or without insulin resistance.
- Krisha pramehi: malnutrition related diabetes mellitus or Type-I.

3. Doshika- 3: Urinary Abnormalities.

- Kaphaja - 10 types - early features of diabetes mellitus.
- Pittaja - 6 types - acute features of diabetes mellitus.
- Vataja - 4 types - chronic features of diabetes mellitus.
- Prognostic - 3:

1. Sadhya: curable
2. Yapya: palliative
3. Asadhya: untreatable

**DIAGNOSTIC CRITERIA FOR DIABETES MELLITUS**

On the guidelines of Sushruta i.e., "Sva shastre kushalaha- annyeshu shastraartheshu, Abahishkrutah", the latest techniques that modern science has come up, which may be utilized as an aid for diagnosis and assessment of prognosis wherever needed, until a better and simple method is evaluated in Ayurveda. Diabetes is diagnosed (ADA-2000) by measuring blood glucose levels. It si diagnosed by three ways and each must be confirmed on subsequent day. They are-

- Classical symptoms of diabetes + casual

glucose concentration > 200 mg/dl.

- Fasting plasma glucose (FPG) ≥ 126 mg/dl.
- 2 hour plasma glucose (PPG) ≥ 200 mg/dl.
- Glycosylated Hb (HbAlc - < 6.5% in normal individual)

Blood urea, Serum creatinine, Lipid profile, Serum cholesterol, CRP, NCV etc are needed to assess the complications.

**BASICS OF DIABETIC MANAGEMENT**

In Ayurveda, Nidanaparivarjana is the foremost principles and important tools for the management of disorders of body and mind. Beside this, Charaka has broadly divided diabetics into two groups one is Sthula Pramehi (obese diabetic) and another is Krisha Pramehi (lean and thin diabetic). This infers the two important principles (such as biopurificatory (Samshodhana) and promotive measures- Sambrinhana therapy) for diabetic management. It appears quite similar to the management of Type I and Type II diabetes of conventional system of medicine. The ultimate goal is not only to achieve the laboratory norms, but also to minimize diabetic complications and improve the quality of life. The approaches of diabetic management are summarized as given below.

1) Nidana parivarjana - avoidance of etiological factors

2) Ahara - specific dietary regimen and the following diets are beneficial to diabetics.

Yava, Palandu, Purana dhanyam, Takram, Laja, Godhuma, Chanaka, Tikta saka, Purana kulutha, Bhojana madhye salilam. Abhrimhana aharam (not medokara)

3) Vihara- exercise and meditative Asanas & life style management.

- Vyayama (regular exercise)
- "Padatra rahito munivartanah".
- "Yojananam shatam yayat".
- "Khaneth va salilasayaha".
- "Gramaika ratram bhaikshwasi".

"All the above indicates the equal importance to diet & exercise besides mediation"

4) Shodhana: Clinically the disease Madhumeha is presented in two distinct groups Krisha and Sthula. The Madhumeha as such due to its grave nature, demands Sodhana and Shamana chikitsa. However these distinct clinical presentations of the disease sometimes compel the physican to Shamana chikitsa initially. As far as Shodana is concerned Virechana has got more importance than others.

5) Shamana Aushadhi:

- Herbal drugs: viz- Vijayasara, Nisha, Amalaki, Mamajjaka, Jambubeeja, Bilvapatra, Pippalmula, Gudamara, Karavellaka, Methika, Jarula, Tejapatra, Nimba, Karvellaka etc.
- Mineral drugs: viz- Shilajatu, Shivagutika, Chandraprabhavati, Vasantakusamakara rasa, Trivanga etc.
- Herbo-mineral preparation: including classical and neo-formulations.

6) Yoga therapy: under care of trained yoga therapist.

7) Promotion of Ojas: Drugs having Rasayana and Jivaniya properties like- Shilajatu, Amalaki and Haridra.

8) Promotion of Agni: Drugs which acts at the level of Agni like- Pippali, Bhallataka etc.

**CONCLUSION**

No doubt modern medicine may have found a way to bring the cases of diabetes mellitus under control up to some extent, yet the effort cannot be considered as final. Even though majority of the patients remain well for certain period with the current therapeutic measures, the underside, however must not the lost sight. It is because of danger of complications such as- resistance, hypersensitivity and antagonist formation with insulin, drug intolerance, fear of hypo and hyperglycemic episode with sulphonylureas. This seeks great attention from the present day practitioner and researchers to evaluate the present status of this chronic health hazard and to evolve newer strategies in its management. In this regard above mentioned Ayurvedic drugs and lifestyle interventions not only have anti diabetic potential but also minimize short and long term diabetic complications. Beside this, Ayurvedic drugs have Rasayana, ojovardhaka, jivaniya and balya properties. By virtue of these properties Ayurvedic drugs alone or in combination with modern medicine, have capacity to reduce the insulin as well as oral hypoglycemic drug requirement, prevent or delay the long term complications, and maintain overall health in diabetics.

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# UTILITY OF THE CONCEPT OF GURVADI GUNA IN NIDANA

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**ABSTRACT**

Ayurveda is not merely a system of medicine but in true sense the science of life. It covers all the aspects of life either it is physical or mental, economical or spiritual, individual or social, health or disease and many more. It advocates numbers of fundamental doctrines useful for healthy as well as diseased persons. Dosha, dhatu, mala, srotas, shatpadartha, panchamahabhuta, and rasa are few of the important fundamental doctrines equally considerable in healthy and diseased conditions. Shatpadartha comprising of samanya, vishesha, guna, dravya, karma and samavaya are the essence of Ayurveda knowledge as our revered sages and seers realized after getting the holy knowledge Ayurveda from Bharadwaj in the series of its transmission on the earth. Guna is one of the important entities among shatpadartha. These gunas are 41 in number according to Acharya Charaka, out of which gurvadi guna are of greater significance that's why Acharya Charaka has discussed these gurvadi guna in the context of diet, medicines and all the activities. Treatment of any ailment depends upon the three entities namely medicine, diet and bodily activities. Again for the proper understanding of normal and abnormal condition, the gurvadi guna are very much useful. So gurvadi guna are essentially considered in sharira (knowledge related to Anatomy and physiology), nidana (diagnosis of different diseases) and chikitsa (treatment of different diseases).In another words we can assume that these gurvadi guna are considered in trisutra Ayurveda i.e. hetu-sutra, linga-sutra and aushadha-sutra. Hetu-sutra and linga-sutra are related to nidana or diagnosis of diseases which shows the significance of consideration of the concept of gurvadi guna. This research paper is concerned with consideration of gurvadi guna in nidana (diagnosis of diseases) in Ayurvedic perspective.

**KEY-WORDS:** Trisutra Ayurveda, gurvadi guna, nidana, chikitsa.

**INTRODUCTION**

Ayurveda, the science of life, is basically endowed with bhutadaya (means kind enough to all the living beings) [1]. It is very much conscious about the prevention and promotion of health as well as cure of different diseases[2] and accordingly many more fundamental doctrines are discussed. Dosha, dhatu, mala, srotas, shatpadartha, panchamaha-bhuta and rasa are few of the important fundamental doctrines equally considerable in

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healthy and diseased conditions. Shatpadartha comprising of samanya, vishesha, guna, dravya, karma and samavaya are the essence of Ayurveda knowledge as our revered sages and seers realized after getting the holy knowledge of Ayurveda from Bharadwaj in the series of its transmission on the earth[3]. Guna is one of the important entities among shatpadartha. These gunas are 41 in number according to Acharya Charaka[4], out of which gurvadi guna are of greater significance that's why Acharya Charaka has discussed these gurvadi guna in the context of diet, medicines and all the activities. Gurvadi guna are stated sharira dhatu guna by Acharya Charak[5]. Gurvadi guna are essentially considerable in healthy condition in the selection of proper diet and life style where as unavoidable in the context of medicines for the judicial use. Ahara (diet), vihara (life style) and aushadha (medicines) are discussed in terms of gurvadi guna. Dietary substances like- mudga (green gram), raktashali (a variety of rice), jangala mansa (flesh of arid or hilly region) are considered light in digestion. Vihara also exerts their effects in terms of gurvadi guna such as- day sleep, sitting forever on comfortable beds, inactivity increases heaviness, dullness, unctuousness. Exercise, walking, proper sleep and physical labour produce lightness, sharpness in the body. Medicines having dominance of prithvi and jala mahabhuta are guru (heavy) by nature while those having the dominance of agni, vayu and akasha are laghu (light).

It is useful while we discuss the features of any physical entity like- dosha, dhatu, mala or different parts of the body, diagnosis of the diseases and their treatment. In the etiopathogenesis of different diseases, gurvadi guna are enumerated. In this way gurvadi guna occupies the significant place in the trisutra Ayurveda. These Gurvadi guna are discussed in the ten pairs[6] and each one of them is opposite to each other in therapeutic actions which show their importance in clinical practices. Such as- a person suffering from cold is generally treated with hot substances, suffering from dryness is treated with oily substances, suffering from oiliness is treated with dry substances, and suffering from heaviness is treated with light substances and so on. This research paper is concerned with consideration of gurvadi guna in nidana (diagnosis of diseases) in Ayurvedic perspective.

**AIMS AND OBJECTS OF THE STUDY**

This study being literary in nature, the basic aims and objects of the study are as mentioned below-

1. To compile the matter related to the concept of Gurvadi guna in nidana for the proper understanding.
2. To establish the utility of the concept of Gurvadi guna in diagnosis and treatment.
3. To make this concept more palatable and elaborative.

**MATERIAL AND METHODS**

The utility of gurvadi guna in nidana is a literary

study carried out on the basis of thorough study of the three major classics of Ayurveda viz. Charaka-Samhita, Sushruta-Samhita and Ashtanga-Samgraha. In this research paper few of the important references related to fundamental principles of nidana have been given to justify the utility of the concept of gurvadi guna in nidana (diagnosis of diseases) as disease to disease discussion of the concept becomes very lengthy and exhaustive.

**CONSIDERATION OF GURVADI GUNA IN NIDANA**

The concept of Gurvadi-guna is one of the important principles in nidana (diagnosis of diseases) which should be considered very sincerely. Nidana means diagnosis of diseases which includes nidana, purvarupa, rupa, upashaya and samprapti. Gurvadi-gunas are considerable in each and every step of nidana- panchaka for the proper diagnosis and treatment of the disease. In the context of nidana- guru, shita, snigdha, sthira guna are generally accepted as aggravating factors for Kapha dosha, laghu, shita, ruksha as Vata aggravating and ushna, tikshna as Pitta aggravating factors. Heaviness or lightness, feeling of cold or hot, unctuousness or ununctuousness in different body parts in prodromal stage or in the stage of complete manifestation of diseases are observed. Upashaya i.e. therapeutics also depends upon gurvadi guna of diet or medicines e.g. Sara guna of cow milk and castor-oil helps in the cure of constipation. Samprapti of Jwara, raktapitta, prameha (Shitameha, Sandrameha, sandraprasadmeha), kushtha, arsha, grahani, Atisara, etc. is explained and understood in the terms of gurvadi guna. Dosha, dushya, srotas and agni are vitiated by improper use of gurvadi guna in the form of improper diet and life style .Vitiation of dosha, dushya, srotas etc. leads to manifestation of different diseases. Not a single disease and its treatment is complete without consideration of gurvadi guna either in the etiology or premonitory symptoms or signs and symptoms or therapeutics or pathogenesis. Hence it is very vast topic, so the effect of gurvadi guna on the dosha, dushya, mala, srotas, agni, annapan etc. will be discussed in this paper to prove the utility in nidana.

The Vata dosha gets aggravated by the habitual use of drugs having identical properties[7] and other doshas (Pitta and Kapha), dhatu, mala also get aggravated by the habitual use of the drug having the identical properties. The view of Acharya Sushruta and Vagbhata is similar to Acharya Charaka regarding the aggravation of dosha, dhatu and mala. Raukshya (roughness), shaitya (coolness), laghava (lightness), vaishadya (non-sliminess) are the inherent properties of vata, aushnya (heat), taikshnya (sharpness), dravtwa (liquidity), anatisneha (slight unctuousness), saratwa (fluidity) are of pitta and sneha (uncutusness), shaitya (coolness), Gaurav (heaviness), sthairya (steadinesss), paichchhilya (sliminess) are the inherent qualities of Kapha

dosha by which a competent physician can correctly diagnose the diseases according to involvement of different doshas[8]. Vagbhata explains sanchaya and prakopa of doshas according to gurvadi guna. Such as-Rukshadi guna along with ushna guna causes sanchaya of vata dosha, rukshadi guna along with shita guna causes prakopa of vata dosha, tikshnadi guna along with shita guna causes sanchaya of pitta where as tikshnadi guna along with ushna guna causes prakopa and snigdhadi guna along with shita guna causes sanchaya of kapha dosha where as snigdhadi guna along with ushna guna causes prakopa of kapha dosha[9]. Ushnakamita in vata-vriddhi,shitakamita in pitta vriddhi and shaitya, sthairya and gaurav is observed in kapha dosha vriddhi. Similarly gurugatrata in mansavriddhi,snigdhangata in medovriddhi and sarvanganetra-gaurav in majja vriddhi is observed[10]. In shonita-kshaya twak-parushya and shita prarthana, raukshya in mansa, meda and asthi kshaya is observed along with other symptoms[11]. Tikshna, ushna madya and other substances bearing same properties, day sleep just after having intake of drava, snigdha and guru diet causes vitiation of Rakta dhatu[12]. Rakta vitiated by vata dosha becomes parusha (apichchhila or ruksha-dalhana) and snigdha,shital and pichchhila by kapha dosha[13]. Ushnakamita in vata vriddhi, shitabhilasha in pitta vriddhi, shaitya,sthaulya and gaurav in kapha vriddhi, gaurav in different body parts in mamsa vriddhi, netra-gaurav and anga-gaurav in majjavriddhi, and kaukshi-gaurav in malavriddhi are observed. On the other hand shaitya and gaurav in pitta kshaya, twak-raukshya and shitabhilasha in raktakshaya, raukshya in mamsa kshaya, anga-raukshya in meda dhatu kshaya, raukshya in ashti kshaya and raukshata in ojokshaya[14] are the symptoms directly related to gurvadi guna. Heaviness of malayanas indicate malavriddhi where as lightness indicates the malakshaya[15]. Ruksha ashana and ruksha-pana causes the kshaya of Dhatu, mala and ojas in the body[16]. Acharya Charaka stated that food and behavior which are similar to doshas and dissimilar (harmful) to dhatus in properties cause morbidity in srotas[17] Snigdhangata and sthulashophata in medavaha srotoviddha lakshanas and durgandhata in purishavaha srotoviddha lakshana mentioned by Acharya Sushruta[18] are related to gurvadi guna. Guruta and shitkamita are mentioned in the symptoms of marmaviddha lakshanas[19]. Agni is discussed in terms of gurvadi guna. Tikshnagni causes paittika disorders and mandagni causes shleshmik disorders[20]. Atiyoga, ayoga and mithyayoga of shita kala (winter) and ushna kala (summer) causes the manifestation of different diseases[21].Acharya Sushruta also discussed the bad effects of unhealthy season on medicine, water and other substances leading to manifestation of diseases or epidemics[22]. Vitiated lokagata vata having features like atichalam, atiparusham, atishitam, atyushnam, atiruksham leads to

janapadoddhvansa (epidemics)[23]. In the etiological factors of santarpana nimittaja rogas excessive use of snigdha, guru and pichchhila ahara has been enumerated[24]. Two types of person have been mentioned by the name guruvyadhit and laghuvyadhit on the basis of appearance in terms of severity or non severity[25]. Guruvyadhita and laghuvyadhita are discussed in rogabhediya adhyaya of Ashtanga-Sangraha Sutrasthana also. Sushruta stated that shita, ushna, shlakshna, karkasha, Mridu and kathina etc. guna are examined by the sense of touch in Jwara, shopha etc. diseases[26]. Even arishtas are decided in terms of gurvadi guna. Such as- presence of shitibhava (coldness) in those which are always ushna (hot), darunatwa (hardness) of those having mriduta (softness), kharata (coarseness) of shlakshna (smooth ones) without any apparent cause is considered as arishtas (fatal signs and symptoms) and such patient leads to death[27]. Hands, feet, carotid regions and palate-these parts become excessively shita (cold) and krura (hard) or mridu (soft) at the end of life[28]. Sushruta also stated that a person whose feet, hands and expiration is shita (cold), should be avoided by physicians. Guru body parts turn into atilaghu and vice versa[29], sthira into mridu, mridu into sthira, shita into ushna, ushna into shita, snigdha into ruksha and vice versa, then person leads to death definitely because of such kind of arishtas [30]. In the context of Nidana of different rogas mentioned in Sushruta-Samhita, gurvadi guna are discussed either in nidan or purvarupa or rupa or upadrava of the diseases which shows the inevitability and utility of the gurvadi guna in the area of diagnosis. The harms produced by poison are explained in terms of gurvadi guna. Poison aggravate vata dosa because of rusha guna, pitta and shonita because of having ushna guna, tikshna guna causes harm to the vital parts of the body and wisdom, Sukshma guna causes vitiation to all the body parts due to attribute to enter in micro channels, vishada guna of poison causes uninterrupted circulation in the body, due to ashu, vikasi and vyavayi guna harm immediately the dosha, dhatu and mala of the body and because of laghu guna, it is digested very fast and hence very difficult to treat[31]. In the poisonous cases, if horripilation is not by the sprinkling of cold water and sthiratva in jaw takes place, is considered incurable[32].The symptoms Raukshya and shirogaurav in the bite of darvikar snake, shitabhilasha in bite of mandali snake and shitjwara and Sandra kaphapraseka in bite of rajiman snake[33] are related to gurvadi guna. Shishirashruta, parushya and vishushka-bhava in vatic netraroga, shishirabhinanda. ushnashruta in paittika netraroga and ushnabhinanda, guruta, atishaityam and picchila-srava in kaphaj netraroga are the symptoms[34] assessed in terms of gurvadi guna. Gurvadi guna are considerable in each and every disease. Such as- ushna guna in jwara, ushna,tikshna and drava guna in raktapitta, drava

and sara guna in atisara, guru, snigdha, drava, Sandra, shita, sara and manda guna in prameha, ruksha, parusha guna in kushta, ushna, ruksha, shushka guna in trishna, ruksha, manda guna in pandu, shita, snigdha, guru guna in pratishyaya, kasa, shwas roga are specially considerable in diagnosis. Vagbhata stated that ruksha ahara causes loss of body strength, colour, dryness in skin, improper movement of flatus and stool, snigdha ahara causes excessive accumulation of kapha dosha, excessive salivation, heaviness in heart region, laziness, atyushna ahara causes mada, daha (burning sensation), trishna (excessive thirst), balapranah (loss of body strength), bhrama (vrtigo) and raktapitta, shita ahara causes sada, aruchi (anorexia), vahnisada (weakness of digestive fire), hrillasa (nausea), vishtambha (constipation) and romaharsh (horripilation), atisthira ahara causes obstruction of urine and stool, atripti (dissatisfaction), avyapti (improper circulation) and ashighrapaka (takes more time in digestion) of ahara and atidrava ahara causes pinas (coryza), meha (diabetes), kasa (cough), abhishyanda (extra secretion in channels) and agninash (loss of digestive fire)[35]. Guru, ruksha, shita and drava guna ahara is stated to vitiate amadosh specifically[36]. Guru bhojana is considered the best among those which are very difficult to digest[37]. While defining the gaurav i.e. heaviness Acharya Sushruta says that the stage in which an individual feel as if the body parts covered with wet clothes and excessive heaviness in the head is known as gaurav[38]. Vyadhi is of three types on the basis of severity i.e. tikshna, madhya and mridu[39]. Here Tikshna and mridu vyadhi is on the base of gurvadi guna. Gurvadi guna are discussed in the etiopathogenesis of all the diseases in Ashtanga-Sangraha also which is one of the reference book of Ayurveda.

**DISCUSSION**

Gurvadi guna are present in diet, medicine and above all in each and every substance present in the universe. Even our life style and bodily activities produce the effect similar to some of the gurvadi guna. So these are the cause of health if properly administered but on the other hand cause of different diseases i. e. nidana if improperly administered or used. Different parts of the body also possess gurvadi guna like- drava, anushnashita guna of rakta, snigdha,guru guna of mansa, meda and majja, kathina guna of asthi. Dosha which are considered the biological units of the body, possess gurvadi guna. Dosha are responsible for health as well as ill health and they are assessed mainly by changes occurred in gurvadi guna of the same. Saptadhatu, saptaupadhatu and mala also possess gurvadi guna. If they are increased or decreased they show their effect in terms of gurvadi guna. Such as- gaurav in different body parts in mamsa vriddhi, netra-gaurav and anga-gaurav in majjavriddhi, and kaukshi-gaurav in malavriddhi are observed. On the other hand twak-raukshya and shitabhilasha in raktakshaya, raukshya in

mamsa kshaya, anga-raukshya in meda dhatu kshaya, raukshya in ashti kshaya are seen. Srotas i.e. body channels are vitiated by improper use of gurvadi guna dravyas. Such as- pranavaha srotas is vitiated by habitual use of ruksha guna ahara-vihara, ambuvaha srotas by excessive use of ushna guna ahara-vihara, rasavaha srotas by atiguru, atishita and atisnigdh ahara-vihara, raktavaha srotas by snigdha.ushna and drava guna ahara and vihara, mansavaha srotas by sthula and guru guna ahara and vihara and swedvaha srotas by improper use of shita and ushna guna[40]. Status of Agni is discussed in terms of gurvadi guna, if it is increased it is called tikshnagni and if decreased or weak it is called mandagni. Arishtas (fatal signs and symptoms leading to death) are also mentioned by the name of gurvadi guna as these gurvadi guna are called sharira-guna, so any change in symptoms will be in the sense of gurvadi guna. Diseases are named on the base of increased gurvadi guna. Such as- shitabhiprayi Jwara, ushnabhiprayi Jwara, shitameha, sandrameha, sandraprasadmeha, atisara, shirogaurav,angagaurav,udaragaurav etc. Tikshna or mridu vyadhi are ascribed on the base of this concept. Patients are divided in two types i.e. guruvyadhit and laghu vyadhit on the base of gurvadi guna. All these references show the significance of the concept of gurvadi guna in nidana i.e. diagnosis of diseases.

**CONCLUSION**

The concept of gurvadi guna is very much useful and considerable in nidana. It is equally useful in sharira as well as in chikitsa. Every substance in the universe possesses gurvadi guna as it is made up of panchmahabhuta (five primordial elements). In the context of nidana, we consider dosha, dushya, srotas, agni, ojas, desha, kala and many other factors. All these factors are assessed in terms of gurvadi guna also. The area of Gurvadi guna is very vast and require specific consideration either it is healthy or diseased one. In diseased person one has to examine the involvement of gurvadi guna in etiology or premonitory symptoms or signs and symptoms or complications. Nomenclature of many diseases itself reveals the involvement of gurvadi guna. Discussed of both the disease and diseased is available on the base of gurvadi guna in Ayurveda which show the utility of the concept in nidana.

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# STUDY OF KSHARA TAILA COMPONENT AND INDICATION

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**ABSTRACT**

Generally, *Tailas* have been prepared by using *Kalka dravya* (paste) of Hingu, Mahausadha, Satapuspa, Vacha, Kustha, Devadaru,Yava kshara, Audbhida lavana, Saindhava lavana, Knot of bhurja, Bida and Musta (all taken in equal quantities in total ¼ of the quantity of oil), Madhusukta (4 time of the quantity of the oil), Juice of matulunga (equal of the quantity of the oil). Therefore, to evaluate the role of the media during the preparation, the *Taila* was prepared in different samples by using the fresh and dry paste of *kalka dravya* along with *SwaRasa* and *Kwatha* of *dravya*. This kshara taila should be dropped into the ear, which cures deafness, tinnitus, serious type of pus discharge from the ear, parasitic infestation of the ear and earache.

**KEY-WORDS:** *Kalka, Kshara* and *, Swarasa,* Decoction, *taila*

**KSHARA TAILA**

Dry radish should be cut into piece and burnt to prepare ash. Oil should be cooked by adding the paste of the alkali preparation (kshara), Hingu, Mahausadha, Satapuspa, Vacha, Kustha, Devadaru,Yava kshara, Audbhida lavana, Saindhava lavana, Knot of bhurja, Bida and Musta (all taken in equal quantities in total ¼ of the quantity of oil), Madhusukta (4 time of the quantity of the oil), Juice of matulunga (equal of the quantity of the oil). This kshara taila should be dropped into the ear, which cures deafness, tinnitus, serious type of pus discharge from the ear, parasitic infestation of the ear and earache. Ch.Chi.-26/226-229

Kshara Taila is good for ear diseases and also earaches, itching of the ear, foul smell and also for hearing impediments / deafness. Put lnke warm few drop oil in the ear.

KSHARA TAILA INGREDIANT

1. **Balmulaka kshara** ( *Raphenus sativus*)

**Chemical**----Root yields raphanol, rettichol, volatile oil, methylmercaptan, vitamins B1, sinapin and oxydase

**Biological activity**

- used in hepatitis, Anti-fungal

2. **Swarjika kshara** ( Potassium salt)

Obtained from Ustpriya plan

3. **Yava kshara (sodium potassium salt**)

(KCl, K2SO4, KHCO3)

Potassium carbonate (K2CO3) is a white salt, soluble in water (insoluble in alcohol), which forms a strongly alkaline solution.

Helps to flush away the toxins from the body and provides a natural defense

4. **Sunthi (Zingiber officinale)**

**Chemical**---- Gingerine, gingerol, Zingiberine

**Biological activity**

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Anti-inflammatory for headache, antiulcer, Hypoglycemic, Antiviral, antibacterial, antifungal

**5. Hingu** ( *Ferula narthex*)

**Chemical-**----Essential oil, resin, ferulic acid, glue, sec-butyl-propenyl disulfide, farnesiferol, bassorin,

**Biological activity**

Antispasmodic, Carminative and digestive, analgesic, anthelmintic, antiseptic

**6. Vida lavana** (Ammonium salt)

**Colour** ---greyish white

**7. Saindhava lavana** ( chloride of sodium)

**Colour** --- white

**8. Audbhid lavana** ( sodium chloride and sodium bicarbonate)

**Colour** --- whitish grey

**9. Sauvarchala lavana**

It has deepan pachan and rochan properties and it is indicated in Gulm, shula and vivandh Balancing of sugar lebel.

Used for the nerve stimulation, Clearing the catarrh (inflmmation of mucous membrane) and congestion of sinuses, All salt is natural histaminic, Stimulate the production of HCl in stomach, Regulate the heart beat.

**10. Shigru (*Moringa ooleifera*)**

**Chemical-**----Morginine,Pterigosprmine

**Biological activity**

anti-inflammatory, anti-spasmodic, anti-arthritic and Antimicrobial

**11. Mahausadh**( *zinziber offici*nale)

Describe above

**12. Devdaru** ( Cedrus Deodara)

**Chemical-**----Sesquiterpene

**Biological activity**

anti-inflammatory, anti-arthritic, Skin disorder, Anti-spasmodic

**13. Vacha** (Acorus calamus)

**Chemical-**---- *asarone* , Acorin Caffein, Eugenol

**Biological action---**

strong antioxidant, antimicrobial and insecticidal activities, neuroprotective and neurodegeneration

**14. Rasanjana** (Berberis aristata)

**Chemical-**---- alkaloids, *berberine*

**Biological activity-----**

antioxidant and anti-inflammatory, anti-microbial, anti-tumor, and anti-diabetic

**15. Kustha** (Saussuria lappa)

**Chemical-**----Alkaloid sassurine

**Biological activity-----**

anti-inflammatory and analgesic, cardiotonic, anticancer, and antifatigue actions

**16. Bhurja node (Betula utilis)**

**Chemical-**----Alkaloid Betulin, Lupeol, Oleanolic acid

**Biological activity-----**

anti-inflammatory, Antibacterial, anticancerous

**17. Mustaka (**Cyperus rotundus)

**Chemical-**----oil

**Biological activity-----**

antibacterial, antifungal, antimalarial, diuretic, antiobesity, and analgesic activities.

**18. Shatapuspa(Anethum sowa)**

**Chemical-**----oil

**Biological activity-----**

Anti-inflammatory and analgesic, insecticidal

activities

**19. Taila (Sesamum indicum)**

**Chemical-**---Sesamin, Sesamalin , Ca, P and Phenolic compound

**Biological activity-----**

antibacterial activity,

**20. Kadali mool swarasa (Musa paradisiaca)**

**Chemical-**---

Sesamin, Sesamalin, Ca, P and Phenolic compound

**Biological activity-----**

antibacterial, Anti venom, Anti ulcer properties

**21. Bijapur nimbu swarasa(Cytrus medica)**

**Chemical-**---Citrene, Citrol,Cymene,Citronellal

**Biological activity-----**

Natural source of vitamin C, Anti-inflammatory, Source of antioxidant bioflavonoids

**Madhu sukta**

| | |
|---|---|
| Yava | 16 part |
| Madhu | 4 part |
| Guda | 4 part |
| Adraka | 1 part |

Decoction of Yava, honey, srigvera and guda( jaggery) put in mud pot, sealed and burried in husk for 3 nights removed, filtered and used by name of madhusukta.

pH of madhusukta after preparation ----------3.50

**kshara taila indication**

Kshara taila is frequently used in ayurvedic therapeutics for the treatment of karnaroga (ear disorder), especially for

Badhirya (deafness), Karnanada (sound in ears), Karna shoola (pain in the ear), severe discharge of pus, It is a common treatment principle, advocated by all Acharyas for a maximum number of ear disorders.

*Sneha kalpana* (Oleaginous preparations) are prepared with *Kalka* (paste), *Sneha* (oleaginous material), and *Drava* (liquid substance) in the ratio of 1:4:16.

Yava *Kshara* was prepared by burning dry all part Yava plant till it attained a white colour; the ash was strained and six times water was added. It was soaked and kept overnight and again strained thrice. After evaporation of the water portion, the white color powder was collected.

**Collection of drug**

| | | |
|---|---|---|
| 1. | Mulaka kshara | by market |
| 2. | Shunthi | ,, |
| 3. | yava kshara | Prepare in Rasa shastra Deptt. |
| 4. | Hingu | by market |
| 5. | Mahausadh | ,, |
| 6 | Shatapuspa | ,, |
| 7. | Vacha | ,, |
| 8. | Kusth | ,, |
| 9. | Daruharidra | by market |
| 10. | Shigru | ,, |
| 11. | Sauvarchal lavana | ,, |
| 12. | Swarjika kshara | ,, |
| 13. | Vid lavana | ,, |
| 14. | Saindhava lavana | ,, |
| 15. | Audbhid lavana | ,, |
| 16. | Bhurja granthi | ,, |
| 17. | Mustaka | ,, |
| 18. | Madhu-shukta | Prepare in Rasa shastra Deptt. |
| 19. | Matulunga rasa | by market |

20. Kadali rasa Prepare in Rasa shastra Deptt

21. Til tail by market

**Kalka Dravya-----17 dravya**

Mulaka kshara,swarjika kshara, yava kshara, shunthi,vida lavana, saindhava lavana, Sudbhid lavana,sauvarchala lavana, hingu, shigru,shunthi, devdaru, Vacha,rasanjana, kustha, mustaka, shatpuspa---12 gram each

**Tail----------**768 ml

**Kadali kand swaras----**3.72 litre

**Matlunga swarasa-----** 3.72 litre

**Madhushukta---------** 3.72 litre

**METHOD OF KSHARA TAILA PREPARATION**

For the preparation of *kshara taila*, four parts of *Tila taila from the kalka dravya* was taken in a wide mouthed stainless steel utensil and heated till fumes emerged from the oil. The *taila* was warmed, and one part of *kalka dravya* (paste), 4$^{th}$ times of Kadali mool swarasa, Bijapur nimbu swarasa, and Madhu shukta were added. It was continuously stirred.

Cooking was done on moderate heat. When the entire watery portion had evaporated (*Sneha* Siddhi *Lakshana*), the oil was strained in a warm condition. It was collected in a glass bottle. The whole procedure was completed within five days. The procedure was the same for all samples; only the paste material and liquid substances were changed.

Analysis of *kshara taila* was carried out after the *Taila* (final product) was prepared by using different media. Organoleptic characteristics like *Sparsh* (consistency), *Rupa* (color), *Rasa* (taste), and *Gandha* (odor) of the samples will be perceived by the *Jnanendriya* (sensory organs) and will be recorded in next term.

**Specification Of Taila**

Initially, scattered oil was seen on the surface of the liquid. Oil and liquid mixed when the temperature started increasing. The colour of the oil changed. At the final stage of cooking, the oil also escaped out by bubbling along with the liquid. Oil and liquid separated at end of the final stage, when the liquid part evaporated. Froth rose and came up from the oil at the end of the final stage.

When it is prepared with kalka and tail then at last stage, the spoiled milk like appearance was observed and kshara and oil were separated. This may be counted as a specific sign for the particular preparation.

**Phytochemical analysis of Kshara Taila and Gandhaka Rasayana**

In phytochemical analysis of gandhaka rasayana in Deptt. Of Medicinal chemistry lab---Sulphide, Sulphite, sulphate , Alkaloid, Glycoside and basic redical ----------absent.

Only Sulphur and Steroid are present in Gandhaka rasayana.

Only steroid present in Kshara Taila.

S.g.of oil=45.90/50.13=0.8977

**STEROID TEST**

Take a very small quantity of solution in the test tube and add $CHCl_3$ in a small quantity dissolved it and add few drop of acetic anhydride with the help of dry pipette and now add conc. $H_2SO_4$ slowly with the help of dry pipette by the side of the test tube.

Pink colour in the junction turning green confirmed the presence of steroid.

Medium of kshara taila is acedic

PH of kshara taila is 5.5

Change litmus paper is red in colour.

**KARNA SRAVA**

Karnasrava is a disease mentioned by Acharya Sushruta in the chapter of karnaroga vigyaniya. Acharya sushruta has counted karnasrava as a disease entity under 28 karnarogas. Acharya charaka included karnasrava as a symptom under the four types of karnarogas due to vitiation of different dosha. Acharya vagbhatta has not described karnasrava seperately, but in the treatment part he has mentioned kshara taila as remedy along with other diseases.

**Karnasrava as symptom** - Otorrhoea is having of different causes like tranma, injury in external auditory canal, otomycosis, acute otitis externa, seborrhoeic ottis media, chronic suppurative ottis media etc. In present work otomycosis one of the causes of otorrhoea-karnasrava is taken for the study.

The general treatment of karnasrava includes Shirovirechana, Dhupana, Karnapurana, Pramarjana, Dhavana, Prakshalana etc.

**CONCLUSION**

The drug Ksharataila is having ingredients i.e. Muli kshara (kshara), Hingu, Mahausadha, Satapuspa, Vacha, Kustha, Devadaru,Yava kshara, Audbhida lavana, Saindhava lavana, Knot of bhurja, Bida and Musta Madhusukta,Til tail. All the ingradients are easily available in their authentic form,cheap & having sothaghna, Vedana sthapana, Vranasodhana, Vranaropana, Krimihara and kusthaghna, properties.

Due to these properties it can easily break the etiopathogenesis of the disease Karnasrava (Otorrhoea). Hot & Humid atmosphere, water entry in the ear, scratching of the ear by unsterile instrument such as, Matchstick, hair pin, key & finger nail etc are the main causes for invading fungus. Kshara taila used as drop 3 times a day for duration of 15 days is sufficient for the treatment of the disease Karnasrava (Otorrhoea), provided proper Pathyâ-apathya should followed.

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(शेष पृष्ठ 31 पर)

# PRABHAV

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- रसवीर्य विपाकानां सामान्यं यत्र लक्ष्यते।
- विशेषः कर्मणा चैव प्रभावस्तस्य स स्मृतः।। (च0सू0 26/67)
- रसादिसाम्ये यत्कर्मविशिष्टं तत्प्रभावजम्।। (अ.सं.सू. 17, अ.हृ.सू. 9)
- सर्वातिशायी द्रव्यस्वभावः प्रभावः।। (अ.सं.सू. 17)

Apart from Rasa, guna, veerya and vipaka, there is some specific property/poteney in some drugs , which is called 'Prabhav'.

When we see two drugs similar in rasa , vipaka, veerya and guna they generally exert similar actions. But if one of them does an action which can not be explained on the basis of guna, Rasa, Vipaka and Veerya of that drug, it is called its 'Prabhav'.

In other words 'Prabhav' is the term which shows the limit of our knowledge about the rational explanation of drug action. It is expected that with the advancement of our knowledge about drug action, we will be able to explain the rationality behind such 'VYADHI-PRATYANEEK' drugs and the term prabhav may disappear from Dravyaguna. But at present when we study the concept of Prabhav in light of examples given for it, we reach at the theory of panchbhautic composition of that particular drug. The number and predominance of panchbhutas may be similar in two drugs but the configuration or placing of these mahabhutas may differ giving rise to a specific action.

This is something comparable with the theory of isomerism of modern chemistry where the atoms of carbon, if arranged differently may result into coal/graphite, or diamond, all having different properties and actions.

Let us see some examples of Prabhav in Ayurveda-

1. Chitrak and Danti-both are katu rasa , katu vipaka, and usna veerya. Some actions of both the Drugs are common/but Danti is purgative while chitraka is not.This purgative action of Danti can be attributed to Prabhav only.
2. Specific action of emetics (vaman) and purgatives (virechan) drugs is also due to Prabhav.
3. Kshira and goghrita are madhura and sheeta but goghrita is deepana due to Prabhav , while Kshira is not.
4. Tila and Madanphala both are madhura,Kashaya, tikta snigdha & pichchhila but only madanphal is vamaktila is not.
5. Madhuyashti and Mridvika both being madhura and sheeta only Mridvika is purgative.
6. Some precious stones (mani) shows some action/effect due to Prabhav.
7. Some poisons are antidotes of some other poisons there also Prabhav is the cause.
8. Medhya action of Shankhapushpi, Vishaghna actions of Shirish, hridya action of Arjun, kushtaghna action of turvarak etc. are several other examples.

Modern medicine explains the structure of a drug on the basis of number and configuration of carbon, oxygen, hydrogen etc. in that drug. Ayurveda explains the structure of a drug on the basis of number and configuration of five basic elements in it but it has been also observed that drugs having similar structure expert different actions while many drugs having different structures have similar actions. This unlexplainable structure activity relationship constitutes the field of Prabhav.

Virtually power/poteney of dravyas is of two

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types. Action & effects of first type of potency (chintya/meemansya) can be explained on the basis of "cause and effects" relationship to its guna, rasa, vipaka & veerya. This is the case with most drugs where dravya and its constituents rasa, guna etc. have similar bhautic composition.Such drugs are knows as "saman pratyaya rabdha". Their actions are accordings to their gunas (gunarupa karma).

On the other hand when action & effects of second type of poteney (Achintya/ameemansya/ anavadharniya) can not be explained on the basis of existing pharmacological knowledge, guna, rasa, etc. it is attributed to 'Prabhav'. Such drugs can be termed 'Vyadhi Pratyaneek' and here dravya and its constituents rasa, guna etc. do not have similar panchbhaoutic composition. They are known as "vichitra pratyayarabdha". Their actions are different for their guna, rasa etc.

Here it is to be noted that charak has expressed his limitation while explaining the mechanism of action of such drugs (sp. Mani's) by saying "Prabhavo achintya uchyate." (प्रभावो अचिन्त्य उच्यते) Sushruta strangly devies to think about /analyse the mechanism of action of drugs by the scholars. (shu.su.40/22-24)

अमीमांस्यान्यचिन्त्यानि प्रसिद्धानि स्वभावतः।
आगमेनोपयोज्यानि भेशजानि विचक्षणैः।।
प्रत्यक्ष लक्षण्टफलाः प्रसिद्धाश्च स्वभावतः।
नौशधीर्हेतुभिर्विद्वान् परीक्षेत कदाचन।।
सहस्रेणापि च हेतूनां नाम्बश्ठादिर्विरेच्येत्।
तस्मत्तिश्ठेतुमतिमानागमे न तु हेतुशु।।

**CONCLUSION**

Thus it may be concluded that due to limitations of knowledge about drug action and effect, term Prabhav or "Dravya Prabhav" is being used to explain specific actions and effect produced by some drugs which remained unexplained normally. This may be attributed to their specific panchbhautic composition (vichitra pratyarabd-hatva) which makes such drugs "disease specific" (vyadhi pratyaneek).

Shushruta's view of not analyzing the cause behind drug action of any kind (नौशधीर्हेतुभिर्विद्वान् परीक्षेत कदाचन।।) is not acceptable and we must continue to think and analyse the mechanism of action of each and every drug in order to add new dimensions to Ayurveda.

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(पृष्ठ 52 का शेष)

व्यर्थ होता है। ठीक ही कहा गया है–

यथा खरश्चन्दनभारवही भारस्य वेत्ता न तु चन्दनस्य।
एवं हि शास्त्राणि बहून्यधीत्य चार्थेषु मूढ़ाः खरवद्वहन्ति।। सु.सू. 4/4

निष्कर्षतः कहा जा सकता है कि आधुनिक चिकित्सा विज्ञान का उपयोग आयुर्वेदीय ज्ञान के उपवृंहणार्थ किया जाना असैद्धान्तिक न ही है। इससे वर्तमान परिदृश्य के प्रशिक्षुओं को व्याधि–विवेचन, औषधि–चयन, औषधि–निर्माण व मात्रा–निर्धारण आदि के क्षेत्र में विशेष मार्गदर्शन प्राप्त हो सकता है। जो अर्वाचीन अल्प क्षमतावान मानवों (वैद्यों) (दिव्य दृष्टि एवं योगबल के अभाव के कारण) के लिए वरदान कहा जा सकता है। किन्तु यहा पर पुनः इसके उद्देश्य को समझने की महती अपरिहार्यता उपस्थित होती है अन्यथा यह शास्त्र (modern medical science) अज्ञ वैद्यों के लिए एक अतिरिक्त बौद्धिक–भार ही होगी न कि गूढ़ार्थ–ख्यापक ज्ञान–चक्षु।

!! भवतु भद्रतरम् !!

# AYURVEDIC MANAGEMENT FOR SUPPORTIVE CARE IN CANCER

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**INTRODUCTION**

The success of cancer therapy depends on the success of the supportive care. In the course of disease and during the treatment procedure like chemotherapy and radiotherapy various features develop. It is the duty of physician to give supportive care and symptomatic relief to the patient. Failure to control the symptoms of cancer and its treatment may lead patients to abandon curative therapy. Supportive care is a major determinant of quality of life. Even when life cannot be prolonged, the physician must strive to preserve its quality. Quality-of-life measurements have become common end points of clinical research studies.

**THE MANAGEMENT:**

Some major aspects of quality of life are dealt hereafter along with the ayurveda management.

**1. Pain management**

Pain occurs with variable frequency in the cancer patient. The pain may have several causes. In about 70% of cases, pain is caused by the tumor itself by invasion of bone, nerves, blood vessels or mucous membranes or obstruction of a hollow viscus or duct. In about 20% of cases, pain is related to a surgical or invasive medical procedure, to radiation injury (mucositis, enteritis, or plexus or spinal cord injury), or to chemotherapy injury (mucositis, peripheral neuropathy, phlebitis, steroid-induced aseptic necrosis of the femoral head). In 10% of cases, pain is unrelated to cancer or its treatment.

Varieties of ayurveda medicine are used to mitigate the pains.

For local pains[1]

1. A mixture of Sajji Kshara, Mulaka Kshara and Sankha bhasma may be apply locally over area.
2. Mulaka Kshara, Haridra Kshara and Sankhtia Churna acumulately use as external application in a case of Arbuda and Granthi.
3. The seed of Sobhanjana, seed of Mulaka, Svet Sarsapa, tulsi, Indrayava and Karaveer making paste with takra and apply over area.

For generalized pains

Systemic oral medicine like combination of muktapisti 250 mg and hirak bhasma 05 mg BD can be given [1]. A combination of vaidurya bhasma, muktabhasma, mani, gairik etc can be also be used [2]. Allium sativum (garlic) could be helpful to manage pain and ache. [8]

**2. Nausea management**

Emesis in the cancer patient is usually caused by chemotherapy. Its severity can be predicted from the drugs used to treat the cancer.

The extract of Guduchi (Tinospora cordifolia) or the decoction of guduci are effective. Lajamanda or laja paniya can be effective [3]. Eclipta prostrata, Emblica officinalis, Withania somnifera, Piper

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longum can be directed to correct nausea and vomiting [4].

**3. Effusion management**

Fluid may accumulate abnormally in the pleural cavity, pericardium, or peritoneum. Asymptomatic malignant effusion may not require treatment. Symptomatic effusions occurring in tumors responsive to systemic therapy usually do not require local treatment but respond to the treatment for the underlying tumor.

Pleural effusion and symptomatic pericardial effusion are usually treated medicine like mriganka rasa 12mg BD or somnathiya tamrabhasma 12mg BD.[5]

Malignant ascites is usually treated with regimen prescribed in sannipatodara. Patient should be given butter milk with pippali[6]. Assessing the vitality of the patient mild but regular purgation should be given.[7]

**4. Nutrition management**

Cancer and its treatment may lead to a decrease in nutrient intake of sufficient magnitude to cause weight loss and alteration of intermediary metabolism. The prevalence of this problem is difficult to estimate because of variations in the definition of cancer cachexia, but most patients with advanced cancer experience weight loss and decreased appetite. A variety of both tumor-derived factors (e.g., bombesin, adrenocorti-cotropic hormone) and host-derived factors (e.g., tumor necrosis factor, interleukins 1 and 6, growth hormone) contribute to the altered metabolism, and a vicious cycle is established in which protein catabolism, glucose intolerance, and lipolysis cannot be reversed by the provision of calories.

The anorexia or weight loss could be effectively managed by Withania somnifera, Sida cordifolia, Asparagus racemosa, Vitis vinifera, Plumbago zeylenica, Tinospora cordifolia, Zingiber officinale, Coptidis rhizoma, etc. These herbs have been shown to improve appetite, food intake, malnutrition, fatigue and sensation of well-being which could elicit bodyweight gain. These herbs might stimulate the flow of digestive juices, thereby improving digestion and increasing the appetite. Aegle marmelos, Holarrhena antidysenterica, Punica granatum, Cyperus rotundus, Emblica officinalis, and Plumbago zeylanica can be used as anti-diarrhoeals when diarrhoea becomes one of the complications of cancer cachexia. Terminalia chebula could be useful against chronic constipation and digestive disorders which are common in cancer patients resulting in loss of appetite. [4]

**5. Stress and insomnia management**

Bacopa monniera strengthens mental faculties and helps to manage insomnia or sleeplessness due to stress [8]. An herbal combination of Withania sominifera, Asparagus racemosa, Hydrocotyle asiatica, Nardostachys jatamamsi, Elettaria cardamomum, Tribulus terrestris, Zingiber officinalis and Eclipta alba could also be useful in the treatment of anxiety, tension and insomnia. Ocimum sanctum is beneficial against stress and depression during cancer.[4]

**6. Immunemodulation**

Rasayana cikitsa as immunotherapy is given for immuno-modulation and rejuvenation. Withania somnifera [9] and Tinospora cordifolia [10] are also proven to be powerful immunostimulants, which could increase body resistance power during cancer associated immunosuppression.

**7. Psychosocial Support**

The psychosocial needs of patients vary with their situation. Patients undergoing treatment experience fear, anxiety, and depression. Patients may have fears associated with the termination of a treatment they associate with their continued survival. Adjustments are required to physical losses and handicaps, real and perceived.

Satvavajaya treatment as cognitive-behavioral and interpersonal therapy is very much effective as medicine in remission of visada like state or depression in this disease[11].

**CONCLUSION:**

Ayurveda being a complete health care system has given a vivid outlook of categorical treatment of the malignant disorders like cancer. Till 1st quarter of last century ayurveda used to provide total package of the treatment. Now with the advent of time many treatment modalities have been emerged in this field and common people are taking these prevailing remedies. But in the course they use to face certain dreadful conditions where the actual relief is far reach. In this regards also ayurved can be used as supportive system of therapy.

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# पिप्पली - एक परिचय

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चरक संहिता में पिप्पली को हिक्कानिग्रहण, कसाहर, शिरोविरेचन, वमन, तृप्तिघ्न, दीपनीय, शूल प्रशमनगण में तथा सुश्रुत संहिता में पिप्पल्यादि, उर्ध्वभागहर, शिरोविरेचन गण में स्थान दिया गया है। इसका कुल पाइपरेसी (Piperaccae) तथा लैटिन नाम पाइपर लॉन्गम (Piper longum Linn) है। संस्कृत में इसे ऊष्णा (कटु रस होने से), तीक्ष्णतण्डुला (तीक्ष्णकण युक्त), उपकुल्या (जलीय प्रदेश में उत्पन्न), शौण्डी (शुण्डाकार फल होने से), कोला (एक कोल प्रमाण के फल होने के कारण), मागधी (मगध देश में उत्पन्न होने से), वैदेही (विदेह में होने वाली), कृष्णा (कृष्णाभ होने के कारण), कणा (कणयुक्त), चपला (चंचल, तीक्ष्ण होने से) आदि पर्याय से बताया गया है। अंग्रेजी में – Long Pepper, हिन्दी में – पीपली, बंगला में – पिपुल, मराठी में – पिपली, गुजराती में – पीपल, पंजाब में मघाँ, तमिल में – टिपिलि, तेलगु में – पिपुल नाम से प्रचलित है।

राजनिघण्टु में इसकी चार प्रजातियाँ बतायी गयी हैं

क) पिप्पली (Piper longumn Linn.) मगध प्रदेश में होने वाली, ख) गजपिप्पली – चविका (Piper Chaba Hunter) बंगाल, आसाम में चई के नाम से प्रचलित, ग) सैंहल– जहाजी पीपल (Piper retrofractum Vahl) जो श्रीलंका, सिंगापुर, मलेशिया, इण्डोनेशिया से आयातित, घ) वन पिप्पली (Piper Sylvaticum Roxb. या Piper peepuloides Roxb.) जो बंगाल, आसाम के जंगल में स्वयं उत्पन्न होती है। व्यवहार में छोटी एवं बड़ी दो प्रकार की पिप्पली का उपयोग प्रचलित है। बड़ी पीपल जो आयातित है तथा छोटी पीपल भारतवर्ष में उपलब्ध है। भारतवर्ष में बिहार, कोंकण प्रदेश, अन्नामलाई पहाड़ी, चेरापूंजी आदि से भी यह उपलब्ध होता है। पके फल का गुण – लघु, स्निग्ध, तीक्ष्ण; रस–कटु; विपाक–मधुर; वीर्य–अनुष्णशीत, जबकि आर्द्र फल गुरू, मधुर रस तथा शीतवीर्य प्रधान है। इसीलिए पका फल कफ, वात शामक तथा आर्द्र फल वातकफवर्धक तथा पित्तशामक है। तीक्ष्ण होने से कफोत्क्लेशक, जन्तुघ्न, चूर्ण–शिरोविरेचन; कटु रस के कारण तृप्तिघ्न, दीपन; स्निग्ध; उष्ण होने से वातातुलोमन, शूलप्रशमन, मृदुविरेचन, कटु–तीक्ष्ण होने से कृमिघ्न, मधुर–कटु होने से रक्तवर्धक, रक्तशोधक, गुण युक्त है। कफवात शामक होने से कासहर, श्वासहर, हिक्का निग्रहण; मधुर विपाक होने से मूल है। मूल गर्भाशय संकोचक एवं फल वृष्य है। ज्वरघ्न, विशेषतः विषम ज्वर – प्रतिबन्धक

*चि0अ0 (शिक्षण) कायचिकित्सा एवं पंचकर्म, ला0शा0रा0आ0 महाविद्यालय, हण्डिया, इलाहाबाद
**उपाचार्य एवं विभागाध्यक्ष, कायचिकित्सा एवं पंचकर्म, राज0 आयुर्वेद महाविद्यालय, स0सं0वि0वि0, वाराणसी

है। मधुरविपाक होने से रसायन एवं बल्य है।

शोथयुक्त वेदना में इसका लेप होता है। मेध्य होने से मस्तिष्क दौर्बल्य में उपयोगी है। अरूचि, अग्निमान्द्य, अजीर्ण, विबन्ध, गुल्म, उदरशूल, अर्श, यकृत विकार, प्लीहावृद्धि, कृमिरोग आदि पाचन संस्थान के रोगों में उपयोगी है।

पिप्पलीमूलं दीपनीयपाचनीयानाहप्रशमनानाम् (च0सू0 25)

तेषां गुर्वी स्वादुशीता पिप्पल्यार्द्रा कफावहा।
शुष्का कफानिलाघ्नी सा वृष्या पित्तविरोधिनी।। (सु0सू0 46)

हृदौर्बल्य, पाण्डू, आमवात, वातरक्त में लाभकारी है।

गोमूत्रैरण्डतैलाभ्यां कृष्णाचूर्ण पिबेन्नरः।
दीर्घकालोस्थितां हन्ति गृधसी कफवातजाम्।। (भा0प्र0)

क्वाथेन कल्केन च पिप्पलीनां सिद्धं घृतं माक्षिकसंप्रयुक्तम्।
क्षीरानुपानं विनिहन्त्यवश्यं शूलं प्रबृद्धं परिणामसंज्ञम्।। (वंगसेन)

कास, श्वास, हिक्का, यक्ष्मा की औषधियों में यह प्रमुखतया उपयोग किया जाता है। इसका मूल रजोरोध तथा कष्ट प्रसव में लाभकारी है। जीर्ण ज्वर एवं विषम ज्वर में गुड़ के साथ सेवन का विधान है। रसायन कर्म के लिए वर्धमान पिप्पली के रूप में अतीव लाभकारी है।

गुड़पिप्पली, पिप्पलीखण्ड, पिप्पल्यासव आदि इसके विशिष्ट योग हैं। योगवाही के रूप में इसका उपयोग ज्यादा होता है। स्वतन्त्र रूप से, अति माता, दीर्घकाल तक देने से हानिकारक होता है, केवल वर्धमान पिप्पली रसायन इसका अपवाद है।

रासायनिक संघटन में इसमें सुगन्धित तैल (0. 7 प्रतिशत), पाइपरीन (piperine 4.5 प्रतिशत), पिपलार्टिन, सिसमिन, पिपलास्टिरॉल नामक क्षाराभ पाये जाते हैं। पिप्पली मूल में पाइपरिन (0. 15–0.18 प्रतिशत) पिपलार्टिन (0.13 – 0.20 प्रतिशत), पाइपरलान्गुमिनिन, स्टेरायड तथा ग्लाइकोसाइड पाये जाते हैं। औषधियों में पिप्पली की उपस्थिति से अन्य औषधियों की बायोअवेलिबिलटी बढ़ जाती है। इसीलिए कुछ अंग्रेजी फार्मेसियों ने यक्ष्मा की औषधियों में पिप्पली के साथ योग बनाना शुरू किया है।

शोधों से यह सिद्ध हुआ है कि पिप्पली इन्टअमीबा हिस्टोलिटिका एवं जियारडियासिस के संक्रमण में लाभकारी है। पिपराडीन एमाइड एडीज इजीप्टी मच्छरों के लारवा का नाश करता है। यह ट्यूमर की चिकित्सा में सहायक है तथा व्याधिक्षमत्व बढ़ाने में सक्षम है। यह आमवात आदि के शूल में तथा यकृत रोगों में लाभकारी है। यह औषधियों की बायोअवेलेबिलटी बढ़ाता है। विभिन्न प्रकार कै बैक्टीरिया में यह प्रभावी है। यह फ्री रेडिकल को हटाने में सहायक है। मधुमेह, राजयक्ष्मा, कुष्ठ, शोथहर, कर्कटार्बुद, मेदोहर, ज्वरहर, हिपेटाइटिस बी, आदि स्थितियों में यह लाभकारी है।

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(पृष्ठ 46 का शेष)

| | ***Active Immunity*** | ***Passive Immunity*** |
|---|---|---|
| 1. Source | It is developed by an individual's own cells is response to an infection or a vaccine. | It is developed when readymade antibodies or inoculated from out side. |
| 2. Side Effect | It has no side effect | It may cause reaction |
| 3. Period of relief | It provides relief only after long period. | It provides immediate relief. |
| 4. Period of effectiveness | It is long lasting | It is short lived. |

उपसंहार–

आयुर्वेद शास्त्रों मे वर्णित व्याधि क्षमत्व जो ओज का कार्यरूपी बल है यही व्याधि क्षमत्व ही शरीर को रोगों से आक्रान्त करने से रोकता है। व्याधि क्षमत्व की आधुनिक चिकित्सा शास्त्र के अनुसार **Immunity** से तुलना की जा सकती है आधुनिक चिकित्सा शास्त्र में यही **Immunity** शरीर में होने वाले संक्रमण को रोकती है।

संदर्भ ग्रन्थ

अ0 ह्व0 11/17 च0 सू0 28/3
सु0 सू0 15/24 च0 सू0 17/60
च0 सू0 17/7 च0 चि0 3/161
च0 सू0 30/6 च0 चि0 24/30
च0 सू0 17/72
रोग विकृति – डॉ0 राधा वल्लभ सती

# व्याधि क्षमत्व एवं रोग प्रतिरोधक क्षमता

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सारांश–

व्याधि क्षमत्व से ही शरीर की रोग प्रतिरोधक क्षमता का आंकलन किया जाता है। व्याधि क्षमत्व का शरीर में आश्रित ओज ही आधार है। कीटाणु संक्रमण आगंतुज रोग की एक कड़ी है इसको रोकने हेतु शरीर में पर्याप्त व्याधि क्षमत्व की आवश्यकता होती है जिसको आधुनिक चिकित्सा शास्त्र में Immunity कहा जाता है। व्याधि क्षमत्व या Immunity के कम हो जाने पर ही शरीर में संक्रमण होता है।

परिचय–

शरीर में स्थित व्याधि क्षमत्व ओज के कार्य रूपी बल का ही नाम है। शरीर को नुकसान पहुँचाने वाले जीवाणुओं का आहार ओज को ही माना गया है। ओज की हानि से व्याधि क्षमत्व की कमी हो जाती है, जिस कारण संक्रमण होता है। दूसरे शब्दों में यह भी कहा जा सकता है कि जीवाणुओं के प्रबल होने पर ओज का नाश होकर शरीर का व्याधिक्षमत्व नष्ट हो जाता है।

ओजः–

चरक के अनुसार रस से शुक्र पर्यन्त धातुओं से व्याप्त उत्कृष्ट तेज धात्वाग्नि पाक से ओज का निर्माण होता है।

आचार्य सुश्रुत के अनुसार रस से लेकर शुक्र पर्यन्त धातुओं के परम तेज को ओज कहते है। ओज सभी धातुओं में व्याप्त रहता है। इस ओज को चिकित्सा शास्त्र में बल कहा गया है।

आचार्य चक्रपाणि के अनुसार जैसे क्षीर पाक का सार घृत है, फल एवं पुष्पों का सार मधु है, उसी प्रकार रसादि धातुओं का उत्कृष्ट अंश सार रूप ओज है।

आचार्य सुश्रुत ने ओज के कार्यों को गिनाते हुए उसे सभी धातुओं की वृद्धि एवं स्थिरता का कारण माना है।

ज्ञानेन्द्रिय एवं कर्मेन्द्रिय तथा आभ्यान्तर इन्द्रिय मन, वृद्धि अंहकार को अपने अपने कर्म में प्रवृत करना ओज का ही कार्य है।

आचार्य चरक के अनुसार जिस हृदय पर आयु निर्भर है, वही हृदय उत्कृष्ट ओज का विषेश स्थान है हृदय से प्रारम्भ होने वाली दश धमनियों जिन्हें महामूला कहा गया है उन्हीं से ओज का समस्त शरीर में संचरण होता है।

ओज के गुणः–

गुरू शीत मृदु श्लक्ष्ण वहल मधुर स्थिर।
प्रसन्न पिच्छिल स्निग्धमोजो दशगुण स्मृतम्।।

गुरू, शीत, मृदु, श्लक्ष्ण, वहल, मधुर, स्थिर, प्रसन्न, पिच्छिल, स्निग्ध।

आचार्य चरक के अनुसार वात और कफ की क्षीणावस्था में पित्त वृद्धि होकर शरीर में संचार होता हुआ देह से ओज का क्षरण करता है अर्थात पित वर्धक आहार विहार के अति सेवन से ओज की उत्पत्ति पर विपरीत प्रभाव पड़ता है और ओज का क्षय होता है।

व्याधिक्षमत्व–

चक्रपाणि के अनुसार व्याधिक्षमत्व व्याधि को रोकने वाली शक्ति है, जो व्याधि के बल को क्षीण करने का कार्य करती है। प्रत्येक जीव में व्याधि के प्रतिकार की विशेष व्यवस्था होती है जिसके द्वारा

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शरीर व्याधियों को उत्पन्न करने वाले कारणों को निष्क्रिय कर रोगोत्पत्ति को रोकते हैं।

आधुनिक चिकित्सा शास्त्रानुसारः–

The human body has the ability to resist almost all types of organism or toxins that tends to damage the organs, that capacity is called Immunity

प्रकृति ने शरीर मे अनेक ऐसी व्यवस्थायें बनायी है, जिससे कि शरीर के सम्पंर्क मे आये अपद्रव्य दोष प्रकोप कर व्याधि उत्पन्न कर सके उससे पूर्व ही उन्हें निष्क्रिय बना दिया जाता है शरीर में रोग उत्पन्न तब ही होते है जब कि रोग कारक अपद्रव्यों का बल शरीर के व्याधिक्षमत्व बल से अधिक हो जाये।

शरीर में व्याधि क्षमत्व बल तीन प्रकार को होता है।

1. सहज 2. कालज 3. युक्तिकृत

जीवाणुओं का आहार ओज माना गया है। शरीर को हानि पहुँचाने वाले जीवाणुओं ओज को ही नष्ट करने की चेष्टा करते है तथा जीवाणुओं की प्रबलता ही ओज का नाश कर व्याधिक्षमत्व को नष्ट करती है।

''अर्थात ओज के कार्य रूपी बल का ही नाम व्याधि क्षमत्व है''

रोग प्रतिरोधक क्षमता **(Immunity):-**

आधुनिक चिकित्सा शास्त्र में रोग प्रतिरोधक क्षमता उस शक्ति का नाम है जो शरीर को जीवाणुओं के संक्रमण से बचाकर शरीर में रोगोत्पत्ति को रोकने का कार्य करती है।

दूसरे शब्दों में हम कह सकते है कि शरीर की वह सामर्थ्य जो हानिकारक जीवाणुओं को शरीर में प्रवेश करने पर उनका विरोध करती है।

रोग प्रतिरोधक क्षमता के भेदः–

1. स्वाभाविक 2. उपार्जित

स्वाभाविकः– यह जन्म से मनुष्य में पायी जाती है और यह बच्चों में माता द्वारा पहुंचती है। यह किसी व्याधि के पूर्व में होने के कारण उपार्जित नहीं होती है।

उपार्जितः– यह जन्म से उपस्थित नहीं होती है। यह क्षमता मनुष्य में जन्म के उपरान्त उत्पन्न की जाती है। जब हम किसी रोग की Vaccine का प्रयोग करते हैं तब उस रोग से सम्बन्धित रोग प्रतिरोधक क्षमता उस मनुष्य में उत्पन्न हो जाती है और भविष्य में मनुष्य उस रोग से सुरक्षित हो जाता है।

यह पुनः दो प्रकार की हैः–

A) Active or natural-It is a long lasting immunity developed by antibodies produced by an individual's own ways.

यह तीन प्रकार से प्राप्त होती है।

1. चिकन पॉक्स एंव मम्पस् होने पर
2- Sub clinical infection के कारण
3- Killed Micro organisms के शरीर में प्रवेश के कारण

B) Passive or Artificial immunity पूर्ण रूप से बाहर तैयार की गयी Antibodies जो किसी जानवर के Serum के माध्यम से प्राप्त हो और उनको Injection द्वारा मानव शरीर में पहुँचाने के उपरान्त विकसित रोग प्रतिरोधक क्षमता को Passive Immunity कहा गया है।

| ***Inborn Immunity*** | ***Acquired Immunity*** |
|---|---|
| 1. It is present from birth. | 1. It is developed after birth. |
| 2. It is inheritable Immunity | 2. It in not inheritable Immunity |
| 3. It is not acquired from previous attack of disease | 3. It is acquired in response to a disease or vaccine |

(शेष पृष्ठ 44 पर)

डॉ गंगा सहाय पाण्डेय स्मृति अखिल भारतीय आयुर्वेद

स्नातक निबन्ध प्रतियोगिता–2012

# आयुर्वेदिक एवं आधुनिक चिकित्सा विज्ञान का समन्वय : वरदान या अभिशाप

• *आत्म प्रकाश मिश्र

अर्थवेद के 'उपवेद' की संज्ञा से अधिभूषित 'आयुर्वेद' स्वयं में सर्वथा पूर्ण एवं सर्वोपक्रम–समृद्ध सर्वाधिक प्राचीन चिकित्सा पद्धति है। सृष्टिकर्ता ब्रह्मा द्वारा 'त्रिसूत्र' रूप में आयुर्वेद (हेतुलिङ्गौषधज्ञानं स्वस्थातुरपरायणम्। च.सू. 1/24) के स्मरण किये जाने के उपरान्त अध्येता एवं रोगी की पात्रता व क्षमता के अनुसार उनके पारलौकिक, लौकिक एवं आध्यात्मिक अनुसंधानों के द्वारा उपबृंहित होकर आयुर्वेद प्राणिमात्र के दुःखों (.....विकारो दुःखमेव च।। च.सू. 9/4) के निवारणार्थ आत्यन्तिक उपाय के रूप में अधिष्ठित हुआ। इस महान कर्तव्य को पूर्ण करने में अनेक दिव्य एवं लौकिक पुरुषों का कृपापूर्ण योगदान रहा है, जिसके फलस्वरूप मौलिक रूप से अपरिवर्तित रहते हुए भी (यथा–प्रयोजन, सिद्धान्त, पदार्थ आदि) आयुर्वेद के स्वरूप में विशद एवं सतत परिवर्तन परिलक्षित होतें हैं। दृष्टान्तार्थ अग्रोक्त तथ्य विचारणीय बिन्दुओं में सम्मिलित किये जा सकते हैं–

आत्रेय सम्प्रदाय की मान्यतानुसार शतक्रतु इन्द्र से महर्षि भरद्वाज ने आयुर्वेद का ज्ञान यथावत् एवं शीघ्रता से प्राप्त कर लिया।

सोऽनन्तपारं त्रिस्कन्धमायुर्वेदं महामतिः।
यथावदचिरात् सर्वं बुबुधे तन्मना मुनिः।।

च.सू.1/25

अतः स्पष्ट है कि आयुर्वेद की सम्पूर्ण विषय–वस्तु इन्द्र द्वारा भरद्वाज मुनि को क्षणमात्र में ठीक–ठीक प्रदान कर दी गयी। यह इसीलिए सम्भव हो सका, क्योंकि इन्द्र सर्वविद्या पारंगत थे और शिष्य रहित होने के कारण उनमें अध्यापन की उत्कट अभिलाषा भी थी। साथ ही भरद्वाज को ही आयुर्वेद अध्ययन हेतु भेजने का कारण स्पष्ट करते हुए उनकी विशेषता बतायी गयी है कि 'दीर्घजीवन की इच्छा' और 'उग्रतपा' (कठोर तप द्वारा शरीर मन व बुद्धि का निर्मल व दृढ़ बनाने के कारण) होने से वे अत्यन्त प्रतिभावान सुपात्र अध्येता बन सके। तत्पश्चात उन्होनें अन्य ऋषियों को आयुर्वेद का ज्ञान दिया जिनमें से आत्रेय ने अपने छः शिष्यों को आयुर्वेद का उपदेश दिया। इनमें से अग्निवेश ने सर्वप्रथम अपने तन्त्र को निर्माण किया।

यहां पर विशेष ध्यान देने योग्य तथ्य है कि भरद्वाज ने ऋषियों को जो आयुर्वेद का ज्ञान दिया वह न तो अधिक था और न ही कुछ छिपाया गया था (ऋषिभ्योऽनधिकं तच्च शशंसानवशेषयन्।। च. सू. 1/26) अर्थात जैसा इन्द्र ने कहा था वैसा ही प्रस्तुत कर दिया क्योंकि अन्य ऋषि भी भरद्वाज के समकक्ष बुद्धि–कौशल एवं योगबल वाले थे। जबकि आत्रेय द्वारा शिष्यों को दिये गये उपदेश के विषय में 'यथावत्' जैसा वर्णन नहीं है।

अथ मैत्रीपरः पुण्यमायुर्वेदं पुनर्वसुः।
शिष्येभ्यो दत्तवान षड्भ्यः सर्वभूतानुकम्पया।।

च.सू. 1/30

*तृतीय व्यावसायिक छात्र, राजकीय आयुर्वेद महाविद्यालय, अत्तर्रा, बांदा

तात्पर्य है कि आत्रेय पुनर्वसु ने शिष्यों की पात्रता एवं सामान्य मानव की उपयोगिता के अनुरूप विषयों का विवेचनात्मक उपदेश किया क्योंकि इस उपदेश का उद्देश्य केवल ऋषि–कल्याण न होकर अपितु सर्वभूतानुकम्पा था।

पुनः कालान्तरवशात् 'अग्निवेशतन्त्र' (1000 ई. पू.) को अधिक समकालोपयोगी बनाने एवं खण्डित अंशों को स्पष्ट करने के लिए आयुर्वेदीय ज्ञान का प्रतिसंस्कार आचार्य चरक ने किया और 'अग्निवेशतन्त्र' 'चरकसंहिता' (दूसरी–तीसरी शती) के रूप में ख्याति–लब्ध हुआ। वर्तमान में उपलब्ध 'चरकसंहिता' आचार्य दृढबल (चौथी शती) द्वारा पूरित है जिसमें स्पष्ट उल्लेख है कि चिकित्सास्थान के 17 अध्याय एवं कल्पस्थान व सिद्धिस्थान के 12–12 अध्याय चरक द्वारा प्रतिसंस्कृत ग्रन्थ में नहीं प्राप्त होतें हैं–

अस्मिन् सप्तदशाध्यायाः कल्पाः सिद्धय एव च।
नासाद्यन्तेऽग्निवेशस्य तन्त्रे चरकसंस्कृते।।
तानेतान् कापिलबलिः शेषान् दृढ़बलोऽकरोत्।
तन्त्रस्यास्य महार्थस्य पूरणार्थं यथातथम्।।

(च.चि. 30/289, 290)

यहां पर भी तात्कालिक परिवेश, जीवनशैली, सामाजिक मान्यताओं एवं नवीन रूप से प्रकाश में आने वाले रोगों के कारण पुनः के परिष्कार, सरलीकरण एवं स्पष्टीकरण की आवश्यकता उत्पन्न हुई, जिसे दृढ़बल ने पूर्ण किया।

'सुश्रुतसंहिता' भी 'चरकसंहिता' की भांति तीन स्वरों में निर्मित प्रतीत होती है। वृद्ध सुश्रुत, सुश्रुत एवं नागार्जुन के क्रमिक योगदानों से ही संहिता का अद्यतन रूप उपलब्ध हुआ है। वृद्ध सुश्रुत (1000–1500 ई.पू.) द्वारा रचित मूल सुश्रुतसंहिता उपनिषत्–कालीन लगती है यथा–शिष्योपनयनीय अध्याय में त्रिवर्ण (ब्राह्मण, क्षत्रिय, वैश्य) के ही उपनयन का विधान, प्रकृति सम्बन्धी मान्यता (स्वभाव, ईश्वर, काल, यदृच्छा, नियति, परिणाम) आदि विषय उपनिषद् के ही है।

सुश्रुत सातवाहन राजा के साम्राज्य काल (दूसरी शती) में हुए थे और तत्कालीन आवश्यकताओं के आधार पर सुश्रुतसंहिता का पुनरुद्धार किया। कालान्तर में 'नागार्जुन' (5वीं शती) या किसी अन्य ने सुश्रुतसंहिता का प्रतिसंस्कार किया, ऐसा प्रतीत होता है। मौलिक रूप से सुश्रुत संहिता में 120 अध्याय थे जो पांच (सूत्र, निदान, शारीर, चिकित्सा, कल्प) स्थानों में विभक्त थे, उत्तरतन्त्र अवशिष्ट विषयों को उपलक्ष्य करके बाद में जोड़ा गया। यथा–

तच्च सविंशमध्यायशतं पञ्च स्थानेषु सूत्रनिदान–शारीरचिकित्सितकल्पेष्वर्थवशात् संविभज्य, उत्तरतन्त्रे शेषानर्थान् व्याख्यास्यामः।।

सू.सू. 1/49।।

ऐसा प्रतीत होता है कि आद्य सुश्रुतसंहिता शल्य प्रधान ग्रन्थ था जिसे सर्वरोगोपयोगी बनाने के लिए शालाक्य, कौमारभृत्य आदि के विषयों को उत्तरतन्त्र के रूप में बाद में जोड़ा गया।

आचार्य वाग्भट्ट (प्रथम–550 ई. व द्वितीय 7वीं शती) ने चरकसंहिता एवं सुश्रुतसंहिता का अनुसरण करते हुए स्वयं के मौलिक तथ्यों का भी उल्लेख किया है। यथा–धातु विशेष में विशिष्ट दोष की उपरिस्थिति (अस्थि में वायु, रक्त व स्वेद में पित्त, शेष में श्लेष्मा), कफ के पांच भेदों का नामकरण, ऋतुसन्धि का उल्लेख, उर्ध्वगुद रोग का वर्णन (अ.सं.उ. 25/63) आदि अनेक विषय वाग्भट्ट ने स्वयं किये गये अनुसंधान एवं परिष्कार के फलस्वरूप जोड़े हैं।

द्रव्यगुण की विषयवस्तु में भी कालक्रम से

विशद परिवर्तन मिलता है। उपलब्धता, कार्मुकता एवं आवश्यकता के आधार पर उत्तरोत्तर नवीन द्रव्यों के गुणधर्म एवं प्रयोग का वर्णन मिलता है। उदाहरणार्थ– आचार्य चरक द्वारा वर्णित 'च्यवनप्राश' रसायन के निर्माण हेतु प्रयुक्त होने वाले अष्टवर्ग के द्रव्यों को आचार्य शाङ्र्गधर ने दुर्लभ बताया है और उनके स्थान पर प्रतिनिधि द्रव्यों (शतावरी, विदारी, वराही व अश्वगंधा) को लेने का निर्देश किया है। द्रव्यों के रस, गुण, विपाक, वीर्य एवं प्रभाव के वर्णन में भी व्यावहारिक ज्ञान का समावेश करके उसे अधिक उपयोगी बनाने का प्रयास भी मिलता है। निघण्टुओं में क्रमिक रूप से नवीन द्रव्यों का समावेश दृष्टिगोचर होता है।

रसशास्त्र एवं भैषज्य–कल्पना के क्षेत्र में उत्तरोत्तर वर्णन की स्पष्टता मिलती है। वृहत्त्रयी में पार्थिव द्रव्यों का प्रयोग चूर्ण रूप या अयस्कृति के रूप में किया गया है, जबकि इस शास्त्र में अनुसन्धानों एवं योगबल के आधार पर परवर्ती ग्रन्थों में रसौषधि एवं भस्मनिर्माण जैसी प्रक्रियाओं का विकास हुआ जो कि अत्यन्त वैज्ञानिक एवं शास्त्रोन्नति का परिचायक है। किं बहुना ! यह शास्त्र लौहसिद्धि (निम्नधातुओं को पारदवेध द्वारा उच्च धातु में परिवर्तित करना) एवं देहसिद्धि (शरीर को अजर–अमर करना) को प्रदान करने की सामर्थ्य तक उन्नत हुआ। भैषज्य–कल्पना के क्षेत्र में भी व्यापक वैज्ञानिक विकास परिलक्षित होता है।

रोग निदान के क्षेत्र में उल्लेखनीय क्रमिक परिवर्तन मिलता है। वृहत्त्रयी में रोगी–परीक्षा में 'नाड़ी–परीक्षा का वर्णन नहीं मिलता है। जबकि बाद में ग्रन्थों (योगरत्नाकर, शाङ्र्गधरसंहिता आदि) में विशद विवेचन है। आचार्य शाङ्र्गधर ने नाड़ी–गति को सम्पूर्ण शरीर की वेदना के ज्ञान का आधार माना है।

करस्याङ्गुष्ठमूले या धमनी जीवसाक्षिणी।
तच्चेष्टया सुखं दुःखं ज्ञेयं कायस्य पण्डितैः।।

शां.सं. 3/1

'चरक' की दशविध–परीक्षा को 'योगरत्नाकर' की अष्टविध–परीक्षा ने और अधिक स्पष्ट किया है।

इस प्रकार स्पष्ट है कि 'आयुर्वेद' भी अन्य शास्त्रों (sciences) की भांति निरन्तर तत्कालीन उपलब्ध ज्ञान के आधार पर अनुसंधानों द्वारा उत्तरोत्तर लोकोपयोगिता की प्रौढ़ता को प्राप्त करता रहा है। इस सम्बन्ध में किसी प्रकार की रूढ़िवादिता स्थापित करना तर्कसंगत न होगा। विज्ञान में हठधर्मिता के लिए कोई स्थान नहीं होना चाहिए। विभिन्न विषय–विशारदों के अनुसंधानों की व्यावहारिक कसौटी पर परीक्षा करके उन्हें स्वीकृत या अस्वीकृत करना ही वैज्ञानिकता का परिचायक है न कि पूर्वाग्रहग्रस्त होकर कोई मर्यादा खींचना।

आयुर्वेदीय ग्रन्थों के क्रमिक अध्ययन से ज्ञात होता है कि विषय–वस्तु में सतत् परिवर्तन हुआ है। यह परिवर्तन किसी एकांग–शोध या परिष्कार से उत्पन्न नहीं हुआ वरन् विश्व के सम्पूर्ण विज्ञान के आदान–प्रदान का प्रतिफल है। चरकसंहिता में ऋषियों की वैज्ञानिक गोष्ठियों एवं सभ्भाषा–परिषदों को उल्लेख मिलता है। उनमें उपस्थित ऋषि केवल भारतवर्ष के ही नहीं बल्कि अन्य देशों के भी होते थे। यथा–काङ्कायन, बाह्लीक आदि। साथ ही उनके कार्यक्षेत्र एवं विषय–विशेषज्ञता एक ही थे–ऐसा भी नहीं है। यथा–महर्षि भरद्वाज को वायुयान–विज्ञान (aeronautics) का विशेषज्ञ भी माना जाता है। उनको वायु में ही विमान को अदृश्य करने का एवं

अदृश्य विमानों को दृश्य करने की विद्या का भी ज्ञान था और उनके द्वारा निर्मित विमान विभिन्न ग्रहों की यात्रा करने में सक्षम थे। ऐसा भी वर्णन मिलता है (भरद्वाज कृत 'वैमानिकशास्त्र')। सम्भव है कि उनकी इस विशेषता के कारण भी उन्हें इन्द्रलोक में जाकर इन्द्र से आयुर्वेद के ज्ञान की प्राप्ति का अवसर मिला हो।

सारांशतः स्पष्ट किया जा सकता है कि आयुर्वेद के विकास में सदैव ही सम्पूर्ण विज्ञान का उपयोग किया जाता रहा है और विभिन्न क्षेत्रों के ज्ञाताओं के विचार–विनिमय द्वारा प्राणिमात्र के श्रेयस् हेतु आयुर्वेदीय चिकित्सा–पद्धति का परिष्कार होता रहा है।

आचार्य सुश्रुत ने स्पष्ट रूप से निर्देश किया है कि केवल एक ही शास्त्र (science) के अध्ययन से 'आयुर्वेद–शास्त्र' (medical science) का निश्चयात्मक (सम्पूर्ण) ज्ञान नहीं हो सकता अतः चिकित्सक को विभिन्न शास्त्रों का अध्ययन भली प्रकार से करना चाहिए–

एकं शास्त्रमधीयमानो न विद्याच्छास्त्रनिश्चयम्।
तस्माद्बहुश्रुतः शास्त्रं विजानीयाच्चिकित्सकः।।

सु.सू. 4/7

स्पष्ट है कि आयुर्वेद के तथ्यों को ठीक ढंग से समझने के लिए जिन–जिन शास्त्रों का ज्ञान आवश्यक हो, उन सब का अध्ययन वैद्य को करना चाहिए या विशेषज्ञों के परामर्श का उपयोग करना चाहिए। फिर चाहे वह Phytsics, Chemistry, Botany, Zoology, संस्कृत हो या Modern Medical Science (आधुनिक चिकित्सा विज्ञान)।

Physics के ज्ञान का उपयोग हम भैषज्य–कल्पना की विधियों की सुगमता, आगारों के निर्माण एवं व्यवस्था कतिपय नैदानिक परीक्षणों (X-ray, USG, MRI, PET etc.) आदि को उन्नत बनाने में कर सकते हैं। Chemistry के माध्यम से औषधियों की गुणवत्ता एवं निदान–परीक्षा (blood sugar, electrolytes, vitamins, immunoglobulins, bilirubin, creatinine, urea, ammonia, albumin etc.) का सही ज्ञान प्राप्त किया जा सकता है। Botany का द्रव्यगुण विज्ञान में विशेष महत्व है। वनस्पति–शास्त्र का विद्वान वानस्पतिक द्रव्यों के निर्धारण, परीक्षण, कार्मुकता, वर्तमान मानव शरीर पर प्रभाव, भण्डारण, सवीर्यतावधि आदि के विषय में उल्लेखनीय निर्णय दे सकता है। Zoology का उपयोग रोगोत्पत्ति (aetiology due to various microorganisms) और विभिन्न जन्तुओं के आर्थिक मूल्यांकन (economic importance) का ज्ञान प्राप्त करने में किया जा सकता है। 'संस्कृत' भाषा के विशुद्ध ज्ञान के बिना आयुर्वेदीय सूत्रों के गूढ़ार्थों को यथावत् समझना सम्भव न होगा।

सादृश्यतः आधुनिक चिकित्सा विज्ञान का भी युक्ति–संगत प्रयोग आयुर्वेदीय चिकित्सा–पद्धति के निगूढ़, अव्यक्त, लेशोक्त एवं संदिग्ध विषयों के प्रकाशन हेतु किया जा सकता है जो कि निश्चित रूप से आयुर्वेद की सैद्धान्तिक अवधारणा का उल्लंघन नहीं होगा क्योकि आचार्य चरक ने भी स्पष्ट रूप से कहा है कि सभी विकारों की नामतः कोई निश्चित स्थिति नहीं है अर्थात कालान्तर में रोगों के लक्षण परिवर्तित व परिवर्धित हो सकते हैं तथा नवीन रोगों की उत्पत्ति भी हो सकती है (न हि सर्वकारणां नामतोऽस्ति ध्रुवा स्थितिः।। च.सू. 18/44–11) अतः इस प्रकार की स्थिति में तत्कालीन विज्ञान (शास्त्र) ही मार्गदर्शन कर सकता है क्योंकि शास्त्र को ही अज्ञानान्ध पुरुषों की दृष्टि कहा गया है–

इदमेवुदारार्थमज्ञानां न प्रकाशम्।
शास्त्रं दृष्टिप्रणष्टानां यथैवादित्यमण्डलम्।।

च.सू. 20/85

अर्थात अज्ञ (अल्प बुद्धि व ज्ञान वाले) पुरुष जिन विषयों को नहीं समझ पाते हैं (कर्तव्याकर्तव्य का निर्णय नहीं कर पाते हैं) उनमें शास्त्र ही उनका उसी प्रकार पथ–प्रकाशन करता है जिस प्रकार से सूर्यदेव आकाश में स्थित होकर अंधकार को दूर करते हैं। अतः आयुर्वेद के मौलिक सिद्धान्तों की अवमानना न करते हुए आधुनिक चिकित्सा–विज्ञान का उपयोग रचनाशारीर (Anatomy), क्रियाशारीर (Physiology), द्रव्यगुण विज्ञान (Pharmacology), रोग निदान एवं विकृति विज्ञान (Pathology) आदि के विषयों को स्पष्ट करने में किया जाना चाहिए। आयुर्वेदीय चिकित्सा–सूत्रों की व्यावहारिक उपादेयता का मूल्यांकन भी होना चाहिए। साथ ही आधुनिक मानकों के आधार पर औषध–द्रव्यों की प्रासंगिकता भी स्पष्ट होनी चाहिए। किन्तु इस सन्दर्भ में सर्वाधिक ध्यानाकृश्य तथ्य यह है कि इस समन्वय में कहीं हम अपनी मौलिकता से ही समझौता न कर बैठें जो कि वर्तमान परिदृश्य की सबसे बड़ी चुनौती है। उपस्थित 'स्नातक स्तरीय आयुर्वेदीय पाठ्यक्रम' में आधुनिक चिकित्सा विज्ञान के विषयों के संग्रहण का उपरोक्त उद्देश्य ही है। किन्तु विडम्बना है कि प्रमादवशात् निज–मौलिकता को उद्घाटित करने के स्थान पर अधिकाशं आयुर्वेद–प्रशिक्षु आधुनिक चिकित्सा विज्ञान के ज्ञान को 'साधन' के बजाय 'साध्य' के रूप में स्वीकार करके आयुर्वेदीय विशेषताओं की अवमानना कर रहे हैं, जो कि स्वयं के अस्तित्व के साथ एक अभद्र परिहास है।

इसके अतिरिक्त कुछ और भी अस्तित्वपरक प्रश्न आधुनिक चिकित्सा विज्ञान के ज्ञान के कारण उपस्थित हो रहे हैं। आज हम अधिकांश आयुर्वेदीय विषयों को आधुनिक चिकित्सा विज्ञान के परिप्रेक्ष्य में समझने का प्रयास करते हैं। यथा–'नाड़ी–गति' का प्रसंग आते ही हमें 'pulse' का ध्यान आता है न कि इसके आयुर्वेदीय स्वरूप का। हम तुरन्त 'pulse' के rate, volume आदि पर विचार करने लगते हैं न कि नाड़ी के वातिक आदि लक्षणों पर। इस कारण से आयुर्वेद के अनुसार जो सम्प्राप्ति बननी चाहिए वह नहीं स्पष्ट हो पाती क्योंकि 'नाड़ी' से सम्पूर्ण शरीर के विषय में ज्ञान प्राप्त होता है जबकि 'pulse' का ज्ञान हृदयादि के विकारों तक ही सीमित रह जाता है।

बढ़ती हुई तकनीकी सुविधाओं ने वैद्यों की लाक्षणिक पहचान की क्षमता को घटा दिया है और हम 'परतन्त्र–चिकित्सा' की ओर अधिक उन्मुख हो रहे हैं। यदि investigation report के परिणाम त्रुटिपूर्ण हों तो भी हम उसी के अनुसार चिकित्सा आरम्भ कर देते हैं क्योंकि हमारी निर्भरता 'ऐन्द्रिक परीक्षा' की तुलना में तकनीकी–परीक्षा' पर अधिक है।

हम अधिकाशं आयुर्वेदीय योगों का प्रयोग उनमें उपस्थित द्रव्यों के chemical composition एवं उनकी modern pharmacology के आधार पर करने लगे हैं जबकि द्रव्यों के 'प्रभाव' एवं दैव–व्यापाश्रय जन्य कर्मों पर से आधुनिक वैद्य का विश्वास शिथिल होता जा रहा है। हम द्रव्यों को बल्य, जीवनीय, रसायन आदि कहने में उतने आश्वस्त नहीं हो हैं जितने कि immunomodulator, antibacterial, antibiotic, antiageing आदि कहने में। इसका विपयर्यात्मक प्रभाव यह है कि भले ही हम आयुर्वेदीय–औषधि प्रयोग करें किन्तु साथ में modern medicine का ध्यान हमारे मस्तिष्क में रहता है और यह भी लगता रहता है कि बिना modern antibiotic के अमुक

संक्रामक व्याधि कैसे ठीक हो सकती है? परिणामतः हमारा आत्मविश्वास घटता है। इन कारणों से हम औषधीय–योगों से उनके शास्त्रीय लाभ नहीं ले पाते हैं। आधुनिक चिकित्सा विज्ञान के तथ्यों को जानने के उपरान्त यह भी द्वन्द्व उपस्थित होता है कि जब भी हम कोई रोगी देखते हैं तो व्याधि के आधुनिक रूप का चित्र पहले ही हमारे विचार में उभर आता है। यथा–मधुमेह से diabetes melitus 'विषम–ज्वर' से malaria, typhoid, तमक–श्वास से bronchial asthma आदि आधुनिक रूप इतना अधिक अभिभूत कर लेते हैं कि हम व्याधि के आयुर्वेदीय विवेचन पर ध्यान न देकर modern line of diagnosis की ओर चले जाते हैं। फलस्वरूप 'दोषानुसार' व्यापक चिकित्सा न करके 'रोगानुसार' सीमित चिकित्सा–क्रमों में उलझकर रह जाते हैं। जबकि हम जानते हैं कि आयुर्वेदीय–सिद्धान्त कितने सार्वभौमिक एवं शाश्वत हैं ! आयुर्वेद में जो निर्णायक सिद्धान्त दिये गये हैं, वे आज भी इतनी तकनीकी उन्नति के बावजूद अपनी सारगर्भिता लिए हुए हैं। उदाहरणतः– ''सर्वदा सर्व भावनां सामान्यं वृद्धि कारणं। (च.सू. 1/44)'' के अनुसार समान गुणधर्म युक्त द्रव्य से समान शारीरिक भावों की वृद्धि होती है। आज भी अत्यधिक रक्तस्राव होने पर 'रक्ताधान', अस्थिक्षय–जन्य विकारों में calcium, phosphate आदि का प्रयोग, dehydration में ORS एवं IV आदि अनेक उदाहरण हैं जहाँ पर आधुनिक चिकित्सा विज्ञान भी इसी सिद्धान्त पर विश्वास करता है।

इसके अतिरिक्त बढ़ती हुई तकनीकी–पराश्रयता ने हमारी आध्यात्मिक सोच को भी अवरुद्ध किया है और हम प्रत्येक कार्य के कारण को भौतिक स्तर पर सिद्ध किये बिना आश्वस्त नहीं हो पा रहे है। जबकि अध्यात्म–विज्ञान आधुनिक यान्त्रिक युग की उन्नति के बावजूद अभी इसकी पहुँच से अत्यन्त परे है। आधुनिक–विज्ञान अपनी कमी को स्वीकारने के स्थान पर हमारे विज्ञान को ही नकार रहा है। इसका दुष्प्रभाव है कि हम अनावश्यक भटकाव के पात्र बन रहे हैं। अतः आधुनिक वैद्य का यह कर्तव्य है कि वह इन सूक्ष्मताओं की प्रासंगिकता को जानकर ज्ञान–राशि एकत्र करने के लिए सर्वत्र सजग एवं प्रयत्नशील रहे ताकि वह रोगियों का प्राणदाता बन सके।

भिषग्बुभूषुर्मतिमानतः स्वगुणसंपदि।
परं प्रयत्नामातिष्ठेत् प्राणदः स्याद्यथानृणाम्।।

च.सू. 1/34

इसके लिए उसे विभिन्न शास्त्रों का अध्ययन करना चाहिए और स्वयं को इतना वाक्पटु बनाना चाहिए कि रोगी से शीघ्र ही घुलमिलकर उसकी वास्तविक वेदना का ज्ञान प्राप्त कर सके। उसे सदैव कार्यकुशलता, चिकित्सा–कर्माभ्यास एवं चिकित्सा की सफलता के लिए तत्पर रहना चाहिए।

वाक्सौष्ठवेऽर्थविज्ञाने प्रागल्भ्ये कर्मनैपुणे।
तदभ्यासे च सिद्धौ च यतेताध्ययनान्तगः।।

सू.सू. 3/56

क्योंकि श्रेष्ठ औषधि और श्रेष्ठ वैद्य वही जो आरोग्य प्रदान करें।

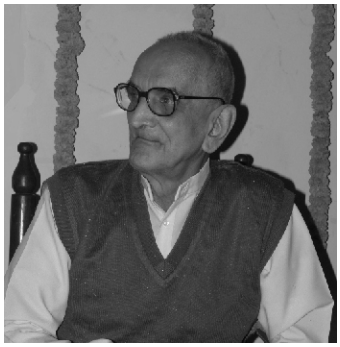
तदेव युक्तं भैषज्यं यदारोग्याय कल्पते।
स चैव भिषजां श्रेष्ठो रोगेभ्यो यः प्रमाच्येत्।।

च.सू. 1/35

इस लक्ष्य की उपलब्धता के लिए भिषक् को सदैव शास्त्र के निश्चित एवं उपयोगी अर्थों को अधिग्रहीत करने हेतु यत्नरत रहना चाहिए क्योंकि शास्त्र के सही अर्थ को समझे बिना उसका ज्ञान

(शेष पृष्ठ 38 पर)

## प्रो० कृष्ण चन्द्र चुनेकर को पद्मश्री पुरस्कार



आयुर्वेद चिकित्सा के क्षेत्र में अतुलनीय योगदान के लिए प्रो0 कृष्ण चन्द्र चुनेकर को 2013 को पद्मश्री सम्मान से विभूषित किया गया। राष्ट्रपति भवन नई दिल्ली में आयोजित कार्यक्रम में राष्ट्रपति प्रणव मुखर्जी ने उन्हें सम्मानित किया।

प्रो0 चुनेकर का जन्म 1928 में हुआ था। उन्होंने आयुर्वेद की प्रारम्भिक शिक्षा अपने पिता वैद्य श्री निवास शास्त्री के द्वारा पायी। पश्चात उन्होंने प्रख्यात वैद्य त्रयम्बक शास्त्री के सानिध्य में आयुर्वेद ज्ञान को पुष्पित एवं पल्लवित किया। काशी हिन्दू विश्वविद्यालय के द्रव्यगुण विभाग, आयुर्वेद संकाय से उन्होंने शिक्षण कार्य शुरू किया तथा यहीं से सेवानिवृत हुए। लगभग पांच दशक से आयुर्वेद के प्रायोगिक, नैदानिक शोध के क्षेत्र में अपना योगदान दे रहे हैं। भारत वर्ष के विभिन्न प्रख्यात संस्थानों में आप मानद आचार्य रहे हैं। सैकड़ो शोध पत्र, दर्जनों शोध का निर्देशन तथा पुस्तकों का लेखन अपने किया है। राष्ट्रीय आयुर्वेद विद्यापीठ, नई दिल्ली ने उन्हे गुरू शिष्य परम्परा के वाहक के गुरू के रूप में नामित किया। आपका द्रव्यगुण के क्षेत्र में अतुलनीय योगदान अविस्मृत है। विश्व आयुर्वेद परिषद के गतिविधियों से आप जुड़े हैं। प्रो0 एस0पी0 मिश्र, कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून ने बधाई प्रेषित की है। विश्व आयुर्वेद परिषद परिवार की ओर से आपको हार्दिक शुभकामनायें।

## नई दिल्ली में केन्द्रीय कार्यकारिणी की बैठक

विश्व आयुर्वेद परिषद की केन्द्रीय कार्यकारिणी की बैठक दिनांक 21.04.2013 को नेहरू नगर, गाजियाबाद में सम्बन्न हुई, जिसकी अध्यक्षता प्रो0 योगेश चन्द्र मिश्र, राष्ट्रीय अध्यक्ष ने की। इस बैठक में उत्तर प्रदेश, उत्तराखण्ड, हरियाणा, दिल्ली, बिहार, मध्य प्रदेश, राजस्थान, गुजरात, जम्मू कश्मीर के प्रतिनिधियों ने भाग लिया।

सर्वप्रथम धन्वन्तरि वन्दना एवं पूजन का कार्यक्रम डॉ0 सत्येन्द्र सिंह, संयोजक, पश्चिम क्षेत्र ने तथा मंच संचालन डॉ0 प्रेमचन्द्र शास्त्री, राष्ट्रीय मंत्री ने किया। प्रो0 योगेश चन्द्र मिश्र ने गत वर्षों किये गये कार्यों की समीक्षा की, प्रत्येक सदस्य से गतिविधियों की जानकारी ली तथा कुछ मुख्य निम्न सुझाव दिये।

1. परिषद द्वारा निश्चित किये गये चार प्रमुख त्योहारों को प्रमुखतया से मनाया जाए तथा इसकी लिखित सूचना केन्द्रीय कार्यालय को भेजी जाए।
2. प्रत्येक माह न्यूनतम एक चिकित्सा शिविरों का क्षेत्र में आयोजन किया जाए।
3. प्रत्येक माह इकाइयों की बैठक की जाए तथा सदस्यों की संख्या बढ़ाने पर ध्यान दिया जाए।
4. कृषि क्षेत्र में जड़ी बूटियों की संख्या बढ़ाने तथा विक्रय केन्द्रों की जानकारी हेतु गोष्ठियों का आयोजन किया जाए।
5. विद्यार्थियों के व्यक्तित्व विकास हेतु आयुर्वेदिक कालेजों के प्रधानाचार्यों से मिलकर उनके सहयोग से प्रत्येक महाविद्यालय में वर्ष में एक बार शिविर लगाया जाए।
6. अन्य देशों में परिषद के प्रचार–प्रसार हेतु केन्द्र खोले जायें।

7. अखिल भारतीय केन्द्रीय कार्यालय की दिल्ली में स्थापना के लिए प्रयत्न किया जाये।

मा0 डॉ0 दिनेश जी, केन्द्रीय कार्यकारिणी सदस्य, रा0स्व0 सं0 एवं ग्राम्य विकास प्रमुख ने गोष्ठी को सम्बोधित करते हुए कहा कि आयुर्वेद की गुणवत्ता बनाये रखने हेतु हम सबको निरन्तर प्रयास करने की आवश्यकता है। भौतिक युग के प्रभाव में आयुर्वेद की मौलिकता नष्ट नहीं होनी चाहिये। शिक्षकों द्वारा आत्मविश्वास से अध्ययन के पश्चात ही अध्ययन कराना श्रेयस्कर होगा, जिससे की छात्र आयुर्वेद चिकित्सा प्रति आकर्षित हो तथा उसी की चिकित्सा करें। कृषि क्षेत्र में जड़ी बूटियों के उत्पादन पर ध्यान देने से जनता तथा किसानों का आयुर्वेद के प्रति रूझान बढेगा।

प्रो0 एस0पी0 मिश्र, राजकीय महासचिव तथा कुलपति झारखण्ड आयुर्वेद विश्वविद्यालय ने परिषद के विकास हेतु अधिक से अधिक सदस्यता पर ध्यान देने की बात की। विद्यार्थियों में उच्च गुणों के संस्कार विकसित हों ऐसे प्रयास किये जाने चाहिये। जिन प्रान्तों में परिषद का कार्य चल रहा है, उसको और विकसित किया जाए तथा नये प्रान्तों में शाखा खोलने के प्रयास किये जाए। राष्ट्रीय स्तर पर स्नातक तथा परास्नातक विद्यार्थियों के लिए कार्यक्रम चल रहे हैं, उसके अलावा चिकित्साधिकारियों, प्रैक्टिशनरों के लिए भी नये कार्यक्रम की शुरूआत की जाए।

डॉ0 वेद प्रकाश त्यागी, अध्यक्ष, भारतीय चिकित्सा केन्द्रीय परिषद, नई दिल्ली ने कहा कि आयुर्वेद चिकित्सा की गुणवत्ता बनाये रखने के लिए सी0सी0आई0एम0 की भूमिका प्रमुख होती है। इसलिए उन्होंने परीक्षा में पर्यवेक्षकों की नियुक्ति, समय से परीक्षा की सुनिश्चितता, शिक्षकों की गुणवत्ता एवं संख्या, विद्यार्थियों के लिए शिविर का आयोजन, चिकित्सालयों एवं महाविद्यालयों का औचक निरीक्षक आदि पर बल दिया है।

कार्यक्रम में पधारे नये चिकित्सकों तथा शिक्षकों के लिए पृथक रूप से डॉ0 हरी भदौरिया, डॉ0 हितेश जानी ने चर्चा की तथा परिषद के उद्देश्य, भावी कार्यक्रमों की चर्चा की। समापन में सचिव एवं सदस्य केन्द्रीयकारिणी ने धन्यवाद ज्ञापन किया। गाजियाबाद एवं दिल्ली क्षेत्र से प्रमुख सहयोगी डॉ0 महेश जी अग्रवाल, डॉ0 नवीन अग्रवाल, डॉ0 विजय, डॉ0 सुरेश चौधरी, डॉ0 विनोद शर्मा, सरस्वती शिशु मन्दिर के प्रधानाचार्य एवं उनके टीम का विशेष आभार व्यक्त किया।

डॉ0 बी0एम0 गुप्ता, राष्ट्रीय उपाध्यक्ष; डॉ0 मोहन ब्रजेश, डॉ0 हरिओम, डॉ0 रवि श्रीवास्तव, डॉ0 यतेन्द्र मलिक, अध्यक्ष, उत्तराखण्ड; डॉ0 हितेश जानी, गुजरात; डॉ0 अनिल कुमार मिश्र, आगरा; डॉ0 अरूणेश बाजपेयी, औरैया; डॉ0 नवनीत मिश्र, मेरठ; डॉ0 हरी दत्त शर्मा, मुरादाबाद; डॉ0 प्रेम शंकर पाण्डेय, इलाहाबाद; प्रो0 बी0बी0 चिकारा, कुरूक्षेत्र; डॉ0 अरविन्द पति त्रिपाठी, कुशीनगर; डॉ0 भानु प्रकाश वर्मा, देवरिया; डॉ0 राजकमल, गाजियाबाद; डॉ0 बी0ए0 गुप्ता, हाथरस; डॉ0 सन्तोष शर्मा, गाजियाबाद; डॉ0 योगेश त्रिपाठी, डॉ0 अतुल बाबू वार्ष्णेय, पीलीभीत; डॉ0 राज कुमार गुप्ता, झांसी; डॉ0 राजेश श्रीवास्तव, वाराणसी; डॉ0 वीरेन्द्र कुमार शर्मा, बरेली; डॉ0 डी0के0 द्विवेदी, राष्ट्रीय कार्यकारिणी सदस्य; डॉ0 सुदेश गुप्ता, जम्मू; डॉ0 धर्मानन्द शर्मा, गाजियाबाद; डॉ0 नित्यानन्द शर्मा, कोटा; डॉ0 आकाश, खिरसागंज; डॉ0 विजय जौहरी, शाहजहाँपुर; डॉ0 सूरज भान, डॉ0 राकेश अग्रवाल, गाजियाबाद आदि की उपस्थिति विशेष रूप से सराहनीय रही।

## आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर, उत्तराखण्ड

विश्व आयुर्वेद परिषद उत्तराखण्ड प्रान्त द्वारा गत वर्षों की भांति 25 जून से 30 जून तक कारमन स्कूल 24, नेहरू रोड, डालनवाला, देहरादून में आयुर्वेद द्वितीय एवं तृतीय व्यावसायिक के स्नातक विद्यार्थियों के व्यक्तित्व विकास हेतु एक छः दिवसीय शिविर का आयोजन किया गया है। शिविर के मुख्य आकर्षणों में

नियमित दिनचर्या, स्वानुशासन, योगासन एवं प्राणायाम का अभ्यास, वनौषधियों का प्रत्यक्ष अवलोकन, देश के आयुर्वेद विद्वानों का सान्निध्य; पंचकर्म, क्षारसूत्र, मर्म चिकित्सा, नाड़ी चिकित्सा तथा अन्य नवीन विषयों आदि का दिग्दर्शन प्रमुख होंगे। इस शिविर में उत्तराखण्ड के अलावा जम्मू एवं कश्मीर, हरियाणा, हिमाचल प्रदेश, पंजाब एवं उत्तर प्रदेश के महाविद्यालयों के छात्रों ने भाग लेने की अभिरूचि व्यक्त की है। विद्यार्थी विश्व आयुर्वेद परिषद की बेबसाइट www.vishwaayurveda.org पर इसका विस्तृत विवरण देख सकते हैं। इसके अलावा आवश्यकतानुसार आयोजन समिति के निम्न व्यक्तियों से सम्पर्क कर सकते हैं। डॉ0 प्रेमचन्द्र शास्त्री 09412072646, डॉ0 सत्येन्द्र कुमार सिंह 09412006359, डॉ0 संजय त्रिपाठी 09568004650, डॉ0 रवि श्रीवास्तव 09319974047, डॉ0 विनीत गुप्ता 09557431208, डॉ0 आर0एन0 शर्मा 09412155429। पत्र व्यवहार का पता– डॉ0 यतेन्द्र सिंह मलिक, 54, इन्दिरा नगर कालोनी, देहरादून–248006, मो0– 09410355267

## मध्यप्रदेश में विद्यार्थी व्यक्तित्व विकास शिविर 2013 का आयोजन

भोपाल में 16 से 21 मई के मध्य विश्व आयुर्वेद परिषद के तत्वावधान में शिविर सम्पन्न हुआ। कार्यक्रम के उद्घाटन अवसर पर श्री कैलाश जोशी, पूर्व मुख्य मन्त्री, म0प्र0, विद्याभारती के राष्ट्रीय सेवा प्रमुख डॉ0 हरि शंकर शर्मा; श्री ओम जी मेहता, अध्यक्ष, तीर्थ एवं मेला निगम, म0प्र0 शासन; उपस्थित थे। ग्यारह आयुर्वेद महाविद्यालय के 86 छात्र ने इस कार्यक्रम में भाग लिया। प्रो0 सत्येन्द्र प्रसाद मिश्र, कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय एवं राष्ट्रीय महामंत्री समापन समारोह के मुख्य अतिथि थे। उन्होने बताया कि इस कार्यक्रम से छात्रों में एक नया उत्साह एवं आत्मविश्वास प्राप्त होता है। परिषद सम्प्रति छः प्रान्तों में यह कार्यक्रम नियमित रूप से प्रत्येक वर्ष कर रहा है, जिसमें लगभग बारह प्रान्तों के छात्र भाग ले रहे हैं। हमारी अग्रिम योजना इसके विस्तार की है। इसके साथ छात्रों के लिए अखिल भारतीय स्तर पर स्नातक एवं स्नातकोत्तर छात्रों के लिए निबन्ध प्रतियोगिता आयोजित की जा रही है। डॉ0 रामप्रताप सिंह राजपूत, डॉ0 बी0एम0 गुप्ता, वैद्य गोपाल दास मेहता, डॉ0 रामतीर्थ शर्मा एवं अन्य परिषद के अधिकारी उपस्थित थे। डॉ0 परमेन्द्र, डॉ0 अनिरूद्ध, डॉ0 मदन, डॉ0 प्रवीण मिश्र, डॉ0 आशुतोष, डॉ0 गायत्री आदि का विशेष रूप से सराहनीय सहयोग रहा।

## इन्दौर, म0प्र0 शाखा की बैठक

दिनांक 24 फरवरी 2013 रविवार को ''विश्व आयुर्वेद परिषद इन्दौर शाखा'' द्वारा आयोजित जिला सम्मेलन एवं प्रान्तीय बैठक का आयोजन किया गया था।

प्रथम सत्र– में प्रान्तीय अध्यक्ष वैद्य श्री गोपालदासजी मेहता एवं राष्ट्रीय उपाध्यक्ष डॉ0 बी0एम0 गुप्त साहब की अध्यक्षता में महासचिव श्री आर0पी0 राजपूत साहब ने प्रारंभ की। भगवान धन्वन्तरि का वंदन कर पधारें हुए समस्त पदाधिकारी एवं कार्यकारिणी समिति का स्वागत श्रीफल एवं पुष्प द्वारा इन्दौर शाखा अध्यक्ष डॉ0 के0के0 चिलांग्या, उपाध्यक्ष डॉ0 एस0डी0 जाधव एवं डॉ0 शिरीष श्रीवास्तव, महामंत्री डॉ0 आर0आर0 सोलंकी, कोषाध्यक्ष डॉ0 ओ0पी0 बिल्लौरे, सहसचिव डॉ0 अशोक उपाध्याय, डॉ0 सचिन चौहान एवं डॉ0 विमल अरोरा द्वारा किया गया। बैठक में सदस्यता अभियान तथा सभी जिलों मे परिषद की स्थापना, अभावग्रस्त क्षेत्रों में चिकित्सा शिविर द्वारा सेवा एवं प्रान्तीय सम्मेलन भोपाल में आयोजित करने का निर्णय लिया गया। माननीय महासचिव द्वारा आयोजन के लिए स्थानीय शाखा को प्रान्त द्वारा धन्यवाद ज्ञापित किया गया।

द्वितीय सत्र.– में कार्यक्रम के मुख्य अतिथि डॉ0 उमाशशिजी शर्मा, (पूर्व महापौर, इन्दौर नगर निगम), अध्यक्षता डॉ0 बी0एम0 गुप्त, विशेष अतिथि एवं शार्धशति के मुख्य वक्ता श्री अमितजी जैन थे। प्रमुख वक्ता

श्री अमितजी ने विवेकानंदजी के जीवन चरित्र पर एवं आज के समय में उसकी उपयोगिता पर प्रकाश डाला।

कार्यक्रम में आयुर्वेद के विकास में वैद्यो की भूमिका पर विचार वैद्य सोमेन्द्र मिश्रा (संभागीय आयुष अधिकारी) ने रखे। स्वागत भाषण अध्यक्ष डॉ0 के0के0 चितलांग्या ने दिया। महासचिव डॉ0 राजपूत सा0 ने विश्व आयुर्वेद परिषद का परिचय एवं उसकी सदस्यता लेने का आग्रह किया तथा आगामी योजनाओं पर विस्तार से प्रकाश डाला। कार्यक्रम के अध्यक्ष डॉ0 बी0एम0 गुप्त ने आयुर्वेद के समग्र विकास में शासन की योजना एवं हमारी भूमिका का सविस्तार वर्णन किया। कार्यक्रम की मुख्य अतिथि डॉ0 उमाशशिजी शर्मा ने सबको अपनी–अपनी जिम्मेदारी का निर्वाह करते हुए समाजसेवा में वैद्यों को कार्य करने का आग्रह किया। अंत में आभार प्रदर्शन महामंत्री डॉ0 आर0आर0 सोलंकी ने माना। कार्यक्रम का कुशल संचालन डॉ0 बबीता शर्मा ने किया।

## भोपाल में गुड़ी पड़वा

भोपाल विश्व आयुर्वेद परिषद शाखा द्वारा गुड़ी पड़वा के अवसर पर 261 लोगों को निःशुल्क नीम वितरित किया गया। इसमें राष्ट्रीय उपाध्यक्ष प्रो0 बी0एम0 गुप्ता, नागरिक आपूर्ति निगम के अध्यक्ष श्री रमेश शर्मा, गुट्टू भैया, भोपाल विकास प्राधिकरण के अध्यक्ष श्री सुरेन्द्र नाथ सिंह, वैद्य सौरभ मेहता उपस्थित रहे।

## राजस्थान प्रान्त में आयुर्वेद विद्यार्थी व्यक्तित्व एवं भविष्य निर्माण शिविर

राजस्थान प्रान्त में आयुर्वेद विद्यार्थी व्यक्तित्व विकास एवं भविष्य निर्माण शिविर 2013 का आयोजन दिनांक 8 से 14 जून 2013 को सरस्वती बालिका विद्या मन्दिर, सेक्टर–2, जवाहर नगर, जयपुर में आयोजित है। जिसमें राजस्थान के अलावा समीप प्रान्त मध्यप्रदेश, आन्ध्रप्रदेश, कर्नाटक, गुजरात के विद्यार्थियों के भाग लेने की सहमति प्राप्त हुई है। इस शिविर में योग, संस्कृत एवं अंग्रेजी स्पीकिंग, विविध प्रतियोगितायें, मर्म विज्ञान, पंचगव्य, नाड़ी विज्ञान, क्षारसूत्र, पंचकर्म विषयों पर व्याख्यान एवं व्यावहारिक ज्ञान के वैज्ञानिक सत्र आयोजित हैं, जिसमें देश के विशेषज्ञों से चर्चा का अवसर प्राप्त होगा। सम्पर्क सूत्र निम्न हैं, डॉ0 रामतीर्थ शर्मा 09993611976, डॉ0 गोविन्द पारीक 09251495571, डॉ0 विनीत जैन 09460106878, डॉ0 रामावतार शर्मा 09503180530, डॉ0 सत्यदेव यादव 09461578781, डॉ0 बाबूलाल बराला 09636647926; विस्तृत विवरण हमारी बेबसाइट www.vishwaayurved.org पर देख सकते हैं।

## पंजाब प्रान्त की गतिविधियाँ

विश्व आयुर्वेद परिषद पंजाब प्रान्त के तत्वावधान में होशियारपुर जिला के आयुर्वेद चिकित्साधिकारियों की एक बैठक जिला अधिकारी आयुर्वेद डॉ0 रवि शर्मा की अध्यक्षता में 4–4–2013 को हुई। डॉ0 अश्वनी भार्गव, राष्ट्रीय उपाध्यक्ष ने परिषद् की गतिविधियों से परिचित कराया। आयुर्वेद डिस्पेन्सरियों के माध्यम से आयुर्वेद का प्रचार–प्रसार, विष मुक्त जैविक खेती की उपयोगिता, आयुर्वेद के विद्वानों का व्याख्यान, नये अनुसन्धानों से समाज को परिचित कराना आदि विषय आगामी गतिविधियों के लिए चयनित किये गये। इस अवसर पर डॉ0 सैनी, डॉ0 माही, डॉ0 अमृतपाल, डॉ0 प्रदीप, डॉ0 विजय शर्मा, डॉ0 रूचिका, डॉ0 अदिति सहित लगभग 20 चिकित्साधिकारियों ने भाग लिया। होशियापुर के ईकाई की घोषणा की गयी। अध्यक्ष– डॉ0 कमल कुमार पराशर, उपाध्यक्ष– डॉ0 गगन सिंह धाकड़, सचिव– डॉ0 अखिलेश।

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*Central committee will honor along with a citation, Gold medal to best essay, Silver medal to 1st runner up and Bronze medal to 2nd runner up candidates.

*All the MD(Ay.) students can participate in the essay competition. Essay should be single sided in computerized typing on A4 size paper, having fonts size 12 with 1.5 spaces in **three copies.**

*It should be in English, Hindi or Sanskrit having not less than 1500 words or six pages(maximum 15 pages).

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*The essays will be evaluated by three referees under coding.

*Decision of committee will be full and final.

*The last date for submitting the essays in triplicate copies up to June 30, 2013 on given corresponding address by speed post.

*Essay should be dually attested by Principal/Supervisor/State convener to certify that participant is regular student of the particular institution.

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### Address for correspondence-

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भोपाल में गुड़ी पड़वा


इन्दौर में जिला सम्मेलन एवं प्रान्तीय बैठक

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