

ISSN 0976 - 8300

विश्व आयुर्वेद परिषद् पत्रिका

वर्ष-11, अंक-1-2

विक्रम संवत् 2070

माघ-फाल्गुन

फरवरी 2014



गिलोय

Journal of Vishwa Ayurved Parishad

शिशिर ऋतु

Instructions to Authors

The Journal of Vishwa Ayurveda Parishad (JVAP) is the official journal of Vishwa Ayurveda Parishad. The journal accepts original work in the field of Ayurveda and related topics. Now the journal is available online at www.vishwaayurveda.org.

Only original contributions in various areas of study related to Ayurveda such as literary, fundamental drug research, review articles, clinical research and book review etc. are accepted.

The manuscripts should be typed in MS Word format double space, character Kruti Dev 010 for Hindi & Times New Roman for English on one side of paper with pages numbered consecutively. Typing sheet should be of A4 size and have a margin of 2 cm (all side). The paper should be sent to the editor by speed post on the below address -

Author can send one copy of paper by e-mail on vapjournal@rediffmail.com, dwivedikk@rediffmail.com. Each article should preferably be divided into following broad sections

- (i) Abstract,
- (ii) Key words (maximum 5),
- (iii) Introduction,
- (iv) Methods and Materials,
- (v) Result,
- (vi) Discussion,
- (vii) Conclusion,
- (viii) Acknowledgement and References (including Electronic Sources, Web site etc).

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

The authors are advised to give their names, in the form in which they want them to appear in print just after the title. The authors must write their full name, designation, official address, permanent address with pin code, phone/mobile number and e-mail address in last of paper.

The medium of article is English, Sanskrit or Hindi. All pages (except the title page) should be numbered consecutively in Arabic numerals (such as 2, 3, 4,.....) at the centre top of each page. Received articles will be evaluated by three referees before publication.

The name of the authors mentioned in references or bibliography are to be put in following way surname then first and second name. It should be in an alphabetical order. Maximum two names will be accepted in one article as contributor.

Illustrations, photographs, tables, maps, graphs, should be given only when they are necessary. They should be numbered in Arabic numerals. Tables must be typed on separate sheets. Graphs {**MS EXCEL format**}, Photographs (**JPEG or GIF Format** with high resolution)

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

Covering Letter: The covering letter should be addressed to "The Chief Editor- Journal of Vishwa Ayurveda Parishad" mentioning the details about the submission of paper viz. Title of the manuscript, names of author(s), address & E. mail add. of corresponding author **and** Signed by all contributors.

Undertaking by Authors & Copy right Transfer: These documents format will be supplied by editorial side to the corresponding author after the decision of acceptance of the paper.

Information regarding the acceptance of the paper will be mailed to the corresponding author as soon as possible.

Dr. K.K. Dwivedi

N-1/66 F-R-2, Surya Ganga Vihar Colony,
Samneghat, Lanka, Varanasi-221005
Mob. No. 09336913142

Prof. S.P. Mishra

Chief Editor

The Journal of Vishwa Ayurveda Parishad (JVAP)



विश्व आयुर्वेद परिषद् पत्रिका

Journal of Vishwa Ayurved Parishad

वर्ष- 11, अंक- 1-2

माघ-फाल्गुन

जनवरी-फरवरी 2014

संरक्षक	1. सम्पादकीय	2
• डॉ० रमन सिंह (मुख्य मंत्री, छत्तीसगढ़)	2. A New Outlook Towards Healthy Lifestyle by Ayurveda	3
• प्रो० योगेश चन्द्र मिश्र राष्ट्रीय अध्यक्ष	Shweta Dewan Priti Patil Baldev Kumar Hetal Dave	
प्रधान सम्पादक	3. Vranagranthi- Agnikarma is a Cost Effective and Better Option	13
• प्रो० सत्येन्द्र प्रसाद मिश्र	Anitha Patel Aravind Dantala	
प्रशासनिक सम्पादक	4. A Basic information, cultivation and Medicinal use of Tinospora Cordifolia	16
• डा० हरि राम भदौरिया	L.B. Gaur S.C. Gaur	
सम्पादक	5. Diet in Ayurvedic Science- Quality and Quantity	20
• डॉ० कमलेश कुमार द्विवेदी	Deepak Kumar Ahuja	
सम्पादक मण्डल	6. Scientific Evaluation of Single Herbs act as Rasayana/ Rejuvenating	23
• डॉ० पुनीत कुमार मिश्र	Abhishek Gupta V.K. Joshi	
• डॉ० अजय कुमार पाण्डेय	7. Ayurvedic Pharmaceutics at the Cross Road	30
• डॉ० विजय कुमार राय	Sushil Kumar Nath	
• डॉ० संजय कुमार त्रिपाठी	8. Issues of Educational Reforms in Ayurveda	31
अक्षर संयोजन	9. Mainstreaming of Ayurveda : Issues, Challenges, Solutions	40
• प्रशान्तो चटर्जी	Sumit Dhamecha	
प्रबन्ध सम्पादक	10. कूपीपक्व रस औषधि एक निर्माणात्मक अध्ययन	44
• जितेन्द्र अग्रवाल	राजेश कुमार मकसूदन सिंह	
सम्पादकीय कार्यालय	11. आयुर्वेद प्रेमियों से विनम्र निवेदन	48
विश्व आयुर्वेद परिषद् पत्रिका 1/231, विरामखण्ड, गोमतीनगर, लखनऊ-226010 (उ०प्र०)	12. अधारणीय वेगों का स्वास्थ्य रक्षण की दृष्टि से महत्व	50
लेख सम्पर्क- 09412510995, 09336913142 email : vapjournal@rediffmail.com profspmishra@yahoo.co.in dwivedikk@rediffmail.com	दुर्गेश प्रसाद गुप्ता शिल्पा गुप्ता	
<small>सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक हैं। पत्रिका के लेखों में व्यक्त विचार लेखकों के हैं। सम्पादक अथवा प्रकाशक का उससे सहमत होना आवश्यक नहीं है। आपके सुझावों का सदा स्वागत है।</small>	13. परिषद् समाचार	54



विश्व आरोग्य संगठन (WHO) द्वारा प्रगट किये गये निवेदन में यह स्पष्ट रूप से दर्शाया गया है कि वर्तमान युग जीवनशैली संबंधित व्याधिओं का युग है। इस प्रकार के रोगों का मूलोच्छेदन करने में सब से समर्थ कोई चिकित्सा पद्धति है तो वह आयुर्वेद है। यह बात भी समग्र संसार में स्वीकृत है। इसी कारण से विश्व के प्रायः सभी विकसित राष्ट्र आज आयुर्वेद को एक अथवा अन्य रूप में अपना रहे हैं। अपने देश के कई मूर्धन्य विद्वान आयुर्वेदज्ञ पूर्व के जापान जैसे तथा पश्चिम के युएसए, कनाडा एवं ब्रिटेन जैसे देशों में आयुर्वेद का ज्ञान, शिक्षा तथा चिकित्सा के माध्यम से प्रसारित कर रहे हैं।

इस वैश्विक चित्र के परिप्रेक्ष्य में अपने राष्ट्र में आयुर्वेद शिक्षा व्यवस्था संबंधित स्थिति चिंतन योग्य है। स्नातक तथा स्नातकोत्तर स्तर के पाठ्यक्रम में विगत वर्षों में जो परिवर्तन हुआ है, क्या वह आयुर्वेद की वैश्विक मांग के अनुरूप है? अपना वर्तमान स्नातक विश्व की आयुर्वेद के प्रति अपेक्षा को पूर्ण कर सकता है? देश भर के आयुर्वेद महाविद्यालयों में आयुर्वेद की शिक्षा जिस प्रकार से दी जा रही है, क्या यह आयुर्वेद विज्ञान के प्रति विश्वास एवं व्यवसायार्थ आत्मविश्वास प्रदान करती है? सत्य निष्ठा एवं पूर्ण नैतिकता से इन प्रश्नों के उत्तर देने का प्रयास करें तो उत्तर नकारात्मक ही मिलते हैं। ऐसा प्रतीत होता है कि आयुर्वेद शिक्षा प्रणाली में आमूल परिवर्तन की आवश्यकता है। अनेक विद्वानों का यह भी अवलोकन है कि अतीतकाल में गुरु परंपरा से, आश्रम एवं पाठशाला द्वारा दी जा रही आयुर्वेद की शिक्षा विद्यार्थी में आयुर्वेद के प्रति जो निष्ठा तथा आत्मविश्वास उत्पन्न कर सकती थी, वह आज की शिक्षा पद्धति द्वारा नहीं हो रहा है।



जीवन के सर्वाधिक महत्वपूर्ण वयखंड में हमारा युवा अपने बहुमूल्य पांच वर्ष (सुश्रुत ने इतने समय को 'एक युग' की संज्ञा दी है) जिस विज्ञान को समर्पित करता है, जो ज्ञान अर्जित करता है, वह यदि उसमें श्रद्धा तथा आत्मविश्वास उत्पन्न नहीं कर सकता तो निश्चित रूप से यह चिंता का विषय है। इस स्थिति का प्रभाव न केवल उस युवा तथा हमारे विज्ञान पर पड़ता है, बल्कि इससे समग्र समाज प्रभावित होता है। बगैर आत्मविश्वास का, निराशा तथा उत्साह युवा समाज को, राष्ट्र को कुछ भी प्रदान नहीं करता। आयुर्वेद शिक्षा से संबंधित सभी को इस विषय पर साथ मिलकर चिंतन करना आवश्यक है। इस परिप्रेक्ष्य में यह भी ध्यान देना चाहिये कि हमारा यह चिंतन मात्र परिसंवाद (seminar) तथा कार्यशाला (workshop) में ही न रह जाय, किंतु विद्वानों द्वारा प्राप्त निष्कर्ष का व्यवहार में उपयोग भी हो।

इस महत्वपूर्ण प्रश्न का हल क्या हो सकता है? मेरे दृष्टिकोण से विद्यार्थियों को स्नातक कक्षा के प्रथम वर्ष से ही आयुर्वेदीय चिकित्सा का प्रत्यक्ष करवाना सर्वाधिक महत्वपूर्ण है। वर्तमानकालिक पाठ्यक्रमानुसार विद्यार्थी को प्रथम वर्ष के अभ्यासकाल में चिकित्सालय में जाना आवश्यक ही नहीं है। वह मात्र सैद्धांतिक विषय ही पढ़ता है और वह भी इस प्रकार से पढ़ाये जाते हैं, जैसे इनका चिकित्सा के साथ कोई संबंध ही न हो। इस पद्धति में परिवर्तन आवश्यक है। आयुर्वेद विद्या शाखा का पाठ्यक्रम जो आधुनिक पाठ्यक्रम के दृष्टिकोण से बनाया गया है तथा प्रारंभ में nonclinical, तत्पश्चात् paraclinical तथा अंत में clinical विषय का आयोजन किया गया है उसमें परिवर्तन आवश्यक है। चरक संहिता का निबद्धन जिस प्रकार से हुआ है उसे आधार बनाकर पाठ्यक्रम का निर्धारण किया जा सकता है, जिसमें प्रारंभ में ही विद्यार्थियों को रुग्ण के लिये उपयुक्त आहार कल्पनाओं से जोड़ा जाए, लेप आदि बाह्य चिकित्सा से जोड़ा जाए, अंजन-नस्य-अभ्यंग-कर्णपूरण आदि स्वस्थवृत्त संबंधित कर्मों से जोड़ा जाय इत्यादि। विद्यार्थी का ज्ञान के साथ जुड़ना, अपने हाथों से कर्मों को करना तथा इसके परिणामों को देखना ही उसमें आत्मविश्वास उत्पन्न करेगा और आगे चलकर वह चिकित्सात्मक कर्म भी विश्वास पूर्वक करेगा। यह मेरी दृढ़ मान्यता है कि आयुर्वेद के स्नातक कक्षा के विद्यार्थी का अधिकतम समय चिकित्सालय में व्यतीत होना चाहिए, न कि वर्गखण्ड में।

हमारे विज्ञान की उन्नति, हमारा भविष्य तथा विश्व में हमारी पहचान हमारी शिक्षा पद्धति पर निर्भर है। इसी कारण समयांतर पर इसका मूल्यांकन करना भी आवश्यक है। यह मूल्यांकन भी यदि विद्यार्थी के द्वारा ही हो तो ही सत्य सामने आ सकता है। गुजरात आयुर्वेद विश्वविद्यालय ने इस दिशा में कार्य करना प्रारंभ किया है। यहाँ हमने अपनी वेबसाइट पर एक वेब पोर्टल तैयार किया है, जिसके माध्यम से विद्यार्थी अपने शिक्षक तथा शिक्षा का मूल्यांकन कर सकेगा तथा वह मूल्यांकन विश्वविद्यालय के अधिकारी को सूचित भी होगा। विद्यार्थी अपने प्रश्न इस वेब पोर्टल के माध्यम से शिक्षकगण के समक्ष प्रस्तुत कर सकेगा तथा एक से अधिक शिक्षकों द्वारा उत्तर प्राप्त कर पायेगा। विश्वविद्यालय इस विषय पर आशान्वित है कि इस व्यवस्था से विद्यार्थी के उपरांत आयुर्वेदीय शिक्षा तथा शिक्षक को भी लाभ ही होगा, जो अतंतोगत्वा विज्ञान की उन्नति एवं प्रगति के लिये उपकारक सिद्ध होगा।

आयुर्वेद की संसार में पुनः स्थापनार्थ ऐसे कुछ कदम उठाना आवश्यक हो गया है। आशा है कि आयुर्वेद शिक्षा से प्रत्यक्ष अथवा परोक्ष संबंध रखने वाले सभी विद्यालय, महाविद्यालय, प्रशासन, गुजरात आयुर्वेद विश्वविद्यालय द्वारा इंगित दिशा में अपनी अपनी परिस्थिति अनुसार अवश्य कुछ कदम आगे बढ़ेंगे।

वैद्य राजेश कोटेचा

कुलपति, गुजरात आयुर्वेद विश्वविद्यालय, जामनगर, गुजरात



A NEW OUTLOOK TOWARDS HEALTHY LIFESTYLE BY AYURVEDA

• *SHWETA DEWAN, **PRITI PATIL, ***BALDEV KUMAR, ****HETAL DAVE
email- arorau51@yahoo.com

ABSTRACT

Background: *Ayurveda* defines perfect health in terms of body, mind and *indriyas*, which leads to a life congenial to the personal development and conducive to social happiness. Therefore, health can be achieved and maintained by strict and regular following of the ways defined in *samhitas* such as *Ritucharya*. In today's fast life, diseases like respiratory tract disorders, skin related allergies are mounting in incidence everyday and are burning challenges for the medical system in the current scenario. Immunological status is continuously being degraded with the passage of time and centuries. *Ritucharya* has been a very important dietary and behavioral regimen for the maintenance of health and is quite essential for healthy living. It acts as *vyanjaka* or *nimitta karana* in the aggravation of *doshas* and manifestation of disease. There is certainly some influence of *Ritusandhi* on the body and it may be within physiological limits or may become pathological. Hence the role of *Ritucharya* is vital in the prevention of disease if followed properly, thus promoting a diseases free healthy life.

Keywords: *Immunity, Ritucharya, vyanjaka karana*

INTRODUCTION

The glory of *Ayurveda* lies in its evolution of theory for maintenance of health. Centuries have passed; the nature of disease perhaps has changed, new diseases have appeared and some of the old

ones are almost eradicated. But *Ayurvedic* theory of maintenance of health stands for all times and circumstances justifying ancient needs and catering needs of the future. This theory of maintenance of positive health that is "*Swasthavritta*" is dealt in detail in the second *Chatuska* of *Charaka Samhita* where detailed description of *ritucharya*¹ has been given. *Ritucharya* is nothing but certain dietary and behavioral regimen for the maintenance of health in different seasons (*ritu*) of year.

Now days, every person is running after life's goal. Hence, does not have time to think and act for the healthy life. In addition, the environmental derangement in the form of various kinds of pollution is also on rise because of industrialization and urbanization. This concept of fast life has led to many allergic diseases like respiratory, skin related problems and also lifestyle disorders like obesity and diabetes mellitus. WHO estimates 300 million individuals have allergic diseases worldwide, a figure that could increase to 400 million by 2025,² and the lower immunity level in people has further increased simple diseases turning into grave, targeting lives of people. Immunity is the capacity of an individual to resist an infection i.e. invasion, multiplication and production of a disease by an organism.³ It is defined as a state of resistance through the defence activities of human body against the disease. And this can be attained by getting proper nutrition, minimal exposure to

* , **MD Scholar, ***Associate Professor, Department of Basic Principles,
****Lecturer, Department of Prasuti Tantra, National Institute of Ayurveda, Jaipur, Rajasthan (India)



pollutants, reducing stress in one's life. The practical approach of chapter named *Tasyasitiya* in *Charaka Samita* describes the above similar benefits. By this chapter *Charaka* gives the ways to live in accordance with the nature. Overall he explains the ways to *Sukhayu* and *Hitayu* and gives stress on preventive and social medicine.⁴ He explains the advantages of prevention in indulgence of three basic *Hetus* i.e. *Atiyoga*, *Mithyayoga*, *Ayoga* of the *Kala*, *Prajna* and *Indriyad*. Human body is greatly influenced by external environment. Many of the exogenous rhythm and endogenous rhythm have specific phase relationship with each other; which means that they interact and synchronize with each other.⁵ Any change in the external environment causes change in one's body. So it is advised to follow such regimen which helps in adapting the external environment smoothly, thus promoting a disease free healthy life.

AIMS AND OBJECTIVES

- To enlighten the basic concept of *ritucharya* to its full perspective.
- To understand this concept and utilize it thoroughly in prevention of various diseases by revealing ways to a healthy lifestyle.

MATERIALS AND METHODS

In this study elementary books of Ayurveda were thoroughly searched where the concept of *ritucharya* has been described. It was analyzed and

comprehended for proper utilization in prevention of diseases.

RITU

The word *Ritu* is derived from the *Sanskrit* root: - '*Ri*' which means 'to go'. *Ritu* means time, suitable time, proper time for sacrifice.⁶

All the environmental factors like the nature of the land, water and various atmospheric phenomenon including temperature, humidity, wind, rain, clouds, and atmospheric-pressure undergo a continuous change and at a time, no two moments are exactly alike in a given place. Thus with the rising sun the temperature keeps on rising and gradually drops at night. These are known as diurnal variations in the temperature.⁷

The maximum and minimum temperature fluctuates daily but it is highest in summer and lowest in winter. Similarly, all these factors show diurnal as well as seasonal variations and these variations for a particular time are known as season (*Ritu*)⁸

Synonyms

1. Any of the four main seasons of the year; spring, summer, autumn / fall and winter: the changing season⁹
2. *Avasarah*, *Avakasha*, *kala*, *Samaya*, *Prastava*, *Prasanga*, *Kalayoga*, *kalasandhi*¹⁰

The division of year¹¹

Charaka divides the calendar year into two divisions (a) *Adana Kala* (b) *Visarga Kala*. Each of these divisions constitute three seasons.

Table no.1

	<i>Adana Kala</i>	<i>Visarga Kala</i>
Definition	That which reduces the watery part as well as the strength of the creatures of the earth, the period of absorption.	That which generates energy and increases the watery part of the earth



Movement of Sun	Northward journey of sun from tropic of Capricorn to tropic of cancer	Southward movement of sun from the tropic of cancer to Capricorn.
Season	<i>Shishira</i> <i>Vasanta</i> <i>Grishma</i> <i>Agneya</i> dominating <i>Ritu</i>	<i>Varsha</i> <i>Sharad</i> <i>Hemanta</i> <i>Soumya</i> dominating <i>Ritu</i>
<i>Bala</i>	Gradual decrease of <i>Dehabala</i>	Gradual increase of <i>Dehabala</i>
<i>Rasa</i>	Predominance of <i>Tikta, Kashaya, Katu</i>	Predominance of <i>Amla, Lavana Madhura.</i>

Table no.2 shows: Adanakala¹²

Subject	Sisira	Vasanta	Grisma
Rasotpatti	Tikta	Kashaya	Katu
Guna	Ruksha Laghu Shita	Ruksha Guru Shita	Ruksha Laghu Ushna
Dosha	Kapha Chaya	Kapha Prakopa	Kapha Prashama Vata Chaya
Deha Bala	Maximum	Moderate	Minimum
Agni Bala	Maximum	Moderate	Minimum

Table no.3 shows: Visarga kala

Subject	Varsa	Sarad	Hemanta
Rasotpatti	Amla	Lavana	Madhura
Guna	Snigdha Ushna Laghu	Snigdha Ushna Laghu Not too Guru	Snigdha Shita Guru
Dosha	Pittacaya Vataprakopa	Pittaprakopa Vataprashama	Pittaprashama
Deha Bala	Minimum	Moderate	Maximum
Agni Bala	Minimum	Moderate	Maximum



LIFE STYLE IN DIFFERENT SEASONS (RITU)

1. Vasanta Ritucharya:-

In this season, increased *kapha* is liquefied by the heat of sun and as such disturbs the power of digestion and causes many *kapha dosha* related diseases.

Diet

- *Yava* (barley), *godhuma* (sorghum), meat of rabbit, *eneya* (antelope), *lava* (common quail) and *kapinjala* (grey partridge) can be taken as food.
- Beverages such as *seedhu* (fermented sugarcane juice), and *madhvika* type of wine.
- Avoid foods that are *guru*, *sheeta*, *amla*, *madhura* and fatty. Such food increase *kapha* causing imbalance and hence genesis of disease.

Lifestyle

- Administer therapies like *vamana* (emesis)
- *Vyayama* (exercise)
- *Udvardana*. (applying pastes of medicines on the body)
- *Dhumapana* (inhaling fumes of medicated medicines) *kavala grahana* (a procedure of filling mouth with medicated water) and use of *anjana* (applying medicated coryllium in eyes)
- Avoid *diwaswapna* (sleeping during the day)
- Intake of *Ushna jala* (drinking of lukewarm water)
- Apply *chandana* (*Santalum alba*) and *aguru lepa* (*Aquilaria agallocha* paste) on body.

2. Grishma Ritucharya

Diet

- *Madhura*, *laghu*, *drava* and *snigdha* food should be taken.
- Intake *sali* rice (*Oryza Sativa*) with cow's butter and milk.
- Intake of *sheeta mantha* along with *sharkaraa* (jaggery) as well as the meat of the animals or birds

of *jangal* (animals living in dry climatic conditions) climate.

- Alcohol should not be taken as it can cause burning sensation and even debility. If necessary take in very little quantity along with plenty of water.
- Avoid taking diet, such as *lavana*, *amla*, *katu* and *ushna*

Lifestyle

- Apply *chandana* (*Santalum Alba*) paste on the body and take bath with cold water.
- Stay in cool places.
- Wear loose and light cotton dresses to keep the body temperature cool.
- Use perfumes made from substances that possess cold properties
- *Diwaswapana* (sleeping during the day) is permitted as nights are short.
- Too much exercise and *atapa-sevana* (working in sunlight) should be avoided.

3. Varsha Ritucharya

During the period of dehydration in previous *ritu* the power of digestion is weakened. It is further weakened due to the vitiation of *vata* and other *doshas* during the rains. The power of digestion is also affected due to gas coming out of the earth, rainfall, increase of acidity in water and consequently *vata* and other *doshas* get vitiated. So it is advisable to be moderate as regard to diet and regimen during the *Varsha Ritu*.

Diet

- Intake *amla*, *lavana* and *snigdha* food.
- Use honey in preparing diet, drink and others.
- Take old *yava* (*Hordeum vulgare*), *godhuma* (*Triticum Aestivum*), *sali* rice (*Oryza Sativa*) along with the meat of arid animals and vegetables.



- Avoid taking *mantha* in excess.
- Drink *madhvika* or *arishta* type of liquor.
- Drink pure rain water or water from the well or pond boiled and cooled.
- River water is to be avoided for drinking.

Lifestyle

- Avoid sleeping during the daytime.
- Avoid bathing in rivers
- Avoid excessive exercise and moving in sun.
- Reside in a house devoid of humidity.
- Wear light and clean apparel.

4. Sharad Ritucharya

The body parts adapted for rains and cold are suddenly exposed to the heat of the sun with the beginning of *sharad* so the *pitta* accumulated during the rains gets generally vitiated. So in this season following *Ritucharya* should be followed.

Diet

- Intake of *madhura, laghu, shita* and *tikta* diet.
- *Yava (Hordeum vulgare)* and *godhuma (Triticum Aestivum)* are prescribed.
- Intake of butter prepared with *tikta dravya*
- Intake of *hansodaka* for the purpose of drinking, bathing and swimming.
- Avoid curd and meat of *anoopa*. (animals living in humid regions) animals.

Lifestyle

- *Virechana* (Purgation)
- *Raktamokshana* (Blood letting)
- Use of garlands, clean apparel and consuming the rays of moon in the evening.
- Avoid working in sunlight.
- Avoid sleeping during the daytime.

5. Hemanta Ritucharya

In this season the digestive activity becomes more powerful. *Vayu* is accentuated and needs to be satisfied by a heavy diet.

Diet

- Intake of *snigdha, amla,* and *lavana rasas* related food.
- Intake the meat of *anoopa* animals which are fatty.
- Drinking of alcohol in limits, honey and lukewarm water.
- Sugarcane and impurities of sugarcane, new grains should be taken.
- Avoid food and drinks which are liable to vitiate *vata*.
- Underfeeding should be avoided.

Lifestyle

- *Abhyanga* (Application of oils on the body)
- *Jentaka swedana*. (One type of procedure that causes sweating in the body)
- Wear heavy and warm clothes.
- Reside in an underground residence.
- *Aguru lepa* (Applying paste of *Aquilaria agallocha*) on the body.
- Avoid exposing oneself to direct winds.
- Indulgence in sexual pleasure is advised

6. Shishira Ritucharya

The *hemanta* and *shishira ritu* are almost similar in nature with the only difference that in the latter, dryness caused by *adanakala* and cold caused by the cloud, wind and rains prevail. So the entire regimen for *hemanta ritu* is to be followed in the *shishira* as well.

NEED FOR RITUCHARYA

Human body is greatly influenced by external environment. Many of the exogenous rhythm and endogenous rhythm have specific phase relationship with each other; which means that they interact and synchronize with each other. Any change in the external environment causes change in one's body. So it is advised to follow such regimen



which helps in adapting the external environment smoothly. This is stated by the concept of *ritusandhi* in *Ayurveda*. *Ritusandhi* is the period of the last 7 days of the present *Ritu* and the first 7 days of the subsequent *Ritu*.

Ritu has its influence from the time of conception until death. To maintain the proper health and to tolerate *Asatmyaja vyadhi*, it is essential to follow *Ritusatmya*. *Ritusatmya* is the regimen told for the specific *Ritu* for specific duration.¹³ During *Ritusandhi* the regimen of the previous season should be discontinued gradually and those of the succeeding season adopted slowly, Otherwise it may lead to *Asatmyaja roga*.¹⁴

Diet and lifestyle of previous *Ritu*, which have become accustomed, should be discontinued by quarter and quarter (gradually) similarly diet and lifestyle of incoming *Ritu* should be made use of (gradually) with intervals of one two or three days.¹⁵ *Acharya Chakrapani* explains this in following way:

On the first day one should give up a quarter of the *apathya* (*don'ts*) practices and correspondingly adopt a quarter *pathya* (*do's*). On the second day half of the *apathya* practices is to be given up and half of the *pathya* one is to be adopted this is to be continued for the third day also. On the fourth day three fourth of the *apathya* practice is to be given up and three fourth of the *apathya* one is to be adopted. This process is to be continued on the fifth and sixth day also. The process of giving up of *apathya* practice and adoption of *pathya* practice is completed fully on the seventh day. But *Indu* in his commentary on *Ashtanga Samgraha* says for *Ritusandhi*, 15 days of *Satmya Krama* is to be followed.¹⁶

Table no.4 represents the *Krama*(routine) for 15 days adoption

Days	Previous <i>ritu</i>	Incoming <i>ritu</i>
1	3 Parts	1Part
2	4 Parts	-
3	2 Parts	2 Parts
4	2 Parts	2 Parts
5	3 Parts	1 Part
6	1 Parts	3 Parts
7	1 Parts	3 Parts
8	1 Parts	3 Parts
9	2 Parts	2 Parts
10	2 Parts	2 Parts
11	2 Parts	2 Parts
12	2 Parts	2 Parts
13	2 Parts	2 Parts
14	1 Part	3 Parts
15	-	4 Parts

So minimum days for *Pathya* in general are seven days and are specific for *Ritusandhi* of fifteen days. Gradually the regimen of one *ritu* should be discontinued and regimen of new *ritu* should be implemented. Correspondingly the previous *Ritucharya* is discontinued and the upcoming *Ritucharya* is fully adopted.¹⁷

How to decide *ritusandhi* and when to adopt regimen¹⁸

- *Masa* (*month*) of the *Ritu* has arrived but *Rashi* (*horoscopic sign*) is not yet arrived and also the *Ritu Lakshana* then one should follow very little regimen of that *Ritu*.
- *Masa* and *Rashi* of the *Ritu* has arrived but not the *Lakshanas* of the *Ritu* then little less than the complete regimen is to be followed.
- *Masa*, *Rashi* and *Lakshana* all are of the particular *Ritu* present then complete regimen of



the *Ritu* is to be followed.

- If *Masa* is not arrived yet and also the *Lakshana* but *Rashi* of the *Ritu* present then moderate *Vidhi* is to be followed.
- *Masa* and *Rashi* both save not yet come. Still *Lakshana* of *Ritu* is seen then complete regimen of that *Ritu* is to be followed.

Table no.5 shows when to adopt a particular regimen for particular *ritu*

Masa	Rashi	Lakshana	Ritu regimen
+	-	-	Mild
+	+	-	Moderate
+	+	+	Complete
-	+	-	Moderate
-	-	+	Complete

Explanation of a particular regimen in particular *ritu*

It comes from the fact all the integrity of the human body is solely influenced by the status of *Agni*.¹⁹ *Agni* is the transforming moiety of the body.

Agni Status in the Adana Kala and Visarga Kala:

Charaka explains three different types of *Agni* in six seasons.

Either it is *Prabalagni* (intense) or it is *Madhyamagni* (medium) or it is *Mandagni* (poor). How this *Agni* changes according to season is explained with example of three seasons.

- *Hemanta* for *Prabalagni*.
- *Vasanta* for *Madhyamagni*
- *Varsha* for *Mandagni*.

(1) Hemanta Prabalagni²⁰

Atmospheric air becomes cold because of the winter. As *Vata* because of *Yogavahi* guna becomes a source of *Agnisamrodha* in human bodies. And coldness of *Hemanta* obstructs the normal flow of heat from human bodies. As a potter baking raw earthen vessels, places them inside a pit and covers

them after keeping fire and the fire material inside produces more heat. Similarly, *Vata* covers up the whole body which has enough fire and fire material inside. This hemmed in heat increases and augments the digestive fire. It is said digestive fire is increased in persons who are physically strong.²¹ This explains that the *Agnibala* production is directly proportional to the physical strength. The enhanced digestive fire is capable of digesting large quantities of food as well as those edibles which are inherently heavy e.g. new food grains. In case this enhanced *Agni* does not get the heavy edibles for consumption it acts upon the *Rasa Dhatu* and consumes it. As a result deficiency of *Rasa Dhatu* consequently causes provocation of *Vata* during *Hemanta*. The provoked *Vata* also causes the enhancement of *Agni* as it is seen in case of *Sthaulya* explained by *Charaka*.²²

(2) Vasanta Madhyamagni²³

The *Kapha* is accumulated in *Hemanta* because of the use of *Guru*, *Snigdha* and cold articles and gets liquefied by the sun rays of the *Vasanta*. This melts *Kapha* from the various parts of the body. It not only hinders the activity of *Dhatvagni* but also affects the whole *Agni* system controlled by *Jatharagni*. The *Kapha* having affected *Jatharagni* causes destruction of *Jatharagni* which in turn causes many diseases.

(3) Varsha Durbalagni²⁴

The digestive power is directly proportional to the body strength; during *Adana Kala* as the strength is reduced, following the same principle the digestive power is also reduced.

The humid air by its sheer effect vitiates *Tridosha*.

- The rain vitiates of *Vata* and *Kapha*.
- Acidic tendency water vitiates *Pitta* and *Kapha*.



The weakened state of digestive power is *Agnimandya* which causes vitiation of *Kapha* and *Pitta*. When food is not properly digested, consequently there is deficient production of *Ahara Rasa* resulting in *Dhatukshaya* which in turn causes vitiation of *Vata*. Thus, during the rainy season because of weakened *Agni* the vitiation of *Vata* etc. takes place and the vitiated *Dosha* in turn causes weakening of the digestive power.²⁵

On the analysis of the condition in each and every *ritu*, the *dosas* which get vitiated by the virtue of conditions, get pacified by adopting the particular regimen in that particular *ritu* because *Charaka* has propounded that for finding a definite homologation in a particular country or disease one should follow the principle of *Viparita Gunatva* or opposite quality factors.²⁶

CONCLUSION

One should follow the regimen as described by *Acharyas* to protect themselves from diseases just like an officer who is in charge of a city, is Vigilant about his duties and towards the internal problems of the city, similarly a wise man has to be attentive towards his body, not only towards its external need but also towards maintenance of internal stability. There are two objectives of *Ayurveda* i.e. the treatment of patient suffering from diseases and maintenance of positive health. Thus by following the regimen given in six different seasons one can fulfill the latter objective effectively. By following *ritucharya* the preventive aspect of medicine has come to the fore front. It helps the individual in bringing about strength, complexion, happiness and longevity without disturbing the equilibrium of *Dhatu*s and *Doshas* of the body, thus mending ways for a healthy living.

REFERENCES

1. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6, 5th Edi. Reprint (2011) pp.44
2. Pawankar R, Canonica GW, Holgate ST, Lockey RF eds. WAO White Book on Allergy (Milwaukee: World Allergy Organization), 2011. http://www.worldallergy.org/definingthespecialty/white_book.php
3. **Guyton and Hall Textbook of Medical Physiology, chapter: Blood Cells, Immunity, and Blood Coagulation, New York, Saunders Elsevier press, 12 edition, pg. 433**
4. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 5 verse 14, 5th Edi. Reprint (2011) pp.38
5. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sarira Sthana, Chapter 4 verse 13, 5th Edi. Reprint (2011) pp. 318
6. Tarkavachaspati Sri Taranatha Vachaspatyam : Brihat Sanskritabhidhanama, chaukhambha Sanskrit Series Office, Varanasi, Reprint 2002, Volume 4, pp 892
7. Sushruta: Sushrut samhita, with commentary of dalhana, edited by vaidya jadavji Trikamji Acharya, Chaukhambha Surbharti Prakashan, Varanasi 8th edition, (reprint 2010) Sutrasthan,



chapter 6, verse 14, pp. 25

8. Sushruta: Sushrut samhita, with commentary of dalhana, edited by vaidya jadavji Trikamji Acharya, Chaukhambha Surbharti Prakashan, Varanasi 8th edition, (reprint 2010) Sutrasthan, chapter 6, verse 7, pp. 24

9. Horn A.S, Oxford Advanced Learner's Dictionary of current English- VII Edition, London, Wright publishers, Pg. 267

10. Sir Monier Williams, meaning of ritu, available at <http://www.indiadvine.org/content/topic/1393542-monier-williams-sanskrit-english-dictionary-pdf-format/>

11. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6 verse 4, 5th Edi. Reprint (2011) pp. 44

12. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6 verse 5-6, 5th Edi. Reprint (2011) pp. 44-45

13. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6 verse 49, 5th Edi. Reprint (2011) pp. 48

14. Vagbhatta: Astang Samgraha with commentaries sasilekha of Indu edited by Dr. ShivPrasad Sharma, chaukhambha Sanskrit Series Office, Varanasi. Sutra Sthana, Chapter 4 verse 21,

3rd Edi. Reprint (2012) pp. 30

15. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 7 verse 37, 5th Edi. Reprint (2011) pp. 51

16. Vagbhatta: Astang Samgraha with commentaries sasilekha of Indu edited by Dr. ShivPrasad Sharma, chaukhambha Sanskrit Series Office, Varanasi. Sutra Sthana, Chapter 9 verse 25, 3rd Edi. Reprint (2012) pp. 90

17. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 7 verse 38, 5th Edi. Reprint (2011) pp. 52

18. Vagbhatta: Astang Samgraha with commentaries sasilekha of Indu edited by Dr. Shiv Prasad Sharma, chaukhambha Sanskrit Series Office, Varanasi. Sutra Sthana, Chapter 4 verse 23, 3rd Edi. Reprint (2012) pp. 30

19. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Chikitsa Sthana, Chapter 15 verse 4, 5th Edi. Reprint (2011) pp. 512

20. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6 verse 9, 5th Edi. Reprint (2011) pp. 45



21. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6 verse 9, 5th Edi. Reprint (2011) pp. 45
22. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 21 verse 5, 5th Edi. Reprint (2011) pp. 116
23. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6 verse 22, 5th Edi. Reprint (2011) pp. 46
24. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 6 verse 33, 5th Edi. Reprint (2011) pp. 47
25. Vagbhatta: Astang Hridaya with commentaries sarvangsundara of Arundatta and AyurvedaRasayana of Hemadri, Chaukhambha Surbharti Prakashan, Varanasi, Sutra Sthana, Chapter 3 verse 43-44, 5th Edi. Reprint (2011) pp. 47
26. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sutra Sthana, Chapter 1 verse 62, 5th Edi. Reprint (2011) pp. 17

(पृष्ठ 29 का शेष)

35. Devasagayam TPA, Sainis KB. Immune system and antioxidants, especially those derived from herbal Indian medicinal plants. Indian J. Exp. Biol 2002; 40:639.
36. Dhuley JN. Effect of some Indian herb on macrophage function in ochratoxin A treated mice. J. Ethnopharmacol 1997; 58:15.
37. Thatte U, Dahanukar S A. Comparative study of Immunomodulatory activity of Indian Medicinal plants, lithium carbonate and glucan. Methods Find Exp. Clin. Pharmacol. 1988; 10: 639.
38. Nirjo SM, Ko? Tsekpo MW. Effect of an aqueous extract of Azardicta indica on the immune response in mice. J. Vet. Res 1999; 66:59.
39. Ali M, Thomson M, Afzal M. Garlic and onions: their effect on eicosonoid metabolism and its clinical relevance, Prostaglandins Leukot. Essent. Fatty Acids, 62, 55, 2000.
40. Singh A, Shukla Y. Antitumour activity of diallyl sul?de in two mouse skin models of carcinogenesis. Biomed. Environ. Sci. 1998; 11:258.
41. Vijayalakshmi T, Muthulakshmi V. Effect of the milk extract of Semecarpus anacardium Nut on adjuvant arthritis-dose dependent study in Wistar albino rats. Gen. Pharmacol 1996; 27(7):1223.
42. Smit HF, Woerdenbag HJ, Singh RH, Meulenbeld GJ, Labadie RP, Zwaving JH. Ayurvedic herbal drugs with possible cytotoxic activity. J Ethnopharmacol 1995; 47(2):75.
43. Vijaya Lakshmi T, Muthulakshmi V, Sachdanandam P. Salubrious effect of Semecarpus anacardium against lipidperoxidative changes in adjuvant arthritis studied in rats. Molecular and Cellular Biochemistry 1997; 175:6569



VRANAGRANTHI- AGNIKARMA IS A COST EFFECTIVE AND BETTER OPTION

• *ANITHA PATEL, **ARAVIND DANTALA

Email- drarvind.ms@gmail.com

ABSTRACT

Vranagranthi is a type of *Granthi* described by *Acharya Vagbhata*. While *Acharya Sushruta* has mentioned it as *yapya vrana* type. Literary meaning of *vranagranthi* is the *vrana* which looks like *granthi*. Etiopathogenesis & clinical features of it correlates with Keloid. Keloid is a complication of wound scar which is liable to recur after surgical excision. Though this disease is not life threatening or deformity forming but disfiguration is a major problem. Its *Yapya* and recurrent nature makes us to look for new treatment modalities for better management, apart from mere excision. Among them *Agnikarma* has shown encouraging results.

Key words : *Vrana Granthi*, Keloid, *Agnikarma*

INTRODUCTION :

Since ancient period wound management has been a great challenge to the surgeon. *Acharya Sushruta* has emphasized wound management in great detail. This itself indicates importance of problem and challenges to solve it. In this regard review of *Vrana* in *Susruta Samhita* reveals that, Trauma, Metabolic disturbance and Psychological status of the patient may lead to delayed healing, non healing or may generate some other complications like *Vrana Granthi*. If a person with discharging, unbandaged, healed or unhealed wound indulges in all kinds of food or gets trauma, *Vata* and *Rakta* vitiates and wound gets the form of

Granthi (A.HRI.UTT CH 29). *Acharya Susruta* has categorized it as *Yapya Vrana* (SU.SU CH 23).

Modern Medical science acknowledges Keloid as “Crabs Claw” because of its lateral extension in to adjacent normal living tissue. It is represented as Benign, hard or smooth Nodular growth resulting from *Vrana*, which exactly resonates the word “*Vrana Granthi*”. Some other features are cosmetic embarrasement, pain, pruritus and sometimes paraesthesia. They commonly appear on the Chest, upper back, shoulder, ear lobe. Most affected age group is 20-30yrs and gender is Females. It is genetically predisposed, mainly follows autosomal dominant inheritance and common in pigmented people as compared to white complexion. It is a progressive lesion and liable to recurrence after excision. T.B also plays significant role in aetiology. The incision which crosses the Langers line or the wound with dislocation of hair also causes Keloid formation. It develops in scar sites following inflammatory skin conditions like surgical incisions, non surgical wounds (lacerated), burn, insect bite, vaccination, pimples, chicken pox, excessive skin tension during wound healing. Histologically keloids are benign fibrotic tumors, characterized by atypical fibroblasts, immature blood vessels and collagen fibres.

Available treatment modalities are

1. Intra lesional Steroid injection

■ *Assistant Professor, **Assistant Professor, Dept. Of Shalya Tantra, Sri Jayendra Saraswathi Ayurveda College & Hospital, Nazarathpet, Poonamalli, Chennai 601201.



2. Surgical excision
3. Cryotherapy
4. Laser therapy
5. Radiation, etc.

As no definite guidelines exists, management of keloid is individualized and result is varying from person to person.

Acharya Vagbhata has mentioned excision and Agnikarma.

MATERIALS & METHODS

The clinical trial was conducted as a pilot study on 5 patients. All were girls between 18 to 26 yrs, dark in complexion and common sites of keloid were medial part of chest and lateral aspects of both shoulders, with 1-5 years of history.

Though they were not aware of any history of wound but all were having Acne on these parts. Two among them had undergone steroid therapy but did not get any relief, in fact it increased the lesion. No other associated medical illness was found.

ASSESSMENT CRITERIA

1. Pain- Grade O No Pain,
Grade I occasional pain,
Grade II mild pain managed without medication
Grade III continuous pain which needs medication
2. Pruritus Grade O no itching
Grade I occasional desire to itch
Grade II frequent itching
3. Brownish discolouration
4. Unsightly growth - Grade O no swelling
Grade I 2x2x1 cm large growth

Grade II 4x4x2 cm large growth

Grade III 6x6x3 cm large growth

Lesions were more than ONE in all the cases ranging from 3x4x1.5 cm to 5x6x3cm.

All case were treated with only *Agnikarma*, weekly for 5 subsequent visits, *Agnikarma* was avoided during Menstruation.

Agnikarma Vidhi:-

Like other therapeutic procedures *Agni karma* is divided into three phases according to *Trividha upakarma*.

- *Purva karma* (Preoperative procedure)
- *Pradhana karma* (Operative procedure)
- *Paschat karma* (Post operative procedure)

Purvakarma:-

- Advised to take *Snigdha, Pichhila Aahara* prior to this procedure
- Preparation of *Triphala Kasaya, Yastimadhu churna, Kumari swarasa*.
- *Pancha dhatu salaka* was heated up to red hot.
- Preparation of local part--Local part was washed with *Triphala Kasaya* and wiped with dry sterilized gauze piece and covered this area with a cut sheet.

Pradhana karma:

Samyak dagdha vrana was made in *bindu dahana vishesa* by red hot *pancha dhatu salaka* on the lesion, Simultaneously *kumari swarsa* was applied to relieve burning sensation. Minimum space (aparting 0.5 cm) was given between two point and care was taken that *Samyak dagdha vrana* was produced.

Paschat Karma:

- **Application of *Kumari swarasa* :**



Immediately after doing *Agnikarma Kumari swarasa* was applied to relieve burning sensation. Then *Kumari swarasa* was completely wiped out by sterilized gauze piece.

● **Dusting of *Yastimadhu Churna***

Yastimadhu churna was applied over the *samyak dagdha vrana* and *vrana* was completely filled to prevent contamination

- Advised to apply paste of *Haridra* powder and Coconut oil at night period.
- Restricted to touch water for 24 hr.
- 7days gap was kept between two sittings.

RESULT

After 5 agnikarma sittings the result was as follows

Pain : 3 patients pain came down from Grade II to Grade O, in one patient it reduced from Grade III to Grade I, and in another one patient Grade I to Grade O.

Pruritus: In three patient it reduced from grade I to Grade O, and in others from grade Grade II to grade O.

Brownly discolouration: No obvious colour change was found.

Swelling: There was considerable decrease in thickness of swelling. In two patients swelling reduced from grade III to grade II in thickness, while in others from grade II to grade I. although there was no obvious difference in length and width of growth.

DISCUSSION

Agnikarma is one of the parasurgical procedure indicated in *Vata Kapha* dominant pathologies. It is well known that Keloid is progressive fibrous

overgrowth which clearly indicates *sanghata* or *sthairya bhava* of *Kapha vriddhi* during *Vrana ropana* stage. Imparting heat to the lesion by *Agnaikarma* therapy, it increases *Dhatvagni* which leads to the *vilayana* of *sanghata Kapha* and ultimately improves the tissue metabolism, resulting in decrease in growth and complete reduction in pain and itching.

CONCLUSION

Keloid is most common complication of wound healing and well known for its recurrence irrespective of mode of therapy adopted. This pilot study has shown significant result in pain and pruritus and considerable effect in reducing growth in term of thickness. As *Agnikarma* is cost effective compared to modern treatment modalities with least therapy induced side effects and provides better recurrence free results and can be performed at O.P.D level, It can become better option among the available treatment modalities.

As sample size is small and course duration is short it needs further experimentation and exploration.

REFERENCE

1. Sushruta Samhita Sastry Ambika Dutt Reprint 2007
2. Astanga Hridaya Kunte Anna Moreshwar Reprint 1995
3. Robin's pathologic basis of disease Cotran, Kumar, Coffins, Saunders company 6th edition
4. Text book of Pathology Harsh Mohan, Jaypee publications 5th edition
5. Text book of Surgery S. Das 3rd edition



A BASIC INFORMATION, CULTIVATION AND MEDICINAL USE OF TINOSPORA CORDIFOLIA

• *L B GAUR **S C GAUR
email: scgaur101@gmail.com

INTRODUCTION

Tinospora cordifolia is a shrub that is native to India. Its root, stems, and leaves are used in Ayurvedic medicine. It belongs to family Menispermaceae. Tinospora Cordifolia plant is found mainly in Malaysia, India and Srilanka. There are about 40 species of Giloy which are found throughout the world, comprising parts of Africa, Southern Eastern Asia, and Australia. Out of 40 species only 4 species have been found in India. The main parts used of this plant are stem and root. Tinospora Cordifolia is known as Giloy in hindi and it is also known as Guduchi. Giloy is an evergreen herbaceous perennial climbing shrub. It is found growing throughout in tropical India. Guduchi can be seen growing widely on the big trees, sometimes thickly covering the entire canopy and hanging from all over the tree. It has a soft stem and heart shaped leaves. It is called Heartleaf Moon seed in English. It is a multipurpose herb used widely in many Ayurvedic preparations. The stem of Giloy has a nutrient starch which is extracted and used in medicine. The taste of the extract is bitter sweet with no distinct flavour. It is believed to impart youthfulness, vitality and longevity and hence it is also called "Amritam" in Sanskrit. In Ayurvedic medicine, Giloy is used as a tonic and as a remedy for diabetes. It reduces blood glucose levels and has anti spasmodic, anti viral, anti bacterial, anti inflammatory and anti pyretic properties. It is diuretic and act as adaptogen. It helps to build up

the immune system and increases the resistance of the body against infections. It also stops pre-mature ageing. Fresh juice obtained from the herb aids digestion. It is a blood purifying herb and helps in treating skin diseases. Giloy extract is the main ingredient in the formulations for treating cardiac weakness, anemia, chronic fever and jaundice. According to ayurvedic concept, giloy is a rasayana herb- A herb that enhances longevity, promotes intelligence and prevents diseases. The demand for medicinal plant by the pharmacies is seen to be moving in correspondence with the rate of growth of consumer demand for the Ayurvedic medicines ten percent per annum from 1993 to 1996 (Suneetha and Chandrakanth, 2002). At home one can harvest the stems in hot season and extract juice and dry it. Once the liquid dries up, white starch is left behind. This is used as medicine. Fresh juice can also be extracted and taken. Capsules of the extracts of guduchi of many well known brands are available in the market.

COMMON NAMES

There are many common names for this species in different languages. Telugu: (Tippa-teega) Tamil: (Shindilakodi) Malayalam: (Amruthu, Chittamruthu) Kannada: *Amrutha balli*, Sinhala: *Rasakinda*, Hindi: gelay (गिलोय), guruch (गुरुच), gurcha, Gujarati: galac, garo, Sanskrit: Amritavalli (अमृतवल्ली), amrita (अमृत), chhinnodbhava (छिन्नोद्भवा), Marathi: Guduchi (गुलवेल), gulvel (गकुवले) Oriya: Guluchi

■ *Department of Genetics and Plant Breeding, Institute of Agricultural Sciences, B.H.U., Varanasi- 221005 (U.P.)
**B R D P G College, Deoria, Uttar Pradesh.



CULTIVATION

It grows well in almost any type of soils but Medium black soil or red soil is the best for the cultivation of *Tinospora Cordifolia*. The plant is very hardy and it can be grown in almost all climates but prefers warm climate. *Tinospora* can be propagated by seeds and also vegetative cuttings. The best way is vegetative way. The cuttings of the small finger thickness with 6 to 8 inch length long stem having two nodes are used. Promotion of rooting of shoot cuttings by exogenous auxins application in several species has been reported (Hartmann *et al.*, 1997). The cuttings are dipped by quick dip method in 2500 ppm of IBA and get greater success of rooting. This may be planted in poly bags of 4 inch ×6 inch size. The poly bags filled with mud, sand and dry cow dung in the ratio 1:1:1. The rooting of the cuttings takes almost 4 to 5 weeks. The cuttings of *Tinospora Cordifolia* will be ready for planting into the main field by this time in the month of May-June. The seeds are curved. Flowers appear during the summer and fruits during the winter (Kirtikar and Basu, 1975; Anonymous, 1976). It requires some support preferably Neem and Mango trees, such plants are supposed to possess better medicinal values. Periodical hoeing is done, both in the nursery and field as per requirement. The medicinal plants have to be grown without chemical fertilizers and use of pesticides. Organic manures like, Farm Yard Manure (FYM), Vermi-Compost, Green Manure etc. may be used as per requirement of the species. To prevent diseases, bio-pesticides could be prepared (either single or mixture) from Neem (kernel, seeds & leaves), Chitrakmool, Dhatura, Cow's urine etc. The field after plantation should be irrigated periodically as and when required weekly or fortnightly. Mature plants are collected, cut into small pieces and dried

in shade. Yield Approximately 8-10 q./ha and The rate for a kg. of dried stem ranges from Rs. 15-20.

INDICATIONS OF DISEASE

Dengue, Swine flu, Bird flu, Fever of unknown origin, Throat infection, Sneezing, Coughing and Body aches.

Few of its medicinal uses are

1. Giloy juice is taken with neem and amla it is very effective in skin diseases.
2. In piles its juice with butter milk.
3. Its juice is considered very effective in removing both exogenous and endogenous toxins. It also cleans out the brain toxins that disturbs mental function.
4. Giloy is effective in respiratory troubles particularly in asthma.
5. In Diabetes its juice is taken in high quantity regularly.
6. Its steam, leaves and root can be used in excessive bleeding during menstruation or if one has bleeding after abortion or delivery. 5 grams of its leaves are crushed together and its juice is extracted. Its juice is taken in 2 to 3ml in half cup of water and given to the patient till its condition improves.
7. Used in malaria and other fever too which is taken with honey. The stem of the plant with pipili (piper longum) is taken.
8. During indigestion the juice is taken or the paste of the leaves is given with butter milk.
9. The stem of *Tinospora cordifolia* is one of the constituents of several Ayurvedic preparations used in general debility, dyspepsia, fever and urinary diseases (Singh *et al.*, 2003).
10. Modern use of *Tinospora cordifolia* is as an immunomodulator has drawn the interest of



researchers in the last few decades (Spelman, 2001).

And now some practical uses of Amrita

- It's principal constituents are tinosporine, tinosporide, tinosporaside, cordifolide, cordifol, heptacosanol and tinosporidine, all of these are effective in removing body toxins and improving immune system.
- Giloy sattva is considered to be a good remedy of headache (along with triphala churna) caused due to dosha imbalance. Giloy sattva is a solid powdery substance which is a water soluble extract of the stems of giloy, giloy juice is considered to be clearing some nervous toxins which in turn helps in brain function, that might be helping in management of headaches too.
- Giloy juice taken with neem, haladi and amala is effective in treatment of skin disorders, the most annoying types of eczema, lichens planus and other infections can be treated with this (point to be noted is that long standing affections take more time to be cured), the juice is considered a good blood purifier and hence useful in skin affections.
- Giloy juice with buttermilk is beneficial in treatment of piles and fissures, other dietary restrictions should be followed alongside.
- The root and bark juice taken with whey helps in curing asthma and other respiratory ailments.
- Stem decoction is considered good for improving the quality of breast milk in lactating mothers.
- The fresh juice of stem (a foot long stem crushed and juiced) taken daily first thing in the morning is useful in controlling blood sugar... (dietary restrictions not to be forgotten).
- Excessive menstrual bleeding can be controlled by fresh juice, to be taken twice a day, till condition

improves.

- Warm decoction of stem with pippali (piper longum) and honey is good for fevers cause by infections in the body.
- The juice of stem with honey or leaf paste mixed with buttermilk and seasoned with black salt and roasted cumin powder are very effective for indigestion.
- Since the stem decoction is considered anti inflammatory and diuretic, it helps in urinary tract infections, addition of fennel seeds and palm candy to the decoction is useful.
- For gout and high uric acid conditions, the fresh stem juice first thing in the morning helps, low protein diet will be helpful in a fast relief.
- Since it is a good immunomodulator, it helps in the management of several auto immune diseases.
- Also as is claimed in Ayurveda, the juice of wheat grass, giloy and aloe vera is considered very beneficial in treatment of blood cancer, a foot long stem piece of giloy, 3-4 inch piece of aloe leaf and a cup full of wheat grass has to be juiced together, the green juice is considered to lessen chemotherapy sessions.

Treatment and Prevention of Malaria, Yellow Fever, Encephalitis, Dengue Fever

The best remedy is to take white inner bark of Neem (Neem antarchaal), Rasont (Daruhaldi) and Sattva Giloy, all in equal quantity, ½ tsf with warm water. This protects from all types of infectious fevers.

Juice of 1ft. Long branch of Giloy and seven leaves of Tulsi; boiled and taken as a herbal drink enhances body's resistance level up to three times. It also increases platelets count, which decreases considerably in Dengue fever.

Tinospora cordifolia is used for diabetes, high



cholesterol, allergic rhinitis (hay fever), upset stomach, gout, lymphoma and other cancers, rheumatoid arthritis (RA), hepatitis, peptic ulcer disease (PUD), fever, gonorrhea, syphilis, and to boost the immune system.

Mode of action?

Tinospora cordifolia contains many different chemicals that might affect the body. Some of these chemicals have antioxidant effects. Others might increase the activity of the body's immune system. Some chemicals might have activity against cancer cells in test animals. Most research has been done in test tubes or in animals. There isn't enough information to know the effects of *Tinospora cordifolia* in the human body.

Side Effects & Safety

Tinospora cordifolia seems to be safe when used for short-term. The safety of long-term use, more than 8 weeks, is not known.

Special Precautions & Warnings:

Pregnancy and breast-feeding: Not enough is known about the use of *Tinospora cordifolia* during pregnancy and breast-feeding. Stay on the safe side and avoid use.

DIABETES

Tinospora cordifolia might lower blood sugar levels. Use it cautiously if you have diabetes, and monitor your blood sugar levels. The doses of diabetes medications might need to be adjusted.

“Autoimmune diseases” such as multiple sclerosis (MS), lupus (systemic lupus erythematosus, SLE), rheumatoid arthritis (RA), or other conditions: *Tinospora cordifolia* might cause the immune system to become more active, and this could increase the symptoms of autoimmune diseases. If you have one of these conditions, it's best to avoid using *Tinospora Cardifolia*.

SURGERY

Tinospora cordifolia might affect blood sugar levels, so there is a concern that it might interfere with blood sugar control during and after surgery. Stop taking *Tinospora cordifolia* at least 2 weeks before a scheduled surgery.

DOSE

The following doses have been studied in scientific research:

For allergic rhinitis (hay fever): 300 mg of *Tinospora cordifolia* aqueous stem extract (Tinosfend, Verdure Sciences) three times daily for 8 weeks.

REFERENCES

1. Kirtikar KR, Basu BD, editors. Indian Medicinal Plants, Vol 1. 2nd ed. New Connaught Place, Dehra Dun: M/S Bishen Singh, Mahendra Pal Singh; 1975.
2. S.S. Singh, S.C. Pandey, S. Srivastava, V.S. Gupta, B. Patro. and A.C. Ghosh. Chemistry and Medicinal Properties of *Tinospora cordifolia* (Guduchi). Indian Journal of Pharmacology 2003; 35: 83-91.
3. Spelman, K. Traditional and clinical use of *Tinospora cordifolia*, Guduchi. Australian Journal of Medical Herbalism. 2001. 13(2): 49, 54, 56-57.
4. Suneetha, M. S. and Chandrakanth, M. G. Trade in medicinal plants in Kerala- issues, problems and prospects. Journal of Medicinal and Aromatic Plant Sciences. 2002. 24(3): 756 - 761.
5. Hartmann, H.T., Kester, D.E., Davies, F.T. and Geneve, R.L. Plant propagation principles and practices. 6th edn. Prentice-Hall of India Pvt.Ltd., New Delhi. 1997. Pp.276-238.
6. Hiremath, V.T., and Taranath, T.C. Traditional Phytotherapy for Snake bites by Tribes of Chitradurga District, Karnataka, India *Ethnobotanical Leaflets* 2010.14: 120-25.



DIET IN AYURVEDIC SCIENCE-QUALITY AND QUANTITY

• *DEEPAK KUMAR AHUJA

email- drdeepakahuja@yahoo.co.in

ABSTRACT

Ayurveda emphasize much on dietetics and daily regimes than the medicines. Medicine has given the second priority. Ayurveda suggests following Pathya, Swasthavrutta, Sadvrutta etc. which help in attainment of all the four targets of human being. Ahara is the best preventive medicine and solely responsible for health and illness. Almost all diseases occur due to unwholesome diet and dietary habits. Ahara and its related codes and conducts have been long forgotten by the us; hence to evaluate this ancient science dietetics, this topic is undertaken as a review article.

KEYWORDS- Ayurvedic, Dietetics, Health, Quality, Quantity

INTRODUCTION

In Ayurvedic classics, food is mentioned as one among the three Upstambha (sub-pillars) which supports the three main sthambha (pillars) of the body viz. Tridoshas. The main aim of Ayurveda is to maintain the health in a healthy person and to cure the disease. To attain this, Ayurveda mainly concentrates on various rules and regulations. Dietetic rule is one among that. If the Dietetic rules are followed properly, it helps to increase health and enhance the life span. The healthy body as well as the disease is nothing but the outcome of Ahara¹. Food taken in proper manner help in the proper growth of the body on contrary if taken in improper manner leads to various diseases. Thus Diet plays a significant task in both causing and curing of the disease. Properly followed dietetic rules and diet keeps the body healthy and prevents the diseases. There for the knowledge about quantity and quality of food with

its effects on body becomes essential. Quantity of food i.e. How much food should be taken by individual is depends on the Jhatragni (digestive power). Ahara matra (quantity or amount of food) is depends on Agni². That amount of diet which easily digest in proper time without interrupting the nature of individual should be taken³. Food articles according to digestion are of two types-Guru i.e. heavy in digestion and Laghu i.e. easily digestible. Both guru and laghu Aahar should be taken in proper matra (quantity). Now here question arise; if both guru and laghu food should be taken in matra-wat, so what is the reason for classifying them?? The food articles which are laghu due to their nature are made of Vayu and Agni Mahabhuta. So due to their natural gunas (properties), they stimulate Agni (digestive power). If they are taken in excess amount they vitiate Doshas only up to some extent. But guru Ahara are rich in Parthavi and Soma Mahabhuta, so they are not stimulator for Agni (due to opposite guna). If they are taken in excess, they will highly vitiate doshas. The concept of guru-laghu should be taken in consideration only by that persons who are Mandakarma (Lethargy), having Mandagni (poor digestive power), suffering from disease. But not by persons having Pradiptagni (good digestion) and laborious⁴.

One should take Guru ahara in 1/3rd or 1/2 of total stomach capacity and Laghu ahara should not take in overload⁵. One should imagine three part of stomach then 1st part fill by murta dravya (solid), 2nd part by amurta dravya (gas) and 3rd part by dravya (liquid)⁶. Excessive intake of food hamper the Agni, whereas if person takes less food than required quantity there will be lose of strength and

■ *Lecturer Shalakya Deptt., S.R.M. State Ayurvedic College, Bareilly 243001 (U.P.)



become victim for various diseases. So food should be taken in proper amount. Acharya Charaka had told the features of matrapurvaka Ahara as it will not cause pressure in abdomen, it will not hamper the functioning of heart, not causing guruta (heaviness) in abdomen, all the indriya will get tripta (saturated), hunger and thirst will become silent, routine works like sitting, walking, sleeping, talking, laughing will not hampered⁷. All these features are the indicators of diet taken in proper amount. While explaining the causative factors of most of the diseases, Acharyas mentioned Ajir nabhojana as one of the main causative factor for eg. Grahani, Kushtha etc. That is why Jirneashniyat (intake of food only after the digestion of previous food) factor is included under dietetic rule. Food which is taken before the proper digestion of previous food is considered to be poisonous. Exactly opposite to this condition i.e. if required quantity of food is not taken even after the digestion of previous food is also not favorable. Thus Kalabhojana (timely food) is given due importance.

One should not take constantly dried meat, dried vegetable, lotus tubers and stem because of their heaviness. The meat of emaciated animal should not be taken. Similarly one should not take continuously Kurchika and Kilata (milk products), pork, beef, buffalo meat, fish, curd, black gram and Yavaka. One should take usually Shashtilica shali, Sali (rice), barley, rain water, milk, ghee and honey⁸. A person after having food should never eat heavy preparation of flour and rice. One should not take food before excreting faeces and urine and without appetite or excessive hunger⁹.

The intake order of food items make difference in the digestion and absorption process. The madhur (sweet) substances should be consumed first followed by the amla (sour), lavana (salty), then followed by katu (pungent), tikta (bitter), and kashaya (astringent) substances¹⁰. Sweet substances are taken first for pacifying the vitiated

Vata of intestine, then amla and lavana substances are taken for Agni dipanartha (stimulating the digestive enzymes) and in last katu, tikta and kashaya substances are taken for pacifying the Kapha which is produced as a result of food digestion. During taking meal, firstly take fruits then liquid and then solid diet or chief food¹¹. Always take food in proper meal time, not more before or more lately. Do not have food in excessive quantity or in less quantity.

Person should take food at a proper time and place. Mouth and face should be clean. Person should eat not very hot and overcooked food, Heated only once and that is not used by others. One should not eat food items which he does not like. One should not eat neither too slow (vilambit aahar), nor too fast (atidrutam aahar), with proper chewing without talking or laughing, with full concentration (anatatparta) and in proper position (sukhamucchae).

Ahara vidhi vidhana and Dwadasha Ashana vichara¹² are the codes and conducts for taking diet of any dietetic science having physiological and functional consideration. For eg. Natidrutam¹³ will lead to improper mixing of Bhodhaka Kapha which hampers Sanghata leading to indigestion and Nativilambitam¹⁴ i.e. by taking food very slowly, enzymes responsible for digestion will come late in contact with food and in an irregular manner and this will result in irregular digestion.

Modern science has particularly described Aahar according to the nutritional value of its components. They have not described about Hita, ahita, Pathya, apathya for each individual. They emphasize more on Parigraha aspect of matra, as it specifies the quantity of carbohydrates, fats, proteins etc in Ahara, whereas, Ayurveda gives equal importance to both types of matra i.e. Sarvagraha and Parigraha.

CONCLUSION

Ahara has been enumerated first in three



upasthambas, which shows its importance. Ahara, supplies bio-energy to the body. This bio-energy is supplied by proper and adequate nutrition (quality and quantity) in the form of its essential constituents viz. protein, carbohydrates, fat, minerals, vitamins and water¹⁵. Ayurveda, the science of life has not only emphasized on Ahara, but also entire quality of it. Out of all factors for maintenance of positive health, properly food talking occupies the most important position because diet or Ahara is the basic medicament other than any substance¹⁶. In today's fast paced life, many norms regarding diet and regimen have been compromised which is showing the over all declining status of health in the society. Ayurveda has been emphasizing more on the importance of diet and lifestyle in the maintenance of health. So by following the codes and conducts of diet, we can get good health and maintain it through out the life.

REFERENCE

1. Charaka Samhita , Ayurveda Dipika Commentary of Chakrapanidatta, Sutrasthana 28/45
2. Charaka Samhita, Sutra Sthana 5/3
3. Charaka Samhita, Sutra Sthana 5/4
4. Sushruta Samhita , Sutra Sthana 46/449-450
5. Charaka Samhita, Sutra Sthana .5/7
6. Charaka Samhita, Viman Sthana 2/3
7. Charaka Samhita, Viman Sthana 2/6
8. Charaka Samhita, Sutra Sthana 5/10-12
9. Charaka Samhita, Sutra Sthana c.26/97
10. Sushruta Samhita, Sutra Sthana 46/466
11. Sushruta Samhita, Sutra Sthana 46/468
12. Sushruta Samhita, Utara Tantra 64/56
13. Charaka Samhita, Sutra Sthana 1/24-28
14. Charaka Samhita, Sutra Sthana 1/24-28
15. J.E. Park And K.Park, Text book of Preventive And Social medicine, 12th Edition 2002
16. Vraddha Jivaka, Kashyapa Samhita, revised by Vatsa, Edited by Pandit Hemraj Sharma, Khila Sthana 4/6

(पृष्ठ 30 का शेष)

The availability of Ayurvedic medicines is another problem that the Ayurvedic physicians always have to face in their practice, specially those who work in remote area. Sometimes they themselves have to carry medicines and crude herbs for a long distance from the city area, for their own practice. Pharmaceutical houses need to increase their activities at districts & sub-division levels to improve the situation on this context.

In this regard, Ayurvedic Pharmacists have definite role in the development & functioning of pharmaceutical sectors. Pharmacists may be engaged in different level of pharmaceutical activities; such as in preparation of medicines, dispensing, research works, etc., as per their skills & educational qualifications. As the consumption of the Ayurvedic medicines is on rise, and this sector makes the business worth of several thousands million rupees, there is the need of huge number of Ayurvedic pharmacist in India. Unfortunately, their number is minimum today as the Ayurvedic pharmacy education has not got any priority here till date. There are only few Ayurvedic pharmacy institutions existing in India; some states even have no such college. So, immediate initiative should be taken to open more Ayurvedic pharmacy colleges in India with required infrastructures, excellent research facilities and well versed faculty members in order to conduct all level of courses Diploma, Under graduate, Post graduate, Post doctoral successfully.

This is one of the important aspects that may contribute in the progress of Ayurvedic pharmaceutical sector.



SCIENTIFIC EVALUATION OF SINGLE HERBS ACT AS RASAYANA /REJUVENATING

• *ABHISHEK GUPTA, **V.K. JOSHI
email- abhibhu2810@gmail.com

ABSTRACT

The Rasayana branch of Ayurveda deals specifically with Rasayan formulations which bestow upon the user rejuvenating, longevity, age stabilization, retaining youth for longer duration with maintenance of strength of all organs optimally, enhanced intelligence, aphrodisiac powers, improved complexion, voice and allied positive health attributes. The concept in modern scientific understanding would mean enhancement of immune responsiveness of an organism against a pathogen by nonspecifically activating the immune system using immunomodulatory agents of plant origin. Ayurveda describes a number of drugs as Rasayana and Ojovardhak remedies, which are claimed to possess immunomodulatory effect. Some of the single herbs acting as Rasayanas have been subjected to scientific studies and found to possess immunomodulatory effect as *Tinospora cordifolia* Willd. (Guduchi), *Withania somnifera* Linn. (Ashwagandha), *Terminalia Chebula* Retz. (Haritaki), *Emblica officinalis* Gaertn. (Amlaki), *Piper longum* Linn. (Pippali), *Glycyrrhiza glabra* Linn. (Yashtimadhu), *Bacopa monnieri* Linn. (Brahmi), *Boerhaavia diffusa* Linn. (Punarnava), *Ocimum sanctum* Linn. (Tulasi), *Asparagus racemosus* Willd. (Shatavari), *Azardicta indica* A. Juss. (Neem), *Allium sativum* Linn. (Rasona). Present article is directly concerned with the scientific study of their mode of action as rasayana.

Key words: Rasayana, Age stabilizer, Intelligence enhancer, Aphrodisiac

INTRODUCTION

Rasayana is made up of rasa and ayana. Rasa primarily means essential seven vital tissues: rasa (lymphatics), rakta (blood), mamsa (muscle), meda (adipose tissues), asthi (bones), majja (bone marrow and nervous tissue), and shukra (reproductive element). Ayana means the path or channel for the same. So, rasayanas are those that bring about proper uptake, growth, and improvement of essential seven vital tissues. Rasayanas provide long life, good intellect, the ability to remain young and general wellbeing.

Out of the eight branches of Ayurveda, the rasayana and vajeekarana tantra branch is the one that is concerned with the immunomodulation. According to Ayurveda, the common cause of all diseases may be due to contact with environmental factors and aging. The latter is inevitable and the other cause can be avoided only by scrupulously puritan patterns of living. Ayurveda claims to be able to slow down the process of aging successfully. Rasayana is a treatment in which the body constituents are prepared to adapt to a selective tissue endowment program? This concept in modern scientific understanding would mean the enhancement of immune responsiveness of an organism against pathogens by nonspecifically activating the immune system with immunomod-

■ *Lecturer, Department of Dravyaguna, Sri Sai Ayurvedic College and Hospital, Aligarh, (U.P.)

**H.O.D of Department of Dravyaguna, I.M.S, B.H.U, Varanasi, (U.P.)



ulatory agents of plant origin. It is now recognized that immunomodulation could provide an alternative or complement therapy to conventional chemotherapy for a variety of diseased conditions; this is especially the case when host defense mechanisms have to be activated under the conditions of impaired immune responsiveness. Rasayana drugs are believed to slow down the jara (aging process) and provide a defense against vyadhi (diseases). Rasayanas improve the host resistance of an individual, helping to prevent aging and diseases. Specific diets and lifestyle changes are also advised in rasayana therapy.

***Tinospora cordifolia* Willd. (Guduchi)**

Tinospora cordifolia (TC) is used for the treatment of jaundice, skin disease, diabetes, anemia, emaciation, and infections. Plant extracts are known to stimulate macrophages and enhance their phagocytic activity and intracellular killing activity. Immunosuppression associated with deranged hepatic function and sepsis results in poor surgical outcome in obstructive jaundice. *T. cordifolia* was reported to improve surgical outcome by strengthening host defenses.^[1] Active principles of *T. cordifolia* were found to possess anti-complementary and immunomodulatory activities. Syringin (TC-4) and cordiol (TC-7) inhibited classical complement pathway. The compound also gave rise to significant increase in immunoglobulin G (IgG) antibodies in serum. Enhancement in both humoral and cell-mediated immunity were found in dose-dependent manner.^[2] Enhancement in phagocytic activity of macrophages activity of *T. cordifolia* is also reported.^[3] In a recent double-blind randomized controlled trial, it also was shown to increase the production of nitric oxide in TB patients, causing increased macrophage

stimulations. TB patients who took *T. cordifolia* extract along with conventional anti-TB treatment showed increased radiological recovery and sputum conversion as compared with conventional anti-TB treatment alone.^[4]

***Withania somnifera* Linn. (Ashwagandha)**

Withania somnifera is one highly acclaimed rasayana. *W. somnifera* is an immunomodulatory, anti-inflammatory, and antioxidizing agent. *W. somnifera* effectively inhibits the inflammatory process. It can also bring about a specific reduction in α -2 macroglobulin synthesis, unlike the conventionally used nonsteroidal anti-inflammatory drugs (NSAIDs), and has anti-oxidant activity.^[5] The herb is described to act as rasayana and medhya. In a clinical study on patients of anxiety neurosis, ashwagandha was observed to reduce the symptoms of anxiety. One month of treatment with the drug has shown symptomatic relief in mental fatigue, and immediate memory span. In another double-blind placebo-controlled clinical study on the extract of ashwagandha involving both normal and depressive volunteers, it was observed that the test extract showed an excellent improvement in mental functions.^[6] Experiments with extracts of Ashwagandha protected animals against infections in normal and immunosuppressed states induced by hemisplenectomy or surgery. This plant also produced leucocytosis with predominant neutrophilia and prevented leucopenia induced by cyclophosphamide.^[7]

***Terminalia Chebula* Retz. (Haritaki)**

Terminalia chebula is an antibacterial, antioxidizing, anti-inflammatory, and immunomodulatory agent. The topical administration of an alcoholic extract of the leaves of *T. chebula* was



found to heal much faster as indicated by decreased period of epithelialization. The tensile strength of the tissue, which was treated with *T. chebula*, was increased by 40%.^[8] Increase in the level of the antioxidants, superoxide dismutase (SOD), catalase (CAT), glutathione peroxidase (GPX) activities, vitamin C and E levels in age related oxidative stress in heart of rats by aqueous extract of *T. chebula*. Biochemical studies revealed a significant increase in total protein, DNA, and collagen content in the granulation tissue of the treated wound. Reduced lipid peroxide levels in the treated wounds suggest that *T. chebula* possesses antioxidant activity. The extracts of *T. chebula* were found to significantly suppress yields of cytomegalo virus (CMV) in lungs of mice. Thus, *T. chebula* may be beneficial for the prophylaxis of CMV disease in immunocompromised patients.^[9] The extract of *T. chebula* was also found to inhibit human immunodeficiency virus-1 reverse transcriptase with (IC50) 50 mg/ml.^[10]

***Emblia officinalis* Gaertn. (Amlaki)**

Emblia officinalis is a rich source of vitamin C. Antioxidant activity of *E. officinalis* containing emblicanin A (37%), emblicanin B (33%), Punigluconin (12%) was investigated on the basis of their effect on brain areas and striatal concentrations of the oxidative free radical scavenging enzymes, superoxide dismutase (SOD), catalase (CAT) and glutathione peroxidase (GPX), and lipid peroxidation, in term of thiobarbituric acid-reactive products.^[11] The fruits of *E. officinalis* have been used by Ayurveda as potent rasayana and also for the treatment of diverse etiology disease. Perhaps there is no other drug in any other system of natural medicine with such a vast range of

attributed effects. In an experimental study, it was reported that *E. officinalis* could bring about a significant weight gain in the subjects together with an increase in serum total protein content.^[12] In another experiment administration of *E. officinalis* (500mg/Kg body weight for 30 days) significantly prevents the restrain-stress-induced oxidative stress and elevation in LPO and corticosterone level. This study concludes that administration of *E. officinalis* significantly prevents the restrain- stress-induced oxidative stress and this may due to its strong antioxidant property.^[13] It is used as an antioxidizing, antibacterial, and anti-inflammatory agent.^[14] The antioxidant activity of *E. officinalis* resides in tannoids. Tannoids have been found to increase superoxide, catalase, and glutathione peroxidase.^[15]

***Piper longum* Linn. (Pippali)**

Piper longum Linn. is the drug belonging to the family Piperaceae contains alkaloid piperine, piperlongumine, piperlonguminine. It is a common Indian dietary spice which has been shown to possess a wide range of therapeutic utilities in the traditional Indian medicines. It has been reported to possess immunomodulatory, antiasthmatic, hepatoprotective, hypocholesteremic and anti-inflammatory activities.^[16] In an experiment methanolic extract of *P. longum* shows significant protection against adriamycin induced oxidative stress and reduce the cardiotoxicity by its antioxidant activity.^[17] *P. longum* significantly increases macrophage migration inhibition and phagocytic activity.^[18] Enhancement of host resistance is the possible mechanism of recovery from giardial infection.

***Glycyrrhiza glabra* Linn. (Yashtimadhu)**



Glycyrrhiza contain Glycyrrhizin, a triterpenoid glycoside obtained from *G. glabra*, is found to inhibit ribonucleic acid (RNA) viruses such as measles; polio vaccine viruses type 1, 2, and 3; and deoxyribonucleic acid (DNA) viruses such as herpes type 1 and 2.^[19] Glycyrrhiza *glabra* contain Isoflavone derivatives which have protective role against oxidative stress. 14 Polysaccharide fractions obtained from the root of *G. glabra* induce nitric oxide production from macrophages.^[20] As we know that LDL is good fat for body, GL have antioxidant activity by protect LDL from free radical effect.^[21] It protect the liver tissue from oxidative stress induced by voltarine drug.^[22] In a experimental study, rats were given 300mg/kg of 1, 4 DCB then treated with Glycyrrhiza *glabra* Linn., leaf extract. The level of malindealdehyde (MDA), an end product of lipid peroxidation, markedly increased in the 1,4 DCB treated rats, after treating with Glycyrrhiza *glabra* Linn., extract its level returned to its original level. Thus *G. glabra* exhibits its best antioxidant potential and liver protective effects like strand drug silymarin.^[23]

***Bacopa monnieri* Linn. (Brahmi)**

The plant is reported to contain tetracyclic triterpenoid. Reducing property of ethanolic extract of *Bacopa monnieri* contains bacosides A and B^[24,25] hersaponin, alkaloids viz. herpestine and brahmine and flavonoids.^[26] Saponins are natural products, which have been shown to possess antioxidant property.^[27-29] *Bacopa monnieri* is used as an antiallergic, antistress, and memory-enhancing agent. In a double-blind randomized controlled clinical trial in 76 subjects, *B. monnieri* showed significant effect on the retention of new information. Follow-up tests showed that the rate

of learning was unaffected, suggesting that *B. monnieri* decreases the rate of forgetting newly acquired information.^[30]

***Boerhaavia diffusa* Linn. (Punarnava)**

Boerhaavia diffusa Linn. rich in alkaloids and sterols including ursolic acid, hypoxanthine 9-L arabinofuranoside, punarnavine 1 and 2, myricyl alcohol and myristic acid. It decreases the level of thiobarbituric acid reactive substances and increases the activity of glutathione peroxidase and glutathione-S- transferase.^[31] The plant *Boerhaavia diffusa* (BD) is used as an antiarthritic, immunomodulatory, and antistress agent. Alkaloidal fraction of roots of BD was found to attenuate myelosuppressive effects of cyclophosphamide. BD is known to potentiate macrophage phagocytic activity. It is also shown to increase GM-CSF levels upon oral administration, inhibiting apoptosis.^[32]

***Ocimum sanctum* Linn. (Tulasi)**

Ocimum sanctum is used as an antistress, antioxidantizing, and immunomodulatory agent. The ethanolic extract of *O. sanctum* reversed the changes in plasma levels of corticosterone, induced by exposure to acute and chronic stress.^[33] The modulatory influence of the alcoholic extract of leaves of *O. sanctum* was observed on various enzyme levels in the liver, lung, and stomach of mice. Oral treatment with extract significantly elevated the activities of cytochrome P 450, cytochrome b5, and arylhydrocarbon hydroxylase, all of which are important in the detoxification of carcinogens as well as mutagens.^[34] These observations suggest that leaf extract or its active principle may have a potential role in the chemoprevention of chemical carcinogenesis.

***Asparagus racemosus* Willd. (Shatavari)**

Asparagus racemosus is used as an



immunomodulator and antioxidant. The aqueous extract of the whole plant of *A. racemosus* gives protection from biological, physical, and chemical stresses.^[35] Treatment with *A. racemosus* significantly inhibited suppression of chemotactic activity and production of IL-1 and TNF- by murine macrophages induced by 17 weeks of treatment with ochratoxin A.^[36] Studies on the mechanisms of action revealed that it produced immunostimulation. Aqueous extracts of *A. racemosus* are also found to suppress the myelosuppressive effects of single and double doses of cyclophosphamide.^[37]

***Azardicta indica* A.Juss. (Neem)**

Azardicta indica is reported to have several therapeutic effects, including being antiinfective and anxiolytic and having general immunopotentiating ability.^[38] It is widely studied for various beneficial properties. The aqueous extracts of neem leaves enhance the phagocytic activity of macrophages. Neem is found to enhance the production of IL-2, IFN- , and TNF- . In human volunteers, it stimulated humoral immunity by increasing antibody levels and cell-mediated immunity by increasing total lymphocyte and T-cell count in 21 days. The therapeutic potential of neem is mediated through its influence on the immune system, which is in consonance of the Ayurvedic concept of rasayana.

***Allium sativum* Linn. (Rasona)**

Allium sativum (Rasona) is an antimicrobial, antitumor, hypolipidemic, antiarthritic, and hypoglycemic agent. These characteristics have been linked to their influences on immune functions in various ways.^[39] The herb has been found to enhance human immune functions by

stimulating peripheral blood mononuclear cells. Diallyl sulfide in *A. sativum* is known to exert anticarcinogenic activity.^[40] Allicin from garlic has been found to induce programmed cell death and the arrest of proliferation in cancer cells.

***Semecarpus anacardium* Linn. (Bhallatak)**

Extract of nut preparation of *Semecarpus anacardium* is effective against a variety of diseases like arthritis, tumors, and infections. An extract of *S. anacardium* at a dose of 150 mg/kg significantly reduced the lysosomal enzyme activity in arthritic animals^[41] and displayed significant inhibition of tumor cells with IC50 of 1.6 mg/ml.^[42] In a study administration of *Semecarpus anacardium* nut extract 50mg/kg body weight for 14 days on adjuvant arthritis brings back the altered antioxidant defense components evidenced by the increased level of non-enzymatic antioxidants (GSH, Vitamin E, Vitamin C) and enzymatic antioxidants (CAT and GSH-px except SOD) to near normal levels.^[43]

CONCLUSIONS

The immune system is a complex system, involving an interwoven network of biochemical mechanism. The concept of rasayana as mentioned in Ayurveda is a holistic approach and constitutes an important approach to handle the subjects of immunity. The objective of research on rasayana should focus not only on its immunomodulatory activity, but also on other effects such as antistress, antiaging, antioxidant, adaptogenic, and anti-HIV. The list of herbs in rasayana is exhaustive by itself. Rasayana formulas provide tremendous potential to be tapped for immunomodulatory activity. It is equally important to arrive at a consensus in regards to the utilization of herbs in a holistic manner in order to deliver their multidimensional



benefits to mankind.

REFERENCES

1. Katiyar C.K. Immunomodulator products from Ayurveda: current status and future perspectives in Immunomodulation, Upadhaya, S.N., Ed., Narosa Publishing House, New Delhi, India, 1995, p. 163.
2. Dash A, Rege N R, Vaingankar J, Mahashur A, Tatte U, Dahanukar S. Stimulation of nitric oxide (NO) synthesis by *Tinospora cordifolia* in alveolar macrophages and its implications in patients of Tuberculosis. *Indian J Pharmacol* 2001; 33:51.
3. Khafagi SH, Abdul Nabi MH. Antigranuloma activity of Iraqi *Withania somnifera*. *J. Ethnopharmacol* 1992; 37:113.
4. Singh, R.H. and Behere, P.B., Double blind clinical studies on Ashwagandha capsules, unpublished data, 1991.
5. Dahanukar SA, Kulkarni RA, Rege NN. Pharmacology of medicinal plants and natural products. *Indian J Pharmacol* 2000; 32:81.
6. Suguna L, Singh Sujeet, S Pitchumani, S Padmavathi, C. Gowri. Influence of *Terminalia chebula* on dermal wound healing in rats. *Phytother Res* 2002; 16(3):227.
7. Shiraki, K., Yukawa, T., Kurokawa, M., and Kageyama, S., Cytomegalovirus and its possible treatment with herbal medicines. *Nippon Rinsho* 1998; 56(1):56.
8. M Saharel, M R Meselhu, I T Kusumoto, S Kadotas, N Hattorim. Inhibitory effects of Egyptian folk medicines on human immunodeficiency virus (HIV) reverse transcriptase. *Chem. Pharm. Bull* 1995; 43(4):641.
9. Bhattacharya Arunabh, chatterjee Abhijit, Ghosal Shibnath, K Bhattacharya Salil. Antioxidant activity of active tannoid principles of *Embllica officinalis* (amla). *Indian Journal of Experimental Biology* 1999; 37:676-80.
10. Ahmad I, Mehmood Z, Mohammad F. Screening of some Indian medicinal plants for their anti microbial properties. *J. Ethnopharmacol* 1998; 62:183.
11. Thangaraj Ramasundaram, Ayyappan Rathakrishnan Senniyanallur, Manikandan Panneerselvam, Baskaran Jayaraman. Antioxidant property of *Embllica officinalis* during Experimentally Induced Restrain stress in Rats. *Journal of health science* 2007; 53(4):496-99.
12. Bhattacharya A, Chatterjee A. Antioxidant activity of active tannoid principles of *Embllica officinalis*. *Indian J. Exp. Biol* 1999; 37:676.
13. Katiyar, C.K. et al., Immunomodulator products from Ayurveda: current status and future perspectives, in Immunomodulation, Upadhaya, S.N., Ed., Narosa Publishing House, New Delhi, India, 1995, p. 163.
14. Gupta AK. Quantitative analysis of medicinal aromatic plants, 2003, volume-III, pg no. 125-129.
15. Wakade S Alok, Shah S Abhishek, Kulkarni P Mrugaya, Juvekar R Archana. Protective effect of piper longum Linn. on oxidative stress induced injury and cellular abnormality in adriamycin induced cardiotoxicity in rats. *Indian Journal of Experimental Biology* 2008; 46:528-533.
16. Agarwal AK, Singh M, Gupta N. Management of giardiasis by an immunomodulatory herbal drug Pippali Rasayan. *J. Ethnopharmacol* 1994; 44:143.
17. Haraguchi H, Yoshida N, Ishikawa H, Tamura Y, Mizutani K and Kinoshita T. Protection of mitochondrial functions against oxidative stresses by isoflavans from *Glycyrrhiza glabra*. *J Pharm Pharmacol* 2002; 52:219-223.
18. Badam L. In vitro studies on the effect of glycyrrhizin from Indian *Glycyrrhiza glabra* Linn. on



- some RNA and DNA viruses. Indian J. Pharmacol 1994; 39:211.
19. Haraguchi H, Yoshida N, Ishikawa H, Tamura Y, Mizutani K and Kinoshita T. Protection of mitochondrial functions against oxidative stresses by isoflavans from *Glycyrrhiza glabra*. J Pharm Pharmacol 2002; 52:219-223.
20. Nose M, Terawaki K, Oguri K, Ogihara Y, Yoshimatsu K, Shimomura K. Activation of macrophages by crude polysaccharide fractions obtained from shoots of *Glycyrrhiza glabra* and hairy roots of *Glycyrrhiza uralensis* in vitro. Biological and Pharmaceutical bulletin 1998; 21(10):1110-12.
21. Fuhrman B, Buch S, Vaya J, Belinky PA, Coleman R, Hayek A. Licorice extract and its major polyphenol Glabirdin protect low-density lipoprotein against lipid peroxidation in vitro and ex vivo studies in human and in atherosclerotic apolipoprotein deficient mice. Am. J. Clin. Nutr 1997; 66:267-275.
22. Hamza, AA. Curcuma longa, *Glycyrrhiza glabra* and *Moringa oleifera* Ameliorate Diclofenac-induced Hepatotoxicity in rat. Ame. J. of pharm. and toxo 2007; 2:80-88.
23. Kanimozhi P, Karthikeyan J. A study on antioxidant potential of *Glycyrrhiza glabra* linn. in 1,4-dichlorobenzene induced liver carcinogenesis. J. Chem. Pharm. Res 2011; 3(6):288-92.
24. Chatterjee N, Rastogi RP, Dhar ML. Chemical examination of *Bacopa monnieri* Part II. The constitution of Bacoside A. Indian J Chem 1965; 3: 24-29.
25. Basu N, Rastogi RP, Dhar ML. Chemical examination of *Bacopa monnieri* Wettst: Part III Bacoside B. Indian J Chem 1967; 5: 84-86.
26. Anonymous. Indian Herbal Pharmacopoeia, vol. I Mumbai, India. Indian Drug Manufacturers Association. 1998. p. 30-36.
27. Yoshiki Y, Okubo K. Active oxygen scavenging activity of DDMP (2, 3-dihydro-2, 5-dihydrox n-4-one) saponin in soybean seed. Biosci Biotech Biochem 1995; 59: 1556-1557.
28. Yoshiki K, Kudou S, Okubo K. Relationship between chemical structures and biological activities of triterpenoid saponins from soybean. Biosci Biotech Biochem 1998; 62: 2291-2299.
29. Hu J, Lee SO, Hendrich S, Murphy PA. Quantification of the group B soyasaponins by high-performance liquid chromatography. J Agri. Food Chem 2002; 50: 2587-2594.
30. Roodenrys S, Booth Dianne, Phipps Andrew, Micallef Caroline, Bulzomi Sonia, Smoker Jaclyn. Chronic effects of Brahmi (*Bacopa monnieri*) on human memory. J. Neuropsychopharmacology 2002; 27(2):279-81.
31. Satheesh MA, Pari L. Antioxidant effect of *Boerhavia diffusa* Linn. in tissues of alloxan induced diabetic rats. Ind Jr Exp Biol 2004; 42:989-992.
32. Mungantiwar AA, Nair AM, Shinde UA, Dikshit VJ, Saraf AN, Thakur VS et al. Studies on Immunomodulatory Activity of *Boerhaavia diffusa*. J Ethnopharmacol 1999; 65(2):125-31.
33. Sembulingam K, Semibulingam P, Namasivayam A. Effect of *Ocimum sanctum* Linn. on noise induced changes in plasma corticosterone level. Indian J. Physiol. Pharmacol 1997; 41:139.
34. Banerjee S, Prashar R, Kumar A, Rao AR. Modulatory influence of alcoholic extract of *Ocimum* leaves on carcinogenic-metabolising enzyme activities and reduced glutathione levels in mouse. Nutr. Cancer 1996; 25:205.

(शेष पृष्ठ 12 पर)



AYURVEDIC PHARMACEUTICS AT THE CROSS ROAD

• *SUSHIL KUMAR NATH

email dr_sushilnath@yahoo.co.in

Ayurvedic Pharmaceutics has very important role to play in overall development of Ayurvedic system of medicine, and the same is applicable to other systems of medicine too. The success of every system of medicine depends on some extent on its pharmaceutical activities. In modern perspective the Ayurvedic pharmaceutics is still in its infant state in comparison to the Allopathic counterpart. Uniform standardization of the Ayurvedic medicine is the distant dream. Whatever development is visible in last twenty years or so, it is, in fact, mostly in the pharmaceutical sector specially in terms of increasing the number and forms of medicines as well as the emergence of huge number of pharmaceutical companies in the present scenario. The consumption of Ayurvedic medicines too has increased manifold in recent years.

In India, there are several hundred Ayurvedic pharmaceutical manufacturing companies existing today - some of which big & renowned, and others not so. With mushrooming growth of these manufacturing units - the sales of the spurious drugs can not be ruled out. Monitoring the quality control & safety profile of every medicine is a difficult task. Though, the concern government body is in place in every state, but their infrastructure is not enough to tackle these enormous & diverse matters.

The process of preparation of medicines is very important in Ayurveda. The quality of Ayurvedic medicines solely depends on the process of their preparation. There is definite description in this

regard in every Ayurvedic scriptures. Medicines prepared properly following the text's directions are usually treated as authentic preparation and are invariably effective. But, some of these preparation processes are very lengthy, sometimes very crude & costly affairs. So, these textual processes need to be verified & re-evaluated in scientific footings to make the process standardized, simple and cheaper. Pharmaceutical companies are doing some works in this regard but they seldom make them for public. Some Ayurvedic Post graduate institutes have also worked on that area and made some improvements, but still there is a long way to go.

Metallic preparations of Ayurveda have become the subject of discussion since few years, mainly regarding the safety of their use. Many argue that this sort of preparation often contains elemental form of metals which is toxic to the vital organs. So, massive scientific studies including the toxicity study of every metallic preparation is required to be done, to dispel the fear about the toxicity and to increase the acceptability of these medicines.

Another very alarming & sensitive issue - the rise of price of Ayurvedic medicines is rampant. There is no such mechanism in place that can regulate the price of medicines. The medicines are so expensive that it may produce negative views & may adversely affect the Ayurvedic practices as whole. Pharmaceutical companies should come forward and take the justified gestures in this regard.

(शेष पृष्ठ 22 पर)

■ *J.B. Roy State Ayurvedic Medical College & Hospital, Kolkata-700004.



*Bhai Uddhavdas Mehta All India Ayurveda
P.G. Students Essay Competition - 2013
IIIrd Prize (Bronze Medal) Winner Essay*

ISSUES OF EDUCATIONAL REFORMS IN AYURVEDA

• **ASISH B. GOSWAMI**
dr.ashish.goswami@gmail.com

INTRODUCTION

Today Ayurveda is in its fragile state, as there is lack of effort by both government as well as Ayurveda fraternity. It looks like Upashya and Anupshaya (trial and error) methods in reforming education system have failed to do the needful.

The prime question is "who needs reformation in Ayurveda education?" Is it the student, the teacher, the institute or the community?

Due to mushrooming growth of substandard colleges, has resulted in producing number of stumpy quality graduates/post graduates and to this the deserted attitude of Government toward ISMs (Indian System of Medicines) collaboratively augmented number of problems, faced by Ayurveda disciple during and after completion of their respective course.

In one of the study Dr. Patwarhdhan et.al found that there is a considerable level of career related anxiety among students because of limited employability (1).

Some of the main issues of reforms can be divided under following arena which needs acute reformation,

- Administration
- Academics
- Research
- Pharmaceutical education
- Classified Ads

Those problems are just a glimpse of present day situations in the Ayurveda system. We must

understand the depth of trouble for a learner. I will try to discuss those problems and will try to find out how best we can reform these areas.

The word reformation means "Improvement (or an intended improvement) in the existing form or condition of institutions or practices etc.; intended to make a striking change for the better in social or political or religious affairs"(2).

Change and reformation helps in development of science and Ayurveda being not an exception. The call of the hour is whether we really need to reform the current system? Or it was existing from times of year? If we search our ancient literature we find updates being rolled down for development of clinical knowledge from time to time e.g. - references of Upavish Dravyas found in Rasa text not in Samhita Kala it can be assumed that knowledge about use of some drugs has been updated because scholars might have found some ADR (Adverse drug reactions) while using those drugs in clinical practice.

TRACES FROM HISTORY- The Ancient universities of India were ground zero for intense find references of many such institute in India such as Taxashila, Nalanada and Vikramshila in North and Kochi in south, according to memoirs of Hiuen Tsang (An Ancient scholar from China) it is mentioned that Vallabhi a university as great as Nalanda. Although a small number of students study under a single teacher, the quality of education turned university in to city like Varanasi.

■ M.D. Final year, Deptt. of Agad Tantra, KLEU Shri B.M. Kankanwadi Ayurveda Mahavidalaya, Sahapur, Belgaum-3 (Karnataka)



The practice of entrance test for any graduation is not new to modern aar as the same was pursued in past also in the trend of **Dwarapandita**. Enterence test was common for all who had the thirst for knowledge. In order to get accepted by masters, one has to pass the test approved by the scholar at the gate (Dwarpandita). The earliest examples of residential cum-teaching institutions which housed thousands of monks devoted to learning. Over 10,000 students including teachers lived and studied at the universite(3).

The History of present Ayurveda education system- The Chronicles of Ayurveda education began in late 18th century by the name of Ayurveda Shashtra in Jaipur. Later in 1906 official government college of Ayurveda was established in Mysore and in 1970 initial step taken by the government of India by constituting CCIM. The government body of the CCIM framed body consisting of requisite and pre requisite right from eligibility for course till finishing of the degree.

Now successively we will go through above mentioned arenas with their lacuanae and ground

Table No. 1 - Development steps in Ayurveda Education (4)

Sl. No.	Year	Place	Action
1	1870	Jaipur	Ayurveda shashtra, Bhashagvara, Bhashagvaracharya
2	1906	Mysore	Govt. Ayurvedic and Unani College
		Ayurveda Vidvat	"Licenciate in Ayurveda medicine and Surgery (LAMS)
3	1910	Delhi	All India Ayurvedic congress with its educational division, Akhil Bhartitya Ayurveda Vidyapeeth (ABAV)
4	1930	Delhi	50 Ayurveda Educational Institution under ABAV
5	1946	Delhi	Chopra committee, cobine Ayurveda with western medicine (Nehru)
6	1955	Delhi	Dave committee recommended a degree course of 5 1/2 year
7	1958	Delhi	Udupa committee - Development Ayurveda (education) on scientific lines, fill in gaps by modern scientific methods as necessary
8	1962	Delhi	Committee under Mudaliar, integrated system to be discontinued, Teaching of Shuddha Ayurveda begins
9	1970	Delhi	CCIM (Central council of India Medicine) Constituted
10	1977	Delhi	CCIM Ayurvedacharya, currently sole recognized Ayurveda degree Bachelor in Ayurvedic Medicine ans Surgery, BAMS



for improvement.

Administration

Ayurveda falls under the umbrella of AYUSH which is the regulatory body of all the CAM's (Complimentary and alternative medicines) practiced in India. Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was created in March, 1995 and re-named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November, 2003 with a view to providing focused attention to development of Education & Research in Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy systems.

The Department continued to lay emphasis on up gradation of AYUSH educational standards, quality control and standardization of drugs, improving the availability of medicinal plant material, research and development and awareness generation about the efficacy of the systems domestically and internationally (5).

Next on the list is the CCIM which was constituted by act of parliament in 1970, initial step taken by the government of India by constituting CCIM. The governing body of CCIM consisting of requisite and pre requisite right from eligibility for course till finishing of the degree.(6)

But whether both the governing body has fulfilled its objectives?

Or

It needs to be reformed?

Today's education is haunted not only by single entity but by both corruption and down regulated economic reforms. Participant from the apex body should act transparently by not masking the quality keeping different yardsticks for different institutes for sum (?).

As once I have got chance to interact with CCIM members during our college inspection. One of the clinical branch PG

Scholars asked the member "Sir, whether permission given to the college is on the base of number of patient visiting the attached hospital or number of beds in the hospital?"

The reply was "We are asked to see the total number of beds available in the hospital not the patient" but the important question remained unanswered "whether CCIM just looks for quantitative aspect rather than qualitative?"

Recently the CCIM's minimum standard requirements of Ayurveda college and attached hospital regulation 2012 were published in the gazette of India July 18. According to dept of AYUSH the regulation are more realistic and in keeping with statistical data on the number of teachers and students but experts says that current gazette will only lead to flooding of colleges but won't ensure quality education for e.g. previously biometric attendance was compulsory to stop "On paper" staff but its missing from new one. There is also gross reduction of academic staff from 43 to 30 which will only lead to compromised professional education(7).

Divisive syllabus creating confusion among learners regarding "what to read"?

Who is Dr. Patwardhan K.? opined that newly framed syllabus is better than previous but not fulfilling the needs, and there is wrong regards about syllabus and curriculum among most of the teachers. Curriculum means totality of content to be taught and the skills a student is expected to develop during entire program. Thus a curriculum subsumes the syllabus, he also highlighted some important issues related to newly framed syllabus, such as lack of difference between UG and PG syllabus, deficiency in classifying syllabus (must know, desirable to know and nice to know), "missing" question pattern that can be asked in examinations, and lack of training of postgraduates scholars in teaching methods.



Most importantly he questioned about loop holes in selection criteria for teachers and pointed out necessity of NET like mechanism in Ayurveda which is followed by all others streams in higher education(8).

SUGGESTED REFORMS-

1. AYUSH body should be made autonomous with stringent artiste so that it cannot be puppeted by higher authorities. Minimal interventional measures from higher authorities are to be done so that excellence in academics can also be upheld.
2. CCIM should endeavor for ample funds for Ayurveda fraternity for development of science in research and different horizons so that ancient knowledge becomes acceptable by world.
3. Committee should cross-talk to government for lending a hand either side with conventional biomedicine for integrated approach.
4. Involving Ayurveda participants in may national health programs e.g.-national tuberculosis campaign were this branch can be therapeutically and prophylactic handy.
5. By involving in national schemes the window of job opportunity is unlocked for graduates and post graduates.
6. Coming to syllabus and curriculum, curriculum should be such that scholars are able to present themselves on global platform. Syllabus being taken care by academicians by planning as must to known and desirable to know and nice to know.
7. Minimum standards according to new gazette will dilute the quality education since by mere reduction for staff will not do any good for science and fore comers while helping the private sector to bloom economically in name of donations and less payment to needy.
8. Memoranda of understanding with foreign institutes and university with objective of integrating science and two trends but not exploring economically.
9. Chancing Ayurveda professionals for national

services like IAS will help in stream lining Ayurveda in still better manner and made reachable for society.

10. NET like common entrances would still uplift Ayurveda because eligible will lead through.

11. Requesting government for Sanskrit subject as a default in every medium school will not only be handy for Ayurveda but also to other fraternity like arts & preserves language helping to reclaim the culture of nation that was before.

Academics

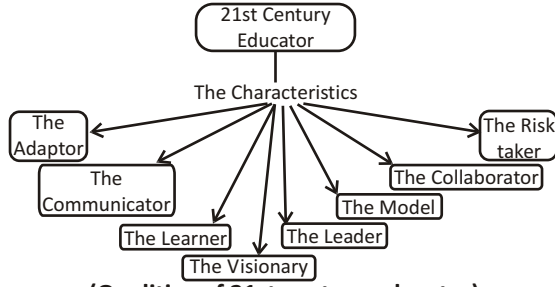
- Apart from few good institutes a number of colleges arising with substandard education, lack of Sanskrit knowledge make students to read translated books instead of commentary text. Which blocks their intellectual growth and creates apathy toward the system and students come out with deficient Samhita knowledge.
- Controversial entities remained unanswered, for example "Agniyashya" whether it is Gall bladder, duodenum, pancreas or else?
- Untrained teaching staff adds more spices to the condition, "Deep Understanding" in Teaching, and Zeal for learning both are missing. Important subjects like Padartha Vijnana, Sanskrit, which have broader implementation in other important subjects like Dravya guna etc are taught and read just to pass the examination.
- Students see our sciences as inferior from contemporary one because when it comes to diagnosis students as well teachers more on modern science and technology. Insufficient patient in hospital creates anxiety among students about how to get trained in diagnosing the ailment.
- Laboratory skills and clinical Acumen still not inculcated in our students, as a result undergoes training under shadow of modern stature and finally leaving root Ayurveda and not accepted by society as doctor instead a practitioner(9).
- Teachers not zealous to update themselves and bring practical's into practice and instead the



classes are only faces of theory.

Suggested reform-

Our literature speaks about qualities of Aapta, even contemporary science also focused on characters of educator which falls under Aapta only.



(Qualities of 21st century educator)

- Transferring of Syllabus to curriculum is duty of experts and this should be based on teaching, learning and evaluation methodologies.
- Knowledge of Sanskrit should be made essential as it is a core part of Samhita study, Students should be encouraged for practice of Samhita Pathan with Tika under expert "Guru's" rather than studying translated books for UG as well as PG.
- Controversial topics can be taken as research topic or can be discussed between scholars for conclusion.
- Teaching staff should be trained in teaching methodologies as well as teaching technologies (AV aids, OHP etc)
- Important subjects like Biochemistry, Pharmacology, Pharmacognosy, Pathology should be made essential and must be taught by respective faculty.

एकं शास्त्रमधीयानो न विद्याच्छास्त्रनिश्चयम् ।

तस्माद्बहुश्रुतः शास्त्रं विजानीयाच्चिकित्सकः ॥७॥

Above verse says that one should study contemporary sciences first then go for studying Ayurveda.(10)

- Laboratory and clinical skills can be developed in government hospitals with expert guidance by

giving an opportunity by posting students during their intership but as without foundation it's very difficult to built a building likewise without basic knowledge just mere learning of drugs (CIMS etc) will only lead to production of quacks.

- Through teachers are confident in their skills, still there is a need for updating knowledge as studying medical science is unending as everyday number of clinical and non clinical researches and publications coming out of tunnel.

Pharmaceutical education-

I have identified 3 important areas under this heading

- Clinical pharmacology
- Pharmaceutics
- Safety issues

Clinical pharmacology- Even though Government has appointed faculty from contemporary science for research work but it proved to be "A grain in camel's mouth". Respective faculty from pharmacy institutes missing in UG as well as PG, students has to read important subject like pharmacology and Pharmacognosy and biochemistry on their own, without knowing basic pharmacology it's very difficult to understand pharmacology of Ayurvedic drugs as they contains numerous phytochemical and that makes studying herbal drugs and their clinical practice more problematic.

Pharmaceutics-

- 2nd professional BAMS is an important period to learn Ayurvedic pharmaceutics (*Rasashashtra and Bhaisajya kalpana*). Student are taught some very basic preparation only such as *Churna* and *Kwaths*, knowledge of difficult classical preparation such as Rasa medicine preparation methodologies remains untouched throughout their carrier.

- Even during PG, students are asked for in house training with limited pharmaceutical technology, which make them deprive of large scale manufacturing skills, leading to "well frog" attitude.



- Yet no SOP's decided for preparation of Ayurvedic formulation.
- Quality control of formulation is totally based on modern science even though it's mentioned in classics also right from collection, processing till preparation of formulatin e.g. Dravya Sangrah Vidhi, Bhasma Pareeksha.
- Confusion circulates among student regarding pin point indication of a formulation as there are many indication given for a single formulation.
- Lack of availability of genuine drugs - Destruction of nature's wealth and unavailability of genuine drugs creating concern among herbal durg manufacturers.

Safety Issues

"Lead, Mercury, and Arsenic in US- and Indian-Manufactured Medicines Sold via the Internet"(11)

Above said article is recently published in JAMA the journal with the high impact factor (30) with freely availability on net and circulated between research scholars all over the world one can understand that effect of improper pharmaceutical education pursued during our carrier which has caused such defaming of Ayurvedic formulations.

Analytical and toxicity studies for standardization of formulation is not sufficient even during PG many of the scholars of Ayurvedic pharmaceutics do not take interests in such studies due to long time as well as feasibility.

Need of pharmacovigilance-

The purpose of pharmacovigilance is to detect, assess, and understand and to prevent the adverse effects or any other possible drug-related problems, related to herbal, traditionally and complementary medicines(13).

There is a Rising demand of Herbal medicines in India as well as abroad, in recent years, Herbal medicines are traditionally considered as holistic medicine, free from side effect etc. but as medicine

they require drugsurveillance in order to identify their risks. Published data shows that the risk is due either to a contaminant or to an added drug.

Suggested reforms

Clinical pharmacology - Collaborating with contemporary institutes and arranging visiting faculty for students as there are numerous researches are going in Pharmacy colleges in the name of herbal drug. Teaching Ayurveda was totally different in ancient time rather than today's accepted format but not letting down the contemporary science which needs to be included an taught by respective person parallely as suggested by Sushruta(10).

अन्यशास्त्रोपपन्नानां चार्थानामिहोपनीतानामर्थवशात्तेषां
तद्विद्येभ्य एव व्याख्यानमनुश्रोतव्यं, कस्मात्? न
ह्येकस्मिन् शास्त्रे शक्यः सर्वशास्त्राणामवरोधः
कर्तुम् ॥ 6 ॥

- Pharmaceutical education-Institutes must collaborate with Industries so both UG and PG students can discover new ideas for patent as well as classical preparation.
- Students can be taught in the form of posting to different pharmacies apart from their regular in-house practical's, the responsibility of preparing SOP's may be taken as research projects by different PG research institutes that can be uniformly followed Ayurveda institutes all over country.
- Raw material scarcity will haunt in near future and due so the drug adulteration will become rule. So if one has collaboration then they can decide the standard substitute for a drug with different research works.
- Implementations of techniques of "Vrikshaayurveda" will be very helpful in developing ancient cultivation techniques by which we can increase medicinal plant cultivation helpful in proving ancient methods of agriculture in front of scientific society but also for pharmaceutical industries (14).



- Standardization of classical preparation should be based on classical well as contemporary methods is need of the hour we know that there is necessity of quality control in Ayurveda formulation but at the same time one must not forget the Ayurvedic principles while preparing formulation.
- Safety issues- Strict implementation GMP (Good manufacturing practices) in pharmaceutical industries and following of SOP's in preparation of formulation especially Rasa preparation will help in production of safe and quality products.
- Answer to those article who defames Ayurveda should be given in form of publication for e.g.-In a study by Lavekar et al opined that "Saper et al. (2004) have failed to analyze the different forms by which the elements are bound but have projected only the quantum of elemental distributuon. This is critical since these elements could be chelated in the formulation and will be safe to use."(15)
- There is a need of awareness among future practioner's regarding Pharmacovigilance concept; generated data will help in safe clinical practice.

RESEARCH : Problems and suggested reforms

- A thing cannot be same for two different eyes so also the research eye for Ayurveda. Research over drugs or clinical studies should be entirely different when compared to conventional one.

Research methodology for *Ayurveda Shastra* must be reformed by keeping basic principles in mind and searching Samhita for few methodologies.

Serious hurdle for research in *Ayurvea* is economy. Funds in desirable amounts will give new horizon for exploring Ayurveda globally and accepted scientifically like.

Computer Simulators for drug action must be developed for our drugs as the formulation contain many active principles and sometimes contain antidotal principle by default in same plant or formulation (ex *Tankan With Vatsanah* prepara-

tion).

Clinical studies should be redesigned by considering *Prakruti* and *Dhosa* as mainstay and not a slave of modern outline. If required multicentre trials should be undertaken as this will be generating data in considerable statistics.

Scholars for research must be trained extensively on par with conventional one like handling and operating super sophisticated instruments and equipments.

Animal house in research must be trained extensively on par with conventional one like handling and operating super sophisticated instruments and equipments.

Animal house in research institute is obliging, though Ayurveda does not require by soul as the formulation's mentioned in *Samhita* are time tested, but this is era of paper proof credibility and evidence based. Hence some animal studies regarding toxicity are must and to understand pharmacology part (i.e. Reverse pharmacology).

Technical development for some instrumentation should be undertaken with respective branch of science like physics and then mechanical. Though work on this is done like Shirodhara Yantra but further advancement in same in not taken. Other help form radiology for developing instrument for indentifying which Doshic Nadi is present etc must be encouraged.

Currently used animal models are based on modern science there is a need to develop Ayurvedic animal model which will exactly simulates the Vyadhi. e.g. A study has been taken by my fellow PG scholar to develop a animal model to simulate Mutrakrichrata in rats through Katu Rasa.

Collaboration with conventional research person for scientific understanding of Samprapti of diseases. Animations for understanding Sampratpti should be done and also Vata, Pitta etc.

Establishmnt of CRF (central research lab)



must be made essential in CCIM norms this will encourage students to learn more about analytical used for Ayurvedic research further skilled students can be employed in various research sectors.

CLASSIFIED Ad : Problems and suggested reforms

For anything to be seen or take attention it must be magnetic and have radiance. Radiance in a superior sense but never negative. Yes Ayurveda is magnetic, radiant and not exceptional for negative radiance also.

In the name of Ayurveda everyone except Ayurveda people are advertising it in synonymous words like massage and taking the reap. But the heritage and legacy of Ayurveda will be at stake. Hence stringent and deliberate action against this spa trend must taken.

Tourism department must project Ayurveda as science whole and not merely a Rejuvenating and relaxing therapy.

Government should come up with magazines and TV ads for mass people to bring awareness. Institutes should conduct camps, not only campus but follow up of those people so that belief in Ayurveda towards any disease and treatment should be rooted deeply.

Government should plan for giving subsidy for growing medicinal plant through national schemes. Which will solve unemployment as well as scarcity of herbal drugs?

CONCLUSION

"I propose that we replace her old and ancient education system, here culture, for if the Indians think that all that is foreign and English is good and greater than their own, they will lose their self-esteem, their native self-culture and they will become what we want them, a truly dominated nation." (Macaulay in 1835 in British Parliament)

Preceding phrase becomes a true fiction for the Ayurveda sciences as the modern educational system has strongly shaken the roots by completely swapping Sanskrit to English and this vibration

being translated to Ayurveda.

It's told that imitation is death and so also following the research protocols of conventional methodology leading Ayurveda to its edge.

The herd of donkeys lead by loin is different from that donkey leading loins so a strong administrator in the fraternity of Ayurveda is earnest need of hour to have a strong dialogue with government for Ayurveda when it comes to economic and research reforms.

Voluminous matter has been spoken over Dravya, its formulations and standardization in Ayurveda but none has translated to meet the scientific consideration. So a fore runner in field of Pharmacology and Pharmacognosy is required.

Incredible India cologne by Government classified ad to feather India should also look forward to roar on Ayurveda science.

As we know "Theory and practical are the two wings of a bird" so recently govt has started a very good step by collaborating with Rashtriya Ayurveda vidyapeeth called "Guru Shishya Parampara" where enormous Ayurveda scholars are selected from all over the country but still there is need of more such scheme.

By comparing contemporary science parting Ayurveda as pre/para and clinical branches becomes setback because whatever has explained in Ayurveda has been viewed through clinical aspect, For example Charaka and Sushruta Samhita has been accepted as authenticated clinical medicine text but the scholars of Samhita siddhanta has very slightest chance to go for clinics. While the contemporary toxicology deals with preventive aspect on contrast Agada tantra has clinical, prophylactic and therapeutic toxicology. Still such branches have been kept under the heading of "pre/Para clinical branch.

Self-reforms can translate to social reforms Ayurvedic Fraternity of must change their attitude to ensure future of young learners because today's



learners are tomorrow's Vaidyas. To explore the lost treasure of ancient science of life there is need of effort from government as well as Ayurveda fraternity. Here by I conclude this essay with a beautiful quote from Subhasitani.

काकतालीयवत्प्राप्तं दृष्ट्वापि निधिमग्रतः ।
न स्वयं दैमादत्ते पुरुषार्थमपेक्षते ॥

(Even if by sheer luck, a treasure is seen lying in front, destiny doesn't give it in hand some effort is (still) expected.)

BIBLIOGRAPHY

1. Patwardhan K, Gehlot S, Singh G, Rathore HCS. Global challenges of graduate level Ayurvedic education: A survey. International journal of Ayurveda research [Internet]. 2010 Jan [cited 2013 Jun 26]; 1(1):49-54. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2876920&tool=pmcentrez&rendertype=abstract>
2. Reformation meaning [Internet]. the free dictionary. 2013. Available from: <http://www.thefreedictionary.com/Reformation>
3. Vaidya SM. On a learning path. Heritage Amruth. 2011; 7(1):47-51.
4. Narayan J. Teaching reforms required for Ayurveda. Journal of Ayurveda and integrative medicine [Internet]. 2010 Apr [cited 2013 Jun 26]; 1(2):150-7. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3151386&tool=pmcentrez&rendertype=abstract>
5. Ayush background [Internet]. Available from: <http://indianmedicine.nic.in/index2.asp?slid=19&sublinkid=15&lang=1>
6. CCIM background [Internet]. Available from <http://www.ccimindia.org/>
7. Shirodkar SN. Experts criticise CCIM's notification on minimum standards for ayurvedic colleges & attached hospitals. 2012; 70667. Available from: <http://pharmabiz.com/NewsDetails.aspx?aid=70667&sid=1>
8. Patwardhan K. How practical are the "Teaching reforms" without "curricular reforms"? Journal of Ayurveda and integrative medicine [Internet]. 2013;1(3):174-6. Available from: www.jaim.in
9. Patwardhan K, Gehlot S, Singh G, Rathore HCS. The ayurveda education in India: how well are the graduates exposed to basic clinical skills? Evidence-based complementary and alternative medicine : eCAM [Internet]. 2011 Jan [cited 2013 Jan 26];2011 (Ccim):197391. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3095267&tool=pmcentrez&rendertype=abstract>
10. Sushrutha. Sushruta samhita. In: Yadav T A, editor. Sushruta Samhita. Reprint 20. Varanasi; 2003. p. 18 Sutra Sthana 5/6 and 7.
11. Saper RB, Phillips RS, Sehgal A, Khouri N, Davis RB, Paquin J, et al. Lead, Mercury, and Arsenic in US- and Indian-Manufactured Ayurvedic Medicines Sold via the Internet. 2009;300(8):915-23.
12. peethaambaran Kunnathoor C. Demand for ayurvedic treatment and products on decline in Kerala: AMMOI survey. 2013;1-2. Available from: <http://www.pharmabiz.com/NewsDetails.aspx?aid=7434&sid=1>
13. Chaudhary A, Singh N, Kumar N. Pharmacovigilance: Boon for the safety and efficacy of Ayurvedic formulations. Journal of Ayurveda and integrative medicine [Internet]. 2010 Oct [cited 2013 Jun 26]; 1(4):251-6. Available from: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3117316&tool=pmcentrez&rendertype=abstract>
14. Surpala. Surapala's Vrikshayurveda (The science of Plant Life by Surapala). Agri-histo. Secunderabad: Asian Agri-History foundation, Secunderabad 500 009, India; 1996.
15. Lavekar GS, Ravishankar B, Rao SV, Gaidhani SN, Ashok BK, Shukla VJ. Safety / Toxicity studies of ayurvedic formulation-Navratna rasa. 2011;16(1):37-42.



*Dr. Ganga Sahay Pandey Memorial All India
U.G. Students essay competition-2013
IInd Prize (Silver Medal) Winner Essay*
**MAINSTREAMING OF AYURVEDA : ISSUES,
CHALLENGES, SOLUTIONS**

•SUMIT DHAMECHA
email- sumit2791@gmail.com

INTRODUCTION

The history of Ayurveda dates back to 4000 BC (vedic age) or even before. Ayurveda the basic science of life is as considered the mother of all medical sciences.

As per general rule of "survival of fittest" one who is the best gets worshiped, similarly Ayurveda is survived from last around 4000 years without changing in its single principle. But in the regimen of British Government in India, allopathic system of medicine was introduced, which overshadowed Ayurveda, the Indian Medical System before 200 years. Indian traditional pathies are not much developed and they lost far away from it. Day by day modern medicine getting prominence so the topic of mainstreaming of Ayurveda is to be discussed and place Ayurveda back into its original place.

But in the Mainstreaming of Ayurveda some Issues we have to discuss, regarding "some challenges are there and solution of the issues and challenges."

Every medical science generally performs in three areas

1. Education
2. Research

3. Clinical

EDUCATION

Issues:-

1. Proper availability of resources in academics.
2. Available resources are practicing Allpathy.
3. Introduction of Ayurveda to students at an earlier stage.
4. In depth understanding and knowledge of concepts of Ayurveda and Darshanas.
5. Integration of Modern technologies with traditional science.
6. Change in the mindset of traditional healers not to reveal the knowledge.
7. Give proper clinical exposure to the students.
8. Avoid copying of conventional medicine.

Challenges:

- In Ayurveda the big issue is of non availability of good resources. Good practitioners are not take interest to teach the other students. Due to this the new student can't understand Ayurveda practically and they even don't take interest.
- Generally most of the doctors who passed out Ayurveda don't practice Ayurveda and they prefer to practice Allopathy.
- The Government is not taking interest to

■ Internee, G.J. Patel Ayurveda College & Research centre, V.V. Nagar, Anand, Gujrat.



include Ayurveda as introductory chapter in the curriculum of Primary and secondary as well as post matriculate syllabus.

- Linguistic barrier of Sanskrit [original language of Ayurveda] prevents a scholar from learning and understanding of Ayurveda properly.
- Ayurveda is totally based on 'Darshana (philosophy)' person or student never come across this philosophy. In 12th, he passes with science, so it is very hard to understand it and if base is not clear properly, Ayurveda is difficult to understand.
- Now a day's lots of modern technologies viz. X-rays, USG, CT-scan, MRI etc. are available but traditional vaidyas don't wish to utilize these.
- A very bad issue of not revealing knowledge to younger generation by the Vaidyas who practice Ayurveda demolishes the experience based knowledge database with the Vaidya himself.
- Generally most of Ayurvedic physician have their own hospitals but hypothetical clinical practice with on paper patients [not on bed] is being followed. Students are not taken to hospital for clinical presentation, so students pass Ayurveda with theoretical knowledge only, not clinical.
- The practitioners of Ayurveda blindly follow schedule of conventional medical system - like to follow hierarchy of UG, PG, PhD in academic curricula. Even after completing such a long academia of nearly 12 years, one has not built the confidence to practicing Ayurveda.

Solutions

- Resources are to be developed and made available in the form of experienced practitioner

and also through reputed institute.

- All the experienced Ayurveda teachers or Vaidyas should follow Ayurveda to take Ayurveda at the top.
- Early introduction of Ayurveda by entering some superior knowledge of its in history or at upper primary or secondary class level, so that students can at least be made aware of Ayurveda and its principles to be followed in daily practice.
- The base of Ayurveda is 'Darshana' - It shall be taught in first professional or at secondary level to increase its acceptability by students.
- Traditional Ayurveda science and curriculum should be enriched with the advanced investigation methods and technologies to validate the Ayurveda principles scientifically.
- Traditional healers & well experienced senior Ayurveda physicians should change their mindset to transfer the knowledge to next generation and document & publish their experiences in the form of research papers.
- Any medical field needs more practical or clinical knowledge than theory because if student can't come across to clinical exposure, he will not able to diagnose the disease. So, maximum classes should be taken in the hospitals. Students can see the patient and then he compares signs & symptoms with theory, it will be more beneficial for him and having seen patients cured by Ayurveda will increase his faith over Ayurveda.

RESEARCH

Issues:

1. Uniform research methodology.



2. Awareness for documentation & publication of clinical data.
3. Proper standardization of Ayurveda drugs.
4. Acceptance of advanced scientific methods, technologies and application.
5. Apply & follow Ayurveda after knowing properly.

Challenges:

- Scarcity of uniform research methodology applicable for Ayurveda treatment methods.
- Lack of awareness for documentation and publication of classical data in the form of research articles.
- Lack of standardization of Ayurveda drugs to be used and controversy.
- Reluctance/Idleness/Negligence of Ayurveda community towards newer scientific methods & application.
- Conservative approach and blindly following Ayurveda as a science without going into the depth.

Solutions:

- Research methodology, assessment criteria shall be prepared based on Ayurvedic basic principles.
- Training and propagation of publication and documentation methods of collected data through workshops, conferences and CMEs shall be emphasized.
- Regulatory body for quality assurance and uniform methods for standardization of all Ayurvedic formulations to be used in practice & research shall be prepared.
- Ayurvedic community shall arise, awake and

shall not stop till the goal of establishing Ayurveda as medicine in research.

- Ayurveda community shall change their age old mind set and thoughts about bringing Ayurveda as a proven science and attempt to seek the universal truth by reading between lines and revealing the traditional treasure in the view of contemporary and scientific era.

CLINICAL PRACTICE

Issues:

1. Persons who passed out Ayurveda must practice the same.
2. Make aware community about Ayurveda to prefer it first.
3. Government of India should support traditional medicines.
4. Find out proper substitutes for unavailable superior drugs.
5. Availability of raw materials.
6. Proper financial support.
7. Ayurveda health care system should categorize properly.

Challenges:

- Significant number of Ayurvedic graduates and post graduates are following conventional medicine or Allopathy.
- The community doesn't prefer Ayurveda as first line of treatment so when patient comes for Ayurvedic treatment he/she already in chronic condition and it will take time to cure.
- Government of India takes very less interest to develop the traditional science. Without support from Govt., it is very difficult to take Ayurveda in



mainstream. Govt. is only interested to develop conventional medicine.

- Adulteration & spuriousness of drugs, Non availability of effective drugs, and lot of controversy existing on a single drug mentioned in Samhitas. No one can exactly answer about drugs and this situation of confusion is continuing till now. Our knowledgeable Vaidyas are not meeting together and discuss about drugs solution. But they give their own opinion. So ultimately they add more confusion rather to solve it.
- Non availability of raw materials. Due to this situation Ayurvedic medicines are very costly. It increases the price of drug.
- Lack of needful financial support for maintenance of Ayurveda hospital and Panchkarma hospital. In Allopathy, so many trust hospitals or multispeciality hospitals are available, but very few such type of Ayurveda hospitals are run by NGOs, NPOs.
- Lack of categorization of Ayurveda health care system in primary, secondary & tertiary level health care delivery management.

Solutions:

- Allopathy practice shall be banned for Ayurvedic graduates and post graduates & vice versa. Ayurveda shall be propagated as best preventive health care system.
- Awareness and campaigning in the society for making the laymen aware about the cost effectiveness & efficacy of Ayurveda treatment shall be done.
- Govt. of India shall include & propagate

Ayurveda as national health care delivery system like traditional Chinese medicine.

- The agricultural sector shall emphasize on production of good quality Ayurveda herbs which can be processed further by pharmacy for production of good Ayurvedic drugs.
- Integration of Ayurvedic & collaboration with medicinal hospitals for training and exposure to clinical presentation to the students.
- The non govt. organization and public sector shall support Ayurvedic clinical practice in the community by including Ayurvedic OPD & IPDs in hospital.
- The good health care system like primary Ayurvedic health care centre (AHC) with basic facilities, secondary AHC with good Panchkarma facilities and tertiary AHC with infrastructure of superspeciality clinics & advanced investigation technologies shall be started.

CONCLUSION:

Ayurveda has the potential to become best preventive health care system and best management system for chronic as well as non communicable diseases. The potency of Ayurveda shall be utilized to decrease global burden of disease. In view of above mentioned issues, overcoming challenges and foresighted approach for solutions, Ayurveda can be brought in mainstream of Indian National Healthcare system. The globe is seeking Ayurveda for wellness, then why not India seek its own Ayurveda for better Healthy and Happy India?



कूपीपक्व रस औषधि एक निर्माणात्मक अध्ययन

• *राजेश कुमार **मकसूदन सिंह

प्रस्तावना:-

आयुर्वेद एक प्राचीन चिकित्सा पद्धति है। आयुर्वेद को जीवन का विज्ञान कहा जाता है। इसमें दीर्घ आयु एवं स्वास्थ्य के संरक्षण की कामना किया गया है।

रस शास्त्र एक आदर्श शाखा है। इसमें पारद, खनिज एवं धातु का विशेष रूपसे चिकित्सात्मक प्रयोग देखने को मिलता है।

अल्पमात्रोपयोगित्वात् अरुचेरप्रसंगतः।

क्षिप्रमारोग्यदायित्वात् औषधेभ्योऽधिको रसः ॥

(२०सा०सं०)

रस औषधियों के विषय में कहा गया है कि—अल्पमात्रा में उपयोग करना, अरुचि उत्पन्न न करना, शीघ्र आरोग्य लाभ पहुँचाना, असाध्य जटिल रोगों में लाभ करना तथा दीर्घ समय तक सुरक्षित रहना।

न रोगानां (दोषानां) न दूष्यानां न च पुंसां परीक्षणं।
न देशस्य न कालस्य कार्ये रस चिकित्सते ॥

रस औषधियों के प्रयोग के समय न देश की, न काल की, न दूष्य की, न ही रोगी परीक्षा की आवश्यकता पड़ती है। रस चिकित्सा को चिकित्सको में श्रेष्ठ कहा गया है।

स्वल्पा हि मात्रा विपुलागुजारय सधे हि तद्वीपनपाचनचं ॥

साथ ही रस औषधियों के विषय में कहा गया है कि जिसकी मात्रा अल्प हो और जो विपुलगुणो को प्रदान करने वाला हो तथा जिसका शीघ्रता से दीपन—पाचन हो जाय। वह ही उत्तम रस औषधि है।

रस औषधियों का प्रयोग असाध्य रोगों में किया जाता है। रस औषधियां कई प्रकार की

बतायी गयी है।

जैसे खरलीय, कूपीपक्व, पोट्टली रसायन, भस्म आदि।

रस औषधियों का निर्माण पारद एवं गन्धक तथा अन्य द्रव्यों के साथ कंजली बनाकर अपेक्षित अथवा निर्देशित वनस्पतियों के स्वरस की भावना देकर कांच की शीशी में भरकर अग्नि द्वारा पाक कर जो औषधि तैयार की जाती है, उसे कूपीपक्व रस औषधि कहा जाता है।

कूपीपक्व रस के भेद:- 1) सगन्ध 2) निर्गन्ध

सगन्ध:- इसमें पारद के साथ गन्धक का प्रयोग किया जाता है।

पारद + गन्धक = रस सिन्दूर, सुगम सिन्दूर।

पारद + गन्धक + अन्य धातु = ताम्र सिन्दूर, रजत सिन्दूर।

पारद + गन्धक + अधातु = मल्ल सिन्दूर, ताल सिन्दूर, शीला सिन्दूर।

पारद + गन्धक + अधातु + स्वर्ण = पूर्ण चन्द्रोदय रस, ताल चन्द्रोदय रस।

निर्गन्ध:-

रस पुष्प, रस कर्पूर

इसमें पारद के साथ गन्धक का प्रयोग नहीं किया जाता है।

सिद्ध औषधि प्राप्ति के स्थान भेद से:-

पाक के पश्चात् सिद्धौषधि की प्राप्ति कूपी के उर्ध्व, अधः एवं मध्य के आधार पर 3 भेद किये जाते हैं।

गलस्थ/कण्ठस्य = रससिन्दूर, रसकर्पूर, मल्ल सिन्दूर

तलस्थ/अधस्य = समीर पन्नग रस

■ *प्रवक्ता- रसशास्त्र एवं भैषज्य कल्पना विभाग, राजकीय आयुर्वेद महाविद्यालय, हंडिया, इलाहाबाद (३०१०)

**प्राचार्य एवं अधीक्षक- राजकीय आयुर्वेद महाविद्यालय, हंडिया-इलाहाबाद (३०१०)



उभयस्य (कण्ठस्य / गलस्य) = पूर्णचन्द्रोदय
रस

निर्माण भेदः—

बर्हिधूम = कण्ठस्य

अर्न्तधूम = तलस्य

कूपीपक्व रस निर्माण विधिः— इसमें तीन कर्म होते
है— पूर्व कर्म, प्रधान कर्म और पश्चात कर्म।

पूर्व कर्म — कूपीपक्व रस निर्माण में निम्न
यन्त्रोपकरण की आवश्यकता होती है

क— कांच कूपी / बीयर की बोतल

ख— मुल्लानी मिट्टी

ग— वस्त्र / सफेद मुसलीन

घ— कूपी स्टैण्ड (लौह)

ङ— बालुका यन्त्र / इलेक्ट्रानिक मफल फर्नेस
वर्टिकल

च— लौह सलाका

छ— अग्नि भट्ठी / एलपीजी गैस सिलिन्डर
युक्त चूल्हा

घटक द्रव्य — शुद्ध पारद, शुद्ध गन्धक, स्वर्ण भस्म,
रजत भस्म आदि।

अग्नि स्रोत — प्राचीन बालुका यन्त्र—कोयला

परिवर्तित बालुका यन्त्र — L.P.G. gas cylinder
with Burner, Electric Muffale Furnace
vertical.

पारद शोधन —

एकेनलशूनेनैव शुद्धौ भवति पारदः।

स्मं सप्तदिनं पिष्टो दोषकंचुक वर्जितः।।

(पा०स० 30 / 85)

गन्धक शोधन—

लोहपात्रे विनिक्षिप्य घ तमग्नौ प्रतयित।

—————योगार्थं सकदेव च।।

(आ०प्र० 2 / 21—24)

कज्जली निर्माणः—

धातुभिः गन्धकाद्यै च निर्द्रवैमदितो रसः।

सुश्लक्ष्णः कंजलाभोऽसौ कंजलीत्यभिधियते।।

भावना द्रव्यः—पाक से पूर्व कंजली में वटांकुर
स्वरस, लसुन स्वरस, कुमारी स्वरस, रक्तकार्पास
पुष्प स्वरस आदि की भावना दिया जाता है।

कूपी निर्माण—

सबसे अनुकूल बीयर की बोतल या फलास्क
लेना चाहिए।

कूपी स्टैण्ड पर बोतल को उलट कर रखे,
कूपी को पूरी तरह मुल्लानी मिट्टी से लिप्त वस्त्र
का आच्छादन करते हैं। जब प्रथम वस्त्र आच्छादन
सुख जाये तो अगला वस्त्राच्छादन अगले दिन
करना चाहिए। इस प्रकार सात बार वस्त्राच्छादन
करना चाहिए।

कूपी पूरण— कूपी को कज्जली से 1/3 भाग तक
ही पूरण करना चाहिए।

कूपी स्थिरीकरण — कूपी को बालुका के
मध्य (बीचो—बीच) रखना चाहिए। इससे पूर्व अभ्रक
पत्र एवं बालुका 1 अंगुल मोटा रखकर, फिर कूपी
स्थिरीकरण करना चाहिए।

बालुका यन्त्र या इलेक्ट्रिक मफल फर्नेस—
इसका मुख्य कार्य नियमित एवं नियंत्रित ताप को
कूपी तक पहुँचाना होता है।

लौह शलाका—

यौगिक का पाक करते समय कूपी का मुख
कई बार गन्धक नवसादर आदि से अवरुद्ध हो
जाता है। इस अवरुद्ध को हटाने के लिए तप्त
शलाका का प्रयोग किया जाता है। सुविधा की
दृष्टि से लौह शलाका 3—4 फीट लम्बी होनी
चाहिए।

प्रधानकर्मः— कूपी पक्व रस निर्माण का महत्वपूर्ण
कर्म है। प्राचीन आचार्यों ने अग्नि देने के क्रम को
क्रमाग्नि संज्ञा से सूचित किया है। इसमें अग्नि के
क्रम को धीरे—धीरे निश्चित समय में देने को कहा
है। अग्नि देने के क्रम को तीन भागों में विभक्त
किया जाता है—



मुद्दु अग्नि – इसमें अग्नि 150–250 से० तक दिया जाता है। इसमें कज्जली द्रवित होती है एवं कज्जली का पाक भी होता रहता है।

मध्य अग्नि— कज्जली उबलती रहती है, धूम्र निर्गम तेजी से प्रारम्भ होता है तथा ज्वाला भी बाद में प्रारम्भ हो जाती है। समग्र ज्वाला भी शान्त हो जाती है तब तक मध्यम अग्नि दी जाती है। यौगिक का निर्माण भी इसी अग्नि पर होता है। इसमें 450–500 से० तक ताप दिया जाता है।

तीव्र अग्नि:— पाक काल में अग्नि का ताप 600–650 से० तक दिया जाता है।

कूपी मुख मुद्रण:— कूपी मुख मुद्रण करने से पहले कुछ यौगिक निर्माण के निश्चयात्मक परीक्षण करे। जो निम्न है—

क— रक्त तप्त वर्ण— टार्च से प्रकाश कर देखने पर कूपी का तल भाग रक्त तप्त वर्ण का दिखाई देता है।

ख— कापर प्लेट टेस्ट— यह परीक्षण पारद के हानि को दर्शाता है। रक्त तप्त वर्ण कूपी का तल भाग एवं गन्धक का धुआं बंद होने पर यथाशीघ्र कूपी का मुख मुद्रण करना चाहिए। जिससे पारद की हानि न होने पाये।

ग— रक्त तप्त शलाका को कूपी के मुख में डालने पर कुछ नहीं लगता।

घ— कूपी में शीतल शलाका डालने पर धुएं का न लगना।

ङ— कूपी के चारो ओर अंधेरा कर कूपी के मुख पर प्रकाश डालने पर पारद के कण उड़ते हुए दिखायी

पड़ते हैं।

पाक परीक्षण— जब यौगिक का सम्यक पाक हो जाता है तब गन्धक की गन्ध नहीं आती है। यह परीक्षण औषधि को सम्यक रूप से सुरक्षित करने का होता है।

अंधेरे में टार्च का प्रकाश कूपी के तल में डालने से कूपी का तल भाग रक्त तप्त वर्ण का न होना।

यह दोनो परीक्षण नेत्र द्वारा करना चाहिए।

मुख मुद्रण (कार्किंग)—उपरोक्त पाक परीक्षण प्राप्त होने पर यथा शीघ्र कूपी मुख मुद्रण करना चाहिए। इसके लिए मुल्तानी मिट्टी लिप्त वस्त्र से करना चाहिए जो कि उपयुक्त होता है।

पश्चात कर्म:—

क— स्वांगशीतीकरण— तीव्राग्नि के समाप्त होने के पश्चात बालुका यन्त्र को स्वांगशीतीकरण के लिए छोड़ देना चाहिए।

ख— कूपीविधारण— बालुका यंत्र से कूपी को बाहर निकालना।

ग— कूपी भेदन— कूपी से कपड़मिट्टी हटाकर सावधानी पूर्वक, कूपी को रस्सी, केरोसीन तैल तथा ठण्डे जल से भेदन करना चाहिए।

यौगिक संरक्षण— सावधानी पूर्वक यौगिक को एकत्र करना चाहिए तथा मैग्नीफाइंग लेंस की सहायता से कांच के टुकड़े को हटा लेना चाहिए। फिर सूक्ष्म चूर्ण कर कांच की बोतल में सुरक्षित करना चाहिए।

क्र० स०	मुख्य बिन्दु	ट्रेडिशनल बालुका यन्त्र	परिवर्तित बालुका यंत्र
1	ईधन	इसमें ईधन की ज्यादा खपत होती है। यह विधि महँगी पड़ती है।	इसमें ईधन की कम खपत होती है। यह विधि सस्ती होती है।
2	समय	इसमें समय अधिक लगता है।	इसमें समय कम लगता है।
3	ताप नियंत्रण	इसमें ताप नियंत्रण करना आसान नहीं होता है।	इसमें ताप नियंत्रण करना आसान होता है।
4	तापमान	इसमें तापमान परिवर्तित होता रहता है।	इसमें तापमान परिवर्तित नहीं



		आसानी से मापा नहीं जा सकता है।	होता है, और थर्मोकपल की सहायता से आसानी से मापा जा सकता है।
5	बालुका यंत्र	इसमें स्थिर रहता है।	इसमें एक स्थान से दूसरे स्थान आसानी से ले जाया जा सकता है।
6	मैनपावर	इस विधि में मैनपावर की ज्यादा जरूरत पड़ती है।	इस विधि में मैनपावर की कम जरूरत पड़ती है।
7	प्रदूषण	इस विधि के द्वारा वातावरण में प्रदूषण ज्यादा होता है।	इस विधि के द्वारा वातावरण में प्रदूषण कम होता है।

यौगिक निर्माण— दो प्रकार की विधि द्वारा किया जाता है

1— ट्रेडिशनल बालुका यंत्र विधि, 2— परिवर्तित बालुका यंत्र विधि।

कूपीपक्व रस औषधि निर्माण ट्रेडिशनल बालुका यंत्र एवं परिवर्तित बालुका यंत्र में अन्तर— उपरोक्त दोनों विधियों के अवलोकन से ज्ञात होता है कि परिवर्तित बालुका यंत्र प्रदूषण रहित, सस्ती, कम समय में एवं ज्यादा सुविधा जनक होती है।

कूपीपक्व रस औषधि परीक्षण विधि—

1. Description colour, odour
 2. Identification
 3. Particle size- 200-300(mesh size)
 4. Loss on drying at 105 °c
 5. Total ash
 6. Acid insoluble ash
 7. Water soluble ash
 8. Assay of element-major, minor, trace elements
 9. Ayurvedic specification- Nishchandra, Rekha purnatva, varitar, Nirdhoom, Niswadoo, Apunarbhav
 10. Self life
 11. Storage specification
 12. Packing specification
- Properties and action
Therapeutic Uses

Doses Thrapeutic dose schedule, Toxic Dose, safety profile.

13. Total duration of therapeutic doses

कूपी पक्व रसायन का महत्व—

रसायन के रूप में प्रयोग किया जाता हैं।

अनेक रोगों में प्रयोग किया जाता है।

कोई हानिकारक प्रभाव नहीं होता है।

शरीर की रोग प्रतिरोधक क्षमता को बढ़ाता हैं

निष्कर्ष— कूपीपक्व रस औषधि निर्माण में खनिज द्रव्य एवं काष्ठ औषधियों का निर्माण बहुत ही सुरक्षित हैं। इसको प्रयोग करते समय न देश की, न दूष्य की, न रोग की और नही रोगी परीक्षा की आवश्यकता पड़ती है। द्रव्य का शोधन उचित एवं पाक सम्यक रूप से करना चाहिए। कूपीपक्व औषधि का प्रयोग रसायन एवं विभिन्न रोगों को नष्ट करने में किया जाता है।

संदर्भ ग्रन्थ—

- 1) आयुर्वेद प्रकाश, चौखम्भा भारती एकेडमी, संस्करण चतुर्थ 1994
- 2) रसतरंगिणी सदानन्द शर्मा, प्रकाशक मोतीलाल बनारसी दास, ग्यारहवां संस्करण।
- 3) आयुर्वेदिय रस शास्त्र, डा० सी० बी० झा, प्रकाशक चौखम्भा सुरभारती प्रकाशन, वाराणसी प्रथम संस्करण 1994।



आयुर्वेद कालेज के संचालकों एवं शिक्षक बन्धुओं से विनम्र निवेदन

• *योगेश चन्द्र मिश्र

परमादरणीय महोदय,

शासकीय अथवा व्यक्तिगत (प्राइवेट) आयुर्वेद प्रशिक्षण संस्थान के संचालक के रूप में (अथवा अन्तरंग व्यवस्था की दृष्टि से समस्त प्राचार्य एवं शिक्षक बंधुगण) आप देश एवं देशवासियों के प्रति अत्यधिक (यदि सर्वाधिक कहा जाये तो भी उचित होगा) महत्वपूर्ण कार्य का सम्पादन कर रहे हैं। आपने शिक्षा दान का क्षेत्र अपने व्यवसाय के रूप में चयन किया और उसमें से भी विशेष रूप से आयुर्वेद प्रशिक्षण के द्वारा अनेक नवयुवकों को इस कार्य के लिए तैयार करने का बीड़ा उठाया है, कि वे रोगग्रस्त नागरिकों को सरलता एवं सहजता से उपलब्ध, अहानिकर, सर्वथा सुरक्षित, प्रायः उसी क्षेत्र में उपलब्ध औषधियों के माध्यम से चिकित्सा सुविधा उपलब्ध कराने में सक्षम बन सकें। यहां यह स्मरण रखना होगा कि आयुर्वेद के दो लक्ष्यों में से यह द्वितीय अर्थात् आतुरस्य विकार प्रशानम् (रोगी के रोग का विनाश करना) ही पूर्ण आयुर्वेद नहीं है। आयुर्वेद की प्राथमिकता स्वस्थस्य स्वास्थ्य रक्षणम् अर्थात् स्वस्थ व्यक्ति के स्वास्थ्य की रक्षा में है।

यदि आयुर्वेद के घोषित उद्देश्यों की चर्चा न भी की जाये तो भी चिकित्सक बनने की इच्छा लेकर आये किन्तु एलोपैथिक चिकित्सा शास्त्र में प्रवेश न हो पाने (चाहे कम्पटीशन में न आ पाने के कारण अथवा अधिक पैसे की मांग पूरी न कर पाने के कारण) मजबूरी में ही आयुर्वेद पढ़ने आये विद्यार्थियों की श्रद्धा और विश्वास दोनों ही आयुर्वेद की ओर परिवर्तित एवं परिवर्द्धित करने का कार्य, अब आयुर्वेद महाविद्यालयों को ही करना है। यद्यपि इस आलेख में वर्णित विषय के बारे में

यह भी एक मत हो सकता है कि आखिर श्रद्धा और तर्क बुद्धि के समागम का आयुर्वेद अध्ययन—अध्यापन से क्या वास्ता? आज देश में आयुर्वेद के तीन सौ से अधिक संस्थान आयुर्वेद शिक्षण हेतु तो कार्यरत हैं ही। पश्चिमी विचारों के अनुसार धर्म श्रद्धा पर आधारित है और विज्ञान का आधार है बुद्धि अथवा तर्क पर आधारित विज्ञान एक—दूसरे के विरोधी है, किन्तु भारतीय दर्शन और चिन्तन मानता है कि बौद्धिक खोज में श्रद्धा ही आधार है, जिसके बिना न विज्ञान है और न धर्म। भारतीय विचारों के अनुसार धर्म भी श्रद्धा के साथ बुद्धि का संयोग चाहता है। जगतगुरु शंकराचार्य के शब्दों में गुरु और शास्त्र के वाक्यों को सत्य मानने को बुद्धिमान लोग श्रद्धा कहते हैं। जिससे वस्तु का लाभ होता है। वस्तु व्यक्ति के हृदय में सत्य के रूप में सदैव विद्यमान रहती है:—

शास्त्रस्य गुरुवाक्यस्य,
सत्य बुद्ध्यावधारणम्।
सा श्रद्धा कथिता सद्भि
यथा वस्तूपलभ्यते ॥

(विवेक चूड़ामणि 20)

इस तथ्य को गोस्वामी तुलसीदास ने रामचरित मानस में निम्न शब्दों में प्रस्तुत किया है:—

भवानी शंकरौ वन्दे श्रद्धा
विश्वास रूपिणौ।
याभ्यां विना न पश्यन्ति,
सिद्धाः स्वान्तस्थमीश्वरम् ॥

■ राष्ट्रीय अध्यक्ष विश्व आयुर्वेद परिषद, एच-23, नार्थ सिटी विस्तार, एयरफोर्स गेट, बरेली-243122



में श्रद्धा तथा विश्वास की प्रतिमूर्ति उमा तथा महेश्वर की वन्दना करता हूँ। इन दोनों (श्रद्धा तथा विश्वास) के अभाव में ज्ञानी पुरुष भी अपने अन्तःकरण में विद्यमान ईश्वर (सत्य, ज्ञान) को प्राप्त नहीं कर पाते।

आधुनिक काल में स्वामी रामकृष्ण परमहंस तथा स्वामी विवेकानन्द के उपदेशों के आधार पर विश्व में वेदान्त आधारित स्वस्थ, शान्त, परस्पर अविरोधी, सामंजस्य युक्त समाज रचना की ओर समाज शास्त्रियों, वैज्ञानिकों तथा अध्यात्मिक चिन्तन करने वाले विचारकों की संख्या लगातार बढ़ती जा रही है। आयुर्वेद क्षेत्र में इस भूमिका का निर्वाह कालेज संचालकों, प्राचार्यों तथा शिक्षक वर्ग को ही करना है। जिससे चिकित्सा क्षेत्र में मूल्याधारित जीवन रचना के धनी, संवेदनशील एवं सेवाभावी श्रेष्ठ चिकित्सकों की वृद्धि हो सके। विश्व आयुर्वेद परिषद ने समाज के बन्धुओं के सहयोग से अनेक कार्यक्रमों के द्वारा विद्यार्थियों का आत्मविश्वास जगाकर आयुर्वेद के प्रति उनका विश्वास जगाने का कार्य सफलतापूर्वक प्रारम्भ किया है। इन प्रकल्पों में, शोध कार्यों के लिये स्वीकृत मासिक पत्रिका का प्रकाशन, आयुर्वेद विद्यार्थी विकास शिविरों का आयोजन तथा अनेक प्रकार की निबंध लेखन प्रतियोगिताओं का अखिल भारतीय स्तर पर आयोजन आदि प्रमुख हैं। कार्य इतना बड़ा है कि बिना आप सब (कालेज संचालक, प्राचार्यगण एवं शिक्षक बन्धुओं) के सहयोग के पूरा होना सम्भव नहीं है। आप सभी बन्धुओं के सहयोग से इस कार्य में निश्चित सफलता मिलेगी, इस विश्वास के साथ आपसे निवेदन है कि अपने-अपने स्तर पर इस कार्य को प्रारम्भ करने की तथा विश्व आयुर्वेद परिषद को सहयोग देने की कृपा करें।

निवेदन

परिषद की गतिविधियों से सम्बन्धित फोटो एवं समाचार शीघ्र निम्न पते पर ई-मेल द्वारा भेज दें या प्रकाशक के पते पर संक्षिप्त में लिखकर भेजने की कृपा करें, जिससे हम समय से मुद्रित कर सकें।

पत्र व्यवहार एवं सम्पादकीय कार्यालय

विश्व आयुर्वेद परिषद् पत्रिका

1/231, विरामखण्ड, गोमतीनगर, लखनऊ-226010

चल दूरभाष- 9415003111

email : vapjournal@rediffmail.com

profspmishra@yahoo.co.in

dwivedikk@rediffmail.com

विश्व आयुर्वेद परिषद के समस्त पदाधिकारियों से अनुरोध है कि अपने जनपद से कम से कम एक विज्ञापन जरूर भेजें।

Front Back Page Rs. 15000, Back Cover Page Rs. 25000,

Back Inner Page Rs. 15000, Inner Full Page Rs. 5000,

Inner 1/2 page Rs. 3000, Inner 1/4 page Rs. 1700

आयुर्वेद के क्षेत्र में हो रहे शोध, गतिविधियाँ, सेमिनार, संगोष्ठी, परीक्षा, भर्ती आदि की सूचना देने के लिए यह कालम है। कृपया ऐसी सूचनायें निम्न पते पर ई-मेल द्वारा भेजें।

email : vapjournal@rediffmail.com

profspmishra@yahoo.co.in

dwivedikk@rediffmail.com

विश्व आयुर्वेद परिषद के पदाधिकारियों एवं सदस्यों से चरक जयन्ती के आयोजन हेतु निवेदन—

आगामी उत्सव चरक जयन्ती का है जो हम लोग श्रावण शुक्ल पंचमी (नाग पंचमी) को मनाते हैं। इस वर्ष यह उत्सव 1 अगस्त 2014, दिन शुक्रवार को है। आप सबसे निवेदन है कि इसकी तैयारी शुरू कर दें। आवश्यकतानुसार इस कार्यक्रम को पहले या बाद में भी कर सकते हैं। स्वास्थ्य के प्रति जागरूकता बढ़ाने हेतु संगोष्ठी, स्वस्थवृत्त से सम्बन्धित प्रदर्शनी, स्वास्थ्य शिविर, आदि का आयोजन किया जा सकता है। अधिक से अधिक लोगों की उपस्थिति सुनिश्चित करने के प्रयास किये जायें।



अधारणीय वेगों का स्वास्थ्य रक्षण की दृष्टि से महत्त्व

• *गुप्ता दुर्गेश प्रसाद, **गुप्ता शिल्पा
email- drdpsatna@yahoo.co.in

सारांश— जीवन क्रम को व्यवस्थित क्रम से चलाने हेतु आवश्यक साधनों में आरोग्यता का स्थान आचार्यों ने सर्वप्रथम कहा है। सुख, शान्ति और प्रकृति के साधनों को एकत्रित करने के लिए स्वस्थ शरीर ही समर्थ हो सकता है। अतः स्वास्थ्य संवर्धन हेतु व्यक्ति को अपने आहार-विहार के साथ-साथ अधारणीय वेगों का धारण न करना अति आवश्यक है। यदि व्यक्ति आयुर्वेद मतानुसार इन वेगों का धारण करता है तो वह वर्तमान काल में मिलने वाली अधिकांशतः व्याधियों उच्च रक्तचाप, मधुमेह, हृदय रोग आदि से मुक्त हो सकता है।

आचार्य चरक ने अधारणीय वेगों की महत्ता को समझते हुए ही "स्वस्थ चतुष्क" के अतर्गत सूत्रस्थान 7वें अध्याय में "न वेगान्धारणीय" का पृथक रूप से वर्णन किया है। उन्होंने अधारणीय वेगों के अतर्गत 13 वेग ऐसे बतलाए हैं जिनका स्वास्थ्य रक्षण की दृष्टि से धारण न करना अत्यंत आवश्यक है।

प्रस्तावना— वाचस्पत्यम् एवं शब्द कल्पद्रुम संस्कृत शब्दकोष के अनुसार वेग शब्द पुल्लिंग विज्ञ धातु में धञ् प्रत्यय से बना है। जिसका अर्थ प्रवाह होता है।

"वेगःप्रवृत्युन्मुखत्वं मूत्र पुरीषादीनाम्" ॥ (च. सू. 7 चक्रपाणि टीका)

वेग प्राणी में उत्पन्न स्वाभाविक प्रवृत्तियाँ हैं जो उसे क्रिया विशेष की ओर प्रवृत्त करती हैं। जैसे— भूख, प्यास आदि।

न वेगान् धारयेद् धीमाजांतान् मूत्रपुरीषयोः।

न रेतसो न वातस्य न च्छर्द्याः क्षवथोर्न च ॥

नोद्गारस्य न जृम्भाया न वेगान् क्षुत्पिपासयोः।

न वाष्पस्य न निद्राया निःश्वासस्य श्रमेण च ॥

(च.सू. 7/3-4)

आचार्य चरक ने अधारणीय वेगों की संख्या 13 बतलायी है। मूत्र, पुरीष, रेतस् (शुक्र), वात (अपानवायु), छर्दि (वमन), क्षवथु (छींक), उद्गार, जृम्भा, क्षुधा पिपासा, वाष्प (आंसू), निद्रा तथा परिश्रम से उत्पन्न श्वास का वेग अधारणीय वेग माने हैं।

अष्टांग संग्रह के रचयिता वाग्भट्ट ने भी 13 अधारणीय वेग माने हैं। उन्होंने उद्गार के स्थान पर कास का उल्लेख किया है।

अधारणीय वेगों का स्रोतोदुष्टि से संबंध—

यदि अधारणीय वेगों का धारण किया जाए तब स्रोतोदुष्टि होकर विभिन्न व्याधियों की उत्पत्ति होती है। जैसे— मल, मूत्र, क्षुधा आदि वेगों को रोकने से—प्राणवहस्रोतोदुष्टि, तृष्णा वेग को रोकने से—रसवहस्रोतोदुष्टि, शुक्र के वेग को रोकने से—शुक्रवह—स्रोतोदुष्टि, मूत्र एवं मल के वेग को रोकने से—मूत्रवह एवं मलवहस्रोतोदुष्टि होकर स्रोतस सम्बन्धी अनेकानेक व्याधियाँ उत्पन्न होती हैं।

स्रोतसों द्वारा विकारोत्पत्ति से सम्बन्धित आचार्य सुश्रुत का सिद्धांत बहुप्रचलित है।

कृपितानां हि दोषाणां शरीरे परिधावताम्।

यत्र सगं: खर्वगुण्याद्वयाधिस्तत्रोपजायते ॥

(सु.सू. 24/19)

अधारणीय वेगों का व्याधि उत्पत्ति से संबंध—

■ *एम.डी. आयुर्वेद सिद्धांत, **व्याख्याता, शासकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, ग्वारीघाट, जबलपुर (म.प्र.)



आयुर्वेद में आचार्यों ने त्रिसूत्र पर विशेष महत्व दिया है।

“हेतुलिंगौषधज्ञानं स्वस्थातुरपरायणम् । त्रिसूत्रं... ।।
(च.सू. 1 / 24)

जिस शाश्वत आयुर्वेद ज्ञान की ब्रह्मा को स्वयं अनुभूति हुई, त्रिसूत्रात्मक था और स्वस्थ तथा आतुर रोगी से सम्बन्धित हेतु, लिंग, औषधि ज्ञान रूपी त्रिसूत्र से युक्त है।

हेतु अर्थात् स्वस्थ तथा आतुर होने के क्या कारण है यह प्रथम सूत्र है।

अधारणीय वेगों की धारणशीलता को अनेक व्याधियों के निदान में बतलाया गया है, जैसे—

- निद्रा वेग से वात ज्वर, वातज प्रमेह का निदान।
- वात, मल, मूत्र वेग से वातज गुल्म, उरुस्तंभ का निदान।
- छर्दि वेग रोकने से कुष्ठोत्पत्ति।
- मल, मूत्र वेग से उदर रोग निदान।
- अधारणीय वेगों के धारण से पाण्डु रोग का निदान, शाखाश्रित कामला रोग का निदान, वातज अतिसार, उदावर्त, हृदय रोग, प्रतिश्याय, रक्त गुल्म आदि का निदान।

अधारणीय वेगों का राजयक्ष्मा से संबंधः

अष्टमहागद के अतर्गत वर्णित राजयक्ष्मा उत्पत्ति के चार कारणों में वेग संधारण एक प्रमुख कारण होता है।

अयथाबलमारम्भं वेगसन्धारणं क्षयम्।

यक्ष्मणः कारणं विद्यच्चतुर्थं विषमाशनम्।।

(च.चि. 8 / 13)

अधारणीय मल, मूत्र, अपान वायु आदि वेगों को जब मनुष्य लज्जाशील होने के कारण, घृणाशील

होने के कारण या भय के कारण स्वभावतः उत्पन्न वेगों को रोकता है तब वेगों के प्रतिघात के कारण वह प्रकुपित वायु कफ ओर पित्त दोष को उभारती हुई शरीर के भीतर ऊपर की ओर, नीचे की ओर एवं तिर्यक प्रदेशों में फैलकर अनेक प्रकार के विकारों को उत्पन्न कर देती है। जैसे— प्रतिश्याय, कास, स्वरभेद, अरोचक, पार्श्वशूल, शिरःशूल, ज्वर, अंगमर्द, बार—बार वमन का होना, तीनों दोषों के लक्षणों से युक्त अतिसार का होना — वेगावरोध के कारण ये लक्षण उत्पन्न होते हैं, जिनके कारण यक्ष्मा रोग राजयक्ष्मा कहा जाता है।

अधारणीय वेगों की धातुसाम्यावस्था में भूमिका—
विकारो धातु वैषम्यं साम्यं प्रकृतिरुयते।

सुख संज्ञकमारोयं च विकारो दुःखमेव च।।

(च.सू. 9 / 4)

धातुओं की साम्यावस्था प्रकृति अर्थात् आरोग्यता एवं वैषम्यावस्था विकार अर्थात् व्याधि कहलाती है। आयुर्वेद का प्रथम प्रयोजन भी धातुओं की साम्यावस्था द्वारा पुरुष को निरोगी एवं सुखायु बनाना है। इसी उद्देश्य की पूर्ति हेतु आचार्य चरक ने शारीर स्थान 6वें अध्याय में धातुसाम्यकर स्वस्थवृत्त में वेगशील और उभरे हुए वेगों को न रोकने का उपदेश दिया है।

अधारणीय वेगों का आहार पाचन से संबंध—

आहार के सम्यक पाचन हेतु उचित मात्रा में किया गया भोजन ही व्यक्ति को बल, वर्ण एवं आयु प्रदान करता है, किन्तु अधारणीय वेग निद्रा को धारण करने से अर्थात् रात्रि जागरण से किया गया भोजन भी भली भांति नहीं पच पाता है जिससे आम दोषोत्पत्ति हो जाती है, जिसके कारण व्यक्ति को विसूचिका, अलसक आदि व्याधियों से ग्रसित हो जाता है।



अलसक के विषय में आचार्य चरक ने कहा है कि वात, मल, मूत्र के वेगों को धारण करने वाले प्रकुपित वायु से युक्त वह अन्नपान और कफ से अवरुद्ध मार्ग वाला होकर मलायतनों में छिपा हुआ वह मल बाहर नहीं आता, तदनन्तर वमन तथा अतिसार को छोड़कर शेष आमदोष के अधिकाधिक लक्षण दिखाई देते हैं।

अधारणीय वेगों का रक्तदुष्टि से संबंध—

आचार्य चरक ने सूत्रस्थान 24वें अध्याय में शुद्ध रक्त का महत्व बतलाते हुए कहा है कि—
तद्विशुद्धं हि रुधिरं बलवर्णसुखायुषा ।
युनक्ति प्राणिनं प्राणः शोषितं हानुवर्तते ॥

(च.सू. 24 / 4)

यह शुद्ध रक्त प्राणियों को बल, वर्ण, सुख और दीर्घायु से युक्त कर देता है, क्योंकि प्राण शुद्ध रक्त का ही अनुसरण करता है।

रक्त के महत्व का वर्णन करते हुए आचार्य सुश्रुत ने कहा है कि—

देहस्य रुधिरं मूलं रुधिरैणैव धार्यते ।

संरक्ष्य रक्तं जीव इति स्थितिः ॥

(सु.सू. 14 / 44)

यहाँ पर आचार्य सुश्रुत ने रक्त को जीव की संज्ञा देकर उसके महत्व को बढ़ाया है। शरीर धारण के क्षेत्र में रक्त का महत्व है, किन्तु आधारणीय वमन वेग को रोकने से रक्त दूषित हो जाता है जिससे व्यक्ति में रक्त विकृति जन्य रोग हो जाते हैं। जैसे— मुखपाक, मुख एवं नासिका से दुर्गन्ध का आना, बुद्धि, सम्मोह, संताप, विसर्प आदि रोग उत्पन्न हो जाते हैं।

शुद्ध रक्त वाले पुरुषों का लक्षण बतलाते हुए आचार्य चरक ने कहा है कि—

प्रसन्नवर्णे..... पुरुषं वदन्ति ॥

(च.सू. 24 / 24)

अतः स्पष्ट है कि रक्तदुष्टि के कारण व्यक्ति की इन्द्रियाँ प्रसन्न नहीं होगी, जाठराग्नि पाचन क्रिया में समर्थ नहीं होगी और व्यक्ति स्वस्थ के लक्षणों से युक्त नहीं होगा। अतः स्पष्ट है कि स्वास्थ्य रक्षण की दृष्टि से आधारणीय वेगों का अत्यधिक महत्व है।

अधारणीय वेगों का गर्भस्राव से संबंध—

आचार्य चरक ने शरीर स्थान जातीसूत्रीय अध्याय में गर्भिणी के गर्भस्राव के कारणों में एक कारण सन्धारण अर्थात् आधारणीय मल, मूत्र आदि वेगों को रोकने एवं भूख, प्यास के अतियोग को बतलाया है। इसके साथ ही मृतगर्भ का कारण भी कहा है।

अधारणीय वेगों का प्रज्ञापराध से संबंध—

धी धृति स्मृति.....सर्वदोषप्रकोपणम् ।

(च.शा. 1 / 102)

धी, बुद्धि, धैर्य और स्मृति से रहित मनुष्य जो भी अशुभ कर्म करता है, उसे प्रज्ञापराध कहा जाता है। इससे तीनों दोष प्रकुपित हो जाते हैं।

प्रज्ञा अर्थात् बुद्धि का अपराध या उचित निर्णय न ले पाना अर्थात् क्या करना है और क्या नहीं करना है। जब बुद्धि इसका ठीक निर्णय नहीं ले पाती, तब सभी प्रकार के रोग उत्पन्न हो जाते हैं।

आचार्य चरक ने प्रज्ञापराध के विषय में कहा है कि—

उदीरणं गतिमतामुदीर्णानां च निग्रहः ।

.....प्रज्ञापराधं तं शिष्टा ब्रुवते व्याधिका— रणम् ॥

(च.शा. 1 / 103-108)

गतिमान् अर्थात् द्रव रूप में वर्तमान मूत्र आदि को जबरदस्ती निकलने के लिए स्वयं प्रवृत्त आधारणीय वेगों को रोकना प्रज्ञापराध के अन्तर्गत आता है, जो रोगोत्पत्ति में कारण होता है।



आयुर्वेद शास्त्र की समस्त संहिताओं में आधारणीय वेगों का वर्णन किया गया है एवं आचार्य वाग्भट्ट ने अष्टांग हृदय में सभी रोगों की उत्पत्ति का कारण वेगों के धारण करने को बतलाया है एवं वर्तमान में व्यस्त जीवन शैली के कारण व्यक्ति द्वारा मल, मूत्र, निद्रा आदि वेगों के धारण से अनेक व्याधियों से ग्रसित है।

आधारणीय वेग के महत्व को स्पष्ट करते हुए आचार्य चरक ने विमान स्थान के तीसरे अध्याय जनपदोद्ध्वंस प्रकरण में नियत आयु एवं अनियत आयु के संदर्भ में आधारणीय वेगों को आरोग्यता हेतु उनका धारण न करने का उपदेश दिया है।

विमर्श एवं उपसंहार—

वृहत्त्रयी एवं लघुत्रयी में वर्णित आधारणीय वेगों की जानकारी का आज के मानव जीवन में महत्व है। वर्तमान समय में व्यक्ति व्यस्त होने एवं उसकी जीवनशैली अव्यवस्थित होने के कारण दिनचर्या, ऋतुचर्या, सदाचार आदि का पालन नहीं कर पाते हैं। सतत यात्रा, कार्य का अधिक विस्तार एवं असमय निद्रा का सेवन आदि वेगावरोध के हेतु दैनिक जीवन में घटित होते रहते हैं। न चाहते हुए भी इन वेगों को धारण करना पड़ता है, जिस कारण शारीरिक एवं मानसिक व्याधियाँ कालान्तर में उत्पन्न होती हैं। इस प्रकार यह निष्कर्ष निकलता है कि आयुर्वेद के प्रथम प्रयोजन “स्वस्थस्य स्वास्थ्य रक्षणम्” की पूर्ति हेतु आधारणीय वेगों की अति महत्ता है एवं शास्त्रानुसार इनके पालन से व्यक्ति अनेकानेक व्याधियों से बच सकता है।

संदर्भ ग्रंथ सूची

● शब्दकल्प द्रुम—राजाराधाकान्त देव, चौखम्भा संस्कृत सीरीज आफिस, वाराणसी सन् 1961

● वाचस्पत्यम्—श्री तारानाथ तर्क वाचस्पति भट्टाचार्य चौखम्भा संस्कृत सीरीज आफिस, वाराणसी सन् 1962

● चरक संहिता “चरक चंद्रिका” हिन्दी व्याख्या व्याख्याकार—डॉ. ब्रह्मानंद त्रिपाठी, चौखम्भा सुरभारती प्रकाशन, वाराणसी सप्तम संस्करण सन् 2003

● चरक संहिता सविमर्श “विद्योतनी” हिन्दी व्याख्या व्याख्याकार—पं. काशीनाथ शास्त्री, डॉ. गोरखनाथ चतुर्वेदी, चौखम्भा भारती अकादमी, वाराणसी सन् 2001

● चरक संहिता श्री चक्रपाणिदत्त विरचिता “आयुर्वेद दीपिका” की आयुषी हिन्दी व्याख्या, व्याख्याकार—वैद्य हरिश्चन्द्र सिंह कुशवाहा, चौखम्भा ओरियन्टलिया वाराणसी सन् 2009

● सुश्रुत संहिता प्रथम एवं द्वितीय—“आयुर्वेद तत्त्वसन्दीपिका” हिन्दी व्याख्याकार कविराज डॉ. अम्बिकादत्त शास्त्री, चौखम्भा संस्कृत भवन, वाराणसी, विक्रम संवत् 2062

● सुश्रुत संहिता—“श्री डल्हणाचार्य विरचिता निबन्ध संग्रह” व्याख्या संपादक—वैद्य यादव जी त्रिकम जी आचार्य एवं नारायण राम आचार्य “काव्य तीर्थ” चौखम्भा सुरभारती प्रकाशन, वाराणसी, अष्टम संस्करण सन् 2003

● अष्टांग संग्रह (सूत्रस्थान) सरोज हिन्दी व्याख्या सहित, व्याख्याकार—डॉ. रविदत्त त्रिपाठी, चौखम्भा संस्कृत प्रतिष्ठान, दिल्ली सन् 2001

● अष्टांग हृदय—विबोधनी भाषा टीका, टीकाकार—कविराज अत्रिदेव गुप्त, चौखम्भा ओरियन्टलिया वाराणसी पंचम संस्करण, विक्रम संवत् सन् 1975



परिषद् समाचार

वैद्य भाई उद्धवदास मेहता स्मृति अखिल भारतीय आयुर्वेद स्नातकोत्तर छात्र प्रतियोगिता सम्मान एवं धन्वन्तरि जयन्ती समारोह २०१३, भोपाल

दिनांक 22 दिसम्बर 2013 को हिन्दी भवन, श्यामला हिल्स, भोपाल में पं. उद्धवदास मेहता स्मृति अखिल भारतीय आयुर्वेद स्नातकोत्तर छात्र प्रतियोगिता सम्मान एवं धन्वन्तरि जयन्ती समारोह का आयोजन किया गया। भाई उद्धवदास मेहता स्मृति न्यास द्वारा गठित राज्य स्तरीय धन्वन्तरि जयन्ती समारोह समिति द्वारा विगत 15 वर्षों से प्रतिवर्ष धन्वन्तरि जयन्ती समारोह एवं आयुर्वेद के क्षेत्र में उल्लेखनीय योगदान के लिए विद्वानों को पुरस्कृत किया जाता है। इस वर्ष से अखिल भारतीय स्तर पर स्नातकोत्तर छात्रों के लिए निबन्ध प्रतियोगिता का आयोजन प्रारम्भ किया गया है। जिसमें प्रथम पुरस्कार स्वरूप स्वर्ण पदक, स्मृति चिन्ह, प्रमाणपत्र एवं नगद पन्द्रह हजार रुपये डॉ. जसप्रीत सिंह, एम.डी. (आयुर्वेद) काय चिकित्सा विभाग, काशी हिन्दू विश्वविद्यालय, वाराणसी को प्रदान किया गया। द्वितीय पुरस्कार डॉ. निधि दुबे, एम.डी. (आयुर्वेद) अगद तन्त्र विभाग, रानी दुलैया स्मृति आयुर्वेद स्नातकोत्तर महाविद्यालय, भोपाल को प्रदान किया गया, जिसमें रजत पदक, स्मृति चिन्ह, प्रमाण पत्र एवं सात हजार रुपये का नगद पुरस्कार देकर सम्मान किया गया। तृतीय स्थान पर डॉ. आशीष बी. गोस्वामी एम.डी. (आयुर्वेद) अगद तन्त्र विभाग के.एल.ई. यू.एस.बी.एम.के. आयुर्वेद महाविद्यालय, साहपुर, बेलगाम, कर्नाटक थे। जिन्हें कांस्य पदक, स्मृति चिन्ह, प्रमाण पत्र एवं पाँच हजार रुपये का नगद पुरस्कार देकर सम्मानित किया गया।

कार्यक्रम का शुभारम्भ धन्वन्तरि वन्दना एवं दीप प्रज्वलन से प्रारम्भ हुआ। इस अवसर पर मुख्य अतिथि के रूप में राज्य सभा सदस्य एवं तीर्थ मेला प्राधिकरण के अध्यक्ष श्री मेघराज जैन उपस्थित थे। उन्होंने बताया कि म.प्र. सरकार आयुर्वेद के लिए अलग से नीति बनाने जा रही है तथा हम इसके विकास के लिए सतत प्रयत्नशील हैं। विशिष्ट अतिथि प्रो. अश्विनी भार्गव, रजिस्ट्रार, गुरु रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर, पंजाब थे। कार्यक्रम की अध्यक्षता प्रो. एस.पी. मिश्र कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून थे। उन्होंने बताया कि असाध्य रोगों की बढ़ती संख्या से विश्व में चिन्ता का वातावरण बना हुआ है। आयुर्वेद को इन चुनौतियों को लेकर आगे बढ़ना होगा। गौ संवर्धन बोर्ड के उपाध्यक्ष श्री पद्म बरैया, आइसेक्ट विश्वविद्यालय के चांसलर श्री सन्तोष चौबे, कोषाध्यक्ष वैद्य गोपाल दास मेहता, आयोजन समिति के अध्यक्ष डॉ. के.के. द्विवेदी, आयोजन सचिव डॉ. अजय कुमार पाण्डेय आदि उपस्थित थे, जिन्हें श्रीफल एवं शाल प्रदान कर सम्मानित किया गया।

2013 वर्ष के लिए आयुर्वेद के क्षेत्र में विशिष्ट योगदान के लिए डॉ. कमल किशोर चितलांग्या, इन्दौर; वैद्य मोहन कृष्ण बिरथरे, आयुष विभाग, म.प्र.; डॉ. चन्द्रप्रकाश शर्मा, उज्जैन; डॉ. महेश कुमार शर्मा, ग्वालियर; डॉ. दीपक कुमार कुलश्रेष्ठ, रीवा; वैद्य कैलाश चौहान, खण्डवा; डॉ. चारु बंसल, भोपाल; डॉ. यादव गिरधर गवले, भोपाल; डॉ. प्रवीण कुमार मिश्र, भोपाल को स्मृति चिन्ह, अंगवस्त्रम् एवं प्रमाणपत्र देकर सम्मानित किया गया। आयोजन अध्यक्ष डॉ. के.के. द्विवेदी ने विश्व आयुर्वेद परिषद की अद्यतन गतिविधियों पर जबकि आयोजन सचिव डॉ. अजय कुमार पाण्डेय ने प्रतियोगिता के बारे में प्रकाश डाला। कार्यक्रम का संचालन न्यास सचिव श्री धनेश चतुर्वेदी ने किया।

लखनऊ में मकर संक्रान्ति पर्व का आयोजन

दिनांक 15 जनवरी 2014 को विश्व आयुर्वेद परिषद के अवध प्रान्त के संयोजक डॉ. आशीष मिश्र के चिकित्सालय में मकर संक्रान्ति पर्व का आयोजन विश्व मंगल दिवस के रूप में मनाया गया। मुख्य वक्ता डॉ. जुनेजा ने पंचकर्म द्वारा शरीर को स्वस्थ रखे जाने के बारे में विस्तार से बताया। उन्होंने बताया कि बसन्त पंचमी के अवसर पर वमन के लिए एक कैम्प लगाया जाएगा। वमन के द्वारा कफ विकार, श्वास रोग, त्वचार रोग, एलर्जी आदि की सफलता पूर्वक चिकित्सा की जाती है।

कार्यक्रम में डॉ. पी.सी. शर्मा, डॉ. सोनी, डॉ. आदित्य, डॉ. अन्जना, डॉ. मनोज मिश्र, डॉ. पुनीत कुमार, प्रो. हेमन्त राय की गरिमामयी उपस्थिति रही। कार्यक्रम का समापन सहभोज के साथ हुआ।



बरेली (उ०प्र०) में राष्ट्रीय संगोष्ठी का आयोजन

उदर रोगों की चिकित्सा में नवीन प्रगति (रिसेन्ट एडवांसमेन्ट इन द मैनेजमेन्ट ऑफ उदर रोग) विषयक तेरहवीं राष्ट्रीय संगोष्ठी का आयोजन विश्व आयुर्वेद परिषद, बरेली इकाई के द्वारा दिनांक 27 अक्टूबर 2013 को लाइब्रेरी आडीटोरियम, आई.बी.आर.आई., इज्जतनगर, बरेली में सम्पन्न हुआ।

कार्यक्रम का शुभारम्भ धन्वन्तरि वन्दना एवं दीप प्रज्वलन से प्रारम्भ हुआ। अतिथियों का स्वागत डॉ. रमाकान्त यादव आयोजन अध्यक्ष, डॉ. राजीव सक्सेना प्रथम, आयोजन सभापति ने किया। मुख्य अतिथि प्रो. जी.एस. तोमर, प्राचार्य, ला.ब.शा.रा.आ.म., हण्डिया इलाहाबाद ने आहार एवं जीवन शैली की विकृतियों को उदर रोगों का मूल कारण बताया। जिसके फलस्वरूप अम्लपित्त, पक्वाशयगतवात, अजीर्ण आदि व्याधियों की संख्या बढ़ रही है। अध्यक्षता करते हुए प्रो. योगेश चन्द्र मिश्र, राष्ट्रीय अध्यक्ष, विश्व आयुर्वेद परिषद ने आयुर्वेद के सिद्धान्तों यथा अष्ट आहार विधि विशेष आयतन, द्वादश अशन विचार प्रभृति अनेक सिद्धान्तों की व्याख्या करते हुए भारतीय भोजन शैली को प्रचारित करने का आह्वाहन किया। विशिष्ट व्याख्यानों में प्रो. वी.डी. अग्रवाल, बरेली; डॉ. के.के. द्विवेदी, वाराणसी; डॉ. जे.एस. त्रिपाठी, वाराणसी; डॉ. आर.के. तिवारी, बरेली; डॉ. सामू प्रसाद पाल आदि ने उदर रोगों के विभिन्न आयामों पर चर्चा की। इसके अलावा लगभग दो दर्जन शोध पत्र इस संगोष्ठी में पढ़े गये। कार्यक्रम का संचालन डॉ. डी.के. द्विवेदी ने किया।

समारोह में मुख्य रूप से डॉ. वागीश चन्द्र मिश्र, डॉ. श्रीकान्त अग्रवाल, ने सत्रों की अध्यक्षता की। डॉ. राजीव सक्सेना द्वितीय आयोजन सचिव ने धन्यवाद ज्ञापन किया। डॉ. एस.एस. चावला, डॉ. वीरेन्द्र जायसवार, डॉ. विनोद उपाध्याय, डॉ. राम किशोर, डॉ. अतुल बाबू वाष्णीय, डॉ. अरुणेश अग्रवाल, डॉ. प्रणव गौतम, डॉ. उमाशंकर अग्रवाल, डॉ. वी.एस. शर्मा, डॉ. देवेन्द्र मिश्र, डॉ. अविनाश वर्मा, डॉ. आनन्द किशोर गुप्ता, डॉ. अशोक सक्सेना, डॉ. अरविन्द वर्मा, डॉ. श्वेत केतु शर्मा, डॉ. रंजन विशद, डॉ. मनोज मिश्र आदि का विशेष योगदान रहा।

28-29 मार्च 2014 को उज्जैन (म०प्र०) में राष्ट्रीय संगोष्ठी एवं राष्ट्रीय कार्यकारिणी की बैठक

उज्जैनी आयुर्वेद परिषद-2014 नामक राष्ट्रीय संगोष्ठी एवं विश्व आयुर्वेद परिषद की राष्ट्रीय कार्यकारिणी की बैठक दिनांक 28 एवं 29 मार्च 2014 को शासकीय आयुर्वेद महाविद्यालय, मंगलनाथ रोड, उज्जैन में आयोजित है। इस संगोष्ठी के मुख्य विषय हैं— इक्कीसवीं सदी में आयुर्वेद, कठिनाईयाँ, चुनौतियाँ एवं समाधान; समाज में विकासशील स्वास्थ्य सेवाओं में आयुर्वेद का योगदान।

आयुर्वेद के विशिष्ट विद्वानों यथा प्रो० ओ०पी० उपाध्याय, कुलपति, गुरु रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर, पंजाब; प्रो० एस०पी० मिश्र, कुलपति, देहरादून, उत्तराखण्ड; प्रो० राधेश्याम शर्मा, कुलपति, सोरा० आयुर्वेद विश्वविद्यालय, जोधपुर, राजस्थान; वैद्य राजेश कोटेचा, कुलपति, गुजरात आयुर्वेद विश्वविद्यालय, जामनगर, गुजरात; प्रो० यू०एस० निगम, राष्ट्रीय अध्यक्ष, नापार, तथा अन्य ने इस संगोष्ठी में आने की सहमति प्रदान की है।

रजिस्ट्रेशन शुल्क— स्नातकोत्तर छात्र, चिकित्सक, शिक्षक— रु. 1400=00 (आजीवन सदस्यता सहित)

स्नातक छात्र— रु. 500=00

स्पाट रजिस्ट्रेशन— 2000.00 (आजीवन सदस्यता सहित)

सारांश एवं रजिस्ट्रेशन की अन्तिम तिथि— 1 मार्च 2014

आप अपना रजिस्ट्रेशन फीस विश्व आयुर्वेद परिषद, उज्जैन के नाम ड्राफ्ट द्वारा या खाता संख्या 912610110008150, आई०एफ०एस०सी० कोड— 9126, बैंक ऑफ इण्डिया, इन्दिरा नगर, शाखा— उज्जैन में सीधे जमा करा सकते हैं।

सम्पर्क सूत्र— डॉ. रामतीर्थ शर्मा— शासकीय धन्वन्तरि आयुर्वेद महाविद्यालय, मंगलनाथ रोड, उज्जैन
फोन नं०— 09993611976, 09200356209 ईमेल— drramteerthsharma@gmail.com



हरदोई में धन्वन्तरि जयन्ती समारोह

विश्व आयुर्वेद परिषद् के तत्वावधान में आयुर्वेद जनक भगवान धन्वन्तरि की जयन्ती आर्य मन्दिर में धूमधाम से मनायी गयी। कार्यक्रम की अध्यक्षता श्री बालकृष्ण गुप्त, मुख्य अतिथि, अस्थि रोग विशेषज्ञ डॉ. आर.एस. तोमर तथा मुख्य वक्ता प्रो. राम बाबू द्विवेदी, गुजरात आयुर्वेद विश्वविद्यालय, जामनगर थे। प्रो. राम बाबू द्विवेदी ने कहा कि आज सामयिक सामाजिक व्यवस्था एवं सामाजिक आवश्यकता को देखते हुए आयुर्वेद के प्रचार, प्रसार एवं प्रयोग की आवश्यकता है। समाज को यह सन्देश मिलना चाहिए कि आयुर्वेद एक चिकित्सा विज्ञान के रूप में जीवन विज्ञान भी है। मानव किस प्रकार की दिनचर्या, रात्रिचर्या, ऋतुचर्या, आहार विहार एवं परिहार का पालन करें, जिससे वह सम्पूर्ण रूप से शारीरिक, मानसिक एवं आध्यात्मिक सुख व स्वास्थ्य लाभ प्राप्त करे। इस अवसर पर डॉ. रामकरन त्रिवेदी, डॉ. शरद चन्द्र मिश्र ने भी विचार व्यक्त किया। संचालन डॉ. सुरेश अग्निहोत्री तथा आभार प्रदर्शन मन्त्री डॉ. अवनीश मिश्र शिशु ने किया। इस अवसर पर डॉ. नवीन सक्सेना, डॉ. विजय त्रिवेदी, डॉ. आलोक सिंह, डॉ. विशाल मिश्रा, डॉ. रमेश कुमार, डॉ. पी.के. चौहान, इन्दुरमन दीक्षित, डॉ. अनुज गुप्ता, एस.पी. कटियार, डॉ. राहुल त्रिवेदी, डॉ. खुनखुन आदि का विशेष योगदान रहा।

फार्म-4 (नियम 8 देखिये)

1. प्रकाशन का स्थान : लखनऊ
2. प्रकाशन-अवधि : मासिक
3. मुद्रक का नाम : प्रो. सत्येन्द्र प्रसाद मिश्र
क्या भारत का नागरिक हैं? : हाँ
पता : 1/231 विराम खण्ड, गोमती नगर
लखनऊ-226010
5. सम्पादक का नाम : प्रो. सत्येन्द्र प्रसाद मिश्र
क्या भारत का नागरिक हैं? : हाँ
पता : 1/231 विराम खण्ड, गोमती नगर
लखनऊ-226010
6. उन व्यक्तियों के नाम व पते, जो समाचार पत्र के स्वामी हों तथा जो समस्त पूँजी के एक प्रतिशत से अधिक के साझेदार या हिस्सेदार हो। : विश्व आयुर्वेद परिषद

मैं सत्येन्द्र प्रसाद मिश्र एतद्द्वारा घोषित करता हूँ कि मेरी अधिकतम जानकारी एवं विश्वास के अनुसार ऊपर दिये गये विवरण सत्य हैं।

हस्ताक्षर

(सत्येन्द्र प्रसाद मिश्र)

दिन. 23.02.2012

बरेली (उ.प्र.) में उदर रोगों की चिकित्सा में नवीन प्रगति विषयक राष्ट्रीय संगोष्ठी के दृश्य



धन्वन्तरि जयन्ती की झलकियां



ISSN 0976 - 8300

पंजीकरण संख्या : LW/NP507/2009/11

आर.एन.आई. नं. : यू.पी.बिल./2002-9388

वैद्य भाई उद्धवदास मेहता स्मृति अखिल भारतीय आयुर्वेद स्नातकोत्तर छात्र प्रतियोगिता सम्मान एवं धन्वन्तरि जयन्ती समारोह २०१३, भोपाल



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